

Looking back at 50 YEARS

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1973-2023

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Australian Diabetes Society | 1973-2023

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1973-2023

...Hirschfeld, Physician-in-charge of the diabetes clinic, Royal Melbourne Hospital, 1937-1957 where he was a Physician (and Honorary Physician) from 1925 to 1957, and Chancellor, University of Queensland, 1953-1957. (RACP archives.)

The staff of the Diabetic and Metabolic Unit. Alfred ...
...3rd from left Ewen Downie, 4th Bryan Hud...

...Bornstein, ...
...ers, Deidre Hyde,

Frank Alford, 1989, Director, Department of Diabetes and Endocrinology, St Vincent's Hospital, Melbourne.

Harald Breidahl (left) and Robert Hall, Australian delegates to the IDF Congress, 1970.

John Tartie, Professor of Medicine, University of Sydney from 1979 and Kilgim Professor of Endocrinology, from 1984.

John Carter, President ADS (left), and Senator Graham Richardson, Federal Minister of Health, at the launch of the National Action Plan. Canberra, May 1993.

(Left to right) Richard Larkins, Don Chisholm and Paul Zimmer, Programme Committee Chairmen, 13th IDF Congress, Sydney, November, 1988.



Australian Diabetes Society

Bornstein and Frank Ng, Department of Biochemistry, Monash University, 1969.

Kraegen showing the artificial pancreas. Garvatin's *New in Education, Research and Community Service* p.1, March, 1969.

...Mellor, 13th IDF Congress, ...
...November, 1988.

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Establishment of the Australian Diabetes Society

9 OCTOBER 1973



Joseph Bornstein and Frank Ng, Department of Biochemistry, Monash University, 1969. (From *What's New in Education, Research and Community Service* p.1, March, 1969, Monash University.)



Harald Breidahl (left) and Robert Hall, Australian delegates to the IDF Congress, Buenos Aires, 1970.



Kempson Maddox, Honorary Physician, Royal Prince Alfred Hospital, 1930-1961. Established the diabetic clinic in 1933 and was Physician-in-Charge until 1954. Knighted in 1964.



John Carter, President ADS (left), and Senator Graham Richardson, Federal Minister of Health, at the launch of the National Action Plan, Canberra, May 1993.

THE AUSTRALIAN DIABETES SOCIETY (ADS) was formally established at a meeting held at the Clunies Ross Centre in Melbourne on 9 October 1973 in conjunction with the Scientific Meeting of the Royal Australasian College of Physicians.

The origins of a society to cater for professionals interested in diabetes were described by Breidahl in 1988 on the occasion of both the IDF meeting in Sydney and the jubilee of the Royal Australasian College of Physicians (RACP) [1]. The impetus came in 1972 when he and John Turtle were driving together from Melbourne to Bendigo to attend a meeting.

They agreed that a forum was needed for professionals interested in diabetes and were dissatisfied that diabetes was under-represented at scientific meetings of the Endocrine Society and the RACP.

Between 1967 and 1972, at a time of rapid development in research in diabetes in Australia as more motivated young graduates returned from training in the United States and Britain, only approximately 10% of papers presented at the annual meetings of the Endocrine Society of Australia were related to diabetes.

Physicians and scientists who had major interest in diabetes were sent circulars



The staff of the Diabetic and Metabolic Unit, Alfred Hospital, Melbourne in May, 1957. Front row 3rd from left Ewen Downie, 4th Bryan Hudson, 5th Dora Winikoff, 7th Joe Bornstein, 8th Hal Bredahl. Also shown June Sheath, Peter Davoren, Margaret Sanders, Deidre Hyde, Ian Martin (at rear).



Left to right) Richard Gilbert, Mark Cooper, Sianna Panagiotopoulos, George Jerums and Terri Allen of the Department of Endocrinology, Austin and Repatriation Hospital, Melbourne. 1998.

The visitors included: Jesse Roth from the National Institution of Health, Washington DC; Werner Creutzfeld, University of Gottingen, West Germany; Lise Heding, Novo Research Institute, Copenhagen; Max Miller, Western Reserve University, Cleveland, USA; Harry Keen, Guys Hospital, London; John Hunt, General Hospital, Vancouver, and Rose Young, Queen Mary Hospital, Hong Kong.

Twenty-five local free communications were presented including: Serial studies of renal protein clearance, G. Jerums; Peptide hormones from human plasma, F. Ng and J. Bornstein; Vascular disease in Aborigines, P. Wise; Insulin receptors in adipose tissue and placenta, L. Harrison, A. King-Roach, T. Billington and S. Clark; Insulin and glucagon secretion of human pancreatic explants, J. Maitland and J. Turtle; Congenital rubella as a case of diabetes in humans, M. Burgess, J. Forrest and J. Burgess; and Diabetes in the South Pacific, P. Zimmet. There were 170 registrants for the scientific sessions and workshops. A highlight was a well-remembered and at times emotional debate on 'The Place of Oral Hypoglycaemic Drugs in the Treatment of Diabetes' between Max Miller and Harry Keen.

An innovative symposium on 'The Education of the Diabetic' was held jointly with the Victorian Diabetic Association. This was well attended by both professionals and people with diabetes. Speakers included Gwen Scott of the Association, Karen Webb and Martyn Sulway who examined the issue of non-compliance and dietary adherence in diabetic patients, and John Hunt of Vancouver.

This meeting was a major event and gave the Society and its members confidence, both in their ability to organise a large meeting and to present papers on equal terms with leading international speakers. It was also the first time that major support from the pharmaceutical industry was obtained for visiting speakers and that the Kellion Foundation supported a lecturer.

In 1976 the ADS Council considered the introduction of standardised insulin syringes, with the hope that the Federal Health Department would approve their supply on the National Health Scheme, and the introduction of U100 insulin. This was initiated by the Council, and a sub-committee consisting of Alan Stocks and John Burgess

was instructed to obtain all the available information on the situation in the USA for discussion by the Society in 1977.

Neill Decker from the DFA and a governor of the Kellion Foundation proposed the formation of an Australian Diabetes Council as an amalgamation of the DFA and ADS. He stressed the importance of medical input into the Federation activities, which had not been effective in the past, and the question of Australian affiliation and representation with the IDF.

The proposed Australian Council would include responsibility for funding on a sound financial basis for the following: research, coordination of education, publication of Conquest, and a national secretariat. The ADS Council was in sympathy with these aims and awaited the response of the Diabetes Federation to the proposal with great interest [6].

In 1977 the Secretary, Frank Alford, established a newsletter to members of the ADS. This was produced by the Secretary until 1984 when John Oliver became editor. He filled this position with great distinction until 1995, and currently the newsletter is edited by Paul Williams and distributed to a membership of 472.

References:

1. Bredahl H. (1988) The diabetes movement in Australia. Royal Australasian College of Physicians Jubilee.
2. Diabetes mellitus in Australia. (1973) Minutes of meeting at Royal Princes Alfred Hospital, Sydney, 23 February.
3. Minutes. (1974) Annual General Meeting Australian Diabetes Society.
4. Leading article. (1076) Diabetic Diets-A Reassessment. Med J Aust, 1, 811-812 Annual Meeting. (1976)
5. Council Australian Diabetes Society November 12-13.
6. Minutes. (1976) Council Australian Diabetes Society, November 11.

Source:

Martin, F.I.R. (1998) A history of diabetes in Australia.



Dr. Hirschfeld, Physician-in-Charge of the diabetes clinic, Royal Prince Alfred Hospital, 1917-1957 where he was a Physician (and Honorary Physician) from 1925 to 1957, and Clinician, University of Queensland, 1953-1957. (RACP archive)

The staff of the Diabetic and Metabolic Unit, Alfred Hospital, Melbourne in May, 1957
 row 1st from left Ewen Downie, 4th Bryan Hudson, 5th Dora Winkoff, 7th Joe Boushous, 8th Hal Bredahl. Also shown June Sheath, Peter Davoren, Margaret Sanders, Deidre Hyde, Ian Martin (at rear).

John Court, Physician-in-Charge of Diabetes Services, 1967-1990, Royal Children's Hospital, Melbourne. Senior Physician, Centre for Adolescent Health, Royal Children's Hospital, from 1991

First Diabetes Meeting held to form an Association

23 FEBRUARY 1973 AGENDA & MINUTES

DIABETES MEETING

Friday 23rd February, 1973.

A G E N D A

1. Apologies.
2. Should an Association be formed?
Proposed title.
3. What will be the role of an Association, if it is formed?
CONSIDER e.g.
 - i) Scientific and/or clinical meetings.
 - ii) Advisory capacity to the Diabetes Federation of Australia.
 - iii) Other advisory capacities.
 - iv) To provide medical opinion on clinical aspects of diabetes management.
 - v) Educational - medical, lay.
4. Should the Association hold meetings in conjunction with other groups?
e.g. The Royal Australasian College of Physicians.
The Endocrine Society of Australia.
5. Meetings - clinical and/or scientific frequency site first meeting
6. Membership. Circulation list.
7. Does this preliminary meeting consider that a Provisional Committee should be elected now?
 - i) Membership
 - ii) Draft constitution
 - iii) Plan first meeting
 - iv) Is a separate subcommittee required to consider functions of the Association in its advisory capacity?
8. Funds: membership fee. other sources.
9. Other business.

DIABETES MELLITUS IN AUSTRALIA

Minutes of a Meeting held on Friday 23rd February 1973
in the Schlink Education Centre at
Royal Prince Alfred Hospital

Convened by H.D. BREIDAHL and J.R. TURTLE

1. PRESENT:

<u>N.S.W.</u>	<u>VIC</u>	<u>W.A.</u>	<u>QLD</u>
P. MOFFITT	D.P. CAMERON	J. CALDER	B. HIRSCHFELD
R.H. VINES	P. TAFT	A. COHEN	A. STOCKS
L. LAZARIS	H.D. BREIDAHL	B. WATSON	
J.C. FARRELL			
P. BUTLER			
M. SULLIVAN			
F.H. BURNS			
J.A. BURGESS			
D. CHURCH	<u>TAS</u>	<u>S.A.</u>	<u>A.C.T.</u>
J. ISBISTER	R. CONNOLLY	R.A. BURSTON	A. PROBST
J. CASEY			E. WILMESHURST
P. DONNELLY			
J.R. TURTLE			
I.D. THOMAS			
2. APOLOGIES.

J.M. COURT, G. JERKINS, W. HAMILTON-SMITH, F.I.R. MARTIN, EMMEN DOWNE, J.M. GREENWAY, T.J. MARTIN, A.W. STEINBECK, S. POSEN, D. HICKS, P. WISE, R. WALKER, G. ENNIS, J. MORRIS.
3. THE NEED FOR A PROFESSIONAL DIABETES ASSOCIATION.

There was general discussion on the need for a medical group to be formed for physicians with an interest in diabetes. In Australia there is no body to provide an expert opinion on the medical aspects of diabetes mellitus. It was felt that an association should be formed and that the activities of the association should be patient oriented. A relationship with the Royal Australasian College of Physicians was discussed.

It was decided that an association should be formed. Its title will be The Australian Diabetes Association.
4. ROLE OF THE AUSTRALIAN DIABETES ASSOCIATION.

An essential function of the Association would be to act in an advisory capacity to lay and medical groups to provide informed opinion on health matters concerning diabetes. Other functions were discussed, including the holding of Scientific and/or Clinical Meetings, as well as educational functions.

- 2 -

It was decided that the functions of the Association would be as follows:

- i) To provide an informed medical opinion on aspects of diabetes mellitus to the Diabetes Federation of Australia and other Diabetes Associations when requested.
- ii) To hold an annual Scientific and/or Clinical Meeting. The precise content of this meeting would depend on the papers submitted.
- iii) To act in other advisory capacities, for example:
 - (a) the Association of Clinical Biochemists to obtain uniform standards of diagnosis in Australia.
 - (b) the Commonwealth Department of Health, following the referral of health matters concerning diabetes mellitus.
 - (c) W.H.O. regional health problems in diabetes.
- iv) An educational function (both medical and lay) would be important for the Association, in view of the relatively poor standard of management of diabetes mellitus in parts of Australia. Uniform literature concerning aspects of management of diabetes should be provided for use throughout Australia.
- v) A possible function would be to initiate and sponsor research into diabetes in Australia.

