

## President's report

2016/17 has been an effective one for the executive, culminating in the Annual Scientific Meeting. This is our premier event, which allows us to gather and network, share in our research, and learn from each other.

This is only my second face-to-face meeting with the executive since becoming president in 2016 in Rotorua. Our executive had planned to meet at the physicians' meeting in late 2016, only for that plan to be thwarted by what we now call the Kaikoura earthquake. The executive met recently in March in Wellington and it is a pleasure to see that all can be present here today.

As is always the case, there is a renewal of executive membership and this year Drs Jeremy Krebs and Steven Miller, and Philippa (Pip) Cresswell will be leaving our executive, having provided excellent service in their roles supporting the aims of NZSSD and providing professional leadership and advice. The very existence of NZSSD and its functions relies strongly on the service of the executive and the wider membership.

I wish to particularly thank the office holders, Dr Jeremy Krebs, who preceded me as the President, Kate Smallman, our Honorary Secretary, Dr Michelle Downie our Honorary Treasurer, and Jan Brosnahan, who provides professional secretarial support. Special mention also to Dr Kirsten Coppel, who has led the programme development of this Annual Scientific Meeting. Along with support of other executive and senior respective members of the NZSSD she has compiled an excellent programme again this year. She has taken on a huge and daunting task, with no fuss, and kept the executive informed throughout.

In addition to meticulous planning, conducting a successful meeting does not happen by accident. We rely extensively on the goodwill of our membership and also of our wider collegial group, and in particular the invited speakers for their generosity of time, sharing their knowledge, insights and intellects. The Executive is eternally grateful to you all. We hope that you find the meeting valuable and that you will remember it fondly. Organisationally, Ali Copeman has again been our partner, providing conference organisation to allow delegates to enjoy a high quality, well-presented programme. Ali, please accept my thanks on behalf of our membership.

The challenges for NZSSD are many, including ensuring a wide representative base of clinicians involved with diabetes care, who can advocate and support the Society's clear objectives:

*NZSSD's objectives are to promote the study of diabetes and the best standards of care of diabetes in New Zealand. It also provides the national reference source in the subject.*

NZSSD remains a well-respected organisation and is referenced by many bodies, including the Ministry of Health, and it receives many requests for its review and endorsement of various materials and resources to do with clinical care of people with diabetes. It is also an organisation that, noting its limited resources, needs to think carefully and prioritise its strategic intention to improve the provision of care of diabetes for New Zealanders. We are fortunate and pleased to be able to partner with Diabetes New Zealand in forging our common aims, and are very appreciative of our links with the Medical Pharmaceutical Industry. Diabetes care is, in its very nature, a complex management challenge and requires significant patient support with regard to education, self-management and adherence and titration of medications. The support that is offered to patients and clinicians by NGOs and the pharmaceutical industry is often either not appreciated or assumed. I believe, however, that most in our membership appreciate this important support in the overall provision of care.

The executive is planning to meet in the coming months for a further face-to-face meeting, devoid of the normal committee business, to focus on our direction over the next two to five years and to develop a work plan to meet strategic priorities. It is essential for the success of this that the Executive can draw upon your ideas and inspiration and rely on your support in both principle and practice.

Today we will be voting in three replacement nominees for the executive and I welcome them as we fashion this path for the wider membership.

To each and every one of you, please contact other clinicians you come in contact with and ask that they become involved with the Society to strengthen it and ensure its objectives can be met. Please approach members of the executive with any ideas, feedback or otherwise, so that we can plan for the coming years.

I wish you a successful year ahead and I hope you enjoy this year's scientific meeting and the opportunities it affords for discussion and inspiration of your clinical care and ongoing clinical quality initiatives.

*Brandon Orr-Walker*

*President, NZSSD*

## Treasurer's report

### Introduction

This is my second annual report following completion of my second year as treasurer. The Society ends the financial year once again in a position of financial security.

I would once again like to pay tribute to Jan Brosnahan in her role as secretariat for the considerable contribution she makes to the financial running of the Society.

