

2014 - 15

Annual Report



Your trusted partner in diabetes care



Our Vision

**Excellence in
diabetes support**

Our Mission

**To lead and advocate for best
practice diabetes education
and care**

Strategic Plan

The ADEA Board of Directors met in Melbourne in April 2014 to review the Strategic Plan and set the directions for the coming financial year. The Board confirmed the Vision, Mission and Objectives previously defined in the Strategic Plan 2012-17, identified below. Further, the Board undertook a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) for the organisation and its activities prior to reviewing the themes and priorities of the Strategic Plan.

Following this process, the current major themes were confirmed with only minor changes to wording. Some of the priority actions were changed minimally with additions to reflect the need for ADEA to strengthen efforts in research, to have a focus on Aboriginal and Torres Strait Islander people and to strategically build on member advocacy and support. The Strategic Plan can be accessed at <http://www.adea.com.au/?p=79>.

The Objectives

To achieve its mission, ADEA will:

- Support member efforts to provide evidence based best practice diabetes education and care to people with, or at risk of, diabetes, their carers and families
- Benchmark excellence in diabetes education and care
- Support the rights of people with, or at risk of, diabetes, their carers and families to timely access to quality diabetes education and care that meets individual needs and circumstances throughout the continuum of diabetes and life.

About ADEA

The Australian Diabetes Educators Association (ADEA) is a member based public company limited by guarantee, a registered charity and has this year been granted Deductible Gift Recipient (DGR) status from the Australian Taxation Office.

The state and territory branch structure supports ADEA's goals and objectives by focusing on networking and continuing professional development opportunities.

ADEA is a learning organisation and is future oriented. ADEA seeks opportunities to improve its governance, operations and bring to bear technologies to support best practice for all staff. ADEA strives to support its membership and be responsive to members. In promoting the role of the CDE, ADEA advocates on their behalf to government, other health professionals and the community.

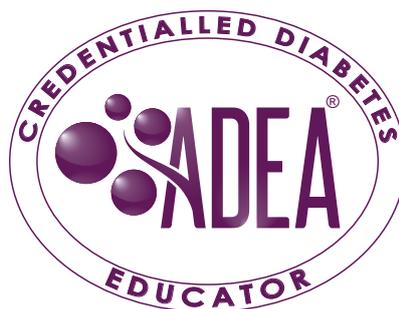
Evidence-based best practice diabetes education is fundamental to everything that ADEA does to ensure optimal health and well being for all people affected by, and at risk of, diabetes. ADEA considers diabetes education a specialty field of health care practice.

The certification trademark of the Credentialed Diabetes Educator® (CDE) was introduced by ADEA in 1986. At this time, it also implemented a professional recognition and development program to support diabetes educators working towards achieving and maintaining CDE status.

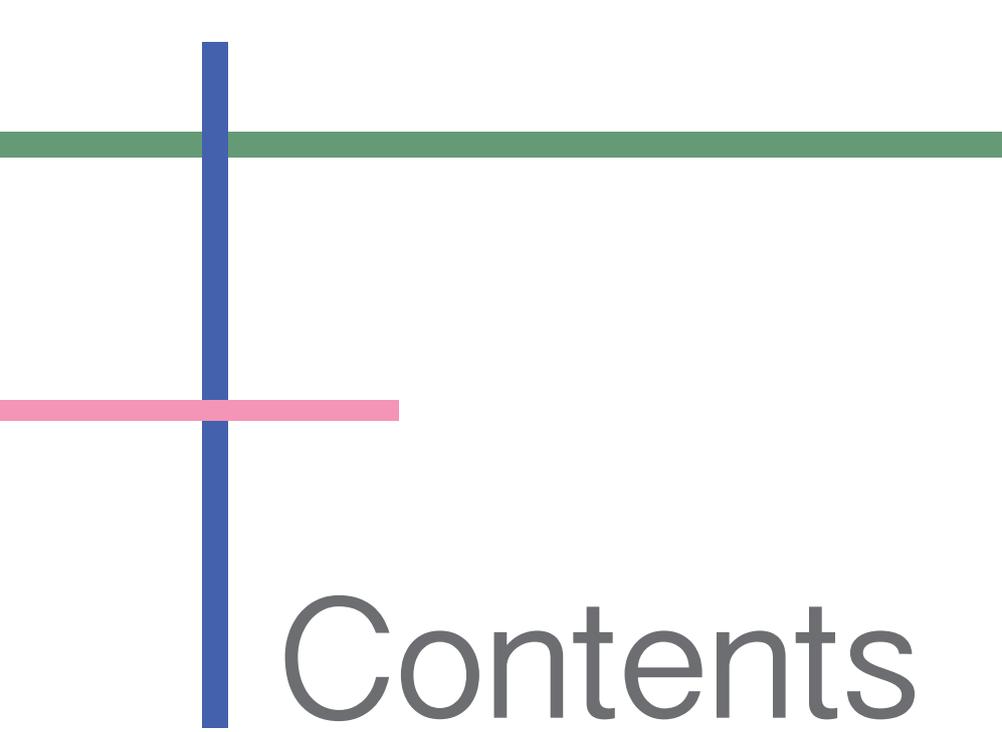
ADEA accredits post graduate courses in diabetes education and management across Australia. We set standards and develop guidelines for the practice of diabetes education. We support diabetes educators' delivery of quality diabetes education by offering and encouraging participation in our Credentialling and Re-credentialling Program, a voluntary professional development and recognition program for full members. ADEA offers professional development activities and endorses those developed by other organisations.



Endorsed Educational Program

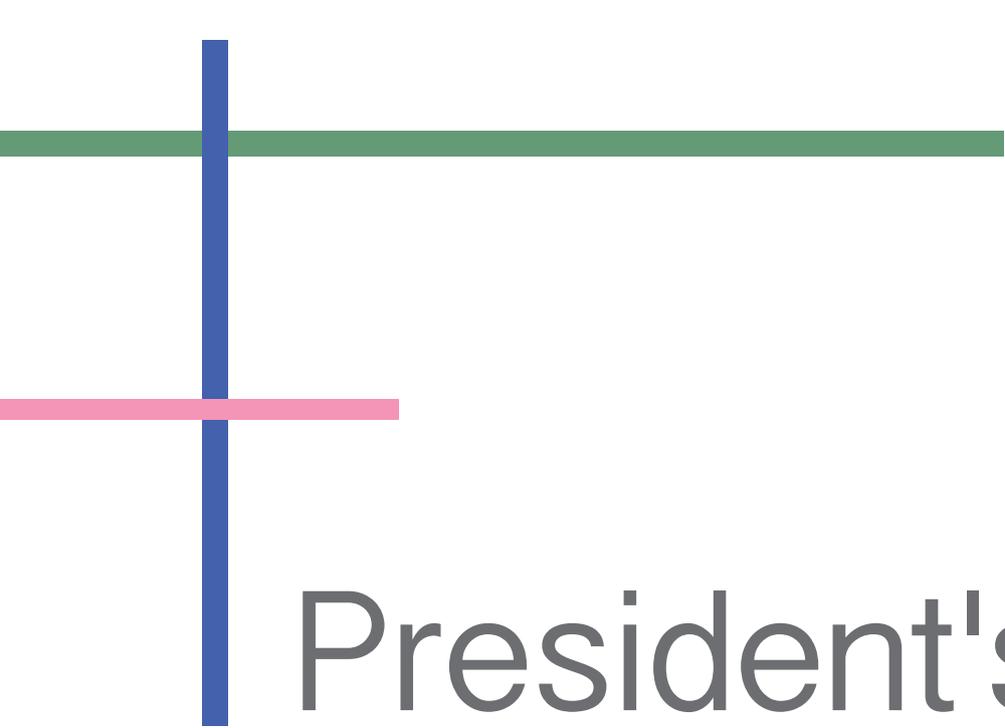


Accredited Educational Program



Contents

| | |
|---|----|
| About ADEA | 3 |
| President's Report | 6 |
| CEO's Report | 10 |
| ADEA Committees, Advisory Group and Special Interest Group | 14 |
| ADEA Leaders | 20 |
| Finance Director Report | 26 |
| Membership | 30 |
| Credentialed Diabetes Educators | 34 |
| Sustaining Members | 38 |
| Branch Activities and Updates | 44 |
| Awards, Grants and Scholarships | 56 |
| National Diabetes Services Scheme | 58 |
| Other ADEA Projects | 62 |
| Communication with Members | 66 |



President's Report

The Australian Diabetes Educators Association continues to grow and develop as a national member organisation, working towards achieving the vision of excellence in diabetes support for all Australians and our mission to lead and advocate for best practice diabetes education and care. ADEA needs to be flexible and responsive as an organisation to realise the best outcomes for members and the wider community over the longer term. As was noted in the 2014 President's report to members, we face many changes in health policy and care arrangements that are impacting on diabetes care. This environment will continue to challenge members delivering care 'at the coalface', the structure of diabetes service delivery and therefore the ADEA as your member association.

As ADEA moves through these changing and challenging times and the numbers of people with diabetes continues to increase, members need to contemplate how diabetes related care delivery is shifting along with the environment and services through which diabetes care is provided. We can see many different models of diabetes self-management education and support in other countries. New Zealand has diabetes specialist nurse prescribing in place, the United States have different levels of credentialling and recognition among multidisciplinary health professionals, the United Kingdom provides a range of expected competencies for diabetes care across all health professionals and support workers. We need to take the best from our own systems where we are leading in international best practice and combine this with the best from other health systems that are suitable for Australia's context. This does not mean an uncritical adoption or wholesale change, but a considered approach that looks forward to meeting the future needs of people with diabetes, our membership and community expectations. The membership of ADEA has a critical role in this debate and shaping our future as an organisation. I'd encourage you all to think about this in the lead up to the development of the next Strategic Plan across 2016 and 2017.

Over the past year successful achievements in a number of key areas have progressed work under the current Strategic Plan, which runs from 2012-17. The current plan is available

for members at: adea.com.au/about-us/our-organisation/strategic-plan. The Board has commenced planning for the development of the next Strategic Plan to run from 2017-22. Development of the new plan will engage with all levels of the organisation and key external stakeholders in order to prepare a future looking and useful guiding document. The ADEA Business plan, budget, prioritisation of activities for committees and the National Office operations all relate back to the Strategic Plan which runs over 5 years. An extended timeframe for the Strategic Plan better supports long term planning and is reviewed annually during its operation to ensure it continues to meet organisational needs and addresses the external policy environment.

Although the Board planned for a slight deficit budget for the 2014-15 financial year to ensure progress on strategic goals, you will see in the Financial Statements that we have instead achieved a modest surplus. This is a great achievement for the hard working National Office team who have streamlined operations and worked very hard to gain a more positive budget outcome under the Board's direction. Surplus funds can be reinvested into the following years activities and provide the basis for extending our operations in line with the Strategic Plan.

On the 11th July 2015 membership will vote on the new ADEA Constitution which is the core governance document of an organisation and provides the basis for how the ADEA is run, who can be elected to positions and so on. The review and updating of the Constitution provides us with a clearer document which meets current governance practices. Thank you to all the ADEA members who have contributed to the process by responding to requests for comments and especially to the working group members: Carol de Groot (past Board Director), Fiona McIvor (past Board Director and Vice President), Jan Alford (Honorary Life Member, past President, past Secretary, Chair - Credentialling Committee), Jayne Lehmann (Chair - Private Practice SIG, past ADE editor), John Michailidis (Independent Director), Joanne Ramadge (CEO) and the Chair of the group Heike Krausse (Board Director) for all the effort they put in to progressing this important work.

Credentiailling is the mechanism through which diabetes educators demonstrate their specialist knowledge and ongoing commitment to professional development. Credentiailling processes moved into a new online model in the earlier part of the year. Both initial credentiailling and re-credentiailling are now operating through the new server system, including notifications for CDEs regarding auditing. This should reduce the workload for members applying, for the Credentiailling Committee and the National Office staff involved in running the program. During the past 12 months ADEA received two applications from professional groups seeking recognition, so that their health professional members would be eligible to apply for credentiailled status once they had met all the set requirements. The Board also accepted a joint application from the Pharmacy Guild and the Pharmaceutical Society Australia to remove the Medication Management Review (MMR) requirement for pharmacists to become CDEs. This brings pharmacists in line with other health professionals who become CDEs.

There is likely to be increased interest as other health professional groups understand the impact that diabetes is having across the Australian community. The requirements for individuals to achieve credentiailled status have previously been reviewed and updated through the work of the Credentiailling Committee and the Board has decided to also review the criteria for the admission of eligible professions. The criteria for application as an eligible profession have been in place for many years. This review will ensure that all aspects of the Credentiailling program are kept current and are best placed to support the needs and expectations of the Australian community for expert diabetes care.

The National Diabetes Strategy Advisory Group has held its final face to face meeting this month in Canberra and a document is being finalised for submission to the Hon Sussan Ley, Minister for Health and Minister for Sport. As noted last year, the NDS Advisory Group is co-chaired by Judi Moylan, National President - Diabetes Australia and Professor Paul Zimmet, Director Emeritus – Baker IDI Heart and Diabetes Institute. Stakeholder consultations during 2015 resulted in over 400 submissions being received by the

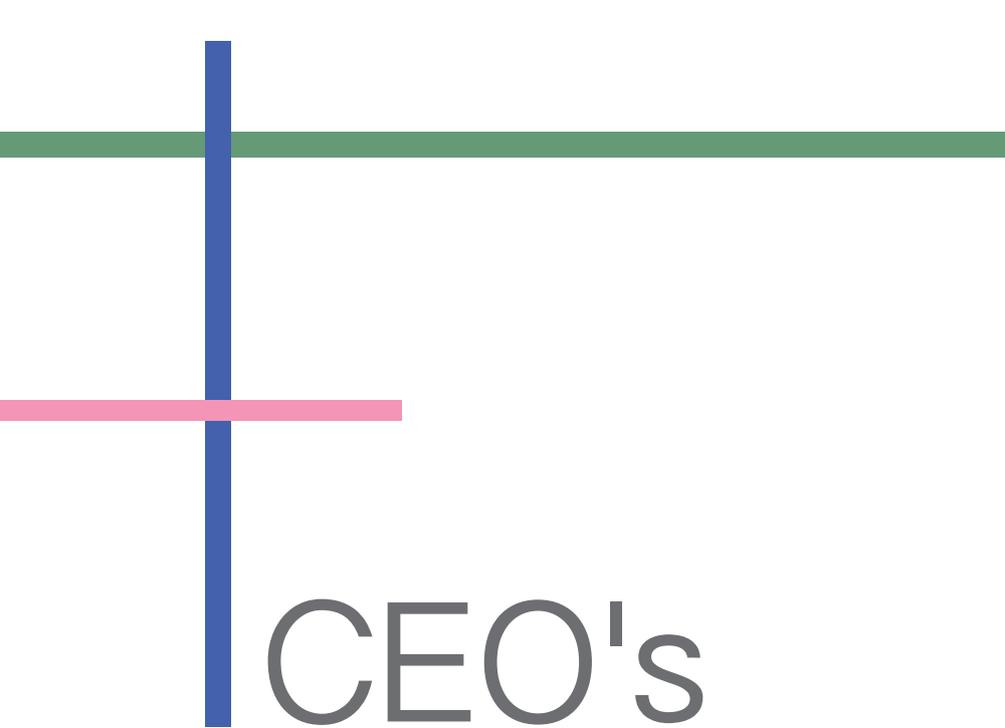
Department of Health, including from the ADEA. All release of information from Ministerial committees is governed by the Department and Minister for Health, so we will wait to see the final recommendations document following completion of the approval process.

August will be another busy month for the ADEA in the lead up to the Annual Scientific Meeting (ASM) in Adelaide. This ASM and Annual General Meeting will see the retirement from the Board of some long serving Directors. Cheryl Steele joined the Board during the 2008-10 term and has held the role of Finance Director since November 2013. Cheryl brought considerable experience as a Director, having served as a Board Director with Diabetes Victoria, achieving 10 years of service with them. Recently, Cheryl presented the Kellion medals at an event run by Diabetes Victoria, held to celebrate the lives of people with diabetes. Glynis Dent is well known to those working in the Northern Territory and beyond. Glynis joined the ADEA Board in August 2008, bringing with her extensive knowledge and advocacy for Aboriginal health and remote workforce issues. Our final retiring Board Director is Diana Sonnack, who joined the Board in 2010. Diana hails from South Australia, providing a community and home health perspective to the Board role. Each of these Directors has participated in or led committees within ADEA and with external organisations. They have represented ADEA with distinction and served for a significant time in a voluntary capacity on behalf of the membership. If you see them at Branch meetings or at the ASM, please take a minute to acknowledge their contribution to ADEA as they move onto other new endeavours. I personally thank Cheryl, Glynis and Diana for their friendship, collegial approach, wisdom and contributions over many years with them on the Board.