5. PROCEDURAL ARRANGEMENTS FOR CLINICAL AND/OR SCIENTIFIC MEETINGS.

The frequency of proposed meetings was discussed. The possibility that meetings should be held at the same time as those of the Royal Australasian College of Physicians or the Endocrine Society of Australia was considered. Opinions were expressed that it would not be advisable to align permanently with any other group. A meeting will be held at the same time as the Royal Australasian College of Physicians in the first instance.

It was decided that

- i) The first meeting should be held immediately before the ordinary meeting of the Royal Australasian College of Physicians in October 1973 in Melbourne.
 - ii) Annual Meeting should be held.
 - iii) In the first instance a 1-day meeting consisting of a business meeting plus a Clinical and/or Scientific session should be held.
- #### 6. MEMBERSHIP OF THE AUSTRALIAN DIABETES ASSOCIATION.

Extensive discussion took place as to whether membership should be open to clinicians only or to include scientists with an interest in diabetes. The importance of participation of scientists was discussed, together with their role in e.g. statistics, epidemiology, dietetics etc. It was felt that the Association would always be likely to be numerically dominated

- 3 -

It was decided that membership should be open to clinicians and scientists with an interest in diabetes. Membership Applications would be screened by a Membership Committee.

7. ELECTION OF A PROVISIONAL COMMITTEE.

The establishment of a Provisional Committee was essential to prepare a draft constitution, to plan the first meeting in October and to raise funds for the Association.

It was decided that Dr. H. Broidahl should be the convenor of the Provisional Committee.

Dr. Broidahl requested that the Provisional Secretariat be established by Dr. J.R. Turtle in Sydney and that the Provisional Committee should consist of a small number of representatives from Victoria and N.S.W.

- a) The function of the Victorian members would be to draft a constitution and to plan the October meeting.
- b) The function of the N.S.W. members would be to establish the secretariat, to initiate membership applications and to raise funds.

8. FUNDS.

The question of an annual membership fee was discussed. As any amount raised by memberships subscription would be small, the proposal was considered that approaches should be made to the Pharmaceutical Industry for support.

It was decided that an annual membership fee of \$10 would apply. Approaches should be made to the Pharmaceutical Industry for support for establishment purposes.

9. OTHER BUSINESS

A vote of thanks was made to Royal Prince Alfred Hospital for their hospitality in providing dinner and a venue for the meeting of the Association.

The next business meeting will be held at the time of the Clinical and/or Scientific Meeting in October 1973.

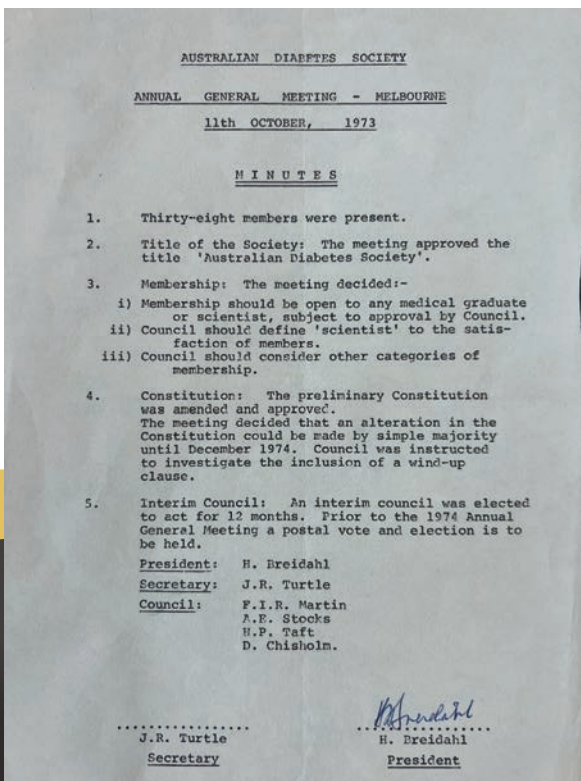


Dr. Hinchfield, Physician-in-Charge of the diabetes clinic, Royal Prince Alfred Hospital, 1937-1957 where

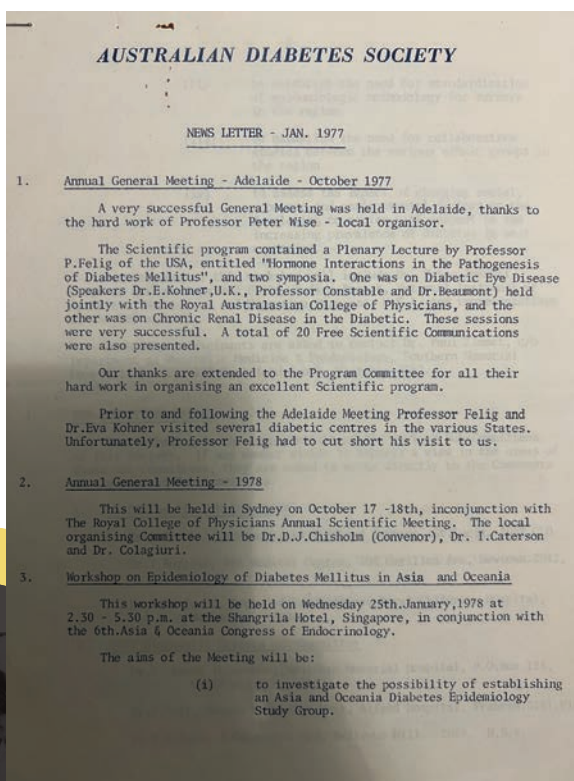
John Court, Physician-in-Charge of Diabetes Services, 1967-1988, Royal Children's Hospital,

First Australian Diabetes Society Annual General Meeting & Newsletter

11 OCTOBER 1973 ADS AGM



JANUARY 1977 ADS NEWSLETTER



Dr Hirschfeld, Physician-in-Chief of the diabetes clinic, Royal Brompton Hospital, 1937-1957 where he was a Physician (and Honorary President) from 1923 to 1957, and Canadian, University of Queensland, 1953-1957. (RACP archive)

The staff of the Diabetic and Metabolic Unit, Alfred Hospital, Melbourne in May, 1957. Front row 3rd from left Ewen Downie, 4th Bryan Hudson, 5th Dora Winikoff, 7th Joe Bornstein, 8th Hal Braidahl. Also shown June Sheath, Peter Davoren, Margaret Sanders, Deidre Hyde, Ian Martin (at rear).

John Court, Physician-in-Charge of Diabetes Services, 1965-1990, Royal Children's Hospital, Melbourne. Senior Physician, Centre for Adolescent Health, Royal Children's Hospital, from 1991.

Claude Kellion (seated centre) with Governor right) Neill Decker, John Turtle, Alan Stocks



Frank Alford, 1989, Director, Department of Diabetes and Endocrinology, St Vincent's Hospital, Melbourne.



Harald Braidahl (left) and Robert Hall, Australian delegates to the IDF Congress, 1970.



John Turtle, Professor of Medicine, University of Sydney from 1979 and Gillian Professor of Endocrinology.



John Carter, President ADS (left), and Senator Graham.



Chemistry, Monash University, 1969. (Monash University Archives)



Director, Burnet Clinical Research Community and Transplantation Research, from 1987.



ADS Founding Members

President: Dr Harald Braidahl (deceased)

Treasurer: Professor Emeritus John R. Turtle AO

Council Members:

- Professor Donald Chisholm AO
- Dr Alan Stocks
- Dr F.I.R (Ian) Martin (deceased)
- Professor Pincus Taft (deceased)

(born and Lorna Mellor, 13th IDF Congress, November, 1988.

(Left to right) John Townsend, Phyllis Lush, Sir Kempson Maddox and Anniversary of Diabetes Australia, New South Wales, 1987. Phyllis Lush insulin for 75 years—the longest known period for any individual in t

History of the ADS

The History of the Australian Diabetes Society

Harald D. Bredahl

DIABETES. A morbid copiousness of urine; a fatal colligation of the urinary passages.

Samuel Johnson
Dictionary 1755

Even before the introduction of insulin into clinical practice in 1923, some physicians had been interested in the particular problems posed by patients with diabetes, and had specialised in their treatment. The need to understand these problems was accentuated when insulin became widely available, but, in general, the management of diabetics was in the hands of general physicians. In fact, it is only in the last 30-40 years that physicians have become "system orientated" — or more specialised — and thus these years have seen the appearance of endocrinologists and diabetologists.

In the 1930s and 1940s some Australian physicians took a special interest in diabetes, and one can recall Otto Hirschfeld, Sir Kempson Maddox, Keith Harrison, Ewen Downie, Jock Williams, Tom Heale and Bruce Hunt. The 1950s saw the development of chemical and biological methods of measuring hormones, and the early 1960s saw the discovery and wide application of radio-immunoassay. These advances allowed endocrinology to develop as a sub-specialty of general medicine — and it has since expanded to impinge on all areas of medicine. With the explosion in endocrinology, diabetes got lost somewhere along the way, and was appended to endocrinology as an area of special expertise.

At the Inaugural Meeting of the Diabetes Federation of Australia (the lay body) in Sydney in October, 1957 the possibility of forming a scientific group for those interested in Endocrinology was discussed informally. Keith Harrison, Basil Hetzel, Ewen Downie, Bryan Hudson and Pincus Taft were to explore the possibilities of forming such a society, and as a result, on 2 June 1958 a meeting to found the Endocrine Society was held in the BMA Hall in Sydney. A Council was formed, and the next day met and elected Ewen Downie as President. The first Annual Meeting was held in Adelaide in May 1959.

For many years, the needs of those whose major interest was diabetes were served by this Society, but with the passage of time it became harder to find papers (laboratory or clinical) relating to diabetes in the programme of the Endocrine Society Scientific Meetings.

In October 1972 John Turtle had agreed to speak to the Bendigo branch of the then Diabetes Association of Victoria. I met John at Melbourne airport and drove him to Bendigo, so we had a long time to talk on matters of mutual interest. It was apparent we both felt the lack of a forum for those interested largely in diabetes. A further need was for the formation of a national group interested in diabetes to co-ordinate the advice given to the lay State Associations, and the Diabetes Federation of Australia, all of whom were looking to the profession for guidance and assistance. There was an

American Diabetes Association (medical) and a Medical and Scientific Section of The British Diabetic Association — so we decided to explore the possibility of forming an Australian Diabetes Association. We approached those whose major area of practice or research was diabetes, and were able to call a meeting in the Schlink Education Centre, Royal Prince Alfred Hospital, Sydney, on Friday 23 February 1973, around a buffet meal provided by the Hospital. The Meeting was announced as convened by H. Bredahl and J. Turtle "to discuss the need for a Professional Diabetes Association". It was attended by 26 doctors from all States and the ACT, with apologies from another 14. The decisions made at that Meeting were:-

- (a) There was a need for a medical group for physicians interested in diabetes.
- (b) The group could - (i) advise the Diabetes Federation of Australia as required.
 - (ii) hold scientific meetings
 - (iii) advise Government and WHO
 - (iv) educate the public, the press and the profession re diabetes.
 - (v) initiate and sponsor research in diabetes.
- (c) Meetings could be held in conjunction with the Royal Australasian College of Physicians or The Endocrine Society.
- (d) Membership was to be open to clinicians and scientists with an interest in diabetes.

A business/scientific meeting was arranged for October 1973 in Melbourne. Prior to that, there was considerable correspondence and discussion regarding the name of the new Association, the qualifications required for membership, and the relationship to the lay Associations. The name Australian Diabetes Society was proposed — and adopted by the Meeting in October. Membership was initially open to medical graduates or scientists — the definition of whom led to considerable discussion. I was elected President of an interim Council to act for 12 months prior to a formal election, and the Council was John Turtle (Secretary), Ian Martin, Don Chisholm, Alan Stocks and Pincus Taft. The scientific part of the Meeting comprised a series of invited papers. The Meeting concluded with dinner at the Naval & Military Club at a cost of less than \$10.00 per head.

