# On Target December 2018

### **Aotearoa College of Diabetes Nurses Committee:**

- Chair: Secretary: Treasurer: Accreditation Portfolio: Newsletter: NZSSD Liaison: Membership:
- Tricha Ball Anne Waterman Kerrie Skeggs Bryan Gibbison Andrea Rooderkerk Bobbie Milne Hazel Philips

### **National Committee**



Back row left to right: Angela Clark (NZNO PNA), Hazel Phillips, Bobbie Milne, Anne Waterman, Tricha Ball, Kerrie Skeggs Front row left to right: Andrea Rooderkerk, Bryan Gibbison

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## **National Committee**

Tricha Ball - Chair	Auckland	trichab@adhb.govt.nz
Anne Waterman – Secretary/ Website/Communications	Waikato	acdn.secretary@gmail.com
Kerrie Skeggs - Treasurer	Mid-Central	<u>treasurer.acdn@gmail.com</u> <u>kerrie.skeggs@midcentraldhb.govt.nz</u>
Bryan Gibbison - Accreditation Coordinator	Waikato	bryan.gibbison@waikatodhb.health.nz
Andrea Rooderkerk - Newsletter	Hawke's Bay	acdn.newsletter@gmail.com
Bobbie Milne – NZSSD Liaison	Counties Manukau	bmilne@middlemore.co.nz
Hazel Phillips – Membership Portfolio	Hutt Valley	acdn.membership@gmail.com

#### Vacancy

If you are thinking about expanding your horizons or looking for a challenge, please consider joining the National Committee of ACDN. The National Committee meet together four times a year with regular telephone conferences at other times. Travel costs are covered, but members are asked to seek support from Managers to attend weekday meetings if appropriate. If you are a team player who strives for excellence and would like to join our friendly team, please feel free to contact one of the National Committee listed above: For a nomination form – click here

"Joining our committee offers an excellent opportunity to be mentored by experienced committee members, to learn about the work of ACDN in promoting and supporting excellence in diabetes nursing in New Zealand." - Tricha Ball; Chairperson **Introducing Amanda De Hoop** who has been seconded to the National Committee

Hi, my name is Amanda de Hoop. I am a **Diabetes** CNS based at the Diabetes and Endocrinology Service at Palmerston North Hospital, with a focus on adults and vouth with



type 1 diabetes, adults with type 2 diabetes with advanced complications, and diabetes in pregnancy. I became an approved designated diabetes registered nurse prescriber in November 2017, am on track and hopeful to finish my Master of Nursing in November 2019. Outside of work and study I enjoy travelling, vegetarian cooking, and walking my dog. I have a passion for diabetes nursing and look forward to the opportunity of being on the ACDN committee.

#### ACDN Regional Study Day Rotorua – 10 November 2018

A big thanks go to our local organising group – Lewese Hicks, Kris Penman, Lisa Smith and Mereana Waaka Murch and to Sanofi for supporting this event. We hope to make this an ongoing event offered in other regions of the country. Sixty people attended the day. The following report of the day has been compiled by Lewese Hicks.

The study day provided a great opportunity for nurses working with patients with diabetes in secondary care, primary care and the community within the Midland area to meet and network.

Bryan Gibbison, NP and Diabetes CNS from Waikato DHB is a member of the Bryan gave an ACDN committee. overview of the undated National **Diabetes Nursing Knowledge and Skills** Framework (NDNKSF). He highlighted the benefits of the document being used to ensure nurses and employers know the standard of care required within diabetes care for different nursing positions. He stressed the value of the NDNKSF being used to guide professional development, assist all RNs to evidence their competency to provide the required care and education for the person with diabetes, and as a reference for planning educational point programmes and clinical preparation for each area of nursing practice. A copy of the 2018 NDNKSF can be download from

https://www.nzno.org.nz/groups/colle ges\_sections/colleges/aotearoa\_college\_ of\_diabetes\_nurses

Monique Tini NP and Angi Earl RN from Ngati Pikiao Health Services shared their story of the challenges of working in a small Rotorua general practice, which has been without a Doctor for a number of months. However, after putting out a SOS, they are currently being supported by Dr Lance O'Sullivan and his team who work at the centre for part of the working week and provide clinical oversight the rest of the week. Combined with the visiting Doctors, Monique and her nursing colleagues are continuing to provide all services within the centre.



