

# *Australian Diabetes Educators Association*

ANNUAL REPORT

2012–2013



AUSTRALIAN  
DIABETES  
EDUCATORS  
ASSOCIATION





The Australian Diabetes Educators Association is the leading organisation for health professionals providing diabetes education and care.

### ***Vision***

**EXCELLENCE IN DIABETES SUPPORT TO ALL AUSTRALIANS**

### ***Mission***

**TO LEAD AND ADVOCATE FOR BEST PRACTICE DIABETES EDUCATION AND CARE**

### ***Strategic Plan***

There are seven target areas in the Strategic Plan:

- 1** Supporting and promoting the ADEA membership;
- 2** Developing standards and best practice guidelines for diabetes education and care;
- 3** Providing professional development and education opportunities in diabetes education and care;
- 4** Promoting the importance of diabetes education research;
- 5** Advocating for equitable access to quality diabetes services;
- 6** Liaising and collaborating with relevant bodies; and
- 7** Ensuring good governance.

# Contents

- ADEA Vision **2**
- ADEA Mission **2**
- President’s report **4**
- CEO’s report **6**
- Business partners **7**
- Sustaining members **10**
- Membership **11**
- Branch activities **13**
  - Australian Capital Territory **13**
  - New South Wales **13**
  - Northern Territory **14**
  - Queensland **15**
  - South Australia **15**
  - Tasmania **15**
  - Victoria **16**
  - Western Australia **17**
- The *Australian Diabetes Educator* publication **18**
- Mentoring program **19**
- Medical Education and Scientific Advisory Council **21**
- ADEA Committees & Working Groups **22**
  - Clinical Practice Committee **22**
    - Deakin University Course Advisory Sub-Committee **22**
  - Complaint Committee **22**
  - Course Accreditation and Standards of Practice Committee **22**
  - Credentialling Committee **23**
    - Continuing professional development pilot study **23**
  - Program Organising Committee **24**
- ADEA Leaders **25**
  - Board **25**
  - Staff **26**
  - Branch executives **27**
  - Committees, working groups and special interest groups **27**
  - Life members **28**

## President's report

ADEA started with the enthusiasm and vision of a group of people seated around a kitchen table. They saw the need for more widely available diabetes education services, for appropriate standards of care and for support to those delivering the care. From that beginning ADEA has grown and developed over more than three decades, with input from thousands of different members across Australia. Since taking up the position of President in September last year, it has been a pleasure to meet with a number of members at Branch Conferences and other events; individual members who join the ADEA, those who volunteer their time and expertise and those who help through sustaining memberships and partnerships. ADEA is an organisation with a proud history of service to members and to the Australian community. The Board is committed to the expansion of member services and the ongoing development and growth of the organisation.

The past 10 months have provided many challenges for ADEA. One of the significant challenges was the resignation of the previous CEO at the beginning of December 2012. The appointment of a CEO with the skills, expertise and drive to lead our organisation is one of the most important decisions the Board makes. Following an extensive search and consideration of the requirements to meet the Strategic Plan objectives, Dr Joanne Ramadge was appointed and commenced in early April.

Many of you have had the opportunity to meet with Joanne as she has attended various events, welcoming her to the ADEA and sharing your knowledge and ideas. Joanne has established a strong working relationship with the ADEA Board and the staff in National Office, beginning with a comprehensive review of current operations and assessing the recommendations of the external business analysis undertaken early last year. Joanne's report of the first 4 months as CEO at ADEA will outline her work to date and the operations planned for the future.

Recruitment of most new staff to ADEA was delayed until the CEO was appointed, so that there would be an opportunity for the incoming person to build the office team. During the interim period the staff at National Office worked to maintain operations and member

support. External submissions and responses to membership queries were managed through a combination of Board Director input, surveys of membership and support from committees, working groups and expert clinicians. Key submissions over this period included those to the Australian Competition and Consumer Commission (ACCC) on private health insurers and to the Pharmaceutical Benefits Advisory Committee (PBAC) on their post-market reviews (diabetes products, insulin pumps and medicines for type 2 diabetes).

ADEA has continued representations on behalf of members to government, external agencies and stakeholders. A recent joint effort with diabetes stakeholders is the development and launch in June of a new National Diabetes Strategy and Implementation Plan to provide the incoming federal government with a 5 year diabetes framework. Key areas in this framework include: governance requirements to ensure monitoring of performance and accountability; and encouragement of government and non-government funding (federal, state and territory governments, private health insurers, workplace-based health funders). Some of the actions under the plan that are congruent with the ADEA strategic plan for 2012-17 are:

- national programs with targets and goals for primary care, hospitals and diabetes centres;
- development and implementation of national structured self-management education and support programs for type 1 and type 2 diabetes;
- enhancing the quality of care through optimised management of newly diagnosed diabetes;
- targeting world leading care for type 1 diabetes, type 2 diabetes and gestational diabetes; and
- funding of a national diabetes self-management program for all Aboriginal and Torres Strait Islander people with diabetes and access to credentialled diabetes educators as essential members of primary health care teams

This provides a significant opportunity for ADEA to lead and advocate for nationally recognised diabetes education programs and to enhance the position of ADEA standards for education.

Regulatory environments are shifting as well. ADEA is a registered charity and public company limited by guarantee (the commonest company type for charities and not-for-profit organisations). From 1 July 2013, the Australian Charities and Not-for-Profits Commission (ACNC) registers charitable organisations and this will change the ADEA's reporting requirements. After this financial year our audited reports will go to ACNC rather than ASIC and there are new governance standards to apply. The Board will be reviewing the ADEA governance structures in line with new requirements, including the Constitution and Bylaws.

Since a review of the Constitution and Bylaws is needed it is also an opportune time to begin asking members to think about the way ADEA is currently structured and how we might bring the organisation into more sustainable practices for the future. Last year's business analysis highlighted the high reliance on volunteerism as an unsustainable practice impacting the ADEA. For example, there have been issues over many years and in many branches in attracting people to undertake Branch Executive roles. This is due to many factors such as increasing workloads, perceptions about the roles, retirement of some active long term members and the different views on volunteering that exist in the changing Australian community. The lack of a local Branch Executive affects the services to membership and impacts ADEA operations. To address the governance review, including the Constitution, a broad consultation process will be developed but if you have any ideas or experiences to contribute before the consultation is underway, please email them to [president@adea.com.au](mailto:president@adea.com.au) or speak to one of the Board Directors.

Thank you to the Board of Directors, Joanne and the National Office team, and all of the volunteers at Branches, Working groups and Committees that contribute to making ADEA what it is. I'm looking forward to seeing many of you at the Annual Scientific Meeting in Sydney or perhaps later this year at the International Diabetes Federation in Melbourne.



**TRACY AYLEN**  
President

## CEO's report

I am pleased to introduce myself to all members as the new CEO for Australian Diabetes Educators Association, commencing in early April 2013. I bring experience that encompasses clinical practice, education, research and management.

I have a background in nursing, specifically in oncology and palliative care with experience in education, intensive care and midwifery. I gained a PhD from University of Western Sydney and have recently completed a post graduate course in management in the not-for-profit sector at Australian Catholic University and am a graduate of the Australian Institute of Company Directors.