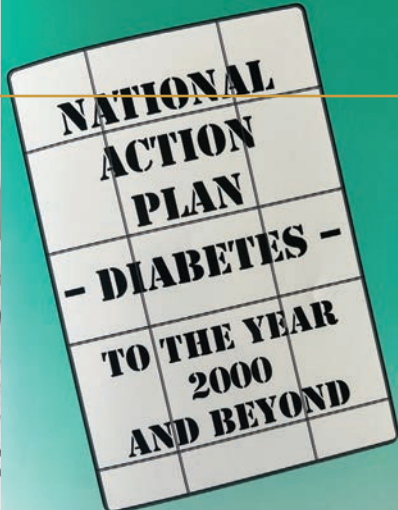
The Meeting in October, 1973 decided that membership should be open to any medical graduate or scientist approved by Council, and Council was asked to define "scientist" and to consider other categories of membership. A Membership Committee was established, and recommended that individuals with training in Pharmacy, Dietetics or Nursing be accepted, provided they had a declared interest in people with diabetes.

The membership of the Society increased slowly over the first 5-6 years of its existence, and has almost doubled in the last 4-5 years, owing to the influx of Diabetes Nurse Educators. This latter group is now an independent Association, with many sharing dual membership, and their meetings are held in parallel with those of the ADS.

The Annual General and Scientific Meetings of the ADS have been held latterly in conjunction with those of The Endocrine Society, but the ADS has no firm policy on this matter. The ADS and the Australian Diabetes Foundation are proud to be hosts to the International Diabetes Federation's 13th Congress in Sydney in November, 1988, and this Meeting will be the highlight of the short history of the ADS.



Len Harrison, Director, Burnet Clinical Research Unit, Royal Melbourne Hospital and the Division of Autoimmunity and Transplantation, Walter and Eliza Hall Institute of Medical Research, Melbourne, from 1987.



A.D.S. Newsletter
 Published quarterly by the Australian Diabetes Society
FEBRUARY 1984

UNIFICATION A.D.S. — D.F.A.

During the latter half of 1983 rapid progress was made by the membership and Council of the Australian Diabetes Society (A.D.S.) and Diabetes Federation of Australia (D.F.A.) to come together under the one banner — Australian Diabetes Foundation (A.D.F.).

On October 1st 1983 at a very successful Unification meeting in Melbourne the Australian Diabetes Society became the Medical and Scientific Section of the newly formed Australian Diabetes Foundation.

The administrative structure of the A.D.F. will be made up as follows.

DELEGATES

Delegates at the Annual General Meetings or other General Meetings or Council Meetings of the ADF shall consist of 2 representatives from each of the eight States or Territories' Diabetic Associations, and eight representatives from the Medical and Scientific Section. At these meetings, the representation of the Diabetic Association should be at least 50 percent, and the representation of the Medical and Scientific Section should approximate to but not exceed 33 1/3 percent.

The Annual General Meeting or any General Meeting shall determine the admission and representation of any other organisation and may modify representation of the pre-existing membership, so as to preserve the approximate proportion of 50 percent or more from Diabetic Associations and 33 1/3 percent from the Medical and Scientific Section.

CHAIRMAN

Chairman to be elected by Annual General Meeting for two year term, from delegates at Annual General Meeting. The section from which the Chairman is elected shall be entitled to a replacement delegate.

The Chairman, who will be non-representative, will have only a casting vote at any meeting. The Chairman will also be a Chairman of the Council, the Executive Committee and will be ex officio at any Section Committee Meeting.

VICE-CHAIRMAN



(Left to right) Richard Larkins, Don Chisholm and Paul Zimmert. Program Committee Chairmen, 13th IDF Congress, Sydney, November, 1988.

COUNCIL

The Council shall retain the voting rights of a General Meeting, and the proportionate representation of Sections as determined above, and will meet three times a year at a place to be nominated.

EXECUTIVE COMMITTEE

There will be an Executive Committee to manage the day to day affairs of the ADF and it shall consist of:

- Chairman
 - One States or Territories' Diabetic Association representative
 - One Medical & Scientific Section representative.
- Appointment of the Diabetic Association and Medical & Scientific representatives shall be the responsibility of the respective sections.

The Executive Committee shall have power to co-opt delegates from other sections when it is discussing business particularly applicable to another section. All decisions of the Executive Committee must be unanimous.

VOTING

At the General Meetings and Council Meetings, delegates will have one vote, any number of proxies may be held by one delegate, and all delegates may appoint alternates.

SECRETARIAT

The Secretariat shall comprise a Chief Executive and a typist clerk. The Chief Executive will be responsible to:

1. The Chairman
2. The Executive Committee
3. The Council

In that order. The Chief Executive will be selected by the Executive Committee. The location of the Secretariat shall be at Canberra, Sydney or Melbourne depending upon practicality, cost and existing facilities.



13th International Diabetes Federation Congress

PROGRAMME

November 20-25, 1988
 Sydney Convention & Exhibition Centre
 Darling Harbour, Sydney, Australia

A HISTORY OF DIABETES IN AUSTRALIA
 F.I.R. MARTIN

HISTORY OF THE ADS

50 Parliament Place,
 East Melbourne. 3002
 Victoria. Australia.
 8th February, 1979.

Professor Rolf Luft,
 President,
 International Diabetes Federation,
 10 Queen Anne Street,
 LONDON. W1M 0BD. United Kingdom.

Dear Professor Luft,

On behalf of the Diabetes Federation of Australia and its Administrative Council, I have pleasure in inviting you, officers, delegates and members of the International Diabetes Federation to accept our offer to host the 13th International Diabetes Federation Congress in Sydney in 1985.

We are confident that an innovative and stimulating scientific programme concerning diabetes can be mounted, together with a programme for diabetics and Diabetes Educators. Also, a unique social programme reflecting Australian culture and hospitality can be arranged.

Australia is a young and progressive society. It is among the foremost countries of the world in the planning, organisation and delivery of health and welfare services. It has much to be proud of in its contribution to the universal advance of medical and allied sciences and their practices.

International meetings held in Australia normally attract delegates not only from Europe, North America and South America, but also from other distant countries such as Japan, Israel, India, Africa, Korea and the Arab states. In terms of air travel, it is very close to Indonesia, Malaysia, Singapore and New Zealand. Considerable numbers of delegates can usually be anticipated from these countries.

All of us involved in diabetes research and diabetes care in general within Australia hope that you will favourably consider our invitation and so ensure a memorable experience in 1985.

Yours sincerely,

Harold D. Bredahl
 Harold D. Bredahl, MD., FRCP.,
 FRACP.
 President.



PRIME MINISTER
 CANBERRA

Dear Dr Bredahl,

I am delighted to hear that the Australian Diabetes Society in conjunction with the Diabetes Federation of Australia will be extending an invitation to the International Diabetes Federation to hold the 12th International Diabetes Federation Congress in Sydney in 1985.

The Australian Government warmly supports this proposal. Diabetes is a serious problem in this country particularly amongst the Aboriginal population and Australia is known to have made a significant contribution to the medical research in this field.

Such a conference can only result in an improvement in the understanding and management of diabetes in Australia.

Australia would be honoured to welcome international delegates to the Congress. I am sure they would enjoy every hospitality in this country, particularly in Sydney, where there is a full range of facilities for Conferences.

I would be glad if you will convey to Professor Rolf Luft, President of the International Diabetes Federation, my best wishes for a successful conference in 1985, wherever it may be held. I am writing in similar terms to Dr Taft.

Yours sincerely,

Hal Bredahl
 (Halcolm Fraser)

Dr Hal Bredahl,
 President,
 Diabetes Federation of Australia,
 60 - St Andrews Medical Suite,
 60 Parliament Place,
 EAST MELBOURNE VIC 3002

ADS Foundation Membership List 1973



NEW SOUTH WALES

BEAUMONT, Paul Dr
BULLOCK, June
BURGESS, John Dr
BURKE, John Dr
BURNS, F. Harding Dr
BUTLER, Patrick Dr
CASEY, John Dr
CHURCH, David Dr
DONNELLY, Peter Dr
FARRELL, John Dr
FOWLER, John Dr
GREENAWAY, John Dr
HALES, Ian Dr
HOSKING, Maxine Miss
ISBISTER, James Dr
KIDSON, Warren Dr
LAZARUS, Leslie Dr
MADDOX, Sir Kempson
MAITLAND, Janice Mrs
MENDE, George Dr
MOFFIT, Paul Dr
OAKLEY, Joyce Dr
OLDFIELD, A.S. Dr
O'REILLY, Richard Dr
SINHA, Shailendra Dr
STEINBECK, A.W Dr
STIEL, John Dr
SULWAY, Martyn Dr
THOMAS, Ian Dr
TURTLE, John Dr
VINES, Robert Dr
WALKER, Reginald Dr
WHITTLESTONE, Anne Mrs
WYNDHAH, Roger Dr
YUE, Dennis Dr

VICTORIA

BAKER, H.W.G Dr
BREIDAHL, Harald Dr
CAIRNS, James
CAMERON, Donald Dr
CHISHOLM, Donald Dr
COURT, John DR
DOWNIE, Ewen Dr
ENNIS, Gordon Dr
FITZGERALD, James Dr
HAMILTON SMITH, W Dr
HARRISON, Leonard Dr
HARTMAN, Leonard Mr
JERUMS, George Dr
MARTIN FRANK, I.R Dr
MATHEW, John Dr
MILLS, Jeannine Dr
ROBERTS, Noel Mr
SANDERS, Margaret Dr
TAFT, Pincus Dr
WARNE, Garry Dr
WHARTON, Christine Mrs
ZIMMET, Paul Dr

WESTERN AUSTRALIA

CALDER, John Dr
COHEN, Alex Dr
CURNOW, David Dr
LARSSON, Olle DR
RILEY, William Dr
RYAN, Margaret Dr
WATSON, Bruce Dr
WELBORN, Timothy Dr
WILSON, Robert Dr

SOUTH AUSTRALIA

BURNET, RICHARD Dr
BURSTON, Robin Dr
HICKS, Dene Dr
HOFFMAN, John Dr
JUDD, Stephen Dr
WISE, Peter Dr

QUEENSLAND

BRAND, David Dr
COPEMAN, Herbert Dr
FERRIER, Thomas Dr
HIRSCHFIELD, Brian Dr
STOCKS, A Dr

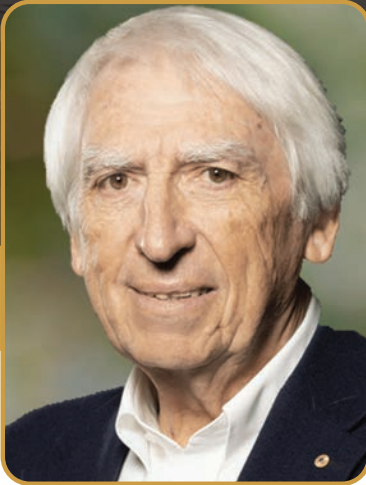
TASMANIA

CONNOLLY, Roger Dr
KNIGHT, Lindsey Dr
MORRIS, John Dr

AUSTRALIAN CAPITAL TERRITORY

PROUST, Anthony Dr
WAHLQUIST, Mark Dr
WILMSHURST, Errol Dr

Message from Past ADS President



Professor Emeritus Stephen Colagiuri AO

Professor of Metabolic Health
The Boden Collaboration,
Faculty of Medicine & Health

Reflection on ADS from 1990–2000 – a decade of coming of age for ADS.

I had the privilege of serving on ADS Council from 1992 to 2000 and as President from 1998–2000.

It was an exciting time during which the ADS was instrumental in getting diabetes on the national agenda. It also marked a decade where leading ADS figures played an increasing role on the international diabetes stage.

To put the decade in perspective, the ABS estimated there were 780,000 people with diabetes – approximately 430,000 with diagnosed diabetes and another 350,000 have undiagnosed diabetes. In 1990 diabetes treatment consisted of insulin, metformin and sulphonylureas and little lasting change occurred during the decade apart of the short-lived emergence of TZDs.

Advances in Insulin giving devices included an expanding range of insulin pens and the first disposable pen device. Insulin pumps experienced a setback but re-emerged in 2001. Blood glucose meters advances including self-filling blood drop chambers and the first computer download of results.

