



Annual Report

2019-2020

www.fpt.asn.au

Family
Planning
Tasmania.

Strategic Plan

VISION: By 2023 we are the 'go to' experts and leaders in reproductive and sexual health clinics and education services.

MISSION: We enable choices that improve the reproductive and sexual health of the Tasmanian community through sustainable clinical services, education and advocacy.

VALUES:

EXCELLENCE

- Leadership
- Research and Evidence

EQUITY + EQUALITY

- Advocacy
- Accessibility
- Social Justice

INTEGRITY

- Honesty and Ethical Behaviour
- Drive and Accountability

COLLEGIALITY

- Openness and Respect
- Collaboration and Trust

COMMUNITY OUTCOMES:

- Increase access to a full, safe and effective range of reproductive and contraceptive options
- Reduce rates of teenage pregnancy
- Reduce rates of sexually transmitted infections
- Increase age-appropriate reproductive and sexual health literacy
- Increase access to information, training and education to support respectful relationships
- Improve health promotion and advocacy that benefit relationships, and the reproductive and sexual health of Tasmanians

STRATEGIC ENABLERS:

1. EXCELLENT CULTURE, PEOPLE AND PRACTICE

1.1 CULTURE: Our values, attitudes and outlooks support best practice service delivery

1.2 PEOPLE: We invest in talent and relationships to provide quality services

1.3 PRACTICE: We embrace continuous improvement and adapt positively to change

2. CLIENT FOCUSED SERVICES

2.1: CLINICS: Our expanding range of clinic services are highly valued by a diverse range of Tasmanians

2.2: EDUCATION: Our SRH education services are highly valued by schools; by organisations seeking SRH professional development; and agencies requiring individual casework

2.3: ADVOCACY: Our SRH advocacy results in positive and meaningful change for Tasmanians

3. FINANCIAL VIABILITY AND GROWTH

3.1: EFFICIENCY: Our services achieve the right balance between controlling cost, maintaining quality and meeting demand

3.2: SUSTAINABILITY: We offer new and expanded services that meet demonstrated demand and manage risk

3.3: DIVERSIFICATION: Our services are generating a surplus that enables growth and long-term service planning

4. EFFECTIVE AND ACCOUNTABLE ADMINISTRATION

4.1: BUSINESS PROCESSES: We have the systems in place to ensure quality, meet client needs and achieve financial goals

4.2: RESOURCES: We have the right staff, knowledge, facilities and equipment, in the right place, at the right time

4.3: GOVERNANCE & ACCOUNTABILITY: We have clear strategic direction and are transparently accountable to our members and stakeholders

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We wish to acknowledge and thank our supporters and partners:



Chair & CEO's Report

Overview

It is impossible to review the last year without pausing to reflect on the COVID-19 pandemic, its impact on our community and the incredible work that was undertaken by our committed Board, staff, volunteers and community stakeholders who worked tirelessly to keep our essential services operating for Tasmanians. The amazing work and effort of our frontline staff during the initial stages of COVID-19 remind us of what positive change we can create with a combined drive to ensure continued access to our services during an incredibly difficult time.

Fortunately for FPT, Jobkeeper meant that we were able to retain talented and dedicated staff and then quickly re-establish usual business practices as the COVID-19 risk factors abated. We applaud and thank you for your significant efforts in supporting our response to what was uncharted territory.

From a service delivery perspective, we achieved the following during the year:

- Redesigned our services to remain functional during COVID-19
- Delivered expert sexual and reproductive clinical services to 13,121 people including telehealth
- Delivered age appropriate evidence based programs to 5,603 students
- Created a new brand and visual design that better supports access to services and necessary health information
- Continued to advocate for sexual and reproductive rights particularly access to Termination of Pregnancy

Other key highlights of the year included:

- The development of a new management structure in consultation with staff. The new structure focusses on strengthening aspects of the organisation such as culture, professional practice, service relevance and reach. Some of the roles have already been filled with new appointments due in the coming year aimed at improving our support for the community.
- The delivery of the Brentnall's benchmarking report to the Board in relation to our clinical services. This report will assist us in calibrating our service metrics in the coming years and to inform our strategic measures.
- A review and update of our strategic plan. The new strategic plan comes with a range of measures that demonstrate our commitment to the community through our clinic, education and advocacy approaches. A balanced scorecard approach to reporting has also been developed.
- A review of our brand and visual design, including the redevelopment of our website. The new design not only modernises our brand, but importantly pays respect to our rich 46 year service history and provides a platform to grow awareness and access to our services. In the coming year the roll out will be completed including the launch of our new website.