Finally, ADEA is only able to continue its work through the activities of members, the work and development capacity of the National office team, the guidance and commitment of the Board and committees and the support provided by external sponsors and funding for projects from organisations such as the NDSS. We work with our external stakeholders to build the influence of ADEA and support people with diabetes to receive the services they need in relation to diabetes care. Our CEO, Joanne,

continues to lead a strong and hard-working team at National Office who all go above and beyond to make sure ADEA delivers the best it can for the membership. Thank you to everyone who is helping ADEA to continue the journey started in 1981.

Tracy Aylen
President



CEO's Report

The 2014-15 year has been a successful one across many levels of the organisation; its business processes, research agenda, membership support, branch activity, policy engagement, finances and consumer engagement. These successes align with the six strategic themes within the ADEA Strategic Plan 2012-17, and some of the outcomes from this year are highlighted below.

ADEA is gaining strength as a business and as a sound professional body that supports its members and has a vision for growth and development. This strength comes from hard work, strong governance, leadership, efficient systems and member support. The hallmark of these successes is confidence in ADEA demonstrated by the increase in membership (see p. 26), sponsorship support, policy engagement and support from the ADEA Board. Further, two professional bodies applied to the Board for eligibility to become Credentialed Diabetes Educators; The Australian Physiotherapy Association and the Australian College of Midwives. The Board approved eligibility for both organisations.

In getting to this point there have been some difficult times especially with the technical implementation of the new Online Credentialling System and I acknowledge the impact on some members. I can say though that our Credentialling Team at National Office has been proactive in ensuring that we had the right technical expertise to rectify the problems and improve the system. The team has also worked tirelessly to support members having difficulties with the new system. The system is now working well and we continue to monitor it to identify areas for improvement.

Seven major achievements of the past year that I would like to highlight are identified below and unfortunately space does not allow all our achievements to be included:

1. Completion of the review of the ADEA Constitution and By-laws and consultation. This was an amazing effort by a number of people and led by Heike Krausse, with secretariat coordination from National Office. The final vote will be on 11 July 2015.
2. Implementation of the prestigious CDE of the Year award program. Vy Le has coordinated this program and developed sound partnerships along the way. It has been enormously successful with nearly 200 nominations and of course the financial support from Lilly has made it possible to provide monetary awards.
3. Successful completion of important ADEA statements including updating four current statements and two new ones. The new statements on *Person Centred Care*, *CDE Prescribing Insulin* and *Glucose Lowering Agents* are proactive documents that position ADEA as a forward looking organisation. Funding for this work was from the Australian Government through the NDSS program and changes within the Department of Health meant finalising these statements became a very complex process, and success was finally achieved through the hard work and perseverance of Toni Rice and Helen Vaughan.
4. Successful implementation of a webinar series with development and coordination by Vy Le and Rachel McKeown. Evaluation of these webinars has been very positive.
5. Successful development and implementation of the new Online Credentialling System. Much of this work was highly technical and complex because of the high degree of functionality of the system, which required a major effort from Rachel McKeown and Kerry Oddy.
6. Review, monitoring and strategic changes to organisational systems to ensure efficient use of ADEA funds and staff resources. Daniel McKinney has invested much time and effort into ensuring ADEA members have good supporting systems and that ADEA operates within a best practice framework.
7. Successful implementation of the ADEA Research Framework with the development of the research register and the research toolkit. We have had great support from the international Centre for Allied Health Evidence (iCAHE) at the University of South Australia; support that will continue to help us build a strong ADEA research culture.

These seven areas are highlights because they are foundational and will build sustainability for ADEA into the future and exemplify a culture of continuous improvement.

Our successes would not have been possible without the support from our:

- Sustaining Members (see p. 38)
- Member volunteers on our Committees and especially the Chairs of these committees, whose reports are at p. 14
- Branches and the branch executives that support members to network effectively and to provide professional development opportunities. Branch reports are at p.44
- Members who have supported ADEA moving into new territory and provided constructive feedback while we were developing new systems.
- Contributors to the Australian Diabetes Educator (ADE) and to Helen Vaughan as the Editor and Vy Le as the coordinator of the ADE, which has seen the ADE grow into a substantial publication.

Recognition should also go to the ADEA Board for their commitment to strong governance and vision for a better ADEA into the future.

I would also like to acknowledge and thank all those members who took the time to respond to the 2015 Membership Survey. The input we have received will be very valuable and inform what improvements and changes we progress within ADEA.

Together our achievements have been solid throughout this year but there is more to do.

What We Need to Strengthen

Areas where we have not yet focussed enough effort include:

- Increasing the range of educational (CPD) offerings
- Utilising our Deductible Gift Recipient (DGR) status specifically in research
- Engaging with other professional bodies where our members have joint membership

- Supporting Indigenous needs for diabetes education
- Better use of media and social media
- Use of non-member volunteers to support NO activities
- Establishing broader partnerships/sponsorships.

We are already planning how we can address these areas in the coming year and the Board has approved the budget and business plan for 2015-16 with a profit forecast. Some of the planned and exciting activities for the coming financial year include but not limited to:

1. Phased establishment of an ADEA Research Foundation that will identify research priorities for ADEA and fund small research grants. 2015-16 will be the establishment phase for this entity
2. Development of a professional and educational pathway for Aboriginal Health Practitioners to focus on diabetes in educational communities
3. An increased and structured use of technology across the organisation.

As an organisation we have much to look forward to in the coming year and we have the potential to achieve much. We need to work together to realise our potential and achieve our Mission: To lead and advocate for best practice in diabetes education and care.

Dr Joanne Ramadge
CEO

Useful links

- ADEA Strategic Plan 2-12-17: adea.com.au/?p=79
- Revised ADEA Constitution: adea.com.au/?p=58
- Revised ADEA By-laws: adea.com.au/?p=90
- CDE of the Year award program: adea.com.au/?p=8985
- Information sheets for health professionals: adea.com.au/?p=4504
- Webinar: adea.com.au/?p=9124
- ADEA Research Framework: adea.com.au/?p=12361286



ADEA

Committees,
Advisory Group
and Special
Interest Group

ADE Publication

The ADE Publishing Team this year embarked on a journey of changes for the publications, not only in its content but also its format and the variety of articles and authors. Following a themed approach, four editions have been published which reflect the interests of our members:

- ADE August: Diabetes in Pregnancy
- ADE November: Diabetes and Paediatrics
- ADE March: Diabetes and Nutrition
- ADE June: Career Pathways

All editions are available on the ADEA website under Member pages: adea.com.au/?p=4425.

We provided a wider variety of articles from peer review to reflective practice, models of practice and case studies. The contents offered more practical advice and showcased projects being run around the country. This variety aligned well with feedback from members through the 2015 ADEA Membership Survey.

We reached out to more authors than ever and engaged more with health consumers to present to you information from many consumer perspectives. We also reviewed the visual aspect of the publication and gave it a clean layout to highlight the content better.

For the next two editions in late 2015, we will be putting together one issue themed '*Integrated Care*' and the other on '*Person-centred Care*'. We will also introduce new content on medication and diabetes as members requested.

The ADE Publishing Team appreciate feedback through the 2015 ADEA Membership Survey. We are facilitating another workshop titled 'Writing for a publication' to provide members with more guidance and support before writing articles for us. We have also received your topic suggestions and will endeavour to incorporate them in the future planning of the publication.

We acknowledge your feedback over the past few years and look forward to further comments to ade@adea.com.au.

The ADE Publishing Team

Useful links

- About the ADE publications: adea.com.au/?p=66
- Submission process and deadlines: adea.com.au/?p=69
- Advertising in the ADE publication: adea.com.au/?p=71
- Subscribe to the ADE: adea.com.au/?p=72
- Read and download the ADE publications, for members only: adea.com.au/?p=4425

Course Accreditation Standards Of Practice Committee

Key activities undertaken in 2014-15

Following a busy year in 2014 and the related seven course accreditations being completed, we have received the resignation of some long-standing CASP committee members (Jane Overland and Rhonda Griffiths). We are grateful to both for their long term commitment and contributions. These changes to membership have resulted in the need to consider broader CASP committee membership and the terms of reference for this committee. This will be discussed at the upcoming meeting scheduled to occur at ASM in August.

Two new course coordinators commenced in 2015 (Mayfield Education and Curtin University). There has been regular consultation with them as they settle into these new roles and become familiar with CASP system and their role requirements.

Regular consultation with Credentialling Committee members has occurred, to consider applications from various professional associations seeking Credentialling eligibility – Physiotherapists and Direct-entry Midwives in particular.

There has also been consultation around the consideration of overseas courses' equivalency, as a result of individuals seeking Credentialling based on overseas qualifications – courses from India and Ireland have been assessed.

Planned activities for 2015-16

Developing a consistent approach to student placement strategies and paperwork is a project in progress. The committee aims to complete this by the end of the year, ready for the 2016 academic year and student intakes commencing. A subcommittee has been formed to steer this work, with representation from CASP committee members and Course Coordinators.

Review of the processes for assessing professional associations seeking eligibility for Credentialling, and for overseas courses is planned, recognising that improved transparency of process and documentation is needed in this area.

Issues of concern

Ongoing surveillance is in place to support the three courses with accreditation issues to report on in November 2015, to work towards fulfilling their accreditation requirements: UTS, Flinders University and Curtin University.

Karen Crawford
Chair

Useful links

- Accredited post graduate certificates in diabetes:
adea.com.au/?p=114
- Information for students:
adea.com.au/?p=12355419

Clinical Practice Committee

Key activities undertaken in 2014-15

The CPC has been busy supporting the review and update of several key ADEA publications and resources. These include:

- The *Clinical Guiding Principles for Sick Day Management of Adults with Type 1 and Type 2 Diabetes* technical document for health professionals, largely completed by the outgoing CPC.
- The Consumer resources *Sick Day Management of Adults with Type 1 Diabetes and Sick Day Management of Adults with Type 2 diabetes*, developed in conjunction with the technical document.
- The *Role and Scope of Practice for Credentialled Diabetes Educators in Australia*.
- The ADEA *Position Statement: Use of Blood Glucose Meters*.
- The *Guidelines for the Management and Care of Diabetes in the Elderly*.
- The e-learning courses: *Diabetes in Aged Care: Diabetes Educators*, *Diabetes in Aged Care: Nurses* and *Diabetes in Aged Care: Aged Care Workers* – these are available through the ADEA Online Learning Management System at a discounted fee for ADEA members.
- *Eye Health E-Learning Module for Diabetes Educators on Eye Health* (developed in conjunction with Optometry Australia)

Planned activities for 2015-16

Future plans include review of the following documents:

- Clinical Recommendations – Subcutaneous Injection Technique
- National Standards of Practice for Diabetes Education Programs
- National Core Competencies for Credentialled Diabetes Educators
- National Standards of Practice for Credentialled Diabetes Educators

Kate Marsh
Chair

Useful links

- A comprehensive list of ADEA publications: adea.com.au/?p=95
- ADEA e-learning courses: learning.adea.com.au
- Position statements for health professionals: adea.com.au/?p=4504

Credentiailling Committee

Key activities undertaken in 2014-15

The key activity undertaken this year has been the introduction of the online system for credentiailling and recredentiailling. As part of this new system we have also implemented annual submission of recredentiailling activity in line with APHRA requirements for professional development, and as recommended in Trisha Dunning's review of the process undertaken in 2011. Despite the enormous amount of preparation undertaken by National Office and the Credentiailling Committee for this change, it has not been without its problems and I would like to extend a huge amount of thanks to Kerry Oddy and Rachel McKeown for their work on this above and beyond the call of duty.

Despite the difficulties which have been encountered, we as a committee believe the process will play an integral part in assisting all of us in developing our skills as reflective practitioners, and to help us focus on our learning needs as diabetes educators, thus allowing us to ensure we are all working within the guidelines of the CDE role.

The second activity we have addressed this year is to put in place access to online learning modules on mentoring for those intending to become credentiailled. Again, the goal here is to provide mentees with clearer information around their role in the mandatory mentoring partnership required for becoming credentiailled. Those who might be considering becoming a mentor can also undertake these modules which are accessible on the website, and the process will be relaunched at the Annual Scientific Meeting.

Planned activities for 2015-16

The next phase of the process will be to evaluate the changes made to the system, with the date and format of the proposed evaluation yet to be set.

Jan Alford
Chair

Useful links

- Information for preparing your credentiailling application:
<http://www.adea.com.au/credentiailling/preparing-your-application/>
 - » Initial credentiailling and instructions:
<http://www.adea.com.au/credentiailling/preparing-your-application/initial-credentiailling-2015/>
 - » Recredentiailling and instructions:
<http://www.adea.com.au/credentiailling/preparing-your-application/recredentiailling-2015/>
- Mentoring program:
<http://www.adea.com.au/credentiailling/mentoring-program/>
 - » Online mentoring program, for members only:
<http://www.adea.com.au/credentiailling/mentoring-program/online-mentoring-program/>
 - » Mentoring manual:
<http://www.adea.com.au/credentiailling/mentoring-program/mentoring-manual/>
 - » Mentoring register:
<http://www.adea.com.au/credentiailling/mentoring-program/mentor-register/>
- Benefits of Credentiailled Diabetes Educators to people with diabetes and Australia:
<http://www.adea.com.au/about-us/research/diabetes-education-offers-chance-to-save-lives-and-3-9-billion/>

Private Practice Special Interest Group

Key activities undertaken in 2014-15

This year marked the introduction of a National Private Practice Network. A representative from each ADEA Branch met via teleconference with the Convenor of the PPSIG to provide representative feedback and discussion about issues in private practice.

Some key activities:

- Regular teleconferences and email communication with the ADEA CEO
- PPSIG Wikispaces Forum maintained as a communication channel and information resource for members
- Representation of issues related to private practice by the Convenor to the ADEA CEO and staff
- A presentation provided via teleconference to the NSW Branch on the role of the PPSIG network
- The annual face-to-face meeting at the ADS-ADEA Annual Scientific Meeting in Melbourne (2014) attracted approximately 100 participants

Planned activities for 2015-16

Future plans include:

- Recruiting a member from each ADEA Branch to participate in the Private Practice Network
- Providing each ADEA Branch with a local Private Practice Network
- Member survey to capture a profile of diabetes education in private practice
- Face-to-face meeting of the PPSIG at the ADS-ADEA Annual Scientific Meeting in Adelaide 2015

Issues of concern

- Currently each Branch is not represented on the PPSIG Network
- Ongoing work required to provide Branch based support on private practice related issues
- Medicare rebates frozen
- Lack of consistency in private health insurance rebates
- Currently there is a lack of information on CDEs in private practice, their profile and needs.