The DCCT findings were published in 1993 and the UKPDS in 1998 – the first large scale RCTs to establish the importance

of glycaemic control in reducing diabetes complications. The type 2 diabetes prevention studies were underway but were not reported until 2001 (Finnish Diabetes Prevention Study) and 2002 (US Diabetes Prevention Program).

The standout ADS-led achievement during this decade was the National Action Plan for type 2 diabetes. Launched in 1993, attempts to secure funding from the Federal Government to implement the Plan were unsuccessful until Dr Michael Wooldridge, the then Shadow Minister for Health, committed to support the Plan should the Coalition be elected to government.

Following the election success, diabetes was made the 5th national health priority area, a Ministerial Advisory Committee on Diabetes (MACOD) was established, chaired by Professor John Carter then ADS President, and funding was dedicated for diabetes programs.

MACOD funded the development of a comprehensive National Diabetes Strategy and Implementation Plan which included type 1, type 2 and gestational diabetes which was launched in 1998. This was adapted into the National Diabetes Strategy 2000–2004, which uniquely contained a Diabetes Declaration signed by all health ministers.

50 YEARS OF THE AUSTRALIAN DIABETES SOCIETY

Since then the National Diabetes Strategy has been updated twice with the most recent being the 2021-2030 Strategy.

Many initiatives were funded under MACOD and the subsequent National Diabetes Taskforce. The National Association of Diabetes Centres (NADC) which had been established jointly by ADS and ADEA in 1994 received substantial funding to expand its work.

A major challenge for diabetes in the 1990's was the lack of up-to-date data. There were several data initiatives during this decade including the AusDiab 1999-2000 study led by Professor Paul Zimmet, the first (and only) national diabetes prevalence study using an OGTT and the current WHO diagnostic criteria. A National Diabetes Data Working Group was established and continues today under the AIHW. The National Diabetes Data Registry of individuals with insulin treated diabetes was started. ANDIAB, a diabetes quality of care audit which originated in NSW became a national NADC program under the leadership of Professor Jeff Flack and in 2013 transitional to ANDA.

A suite of 9 NHMRC diabetes guidelines were commissioned, the first of which was endorsed by the NHMRC in 2001 and the others followed soon after.

Other major projects included the Community Awareness of Diabetes Strategic (CADS) campaign which encouraged screening for undiagnosed diabetes and the National Diabetes Visual Impairment Prevention program led by an ADS Retinopathy Subcommittee.

ADS members were also having an increasing impact on the international scene. Professor John Turtle and the late Lorna Mellor (founder of the now JDFA) were elected onto the Board of the International Diabetes Federation (IDF) in 1981 and Australia has had continual representation on the IDF Board except for two periods since, culminating in the election of Professor Martin Silink as IDF President from 2006-2009.

Since 1999, ADS members have chaired or been members of technical advisory groups of all major WHO diabetes publications including diagnostic criteria for diabetes and hyperglycaemia in pregnancy and classification of diabetes.

In 2000 the ADS instigated the annual Kellion Award to recognise ADS members who have made an outstanding contribution to diabetes.

Thanks to the hard work and dedication of successive ADS Councils and many members, the 1990-2000 decade was a coming of age for the ADS and placed the Society in a strong and influential position heading into the 21st Century.

*Prof. Emeritus
Stephen Colagiuri AO*



Message from Past ADS President



Professor Jenny Gunton

Chair of Medicine,
University of Sydney,
Westmead Hospital.

Reflection on ADS from 2006 onwards

I joined ADS council in 2006. Around that time, we started to see increasing diversity on ADS council; we've seen more basic scientists, people from non-AngloSaxon backgrounds and more women as President of the society.

Over those years, we also saw many important guidelines and changes produced by ADS.

Some highlights include:

- Individualising HbA1c targets (led by Wah Cheung)
- Diabetes and Driving, assessing fitness to drive (led by Stephen Twigg and Glenn Ward), updated in 2016 and again in 2022 / 2023.
- HbA1c for diagnosis of diabetes, and the matching MBS item number (led by Michael d'Emden), giving the option to diagnose diabetes without a formal glucose tolerance test.
- Glycaemic guidelines for type 2 diabetes. This document has evolved into the living evidence guidelines on the ADS website today.
- Martin Silink becoming the first Australian President of the IDF (International Diabetes Federation).
- ADS taking on oversight of the NADC (National Association of Diabetes Centres).

This was also the time of proliferation of medication options for glucose in people with diabetes. We had new DPP4

inhibitors (vildagliptin, saxagliptin, sitagliptin, alogliptin and linagliptin). All were eventually also released in combination with metformin to help reduce the pill-burden for our patients.

Then we had access to SGLT2 inhibitors dapagliflozin and empagliflozin. There was (and is) excitement about the ability of these drugs, especially empagliflozin to reduce cardiovascular events in people with diabetes. Then there are semaglutide and dulaglutide, injectable weekly GLP1 receptor analogues. These are also cardio-protective, with benefits for risk reduction of stroke.

Together, these medications gave people with diabetes many more options to improve their diabetes control, and to change medications to reduce side-effects.

We had the first continuous glucose monitors supported on the NDSS for children with Type 1 diabetes. This was later expanded to include pregnant women and women planning a pregnancy, and it has been great, just a year ago, to have that access broadened to all people with Type 1 diabetes.

Prof. Jenny Gunton

ADS Past Council Members

YEAR	PRESIDENT	VICE PRESIDENT	SECRETARY	TREASURER	COUNCIL MEMBERS
1973	H Braidahl	-	J Turtle	-	D Chisholm, FIR Martin, A Stocks, P Taft
1974-1976	H Braidahl	FIR Martin	J Turtle	D Chisholm	R Connolly, T Burgess, A Stocks
1976-1978	J Turtle	FIR Martin	F Alford	A Stocks	H Braidahl, T Burgess, P Taft
1978-1980	P Taft	A Stocks	F Alford	A Stocks	L Lazarus, P Moffitt, T Welborn
1980-1982	A Stocks	F Martin	P Zimmet	T Welborn	P Moffitt, M Silink
1982-1984	T Welborn	D Chisholm	G Senator	P Hoskins	F Alford, B Hirschfeld, F Martin, J Oliver, P Zimmet
1984-1986	D Chisholm	F Alford	G Senator	FIR Martin	J Oliver, B Hirschfeld, P Ryan, D Yue
1986-1988	F Alford	B Hirschfeld	L Harrison	E Kraegen	G Senator, T Welborn, P Moffitt, I Caterson
1988-1990	L Harrison	G Senator	I Caterson	E Kraegen	J Carter, P Bartley, P Phillips, G Werther
1990-1992	I Caterson	E Kraegen	P Phillips	G Werther	P Bartley, J Carter, P Colman, A Nankervis
1992-1994	J Carter	P Bartley	P Phillips	P Bartley	A Nankervis, L Campbell, P Colman, S Colagiuri, M Dunlop (co-opted)
1994-1996	P Bartley	P Colman	S Colagiuri	P Colman	J Couper, M Dunlop, G Stein, G Ward, P Williams
1996-1998	P Colman	P Colman	S Colagiuri	P Williams	J Couper, G Ward, G Fulcher, M Suthers (co-opted)
1998-2000	S Colagiuri	P Williams	G Ward	G Cooney	M Suthers, T Kay, J Proietto, L Hoffman
2000-2002	P Williams	G Ward	J Proietto	G Cooney	J Flack, T Kay, T Davis, N Petrovsky
2002-2004	G Ward	G Cooney	T Davis	S Twigg	J Flack, J Proietto, T Allen, M Kamp
2004-2006	J Flack	T Davis	T Davis	S Twigg	T Allen, N W Cheung, A Jenkins, M Febbraio
2006-2008	M Kamp	S Twigg	N W Cheung	M Febbraio	T Allen, A Jenkins, J Gunton, A Sinha
2008-2010	S Twigg	N W Cheung	J Gunton	A Jenkins	A Sinha, S Andrikopoulos, M d'Emden, J Conn
2010-2012	N W Cheung	J Gunton	A Sinha	A Jenkins	S Andrikopoulos, M d'Emden, J Conn, S Zoungas
2012-2014	J Gunton	M d'Emden	A Sinha	S Andrikopoulos	S Zoungas, J Conn, G Ross, R Laybutt

YEAR	PRESIDENT	VICE PRESIDENT	SECRETARY	TREASURER	COUNCIL MEMBERS
2014-2016	S Andrikopoulos	S Zoungas	G Ross	R Laybutt	J Conn, J Forbes, S Stranks, L Maple-Brown, J Holmes-Walker
2016-2018	S Zoungas	G Ross	J Holmes-Walker	R Laybutt	J Forbes, S Stranks, L Maple-Brown, J Shaw, A Russell, S Furlanos
2018-2020	G Ross	S Stranks	J Holmes-Walker	S Furlanos	J Forbes, L Maple-Brown, J Shaw, A Russell, C Nolan, R MacIsaac
2020-2022	S Stranks	A Russell	J Shaw	S Furlanos	Forbes, L Maple-Brown, C Nolan, R MacIsaac, J Greenfield, M Kebede, J Cain (DA Group CEO)



About The Australian Diabetes Society in 2023

The Australian Diabetes Society (ADS) is the peak national medical and scientific body in Australia for diabetes.

The ADS is a member-based organisation consisting of endocrinologists, scientists, researchers, diabetes educators, allied health professionals and primary care practitioners.

The ADS mission is to prevent diabetes and its complications; provide excellence in education for health professionals; promote collaboration, research and clinical guidelines and standards; work with our unified partners Diabetes Australia and the Australian Diabetes Educators Association committed to improving diabetes treatment and care; advocate for health policies around diabetes and its prevention; and to support the person with diabetes to live well.

OUR VISION

To provide the best possible care to the person with diabetes through excellence in education, research and clinical care.

OUR MISSION

- To prevent diabetes and its complications
- To provide excellence in education for health professionals
- To promote collaboration, research and education
- To work with other organisations committed to improved diabetes treatment and care
- To advocate for health policies around diabetes and its prevention
- To support the person with diabetes to live well



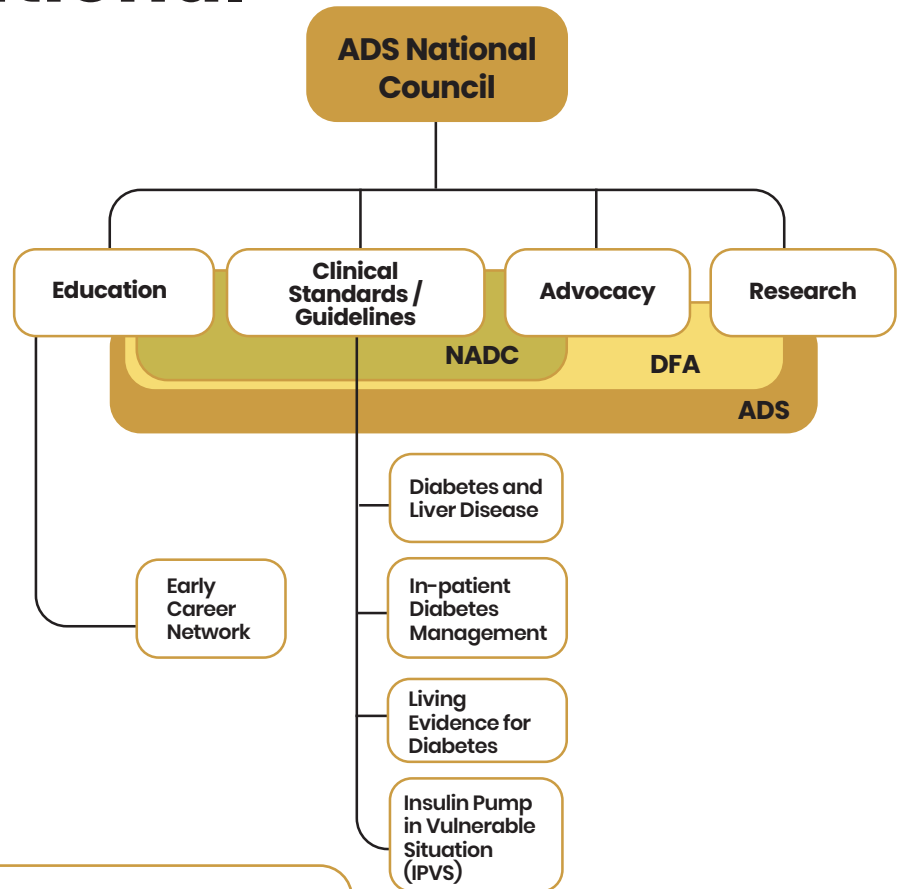
ADS Organisational Structure

The Australian Diabetes Society (ADS) Limited is a not-for-profit company limited by guarantee and is incorporated under the Corporations Act 2001 of which the ADS Constitution is governed by. The ADS is a registered health promotion charity with Australian Charities Not-for-profits Commission (ACNC).