FPT operates from a sound financial position. Almost 45% of our service revenue is self generated, which means we are able to invest further in our service reach. This has allowed the Board to consider and approve investment activities to progress our brand activities and to progress facilities upgrades.

FPT continues to be a respected voice for women on Termination of Pregnancy (ToP). We continue to partner with the University of Tasmania on research to support this service. A new piece of research commenced during the year regarding the experiences of women accessing Medication ToP at FPT since our service inception in 2018. We remain proud of our self-funded Medication ToP service which showcases our commitment to, and leadership in the area of sexual and reproductive health rights.

Equity of access has been at the forefront of our work across this year, from national meetings to, submissions to Governments, the development and expansion of our services and information. It's in the practical, improving access and support and making resources available in electronic formats. It's in the taking of our clinical and education expertise to new communities and working in new collaborations. You'll see it in every aspect of our Annual Report too. We're proud to share it with you.

Finally, we would like to thank staff and the Board for their continued dedication to FPT's objectives and for the positive difference they create for Tasmanians.

Nick Abbott

Board Chairperson

Cedric Manen

CEO

Our Board

Nick Abbott (Chair)

Nick joined the Board in 2011. He is General Manager of Page Seager Lawyers and has a strong background in finance, risk management and governance. Nick's previous experience is as Chief Financial Officer and Company Secretary of a Tasmanian ASX company. Nick is a graduate of the Australian Institute of Company Directors and a member of Chartered Accountants Australia and New Zealand. Nick is a member of the Education, Training and Health Promotion committee.

Colin Allen (Deputy Chair)

Colin joined the Board in 2012 and is Chair of the Finance, Audit & Risk Management Committee. Colin is founding director of his own company established in 1999 providing consulting services in business development, encompassing strategic development, marketing, operations, governance, finances and risk. He has a Bachelor of Business (B.Bus), is a Fellow of the Australian Institute of Company Directors (FAICD) and Member of the Institute of Management Consultants (MIMC) and the Institute of Managers and Leaders (IML).

Brent Feike

Brent joined the Board in 2016 and is a member of the Finance, Audit & Risk Management Committee. Brent is currently the Chief Information Officer at the Department of Justice and has extensive experience in delivering business technology leadership, ICT planning, risk management, investment, security, project management, service management, information management and procurement. Brent has previously held the position of Director Information Systems at the Department of Treasury and Finance

Kathryn Hansson

Kathryn joined the Board in 2015 and is currently the Chair of the Education, Training and Health Promotion committee and a member of the Finance, Audit & Risk Management committee. She is the Leader of Technical Capability at TasNetworks with extensive experience in vocational education and training and project and business management. Kathryn has also established and operated two successful small businesses and holds a Masters of Marketing.

Alexandra McKeand

Alex joined the Board in 2019 and is a marketing and communications specialist, with proven skills in brand development and business strategy. She has worked in multiple industries and organisations including TasPorts, MyState Ltd., AMAC Consulting and Tourism Tasmania, developing brand positioning strategies to leverage opportunities and increase business awareness. Alex sits on the Brand and Marketing sub-committee of the FPT Board, as well as on the Board of Directors of Fahan School, and is currently employed at Blundstone Australia as Group Communications and Global Brand Services Manager.

Joe Mullavey

Joe joined the Board in 2014. He is currently on the Finance, Audit & Risk Management Committee and is a member of the Medical Advisory Group. Joe is a solicitor at Page Seager Lawyers. He was admitted as a legal practitioner in 2008 and practices primarily disputes regarding employment matters.

