



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 Ayles
President
