
CEO's Report

CEO Report

Dr Joanne Ramadge
CEO

This is the last full year with our current Strategic Plan and we have had a number of successes over the past year and most notable amongst them is the establishment of the ADEA Diabetes Research Foundation and Trust. This is a significant milestone for ADEA after 35 years promoting diabetes education, research dedicated to issues important to diabetes education and management has become a reality.

ADEA is also growing having reached over 2100 members early in the year, a major achievement as it takes some time for a health professional to achieve CDE status.

Our current [Strategic Plan 2012-17](#) will be active until the end of 2016 when our [new Strategic Plan 2017-20](#) will replace it. As you know members have been consulted about the direction for the new plan, which will be 'launched' at the 2016 Annual Scientific Meeting.

Strategic theme 1: Increase member value

ADEA has been working on improving member value, which includes a range of services that span over [educational, professional and networking opportunities](#). Key among them is access to [online continuing professional development \(CPD\) activities](#), the new look professional [ADE publication](#), edited by Dr Kate Marsh, free access to [EBSCO](#) and much increased support for branch activities and networking.

Strategic theme 2: Directly influence government policy, NGOs and the broader diabetes agenda

There has been a great deal of activity in this area covering formal submissions; meetings with Ministers, advisers, departmental officials, private health insurance funds and other key stakeholders; and letters to Ministers, private health insurance funds and members.

Submissions included:

- Department of Health's enquiry into Private Health Insurance Funds
- A joint submission with Diabetes Australia (DA) to the Australian College of Nursing (ACN) and National Prescribing Service (NPS) about input into the NPS MedicineWise *Choosing Wisely* program
- A joint submission with Dietitians Association Australia (DAA) and Exercise Sports Science Australia (ESSA) to the Government's Medical Services Advisory Committee (MSAC) regarding the proposed *Shared Medical Appointments (SMAs) for Type 2 Diabetes (T2DM) management*
- Feedback to the Queensland government on *Guiding principles for the authorisation of non-medical professionals to adjust insulin dosage – clinician guide*
- Response to the House of Representatives Standing Committee on Health regarding best practice in chronic disease prevention and management in primary health care
- Response to the Department of Health on Private Health Insurance RE

- Medicare *Benefits Schedule Consultation Review*
- RACGP *Guidelines on Type 2 Diabetes*
- Joint submission with Juvenile Diabetes Research Foundation (JDRF), Australian Diabetes Society (ADS) and DA, to the government to fund Continuous Glucose Monitoring (CGM)
- Submission to the Department of Health and the Minister Ley to allow CDEs and nurse practitioners to authorise blood glucose test strips (BGTS)

We have consulted with ADEA members on input to these submissions.

Some of these activities have been successful with some influencing outcomes, while we continue to pursue others still unresolved. CDEs and nurse practitioners are now able to authorise access to BGTS; the ACN took account of ADEA's position on the use to self-management of blood glucose monitoring in presenting their submission; both major political parties have committed to funding CGM. ADEA was commended for its submission to the House of Representatives Standing Committee on Health and we were invited to give evidence at a hearing in Victoria, to which Tracy Ayles presented on behalf of ADEA. ADEA jointly, with Exercise and Sports Science Australia (ESSA) and Dietitians Australia Association (DAA) made a submission to the government Medical and Scientific Advisory Committee (MSAC) about the lack of evidence for a proposal for Shared Medical Appointments, which was subsequently not recommended based on evidence in our submission.

ADEA has made numerous and wide ranging efforts to raise the issue of Medicare funding and private health insurance rebates for CDE services. In doing so we have raised the profile of CDEs within government and will continue to do so at every opportunity. The new National Diabetes Services Scheme (NDSS) contract specifically mentions ADEA and CDEs for the first time in its 20-year history. The National Diabetes Strategy (NDS) also mention the need for CDEs.

Health funding is a highly complex area and undergoing review by a small working group from the Private Practice Special Interest Group to work through some of the funding issues. This group has an external Chair and is time limited with the aim of providing advice to ADEA about issues and possible resolutions.

