



DIETITIANS ASSOCIATION OF AUSTRALIA

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# ANNUAL REPORT 2015



Dietitians  
Association  
of Australia

## About DAA

DAA is the national Association of the dietetic profession, with branches in each state and territory. The precursor of DAA, the Australian Association of Dietitians, was established in 1976. The Association became known as DAA in 1983.

DAA represents more than 5,800 members.

## Vision

Leadership in dietetics, food and nutrition for healthier people and healthier nations.

## Mission

DAA is the peak body of dietetic and nutrition professionals providing strategic leadership in food and nutrition and advancing the professional interests of our members.

## Pillars

In order to achieve its Mission, DAA will:

Strengthen the Foundation – (Member Engagement):

- Champion excellence in practice
- Increase opportunities for members
- Advocate to influence external policy
- Collaborate on and influence international dietetic and nutrition issues
- Maintain and enhance good governance and management.

## Objects

The principal objects for which the Association is established are to:

- Advance and promote dietetics and nutrition in Australia and internationally through advocacy, strategic alliances, partnerships, collaborations, and other means as deemed appropriate by the Board.
- Determine entry level qualifications for the profession of dietetics and nutrition.
- Set standards and accredit programs of study in dietetics and nutrition.
- Maintain a framework for accrediting continuing practice as a dietitian promoting excellence through a program of Continuing Professional Development (CPD).
- Foster and promote research and evidence-based practice in dietetics and nutrition.
- Administer a code of professional conduct and ethical practices, along with a disciplinary process for members and accredited professionals in the interests of public safety and quality services.
- Recognise and support diversity in cultures and practice areas and foster collegiality, collaboration and reconciliation for Australia's first peoples.
- Foster food and nutrition knowledge and skills across the community.
- Advocate for a safe, nutritious and sustainable food supply which provides food security for all Australians.
- Promote attitudes and environments conducive to the healthful enjoyment of food.

# 2015 Board of Directors



**PRESIDENT**  
Liz Kellett



**VICE PRESIDENT**  
Phil Juffs



**DIRECTOR RESPONSIBLE FOR  
FINANCE**  
Kim Crawley



**DIRECTOR**  
Melissa Armstrong



**DIRECTOR**  
Robyn Delbridge



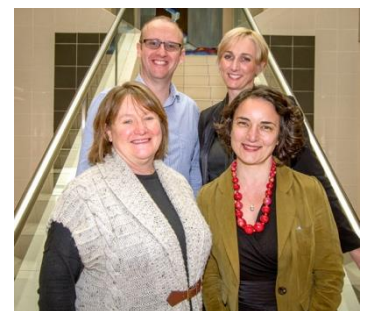
**DIRECTOR**  
Danielle Gallegos



**DIRECTOR**  
Melanie McGrice



**DIRECTOR**  
Karen Walton



**Executive Team**

L-R: Dr Paul Wilkinson ARES  
Manager, Dr Sara Grafenauer  
CMU Manager , Claire Hewat CEO,  
Tania Passingham PSU Manager

# President's Annual Report 2015



**Liz Kellett**

*AdvAPD*

2015 has been another exciting and very busy year for DAA, and we have much to celebrate again. As always, we value

highly the wonderful input from so many of our members. These contributions, together with the great efforts of our staff, have again resulted in amazing achievements.

We continue to grow, and this membership growth reflects our growing profession and the fact that we are supporting and providing valuable services for our members. The DAA Board is strongly committed to providing excellent services, support, resources, and leadership. In 2015, we saw a revision of our strategic plan with a renewed and strong focus on member engagement. We also reviewed the structure of interest groups (IGs) and branches with a focus particularly related to CPD and engagement. The Practice, Education and Professional Development Advisory Committee (PEPDAC) has been disbanded and a new advisory group, Member Engagement and Development Advisory Committee (MEDAC) has been formed. The Board is very excited about this initiative, and is looking forward to strong and strategic advice from this committee.

Members see professional development as a priority service from DAA. A very successful conference was held in Perth in May with over 640 delegates and 317 submitted abstracts. Almost 80% of attendees who responded to the evaluation stated the program was 'very good' to 'excellent', highlighting the role the conference plays in providing opportunities for Accredited Practising Dietitians (APDs) to undertake CPD, and also present their work. Practice-based Evidence in Nutrition (PEN)

continues to grow both nationally and internationally, providing our members with current evidence-based practice information. In 2015, there was a 17% growth in the number of APDs using PEN, which shows the importance placed on evidence-based practice and DAA's role in supporting members. With leadership from DAA, the Association for Dietetics in South Africa introduced PEN, and this worldwide growth benefits our members and dietitians across the globe.

DAA continues to promote APDs as the experts in nutrition, which the Board sees as a vital role for DAA. Greater use of social media occurred during 2015, with an increase in hits to the DAA website. Australia's Healthy Weight Week (AHWW) 2015 was again highly successful, strongly promoting APDs as the experts in nutrition.

DAA has also continued to grow advocacy through several very successful high profile advocacy initiatives in 2015, reinforcing DAA as the lead dietetic and nutrition organisation. In March, DAA played a lead role along with various agencies in preventing the publishing of a controversial book for babies and toddlers in response to concerns raised by health professionals. DAA was also successful in contributing, along with other groups, to convince the Federal Government to abandon plans to scrap their subsidy for special diet foods for sufferers with an inborn error of metabolism. This would have had a major nutritional, financial and social impact on families with such children.

DAA has demonstrated its position as Australia's peak body for dietitians by being invited to participate in the Federal Government's new Healthy Food Partnership, tasked with curbing obesity and tackling poor nutrition in Australia.

Of great interest to members, is the full review of the website and database and their interface and functionality which began in late 2014. This major piece of work continued in 2015, and it is aimed at improving a critical area for DAA members. This will be completed in mid 2016.

In 2015, as every year, the DAA Board is extremely grateful to the many wonderful members who give their time so freely to support the work of DAA. Without our volunteers, much of the work achieved by DAA would never happen. The Board also thanks and commends the great staff led by the CEO, Claire Hewat. Their efforts have again been very much appreciated in 2015.

## Directors' Report

### 2015



**Kim Crawley**

*Director Responsible for Finance*

Directors are pleased with the financial outcome for 2015. A deficit was planned to support development of projects and

member services, but the year ended better than expected and with a deficit less than projected due to tight control of finances. An unqualified financial report was received from DAA's auditors, Price Waterhouse Coopers. The net result of operations for DAA before income tax is a deficit of \$333,023. DAA remains in a sound financial position with equity of more than \$1.7M. For a full copy of the Financial Statement and Audit Report, please refer to the online Annual Report at [www.daa.asn.au/for-the-public/about-daa/annual-reports/](http://www.daa.asn.au/for-the-public/about-daa/annual-reports/)

## CEO Report



**Claire Hewat**

*AdvAPD*

2015 saw the first year of implementation of the 2015-17 strategic plan, which was further refined in August to

give even greater emphasis to member engagement and support. It has been another busy and productive year for DAA. The fragile

economic climate continues to affect revenues, with low interest rates on investments and a more modest membership growth of 1.7%. Staff have worked hard to minimise costs while continuing to deliver high quality member services. Work on the complete redesign of the website and its supporting database has been challenging and like most IT projects, it is taking considerably longer than planned due to the complexity of the project. Delivery is now expected mid-2016.

### Financial

The financial reports of the company provide a detailed picture of DAA's position, which remains strong despite the Board approving a carefully planned deficit budget to support member services and seed the development of new income streams. This development is progressing well. Membership fees were benchmarked against other allied health professions in Australia and while the main categories sat comfortably within the range, others did not. The Board agreed to substantially reduce the costs for the categories 'retired' and 'not working in dietetics and nutrition' to encourage retention of valuable members, as well as for the student category to attract more student members who are the future of the profession.

### Influence and advocacy

As always, this has been a very busy area with 71 submissions and numerous ongoing and ad hoc representatives. The major project on the proposed malnutrition standard was completed and has seen malnutrition included in the draft of revised national quality and safety standards.

The National Disability Insurance Scheme (NDIS) rollout and aged care reforms have seen substantial activity, as well as several government reviews such as primary health care, Medicare and Department of Veterans' Affairs (DVA). The Board approved the appointment of a new part-time advocacy and

policy officer to ensure support for advocacy at branch level.

## Operational matters

Staffing has remained volatile in the admin area due to the 'Canberra effect' of high Commonwealth public service salaries. A full review of staffing structure and salaries took place, with DAA now large enough to require its own pay scales. The Executive team has worked well together to lead the staff team and ensure the steady progress of many agendas. All staff have worked very hard, many above and beyond the call of duty, to support members and the Vision and Mission of DAA.

## Professional Services Unit (PSU)

PSU has undergone significant changes in 2015. This has been due to an organisational restructure, a review of PSU portfolio areas and various staffing changes.

PSU has responsibility for all aspects of professional support to members including CPD IGs, branches, some committees and DAA representatives, individual support by PSU dietitians, and the Member Assistance Program (MAP).

Various initiatives have occurred in 2015 including a review of the IGs and branches. IGs were encouraged to be more active in their area of interest. Branches were changed to Engagement and Development Committees (EDC) – with a focus on member engagement and CPD. Three new IGs formed in 2015 (Nutritional Genomics, Emerging Dietitians, HIV).

There was also a review into how we value volunteers, with an increased focus on timely and individual thanks to those who give their time freely to progress the Association. The other exciting development was the direction from the DAA Board to pilot post-entry short courses, following the advice of the scoping project. Watch this space for the development of professional certificate courses for dietitians.

PSU have worked to develop DAA's reputation within the fitness industry and now are seen as key stakeholders for consultation on fitness course nutrition content. There have also been strong collaborative links with key external groups culminating in the development of new cross-professional position statements. These include Fitness Australia, Victorian Dental and the Australian Diabetes Educators Association.

The other arm of the PSU portfolio is the APD Program, under the governance of the Dietetic Credentialing Council (DCC). The main outcome here was the ratification of the National Alliance of Self-Regulating Health Professions (NASRHP) standards and the subsequent rollout of changes to the APD program pertaining to recency of practice. PSU have been working on the implementation plan.

As part of the standards, CPD has also been in the spotlight, with DCC doing some initial work on requirements, including the APD survey and introducing professional competence as a mandatory aspect of professional development. Other APD work is the ongoing review of the Advanced APD competencies and the development of the *Mentoring Guide* to support our wonderful mentors who help provisional APDs through their first year in the program.

PSU welcomed a new cadet, Erin McLean, and a new Practice and Credentialing Dietitian Natalie Stapleton. We have also had changes in the administration team: Andrea Farrow (Professional Development, previously Events), Bridget Lean (APD Administrator) and Desarae Wilmschurst (Registrar). They are a great new team who have all stepped into their roles capably and enthusiastically.

## Accreditation, Recognition and Journal Services (ARJS) Unit

Core services of the ARJS unit include:

- Development and publication of DAA's journal *Nutrition & Dietetics*

- Accreditation of undergraduate and postgraduate dietetic programs across Australia
- Review and development of competency and accreditation standards for Australian dietitians
- Management and ongoing development of the Dietetic Skills Recognition (DSR) processes for overseas qualified dietitians
- Development and maintenance of mutual recognition charters with international dietetic credentialing organisations.

## Staff

The composition of the ARJS team changed significantly during 2015. ARJS farewelled Fiona Engeler, who had served as Registrar for accreditation for seven and a half years, and welcomed Gabrielle Ryan as the Recognition and Journal Services Dietitian, Kristy Bartlett in the new role of Accreditation Manager and Emma Lea Sheather as Administrator. The achievements in each of the three sections of the ARJS portfolio are outlined below.

## Accreditation Services

The ARJS unit, in conjunction with the Australian Dietetics Council (ADC), progressed eight and finalised five accreditation reviews. Review teams conducted five site visits across the country.

The revised *National Competency Standards for Dietitians* in Australia were completed and released. This included consultation workshops with DAA members in five states prior to finalising the documents. The draft accreditation standards documents were developed ready for consultation during 2016.

## Nutrition & Dietetics

The journal underwent a significant shift in its strategic direction during 2015. There is now a greater international presence through the establishment of the editorial board, including

representation from local and international experts. Specialist editor roles were established, with the appointment of a qualitative research editor and systematic literature review editors. An audit of the reviewer pool was completed and the author guidelines revised to now incorporate best practice standards. A new contract with publishing house Wiley was approved for 2016 with an increase in pages per volume as we move to five issues per year.

## DSR

The written component of the Professional Examination in Dietetics attracted 37 candidates from across the world, with 17 passing. Of the 25 oral examination candidates, 16 passed and were deemed eligible to join the APD program. New scanning software for exam papers was implemented successfully and two stages of a three-stage pilot to implement the oral examinations overseas were successfully completed.

## Communications and Marketing

2015 will be remembered by staff and DAA members alike as the year we successfully collaborated with the Public Health Association of Australia, Breastfeeding Australia and Food Standards Australia New Zealand (FSANZ) in stopping the dangerous book for new mothers, babies and toddlers about paleo diets. The DIY infant formula made from broth and liver contained 20,000 IU of Vitamin A, no calcium, excessive iron, protein, sodium, and B12.

The team also conducted the eighth and largest AHWW in February, with more than 600% growth in this campaign since 2013. Over 940 dietitians took part in more than 480 events nationally. The campaign achieved a media circulation of 35 million 'opportunities to see' with 289 AHWW media items published or aired. There were more than 2,000 clicks through to Find an APD from the AHWW website and more than 30,000 downloads of the cookbook, *Every Day Healthy*.

DAA's advertising program, Fuel Fabulous, continues to promote the APD credential. The integration and use of digital advertising within the advertising portfolio has increased the opportunities for consumers to link through to Find an APD with this type of advertising.

DAA's Health Care Professionals (HCP) Program has continued to build awareness of APDs among this key group. A survey of GPs and nurses will direct the HCP Program in 2016 with a revised version of the resource *Improving Patient Outcomes through Medical Nutrition Therapy* as a ready reference promoting APDs. DAA also supported seven APDs with travel grants to assist in covering expenses for presenting at HCP conferences (GPs and specialists).

With the assistance of members, 26 editorial articles for publications targeting HCPs were produced, twice that of 2014. This has allowed DAA to profile issues of strategic importance such as malnutrition, aged care, bariatric surgery, infant nutrition, home enteral nutrition, Indigenous nutrition, and mental health. Editorial is also reaching senior administration and a range of hospital and aged care staff in Australia.

DAA continued to grow its presence on social media platforms such as Facebook, YouTube, LinkedIn, Twitter, and Pinterest with Instagram being added to the portfolio. Social media is actively driving 27,749 hits to the DAA website – an increase of 27% compared to 2014.

The DAA Spokesperson Program supports 21 media-trained APDs around the country. DAA had more than 750 media contacts in 2015, with spokespersons fulfilling the majority of these requests. We grew our database of APDs interested in speaking with the media, providing interview and editorial opportunities to them throughout the year. The DAA Excellence in Nutrition Journalism Award is highly regarded and 51 applications were received, the largest to date, demonstrating our excellent relationship with the media.

Media outcomes during the 32nd DAA National Conference in Perth far exceeded the reach of the previous conference, with DAA's media monitoring picking up 280 items that were published or aired.

DAA continued to work with strategic alliance, Foodbank to address hunger in Australia. APDs supplied recipes for the *Thrifty Cookbook* for World Food Day in October. In coordination with ESSA's Real Men Move campaign, DAA ran Man Up in The Kitchen via social media, celebrating men cooking, with the intention of driving data collection about men's cooking habits to link with AHWL.

DAA worked with corporate partners on a range of projects including DAA endorsement of patient education resources, revision and update of the *Australian Standards for Texture Modified Foods and Fluids* Poster and partner-sponsored CPD events. All partner activities helped to promote accurate and practical nutrition information, while building awareness of DAA and APDs.

## Council and Committee Reports

### Australian Dietetics Council

#### Role

The ADC has nine voting members comprising three academics, three senior practitioners and three external members. The primary function of ADC is to provide independent high-level strategic advice to the DAA Board on matters relating to accreditation and recognition.

#### Key Achievements 2015

- Progressed eight and finalised five accreditation reviews, including one pre-accreditation, two provisional status and two full accreditation status

- Completion and release of the revised *National Competency Standards for Dietitians* in Australia. This included consultation workshops with DAA members in five states prior to finalising the documents
- Drafting of the new *Accreditation Standards* documents and development of a consultation plan for 2016.

## Dietetic Credentialing Council

### Role

Provide strategic advice to the Board on the development of standards, codes and guidelines for the APD program for the DAA as a self-regulated profession.

Provide high-level advice to the Board about the development of the credentials within the APD program, i.e. Provisional, Full, Advanced and Fellow APD.

Ensure that the APD program meets the needs of the DAA, members and other key stakeholders, including consumers, with respect to safety and quality.

Liaise closely with the ADC regarding issues underpinning competency standards, credentialing, regulation, education, and accreditation and recognition activities.

