



**Your trusted partner in diabetes care**

## **ADEA Code of Conduct**

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By the

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Key Words

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# 1 Contents

2	Acknowledgements .....	1
3	Introduction.....	2
4	Responsibilities of Members to the ADEA .....	3
5	Sphere of Practice .....	3
6	Responsibilities of ADEA Members to Clients.....	4
7	Responsibilities of ADEA Members to Themselves .....	5
8	Responsibilities of ADEA Members Involved in Research.....	6
9	Responsibilities of ADEA Members to Other Health Professionals.....	6
10	Competence of Credentialed Diabetes Educators .....	6
11	Responsibilities of Credentialed Diabetes Educators in Private Practice.....	7
12	Definition of Terms Used in this Document .....	8

## 2 Acknowledgements

Many ADEA members and ADEA National Office staff have given generously of their time in the development of previous editions of the ADEA Code of Conduct document. These have provided the foundation on which the ADEA Code of Conduct has been developed.

The ADEA also acknowledges the following supporting documents in the development of the ADEA Code of Conduct:

- Australian Nursing and Midwifery Council *Code of Professional Conduct for Nurses in Australia* (2008), Canberra.
- Australian Nursing Federation *Harassment, Discrimination and Bullying in the workplace* (2007), Canberra.
- Australian Nursing and Midwifery Council *Background Paper to the Nurses' Guide to Professional Relationships* (2008), Canberra.
- Dietitians Association of Australia *Code of Professional Conduct*, (2006), Canberra.
- Medicines Australia *Code of Conduct* (edition 15, 2006) (Amended 2007), Canberra.
- Medicines Australia *Code of Conduct Review Panel Report 2008/09* (2009), Canberra.
- NSW Podiatrists Registration Board *Podiatrists Code of Professional Conduct*, (2005), Sydney.
- NSW Psychologists Registration Board *Code of Professional Conduct* (2004), Sydney.

### 3 Introduction

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

The Code of Conduct is a fundamental ADEA standard designed also for an audience beyond the ADEA membership, including people requiring or receiving diabetes education, other health professionals and organisations and the wider community

Professional conduct refers to the way in which a person behaves while acting in a professional capacity. The ADEA Code of Conduct sets the minimum standards expected of the ADEA membership. It provides a framework for, but is not limited to:

- clinical practice and competency
- engagement with the ADEA
- respect of client's choices
- collaboration with other health professionals

The Australian Diabetes Educators Association (ADEA) Code of Conduct was initially developed in 2001 by Professor Trisha Dunning to establish accountability standards for conduct by diabetes educators. The aim was, and remains, to promote the health and wellbeing of clients and their confidence in the services diabetes educators provide. ADEA is an interdisciplinary association and members are expected to comply with the requirements of their relevant professional and/or regulatory bodies or associations and the current legislation governing their practice.

The ADEA Code of Conduct is not intended to provide detailed professional advice on specific issues. It provides a broad framework for assessing professional misconduct and unprofessional conduct.

**The ADEA Code of Conduct was formulated on the premise that diabetes educators owe a duty of care to the clients under their care. 'Duty of care' is a legal concept and is reflected in the professional manner in which care is provided. Diabetes educators are expected to act at all times with honesty, compassion, justice and respect.**

The *ADEA Code of Conduct* is consistent with, and supports, other ADEA publications (which can be obtained from the ADEA website). The ADEA Code of Conduct reflects the standard of professional behavior expected of all ADEA members when they engage with colleagues, volunteers and employees or enter into a contract with the ADEA. This document provides the basis for internal disciplinary procedures, for the protection of the public, ADEA members and employees, as well as individual members against whom a complaint is raised.

The ADEA Code of Conduct was revised to ensure it is up-to-date, reflects the current practice of all members and meets relevant monitoring standards. The ADEA Code of Conduct applies to all members of the ADEA. Complaints regarding professional behaviour and/or potential breaches of the Code will be dealt with in accordance with the Complaints and Disciplinary Action Bylaw (Number 5) available from the ADEA National Office or the website.