The ADS focuses on 4 key strategic pillars; Advocacy, Clinical Standards, Education, Research.

The National Association of Diabetes Centres (NADC) and Diabetes Feet Australia (DFA) are divisions of the Australian Diabetes Society Limited.

The Australian Diabetes Society Limited is certified with ISO 9001:2015 Quality Management Systems.



ADS TEAM

- **Sof Andrikopoulos** - ADS Chief Executive Officer
- **Linda Valenzisi** - Business & Events Manager & Company Secretary
- **Natalie Wischer OAM** - NADC Chief Executive Officer
- **Michaela Watts** - ADS/NADC High-Risk Foot Service Project Officer
- **Tash Purcell** - DFA Operations Manager
- **Berline Tala** - ADS Admin & Marketing Assistant
- **Lei Calma** - NADC Admin & Marketing Manager
- **Tanya Millard** - ADS Project Coordinator for Living Evidence for Diabetes
- **Marj Castro** - NADC Admin & Marketing Assistant
- **Valerie Bosse** - ADS Admin & Project Officer

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a and
ent's
Harald Bredahl (left) and Robert Hall, Australian delegates to the IDF Conference, Buenos Aires, 1970.

John Teale, Professor of Medicine,
University of Sydney from 1979 and
Kilmer Professor of Endocrinology,
Sydney.

Martin Silink, Director, Ray Williams
Institute of Paediatric Endocrinology,
Diabetes and Metabolism, Royal
Alexandra Hospital for Children, Sydney.

Les Harrison, Director, Barnet Clinical Research Unit, Royal Melbourne Hospital and
Division of Autoimmunity and Transplantation, Walter and Eliza Hall Institute of Medical
Research, Melbourne, from 1987.

(right) Maria Koulmanda and Tom



Message from the President

Professor Anthony Russell

MBBS, PhD, FRACP
President, Australian Diabetes Society

What a wonderful achievement for the Australian Diabetes Society to be able to celebrate 50 years of been the peak medical and scientific body for diabetes in Australia.

With the incredible foresight of our founders (Dr Harald Bredahl, Professor Emeritus John R. Turtle AO, Professor Donald Chisolm, Dr Alan Stocks, Professor Pincus Taft and Dr F.I.R. 'Ian' Martin), the Society has achieved much in its aim to improve the lives of people living with diabetes.

It has achieved this through creating an educated health care professional workforce, building and supporting a scientific community that over the years has punched well above its weight internationally and collaborated to advocate government to develop strategies, guidelines, registries and schemes (National Diabetes Services Scheme) that allow people with diabetes to access some of the best health care in the world.

For a person living with diabetes over the last 50 years, much has changed. From a limited choice of animal and human insulins administered via vials and syringes to insulin analogues delivered via automated insulin delivery systems with continuous glucose monitoring, and, from a limited choice of oral agents (metformin and sulphonylurea) to new incretin agents and SGLT2 inhibitors that actually improve the survival of people with diabetes.

The society has led the health care professional community in adoption and implementation of new therapies and new models of care and it has achieved this through the dedication of its members willing to donate their time for the common good.

To reflect its current strategy and to be more inclusive of the membership, the society has a governance structure that now has four key subcommittees; representing the strategic pillars of the society; for clinical advice and guidelines, education, research and advocacy. Each of these is led and composed of incredibly dedicated members of the society with representation from around the country and different career stages. Running horizontally across these pillars is the National Association of Diabetes Centres (NADC), which was formed in 1994.

The NADC, now so ably led by Mrs Natalie Wischer OAM, has developed accreditation standards for diabetes centres across the country and education material that ensure clinical care at the coalface is world class. Working with Professor Sophia Zoungas to oversee the Australian National Diabetes Audit, has played an important part in allowing Diabetes Centres to benchmark their clinical care and undertake quality improvement initiatives.

This work has now extended to developing standards for Interdisciplinary High Risk Foot Services (HRFS) and with the leadership of Dr Joel Lasschuit, the establishment of an Australian HRFS database. Diabetes Feet Australia became a welcome division of the ADS in 2018 and is doing important work in an area of under recognised significance. Of note is the development and implementation of the Australian guidelines for diabetes-related foot disease.

The Australasian Diabetes Congress is the Society's flagship scientific meeting, showcasing the internationally recognised diabetes research conducted in Australia despite ongoing research funding challenges for which the Society continues to advocate.

The congress brings our clinical and scientific community together and survived the challenges presented by COVID. Abstract numbers submitted to the Congress are back to pre-COVID numbers and we continue to celebrate the winners of the research awards as the Society prioritises its support of research in Diabetes by distributing \$264,450 in research funding.

Supporting our future clinical and research leaders is the newly created early career network. A network chaired by Dr Shanal Kumar and generating much enthusiasm and energetic momentum, ensuring the future success of the society.

The appointment of a CEO (Mrs Suzie Neylon) in 2013 reflected the increased growth in size, activity and monetary turnover of the society which has continued with the ongoing passion and dedication of A/Prof Sof Andrikopoulos (since 2017), so ably supported by Ms Linda Valenzi.

The membership has expanded from 86 in 1973 to 938 financial members in 2023, and ADS member funds have increased over the last 10 years from \$1.8 million to \$4.6 million.

From a personal perspective, involvement with the ADS as a councillor and now President has been very rewarding. To continue to build on the shoulders of all those who have led and contributed to the Society in the past and to be able to work and network with some of the brightest minds in the country is very humbling.

Importantly, it is collaborating closely with our partners (Diabetes Australia and Australian Diabetes Educators Association) and other health care professional bodies involved in the care of people with diabetes and research institutes conducting diabetes research, that we can have a much more powerful voice to improve the lives of people with diabetes.

Prof. Anthony Russell



Message from the Chief Executive Officer



A/Professor Sof Andrikopoulos

Chief Executive Officer
Australian Diabetes Society

Congratulations ADS on turning 50 years old! What a huge milestone and so many achievements over the first 50 years that we are all proud of.

Looking at the history and listening to the stories of previous presidents, Council and significant members the ADS has achieved so much! We have been involved in a number of National Diabetes Strategies, a National Action Plan, established the Australian Diabetes Professional Organisation (ADPO) office in Canberra and the Medical, Educational and Scientific Advisory Council (MESAC) within the National Diabetes Services Scheme (NDSS).

Our national conference, now called the Australasian Diabetes Congress (ADC), in collaboration with the Australian Diabetes Educators Association (ADEA), has gone from strength to strength, and we have moved from holding the meeting at hotels and universities to larger State conference centres due to the large number of delegates. The ADS has also been involved in the IDF and WPR-IDF meetings when held in Australia.

The ADS has been involved in a number of clinical guidelines that were funded and endorsed by the National Health and Medical Research Council on type 1 diabetes, type 2 diabetes management and chronic kidney disease, management of diabetes-related foot disease and retinopathy.

The ADS-led guidelines and position statements include the prediabetes position statement, perioperative diabetes and hyperglycaemia management guideline, individualisation of HbA1c targets, guideline for glucose control in hospital, type 2 diabetes remission, medications in type 2 diabetes management and the obesity management treatment algorithm to name a few. In fact, we have a dedicated website that houses the type 2 diabetes glycaemic and obesity management algorithms with case studies and other resources.

Importantly, we have evolved to now employing a living evidence approach to developing and maintaining guidelines and we have already produced three living evidence guidelines in diabetes.

In addition to the national conference, the ADS runs a number of educational events including the Practical Skills Course for first year endocrinology trainees, the John R. Turtle Clinical Skills Training Course of advanced trainees and diabetes technologies workshops for consultants. Over the past 5 years we have put significant effort and resources into organising and producing live panel discussions on landmark clinical trials as well as topic specific webinars relevant to clinical care in Australia. Indeed, the ADS has been a pioneer in this space.

Through the National Action Plan, the National Association of Diabetes Centres (NADC) was born in 1994 as a joint ADS/ADEA initiative, which then became a division of the ADS in 2013. The NADC provides clinical standards and an accreditation process for diabetes centres at all levels to ensure best care for the person with diabetes. Integral to this program is the benchmarking and quality improvement process that provides participating centres with the ability to identify opportunities for improvement.

The national audit process underpins the standards and accreditation program and this has evolved over time from the Australian National Diabetes Information Audit and Benchmarking (ANDIAB), to the Australian National Diabetes Audit (ANDA) and more recently to the Australian Diabetes Clinical Quality Registry (ADCQR). The NADC has also established the Australian Diabetes Feet Registry (ADFR) to support high risk foot diabetes services to provide quality care to people with diabetes-related foot disease. The Best Practice in Diabetes Centres (BPDC) meeting has been the vehicle where centres come together to discuss and showcase centre-related activities.

It is important to recognise that the NADC was at the forefront of primary care education with the National Diabetes Care Course, the Patient Education Resource Library (PERL) and primary-care targeted webinars. In addition the NADC established and runs the Australasian Diabetes Advancements and Technologies Summit (ADATS), the first Australian conference dedicated to diabetes technologies.

In 2018 the ADS took on the responsibility of Diabetes Feet Australia (DFA), which has gone from strength to strength. DFA has established the Australia Diabetes-Related Foot Disease Strategy 2018-2022 to guide Australia's efforts toward reducing the burden of diabetes-related foot disease by prioritising, access to affordable and effective care, provision of safe quality care and research and development to improve patient outcomes.

It has also developed a purpose-built digital guidelines platform that has published the adaption/adoption of the International Diabetes Feet Working Group guidelines to the Australian context. In addition, DFA has set the research agenda by conducting a DELPHI survey to identify the top ten research priorities in diabetes-related foot disease from a patient and health professional perspective. DFA conducts a series of topic specific webinars as well as a very successful biennial conference.

I am proud that we support research and recognise excellence through the grants and awards that we offer to our members. Through our own funds and with generous donations we offer the Skip Martin Early Career Fellowship, the Lindsey Baudinet Rising Star Award in Type 1 Diabetes, the Ranji and Amara Wikramanayake Clinical Diabetes Research Award and the Kellion Award which is our most prestigious award. Over the years we have offered industry-funded research awards, support Diabetes Australia's Research Program and offer travel grants to international meetings as well as to the ADC. We will continue to advocate for increased diabetes research funding in Australia.

More recently the ADS has evolved by establishing four committees in research, clinical standards/guidelines, education and advocacy to support Council providing excellence in these areas. It is clear from the above that the ADS has been active in these areas from its inception. This is a strategic move from Council to formalise and consolidate activities in these four areas.



From a personal point of view, I have been involved with the ADS ever since I attended my first national conference in 1990 in Perth as a BSc Honours student. I have presented in many conferences and been involved in many vibrant and insightful discussions. I was elected on Council in 2008, served as Chair of the Program Organising Committee, Treasurer, President from 2014-2016 and CEO from 2017.

I have been involved with and lead the evolution of the ADS to an engaging and proactive organisation that is contributing to education, research, clinical guidelines and standards and advocacy with the ultimate goal of providing excellence in care for the person living with diabetes. With the ADS I have also grown both personally and professionally and have developed skills beyond basic science research as a "mouse doctor".

I have met outstanding people on this journey who have helped me enormously in my personal and professional progress and I thank you from the bottom of my heart for making me better. I am passionate about diabetes and I will continue to pour all my energy, heart and soul into the ADS to make it an even better organisation.