Lea Symonds

Lea joined the Board in 2012, is Chair of the Brand and Marketing Committee, and a member of two other Committees. Lea has held senior roles in education and in the corporate sector with large financial institutions and specialist financial advisory services where she worked closely with RACGP, the AMA and the Association of Practice Managers. She recently retired as Australia-Pacific Chief Executive Officer of a global consulting company. Lea specialises in human resources and organisational development and also volunteers at Risdon Prison.

Craig White

Craig joined the Board in 2017 and chairs the Medical Advisory Committee. He has degrees in medicine and business management and gained experience including as major public hospital CEO, State Chief Health Officer and Chief Medical Officer ahead of retiring in 2015. Current board membership of The Pinnacle Foundation (providing educational scholarships and mentoring support to young LGBTIQ+ adults) and OAK Possibility (a major disability services provider). Past roles include National Health & Medical Research Council, inaugural Victorian Ministerial Advisory Council on LGBTIQ+ Health and leading Australia's first national policy development for bloodspot screening of newborns.

Kate Wilde

Kate joined the Board in 2017 and is a member of the Medical Advisory Group (MAG). She works as a midwife/nurse in remote Aboriginal communities as well as at the Royal Hobart Hospital. She has worked as a sexual and reproductive health nurse both overseas (Niger, Bangladesh and Kiribati) as well as locally (Family Planning Tasmania, headspace). Kate holds a Masters in Public Health as well as qualifications in International Development, Nursing, Midwifery and Child and Family Health. Kate's interests lie in travelling and observing and learning about cultures different from her own. She volunteers with Australian Red Cross.

At a Glance

This year FPT responded to the COVID-19 pandemic by offering Telehealth and remote delivery of some education and clinic services. We prioritised MToP and LARC in our clinics, ensuring essential services were not disrupted.

5,603 students

accessed our education programs



Leadership and Advocacy

FPT advocated for better access to STOP, particularly during the pandemic and also requested exemption for changes to accessing telehealth Medicare rebates.

68
staff



throughout the year



of our clinic clients hold a concession card



13,121
clinic visits

\$40,000

received from the Department of Health for Pregnancy Counselling and Support

62% 

of consultations with our doctors were

over 20 minutes

38% of our clients are youth



456



people with additional needs accessed one-to-one educational and therapeutic support

Family Planning Tasmania 2019 - 2020

Feature – Our COVID-19 Journey

From late March onwards, Family Planning Tasmania's focus was on continuing to provide essential sexual and reproductive health care during the COVID-19 pandemic.

While causing significant disruption in our clinics, staff came together, working out of hours to adapt and improve our policies and processes to ensure safe and sustainable continuation of operations.

Move to a restricted service model and telehealth

Family Planning Tasmania was the first Family Planning organisation in Australia to move to a restricted service model to help minimise risk of infection for patients and staff.

At the end of March, we pivoted almost overnight to a telehealth-first model, only bringing patients into the clinic in person for examinations and procedures. To limit the number of people in our clinics at any one time, the number of clinics we operated reduced by approximately 1/3 in April, May and June. By April 2020, over 70% consults were offered via telephone.

Infection control

From the end of March, Family Planning Tasmania enhanced its infection control and intake policies and procedures to reflect the heightened risk of transmission of the COVID-19 virus.

The new protocols included measures such as:

- Screening anyone entering a clinic for COVID-19 symptoms or contact with confirmed or suspected cases. Patients were asked to wait outside and were screened over the telephone. During the height of the pandemic, patients did not wait inside the clinics.
- Additional cleaning of high touch surfaces with disinfectant after each patient encounter.

- Wearing of masks and PPE for procedures.
- Avoiding shared devices such as iPads and pens or cleaning between each use.
- Urging patients to cancel appointments if unwell.

The infection control protocol was updated five times over the course of two months, reflecting changing environmental conditions and Department of Health advice. No-one with any COVID-like symptoms or considered high risk entered our clinics at any time.