A stronger relationship has developed with ADS with the signing of the first formal agreement about how we will work together to strengthen our collaboration and advocacy for diabetes. ADEA also made the strategic decision to relinquish its joint management with ADS of the National Association of Diabetes Centres (NADC) although we continue to actively support NADC.

We have also undertaken the first national workforce survey of members, with over 600 responses, the results of which will be available to members when analysis is completed. The workforce survey does not close until early July 2016. A membership survey was completed in late 2015.

Strategic theme 3: Strengthen ADEA's research contribution

We started this work by developing a research framework and then a toolkit and research register for use by members. We have now established a [Research Foundation](#), governed by the ADEA Diabetes Research Foundation Trust, which was incorporated by the Australian Securities and Investment Commission (ASIC) in June this year. It will be registered with the Australian Charities and Not for Profit Commission (ACNC) soon. The first round of grants was advertised in May 2016. A great deal of work has been undertaken by many people especially those on the Research Foundation Council, chaired by Professor Trisha Dunning and the Foundation Executive Officer, Debra Kay. Vy Le has provided amazing technical support and Daniel McKinney has undertaken the work of establishing the Trust. Announcements of successful grant

recipients will be made late 2016. We have also developed a fundraising strategy to support the Foundation and members will hear more about this and are strongly encouraged to support these activities and promote them to all their networks.

Strategic theme 4: Increase the value of the CDE/ diabetes education

The successful CDE of the Year award program was established in 2015 with support from Lilly, evolved from the Jan Baldwin award, and provided widespread recognition of CDEs amongst health professionals and consumers. The first recipient was Dr Kate Marsh and the 2016 recipient will be announced at the ASM in August from the state finalists.

ADEA brought to Australia, Associate Professor William Polonsky from the University of California, San Diego, [President and Founder](#) of the [Behavioral Diabetes Institute](#) (USA) to run a series of [Thought Leadership sessions](#), supported by Astra Zeneca. These have been highly regarded by members and non-members. The series was live streamed and recordings are available.

As this is ADEA's 35th anniversary, Carlos Gongora and Vy Le have developed a video history of ADEA to be launched at the ASM in August 2016. The history recognises the development of ADEA in that time and the commitment of many members over those years.

Networking has been supported across the branches, with successful branch conferences and between members of the [two Special Interest Groups \(SIGs\)](#). The two groups are the Private Practice SIG and the Diabetes in Pregnancy SIG, the latter was established early this year.

It is important to acknowledge the commitment and hard work of the branch executives and the conveners of the Special Interest Groups (SIGs) who support this work to ensure it is of benefit to members. A special mention to Jayne Lehman for

her hard work over the last two years in guiding the Private Practice SIG and current convener Angela Hsiao, and also to Amanda Bartlett for taking on the challenge of guiding a new SIG.

Strategic theme 5: Set the standards for diabetes education

A project to develop an educational and professional pathway for Aboriginal Health Practitioners commenced in 2016. The genesis of this was a roundtable meeting with representatives from a number of Aboriginal health professional organisations in December 2014. This project will be challenging but an important way forward supporting better diabetes outcomes for Indigenous Australians, where diabetes rates are so high.

ADEA publications have been and are continuing to be updated with a recent focus on the [Role and Scope of Practice for Credentialed Diabetes Educators in Australia](#). In addition to updating this publication ADEA presented a series of webinars, which have been well received.

The following resources and information sheets have been developed with funding from the National Diabetes Services Scheme:

- Person-Centred Care
- The Needs of People with Diabetes and Other Chronic Conditions in Natural Disasters
- Health Literacy for People with Diabetes
- Australian Credentialed Diabetes Educators and Prescribing of Insulin and Glucose Lowering Agents

The Person-Centred Care documents, resources and website have been extremely well regarded with requests for adaption by other professional groups.

