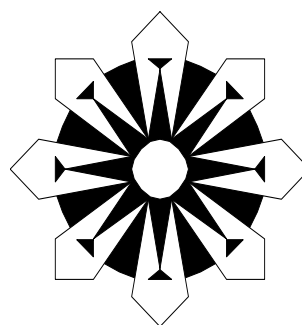


AUSTRALIAN  
NATIONAL  
ASSOCIATION  
OF DIABETES CENTRES



To improve the health outcomes for all people with diabetes  
and to promote strategies for the prevention and cure of  
diabetes

2003

# NATIONAL ASSOCIATION OF DIABETES CENTRES

## 1.0 WHAT IS THE NATIONAL ASSOCIATION OF DIABETES CENTRES?

The National Association of Diabetes Centres (NADC) is a national collective of Diabetes Centres established in 1994 to explore mechanisms for improving the standard of care available to people with diabetes Australia-wide through specialist diabetes centres and services.

NADC Centres take a leadership role in developing the networks in their areas needed to achieve this outcome.

## 2.0 STRUCTURE AND FUNCTIONS OF THE NADC

### *National Committee*

The NADC is an organisation established by the Australian Diabetes Society (ADS) and the Australian Diabetes Educators Association (ADEA). These two incorporated professional organisations hold joint responsibility for the operations of the NADC with the ADS and ADEA each selecting two members to form a National Committee to conduct its affairs. The Chair and Deputy Chair pass from one organisation to the other on alternate terms of office.

The NADC is committed to a cohesive and systematic national approach to achieving its goals by maintaining an Australia-wide network of specialist diabetes centres and services. However, due to Australia's large geographical area and its relatively small and scattered population there is substantial variation in local circumstances, resources and needs, and NADC activities at the state level will vary.

The roles of the National Committee of the NADC are to:

- ❑ promote membership or associate membership of NADC
- ❑ conduct and manage the business of the NADC on behalf of the ADS and ADEA. (Administration is through the ADPO Office)
- ❑ manage and maintain all matters relating to membership of the NADC including the development and implementation of membership and accreditation criteria;
- ❑ develop and implement policy to guide and govern the structure, function and operation of the NADC;
- ❑ sustain the NADC network by providing a forum for peer support and information exchange between individual member centres;

- ❑ provide policy and direction for national initiatives to be undertaken by or offered through NADC member centres;
- ❑ develop and implement national programs including improvements to service provision, health professional training and continuing education, and collaborative clinical, scientific, or educational research projects;
- ❑ develop and maintain partnerships, as appropriate, at the local national and international level, with organisations including Diabetes Australia, Juvenile Diabetes Research Foundation, national General Practice bodies, and the Commonwealth Department of Health and Aging;
- ❑ perform periodic assessment of progress of the NADC towards its stated goals, including the development of appropriate performance indicators; and
- ❑ provide regular reports to the Board of the ADS and ADEA on the above activities.

### ***State/Territory Sections***

To accommodate regional variations in needs and service provision, the National Committee may encourage State/Territory chapters where they are able to contribute to the achievement of the national goals of the NADC.

Where such chapters exist, they will develop a role statement which will include, but not be limited to:

- ❑ statewide implementation of (national) NADC policy; and
- ❑ forming and/or supporting service networks among local diabetes centres and services, and between local diabetes specialist services and non-specialist services and providers.

A chapter will report to the National Committee on its activities regularly, at least once a year.

<b>3.0 MISSION, GOALS, OBJECTIVES and KEY WORK AREAS</b>
--

The NADC's strategic direction was reviewed in 2003 and is as follows:

### **The Mission**

To improve the health outcomes for all people with diabetes and to promote strategies for the prevention and cure of diabetes.

## **The Goal**

To be an efficient and effective peak organisation which unites, represents and promotes the role of specialist Diabetes Centres and Services and to facilitate improved standards of diabetes care through networking, collaboration and information provision.