### Key Achievements 2015

- Advanced APD applications assessed for the first time by AdvAPDs of more than five years' standing
- Advanced APD *Assessor Guide* written
- Advanced APD conference workshop conducted resulting in AdvAPD applications
- Advanced APD Competency Review project commenced with consultant
- Review of recency of practice – implementation plan, including

communication of definition of dietetic practice and rollout of requirements

- Resumption of accredited practice requirements reviewed and guide edited
- *Mentoring Guide* launched
- Continuing provision of expert opinion on all matters relating to advanced practice and credentialing, including providing advice on NASRHP standards.

## Conference Management Committee (CMC)

A full report on the 2015 conference in Perth was provided to the Board in August 2015. The Perth conference was judged successful, with 641 registrations and a modest profit being made, contrary to the potential of a loss due to the more remote location.

The conference manual was revised, including the catering guidelines.

CMC met ten times by teleconference in 2015. It received reports from the two Scientific and Social Program Committees (SSPC) and the professional conference organiser. Recommendations were made to the Board regarding the theme, postcard, program format, and speakers for 2016. Dates were set for abstract and workshop submission deadlines.

### Subcommittees

The 2016 SSPC has met most months to prepare for the conference in Melbourne in May 2016. Matters are well in hand for the conference, with over 300 abstracts reviewed and ranked and a full complement of workshops.

The 2017 SSPC (Hobart) was appointed in May 2015 and has met monthly to progress initial discussions around speakers and program structures and to recommend the Lecture in Honour recipients who were approved by the Board in December.

## Complaints Committee

The complaints section received 12 new complaints, one less than 2014. Ongoing matters from four previous complaints have also been dealt with. Two hearing and assessment panels have had to be convened to consider two of the complaints.

Two complaints were dismissed as lacking sufficient evidence or as being vexatious.

Two complaints were dismissed as being outside DAA's remit. One was referred to member support and the other to the Medicare Fraud Line.

One complaint was resolved by mediation.

Four complaints were resolved by discussion and informal warning with remedial action by the member.

One member was expelled for professional misconduct on the recommendation of a hearing and assessment panel.

One case is on hold awaiting the outcome of external legal proceedings.

Two cases involved sanctions of return to provisional APD status and DAA selected mentor and have resulted in one successful resolution and return to full status, and one progressing well.

Two cases were received late in the year and were pending investigation.

## Other Matters

There were the usual lower level matters dealt with throughout the year in regard to inappropriate use of DAA logos, use of testimonials and two inquiries from DAA members about how to make complaints about other health professionals.

One particular non-member consumed a considerable amount of time and effort due to his claims that he was an APD, misuse of logos

and misrepresentation of qualifications and experience.

## Food Regulation Advisory Committee (FRAC)

### Role

To contribute to the national and trans-Tasman debate on food regulation, to support the protection of public health and safety, to promote the provision of adequate information to enable consumers to make informed choices, and to speak against misleading or deceptive conduct within the food environment.

### Key Achievements 2015

FRAC continues to be one of DAA's most active advisory committees.

During 2015:

- FRAC developed eight submissions (see full submissions list on page 28-31)
- FRAC's terms of reference and CPD grant policy were reviewed to include changes to the role statement and CPD grant process
- The traineeship position was established to allow for less experienced APDs to contribute to food regulatory issues and gain experience on FRAC. The position is a non-voting role and lasts for up to a two-year term
- The PSU maintained regular communication with the general manager of FSANZ
- Information on relevant issues, such as the *Health Star Rating*, was included in the DAA newsletter and the weekly emails
- A CPD grant was awarded to Liz Munn, Vice-chairperson, to attend the Food Legal Workshop Harnessing the New Health Claims Standard and Special Briefing – Insights into the New Food Standards Code

## Health Informatics Advisory Committee (HIAC)

### Role

To advocate for and provide strategic advice to the DAA Board on global dietetic involvement in health informatics and the implementation of Nutrition Care Process Terminology (NCPT) (previously IDNT) in Australia.

### Key Achievements 2015

- The two working parties (NCPT working party and CPD working party) developed and had approved a terms of reference and work plan
- Representatives from HIAC continued involvement in Systematized Nomenclature of Medicine – Clinical Terms (SNOMED-CT) planning for NCPT, the Australian Clinical Terminology User Group (AuCT-UG), and Health Level 7 (HL7)
- Angela Vivanti has been elected Chair of SNOMED NCPT international working group for 2016
- Maintained contact with the National E-Health Transition Authority, the Academy of Nutrition and Dietetics and Dietitians of Canada for health informatics updates
- Completed report on implementation of NCPT in Australia
  - The survey was conducted in 2014 and was a repeat of the 2011 survey
  - Over the period 2011 to 2014, NCPT usage increased
  - Knowledge and confidence around its use improved
  - Ongoing training is desirable and concerns over its implementation into electronic health records was raised by survey participants.

- Contributed to the review of NCPT coordinated by the Academy of Nutrition and Dietetics. Topics included nutrition-focused physical findings, diabetes and anthropometry
- Conducted two NCPT workshops at the Perth DAA conference
- The CPD working group held a webinar on electronic health records
- Two proposals for workshops were submitted for the 2016 DAA National Conference
- The CPD working party developed a nutrition informatics newsletter distributed by the Nutrition Informatics IG
- The membership attended key informatics conferences both locally and internationally.

## Journal and Scientific Publications Management Committee (JSPMC)

### Role

JSPMC's role is to proactively provide strategic direction for the development, enhancement and promotion of *Nutrition & Dietetics* and other DAA scientific publications within the DAA strategic plan.

### Key Achievements 2015

JSPMC have worked to progress the strategic review of *Nutrition & Dietetics*. Key achievements include:

- Introduction of a 500-page volume along with a conference supplement (decreasing time to publication and increasing citable material per volume) at a reduced cost.
- Reviewer pool audit completed, eliminating over 500 inactive reviewers.

- Appointment of a systematic literature review editor, deputy editor and qualitative research editor.
- Revision of author guidelines to improve quality assurance. These now detail that all systematic literature reviews must follow PRISMA guidelines, trials must be registered with CONSORT, observational studies must comply with STROBE, and qualitative research studies must comply with RATS.
- An increase in the journal's impact factor for the first time in three years (now 0.717).
- Improved reviewer timelines and processes for manuscript review.
- Guest editorials for each themed issue.

## Marketing Advisory Committee (MAC)

### Role

MAC provides advice and direction to the Board on the strategic management of the DAA marketing program, including the sponsorship program and internal marketing activities to members.

### Key Achievements 2015

MAC assisted DAA's Communications and Marketing Unit (CMU) with strategic marketing advice in relation to:

- DAA and APD logos and rebranding
- DAA advertising strategy in both print and digital
- The objectives, strategic direction and sponsorship securing for AHWW campaign
- DAA's response in relation to media surrounding paleo diets and a related book with potentially dangerous content.

The MAC terms of reference were also updated and approved by the Board in October to require minimum attendance by members.

## Practice-based Evidence in Nutrition Advisory Committee (PENAC)

### Role

To provide strategic guidance to the Board and PEN Global Team regarding the enhancement, promotion and evaluation of PEN locally and internationally.

### Key Achievements 2015

- Fifteen current Australian university site licences. All but one university offering accredited dietetic programs now have a PEN licence
- Two New Zealand universities have a site licence, with only one outstanding
- Awarded first PEN Evidence-Based Practice Prize to Nicole Saxby on behalf of the Cystic Fibrosis Working Group. Highly commended awarded to Adrienne Young on behalf of Royal Brisbane Women's Hospital
- Association of Dietetics in South Africa joined PEN. Judy Bauer and Claire Hewat presented workshops in Cape Town, Durban and Johannesburg introducing PEN to members. A member from ADSA, Robin Dolman, will join PENAC in 2016
- Promotion of PEN continued internationally. Judy Bauer delivered an oral presentation at the Indian Dietetic Association Conference in November and promoted PEN at a PEN booth. Indian members were provided with a special offer for signing up. Additionally, marketing letters were sent to Macau, Hong Kong, the Philippines, and Malaysia offering them a trial of PEN

- New PEN workshop presentations developed for New Zealand and South Africa
- Introduction of PEN international guests individual licences through DAA
- Ongoing Australian contribution to reviewing and authoring of PEN content
- Large increase in Australian tools and resources in PEN via assessment and submission of appropriate DINER resources (105 resources)
- 16% increase in Australian PEN sessions from 2014 to 2015
- DAA hosted an intern from University of Canberra during October who worked on enhancing the process of uploading Australian resources to PEN
- Judy Bauer along with members of the Quill team received training on GRADE. PEN will now move to the GRADE system to determine the level of evidence
- A free webinar was offered to DAA members in October 2015. There were 162 registrations with positive feedback from participants
- PEN Workshop conducted at 2015 Perth DAA Conference.
- Contributed recommendations to the Board around the IG and branch structure review
- Made recommendations on the transition process to the new IG and branch structure
- Contributed to the development of the volunteer recognition policy
- Received change management training
- Submitted advocacy recommendations to the DAA Board
- Recommended staff member funding to support branch advocacy
- Peer support for IG convenors and branch chairs with a focus on running their IGs and branches
- As part of the IG and branch structural review, this advisory committee has been disbanded and MEDAC now takes its place.

## Practice, Education and Professional Development Advisory Committee

### Role

To provide strategic advice to the DAA Board on nutrition and dietetic practice and CPD issues.

### Key Achievements 2015

- Promoted several IGs and their activities via the newsletter
- Recommended updates to the DAA list serve policy

## Scholarships and Awards Management Committee (SAMC)

### Role

SAMC's role is to develop and maintain systems for the recognition of members' contributions to the Association and to the profession. They receive, assess and consider nominations for national and local awards, prizes, scholarships, and grants and make these recommendations to the Board.

### Key Achievements 2015

SAMC continued a review of policies, award criteria and eligibility specifically focusing on the Outstanding Contribution Award and Award of Merit nomination forms. Review of hierarchy of awards, prizes, scholarships, and grants was also conducted.

The committee nominations and recommended a number of awards in various categories which are reported elsewhere.

## **Social Media Advisory Committee (SMAC)**

### **Role**

SMAC provides advice and direction to DAA on the strategic management of the Association's social media activities, including development of policies, guidelines and risk management strategies.

### **Key Achievements 2015**

SMAC assisted DAA's CMU to initiate and implement several new social media platforms, including:

- DAA Facebook page – 15,846 likes
- DAA Twitter (established January 2014) – 4,962 followers
- DAA LinkedIn (established June 2014) – 1,562 followers
- DAA Pinterest (established Oct 2014) – 664 followers
- DAA Instagram (established 1 July 2015) – 2,148 followers.

The committee has been invaluable in advising CMU on social media crisis management.

SMAC actively contributed with topics and theme suggestions to the social media workshop plan for the DAA 2015 National Conference in Perth, and several members volunteered to present.

SMAC assisted with the extension of the social media launch of #FuelFabulous, DAA's new APD advertising campaign. SMAC also supported some trials of various images to promote the APD credential. These were carried out in a live

Facebook environment to properly test responses.

## **Representative Reports**

### **International**

## **International Confederation of Dietetic Associations (ICDA)**

Sandra Capra

### **Group Aim/Purpose**

Maintain a leadership position in and engage with ICDA.

### **Key Achievements 2015**

- Provide leadership in international dietetics
- Undertake the role of official representative of DAA to ICDA by responding to requests and promoting activities with Australia
- Undertake role of director of ICDA by attending meetings and undertaking specific activities allocated by Board of Directors of ICDA
- Complete specific documents and strategic activities of the ICDA including the international accreditation system.

## **Asian Federation of Dietetic Associations (AFDA)**

Claire Hewat

### **Group Aim/Purpose**

This is the peak body of Asian dietetic associations, of which DAA is an associate member. DAA has been a member since 2002. Its main purpose is to provide a contact point for its

members and to auspice the Asian Congress of Dietetics, which is held in an Asian city every four years.

## Key Achievements 2015

The group has continued to work on the development of its website, which is now almost complete.

## SNOMED NCPT International Working Party

Angela Vivanti

### Group Aim/Purpose

Incorporate standard dietetic terms within SNOMED-CT to enable the Nutrition Care Process (NCP) to be used internationally, which is increasingly valuable with electronic health records. Allow representatives from international dietetic communities to share their perspectives and queries relating to ongoing NCP and NCPT.

## Key Achievements 2015

- The Australian representative was selected as the 2015 chair elect and assumed the chair due to resignation
- Two international voting representatives continue integration with NCPT committee
- The NCP model five-year review was completed. Refinements reflecting international perspectives were incorporated, including the importance of dietetic documentation
- *Success with Nutrition* identified and voted internationally as a SNOMED work priority by participating countries including Australia. SNOMED committees work on a volunteer basis and so contacts and discussions regarding the best ways to move forward are ongoing
- Languages other than English are now available in eNCPT website

- NCPT survey of attitudes, knowledge, barriers, and enablers is extended internationally.

## National

## Allied Health Professions Australia (AHPA)

Claire Hewat

### Group Aim/Purpose

To represent the mutual interests and policy positions of the allied health professions to a wide range of stakeholders.

To advocate for allied health by being represented on key committees, responding to consultation opportunities and meeting with key government officials and politicians.

To provide mutual support to member organisations.

## Key Achievements 2015

- AHPA has had another busy year meeting with key government officials and parliamentarians on matters such as Medicare, NDIS, electronic health records, Primary Health Networks, DVA, health workforce, and aged care
- AHPA engaged a policy consultant to streamline development of position statements and advocacy efforts. Meredith Burn has proved to be a great asset (and is also an APD)
- Several submissions and consultations were also undertaken and AHPA was represented on various committees of interest to allied health. As DAA representative and a director on the AHPA Board, I represent AHPA on the Primary Care Committee of the Australian Commission for Safety and Quality in Healthcare, the Medicare Compliance Working Group and the Medicare

Stakeholder Consultative Committee of the DHS

- At the end of the year AHPA was successful in obtaining an ongoing government grant which will support a higher level of representation and advocacy.

## AHPA (Rural and Remote Sub-Committee)

Louise Moodie

### Group Aim/Purpose

AHPA is the recognised national peak body representing and advocating for the role of allied health professions in Australia. Collectively, the 22 national organisations within AHPA represent almost 78,000 allied health professionals – with over 12,000 working in rural and remote regions of Australia.

### Key Achievements 2015

- Represented DAA at a forum on NDIS opportunities and possibilities:
  - Delivering NDIS in rural and remote areas
  - Consulting on the National Strategic Framework for Chronic Conditions
  - At both forums, raised key issues relating to the availability of dietetic services in rural and remote areas which would affect the delivery of both the NDIS and Chronic Conditions framework
  - Raised the issues of dietetic telehealth services and the lack of funding associated with this
  - Raised food security/access issues.

## Australian Clinical Terminology User Group

Kirsty Maunder

### Group Aim/Purpose

AuCT-UG aims to provide a national forum for communication between the terminology developer, implementer and user communities. It provides inputs to Australian sponsored members of the International Health Terminology Standards Development Organisation standing committees and to the National Clinical Terminology and Information Service (NCTIS) housed within the National eHealth Transition Authority.

### Key Achievements 2015

#### AuCT-UG achievements:

- Ongoing meetings and education sessions
- Development of tools for information sharing: website, LinkedIn User Group and Wiki.

#### DAA representative:

AuCTUG meetings attended, with feedback and minutes provided to HIAC.

## Australian Stroke Coalition (ASC)

Natalie Stapleton

### Group Aim/Purpose

The ASC comprises various organisations, networks and associations that contribute to the field of stroke care. ASC is co-convened by the Stroke Society of Australasia (SSA) and the National Stroke Foundation (NSF). Through cooperation and collective effort, the ASC will contribute to a system that provides stroke survivors in Australia with the best possible outcomes.

## Key Achievements 2015

- Completed a submission to the Independent Hospital Pricing Authority on the pricing framework for Australian public hospital services 2016-17
- Undertook internal members' evaluation of ASC. The results presented at the September meeting helped form the basis for 2016 planning
- Data and Quality Working Group launched AuSDaT tool in June 2015 to support gathering of data for NSF acute audit. This has received positive feedback, particularly for its usability and time-saving features
- Data and Quality Working Group has approved a phase implementation strategy for moving other program users over to the AuSDaT tool. Applied for ethics approval for AuSDaT as a file repository
- Provided assistance to Australian Commission on Safety and Quality in Health Care for stroke clinical standards.

## Communication and Swallowing Guidelines for Health Professionals Working with Children after Traumatic Brain Injury Working Group

Sophie Crotti

### Group Aim/Purpose

A multidisciplinary group that aims to develop evidence-based guidelines (or consensus-based where published evidence is lacking) on the management of communication and swallowing issues in children following a traumatic brain injury.

The role as the DAA representative has been to represent nutrition and dietetic issues as a part of the guideline development.