Jayne Lehmann
Convenor

Useful links

- Private practice special interest group:
<http://www.adea.com.au/about-us/our-people/committees-working-groups-and-special-interest-group/private-practice-special-interest-group/>
- ADEA PPSIG Wikispaces:
<http://adeappsig.wikispaces.com/>



ADEA Leaders

ADEA Board



Tracy Aylen
President



Giuliana Murfet
Vice President



Cheryl Steele
Finance Director



Libby Bancroft
Director



Heike Krausse
Director



Steven Brett
Director



Brett Fenton
Director



Glynis Dent
Director



John Michailidis
Director



Nicole Frayne
Director



Diana Sonnack
Director

BRANCH EXECUTIVES

ACT

Rosemary Young, Chair
 Elaine Slater, Secretary Resigned 29 August 2014
 Vicki Mahood, Secretary From 29 August 2014
 Lynelle Boisseau, Finance Officer

NSW

Helen Phelan, Chair
 Megan Paterson-Dick, Secretary
 Michelle Neylan, Finance Officer
 Marissa Bolton, Rural & Remote

NT

Michelle Walding, Chair Resigned 29 August 2014
 Gregory Solomon, Chair From 29 August 2014
 Caroline Cook, Secretary
 Deepa Ariarajah, Finance Officer Resigned 29 August 2014
 Leanne Kuchel, Finance Officer From 29 August 2014

QLD

Gill Dicker, Chair Resigned 29 August 2014
 Emma Holland, Chair From 29 August 2014
 Jaana Pitkanen, Secretary Resigned 29 August 2014
 Margaret Whillier, Secretary From 29 August 2014
 Tien-Wen Tsai, Finance Officer Resigned 29 August 2014
 Jan Branch, Finance Officer From 29 August 2014

SA

Rhonda Rowe, Chair Resigned 29 August 2014
 Caroline Ford, Chair From 29 August 2014
 Jennifer Von Der Borch, Chair
 Pam Smith, Secretary
 Susan Radeka, Finance Officer Resigned 29 August 2014
 Effie Kopsaftis, Finance Officer From 29 August 2014

TAS

Susan Armstrong, Chair
 Maggie Lasdauskas, Secretary
 Andrea Radford, Finance Officer

VIC

Coralie Cross, Chair Resigned 29 August 2014
 Ann Bush, Chair From 29 August 2014
 Michelle McAlister, Chair
 Susan McConville, Secretary Resigned 29 August 2014
 Suzanne Bulmer, Secretary From 29 August 2014
 Gillian Krenzin, Finance Officer From 30 August 2014
 Elisabeth Lacey, Finance Officer From 29 August 2014

WA

Sarah Black, Chair
 Kendra Nunweek Hanlon, Secretary
 Pica Ellis, Finance Officer Resigned 29 August 2014
 Maree Nanne, Finance Officer From 30 October 2014

COMMITTEES, WORKING GROUPS AND SPECIAL INTEREST GROUPS

AUSTRALIAN DIABETES EDUCATOR (ADE) EDITORIAL ADVISORY GROUP

Helen Vaughan, Chair
 Glynis Dent
 Kate Marsh
 Michelle Robins

ADE PUBLISHING TEAM

Vy Le, Business Development Manager
 Helen Vaughan, Editor
 Carlos Gongora, Graphic Designer & Media Producer

COURSE ACCREDITATION AND STANDARDS OF PRACTICE (CASP)

Karen Crawford, VIC, Chair
 Jan Alford, NSW
 Trisha Dunning, VIC
 Rhonda Griffiths, NSW Resigned 13 November 2014
 Sara Jones, SA
 Jane Overland, NSW Resigned 4 March 2015

University CASP Course Advisory Representative

Wendy Bryant, NSW, University of Technology Sydney
 Caroline Ford, WA, Curtin University
 Louise Ginnivan, VIC, Mayfield Education
 Deborah Grant, QLD, James Cook University
 Carolyn Judge, NSW, University of Technology Sydney
 Wendy Livingstone, QLD, Southern Cross University
 Michelle Robins, VIC, Deakin University

University Coordinators

Bronwyn Davis, QLD, James Cook University
 Rebeca Disler, NSW, University of Technology Sydney
 Pauline Hill, SA, Flinders University
 Adam Lamendola, VIC, Mayfield Education
 Angela Llewellyn, QLD, Southern Cross University
 Patricia Marshal, WA, Curtin University
 Bodil Rasmussen, VIC, Deakin University

CLINICAL PRACTICE COMMITTEE

Kate Marsh, NSW, Chair
 Sandra Crook, QLD
 Nicholas Denniston, NSW
 Teresa DiFranco, WA
 Denise Smith, WA
 Peta Tauchmann, QLD
 Joanne Ramadge/Rachel McKeown, Secretariate, NO

COMPLAINTS COMMITTEE

Giuliana Murfet, TAS, Chair
 Amanda Bartlett, NSW
 Barbara Campbell- Lawyer, non member
 Yvonne Elliott-Kemp, QLD
 Joanne Ramadge/Aneesha Khan, NO
 Denise Smith, WA
 Rachel Woods, SA

CONSTITUTION REVIEW GROUP

Heike Krausse, QLD, Chair
 Jan Alford, NSW
 Carol deGroot, WA
 Jayne Lehmann, SA
 Fiona McIver, QLD
 John Michailidis, VIC
 Joanne Ramadge, NO

CREDENTIALLING COMMITTEE

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 Dianne Bond, WA
 Lauren Botting, SA
 Wendy Bryant, NSW
 Glynis Dent, NT
 Lisa Grice, QLD
 Maggie Lasdauskas, TAS
 Chris Lester, SA
 Elizabeth Obersteller, VIC
 Helen Phelan, NSW
 Lynnette Randall, QLD
 Lois Rowan, VIC
 Maxine Schlaeppi, WA

FINANCE AUDIT AND RISK MANAGEMENT COMMITTEE (FARM)

Cheryl Steele, VIC, Chair
 Greg Cliffe, Independent Accountant
 Daniel McKinney-Smith, NO
 John Michilaidis, VIC

PROGRAM ORGANISING COMMITTEE (POC)

Elizabeth Obersteller (Co Chair), ACT
 Joanne Ramadge (Co Chair), NO
 Catherine Anderson, QLD
 Kirstie Bell, NSW
 Brett Fenton, NSW
 Caroline Ford, SA
 Jayne Lehmann, SA
 Rachel McKeown, NSW
 Lily Mountain, SA
 Michelle Tong, QLD

POLICY THINK TANK

Joanne Ramadge, NO, Chair
 Shirley Cornelius, WA
 Jane Giles, SA
 Sarah Joyce, NT
 Mandy Williamson, VIC

PRIVATE PRACTICE SPECIAL INTEREST GROUP

Jayne Lehmann, SA, Convenor
 Marita Ariola, NSW
 Christine Avery, VIC
 Jan Branch, QLD
 Robyn Jenkins, NSW
 Vongayi Majoni, NT
 Jennifer Nicholas, WA
 Carolyn Nugent, WA
 Joanne Ramadge, NO
 Janet Stevenson, NT
 Peta Tauchmann, QLD

RESEARCH ADVISORY GROUP

Joanne Ramadge, NO, Chair
 Sandra Crook, QLD
 Teresa DiFranco, WA
 Trisha Dunning, VIC
 Karen Grimmer, iCAHE
 Debra Kay, iCAHE
 Ines Krasse, University of NSW
 Rachel McKeown, NSW
 Helen Mikolaj, Convenor
 Giuliana Murfet, TAS
 Jane Phillips, University of Technology Sydney

LIFE MEMBERS

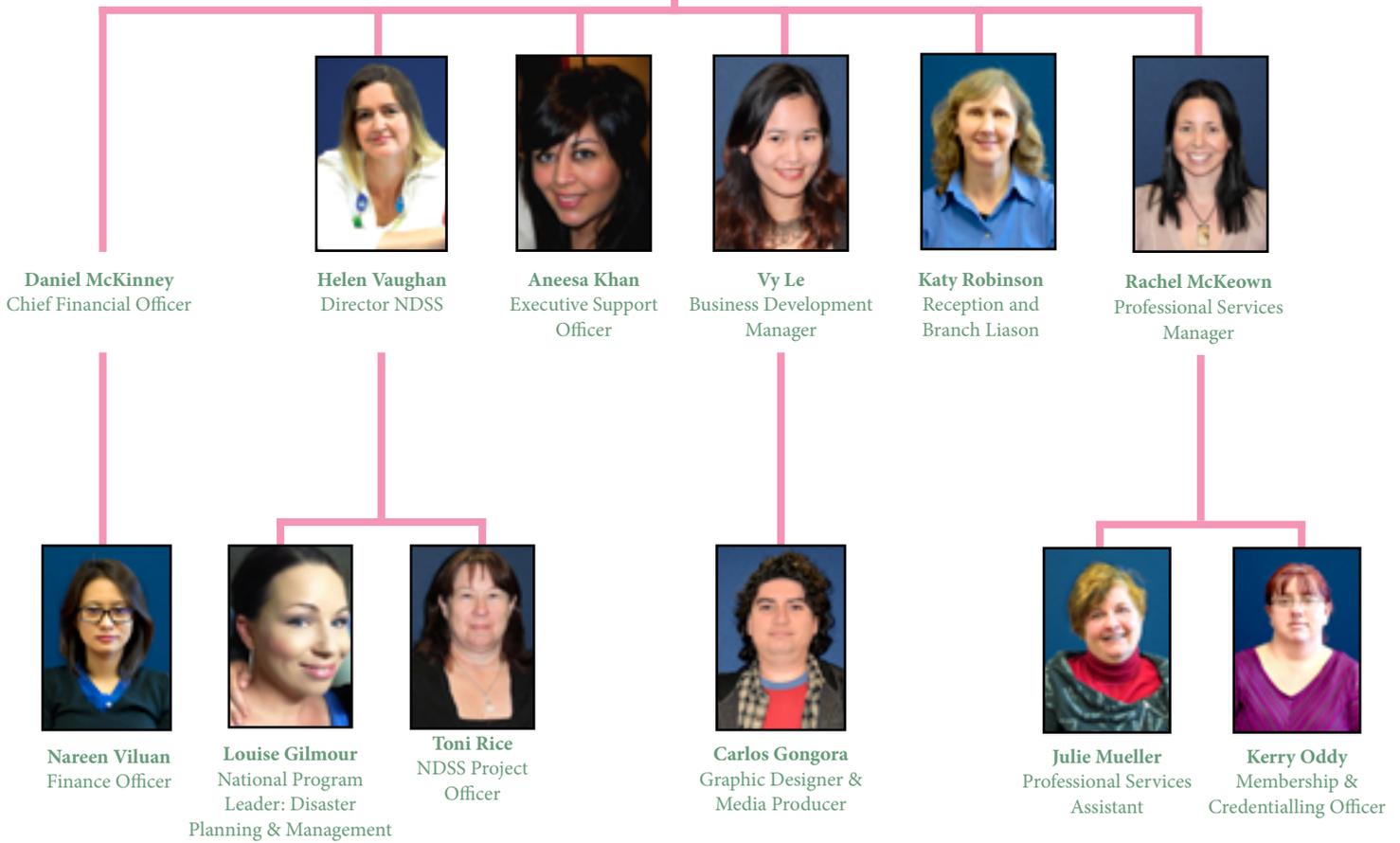
Jan Alford
 Ruth Colagiuri
 Shirley Cornelius
 Lesley Cusworth
 Patricia Dunning
 Rhonda Griffiths
 Gillian Harris
 David Irvine
 Gloria Kilmartin
 Edwina Macoun
 Ann Morris
 Kaye Neylon
 Judy Reinhardt
 Michelle Robins
 Coral Shankley
 Helen Turley
 Maureen Unsworth
 Bettine Wild
 Erica Wright

National Board of Directors



Dr. Joanne Ramadge
Chief Executive Officer

Branch Executives





Finance Director Report

Risk Management

ADEA's Finance, Audit & Risk Management Committee (FARM) comprises the ADEA Finance Director as Chair, an additional Board Director, an independent professional industry accountant and ADEA's Chief Financial Officer. FARM identifies and evaluates potential risks to the organisation and develops mitigation strategies for recommendation to the Board of Directors. FARM meets on a monthly basis via teleconferencing and also deals with other important organisational issues such as ADEA's annual independent audit process. FARM encourages you to read ADEA's audited financial statements and accompanying notes included in the 2014-15 Annual Report.

During the financial year FARM reviewed and mitigated various organisational risks and oversaw the implementation of ADEA's new independent investment strategy. ADEA's investment portfolio has performed well, even when taking into consideration turbulent financial market conditions in the last few months of the financial year. ADEA remains highly solvent and is able to pay all liabilities as they fall due. As at 30 June 2015, ADEA had approximately \$3.3 million in highly liquid assets such as cash at bank, term deposits and diversified managed fund investments.

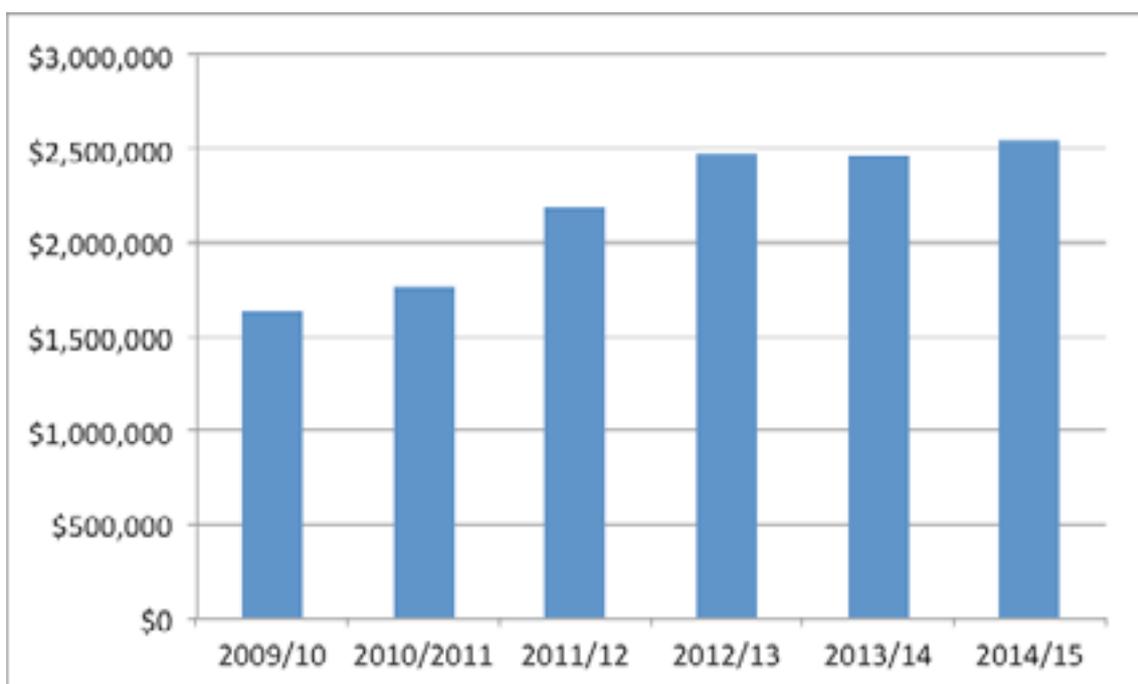
Financial Position

Overall, ADEA's financial position is very strong with growth in total equity increasing by \$85,415 over the last 12 months to approximately \$2.55 million. Total equity, which represents the net worth of the organisation, is calculated as total assets of \$3,310,232 minus total liabilities of \$756,077. As previously mentioned a large proportion of ADEA's total equity resides in highly liquid assets which can be used to fund future strategic initiatives and to protect the organisation from any unanticipated detrimental abnormal events.

Financial Performance

For the financial year ending 30 June 2015 ADEA recorded a trading profit of \$84,415. This was derived from total income of \$1,951,212 against total expenses of \$1,866,797. This compares to a -\$2,465 trading loss for the previous financial year primarily due to investing in new internal operational systems expected to generate organisational efficiencies trading forward.

Figure 1: Total ADEA Equity 2010 to 2015



Income

The following graph highlights that ADEA has the benefit of a diversified income stream to support strategic and operational activities. From an organisational risk perspective, this highlights that ADEA is not highly dependent on one particular income source, such as government grants, which if ceased, could cause serious solvency issues for the organisation.

During the period ADEA experienced healthy membership growth as a result of a concerted membership drive. This resulted in membership income increasing by approximately \$73,838 to \$527,539 to represent approximately 27% of total annual income. Historically, membership income has remained relatively stable and is important for underpinning daily recurrent operational activities.

During the financial year, the ADEA Board of Directors approved a 3% increase in annual membership and credentialling fees to commence on 1 July 2015. This fee increase is very important to help offset the effects of general price inflation on ADEA's ever rising operating costs and to partially contribute towards investing in new improved systems and processes such as the new online credentialling system.

