



Established 1981

Australian Diabetes Educators Association

**The Credentialed Diabetes
Educator in Australia**

Role and Scope of Practice

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Foreword

This document was first published as *The Role Statement of the Diabetes Nurse Educator* in 1989. In 2001, in recognition of the growth and diversity of health disciplines in the ADEA membership, a new document was developed and published as *The Role of the Diabetes Educator in Australia*. As expressed in the second publication, the practice of diabetes education and the role of the diabetes educator, and in particular that of the Credentialed Diabetes Educator, have continued to evolve.

The Credentialed Diabetes Educator in Australia – Role and Scope of Practice reflects the enhanced positioning of Credentialed Diabetes Educators and recognition of their unique and integral role in enabling people with diabetes to successfully manage their condition. In focusing on the specialist role of the Credentialed Diabetes Educator, this document acknowledges the multidisciplinary nature of diabetes management and the critical role played by all health professionals providing diabetes education in achieving optimal health and well being for people with diabetes.

The Credentialed Diabetes Educator in Australia – Role and Scope of Practice describes the professional framework in which Credentialed Diabetes Educators practice and is informed by key ADEA publications including the ADEA National Standards of Practice for Diabetes Educators, the ADEA Code of Conduct for Diabetes Educators, the National Core Competencies for Diabetes Educators, ADEA Position Statements and various diabetes clinical practice guidelines.

The Credentialed Diabetes Educator in Australia – Role and Scope of Practice will provide a framework and reference for Credentialed Diabetes Educators and those working to achieve this credential, other health professionals providing diabetes education and care, employers, organisations providing diabetes care services and for consumers.



Jane Giles RN CDE
ADEA President (2006 – 2008)

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About The Australian Diabetes Educators Association

The Australian Diabetes Educators Association (ADEA) was established in 1981 and in 2007 is the acknowledged peak professional body in Australia on matters relating to diabetes education. The ADEA is a Member Organisation of Diabetes Australia to whom it provides expert advice on diabetes education. The ADEA is a multidisciplinary body with membership open to all health professionals involved in diabetes education and care.

The ADEA benchmarks excellence in the practice of diabetes education and supports a cycle of best practice by:

- ✧ promoting and disseminating research findings in diabetes education and care;
- ✧ establishing evidence based standards for diabetes education and care;
- ✧ facilitating planned and systematic education and training programs for health care providers; and
- ✧ advocating for equitable access for all people affected by diabetes to best practice diabetes education and care services.

The ADEA conducts the ADEA Credentialling Program, providing professional recognition in Australia for Credentialed Diabetes Educators (CDE). ‘Credentialed Diabetes Educator’ is a multidisciplinary credential, the use of which is governed by the ADEA. The Credentialling Program is underpinned by the ADEA Course Accreditation Program that accredits post graduate courses in diabetes education. Successful completion of an ADEA accredited Graduate Certificate in Diabetes Education is a prerequisite for recognition as an ADEA Credentialed Diabetes Educator[®].

Introduction

‘Credentialled Diabetes Educator’ is the nationally accepted credential for the quality assured provision of diabetes self management education. Diabetes self management education is a specialty area of practice and is both a therapeutic and educational intervention. It has as its overarching goal the optimal health and well being of people affected by diabetes. Diabetes self management education as defined by ADEA and as practiced by Credentialled Diabetes Educators is discussed in more detail in Appendix I.

The evolving role of the Credentialled Diabetes Educator has been, and will continue to be, shaped and influenced by the changing health environment. Such influences include:

- ✧ The current diabetes epidemic and recognition of its cost in terms of both direct health care costs and loss of productivity
- ✧ Research, development and technological change
- ✧ Recognition of opportunities for prevention and early intervention in diabetes and other chronic conditions
- ✧ Recognition of the differing demands for chronic disease management on both the health system and the person with chronic disease
- ✧ An increasing focus on ambulatory care programs and primary care
- ✧ Increased acknowledgement of, and funding for, multidisciplinary team care
- ✧ Changes in the Australian health workforce and recommendations for health workforce reform from the Productivity Commission.

A brief discussion of these influences can be found in Appendix II.

