Code of Conduct

Australian Diabetes Educators Association
December 2023

Your trusted partner in diabetes care

Version control table

For biennial review

Version	Date	Name(s)	Notes
1.0	Sept 2001	Board	Created and Approved
2.0	Aug 2004	Board	*Approved*
3.0	May 2010	Board	*Approved*
4.0	Feb 2014	Board	*Approved*
5.0	Oct 2022	Board	*Approved*
6.0	Dec 2023	Board	*Approved*

File path: Board - Documents\Governance\Constitution, By-Laws & Code of Conduct\Code of Conduct

Copyright © 2022 ADEA All rights reserved. This document or part thereof may not be reproduced or used without acknowledgement of the publisher. The document may be printed in its current unchanged form for use by health professionals working in diabetes education, management and care to benefit people living with diabetes.

Contents

Version control table 1
Copyright 1
1 Acknowledgments 3
2 Introduction 4
3 What Happens if there is a Breach of the Code 5
4 Responsibilities of Members to ADEA 5
5 Sphere of Practice 6
6 Responsibilities of Members to Clients 7
7 Responsibilities of Members to Themselves 8
8 Responsibilities of ADEA Members Involved in Research 8
9 Responsibilities of ADEA Members to Other Health Professionals and Third Parties 9
10 Competence of Credentialled Diabetes Educators 9
11 Responsibilities of Credentialled Diabetes Educators in Private Practice 9
12 Definition of Terms Used in this Document 10
12.1 Credentialled Diabetes Educator® 10
12.2 Code 10
12.3 Conduct 10
12.4 Conflict of Interest 11
12.5 Duty of care 11
12.6 Members 11
12.7 Private Practice 11
12.8 Professional Misconduct 11
12.9 Unprofessional Conduct 11

Uncontrolled when printed

1 Acknowledgments

Many ADEA members and ADEA staff have given generously of their time in the development of previous editions of the ADEA Code of Conduct document. These have provided the foundation on which the ADEA Code of Conduct has been developed.

ADEA also acknowledges the following supporting documents in the development of the 2010 revision of the ADEA Code of Conduct:

- Australian Nursing and Midwifery Council *Code of Professional Conduct for Nurses in Australia* (2008), Canberra.
- Australian Nursing Federation *Harassment, Discrimination and Bullying in the workplace* (2007), Canberra.
- Australian Nursing and Midwifery Council *Background Paper to the Nurses' Guide to Professional Relationships* (2008), Canberra.
- Dietitians Association of Australia *Code of Professional Conduct*, (2006), Canberra.
- Medicines Australia *Code of Conduct* (edition 15, 2006) (Amended 2007), Canberra.
- Medicines Australia *Code of Conduct Review Panel Report 2008/09* (2009), Canberra.
- NSW Podiatrists Registration Board *Podiatrists Code of Professional Conduct,* (2005), Sydney.
- NSW Psychologists Registration Board *Code of Professional Conduct* (2004), Sydney.

In 2022, ADEA's Governance Committee reviewed and updated the Conduct of Conduct to ensure it reflects contemporary community expectations on transparency regarding the receipt of any third party payments by ADEA members. This review was conducted with reference to the current Codes of Conduct of the following organisations in 2022:

- Dietitians Australia
- Pharmaceutical Society of Australia
- Medicines Australia
- Medical Technology Association of Australia
- Nursing and Midwifery Board's Code of Conduct for Nurses

2 Introduction

The Australian Diabetes Educators Association (ADEA) is the leading organisation for health professionals providing diabetes education and care.

The Code of Conduct is a fundamental ADEA standard which is contractually binding on all members (including Full Members, Associate Members and Student Members) as a term of the membership. It has also been designed for an audience beyond the ADEA membership, including people requiring or receiving diabetes education and other health professionals.

Professional conduct refers to the way in which a person behaves while acting in a professional capacity. The ADEA Code of Conduct sets the minimum standards required of the ADEA membership. It provides a framework for, but is not limited to:

- clinical practice and competency;
- engagement with ADEA;
- respect of client's choices; and
- collaboration with other health professionals.