Korowai Aroha, a Health Centre providing primary health care services to people in the Rotorua and surrounding districts, has developed a number of innovative selfmanagement programmes over the years. Tim Ryan, an RN working at Korowai Aroha. presented one of these programmes he is involved in. The programme focuses on Maori men helping Maori men with high health and social needs to realise their full potential. Tane Taki Tu Ake, which means "to stand up together as men," takes participating men on a journey that is supported by the Pae Whiriwhiri, their peers in the programme, and those who have previously engaged with the programme. Kevin and Richard Tim spoke of joined and their participation in the Tane Taki Tu Ake

programme, shared their personal stories and about becoming peers and supporting other men. Their passion about the benefits of the programme was evident. The principal belief of the programme is that the answer lies within our past and returning to basic yet simple life principles to help us in the future. The aim is connecting through culture and key teachings will provide the pathway for men to gain improved health and wellbeing. Above all it also gives the men the opportunity to become leaders in their home, to be good partners, good fathers so that the whanau will flourish.



L to R: Richard Rautjoki, Tim Ryan, Kevin Pahina

Fiona Seekup and Wendy Gifford are CNS's based at Rotorua Hospital with the Lakes DHB Diabetes service. Wendy discussed the trials of providing diabetes services within the increasing patient numbers. complex needs and the constraints of available staff resources. Fiona presented the paper she completed, for her Masters of Nursing, on Mentoring of nurses in secondary care to improve delivery of care and patient safety. She has successfully started the mentoring programme with two nurses in the DHB. She meets with the nurses regularly and has supported them in identifying opportunities for up skilling and increasing knowledge for staff within their clinical bv providing areas resources and inservices. These nurses have become the "champions" of diabetes care within their areas.

Chris Penman, Diabetes Nurse and RN prescriber, working at Ngongotaha Medical Centre presented a challenging case study that many of us who attended could relate to. It was a reminder of the problems and dilemmas faced by all nurses involved in providing patients with effective care and treatment.



Kris Penman



Lewese Hicks

Lewese Hicks, a CNS based at Taupo Hospital with the Lakes DHB Diabetes service, is a DAFNE facilitator and a DESMOND presenter (in training), and presented on both programmes. DAFNE is the acronym for Dose Adjustment For Normal Eating. DAFNE is a five-day outpatient group education program. It equips participants with the tools to selfmanage their insulin doses. To attend DAFNE a person must meet the following criteria in order to attend the DAFNE program: Have type 1 diabetes, be 18 years or older, not be on a pump, take one or two injections of long acting insulin each day and quick acting insulin each time you eat, be willing to inject, check and record your blood glucose levels at least four or five times a day, be prepared to adjust your own insulin according to what you eat, your blood glucose levels, and other factors (for example, exercise) and be able to attend all five days of the program.

During the DAFNE course, participants learn how to: Count carbohydrate and calculate quick-acting insulin doses according to their carbohydrate intake, correct blood glucose levels if needed, adjust long-acting (background) insulin to approximate basal insulin requirements, evaluate their blood glucose patterns and adjust both quickacting and background insulin (on separate occasions, not at the same time) to attain blood glucose levels in the target range. Each centre collects biochemical. anthropometric and quality of life data in order to assess the effectiveness of the program for each participant. This data is collected before the 5-day DAFNE course begins, and twelve months after it finishes.