- ✧ In recent years, Credentialled Diabetes Educators have been granted authorisation for a number of significant diabetes care processes highlighting the importance of clinical competence in those who hold the credential. These include:
 - ✧ Authorisation of registrations on the National Diabetes Services Scheme (NDSS)
 - ✧ Authorisation for NDSS registration to access insulin pump consumables
 - ✧ Provision of an initial supply of insulin (Registered Nurse Credentialled Diabetes Educator in some states and territories)
 - ✧ Recognition by the Health Insurance Commission (HIC) as the providers of Medicare rebateable diabetes education services
 - ✧ Recognition by the Department of Veterans Affairs (DVA) as the providers of diabetes education services
 - ✧ Increasing recognition by private health insurers as the providers of diabetes education services.

The above authorisations have emphasised the need for strong clinical skills, as well as the expert skills in client centred care that are required to promote self management and psychological well being in the person with diabetes.

In defining the role and scope of practice of the Credentialled Diabetes Educator, the ADEA must embrace these influences and future changes in health care and be flexible so that relevant changes can be rapidly incorporated into the role and scope of practice.

Purpose of this Document

The Credentialed Diabetes Educator in Australia – Role and Scope of Practice has been developed to clearly articulate the role and full scope of practice of Credentialed Diabetes Educators in order to demonstrate their unique and integral role in the provision and advancement of diabetes care and the specialty practice of diabetes self management education.

By providing the foundation document on which other key ADEA documents are based, *The Credentialed Diabetes Educator in Australia – Role and Scope of Practice* drives and promotes standards of practice in diabetes education and care.

The Credentialed Diabetes Educator in Australia – Role and Scope of Practice will inform:

- ✧ **Members** in reflective practice and the development of personal learning and professional development plans
- ✧ **Coordinators of post graduate certificate courses** in diabetes education and care in the development of curricula and the assessment of course participants
- ✧ **Employers** in ensuring they attract and retain appropriately qualified staff for the delivery of diabetes self management education and care
- ✧ **Health service funding bodies** and organisations providing third party reimbursement in establishing standards for delivery of quality diabetes self management education programs
- ✧ **Health professional colleagues** of the role and what to expect from a Credentialed Diabetes Educator as part of a multidisciplinary team
- ✧ **Other health professional bodies** on the scope of practice of a Credentialed Diabetes Educator and of the role of ADEA in governing their practice
- ✧ **Consumers** in identifying appropriately qualified providers of diabetes self management education.

Credentialed Diabetes Educators Criteria for Recognition

A wide range of health care providers provide some form of diabetes education. Such providers include general practitioners and practice nurses, other generalist nurses, allied health professionals and Indigenous health workers. In addition, all members of the multidisciplinary diabetes team provide discipline specific diabetes education to support their clinical intervention. ADEA acknowledges the critical role played by all of these health care providers.

However, the term ‘Credentialed Diabetes Educator’ is used by the ADEA to identify those health professionals who provide comprehensive, interdisciplinary diabetes self management education as described by ADEA (Appendix I) and who meet the criteria of the ADEA Credentialling Program.

ADEA Credentialed Diabetes Educator’ is registered as a certification trademark. Its use is authorised by the ADEA to eligible health professionals who meet the criteria identified by the ADEA. These criteria include:

- ✧ Authorisation to practice in an eligible health discipline
- ✧ Completion of an ADEA accredited Graduate Certificate course of study in diabetes education and care
- ✧ 1800 hours experience in providing diabetes self management education as defined by ADEA and in accord with the Standards of Practice identified by ADEA
- ✧ Submission of a refereed report by a Credentialed Diabetes Educator
- ✧ Completion of a mentoring program
- ✧ Evidence of continuing education across all domains of practice for Credentialed Diabetes Educators
- ✧ Commitment to the ADEA Code of Conduct for Diabetes Educators.

Disciplines eligible for recognition as a Credentialed Diabetes Educator

In light of the expanding role of Credentialed Diabetes Educators, the ADEA completed a review of the health disciplines that it recognises as eligible for credentialling in 2007. As a result of that review, the health disciplines that ADEA recognises as eligible for credentialling are:

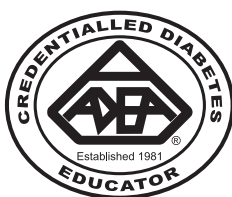
- ✧ Registered Nurses* (RN)
- ✧ Accredited Practising Dietitians (APD)
- ✧ Registered pharmacists who are accredited to conduct medication management reviews by the Australian Association of Consultant Pharmacists or the Society of Hospital Pharmacists of Australia
- ✧ Medical practitioners.

*In Victoria, this includes Division One Registered Nurses only.