## Key Achievements 2015

Two Delphi round surveys were completed. The importance of the role of the paediatric dietitian has been stressed in assessing the patient's requirements and monitoring nutritional adequacy as the patient moves from enteral to oral feeding and/or as texture modification occurs.

## Community Services and Health Industry Skills Council – Home and Community Care Subject Matter Expert Group (CS&HISC)

Sharon Lawrence

### Group Aim/Purpose

CS&HISC provides direction for workforce development for Australia's community services and health industries. In April 2012, CS&HISC commenced a review of the CHCo8 Community Services and HLT07 Health Training Packages. DAA was invited to nominate a representative to the Subject Matter Expert Reference Group.

## Key Achievements 2015

The final published Certificate IV (released 7 August 2015) and Certificate III (released 8 December 2015) in Ageing Support included all DAA recommendations for nutrition, hydration and dysphagia management. This is an excellent outcome, given the need for training in nutrition for healthcare workers in aged care. Some of the units will also be relevant to workers in other sectors, e.g., disability and mental health.

## **Dental Health Services Victoria/DAA Oral Health and Nutrition**

Evelyn Volders (Sarah McKay, Lindy Sank)

### **Group Aim/Purpose**

To develop a position statement about oral health and nutrition.

DAA and Dental Health Services Victoria recognise that the role of dietitians (and nutritional professionals) is critical to promoting good oral health practices. This position statement will provide evidence-based oral health information that should become part of the knowledge base for dietitians and serve as a guide on how oral health can be incorporated into the various roles of dietitians. It also provides a framework for building capacity of the workforce.

### **Key Achievements 2015**

The position statement is complete and available on the DAA and DHSV website. This includes a rationale and references settings where dietitians can incorporate oral health into practice. It addresses the key points and priority groups identified in Australia's National Oral Health Plan and contains evidence-based information relevant to various life stages. A series of appendices and links further support dietetic knowledge in this area.

## **Eating Disorders and Obesity Conference Advisory Committee**

Extrapolated from Dr Jimmy Louie's 2015 report

### **Group Aim/Purpose**

The Eating Disorders and Obesity Conference is aimed at professionals working with the two conditions, including medical doctors, psychologists, dietitians, and other allied health professionals. Dietitians attending the

conference considered the program interesting and relevant.

### **Key Achievements 2015**

- Attended two teleconferences, for abstracts selection and final planning
- Committee members attended the conference in May to chair at least one concurrent session.

## **Food Safety Information Council (FSIC)**

Jacquie Krassie

### **Group Aim/Purpose**

FSIC, a non-profit entity, is Australia's leading disseminator of community targeted information to help consumers understand food safety.

### **Key Achievements 2015**

Food Safety Week 2015 was FSIC's most successful ever, with multiple interviews and nearly 4,000 people having a go at the Do You Know? quiz. The Christmas and Back to Work/School campaigns are well on their way and the new TV ads have been approved and will be on-screen over summer (and beyond). FSIC has five new members including the Australian Egg Corporation Ltd.

## **FSANZ Consumer and Public Health Dialogue (C&PHD)**

Barbara Radcliffe

### **Group Aim/Purpose**

FSANZ C&PHD provides a means by which FSANZ can engage in deeper consultation with peak consumer and public health bodies and academics, with the objective of improving FSANZ's understanding of community food safety and public health issues. Through this

communication, FSANZ can provide a more effective food regulatory response.

## Key Achievements 2015

The C&PHD members developed the *CPHD Discussion Paper on Food Regulatory Challenge*, which outlines public health and consumer-related perspectives on food regulatory matters, focusing on the contribution of unhealthy dietary patterns as the biggest contributor to the burden of disease in Australia. The paper recommends strategies to incorporate public health and consumer issues into FSANZ's risk assessment processes and other policy and decision-making processes.

## Healthy Eating Activity and Lifestyle (HEAL) Working Group

Adrienne Forsyth

### Group Aim/Purpose

HEAL is an eight-week lifestyle modification program supporting individuals at risk of developing cardiovascular disease and Type 2 diabetes by improving their eating and physical activity behaviours. The program is conducted through South Western Sydney Medicare Local (SWSML) (superseded by the Primary Health Network in July 2015), and Exercise and Sports Science Australia. It is delivered nationally by a range of tertiary-qualified health professionals.

The SWSML National HEAL Advisory Committee was officially dissolved in June 2015 due to the Medicare Local ceasing operations. Members were advised that they would be contacted to form a new committee.

## Key Achievements 2015

- Two papers published in *Health Promotion Journal of Australia*
- Resources endorsed by DAA
- Publication of the *HEAL Delivery Guide* for facilitators

- Adaptation of the HEAL program for older adults, and those with drug dependency.

## Healthy Food Partnership

Claire Hewat

### Group Aim/Purpose

The Healthy Food Partnership, formed by the Minister of Rural Health, will provide a mechanism for collective, voluntary action between government, the public health sector and the food industry, to improve the dietary habits of Australians by making healthier food choices easier and more accessible, and raising awareness of appropriate food choices and portion sizes. This will build on the work of the former Food and Health Dialogue and the Health Star Rating System.

## Key Achievements 2015

DAA is represented on the Healthy Food Partnership by the CEO, Claire Hewat. The inaugural meeting was held in mid-November. The terms of reference were finalised and key issues canvassed to inform the development of a work plan in 2016.

## Inflammatory Bowel Disease Advisory Committee

Liz Purcell

### Group Aim/Purpose

To develop standards of care for people with inflammatory bowel disease (IBD) in Australia and to prepare a web-based audit tool to be used to measure compliance of Australian hospitals against these standards.

## Key Achievements 2015

- Completion of the *Interim Australian IBD Standards 2015*

- Standards successfully launched at AGW on 1 October 2015 and well received
- Production of the Adult and Paediatrics Audit questionnaire tools
- Just over 130 hospitals with specific gastro departments were identified and invited to participate in the audit
- As of 9 December 2015, there were 79 sites registered to participate in the audit, representing 81 invited hospitals, a registration rate of 59%
- Ethics approval was received from ACT Health (Canberra Hospital) and distributed to registered hospitals to assist them in pursuing ethics approval at their site if necessary.

## Medical Education Scientific Advisory Council (MESAC)

Kate Marsh

### Group Aim/Purpose

MESAC is an independent advisory group reporting to Diabetes Australia. It reviews the medical, educational and scientific content of education materials that are available through the National Diabetes Support Scheme (NDSS). These materials generally include fact sheets, DVDs and booklets, however it may include the review of books, national development programs or medical products that are to be considered for subsidised listing through the NDSS.

### Key Achievements 2015

- Provided further review, comments and suggested changes to *Guidelines for In-patient Nutrition for People with Diabetes* and accompanying patient resources (*Admission Meal Guide Pamphlet* and *Discharge Meal Guide Pamphlet*)

- Reviewed and provided comments and suggested changes to Nutrition Module for My Diabetes Coach program.

## Mental Health Australia (MHA)

Janice Plain

### Group Aim/Purpose

DAA continues to support membership of and representation to MHA and to participate in MHA consultations and forums. MHA's first year operating under this new name was 2015.

### Key Achievements 2015

Responded to the National Mental Health Commission (NMHC) review of mental health services and programs in Australia, which was released in April 2015.

Contributed to members meetings particularly highlighting the importance of food security and nutrition in the care and management of people with mental illness, access to dietetic services and establishing linkages with mental health services and organisations.

Considered the interface of NDIS with people with psychological disabilities.

Advocacy focused on engaging mental health services in reducing stigma and encouraging communities to work together through the Mental Health Begins with Me campaign associated with World Mental Health Day and the ABC *Mental As* campaign.

## National Aged Care Alliance (NACA)

Annette Byron

### Group Aim/Purpose

NACA is a representative body of peak national organisations in aged care, including consumer groups, providers, unions, and health professionals, working together to determine a more positive future for aged care in Australia.

## Key Achievements 2015

DAA was represented at all four two-day meetings by Annette Byron (four), Sharon Lawrence (three) and Alyson Kennedy (one). This year the professionals group has worked together more than previously.

NACA continues to influence the design of aged care reforms, which are focused on consumer direct care, funding allocated to the individual, seamless transition between home and residential care, and rationalisation of quality assurance programs.

The Commonwealth Home Support Programme (CHSP) commenced on 1 July 2015, with MyAgedCare website and call centres, along with Regional Assessment Services. DSS and now the Department of Health (DoH) have addressed numerous problems with CHSP. A National Screening and Assessment Form (NSAF) is a platform for the CHSP. The NSAF has relevant prompts to identify nutrition issues, but it remains to be seen if this potential will be realised.

Annette Byron was appointed to the Quality Indicators Reference Group for the pilot of a national program for the voluntary collection in residential aged care of three clinical indicators, including unplanned weight loss. Annette has also been appointed to the National Aged Care Quality Indicator Programme Technical Advisory Panel which will advise on the process of development of indicators for consumer experience and quality of life for residential care and home care.

## National Acute Stroke Services – Framework 2015

Judy Martineau

### Key Achievements 2015

Providing feedback on final draft of *National Acute Stroke Services Framework 2015* now published by Stroke Foundation Australia.

## National Allergy Strategy

Wendy Stuart-Smith

### Key Achievements 2015

The National Allergy Summit was held in Sydney in August 2014. It was convened by the Australasian Society of Clinical Immunology and Allergy and Allergy and Anaphylaxis Australia. Priority areas were identified relating to issues surrounding allergic diseases and working parties were formed. DAA was represented at this forum. DAA members (who are also ASCIA members) joined, and in one case chaired, most of the working parties. In August 2015, the National Allergy Strategy was launched and can be found at:

[www.nationalallergystrategy.org.au/](http://www.nationalallergystrategy.org.au/)

## National Alliance of Self-Regulating Health Professions (NASRHP)

Claire Hewat

### Group Aim/Purpose

NASRHP was formed in 2010 under the auspices of AHPA. Its role is to ensure that the self-regulated professions are not disadvantaged by being outside NRAS. It continues to raise awareness, correct misinformation and challenge discriminatory processes. NASRHP has also developed uniform standards for self-regulated professions to ensure quality and a unified platform from which to work.

### Key Achievements 2015

A substantial amount of work was undertaken on standards development for self-regulation which have now been approved in principle by all member organisations. The ADC and DCC provided advice to the DAA Board on these standards and their adoption. The outcome of the NRAS review confirmed that self-regulation was the only current option for dietitians and

others in this group, which gave further impetus to progressing the development of NASRHP and the standards. NASRHP had considerable success in challenging registration as the default option for entry to various areas and activities. We are awaiting the outcome of a funding application to the DoH to further NASRHP's goals.

## **National Diabetes Services Scheme (NDSS) – CALD Program**

Tammie Choi

### **Key Achievements 2015**

The group had teleconference meetings in March, June and October 2015. DAA provided the latest evidence-based technical, medical and scientific nutrition and dietetic service advice in shaping the culturally and linguistically diverse programs initiated by NDSS, particularly in the NDSS communication strategy, CALD diabetes education package, the multicultural diabetes portal and the diabetes education framework for CALD communities. Research findings on diabetes education for Chinese Australians were shared with the team along with the written report from the community consultation project.

## **National Primary Health Care Partnership (NPHCP)**

Claire Hewat

### **Group Aim/Purpose**

DAA has been a member of NPHCP since its inception and has held the chair for five years. The purpose was to advocate for reform and advances in primary health care. This was particularly relevant when the then Labor Government was pushing a strong reform agenda and centralisation of health funding. The NPHCP was very active in the establishment of the Medicare Locals.

### **Key Achievements 2015**

Changes in government policy, the demise of the Medicare Locals and a more decentralised approach to health has seen the activity and influence wane. The DAA Senior Policy Officer (SPO) attended just one meeting in 2015. DAA has chosen not to rejoin in 2016. AHPA is still a member so DAA has continuing indirect representation.

## **National Stroke Foundation (NSF) – Clinical Guidelines Update**

Fiona Simpson

### **Group Aim/Purpose**

The most recent NSF *Clinical Guidelines* were approved by the National Health and Medical Research Council (NH&MRC) in September 2010. The NSF was contracted by the NH&MRC to update these guidelines, commencing July 2015. NSF invited a multidisciplinary team of experts to form the Guidelines Content Development Working Group. Each working group is supported by a discipline-specific working party. The members of the Dietetics Working Party are Judy Martineau, Fiona Simpson, Jo James, Tiffany Lee, and Jennifer Olding.

Both Judy Martineau and Fiona Simpson have been endorsed as DAA representatives for the NSF *Clinical Guidelines Update*.

### **Key Achievements 2015**

- The first meeting of the multidisciplinary Content Development Working Group was held on 29 September 2015. It focused on a review of guideline topics and questions based on the 2010 guidelines. Feedback was given to all working party members
- By 1 November, as requested by the NSF Project Management Team, the Dietetic Working Party members agreed on three

outcomes for each of the nutrition-related guideline topics

- The NSF Project Management Team commenced abstract and full text screening of guideline topics.

## Nutrition in Medical Education

Eleanor Beck

### Group Aim/Purpose

To map nutrition competencies in medical curricula (competencies developed previously by this group). This will assist with integration of content/materials into medical curricula, assisting doctors to reduce the burden of disease with improved skills in identification of nutritional risk and nutritional management of patients, including understanding when referral to an APD is required.

### Key Achievements 2015

- Multiple choice questions finalised
- Objective Structured Clinical Examination finalised
- Application for top-up funding to create an ongoing nutrition education group. Will be advertised through DAA
- Workshop outline submitted for Australian and New Zealand Association for Health Professional Educators to assist dissemination.

## Nutrition Resources

### Development Expert Reference Group

Matt O'Neill

### Group Aim/Purpose

To ensure the development of information related to nutrition is pitched at the appropriate level for fitness/exercise professionals.

### Key Achievements 2015

Developed preliminary drafts of the following documents: *General Statement of Nutrition Practice for Exercise Professionals*, *Decision-Making Flow Chart*, *Nutrition Screening Tool*.

## AHPA – Potentially Avoidable Hospitalisations Advisory Committee

Janice Plain

### Group Aim/Purpose

To measure how well health systems are performing in keeping Australians healthy and out of hospital. The aim was for the National Health Performance Authority (NHPA) to produce a second report into the number and population rate of potentially preventable hospitalisations in public and private hospitals in local areas across Australia.

### Key Achievements 2015

NHPA released the *Potentially Preventable Hospitalisations* report in December 2015. DAA was represented on the Potentially Avoidable Hospitals Advisory Committee through AHPA.

The project analysed data from 2013–14 for 22 conditions for which hospitalisations have been agreed by all governments as potentially preventable. The report focuses on a subset of five of the 22 conditions that accounted for

almost half of all potentially preventable hospitalisations and two-thirds of hospital bed days for these conditions.

## **Type 2 Diabetes Guidelines Advisory Committee and Implementation Committee**

Margarite Vale

### **Group Aim/Purpose**

To develop the National Evidence-based Guideline on Secondary Prevention of Cardiovascular Disease in Type 2 Diabetes.

### **Key Achievements 2015 – Guidelines Advisory Committee**

Following several meetings, teleconferences, public consultation, and approval by the Guidelines Advisory Committee, the guideline has been finalised for submission to DoH and then to the NHMRC.

### **Key Achievements 2015 – Implementation Committee**

Representatives met with the National Prescribing Service MedicineWise to discuss having the guideline promoted at their GP educational training with a focus on diabetes in 2016. Eighteen thousand GPs will be targeted. Margarite Vale is to be the lead on this. From a resource and funding point of view, this exposure is far beyond what the implementation committee could achieve on its own.

The NHMRC formally endorsed the *Guideline on Secondary Prevention of Cardiovascular Disease in Type 2 Diabetes* on 1 December 2015.

## **Venous Leg Ulcer Group**

Achamma Joseph and Claire Nelson

### **Group Aim/Purpose**

To review papers on venous leg ulcers as part of working groups and to help with the preparation and development of the 2016 *Pan-Pacific Venous Leg Ulcer Guideline*.

This work is overseen by a guideline development group consisting of representatives from partner organisations. The guideline development group reviews all work and makes final determinations on all recommendations in the guideline. It is also responsible for determining the GRADE of recommendations.

Represents DAA on two small working groups – Nutrition in VLU and Emerging Therapies in VLU Treatment.

### **Key Achievements 2015**

- EOI were sent out in September 2015 to be part of the working group
- Selected to be part of the small working group in December 2015
- Group and paper allocation in December 2015.