Apart from clinical practice I have worked for Royal College of Nursing, Australia and as Editor of Collegian and then for the Australian Government in the Commonwealth Department of Health and Ageing and Cancer Australia before moving to the not-for-profit sector in 2010. These positions support almost two decades of experience in national policy, education and strategic program design and implementation across nursing, aged care, cancer control and sexual health.

Since commencing with ADEA, I have been very much internally focussed with recruiting new staff and developing systems to meet the needs of a developing organisation. The new team at ADEA includes Daniel McKinney-Smith, the Chief Finance Officer whose role encompasses the broader day to day operations of ADEA as well as the finances and finance systems. We have a new communications officer, Vy Le whose role includes policy and marketing and two new project officers, Louise Gilmour and Toni Rice, who are funded through the National Diabetes Services Scheme (NDSS) to undertake specific projects that you will hear more about as they are rolled out. Our Admin Support Officer, Candace Wilson, pre-dates my arrival at ADEA by six weeks and is enjoying her diverse role supporting Vicky Holland with the credentialling and mentoring processes.

We are building a very strong team at ADEA, with staff who bring significant experience in their respective fields. As a result ADEA will be able to harness this strength to support all members and to continue to implement the Strategic Plan.

We have also undertaken a rigorous recruitment process for a new Professional Officer and I hope to be able to announce the successful candidate in the near future. Unfortunately we have lost people who have made a contribution to ADEA including Michael Craig, Juliette Winterflood and Mark Falkland. We wish them well in their various activities of full time study and rural art management.

As part of our commitment to members, Aneesa Khan, whom many of you will know, will be taking on a membership and branch liaison role in the coming months. You will be kept informed about Aneesa's role and what this means for you.

Although I have been very much focussed on the internal activities of ADEA, I have also been engaged in meetings and discussions with a range of stakeholders in government, education, the private and not-for-profit sectors and am quickly coming to understand the many issues and acronyms that pervade the diabetes world.

The focus for the coming year will be on strengthening ADEA support for members, raising the profile of Credentialed Diabetes Educators (CDEs) and ADEA, diversifying our revenue base and developing a research agenda.

I hope you have had an opportunity to "like" us on Facebook and follow our LinkedIn profile and hopefully we will be using social media to keep you better informed. Please let us know what you think.

I would like to thank the Board, in particular Tracy Aylen, ADEA President, the staff and the many members I have had contact with for the generous support they have provided over the last few months.

I look forward to working with you over the next year to build on the current ADEA and to develop the ADEA of the future.

**Dr JOANNE RAMADGE PhD GAICD**  
CEO

## Business partners

### PLATINUM ADEA Business Partner

**SANOFI**

**SANOFI DIABETES** 

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.

SANOFI DIABETES is the sponsor of an annual ADEA – SANOFI DIABETES RESEARCH GRANT. The grant supports ADEA members to conduct clinical projects and research in the field of diabetes education.

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

### GOLD ADEA Business Partners

**MERCK SHARP & DOHME**

 **MERCK SHARP & DOHME**

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.
- ADS/ADEA Breakfast Symposia – hosted by MSD, the 2013 session includes 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)!

**BRISTOL-MYERS SQUIBB AND ASTRAZENECA COLLABORATION**

  
Bristol-Myers Squibb AstraZeneca

Bristol-Myers Squibb and AstraZeneca entered into a collaboration in January 2007 to enable the companies to research, develop and commercialise select investigational drugs for Type 2 diabetes. The Bristol-Myers Squibb/ AstraZeneca Diabetes collaboration is dedicated to global patient care, improving patient outcomes and creating a new vision for the treatment of Type 2 diabetes.

## GOLD ADEA Business Partners

### NOVO NORDISK



Novo Nordisk is a focused health care company and a world leader in diabetes care. Our strong commitment to changing diabetes is reflected in our focus on research and development, our partnerships with professional and consumer organisations and our commitment to communities in the developing world through the World Diabetes Foundation.

This commitment is reflected in both our sustaining membership, and our business partnership with the ADEA. Under the Business Partnership Program, Novo Nordisk is pleased to provide 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.

### ROCHE DIABETES CARE



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 bringing numbers to life for people with diabetes, and their healthcare providers.

In 2013, Roche Diabetes Care is proud to sponsor the ADEA Roche Educators Day held the day before the Annual Scientific Meeting.

The annual ADEA Roche Educators Day provides a positive learning environment to equip and empower diabetes educators with practical learning outcomes. The workshop topics to be covered at the August 2013 ASM are:

- 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

## SILVER ADEA Business Partners

### NOVARTIS



Novartis is caring and curing. We are committed to research and development and since 2007 Novartis has invested 20% of its net pharmaceutical sales globally in R&D - in Australia we invest around \$AUD 30 million annually. Our dedication to research drives innovation and we have one of the strongest pipelines in the industry. In Australia, the Novartis Group comprises of - Pharmaceuticals, Alcon, Sandoz, Consumer Health, Animal Health and Vaccines & Diagnostics. To find out more about who Novartis is, visit [www.novartis.com](http://www.novartis.com).

### ABBOTT



Abbott is a global healthcare company devoted to improving life through the development of products and technologies that span the breadth of healthcare. With a portfolio of leading, science-based offerings in diagnostics, medical devices, nutritionals and branded generic pharmaceuticals, Abbott serves people in more than 150 countries and employs approximately 70,000 people.

In Australia and New Zealand, Abbott employs approximately 500 people and has offices located in Sydney, Melbourne, Auckland and Christchurch.

Visit [www.abbottaustralasia.com.au](http://www.abbottaustralasia.com.au) or [www.abbott.com](http://www.abbott.com) to learn more.

### JOHNSON & JOHNSON



DIABETES INSTITUTE

The JOHNSON & JOHNSON DIABETES INSTITUTE is committed to providing advanced training in diabetes care for health professionals. The Johnson & Johnson Diabetes Institute vision is to transform diabetes care and seek to make this a reality by empowering healthcare professionals in countries worldwide to improve the quality of life for people with diabetes. To learn more about the Institute visit [jjdi.com.au](http://jjdi.com.au)

Your Johnson & Johnson Medical OneTouch(r) Representatives can provide you with more information on the Johnson & Johnson Diabetes Institute (JJDI) as well as inform you about any upcoming webinars which are developed specifically for Australia and Asia-Pacific time zones so that you can participate in real time.

### LILLY DIABETES



Personal solutions for everyday life.

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' every day lives. Through working with ADEA in 2012/2013, Lilly Diabetes has supported ADEA state conferences and events, in Victoria, Queensland, New South Wales, South Australian and the ACT. Lilly Diabetes was also a Gold Plus Sponsor of the 2012 Annual Scientific Meeting.