The above health professionals were assessed as having in place the appropriate level of professional governance for the discipline and as having the necessary foundation clinical competence that underpins the development of advanced clinical skills in diabetes management and competence in providing comprehensive diabetes self management education.

All individuals from eligible health disciplines must still meet all the requirements of the ADEA Credentialling Program.

Credentialled Diabetes Educators identify themselves by their primary health qualification followed by ‘Credentialled Diabetes Educator’ (CDE), for example, RN CDE, APD CDE and are entitled to use the certification trademark in association with their name.



Post-graduate training and developing competence in diabetes self management education and care

Credentialled Diabetes Educators provide diabetes self management education as a specialist and expanded *interdisciplinary* area of practice beyond the scope of their primary health qualification. The entry level qualification for practice in diabetes self management education, in addition to a qualification and authorisation to practice in an eligible health discipline, is completion of an ADEA accredited Graduate Certificate in diabetes education and care.

Eligible health professionals who have completed a Graduate Certificate course have the knowledge and skills for *supported practice* in diabetes self management education. In order to provide quality support and ensure safe practice, ADEA recommends that employing organisations ensure appropriate processes, such as access to ongoing professional development and mentoring by a Credentialled Diabetes Educator, are in place to support entry level practitioners to achieve competence in diabetes self management education.

Mastery of the knowledge and skills to be recognised as a Credentialled Diabetes Educator is gained through a planned and ongoing program of continuing education and professional development, mentoring and experience across all the domains of practice of a Credentialled Diabetes Educator. Credentialled Diabetes Educators are capable of *autonomous practice* in diabetes self management education.

Advanced practice and further specialisation in diabetes

Use of the term ‘Credentialled Diabetes Educator’ is controlled by the ADEA. The governing bodies for the individual disciplines that can be credentialled confer a number of advanced practice credentials and specialisations. Among these are the Nurse Practitioner and Advanced Accredited Practising Dietitian. The Credentialled Diabetes Educator credential is recognised as contributing to the portfolio of evidence that supports the award of these credentials.

The Role of the Credentialed Diabetes Educator

Credentialed Diabetes Educators promote optimal health and well being for individuals (or their carers), communities and populations at risk of, or affected by, diabetes using a range of specialised knowledge and skills. They integrate diabetes self management education with clinical care as part of a therapeutic intervention to promote physical, social and psychological well being.

Credentialed Diabetes Educators adopt a client centred approach to the provision of diabetes self management education to help people to:

- ✧ understand their personal health risks
- ✧ explore the meaning and implications of these risks in the context of their personal, social and cultural world and in terms of their current behaviour; and to
- ✧ activate them to determine a comprehensive self management plan that will maximise their health outcomes.

Scope of Practice

Credentialed Diabetes Educators work in a variety of practice settings and roles and across the intervention and care continuum. Their practice is underpinned by a core body of knowledge, skills and activity in the following domains:

- ✧ Clinical Practice
- ✧ Research
- ✧ Education
- ✧ Counselling
- ✧ Leadership and Management.

Credentialed Diabetes Educators practice in, and maintain professional development across all domains, although at any one time their practice may focus more on particular domains depending on their employment setting or role.

Clinical Practice

Clinical competence gained through training in an eligible health discipline provides the foundation for learning advanced knowledge and skills in diabetes management through a combination of postgraduate study and experience in diabetes education and care. Irrespective of their primary health discipline, Credentialed Diabetes Educators demonstrate knowledge of current and interdisciplinary best practice diabetes management. Their practice is informed and guided by best practice guidelines from the range of disciplines involved in diabetes care.

Credentialed Diabetes Educators provide comprehensive diabetes self management education to support clients to identify appropriate goals and develop effective self care behaviours across all key areas of diabetes self management. They use a systematic approach to assess an individual's mental, physical, functional and cognitive status in order to inform their clinical care planning.

Credentialed Diabetes Educators monitor progress towards desired goals and the outcomes of all interventions. They act as care coordinators, identifying needs that are not being met and referring (or recommending referral where appropriate) to other specialist nursing, medical or allied health professionals as required.

Credentialed Diabetes Educators provide direct clinical care and interventions according to the scope of practice of their primary health discipline. They are cognisant of the regulatory and decision making frameworks in which they and other members of the diabetes team practice and refer and accept delegation of clinical care according to their level of competence and scope of practice.

Credentialed Diabetes Educators may assume or be delegated case management roles in designated programs or for specific aspects of diabetes care, such as insulin initiation and stabilisation.

