



Your trusted partner in diabetes care

**ANNUAL  
REPORT  
2013-14**

# 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.

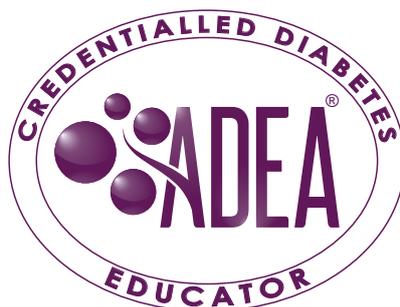
Evidence-based best practice diabetes education is fundamental to everything that ADEA does to ensure optimal health and well being for all people affected by, and at risk of, diabetes. ADEA considers diabetes education a specialty field of health care practice.

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

## 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.

## Our Vision

Excellence in  
diabetes support

## Our Mission

To lead and  
advocate for best  
practice diabetes  
education and care

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# President Report

Winter is blowing through Melbourne as I begin this report to ADEA members for the 2013-14 year. Although it is cold and rainy outside, the signs of a change to Spring are already here, green buds on the lilac and longer days that don't involve leaving for work and arriving home in the dark. The motive for discussing the view from my window is to raise the issue of change, as ADEA takes up the challenge of responding to transformation across the health care system while continuing work towards the goals of the Strategic Plan 2012-17.

At this time there are many major initiatives being implemented across health care in Australia: the positive move to consumer directed care, a definitive split between care of those over 65 and those under 65 living with disability, a push to focus on re-enablement and promote self-care, redirection and cuts to budgets and services across Federal and State boundaries, policy to extend health professional scope of practice and models of team based care and the push towards delivery of more care in the primary health setting. To achieve our vision of excellence in diabetes support and to continue leading on best practice diabetes education and care, ADEA has to keep growing, changing and being responsive while holding on to our core values.

Last year in the President's report the Constitutional review was announced. The reasons for undertaking a review are multifaceted. For example, the set out of the current Constitution needs to be improved for easier referencing, there are changes to the statutory reporting requirements, some terminology updates and increased recognition of technology to facilitate communications and processes. One of our most recently appointed Board Directors, Heike Krausse, took up the role of chairing the Constitution Review Working Group and work commenced in May this year. There are several experienced ADEA members participating in this key project and you are encouraged to submit ideas and questions as the work progresses. The Constitution is our organisation's key governance document, so the work being done is extremely important for the future.

During February the Board met to review progress on the Strategic Plan and to plan with National Office the priorities for the 2014-15 year. The Board approved a deficit budget for the 2013-14 financial year to accommodate spending on some critical projects for ADEA. Following gains in operational efficiency, among other adjustments, there is a slight deficit recorded for the end of this financial year. The major projects included development of the online Credentialling system, development of the Research Framework and contracting Deloitte Access Economics to produce the report on 'Benefits of Credentialed Diabetes Educators to people with diabetes and Australia'. Some projects will run across more than one financial year and this, along with other work under the Strategic Plan, has led to the Board approving a deficit budget for the 2014-15 financial year as well. This decision has been taken after deliberating on the need to build profile, influence government policy, effectively use of a portion of the reserve funds ADEA has built up and an ongoing conservative financial approach to protect ADEA's future operations.

Advocacy to government with the aim of influencing policy is one of the 2012-17 strategic themes. The National Diabetes Strategy (NDS) paper was developed by a range of diabetes stakeholders, including ADEA, and forwarded to all political parties prior to the Federal election in early September 2013. The framework was adopted by the new government and in February this year an NDS Advisory Group was brought together to assist in policy advice on a national response to diabetes. Prevention, supporting complex care and reducing the burden of chronic disease are the main focus for the strategy. 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 will be held in various locations around Australia and are scheduled to commence around the time of the ASM. ADEA will be represented through this avenue in addition to my position on the NDS Advisory Group. Because this is a Ministerial committee, invited participants

are there as individuals, not specifically as organisational representatives. In addition, the release of information is governed by the Department and Minister for Health. Members will receive updates on the progress of the National Diabetes Strategy as they become available and ADEA will be seeking your input as issues arise.

Another initiative, commenced under the previous government and now completed, is the Diabetes Care research project (DCP) run by McKinsey on behalf of the Department of Health. The final meeting for the project's Diabetes Advisory Group will be held in Canberra on 22 July to discuss some of the results and an estimated release date for the project report. Many ADEA members have participated in service provision and data collection across three States during the DCP. A request was made for an interim project update however this rests with the Department and Minister for Health until the report has been formally approved for release. As soon as the report is available members will be notified. Both the NDS and the DCP outcomes will influence the future of diabetes care in Australia.

Promotion of Credentialed Diabetes Educators as the standard for health professionals delivering diabetes education is one of ADEA's priority activities. In the past 12 months the invitation for CDEs to attend forums such as 'Type 2 diabetes in general practice,' provides opportunities to increase their profile locally. Credentialed requirements have been reviewed and the new process for submitting your credentialling information will commence from January 2015. You are encouraged to visit the ADEA website and read through the details on the coming changes, as well as viewing the regular updates in the ADE. Examples of other promotional activities, including the increased use of short videos to show CDEs at work, will be demonstrated at the upcoming national conference.

ADEA could not achieve what it does without the support of the membership, seeking partnerships with companies working in diabetes and health care, collaborations with other diabetes stakeholders including Diabetes Australia and our work with health professional colleagues. All

of us are concerned with improving outcomes for people with diabetes and those at risk of the condition. Partnerships are another area of change that ADEA must address and review on a regular basis. In June ADEA withdrew from the National Association of Diabetes Centres (NADC) partnership at the conclusion of a two year agreement with the Australian Diabetes Society (ADS). This was announced via the ADEA update at the time. NADC was a joint arrangement between ADS and ADEA over many years with the management and leadership shared between the two organisations and the Chair position alternating every 2 years. During the agreement period a project officer was employed. This greatly assisted NADC in moving to a more sustainable model of operation. NADC's ongoing management has now been transferred back to ADS which provides NADC with a consistent operational framework. The major ongoing activities for NADC are coordination of Australian National Diabetes Audit (ANDA) research access and publication (funded by the Commonwealth) and the accreditation of NADC centres. ADEA will of course continue to work with ADS on a range of other projects, including NADC activities that align with our Strategic plan and goals.

Recognition is due to the National Office team under the leadership of Joanne for their achievements over the past year, to the Board members past and present and to members of the committees, working groups and Branch executives who also contribute voluntary time and expertise. This continues to motivate and underpin the work of ADEA so thank you all, on behalf of the Board, for being a part of this effort. The ASM this year is shaping up to be the largest ever held, so I look forward to seeing you there. No promises, but Melbourne's weather should have improved by then and if not..... you only need to wait five minutes for a change!

Tracy Ayles  
President

# CEO Report

2014 has been a very productive year for ADEA. As a national membership organisation, ADEA has its primary focus on its members and implementing the [Strategic Plan 2012-17](#).

In the last twelve months, we have successfully achieved across a range of internal and external areas that address the themes in the Strategic Plan. There is not the space available in this report to address everything that has been achieved over the year but I will highlight the major areas. You can access the results against the Annual Business plan 2013-14.

This past year, we have built solid foundations on which to take forward the very full agenda for the coming year.

### **Increase member value**

We have had a focus on improved use of technology with a new website developed where payments can be made smoothly and efficiently, and work commenced on the new Online Credentialling Program. Better information and improved access for members has increased our website users by around 10,000 from last year with more pages accessed for longer. We have also engaged with social media through [LinkedIn](#) (over 100 contacts) and [Facebook](#) (over 500 friends) with the connections increasing daily for these sites. [The Private Practice Special Interest Group](#) (PP SIG) now has their own wikispaces to communicate and progress their issues.

Multimedia productions highlighting the work of CDEs commenced with cameos on [YouTube](#), and a new documentary about a

CDE practice is in production. To highlight the work of CDEs, the new look Australian Diabetes Educator publication (ADE) now incorporates a new column - Profile of a CDE. Members have access to a number of new corporate benefits including Fitness First and Harvey Norman travel, and access to research and journals through EBSCO, to name just a few.

### **Directly influence the Australian Government**

#### **‘Benefits of Credentialed Diabetes Educators to people with diabetes and Australia’, Deloitte Access Economics**

ADEA commissioned Deloitte Access Economics to report on [the cost effectiveness of diabetes education/CDEs](#), which can be used to support a business case for better patient access to CDEs. This report will form the basis of the policy work that will be strengthened in the coming year.

A policy ‘think tank’ was established to support policy development and includes ADEA staff and members. ADEA has worked closely with the Allied Health Professionals Association and the National Primary Healthcare Partnership to advocate for telehealth remuneration in rural and remote areas and non-RN CDE access to electronic health records.

ADEA has and is continuing to explore with Health Workforce Australia programs to include CDEs in the national workforce surveys.

### **Strengthen ADEA’s research contribution**

Zest Healthcare Strategies was commissioned through an Expression of Interest process to develop a national [Research Framework](#). An action plan has been developed to implement this framework over the next three years.

A small research project was undertaken by Vy Le, Communications Officer at ADEA, to better understand the [value of a CDE from different perspectives](#). This work was presented at the Excellence in Diabetes Conference in Qatar, the Australian Primary Health Care Research Conference and the National Nursing Forum (Australia).

Research has been a focus across many areas of ADEA work, with a research corner in the member update, which has been well received, access to EBSCO (research journals) and an increase in peer review articles in the ADE.



Dr. Joanne Ramadge, Excellence Diabetes Conference, Qatar

## Set Standards for Diabetes Education

This is a core area of ADEA's business and we have reviewed and updated most of our supporting documents. A revised and strengthened endorsement program for externally developed education resources has been promoted to many organisations, with positive responses. We have partnered with the Australian College of Nursing and Royal Australian College of General Practitioners to endorse diabetes workshops and expect this is just the beginning.

## Increase the value of the CDE

Much of ADEA's multimedia and research work has directly focussed on highlighting the value of a CDE. The ground work has been laid to increase activity in the coming year, with the expectation that CDEs will be actively promoted in many different arenas using multimedia and also policy initiatives, strengthened by the implementation of the Research Framework and the Deloitte Access Economics report.

## National Office support

There has been considerable effort applied to increasing efficiencies and effectiveness within National Office. The accounting and financial systems have been renewed which enable accurate financial reporting so that sound strategic decisions can be made. A new risk management system has been implemented along with new a human resource policy manual. We have commenced a financial benchmarking exercise with like organisations through our membership of the Associations Forum, which demonstrates that ADEA is performing very well.

Expenses across the organisation have been reviewed resulting in savings of approximately \$80,000 per annum. Total income increased by approximately 211,000 and membership has remained relatively stable with plans to increase this next year.

A strong team has been recruited who are well qualified and skilled for the roles they undertake and have the capabilities to continue to develop ADEA. Our wonderful staff are profiled in this Annual Report.

Overall, 2013-14 has been a very productive year with strong partnerships and collaborations developing that will support ADEA into the future.

The focus for the coming year will be to increase memberships and continue to implement the Strategic Plan. We are all looking forward to an exciting year ahead and engaging with members to achieve a strong and productive ADEA.

Our achievements are reflective of the sound relationships and partnerships that we have built. I would especially like to thank our business partners, who are profiled in this Annual Report as well as professional colleagues at the Australian Diabetes Society and Diabetes Australia for their continued support. Special acknowledgement should go to the Board, who hold the accountability for the direction and outcomes of ADEA and for the wonderful support for me as a new CEO to ADEA. Tracy Aylen, as President, has done an amazing job in often difficult circumstances and steered us through some complex issues. The many volunteers who have supported ADEA committees have made a wonderful contribution to ADEA, helping to work through the many changes across the organisation this year.

There will continue to be challenges ahead in 2014-15, primary among them will be to increase our revenue. We also have to focus on attracting new members and strengthen our advocacy. Advocacy is essential if we are to see changes to Medicare rebates and health insurance rebates for CDE services, which is a very complex area within a context of much change. Government health funding and the primary health care environment is changing and remain unclear within an environment of a strong focus on chronic disease management and patient centred care.

Dr Joanne Ramadge  
Chief Executive Officer

## Useful links:

- Revised Strategic Plan 2012-17: [www.adea.com.au/?p=79](http://www.adea.com.au/?p=79)
- ADEA LinkedIn: <https://www.linkedin.com/company/australian-diabetes-educators-association>
- ADEA Facebook: <https://www.facebook.com/ADEAAUS>
- ADEA Private Practice Special Interest Group: <http://adeappsig.wikispaces.com/>
- ADEA TV on YouTube: <https://www.youtube.com/channel/UCQ509tC10jSBQvxJoDRlugg>
- EBSCO, commercial benefits and discounts: <http://www.adea.com.au/?p=6859>
- Deloitte Access Economics' report 'Benefits of Credentialed Diabetes Educators to people with diabetes and Australia': <http://www.adea.com.au/?p=8497>
- Zest Healthcare Strategies's national Research Framework for ADEA: <http://www.adea.com.au/?p=8150>
- Value of a CDE: <http://www.adea.com.au/?p=5074>

## Governance

The ADEA Board works within a legal framework that includes the Corporations Act 2001 (Commonwealth), the ACNC Act 2012 and the ADEA Constitution. This framework is regulated by the Australian Securities and Investment Commission (ASIC) and the Australian Charities and Not-for-profits Commission (ACNC). As an Incorporated body, ADEA is required to have an audit of its finances by an independent auditor. The current auditor is Tony Bandle from Bandle McAneney & Co.