The feedback from people who have completed the DAFNE course is overwhelmingly positive. The following benefits of the program have been shown in NZ, Australia and in the United Kingdom: Improved HbA1c, reduced diabetes distress, depression and anxiety symptoms, increased dietary freedom, no weight gain, no increase in blood fats, no increase in severe hypoglycaemia (In Australian studies of DAFNE we have found that severe hypoglycaemia has been reduced).

DESMOND is the acronym for **D**iabetes Education and **S**elf-**M**anagement for **O**ngoing and Newly **D**iagnosed.

Once a research programme in the UK, DESMOND is now an established part of care improvement for <u>type 2 diabetes</u> in the UK and Australia. In NZ DESMOND programmes are delivered by Wellsouth in Dunedin, Diabetes help in Tauranga, RAPHS in Rotorua, Lakes DHB in Taupo and Turangi and Hauraki PHO in Hamilton. The 6 hour program recognises that there is no 'one size fits all' approach to diabetes management. DESMOND focuses providing on practical skills for managing type 2 diabetes. It is delivered by trained educators who DESMOND help participants optimise selfto management through improved knowledge and understanding of their condition. The program is built around activities, group with participants sharing experiences and talking about what type 2 diabetes means to them. However if they don't like the idea of sharing your experiences, they are not forced to contribute. They also have the chance to speak to a diabetes educator by themselves if they need to. At the end of sessions. participants the have information to take home for reference.

There was discussion around Diabetes CNS mentoring in primary care in different areas around the country. Andrea Rooderkerk spoke of mentoring by CNS in Hawkes Bay. Lewese Hicks spoke of mentoring in Rotorua, Taupo and Turangi.

The day was finished with an ACDN update.



Tricha Ball

### Attention Nurse Prescribers: Last Chance...

To complete the questionnaire for our study on Registered Nurse Prescribing in Diabetes Care in New Zealand and the UK. So far over 100 nurses have completed the survey and we would like give those who have not yet to participated but would like to, this last opportunity. The questionnaire will on 13<sup>th</sup> close off January **2019**. Please also encourage your team participate so their members to perspectives can be considered and reported.

As a reminder, this study is designed to:

- Provide an overview of nurse prescribing in diabetes care in NZ
- Explore and compare barriers and facilitators of the role and
- Measure the impact on team functioning and service efficiencies.

Dr Claire Budge and I are collaborating with Professor Molly Courtenay from Cardiff University in the UK collecting similar information to allow comparison across the two countries. Gathering this information will provide strong evidence to support health care services with regards to planning and implementing the prescribing role and thereby improving patient access to care.

We would be grateful if you could complete the questionnaire via survey monkey by clicking on the link here: <u>www.surveymonkey.com/r/DNPrescrib</u> <u>ersNZ</u>

This questionnaire may take you around half an hour to complete. As a thank you for completion you will be given the opportunity at the end of the survey to go into the draw to win one of five Amazon gift vouchers. This study is supported by the New Zealand Society for the Study of Diabetes, the College of Diabetes Nurses Aotearoa, NZNO and the New Zealand Nurses Organisation, the College of Nurses Aotearoa, the Nursing Council of New Zealand and the Office of the Chief Nurse, Ministry of Health.

For further information please email: helensnell636@gmail.com

Dr Helen Snell, PhD, FCNA (NZ) Nurse Practitioner

### **Accreditation news**

Accreditation is a peer review process specifically for diabetes nursing where assessment is objective and against a set of nationally agreed criteria. Members of the ACDN, in primary, secondary and tertiary care sectors are encouraged to submit an application for accreditation at either Specialty or Specialist level. Accreditation is valid for 3 years. With the growing numbers of people living with diabetes, it's important that we, as a College, can assure our patients that they are receiving the very best education and support from nationally recognised accredited nurses.