# Balanced Scorecard 2015

Perspective	Strategic activity	Measure	Progress
Financial	Budget integrity	Budget versus Expenditure	Deficit projected to be \$333,023 which was substantially lower than budgeted deficit.
	Increased revenue	% increase in revenue	Membership revenue: ↑ 8% Advertising and sponsorship revenue: ↓ 21% Interest: ↓ 30% Total revenue: ↓ 4%
Processes Leadership	Foster alliances professional associations, government agencies	Number of alliances	7 formal alliances
	Secure representation or input into key nutrition issues	Representation	43 representatives on external committees (including 3 international): ↑ 2 (5%) 13 branch reps on external committees: ↓ 3 (19%)
	Increase participation in development of relevant policy and programs	Number of submissions Communications with members	71 submissions: ↓ 4 (5.4%). Members advised by weekly email and newsletter of submissions which are open for comment or completed and placed on the website.
	Develop a strong customer service	Members renewing online DAA website total sessions	97% (of total membership) ↑ 2 % 70,3495 (↓ 27%) (decrease due to change in Google algorithm)
Excellence of Practice	Promote APD Program	% of members in APD Program  APD only category  AdvAPD credentials sought & awarded Total number of AdvAPDs  APD audit outcomes	96 % of eligible members are APD's (↑ 2%)  0  13 applied (↓ 1 from 2014), 1 unsuccessful  108 (↑ 9%)  Annual APD audit of CPD records – total of 211 APD records audited: <ul style="list-style-type: none"> <li>• 192 passed (91% = 2014) - 188 received feedback to improve recording</li> <li>• 19 failed (= 2014)</li> <li>• 0 second fails</li> </ul>

Perspective	Strategic activity	Measure	Progress
Communication and Marketing	Promote APD as a recognisable credential/ Increase consumer awareness of DAA as a leader in food and nutrition	% Change in public/health practitioner recognition as nutrition expert	<p>Awareness of APDs: 15% (Omnipoll) (↓67%)  Awareness of spokesperson of DAA: 21% (Omnipoll) (↓43%)  Unaided awareness of dietitian as a source of expert advice on nutrition: 43% (Omnipoll) (↓10%)  <i>Changed from telephone survey (Newspoll: 2014 and prior)) to online survey (Omnipoll: 2015). It is <u>highly likely</u> that these differences are caused by the change in methodology.</i>  Medicare claims for group services: (3221 ↓23.4%) (HIC data)  Medicare claims for individual services (374,786 ↑9.2%) (HIC data)</p>
	Promotion through media releases and activities in partnership with industry	<p>Number of media articles/scope of reach</p> <p>Hot topics on website</p>	<p>Mentions of 'DAA': 5,482 (↑19%)  Opportunities to see items mentioning DAA: 5.86 billion (↑584%)  Mentions of 'APD': 4,042 (↓18%)  Opportunities to see items mentioning APD: 3.75 billion (↑446%)  Total opportunities to see items mentioning DAA and APD: 9.61 billion (↑523%)</p> <p>Number of hot topics: 7 new in 2015</p>
Members	Improve system for recognition of members' contribution to DAA	Number of nominations / awards	<p>27 nominations. (↑ 11%)  16 awards – (↑12%) in categories of Outstanding Contribution, Young Achiever Award, Lecture in Honour, Award of Merit, Barbara Chester Award, ICD Travel Grant</p>
	Encourage and support CPD	CPD items / events organised	<p>492 CPD items in total in DINER, 72 CPD items added to DINER (↓30% CPD items) (11 PowerPoints, 27 web presents, 8 webinars, 4 books/booklets, 20 information sheets and 2 internet sites).  National conference – 640 registrants (lower due to location in Perth)</p> <p>Total CPD events: 57 (from 67 CPD events in 2014) ↓ 15 %</p> <p>Total registrations for DAA events: 3328(↑62%)  Total registrations for webinars: 1277 (↑71%)  Total numbers for webinar recording purchases: 1033 (↑52%) Note: 2015 webinar recordings are still available for purchase until Nov 2016.</p> <p>Total number of DAA events which had budgets approved, but did not occur: 44 (↑100%)</p>



# Completed Submissions 2015

Submitted to	Topic	Prepared by
Academy of Nutrition and Dietetics	NCPT review of anthropometric measures	L Brown, C Collins, L Ross, T O'Sullivan, N Stapleton
Academy of Nutrition and Dietetics	NCPT review of nutrition focused physical findings measures	T O'Sullivan
Academy of nutrition and Dietetics	NCPT review of Diabetes terms	A Barclay
ACT Health	Marketing of Food and Drink in the ACT	A Byron
ASQA and (Weight Federation) x2	Certificate IV in Weight Management	K Bartlett, M McGrice, T Passingham, P Wilkinson
Australian Aged Care Quality Agency	Let's Talk about Quality	A Byron
Australian Bureau of Statistics	Apparent Consumption of Foodstuffs - initial discussion paper	K Bartlett, FRAC, G Ryan
Australian Commission for Safety and Quality in Health Care	Prioritising clinical practice guidelines	T Passingham, A Byron, J Bauer
Australian Commission for Safety and Quality in Health Care	Guidance for Clinicians and Manager – Defining Scope of Practice	T Passingham, DCC
Australian Commission for Safety and Quality in Health Care	National Safety and Quality in Health Services Standards Version 2	M Banks, A Byron, K Gibbons, T Hazlewood, J Hill, R Hoevenaars, S Joshi, E Kent, J Krassie, B Radcliffe, N Simmance, W Swan, K Walton, M White
Australian Commission on Safety and Quality in Health Care	Proposal to include malnutrition in National Safety and Quality Health Service Standards	M Banks, A Byron, K Charlton, M Ferguson, C Green, T Hazlewood, J Hill, R Hoevenaars, L Isenring, A Shanks
Australian Commission on Safety and Quality in Health Care	Delirium Clinical Care Standard Hip Fracture Care Clinical Care Standard	A Byron, T Passingham, N Stapleton
Australian Commission on Safety and Quality in Health Care	Guide to the NSQHS Standards for community health services	A Byron
Australian Competition and Consumer Commission	A91506 – A91507 Infant Nutrition Council re MAIF Agreement	A Byron, A Graham
Australian Department of Education and Training	International study experiences	K Bartlett, P Wilkinson
Australian Government Treasury	ReThink Tax	A Byron
Australian Horticulture Industry	Response to HIA Consultation Paper: Determining the Strategic Investment Priorities for the Australian Horticulture Industry	S Grafenauer, C Hewat
Australian Institute of Personal Trainers	Diploma in Nutrition	K Bartlett, E McLean, T Passingham

Submitted to	Topic	Prepared by
Baker IDI	National Evidence-Based Guidelines on Secondary Prevention of Cardiovascular Disease in Type 2 Diabetes	A Byron, T Passingham, N Stapleton
Centre for Oral Health Strategy, NSW Ministry of Health	NSW Oral Health and Ageing Strategic Plan 2015-2020	A Byron, C Hewat, T Passingham, N Stapleton
CS&HISC	Training packages – direct client care and population health/Indigenous environment health	T. Passingham, J Savenake, N Stapleton
DoH	Draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families	J Browne, C Bowditch, A Byron, A Ginn, H Jones, C Macdonald
DoH	Sixth Community Pharmacy Agreement	A Byron, K Charlton, A Kouris, B Murray, H Smith
DoH	Electronic Health Records and Healthcare Identifiers Legislation	A Byron
DoH	MBS Review	A Byron
DoH	Review of 2006 NRVs – fluoride, sodium, iodine	A Byron, A Ginn
DoH, Victoria	Citizens Jury on Obesity	A Byron, M McGrice, E McLean, T Passingham, N Stapleton
DoH, Victoria	Victoria's next 10-year mental health strategy	A Byron
Department of Social Services	Good Practice Guide for Restorative Care Approaches	D Andersson, A Byron, P Iyer, S Lawrence, K Rubie, J Selby, T Williams
Department of Social Services	Commonwealth Home Support Programme Manual	D Andersson, A Byron, P Iyer, S Lawrence, K Rubie, J Selby, T Williams
Department of Social Services	Commonwealth Home Support Programme National Fees Policy	D Andersson, A Byron, S Lawrence, J Selby
Department of Social Services	Aged Care Short-Term Restorative Care Programme Policy	A Byron
Early Childhood Intervention Australia	Early Childhood Intervention Best Practice Guidelines	A Byron, JP Masangkay, P Rhodes, W Dear
Ernst & Young for Australian Government	Review of the NDIS Act	A Byron
Federal Department of Industry	Review of Training Packages and Accredited Course discussion paper	K Bartlett, A Byron, T Passingham, P Wilkinson
Food Regulation Secretariat	Bi-national Food Labelling Compliance and Enforcement Framework	FRAC, E McLean
FSANZ	Labelling Review Recommendation 17: Per serving declarations in the nutrition information panel	FRAC, A Byron, K Bartlett, G Ryan, J Savenake, S Cheesman, L Yates, A Clark
FSANZ	A1090 – Voluntary addition of vitamin D to breakfast cereals	FRAC, A Byron, K Bartlett, G Ryan, K Charlton, N Senior, S Pratt, S Cheesman
FSANZ	A1011 - Commencement of dietary fibre claim provisions	K Bartlett, E McLean, T Passingham

Submitted to	Topic	Prepared by
FSANZ	P1037 – Amendments associated with Nutrition Content and Health Claims	FRAC, E McLean
FSANZ	P1031 Allergen Labelling Exemptions	A Byron, FRAC, Linda Hodge, Erin McLean
Food Standards Australia New Zealand	A1104- Voluntary Addition of Vitamins and Minerals to Nut and Seed-based Beverages	A Byron, FRAC, Erin McLean
FSANZ	P1038: Vitamin and mineral claims, and sodium claims about foods containing alcohol	A Byron, FRAC, E McLean
Government of South Australia	Delivering Transforming Health Proposals paper	A Byron, DAA SA branch
Government of Tasmania	Green paper Delivering Safe and Sustainable Clinical Services	DAA Tasmanian branch
Independent Hospital Pricing Authority	Teaching, training and research costing study	A Byron, F McKenzie, J Porter. J Symes.
Independent Hospital Pricing Authority	Development of the Australian Mental Health Care Classification	A Byron
Lifestyle Medicine Association	Shared Medical Appointments – joint submission	C Hewat DAA, K Lyndon ESSA, J Ramadge ADEA
Medical Services Advisory Committee – DoH	Shared Medical Appointments (SMAs) for Type 2 Diabetes Management ( <i>Joint sub with ESSA and ADEA</i> )	T Passingham, K Bartlett, C Hewat, M Armstrong, A Barclay, C Lowe, K Marsh, M McGrice, A Schneyder, M Taylor.
National Diabetes Strategy Advisory Group	Consultation paper for the development of the Australian National Diabetes Strategy	A Byron
National Disability Insurance Agency	Towards Solutions for Assistive Technology	A Byron, A Lewis
NDIS	NDIS Quality and Safeguarding Framework	A Byron
NSF	My Stroke Journey Resource	K. Bartlett, A Byron, T Passingham, N Stapleton
NHMRC	Proposed amendments to 2012 Infant Feeding Guidelines	A Byron, J Henderson, E Howells, A Swain
Parliament of Australia House of Representatives	Inquiry into Chronic Disease Prevention and Management in Primary Health Care	K Beardsmore, A Byron, J Cotugno, J Dundon, C Lowe, P Love, E McLean, E Newsham-West, J Sherlock
Paxton Partners for Independent Hospital Pricing Authority	Teaching, training and research costing study. Questionnaire to allied health professions	A Byron, P Wilkinson
Primary Health Care Advisory Group, DoH	Better Outcomes for People with Chronic and Complex Health Conditions through Primary Health Care	A Byron
Productivity Commission	Mutual Recognition Schemes	A Byron

Submitted to	Topic	Prepared by
Queensland Health	Insulin Adjustment Guiding Principles for clinicians and hospital and health services	A Byron, T Passingham, N Stapleton, R Young
Queensland Parliament Health and Ambulance Service Committee	Establishment of a Queensland Health Promotion Commission	D Gallegos, H Vidgen
RACGP	Clinical Practice Management of Type 2 Diabetes	K Bartlett, A Byron, A Lewis, E McLean, T Passingham, Diabetes IG
Service Skills Australia	Community Pharmacy Units	A Byron, E McLean, T Passingham, N Stapleton
Service Skills Australia	Community Pharmacy Draft 2 – Validation draft	A Byron, N Stapleton
Service Skills Australia	Hospitality Training Package Draft 2	A Byron, T Passingham, N Stapleton
Service Skills Australia	Hospitality Units	A Byron, E McLean, T Passingham, N Stapleton
Southern Cross University on behalf of Victorian Department of Health and Human Services	Victorian Allied Health Workforce Research Program: Dietetics and Nutrition Environmental Scan	C Hewat, T Passingham
Statewide Planning QLD Health	Statewide Brain Injury Rehabilitation Services plan	A Byron, T Passingham, N Stapleton, A Vivanti
Treasury	Pre-budget submission Extend eligibility for Allied Health Medicare group items to pre-diabetes	R McKeown (ADEA), A Byron (DAA), K Williams (ESSA)
Treasury	Pre-budget submissions - Extending Medicare - National HEN program	A Byron
World Health Organization	Commission on Ending Childhood Obesity	A Byron, C Collins

# Ad hoc representation

Activity	Location	Representative
Briefing about DAA and issues for dietitians with Secretary, DoH	Canberra	A Byron, C Hewat
MHA Members Policy Forum	Canberra	A Byron, J Plain
Briefing on issues for dietitians as allied health professionals with DoH senior staff	Canberra	A Byron, C Hewat
Briefing by Department Social Services on aged care changes	Canberra	A Byron,
Tasmanian Parliamentary Inquiry into Preventative Health	Telephone	A Byron, N Meerding
Health Star Rating Stakeholder Workshop, DoH	Sydney	A Byron
Health Budget Lockup	Canberra	A Byron
Participation in Vic Health Bridging Allied Health roles (two meetings)	Melbourne	A Byron
Meeting with DoH for briefing on nutrition-related policies	Canberra	A Byron
DVA Stakeholder Engagement Workshop x 2	Melbourne Canberra	A Byron C Hewat
ACT Health Liveliighter evaluation	Canberra	A Byron
ACT Health Liveliighter launch of 'Avoid Sugary Drinks' campaign	Canberra	A Byron
Participation in HESTA Aged Care Awards judging panel	Melbourne	A Byron
Attendance at briefing on NDIA catalogue updates	Canberra	A Byron
Launch ACT Health 'Women Want to Know' campaign	Canberra	A Byron
Participation in ACT Health & Wellbeing Advocacy Coalition (two meetings)	Canberra	A Byron
Attendance DoH Chronic Disease Framework consultation	Canberra	A Byron
Meeting re NDIS rollout in NSW with reps from NSW ADHC, staff to NSW Ministers for Health and Disability, NSW DoH	Sydney	A Byron, C Curlewis
Infant Nutrition Council consultation by ACCC re renewal of MAIF agreement	Sydney	A Byron
Meeting with CEO, Australian Aged Care Quality Agency regarding quality standards and nutrition in aged care	Parramatta	C Hewat, A Byron
Meeting with Universities Australia re accreditation standards	Melbourne	K Gibbons, P Wilkinson, C Hewat, L Kellett
Participation in consultation re review of primary healthcare	Melbourne	C Hewat
Future of Allied Health consultation, DoH (two meetings)	Canberra and Melbourne	C Hewat
Child and Family Health Services consultation	Canberra	K Bartlett
Health Direct – Experiences of Ageing in Australia: launch of new research and resources	Sydney	T Passingham
Department of Social Services -- Severe Behaviour Response Team Consultation	Canberra	J Kellett
FACS Disability Allied Health Roundtable	Sydney	J Ellis

Mind the Gap Seminar – Nutrition Under the Microscope	Sydney	K Bartlett
First National Forum on Secondary Fracture Prevention	Sydney	N Stapleton
FSANZ stakeholder interviews	Teleconference	A Byron
National Rural Health Alliance dinner	Canberra	E Jones
eHealth budget briefing	Canberra	A Byron
Meeting with Royal Australian and New Zealand College of Psychiatrists on nutrition and mental health	Melbourne	A Byron

# Branch Reports

## ACT Branch

### Membership, Recognition and Communication

In early 2015 we congratulated Jeanette Ryan for her achievements throughout her Masters of Nutrition and Dietetics program at the University of Canberra, by awarding her with the student award and a complimentary membership to DAA for one year.

We also thanked outgoing ACT Chairperson, Erica Roughton, for her ongoing contribution on the ACT branch Executive.

### Professional Development

The inaugural ACT student award and networking event Changes and Challenges in our Profession was held in March at the University of Canberra and was well attended by graduating students and other members of the profession. Guest speaker and Honorary Life Member, Lyn Brown, provided some interesting insights into the ever-changing world of dietetics.

On Tuesday 14 July, the branch held a half-day event Using Motivational Interviewing (MI) Techniques in Practice. Associate Professor at the University of Wollongong and practising psychologist, Dr Lynne Magor-Blatch, provided many practical strategies on how dietitians can successfully use MI to support behaviour change. This event was one of the most popular ACT branch events to date.

On 19 November, the ACT branch held the annual branch meeting and Conversation with the President. Liz Kellett discussed many current and future plans relating to the Association and its members. Attendees then enjoyed a seminar by Emma Grey from Work Life Bliss on how to find a work/life balance and boost productivity.