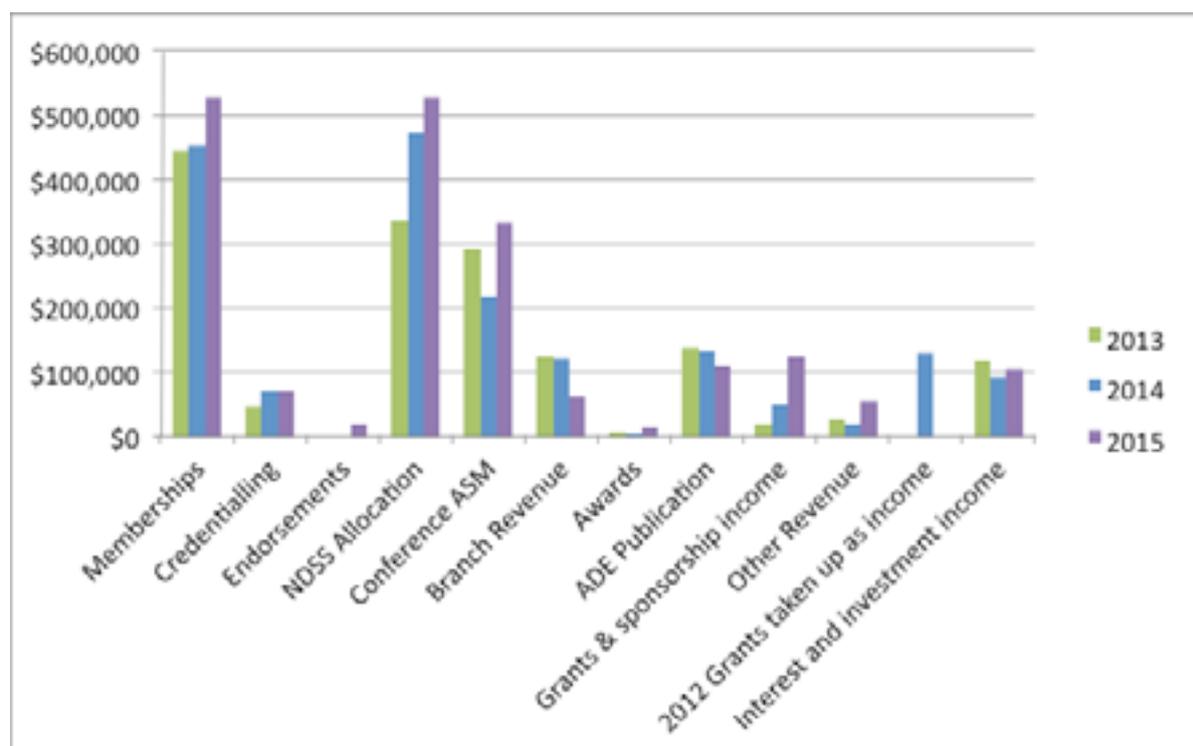
The \$56,325 increase in National Diabetes Services Scheme funding to \$471,089 was primarily due to increased registrants and further growth in the National Disaster Planning and Management Program. NDSS funding is ultimately derived from the Commonwealth Department of Health through Diabetes Australia.

The \$116,489 increase in Annual Scientific Meeting income to \$333,662 was primarily due to the conference being held in the larger member base of Melbourne with no major competing concurrent events being held. This is unlike the previous 2013/14 financial year when the International Diabetes Federation Congress was staged around the time of the Sydney Annual Scientific Meeting.

Member activities, such as Branch Conferences, are very important in raising additional income to help fund the shortfall between membership income and total organisational operating expenditure. The main reason for overall branch revenue being lower during the period was due to the larger Victorian State Conference being held in July 2015.

ADE Publication income, primarily comprising advertising by pharmaceutical companies in the Australian Diabetes Educator publication, is another important source of income.

Figure 2: ADEA Income Sources From 2013 to 2015



This experienced a \$22,709 reduction primarily due to tougher economic conditions impacting on pharmaceutical company advertising budgets.

was due to increased registrants and expansion of the National Disaster Management Program. These increased expenses were ultimately funded by increased grant funding from Diabetes Australia resulting in negligible impact on ADEA's final operating profit.

Expenditure

The following graph highlights changes in various ADEA expense categories resulting total expenses increasing by \$101,421 to \$1,866,797 for the financial year ending 30 June 2015.

The \$48,488 increase in staff costs to \$678,616 was primarily a result of an ADEA Board approved 3% salary increase and the additional expenses of employing a number of temporary staff while permanent ADEA staff were on parental leave. ADEA's total staff salary expense represents approximately 34% of total ADEA income which is within acceptable industry standards.

It should also be noted that the extremely low salary expense during 2012-13 was due to ADEA not having both a Chief Executive Officer and Professional Officer for many months. Furthermore, ADEA's accountant position remained part time for the majority of 2012-2013.

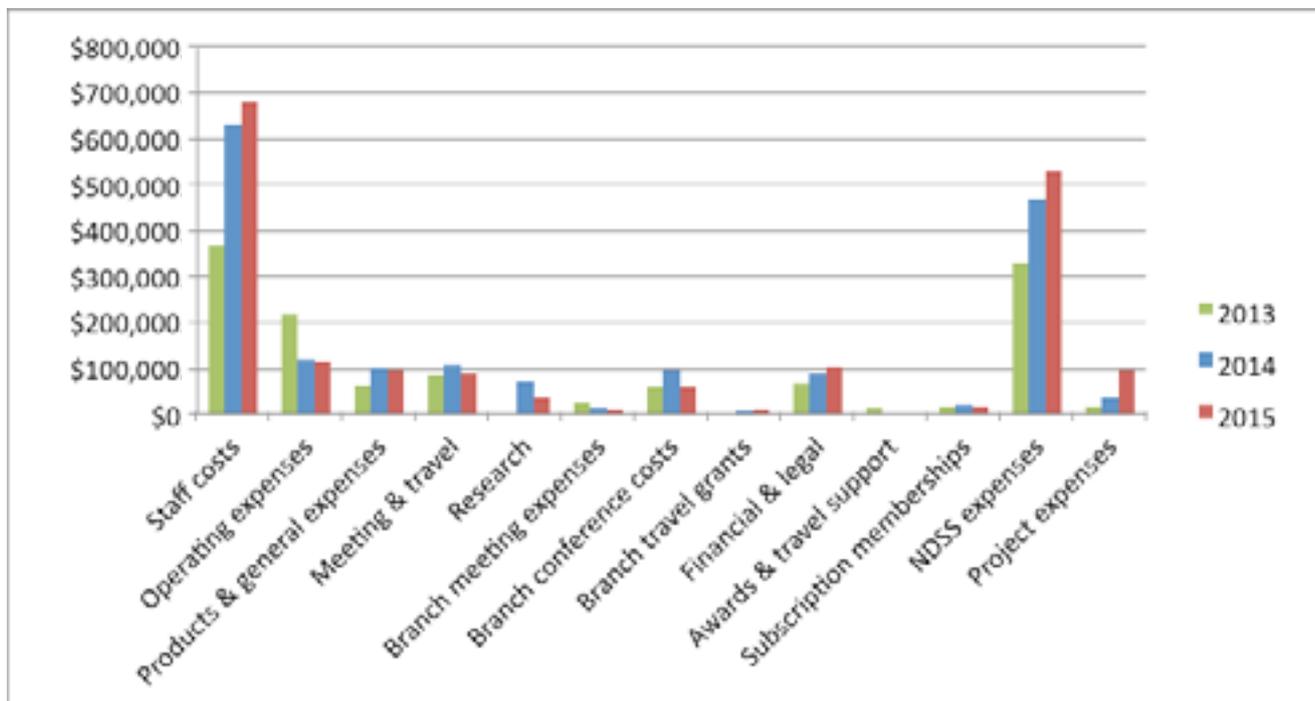
The \$61,232 increase in National Diabetes Services Scheme expenses to total \$530,698

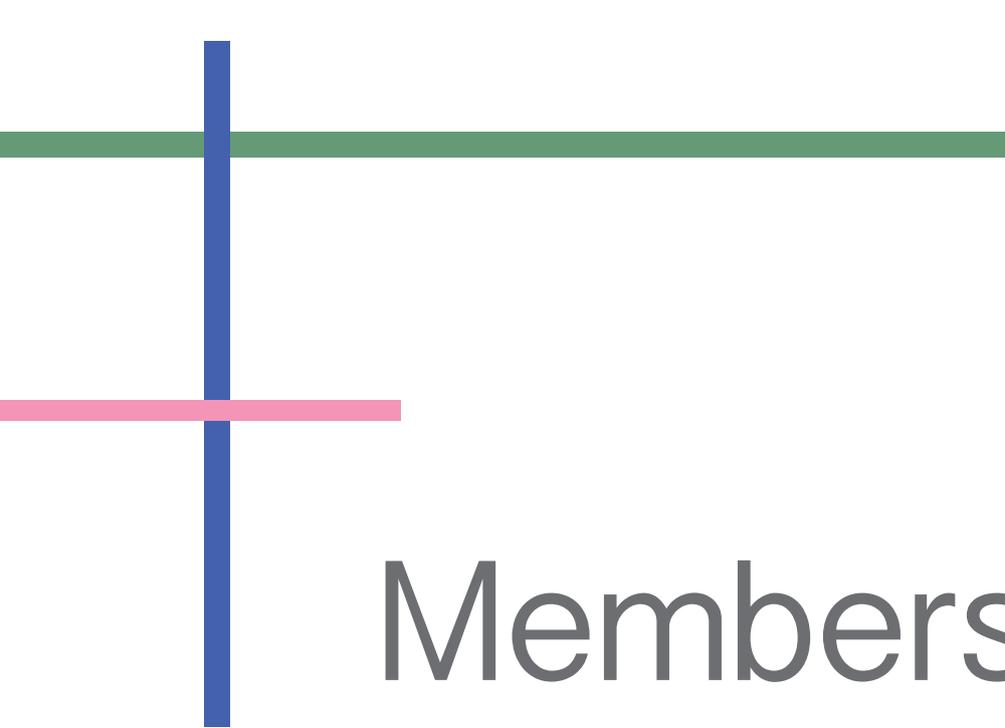
During the period ADEA also incurred a one off \$19,021 expense relating to the wind up of its involvement in the National Association of Diabetes Centres (NADC) partnership with the Australian Diabetes Society. This was essentially due to ADEA agreeing to forfeit any ownership of NADC's assets and to write off amounts owing to ADEA for accounting services provided to the partnership. All NADC associated activities now reside with the Australian Diabetes Society.

This report brings to a close my term as the Finance Director of ADEA. I have enjoyed my time on the National Board and since commencing my term in 2013 have had the privilege of working with a great team in National Office. I would like to thank Daniel McKinney, the Chief Financial Officer, for his invaluable guidance and advice during my term of office. I wish the ADEA Board successful deliberations in the appointment of the next Finance Director.

Cheryl Steele, CDE
Finance Director

Figure 3: ADEA Expenses From 2013 to 2015





Membership

Membership breakdown

In the 2014-15 financial year, ADEA experienced a membership increase of 217 members. There are 1165 CDEs which is an increment of 120 in 2014-15

In this period ADEA did lose members, mainly due to:

1. ADEA members retired from the workforce.
2. The rolling of data from ADEA's old membership database to the new online database highlighted historical data input issues, and some inaccuracies in the previous year's membership total.
3. Former members no longer working in the area of diabetes management.

In late December 2014, ADEA introduced a student membership package providing Associate Membership at a discounted rate, to encourage students to be members and work towards their credentialling. In the seven months it has been available a total of 61 student members to 30 June 2015.

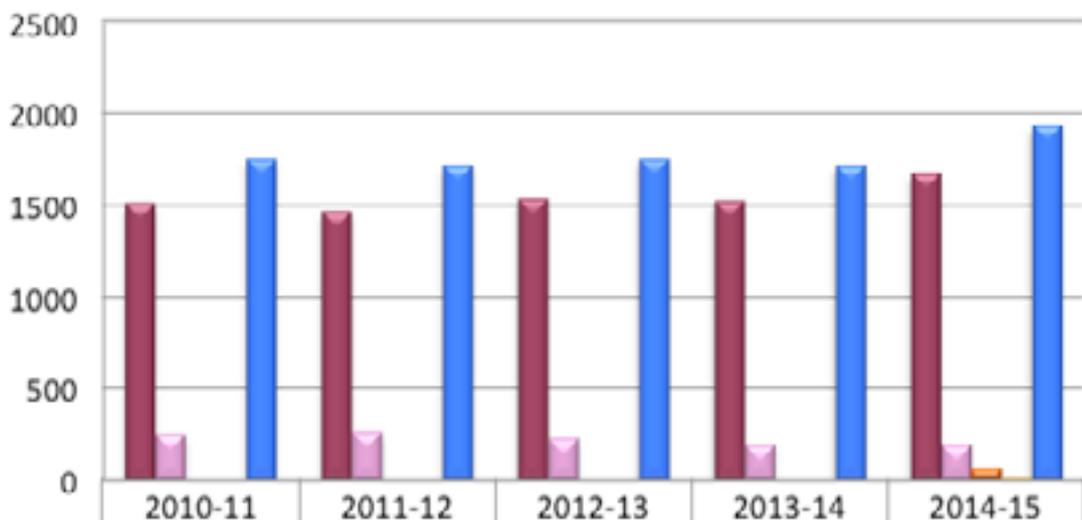
As indicated in Figure 1, the majority (86%) of ADEA members are Full Members, with the 11% selecting Associate or Student Membership.

Please note:

- Student and International Membership figures were not available in previous years.
- 8 Overseas members are identified as Full or Associate Members

ADEA will continue to promote its membership within industry and the community during the 2015-16 year. This promotion will feature activities focusing on students undertaking studies in the allied health sector and those undertaking the Graduate Certificate in Diabetes Education and Management.

ADEA will also endeavor to contact the various primary health discipline associations whose members maybe eligible to apply for credentialling status to encourage the promotion of ADEA membership and being a CDE.



| | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|-----------------------|---------|---------|---------|---------|---------|
| FULL MEMBERS | 1499 | 1461 | 1529 | 1520 | 1671 |
| ASSOCIATE MEMBERS | 247 | 251 | 218 | 192 | 195 |
| Student Members | | | | | 61 |
| International Members | | | | | 2 |
| TOTAL MEMBERS | 1746 | 1712 | 1747 | 1712 | 1929 |