Adapting service delivery – medication termination

A total of seven protocols were updated due to COVID-19, the most significant of which was adapting our medication termination service for telehealth. In particular, we considered the scenario in which a client may urgently need a termination but also be required to self-isolate, in which case they may not be able to complete the ultrasound and blood tests that are typically required ahead of a medication termination.

While the COVID-19 situation in Tasmania has meant we did not encounter this scenario, we have robust processes in place to address it in future. Due to COVID-19 symptoms in staff and patients, we did however deliver a number of medication terminations without the patient entering one of our clinics; doctors providing their consultations via telehealth and patients receiving their medication while waiting in their car.

Priority services

Family Planning Tasmania prioritised Long Acting Reversible Contraception and Medication Terminations during the COVID-19 pandemic. This was in-line with Family Planning Alliance of Australia (FPAA) and RANZCOG guidance. In order to continue to

meet demand for these services, Family Planning Tasmania postponed non-urgent, routine appointments such as routine cervical screening tests (also in line with Cervical Screening Register guidelines).

We also followed FPAA guidelines relating to the extended use of LARC during the pandemic, advising patients with existing Implanons and IUDs that their usage could be extended with very low risk of pregnancy.

We adapted these services to minimise the amount of time patients spent in our clinic, with the initial assessments conducted over the telephone.

During the initial months of the pandemic, the number of IUDs inserted actually initially increased, due to demand, before levelling off. We provided 10% fewer Medication Terminations (despite a reduction in clinics of one third) but more referrals for surgical terminations, likely because lockdown conditions meant more patients were too late for a Medication Termination.

Education Services

In the interest of client and staff safety FPT direct education in schools was postponed for all of Term 2. During the period of the pandemic all educators participated in a distance learning project aimed at creating activities that are COVID-19 appropriate to adapt lesson plans that align with distance learning in school environments. We also used the time to upgrade a range of our teaching and learning resources including role playing so that the activities supported student engagement on the content.

One of the greatest developments was using Zoom to keep our group of talented educators informed on the status of our service and also to collaborate on necessary projects. A testament of the strength of our Growing Up Program is that most schools re-booked FPT for direct engagement in classroom environments for Terms 3 and 4.

FPT was able to quickly adapt some of our education sessions to be distance learning;

we were proud to re-engineer course content and delivery remotely through Zoom for over 50 sector workers in early childhood on the North West Coast during the pandemic as an example.

An important feature during our COVID-19 journey was the continuation of our one to one support for people with additional needs. A range of different support services were requested and delivered in collaboration with a range of schools directly and through zoom.

Advocacy

As part of our important advocacy and leadership role, FPT addressed some of the access issues around SToP exacerbated by the pandemic. Representations were made to the Tasmanian Minister for Health in collaboration with prescribed providers under the Reproductive Health (Access To Terminations) Act 2013.

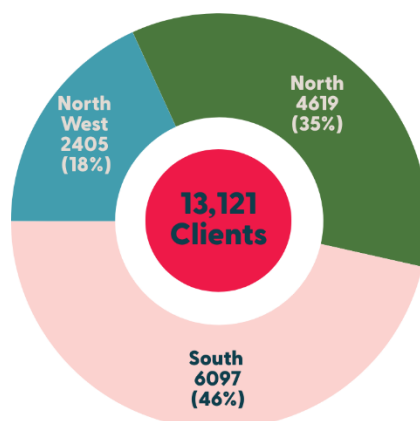
FPT also made representation to Federal Government seeking urgent confirmation that FPT clients will be exempt from the conditions in Stage 7 of the Telehealth reforms, as outlined in Governments 'Continuous care with Telehealth stage seven'. The implications of these telehealth restrictions would mean that people's sexual and reproductive health care is compromised during the pandemic. We advocated through Family Planning Alliance Australia for special considerations for the sexual and reproductive health care sector by highlighting the negative impact for our clients in accessing this much needed support.

FPT is thankful for the support we received through a small funding grant from Primary Health to support continued clinic service delivery during COVID-19.