### MEDTRONIC



Medtronic

## *Sustaining members*

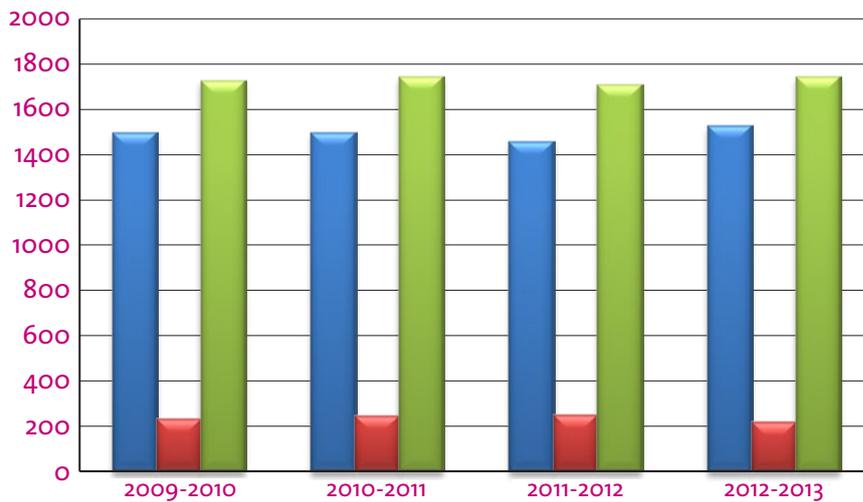
Our sustaining members make an important contribution to our ongoing growth. The financial support assists the ADEA in pursuing its goal of achieving optimal health and well being for all people affected by, and at risk of, diabetes, through education, advocacy, support and research.



# Membership

## MEMBERSHIP OVERALL

The ADEA has attracted new members and increased its membership base this year to 1747 in total. As indicated in Figure 1, the majority of ADEA members are full members with nearly 12.5% selecting to obtain associate membership.



Full Members	1496	1499	1461	1529
Associate Members	233	247	251	218
Total Members	1729	1746	1712	1747

Figure 1: Annual membership by financial year from 2009-10 to 2012-13

## MEMBERSHIP BY STATES AND TERRITORIES

Currently 35% of ADEA members come from Victoria (Figure 2). 21% and 18% 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 rest (7%) are distributed in Tasmania (3%), the Northern Territory (2%) and the Australian Capital Territory (2%).

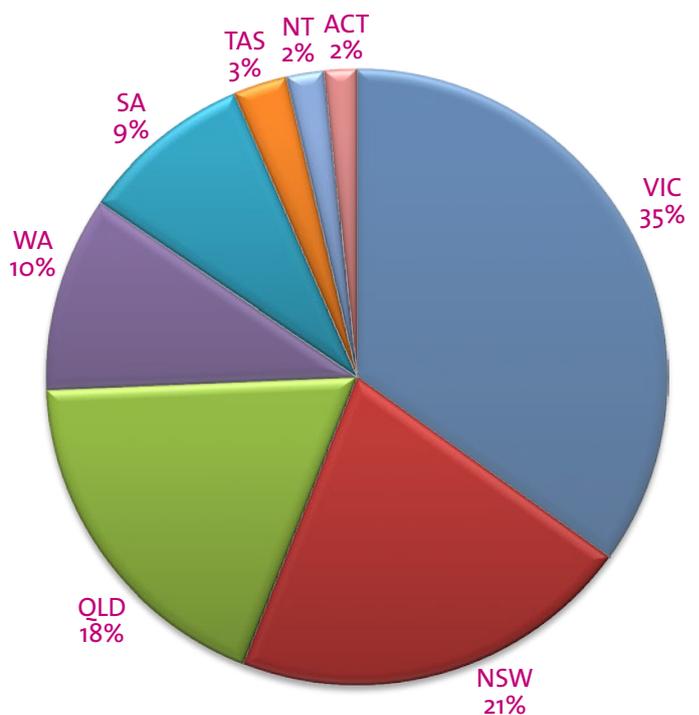


Figure 2: ADEA membership by State/Territory

**ADEA CREDENTIALLED DIABETES EDUCATORS**

As of 30 June 2013, the number of ADEA members achieving recognition as CDEs increased from 978 in 2012 to 1021. See figure 3.



Figure 3: Number of CDEs by financial year from 2009-10 to 2012-13

The majority of CDEs are living and working in Victoria (358) and New South Wales (211). See figure 4.

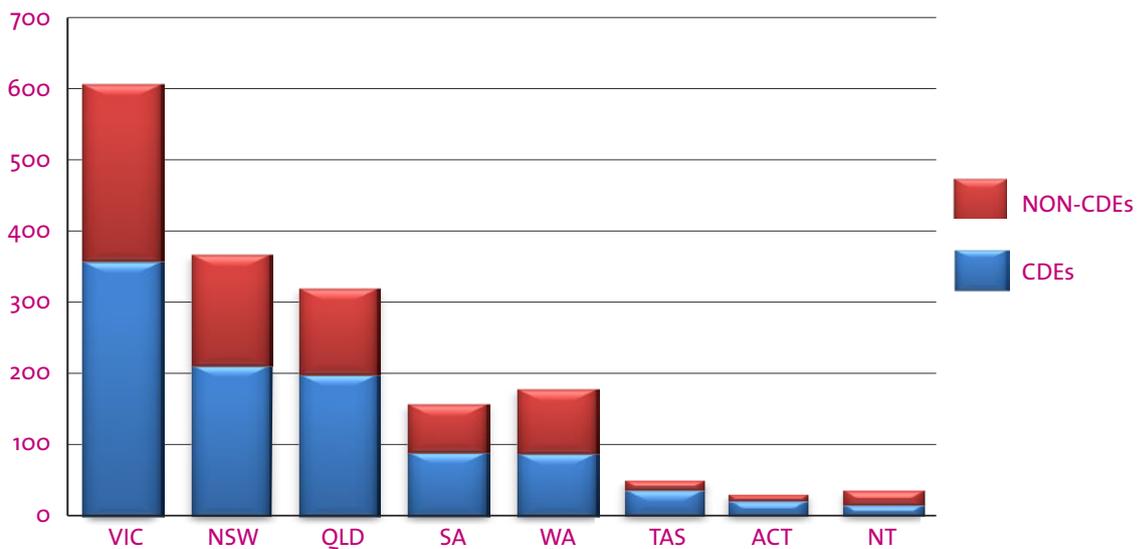


Figure 4: Number of CDEs and non-CDEs by State/Territory

## Branch activities and updates

### ADEA BRANCH IN THE AUSTRALIAN CAPITAL TERRITORY

The ADEA Branch in the ACT has 27 full and two associate members. 57% of full members have achieved Credentialed Diabetes Educator status.

Most of our members practice diabetes education in Canberra and the surrounding region of NSW. They work across a broad spectrum of health care settings, in a variety of roles and in a mixture of employment models from small business operators, private and public health facilities to the not-for-profit sector.

The ACT Branch meetings were held in September and December 2012 and in February and May 2013. All meetings were well attended by 16 to 20 members. Our Branch meetings continue to provide an excellent forum for sharing inter-professional experiences and trends in diabetes education practice as well as discussing issues affecting cross border diabetes service delivery.