I would like to thank all the Council members, treasurers, vice-presidents and presidents that I have worked with and continue to work with and have been so supportive and provide guidance, knowledge, expertise and their time without remuneration because they are equally as passionate about diabetes and the ADS.

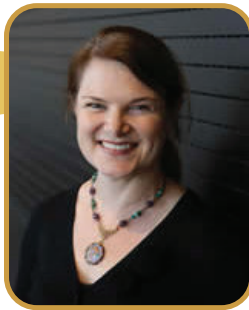
Lastly, and most importantly I would like to acknowledge and wholeheartedly thank the current staff of the ADS who make every day fun, exciting and rewarding: Linda Valenzisi, Natalie Wischer OAM, Tash Purcell, Tanya Millard, Valerie Bosse, Berline Martinez, Lei Calma, Marj Castro, Michaela Watts and Joel Lasschuit.

*AI Prof.
Sof Andrikopoulos*

ADS National Council 2022-24



Anthony Russell
President



Josephine Forbes
President Elect /
Vice President



Jonathan Shaw
Honorary Secretary



Spiros Fourlanos
Honorary Treasurer



Christopher Nolan
Council
Representative



Jerry Greenfield
Council
Representative



Melkam Kebede
Council
Representative



Justine Cain
Diabetes
Australia Group
Chief Executive
Officer Council
Representative



Emma Hamilton
Council
Representative



Anna Wood
Council
Representative



Vincent Wong
Council
Representative

DIVISION OF ADS

National Association of Diabetes Centres (NADC)

Since 2015

The National Association of Diabetes Centres (NADC) was established in 1994 as a national collective of Diabetes Centres that seek to improve the standard of care available to people with diabetes.

These Diabetes Centres strive to be Centres of Excellence in diabetes care.

Our standards are underpinned by the principles of chronic disease management, including a multidisciplinary approach with an effective system of service delivery, integration and coordination of care between different services and service providers (including general practice), support for self-management, evidence-based decision support and clinical information systems, with the focus being on proactive maintenance of good health and complications prevention.

NADC Diabetes Centres aim to bridge the gap between the acute care hospital system, and the long-term chronic care of primary care and community services.

The NADC is an organisation jointly established by the Australian Diabetes Society (ADS) and the Australian Diabetes Educators Association (ADEA). Since March 2015, NADC is a division of the Australian Diabetes Society.

For information about the NADC and its objectives, including membership please visit the NADC website at:

nadc.net.au

“With ADS at the helm, we have been able to accelerate advancements in our focus in setting standards and accreditation for diabetes services. Consolidating our efforts under ADS’s leadership has streamlined our decision-making processes, enhanced our resources, and ultimately benefited services providing diabetes care across Australia”

**Chief Executive Officer,
Natalie Wischer OAM**



How does NADC achieve its goals?

Standards & Accreditation



Benchmarking & Data Collection



Conferences & Education



Resources



Australasian Diabetes Advancements & Technologies Summit



Best Practice in Diabetes Centres



ADS logos 1973 - 2023

1973



1973 - 2006

2007



2007 - 2010



Australian
Diabetes
Society

2011 - 2012

2011

2014 - 2022

2013

2014

2023

2013

2023

(Left to right) John Townend, Phyllis Lush, Sir Kempson Maddox and Alan Stocks at the 50th Anniversary of Diabetes Australia, New South Wales, 1987. Phyllis Lush (nee Adams) received insulin for 73 years—the longest known period for any individual in the world.

Richard Larkins holding a New Zealand Obese mouse. Royal Melbourne Hospital, 1972.

DIVISION OF ADS

Diabetes Feet Australia (DFA)

Since 2018

Diabetes Feet Australia (DFA) was established in 2015 as the peak national clinical and research body for diabetes-related foot health and disease. Our main aim is to help reduce the incidence and impact of diabetes-related foot disease (DFD) on the lives of Australians living with diabetes.

A multi-disciplinary approach to those at-risk or living with diabetes-related foot disease is critical, to deliver best practice standards for the provision of DFD care within Australia.

DFA advocates a coordinated approach by Health Professionals, Researchers, Government & Industry as critical to achieving its vision of ending avoidable amputations in a generation.

We are led by a national steering committee, comprised of a broad range of clinical, research and industry experts

from disciplines including endocrinology, vascular surgery, podiatry, nursing, epidemiology, infectious diseases, and clinical research.

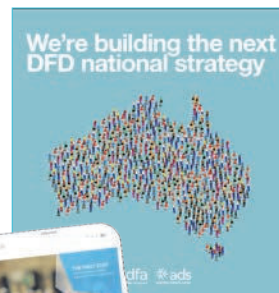
As a division of the Australian Diabetes Society, we support health professionals and researchers through producing evidence-based clinical guidelines, providing online and in person educational events, conducting and promoting DFD research, advocacy, and supporting the growth of the national DFD community.

For information about DFA, please visit the DFA website at:

diabetesfeetaustralia.org

Our Primary Objectives

- **Optimise** diabetes-related foot disease evidence-based clinical practice
- **Stimulate** diabetes-related foot disease research
- **Reduce** Australia's diabetes-related amputation rate
- **Empower** Australia to become a leading national in DFD management

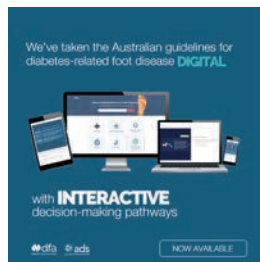


Driving the national DFD strategy

In 2017, we published the “2018-2022 National strategy for diabetes-related foot disease” with the aim to ensure that all people living with DFD have access to and receive safe quality evidence-based care when and where they need it. With the current national strategy reaching its conclusion, we're determining the new priorities and recommendations to help lead the nation in tackling DFD over the next five years in the new national strategy for diabetes-related foot disease.



Releasing national clinical DFD guidelines



In 2021, we released new Australian DFD Guidelines for the first time in a decade, giving health professionals best practice standards of care for the provision of DFD care within Australia. The guidelines are also available on our online platform that also provides ten digital decision-making pathways to assist busy health professionals to easily access online and interactive evidence-based guideline information at a touch or click of a button.



The Diabetes and Feet companion toolkit has been designed to help busy multi-disciplinary health professionals use guideline recommended diabetes-related foot care at any time and place and with the person with a diabetes-related foot ulcer right there in front of them. This resource was funded by the National Diabetes Services Scheme (NDSS), an initiative of the Australian Government and administered by Diabetes Australia, in partnership with Diabetes Feet Australia and the Australian Diabetes Society.



Focusing on research

A key recommendation of the 2018-2022 National Strategy was to develop a widely endorsed national research agenda for DFD, focusing on research priorities to help achieve the long-term national goal of ending avoidable amputations in a generation. We have now published the findings from this major research project 'Top 10 priority research questions according to Australian stakeholders involved in diabetes-related foot health and disease.'



Providing clinical education

DFA offers health professionals a range of 'What's new in DFU' in person events and online education. Most recently, we delivered a virtual conference and two highly successful webinar series focused on the release of the evidence-based national guidelines, and the National Top 10 DFD Research Questions from a research and clinical perspective.



Delivering National Conferences

DFA has delivered the biggest Australian DFD conferences ever assembled in 2017, 2019 and 2021 for DFD health professionals. Our upcoming 2023 Conference once again features internationally acclaimed experts and national speakers whose influence is critical to best practice treatment and research in diabetes-related foot disease around the globe.

ADS AN AFFILIATED ORGANISATION OF

Diabetes Australia

Since 2021

Diabetes Australia works to raise awareness about the seriousness of diabetes, promoting prevention and early detection strategies and advocating for better standards of care.

We support and develop outstanding diabetes research in Australia. Diabetes Australia administers the National Diabetes Services Scheme (NDSS) an initiative of the Australian Government. Find out more about the NDSS at: ndss.com.au

Diabetes Australia is the leading diabetes advocacy organisation in Australia. Diabetes Australia represents the interest of all people affected by diabetes by advocating and lobbying the Australian Government for better standards of care and on other issues of national concern. Lobbying and advocating operates at two levels:

1. Addressing and providing solutions for national issues which are raised by individual people with diabetes or their families.
2. Identifying the needs of, and working towards improvements in the quality of life for, people with diabetes.

Diabetes Australia has established effective relationships with the Australian Government, its departments, other health and private national bodies, to advocate on issues such as access to technology, complications prevention programs, improved access to medicines, driver's license standards, and discrimination in the workplace or in everyday life.

Diabetes Australia is also supported in its endeavours by the Parliamentary Friends for the Prevention of Diabetes; an energetic non-partisan group of parliamentarians, co-chaired by Member for Moreton Graham Perrett and Member for Grey Rowan Ramsey, with a particular focus on helping people with diabetes.

As of August 2021, the Australian Diabetes Society Limited became an affiliated organisation of Diabetes Australia Limited.

For information about the Diabetes Australia, please visit the website at:

diabetesaustralia.com.au



ADS Advocacy Advisory Committee



Professor Anthony Russell

**MBBS, PhD, FRACP
AAC Chairperson**

The Advocacy Advisory Committee (AAC) was established in April 2022 under the then President of the ADS, A/Professor Stephen Stranks. The Committee has representation from the other sub-committees of the ADS (Clinical, Research and Education) as well as a Specialist-clinician, Specialist-scientist and early career scientist/clinician. Importantly, there is also representation from Diabetes Australia with the Chief of Strategy providing advice and assisting with advocacy to Government.

The aim of the AAC is to synthesise high quality advice and advocacy in diabetes and put this into action. The AAC has prioritised areas of need related to enhancing research funding, improved access to new glucose lowering agents and diabetes technology and enhanced remuneration for health care professionals to assist people with diabetes in the use of technology.

Diabetes Australia and the AAC assisted in a prebudget submission calling for a National Research Taskforce and development of a National Diabetes Research Strategy. The committee will be assisting in preparing a submission to the Parliamentary Inquiry in Diabetes.

ADS Education Advisory Committee



A/Professor Glynis Ross

**MBSS (Hons), FRACP
EAC Chairperson**

The Education Advisory Committee (EAC) was established in mid-2021 primarily to oversee and promote high quality medical and scientific health professional education activities in diabetes undertaken by ADS. The committee has links with the ADS Clinical Guidelines Advisory Committee to disseminate guidelines through education. The 10 members of the EAC come from across the country, and include primary care, scientists, early-career, mid-career and senior specialists with meetings and activities supported by the ADS Chief Executive Officer, ADS Business & Events Manager and NADC Chief Executive Officer who are actively involved in EAC meetings.

Activities for advanced trainees in endocrinology continue to include the expanded Practical Skills Course, the John R Turtle Diabetes Clinical Skills Training Course as well as now the Quality in Diabetes Care meetings with national finals at the annual ADC. The EAC has supported the formation of the Early Career Network for both clinical and basic science early career members to enable peer-to-peer support, networking and mentoring. Other ongoing activities include ADS clinical webinars, GP webinars, ADATS and BPDC meetings, Early and Mid-Career Researchers (EMCR) Workshops and Australian Islet Study Group (AISG) meetings.

With face-to-face meetings post COVID resuming, regular diabetes technology courses and updates for senior clinicians are recommencing in late 2023.

ADS Clinical Standards/ Guidelines Advisory Committee



Professor Jonathan Shaw

**MD FRCP(UK) FRACP FAAHMS
CAC Chairperson**

The Clinical Standards/Guidelines Advisory Committee (CAC) was established in mid-2021 primarily to oversee the work that the ADS does in developing guidelines for the clinical management of diabetes. The committee also provides advice to the ADS Council on other clinical matters, such as when the ADS is requested to provide clinical input into, or endorsement of, guidelines from other organisations.

The 11 members of the CAC come from across the country and include primary care, as well as specialists.

To date, the committee has had input into the Living Evidence Diabetes Guidelines, developed and updated guidelines for perioperative and periprocedural management of diabetes, updated the ADS algorithm for blood glucose management in type 2 diabetes, and provided advice for a statement on managing diabetes during Ramadan.