The ADEA Code of Conduct was initially developed in 2001 by Professor Trisha Dunning to establish accountability standards for conduct by diabetes educators. The aim was, and remains, to promote the health and wellbeing of clients and their confidence in the services diabetes educators provide. ADEA is an interdisciplinary association and members are expected to comply with the requirements of their relevant professional and/or regulatory bodies or associations and the current legislation governing their practice.

The ADEA Code of Conduct is not intended to provide detailed professional advice on specific issues. It provides a broad framework for assessing professional misconduct and unprofessional conduct.

The ADEA Code of Conduct was formulated on the premise that diabetes educators owe a duty of care to the clients under their care. 'Duty of care' is a legal concept and is reflected in the professional manner in which care is provided. Diabetes educators are expected to act at all times with honesty, compassion, justice and respect.

This Code of Conduct must be read in conjunction with, and Members must comply with, other ADEA Policies as amended from time to time, and as notified by ADEA including on its website, including but not limited to the Social Media Policy for Members.

The ADEA Code of Conduct reflects the standard of professional behaviour expected of all ADEA members when they engage with colleagues, volunteers and employees or enter into a contract with ADEA. This document provides the basis for internal disciplinary procedures, for the protection of the public, ADEA members and employees, as well as individual members against whom a complaint is raised.

The ADEA Code of Conduct is routinely reviewed to ensure it is up-to-date, reflects the current practice of all members and meets relevant monitoring standards. The ADEA Code of Conduct applies to all members of ADEA. Members who are in employment may also have obligations under their employers Code of Conduct.

3 What Happens if there is a Breach of the Code

Complaints regarding professional behaviour and/or potential breaches of the Code will be dealt with in accordance with the Complaints and Disciplinary Action Bylaw (with the range of possible sanctions set out in clause 8.5(ii) of that Bylaw) available from the ADEA office or the website[1].

Serious or repeated failures to abide by this Code may have consequences for the member's **membership** of ADEA and/or credentialling as a diabetes educator. To the extent that the relevant member also practises in other health services governed by the National Law, a breach of this Code may be considered as unsatisfactory professional performance, unprofessional conduct or professional misconduct.

4 Responsibilities of Members to ADEA

4.1 Members are expected to abide by the ADEA Constitution.

4.2 Members are expected to be aware of all legislation and common law requirements pertaining to their practice.

4.3 Members strive to increase the profile of diabetes education and acceptance of ADEA as the lead organisation representing and promoting diabetes self-management education in Australia.

4.4 Members have a responsibility to inform ADEA via the Complaints Committee of any alleged violations of the ADEA Code of Conduct that come to their notice. This reporting obligation to ADEA does not limit each member's individual obligation to report to their overarching professional or regulatory bodies any concerns regarding unprofessional conduct.

4.5 In reporting potential breaches of the ADEA Code of Conduct, members themselves will act in a professional and responsible manner and in accordance with the mechanism outlined in the Complaints and Disciplinary Action Bylaw (Number 5).

4.6 When advertising or promoting diabetes education programs or services, members should not bring discredit on, or misrepresent ADEA, their own qualifications or the specialty of diabetes education.

4.7 Members acting in a volunteer capacity as an ADEA office bearer or member of an ADEA committee/working party will conduct themselves in a manner cognisant to the objectives of the

[1] See https://www.adea.com.au/about-us/governance/

ADEA Code of Conduct.

4.8 Members serving on ADEA committees/working parties have a duty to declare all relevant conflicts of interest and to take appropriate action when a conflict of interest arises.

4.9 The conduct of members engaging with ADEA peers, ADEA employees or ADEA contractors will be consistent with established workplace human resource protocols including workplace bullying and harassment policies and workplace safety legislation.

4.10 Members will respect the dignity, culture, ethnicity, values and beliefs of their colleagues.

4.11 Members shall refrain from engaging in conduct or communications that could bring ADEA into disrepute.

5 Sphere of Practice

Diabetes education is a specialist area of practice.

5.1 ADEA members act within the sphere of diabetes self-management education practice and are expected to maintain the knowledge and competence necessary for contemporary practice.

5.2 ADEA members must recognise and work within their CDE scope of practice, which is determined by their education, training, authorisation, competence, qualifications and experience (see also Role and Scope of Practice for CDEs[2]).

5.3 Diabetes education and evaluation is concerned with the care of clients affected by Diabetes mellitus not only at diagnosis, but throughout their life due to the chronic and incurable nature of the condition.