The Branch conducted its second Annual Members' Workshop at Calvary Hospital in February 2013 with the participation of 24 members from the ACT and NSW Branches. The workshop focused on research and was facilitated by Dr Linda Beeney, a Specialist Diabetes Psychologist. The aim was to ensure the Branch's achievements were aligned to the ADEA Strategic Plan of strengthening its contribution to research. This was done by building research capacity and providing members with practical tips and guidance on how to conceptualise and conduct a research project. Following this workshop, a small working group has been established to explore the possibility of undertaking and/or progressing diabetes education research under the auspice of the ADEA ACT Branch.

For more information about ADEA ACT Branch, please contact the Secretary Elaine Slater at [elaine.slater@act.gov.au](mailto:elaine.slater@act.gov.au).

GIL CREMER, Chair

### ADEA BRANCH IN NEW SOUTH WALES

2012-13 has been another busy year for the NSW Branch with a successful 45 attendant Annual Conference held recently in Sydney. We were fortunate to have our President, Tracy Ayles, and the new CEO of ADEA, Dr Joanne Ramadge, attending both the dinner on Friday 3 and the meeting on Saturday 4 May. Tracy and Joanne addressed the delegates with an update from ADEA National Office and the plans for the upcoming year. Our invited speaker for the dinner on Friday was Dr Ivan Kuo, an Endocrinologist in Western Sydney, who entertained the members and sponsors with some case presentations revealing all may not be as it seems.

A full program on Saturday was smoothly run with the following sessions:

- Kristina Craner, the newly appointed ADEA Project Officer, updated the delegates on the Continuing Professional Development Pilot Study.
- Marlene Payk discussed a case study that incorporated hypoglycaemia, diabetic ketoacidosis and an Islet Cell Transplant.
- Guide Dogs NSW/ACT, represented by two speakers, highlighted their role in assisting the vision impaired and an eye screening service they provide in conjunction with the Centre for Eye Health.
- Anne Marks presented her role in supporting children and adolescents at school with diabetes and our Key Note Speaker, A/Prof Wah Cheung, discussed *Metformin for Diabetes in Pregnancy: What are the risks?*
- Georgia Frydman, an Exercise Physiologist, and Katie Allison, a Dietitian. Both are from the Australian Diabetes Council.
- Kirsty Boltong discussed the Culturally and linguistically diverse Hypo resources she helped develop at Prince of Wales Hospital. The resources include pictures of food to assist with hypo management and are available exclusively to ADEA members on the ADEA website.
- An interactive discussion on the ADEA NSW Branch and plans for the future.

The NSW Branch Executive extends their gratitude to all the members for their support and to this year's conference organising committee: Vania Khoury, Colleen Walsh, Sue Berlach and Brett Fenton. Also a very big thank you to all our sponsors who made this conference possible.

The NSW Branch Executive have resigned from their positions prior to the completion of the term in September 2014 and nominations are now open to fill these positions. Please contact us at [inquiries@adea.com.au](mailto:inquiries@adea.com.au) for further details.

### **ADEA BRANCH IN THE NORTHERN TERRITORY**

The Northern Territory Branch of the ADEA has been quite busy. From June 2012, we started with 26 full members and 3 associate members with 12 members being credentialled. By March 2013, we grew to 30 full members and 6 associate members with 16 members now being credentialled. The membership may seem small although we cover over 1.35million square kilometres.

There has not been a local branch conference over the past 12 months. The next biannual branch conference will be held in early 2014 with a planning session to commence at the next branch teleconference.

The NT Branch manages to hold 4 teleconferences a year, with over 50% attending each meeting. Continuing Professional Development (CPD) is presented by different members at each meeting, in the form of a case study or journal article.

We use these meetings as a forum to discuss problem areas. Occasionally there are similar issues in various locations and the discussion enables participants to share their solutions and experience. The meetings are very helpful for our members who all work in a remote part of Australia. They serve a unique group of clients with specific needs and different beliefs and cultures, at times without a fridge and a sparse food supply.

Our members have been hard at work over the last 12 months, with varied jobs at hospitals, private practice, Healthy Living NT, Baker IDI and within many communities. Education in all centres is conducted one on one, in groups and with family members; in urban and remote locations as well as in-servicing and upskilling staff members in all disciplines.

We also have one CDE who has been in private practice for 5 years and supports 5 GP surgeries. Most clients seen are diagnosed with type 2 diabetes. There is a great opportunity in Darwin for those educators wanting to get into private practice.

Exciting initiatives from members include:

- Managing type 1 diabetes for ADEA members. We will be planning for another event in Alice Springs if funding can be secured; and
- 3 day diabetes care in community course. The course, available both in central and top end, is coordinated in partnership with Healthy Living NT and Baker IDI.

At tertiary level, a Transition Clinic for young adults is coming together with Endocrinologists, Credentialled and Non-credentialled Diabetes Educators, adolescent CNC, dietician, psychology support and the commencement of a teen support group.

NT Branch will be working to address the following priorities for 2013-14:

- Increase in use and demand for Insulin Pumps and Continuous Glucose Monitoring;
- Diabetes Self-Management Education workshop for clients;
- Diabetes in Pregnancy Project, a research project in partnership with Menzies School of Health, Department of Health, Baker IDI and Healthy Living NT;
- Support and Development of Aboriginal Health Practitioners in Diabetes Programs at local level;
- Liaison with StrongWomen's coordinators to look into aspects of gestational diabetes care in communities and self-management support;
- Development of comprehensive diabetes education kit for remote areas;
- Establishment of women and young women groups in Jabiru and Gunbalanya with a primary focus on diet, exercise and healthy choices as well as promoting open discussion on diabetes, heart disease and other services for women; and
- Plan to establish a similar working group for male audiences.

More positions are being filled, but educators are finding they have to start from scratch, with one educator filling a position that was vacant for 2 years.

For more information about the NT Branch, please contact the Secretary Greg Solomon at [Gregory.Solomon@nt.gov.au](mailto:Gregory.Solomon@nt.gov.au).

MICHELLE WALDING, Chair

### **ADEA BRANCH IN QUEENSLAND**

The last 10 months have been prosperous, steady and exciting for the Queensland Branch. The 15th Queensland State Conference, theme *We Are One But We Are Many*, was held on 31 May and 1 June in Toowoomba, in the historical Empire Church Theatre and was well attended by over 100 delegates.

Overall this conference highlighted the pivotal work that is achieved by our colleagues in the rural and remote areas of Queensland. Conference keynote speaker, Professor Kerry Reid-Searl, who works for Central Queensland University, Rockhampton inspired and entertained everyone with her interactive presentation *Realism beyond belief – simulation with the person at the centre*. This presentation demonstrated an innovative teaching method utilised for both students and clients using a mixture of life like masks/puppets and role play.

The diverse conference program showcased many unique and varying challenges of being a clinician who provides diabetes education, management and supports to clients with diabetes in isolated geographic areas.

It was fantastic to have Kristina Craner, an ADEA representative, in attendance. She was able to update and field questions regarding her role as Credentialling Project Officer for members at the ADEA meeting. Many thanks go to Louise Moran as the conference organising committee chair and her team for an innovative and wonderful conference that was enjoyed by all who attended.