Clinics

Client services

0.2% increase in client numbers from 2018/19 despite COVID-19 disruption



Priority populations

59% Low socio-economic areas
38% Youth
39% Concession card
11% Overseas born
6% Aboriginal

Top 3 reasons for clinic visits



Professional Education and Training

Despite challenging conditions for education and training, we continued to enhance the capacity of health professionals to deliver sexual and reproductive health services through activities including:

- General practice training for four extended skills Registrar placements
- Practical training and assessment for five doctors as part of the FPAA National Certificate in SRH
- Implanon training for 18 Tasmanian health professionals in Hobart and on the NW Coast.
- IUD training for five doctors.

Telehealth journey

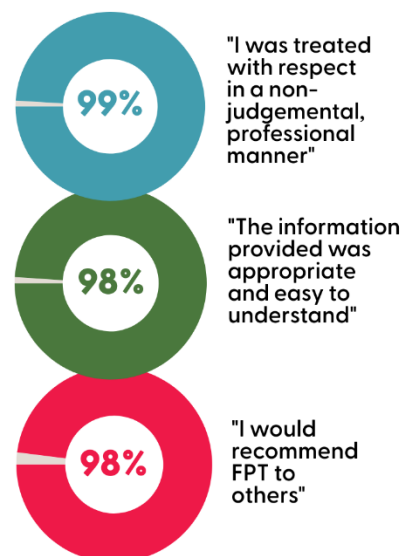


Client feedback

Client feedback is invited through an SMS that is sent to clients after their appointment. There are specific questions to answer and the option of providing free text comments. This feedback allows FPT to evaluate services and client satisfaction.

"The girls at Family Planning today were amazing. In one of the most stressful, scary and upsetting times they were understanding, non judgemental and very thorough with all information. I really appreciate their services and making me feel better and giving me support"

- Clinic Client



Medical Director

FPT's Medical Director continued to:

- Collaborate closely with interstate Family Planning counterparts to ensure all FPT clinics provide appropriate, up to date, evidence based standardised care, and that clinicians remain abreast of current and emerging trends in SRH
- Work closely with RACGP through membership of NFSI (National Faculty Special Interest) group in sexual medicine
- Maintain close working relationships with Primary Health Tasmania, Women's Health Tasmania, HR Plus, GPTT and UTAS
- Develop relationships with Public hospitals and private providers to improve patient outcomes and work collaboratively on providing new health care services

Doctor recruitment

Facing a shortfall of doctors in Launceston, recruitment commenced for GPs in the north of the state.



Four new GPs were recruited, all of whom are making their way through the training and induction process.

A larger GP workforce is vital to help secure the future of our service in the north of Tasmania.

COVID-19 response



- 7 new protocols
- 70% telehealth at peak
- Five updates to infection control protocols
- One third reduction in clinics April-July to support infection control
- 25% additional admin to support telehealth

Prioritising Long Acting Reversible Contraception (LARC)



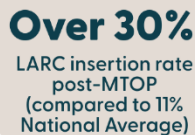
756 IUDs were inserted between 1 July 2019 and 30 June 2020.

This is a reduction of only 1.5% despite significant operational challenges and our clinics operating at two thirds capacity from April-June 2020 in response to COVID-19.

Medication Termination of Pregnancy

2019-20 provision of MTOPs increased by 70% compared to the previous year, demonstrating how the service has become fully operationalised across the state and the ongoing demand from clients for the service, which continues to outstrip supply.

LARC insertion rate post-MTOP remains over 30% (compared to 11% national average) and in our Burnie clinic the figure is over 50%, reflecting the time and effort clinicians spend discussing the benefits of LARC with patients pre- and post- medication.



Supporting SRH research

Family Planning Tasmania continued its commitment to research relating to sexual and reproductive healthcare.

A Launceston registrar, Dr. Emily Ingram, is undertaking qualitative research into women's experience with medication terminations in Tasmania.

This research, which forms part of her Master's degree, is being partly funded by FPT's Miriam Court Memorial scholarship.

Outreach Clinics



During 2019-20, Family Planning Tasmania continued to provide clinical outreach services in partnership with organisations to meet the needs of our priority populations. While outreach clinics were paused during the initial months of COVID-19, they have resumed and are as in-demand as ever. Services include:

- Doctor clinic at Mary Hutchison Women's Prison.
- Doctor clinics run cooperatively with Pulse Youth Health Service, focusing on young people.