Under this framework Board Directors are legally required to; act honestly, to act with care and diligence, not to disclose or misuse confidential information and not allow the company to trade while insolvent. Each Director's primary duty is to the organisation and the members. The Board of Directors have accountabilities in fulfilling their role to ensure effective governance of ADEA that encompass: formulation of the strategic direction of the corporation

- recruitment and performance of the Chief Executive Officer
- reviewing and agreeing on the business plan and on the annual budget
- ensuring appropriate compliance with legislation at all levels
- monitoring of risks facing the corporation
- developing, monitoring and reviewing governance policies.

The ADEA Board has responsibility for the effective operation of the following subcommittees and working groups:

- Financial, Audit and Risk Committee (FARM)
- Complaints Committee
- Constitution Review Working Group

In line with their governance responsibilities and accountabilities, the Board reviewed the ADEA Committee structure and determined that all current committees and working groups, except FARM, Complaints Committee and the Constitutional Review Working Group, should report to the CEO. This reporting re-structure has been implemented.

### The Financial, Audit and Risk Committee

The FARM Committee has met twice this financial year. Due to the retirement of the Finance Director, Carol de Groot from the Board and the review of all ADEA committees, the FARM committee sought new members. As a result, Cheryl Steele was elected as the new Finance Director in late 2013, and John Michailidis also joined FARM. An independent accountant was sought to sit on the FARM Committee and Greg Cliffe from BJD Partners was approved by the Board.

ADEA wishes to thank the outgoing members of the FARM Committee for their contribution over a number of years. The former members include: Carol de Groot (Chair), Andrea Sanders, Andrea Radford, Martin Gordon and Deepa Ariarajah.

### Complaints Committee

The Complaints Committee has reviewed and finalised two complaints against members. The Committee, which comprises four members and two independent members, one of whom is a lawyer, concluded there was not a case to answer in either complaint. The Committee was chaired by the ADEA Vice President, Jane Payne, until her resignation from the Board in May 2014.

A new Chair will be elected by the Board at their next meeting in August 2014.

### Constitution Review Working Group

The Constitution Review Working Group (CRWG) was established in February 2014 by the Board with Heike Krauss as Chair and John Michailidis as a member. Member participation on the working group was sought through an expression of interest process, with successful nominations from Jan Alford, Carol de Groot, Jayne Lehmann and Fiona McIver. The CRWG has met by teleconference and at a face-to-face meeting in June 2014 to progress the major review of the Constitution and to develop and approve a communications plan for members. This plan aims to ensure transparency, keep members informed and to seek feedback and comments.

# ADEA Committees, Advisory Group and Special Interest Group

### **ADE Editorial Advisory Group & the Australian Diabetes Educator publication**

The ADE Publishing Team are supported by the Editorial Advisory Group who help provide expertise and direction to the ADE. Over the past four editions, the ADE Publishing Team introduced a few new columns and made changes to the content of the ADE publication. Regular columns like Diabetes and Technology, Research Insights, Book Review, Complementary and Alternative Therapies have been well received. These would not be possible without the support of our regular authors.

This year, we started recognising the great work of our ADEA members through the Member Profile, highlighting CDEs who have been providing diabetes education in various settings, including an Asylum Seeker Resource Centre, an acute care setting, a Pharmacist CDE and a CDE who won the 2013 JDRF Diabetes Educator of the Year Award. Feature articles in the new column Consumer Perspective give our readers a better understanding of people with diabetes and hopefully motivates readers to engage more with consumers needs.

From the June 2014 edition, we introduced our first themed publication: 'Diabetes and Mental Health'. We also replaced full reference lists with a Quick Response code

to allow space for more content. ADEA members can access recent ADE editions and the full reference lists on the ADEA website at <http://www.adea.com.au/?p=4425>.

For the next two issues in late 2014, we are busily planning themed editions including 'Diabetes in Pregnancy' and 'Paediatrics and Diabetes'.

The ADE Publishing Team also encourage our readers to submit articles to enrich our content. A workshop on 'How to write for the ADE' was facilitated during the ADS-ADEA ASM to disseminate some of the guidelines and to support authors who wish to write for the ADE.

We are always open to your feedback and suggestions and would be more than happy to hear from you via [ade@adea.com.au](mailto:ade@adea.com.au).

Helen Vaughan  
Editor and Chair,  
ADE Editorial Advisory Group

### **Useful Link:**

ADEs and reference lists:  
[www.adea.com.au/?p=4425](http://www.adea.com.au/?p=4425)

## Course Accreditation and Standards of Practice Committee Team

During 2013-14, the ADEA Course Accreditation and Standards of Practice Committee (CASP) membership was adjusted to reflect the previous chair (Pauline Hill) being appointed as acting Course Coordinator at Flinders University during Rebecca Munt's maternity leave. This led to the subsequent appointment of Karen Crawford as Chair. Early in 2014, Jane Overland notified the Committee other commitments conflicting with upcoming accreditations.

### Activities in 2013-14

#### Committee meetings

Quarterly meetings via both teleconference and face-to-face between CASP Committee members and Course Coordinators occurred throughout the year. CASP committee members also communicated regularly with the ADEA National Office to ensure prompt responses to enquiries and discussions.

#### ADEA Accreditation Program

The Committee decided to terminate the Chronic Condition Self-Management e-Learning course. This impacted the assessment components for accredited diabetes education courses at selected universities. The Committee will reconfigure the assessment requirement to minimise disruption for students. Preparations have been made for the upcoming course accreditation cycle which will start in August 2014. All of the five existing courses are due for reaccreditation: Deakin University, Mayfield Education, University of Technology Sydney, Curtin University and Flinders University. Southern Cross University completed initial accreditation late in 2013.

James Cook University are developing a new course which will undergo initial accreditation assessment within this same cycle.

### Plans for 2014-15

The main focus for 2014-15 includes the completion of course accreditations on schedule by December 2014.

A project to review clinical placements across all courses will be commenced at the 2014 ADS-ADEA Annual Scientific Meeting in August. The aim is to develop consistent requirements and approach for placements as part of assessment components for accredited courses at universities. This will include student eligibility, selection criteria, number of hours, specific assessment requirements and style/format of documentation.

The CASP Committee will coordinate this using a consultative approach involving CASP members and Course Coordinators to develop necessary documentation for ongoing use, in conjunction with the ADEA National Office staff as appropriate.

Karen Crawford  
Chair, ADEA Course Accreditation and Standards of Practice Committee

### Useful Link:

Accredited post graduate certificates in diabetes: <http://www.adea.com.au/?p=114>

## Clinical Practice Committee

The ADEA Clinical Practice Committee (CPC) has been busy over the past year supporting the review and updating of several ADEA Position Statements including:

- Minimal Standards for Capillary Blood Lancing Devices in Health Care Settings
- Use of Blood Glucose Meters and HbA1c Reporting (with guidance from George Barker)

However the main focus of the team has been the complete rewriting and development of the more than 50 page technical document '*Clinical Guiding Principles for Sick Day Management of Adults with Type 1 and Type 2 Diabetes*'. The standard and scope of this document would not have been possible without the assistance and support from the ADS representative Dr Glynis Ross.

The completion of this document is by far the project that I am most proud of as a diabetes educator since 1992 and I would encourage all colleagues not only to become familiar with it but to utilise the practical approach taken.

As a founding member of this Committee nearly a decade ago, I have resigned from the CPC in May of this year. I would like to warmly thank the CPC team of Melissa Armstrong, Wendy Bryant, Denise Smith, Mark Coles, Lyndon Homeming and Carol De Groot (completing her tenure in 2013), for their support and wish the very best for the new Committee.

Michelle Robins  
Former Chair, ADEA Clinical Practice Committee

### Useful Link:

ADEA Position statements:  
<http://www.adea.com.au/?p=131>

## Credentialling Committee

The ADEA Credentialling Committee has held regular teleconferences with the ADEA Professional Officer, Rachel McKeown, throughout the year to ensure continuous communication and to move the revised credentialling process forward. One of the issues being discussed was the options available for members to submit credentialling/re-credentialling applications to reduce the use of paper, at least until the online process becomes operational. Members will be notified once this process is in place.

Following adoption by the Board of the recommendations arising from the pilot project of the revised credentialling process, a sub-committee was formed to develop the implementation program. Work has also been undertaken to introduce an Online Mentoring Program that will include education modules to assist both mentees and mentors in undertaking more productive mentoring partnerships.

One of the key recommendations from Professor Trisha Dunning's initial report on the Credentialling Program was the need to look at the online submission of credentialling materials. Work has already begun to allow this to happen with members of the Sub-Committee travelling to National Office to monitor progress.

Part of the implementation program included a communication strategy to keep the membership informed via the ADEA eNewsletter, the 'Australian Diabetes Educator' publication and Branch events. The Committee will hold a workshop during the ASM covering the revised process in more detail and to re-launch the Online Mentoring Program.

The Committee was working on a transitional plan to minimise disruption to members during credentialling/re-credentialling applications. In the meantime, keep monitoring your activity in the way you are now. We are confident that the

revised process will allow improved access and equity for all members, without losing the quality of the process, so we seek your patience.

Jan Alford  
Chair, ADEA Credentialling Committee

## **Useful Link:**

Changes to the Credentialling Program for 2015: <http://www.adea.com.au/?p=8320>

## **Private Practice Special Interest Group**

### **Key activities in 2013-14**

This has been a year of strengthening the foundations of the ADEA Private Practice Special Interest Group (PPSIG). Regular teleconferences have ensured ongoing communication between the Chair and the ADEA CEO, Dr Joanne Ramadge.

The terms of reference were reviewed and a new wikispaces Forum for PPSIG members was introduced. This provides members with a space in which to network, seek input on private practice issues and to access the accumulating information provided by ADEA and its members.

The annual meeting of the PPSIG will be held during the Annual Scientific Meeting. The format of the meeting was reviewed to identify how this will benefit members.

Planning is underway to introduce a private practice network within each of the ADEA Branches. This will enhance the networks already established in Western Australia and Victoria and provide another dimension to the support of CDEs in private practice.

A teleconference was arranged for PPSIG representatives from each ADEA Branch to discuss the evolution of the PPSIG. Weekly tips have been included in the ADEA eNewsletter to further support those in private practice.

### **Plan for 2014-15**

Future plans include:

1. Increasing the involvement of PPSIG members in the SIG
2. Succession planning for the leadership of the PPSIG
3. Facilitating local networks in each ADEA Branch for PPSIG members to meet locally
4. Evolve the annual meeting of the PPSIG to include an education component
5. Questionnaire to PPSIG members
6. Development of a White Paper on CDEs in private practice

Jayne Lehmann  
Chair, Private Practice Special Interest Group

## **Useful Link:**

ADEA Private Practice Special Interest Group:  
<http://adeappsig.wikispaces.com/>

### Program Organising Committee

The 2014 ADS-ADEA Annual Scientific Meeting this year will provide a strong and exciting program delivering excellent workshops, symposia, lectures and debates as well as opportunities to network and engage with colleagues, peers, national and international speakers.

The current ADEA Program Organising Committee (POC) was convened in November 2013. One of our first steps was to set the focus of the ASM with an appropriate theme. This year the theme *“Revolution to find a Solution – Innovative Ways of Providing Care”* was chosen by the new POC.

In developing the program, the POC, through National Office, ran an online survey in late 2013 to gather member feedback regarding the previous ASM and seek member guidance on future themes/topics/focus. The results were used to inform this year’s program development and will be used for future programs.

This year we will start the ASM with the ADS and ADEA keynote speakers presenting together after a joint welcome. The ADEA international plenary lecture will be delivered by Teresa Pearson, a Master’s prepared RN and Certified Diabetes Educator, owner of Innovative Health Care Designs and a Clinical Consultant for Hallelund Habicht. She is a member of the editorial board for The Diabetes Educator and International Diabetes Monitor. Currently she is the Editor-in-Chief of AADE ‘In Practice’.

Other key changes to the program format include:

- The provision of regular 2 hour block session times. This will reduce the fragmenting of the conference program and make it easier for delegates to move from one session to the next.

- The provision of a set time in the program to view posters in addition to program breaks. This allows for poster presenters to speak to their posters and engage an audience.
- The taping of some sessions for viewing after the conference by delegates and those unable to attend.
- The increase in joint symposia and debates that identify the commonality in much of our work.

The online submission and reviewing of abstracts is now in its fourth year and continues to improve making the process simpler and less time consuming. ePosters will be used again. The Committee has responded to member requests to return to offering the opportunity for hard copy posters so those accepted for poster presentations will be offered the opportunity to choose their desired display.

Throughout the planning stage, the POC have had excellent support through ASN Events conference organisers and have collaborated closely with ADS POC and LOC as well as our own National Office. I would like to thank the staff at ADEA National Office on behalf of the Committee for their help and support.