Research

Evidence based practice underpins all domains of the Credentialed Diabetes Educator's practice. Credentialed Diabetes Educators are research consumers. They apply research knowledge and skills to critically evaluate the relevant research literature. Such evaluation informs all aspects of their practice, including clinical care, education, counselling and program and service development and management. They also identify deficits in the evidence base for diabetes education and care and advocate for and support research to address such gaps.

Credentialed Diabetes Educators continuously monitor the quality and outcomes of their practice in order to improve their service provision. Continuous quality improvement is a fundamental underpinning to their practice.

Credentialed Diabetes Educators may participate, collaborate or lead research in all aspects of diabetes education and care, working within relevant codes of ethics.

Education

Credentialed Diabetes Educators apply health behavior and education theory to inform, motivate and support clients and communities to adopt healthy lifestyles and appropriate self care behaviours. They undertake a comprehensive assessment of the individual (or target population) in terms of their life stage and disease stage, their preferred learning style, readiness to learn and change behavior and other psychosocial factors, including the social context in which they live.

Credentialed Diabetes Educators are skilled in planning a range of learner centred and client driven health education interventions using a range of modalities. They evaluate the impact and outcome of these interventions at both the individual and program levels and contribute to population level data.

Counselling

Credentialed Diabetes Educators use an empowerment approach to help clients develop self responsibility, be self determining and to achieve self mastery. They are cognisant of the relationship between chronic disease, sense of well being and depression and the impact of an individual's psychological state on their capacity to self manage. Credentialed Diabetes Educators use impartial, reflective and empathetic listening to clarify client beliefs, issues and concerns.

Credentialed Diabetes Educators use validated tools to assess psychological status as part of their interventions. They are able to communicate the findings of such assessments to the individual and discuss options available to address them. Credentialed

Diabetes Educators assess level of risk, acknowledge their own limitations and refer to appropriately qualified professional counselors.

Leadership and Management

Whether working in solo practice or as part of a larger diabetes team, Credentialed Diabetes Educators develop diabetes care policies and procedures for their service. They apply a systematic approach to service planning, including assessing the needs of the population served, developing service plans and monitoring the delivery of those plans. They liaise with other health professionals and consumers, services and agencies to promote a comprehensive and integrated diabetes service. They ensure their service(s) meets recognised standards for professional, ethical, human resource, organisational and business practice and community needs.

The role of the Credentialed Diabetes Educator extends to supporting other health professionals, agencies and the wider community. Credentialed Diabetes Educators participate in, and contribute to the work of relevant committees, disseminate research findings and advocate for best practice diabetes care. They act as a consultant and resource to their colleagues, other agencies, and to policy and decision makers, continuously advocating for people affected by diabetes and their right to comprehensive diabetes self management education, clinical care and support services.

Credentialed Diabetes Educators act as role models and mentors for their peers and for entry level practitioners in diabetes self management education. As experts in diabetes education and care, they develop and provide training and continuing professional development for a wide range of health care providers, in a variety of settings and at a variety of levels.

Future Directions

The ADEA recognises that the role of the Credentialed Diabetes Educator will continue to evolve in the context of social, epidemiological, workforce and health system change. The ADEA is committed to its responsibility in promoting, enhancing and strengthening the integral role played by Credentialed Diabetes Educators in the specialty practice of diabetes self management education.

The ADEA is committed to national uniformity and recognition of Credentialed Diabetes Educators. It will work to address inconsistencies in state and territory human resource practices such as employment criteria for diabetes education service providers, and in legislation governing practice issues such as the provision of an initial supply of insulin. The ADEA will represent and advocate for Credentialed Diabetes Educators in workforce reform programs addressing issues such as prescribing rights and providing services on behalf of general practitioners.

The ADEA will continue to benchmark excellence in the practice of diabetes education and care and promote equitable access to quality diabetes self management services for all people with diabetes in order to attain its vision of optimal health and well being for all people affected by diabetes.

Appendix I: Diabetes Self Management Education

Diabetes care has been described as consisting of three components:

- ✧ Clinical care
- ✧ Patient self management
- ✧ Diabetes self management education.

The clinical care requirements of people with diabetes are diverse and best met by a multidisciplinary team of medical, nursing and allied health professionals including but not limited to dietitians, podiatrists, exercise physiologists, physiotherapists, social workers and psychologists. Evidence based clinical practice guidelines guide the clinical care provided.