## **The Objectives**

### **Objective 1:**

To increase access to information and networking opportunities among Diabetes Centres and Services concerning provision of quality care for people with diabetes.

### **Objective 2:**

To optimise the equity and quality of care within Diabetes Centres and Services.

### **Objective 3:**

To encourage and support specialist Diabetes Centres and Services to work with non diabetes specialist health professionals to optimise the delivery and standards of diabetes care.

### **Objective 4:**

To be recognised as the peak organisation representing and promoting specialist multidisciplinary Diabetes Centres and Services.

### **Objective 5:**

To ensure the NADC is well resourced and efficiently managed to effectively support and involve Diabetes Centres and Services throughout Australia.

## **Key Work Areas**

### **Key Work Area 1:**

The NADC will work with Diabetes Centres and Services and other stakeholders to facilitate information provision, networking and collaboration.

### **Key Work Area 2:**

The NADC will promote, disseminate and where necessary develop standards of care which take into account the specific needs of people with Type 1 diabetes, Type 2 diabetes and GDM.

**Key Work Area 3:**

The NADC will work with Diabetes Centres and Services to collect information about national standards of care provided at Diabetes Centres and Services to enable individual centres to assess their own activities in relation to others.

**Key Work Area 4:**

The NADC will work with key stakeholders to develop, implement and evaluate appropriate education and training programs targeting non diabetes specialist health professionals.

**Key Work Area 5:**

The NADC will co-ordinate and work collaboratively with professional bodies, health agencies, general practice, metropolitan and country hospitals, community centres, industry and diabetes related health professionals to disseminate information regarding optimal standards of care and other issues to non diabetes specialist health professionals.

**Key Work Area 6:**

The NADC will work with Diabetes Centres and Services to establish accreditation and membership criteria. These criteria will focus on the establishment of mechanisms which promote a multidisciplinary care model involving clinical care, education, information provision, nutritional advice, long term support and other services such as podiatry.

**Key Work Area 7:**

The NADC will participate in key debates focusing on the role of specialist Diabetes Centres and Services in the Australian health care system with a view to improving the quality of care and resources available to people with diabetes.

**Key Work Area 8:**

The NADC will develop and implement policies and processes which enable the effective management of its activities.

**Key Work Area 9:**

The NADC will work with the ADS and ADEA to seek funding and support from a range of sources including Commonwealth and State Governments and industry to enable the implementation of this Strategic Plan.

<b>4.0 BENEFITS OF THE NADC</b>
---------------------------------

Linking Diabetes Centres throughout Australia in a formal network has the potential to:

- increase the flow of information and collaboration between specialist centres and services;

- ❑ establish service networks with non-specialist service providers;
- ❑ provide a means to standardise and offer continuing professional education and training programs for diabetes nationally, to improve the quality and accessibility of diabetes care;
- ❑ collect and pool diabetes information data e.g. complications data; and
- ❑ promulgate improved standards, methods and models of diabetes care.

<b>5.0 KEY PROJECTS</b>
-------------------------

The NADC has three key activities.

### **National Foot Care Training Manual**

Diabetes is the most common cause of non-traumatic amputations even though many of these are preventable with improved education and foot care.

A training manual has been developed, which includes appropriate education information and case study examples. A number of resources are provided to workshop participants to enable effective implementation of the practices promoted, including, a foot assessment checklist, a monofilament to test for sensation of the feet and patient education material

### **Diabetes Management in the General Care Setting – A National Training Program for Nurses and Allied Health Professionals**

The high prevalence of diabetes and the additional risks it imposes on the health of the individual means that all health professionals staffing public, private and community based hospitals and health care services are involved in the care of people with diabetes. Many people with diabetes do not have ready access to specialist care and rely upon generalist care providers for the clinical care of their diabetes, for information about their condition, and for information about self care skills.

This Training Program provides a standardised basic diabetes training program containing introductory information about diabetes and its management.

