

## **NZSSD President's Report 2016**

It has been another busy year for the NZSSD executive and members.

There continues to be a close relationship between NZSSD and the Ministry of Health, though the shape of this is evolving as organisational and personnel changes are implemented at the Ministry. Many members of NZSSD have been on the Diabetes Service Improvement Group, chaired by Paul Drury. 2015 saw the development and release of the five year diabetes strategy, which we have had meaningful input into even if the final version was somewhat watered down. We also continue to reap the benefits of a virtual diabetes register for both local and national planning. We are having less success with diabetes prevention strategies such as taxes on sugar sweetened beverages, but we won't give up!

The collaboration between NZSSD, Diabetes NZ and Refract putting together the online resources for health professionals and consumers has continued. My thanks to Helen Snell for her on-going support and commitment to this work. The executive are committed to making these resources more widely available. In particular we are hoping to facilitate greater access for DHB nurses as there is a great need identified for improved knowledge and skills for ward-based hospital nurses.

We are very grateful to the pharmaceutical industry for their on going support of many activities of NZSSD. In particular on-going support for research grants in what are difficult and uncertain times for many companies. This year we are able to award unrestricted grants from Sanofi, Pharmaco and NZ Medical and Scientific. Also the support from Novo Nordisk and NZ Medical and Scientific for the Physicians' meeting, and Novo Nordisk for the nurse prescribers' meeting. The long tradition of excellent relationships between the pharmaceutical companies and the extended diabetes workforce continues.

We have been able to make a new commitment to funding of a research grant for non-medical members of NZSSD through retained funds of the society. We have committed to fund an annual award for three years with a review at the end of that time. The first of these will be made at this meeting.

I would like to thank Ole Schmeidel and Lorna Bingham for their on-going excellent work on getting the material for NewSweet, and to Jan Brosnahan for preparing and distributing the newsletter. They have continued to evolve NewSweet to keep it contemporary for the benefit of members.

One of the planned pieces of work for 2016/17 is a review and redesign of the Society's website. It has become rather outdated and in need of a fresh approach. Any members who would like to contribute to this process would be greatly welcomed on to a subgroup for the purpose. Please make yourselves known.

Thanks to Kirsten Coppell, Catherine McNamara and Ali Copeman for organising the ASM and once again to Tim Cundy for his input to the team in putting the scientific programme together. Kirsten has continued to drive the innovative changes to the study days structure which was a great success last year. Thanks to Steven Miller who has again run the research grants committee and put together the programme for the physicians meeting. We are grateful to Geoff Bradvedt for agreeing to take over the programme for the physicians meeting for 2016. A very special thanks to Kate Smallman who

continues to do such a fabulous job as secretary, and Michelle Downie who has taken to the treasurer role like a seasoned accountant. Catherine McNamara is stepping down from the executive and I thank her for her contribution over the last 12 months. Paul Drury has resigned as Medical Director as announced at the AGM in 2015. The executive decided not to reappoint to this position, but instead to form a group of willing senior advisors. We are delighted that Paul has agreed to be one of these in addition to Tim Cundy, Rick Cutfield and Jim Mann. I would like to thank all of the members of the executive for all their hard work and support over the last 12 months, and we look forward to another productive and successful year in 2015-16.

I am standing down as president after a term of three years. It has been an honour to be your president and I have thoroughly enjoyed my time in the role. I wish the incoming president all the very best and pledge my support to them.

Jeremy Krebs

President



## Report from the Aotearoa College of Diabetes Nurses

The National Committee's main activities for the past year are detailed in the summary of meeting minutes, and the Annual Business & Operational Plan displayed on the ACDN web site.

General The National Committee continues to meet quarterly face to face and quarterly via tele-conference to manage our core business of promoting excellence in New Zealand's Diabetes Nursing. We have just over 400 ACDN members, and in March 2016 there were accredited 71 Diabetes Nurses made up of 4 Specialty Nurses, 65 Specialists and 2 Nurse practitioners. There are 39 current consented mentors for accreditation with a pool of 21 assessors.

Submissions Over the past year the Committee's submissions included; PHARMAC re medication for PWD, MOH re "living well with diabetes", Health Practitioners amendment bill Oct 2015, insulin pump consumables for standard specialist authority management, NDIG in-patient care, DKA / HSS emergency care and elective perioperative pathway.

The proposed disestablishment of the Accreditation Board was outlined in the discussion document sent to members early 2016 in preparation for member voting at the AGM. In order to manage fiscal constraints this proposal allows for continued NZNO portfolio administration support and continued National Committee treasurer management of accreditation related finances. We propose maintaining our total National Committee membership of eight to include one appointed member and one other as a working partner to manage accreditation. Meanwhile we plan to continue with a single assessor per portfolio.