5.4 ADEA members practice collaboratively, in a team with other health professionals and in partnership with their clients. They work in a wide range of practice settings including primary care, secondary and tertiary institutions and in private practice.

5.5 ADEA members need to be cognisant of the educational, physical, financial, psychological, spiritual and social needs of individual clients and their families.

5.6 ADEA members must be capable of taking action appropriate to their scope of practice in an emergency, especially with respect to managing hypoglycaemia, hyperglycaemia, cardiac, respiratory and mental health emergencies.

[2] Role and Scope of Practice for Credentialled Diabetes Educators: https://www.adea.com.au/wp-content/uploads/2022/08/Role-and-Scope-of-Practice-of-Credentialled-Diabetes-Educators-in-Australia-2022.pdf

6 Responsibilities of Members to Clients

6.1 In planning care and management, the ADEA member must consider the individual's physical status, spiritual needs, values, cultural background, literacy level, financial situation, knowledge and learning style.

ADEA members must at all times:

a) respect a client's right to choose their health care providers;

b) respect the client's dignity, culture, ethnicity, values and beliefs, and involve appropriate others (family and health professionals) in a client's care, with the client's approval;

c) provide adequate information based on an individual assessment and goals;

d) obtain informed consent where appropriate;

e) respect a client's right to privacy and confidentiality according to the national privacy laws and obtain written permission to use and disseminate information acquired;

f) respect a client's decisions;

g) keep accurate records and document all care given in the appropriate manner;

h) store and dispose of records securely;

i) not exploit clients;

j) respect a client's right to refuse care and education;

k) evaluate the outcome of the education and care provided; and

l) act as advocates for clients and their families with respect to diabetes management in the health care context.

6.2 ADEA members acknowledge the limitations of their knowledge and competence and do not undertake activities they are not qualified or authorised to perform.

6.3 ADEA members are aware of a potential power imbalance that exists within the therapeutic relationship between themselves and their clients.

6.4 ADEA Members avoid any abuse of the privileged relationship that exists with clients.

6.5 For the purposes of transparency, ADEA members must disclose, verbally or in writing, to their clients the receipt of any third party payments provided to the ADEA member in the course of clinical treatment which results in any form of financial benefit to the member. If disclosed verbally, the client's consent must be recorded in the ADEA member's clinical records.

6.6 ADEA members consider their motives for disclosing personal information, the type or degree of self-disclosure and whether it enhances the therapeutic relationship with the client.

6.7 ADEA members often act in a consultant role and may be in a position of having to delegate teaching, supervision and care to other health professionals. Members should only delegate those activities and tasks for which the delegate is trained and competent to perform.

6.8 In acknowledgement of the principle of 'Duty of Care', the ADEA member remains accountable for their own practice and the outcomes resulting from the delegated duties.

7 Responsibilities of Members to Themselves

7.1 ADEA members remain responsible and accountable for their own practice. It should be noted that practice within the guidelines of employers, any organisation or professional group does not absolve the CDE of responsibility for their personal acts.

7.2 ADEA members practice within the laws governing their practice area, the policies and guidelines of their employers, and the ADEA standards and published guidelines for professional practice. The latter includes but is not limited to:

- *ADEA Client Centred Care Position Statement (2008)*
- *ADEA Credentialling Program*
- *ADEA National Core Competencies for Credentialled Diabetes Educators (2014)*
- *ADEA National Standards of Practice for Credentialled Diabetes Educators (2014)*

7.3 ADEA members are responsible for keeping up-to-date with legislation relevant to their professional practice as well as research and social and political issues affecting the practice of diabetes education and management.

7.4 ADEA members ensure their professional judgment is not influenced by third party payments, grants, sponsorship or commercial considerations. Members must declare a conflict of interest to their clients where such situations arise and take appropriate action to resolve the conflict, or disclose the receipt of a third party payment pursuant to clause 6.5.

8 Responsibilities of ADEA Members Involved in Research

8.1 ADEA members involved in research must ensure that such research is conducted in accordance with declarations, covenants, conventions and guidelines concerning the ethical standards of research and the law, giving due regard to informed consent, privacy and confidentiality, and due compensation for adverse effects of any research.