Supplementary documents include:

- A [Scoping paper](#) developed to inform the Australian Credentialed Diabetes Educators and prescribing of

insulin and glucose lowering agents information paper

- A [Rapid literature review – Consumer-centred Care](#) completed by the International Centre for Allied Health Evidence (iCAHE) to inform the Person-centred Care information sheet
- A [Rapid literature review – Health Literacy for People with Diabetes](#) was completed by the International Centre for Allied Health Evidence (iCAHE) to inform the health literacy for people with diabetes information sheet

Strategic theme 6: National office

National Office (NO) has changed considerably during the life of this Strategic Plan with new staff, systems and processes in place. Each staff member has contributed enormously to the efficient and professional running of NO and its support to members, and have received excellent feedback from members about the services they provide. A dedicated branch support role has been established with Katy Robertson receiving well earned praise from branches especially in relation to their conference planning. Finance and accounting systems have been streamlined and are much more efficient while all suppliers have been reviewed and cost savings made across the office. Use of technology within NO and externally to communicate with members and the community has increased exponentially, providing much better integration of services and more timely communications including via social media.

We continue to have difficulty attracting members to take on branch executive roles, and we are reviewing the roles and branch structure itself. There will not be any changes to the branches without member consultation and any member wanting to take on an executive role will be supported.

We have done well financially with positive outcomes in terms of increased revenue and profit. Every staff member has contributed to this excellent outcome. We still need to be mindful of strong budgetary control going forward and in

doing so need to balance what can be done with current resources and will need to prioritise to ensure our outcomes continue to be measured and meet the needs of all members.

Where to from here

There is still much to do and there will be changes in the future. We need to have CDEs embedded as part of the recognised health workforce. We will have a new Strategic Plan to implement from January 2017 and this will guide us to meet those strategic challenges.

Change is all around us especially in the health environment and we must as individual members and as an organisation respond to these changes or we will struggle. We are well placed to meet the challenges of change with strong governance and supporting systems, stable, qualified and professional staff and very committed volunteer members.

I would very much like to acknowledge the amazing support from our volunteer members and volunteer non-members who support us in NO. The pages of this report are replete with the names of volunteers on our committees, working groups and of course the board of directors, and without which ADEA would not be able to achieve what it has or what it will in the future. Every member benefits from this support by the many who volunteer their time, expertise and generosity.

The [National Office staff](#) have contributed a great deal to get ADEA to where it is today. Their professionalism and expertise is amazing, and have been the basis for the outstanding performance within ADEA over the last year. Staffing has remained stable. One staff member, Helen Vaughan, has left ADEA because her contract was not able to be renewed after 30 June 2016, due to the changes in the NDSS from 1 July 2016. Helen provided direction and support for the NDSS program for the past four years and supported other staff within National Office. She also edited the ADE for over twelve months.

It is also important to recognise the contribution of Tracy Ayles, ADEA President, whose term will come to an end in August 2016. Tracy has provided remarkable strength to ADEA as a whole including the board, management, staff and to members and our successes and achievements are her successes.

Lastly I acknowledge the ongoing support of our [Sustaining Members and Sponsors](#) and thank them for their collaboration and goodwill.

Useful links

- ADE Publication:
<https://www.adea.com.au/?p=4425>
(ADEA membership login required)
- ADEA Branch Conferences:
<https://www.adea.com.au/events/adea-conferences>
- ADEA Diabetes Research Foundation:
<https://www.adea.com.au/?p=12378791>
- E-learning Management System:
<https://learning.adea.com.au>
- EBSCO:
<https://www.adea.com.au/?p=6859>
(ADEA membership login required)
- Person-Centred care and Health Literacy project: <https://www.adea.com.au/projects/person-centred-care/>
- Indigenous Educational Pathway Project: <https://www.adea.com.au/projects/the-indigenous-educational-pathway-project/>
- Scope of practice:
<https://www.adea.com.au/?p=12378186>
- Special interest groups:
<https://www.adea.com.au/?p=4267>
- Strategic Plan 2012-17:
<https://www.adea.com.au/?p=79>
- Strategic Plan 2017-20:
<https://www.adea.com.au/?p=12386898>
- Thought Leadership Lecture series:
<https://www.adea.com.au/?p=12359144>
- Webinars:
<https://www.adea.com.au/events/webinar>