## Local Representation

We continue to support local dietitian, Wendy Grey, and her involvement as the nutrition advisor for the National Council of Women.

In September, the ACT branch was represented by the Chair at PEPDAC.

## Member Networking

The ACT branch encourages networking at all CPD events and looks forward to more networking events in 2016.

## NSW Branch

### Membership, Recognition and Communication

NSW DAA members had the opportunity to apply for CPD grants to support their learning objectives.

Grant recipients this year were Emma Ringland (Major Grant \$1000), Nicole Senior and Natalie Nicholls (Minor Grants \$250 each) and Heidi Drenkhahn (Rural Grant \$500).

The Joan Woodhill Prize for Excellence in Research will be presented at our student awards night in March 2016. The decision to delay the student event was made for the first time this year to allow the universities more time to process end-of-year results and nominate their high-performing students.

In addition, various activities were run to assist with recruiting and retaining volunteers and members of DAA. These included:

- Monthly teleconference branch meetings on the first Tuesday of every month to help maintain the engagement of volunteers. Two of these were also conducted as face-to-face meetings to assist in building rapport and engagement.

- Each event was run by volunteer working groups with a group-appointed lead.
- Active recruitment of volunteers and students to assist with manning the AHWV stand.
- Active engagement of student members to provide regular updates to their student cohorts on branch activities.
- Allocation of student time in monthly Teleconference agenda to provide them with a voice for feedback and questions to increase engagement.
- Creation of a *Student Member Benefits* document for the DAA website (Kim Mathews – Student Liaison Officer).

Chairperson allocated awards (Statement of Contribution and Thanks) were instituted after PEPDAC in March 2015 and highly sought after by the Executive Committee members. Award recipients in 2015 were:

- Cinthya Wibisono – outstanding effort in organising AHWV event 2015
- Kate Glen and Corinne Tighe – outstanding effort in organising the RNSH Latest and Greatest Update for Dietitians and ABM 2015.

## Professional Development

Four CPD events were conducted in 2015, a combination of face-to-face events and webinars given the diverse sub-groups of rural, remote and metropolitan members in the NSW DAA membership. They included:

- Food Labelling and Policy, half-day event – June (62 registrations)
- The Latest and Greatest Update for Dietitians, half-day event – November (90 registrations)

- Subjective Global Assessment, webinar – November (81 registrations, both live and recording purchases)
- Community Care of Eating Disorder Patients for Dietitians, webinar – December (55 registrations, both live and recording purchases).

A rural face-to-face networking event was planned in Wagga Wagga but had to be postponed until March 2016 due to refurbishment of the free CSU University facilities which would enable the event to be hosted as a dual webinar.

## Member Networking

The primary networking events held in the Sydney Metropolitan area were the two face-to-face CPD events noted above. Both events were well attended by a diverse range of dietitians and some students and received good feedback.

## Local Representation

Nil in 2015.

## Northern Territory Branch

### Membership, Recognition and Communication

2015 has seen growth in member numbers and more members having a greater variety of roles at both the NT branch level and nationally. Thank you to all members involved, also to Camilla Feeney for her efforts as Chairperson, making it a successful year for the NT branch, and to our Media Spokesperson, Natasha Murray, for her contributions.

CPD grant recipients were Elise Jochinke, who provided a poster presentation at the DAA conference, and Janet Yong, who attended the Growth Faltering day. This year more opportunities for member engagement were introduced through CPD events and social activities.

## Professional Development

Two professional development opportunities were presented this year.

Growth Faltering in the Indigenous Context was a full-day event. Multidisciplinary areas attended and presented. With its dual focus of clinical and public health, a wider group of attendees was accessed. It proved a very successful and well attended event and was the first to improve the financial position of the branch. Access was maximised through member distribution lists, using local networks of journal clubs, working groups and IGs, and through the networks of DAA members at various remote and urban locations. Videoconferencing was provided to remote areas across the NT and interstate.

In September, the Body Weight and Disordered Eating day was held. This event also included a range of local and interstate experts and allowed for video Conference from intra-state and interstate members. The event was held in conjunction with the annual presentation from the DAA President, Elizabeth Kellett, and CEO, Claire Hewat. Member networking after the event encouraged greater attendance from local members.

## Local Representation

The chairperson attended PEPDAC.

## Member Networking

New opportunities for member networking were offered this year. A social club was started in the Top End which included pre-work breakfasts, as well as dinner and drinks after CPD events. Survey Monkey was used to canvass members about what CPD opportunities for 2016 they would like and what format they would like events to have. Dinner and drinks were organised for both Top End and Central Australia members after the ABM. This proved successful for engaging new branch members and understanding the role of the branch. Planned networking around CPD events are encouraged

for members due to the isolation of many members in the NT.

## Queensland Branch

### Membership, Recognition and Communication

The branch executive is committed to supporting the DAA National Conference by offering \$2,000 in CPD grants for Queensland members to attend the annual conference. In 2015, \$1,000 grants each were awarded to Brooke Searle and Katrina O'Loughlan. Both members are located in regional and/or remote areas across Queensland and work with vulnerable populations.

The branch executive includes a student-focused CPD event in the annual plan with the aim of engaging and encouraging students to join our professional Association. The How to Get that Job event attracts large numbers of students enrolled in dietetic programs across the five universities in Queensland, providing them with an opportunity to meet the branch executive and network with APDs.

The DAA student awards for the most outstanding student at each university in 2014 were:

- Nina Meloncelli, University of Sunshine Coast
- Angela Byrnes, Queensland University of Technology
- Tamara Parker, Griffith University
- Megan Bray, University of Queensland.

Queensland branch members who contributed to the Association throughout 2015 were recognised and awarded a certificate of appreciation at the awards night, October 2015.

Congratulations to the recipients of the Barbara Chester Awards in 2014 and 2015. The Barbara Chester Award has been funded by the

Queensland Health Director General since 2004 in recognition of outstanding contributions to the profession of dietetics in Queensland. Thank you very much to the Queensland Health Director General, and Allied Health Professions Office Queensland (AHPOQ), who sponsor and facilitate this award. The recipients of the prestigious award were:

- Professor Lynne Daniels, 2014
- Dr Mary Hannan-Jones, 2015.

## **Professional Development**

The Queensland branch executive organised and delivered three CPD opportunities throughout 2015:

- Calling Dietitians to Step up to the Plate, April 2015. Half-day event face-to-face and with videoconferencing facilities. Thank you to the Princess Alexandra Hospital and Queensland Health for providing facilities free of charge. This significantly keeps the cost of registration down, thereby increasing CPD access to members.
- Innovations in Dietetics, July 2015. Half-day face-to-face and with videoconferencing facilities. Thank you to the Royal Brisbane and Women's Hospital and Queensland Health for providing facilities free of charge. This significantly keeps the cost of registration down, thereby increasing CPD access to members.
- ABM, Awards Night, PD event and Conversation with the President, October 2015. Face-to-face evening event.

The CPD events in 2015 attracted a significant amount of sponsorship outside of the corporate partners. Thank you very much to all the sponsors who were involved at each event.

## **Local Representation**

On behalf of DAA, Rhiannon Barnes attended the AHPOQ breakfast forum, where Julie

Hulcombe provided an overview of the key allied health workforce initiatives currently being progressed within DoH.

The Queensland branch executive collaborated with the Princess Alexandra Hospital to host an event for AHW. Cooking demonstrations by Sprout were performed on campus at Princess Alexandra Hospital and were well received by the community, patients and hospital staff.

## **Member Networking**

Member networking opportunities are embedded in each CPD event throughout the year. Members are encouraged to network at break times throughout half-day events and at the end of events.

## **SA Branch**

### **Membership, Recognition and Communication**

Based on feedback from previous CPD events, the SA branch aimed to provide CPD events that would be applicable to a wide range of dietetic practitioners. The branch also submitted various newsletter articles to promote the work of DAA to the membership.

DAA student prize results for 2014 were unavailable at the time of the last annual report. The Most Outstanding Student prize for 2014 from Flinders University was Jolyn Ng and the Most Outstanding Student prize from University of South Australia was Claire Lockwood.

We received ten applications for CPD grants to attend the DAA National Conference in Perth. The top ranked applications were awarded to three SA members to attend and present at the conference. The successful awardees were Madeline Freeman, Julie Dundon and Olivia Farrer. In addition, the SA branch provided a complimentary student registration to Alicia Frahn to attend the SA Diet Trends event.

The branch has actively sought ways to thank members for their contributions and commitment to the profession by sending out individual email invites and 'thank you's' to volunteers to be recognised at the ABM.

## Professional Development

Three CPD events were held this year.

- Enteral feeding day in conjunction with Nutrition Support IG – SA Chapter. The branch provided organisational support to the SA NSIG for this event
- Diet trends – Putting Research into Practice. This event was held in the CBD during the evening to enable a wide range of clinicians and private practitioners to attend. The branch selected speakers from various practice areas with experience in research and clinical practice to increase the potential interested audience
- Digital Dietitians – Essential Ingredients for Online Success incorporated the ABM and Conversation with the President. This was held in the evening to encourage attendance and the speaker was chosen for her innovation and relevancy to all practice areas.

While the branch sought options for teleconferencing or webinar recordings to be available for the rural/remote membership and those unable to attend face-to-face sessions for other reasons, these options were outside of the allocated budget for each event. Reaching these members will be a focus for 2016.

## Local Representation

The branch chairperson represented DAA on the Allied and Scientific Health Professional Development Advisory committee.

The branch spent a significant amount of time preparing a response to the *Transforming Health Proposals* paper focusing on extended service

hours, specialisation of services and funding of dietetics in South Australia.

## Member Networking

Opportunities were provided to members to engage in networking through volunteering at the AHWW event and the Gluten Matters expo. In addition, the promotion of DAA and APDs at these events was substantial, with an estimated 5,000 attendees at AHWW and more than 300 visits to the gluten-free expo stand.

The ABM provided an opportunity for networking, with a great deal of thought put into the timing and location of this event to promote networking.

## TAS Branch

### Membership, Recognition and Communication

The number of APDs has increased by 80% in Tasmania over the past six years. In 2009, we had 49 APDs, which gradually increased to 89 in 2015. During 2015, the number of APDs increased by 11%.

This year, TAS branch awarded CPD scholarships to four recipients: Alexandra Walker, Georgia Rossetto, Sue Pook, and Nathalia Kreeling.

Thank you Varitha Kinghorn, Carmel Grubb, Hannah Price, Sue Pook, Ashley Hoogesteger, Suzanne Polouktsis, and Tracey Denmen for their contribution to the last year of TAS branch executive. Natasha Meerding, Kirsten Langendorf, Chicco Chia, and Rachel Itzstein will be continuing as TAS Engagement and Development Committee in 2016. Certificates of appreciation were awarded to all TAS branch executive members and weekend workshop committee members in recognition of their hard work.

## Professional Development

Two professional development events were held this year, both run successfully in accordance with budget and projected attendance.

A one-day renal update workshop event was held in June in Launceston. The main speaker was Anthony Meade from Adelaide, SA. Videoconferencing linked the northern, southern and northwest regions to increase attendance and engagement of members across Tasmania.

Tasmanian Weekend Workshop, a professional development event held across two half days, was held in October in Hobart. This was face-to-face with no conferencing, in order to increase networking opportunities and encourage member engagement. Dr Carmel Smart was invited to provide an update on diabetes, and Ms Melissa Adamski to provide an update on Nutrigenomics.

The relationship between DAA TAS branch and Nutrition Society of Australia (TAS) continued. Joint professional development between DAA and Nutrition Society of Australia (TAS) was held tri-monthly. Videoconferencing was used to increase professional development opportunities for dietitians and nutritionists across the state.

## Local Representation

Varitha Kinghorn attended the PEPDAC and Health Informatics Working Party for HIAC.

Thank you Judy Seal and Jean Symes for leading the submission against Tasmanian Health Organisation reform this year.

In May, Natasha Meerding, Vice-chairperson, represented DAA TAS branch in the public hearing regarding the preventative health submission made in 2013.

Maree Taylor continued to represent the branch with the Tasmanian Medicare Local until it closed in July. It has been replaced by a primary health network.

## Member Networking

There were 54 registrations to attend Annual Tasmania Weekend Workshop in 2015, the highest in the past 21 years. It provided a great networking and learning opportunity for TAS branch members.

The TAS branch networking dinner was held in Hobart on 2 October with a special trivia night. The event was attended by over 30 dietitians. The networking breakfast was held the following morning 3 October before the AGM. This provided more networking and engagement opportunities and increased engagement at the AGM.

## VIC Branch

### Membership, Recognition and Communication

In 2015, VIC branch membership increased by 3%.

Interviews for the DAA Victorian Branch Excellence in Professional Practice Student Award were scheduled too late to provide information for this report. There have been six nominations.

VBE also offers grants to help APDs access professional development activities. In 2015, two grants were provided to members, Naomi Lawrence and Nicole O'Loughlan, to attend the DAA National Conference in Perth.

Grants were also awarded to attend local DAA CPD events. The successful applicants were Bernadette Thomas, Kimberley Webb, Megan Green, Qian Shan Yip, Jenna Obeid, and Nicole Jones.

Forty-five Victorian members were presented with a certificate of appreciation in recognition of representation on various committees, IGs, working parties, and other activities that support DAA's strategic plan.

The branch also continues to communicate regularly with members through the DAA newsletter, weekly emails and the VIC branch section of the DAA website.

## **Professional Development**

Two full-day CPD events were held in conjunction with local chapters of IGs in Victoria. These were Food Service and Dietetics – The Food Experience, with Food Service IG, and Diabetes and Heart Health – Turning the Hot Topics into Dietetic Practice, with Diabetes IG. The branch also held a CPD event, How to Motivate and Inspire Your Clients for Healthy Habits. Grants to attend CPD events were offered, with additional support available for dietitians working in rural or remote locations.

## **Local Representation**

In 2015, Kathy McConnell represented DAA on the Victorian Healthy Eating Enterprise.

The DAA Victorian media spokespersons have provided ongoing comment in the media to raise awareness of DAA and APDs as reputable sources of expert nutrition advice. Our thanks go to Lisa Renn, Georgie Rist, Katie Mueller, and Simone Austin.

The branch also held a successful health promotion event in 2015 to promote AHW at the Queen Victoria Markets in February and attracted more than 500 pedestrians. There were several stalls set up exploring healthy weight topics. Mushroom growers delighted the crowd with the mighty mushroom character, mushroom handouts and Zumba demonstrations. A highlight of the day was having AHW Ambassadors APD Themis Chryssidis and celebrity cook Callum Hann from Sprout doing three cooking demonstrations. On the day, more than 300 AHW event participant packs, 250 bags of mushrooms and hundreds of Jalna yoghurts and bottles of Thankyou water were distributed to the public.

In October, the VBE ran a stand to promote APDs at the Gluten Free Expo held at the Melbourne Convention and Exhibition Centre. The stall was staffed by members of the VBE as well as many volunteers who handed out 1,000 APD brochures and several hundred pieces of fruit.

## **Member Networking**

The branch held a combined event in November, which included the annual branch meeting, new graduate welcome and networking opportunity for all members. Over 100 people registered for this year's event. The evening also included a CPD presentation aimed at students, Where to from Here?

The annual Connections Luncheon was held in October. The branch supports this event, which is organised by an active group of dietitians, and aims to keep retired and semi-retired dietitians connected to the profession.

All of the achievements in this report could not have been possible without the generous contributions of the VBE members who have volunteered significant time and expertise throughout the year.

## **WA Branch**

### **Membership, Recognition and Communication**

#### **University Awards**

- Most Outstanding Dietetic Student Award (Edith Cowan University) awarded to Kristy Bakker
- Underwood Award (Curtin University) to be announced.

#### **WA CPD Grants**

The Executive decided on the following structure:

- Three x \$500 grants for attendance at the national conference
- Two x \$250 grants for local CPD events.

Recipients for 2015:

- Sarah McLaughlin (Albany) to attend national conference
- Lisa Moore (Bunbury) to attend national conference
- Adam Murphy (Perth) to attend national conference.

No applications for local CPD.

## Clinical CPD Group

The Clinical CPD Group is responsible for the coordination of clinically focused CPD. In 2015, the group comprised eight volunteers and the branch CPD coordinator. The group organised two very popular and well attended CPD events, Wound Healing and Dietetic Management of Complex Clinical Cases.