Trish Roderick  
Chair, ADEA Program Organising Committee

#### Useful Link:

ADS-ADEA Annual Scientific Meeting:  
<http://ads-adea.org.au/>

# ADEA Leaders

## ADEA Board



**Tracy Ayles**  
President



**Jane Payne**  
Vice President



**Cheryl Steele**  
Finance Director



**Libby Bancroft**  
Director



**Heiki Krausse**  
Director



**Steven Brett**  
Director



**Giuliana Murfet**  
Director



**Glynis Dent**  
Director



**John Michailidis**  
Director



**Nicole Frayne**  
Director



**Diana Sonnack**  
Director

## BRANCH EXECUTIVES

### ACT

Gil Cremer, Chair, Resigned 28 February 2014  
Rosemary Young, Chair  
Elaine Slater, Secretary  
Wendy Mossman, Finance Officer,  
Resigned 1 September 2013  
Lynelle Boisseau, Finance Officer

### NT

Michelle Walding, Chair  
Gregory Solomon, Secretary  
Deepa Ariarajah, Finance Officer

### Qld

Gill Dicker, Chair  
Jaana Pitkanen, Secretary  
Tien-Wen Tsai (Jane), Finance Officer

### SA

Rhonda Rowe, Chair  
Pam Smith, Secretary  
Susan Radeka, Finance Officer

### Tas

Joanne Saunders, Chair, Resigned 29 January 2014  
Susan Armstrong, Chair  
Maggie Lasdauskas, Secretary  
Andrea Radford, Finance Officer

### Vic

Coralie Cross, Chair  
Susan McConville, Secretary  
Ann Bush, Secretary  
Gillian Krenzin, Finance Officer  
Marianne Reardon, Finance Officer

### WA

Deidre Marangou, Chair, Resigned 29 September 2013  
Sarah Black, Chair  
Elise Ritchie, Secretary, Resigned 29 August 2013  
Kendra Nunweek Hanlon, Secretary  
Pica Ellis, Finance Officer

### NSW

Helen Phelan, Chair  
Megan Paterson, Secretary  
Michelle Neylan, Finance Officer

## COMMITTEES, WORKING GROUPS AND SPECIAL INTEREST GROUPS

### AUSTRALIAN DIABETES EDUCATOR (ADE) EDITORIAL ADVISORY GROUP

Helen Vaughan, Chair  
Penny Barker  
Glynis Dent  
Kate Marsh  
Michelle Robins

### ADE PUBLISHING TEAM

Vy Le, Communications and Policy Officer  
Helen Vaughan, Editor

### COURSE ACCREDITATION AND STANDARDS OF PRACTICE (CASP)

Karen Crawford, Vic, Chair  
Jan Alford, NSW  
Trisha Dunning, Vic  
Rhonda Griffiths, NSW  
Pauline Hill, SA  
Sara Jones, SA  
Jane Overland, NSW

### CASP COURSE COORDINATORS

Uni Coordinators

Rebeca Disler, NSW, University of Technology Sydney  
Fran Ditzel, Qld, Southern Cross University  
Ian Robert Harmer, WA, Curtin University  
Pauline Hill, SA, Flinders University  
Michelle McAlister, Vic, Mayfield Education  
Bodil Rasmussen, Vic, Deakin University

Uni CASP Course Advisory Reps

Wendy Bryant, NSW, University of Technology Sydney  
Louise Ginnivan, Vic, Mayfield Education  
Carolyn Judge, NSW, University of Technology Sydney  
Kylie Mahony, WA, Curtin University  
Michael Porter, SA, Flinders University  
Michelle Robins, Vic, Deakin University

### CLINICAL PRACTICE COMMITTEE

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Karen Crawford, Vic  
Trisha Dunning, Vic  
Rhonda Griffiths, NSW  
Pauline Hill, SA  
Sara Jone, SA  
Jane Overland, NSW

## **COMPLAINTS COMMITTEE**

Carol De Groot, WA, Chair  
Amanda Bartlett, NSW  
Barbara Campbell, non member  
Catherine Carty, NSW  
Jo Mazengarb, non member  
Neroli Price, SA  
Denise Smith, WA

## **CREDENTIALLING COMMITTEE**

Jan Alford, NSW, Chair  
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)**

Deepa Ariarajah, NT  
Carol De Groot, WA  
Martin Gordon, External rep  
Daniel McKinney-Smith, NO  
Andrea Radford, Tas  
Joanne Ramadge, NO  
Andrea Sanders, Qld

## **PROGRAM ORGANISING COMMITTEE (POC)**

Trish Roderick, Qld, Chair  
Catherine Anderson, Qld  
Kirstine Bell, NSW  
Brett Fenton, NSW  
Gladys Hitchen, NSW  
Nicole Kellow, Vic  
Maureen Kingston-Ray, NSW  
Katherine Grudzinskas, NSW (LOC)  
Rachel McKeown, NSW  
Elizabeth Obersteller, Vic  
Joanne Ramadge, NO  
Gail Westman, ACT  
Nataile Wischer, Vic (NADC)

## **SPONSORSHIP COMMITTEE**

Jane Payne, NSW, Chair  
George Barker, NSW  
Joanne Ramadge, NO

## **NATIONAL ASSOCIATION OF DIABETES CENTRES (NADC)**

Jane Payne, NSW  
Natalie Wischer, VIC

## **INSULIN INITIATION (on hold)**

Tracy Aylen, Vic

## **NUTRITIONAL POLICY WORKING GROUP**

Melissa Armstrong, NSW, Chair  
Gladys Hitchen, NSW  
Nicole Kellow, Vic  
Elizabeth Powell, Qld

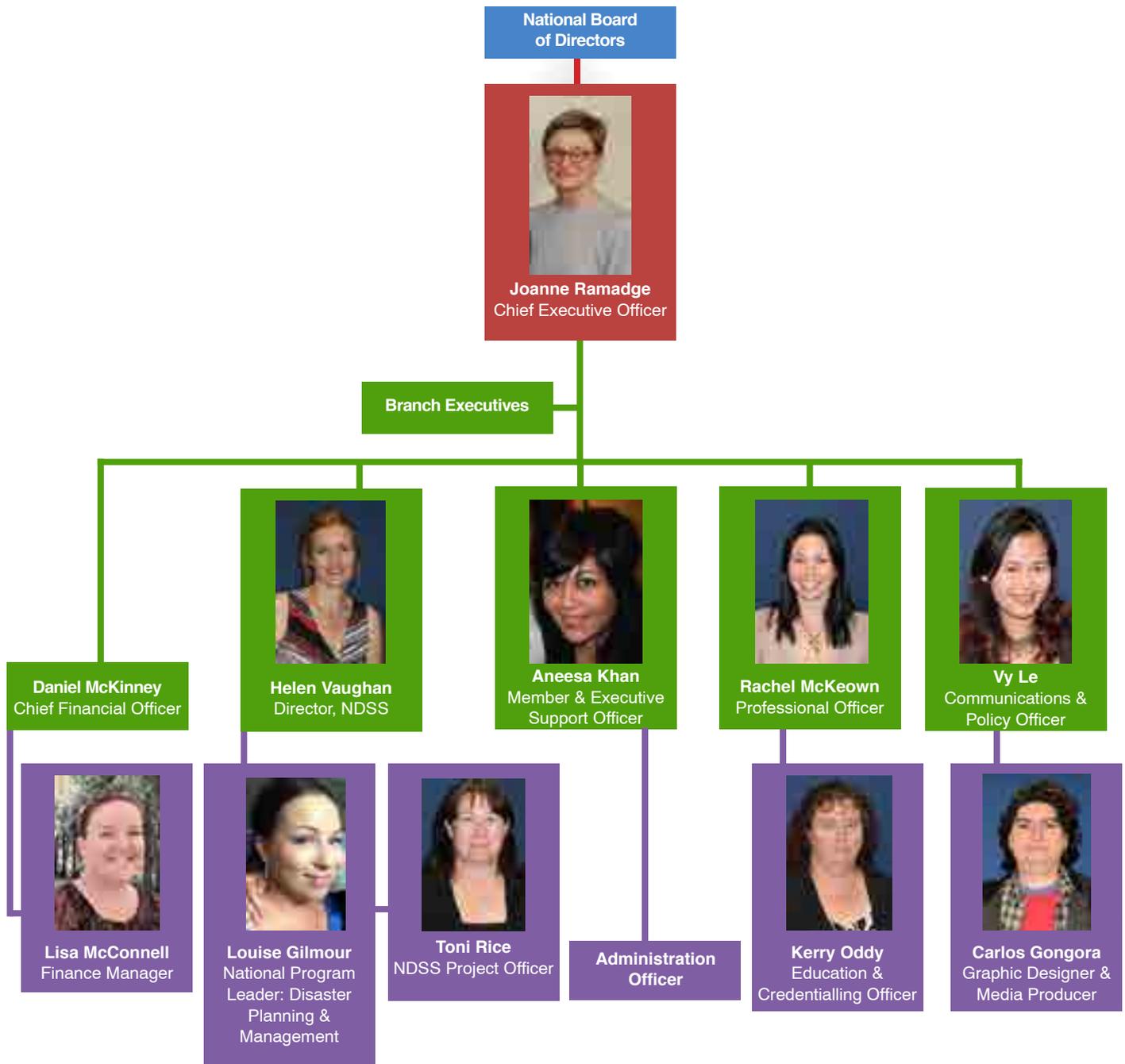
## **PRIVATE PRACTICE SPECIAL INTEREST GROUP**

Jayne Lehmann, WA, Chair

## **LIFE MEMBERS**

Jan Alford  
Ruth Colagiuri  
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

# ADEA Leaders



# Finance Directors Report

## Risk Management

ADEA's Finance, Audit and Risk Management Committee (FARM) comprises the ADEA Finance Director as Chair, an additional Board Director and ADEA's Chief Financial Officer and Accountant. FARM identifies and evaluates potential risks to the organisation and develops mitigation strategies for recommendation to the Board of Directors.

FARM meets monthly via teleconferencing to deal with various important issues such as financial performance, the annual independent audit process and potential risks relating to occupational health and safety, regulatory compliance, commercial contracts, internal accounting controls etc.

During the financial year FARM reviewed and recommended to the ADEA Board of Directors a new investment strategy developed by an independent financial advisor. ADEA remains highly solvent with the ability to pay all liabilities on time with approximately \$2.3 million in liquid term deposits and diversified managed investment funds.

## Financial Position

Overall ADEA's financial position is very strong with growth in total equity stabilising over the last couple of years at approximately \$2.5 million. Total equity, which represents the net worth of the organisation, is calculated as total assets of \$3,020,742 minus total liabilities of \$551,002. Refer to figure 1.

## Financial Performance

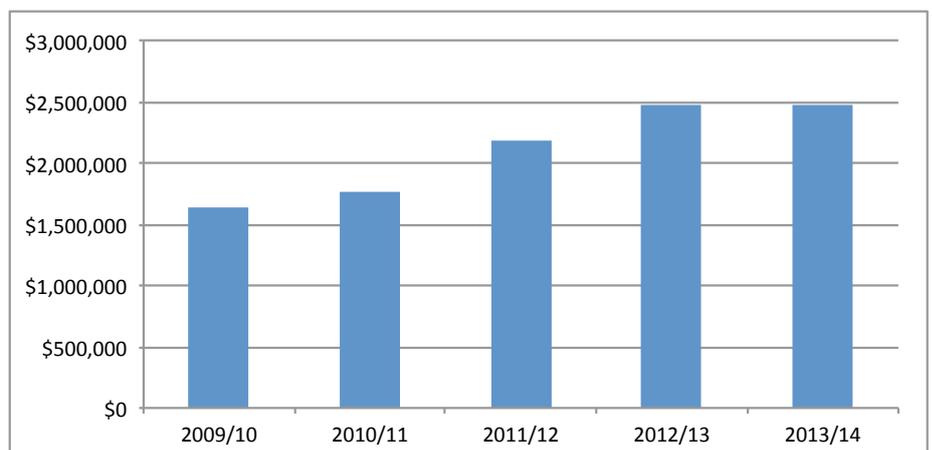
For the financial year ending 30 June 2014 ADEA recorded a minor trading loss of \$2,465. This was derived from total income of \$1,762,911 against total expenses of \$1,765,376. Refer to figure 2.

## Income

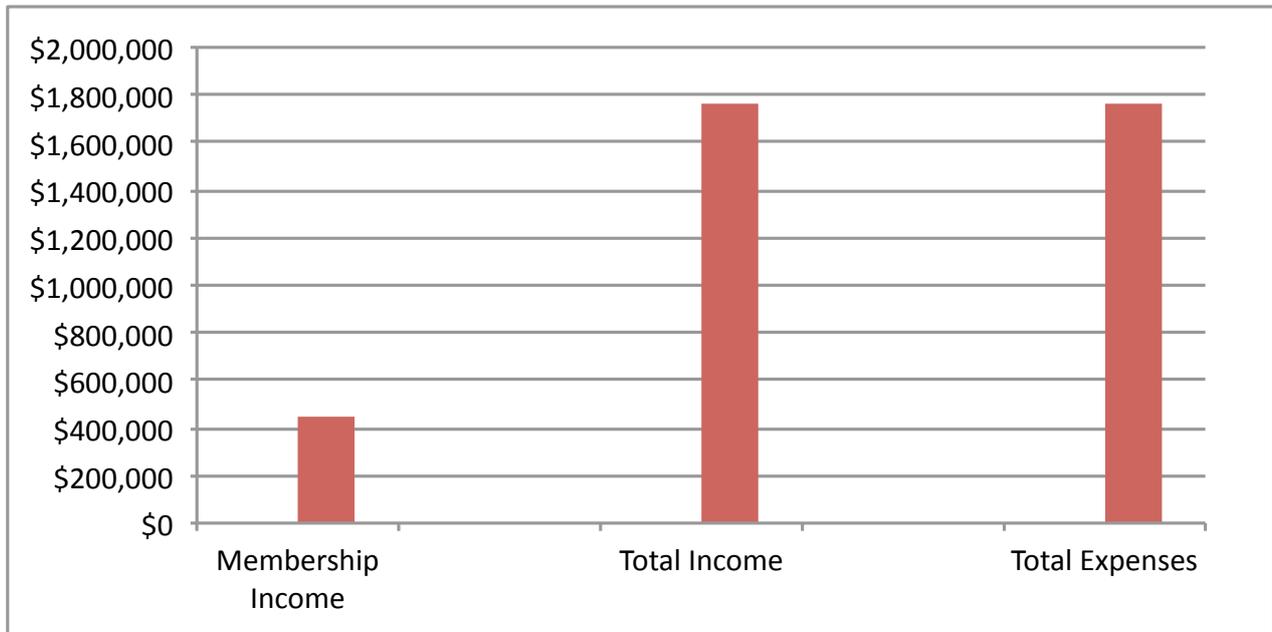
Figure 3 highlights that ADEA benefits from a diversified income stream to support strategic and operational activities.