Planning is underway for the 2014 Queensland State Conference in Brisbane.

The Executive have held four branch meetings in the past year. Alternative video conferencing and face-to-face meetings (combined with professional development education) have occurred which has resulted in an increase in attendance. Video conferencing has provided an opportunity for members from remote areas to participate. Networking opportunities are an added attraction. An Endocrinologist, Dr S Seedat, delivered an update and interesting presentation on type 1 diabetes and insulin delivery choices at the Christmas dinner meeting.

Non-ADEA initiated professional development opportunities have continued, 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 funded by other sponsors.

For more information about ADEA Queensland Branch, please contact the Secretary Jaana Pitkanen at [Jaana\\_Pitkanen@health.qld.gov.au](mailto:Jaana_Pitkanen@health.qld.gov.au).

GILL DICKER, Chair

### **ADEA BRANCH IN SOUTH AUSTRALIA**

ADEA SA Branch currently has 125 full members and 36 associate members, with 89 Credentialed Diabetes Educators spread across the state.

All members of the Continuing Education Committee have worked tirelessly to organise high quality education programs for all four branch meetings. This year SA Branch will not host a weekend conference because both the ADS-ADEA Annual Scientific Meeting occurs in August and the International Diabetes Federation conference will be held in Australia in November 2013.

Lauren Botting has continued to provide credentialling and re-credentialling opportunities for eligible Diabetes Educators. Diana Sonnack has represented South Australia at the National level and reported back to the branch meetings.

For more information about ADEA Branch in South Australia, please contact the Secretary Pam Smith at [Pamela.Smith@health.sa.gov.au](mailto:Pamela.Smith@health.sa.gov.au).

RHONDA ROWE, Chair

### **ADEA BRANCH IN TASMANIA**

The membership of Tasmania Branch has had a moderately productive year with an increase in the number of projects. The Branch held two face-to-face meetings and two video conferences.

The Branch organised the following activities for our members:

#### ***DE/RN transition to Level 6 classification in the public health system***

The process has been slow, yet a successful completion will guarantee essential recognition of the vital role of the DNE in Tasmania.

**AHPRA recognition of Diabetes Education as a specialist nurse qualification**

The failure of AHPRA to recognise DNEs in the list of specialist nurses has been tabled as an issue. AHPRA, along with industrial bodies, and the Chief Nursing Officer in Tasmania has been approached to rectify this situation. ADEA CEO, Dr Joanne Ramadge, has agreed to further this cause.

**State-wide PUMP Working Party**

Representatives from all three regions of Tasmania are working toward a state-wide insulin pump policy and guidelines with the aim of a consistent message and program to follow as Tasmanians move around the State.

**ADEA membership**

Tasmania Branch is pleased to record a small, but consistent, rise in its membership. We also record a regular increase in members attaining credentialled status.

**Branch Study Day**

The Northern Team hosted a very informative and enjoyable study day with three excellent presenters. The theme was *Caring for older people with diabetes* and Dr Margaret Edelman spoke about sexuality in old age. Rene Du Plissis provided an informative presentation related to the new Australian Guide to Healthy Eating. The final speaker was Danielle Truscott, who spoke about pharmacology in older people. The evaluation of the day was extremely positive with all members expressing having learned a great deal about this very current subject.

**GDM screening**

Gestational Diabetes Guidelines and the amount of extra work to be generated were discussed in the context of how to manage the rise in numbers of women presenting with GDM.

**Camps**

The new system of camps devised by Val Nichols has now gone through a full cycle. Positive feedback from participants, parents and staff are collected and the new format is said to be safe, effective and very enjoyable. Particularly noted by staff were the decreased stress levels in staff of Junior Camp. This has been brought about largely by the introduction of 'BIG time', night rosters and appropriate staffing.

**Student placements and competency assessment**

This has been a vexatious subject due to each campus having its own policies and evaluation procedures. National Office has agreed to try to achieve concordance between the various tertiary bodies responsible for providing education for student diabetes educators.

**School education program**

Traci Lonergan RN – CDE, has been appointed to provide school education, via Diabetes Tasmania, *A Kid in Your Life Has Diabetes* program for secondary carers (including teachers and teacher's aids) of children with type 1 diabetes.

**Insulin administration in schools**

Tasmania Branch is continuing to negotiate the circumstances under which the Education Department will allow teachers, teacher's aids or first aid personnel to administer insulin to children in their care in Tasmanian schools.

For more information about ADEA Tasmania Branch, please contact the Secretary Maggie Lasdauskas at [mlasdaus@bigpond.com](mailto:mlasdaus@bigpond.com).

MAGGIE LASDAUSKAS, Acting Chair

**ADEA BRANCH IN VICTORIA**

The ADEA Branch in Victoria has 524 full and 87 associate members. Among those, 355 full members have achieved Credentialled Diabetes Educator status.

Apart from four branch executive meetings at Western Hospital (Footscray), four branch meetings were held across the wider metropolitan area in order to facilitate access for the majority of members to attend at least one branch meeting per year. Each meeting featured a keynote speaker from various health professions, including:

- Andre Priede, Dentist, DE *Oral Health and Diabetes* in September 2012;
- Professor Alicia Jenkins *Dead in Bed Syndrome* in December 2012;
- Julia Firth, Podiatry and Diabetic Foot Services – WGH *Diabetes and Foot Ulcers* in February 2013; and
- Cheryl Steele, CDE *Logistics of Pumping* in June 2013.

Two new agenda items below were accepted by majority vote for Victoria Branch meetings. Members are expected to volunteer in these activities and submitted ideas to Branch

Executive three weeks in advance for inclusion in the agenda.

- A ten-minute brief case presentation or discussion, and
- A five-minute sharing of information about events within their professional practice.

Five registered network groups were established throughout the year:

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

The State Conference was a successful event organised at Yarrowonga/Mulwala Golf Club on 31 May and 1 June and attended by 146 members.

For more information about ADEA Victoria Branch, please contact the Secretary Susan McConville and Ann Bush on [adeavic@adea.com.au](mailto:adeavic@adea.com.au).

CORALIE CROSS, Chair

### **ADEA BRANCH IN WESTERN AUSTRALIA**

The ADEA Branch in WA has a stable membership number at 179 with 86 Credentialed Diabetes Educators. It remains an ongoing goal that ADEA WA members in regional areas as well as Perth are provided with the opportunity to participate in professional development and are kept up to date with ADEA activities.

Communication via the ADEA weekly national updates together with the WA Branch updates are really useful for members around the state to be kept informed.

Branch meetings are offered to members 4 times a year in Perth at a tertiary centre, with videoconferencing facilities for rural members to participate. Time for networking opportunities and product updates are offered prior to the meeting starting. The professional development committee has secured some outstanding speakers to address members at the meetings. Many of them are our peers and colleagues working in Diabetes related fields:

- Jenny Duff, Catherine Fung and team, Diabetes WA, presented the *DESMOND Program* in August 2012;

- Dr Dorota Doherty, Women and Infants Research Foundation, presented *How to Interpret Statistics* in November 2012;
- Maxine Schlaepfi CDE, Rockingham General Hospital talked about *Continuous Glucose Monitoring Systems* in February 2013; and
- Casey Light, Renal Nurse Practitioner, Armadale Hospital discussed *Diabetic Nephropathy* in May 2013.