#### Outcome of the October 2018 Accreditation Round

There were 15 applications for the October round:

- 7 new applications (1 at proficient level and 6 at specialist level)
- 8 maintenance applications

# Congratulations go to the following applicants:

Sally Levie, Kerrie Skeggs, Iris Blowers, Roshni Prakash, Hannah Cattaway, Sally Morgan, Gina Berghan, Tony Loversuch, Navjot Kaur, Amanda de Hoop, Elham Hajje, Joyce Roberts, Heather Charteris and Helen Snell

#### **New Accreditation Process**

We have run a trial of the proposed new process. The feedback has been very helpful in clarifying what we need to ask applicants to provide by way of evidence. It has also shown that the new process has much stronger links to the NDNKSF (2018), making the NDNKSF a living document with more relevance to day to day practice. My thanks goes to the volunteers who tested the process.

#### May 2019 Accreditation Round

Applications for the May 2019 round of accreditation are now open and portfolios are due to NZNO Head Office in Wellington by **12 mid-day on 8 March 2019**.

#### **Funding Support**

ACDN has a scholarship/grants fund that may be used to help cover some of the costs of accreditation or for assessor training. Details of the fund and how to apply are on the ACDN website.

#### **IMPORTANT: Evidence:**

Assessors are making comments back to me about the evidence supplied. Sometimes the evidence is simply not provided or what is provided is overwhelming. Evidence is supposed to support your application and there are suggestions as to the evidence required contained in the Handbook. Sometimes simple case review with some a reflection on how it has influenced your practice is better than supplying a range of clinical notes that are hard to follow. If you prescribe then some reflection about your prescribing decisions should be included – why you did this versus that. Supplying a copy of a presentation tells the assessor what you presented, nothing more; you need to provide some context, some feedback from the audience and some reflection on what this meant for you as the presenter.

# As always - a reminder regarding confidentiality

A consistent feature coming back from assessors is around confidentiality. There are frequent minor breaches of both patient and colleague confidentiality in evidence supplied. This is not acceptable. In the past the College has taken a pragmatic approach to managing this but from the next round forwards, any breach in confidentiality will result in the portfolio not being assessed and it being returned to the applicant.

I appreciate that this seems severe, but we can no longer accept this practice. Maintaining confidentiality for the people you work with and your patient/client is paramount. NZNO have updated their practice guideline titled Privacy, Confidentiality and Consent in the Use of Exemplars of Practice, Case Studies and Journaling, 2016. This can be accessed from the NZNO website in Publications at the following link -

http://www.nzno.org.nz/resources/nzn o publications and can be found under the section titled '*Practice*'

#### Welcome:

I am pleased to welcome Amanda de Hoop, who has been seconded to the committee with a view to taking on the accreditation portfolio next year. This is great news. Amanda is a skilled PDRP assessor and I know that accreditation will be in very capable hands.

#### **Moderation:**

The accreditation programme has an external moderation process. Our current moderator, Julie Symons, has resigned from this position after 2 years as moderator. My thanks to Julie for her guidance and wisdom with moderation over the last 2 years. Her feedback has been helpful to both applicants and assessors. We will be calling for expressions of interest in this position in the near future.

#### **Assessors:**

The College is seeking to grow the pool of approved assessors to assist with assessing accreditation portfolios.

The College would like to hear from anyone with the following skills:

- accredited as either a Specialty (level 3) of Specialist (level 4) Diabetes Nurse
- an approved PDRP assessor, OR
- has completed the NZQA assessment module 4098 or other approved assessment programme, or willing to undertake relevant training (funding support available), and
- interested and willing to be an assessor for ACDN Accreditation.

Assessment of portfolios occurs twice a year. The time it takes to complete an assessment varies but in general you should allow at least 2 hours. Assessors are paid an honorarium for each portfolio assessed.

This is a wonderful opportunity to develop new skills that contribute to your own professional development, to network nationally with other members of the College, and to contribute to the professional development of your colleagues.