## 4 Responsibilities of Members to the ADEA

- 4.1 Members are expected to abide by the Constitution of the ADEA Ltd.
- 4.2 Members are expected to be aware of all legislation and common law requirements pertaining to their practice.
- 4.3 Members strive to increase the profile of diabetes education and acceptance of the ADEA as the lead organisation representing and promoting diabetes self-management education in Australia.
- 4.4 Members have a responsibility to inform relevant organisations of any violations of the ADEA Code of Conduct that come to their notice.
- 4.5 In reporting potential breaches of the ADEA Code of Conduct, members themselves will act in a professional and responsible manner and in accordance with the mechanism outlined in the Complaints and Disciplinary Action Bylaw (Number 5).
- 4.6 When advertising or promoting diabetes education programs or services, members should not bring discredit on, or misrepresent the ADEA, their own qualifications or the specialty of diabetes education.
- 4.7 Members acting in a volunteer capacity as an ADEA office bearer or member of an ADEA committee/working party will conduct themselves in a manner cognisant to the objectives of the ADEA Code of Conduct.
- 4.8 Members serving on ADEA committees/working parties have a duty to declare all relevant conflicts of interest and to take appropriate action when a conflict of interest arises.
- 4.9 The conduct of members engaging with ADEA peers, ADEA employees or ADEA contractors will be consistent with established workplace human resource protocols including workplace bullying and harassment policies and workplace safety legislation.
- 4.10 Members will respect the dignity, culture, ethnicity, values and beliefs of their colleagues.

## 5 Sphere of Practice

Diabetes education is a specialist area of practice.

- 5.1 ADEA members act within the sphere of diabetes self-management education practice and are expected to maintain the knowledge and competence necessary for contemporary practice.
- 5.2 Diabetes education and evaluation is concerned with the care of clients affected by Diabetes mellitus not only at diagnosis, but throughout their life due to the chronic and incurable nature of the condition.

- 5.3 ADEA members practice collaboratively, in a team with other health professionals and in partnership with their clients. They work in a wide range of practice settings including primary care, secondary and tertiary institutions and in private practice.
- 5.4 ADEA members need to be cognisant of the educational, physical, financial, psychological, spiritual and social needs of individual clients and their families.
- 5.5 ADEA members must be capable of taking action appropriate to their discipline in an emergency, especially with respect to managing hypoglycaemia, hyperglycaemia, cardiac, respiratory and mental health emergencies.

## 6 Responsibilities of ADEA Members to Clients

- 6.1 In planning care and management, the ADEA member must consider the individual's physical status, spiritual needs, values, cultural background, literacy level, financial situation, knowledge and learning style.

ADEA members at all times:

- respect a client's right to choose their health care providers
- respect the client's dignity, culture, ethnicity, values and beliefs, and involve appropriate others (family and health professionals) in a client's care, with the client's approval
- provide adequate information based on an individual assessment and goals
- obtain informed consent where appropriate
- respect a client's right to privacy and confidentiality according to the national privacy laws and obtain written permission to use and disseminate information acquired
- respect client's decisions
- keep accurate records and document all care given in the appropriate manner
- store and dispose of records securely
- not exploit clients
- respect a client's right to refuse care and education
- evaluate the outcome of the education and care provided
- act as advocates for clients and their families with respect to diabetes management in the health care context.

- 6.2 ADEA members acknowledge the limitations of their knowledge and competence and do not undertake activities they are not qualified or authorised to perform.

- 6.3 ADEA members are aware of a potential power imbalance that exists within the therapeutic relationship between themselves and their clients.

- 6.4 ADEA Members avoid any abuse of the privileged relationship that exists with patients/clients.
- 6.5 ADEA members consider their motives for disclosing personal information, the type or degree of self-disclosure and whether it enhances the therapeutic relationship with the client.
- 6.6 ADEA members often act in a consultant role and may be in a position of having to delegate teaching, supervision and care to other health professionals. Members should only delegate those activities and tasks for which the delegate is trained and competent to perform.
- 6.7 In keeping with the meaning of 'Duty of Care', the ADEA member remains accountable for their own practice and the outcomes resulting from the delegated duties.

## 7 Responsibilities of ADEA Members to Themselves

- 7.1 ADEA members remain responsible and accountable for their own practice. It should be noted that practice within the guidelines of employers, any organisation or professional group does not absolve the CDE of responsibility for their personal acts.
- 7.2 ADEA members practice within the laws governing their practice area, the policies and guidelines of their employers, and the ADEA standards and published guidelines for professional practice. The latter includes but is not limited to:
- *ADEA Client Centred Care Position Statement (2008)*
  - *ADEA Credentialling Program*
  - *ADEA National Core Competencies for Credentialed Diabetes Educators (2014)*
  - *ADEA National Standards of Practice for Credentialed Diabetes Educators (2014)*
- 7.3 ADEA members are responsible for keeping up-to-date with legislation relevant to their professional practice as well as research and social and political issues affecting the practice of diabetes education and management.
- 7.4 ADEA members ensure their professional judgment is not influenced by grants, sponsorship or commercial considerations. Members declare a conflict of interest where such situations arise and take appropriate action to resolve the conflict.
- 7.5 ADEA members do not accept any gift, payment, favor or hospitality that may be interpreted as seeking to exert undue influence on the people in their care or their colleagues.