The CAC has also provided advice on the use of GLPI-RA during the shortage of these agents, and responses to the PBAC about proposed changes to PBS reimbursement of GLPI-RAs. Current guidelines that will come to fruition in the coming year or so include those addressing insulin pump use in vulnerable situations, such as the in-patient setting; diabetes and liver disease; investigation of possible monogenic diabetes; and in-hospital diabetes management.

ADS Research Advisory Committee



Professor Josephine Forbes

**BSc, PhD RAC Chairperson
RAC Chairperson**

Australia has a proud legacy of undertaking research that is not only internationally competitive but also improves the lives of people living with diabetes. Over the past decade there has been a steady decline in funding available to Australian diabetes researchers (NHMRC) despite the growing numbers of affected individuals and clinics filled to the brim with people needing care and novel solutions.

The Research Advisory Committee (RAC) of the Australian Diabetes Society was formed to address this and other issues pertinent to building, supporting and sustaining a research workforce equipped to face the challenges of diabetes.

To date, we have conceived and are building a road map towards a National Diabetes Alliance and Strategy in a synergistic manner with our stakeholder partners, including a recent pre-budget submission to the federal government on the solutions that this approach could provide to our diabetes community.

Our next step is a nation-wide consultation inviting all voices in diabetes to have their say on what research priorities would look like and the roadblocks that exist to deliver and roll out a coordinated and effective National Diabetes Research Strategy.

ADS Kellion Award Winners

Provided by the Kellion Foundation and the ADS for an Australian who has made an outstanding contribution in diabetes research, clinical or service areas in Australia.

The recipient of the Award delivers the Kellion Plenary Lecture at the Australasian Diabetes Congress.



2023
Karin
Jandeleit-Dahm



2022
Sophia Zoungas



2021
Stephen Twigg



2020
Thomas Kay



2019
Alicia Jenkins



2018
Jonathan Shaw

Previous Winners of the Kellion Award

YEAR	RECIPIENT	YEAR	RECIPIENT
2017	Mark Febbraio	2008	Martin Silink
2016	Kerin O'Dea	2007	Ted Kraegen
2015	Stephen Colagiuri	2006	David James
2014	Timothy Davis	2005	Mark Cooper
2013	Peter Colman	2004	Tim Welborn
2012	Joseph Proietto	2003	Paul Zimmet
2011	Frank Alford	2002	George Jerums
2010	Dennis Yue	2001	Don Chisholm
2009	Michael Horowitz	2000	Len Harrison

ADS Skip Martin Early Career Fellowship Winners

This is a one year 'bridging' fellowship sponsored by the Australian Diabetes Society and is awarded to an ADS member who is not more than 6 years beyond their post-doctoral studies. This award is in honor of the late Dr F.I.R. 'Skip' Martin, a founding member of the Australian Diabetes Society and the recipient must present their work at the Australasian Diabetes Congress.

Previous Winners of the Skip Martin Early Career Fellowship Award

YEAR	RECIPIENT
2017	Chinmay Marathe
2016	Mugdha V. Joglekar
2015	Helen Barrett
2014	Stephen Gray, Michael Pearen
2013	Darren Henstridge
2012	Anna Watson
2011	Dorit Samocha-Bonet
2010	Melinda Coughlan
2009	Kate Graham



2023
Sarah Glastras



2022
Arianne Sweeting



2021
Nicholas Hunt



2020
Devy Deliyanti



2019
James Krycer



2018
Kim Loh

ADS Ranji and Amara Wikramanayake Clinical Diabetes Research Award Winners

This Mid-Career Award supporting the career of a clinical diabetes researcher who are members of the Australian Diabetes Society (ADS) and are between 6-20 years' post-doctoral degree. This award has been made possible by the generosity of Dr Ranji Wikramanayake, a long standing member of the Australian Diabetes Society. This award commenced in 2016.



2023
Pryia Sumithran



2022
Anthony Russell



2021
Elif Ekinci



2020
Louise Maple-Brown



2019
Jenny Gunton



2018
Barbora de Courten



2017
Jerry Greenfield



2016
Sophia Zoungas

ADS Jeff Flack Diabetes Data Award Winners

The ADS Jeff Flack Diabetes Data Award is for an Australian researcher who has made an outstanding contribution to Diabetes Data Collection in Australia. This award is supported by the Australian Diabetes Society and commenced in 2015.



2023
John Wentworth



2022
David Simmons



2021
Elizabeth Barr



2020
Peter Colman



2019
Maria Craig



2018
Timothy Jones

Previous Winners of the Jeff Flack Diabetes Data Award

YEAR	RECIPIENT
2017	Dianna Magliano
2016	Wendy Davis
2015	Jonathan Shaw

ADS President's Prize - Clinical Young Investigator Award Winners

The Australian Diabetes Society provides the ADS Presidents Award that is awarded annually to a junior member who presents the best oral clinical presentation at the Australasian Diabetes Congress.



2022
Jennifer Snaith



2021
Mahesh
Umapathysivam



2020
Rahul Barmanray



2019
Jocelyn Drinkwater



2018
Karen Rothacker



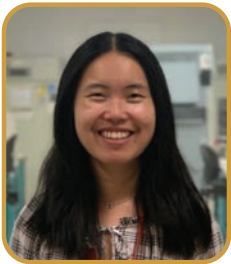
2017
Mervyn Kyi

Previous Winners of the President's Prize – Clinical Young Investigator Award

YEAR	RECIPIENT
2016	Dilshani Jayawadene, Timothy Roberts
2015	Laurence Trahair, Katherine Tonks
2014	Sybil McAuley, Kathryn Williams
2013	Mark Plummer
2012	Constance Yap
2011	Raymond Davey

ADS Pincus Taft Young Investigator Award Winners

The Australian Diabetes Society provides the ADS Pincus Taft Young Investigator Award that is awarded annually to a junior member who presents the best oral presentation at the Australasian Diabetes Congress.



2022
Kylie Deng



2022
Dillon Jevon



2021
Khalia Primer



2020
Natassia Rodrigo



2019
Belinda Yau

Previous Winners of the Pincus Taft Young Investigator Award

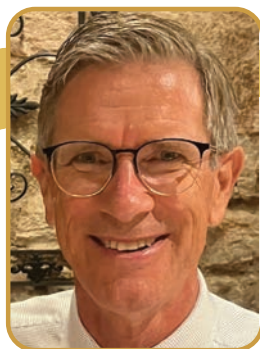
YEAR	RECIPIENT	YEAR	RECIPIENT
2018	Anh Tao	2008	Brian Drew, Nicole Wong
2017	Hanah Rodriguez	2007	Jason Chung
2016	Brenna Osborne	2006	Anna Calkin
2015	Sarah Glastras, Sherman Leung	2005	Kathryn Aston- Mourney
2014	Lewin Small, Chryssovalantou Xirouchaki	2004	Georgia Frangioudakis, Kylie McLauchlan
2013	Greg Kowalski	2003	Spiros Fourlanos
2012	Stephen Gray	2002	Fiona Lee
2011	Jeng-Yie Chan	2001	Seng Khee Gan
2010	David Pedersen	2000	Matthew Oldfield
2009	Mark McKenzie		

ADS Lifetime Achievement Award

The ADS Lifetime Achievement Award recognises an individual who has made significant, fundamental contributions to diabetes (whether in research, clinical practice, leadership, mentorship or other); the lasting impact of these contributions to the sector; and the demonstration of a lifetime commitment to diabetes. This award commenced in 2017.



2023
David Chipps



2023
Michael d'Emden



2023
David James



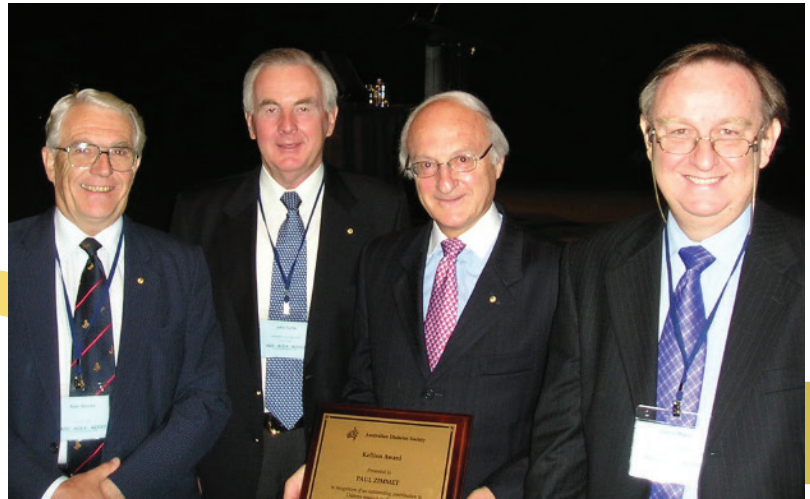
2023
David McIntyre

Previous Winners of the Lifetime Achievement Award

YEAR	RECIPIENT
2022	James Best AO, Mark Cooper AO, Gregory Cooney, Kim Donaghue
2021	Timothy Davis, Joseph Proietto AM, Dennis Yue OAM
2020	Lesley Campbell, Robert Moses AO
2019	John R Turtle AO
2018	Frank Alford, Len Harrison, George Jerums AM, Paul Zimmet AO
2017	Don Chisholm AO

ADS Honorary Life Members

The National Council has bestowed the following long-standing members of the Australian Diabetes Society with Honorary Life Membership for their outstanding contribution to the society, leadership, mentorship and distinguished service to diabetes mellitus in Australia and overseas.



Frank Alford

Paul Bartley

John Carter AO

Don Chisholm AO

Alex Cohen AO

Stephen Colagiuri AO

Peter Colman AM

Jeff Flack AM

Edward (Ted) Kraegen

Margaret McGill AM

Robert Moses OAM

Patrick Phillips AM

Joseph Proietto AM

Alan E Stocks AM

Michael Suthers

Glenn Ward

Paul Williams

Dennis Yue AM

Paul Zimmet AO

Len Harrison

George Jerums AM

Timothy A Welborn AO

Ranji Wikramanayake

ADS Educational Programs for Advanced Trainees in Endocrinology

ADS John R Turtle Diabetes Clinical Skills Training Course

The ADS John R Turtle Diabetes Clinical Skills Training Course in Endocrinology was established in the year 2002, convened by Professor Stephen Twigg and is designed to be practical and interactive.

It is run by experienced diabetes clinicians from across Australia and will focus on everyday clinical skills required in the treatment of diabetes by endocrinology trainees. The course is supported by the Advanced Training Committee (ATC) in Endocrinology from the Royal Australasian College of Physicians (RACP).

To honour Professor John R Turtle AO in his retirement, the ADS has resolved that the Course on an ongoing basis will be named The John R Turtle Diabetes Clinical Skills Training Course for Advanced Trainees in Endocrinology. The course is now supported by the ADS Education Advisory Committee.

ADS Practical Skills Course

The ADS Practical Skills course commenced in 2012 under the guidance of A/Professor Jennifer Conn and the Health Professional Education Committee for first year advanced trainees in adult endocrinology.

It is a very successful program that the ADS hosts and is now a two-day course that focuses on the hands-on practical skills required to effectively care for people with diabetes in inpatient and ambulatory clinical settings.

It is currently convened under the ADS Education Advisory Committee and guided by A/Professor Glynis Ross. The course is run by senior endocrinologists, senior advanced trainees and other diabetes health professionals.



Australasian Diabetes Congress

The Australian Diabetes Society commenced its inaugural diabetes meeting in Melbourne on the 9th October 1973.

Following the establishment of the Australian Diabetes Educators Association (ADEA), they joined the ADS Annual Scientific Meetings in 1983 in Brisbane, and is when the joint ADS/ADEA Annual Scientific Meetings commenced.

The Australian Diabetes Society (ADS) and the Australian Diabetes Educators Association (ADEA) reaffirm their strong partnership as leaders in diabetes education, management and research.

In 2018, the ADS and ADEA rebranded the ASM and as is known today, the Australasian Diabetes Congress (ADC).

The ADC brings an exciting and innovative program together with key national and international experts to promote the exchange of the latest clinical practices and cutting-edge research in diabetes.