Expressions of interest can be directed to Bryan Gibbison, Coordinator of the Accreditation Programme, by email – <u>bryan.gibbison@waikatodhb.health.nz</u> Please include:

- your level of accreditation,
- whether you are willing to undertake the appropriate training, OR
- if you are already an approved assessor, evidence of completion of a

relevant course (a copy of your 4098 certificate or other approved course).

#### Bryan Gibbison

Coordinator - ACDN (NZNO) Accreditation Programme <u>bryan.gibbison@waikatodhb.health.nz</u>

### ACDN Professional Development Grant

The Aotearoa College of Diabetes Nurses (ACDN) has established a fund to assist nurses to attend or participate in events related to diabetes nursing that will further their knowledge base in their current field of work i.e. workshops, conferences, study days, seminars, post graduate study. This professional development grant can also be used to cover part of the cost of the Aotearoa College of Diabetes Nurses accreditation application.

ACDN gratefully acknowledges the contribution from Pharmaco towards diabetes nurse education, via the ACDN Professional Development Grant. Applications are considered twice a year and the **next closing date is 28<sup>th</sup> February 2019.** 

Please note, all grant applications must be submitted electronically on the NZNO Aotearoa College of Diabetes Nurses Professional Development Grant Application Form which can be accessed on the College webpage at NZNO website.

NZNO has a significant number of scholarships that members may also be eligible for. The NZNO website has all the relevant information about these, including criteria and the process for application. Here's the link:

http://www.nzno.org.nz/support/schol arships and grants

#### Ma'u Pauta was a recipient of an ACDN Professional Development Grant in 2018.

Diabetes is a main focus within our clinic. Over the last few years our clinical team have strived to improve diabetes care, by developing our own personal growth and knowledge.

I am forever grateful to the Aotearoa College of Diabetes Nurses (ACDN) for their on-going support of many activities of NZSSD through hosting of the Annual Primary Care Study day, offered me grants to attend the diabetes conference in May 2018 in Hamilton New Zealand. Their great support encourage members to present at ACDN study days help nurses professional development.

I am also very grateful for speakers and topics discussed on the day as organized by ACDN which is an excellent programme for the Primary Health Nurses.

The 2018 NZSSD conference study days, provided a common platform to discuss the recent issues and happenings in the field of Diabetes. It serve as a bridge between researchers from academia and health care centres enhanced by its well organized scientific sessions, plenary lectures, poster presentations and highly enriched workshops and meeting and the whole events were inspiring and help me to grow.

As part of our ongoing learning and development skills one of our diabetes champions continue to attend the annual NZSSD conference, Diabetes Nurse Practice Partnership and other WDRT as well as local diabetes nurse forums, which involves a meeting with 15 other practice nurses.

On reflection the 2018 NZSSD conference programme and study days

experience delivered a fresh insight into Diabetes and its complexities. I would like to thank the ACDN team for their generous support and allow us to attend conferences like the NZSSD. Professionally it contributed to my development by expanding mv knowledge base in this area, ensuring that practices and the specialist service maintain a focus on improvements in diabetes outcomes for Maori and Pacific populations and the achievements of the Diabetes Care Improvement Plan (DCIP) goal. On a personal level, experiences at the conference level and study days have increased my confidence when dealing specialists with and company representatives. It also highlighted the many gaps that exist between theory and practice and reinforced in my mind the fact that a career in nursing is a lifelong learning process for which all nurses are responsible to ensure that care is of the highest standard.

#### Ma'u Pauta,

Diabetes Nurse, Porirua Union & Community Health Service

### **Upcoming Events**

Focus on Fibre and Food Monitoring symposium



Registrations are now open for this symposium which is being held in Dunedin at the Otago Museum on **11-12 February**, **2019**.

Jointly hosted by the Edgar Diabetes and Obesity Research Centre, the Healthier Lives National Science Challenge and the Riddet Institute, The Focus on Fibre and Food Monitoring symposium and workshops will examine two topical aspects of human nutrition and health:

- the role of dietary fibre in preventing and treating non-communicable diseases;
- the importance of knowing what New Zealanders eat to inform health research and policy.