Education & Training

Aged Care Pilot

Family Planning was able to form a working partnership with a respected aged care provider in the north of the state to pilot a program called Sexuality and Ageing across two of their sites.

In 2020 we have a number of aged care facilities signed up for the program that teaches workers on the rights and responsibilities of residents in care under the new Aged Care Quality Standards

Growing Up Program



Family Planning Tasmania suspended its school engagement for the entirety of Term 2.

During this time we redeveloped aspects of the program to address the health risks posed by COVID-19

Communities For Children Grant

Most participants agreed our social safety and childhood sexual development professional learning program, increased their skills and strategies for promoting social and sexual safety for children.



"Entertaining and engaging sessions. Students were eager to discuss components of the program"

"The pace and content was perfect for students learning needs and very age appropriate"

People with additional needs



FPT provided 456 individual education or intervention sessions for people with additional needs this year.

These sessions address a broad range of respectful relationships and reproductive and sexual health topics, and are always tailored to the needs of the client.

Requests and referrals come from a wide range of services, including the Tasmanian Health Service, the Guardianship Board, the Department of Justice, schools, parents, and disability services.

Service Development (Distance Learning Project and RSE Secondary)

All FPT educators participated in a distance learning project aimed at creating activities that are COVID-19 appropriate to adapt lesson plans that align with distance learning in school environments.

The Sexuality and Ageing professional learning program was trialled with 2 aged care establishments in the North and Northwest with positive feedback.

Secondary school relationships and sexuality education lessons have been packaged into a suite of 11 modules.



374

Secondary and College students participated in our Relationships and Sexuality Education

SoSAFE! Professional Learning

61

SoSAFE! has been delivered to 61 people this year, including family members, teachers, teacher assistants, disability support workers, psychologists and social workers.

SoSAFE! promotes social safety for people with moderate to severe intellectual disability or Autism Spectrum Disorder.

The program uses a standardised framework of concepts, symbols and visual lesson materials to teach the type and degree of communicative and physical intimacy appropriate with different groups of people in an individual's life.

The program also teaches strategies for moving into intimate relationships in a safe and measured manner.



100

100% of participants agreed our SoSAFE! professional learning program increased their skills and strategies for promoting social and sexual safety for people with an intellectual disability.

Health Promotion and Professional Learning

52

Health Promotion and Education activities including information sessions, workshops and expos.

76

Early Childhood Workers trained in Social Safety and Childhood Sexual Development.

43

Early Learning Educators trained in Ages and Stages Childhood Social and Sexual Development.

24

Aged Care Workers trained in Ageing and Sexuality.

Working with purpose

"Knowing we can make such a difference in young peoples' lives by providing them with accurate age appropriate information helping them to make better, more informed choices about their health and their lives is the reason I work at FPT."

- FPT Educator



"The need for one-to-one and small group therapeutic and intervention services to support people, including children, who have additional needs or are living with a disability continues to increase.

COVID-19 has also increased the demand by professionals and families for advice and consultancy services."

- FPT CEO



High Quality, Evidence-based and Accessible

Health Promotion & Advocacy

Advocacy

In response to FPT/UTAS research, FPT partnered with RACGP and PHN to deliver statewide information to GP's on Termination of Pregnancy.



FPT made submissions to the Tasmanian government regarding access to Termination of Pregnancy during the COVID-19 pandemic.

FPT also made a submission to the Department of Communities consultation paper 'Developing a program to prevent harmful sexual behaviours for children and young people'.