State-of-the-Art lectures, free communication sessions and clinical and scientific educational symposiums is what delivers the congress to be a hugely successful event attracting over 1200 delegates.

diabetescongress.com.au



ADC Location History

2023	Adelaide Convention Centre
2022	Brisbane Convention & Exhibition Centre
2021	Virtual Event
2020	Virtual Event
2019	International Convention Centre, Sydney
2018	Adelaide Convention Centre



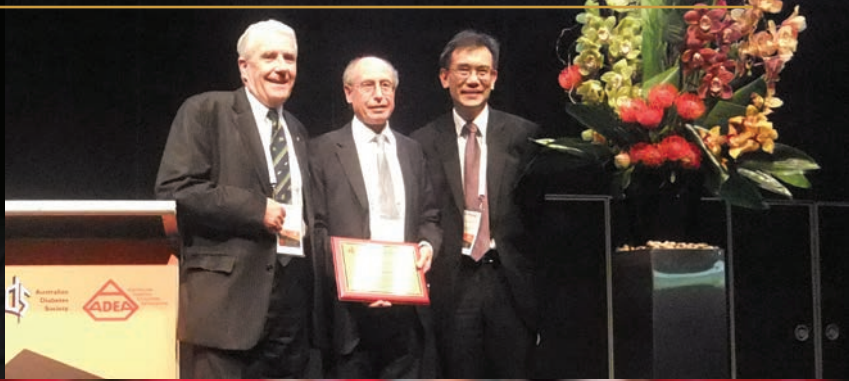


ADS/ADEA Annual Scientific Meetings

ADS/ADEA Location History

2017	Perth Convention & Exhibition Centre	2001	Jupiters, Gold Coast	1985	Adelaide Convention Centre
2016	Gold Coast Convention & Exhibition Centre	2000	Cairns Convention Centre	1984	Melbourne
2015	Adelaide Convention Centre	1999	WPR-IDF Congress, Sydney Convention & Exhibition Centre	1983	Brisbane
2014	Melbourne Convention & Exhibition Centre	1998	Burswood Convention Centre, Perth	1982	Sydney
2013	Sydney Convention & Exhibition Centre	1997	Canberra Convention Centre	1981	Christchurch, New Zealand
2012	Gold Coast Convention & Exhibition Centre	1996	Hilton Hotel, Sydney	1980	Armadale
2011	Perth Convention & Exhibition Centre	1995	World Trade Centre, Melbourne	1979	Melbourne
2010	Sydney Convention & Exhibition Centre	1994	Hilton Hotel, Brisbane	1978	Sydney
2009	Adelaide Convention Centre	1993	Dunedin, New Zealand	1977	Park Royal Hotel, Adelaide
2008	Melbourne Convention & Exhibition Centre	1992	Adelaide Convention Centre	1976	Hilton Hotel, Melbourne
2007	Christchurch Convention Centre, New Zealand	1991	Kingsgate Hyatt Hotel, Sydney	1975	Wentworth Hotel, Sydney
2006	Gold Coast Convention & Exhibition Centre	1990	Hyatt Regency Hotel, Perth	1974	Canberra
2005	Perth Convention & Exhibition Centre	1989	Melbourne Convention & Exhibition Centre	1973	Hilton Hotel, Melbourne
2004	Sydney Convention & Exhibition Centre	1988	13th IDF Congress, Sydney Convention & Exhibition Centre		
2003	Melbourne Convention & Exhibition Centre	1987	University of Sydney		
2002	Adelaide Convention Centre	1986	Brisbane		

* Meetings from 1973 to 1982 were ADS Annual Scientific Meetings.



ADS Clinical Diabetes Resources

The Australian Diabetes Society (ADS) develops diabetes related clinical guidelines and position statements from working parties consisting of endocrinologists, diabetes educators, general practitioners and other healthcare professionals providing their clinical expertise.

The ADS established the Clinical Standards/ Guidelines Advisory Committee (CAC) where the members review and provide feedback on guidelines, positions statements and consultation requests.

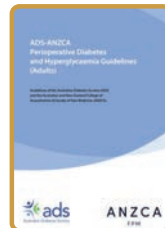
The ADS also engages and in collaboration with other key stakeholder organisations for their professional advice on relevant publications.

Endorsement by the Australian Diabetes Society and use of the ADS logo on any such publication requires that the ADS be invited and involved in the development of that particular position statement or clinical guideline.



HbA1c for diagnosis of diabetes mellitus

<https://www.diabetessociety.com.au/wp-content/uploads/2023/05/Guidance-concerning-the-use-of-glycated-haemoglobin-for-the-diagnosis-of-diabetes-mellitus-Final-May-2023.pdf>



ADS-ANZCA Perioperative Diabetes and Hyperglycaemia Guidelines (Adults)

<https://www.diabetessociety.com.au/wp-content/uploads/2023/03/ADS-ANZCA-Perioperative-Diabetes-and-Hyperglycaemia-Guidelines-Adults-November-2022-v2-Final.pdf>



Australian Obesity Management Algorithm

<https://www.diabetessociety.com.au/downloads/20220902%20Diagram%20-%20Australian%20Obesity%20Management%20Algorithm%202022%20.pdf>



Australian Type 2 Diabetes Glycaemic Management Algorithm

<https://www.diabetessociety.com.au/wp-content/uploads/2023/05/T2D-Treatment-Algorithm-21052023.pdf>



Medical Certification of Persons with Insulin-treated Diabetes in the Aviation Industry

https://www.diabetessociety.com.au/wp-content/uploads/2023/02/ADS-Position-Statement-Medical-Certification-of-Persons-with-Insulin-treated-Diabetes-in-the-Aviation-Industry-Final_v2-February-2023.pdf

ADS Health Professional Educational Webinars

The Australian Diabetes Society (ADS) hosts a number of educational webinars specifically aimed for healthcare professionals in diabetes related areas to assist in better management and treatment for the person with diabetes mellitus. Recorded ADS Professional Educational Webinars are available for viewing via the ADS website under 'Education - Webcasts'.



Management of CKD in Diabetes: Putting Evidence into Practice



The Future of CKD Management in Diabetes – What We Have Learnt from the Trials to Date



Preserving the Failing Heart



ASN 2022 Highlights: Using SGLT2i for the Management of CKD



The Clinical Need for Insulin in the Management of Type 2 Diabetes



Making the Most of the #23ADC

Explore the new ADS website

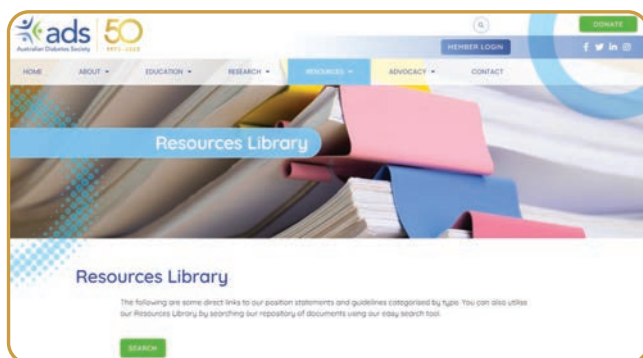


In celebration of ADS's 50th Anniversary, a newly redeveloped website has been launched.

The new website is your all-inclusive true source of information regarding a clinical diabetes resources library, educational events, publications, research grants and awards and latest news all available to members. It is easy to navigate, professional, fresh and engaging and we hope you find it as useful and practical as we have intended it to be.

diabetessociety.com.au



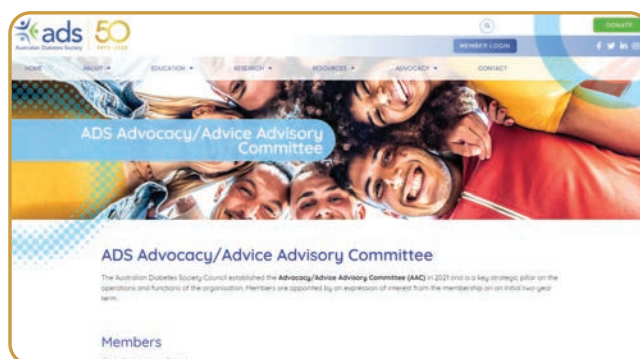
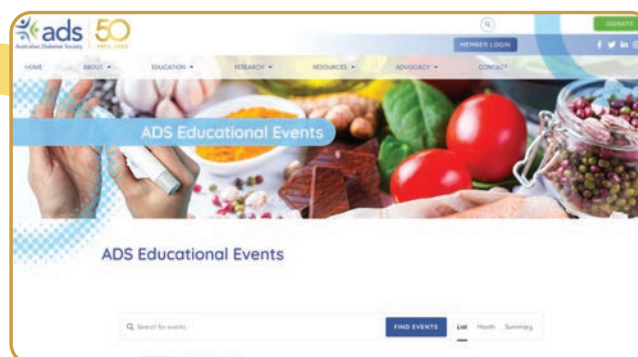


ADS Resources Library

Here you will find clinical diabetes resources including ADS developed position statements and guidelines, the Living Evidence Guidelines in Diabetes, publications, Diabetes & Covid-19 resources, non-ADS diabetes resources and latest news articles. You can also access the 'Clinical Diabetes Guidelines' section via the Resources dropdown menu. You are also able to navigate through the 'Clinical Diabetes Guidelines' page with the availability to search for any related position statement/guideline.

ADS Educational Events

All related ADS Educational Events including the Australasian Diabetes Congress, Advanced trainee courses, livestream webinars, AISG Meeting, ADATS, DFA Conference information can be found under the 'Education' menu tab.



ADS Advocacy

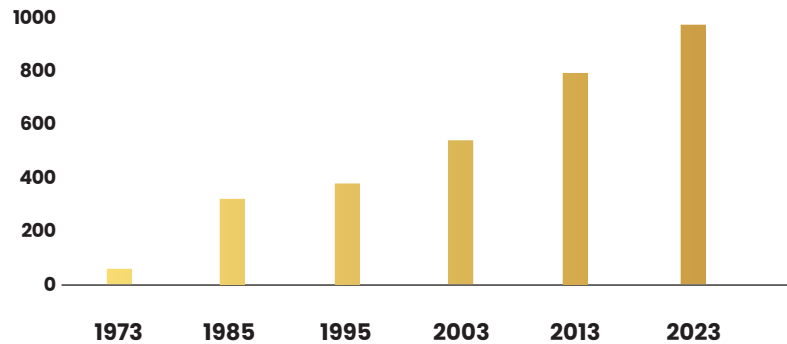
The Australian Diabetes Society (ADS) is an active leader in advocating for research support, standards of care and policy submissions for diabetes mellitus in Australia. ADS members represent a broad range of professions including endocrinologists, researchers, scientists, academics, general practitioners and allied health practitioners.

ADS Snapshot

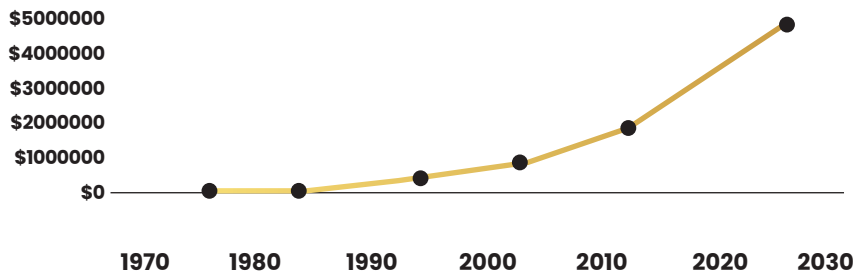
1973 - 2023

Membership Growth (Financial Members)

1973	86
1985	262
1995	415
2003	566
2013	788
2023	938



Member Funds (Equity)



1977	\$7,433
1983	\$11,916
1993	\$134,677
2003	\$794,127
2013	\$1,822,338
2023	\$4,605,244







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1973-2023



Australian Diabetes Society






**Committed to Research and Education
for Excellence in Diabetes Care**

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Get connected with ADS

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-  twitter.com/AUdiabetesSoc
-  [@australiandiabetessociety](https://www.instagram.com/australiandiabetessociety)
-  www.linkedin.com/company/audiabetessoc
-  www.diabetessociety.com.au/



NADC is a division of ADS



DFA is a division of ADS





Australian Diabetes Society

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1973-2023