A line-up of distinguished and up-andcoming New Zealand researchers will be joined by international speakers Emeritus Professor John Cummings, world expert on dietary fibre, and Tracy Hambridge of Food Standards Australia New Zealand.

A flyer and draft programme for the symposium can be found on the University of Otago website. Please visit https://www.otago.ac.nz/diabetes/new s/otago698336.html for more information and to register; early-bird registration and abstract submission is available until 17 December. Students registered for free bv can be emailing diabetes@otago.ac.nz

The programme can be found <u>here</u>.

#### ACDN Annual Study Day 2019: Medications and Management

Date: 7 May 2019 Venue: Napier Convention Centre Register: <u>www.ivvy.com.au/event/akB119/sig-study-</u> <u>days.html</u>

The programme can be found <u>here</u>.



#### **NZSSD 2019**

The 2019 ASM will be held at the Napier Convention Centre; 8-10 May 2019, with SIG satellite programmes on 7 May 2019.

Registration and other information can be found at: <u>NZSSD ASM 2019</u>

#### Key dates:

Registrations/abstracts open: 1 Nov, 2018 Abstract closing date: 5:00pm 1 Mar, 2019 Conference grant closing date: 22 Mar, 2019

Early Bird registration closes: 29 Mar, 2019 Registrations close: 23 Apr, 2019



### Member requests your help

Aotearoa College of Diabetes Nurses is currently working on producing a national contact list for Diabetes Services throughout New Zealand. This list once completed will be located on our website for ease of access. The aim of this list is to provide phone, fax and details for email use when communicating between teams nationally and providing information regarding patients transferring from one area to another. The committee would like to hear from all services in New Zealand with details of:

- Location/address
- Contact phone number
- Fax number
- Generic email address (if available)

We would be grateful if you could send this information to Hazel Phillips at <u>hazel.phillips@huttvalleydhb.org.nz</u>

### Special Interest Groups (SIGs)

In addition to the SIGs below, there's been some interest in forming a SIG for:

- 1. Pregnancy
- 2. Nurse Managers

Please register your interest about either group with Hazel Phillips <u>acdn.membership@gmail.com</u>

# Indigenous Diabetes Nurse SIG as part of ACDN

The aim of this group, which falls under the umbrella of the Aotearoa College of Diabetes Nurses (ACDN), is to offer indigenous nurses the opportunity to meet, share information and discuss cultural activities that may assist with improving engagement, delivery and management for people living with diabetes. ACDN encourages its members to get involved and inform other indigenous nurses working in diabetes to consider how they might be able to link into this SIG. To learn more about this special interest group, or to get involved please contact:

Gina Berghan (MN, DNS); Nurse Specialist-Diabetes T: 09-3074949 E: <u>gina@adhb.govt.nz</u>

**Paediatrics** - as part of the Paediatric Society of NZ – National Diabetes Clinical Network for Child & Youth

The Clinical Network for Children and Young People with Diabetes (Paediatric Group) will hold a study day prior to the ASM of NZSSD in May 2019. Jo McClintock is convenor for this day, which will be held on Tuesday 7<sup>th</sup> May 0830-1700. The nominated themes for the programme are hypoglycaemia, dual diagnoses, and tech talk. If you would like to present something in relation to hypoglycaemia or dual diagnoses, Jo would like to hear from you. Email:

joanna.mcclintock@waikatodhb.health.nz

The programme also includes the launch of a consumer resource for flash and continuous glucose monitoring and invited speakers including Prof Leonie Callaway, Assoc Prof Ben Wheeler, Dr Martin De Bock and Dr Pratik Choudhary.