Historically, membership income has remained relatively stable and currently represents approximately 26% of total income. During the financial year, the ADEA Board of Directors approved a 3.9% increase in annual membership fees to commence 1 July 2014. This fee increase is very important to help offset the effects of general price inflation on ADEA's continually rising operating costs and to partially contribute towards investing in new improved systems and processes. It should also be noted

**Figure 1: Total ADEA Equity - 2010 to 2014**



**Figure 2: Membership Income Compared to Total Income and Total Expenditure**



that ADEA's last membership fee increase was approximately two years ago and credentialling fees will not increase until the new online credentialling system is completed during February 2015.

The approximate \$137,000 increase in National Diabetes Services Scheme funding was primarily due to increased registrants and the up-scaling of the National Disaster Planning and Management Program.

Annual Scientific Meeting income experienced an approximate \$75,000 decrease primarily due to tougher general economic conditions and competition from the International Diabetes Federation Congress being held in Melbourne.

Member activities, such as branch conferences, continue to remain very important in raising additional income to help fund organisational overheads.

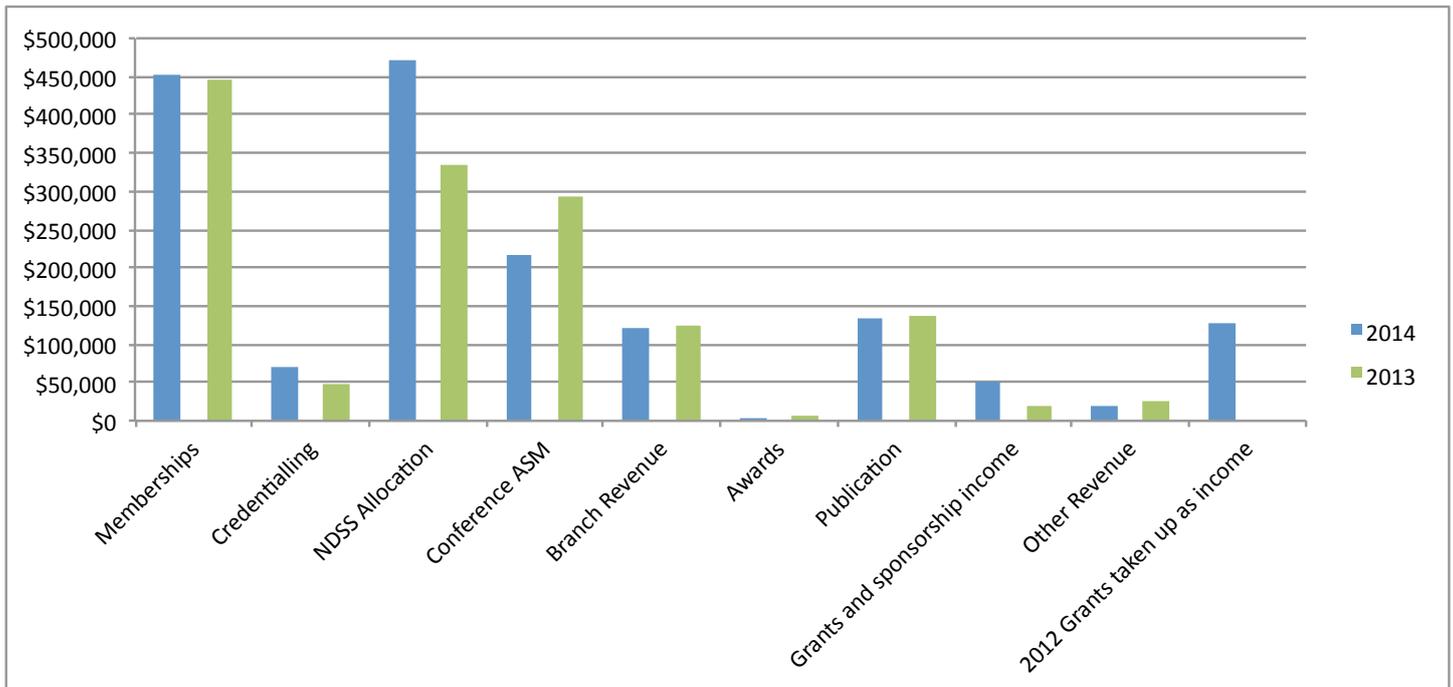
Publication income, primarily comprising advertising by pharmaceutical companies in the Australian Diabetes Educator publication, is another important source of income. This has experienced a slight reduction due to tougher economic conditions impacting on pharmaceutical company advertising budgets.

'2012 grants taken up as income' refers to funding that ADEA could not count as income until associated work had been completed.

### **Expenditure**

Over the last twelve months, the organisation has incurred one off expenses as the new CEO and CFO focused on streamlining operations. For example, approximately \$80,000 per annum has been saved across the whole organisation from renegotiating numerous commercial agreements while ongoing efficiencies were generated

**Figure 3: 2013-14 Income Compared to 2012-13 Income**



from investing in a new website, member database and secure online payment system. Investment in key research was also made to Deloitte Access Economics who developed a report titled *Benefits of Credentialed Diabetes Educators to people with diabetes and Australia*.

ADEA's major expense representing approximately 36% of total expenses is staff costs totaling \$630,128. This represents a \$260,842 increase compared to the previous financial year and is primarily due to the 2012-2013 year not having a CEO and professional officer for many months. It is also due to ADEA's accountant position remaining part time for the majority of 2012-2013.

During the financial year ADEA Product expenses, primarily comprising the Australian Diabetes Educators publication and other promotional material, increased by \$37,804

to \$100,175. This reflects management's concerted effort to promote the benefits of Credentialed Diabetes Educators and the organisation to a variety of external stakeholders.

FARM encourages you to read ADEA's audited financial statements and accompanying notes included in the 2013-14 Annual Report. If you have any questions please contact ADEA Chief Financial Officer, Daniel McKinney, via 02 6287 4822 or [daniel.mckinney@adea.com.au](mailto:daniel.mckinney@adea.com.au)

Cheryl Steele  
ADEA Finance Director  
ADEA FARM Chairperson

# Membership

## Membership breakdown

In the 2013-14 financial year, ADEA experienced a membership reduction of 35 members. This was primarily due to the following:

1. On average, more senior ADEA members retired from the workforce compared to new younger members joining, possibly due to baby boomers reaching retirement.
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. Some members decided to downgrade their membership from Full to Associate to pay a lower fee while still retaining membership benefits.

As indicated in Figure 1, the majority (89%) of ADEA members are Full members with the remaining 11% selecting Associate membership.

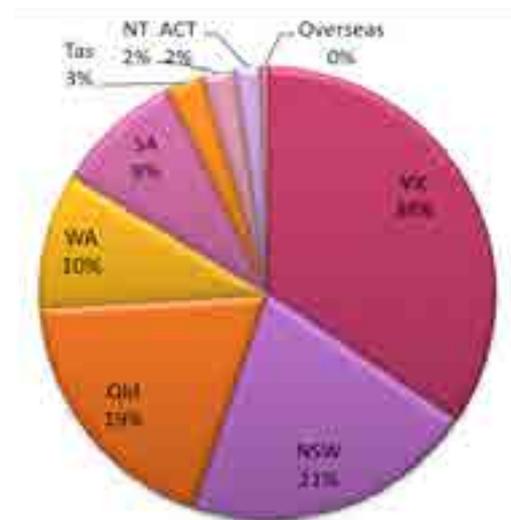
**Figure 1: Annual membership by financial year from 2010-11 to 2013-14**



Besides these trends, ADEA will promote its membership within industry and the community during the 2014-15 year. This will include promotional exercises focusing on students undertaking studies in the allied health sector and those undertaking the Graduate Certificate in Diabetes Education and Management.

## Membership - States and Territories/Overseas

**Figure 2 - ADEA membership by States and Territories/Overseas**



Currently 34% of ADEA members come from Victoria (figure 2). 21% and 19% of members live and work in New South Wales and Queensland respectively. Western Australia and South Australia, in this order, make up 10% and 9% of ADEA members. The remainder, 7%, are distributed in Tasmania (3%), the Northern Territory (2%), the Australian Capital Territory (2%) and 7 members are from overseas.

# Credentialed Diabetes Educators

The profile of the CDE continued to increase throughout 2013-2014 as we currently have 1049 CDEs (66% of ADEA members). This has increased from 1021 CDEs at this time last year.

The number of total credentialing applications approved by reviewers in the past 12 months remained stable throughout 2013-14 with a combined total of 358 credentialing applications (initial and re-credentialing) being approved. This shows that during the past 12 months we have had an increase in newly credentialled CDEs.

ADEA Communications and Policy Officer has undertaken numerous projects to increase the awareness of the CDE within the health arena as well as the community. These projects have included research into the profile of the CDE within GP clinics, resources for use by CDEs for promotion of services, YouTube clips of CDE profiles and stakeholder opinions of CDEs, and a documentary 'A life as a RN-CDE'.

Members of primary health disciplines eligible to apply for CDE status continue to be registered nurses, accredited practising dietitians, podiatrists, medical practitioners, accredited pharmacists and accredited exercise physiologists.

Within the next 12 months, we are looking forward to a review of the pharmacy application for eligibility of CDE status with a joint re-application from The Pharmacy Guild and the Pharmaceutical Society of Australia minus the requirement for MMR/HMR

accreditation. We hope that this application meets ADEA's criteria and look forward to the possibility of welcoming more pharmacists' applications for CDE status.

The Board has approved changes to the Credentialling Program following the Review of the Credentialling and Re-Credentialling Program undertaken in 2010 and the subsequent CPD Pilot Program in 2011-13. Implementation of changes is now underway with a small subcommittee of the Credentialling Committee working on an implementation plan, timeline and member communication strategy. The changes will see the credentialling online platform become available in 2015. Credentialling online will become the future as we move further and further towards a paperless system. Changes to the Credentialling Program include:

- A move to one annual payment date for CDEs, with the alignment of membership renewal dates and CDE renewal dates, therefore credentialling renewal will become annual on the anniversary of ADEA membership dates.
- A revamped CPD portfolio template, providing application of learning goals, reflective practice and diabetes specific CPD activities depending on diabetes educators' role and scope of practice.
- A reduction in the requirement of practice hours in diabetes education for initial credentialling. Hours will not be able to be accrued until the commencement of an ADEA accredited diabetes education

# Credentialed Diabetes Educators

graduate certificate. Applicants will also have to have at least 2 years experience in their primary health discipline.

- A revamped Mentoring Program (see page 22).

*The Role and Scope of Practice of Credentialed Diabetes Educators in Australia* has been reviewed and it is envisaged the updated version will be available by 2015.

Moving in to 2015, we aim to have the credentialling online platform up and running smoothly. We hope that this makes for a much more professional, effective and efficient credentialling process so that we can then focus our time on future projects to increase the profile of the CDE with stakeholders and the community. The vision is to undertake an evaluation of the new credentialling process and to continue to improve where necessary.