The nature of diabetes, however, demands that much of the day to day management of diabetes (decision making and behavior choices) is carried out by the person with diabetes. The self management demands of diabetes are perhaps greater than for all other chronic diseases requiring a range of lifestyle and treatment decisions to be made on a daily basis. People with diabetes require information and education to support them in their self care.

A wide range of health care providers deliver some form of diabetes education. Such providers include general practitioners and practice nurses, other generalist nurses, allied health professionals and Indigenous health workers. In addition, all members of the multidisciplinary diabetes team provide *discipline specific diabetes education* to support their clinical intervention.

In contrast to diabetes education provided by these health professionals, diabetes self management education provided by Credentialed Diabetes Educators is unique in that it moves beyond traditional discipline boundaries and encompasses the full spectrum of diabetes self management and self care behaviours.

Diabetes self management education is a therapeutic as well as an education intervention. It integrates self management education with the attainment of clinical goals and targets. Referral and collaboration with general practitioners, medical specialists and other health professionals involved in the multidisciplinary care team is part of the diabetes self management education intervention and further integrates the provision of clinical care with the education process. Diabetes self management education is client centred and outcomes focused and integrates client identified needs and goals with clinical targets to achieve a continuum of outcomes.

The American Association of Diabetes Educators (AADE) has identified the following continuum of diabetes outcomes. (Table 1)

Table 1: *The AADE continuum of diabetes education outcomes.*



The AADE identifies learning of knowledge and skills by the person with diabetes as the immediate outcome of diabetes education and a pre-requisite for the adoption of self care behaviours (behaviour change). Behaviour impacts on, but is not the only determinant of, clinical improvement. Improvement of health status is identified as the ultimate outcome to which diabetes education contributes.

Behavior change has been identified by the AADE as the unique outcome of diabetes self management education and within this outcome area, the AADE has identified key self care behaviors that contribute to other diabetes outcomes. These are:

- ✧ being physically active
- ✧ healthy eating
- ✧ taking medications for therapeutic effectiveness
- ✧ monitoring blood glucose and using results to improve control
- ✧ problem solving for high and low blood glucose levels and for sick days
- ✧ reducing risks of diabetes complications
- ✧ adapting to living with diabetes or healthy coping.

These behaviours are consistent with the self care behaviours identified in leading models for chronic disease self management training such as the Flinders University (South Australia) and Stanford University (USA) models. The Flinders Model also identifies patient knowledge of their condition as an indicator for supporting effective self management.

The ADEA has adapted the outcomes identified in these various models to propose the following key diabetes self management behaviours to guide diabetes self management education interventions and to evaluate their immediate outcomes in the Australian context.

- ✧ Applying an understanding of the diabetes disease process and treatment options in order to make informed health and lifestyle choices
- ✧ Incorporating physical activity into daily life
- ✧ Making appropriate food choices
- ✧ Using medications for therapeutic effectiveness
- ✧ Monitoring blood glucose and using results to improve diabetes control
- ✧ Problem solving for high and low blood glucose levels and for sick days

- ✧ Reducing the risks of chronic complications
- ✧ Adapting to work, family and social roles – healthy coping.

ADEA proposes the above behaviours are assessed pre and post interventions and, along with clinical and other health status measures such as quality of life, are used to evaluate the longer term outcomes of diabetes self management education.

It is the process of diabetes self management education as much as the self care behaviours on which it focuses that contributes to effective diabetes outcomes. Diabetes self management education is a comprehensive, collaborative and iterative process between the Credentialed Diabetes Educator and their client(s) and includes:

- ✧ Performance of an individualised psychosocial, clinical and cognitive assessment of the person with diabetes or impaired glucose metabolism and/or their care givers
- ✧ Formulation of an education plan including collaboratively identified behavioural goals based on a core body of knowledge in diabetes management and self care behaviours and agreed clinical targets
- ✧ Implementation of the plan based on evidence based principles of teaching-learning theory and behaviour change theory
- ✧ Evaluation to assess the person's attainment of self management goals and progress toward attainment of clinical targets
- ✧ Documentation of all encounters in a permanent client record and communication with referring practitioners.

Diabetes self management education supports clients to achieve self identified goals through facilitating an understanding of their condition and the risks and benefits of lifestyle choices and treatment options and supporting them to make informed choices.