In mid 2012 at the recommendation of National Office, the WA Branch Executive re-surveyed members about their preference for the state conference frequency. Previously the conference had been held annually and took place at either a city or regional venue. There were 46 responses with 52% to hold a conference every 2 years and 67% for no State Conference in 2013. A State Conference Organising Committee has now been convened to plan for 2014.

WA Branch currently has 8 committees and working groups and we are grateful for members' time and effort:

- Professional Development Committee;
- Credentialed Committee;
- Curtin University Course Advisory Committee;
- NADC Steering Committee;
- State GDM Reference Group;
- 2014 State Conference Organising Committee;
- WA Diabetes & Endocrine Health Network; and
- WA Private Practice Special Interest Group.

The 2013 AGM will see some changes to the Executive as my Chair term officially finishes in August together with Carol de Groot, our Board Director. I am delighted to warmly welcome both Sarah Black, who has nominated for the Chair position, and our new Board Director to be announced at the AGM in August. I would like to thank my hard working colleagues on the WA Exec: Elise Ritchie, Branch Secretary, and Pica Ellis generously carrying out second term as Finance Officer as well as wishing Carol de Groot all the very best for the future. It has definitely been a great team effort! Many thanks also to all the WA members for the support and encouragement over the last 2 years.

For more information about ADEA WA Branch, please contact the Secretary Elise Ritchie at [Elise.Ritchie@health.wa.gov.au](mailto:Elise.Ritchie@health.wa.gov.au).

DEIRDRE MARANGOU, Chair

## The Australian Diabetes Educator

2012-13 marks 15 years in production of the *Australian Diabetes Educator* publication. The quarterly issue has evolved from an internal communication to a professional resource that attracts readers with an aim to increase knowledge and promote best practice in diabetes education and care and better management of people with diabetes.

With a new Editorial team, this year's four issues feature many original research papers that all undergo a peer review process. Published papers include:

- Chan M. *Nutrition, diabetes and chronic kidney disease*. August 2012;
- Rapley P, Kaye J, Babel G, Pugh J and Brown S. *Exploring blood glucose-related problem solving in at-risk emerging adults with type 1 diabetes*. November 2012;
- Dunning T, Savage S. *Information needs for young adults with type 2 diabetes: a literature review*. March 2013;
- Holters G, Payne J, Stephens M. *Hypoglycaemia in a hospital setting: a hyper-problem*. June 2013;
- Huang ZH, Hill P. *Hypoglycaemia in the elderly with diabetes in hospital: a literature review*. June 2013; and
- Lambert K. *Dietary management of diabetes in the elderly: one size does not fit all*. June 2013.

The publication also receives strong support from regular contributors who are experts in their areas of specialty:

- Prof Trisha Dunning's column on complementary therapies;
- Michelle Robbins's research insights; and
- Heather Hart's book review section.

Advertising continues to be a major source of income to support *ADE*'s production. Our advertising enables the publication to continue to grow and as time goes by, we are looking at diversifying our advertising to better serve both *ADE*'s readers and commercial supporters.

Moving towards 2013-14, *ADE* Editorial team will continue working with the Editorial Advisory Group (EAG) to draw upon the skills of our members and share their ideas, research and

inspiration. Our aim is to provide something for everyone and to showcase ways of working as diabetes educators into the future. Some of our priorities are:

- To formalise the peer review process to ensure a high quality standard of evidence based publication and research available. This will enable us to strengthen our research arm supported by a rigorous and scholarly resource for our members ; and
- To create new columns including the latest technology and devices for diabetes education and management as well as recipes to ease the stress of planning meals for people with diabetes, their families and carers.

The EAG makes an invaluable contribution to the development of the *ADE* and includes Michelle Robbins, Kate Marsh and Glenys Dent. George Barker retired from the EAG this year after many years of excellent service and we would like to thank him for his wonderful support and expertise.

If you would like to be a part of the *ADE* publication team or if you have new ideas and suggestions, please contact the Editor at [ade@adea.com.au](mailto:ade@adea.com.au).

THE *ADE* EDITORIAL TEAM

## Mentoring program

The ADEA Mentoring Program was introduced in 2008 to support members' delivery of best practice in diabetes education and care. The program is not only useful for entry level practitioners but also for experienced practitioners during career or role transition. Participation in a formal registered partnership with the ADEA Mentoring Program became a mandatory category for initial credentialling in March 2009.

The total number of members registered to be a mentor has increased over the past four years. As of 30 June 2013, there are 144 members available to be a mentor. See Figure 1.



Figure 1: Total number of members registered as mentors from 2009-10 to 2012-13

Most CDEs registered as available mentors are living in Victoria (50). This is followed by NSW and QLD respectively, where 30 and 27 CDEs have volunteered to act as mentors in these states. See Figure 2.



Figure 2: Mentorship registration by State/Territory

As of 30 June 2013, there are 412 ongoing mentoring partnerships, 95% of which are working towards achieving initial credentialling. See Figure 3. 21 mentoring partnerships have been withdrawn to date due to various reasons.

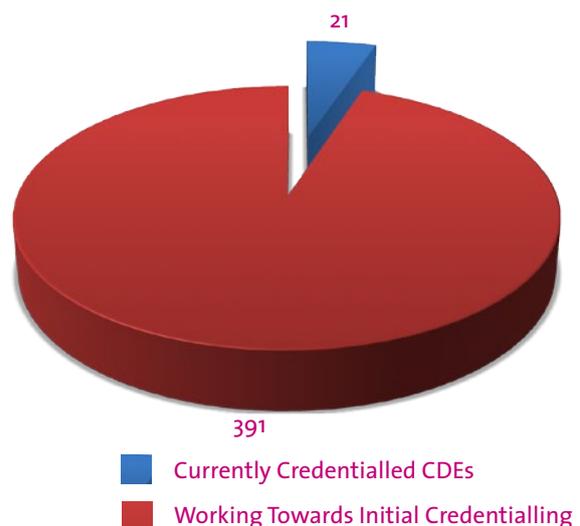


Figure 3: Nature of mentoring partnership

Victoria and Queensland contribute to the most mentoring partnerships at 33% and 25% respectively. NSW is not far behind in number of mentoring partnership (23%). See Figure 4.