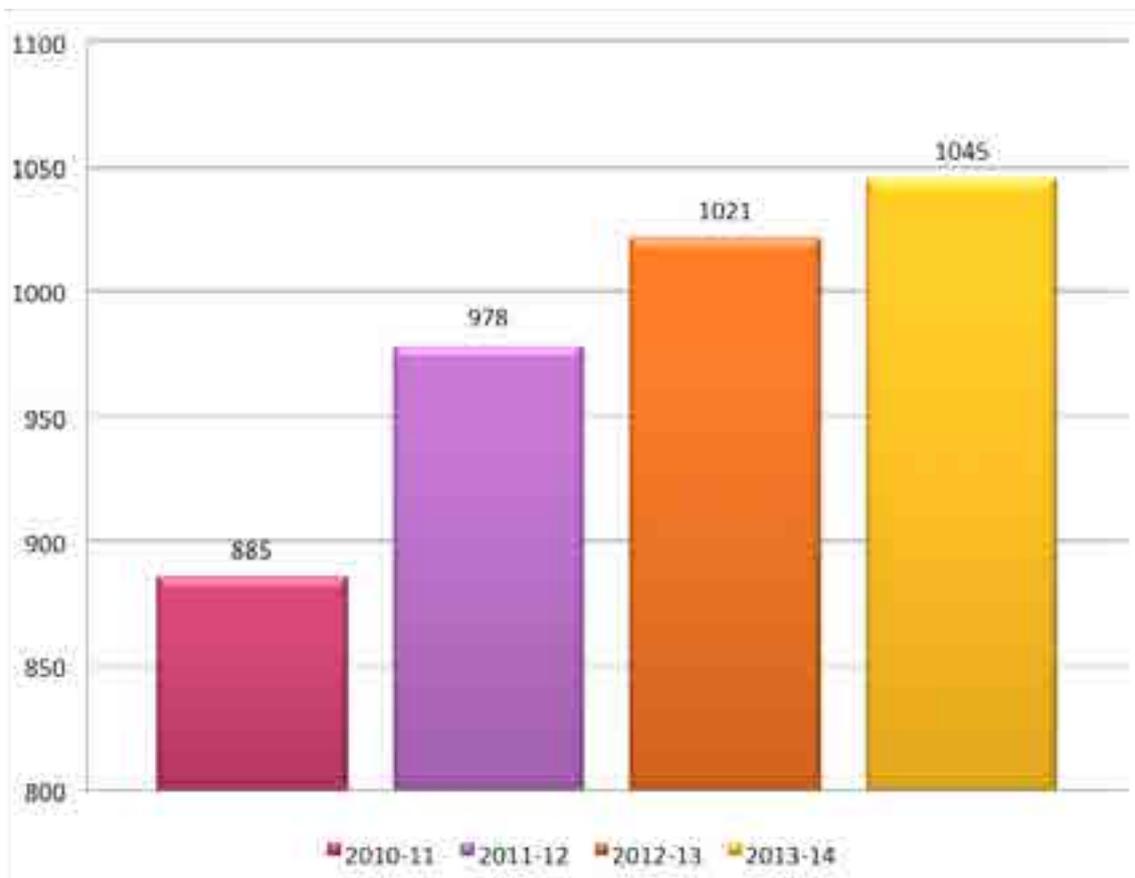
As of 30 June 2014, the number of ADEA members achieving recognition as CDEs increased to 1045. See figure 3.

## Useful Link:

- Value of a CDE: <http://www.adea.com.au/?p=5074>
- ADEA TV on YouTube: <https://www.youtube.com/channel/UCQ509tC10jSBQvxJoDRIugg>
- Changes to the Credentialling Program for 2015: <http://www.adea.com.au/?p=8320>

Rachel McKeown  
Professional Officer

**Figure 3: Number of CDEs by financial year from 2010-11 to 2013-14**



# 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.

# Sustaining Members

## 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. In 2013-14, Lilly Diabetes supported ADEA events (and conferences) in Qld, WA, SA and NT. Lilly Diabetes is an ADEA Silver Business Partner.

## 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 2013 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 2013 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



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.

In 2013, Roche Diabetes Care was proud to support the ADEA Roche Educators Day held the day before the ADS-ADEA Annual Scientific Meeting. The ADEA Roche Educators Day provided a positive learning environment to equip and empower diabetes educators with practical learning outcomes. The workshop topics covered were:

- Starting a research project: The basics
- Uncover the benefits of bolus calculators: Providing confidence and control for people on multiple daily injections
- Sick day management in Diabetes
- Transitioning teens with Type 1 Diabetes: The challenges and opportunities in collaborative care
- Managing meal time insulin for people with Type 2 Diabetes

- Starting insulin: When and how to, and when and how not to
- Diabetes and disability: A focus on success
- Identifying post meal hyperglycaemia: An important risk factor for cardiovascular disease

### Sanofi Diabetes



ADEA Board and management team would like to announce that Sanofi Diabetes has achieved the Platinum Business Partner award this year.

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.

During the 2013-14 financial year, Sanofi Diabetes supported the following ADEA activities:

- ADEA Qld Branch Conference
- ADEA WA Branch Conference
- ADEA NT Branch Conference
- ADEA SA Branch Event
- ADS-ADEA Annual Scientific Meeting
- Sanofi Diabetes Research Grant
- Printing of the 'Value of a Credentialed Diabetes Educator' flyer

For more information, please visit [www.sanofi.com.au](http://www.sanofi.com.au)

### **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.

This commitment is reflected in both their sustaining membership, and their business partnership with the ADEA. Under the Business Partnership Program, Novo Nordisk provides financial support for the Novo Nordisk-ADEA Diabetes Educators Graduate Scholarship Program. Scholarships are available to provide financial assistance to two members of the ADEA that have successfully completed an ADEA Accredited course during the current year. The aim of these scholarships is to increase the capacity of health service providers across Australia in the provision of high quality diabetes self-management education services.

ADEA also partnered with Novo Nordisk to undertake the Diabetes Referral Map project. This project was to design a referral framework within primary care and across primary and tertiary care that builds on identified existing best practice models that are transferable to other various practice and geographic environments.

# Strategic Partners

Over the last twelve months, ADEA has renewed and strengthened partnerships with many stakeholders and established new partnerships. These partnerships are important opportunities for ADEA and diabetes educators as the members of these partners work with diabetes educators to provide a multidisciplinary approach to education and management of diabetes. Opportunities have been realised this year in the form of collaborative and joint approaches that support members. A map of the ADEA network is demonstrated on page 34 and 35.

## Diabetes related organisations

### Diabetes Australia (DA)

ADEA has long been a member of Diabetes Australia (DA) and this year we worked closely with DA to design and implement a number of projects under the National Diabetes Services Scheme (NDSS). These are detailed elsewhere in this report. The CEO has attended four face-to-face NDSS CEO meetings this year and the ADEA project team has worked closely with other NDSS project teams in most jurisdictions. We have strengthened the working relationship with DA through sharing of information and support provided by DA to ADEA in the form of expert advice on a number of marketing and communication issues.

### Juvenile Diabetes Research Foundation (JDRF)

Both organisations assist one another on cross promotional activities from time to time, especially for the JDRF's Diabetes Educator of the Year awards and for the ADEA's A Journey to Healthy Eating Habits competition.

### Australian Diabetes Society (ADS)

ADS and ADEA have continued their collaborative activities through three face-to-face meetings, the Annual Scientific Meeting (ASM) and joint ownership of the National Association of Diabetes Centres (NADC). This joint ownership was reviewed by the Board at their meeting in May 2014 and the Board decided it was in ADEA's best business and financial interests to withdraw from this partnership, effective 1 July 2015.

In considering the current arrangement, the Board took account of the strategic direction of ADEA, its resources and ongoing business requirements and made the decision that the limited ADEA resources should be used in the further development of ADEA.

ADEA will remain professionally supportive, will continue to acknowledge the professional contribution of NADC, and will promote and advocate for NADC's services and programs.

## Health Associations

### Royal Australian College of General Practitioners (RACGP)

We have worked with RACGP in a number of ways with the aim of improving understanding of the roles of general practitioners (GPs), diabetes educators and CDEs in particular. ADEA members were invited to attend the state based workshops convened by RACGP and to engage with local GPs to alert them to their diabetes education service.

ADEA is working with the RACGP Editor to publish articles in their future publications. A strong relationship has developed between staff of both organisations.

### **Pharmaceutical Society of Australia (PSA)**

PSA and ADEA share an interest in the membership common to both organisations. In the interests of supporting those members, we have identified learning opportunities through the combined efforts of both organisations and PSA will contribute to the ADE publication early in 2015.

### **Australian College of Nursing (ACN)**

ACN have engaged in discussions to jointly offer learning opportunities for members of both organisations. To begin this endeavour, ADEA will be supporting ACN diabetes workshops utilising ADEA member expertise and ADEA endorsement. These workshops begin in August 2015.

### **Australian Primary Health Care Nurses Association (APNA)**

APNA has been represented on the reference groups for two ADEA projects, the 'Fitness to drive' online module and 'Improving information for primary health care nurse care and referral of patients with complex diabetes care need' online module. This has led to good communication between staff across each organisation and sharing of information. Both organisations agree there are important areas where we can work collaboratively in 2015.

### **Allied Health Professionals Association (AHPA)**

ADEA is a member of AHPA and the CEO has participated in regular meetings as often as possible. As part of AHPA initiatives, ADEA

signed the [Statement of Intent on Close the Gap Day on 24 March 2014](#) in partnership with Indigenous Allied Health Australia (IAHA) at Parliament House. The Statement committed organisations to building and strengthening the health workforce to meet the complex health care needs of Aboriginal and Torres Strait Islander peoples.

The National Alliance of Self Regulating Health Professions (NASRHP) is a group within AHPA whose members are not regulated by the Australian Health Practitioner Regulation Agency (AHPRA). ADEA has been an inaugural member of NASRHP and has contributed to the development of a standards document for self-regulating allied health professionals.



## Business Partners

The ADEA appreciates the support from the following business partners:

### Platinum ADEA Business Partner



### Gold ADEA Business Partners



### Silver ADEA Business Partners



### Bronze ADEA Business Partners



Australian Health Professional  
Regulator Agency (AHPRA)

Allied Health Professionals Australia (AHPA)

Australian College of Mental Health  
Therapists (ACMHT)

Australian College of Nursing (ACN)

Australian Podiatry Council (APC)

Australian Primary Health Care Nurses  
Association (AHPNA)

Dietitians Association of Australia (DAA)

Exercise & Sport Science Australia (ESSA)

Physiotherapy Society of Australia (PSA)

Australian Diabetes Society (ADS)

Australian Diabetes and Pregnancy  
Society (ADPGS)

Australian Paediatric Endocrine Group

Indigenous Allied Health Australia (IAHA)

Osteometry Australia

Physiotherapy Association of Allied  
Professions (PAAP)

Australian College of Exercise and Fitness Medicine

Australian Medical Association

Australian Institute for Evidence and Family  
Centred Care

Pharmacy Guild

Primary Health Care Networks (PHCN)  
Medicare Locals

National Aboriginal Community  
Controlled Health Organisations

Healthcare associations

Global Insurance

Weapon Cruise & Travel

Universities

Curtin University (WA)

Deakin University (VIC)

Flinders University (SA)

Murdoch Education Melbourne (VIC)

Southern Cross University (QLD)

University of Technology Sydney (NSW)

University of South Australia - International Centre for Allied Health Evidence

University of Sydney (NSW)

Canberra University (ACT)

Australian Catholic University (ACT)

Asia Centre for Behavioural Research in Diabetes

Research

Sax Institute

Zain Scriverian

ADP

Baker IDI

Boden Institute of Obesity, Nutrition,  
Exercise & Eating Disorders, The University  
of Sydney

Menzies Research Institute, Tasmania

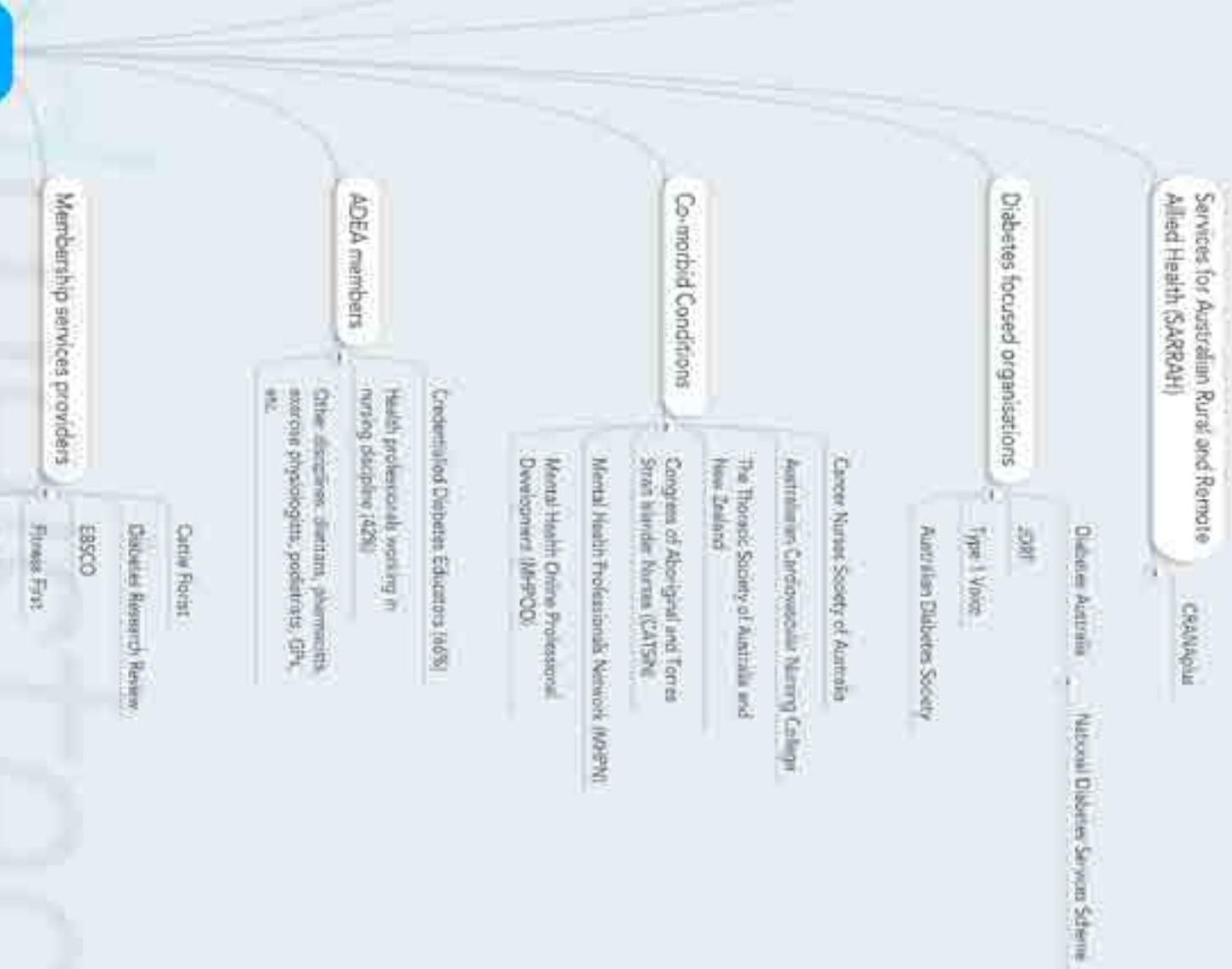
Scarlett Abbott Medical Research Foundation

Baker IDI

People with diabetes, carers and family  
members

Consumers Health Forum

Real Voice



# Branch Activities and Updates

## ADEA ACT Branch Report

### Branch Executive Team

Chair: Rosemary Young  
Finance Officer: Lynelle Boisseau  
Secretary: Elaine Slater

There have been changes to the Branch Executive, with Terri Berenguer retiring as Board representative in 2013. Gil Cremer retired from the Chair position in May 2014. Our new Chair is Rosemary Young and Board Representative Libby Bancroft. Wendy Mossman also retired as Finance Officer for the Branch in September 2013, with Lynelle Boisseau elected as Finance Officer in December 2013.