In addition, FPT made a submission on the Religious Freedoms Bill and its impact for FPT services and the clients we support

Health Promotion

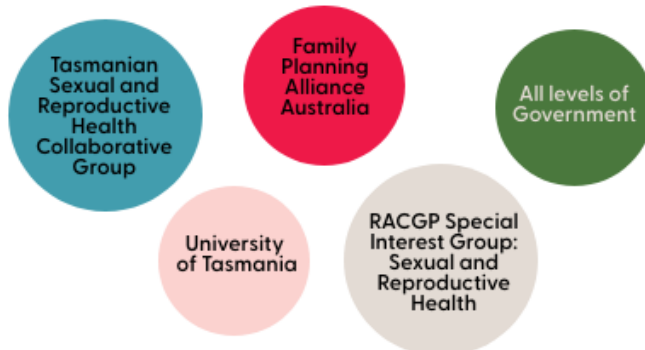
FPT was successful in three small funding grants; a Primary Health Network grant to support continued health services delivery during COVID-19; one to deliver professional learning to early childhood educators on the northwest coast; and another to support better access to SRH information and services by CALD communities.



Collaboration with SRHCG members still deliver on SRH needs for overseas students.



Relationships and Networks



16 Partnerships, Committees and Advisory Bodies



Activities with 50 key organisations

Brand & Visual Design

Before Creative has been engaged to support the redesign of FPT website and branding visual design, including logo.



FPT Strategic Plan



The FPT Board and Management Team participated in workshops to update the FPT Strategic Plan.

Staff were consulted on a new organisation structure to deliver against these strategic priorities, including a balanced scorecard view with transparent measures that articulate our achievements against the plan.

Research

FPT partnered with UTAS to investigate FPT client experiences on medication termination of pregnancy.

National Condom Day

14 February

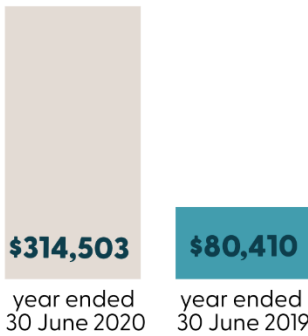
Health promotion events were held to promote National Condom Day.

Venues included Hellyer College, University of Tasmania campuses and Clarence City Council, Rosny lawns.

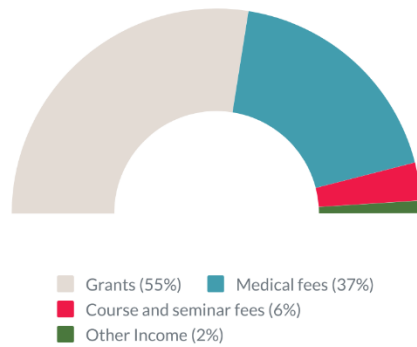


Resources

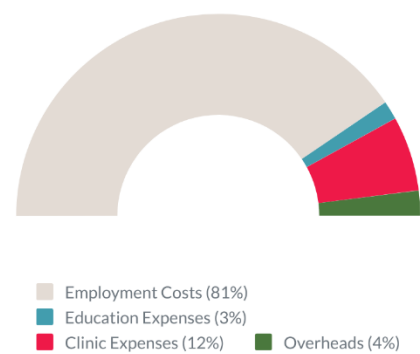
Surplus



Income Sources



Major Expenses



In the last 5 years

In 2019-20 grant funding constituted 55% of operating income, and self-generated funding 45%

↑ 25%
Total Income

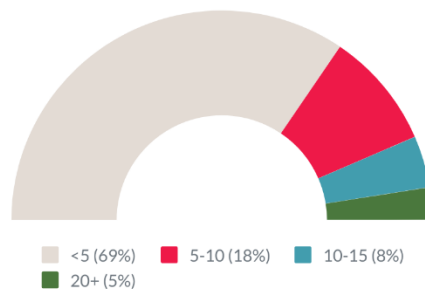
↑ 27%
Education Fees-for-service

↑ 81%
Clinic Fees-for-service

FPT employed 68 staff during 2019-20



Years of Service



FPT staff have a total of 262 years service with the organisation.

The average length of service with us is almost 5 years.

COVID-19 Government Assist



ATO Cash Flow Boost



Without COVID-19 Govt Assistance FPT had an operating deficit of \$17,243

Our total equity is positive and we continue to invest in staff and projects

2019 Life Member – Dr Susan Carruthers

Dr Susan Carruthers joined Family Planning Tasmania in 1995, after starting her career in General Practice.