## Engagement with Rural and Remote Dietitians

In 2015, the WA branch actively focused on the needs and engagement of rural and regional dietitians (DAA members and non-members). The Branch Rural and Regional Liaison Officer developed and circulated a survey to rural and regional dietitians aimed at understanding their professional development needs and their perception of DAA membership. Thirty-six dietitians (94% current members) representing a wide spectrum of dietetic practice settings responded to the survey. The key findings of this survey were:

- 43% were sole practitioners and 37% worked with one or two other dietitians
- Barriers to CPD included the cost (64%), events held at inappropriate times (64%), limited access to tele/videoconference (31%),

CPD topics irrelevant to practice (19%), and limited management support (17%)

- The most significant benefits of DAA membership were access to a network of dietitians, access to PEN, DINER and nutrition-related news, participation in the APD program, and the opportunity to participate in interest and discussion groups
- Most of those surveyed were unaware of membership benefits such as free access to EBSCOhost, MAP, Guild insurance, CBA EFTPOS facilities, discounted services for Mind and Mater, rehab management for discounted work station assessments, and more.

Survey respondents suggested the following areas for development:

- Provision of CPD using videoconference and webinars, and offering online CPD
- Increasing the focus of rural and regional practitioners within CPD
- Improving the offering of grants and funding for CPD and conference attendance
- Running CPD events in larger rural centres
- Increasing the number of assessed CPD events
- Scheduling CPD events near weekends.

In response to the survey results, the WA branch undertook the following:

- Offer videoconference for all five CPD events
- Organise rural member Kylie Hopkins to present a case study at the Childhood Obesity event
- Organise chair attendance at the WA Country Health Service (WACHS) dietetics group meeting to share and discuss the survey results.

## Professional Development

- Food Regulation. Cancelled due to speaker unavailability
- Wound healing. Strategies to maximise attendance: videoconferencing available, held after working hours, offered at a central location near public transport, low cost event
- Weight management in pregnancy. Strategies to maximise attendance: videoconferencing available, offered at a central location near public transport, low cost event
- Food and Agriculture. Strategies to maximise attendance: videoconferencing available, offered at a central location near public transport, low cost event, follow-up from a similar 2014 CPD event
- Dietetics management of complex conditions. Strategies to maximise attendance: videoconferencing available, held after working hours, offered at a central location near public transport, low cost event
- Childhood obesity. Strategies to maximise attendance: videoconferencing available, offered at a central location near public transport, low cost event
- Held with the Conversations with the President.

## Local Representation

No formal representative on external committees. However, a request for once-off representation was called for the Your Say on CancerWA.

Other representation included:

- Metropolitan Dietetics Manager network which provides a link to dietetic hospital managers

- WACHS dietitians network which provides a link to rural and regional practitioners
- DAA stand at the HBF Run for a Reason (May) where volunteers distributed 1,000 pamphlets promoting DAA and APDs.

## Member Networking

A quiz night was held in December coinciding with the ABM, offering an engaging and fun networking event for members.

# Interest Group Summary

IG	Members	Meetings	Events	Reg. No.	Projects	Advocacy
Bariatric Surgery	706	ff 1, TC 5	W – Bone Health and Bariatric Surgery	27	<ul style="list-style-type: none"> <li>Development of BSIG Role Statement</li> <li>Article for Australian Hospital Health Care Bulletin of behalf of DAA</li> </ul>	<ul style="list-style-type: none"> <li>Relationship building with key bariatric surgery stakeholders including OSSANZ, Dietitians NZ and industry (BN Multi, Covidien, Allergan, Boomers Protein, Nestle) to increase awareness of the role of APD</li> </ul>
			W – Healthy Mind, Healthy Body: the full-bodied approach to working with the bariatric patient	44		
Cystic Fibrosis	281	ff 1 TC 25	nil		<ul style="list-style-type: none"> <li>Nutrition Guidelines for Cystic Fibrosis in Australia and New Zealand (incorporating PEN pathway)</li> </ul>	nil
Corporate Nutrition	702	ff 3, TC 5	Food Labelling event co-hosted with NSW Branch		<ul style="list-style-type: none"> <li>Newsletter article</li> <li>Role Statement</li> </ul>	nil
Diabetes	2291	ff 7, TC	W – Carbohydrate Recommendations for People with Diabetes	72 (171)	Nil	NSW For people with diabetes managed with insulin to have access to an experienced APD to receive education on carbohydrate awareness/counting and flexible dosing
			W – Update on Diabetes Therapies and their Nutritional Implications	95 (149)		
			Diabetes and Heart Health joint with Vic Branch			
Dietitians in the Private Sector	1920	ff nil, TC 3	W – Self-Care and Burnout Prevention for Dietitians	4 (14)	nil	nil
			W – What's in a name? A closer look at the difference between	25 (38)		

IG	Members	Meetings	Events	Reg. No.	Projects	Advocacy
			‘employees’ and ‘independent contractor’			
Eating Disorders	1102	ff 1, TC 12	W – Eating Disorders: communicating your interventions using NCPT	33 (49)	<ul style="list-style-type: none"> <li>• Newsletter</li> <li>• PEN Project</li> </ul>	Recognition of dietitians as mental health workers
			Evidence for and against HAES/non-dieting approach for individuals with eating disorders	77		
Emerging Dietitians	388	ff 1 TC nil	nil		nil	nil
Food Allergy and Intolerance	1725	ff 6, TC nil	W – Coeliac Disease: how are we currently defining ‘gluten free’?	40 (86)	<ul style="list-style-type: none"> <li>• Role Statement document</li> <li>• Restarting QLD chapter</li> <li>• Restructure of roles</li> </ul>	nil
			W – Update on Eosinophilic Oesophagitis: Management Strategies	70 (37)		
			Workshop – Ten Things Dietitians need to know about Coeliac Disease at NSW Branch ‘The latest and greatest CPD update for dietitians’			
Food and Environment	481	ff 1, TC 2	W – Fish Sustainability	29 (28)	nil	nil
Food Service	711	ff 1, TC nil	C – Menu Planning and Review for Age Care Facilities		<ul style="list-style-type: none"> <li>• Menu Guidelines for Residential Aged Care</li> </ul>	

IG	Members	Meetings	Events	Reg. No.	Projects	Advocacy
			The Food Experience – joint event with Vic Branch			
Gastroenterology	1938	nil	nil		<ul style="list-style-type: none"> <li>PEN Review Group</li> <li>Gastro IG Newsletter</li> </ul>	nil
HIV	177	ff 2 TC nil	nil		<ul style="list-style-type: none"> <li>Converting from DG to IG</li> </ul>	nil
Indigenous	496	ff 1, TC 5	nil		<ul style="list-style-type: none"> <li>New to Indigenous Nutrition Resource</li> </ul>	nil
Mental Health	679	ff 1 TC 21	W – Part 1 Mindset Matters: changing mindset to change health behaviours	92 (121)	<ul style="list-style-type: none"> <li>MHANDi</li> <li>PEN</li> <li>Research updates</li> <li>webpage</li> </ul>	<ul style="list-style-type: none"> <li>Dietitians recognition as mental health workers</li> <li>Access to dietitian services for people with mental illness</li> </ul>
			W – Part 2 Mindset Matters: changing mindset to change health	63 (83)		
Nutrition and Disability	506	ff nil, TC 2	nil		nil	Supporting Dietetic roles in NDIS
Nutrition Informatics	373	ff 1, TC 11	W – Putting it on the Record: electronic health records for the delivery of nutrition care	15 (20)	<ul style="list-style-type: none"> <li>DAA Health Informatics CPD Working Party comprehensive work plan development</li> <li>2016 DAA National Conference seminar submission: New Technologies to Support Dietetic Practice and Engage Patients</li> <li>IG List Serve newsletter</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition templates being included in the CDA release</li> <li>Australian representation on Academy of Nutrition and Dietetics internationally-relevant informatics projects</li> </ul>
Nutrition Support	1578	ff 14 Bris VC TC nil	Nutrition Support for Beginners Workshop – Parental Nutrition	38	<ul style="list-style-type: none"> <li>Best Practice Nutrition and Hydration Guidelines</li> </ul>	nil

IG	Members	Meetings	Events	Reg. No.	Projects	Advocacy
			Nutrition Support for Beginners Workshop – Enteral Nutrition	38	<ul style="list-style-type: none"> <li>• Role Statement: Dietitian in Nutrition Support</li> <li>• SA HEN Dietitians Working Group – state-wide EN discharge summary</li> <li>• Tube Feeding at Home Booklet – discharge planning</li> </ul>	
			SA Enteral Nutrition Workshop	45		
			W – Subjective Global Assessment, joint with NSW Branch			
Obesity	1955	ff nil TC 3	W – Diet, Exercise and Fertility in PCOS	31 (71)	nil	Appropriate VLED product labelling, advertising and treatment protocols
Oncology	1053	Ff 4 TC 0	nil		nil	nil
Paediatric and Maternal Health	1490	nil	nil		nil	nil
Public Health and Community Nutrition	1199		Update on Food Labelling and Policy, joint event with NSW Branch		nil	National Nutrition Policy
			C– IG meeting Where to Next for Nutrition Policy in Australia? joint PHCN and INIG			
Rehabilitation and Aged Care – not submitted	1131		Geriatric Nutrition: challenges of daily practice	88		
Renal	902	ff 3, TC 2	Dietitians Education Day, joint with ANZSN		<ul style="list-style-type: none"> <li>• Role statement document</li> <li>• Research</li> <li>• PEN Questions</li> </ul>	<ul style="list-style-type: none"> <li>• K+ labelling</li> <li>• Workforce document</li> </ul>
			C- CKD for non-renal dietitians			

IG	Members	Meetings	Events	Reg. No.	Projects	Advocacy
Vegetarian	799	ff nil TC6			<ul style="list-style-type: none"> <li>• Update Vegetarian Nutrition Resources</li> <li>• Develop new Vegetarian Nutrition Resources</li> </ul>	

ff = face to face, TC = teleconference, VC = videoconference, W = webinar, C = 2015 DAA conference workshop, reg. no in brackets is webinar recording registrations

# Membership Statistics

## Accredited Practising Dietitians by Branch

2015	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	O/S	Total
Financial	141	1550	58	1134	353	82	1295	429	191	5233
Deferred	13	139	2	87	43	4	106	25	24	443
Total	154	1695	60	1225	398	86	1405	455	216	5694

## Membership According to Financial Status by Branch 2015

Category	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	OTHER	Total
Paid work more than 20 hours per week	97	866	52	662	189	44	748	258	2	2918
Paid work up to 20 hours per week	25	478	2	309	95	30	393	139	1	1472
Currently not working – Unemployed	9	109	3	69	34	3	81	13	3	324
Currently not working – Career break/parental leave	7	56	3	67	23	5	55	23	3	244
Currently not working – Full-time study	5	39	0	21	10	3	33	5	4	120
Not working in nutrition or dietetics	3	8	0	1	1	0	9	3	0	25
Overseas – working outside Australia	3	55	0	30	22	0	22	9	203	344
Retired	3	18	1	10	3	1	16	0	0	52
Student	29	81	0	87	33	1	89	37	0	357
Honorary life member	3	2	0	2	1	0	1	2	0	11
Honorary member	0	1	0	0	0	0	0	1	0	2
Affiliate (overseas)	0	0	0	0	0	0	0	0	2	2
Associate (full)	2	6	0	4	1	0	5	1	0	19
Associate (unemployed)	0	3	0	1	0	0	0	0	0	4
<b>Total</b>	<b>186</b>	<b>1722</b>	<b>61</b>	<b>1263</b>	<b>412</b>	<b>87</b>	<b>1452</b>	<b>491</b>	<b>218</b>	<b>5894</b>

## Comparison of Membership Categories

Membership Numbers – Last 5 Years	2010	2011	2012	2013	2014	2015
Working	3082	3379	3593	3871	4157	4390
Currently not working	614	619	649	677	736	688
Not working in a related industry	20	24	31	26	38	25
Overseas	192	198	234	261	292	344
Retired	46	44	43	47	46	52
Student dietitian	462	499	435	447	440	357
Honorary Life and Honorary	12	12	13	11	11	13
Affiliate	5	10	6	11	3	2
Associate	40	38	37	29	33	19
Associate – not working	11	18	8	3	3	4
Associate student	7	8	20	27	34	0
<b>Total</b>	<b>4491</b>	<b>4849</b>	<b>5069</b>	<b>5410</b>	<b>5793</b>	<b>5894</b>
% increase from previous year	9.4	8	4.5	6.7	7	1.7
Deferred	226	263	325	395	202	231
Resignations	12	18	21	12	20	4
Reinstatements	313	252	457	428	303	538
Lapsed	237	235	351	260	289	417
Suspended/Expelled	0	0	2	1	0	1

# Awards Prizes Scholarships



## **DAA Young Achiever Award in Memory of Joan Mary Woodhill**

### **Zoe Davidson**

Zoe Davidson is an early career researcher and dietitian who has been a strong advocate for nutrition since graduating in 2006. She has been an active member of VIC branch executive since 2012, taking the position of chair in 2014. Zoe has demonstrated nutrition leadership across her many roles within the Association and in her research and education roles. Since 2008, Zoe has been paving the way for a new area in clinical nutrition by focusing on the nutritional management of neuromuscular disorders. Zoe is now recognised as a national leader in this field. She has a strong track record including nine publications, a book chapter and \$189,000 in research support. Zoe is currently leading two national research projects in this area, including one to develop evidence-based guidelines for allied health and nursing. In her role as a lecturer at Monash University, Zoe is building a solid foundation in educating the dietitians of the future, especially about the value of research. Zoe's commitment to her work and the nutritional health of children with neuromuscular disorders goes above and beyond the norm, making her a worthy candidate for the DAA Young Achievers Award.

## **Award of Merit (National)**



### **Kim Faulkner-Hogg**

Kim is a quiet achiever and advocate for better management of coeliac disease among dietitians through equipping them for improved practice. She has been a key supporter of dietitians in the area of coeliac disease for many years through her ad hoc evidence-based and well-informed mentoring on the DAA list serve and by allowing dietitians to attend her practice. She lectures in coeliac disease at two universities and has presented numerous webinars and other education sessions, such as a workshop and a seminar at ICD in 2012. She has also worked tirelessly as the NSW FAIG coordinator since 2011.



### **Nazy Zarshenas**

Nazy Zarshenas is a worthy recipient of the Award of Merit - National for her service to DAA and the wider dietetic profession, particularly in progressing the area of bariatric surgery and nutrition.

Nazy has contributed to increasing the profile of dietitians in bariatric surgery by working with dietitians in NSW to establish the national Bariatric Surgery Special IG and the NSW Bariatric Surgery Working Group.

Nazy's contributions to the profession include collaboration on and active contributions to peer reviewed articles, national and international presentations and the delivery of workshops to health practitioners across Australia and New Zealand in collaboration with Obesity Surgery Society ANZ.

Nazy is a recognised leader in bariatric surgery nutrition. She combines her passion for dietetics practice with her vision to educate health professionals. Her dedication has earned her recognition as a key person of influence in bariatric surgery.

## Award of Merit (Branch)



### Jo McKinstry

Jo McKinstry has been an active member of VIC branch for the past nine years. She has made a significant contribution to the activities of the branch through her role on the Professional

Education Committee, as VIC branch Treasurer and as VIC Branch Chairperson. During this time, Jo has been an enthusiastic leader who has advocated for members, DAA and nutrition. She has been an integral part of the conception and planning of key professional development and health promotion events run by VIC branch.



### Peter Talbot

Peter is a dedicated nutrition care professional and advocate. Under his leadership, as the Co-chair for the NSW Agency for Clinical Innovations Home Enteral Nutrition

(HEN) Executive Committee, he has undertaken several significant projects promoting the role of dietitians and the importance of nutrition as a critical part of patient care. Peter is a strong advocate for ensuring equity and access for all HEN consumers. He constantly strives for best practice, inspiring others to improve the health system through research and quality improvement.



### Sharonna Mossenson

Sharonna has made a substantial and ongoing contribution to the WA Branch Executive over the last seven years. During this time, Sharonna has held the positions of Newsletter

Coordinator, Events Coordinator, Secretary and Chairperson. As WA Branch Chairperson, Sharonna demonstrated the ability to skilfully lead a team of volunteers and act as a professional mentor. Sharonna has been inspirational to others in her various roles and has been an invaluable member of the WA Executive.



### Zoe Nicholson

Zoe Nicholson has worked in private practice for over ten years. She takes immense pleasure in seeing people change the way they think about food, enabling them to

enjoy all food and feel comfortable within their body. She has been the convenor of the Victorian Dietitians in Private Practice IG for three years. Zoe organises the very popular bi-monthly meetings in Melbourne which promote professional development and networking and foster a sense of motivation, professionalism and pride among dietitians. Zoe also created The Moderation Movement, a social media group with a philosophy based on the DAA approach of creating awareness around fad diets.



### **Patricia Marshall**

Patricia Marshall is an active and inspirational volunteer of the WA branch executive. In this role, Patricia has instigated and organised popular CPD events relating to food and

agriculture for West Australian members. Patricia willingly volunteers her time and experience to other dietitians. Her commitment and enthusiasm to the profession is inspirational and she is an invaluable member of the WA branch.



### **Margaret Hays**

Margaret Hays is a deserving recipient of an Award of Merit for her substantial contribution to the profession through her work as a DAA spokesperson. Margaret has demonstrated an

exceptional ability to translate nutrition science into evidence-based messages for the public, promoting the role of APDs. Margaret's commitment to the profession and her leadership and enthusiasm have been inspirational.