Figure 1: Annual membership by financial year from 2010-11 to 2014-15

Membership - States and Territories/Overseas

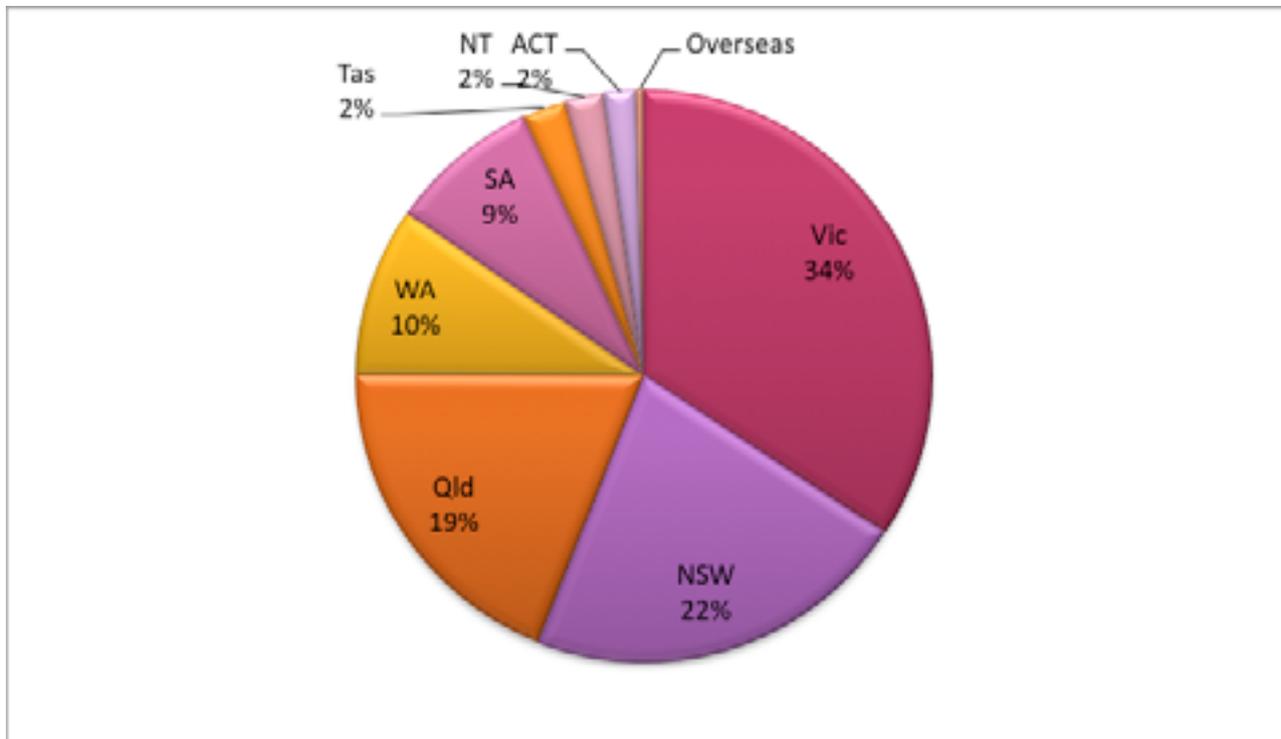
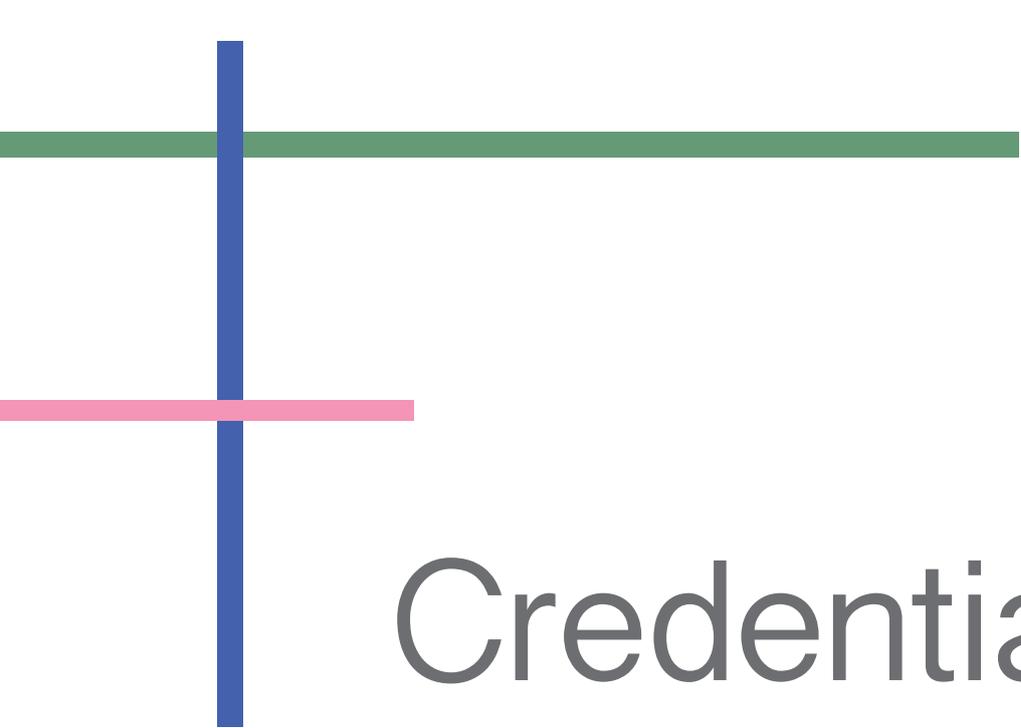


Figure 2 - ADEA membership by States and Territories/Overseas

Currently 34% of ADEA members come from Victoria (figure 2). 22% and 19% of members live and work in New South Wales and Queensland respectively. Western Australia and South Australia make up 10% and 9% of ADEA members, and of the remainder, 2%, are located in Tasmania, 2% the Northern Territory, 2% the Australian Capital Territory and 8 members are from overseas.



Credentialed Diabetes Educators

Credentialed Diabetes Educators

As of 30 June 2015 the number of ADEA members achieving recognition as CDEs increased to 1165, an increase of 120. See figure 1.

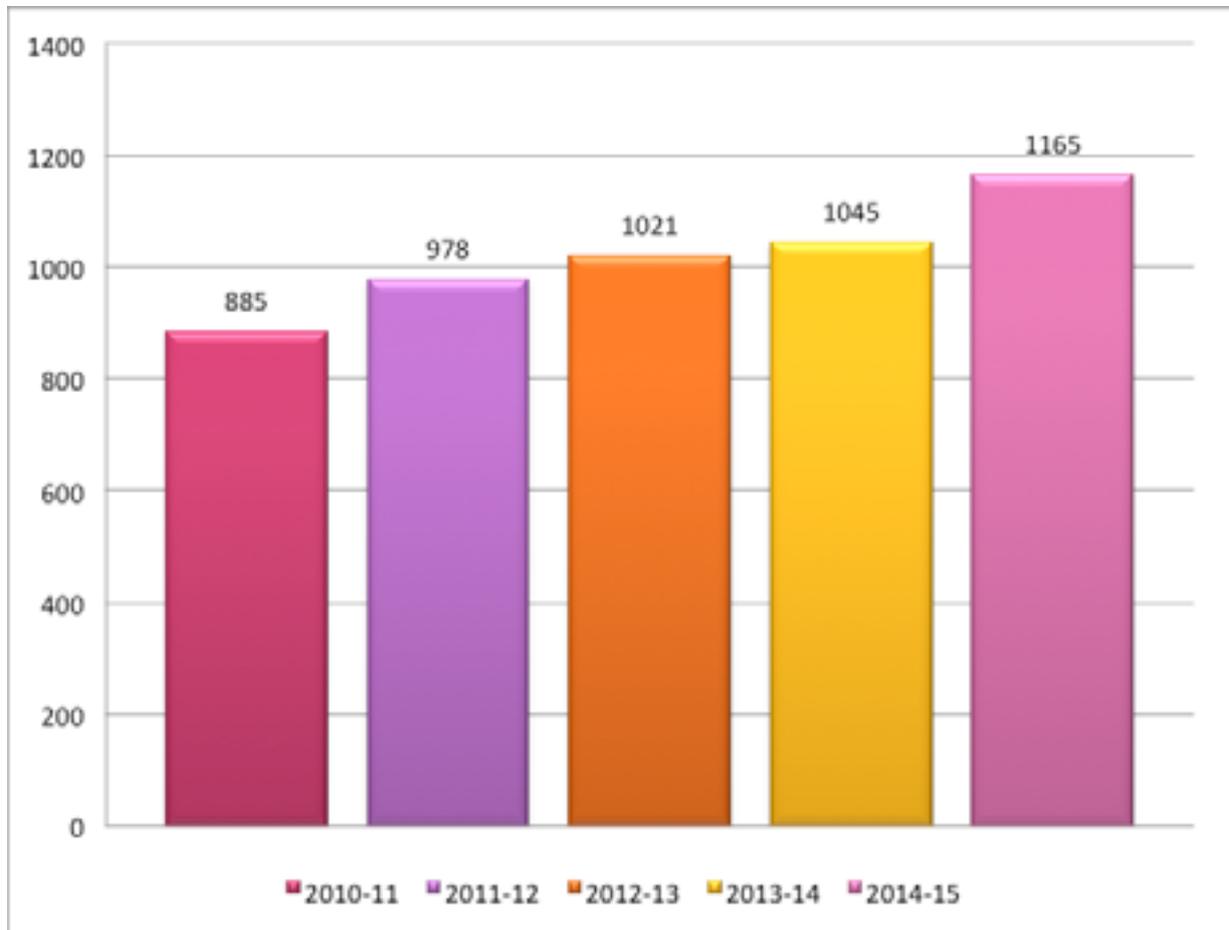


Figure 1: Number of CDEs by financial year from 2010-11 to 2014-15

In this financial year the ADEA Board approved physiotherapists and direct entry midwives as eligible professions to become CDEs. This was following application from their respective national professional bodies.

In addition the Board approved removal of the requirement for pharmacists to undertake the Medication Management Review program (MMR). This now brings pharmacists in line with requirements for other CDE eligible disciplines.

ADEA has approved the addition of Southern Cross University and James Cook University as educational providers of the Graduate Certificate in Diabetes Education.

All universities providing an ADEA accredited diabetes education course were required to participate in an accreditation review of the Graduate Certificate in Diabetes Education in 2014. This was a welcome review and we hope to continue improving the value of diabetes education. We would like to thank the ADEA CASP Committee and the ADEA Credentiaing Committee who provide great expertise and leadership in all areas of Credentiaing and Education for CDEs.

Professional Services Manager Report

As you may be aware, the main focus for Kerry Oddy and me at National Office this year has been the implementation of the Online Credentialling / Recredentialing System. The implementation of this system has not been without its challenges, although it is now working well. I acknowledge and appreciate all those involved, particularly the Credentialling Committee, and thank the members for their patience during the process. Special thank you goes to Jan Alford, Maxine Schlaeppi and Liz Obersteller for their time and participation in the implementation of Credentialling sub-committee that appointed the changes. We couldn't have done it without you!

Still to come is the Online Mentoring Program. This is currently in the final stages of development and will also be a great addition to our online system once implemented. All forms, registration and evaluation will be completed online for a much more streamlined and efficient program. The Online Mentoring E-learning Modules for mentees and mentors have had a great uptake, and outcomes of these new modules are being evaluated. So far, over 110 members have completed these modules. A report on the evaluation to the changes to the mentoring program will be available at the beginning of 2016.

ADEA has made submissions to the Senate Select Committee on Health, the National Diabetes Strategy, ACCC report to the Senate on private health insurance, RACGP review of the General Practice Guidelines for Type 2 diabetes, Post-market Review Insulin Pumps Report and its National Evidence-Based Guideline on Secondary Prevention of Vascular Disease in Type 2 Diabetes.

We have also produced collaborative submissions with Allied Health Professionals Australia regarding the eHealth legislation, and a discussion paper and with Exercise & Sports Science Australia and Dietitians Association of Australia regarding a Pre-National Diabetes Strategy submission on Medicare group services for pre-diabetes.

Thank you to the members who have supported these submissions.

Over the past 12 months I have continued to be involved with numerous working parties and reference groups on behalf of ADEA, with future projects on the horizon in 2015-16.

At the beginning of 2015 the review of the Scope of Practice for Credentialled Diabetes Educators in Australia was finalised. This document is a great reference for all those involved in diabetes education. Over the next 12 months we hope to have finalised a full review of ADEA's other practice documents: National Standards of Practice for Credentialled Diabetes Educators, Core Competencies for Credentialled Diabetes Educators and the National Standards of Practice for Diabetes Education Programs. We are also reviewing the DAA/ADEA joint position statement: The role of Credentialled Diabetes Educators and Accredited Practising Dietitians in the delivery of diabetes self-management education and nutrition services for people with diabetes.

Two other major projects have almost been concluded. A review of the Injection Technique Clinical Recommendations and the Aged Care online learning modules are in the final stages of completion and will be available to members by the end of 2015. Thank you to the Clinical Practice Committee for their review of these documents and to ADEA members who have provided valuable input and feedback.

I have enjoyed being a part of the Webinars that ADEA now offers to members for continuing professional development. I'm sure these will continue into the future, offering more great topics for the benefit of our members. And of course, I am very much looking forward to the Thought Leadership Program in November. I look forward to catching up with members at this great event as it rolls out in Victoria, New South Wales and Queensland.

Rachel McKeown
Professional Services Manager

Membership and Credentialling Officer

The last 12 months with ADEA has been an eventful, challenging and educational adventure involving the fine tuning of processes and procedures, as well as the creation and introduction of the new Online Credentialling/ Recredentialling System.

Following on from the revision of the Endorsement Program and the accreditation processes, ADEA has seen many endorsement applications being submitted and approved, as well as the re-accreditation of all universities for the Graduate Certificate in Diabetes and Education. We would also like to welcome two more universities (Southern Cross University and James Cook University) to the ranks of educational facilities to provide the Diabetes Education course.

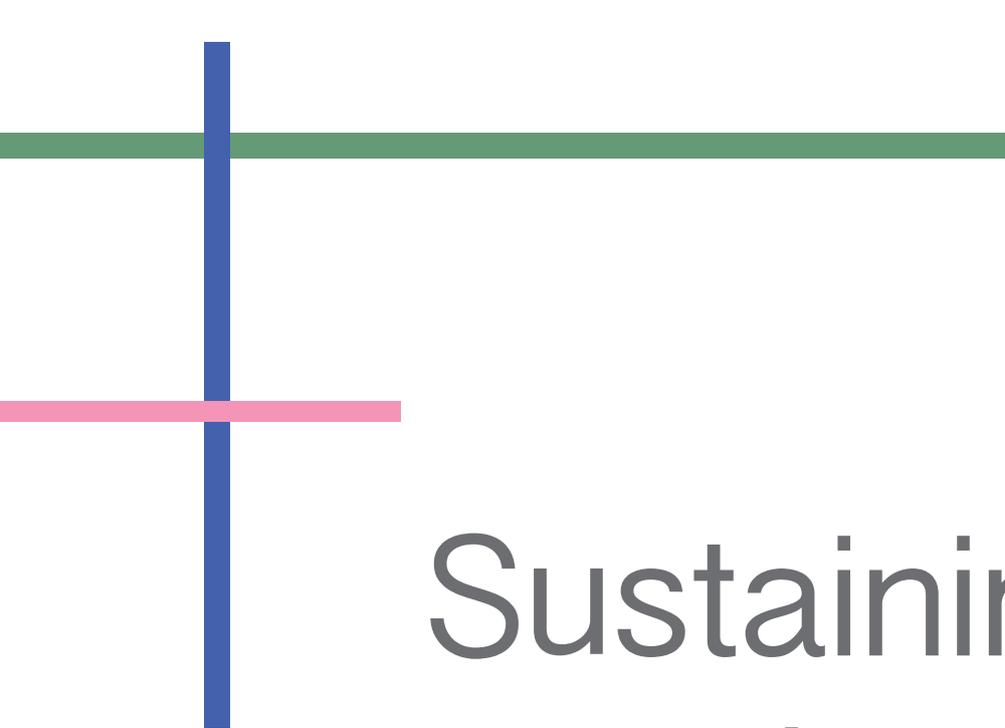
Together with the Professional Services Manager, my key project has been to create and implement the new Online Credentialling System, which has provided many challenges. I would like to thank all members for their patience and understanding during the implementation process and look forward to any feedback or suggestions about how we can improve the system. The system is still going through some minor technical changes to improve its useability

Now that all membership and credentialling payments are processed through the website, the entire payment system has been streamlined, providing a secure setting and giving members an accurate receipt of payments for taxation purposes. It also ensures that the system is up to date, as all payments are now allocated to member profiles and itemised as soon as they are processed.

The new e-learning management system has been another key activity. This has involved working with Toni Rice, ADEA NDSS Project Officer, to implement a newer version of Moodle and update the courses we have on offer. This will be available in July 2015, and will bring new and exciting educational opportunities to those interested in increasing their knowledge and awareness of diabetes practices.

I will be in a key position at the ASM, looking after the ADEA stand. I welcome the opportunity to meet more members in person, or catch up with those I have already met, and also assist any member with credentialling/recredentialling issues.

Kerry Oddy
Membership and Credentialling Officer



Sustaining Members

Our Sustaining Members make an important contribution to our ongoing growth. Their financial support assists ADEA in pursuing its goal of achieving optimal health and wellbeing for all people affected by, and at risk of, diabetes, through education, advocacy, support and research. This year, ADEA welcomes two new additions to the sustaining members community: Abbott Nutrition and Eli Lilly.

Abbott Nutrition



Abbott Nutrition is committed to improving the quality of life and clinical outcomes of patients through the science of nutrition. Abbott Nutrition offers science-based nutrition products for every stage of life - from infant and paediatric to adult healthy living and therapeutic nutrition. Glucerna Triple Care, is a scientifically formulated food for medical purposes – specifically for people with Diabetes. Glucerna helps to minimise blood sugar response, has a healthy fat blend, and supports a diabetes dietary management plan.

AstraZeneca



AstraZeneca Australia, based in North Ryde, Sydney, is the largest pharmaceutical company operating in Australia. AstraZeneca employ almost 1,000 people, are one of the country's largest manufacturers of medicines and are a key exporter to 35 international markets. AstraZeneca manufactures 100 separate product lines, namely sterile respiratory and local anaesthetic products. Of the top twenty medicines used in Australia, four are made by AstraZeneca. AstraZeneca produces medicines in six separate therapeutic areas including cancer, cardiovascular, gastrointestinal, infection, neuroscience and respiratory inflammation. AstraZeneca contributes significantly to clinical trials in Australia with approximately 30 concurrent trials in 190 sites across the country.