If anybody has any feedback or would like to propose changes to any of the Network resources or have ideas about areas in which resources are needed for Paediatric populations in 2018 please do contact Gilli at <u>Gilli.Lewis@ccdhb.org.nz</u> All resources are reviewed bi-annually in response to feedback received by the

#### Young People with Diabetes (15-25 yrs) as part of NZSSD

Network.

If you work with young people aged 15-25 years with diabetes and you would like to join the DiabetesYoungPeople SIG, please contact Vickie via the following email address:

diabetesyoungpeople@googlegroups.com

If you are aware of any young person with diabetes who will be moving to Dunedin in 2019 to attend the University of Otago, please contact: Angella Alexander Practice Nurse at University of Otago Student Health Services PO Box 56, Dunedin T: 0800479821 E: angella.alexander@otago.ac.nz

#### New Zealand Clinical Network for Children & Young People with Diabetes ACDN Quarterly Report September 2018

This report details updates on the high-level deliverables as noted in our Diabetes Clinical Network work programme.

# 1. To undertake an annual survey with key stakeholders, i.e. Diabetes NZ – Youth

Ruby McGill has recently taken on the position of Diabetes NZ Director of Youth. Ruby has joined the Clinical Network, following the stepping down of Jacqui van Blerk. The survey that the CN agreed to carry out this year, will look at resources for schools and other organisations planning overnight trips, education outside the classroom or camps. Ruby has taken on the survey work that Jacqui began, working with Diabetes NZ to prepare the survey. Once the survey is ready for distribution, we will invite families with children and young people with diabetes across New Zealand to participate in the survey.

- 2. To develop, update, and/or share clinical protocols and information relevant. To the NZ paediatric, adolescent and young adult diabetes population.
  - a. The DKA clinical protocol produced in 2014 and available on the Starship website is currently being revised by the CRG medical clinicians to align with the new Starship IV fluids guidelines but provide options for fluid alternatives for small regional centres where accessibility to certain fluid types is limited. Awaiting final review.
  - b. The CRG has endorsed the recently released International Society for Paediatric and Adolescent Diabetes (ISPAD) 2018 updated Type 2 Diabetes (T2D) in Youth guidelines and will investigate further whether a web-link to this via the network website is going to be possible.
  - c. A protocol for management of young people with diabetes during surgery is currently being benchmarked against International Society for Paediatric and Adolescent Diabetes (ISPAD) standards. Not yet ready for release.

# 3. To develop and maintain a national collection of data relevant to children and adolescents with diabetes, to facilitate collaborative bench-making, audit and research projects.

Data collection for the years 2012/2013 and 2014/2015 is incomplete, with the burden of data entry prohibitive for many centres. Access to the Ministry of Health Virtual Diabetes Register (VDR) has been formalised, allowing each DHB to access non anonymised data for their own patients for validation. All clinics have been re-contacted regarding participation in the next phase of the register. Clinics that agree to participate have been provided with a letter to be used to request their respective VDR extract from the Ministry of Health. The DHB datasets once validated can be combined to create a National dataset as occurred with the 2011 data. Development of improved systems for data collection, from patient management systems, remains a work in progress.

#### 4. Workforce capacity and education

A workforce survey was completed in 2012 and published in the *New Zealand Medical Journal* (Jefferies *et al* NZMJ 30 October 2015, Vol 128 No 1424). The survey has been repeated in 2016, in conjunction with an Australasian-wide survey being undertaken by the Australasian Paediatric Endocrine Group (APEG). The results have recently been published (July, 2018) in the *Journal of Paediatrics and Child Health*: <u>Children and adolescents with type 1 diabetes in</u> <u>Australasia: An online survey of model of care, workforce and outcomes</u>, (by Martin de Bock, Timothy Jones, Jan Fairchild, Fran Mouat and Craig Jefferies). This survey suggests that New

Zealand is under-resourced in most areas. Plan to undertake a further survey in 2019 for reporting in 2020. Currently, such surveys represent the only mechanism for updating workforce capacity and capability.