### **Charlene Grosse**

Charlene Grosse is a worthy recipient of the Award of Merit for her service to DAA and the profession.

Charlene has been a key influence in helping

increase the profile of dietitians working in bariatric surgery. She was influential in establishing both the national Bariatric Surgery IG, as well as the Bariatric Dietitians Working Group (WA), all of which have contributed to

standardising dietetic practice and supporting and mentoring dietitians wishing to upskill in the area of bariatric surgery.

Charlene's contributions to the dietetic profession and bariatric surgery are identified through her active role in the Bariatric Surgery IG (BSIG), along with mentoring and national presentations that have helped bridge the identified knowledge gap in the area of bariatric surgery.

Through her spokesperson role, Charlene has influenced health professionals to understand the important role of the dietitian in bariatric surgery, making her a recognised leader in this area of nutrition.

## **Barbara Chester Award**



### **Mary Hannan-Jones**

Dr Mary Hannan-Jones is a recognised leader in our profession for contributions to dietetic training, particularly in the area of food service management. Mary has been the architect of the

food service management curriculum and work integrated learning opportunities, and her considered approach to assessment and curriculum development has been recognised. She has been a director on the Board of DAA and is currently a member of the DCC. Mary continues to contribute to dietetics training in Queensland as an invaluable member of the Nutrition and Dietetics team at QUT where she is also Director of Academic Programs for the School of Exercise and Nutrition Sciences.

## Lecture in Honour



**Presented by Jane Scott in Honour of: Nancy Hitchcock.**

**Nancy Hitchcock MSc, DipDiet – Recipient Nominee for Lecture in Honour**

Nancy is truly a dietetic pioneer and in 1995 Nancy was made an Honorary Life Member of the DAA in recognition of the many ground breaking activities she undertook in dietetics in Australia over a career that spanned more than 40 years. Although Nancy worked in several States in addition to working in PNG, the latter half of her professional career was spent, and most of her published research was conducted, in Perth and it is fitting that she was honoured at the 32<sup>nd</sup> National Conference in Perth. (*Put a link to her HLM citation on the website*)



**Professor Jane Scott (FDAA)**

Jane Scott is currently Professor of Public Health Nutrition Research at Curtin University. She is a

Fellow of the Dietitians Association of Australia and has been a member of the Australian Dietetics Council since its inception in 2009. She has made a significant contribution to the profession of nutrition and dietetics through her direct contribution to the DAA and as a member of numerous public health nutrition related advisory and working groups. She has held various DAA executive and advisory committee positions at both the state and national level and has served as an Associate Editor of *Nutrition and Dietetics*. Jane was awarded a National Service Award in 1993 and an Outstanding

Contribution Award in 2011 in recognition of her contribution to the profession and the DAA.

## President's Award for Innovation



**Rachel Bacon**

Rachel developed an innovative online module that can be the basis for dietetic fieldwork supervisor education, independent of their location.

## Nutrition and Dietetics Emerging Researcher Award

**Rachel Bacon**

The 2015 Emerging Researcher Award for the best research article from a first-time author published in DAA's journal *Nutrition & Dietetics* was presented to Rachel Bacon. Rachel's winning article was entitled, *Aged Care Facilities and Primary Healthcare Clinics Provide Appropriate Settings for Dietetic Students to Demonstrate Individual Case Management Clinical Competence*.

## 2015 DAA Fay McDonald Scholarship Winners

The DAA Fay McDonald Scholarship provides financial support for approved further study related to developing professional practice in food service management. Fay McDonald was a leading NSW dietitian who was passionate about working in food service. This scholarship supports Fay's wish for more dietitians to enhance their skills and knowledge, and to pursue roles in food service.

This scholarship will enable Jorja Collins (see below) to complete an interstate study tour to HealthShare NSW to observe the rollout of the new food service delivery model and to assist her completion of the Graduate Certificate of Health Professional Education at Monash University.

Susan Tench, Ella Ottrey and Megan Scott (see below) will all be using the Fay McDonald Scholarship to enable them to undertake the Master Certificate in Food Service Management from the School of Hotel Administration at Cornell University.



### **Jorja Collins**

Jorja Collins has experience working in clinical, research and academic practice. Jorja is currently an assistant lecturer at Monash University and a clinical

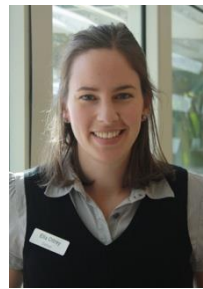
dietitian with Eastern Health. She has been completing a PhD exploring food service-based strategies to address inadequate intake and malnutrition among patients in subacute care settings.



### **Susan Tench**

Susan Tench has worked as both a food service and clinical dietitian at Townsville Hospital since 2012. She has been actively involved in improving food services at

this hospital and throughout Queensland. She has been working hard on many projects and has also chaired a state-wide working group focusing on food service workforce, development and research.



### **Ella Ottrey**

Ella Ottrey has held numerous nutrition and dietetic roles since starting her career in 2006. Ella has worked in health promotion, in both clinical and food service roles,

across several Victorian health services and also as a seasonal teaching associate at Monash University. Ella is currently completing a PhD at Monash University looking at mealtime environments.



### **Megan Scott**

Megan Scott has worked as a food service and clinical dietitian across numerous hospitals. Megan has spent most of her career working at Alice Springs Hospital where she is the first food

service dietitian. This position was created after she developed a report on food service at the site. Megan has been involved in providing food service training for nutritionists in East Timor.

## **Excellence in Journalism**



### **Stephanie Osfield**

This award encourages accurate and responsible reporting on nutrition issues in the media and acknowledges and celebrates quality nutrition

reporting by Australian journalists.

Stephanie Osfield's winning article *How to Curb Comfort Eating* was published in the *Australian Healthy Food Guide* September 2014. This is the second year running that Stephanie has received this award and DAA thanks her for her outstanding contribution to reporting accurate and practical nutrition information to consumers.

## Recognition of Meritorious Service – Staff



### **Sara Grafenauer**

This nomination reflects the outstanding collaboration and organisational skills displayed by Sara in leading the campaign to withdraw from publication the dangerous paleo book for

babies. Sara employed her strong research skills and dietetic knowledge to quickly ascertain the risks if the book was released. She went about systematically enlisting a wide range of credible groups to support DAA to influence the publishers. The book was pulled and the feedback to DAA from members and many others has been outstanding, both regarding Sara's professionalism and DAA's achievement.



### **Amy Lewis**

Amy manages DAA's IGs, Discussion Groups and state branches, regularly reported by the membership as the most prized member benefit, and has demonstrated leadership,

problem solving and negotiation skills in managing these groups.

## Five-Year Staff Service Awards

Recipients for 2015 were:

**Ruby El-Ansary**

**Maree Hall**

**Sally Moloney**

**Dietitians Association of Australia  
Annual report  
for the year ended 31 December 2015**

**Dietitians Association of Australia** ABN 34 008 521 480  
**Annual report - 31 December 2015**

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**Directors' report  
31 December 2015**

**Directors' report**

Your directors present their report on Dietitians Association of Australia, the Company, for the year ended 31 December 2015.

**Directors**

The following persons were directors of Dietitians Association of Australia during the whole of the financial year and up to the date of this report:

Elizabeth Kellett - President  
Philip Juffs - Vice President  
Danielle Gallegos - Director  
Melissa Armstrong - Director  
Robyn Delbridge - Director  
Karen Walton - Director  
Melanie McGrice - Director  
Kim Crawley - Director responsible for Finance (appointed May 2015)  
Leigh Reeve (resigned May 2015)

**Company secretary**

The following person held the position of company secretary at the end of the financial year:

**Claire Hewat.**

***Experience and expertise***

In 2004 Claire was the first Accredited Practising Dietitian to be appointed to the position of CEO of DAA. Prior to this she had been a Director on the DAA Board for four years and a member of the NSW Branch Executive for seven years as well as undertaking a number of other voluntary roles in DAA.

Claire's role is overall management of the association's four divisions of Administration, Professional Services, Communications and Marketing and Accreditation and Recognition Services as well as policy development, environmental scans, representation and media spokesperson. Claire has had many years of experience as a dietitian in the areas of clinical, food service, community and public health nutrition, diabetes education and private practice and in various aspects of health service management.

***Qualifications***

BSc (Hons 1), DipNutrDiet, AdvAPD

***Principal activities***

The principal activities of the Company were to foster and develop dietetics and to advocate for better nutrition for all in Australia, to promote the value and effectiveness of dietetics, to ensure high standards for the qualification of dietitians and to support and promote the professional practice of dietetics.

***Objectives, strategies and key performance measures***

The key objectives of the Company, both short and long term, are as follows:

- (a) Deliver effectively and efficiently on ongoing core services
- (b) Ensure a sustainable financial base
- (c) Support members to achieve excellence in practice
- (d) Increase opportunities for members
- (e) Influence government policy
- (f) Influence the food supply

A wide range of strategies are employed against these objectives and are described in the Strategic Plan and the Annual Plans which evolved from these objectives.

The Company measures its performance by a range of both qualitative and quantitative indicators. These indicators are used by the directors to ensure the Company is remaining financially sustainable and meeting its other objectives in line with the Strategic Plan.

**Directors' report**  
**31 December 2015**  
(continued)

**Dividends**

Dietitians Association of Australia is a company limited by guarantee and as such is prohibited from paying dividends.

**Review of operations**

The loss from ordinary activities after income tax amounted to \$333,023 (31 December 2014: \$160,087).

**Significant changes in the state of affairs**

No significant change in the nature of the Company's activities occurred during the financial year.

**Matters subsequent to the end of the financial year**

No matter or circumstance has arisen since 31 December 2015 that has significantly affected, or may significantly affect:

- (a) the company's operations in future financial years, or
- (b) the results of those operations in future financial years, or
- (c) the company's state of affairs in future financial years.

**Environmental regulation**

The company is not affected by any significant environmental regulation in respect of its operations.

**Information on directors**

**Elizabeth Kellett.** *Chair - President (Appointed President in May 2013).*

**Experience and expertise**

Elizabeth is an Advanced Accredited Practising Dietitian. She graduated as a dietitian from the University of Sydney in 1975, having also completed a science degree at the University of Adelaide in 1973. Since that time she has worked in a range of organisations and settings in South Australia, including the position of Chief Dietitian Adelaide Children's Hospital, and roles in community health and private practice. She also worked in public health and nutrition education for 10 years at the Children's Health Development Foundation, where she led the nutrition component of the development of the original Australian Guide to Healthy Eating. Her most recent position was Manager of Dietetics and Nutrition at Flinders Medical Centre which she held for 12 years, resigning in 2014 to concentrate on her role as President of DAA.

Elizabeth has held various roles in the past on the DAA (SA) executive, including chairperson, and PD committees. On a national level, she chaired the conference organising committee for the 2000 National conference in Adelaide and chaired the SSPC for the 2011 National conference in Adelaide. She has also been involved on a number of DAA committees, including the Conference Management committee, and chaired the Marketing Advisory committee. She was one of the two SA board members on the inaugural DAA (then AAD) board in 1976, and has been a current DAA board member for 9 years. Elizabeth is active in Dietetics in SA where involvement has included membership of the Department of Health Dietetics and Nutrition Advisory committee, and training of dietitians.

**Qualifications**

BSc, DipNutrDiet, AdvAPD.

**Information on directors (continued)**

**Phillip Juffs.** *Vice President.*

**Experience and expertise**

Phillip is an Advanced Accredited Practising Dietitian. He completed a Bachelor of Science and a Graduate Diploma in Nutrition and Dietetics from QUT in 1997. He has worked as a Clinical Dietitian in Murwillumbah, Alice Springs, Scotland and London. He worked as a dietitian at Princess Alexandra Hospital Brisbane from 2003. Since 2006 he was Medical Team Leader and Renal Dietitian at Royal Brisbane and Women's Hospital, and spent 2012 in the role of Assistant Director of Nutrition & Dietetics. Phil manages Patient Food Services at RBWH. Phil has chaired the DAA Queensland Branch Executive, been Renal IG Convenor and sat on PEPDAC and MAC.

**Qualifications**

BAppSc, GradDipNutrDiet, GradCertHlthMgt, AdvAPD.

**Danielle Gallegos.** *Director.*

**Experience and expertise**

Danielle is currently Associate Professor and Discipline Leader for Nutrition and Dietetics in the School of Exercise and Nutrition Sciences, Queensland University of Technology (QUT). She teaches community and public health nutrition in both the undergraduate and postgraduate programs, as well as leading the research stream for dietetic students. She is an active researcher in areas related to social nutrition including food literacy, food security and breastfeeding duration. Her particular area of interest is working with community groups who are potentially marginalised, including those experiencing levels of social disadvantage. Danielle has been a member of DAA since 1988 contributing in a number of different roles at the State and National level. She has worked across the continuum of practice from clinical dietetics through to public health nutrition practice in Queensland and Western Australia.

**Qualifications**

BSc, GradDip(Diet & Nut), PhD, AdvAPD, AN.

**Melissa Armstrong.** *Director.*

**Experience and expertise**

Melissa graduated from the University of Sydney with a Bachelor of Science and a Post Graduate Diploma in Nutrition and Dietetics in 1985. She has held clinical dietetic positions in a variety of hospital settings in Australia and the UK and has taught dietetic and diabetes educator students at several universities. Melissa is currently Manager of Nutrition and Dietetic Services at St Vincent's Hospital in Sydney. She has been a member of DAA since 1987, contributing to several state and national interest groups and committees for both DAA and the Australian Diabetes Educators Association over the past 20 years. She is currently in her second term as a Director on the Board of DAA, a member of the Australian Dietetics Council Accreditation Reviewer Pool and current Board representative on the Journal Strategic Planning Committee of Nutrition and Dietetics.

**Qualifications**

BSc, DipNutDiet, AdvAPD, CDE.

**Robyn Delbridge.** *Director.*

**Experience and expertise**

Robyn is a Public Health Nutritionist at the Victorian Aboriginal Community Controlled Health Origination in Collingwood, Melbourne. This role is a strategic nutrition role in Victorian Aboriginal health and includes social marketing, workforce, policy, advocacy, teaching and mentoring. She is committed to improving nutrition in Indigenous Communities, exemplified by her 10 year career in sector including as Community Dietitian at the Victorian Aboriginal Health Service in Melbourne, Dietitian for the Torres Strait Islands in QLD, and Dietitian in Bourke NSW. Robyn has demonstrated leadership within DAA and has been on the Board of Directors since 2013 and Director responsible for Food Regulation Advisory Committee since 2014. Robyn was previously the convenor of the Indigenous Nutrition IG and involved in advocacy within DAA. Robyn has initiated an important workforce development research project, 'Community of Practice for Dietitian's working in Indigenous Health' and is involved as the mentoring facilitator and researcher.

**Qualifications**

BNutDiet, APD.

**Information on directors (continued)**

**Karen Walton.** *Director.*

**Experience and expertise**

Karen is an Associate Professor and the food service domain leader at the University of Wollongong. She is currently lecturing in nutrients and metabolism, dietetics, food service dietetics and research. Karen was the national co-convenor of the Dietitians Association of Australia (DAA) National Food Service Interest Group from 2004-2014. Her particular areas of research interest include food service dietetics and nutrition support for the elderly in the community, in hospitals and in residential aged care facilities.

**Qualifications**

BSc (Nutrition/Chemistry), MSc (Nutrition & Dietetics), PhD and AdvAPD.

**Melanie McGrice.** *Director.*

**Experience and expertise**

Melanie is an Advanced Accredited Practising Dietitian and has been a member of DAA since 2001. She is the director of Nutrition Plus, a Melbourne-based dietetic practice where she is responsible for the financial and day to day management of the business. Melanie continues to work one day per week at a Melbourne based tertiary teaching hospital to maintain her clinical skills. She has also been a media spokesperson for DAA for over ten years. Melanie was awarded the Dietitian's Association of Australia 'Outstanding Contribution to Dietetics' award in 2012. She is passionate about raising the profile of Accredited Practising Dietitians as she whole-heartedly believes that APDs should be the first contact point for credible evidence-based dietary advice.

**Qualifications**

MNutr&Diet, AdvAPD.

**Kim Crawley.** *Director responsible for Finance (Appointed in May 2015).*

**Experience and expertise**

Kim is an Advanced Accredited Practising Dietitian. She graduated as a dietitian, with a Bachelor of Science and a Graduate Diploma in Dietetics from Curtin University of Technology in 1998. In 2005 she completed a Masters in Public Policy from ANU. She has worked as a community dietitian in WA and ACT, and was the Lead Professional for Nutrition and Dietetics for the ACT Government Health Directorate from 2006-2011. She worked for a short period as the Principal Policy Officer for Nutrition at WA Department of Health, and is currently employed as a Senior Nutritionist in the Public Health Nutrition section at FSANZ.