Eli Lilly



Lilly Diabetes works to provide solutions that help advance science, meet the needs of HCPs and reduce the complexity for people with diabetes, by providing education, resources and practical support. Lilly Diabetes collaborates with external parties such as opinion leaders, advocacy organisations, and industry partners worldwide to enhance diabetes care providing personalised solutions to support patients' everyday lives.

MSD



Today's MSD is a global healthcare leader working to help the world be well.

MSD has a range of educational initiatives developed to support diabetes educators in their day to day clinical practice including:

- Diabetes Educators Summit – an annual education event held across Australia that includes leading experts from a range of disciplines involved with the treatment of diabetes, providing a mix of the latest evidence-based information coupled with some practical information.
- ADEA-ADS Breakfast Symposia – hosted by MSD, the 2014 session included key experts sharing their knowledge to assist diabetes educators enhance their skills in managing high risk groups.

In addition MSD provided an educational grant to support The RPA Diabetes Centre 2014 webinar series. The live, online events detail the latest solutions, treatments and expert thinking surrounding diabetes. Diabetes Educators can join leading experts from the RPA Diabetes Centre as they impart their renowned expertise in an interactive forum, allowing direct access to their experience from any device with a fast web connection (including a smartphone or tablet).

Roche



Diabetes Care is a pioneer in the development of blood glucose monitoring systems and a global leader for diabetes management systems and services. For more than 35 years, the Accu-Chek brand has been dedicated to enable people with diabetes to live life as normal and active as possible as well as to empower healthcare professionals manage their patients' condition in an optimal way. Today, the Accu-Chek portfolio offers people with diabetes and healthcare professionals innovative products and impactful solutions for convenient, efficient and effective diabetes management. It encompasses blood glucose meters, insulin delivery systems, lancing devices, data management systems and education programs – contributing to an improved medical outcome.

Sanofi Diabetes

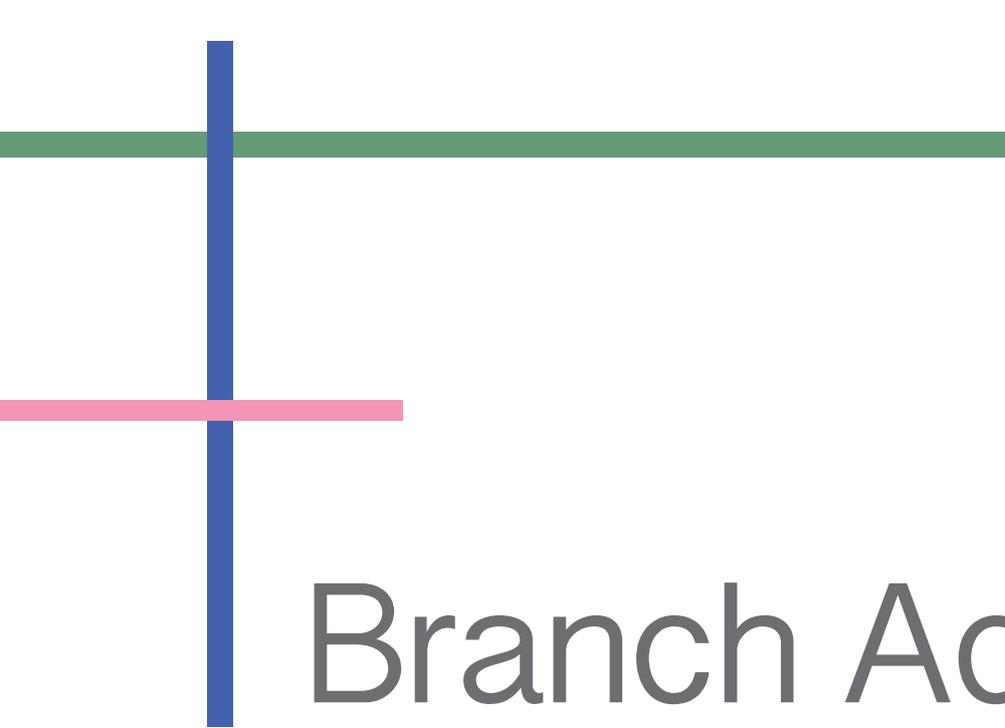


Sanofi has an 85-year track record of commitment to developing effective solutions for diabetes patients. Faced with the public health challenge that the worldwide diabetes epidemic represents, Sanofi delivers innovative, patient-centred care options. Sanofi has products available for people with type 1 or type 2 diabetes, and is researching, developing and bringing new services and products to market to assist Australians in effectively managing their own health.

Novo Nordisk



Novo Nordisk is a focused health care company and a world leader in diabetes care. They have a strong commitment to changing diabetes, reflected in their focus on research and development, their partnerships with professional and consumer organisations and their commitment to communities in the developing world through the World Diabetes Foundation.



Branch Activities and Updates

ADEA-ACT Branch

There have been changes to the Branch Executive. We welcome Vicki Mahood as secretary and would like to thank Elaine Slater for her hard work over the years for the branch.

Key Activities in 2014-15

The ADEA ACT Branch held four meetings in 2014-15.

The majority of attendees were face-to-face but regional NSW members close to the ACT also participated via teleconference facility.

At the meeting in September, Dr Joanne Ramadge, ADEA CEO, was the guest speaker and she updated us on activities being undertaken by ADEA.

At the meeting in November, we had an excellent presentation from Dr Christian Girgis who was sponsored by Novo Nordisk and spoke on the topic 'Trials and Tribulations of Patients with Diabetes'.

At the meeting in February, the membership discussed a survey that had been conducted via SurveyMonkey around what CPD, if any, we should organise locally as a branch. Thirteen of twenty-five members responded and a plan was formulated to organise more CPD activities in near future.

At the meeting in May, we did not achieve a quorum and as a result, we have decided to survey members to understand the difficulties for them to attend meetings, preferred number of meetings per year, venue etc. For CPD purposes, some journal articles were discussed.

Branch Executive Team

Chair: Rosemary Young
Secretary: Vicki Mahood
Finance Officer: Lynelle Boisseau

Useful link

- ADEA-ACT Branch, for members only with information about meeting dates, agenda and minutes: <http://www.adea.com.au/members/branches/act-branch/>

ADEA-NSW Branch

Key activities undertaken in 2014-15

Branch Meetings

Branch meetings have been hosted by a number of diabetes services.

In August, the meeting was hosted by the Gosford Hospital Diabetes Service (Gosford). The meeting included:

- Update on the changes to the credentialing program presented by ADEA Professional Services Manager, Rachel McKeown
- A thought provoking presentation on Diabetes and Disaster Planning, presented by Debbie Scadden CDE and CNC at the Murrumbidgee Local Health District, Wagga Wagga
- A presentation by Karn Ghosh on his project the 'Well Movement' In December, the meeting was hosted by the John Hunter Children's Hospital, where a number of issues were discussed and a number of Christmas goodies were consumed.

In May, the meeting was held in conjunction with the ADEA-NSW Branch Conference. The meeting was attended by Dr Joanne Ramadge, ADEA CEO, who provided information and fielded questions on the proposed changes to the Constitution.

The branch meetings have been invaluable in providing a forum for members to network and update knowledge.

Branch Conference

The ADEA-NSW Branch conference was held on 16 May with the theme 'Diabetes Head to Toe'. The program aimed to appeal to both the experienced and novice diabetes educators, drawing over 92 registrants. The conference received great feedback with almost half of the respondents reporting that their learning needs were entirely met, a third reporting the content was extremely relevant to their practice, and two-thirds reporting that they would be making changes to their practice in response to what they had learnt.

New Appointments and other activities

Brett Fenton has been appointed to the ADEA Board and has provided feedback from board

activities to the NSW members. Brett, Jan and myself represented ADEA at an Allied Health round table discussion, aimed to provide a range of perspectives and experiences to inform a conversation with the Hon Sussan Ley MP, Minister for Health and Minister for Sport. There were many issues discussed including:

- How to increase access to diabetes education with the current restrictions to 5 visits per year across all specialties
- Missed modes of funding
- Telehealth funding being outcomes based rather than productivity based.

The issue of education for diabetes related tasks and management in schools and aged care facilities has been raised with the ADEA Board and I am currently representing ADEA on a Diabetes Australia 'Diabetes in Schools Working Party' with the aim of producing, a position statement on diabetes in schools.

Other notes

At the meeting in May, I announced my intention to stand down from the position of ADEA-NSW Chair. Megan Paterson-Dick will step into this role from August and Michelle Neylan will take on the secretarial duties. This will leave the Finance Officer position open, for which nominations will be called from the membership.

I'd like to take this opportunity to thank the membership for their support over the past 2 years and also those key people at ADEA National Office who keep it all ticking over. It's been a wonderful opportunity to learn some new skills and give back to the ADEA, and I'd encourage members to consider becoming a branch executive into the future.

Branch Executive Team

Chair: Helen Phelan
Secretary: Megan Paterson-Dick
Finance Officer: Michelle Neylan

Useful link

- ADEA-NSW Branch, for members only with information about meeting dates, agenda and minutes:
<http://www.adea.com.au/members/branches/nsw-branch/>

ADEA-NT Branch

Key activities undertaken in 2014-15

In mid-2014 the changes in the ADEA-NT Branch Executive team allowed the incoming Executive to gain experience and understanding of leadership and the complexities that are involved. A thank you to Michelle Walding (outgoing Chair) and to Deepa Ariarajah (outgoing Financial Officer) for the work they have put into the Branch activities during their time in their executive positions.

Our membership continues to grow with now approximately 40 members. Almost half of our members are Credentialed. The Northern Territory is a challenging environment to work within, not just with the tyranny of distance but also in the challenges of working largely with a diverse indigenous population group. These complexities have enabled many of us to gain skills in working autonomously and in delivering culturally-appropriate education.

So with the NT having a large expanse of land, we are a branch that is small enough to allow us to feel like a family. We appreciate these hardships that we face. We tried to overcome these difficulties and work as a team to draw upon and share the knowledge, experience and expertise of one other.

Planned Activities for 2015-16

The Branch is currently considering holding its biennial Conference in 2016-17. Members have decided that this will again be held in Darwin due to having 75% of DEs who are able to form an organising committee, as well as having a larger group of potential conference registrants to draw upon.

Issues of concern

It is hoped that we are able to draw more of our members to participate in the quarterly branch teleconferences. We acknowledge that this has not always been easy with many DEs working in remote communities.

Branch Executive Team

Chair: Gregory Solomon
Secretary: Caroline Cook
Finance Officer: Leanne Kuchel

Useful link

- ADEA-NT Branch, for members only with information about meeting dates, agenda and minutes: <http://www.adea.com.au/members/branches/nt-branch/>

ADEA-QLD Branch

Key activities undertaken in 2014-15

Branch meetings occurred on 22 February 2015 and again during the ADEA-QLD Branch Conference, and have been well attended.

The 2015 ADEA-QLD Branch Conference was held at Royal on the Park, Brisbane on 29 and 30 May, and was attended by over 160 delegates. The theme was 'Diabetes on the Move'. The committee prepared a program that looked at the theme from many angles including paediatrics, exercise, and diabetes in pregnancy, palliative care, research updates and an interesting selection of abstracts from ADEA-QLD members.

Thank you to the Chair of the Organising Committee, Helen Rojas, and her team for their work in presenting an exciting event that was relevant, innovative and a great opportunity for all delegates to learn and network.

Planned Activities for 2015-16

Future plans include:

- Encouraging participation in the Thought Leadership Lecture Program
- EOI for the 2017 ADEA-QLD Branch Conference organising committee will be sent out at the 2016 ADEA-ADS Annual Scientific Meeting, which will be held in Queensland on the Gold Coast

Issues of concern

1. Need to increase and focus on workforce opportunities and retention for CDEs across Australia. Feeling among members that their job losses and instability with lack of development of new opportunities is limiting the profession, and that higher level focus and advocacy is needed.
2. More input and assistance to DEs trying to become credentialled not only limit those trying to get hours but also CDEs who could assist and supervise/mentor feel unable to commit. This results in intense pressure

on CDEs with permanent positions or set work opportunities. Our long term vision is to grow the profession.

3. Request to amend Branch Manuals to increase effective communication. ADEA-QLD Branch Chair requested an amendment to the Branch Manual to ensure regular communication between Chair of Conference Organising Committee and the Branch Chair (if not already on the organising committee). This assists in supporting the committee and raising any issues encountered as they arise.

Branch Executive team

Chair: Emma Holland
Secretary: Margaret Whillier
Finance Officer: Jan Branch

Useful links

- ADEA-QLD Branch, for members only with information about meeting dates, agenda and minutes: <http://www.adea.com.au/members/branches/qld-branch/>

ADEA-SA Branch

Sincere thanks goes to each and every branch member volunteer who has tirelessly given their time and energy to support the South Australian branch of the ADEA. Thanks also goes to Joanne Ramadge and staff at the National office for their support. The following is a list of branch members who volunteer their time for the branch or national activities.

| | | |
|---|--|---|
| SA ADEA Branch Executive | <i>State Co-Chair</i> <i>State Co-Chair</i> <i>Secretary</i> <i>State Treasurer</i> | <i>Caroline Ford - 2y term</i> <i>Jenny Von Der Borch - 2y term</i> <i>Pam Smith - 2y term</i> <i>Effie Kopsaftis - 2y term</i> |
| SA ADEA Education Organising Committee | <i>Committee & venues</i> <i>Committee & sponsors</i> <i>Committee & speakers</i> <i>Committee & secretary</i> <i>Committee & venues</i> | <i>Thelma Muchenje - 2y term</i> <i>Luisa Pinto - 2y term</i> <i>Jenny Johns - 2y term</i> <i>Neroli Price - 2y term</i> <i>Helen Ziping - 2y term</i> |
| ADEA National Board | <i>SA representative on national board</i> | <i>Diana Sonnack - volunteer - 2y term</i> |
| ADEA National Private Practice Special Interest Group | <i>National Convenor</i> | <i>Jayne Lehmann - volunteer</i> |
| SA ADEA Branch Private Practice Special interest Group | <i>State Chair</i> | <i>Vacant: Call for nominations</i> |
| SA Reps ADEA Conference Program Organising Committee | <i>National Committee members</i> | <i>Caroline Ford - volunteer - 2y term</i> <i>Liliana Mountain - volunteer - 2y term</i> <i>Jayne Lehmann - volunteer - 2y term</i> <i>Barbara Sawyer - volunteer- 2y term</i> |
| ADEA Policy Think Tank | <i>Think Tank Member</i> | <i>Jayne Lehmann - volunteer</i> <i>Jane Giles - volunteer</i> |
| ADEA Course Advisory Representative | <i>National rep for Curtin university</i> <i>University representative</i> | <i>Caroline Ford-volunteer-3y term</i> <i>Michael Porter-volunteer 3y term</i> |
| ADEA Complaints Committee | <i>National Representative</i> | <i>Rachel Woods - 2y term</i> |
| Medical, Education and Scientific Council | <i>ADEA representative on the MESC Committee of DA (Diabetes Australia)</i> | <i>Jayne Lehmann-volunteer through DASA</i> |
| ADEA Constitution Review Group | <i>Working party member</i> | <i>Jayne Lehmann - volunteer until constitution reviewed</i> |
| ADEA/RACGP Webinar | <i>Working Group</i> | <i>Jayne Lehmann - volunteer</i> |
| ADEA Credentialling Officer | <i>State Credentialling committee</i> | <i>Lauren Botting – ongoing</i> <i>Chris Lester - ongoing</i> |
| ADEA 2015 Conference & Program Organising Committees | <i>SA Representatives</i> | <i>Caroline Ford</i> <i>Liliana Mountain</i> <i>Barbara Sawyer</i> |

Key activities undertaken in 2014-15

Our core SA Branch business continues to focus on the professional development, communication and networking of branch members. The following activities have been undertaken throughout the year.

Establishment of Committee

Thanks and acknowledgement was given to Rhonda Rowe for her tremendous efforts in chairing the committee in previous years. The new executive has met frequently throughout the year and has mapped out the roles and requirements for incoming members.

