It is with great pleasure that I have been offered this opportunity to introduce myself to the EWMA membership. In May 2014, I was appointed AWMA President. For over 20 years, I have enjoyed being involved in the specialty of wound management, first as a stomal therapist/wound specialist/infection control officer in the acute system that inspired a goal to become a nurse practitioner in the community setting consulting in high-risk, community-based clinics from 2004. Since 2012, I have worked as Vice President for AWMA alongside our now immediate past president Bill McGuiness.

In the second half of 2014, the AWMA committee was closely aligned to the strategic direction and focused activity in identified key result areas (KRAs). Each area has executive leadership with the following defined objectives:

1. Profile
2. Growth
3. Governance
4. Education & Research
5. Nationalisation

Establishing this framework has moved AWMA closer to a portfolio structure in preparation for Nationalisation when it occurs later this year.

In addition to the KRA activities, AWMA subcommittees have been very productive in planning projects that are scheduled for completion over the next 12 months:

- Australian and New Zealand Clinical Practice Guidelines for the Prevention and Management of Venous Leg Ulcers revision
- Wound Aseptic Technique position documents
- Australian Wound Management Association Standards revision
- Wound Awareness Campaign (August launch)

The Wound Management Innovation CRC (WMI CRC) is working with AWMA on characterising the dimensions of Australia’s wound problems by establishing a National Wound Registry. Clinical registers are recognised as efficient tools to improve health outcomes and to reduce direct health costs. In addition, the WMI CRC and AWMA will be jointly launching a patient awareness campaign to ensure that people with wounds are directed to the most appropriate resources.