The program is aimed at registered and enrolled nurses, allied health staff, and other staff from other generalist hospital, community, nursing home, and other care facilities including drug and alcohol and respite care services.

## **Australian National Diabetes Information Audit and Benchmarking (ANDIAB) Project**

The Australian National Diabetes Information Audit and Benchmarking (ANDIAB) Project collects clinical data on a national basis. This allows the development of information detailing the clinical status, diabetes control and related complications of patients attending sites and the development of information reports which enables participants to benchmark their own data against that of others.

ANDIAB, which is currently undertaken every two years, is an important Quality Activity that promotes continuous improvement in the standard of service provided by Centres.

### **6.0 CRITERIA FOR MEMBERSHIP**

1. A Diabetes Centre must exist. A Diabetes Centre is defined as a discrete unit comprising an interdisciplinary team of health professionals dedicated to the provision of education and clinical services for Diabetes Mellitus.
2. The minimum functions of a Diabetes Centre must include:
  - an education service for people with diabetes
  - clinical care of people with diabetes
  - in-service training and education for health professionals, and
  - a quality assurance and evaluation/research function.
3. The staff of the Centre must function as a team and minimum onsite staffing. Requirements include:
  - a Medical Practitioner with expertise in diabetes care who is responsible for the clinical management functions of the Diabetes Centre and who must be an ADS member. The Medical Practitioner must attend the Diabetes Centre for a minimum of 1 session a week and be actively involved in team meetings
  - a full-time or equivalent Registered Nurse Diabetes Educator who is a member of the ADEA and ADEA Credentialed or who is working towards ADEA Credentialling, and
  - an Accredited Practising Dietitian (Dietitians Association of Australia) working a minimum of two sessions a week. It is highly desirable that the Dietitian is also a member of ADEA and ideally working towards ADEA Credentialling.
4. Diabetes Centres must demonstrate that they monitor the outcomes of their Services against health outcomes standards.

5. Diabetes Centres should accept patient self referral to non-medical services consistent with the organisational policy of the parent health facility.

### **Membership Procedure**

Fulfilment of accreditation prerequisites is essential for membership. Accreditation will be by self assessment and will be for a 1 year period.

## **7.0 ASSOCIATE MEMBERSHIP**

The category of Associate Membership has been developed for groups of health professionals working together to provide co-ordinated diabetes care but who do not fulfil the criteria for accreditation as a Diabetes Centre.

Associate membership of the National Association of Diabetes Centres is offered to groups of professional healthcare workers who have an active involvement in diabetes care; are committed to the goals and objectives of the NADC and to monitoring the outcomes of their services, and do not provide their services through a Diabetes Centre.

1. Each group must consist of a minimum of a Medical Practitioner involved in diabetes care and who is a member of ADS, a Registered Nurse Diabetes Educator, who is an ADEA member and an Accredited Practising Dietitian for whom ADEA membership is actively encouraged.
2. Members of the group will generally be associated by geographic region but will not necessarily be located at the same site and may be affiliated with different categories of health services e.g. private practice, hospital, community health.
3. Within the group there must be a co-ordinated approach to diabetes care with inter-disciplinary communication, consultation and cross-referral and the group must hold regular meetings.

Accreditation will be by self assessment and will be for a 1 year period.

## **8.0 ANNUAL MEETING**

There will be an Annual Meeting for the NADC that all members are entitled to attend. Full members and Associate members should nominate one member of their Centre or group to speak on their behalf.

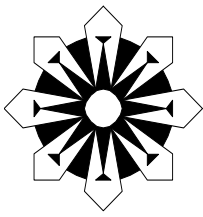
## **9.0 QUALITY ACTIVITIES PARTICIPATION**

Diabetes Centres are encouraged to participate in Quality Activities such as ANDIAB (Australian National Diabetes Audit & Benchmarking). A Certificate will be issued to Centres to acknowledge participation in NADC QA activities.