### Income and Expenditure

The Society acts as an intermediary for distribution of funds to a number of agencies. This is to allow the distribution of ASM awards each year. Over the past financial year Grants were facilitated from NZMS, Sanofi and Pharmaco.

Excluding these items (from which there is neither net gain nor net loss), the Society's main sources of income include subscriptions and surplus from the ASM.

<b>Income from subscriptions</b>	<b>Conference Surplus</b>
2012-2013: \$ 25,140	2012-2013: \$ 28,238
2013-2014: \$29,366	2013-2014: \$ 16,987
2014-2015: \$40,165	2014-2015: \$32,583
2015-2016: \$28,400	2015-2016: \$ 54,454
<b>2016-2017: \$ 46,053</b>	<b>2016-2017: \$ 41,701</b>

### Interest from term Deposits

\$4,805.88

### Nurse Prescribing Surplus

The Society operates a separate account (DNS account) where money remains from the Diabetes Nurse Prescribing project. This account is largely used to hold the ASM awards until they are paid out. This year the Society has also used these funds to support a DNS prescribing day, an ACDN study day and an update of the Diabetes Knowledge and Skills Framework to a total of \$22,924.50.

### Current financial position

The Society's financial position as at 31 March 2017 was:

Term Deposits: \$134,769.92

Main Cheque Account: \$ 115,189.21

DNS Account: \$81,608.87

**TOTAL: \$ 331,568**

The Society's largest ongoing expenditures are the Secretariat, the annual NZSSD conference grant, and teleconferencing.

Income through main cheque account FY 2016-2017

Main account IN

Subscriptions	46053
GST refund	6134.39
ASM surplus	41701.37
Donations	45
Interest	230.73
misc ? Subs	1790

TOTAL 95954.49

Expenditure through main cheque account  
FY 2016-2017

Main account OUT

Secretariat	14002.4
Travel grants	1150
Professional development awards	1000
Eureka teleconferencing	2870
Accounting	5560
Webhosting	44.85
Charities commission	51.11
NZSSD Grant - A Parry-Strong	10853.7
Exec meeting registration	500
Diabetes NZ membership	75
Conference Start up fund	20000

TOTAL 56107.06

Surplus for financial year : **\$39,847.43**

Income Through DNS Account FY 2016-2017

DNS account IN

Pharmaco grant 23000

Sanofi grant	23000
NZMS grant	23000
Interest	252.66

TOTAL	69252.66
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Expenditure through DNS account FY 2016-2017

DNS account OUT

Sanofi Grant out - G Braadvedt	21039.25
Pharmaco Grant out - R Murphy	23000
NZMS Grant out - R Hall	23000

DNS Prescribing day	1703.5
DNKSF Update	18971
ACDN Study day	2250

TOTAL	89963.75
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Deficit for the financial year: **\$ -20,711.09**

**Projections and Budget for 2017-2018 Financial Year**

Projections for Income:

Subscriptions \$30,000

Conference surplus \$20,000

Interest from term Deposits \$5,000

Total: \$55,000

### Estimates for Expenditure:

Secretariat \$16,800

Conference travel grants \$6,250

Professional development awards \$6,000

Teleconferencing \$3,000

Accounting \$6,000

NZSSD ASM award \$10,000

Total : \$48,050

### **Donations**

The Society is registered in a way that means individual donors can apply for a tax credit for their donation. The Society received \$45 in donations this year.

### **Audit**

Annual financial statements will be prepared by an accounting firm local to the treasurer. Once these have been compiled an Independent audit of the Society's finances will be undertaken by Auditlink in Palmerston North as has been the case previously. Financial statements and aAudit outcomes will be available to the Executive once ready, and on request by any individual member thereafter.

### **Future plans**

The Society is in an excellent financial position at present, with income once again expected to exceed loss in the upcoming financial year. Possible areas for allocation of funds include promotion of research, maximising benefits to non-SMO members, promotion and development of resources for education across the country. The Society should aim to facilitate good diabetes care practice at both primary and secondary care levels.