Susan's FPT story is a family one, with her introduction to FPT beginning long before her employment here. Susan's mother, Pauline Carruthers, was also a Doctor, and was one of the original team during the creation of FPT in Launceston.

Susan is passionate and committed to making contraception and sexual and reproductive health services available to everyone. She is proud to have been able to provide these services to people on low incomes, or with diverse backgrounds, who might not ordinarily go to GPs.

Susan has advocated for FPT's position on women's health rights, particularly around accessibility to terminations for everyone, not just people who can afford to pay privately.

The FPT commitment to women in the workplace is also something Susan sees as a highlight, acknowledging FPT's leadership in the promotion of flexible working hours and family friendly work practices.

Susan has continued to uphold the FPT value of Excellence, and is pleased to be part of an organisation which is considered to be the experts in the field of Sexual and Reproductive Health.

A major achievement in Susan's career is the impact she has had in peer education. She has been involved with training of other health providers, including university students studying medicine, midwifery, nursing and social work, GP trainees, and other Doctors undertaking their Certificate in Sexual and Reproductive Health.

Susan's involvement in delivery of professional learning within the medical community was a significant turning point

for FPT's relationships within the Tasmanian medical community. She credits the first round of Implanon insertion training for GPs as a critical element in the shift in their perception, where FPT moved from being seen as competitors, to a key player in the delivery of expert clinical education and health services for their patients.

A similar shift occurred in 2004, when emergency contraception became available through pharmacies. The training Susan undertook with local pharmacists resulted in a new and improved partnership between FPT and the pharmaceutical community, leading to an increase in referrals in, and improved outcomes for clients.

One of Susan's great achievements has been her wealth of knowledge around STIs. She has been always willing to share her knowledge and expertise with all clinical staff; she has been a keen contributor in the Statewide clinical meetings.

During her time at FPT, Susan has been an incredibly dependable member of the clinical team, having never cancelled a clinic. She retired in December 2019.

We thank Susan for her passion, expertise and dedication to Family Planning Tasmania.



Dr Susan Carruthers with the Chair of the FPT Board Nick Abbott.

Life Members

Jean Perkins	1975
Dr Valerie Davenport	1979
Prof Colin Wendell-Smith AO	1981
Sue Williams	1982
Dr Eric Cunningham-Dax	1985
Pat Hewitt/Mavromatis	1985
Jill Roberts	1986
Topsy Evans	1989
Jean Hearn	1992
Dr Helen Cutts	1993
Helen Fotheringham	1994
Jan von See	1995
Nancy Jiracek	1996
Dr Graham Riddoch	1996
Jo Crothers	1996

Prue Lake	1997
Nick Toonen OAM	2000
Margot Kingston	2002
Dr Pauline Carruthers	2002
Paul Duncombe	2004
Helen Bird	2006
Esme Murphy	2010
Dr Christine Bush	2012
Virginia Thorold-Smith	2012
Joan Dolbey	2013
Professor Ian Lewis AO	2014
Julie Downie	2015
Liz Ling	2016
Dr Claire Roberts	2017
Dr Mary Kille	2018
Dr Susan Carruthers	2019

List of Acronyms

Acronym	Explanation
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CMT	Clinical Management Team
DOE	Department of Education
DOH	Department of Health
ETHP	Education, Training and Health Promotion
FPAA	Family Planning Alliance Australia
FPT	Family Planning Tasmania
GP	General Practitioner
IUD	Intrauterine Device, e.g. Mirena, copper intrauterine device
LARC	Long-Acting Reversible Contraception
MAG	Medical Advisory Group
MCS	Manager Clinical Services
MD	Medical Director
MToP	Medication Termination of Pregnancy
ODOO	FPT electronic data capture system
RACGP	The Royal Australian College of General Practitioners
RSE	Relationships and Sexuality Education
SETAC	South East Tasmanian Aboriginal Corporation
SEIFA	Socio-Economic Indexes for Areas
SToP	Surgical Termination of Pregnancy
ToP	Termination of Pregnancy
UTAS	University of Tasmania



Family, Planning Tasmania.

Glenorchy

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