Appendix II: The Health Care Environment – Factors Influencing the Role of the Credentialled Diabetes Educator

Australia is facing a diabetes epidemic. In excess of 1 million people in Australia have diabetes. Everyday 275 people develop diabetes. The aging population and the rising prevalence of obesity are major contributors to this epidemic. Diabetes has been a National Health Priority Area since 1996. In 2006, in the face of a doubling of diabetes prevalence in Australia (1981-2000) and its impact on national productivity, the Council of Australian Governments (COAG) identified type 2 diabetes as a national health reform priority.

In addition to those diagnosed with diabetes, a further 17% of the Australian population over 25 years of age have impaired glucose metabolism placing them at high risk of developing diabetes and heart disease. Between 5 and 10% of pregnancies are affected by gestational diabetes with consequences for both the infant and future health of the mother.

Poorly controlled diabetes can lead to complications devastating for both the person with diabetes and the health system. Diabetic retinopathy is the leading cause of blindness in people under 60 years of age. Diabetes is the fastest growing cause of end stage renal disease, a common cause of non-traumatic lower limb amputation and increases the risk of heart disease 2-3 times. A diagnosis of diabetes and diabetes complications impacts negatively on measures of well being and quality of life.

While diabetes related hospitalisations and medication costs are major cost contributors, the overall cost of diabetes is much greater. The annual cost of type 2 diabetes in Australia (including carer costs) is conservatively estimated at \$3.1 billion.

Yet both diabetes (type 2) and the complications of diabetes (type 1 and type 2) can, in many cases, be prevented or at least delayed. The Diabetes Prevention Program in the United States and a similar primary prevention intervention in Finland demonstrated a 58% reduction in the risk of progressing from impaired glucose metabolism (pre-diabetes) to type 2 diabetes as a result of intensive lifestyle intervention. Medication based interventions have demonstrated similar or lesser reductions in risk. The Diabetes Control and Complications Trial (DCCT) (type 1 diabetes) and the United Kingdom Prospective Diabetes Study (UKPDS) (type 2 diabetes) clearly demonstrated the association between blood glucose control and reduced rates of microvascular complications. Other studies have demonstrated the benefits of reducing blood pressure and lipidaemia on the development macrovascular complications. In Australia, both the *National Chronic Disease Strategy* and the *Diabetes National Service*

Improvement Framework have identified this opportunity for prevention across the diabetes intervention spectrum.

The demonstrated value of early and aggressive diabetes management and the recognition of systematic care to support this, have given rise to a range of incentives (Practice Incentive Payments and Service Incentive Payments), quality improvement programs (National Primary Care Collaboratives) and the introduction of Medical Benefits Schedule (MBS) item numbers (Enhanced Primary Care Program) to support systemised care in general practice. There has also been recognition of the need to improve ambulatory care services in order to manage the impact of chronic disease in the acute care sector and on the health care system as a whole. Programs such as the Victorian Hospital Admission Risk Program (HARP) and other state and territory funded ambulatory care programs have resulted in the employment of diabetes educators in client education and clinical care as well as care coordination and case management roles.

It has now been well recognised that medical intervention alone is insufficient to improve diabetes outcomes. The critical role of the person with diabetes in their own self management, the factors that influence their capacity to self manage and the need for self management support and education provided by a range of health care providers are widely acknowledged. Self management education and support are key strategies identified in both the *National Chronic Disease Strategy* and the *National Service Improvement Framework for Diabetes*. The introduction of MBS item numbers for diabetes education and other allied health services is one example of government's response to this need. In addition, the introduction of MBS item numbers for group services for type 2 diabetes provided by Credentialed Diabetes Educators, Accredited Practising Dietitians and Accredited Exercise Physiologists is further evidence of government support for multidisciplinary primary care for diabetes. The introduction of these MBS items has led to private practice as being a growing area of practice for Credentialed Diabetes Educators.

The report by the Productivity Commission on *Australia's Health Workforce* made recommendations in two key areas of significance for Credentialed Diabetes Educators. The first of these was the recommendation to move to single national qualifying course accreditation and health professional registration bodies. The second identified the need for an increased range of services to be provided (and MBS rebated) by non-medical health professionals and for wider referral and prescribing rights. The Productivity Commission Report is calling for professional boundaries and discipline specific practice to be broken down, for more interdisciplinary practice and for work place innovation. On the other hand, many disciplines and their governing or professional bodies are advocating recognition of advanced specialisations. In defining the role and scope of practice of the Credentialed Diabetes Educator, ADEA must be ready to embrace these possible changes and at the same time contribute to discussion on quality and safety in health care delivery and the development of standards in this area with respect to diabetes education and care.

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