8.2 ADEA members undertaking research should not derive personal gain from sponsorship of research projects but may accept adequate compensation for personal expenses relating to the research.

9 Responsibilities of ADEA Members to Other Health Professionals and Third Parties

9.1 ADEA members work in a collaborative and cooperative manner with other health professionals and third parties and recognise and respect their particular contribution to the health care team.

9.2 ADEA members conduct themselves professionally in their dealings with other health professionals and third parties. ADEA members develop professional networks and promote and participate in the exchange of professional knowledge.

For the purposes of this paragraph 9, "third parties" includes but is not limited to other diabetes charities or organisations of which ADEA is a member or business partner and their respective employees and officers.

10 Competence of Credentialled Diabetes Educators

10.1 Credentialled diabetes educators (CDEs) are responsible for ensuring they are educationally prepared and experienced to practice in their role and meet industry standards such as the *ADEA National Core Competencies for Credentialled Diabetes Educators*. They are capable of recognising the extent and limitations of their competence and experience and know the legislation governing their practice. They do not offer services or perform practices they are not qualified or authorised to perform.

10.2 CDEs have a responsibility for their own continuing professional development, and to review and update their knowledge and practice of diabetes management and education. Evidence based practice should underpin management when the quality of the evidence is established and is appropriate to the particular practice area.

10.3 CDEs continually strive to maintain and improve their professional knowledge and competence.

10.4 CDEs have a responsibility to maintain their credentialled status throughout their professional career.

10.5 CDEs accurately represent their professional qualifications. This includes using the registered trademark of ADEA Credentialled Diabetes Educator® (CDE®) only when the ADEA member holds a current entitlement to do so.

11 Responsibilities of Credentialled Diabetes Educators in Private Practice

11.1 Credentialled Diabetes Educators working in private practice should:

a) make decisions regarding product selection and treatment options for their clients which is based solely on what is in the best interests of the client.

b) be informed about legislation relating to business practice and maintain ethical and legal business practices.

c) maintain business premises that conform with relevant legislation such as access, safety, and infection control.

d) ensure they have adequate levels of professional indemnity and public liability insurance.

e) ensure clients who are unable to pay for comprehensive 'fee for service' diabetes education services are not disadvantaged by referring them to appropriate publicly funded services.

f) ensure clients have access to other health professionals as required and refer clients according to accepted multidisciplinary team practice.

g) maintain ethical practice in relation to all advertising of their services and only use the CDE® credential according to the ADEA Style Guide.

h) advise clients of any benefit accruing to the member from the recommended purchase of any diabetes education or care products.

12 Definition of Terms Used in this Document

For the purposes of the ADEA Code of Conduct the following definitions apply:

12.1 Credentialled Diabetes Educator®

A diabetes educator who has completed an ADEA-accredited graduate course in Diabetes Education and in addition, has completed a supervised period of clinical practice and activities, which fulfill the continuing education and professional development requirements of the ADEA Credentialling Program.

12.2 Code

A system of standards and ethical behaviour that guides professional behaviour.

12.3 Conduct

The professional behaviour of a member of ADEA.

12.4 Conflict of Interest

Any situation where a member stands to, or may be perceived to, benefit or alternatively be disadvantaged by a particular decision, either personally or professionally, to the extent it is reasonably possible that the decisions of the member may be influenced. Such benefit or detriment may be financial or non-financial, direct, or indirect. A conflict of interest based upon a relationship can also exist if a relative, family member, close associate or related business entity has the potential to derive a benefit or suffer a detriment from a particular decision.

12.5 Duty of care

The responsibility to provide appropriate and correct information and care.

A breach in the duty of care becomes the basis for legal action against an ADEA member who is considered to have caused their client harm by their professional action or omissions. To be successful, such an action would have to establish that a duty of care was owed, that the duty was breached by an action or omission, and that a loss or damage that can be quantified directly resulted from this breach.

12.6 Members

Refers to Full, Associate and Student Members of ADEA.

12.7 Private Practice

Refers to Credentialled Diabetes Educators who are self employed, or working in a group practice, which they co-own.

12.8 Professional Misconduct

Conduct that does not conform to the relevant professional scope of practice and current legislation.

12.9 Unprofessional Conduct

Conduct outside the agreed standards and competencies of practice.