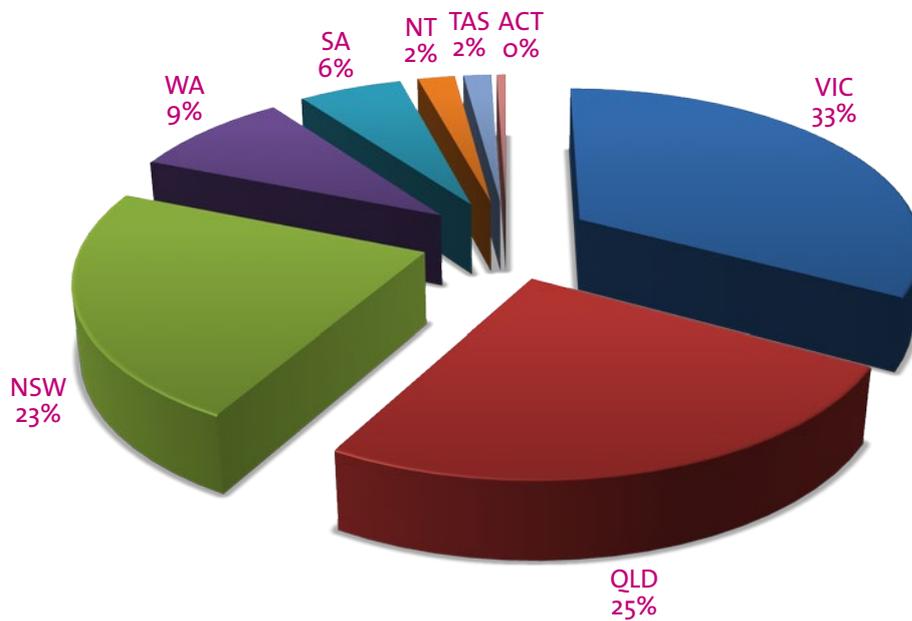


Figure 4: Ongoing mentoring partnerships by State/Territory

## Medical Education and Scientific Advisory Council

Establishment of the Medical Education and Scientific Advisory Council (MESAC) is an obligation under the 2011-16 National Diabetes Services Scheme (NDSS) Agreement (Schedule 5, cl 10.6). The aim of the Council is to provide the best possible medical, scientific and education advice to inform the development and delivery of the NDSS. This helps to ensure that Scheme's products and services meet appropriate standards and deliver optimal outcomes for people with diabetes.

MESAC provides expert advice to Diabetes Australia on:

- The appropriateness of products funded via the Scheme;
- Relevant medical, education and scientific matters;
- Development, outcomes and delivery of National Development Programs (NDPs), where appropriate;
- Registrant Support Services, where appropriate;
- Reviews and recommendations for NDPs activities. These NDPs include the development of education resources or services, particularly on diabetes self-management.

MESAC was established in full during 2012 with Guidelines developed and approved and Operational Procedures put in place. Two MESAC Officers have been appointed – Tom Connally is operating from Sydney on behalf of the Australian Diabetes Society and Helen Vaughan is operating from the ADEA in Canberra.

Members who were appointed to MESAC include:

- *Chair* Dr N Wah Cheung;
- *Credentialed Diabetes Educators* Heather Hart, Giuliana Murfet and Cheryl Steele;
- *Endocrinologists* Dr Michael D'Emden, Dr Sue Lynn Lau and Dr N Wah Cheung (Chair); and
- *Consumer Representative* Tim Benson

Additional input has been provided as required from consultant dietitians and podiatrists.

Through the year, MESAC's work has included:

- Input into the Pharmaceutical Benefits Advisory Council review into self managed blood glucose;
- Review of 3 "extraordinary" requests from the Department of Health and Ageing for consideration of individual's access to Insulin pump consumables;
- Review and comment on 8 National Development Plans for the NDSS;
- Review of 50 Fact Sheets for the NDSS;
- Review of the Starter Pack – Managing Diabetes; and
- Review of the 3 Youth Resources on Alcohol, Illicit Drugs and Travelling with Diabetes.

The Council experienced difficulties with the information technology systems that were adopted in order to coordinate the comments on the MESAC reviews. However, processes are in place to finalise a more functional system which will act as a working repository for MESAC reviews.

No doubt there will be a full and challenging program of reviews for the next year.

HELEN VAUGHAN, MESAC Officer

## ADEA committees and working groups

### CLINICAL PRACTICE COMMITTEE

The main aim of the Clinical Practice Committee (CPC) is to oversee and coordinate the development, review and dissemination of ADEA position statements, and at the same time, provide advice to ADEA Board on matters pertaining to diabetes education practice.

2012-13 has seen a slowing down of outputs from the CPC, primarily due to unforeseen delays with the review and the ADEA Clinical Guiding Principles for *Sick Day Management of Adults with Diabetes*. It is expected that the draft will be available for revision in August. This review process by the Committee has taken many hours as its approach and style is very different from previously produced guidelines. The CPC thanks the ADEA membership for their patience and understanding.

MICHELLE ROBINS, Chair

### DEAKIN UNIVERSITY COURSE ADVISORY SUB-COMMITTEE

104 students completed the 2012 course. Approximately 120 students enrolled (75% new students) in 2013. There is an increase in the number of students enrolling in single subjects (Pathophysiology in Diabetes or Learning and Teaching) as part of an elective in Critical Care, Perioperative or Masters of Nursing.

This year has seen a major course review prior to resubmission for ADEA Accreditation. New changes have been introduced, including:

- Alignment of the course with Australian Qualification Framework;
- Revision of ADEA position statements; and
- Changes in diabetes management and Academic Board requirements.

Supporting this process has been the commitment of sound governance. Michelle Robins has been invited to participate in the restructuring of the Deakin School of Nursing and Midwifery Advisory Board.

Nine students from four states are enrolled in the Indigenous Koorie Education arm of the course. With the increasing number of health professionals undertaking diabetes education courses, it is timely to be reminded that the provision of quality clinical supervision and

placements for students is core business for all Credentialed Diabetes Educators no matter the location of their employment and it attracts relevant re-credentialing points.

MICHELLE ROBINS, ADEA Representative and Chair

### COMPLAINTS COMMITTEE

Since the last ASM we have received three complaints, two of those have been resolved, one remains unresolved due to the person the complaint is against having to leave the country for personal reasons and the Complaints Committee has not been able to obtain a right of reply.

One complaint had to be re-directed to the person's place of work (HR or union) as ADEA has no jurisdiction over the matter.

The other two complaints refer to the secondary prescribing by individuals working outside their scope of practice. The review of insulin initiation in the community setting will hopefully stop the confusion for all disciplines, but maintaining the principles of working within the discipline's scope of practice ensures legal requirements are maintained.

Working within our scope of practice ensures protection for the private practitioner, the person working for an organisation, the organisation and the ADEA.

CAROL DE GROOT, Chair

### COURSE ACCREDITATION AND STANDARDS OF PRACTICE COMMITTEE

Formed in May 2007, the ADEA Course Accreditation and Standards of Practice (CASP) Committee plays an important role in advising the ADEA Board on the following:

- ADEA Course Accreditation process;
- Standard of practice in diabetes education; and
- Issues related to education and preparation for practice in diabetes education.

Chaired by Pauline Hill, the CASP Committee has completed many deliverables over the past twelve months, including:

- Reviewing the curriculum accreditation requirements and processes in order to

reduce paperwork and develop a more streamlined approach;

- Reviewing the application for accreditation from Kings College;
- Receiving plans of application resubmission for Southern Cross University's course accreditation from a former Kings College applicant, Ms Fran Ditzel; and
- Advocating, on behalf of the course coordinators, for the ADEA to continue its financial support for the hosting of the Chronic Condition Self-Management Support (CCSMS) online program, which was integrated into all accredited courses in 2011 as an ADEA requirement.