External moderation has yet to be established as we call for expressions of interest in this role. Mary Meendering kindly provided interim moderation for the last two rounds of accreditation.

The survey for a possible joint ACDN and ADEA 2017 conference drew a low level of membership interest; therefore we have declined the offer at this stage.

The survey of current status of Diabetes Nurse prescribing had a high member response rate, describing variance in levels of pay grades and density of numbers throughout NZ. Liz Allen will present the findings in more detail at the AGM.

The Review of National Diabetes Nursing Knowledge and Skills Framework (2009) will be done this year with Dr Helen Snell as the project leader. We are very thankful to NZSSD for providing full funding for this project.

Jill Julian secretary, Marie-lyne Bournival treasurer and Lisa Smith will be leaving our National Committee; I would like to thank them for their hard work and valuable contribution. Wishing you all the best with your new endeavours.

Tricha Ball, Chairperson, ACDN

## **Diabetes New Zealand INC Report 2016**

The past year has heralded a number of changes for Diabetes New Zealand with the commencement of our Chief Executive, Steve Crew, in May, the election of a new President and Vice President for the organisation in November and a number of staff changes at National Office. Personnel changes have enabled us to develop our digital presence with the launch of our Facebook page and recent commencement of DiabetesChat, a weekly 60 minute online forum hosted by health professionals. The Diabetes NZ website is also undergoing a revamp and the magazine has also undergone a review and is looking better and better. The magazine remains popular with members as do the pamphlets with both members and non- members alike.

Our Business Development Manager is developing relationships and seeking out opportunities for the organisation in terms of new funding and sponsorship relationships. The organisation continues to look at ways of creating operational efficiencies as the funding environment remains challenging.

Our Branches continue to offer a variety of services in their local areas supported by the national office team. These include support groups, foot clinics, camps for children, monthly newsletters, public education and information days, health expos and drop in centres. While a small number of Branches have paid staff the majority are run by a team of dedicated volunteers. These volunteers are the backbone of our organisation and our most precious resource and unfortunately in relatively short supply. Branches report struggling to attract new members onto their Committees. Despite these challenges they continue to provide excellent local services.

2015 heralded a move from Diabetes Awareness week to a very ambitious but hugely successful Diabetes Action Month for the month of November. The activities included the Know Your Risk Roadshow which travelled the length of the country, working alongside local Branches to engage members of the public. Over 1600 people completed the Know Your Risk awareness tool during the roadshow, and an additional 1904 people completed the risk awareness tool online with 3000 people visiting the online risk awareness pages. Diabetes gained much media coverage during the month assisted by the 19 high profile New Zealanders who undertook the Fitbit MoveMeant Challenge. In addition the Diabetes NZ Fitbit MoveMeant Day saw 37 facilities throughout New Zealand opening their doors for free to members of the public. Diabetes New Zealand is planning to continue with Action Month in November 2016.

A successful 2 day conference was held at the beginning of November, with a number of fantastic speakers and sessions. Unfortunately the number of attendees was less than expected, the primary reason for non-attendance given being cost, that is despite efforts to keep registration fees very low. The decision has been made that for 2016 we will have a one day symposium and AGM to keep costs at a minimum and enable attendees to fly in and out on the same day.

We were pleased to have both the Chief Executive, Steve, and our IDF Champion, Karen Reed attend the IDF Congress in Vancouver. Both brought back some interesting and useful information on developments in the areas of national camps and peer support programmes and were able to develop some useful links and relationships with attendees from other nations. As a result Steve has been asked by the IDF to present at the Western Pacific meeting in October 2016.

In the advocacy space we have been actively involved in representing people with diabetes in discussions with HPA, PHARMAC, the Ministry of Health and the Minister, and with a range of other non-governmental organisations. We have responded to media queries on diabetes related issues such as the sugar tax debate, and are developing a number of position statements for the organisation.

We are grateful for the on-going relationship between NZSSD and Diabetes New Zealand and the professional support and clinical oversight provided by both the organisation and individual members. Diabetes New Zealand has a unique role in the diabetes world - the provision of support for people living with diabetes *by* people living with diabetes. Ours is not a clinical role so relationships such as this, between NZSSD and Diabetes New Zealand, are important. Thanks go in particular to John Wilson, who represents NZSSD on the Advisory Council, for his contributions to the work of Diabetes New Zealand.

We look forward to the coming year and continuing to work alongside our colleagues in the sector, as we strive to further raise awareness of both diabetes and pre-diabetes, of the actions that may enable better management and potentially prevent the onset of type 2 diabetes; and provide support and information for people with diabetes.