We welcome Rosemary, Libby and Lynelle to the Executive team and would like to thank Terri, Gil and Wendy for their support as members of the ACT Branch Executive.

### Key Activities in 2013-14

The ADEA ACT Branch held four meetings in 2013-14.

Members had the opportunity to attend a Medtronic pump workshop, ACADEMIA Educator Series – Module 1 on Saturday May 10th 2014. The workshop provided a refresher for some of our members and for others, an introduction to insulin pump therapy, data downloads and interpretation.

ACT Branch commenced a project related to hypoglycaemia, following on from our 2012 Branch Research workshop. A reference group was formed and the Branch awaits further updates on the project.

There were no applications for funding in the past year, but members attended a variety of Conferences and provided useful feedback for members at the Branch meetings.

A teleconference with Professional Officer, Rachel McKeown, provided valuable information on the Credentialling Program at our Branch Meeting in February 2014. Members were interested in the 'way forward' following the credentialling pilot project.

Rosemary Young  
ACT Branch Chair

## ADEA NT Branch Report

### Branch Executive Team

Chair: Michelle Walding  
Finance Officer: Deepa Ariarajah  
Secretary: Gregory Solomon

The Branch Executive positions are all due for nomination this year.

### Key activities in 2013-14

The ADEA NT Branch has kept to the theme of our biannual conference over the past 12 months. Our recent conference held at the Darwin Airport Resort on 9 and 10 May 2014 was 'Empowering Diabetes Self-Management: Addressing the Emotional Impact'. We attracted 27 delegates and many local and interstate speakers. The conference gave the NT colleagues a great opportunity to put a face to a name so that collaboration and decision making is easier for future directions.

Our main challenge as a branch was continuing professional development (CPD) due to high workloads, many demands at work and many members doing outreach work. We came to a decision that with many of us attending different seminars and conferences this year, that our CPD will be via learnings from those members that attended who will report back different points of interest and developments. The members thought this would be more useful and of more future value.

In the past 12 months, we have had 2 of our CDEs complete their nurse practitioner course and other members continuing to gain CDE status. Many of the last 12 months were dedicated to our organising committee planning our conference with a fantastic end result.

Other key achievements include:

- Ongoing Diabetes Self Management Course
- Team T1 training with the first course going ahead in July 2014
- NT Diabetes in Pregnancy project with Menzies School of Health Research, with some members attending a forum in Darwin
- Collaboration with Baker IDI in Alice Springs
- Many members being able to attend International Diabetes Federation conference in Melbourne

Michelle Walding  
NT Branch Chair

## ADEA Qld Branch Report

### Branch Executive Team

Chair: Gill Dicker

Finance Officer: Jane Tsai

Secretary: Jaana Pitkanen

### Key events in 2013-14

#### Branch Conference

The last 12 months have continued to be prosperous, steady and exciting for the ADEA Qld Branch. The 16th ADEA Qld Branch Conference was held on 30 and 31 May in Brisbane, at the Mercure Hotel and was well attended by over 120 delegates. The theme of this conference was '#DIABETES @ evolution'.



Overall this conference highlighted the increasing role that technology has in influencing the support of both clients with diabetes and how we as clinicians deliver and provide care. The diverse conference program showcased the unique and varying ways in which technology is utilised in everyday practice and the challenges of keeping up to date with new technology and information that is readily available to all. It also inspired all participants to develop their skills in this technological age as well as providing ways to avoid pitfalls that may also occur.

It was fantastic to have the ADEA CEO, Dr Joanne Ramadge, in attendance, who updated members of recent happenings within the ADEA National Office at our ADEA branch meeting. Many thanks go to Karen Shann as the Conference Organising Committee Chair and her team for an innovative and informative conference that was enjoyed by all who attended.

#### Branch meetings

The Executive Team has held four branch meetings in the past year. Alternative videoconferencing, and face to face meetings (combined with professional development education) have occurred which has resulted in an increase in attendance. Videoconferencing has provided an opportunity for members from afar to participate.

Networking opportunities have been an added attraction. At the Christmas education meeting, Dr C Michaelides, GP, delivered an entertaining, insightful and interesting presentation on providing diabetes care to the Greek population.

Non-ADEA initiated professional development opportunities have continued during the year, including the 'Partnership Weekend' in February which was sponsored by a pharmaceutical company and attracted over 120 attendees. Several breakfast and dinner seminars were also offered and sponsored by companies. These will continue in 2015.

#### Activities in 2014-15

Planning is underway for the 2015 Qld Branch Conference which will also be held in Brisbane. There will be no 2016 Qld Branch Conference, due to the National ADEA/ADS Scientific Meeting being scheduled for the Gold Coast.

Gill Dicker  
Qld Branch Chair

## ADEA Tas Branch Report

### Branch Executive Team

Chair: Sue Armstrong

Secretary: Maggie Lasdauskas

Finance Officer: Andrea Radford

### Key activities during 2013-14

During 2013-14, the ADEA Tas Branch has engaged in the following activities:

1. Become a Tier 1 member of Tasmania Medicare Local. We placed an article in their newsletter about what is involved with insulin initiation with a RN-CDE. The newsletter has links to the Practice Nurses and was to be discussed at the next Practice Nurse meeting.
2. Pharmacy Guild Flyers. We designed a flyer that discussed the role of the RN-CDE in insulin initiation.
3. State-wide Insulin Pump Working Group. This working group has a state wide focus on the initiation and ongoing support for people who are on insulin pumps. This allows a similar approach from the RN-CDE through the state. The group allows ongoing support, networking and mentoring for the RN-CDEs.
4. Research. Paediatric diabetes educators from the Royal Hobart Hospital (Liz Board and Karen Demangone) have received a grant to design an insulin pump decision tool. This tool is for parents and carers to consider the potential situations of how to manage e.g. when their children are at school, day trips or staying with friends and if their child is ready for an insulin pump.
5. Practice Nurse Insulin Initiation. This activity provides support and education to Practice Nurses by designing competencies from a working party of RN-CDEs who have gained the Education Certificate IV.
6. Ongoing discussions with Diabetes Tasmania Camps. We received a report from the last camp with positive outcomes.
7. We have had many speakers at our events during 2013-14 including:
  - Dr Joanne Ramadge – CEO ADEA – March 2013
  - Diabetes in Older People – June 2013
  - Bydureon presentation by Michelle Robbins – December 2013
  - Members of Parliament from the major parties to discuss the future of the health area in Tasmania as State election is due – February 2014.

### Activities in 2014-15

We look forward to another successful year with the following activities:

- Continue with the state-wide Insulin Pump Working Group, Practice Nurse Insulin Initiation and involvement with the Tasmania Medicare Local or equivalent
- Future meetings to focus members of the ADEA Tasmania Branch. Members of Parliament have already been heard before the Tasmania election in 2014
- Meetings with Diabetes Tasmania for their current and future projects for Tasmania especially for people with type 2 diabetes
- Tasmania Medicare Local meeting at one of the branch meetings to discuss the future of Medicare Locals and what this means for RN-CDEs within their practices and future positions
- Presentation on ADEA Credentialling in July 2014
- Possible 1 day workshop in December, to be refined
- ADEA Tas Branch Conference in 2015

Sue Armstrong  
Tas Branch Chair

## ADEA Vic Branch Report

### Branch Executive Team

Chair: Coralie Cross  
Secretaries: Ann Bush; Susie McConville  
Finance Officer: Gillian Krenzin

### Activities in 2013-14

#### Registered Network Groups

- Wimmera Mallee Networking Group
- Western Victoria Diabetes Professional Group
- Mornington Peninsula Diabetes Nurse Educators Network
- Gippsland Network Group
- Northern Metropolitan Melbourne Diabetes Educators Network
- Western Journal Group

#### Branch Executive Meetings

All meetings held at Western Hospital, Footscray

- 11 July 2013
- 8 October 2013
- 23 January 2014
- 29 April 2014

#### Branch Meetings

Branch meetings were planned to be held across the wider metropolitan area in order to facilitate access to the majority of members so they could attend at least one branch meeting per year.

#### August 2013

Attended by 53 members. The Guest Speaker was Tia Mark, Transplant Co-ordinator at Monash Health.

#### November 2013

Attended by 67 members. The Guest Speaker was Dr Jennifer Johns, Interventional Cardiologist, at Austin Health on "Managing insulin requirements post cardiac surgery".

#### February 2014

Attended by 56 members. The Guest Speaker was Professor Christine Rodda, Young Adult Transition Clinic – WGH on 'Establishing a Young Adult Clinic'.

#### May 2014

Attended by 64 members. The Guest Speaker was Nicole Duggan, RN, CDE at Barwon Health on 'The McKellar Guidelines for Managing Older People with Diabetes in Residential and Other Care Settings'.

### Event in 2014-15

There was no Branch Conference this year due to the Annual Scientific Meeting being held in Melbourne. The 2015 Conference Program Organising Committee is under formation at this time.

Coralie Cross  
Vic Branch Chair

## ADEA WA Branch Report

### Branch Executive Team

Chair: Sarah Black – nominated and elected by the ADEA WA Branch members in August 2013 from the previous Chair, Deirdre Marangou

Finance Officer: Pica Ellis

Secretary: Kendra Nunweek-Hanlon – nominated and elected by the ADEA WA Branch members in August 2013 from the previous Secretary, Elise Ritchie

### Branch Events in 2013-14

#### Branch Conference

Our WA Branch Conference was held on 4 April 2014 at The Esplanade Hotel, Fremantle. The CEO, Dr Joanne Ramadge, kindly attended the conference, which enabled her introduction to WA members, attendance at WA Branch sub-committee meetings for the GDM Reference Group, the Private Practice Special Interest Group prior to the conference and open discussion on the progress and future plans of the ADEA at a national level. Her personal approach and effort was greatly appreciated by all and it was a pleasure having Joanne as part of our WA family.

The Conference program included the following keynote speakers and topics:

- Dr Joey Kaye: Diabetes research in Western Australia: A DRF perspective.
- Dr Gerry Fegan: Diabetes and renal disease.
- Dr Ee Mun Lim: Unravelling the biochemistry in diabetes mellitus.
- Marina Mickleson CDE: Pre-conception care and changes in diagnostic and treatment parameters.
- Megan Evans APD: Summary of research: Effects of dietary fat and protein on post-prandial glycaemia.

The program also included peer abstracts and two concurrent workshops to optimise content and learning opportunities for the 115 delegates that attended. As advised in the last annual report, a survey of Branch members resulted in the decision that Branch Conferences would now be held every two years. Subsequently, the next conference will be held in 2016 and at a regional location. The next organising committee will be required to reconvene early 2015 for planning.

#### Branch Meetings

##### August 2013

Attended by 48 members, including some via videoconference. The Guest Speaker was Kathryn Swain presenting on the Bentley Health Service GDM Audit.

##### November 2013

Attended by 33 members, including some via videoconference. The Guest Speaker was Sally Vindedzis presenting on her study on Dietary Practices in Treatment of Hypoglycaemia.

##### February 2014

Attended by 43 members, including some via videoconference and our new ADEA Professional Officer, Rachel McKeown. Rachel updated the members on current initiatives and future plans relative to her role and the subsequent benefits to all members. The planned guest speaker was unable to attend and this segment of time was then opened to the members who had attended the World Diabetes Congress Meeting held in Melbourne December 2013, to highlight their take-home messages from the event.

# Branch Activities and Updates

## April 2014

Held during the WA Branch Conference and attended by 81 members. ADEA CEO, Dr Joanne Ramadge, attended the meeting. The independent sub-committees and working groups introduced themselves and their relative operations to Joanne. King Edward Memorial Hospital Gestational Diabetes Service CNS Dianne Bond presented on their specific diabetes service, their team and its demands for service. This is a new initiative by the WA Branch Executive to highlight the services and efforts of our various diabetes education teams in WA, both regionally and in the metropolitan area. This initiative was motivated by the need to raise awareness for all members of their diabetes educator peers and their efforts as well as the various services that are available and how they operate.