This year the CASP Committee welcomes two new members, Ms Irene Kopp (University of Sydney) and Ms Fran Ditzel (Southern Cross University), to the Course Coordinator group. Members of the committee and the group will meet during the Annual Scientific Meeting in August to finalise the course accreditation requirements and processes.

Looking into 2013-14, the CASP Committee will be working more closely with ADEA Board and National Office to deliver these identified outputs:

- Role statement and terms of reference for ADEA representatives on the course advisory committees;
- The need to clarify 'scope of practice' issues for graduates of accredited courses;
- Explore long term funding support for the CCSMS online program; and
- Source funding to research and develop a graduate database as well as a survey system for alumni from all of the accredited courses.

If you would like to be involved in the CASP committee or if you have new ideas and suggestions, please contact the Chair at [inquiries@adea.com.au](mailto:inquiries@adea.com.au).

PAULINE HILL, Chair

### **CREDENTIALLING COMMITTEE**

Endorsed by the Board since May 2007, members of the Credentialling Committee are responsible for the development and implementation of policies and guidelines for ADEA Credentialling Program and the review of Credentialling and Re-Credentialling Applications submitted to the ADEA.

The major activity being undertaken by the committee this year is a pilot study to trial a new professional development process for credentialling, a key recommendation from Professor Trisha Dunning's 2010-11 review of the credentialling process, available at [www.adea.com.au](http://www.adea.com.au). A project officer, Kristina Craner, was appointed in April to oversee the completion of this pilot. Outcomes of the pilot project will be presented at the ADS-ADEA Annual Scientific Meeting. A Q&A session will follow this presentation that enables discussion around the process of credentialling and the future changes to the process.

Going forward to 2013-14, the committee is keen to continue to focus on the impact that credentialling has on the advanced practice of a Credentialed Diabetes Educator (CDE) in terms of their professional development, rather than an exercise just to gain points to maintain CDE status. Along with the role of reflective practice, this work will be more in line with the professional development audit requirements of Australian Health Practitioner Regulation Agency (AHPRA) for the regulated professions.

We look forward to working collaboratively with the Board on the promotion of the CDEs, in particular on values and benefits that distinguish them from other members of their disciplines and which contribute to better outcomes for people with diabetes. We believe this is crucial because locations and providers of diabetes education service are changing rapidly, especially in rural and remote areas.

The committee will also consider provision of an online environment for the submission of credentialling materials and to explore the possibility of annualising evidence submission for re-credentialling.

If you would like to be a part of the Credentialling Committee or if you have new ideas and suggestions, please contact the Chair at [inquiries@adea.com.au](mailto:inquiries@adea.com.au).

JAN ALFORD, Chair

### **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PILOT STUDY**

The Continuing Professional Development (CPD) Pilot Study, selected among key recommendations from Prof Trisha Dunning's review of the ADEA Credentialling and Re-Credentialling Program completed in 2010-11, was commenced in mid 2012. The main objective

of the pilot was to test the new process by studying responses from a sample of members to determine its useability, feasibility and acceptance. A new Continuing Professional Development template was developed as part of this pilot study.

A sample of 575 eligible ADEA members was selected to participate in this pilot study. Members were asked to submit an annual portfolio using the revised CPD Template. They were then required to complete an online survey that allowed Project Officer, Kristina Craner, to collect and analyse their responses to the new process. At its closure on Monday 13 May 2013, the study received 212 CPD Portfolios and 217 responses to the online survey.

Once accepted, the final report will be discussed at the Annual Scientific Meeting with a Q&A session.

The ADEA would like to sincerely thank all members for their involvement and valuable input for the successful completion of this pilot study.

KRISTINA CRANER, Project Officer

### **PROGRAM ORGANISING COMMITTEE**

The Program Organising Committee (POC), formed in 2007, is primarily responsible for coordinating all aspects of the ADS-ADEA Annual Scientific Meeting (ASM).

The 2013 ASM, themed *Diabetes educators: facing tomorrow's challenges today*, will be held at the Sydney Convention and Exhibition Centre from 28 to 30 August 2013. The theme is chosen to reflect the strong desire diabetes educators have to demonstrate excellence at work, ongoing quality improvement, innovation and the value of diabetes self management education.

This year the conference will be another excellent event with strong numbers and high sponsorship rate. Some of our major sponsors are Bristol-Myers Squibb, MSD and Sanofi.

The POC also received a number of nearly 300 abstracts submitted. The online submission and review of abstracts process is now in its third year and the POC keep improving and making this process simpler to use and more efficient to manage.

The POC is pleased to announce two Plenary Lecturers:

- The International Plenary Speaker, Melinda Maryniuk, MEd, RD, CDE, FADA from the Joslin Diabetes Centre Boston; and
- The National Plenary Speaker, Associate Professor Ruth Colagiuri, Director Health and Sustainability, Menzies Centre for Health Policy, University of Sydney.

Other international speakers at the event are:

- Prof Philip Home – Professor of Diabetes Medicine at Newcastle University, Newcastle on Tyne, UK;
- Prof Olle Korsgren – Professor of Cell Transplantation, Uppsala University, Sweden; and
- Prof Allan Vaag – Chief Physician and Professor at Rigs Hospitalet and Copenhagen University, Denmark.

Current and potential Credentialed Diabetes Educators have an opportunity to obtain up to 24 Credentialed Points by participating in the ASM.

For technology enthusiasts, an ADS-ADEA ASM app will be released soon that allows more engagement between the symposium speakers and the audiences via their smart phones, laptops and other portable devices. Apart from an easy access to the event poster and conference program, users can participate in real time discussion and polls relevant to a specific session using their own devices. You are also invited to participate in our Twitter conversations by following @ADSADAEA and using #adsadea2013.

During the planning stage, the POC has had excellent support from ASN Events, a conference organiser, and has collaborated closely with the Australian Diabetes Society as well as ADEA National Office. I would like to thank you all, on behalf of the committee, for your support. We look forward to seeing you at the conference.

TRISH RODERICK, Chair

## **ADEA leaders**

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*Front row L to R:* Toni Rice, Vy Le, Louise Gilmour

*Absent:* Vicky Holland, Daniel McKinney-Smith



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 Glynis Dent *NT*  
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 Jan Alford *NSW*  
 Karen Crawford *VIC*  
 Trisha Dunning *VIC*  
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 Carmel Cleary *VIC Deakin University*  
 Ian Robert Harmer *WA Curtin University*  
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 Rebecca Munt *SA Flinders University*  
 Bodil Rasmussen *VIC Deakin University*  
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Michelle Robins *VIC Deakin University*  
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 Wendy Bryant *NSW University of Technology Sydney*  
 Carolyn Judge *NSW University of Technology Sydney*  
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 Wendy Bryant NSW  
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Tracy Ayles VIC

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# *Australian Diabetes Educators Association*



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