A paediatric focussed meeting aligned with the NZSSD annual scientific meeting in May 2019 is currently being planned.

# 5. Paediatric diabetes nursing and allied health professional group - exploring innovation and initiatives that can be shared nationally

This year's project is to produce a resource for families regarding the use of continuous glucose monitoring (CGM) and/or flash glucose monitoring (FGM). An EOI to create a working group for this work has been sent out to the wider diabetes community via the PSNZ, NZSSD and ACDN networks. The working group will look at current resources available and collate a new resource.

#### 6. Research focused work stream

Current research being undertaken:

Three NZ paediatric diabetes centres are currently involved in a study investigating the potential benefit of using flash glucose monitoring in adolescents.

Report written by Gilli Lewis, Facilitator,

Clinical Network for Diabetes in Children and Young People

## For your interest

#### Change to NZNO Constitution: One Member One Vote

There have been some changes to the NZNO Constitution affecting voting processes on constitutional and policy remits. They come into effect in 2019 ahead of the Annual General Meeting (AGM), and were ratified at the NZNO AGM on 19 September 2018.

changes, voting Before these on constitutional and policy remits at the done bv delegates/ AGM was representatives from the following NZNO groups: Regional Councils; Colleges and Sections; the National Student Unit: Te Rūnanga: the Membership Committee; and Te Poari. Individual financial members of NZNO not involved in any of these groups did not have a vote.

#### Changes around voting

A new Clause 29 has been added to the Constitution which states that each financial member will now be entitled to one vote. Voting will take place online (or by postal ballot where necessary). Results of voting will be announced at the AGM, but voting will no longer be done by delegates/representatives alone at the AGM.

#### Why the change?

The 'one member one vote' system is to reduce variable member consultation. example, delegate/ For one representative could have several votes counted depending on the number of groups they belong to, with many members not being consulted prior to voting or having input into decisionmaking. Also, larger Regional Councils representing more members had a stronger voting power compared to those from smaller regions, yet voting decisions at the AGM were made by a handful of delegates/representatives.

The new system enhances NZNO's democratic process by allowing every financial member the opportunity to cast one vote. It is also hoped the new process will make voting more visible to the wider membership and encourage greater engagement and involvement. This has been a matter of concern to NZNO for some time and the changes result from a working group that has consulted widely to develop a 'one member one vote' strategy. At the 2016 AGM the intention was signalled to propose changes to the Constitution to bring this into effect in 2019 if changing to 'one member one vote' was endorsed at the 2018 AGM.



Another image from the ACDN Regional Study Day in Rotorua

# **Vildagliptin** – now fully funded gliptin for type 2 diabetes:

Vildagliptin, a DPP-4 class of medication, is now fully funded in NZ for type 2 diabetes. It is recommended as a second or third line oral antihyperglycaemic, added to metformin treatment. It is a 50 mg tablet and is also in combination with 850 mg or 1 gm of metformin.

Metformin is the first choice. If contraindicated then consider Vildagliptin, a sulphonylurea or pioglitazone. Vildagliptin:

- is not associated with weight gain
- has a low risk of hypoglycaemia
- is not recommended in pregnancy or breastfeeding
- is associated with a small increased risk of pancreatitis (0.13%)
- should not be started, and should be withdrawn if persisting levels of AST or ALT greater than 3x upper limit of normal
- is dosed twice daily but if eGFR < 50 ml/min/1.73m2 reduce to once daily
- side effects are mild discontinuation rates ≤ 5%
- is not recommended in severe CHF (NYHA class IV).

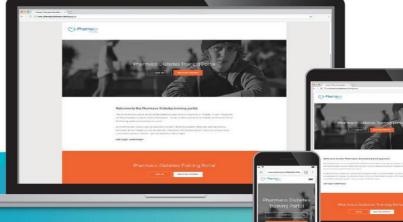
# Happy Holidays to you all



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