



## **Memorandum of Understanding (MOU) for cooperation and collaboration between an alliance of national diabetes consumer and health professional organisations.**

**March 2017**

### **1. Purpose of the alliance**

The purpose of this alliance is to assist in the presentation of a clear, cohesive and united position in important policy and advocacy issues with a primary (but not exclusive) focus on type 1 diabetes.

The creation of this alliance arose out of a shared interest in aligning related policy positions across diabetes organisations, sharing information, and understanding and supporting complementary advocacy priorities. The priorities to be pursued by the alliance are intended to be determined collectively, discussed mutually, and resolved unanimously, such that they represent and promote the interests of as broad a range of diabetes stakeholders as possible.

### **2. Current parties to this MOU and alliance:**

The alliance has been initiated by a range of consumer, clinical, health professional, and research organisations with a shared interest in better aligning positions relating to policy and advocacy. Current parties to this MOU and alliance are:

- Australian Diabetes Educators Association (ADEA)
- Australian Diabetes Society (ADS)
- Australasian Paediatric Endocrine Group (APEG)
- JDRF Australia
- Diabetes Australia

### **3. What the parties bring to the alliance:**

- the consumer “voice” both organisationally and individually, diabetes self management expertise, advocacy and policy expertise, research - Diabetes Australia and JDRF Australia
- clinical and health professional and research expertise - APEG, ADS, ADEA

### **4. How the parties will work together:**

This alliance of organisations will focus on the leadership and direct involvement of the President or Chief Executive Officer or suitable high level nominee (CEO or nominee) of the alliance partners. The success of this alliance is strongly related to maintaining strategic leadership, alignment of organisational priorities and capabilities for areas of common interest, policy and advocacy.

The CEO or nominee from each member organisation will comprise the Steering Committee for the alliance.

The meetings of the Steering Committee should always include the CEO or nominee who may also include another person in each meeting to bring advocacy, policy, clinical, scientific or technical expertise as required.

Decisions will be made by consensus; there will be no voting.

A Chair of the Steering Committee will be elected at the first meeting after signing this MOU and will serve for one year. After that time, the Chair will rotate amongst members by agreement.

Meetings, and all substantive decisions of the alliance, should involve all member organisations being represented.

#### **5. Initial Areas of Common Interest:**

The principal activity of common interest is alignment of policy and advocacy position, documents and activities to achieve the objective of presenting a clear, cohesive and united position in important diabetes matters. The primary focus of this alliance is type 1 diabetes but it will not be limited to type 1 diabetes.

The areas of common interest may include, but are not limited to:

- Care, treatment and management of diabetes
- Technologies for diabetes management
- Diabetes in settings and stages
- Diabetes research

#### **6. Leadership of, and involvement in, alliance activities/projects:**

The alliance members recognise and respect that certain members may have a special interest or expertise in certain areas, and expect that a project lead will be agreed at the start of any activity or project.

The members agree that some members may wish to distance themselves from some projects or activities and not be directly involved and/or not have their brand associated with that particular project. This should be discussed and agreed at the start. In some cases members may provide a letter of support but not put their name to an alliance document or proposal.

The Steering Committee should discuss and agree the “lead” organisation for specific projects or activities. This may involve appointing an individual project leader.

The members may agree to include other organisations from time to time in particular activities to provide additional expertise and support.

#### **7. Working groups and processes**

Members recognise that the alliance members will wish to establish Expert Working Groups to assist with the development of certain proposals or activities.

Members agree that the composition and membership of any working group is a matter for the Steering Committee to consider and agree and start of any project. The Steering Committee should also monitor the performance of working groups and change the composition as required.

## 8. Term of this MOU

This MOU is for three (3) years and success should be evaluated by the Steering Committee at the end of each year. Members may resign at any time by written advice to other members

## 9. Current members

**Australian Diabetes Educators Association (ADEA)** – is the leading Australian organisation for health care professionals providing diabetes education and care. ADEA actively promotes evidenced-based best practice diabetes education to ensure optimal health and wellbeing for all people affected by, and at risk of, diabetes. ADEA considers diabetes education a specialty field of health care. The ADEA is also a member organisation of Diabetes Australia.

**Australian Diabetes Society (ADS)** – is the peak national medical and scientific body in Australia for diabetes. The ADS is a membership-based organisation consisting of health professionals (endocrinologists, diabetes educators, primary care physicians and allied health professionals) as well as clinical and preclinical researchers. The ADS mission is to prevent diabetes and its complications; provide excellence in education for health professionals; promote collaboration, research and education; work with other organisations committed to improved diabetes treatment and care and advocate for health policies around diabetes and its prevention. The ADS is also a member organisation of Diabetes Australia.

**Australasian Paediatric Endocrine Group (APEG)** – purpose is to promote and maintain the highest standards of diagnosis and treatment of paediatric endocrine disorders; to encourage the free exchange of knowledge with respect to paediatric endocrinology; to promote research related to paediatric endocrine disorders and to develop in association with interested bodies, educational methods designed to give those who have a child with an endocrine disorder a better understanding of the child's condition.

**JDRF Australia (JDRFA)** – JDRF is the leading global organisation funding type 1 diabetes research. JDRF Australia is built on a grassroots model of people connecting in their local communities, collaborating regionally for efficiency and broader fundraising impact, and uniting on an international stage to pool resources, passion and energy to drive type 1 diabetes research progress.

**Diabetes Australia** – is the national organisation for all people affected by all types of diabetes and those at risk. Its mission is to reduce the impact of diabetes. Diabetes Australia works in partnership with consumers, health professionals and researchers. It is a federated body and the members include state and territory diabetes organisations, health professional organisations dedicated to diabetes (ADS and ADEA) and research organisations.