Needs Assessment and Continuous Quality Improvement Process

Members have been accessing the adeasa@adea.com.au email address to forward member suggestions and communications. Also at each meeting there is an anonymous suggestion and evaluation box for all meeting participants. A survey has also been compiled by the Education Organising Committee to better understand member needs. At each meeting we have asked members for meeting venue ideas. At the March 2015 meeting we asked members to identify their areas of work that they have most difficulty with in order to give us ideas for future meeting topics.

Branch Dinner Meetings

Quarterly branch meetings continue to be conducted with planning meetings for the Executive and Education Organising Committee in between these dates. Attendance at these meetings has been increasing and we continue to have positive and constructive reports about the meeting, dinner and the venue. The format for the evenings has recently changed to support more networking opportunities. As a joint Executive and Education Organising Committee we have also decided to continue with sponsored dinner meetings until further feedback from members is obtained. We have had a range of interesting speakers organised for the meetings. These speakers have also included branch CDEs, Allied Health Professionals and Specialists.

Examples of the interesting topics presented at the branch meetings this year include:

- Ms Kerry Boogard:
Transition Care in type 1 diabetes
- Ms Lea Sorenson:
Diabetes Paediatric model of care
- Ms Sandra Daugalis:
Carbohydrate Counting & case study
- Ms Rachel Woods:
Hypoglycaemia Unawareness
- A/Professor Celia Chan:
Diabetes and the Eye

Another focus at most of the meetings has been the support for the new online credentialling process.

Podcasts & Slide Sharing

Podcast recordings of consenting speakers have been conducted at all branch meetings in 2015. This aims to provide country or other members who are unable to make the meetings the opportunity to listen to the invited speakers. Speaker slides are also uploaded to the website post their presentation for further use.

Social Media

Branch Facebook Page

A new hosted Facebook page has been launched. This page enables members to engage with each other, hear the latest news or pose questions to other members.

Branch Resource Sharing on ADEA website

A section on the ADEA website has been dedicated to house resources that members would like to share with each other. These have been arranged in the following categories:

1. Agendas, Minutes and Meeting Resources (including podcasts and slides)
2. Clinical/ Education/ Counselling/ Health Promotion/ Population Health Resources
3. Management/ Private Practice/ Administration/ Finance/ Companies/ Leadership Resources
4. Research/ Quality Improvement/ Evidence based outcomes Resources
5. ADEA/ Professional/ Conferences/ Journals and Grant Writing Resources

New Member NETWORKING

Consent is currently being obtained from members for a contact list of member details to be made available to other members if desired.

Strategic Network Invitations

A call for wider diabetes related groups to introduce themselves, provide an overview of their work and scope of practice has been introduced and hopes are for this to continue. Groups like Country Health SA have been invited to share this type of information with members.

Volunteer Thanks

The branch values and cherishes the input from its very talented volunteers. The time and dedication that branch members contribute over and above their normal roles is to be commended. For international volunteers day a small individualised bookmark was made and delivered to branch volunteers to personally thank them for their hard work and commitment.

Special Interest Groups

A branch register has commenced for members with an interest in research and/or journal clubs. The branch has taken on the role of linking members into opportunities as they arise. A call for members to share their practice tips at branch meetings has also been undertaken. These will continue to be promoted in 2016.

Private Practice Special Interest Group

A call for the chair of this committee is still open for members. This group is intended to support diabetes educators working in private practice in the branch. It is hoped that this group will form and flourish when there is a chairperson who is able to coordinate the meetings and activities.

Meet The CDE Segment

To further support the branch core business of networking, a new segment has been brought into each meeting titled 'Meet the CDE'. Here, an opportunity is available for members to voluntarily introduce themselves, provide information about their role and any special interests.

Planned Activities for 2015-16

Host City 2015 ADS/ADEA Annual Scientific Meeting

In August 2015 we will see Adelaide being the host city of the ADS ADEA Annual Scientific Meeting. This has been an exciting journey for branch members who are involved in planning the Conference. As we are hosting this meeting we will not be holding a branch conference this year.

Branch Resource Sharing

Plans are underway as indicated above to further support resource sharing for members. A focus on promoting this will occur, and the ongoing placement of resources onto the SA branch page of the ADEA website will continue.

2016 Branch Conference

A branch conference is planned for 2016.

Branch Data

- Active SA ADEA Branch members
158 active members
- Number of CDEs in SA
96 active CDE members
- Nominations for CDE of the year
5 nominations from SA
- Number of new members this year
13 from 1 July 2014 to June 2015

Thank you for all your support.

Branch Executive Team

Co-Chairs: Caroline Ford & Jenny Von Der Borch
Secretary: Pam Smith
Finance Officer: Effie Kopsaftis

Useful links

- ADEA-SA Branch, for members only with information about meeting dates, agenda and minutes: <http://www.adea.com.au/members/branches/sa-branch/>

ADEA-TAS Branch

Key activities undertaken in 2014-15

1. ADEA Tasmania branch meetings (4 for the year).
2. Continue as a Tier 1 member with Tasmania Medicare Local.
3. State-wide insulin pump working group through the 3 different Diabetes Centres.
4. A state wide focus on the initiation and ongoing support for people who are on insulin pumps. This allows a consistent approach from the RN-CDE through the state. The working group allows ongoing support, networking and mentoring for the RN-CDEs.
5. Paediatric diabetes educators from the Royal Hobart Hospital (Liz Board and Karen Demangone) are continuing on the design of an insulin pump decision tool. This tool is for parents and carers to consider the potential situations of how to manage eg: when their children are at school, day trips or staying with friends and if their child is ready for an insulin pump.
6. Ongoing discussions with Diabetes Tasmania Camps. Ongoing reports from camps have positive outcomes.

Planned Activities for 2015-16

- ADEA Tasmania Branch Conference 1 day – Diabetes and Pregnancy. Planned for 11 March 2016. Speakers, venue, sponsors are still to be organised.
- ADEA branch meeting 11 March 2016 – after conference.
- ADEA branch meeting x 2 teleconferences – including any updates from ADEA.
- ADEA branch meeting (end of year) face to face – including an education component.

Branch Executive team

Chair: Sue Armstrong

Secretary: Maggie Lasdauskas

Finance Officer: Andrea Radford

Useful links

- ADEA-TAS Branch, for members only with information about meeting dates, agenda and minutes: <http://www.adea.com.au/members/branches/tas-branch/>

ADEA-VIC Branch Report

Branch Meetings 2014-15

We have held four branch meetings this financial year. The meeting venues are chosen to allow members to attend at least one meeting a year and have been located in Melbourne city, at suburban hospitals and in regional Geelong.

August 2014

Attended by 27 members. The guest speaker was Professor Trisha Dunning, Barwin Health & Deakin Uni – Herbal Medicines – complimentary and alternative medicines.

December 2014

Attended by 80 members. The guest speaker was Cheryl Steele – CGMS – Augmented pumping or stand alone. We also farewelled 3 retiring DEs.

February 2015

Attended by 43 members. The guest speaker was Assoc Prof Bodil Rasmussen, Deakin Uni. Young people with type 2 diabetes managing life transitions.

April 2015

Attended by 36 members. We were lucky enough to have an international speaker – Assoc Prof Vibeke Zoffman, Head of Research in Women's and Children's Health, Juliane Marie Centret, Rigshospitalet, Copenhagen who spoke on the patient empowerment program she has developed and successfully trialed the Guided Self Determination (GSD). This program is now being trailed in Australia.

Branch Executive meetings

We run regular Branch Executive meetings. Meetings were held in July and October 2014; and January, March and May 2015. The meetings have been held at Western Health Footscray and Sunshine campuses.

Victorian Registered Network Groups

Each of these groups are active and meet on a regular basis. Minutes of their meetings are uploaded on to the ADEA Vic Branch web page.

- Wimmera Mallee Networking Group
- Western Victorian Diabetes Professional Group
- Mornington Peninsula Diabetes Nurse Educators Network
- Gippsland Network Group
- Northern Metropolitan Melbourne Group
- Western Journal Group
- We are in the process of submitting an application from The Diabetes In Pregnancy Group with ADEA for recognition as a formal registered network group.

State Conference 2015

The Vic Branch State conference will be held on Sat 11 July at the Melbourne Exhibition and Convention Centre. The conference organising committee have been working very hard to develop an interesting program.

Planning for State Conference 2016

We have asked members for volunteers to join the Vic Branch State Conference Organising Committee for 2016. At this point we have had no volunteers. If this continues to be the case by 1st September 2015 then the Vic Branch State Conference will not be able to proceed in 2016.

Branch Executive Team

Chair: Michelle McAlister & Ann Bush
Secretary: Suzanne Bulmer
Finance Officer: Gillian Krenzin & Elizabeth Lacey

Useful links

- ADEA-VIC Branch, for members only with information about meeting dates, agenda and minutes: <http://www.adea.com.au/members/branches/vic-branch/>

ADEA-WA Branch Report

Branch Events in 2014-15

Branch Meetings

August 2014

Attended by 52 members directly and via videoconference. The professional development session was presented by Cara Westphal, Head Podiatrist at Royal Perth Hospital on The Diabetic Foot. The WA Country Health Service team highlighted their service delivery in our regular 'Meet the Team' agenda item.

November 2014

Attended by 37 members directly and via videoconference. The professional development session was presented by dietitian Alison Climie on The Eat for Health Australian Guidelines. The Bunbury team highlighted their service delivery in our regular 'Meet the Team' agenda item. Pica Ellis was awarded a Branch Recognition Award for her outstanding contribution and commitment to the WA Branch as Finance Officer over the previous four years.

February 2015

Attended by 41 members directly and via videoconference. The professional development session was presented by dietitian Glenn Cardwell on Making Presentations Interesting. The Perth North Metro Medicare Local team highlighted their service delivery in our regular 'Meet the Team' agenda item. Introduction conducted of multiple company representatives invited to attend networking session and trade display prior to meetings. The aim of this initiative was to enable greater access and equity to providers of resources and services available in diabetes management for our members.

May 2015

Attended by 31 members directly and via videoconference. The 360 Health + Community team highlighted their service delivery in our

regular 'Meet the Team' agenda item. The new WA Branch Conference Organising Committee Convenor introduced the committee and announced the date and venue for our next conference being held in 2016.

Credentiailling Information Workshop

In December 2014 our Professional Development Committee collaborated with our WA Credentiailling Officer, Maxine Schlaeppli, who facilitated an interactive information session and workshop to update our members on the new and improved credentiailling program. The education event was attended by 45 members directly and via videoconference and was sponsored by Novo Nordisk. This was a great initiative by those involved to provide support and guidance for members through the credentiailling transition.

Branch Sub-Committees and Special Interest Groups

On behalf of the Branch Executive, I would like to extend our appreciation for the ongoing commitment to the organisation and initiatives of various sub-committees and groups within our WA Branch by their respective members. The voluntary efforts of these members continue to support the professional development, learning, information sharing and networking for all ADEA WA members. All activities of these groups are reported to the Branch Executive and members at Branch Meetings via direct address or written report.

The sub-committees and groups are highlighted below:

1. Professional Development Committee
2. Credentiailling Committee
3. 2016 Branch Conference Organising Committee
4. WA Diabetes & Endocrine Health Network
5. WA Private Practice Special Interest Group
6. Curtin University Course Advisory Committee
7. GDM Reference Group
8. Membership of ADEA Clinical Practice Committee
9. Diabetes WA

Planned Activities for 2015-16

Future plans include:

- Increasing opportunities for professional development for our members in addition to education provided at Branch Meetings. The Professional Development Committee is currently organising a half day seminar dedicated to Oral Health and Diabetes to be held October 2015.
- Planning is well under way for the next ADEA WA Branch Conference to be held regionally in May 2016. The conference is entitled 'Creating Links' and will focus on discovering ways to service demands and gaps in diabetes.
- The addition of a new group entitled New Members Support Group dedicated to supporting and guiding new members within WA diabetes education networks.
- A changing of the guard for the Chair and Secretary at the completion of terms in August 2015 for the current position holders.

Branch Executive Team

Chair: Sarah Black

Secretary: Kendra Nunweek-Hanlon

Finance Officer: Maree Nannen – nominated and elected by the ADEA WA Branch members in August 2014 replacing previous Finance Officer, Pica Ellis.

Useful links

- ADEA-WA Branch, for members only with information about meeting dates, agenda and minutes: <http://www.adea.com.au/members/branches/wa-branch/>



Awards, Grants and Scholarship

Congratulations to our 2014 award recipients

ADEA Honorary Life Member

Shirley Cornelius

ADEA Jan Baldwin Award Recipient

Deborah Foskett

ADEA WA Branch Recognition Award

Pica Ellis

Sanofi Diabetes Research Grant

Project 'How would type 1 diabetes ambulatory care be different if it was consumer driven?'

Lead researcher:

Annabelle Stack

Research team members:

Jacqueline Cotugno and Brigid Knight

Project 'Factors that influence people with diabetes to have an annual Flu vaccination'

Pauline Hill and Helen Huang

BD Medical Best Oral Presentation Award

Lea Sorensen

BD Medical Best E-poster Award

Elizabeth Mulrooney

Pharmaco Travel Grant

Katherine Nell

Robyn Norris

Roche Best Novice Oral Presentation Award

Denise Bennetts

Roche Best Novice E-poster Award

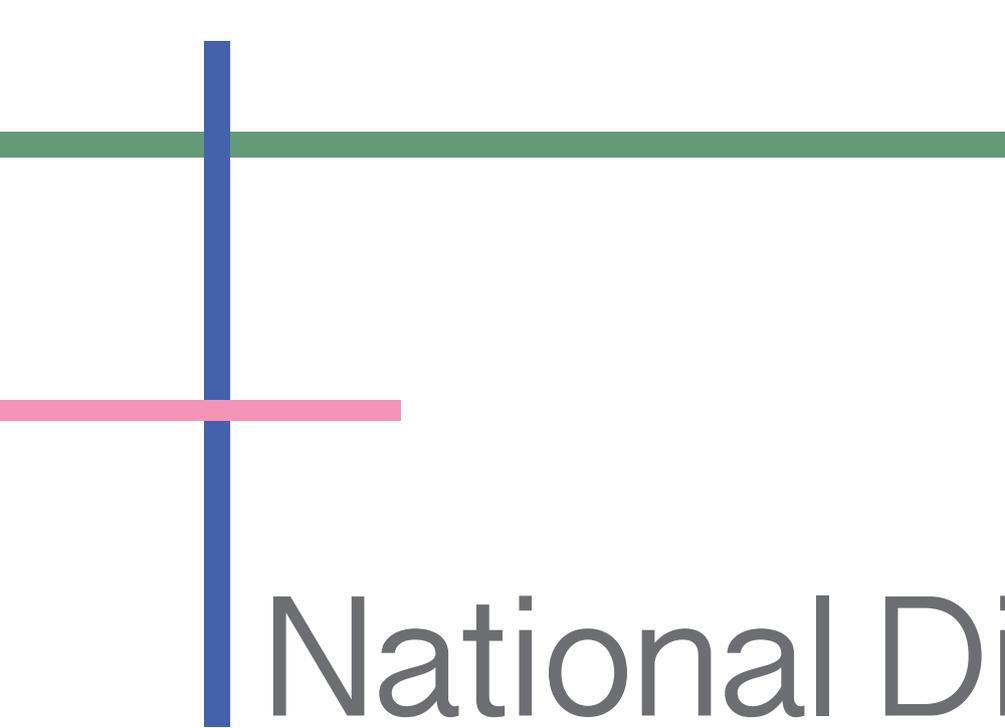
Tess Amore

Roche Best Novice Poster Award

Emma Holland

Roche Best Poster Award

Rachel McKeown



National Diabetes Services Scheme (NDSS)

NDSS projects

The 2014-15 NDSS projects consolidated and built upon the work completed by ADEA in 2013-14.

ADEA would like to acknowledge the contribution of CDEs participating in the NDSS Projects Reference and Working Groups.

Fitness to Drive Rollout

The Fitness to Drive Rollout project was to disseminate the *Support for Health Professionals in the assessment of a person with diabetes and their fitness to drive* online module, developed to ensure health professionals are equipped with up to date knowledge on the *Assessing Fitness to Drive for commercial and private drivers; Medical Standards for Licensing and Clinical Management Guidelines a resource for health professionals in Australia*. The online module was targeted at Primary Health Care Nurses and Diabetes Educators.