## **Branch Sub-Committees and 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 relative members. The voluntary efforts of these members continue to support the professional development, learning, information sharing and networking for all WA ADEA members. All activities of these groups are reported to the Branch Executive and members at each Branch Meeting via direct address or written report.

The sub-committees and groups are highlighted below:

- Professional Development Committee
- Credentialling Committee
- 2014 Branch Conference Organising Committee

- WA Diabetes & Endocrine Network
- WA Private Practice Special Interest Group
- Curtin University Course Advisory Committee
- GDM Reference Group
- ADEA Clinical Practice Committee
- Diabetes WA

## **Activities in 2014-15**

A proposed initiative that will be pursued in 2014-15 is the development of a Membership and Mentoring Working Party. The proposed aims of this working party will include:

- Promoting the values and benefits of ADEA professional membership
- Establishing links between health care agencies and academic facilities to promote the values and benefits of ADEA membership affiliation
- Developing a WA member Introduction/Welcome Pack for new members, which will include ADEA overview and Welcome Letter from the Branch Chair
- Assisting new members to establish links with current members and promote networking
- Being responsible for the introduction of new members at Branch Meetings
- Advocacy and support for new members

The documentation to identify and outline the new working party is currently in development for submission to the Board and CEO for their discussion and consideration. This is expected to be completed in time for the 26 June Board meeting.

Unfortunately, due to unforeseen circumstances I have resigned as Chair effective from August 2014. The Finance Officer position will also be available from this date following the resignation of Pica Ellis from her 4-year term in this role.

Kendra Nunweek-Hanlon will remain in the position of Secretary. I would like to extend my heartfelt thanks and appreciation to Pica and Kendra for their wonderful support over the last year. I would also like to express my admiration for the efforts and involvement of our new Board Director, Nicole Frayne, who replaced the long-serving and outgoing Board Director Carol de Groot. Her professionalism and proactivity is highly regarded and she is a real asset in her representation of WA within the ADEA Board. I would like to take this opportunity to also thank and congratulate Carol for all her previous efforts and commitment to this role.

Thank you to the ADEA National Office staff for all their efforts and communication during the problematic time that transitions of integral office bearers brings. This is compounded by the changes that have occurred at a national level over the last year as well. It is with great pride that I can say our WA members are professionally supportive and communicate extremely well. This comes from being unique to other states in that our members are spread over a vast area. I would like to extend a big thank you to all our members for the encouragement and support they have provided during my short term. I also have great confidence that the incoming Chair and Finance Officer will be as passionate and driven as those that have gone before them in promoting and developing our WA Branch and its membership along with our strong relationship with ADEA nationally.

Sarah Black  
WA Branch Chair

## **ADEA NSW Branch Report**

### **Branch Executive Team**

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

### **Key activities in 2013-14**

Over the past 12 months, a new executive team has been appointed to continue the hard work and passion of the outgoing team. Having no prior experience in these roles, the branch executive are very thankful for the support provided by National Office. Aneesa Khan, Branch & Members Liaison/Executive Support Officer, and Vy Le, Communications & Policy Officer, have been a great support as we learn about our roles and undertake the organisation of Branch Meetings and the biannual Conference. Dr Joanne Ramage, CEO, has provided an opportunity for the state branch chairs to network through regular teleconferences and I have found these meetings very useful. Another recent change for the branch was the resignation of Jane Payne as NSW Branch Representative to the ADEA National Board. Jane provided excellent representative for our branch and held the position for many years. The position has been advertised.

One of our first assignments as the executive was to represent ADEA at a meeting attended by industry leaders, government officials, politicians and hospital management. The Australian Healthcare Summit is an annual meeting focusing on the key issues in funding, development, management and productive use of Australian healthcare resources. Current challenges for the Australian healthcare system were a central theme of the meeting with innovative practices aimed at addressing these challenges showcased over the two days.

Our main focus since being appointed to the executive has been providing a forum for members to share experiences, discuss problem areas and update knowledge and skills. Three branch meetings have been hosted by diabetes centres including the John Hunter Children's Hospital (Newcastle), the Royal Prince Alfred Hospital (Camperdown) and the Gosford Hospital (Gosford). Each of these meetings has included presentations by guest speakers, with the meeting at the Royal Prince Alfred Hospital hosting an international speaker. Rosie Walker, a Diabetes Specialist Nurse and Director of Successful Diabetes, an organisation that provides skills training in diabetes for health care professionals in the United Kingdom, provided a practical workshop 'Up Close and Personal'. The workshop gave participants a chance to reflect on and learn some effective approaches to diabetes education.

### **Activities in 2014-15**

Planning is well underway for the biannual Branch Conference 'The Head to Toe of Diabetes', scheduled for May 2015. The conference organising committee includes Michelle Kriss, Megan Patterson, Michelle Neylan, Alison Wright and myself. The program aims to address mental health and diabetes, dietary considerations and renal disease with a focus on diagnostic criteria and podiatry. There will also be a practical session to conclude the event. The conference will be held in Newcastle at the Crown Plaza located on the harbor foreshore. We look forward to reporting on the conference in the 2014-15 Annual Report.

Helen Phelan  
NSW Branch Chair

# Awards, Grants and Scholarships

ADEA is committed to developing and maintaining a skilled diabetes education workforce with experience and expertise that is relevant to the current health care environment. The Association advocates for diabetes education and care that is empowering, effective and adapted to the individual's needs and life circumstances.

Therefore, ADEA acknowledges and rewards the pursuit of excellence in diabetes education and care through our Awards and Scholarship Program. Some of the awards, grants and scholarships are provided in collaboration with, and with the assistance of, our business partners and sustaining members.

All applicants to awards and scholarships must hold a current financial membership of ADEA.

ADEA would like to acknowledge the recipients of awards, grants and scholarship in 2013.

### Award recipients

- ADEA Honorary Life Membership: Michelle Robins (Vic)
- ADEA Branch Certificate of Recognition: Maxine Schlaeppli (WA)

### Abstract award recipients

- ADEA – BD Diabetes Care – Best Poster Presenter at the ADS-ADEA 2013 ASM: Reeta Singh (Vic)
- ADEA – BD Diabetes Care – Best Oral Presenter at the ADS-ADEA 2013 ASM: Rebecca Munt (SA)
- ADEA – CareSens Best New Poster Presenter at the ADS-ADEA 2013 ASM: Brett Fenton (NSW)
- ADEA – CareSens Best New Oral Presenter at the ADS-ADEA 2013 ASM: Libby Bancroft (ACT)

### Travel grant

- ADEA – CareSens Rural/Remote Scholarship: Cynthia Porter (WA)

### Research grant

- ADEA – Sanofi Research Grant: Natalie Wischer (RN, BN, RM, CDE, Grad Dip Mgmt, Grad Cert Diab Ed) (Vic), mentored by Associate Professor Marg McGill

Research Title: Online and interactive health communication for diabetes self-management of rural Australians

# NDSS — National Development Program Disaster Planning And Management

Australia is exposed to a broad range of natural disasters such as storms, cyclones, floods and bushfires. On average, Australia experiences at least four major natural disasters per year, with some of the worst natural disasters having occurred in the past couple of years. Evidence from climate change research suggests that natural disasters are likely to increase in incidence and severity in the coming years.

Living and working in an area affected by a disaster is difficult for all involved and often disrupts community services, including health service delivery. For those living with diabetes and other chronic conditions, there can be serious impacts on the ability to manage appropriate self-care. People with chronic diseases, specifically diabetes, are at increased risk of morbidity and mortality due to a range of complications during and after a disaster.

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 three year project is funded 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, and during the 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.

The Disaster Planning and Management Program will develop information for people registered with the NDSS as well as primary and allied healthcare professionals regarding diabetes self-management planning prior to a disaster, and information and resources to assist should a disaster occur.

The past year has been focused on research and preliminary stakeholder consultation which will inform the development of resources under the program. An outcome of the preliminary work will be the identification of the needs of people with diabetes before, during and after a natural disaster.

The Expert Reference Group and the NDSS Agents Working Group were also established, and have been instrumental with their advice during this phase.

Some key program documents were developed in this first year and include the: Program Framework; Consultation Framework; Project Synopsis's; and Evaluation Framework. These documents will direct the program over the coming two years. As well, preliminary marketing materials were developed to showcase the program at the ADS-ADEA Annual Scientific Meeting in August 2013 as well as the International Diabetes Federation's Conference in December 2013. Consultation activity this year has been focused on fore-warned events such as storms, floods and cyclones, with meetings and focus groups being held in Queensland.

Over the next year, there will be a particular focus on two projects: 'Self-management planning to assist people with diabetes during and after a natural disaster' and 'The needs of people with chronic conditions in natural disasters – A guide for local and state governments, emergency management services and the not-for-profit sector'. This will see the development of a number of hard and soft copy resources for people with diabetes, their carers as well as for emergency services personnel and the not-for-profit sector involved in emergency management and response.

Louise Gilmour  
National Program Leader:  
Disaster Planning & Management

# NDSS — Medical Education and Scientific Advisory Council

The establishment of the Medical, Education and Scientific Advisory Council (MESAC) was 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 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 (formerly Tom Connelly) representing the Australian Diabetes Society.

MESAC membership consists of 3 Endocrinologists, 3 Credentialed Diabetes Educators and 1 Consumer representative who volunteer their time and expertise to review products, programs and services funded under the NDSS.

In 2013-14, MESAC conducted 20 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 online or paper based education modules for health workers and
- reviewing health professional organisation position statements.

Helen Vaughan  
MESAC Officer (ADEA)

# NDSS Projects

A number of NDSS funded projects have been implemented in 2013-15.

## Updating of the current ADEA Position Statements and development of new Position Statements

### Updated position statements

In this project, the current ADEA position statements were updated including:

- HbA1c reporting
- Use of Blood Glucose Monitors, and
- Minimal standard for use of capillary blood glucose sampling devices in a health care setting.

These were updated by George Barker (HbA1c reporting position statement) and the ADEA Clinical Practice Committee. ADEA members were invited to provide comments on the revised documents, influencing the final documents.

The ADEA **Client Centred Care Position Statement** was revised by a consultant with initial input from the Australian Institute for Patient and Family Centred Care. ADEA members were invited to provide comments on the revised documents.

### New position statements

Two new position statements were developed, put out to member consultation and underwent review by MESAC.

The first new position statement on **Health Literacy** was developed by a consultant. ADEA members were invited to provide comments on the revised documents. This position statement will provide a basis for all future position statements and projects developed by ADEA.

The second new position statement, developed with input from a consultant, commenced as an **Exposure Draft: Extending the Scope of Practice of Australian Credentialed Diabetes Educators** to include Insulin Prescribing. ADEA members were invited to provide comments on the exposure draft.

## Support for Health Professionals in the assessment of a person with diabetes and their fitness to drive

The Support for Health Professionals in the assessment of a person with diabetes and their fitness to drive project has been developed as an online module. The online module will be hosted on the ADEA Learning Management System.

The aim of the module was to develop a resource to provide health professionals with the most up to date and relevant knowledge of the assessment of fitness to drive for diabetes patients and effectively address what is practical in terms of the patient fitness to drive review process. This work will build upon the NDSS booklet *'Diabetes and Driving'* and the 2013 Austroads publication *'Assessing Fitness to Drive'*.

A Reference Group was established to provide content knowledge, guidance and advice to the project.

The following topics are covered in the online module:

- How diabetes may affect a person with diabetes and their ability to drive
- Understanding *Assessing Fitness to Drive for commercial and private drivers; Medical Standards for Licensing and Clinical Management Guidelines* and the requirements of state/territory licensing authorities
- Obligations for health professionals and a person with diabetes in relation to a person's fitness to drive
- Resources available for both health professionals and people with diabetes to support driving with diabetes
- Opportunities during routine care to discuss driving and diabetes and the importance of documenting these discussions

The module will include case histories to enrich the learning experience.

The online module was reviewed by MESAC.

### **Primary Health Care Nurses care and referral of patients with complex diabetes care needs**

This online learning module hosted on the ADEA Learning Management System explores the role of Primary Health Care Nurses and members of the diabetes care team in the care of a person with complex diabetes care needs.

Primary Health Care Nurses must be prepared to meet the challenges of providing evidence-based care to people with diabetes, depending on the complexity of their condition. It is therefore important that each practice nurse be aware of their personal scope of practice, and how this may be expanded safely and professionally as well as having a strong knowledge of other members of the diabetes care team and their roles in order to meet the needs of people with complex diabetes care needs.

A Reference Group was established to provide content knowledge, guidance and advice to the project.

The following topics are covered in the online module:

- Scope of practice
- The role of the Primary Health Care Nurse in providing person centred care
- The diabetes care team
- Financing
- Exploring referral pathways
- NDSS and Registrant Support Services
- Becoming a Credentialed Diabetes Educator

The module will include case histories, reflective thinking and writing exercises to enrich the learning experience.

The online module was reviewed by MESAC.

### **Continuous Subcutaneous Insulin Infusion and Continuous Glucose Monitoring education**

Online modules have been developed through the project on the topics of Continuous Subcutaneous Insulin Infusion (CSII) and Continuous Glucose Monitoring (CGM). The aim of the modules is to provide diabetes educators with up-to-date, independent knowledge that supports best practice care in the management of CSII and CGM.

The online modules will be hosted on the ADEA Learning Management System.