Consideration should be given to increasing the time and funding for our Secretariat to enable more roles to be filled by this position. This would alleviate pressure on members of the Executive and would provide more specific ability for the secretariat to expand her role and assist with conference organization, member enquiries and web site updating for example.

The proposal is to continue with the annual NZSSD ASM grant award for a further two years at this stage.

We need to ensure our finances keep pace with inflation, which at present is sustainable.

**Items for discussion on the agenda at ASM:**

Use of the Diabetes Nurse Prescribing surplus

Roll over of term deposits vs utilisation of these funds

Priority areas for allocation of funding in the next financial year

Approval of an annual NZSSD ASM award of \$10,000 for the next 2 years

**Proposals to be put forward for a vote:**

That the financial account reports and audit for the FY 2015-2016 and 2016-2017 can be accepted by the Executive if not available by the time of the ASM

That the Expenditure for FY 2017-2018 be structured as above

That this report be received.

*Michelle Downie*

*Treasurer*

## **Diabetes New Zealand Inc Report**

The 2016/17 year has been one of consolidation and growth for Diabetes NZ. Below are some of the highlights of the last 12 months.

National Office has expanded with the appointment of a number of new (mainly part time) roles including a Director of Youth, a Business Development Coordinator and a Membership Support Coordinator. We continue to grow our online presence as well as support our Branches to deliver in person support.

We have developed sponsorship relationships with a number of organisations over the past 18 months including Fit Bit and Pita Pit as well as being the 2017 recipients of the proceeds from the annual Grocery Charity Ball which is to be held in September in Auckland. In addition we have spent time to develop a fundraising strategy to provide a level of sustainability for the future.

We are historically a membership organisation and like many others have seen a decline in in paid memberships over the last 5 years. In order to address this decline we have established a new membership category to enable people to have a relationship with our organisation without the need for annual subscription payments. Support membership comes with a number of benefits such as access to online magazines and information. Additional benefits have been maintained for full members including voting rights at AGMs. Support membership targets a different demographic to those who prefer full membership and the result of the introduction of this category has been a small increase in total members of the organisation.

The quarterly magazine was reviewed and reinvigorated during 2016, including a new name (Diabetes WELLNESS), size and look. This has been well received by our readers and continues to receive good feedback. In addition we continue to produce and distribute a range of living with diabetes related pamphlets.

Our Branches have continued to provide a variety of services in their local areas. These include support groups, foot clinics, camps for children and teenagers, 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.

Diabetes Action Month in November 2016 saw the launch of the Diabetes Toolkit which was developed as a support tool for people living with diabetes. It includes resources with advice on lifestyle, exercise and health eating in both paper and video format. The resources were tested with, and received the consumer tick, by a group of people with diabetes who undertook a supported bootcamp style programme prior to and during DAM with some amazing results. The resources were made available to all members online during DAM and have proved very popular. As well as DAM we have been involved in a number of other health promotion activities during the year at both local and national levels, including Men's Health Week in June 2016 where our CE took part in the Breakfast Challenge on TV1.

We have also attended various symposiums and workshops including the Living Well Science Challenge and Ministry of Health workshops. Our CE also attended the IDF Western Pacific Congress in Taiwan in November, where he presented on the social and economic impact of diabetes in New Zealand.

Our AGM was held in November 2016 and at that time changes to our Constitution were approved. These were mainly for clarity and to remove transition related clauses that were no longer relevant but nevertheless entailed a significant amount of work for members of our Board. In addition our

2020 Strategy was introduced and feedback received. Diabetes Youth NZ also met during the AGM/Conference day and reached a decision to disband and become part of Diabetes NZ rather than a partner to. Much work has gone on since to formalise this and the new financial year will see the establishment of a Youth Advisory Committee who will advise the organisation on youth related matters.