There were some delays in the roll out due to the lengthy approval processes by the Department of Health. ADEA utilised this time to enhance the online theoretical module with the development of a series of videos to provide participants with strategies and tips on how to have a conversation with a person with diabetes around their obligations regarding driving. Videos will also provide advice on the importance of person-centred care and ideas on appropriate language to use during consultations.

These videos will be hosted together with the *Support for Health Professionals in the assessment of a person with diabetes and their fitness to drive* online module on the ADEA Learning Management System.

Post implementation and sustainability of 2013-14 NDSS funded projects

The aim of the post implementation and sustainability of 2013-14 projects was to enable ADEA to review, maintain and update these projects to ensure that health professionals have the latest evidence on best practice care for people with diabetes.

One of these projects was the development of an online module on *Subcutaneous Continuous Insulin Infusion (SCII)* and *Continuous Glucose Monitoring Systems (CGMS)*. During 2014-15, ADEA, together with a working party, developed a *Clinical and Professional Framework for the management of Continuous Subcutaneous Insulin Infusions (CSII) and Continuous Glucose Monitoring Systems (CGMS)* intended to complement the CSII and CGMS online courses and provide CDEs with a framework adding to the knowledge gained from completing the online course with practical supervised experience. This resource will be hosted together with the CSII and CGMS online modules on the ADEA Learning Management System.

Other post implementation and sustainability projects were:

- Implementation of development of an e-learning program to improve information for *Practice Nurse care and referral of patients with complex diabetes care needs*.
- Implementation and promotion of the current ADEA information sheets (previously known as position statements) and the development of two new information sheets.

Person-Centred Care Project

In 2013-14 ADEA completed two pieces of work - revision of the *Person-Centred Care for people with diabetes information sheet* and the development of a *Health Literacy for people with diabetes information sheet*. The completion of these information sheets formed a framework for Credentialed Diabetes Educators to ensure people with diabetes are at the centre of their health care journey and are involved in all aspects of their care.

To fully utilise the information sheets, ADEA developed resources to assist Credentialed Diabetes Educators to adopt a health literate, person-centred care practice.

Two key resources developed through the project include:

- A dedicated Person-Centred Care website.

This website will be hosted within the ADEA website and include links to relevant external websites as well as a repository for resources developed by ADEA within the project.

- An evaluation tool

To understand how CDEs can provide person-centred care, they need to understand consumer or patients' views. The self evaluation tool includes a set of indicators or key components of person-centred care. These indicators can be used by CDEs to assess how health literate and person-centred their practices may be and to highlight areas of improvement. Consumers can also use the indicators to evaluate the practice or diabetes clinic.

The indicators have been informed by literature reviews and a formal consultation process, as well as being mapped against evidence based Australian and International guidelines, and literature specific to person centred-care in diabetes.

Toni Rice
NDSS Project Officer

Medical, Education and Scientific Advisory Council (MESAC)

The Medical, Education and Scientific Advisory Council (MESAC) is a requirement of the 2011-16 National Diabetes Services Scheme (NDSS) Agreement between the Commonwealth of Australia (Department of Health and Ageing) and Diabetes Australia for the NDSS. The role of MESAC is to provide advice and strategic direction on medical, education and scientific matters to inform the development and delivery of the NDSS. This helps to ensure that national NDSS products, programs (such as National Development Programs) and services (such as NDSS Registrant Support Services) meet appropriate standards, and deliver optimal outcomes for people with diabetes.

MESAC is supported by two part-time MESAC Officers – Helen Vaughan representing the ADEA and Natalie Wischer representing the Australian Diabetes Society.

MESAC membership consists of 3 Endocrinologists, 3 Credentialed Diabetes Educators and 2 Consumer representatives who volunteer their time and expertise to review products, programs and services funded under the NDSS.

In 2014-15, MESAC conducted 34 reviews which included:

- providing recommendations on registrant access to insulin pump consumables (type 2 diabetes);
- reviewing guidelines for consulting skills; assessing educational brochures for inpatients;
- reviewing guidelines for hospital nutrition management,
- reviewing education materials for registrants of the NDSS (including those developed as part of the National Development Programs),
- reviewing online or paper based education modules for health workers, and
- reviewing health professional organisation position statements and clinical guides.

Helen Vaughan
Director NDSS

Disaster Planning and Management National Development Program

ADEA received funding under the National Diabetes Services Scheme (NDSS) Head Agreement, held between the Commonwealth Department of Health and Diabetes Australia for the Disaster Planning and Management National Development Program. The funding is until June 2016.

The key goal of the program is for people with diabetes to have information and access to resources to ensure that they can maintain self-management of their diabetes during a natural disaster. This includes supporting people with diabetes, as well as those who provide services during and after a natural disaster through developing a coordinated approach and providing advice on appropriate preparation and response during an emergency, recovery and reconstruction phases of a disaster. Preparation and early access to information are some of the requirements for improving disaster responsiveness among people with diabetes.

This past year has seen the Disaster Planning and Management Program focus on stakeholder consultations. These have been held with consumers, emergency management personnel and the not-for-profit sector, namely the Salvation Army and The Red Cross who are heavily involved in emergency management.

The Program consists of three key projects

Project 1: Prepare. Act. Survive.™ Self-management planning to assist people with diabetes before, during and after a natural disaster. This project is targeted to Registrants of the NDSS as well as people with diabetes.

A number of resources have been developed this year. These include 'My Diabetes Emergency Plan': a flyer for people to record their personal information and important contacts, a place they can record a detailed list of their medications and schedule. This also includes a checklist for preparing an emergency kit. A poster has also been developed entitled 'Make a Plan. Manage Diabetes in an Emergency'. This poster will be available for use in pharmacies, GP waiting rooms and for other healthcare professionals,

including Credentialed Diabetes Educators. It lists places that people can access the My Diabetes Emergency Plan. A set of Frequently Asked Questions has also been developed entitled 'Managing Diabetes in an Emergency' which complements the Plan and provides some assistance on how to complete the plan.

These resources will be translated into Cantonese, Mandarin, Vietnamese, Turkish and Arabic. These languages are consistent with other culturally and linguistically diverse resources developed under the NDSS.

These resources will be launched in line with the 2015 bushfire and storm season.

Project 2: The needs of people with diabetes and other chronic diseases in natural disasters – A guide for state and local governments, emergency management services and the not-for-profit sector.

This project has seen the development of a set of guidelines to assist local and state government emergency planning departments, emergency management personnel and the not-for-profit sector on the needs of people with diabetes and other chronic conditions. During consultations, it was evident that there was a lack of information available on the specific needs of this group of people. It is envisaged these guidelines will be used as a basis for planning at the local and state level.

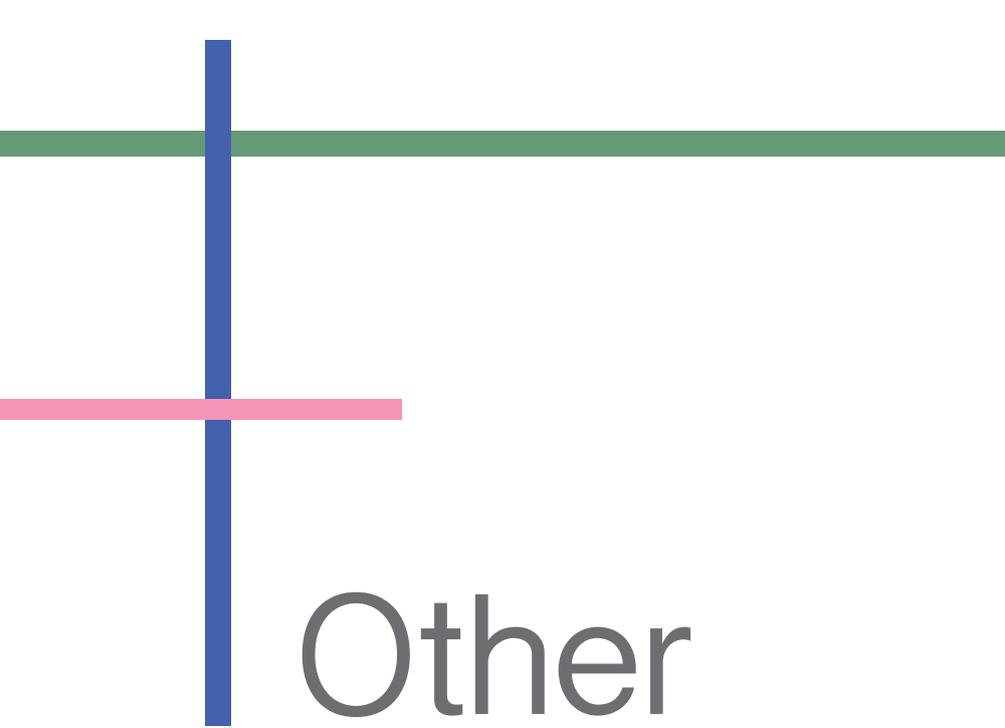
These guidelines have been drafted and will undergo a further consultation process with emergency management personnel before being finalised.

This guide will be launched in line with the 2015 bushfire and storm season.

Project 3: Education and promotion for healthcare professionals on the self-management needs of people with diabetes before, during and after a natural disaster.

This project will be the focus for 2015-16 and will see a number of resources developed for healthcare professionals produced using the well tested materials from above.

Louise Gilmour
National Program Leader:
Disaster Planning & Management



Other ADEA Projects

CDE of the Year

The inaugural CDE of the Year award program was launched at Australian Parliament House on Tuesday 25 November 2014 by the former Minister for Health & Sport the Hon Peter Dutton MP.

The award program provided us and people with diabetes with the opportunity to acknowledge leading CDEs who are role models for diabetes educators. The program was designed to recognise the achievement and contribution of CDEs in the provision of high quality diabetes education and expert support for people living with diabetes.

The award recipients were selected by a Panel of Judges including:

- Dr Zena Burgess, CEO, Royal Australian College of General Practitioners
- Dr Lance Emerson, CEO, Pharmaceutical Society of Australia
- Professor Greg Johnson, CEO, Diabetes Australia
- Tania Passingham, Professional Services Manager, Dietitians Association of Australia
- Dr Joanne Ramadge, CEO, Australian Diabetes Educators Association

The Panel gave consideration to the following selection criteria when reviewing nominations:

- Demonstrated excellence in diabetes education
- Leadership and an inspirational role model for diabetes educators
- Number of nominations

We congratulate the following CDEs who received CDE of the Year in each branch:

- CDE of the Year in the ACT:
Lynelle Boisseau
- CDE of the Year in NSW:
Kate Marsh
- CDE of the Year in the NT:
Gregory Solomon
- CDE of the Year in QLD:
Rene Hinton
- CDE of the Year in SA:
Marianna Lambert
- CDE of the Year in TAS:
Andrea Radford
- CDE of the Year in VIC:
Anna Ottenfeld
- CDE of the Year in WA:
Rebecca McPhee

The above 8 recipients became the national finalists and have progressed to the second round to determine the recipient for the 'Jan Baldwin National CDE of the Year'. This is the prestigious award to the leading CDE, to acknowledge their extraordinary contributions to the community of people with diabetes.

Vy Le
Business Development Manager

Webinars

2014 saw the uptake of technology space, especially in delivering CPD activities through the webinar facility.

During this financial year, there were 7 webinar series delivered on a range of topics:

- [Member consultation for the review of the ADEA Clinical Recommendations for Subcutaneous Injection Technique for Insulin and Glucagon-like Peptide 1](#)
- [New options for blood glucose control](#)
- [Update of the General Practice Management of Type 2 Diabetes](#)
- [An introduction to health literacy](#)
- [ADEA Constitutional changes](#)
- [ADEA Online Credentialling System](#)
- [New class of non-insulin anti-diabetic agents](#)

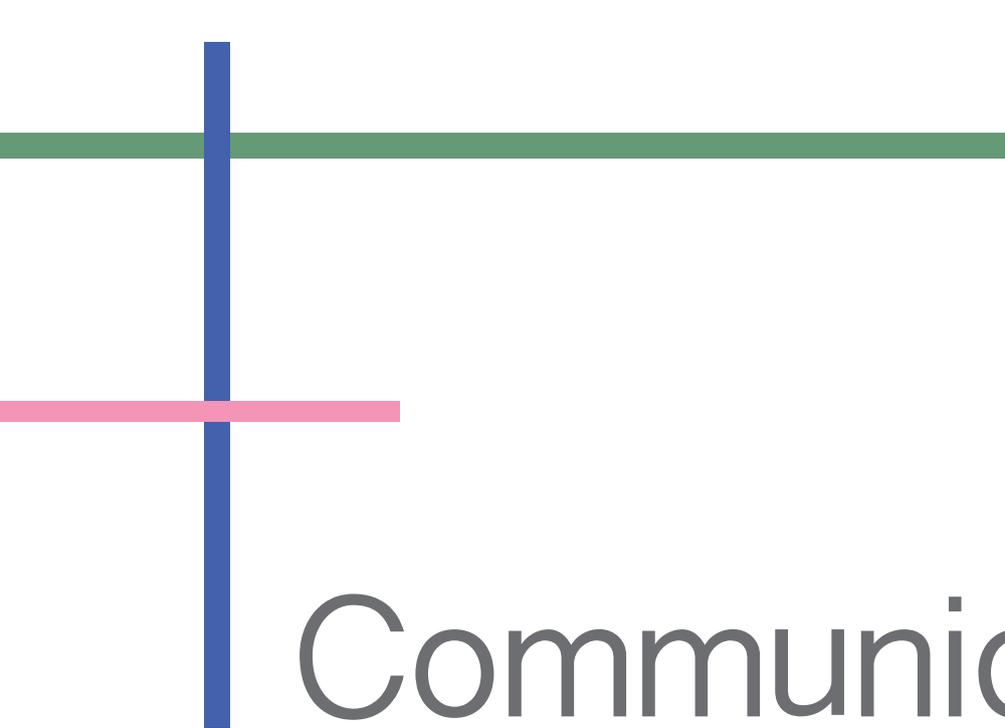
The Webinar Team received positive feedback and observed an increase in the number of participants over time. The most popular session was part of the 'New class of non-insulin anti-diabetic agents' series, with over 1000 participants, both during live stream and recording.

Occasionally, the Webinar Team received communications about technical issues from members. They were contacted individually and offered a one-on-one tutorial session that helped them to access the webinar facility in the future.

The ADEA Webinar Team is planning to explore this as a new option to deliver flexible CPD activities in the coming year.

Vy Le
Business Development Manager

Rachel McKeown
Professional Services Manager



Communication with Members

Social Media

ADEA maintained an online presence on social media through a range of activities:

- [ADEA TV on YouTube](#): an archive of all ADEA webinars and a showcase of ADEA multimedia production that highlights key message in an interactive way
- [ADEA Facebook](#): a collection of news and conversations about diabetes education, followed by nearly 1,000 Facebook users
- [ADEA LinkedIn](#): a collection of news and conversations about diabetes education, followed by more than 200 LinkedIn professionals

We encourage you to follow these channels as appropriate.

- ADEA also introduced the [ADEA Channels](#) policy to inform members about using social media and the online communication network so they feel supported to do so while being mindful of their responsibilities and obligations under the ADEA Code of Conduct. This policy applies to all ADEA members.

E-newsletter

ADEA used e-newsletter to disseminate weekly national updates. Content was various from grants and scholarship, professional development opportunities, latest research and announcement, job advertisement and so on. The ADEA e-newsletter has been very popular among over 3,300 subscribers with a very high reading rate of 24-29%. Archive of previous national e-newsletters is available on the ADEA website at <http://www.adea.com.au/?p=5070>.

ADEA also use this platform to distribute branch updates as needed. Content was drafted specifically for each branch with information about branch conferences, nominations and branch activities.

For this coming financial year, the e-newsletter will be distributed fortnightly due to request from members through the 2015 Membership Survey.

Vy Le
Business Development Manager

Useful links

- ADEA TV on YouTube:
<https://www.youtube.com/channel/UCQ509tC10jSBQvxJoDRluqq>
- ADEA Facebook:
<https://www.facebook.com/ADEAAUS>
- ADEA LinkedIn:
<http://www.linkedin.com/company/australian-diabetes-educators-association>
- ADEA Channels policy:
<http://www.adea.com.au/wp-content/uploads/2014/05/ADEA-Channels-Policy.pdf>
- E-newsletter archive:
<http://www.adea.com.au/?p=5070>.



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