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# President's Report

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Tracy Aylen  
President

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ADEA is celebrating a landmark; 35 years of service in diabetes education, standards development and representation. Over those years, 16 Presidents have presided over the AGM and we have continued our organisational journey with steady growth, increasing influence and stronger partnerships. Looking back over past annual reports I can see that all who have held this key role reflected on the challenges, rewards and opportunities that emerged during their term of office. These sentiments are echoed in my final report as President under the themes of recognising our past, opportunity in the present and staying responsive and relevant in diabetes care for the future.

The back catalogue of the Australian Diabetes Educator journal provides much of the narration of our history, capturing significant events in text and static images. As part of a recent project, we have now added video interviews with some past ADEA leaders to our records, so you can hear about the impetus for starting our association and how they experienced that period directly from those involved. These leaders were part of the group who identified the dual need for improving support for people with diabetes and for quality diabetes education delivery. Then they stepped up to help achieve that vision. The videos will be available on the website and ADEA channels after launching at the 2016 Annual Scientific Meeting. Whenever you attend a conference, use the standards or write CDE next to your signature, also consider the contributions of the hundreds of individuals: members, non-members and staff who have undertaken the work to make the ADEA what it is today.

While some progress might be serendipitous, growing a successful organisation takes planning, resources and commitment. Part of the reason why

ADEA maintains a strong role in diabetes care is due to 'forward thinking' and an understanding of the environment in which we function. The current five-year Strategic Plan concludes at the end of 2016 and the new plan is in the final stage of publication. During the process, some decisions around format and timeframe were made. Specifically, the Strategic Plan has moved to a guiding principles framework and will return to a three-year period of operation, from 2017 to 2020, with a scheduled review process. Our CEO, Dr Joanne Ramadge, has prepared a comprehensive report for members that summarises the activities undertaken in the final year of the current Strategic Plan.

One of ADEA's significant achievements this year is the establishment and launch of the ADEA Diabetes Research Foundation as well as the opening round of applications for the ADEA Diabetes Research Foundation. Over the years our organisation has had champions for research motivated to improve the evidence base for diabetes education and associated health outcomes for people with diabetes. Progress of this research has been impeded by the lack of a dedicated structure with a recognised funding base to support these efforts. Developing a research foundation is a major step for ADEA and is designed to complement research activities in other areas of diabetes care. One key criterion for research applications is planned consumer engagement and representation, in line with our commitment to further embedding person-centred care in diabetes education.

The context in which ADEA operates continues to be challenging and these pressures will increase as planned budget cuts take hold in the hospital sector, community services are squeezed, the Medicare rebates freeze continues and private health insurers look to their bottom

line. Influencing policy, government and the health sector more broadly continues to be at the forefront of ADEA actions and considerations. As I write this report, the final makeup of the new federal government is still undecided, with Senate seats yet to be declared. Although the Minister for Health is continuing in her portfolio, some of the key advisors and support staff have moved on which will necessitate re-building of relationships. This type of engagement may seem less important, in the larger scheme of things, but is in fact a key to effective and timely communication with government on a range of policies impacting diabetes education and service delivery. While committees and working groups form one aspect of ADEA representation, meetings with the relevant Ministers, ministerial advisors, as well as other parliamentarians, are critical to advancing the understanding and support for diabetes education within the corridors of government. These meetings over the past 12 months have occurred independently or with our partner organisations, including ADS and Diabetes Australia, to progress our agenda for change. We look forward to a continued positive relationship with the Minister and her team moving into the new term of government.

Following the successful adoption of the new ADEA Constitution last year, the next step was to manage the implementation of the agreed changes. The terms for ADEA board directors are limited to allow for planned changeover and maintaining levels of experience and capacity among the team. Over several board terms of office, the planned exit schedule for some directors has altered because of resignations due to personal commitments or workforce changes. This altered the planned timelines for bringing in new directors while maintaining levels of experience on the board. The other impacting feature was capacity for existing board directors to move into office bearer roles, keeping in mind that all are volunteers and have commitments outside ADEA to meet as well. With the reduction in board director positions under the new Constitution and consideration of good governance practice, the board opted

to extend the term of one experienced director to assist the transition process. As required, a consultation period and membership vote ensued and the result was adoption of the board recommendation to extend this term for 18 months. The board and the company secretary will continue to monitor the impact of constitutional changes as we move through this first post-implementation period.

From a financial perspective, ADEA is performing well under difficult economic circumstances. Like most other sectors in the current environment, our investment portfolio has experienced losses, but benefits from taking a fairly balanced and conservative approach to investment choices with performance coming in as anticipated. The finance, audit and risk committee reports regularly to the ADEA board on investments and budget performance, with our Chief Finance Officer, Daniel McKinney, providing the opportunity for further exploration and questions at each board meeting. The full financial statements are available to members following completion of the external auditors report. This financial year, ADEA has again achieved a surplus and maintained a stable financial position allowing the organisation to continue on a positive track for growth.

Planning for the future involves a component of 'crystal ball' gazing and an understanding of the internal and external influences that affect our ability to be responsive and support ADEA expansion in both reach and services. The pace of change in health keeps increasing and the number of people with diabetes requiring support is growing rapidly. Rapid change often challenges our perceptions of how the health system should function and where the dollars should be spent, and leaves us with questions as to how it is best to respond.

Part of responding to this constant change is to have frameworks to identify what is important, where change is required to remain responsive and where it is important to take up the fight to prevent negative change consequences. One part

of our reference framework is the National Diabetes Strategy 2016-2020 (NDS), released in November last year, which is currently in the hands of a government appointed Implementation Working Group ([www.health.gov.au/internet/main/publishing.nsf/Content/andsiwig](http://www.health.gov.au/internet/main/publishing.nsf/Content/andsiwig)). There are specific recommendations in the NDS document regarding expanding the scope of CDEs and consideration of workforce planning, among others. Further framework components for reference are our strategic plan, business plan and stakeholder networks. Over the coming years there are many important issues that directly impact diabetes education and support that ADEA seeks to address. The following list provides only a few examples of the work to be done:

- Expected skills and competencies in diabetes care for all health professionals and support staff not involved in diabetes as a specialty practice area (NDS recommendation)
- Ongoing review of the current post graduate certificate as an entry level program for potential CDEs and considering some changes to be made (for example selection of units, level of course, modes of delivery)
- Progressing work on non-medical prescribing, in conjunction with government and health professional groups, and how this might be taken up for appropriately prepared CDEs (similar to the situation in New Zealand)
- Improving CDE workforce planning
- Highlighting the current lack of consistency and potential for cost-shifting between federal and state funded models of diabetes education
- Contributing to policy discussion and development for the proposed 'Health Care Homes' for chronic disease funding in primary care

For many areas, ADEA has started the groundwork and will be consulting with members, stakeholders and others as the efforts progress. There will always be more work to do in supporting diabetes education and as members of this great organisation we all can contribute.

In closing I wish every success to the incoming board, CEO and national office team, the broader membership and branches. It is amazing how quickly the time has passed and it has been a privilege to serve as your ADEA President. I look forward to continuing to contribute through other ADEA forums and to seeing some of you at the Annual Scientific Meeting on the Gold Coast in August.