Diabetes NZ managed the consumer/end user feedback process for the short listed glucose meters for PHARMAC. This was a worthwhile albeit challenging process and included a series of focus groups across the country with a huge range of consumers from children with Type 1 and their parents to elderly type 2 users as well as coordinating home testing and feedback for others. This was completed in December 2016 and we await PHARMACs funding decision.

We value 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, and look forward to working together, particularly in the advocacy area, the coming year.

*Deborah Connor, National President Diabetes New Zealand Inc.*

## **Dietitians NZ Diabetes SIG report**

The Dietitians NZ Diabetes SIG (DSIG) aims to improve the dietetic care of people with diabetes by providing a forum for dietitians to share expert knowledge and skills in medical nutrition therapy related to diabetes. In addition, we promote the key role of dietitians within multidisciplinary teams across primary and secondary care, and support our membership with professional frameworks to improve dietetic standards and quality of care.

The DSIG actively promotes the benefits of NZSSD membership amongst dietitians and there are now 36 dietitians who are members of NZSSD (up from 26 in 2014) and 33 dietitians have registered for the study day in May 2017.

In 2016/17 we have made the following progress on projects identified at our AGM;

- **Workforce Report**

The DSIG committee has a project underway to map both primary and secondary care data for dietetic FTE directly associated with diabetes, across all the District Health Boards. This data is being compared to the Quality Standards for Diabetes and Ministry of Health expectations for the role of dietitians in providing specialist care for with adults with diabetes. Early trends suggest there is inconsistent access to dietitians with specific skills in diabetes management and highlights the urgent need to target growth in the number of jobs for Diabetes Specialist Dietitians across New Zealand.

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

The IKSCF has been formally endorsed and made available on the Dietitians NZ and NZ Society for the Study of Diabetes (NZSSD) websites.

The DSIG committee is grateful to the NZSSD reviewers and the Aotearoa College of Diabetes Nurses (ACDN) for providing valuable feedback as part of a robust peer review process. We have also appreciated guidance from reviewers regarding options for accreditation and/or clinical coaching for dietitians who are looking to develop further skills in diabetes.

- **DSIG Newsletters**

The quarterly DSIG newsletter has created a useful platform for keeping members up to date with conference reports and highlighting key scientific research relevant to the advancement of dietetic practice in diabetes. The newsletters are also being used to promote local resources and share innovative ways of working so that dietitians will feel inspired to further develop their practice, and most importantly, reach out to other members for advice and support when necessary.

- **Continuing Professional Development**

Each year the DSIG committee looks forward to coordinating the national Diabetes Dietitians Study Day hosted by NZSSD. We actively encourage dietitians to submit abstracts for presentations at the NZSSD annual scientific meeting and take advantage of the opportunities to build strong multidisciplinary networks. In addition, we have started exploring opportunities for the development of post-registration training to grow the number of dietitians with advanced knowledge and skills in diabetes.

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. We are a small professional group and as such we value the support and commitment we receive from our nursing, medical and allied health colleagues as we strengthen our focus together to support individuals and families living with diabetes.

*Shelley Mitchell*

*Dietitians NZ Diabetes SIG Convener*

*April 2017*

## **Podiatry Special Interest Group report**

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**

PSIG meetings for 2016 were held on the:

14 March, 3 May (Study day), 24 August at AUT.

### **Rotorua Study Day 2016**

21 Podiatrists attended the study day

### **Key points**

- The MOH have reviewed the diabetes foot risk and stratification tool and has had a few subtle changes made to it, such as including eGFR<15, clarifying the 'high risk foot'.
- 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 we hope to have a final draft for review this year.
- The podiatrist foot assessment form that aligns with the current diabetes foot risk and stratification tool is to help encourage 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 hopefully it will be added in the coming year to be part of a suite of foot documents on the NZSSD website.
- We have been in consultation with AUT who are developing a postgraduate pathway in the "high risk foot".

### **To note**

- Leigh Shaw, Fiona Angus and Steve York are board members on the Podiatrists Board of New Zealand - 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)

*Michele Garrett and Claire O'Shea, conveners of NZSSD PSIG*