Development of the modules has been guided by a working party consisting of Endocrinologists, diabetes nurse practitioners, Credentialed Diabetes Educators and a Dietitian.

The online modules were reviewed by MESAC.

Toni Rice  
NDSS Project Officer

# Other ADEA Projects

## A journey to healthy eating habits

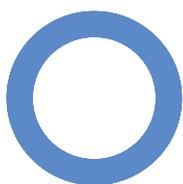
'[A journey to healthy eating habits](#)' was an online campaign run on World Diabetes Day last year. The campaign highlighted healthy eating as one way to prevent diabetes and its health complications. The competition aimed to inspire our members and the public to come up with innovative ways to raise awareness and generate delicious and user-friendly resources to share in the community.

There were two categories of entry:

- Innovative teaching: share experience of healthy eating habits and demonstrate innovative ways of educating people about healthy eating habits
- Best recipe: share healthy recipes along with some delicious photos

Selected entries were uploaded on the ADEA Facebook page for public voting. More than 300 votes were registered and two overall winners were announced: Jayne Lehmann (SA) and Eliza Tassone (Vic). Other two highly commended winners were Glenda Bishop (Vic) and Sandy Chan (Qld). All winning entries are available on the ADEA website at

<http://www.adea.com.au/?p=4527>.



world diabetes day

14 November

## eHealth

eHealth or the Personally Controlled Electronic Health Record (PCEHR) refers to the electronic management of health information to deliver safe, more efficient, better quality healthcare. Just as other technologies have revolutionised the way we manage our lives, eHealth has the potential to change how we manage and deliver health care.

As part of the National eHealth Initiative, Medicare Locals and the Australian Medical Local Alliance (AMLAI) played a fundamental role in the introduction and rollout of eHealth, as well as building awareness and understanding amongst consumers and healthcare professionals.

In a joint project with AMLA, ADEA coordinated an eHealth readiness assessment survey of a number of independent CDE's, practice owners and managers chosen at random. The purpose of this was to gain an understanding of ADEA member's awareness level and readiness for eHealth as well as to examine opportunities to support members to adopt electronic methods of communication and information sharing between health professionals.

The survey produced some interesting results, with a response rate of 23%.

- The majority of respondents identified the structure of their practice as multiple allied health professionals working together (39 %) or the practice co-located with a GP (22%) Just under half of respondents (46%) have all patient records computerised, and a majority of those (96%) are using computers to view and enter client notes during consultations

- 87% use computer software for clinical purposes – almost half (58%) use GP eHealth conformant products
- There appears to be strong support for assisting consumers to register for their own eHealth record with 69% of respondents indicating they intend to encourage all or specific patients to participate in the PCEHR

It was announced during the budget that the Australian Medicare Local Alliance would be disbanded by the end of June 2014 and Medicare Locals would be replaced by Primary Health Networks on 1 July 2015.

With these significant changes to AMLA, the structure of Medicare Locals, eHealth and the role that allied healthcare professionals will play is still unclear. As such ADEA will not participate in further collaborations until the future of the eHealth agenda is clearer.

### Value of a CDE

ADEA conducted a research project '[Value of a Credentialed Diabetes Educator](#)' to develop key messages that highlight the role of CDEs in their interactions with health professionals, especially General Practitioners (GPs) and Primary Health Care Nurses (PHCNs) who are working with people with pre-diabetes and diabetes. GPs, PHCNs and people with diabetes were engaged in the data collection process.

Results suggest CDEs make a positive difference to the health and lifestyle of people with diabetes because of their education and experience. Their main value is in their ability to empower individuals to undertake self-management; by using a client-centred approach to tailor their support and education to each individual.

The research was presented as posters at the Excellence in Diabetes conference (Doha, Qatar) earlier this year. The poster will also be available at the following conferences:

- The Primary Health Care Research Conference (Canberra), themed 'Integrating Knowledge Exchange to Improve Primary Health Care Outcomes', in July 2014
- The ADS-ADEA Annual Scientific Meeting (Melbourne) in August 2014
- The Australian College of Nursing's National Nursing Forum (Adelaide) in November 2014

Findings of this research project have been used to produce the following materials to promote CDEs:

- Who is a Credentialed Diabetes Educator? – poster
- Who is a Credentialed Diabetes Educator? – personalised poster
- Value of a Credentialed Diabetes Educator – information sheet
- Who is a Credentialed Diabetes Educator? – flyer

### Workshops with RACGP

ADEA has been in partnership with The Royal Australian College of General Practitioners to hold a series of free events to refresh GPs' knowledge of type 2 diabetes.

ADEA members were invited to participate in these workshops around Australia. This was a great opportunity for CDEs to talk with GPs about the diabetes education services available for people with diabetes.

These workshops are free and run until the end of August. More information is available on the RACGP website at

<http://www.racgp.org.au/Type2DiabetesALM>.

### **A Life as a RN-CDE – a documentary**

ADEA has received an Educational Grant from Janssen to produce an 8 minute documentary titled 'A Life as a RN-CDE' to profile a Credentialed Diabetes Educator, their daily activities, their relationship with other healthcare professionals and their interaction with people with diabetes.

Christine Avery, a RN-CDE working in private practice in Frankston (Vic), was invited to be featured in this documentary. Christine has done great work in the Frankston community and has good relationships with healthcare professionals in the area. A GP, an Endocrinologist, a Dietitian, two patients and many of Christine's colleagues were involved in the project.

The documentary will be screened at the ADS-ADEA Annual Scientific Meeting and will be available on [ADEA TV on YouTube](#) in early September. The documentary will also be disseminated to relevant national associations to demonstrate how healthcare professionals can collaborate with each other and with people with diabetes to help them achieve the best health outcomes.

ADEA acknowledges Janssen's Educational Grant that supported development of the documentary

### **ADEA at conferences**

ADEA were also invited to speak to GPs and Primary Health Care Nurses at the General Practitioner Conference & Exhibition and Practice Nurse Clinical Education in Sydney in May.

Four sessions and speakers were:

- Cheryl Steele – RN-CDE: How a CDE Can Help You and Your Patients
- Elizabeth Obersteller – RN-CDE: Diabetes Primary Care Model of Excellence in a General Practice Setting
- Lorraine Pitman: Consumer Story
- Toni Rice: Complex Diabetes Care

ADEA acknowledge AstraZeneca's financial support to be able to invite speakers and participate in this event.

Vy Le  
Communications & Policy Officer

# Communication with Members

## Social Media

ADEA has recently completed 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.

The following social media channels are available for ADEA members:

- [ADEA TV on YouTube](#): a showcase of ADEA multimedia production that highlights key messages in an interactive way
- [ADEA Facebook](#): a collection of news and conversations about diabetes education, followed by more than 550 Facebook users
- [ADEA LinkedIn](#): a collection of news and conversations about diabetes education, followed by more than 100 LinkedIn professionals

## eNewsletter

ADEA used the eNewsletter to disseminate the weekly national update. Content included updates on grants and scholarship, professional development opportunities, latest research, job advertisements 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 eNewsletters is available on the ADEA website at <http://www.adea.com.au/?p=5070>.

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

## Wikispaces

ADEA continues to host wikispaces for those members who would like to contact each other on-line. The forum brings together ADEA members to communicate more frequently, sharing ideas, knowledge, expertise and providing support among members.

Wikispaces are available for members who are interested in similar topics or who may have questions that other members might be able to help with.

ADEA has created 2 Wikis for members to share ideas and have questions answered:

- [Private Practice Interest Group wikispaces](#)
- [ADEA wikispaces](#) for
  - » Endorsed Nurse Practitioners
  - » Dietitians
  - » Pharmacists
  - » Podiatrists
  - » Pharmacists
  - » Exercise Physiologists
  - » Medical Practitioners

So far, 40 ADEA members have joined the groups. Discussions have been on various topics, with the Private Practice Special Interest Group discussions making up the majority.

The [ADEA Channels Policy](#) was also written and made available to members via the ADEA website in 2014. The policy describes how best to utilise the wikispaces, along with all of the other social media forums available through ADEA. It serves as guidance to protect everyone's privacy while ensuring the best use of communication tools available to us in a world of advancing technology.

We hope that more members join the forums to share and communicate. As we all live and work far and wide, it is great to stay in touch while learning from and being inspired by others.

Rachel McKeown  
Professional Officer

Vy Le  
Communications & Policy Officer

# Education

The ADEA Education Program has undergone major review over the past 8 months. This has involved the revision and reconsideration of the accreditation and endorsement processes and how they should be classified and recognised as a part of the ADEA organisational process.

ADEA continues to accredit the Post Graduate Certificate in Diabetes Education and Management courses offered by tertiary institutions throughout Australia. Completing an ADEA accredited post graduate course remains an essential criterion for achieving recognition as an ADEA Credentialed Diabetes Educator (CDE). The ADEA Accreditation Program oversees the course curriculum offered to students and ensures it is consistent with evidence-based best practice diabetes education, reflects current and emerging practice trends and equips students with the skills and knowledge required in today's complex health care environment.

In 2014, ADEA welcomed Southern Cross University (Qld) to the list of universities offering the Post Graduate Certificate in Diabetes Education and Management. Students enrolled in this course will now be eligible for CDE status. The other 5 universities already offering accredited courses are currently preparing for process of reaccreditation. Their applications are due in the later part of the year for assessment by the Course Accreditation and Standards of Practice (CASP) Committee, with the aim of finalising by December 2014. Re-accreditation will provide accreditation for the following 5 years.

ADEA are also hoping to welcome James Cook University (North Qld) to the list of accredited courses in the near future as they are currently going through the initial accreditation phase.

The ADEA Endorsement of Education Programs for continuing professional development (CPD) points conducted by external training providers has had a review of its process and fee structure to ensure equality and transparency. The endorsement process is now maintained and processed fully in house. CPD events such as conferences, workshops, seminars, videos, case studies, webinars and podcasts can be considered for CPD points. The number of courses being added to the ADEA on-line Learning Management System for Credentialed Diabetes Educators to acquire CPD points is expanding and we hope that this continues in to 2015 and beyond.

The on-line Learning Management System (eLearning) is going through a major upgrade and all courses are set to be reviewed to ensure best practice guidelines and up to date policies and procedures in regards to diabetes management and care are provided. This is an ongoing process and involves numerous stakeholders. Reviews will continue in to 2015. The eLearning modules now have a more prominent place on the ADEA website to assist access. ADEA is also in the process of developing new eLearning modules and will continue to do so over the next 12 months, as guided by member feedback.

Rachel McKeown  
Professional Officer

Kerry Oddy  
Education and Credentialling Officer

# Mentoring

The ADEA Mentoring Program continues to be a major part of the credentialling process. To qualify for initial credentialling, a minimum of 6 months of a mentoring partnership must be completed with a CDE with more than 12 months experience.

ADEA currently has 138 active registered mentoring partnerships. 74 partnerships were successfully completed over the past 12 months. We are currently receiving an average of 10 new mentoring partnership registrations per month.

Over the next 6 months, the Mentoring Program will become available online to align with the online Credentialling Program. All forms and documents will be completed electronically for a more efficient process. The on-line system will also ensure all forms are completed before eligible applicants can pass the credentialling process.

With the review of the Credentialling Program, the Mentoring Program has also undergone some changes. Changes to the Mentoring Program were suggested to, and approved by, the ADEA Board by the Credentialling Committee to help promote the importance of the mentoring partnership and the quality of the mentors chosen by the mentees.

The Mentoring Program entails:

- A minimum 6 month mentoring partnership to be completed within the 12 months prior to applying for initial credentialling.
- Mentors must have been a CDE for at least 12 months.
- Mentors must complete a Mentor Registration Form for assessment and approval by the ADEA Education Officer.
- Mentoring online learning modules are available via the ADEA website to assist in planning for being involved in a mentoring partnership.
- A mentoring partnership contact log will be required to be completed online via the ADEA website.
- At the completion of the partnership, both Mentee and Mentor will submit evaluation forms online to complete the Mentoring Program.
- CPD points will be available to anyone that completes the online learning modules. Mentors will also be able to claim further CPD points for being a mentor.

The online mentoring modules will be demonstrated at the 2014 ADS-ADEA ASM, along with the new look mentoring forms and process.

The online mentoring modules will be a great asset to any member's CPD portfolio. Mentoring is encouraged for all ADEA members and long-standing CDEs as an important way to grow and develop both professionally and personally throughout one's career.

If members are looking for a Mentor, the [ADEA Mentor Register](#) has also been updated and continues to be available on the ADEA website. The register consists of suitable ADEA CDEs who have volunteered their contact details so that those having difficulty finding a Mentor can have access to someone that is willing to be a Mentor.

We hope that the ADEA Mentoring Program is beneficial for all members. It will be regularly evaluated and reviewed to ensure its applicability and ease of use over the next 12 months and beyond.

Rachel McKeown  
Professional Officer

Kerry Oddy  
Education and Credentialling Officer

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**ADEA Facebook:**

<https://www.facebook.com/ADEAAUS>

**ADEA Wikipedia:**

<https://de.wikipedia.org/wiki/ADEA>

**ADEA Private Practice Special Interest Group:**

[https://de.wikipedia.org/wiki/ADEA\\_SIG](https://de.wikipedia.org/wiki/ADEA_SIG)

**ADEA TV on YouTube:**

<https://www.youtube.com/channel/UC83v0b4jS6wz0k1Rng>



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