## 8 Responsibilities of ADEA Members Involved in Research

- 8.1 ADEA members involved in research ensure that such research is conducted in accordance with declarations, covenants, conventions and guidelines concerning the ethical standards of research and the law, giving due regard to informed consent, privacy and confidentiality, and due compensation for adverse effects of any research.
- 8.2 ADEA members undertaking research should not derive personal gain from sponsorship of research projects but may accept adequate compensation for personal expenses relating to the research.

## 9 Responsibilities of ADEA Members to Other Health Professionals

- 9.1 ADEA members work in a collaborative and co-operative manner with other health professionals and recognise and respect their particular contribution to the health care team.
- 9.2 ADEA members conduct themselves professionally in their dealings with other health professionals.
- 9.3 ADEA members develop professional networks and promote and participate in the exchange of professional knowledge.

## 10 Competence of Credentialed Diabetes Educators

- 10.1 Credentialed diabetes educators (CDEs) are responsible for ensuring they are educationally prepared and experienced to practice in their role and meet industry standards such as the *ADEA National Core Competencies for Credentialed Diabetes Educators*. They are capable of recognising the extent and limitations of their competence and experience and know the legislation governing their practice. They do not offer services or perform practices they are not qualified or authorised to perform.
- 10.2 CDEs have a responsibility for their own continuing professional development, and to review and update their knowledge and practice of diabetes management and education. Evidence based practice should underpin management when the quality of the evidence is established and is appropriate to the particular practice area.
- 10.3 CDEs continually strive to maintain and improve their professional knowledge and competence.
- 10.4 CDEs have a responsibility to maintain their credentialed status throughout their professional career.

- 10.5 CDEs accurately represent their professional qualifications. This includes using the registered trademark of ADEA Credentialed Diabetes Educator<sup>®</sup> (CDE<sup>®</sup>) only when the ADEA member holds a current entitlement to do so.

## **11 Responsibilities of Credentialed Diabetes Educators in Private Practice**

11.1 Credentialed diabetes educators working in private practice should:

- be informed about legislation relating to business practice and maintain ethical and legal business practices.
- maintain business premises that conform with relevant legislation such as access, safety, and infection control.
- ensure they have adequate levels of professional indemnity and public liability insurance.
- ensure clients who are unable to pay for comprehensive 'fee for service' diabetes education services are not disadvantaged by referring them to appropriate publicly funded services.
- ensure clients have access to other health professional as required and refer clients according to accepted multidisciplinary team practice.
- maintain ethical practice in relation to all advertising of their services and only use the CDE<sup>®</sup> credential according to the ADEA Style Guide.
- advise clients of any benefit accruing to them from the recommended purchase of any diabetes education or care products.

## 12 Definition of Terms Used in this Document

For the purposes of the ADEA Code of Conduct the following definitions apply:

### **Credentialed Diabetes Educator<sup>®</sup>**

A diabetes educator who has completed an ADEA accredited graduate Diabetes Education Course and in addition, has completed a supervised period of clinical practice and activities, which fulfill the continuing education and professional development requirements of the ADEA Credentialling Program.

### **Code**

A system of standards and ethical behaviour that guides professional behaviour.

### **Conduct**

The professional behaviour of a member of the ADEA.

### **Duty of care**

The responsibility to provide appropriate and correct information and care.

A breach in the duty of care becomes the basis for legal action against an ADEA member who is considered to have caused patient/client harm by their professional action or omissions. To be successful, such an action would have to establish that a duty of care was owed, that the duty was breached by an action or omission, and that a loss or damage that can be quantified directly resulted from this breach.

### **Members**

Refers to both Full and Associate Members of ADEA.

### **Private Practice**

Refers to credentialed diabetes educators who are self employed, or working in a group practice, which they co-own.

### **Professional Misconduct**

Conduct that does not conform to the relevant professional scope of practice and current legislation.

### **Unprofessional Conduct**

Conduct outside the agreed standards and competencies of practice.