*Deborah Connor, National President*

*Diabetes New Zealand Inc*

## NZSSD Annual Report – Dietitians 2016

The Dietitians NZ Diabetes Special Interest Group (DSIG) are grateful for this opportunity to report back to NZSSD about some of the key areas of work our members have been involved in over the last 12 months. Our DSIG membership has grown to 236 dietitians in 2016 (54 new members since last year), which likely reflects a growing professional interest and involvement in diabetes care as the prevalence of diabetes across NZ increases. As the experts in food, diet and medical nutrition therapy, our vision is to support our members who work alongside people living with diabetes and their healthcare providers across a variety of settings.

Key successes from our 2015/16 work programme include;

- **The Integrated Knowledge, Skills and Career Framework for NZ Dietitians Practising in Diabetes (IKSCF)**

This project is nearing completion and we are grateful to the NZ Society for the Study of Diabetes (NZSSD) for their support in helping DSIG get this project to its final stages. We are currently processing feedback from the NZSSD review panel and look forward to discussing this further as we prepare to launch the IKSCF for dietitians in July 2016. The next step will be to define and work through accreditation processes.

We have a poster presentation accepted at this conference (NZSSD Annual Scientific Meeting 2016) to introduce the IKSCF to our colleagues from a variety of professional backgrounds.

- **Dietitians NZ Standard of Care for Gestational Diabetes Mellitus**

At the 2015 AGM, DSIG members voted to update our national dietetic Standards of Care for GDM following the release of the Ministry of Health's clinical practice guideline in 2014. We are extremely pleased to have completed this action point and will review the standards in March 2018. We have a poster presentation accepted at this conference (NZSSD Annual Scientific Meeting 2016) to introduce the dietitians Standard of Care for GDM to our multi-professional colleagues.

Our Diabetes in Pregnancy Network has also been collaborating on the development of educational resources for use by dietitians working with women at risk of or diagnosed with GDM. We acknowledge that care pathways vary across the District Health Boards and some dietitians have been involved in health professional training following the release of the Ministry's clinical practice guidelines. Once evaluated, we aim to have these education packages available for use by other dietitians involved in training programmes across NZ.

Dietitians work across a spectrum of roles in diabetes care and the DSIG continues to encourage our colleagues to join NZSSD and benefit from its expert multidisciplinary membership. This is evidenced by our ongoing support of the national professional study days held every year prior to the NZSSD annual scientific meeting. The Diabetes Dietitians Study Day is promoted widely through Dietitians NZ communications and the NZSSD website, and we are grateful to have the opportunity to hold our AGM at this event. We look forward to meeting with everyone in Rotorua in 2016.

Shelley Mitchell, Diabetes SIG Convener

## **Annual Report from Podiatry Special Interest Group to NZSSD 2016**

The Podiatry Special interest group has continued to help support the delivery quality care for people with diabetes related foot pathology. We would like to take this opportunity to thank all those involved in the PSIG working group over the past year for the time and effort they have put in to support the those people with diabetes.

### **Meetings**

Meetings were held on 5 May 2015 Study day, 14 September 2015, 14 March 2016.

### **Study Day 2015**

Eighteen people attended the Wellington study day. A highlight of the day was to have Dr Gerry Rayman – Consultant from UK at Ipswich Hospital & Specialist Medical advisor to Diabetes UK, speak at our study day

### **Key points**

- The group has been working to draft National Diabetes Podiatry Knowledge and Skills Framework similar to the nursing document and the new dietitian document.

The PSIG working group would like develop a Podiatry equivalent document for those working within Diabetes foot care.

This document is a huge undertaking and therefore over the coming year would like the support from NZSSD in conjunction with Podiatry NZ and AUT - Podiatry School.

- Over the past two years the group has develop a podiatrist foot assessment form that aligns with the current risk and stratification tool. This is to help encourage embedding the use of the risk stratification within the Podiatry field. By supporting relevant in-depth foot assessments based on international best practice. The form has gone through several iterations and has been trailed in two community podiatry settings. This should also benefit other health professionals who work with people with diabetes. We will provide the form for further consultation from the wider group, within the next month and hope that it can form a part of a suite of foot documents on the NZSSD website to facilitate adoptions of the form nationally.

### **To note**

- Leigh Shaw, Fiona Angus and Steve York are on the committee for the Podiatrist registration board - regulatory authority.
- Alexandra Noble-Beasley and Fiona Angus are both on the executive board for Australian and New Zealand Podiatry Accreditation Council (ANZPAC).
- Michele Garrett is executive member of Podiatry New Zealand (professional body)

### **Challenges**

There have been improvements from some DHBs; there are still inconsistencies in the delivery of podiatry services nationally. This provides challenges when try to provide specialist targeted care to those with the greatest need. By achieving a national risk stratified and targeted podiatry programme it is hoped that this will positively influence diabetic foot care, reducing lower limb amputation rates and improving foot health for all people with diabetes including Māori.

Prepared by Michele Garrett and Claire O'Shea conveners of NZSSD PSIG