## Address for Correspondence

Executive Officer  
National Association of Diabetes Centres  
PO Box 3570 WESTON ACT 2611  
Tel: 02 62874844  
Fax: 02 6287 4877  
E-mail: [adpo2@ozemail.com.au](mailto:adpo2@ozemail.com.au)

**An Application form is enclosed with this information booklet.**



**Australian  
NATIONAL ASSOCIATION OF DIABETES CENTRES**

Promoting equity of access to quality diabetes care

**ABN 80 163 955 670**

**MEMBERSHIP APPLICATION FORM - TAX INVOICE**

**Name of Service:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Non-Medical Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please tick the membership category under which you are applying (see overleaf):**

- A Full Membership Annual Fee \$110 (Includes \$10 GST)**
- B Associate Membership Annual Fee \$55 (includes \$5 GST)**

**I certify that the applying Centre has met the criteria for the level of membership sought.**

(Signed) \_\_\_\_\_ Position \_\_\_\_\_

The NADC Secretariat abides by the National Privacy Principles. When contacted by third parties to disseminate commercial information of benefit to members, it performs mailouts itself.

Do you consent for your Centre's address to be provided if an individual or organisation wishes to contact a Centre for non-commercial reasons?

Yes  No

**Please forward application and cheque to:**

**National Association of Diabetes Centres  
PO Box 3570  
WESTON ACT 2611**

**Phone: 02 6287 4844 Fax: 02 6287 4877 email: adpo2@ozemail.com.au**

## **MEMBERSHIP DEFINITIONS**

### **Full Membership**

1. A Diabetes Centre must exist and operate as a discrete unit comprising an interdisciplinary team of health professionals dedicated to the provision of education and clinical services for Diabetes Mellitus.
2. The minimum functions of a Diabetes Centre must include:
  - an education service for people with diabetes
  - clinical care of people with diabetes
  - in-service training and education of health professionals
  - a quality assurance and evaluation/research function.
3. The staff of the Diabetes Centre must function as a team in the planning, delivery and evaluation of the services provided. Minimum onsite staffing requirements include:
  - a medical practitioner with expertise in diabetes care who is responsible for the clinical management functions of the Diabetes Centre and who must be an ADS member. The medical practitioner must attend the Diabetes Centre for a minimum of 1 session per week and be actively involved in team meetings
  - a full-time or equivalent Diabetes Educator, Registered Nurse who is a member of the ADEA and ADEA Credentialed or who is working towards ADEA Credentialling, and
  - an Accredited Practising Dietitian (Dietitians Association of Australia) working a minimum of two sessions a week. It is highly desirable that the Dietitian is also a member of ADEA and ideally working towards ADEA Credentialling.
4. Diabetes Centres must demonstrate that they monitor the outcomes of their Services against health outcomes standards.
5. Diabetes Centres should accept patient self referral to non-medical services consistent with the organisational policy of the parent health facility.

### **Associate Membership**

Associate membership has been developed for groups of health professionals working together to provide co-ordinated diabetes care but who do not fulfil the criteria for accreditation as a Diabetes Centre.

1. Each group must consist of a minimum of a Medical Practitioner involved in diabetes care who is a member of ADS, a Diabetes Educator, Registered Nurse who is an ADEA member and an Accredited Practising Dietitian for whom ADEA Membership is actively encouraged.
2. Members of the group will generally be associated by geographic region but will not necessarily be located at the same site and may be affiliated with different categories of health services e.g. private practice, hospital, community health.
3. Within the group there must be a co-ordinated approach to diabetes care with inter-disciplinary communication, consultation and cross-referral and the group must hold regular meetings.

**APPLICANTS ARE REQUIRED TO SELF ASSESS MEMBERSHIP CATEGORY  
AND SIGN THE CERTIFICATION ON PAGE 1 OF THIS APPLICATION**