Kim was on the DAA Board between 2009 and 2011. More recently she has been on the Dietetic Credentialing Council and a member of the DAA Complaints Committee. In 2013, Kim was the recipient of an Outstanding Contribution Award.

**Qualifications**

AdvAPD, MPubPol, Grad Dip (Diet), BSc (Nutrition)

**Leigh Reeve.** *Director responsible for Finance (Resigned in May 2015).*

**Experience and expertise**

Leigh is an Advanced Accredited Practising Dietitian and is recognised as an Associate Fellow of the Australian Institute of Management. She has many years experience across a broad range of practice areas including: clinical nutrition and dietetics; food service; nutrition consulting; public relations and marketing; intersectoral partnerships; teaching; management and governance. Leigh is currently Director of the Australian Breakfast Cereal Manufacturers Forum of the Australian Food and Grocery Council.

Leigh is the Director responsible for the DAA Conference Management Committee. She was previously employed as DAA Communications and Marketing Manager.

**Qualifications**

BSc, DipNutrDiet, AdvAPD, AFAIM.

**Directors' report**  
**31 December 2015**  
(continued)

**Meetings of directors**

The numbers of meetings of the company's board of directors and of each board committee held during the year ended 31 December 2015, and the numbers of meetings attended by each director were:

	Full meetings	
	A	B
Elizabeth Kellett	8	9
Phillip Juffs	9	9
Danielle Gallegos	8	9
Melissa Armstrong	9	9
Robyn Delbridge	9	9
Karen Walton	9	9
Melanie McGrice	9	9
Kim Crawley	6	6
Leigh Reeve	3	3

A = Number of meetings attended

B = Number of meetings held during the time the director held office or was a member of the committee during the period

**Insurance of officers**

During the financial year, Dietitians Association of Australia paid a premium of \$4,694 (2014: 4,500) to insure the directors and secretaries of the company.

The liabilities insured are legal costs that may be incurred in defending civil or criminal proceedings that may be brought against the officers in their capacity as officers of entities in the company, and any other payments arising from liabilities incurred by the officers in connection with such proceedings. This does not include such liabilities that arise from conduct involving a wilful breach of duty by the officers or the improper use by the officers of their position or of information to gain advantage for themselves or someone else or to cause detriment to the company. It is not possible to apportion the premium between amounts relating to the insurance against legal costs and those relating to other liabilities.

**Proceedings on behalf of the company**

No person has applied to the Court under section 237 of the *Corporations Act 2001* for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party, for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

**Auditor's independence declaration**

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* is set out on page 6.

This report is made in accordance with a resolution of directors.



Kim Crawley  
Director

Canberra, ACT  
30 March 2016



## Auditor's Independence Declaration

As lead auditor for the audit of Dietitians Association of Australia for the year ended 31 December 2015, I declare that to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in blue ink, appearing to read 'D Murphy'.

David Murphy  
Partner  
PricewaterhouseCoopers

Canberra  
30 March 2016

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**Dietitians Association of Australia** ABN 34 008 521 480  
**Annual report - 31 December 2015**

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These financial statements are the financial statements of Dietitians Association of Australia as an individual entity. The financial statements are presented in the Australian currency.

Dietitians Association of Australia is a company limited by guarantee, incorporated and domiciled in Australia.

Dietitians Association of Australia  
Unit 1/8 Phipps Close  
Deakin ACT 2600

A description of the nature of the entity's operations and its principal activities is included in the directors' report on page 2, which is not part of these financial statements.

The financial statements were authorised for issue by the directors on 29 March 2016. The directors have the power to amend and reissue the financial statements.

# Financial Report for the year ended 31 December 2015

## Statement of profit or loss and other comprehensive income For the year ended 31 December 2015

		Year ended 31 December 2015	31 December 2014
	Notes	\$	\$
<b>Revenue from continuing operations</b>	3	<b>4,428,408</b>	4,617,051
Advertising and marketing		(280,557)	(217,456)
Administrative expense	1(c)	(117,620)	(183,879)
Audit, tax and legal expense		(38,254)	(52,187)
Consultancy expense	1(c)	(101,061)	(133,952)
Depreciation and amortisation expense		(97,373)	(90,312)
Employee benefits expense		(2,139,258)	(2,015,899)
Membership services		(1,577,218)	(1,715,783)
Occupancy expense		(128,224)	(123,173)
Travel related expense	1(c)	(281,866)	(244,497)
<b>Loss for the period</b>		<b>(333,023)</b>	(160,087)
<b>Other comprehensive loss</b>			
<i>Items that will not be reclassified to profit or loss</i>			
Loss on revaluation of freehold buildings	12(a)	-	(56,000)
		-	(56,000)
<b>Total comprehensive loss for the period</b>		<b>(333,023)</b>	(216,087)
Total comprehensive loss for the period is attributable to:			
Members of Dietitians Association of Australia		(333,023)	(216,087)

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.

# Financial Report for the year ended 31 December 2015

## Statement of financial position As at 31 December 2015

		31 December 2015	31 December 2014
	Notes	\$	\$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	1,054,531	472,434
Trade and other receivables	6	54,765	142,744
Inventories at cost		4,065	8,526
Held-to-maturity financial assets		350,000	1,180,000
Prepayments		109,577	106,883
<b>Total current assets</b>		<b>1,572,938</b>	<b>1,910,587</b>
<b>Non-current assets</b>			
Property, plant and equipment	7	623,290	637,566
Investment properties	8	200,000	200,000
Intangible assets	9	214,765	200,125
<b>Total non-current assets</b>		<b>1,038,055</b>	<b>1,037,691</b>
<b>Total assets</b>		<b>2,610,993</b>	<b>2,948,278</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	10	366,510	370,099
Deferred income		255,164	261,149
Provisions	11	197,560	199,341
<b>Total current liabilities</b>		<b>819,234</b>	<b>830,589</b>
<b>Non-current liabilities</b>			
Provisions	11	37,668	30,575
<b>Total non-current liabilities</b>		<b>37,668</b>	<b>30,575</b>
<b>Total liabilities</b>		<b>856,902</b>	<b>861,164</b>
<b>Net assets</b>		<b>1,754,091</b>	<b>2,087,114</b>
<b>EQUITY</b>			
General/award reserve	12(a)	10,845	10,845
Asset revaluation reserve	12(a)	831,198	831,198
Retained earnings	12(b)	912,048	1,245,071
<b>Total equity</b>		<b>1,754,091</b>	<b>2,087,114</b>

The above statement of financial position should be read in conjunction with the accompanying notes.

# Financial Report for the year ended 31 December 2015

## Statement of changes in equity For the year ended 31 December 2015

	Contributed equity \$	Reserves \$	Retained earnings \$	Total equity \$
<b>Balance at 1 January 2014</b>	10,845	887,198	1,405,158	2,303,201
Loss for the year	-	-	(160,087)	(160,087)
Other comprehensive income	-	(56,000)	-	(56,000)
<b>Total comprehensive income for the period</b>	-	(56,000)	(160,087)	(216,087)
<b>Balance at 31 December 2014</b>	<b>10,845</b>	<b>831,198</b>	<b>1,245,071</b>	<b>2,087,114</b>
<b>Balance at 1 January 2015</b>	10,845	831,198	1,245,071	2,087,114
Loss for the year	-	-	(333,023)	(333,023)
<b>Balance at 31 December 2015</b>	<b>10,845</b>	<b>831,198</b>	<b>912,048</b>	<b>1,754,091</b>

The above statement of changes in equity should be read in conjunction with the accompanying notes.

# Financial Report for the year ended 31 December 2015

## Statement of cash flows For the year ended 31 December 2015

	31 December 2015	31 December 2014
Notes	\$	\$
<b>Cash flows from operating activities</b>		
Receipts from customers (inclusive of goods and services tax)	4,447,978	4,720,942
Payments to suppliers and employees (inclusive of goods and services tax)	(3,830,568)	(4,834,324)
Interest received/(paid)	62,424	89,684
<b>Net cash inflow (outflow) from operating activities</b>	<b>679,834</b>	<b>(23,698)</b>
<b>Cash flows from investing activities</b>		
Payments for property, plant and equipment	7 (23,375)	(19,512)
Payments for intangibles	(74,362)	(106,978)
<b>Net cash (outflow) from investing activities</b>	<b>(97,737)</b>	<b>(126,490)</b>
<b>Net cash inflow from financing activities</b>	<b>-</b>	<b>-</b>
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>582,097</b>	<b>(150,188)</b>
Cash and cash equivalents at the beginning of the financial year	472,434	622,622
<b>Cash and cash equivalents at end of period</b>	<b>5 1,054,531</b>	<b>472,434</b>

The above statement of cash flows should be read in conjunction with the accompanying notes.

**Notes to the financial statements**  
**31 December 2015**

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Notes to the financial statements  
31 December 2015  
(continued)

**1 Summary of significant accounting policies**

The principal accounting policies adopted in the preparation of these financial statements are set out below. These policies have been consistently applied to all the periods presented, unless otherwise stated. The financial statements are for the entity Dietitians Association of Australia.

**(a) Basis of preparation**

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board and the *Corporations Act 2001*. Dietitians Association of Australia is a not-for-profit entity for the purpose of preparing the financial statements.

*(i) Compliance with Australian Accounting Standards - Reduced Disclosure Requirements*

The financial statements of the Dietitians Association of Australia comply with Australian Accounting Standards - Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

*(ii) New and amended standards adopted by the company*

During the year the company adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to it that became mandatory.

Certain new accounting standards and interpretations have been published that are not mandatory for reporting periods beginning on 1 January 2015, none of these have been early adopted by the company.

**(b) Revenue recognition**

Revenue is measured at the fair value of the consideration received or receivable. Amounts disclosed as revenue are net of returns, trade allowances, rebates and amounts collected on behalf of third parties.

The company recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the entity and specific criteria have been met for each of the company's activities as described below. The company bases its estimates on historical results, taking into consideration the type of customer, the type of transaction and the specifics of each arrangement.

Revenue is recognised for the major business activities as follows:

*(i) Grant revenue*

Grant revenue is recognised when the company obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the company and the amount of the grant can be measured reliably. If conditions are attached to the grant which must be satisfied before the company is eligible to receive the grant, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

*(ii) Membership fees*

Revenue from membership fees is recognised over the period to which the membership relates. The portion of membership fees received that relates to the following financial year is brought to account at balance sheet date as unearned revenue (current liability). The membership runs from 1 January to 31 December.

*(iii) Advertising and sponsorship revenue*

Advertising and sponsorship income is brought to account when it is received or, if is received for a particular purpose, when the related expenditure is brought to account. Any advertising and sponsorship income received for a particular purpose and not fully expended at year end is brought to account as unearned revenue (current liability).

## 1 Summary of significant accounting policies (continued)

### (b) Revenue recognition (continued)

#### (iv) Conference revenue

Major national conferences are managed by an external company. The net surplus from these events is brought to account as income in the year in which the event is held. Seeding funds paid to the management company prior to year end, that relate to an event to be held in the following year, are recognised as prepayments (other current assets).

#### (v) Interest income

Interest income is recognised when it is earned.

#### (vi) Other revenue

All other sources of revenue are recognised as revenue when the related goods or services have been provided and the income earned.

### (c) Expenses

Administrative Expense, Travel Related Expense and Consultancy Expense primarily include costs that are significantly related to the provision of services to Members.

### (d) Income tax

Only non-member income of the Company is assessable for tax as member income is excluded under the principle of mutuality.

Deferred tax is accounted for using the balance sheet liability method in respect of temporary differences arising between the tax bases of assets and liabilities and their carrying amounts in the financial statements. No deferred income tax will be recognised from the initial recognition of an asset or liability, excluding a business combination, where there is no effect on accounting or taxable profit or loss.

Deferred tax is calculated at the tax rates that are expected to apply to the period when the asset is realised or liability is settled. Deferred tax is credited in profit or loss except where it relates to items that may be credited directly to equity, in which case the deferred tax is adjusted directly against equity.

Deferred income tax assets are recognised to the extent that it is probable that future tax profits will be available against which deductible temporary differences can be utilised.

The amount of benefits brought to account or which may be realised in the future is based on the assumption that no adverse change will occur in income tax legislation and the anticipation that the Company will derive sufficient future assessable income to enable the benefit to be realised and comply with the conditions of deductibility imposed by the law.

### (e) Cash and cash equivalents

For the purpose of presentation in the statement of cash flows, cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value, and bank overdrafts.

### (f) Trade receivables

Trade receivables are recognised when the related goods or services have been provided and the income is earned. Trade receivables are generally due for settlement within 30 days. They are presented as current assets unless collection is not expected for more than 12 months after the reporting date.

## 1 Summary of significant accounting policies (continued)

### (f) Trade receivables (continued)

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off by reducing the carrying amount directly. An allowance account (provision for impairment of trade receivables) is used when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 30 days overdue) are considered indicators that the trade receivable is impaired. The amount of the impairment allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. Cash flows relating to short-term receivables are not discounted if the effect of discounting is immaterial.

The amount of the impairment loss is recognised in profit or loss within other expenses. When a trade receivable for which an impairment allowance had been recognised becomes uncollectible in a subsequent period, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

### (g) Inventories

Inventories are measured at the lower of cost and net realisable value.

Inventories acquired at no cost, or for nominal consideration are valued at the current replacement cost as at the date of acquisition.

### (h) Investments and other financial assets

#### **Classification**

The company classifies its financial assets as loans and receivables and held-to-maturity investments. The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and, in the case of assets classified as held-to-maturity, re-evaluates this designation at the end of each reporting date.

#### *(i) Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They are included in current assets, except for those with maturities greater than 12 months after the reporting period which are classified as non-current assets. Loans and receivables are included in trade and other receivables (note 6) and receivables in the balance sheet.

#### *(ii) Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturities that the company's management has the positive intention and ability to hold to maturity. If the company were to sell other than an insignificant amount of held-to-maturity financial assets, the whole category would be tainted and reclassified as available-for-sale. Held-to-maturity financial assets are included in non-current assets, except for those with maturities less than 12 months from the end of the reporting period, which are classified as current assets.

#### **Recognition and derecognition**

Regular way purchases and sales of financial assets are recognised on trade-date - the date on which the company commits to purchase or sell the asset. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the company has transferred substantially all the risks and rewards of ownership.

#### **Measurement**

At initial recognition, the company measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss, transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at fair value through profit or loss are expensed in the statement of comprehensive income.

Notes to the financial statements  
31 December 2015  
(continued)

**1 Summary of significant accounting policies (continued)**

**(h) Investments and other financial assets (continued)**

Loans and receivables and held-to-maturity investments are subsequently carried at amortised cost using the effective interest method.

**Impairment**

**(i) Assets carried at amortised cost**

The company assesses at the end of each reporting period whether there is objective evidence that a financial asset or group of financial assets measured at amortised cost is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred only if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a loss event) and that loss event (or events) has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated.

For loans and receivables, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future credit losses that have not been incurred) discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced and the amount of the loss is recognised in profit or loss. If a loan or held-to-maturity investment has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate determined under the contract. As a practical expedient, the company may measure impairment on the basis of an instrument's fair value using an observable market price.

The company assesses at the end of each reporting period whether there is objective evidence that a financial asset or a group of financial assets is impaired.

**(i) Property, plant and equipment**

Land and buildings (except for investment properties - refer to note 1(j)) are shown at fair value, based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings. Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset. All other property, plant and equipment is stated at historical cost less depreciation. Historical cost includes expenditure that is directly attributable to the acquisition of the items. Cost may also include transfers from equity of any gains or losses on qualifying cash flow hedges of foreign currency purchases of property, plant and equipment.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. The carrying amount of any component accounted for as a separate asset is derecognised when replaced. All other repairs and maintenance are charged to profit or loss during the reporting period in which they are incurred.

Increases in the carrying amounts arising on revaluation of land and buildings are recognised, net of tax, in other comprehensive income and accumulated in reserves in equity. To the extent that the increase reverses a decrease previously recognised in profit or loss, the increase is first recognised in profit or loss. Decreases that reverse previous increases of the same asset are first recognised in other comprehensive income to the extent of the remaining surplus attributable to the asset; all other decreases are charged to profit or loss. Each year, the difference between depreciation based on the revalued carrying amount of the asset charged to profit or loss and depreciation based on the asset's original cost, net of tax, is reclassified from the property, plant and equipment revaluation surplus to retained earnings.

Land is not depreciated. Depreciation on buildings is calculated using the straight-line method to allocate their cost or revalued amounts, net of their residual values, over their estimated useful lives. Depreciation on other assets is calculated using the diminishing value method. In the case of leasehold improvements and certain leased plant and equipment, the shorter lease term as follows:

- Buildings	2.5%
- Furniture and fittings	5% - 67%
- Leased assets	25%

## 1 Summary of significant accounting policies (continued)

### (i) Property, plant and equipment (continued)

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

### (j) Investment properties

Investment properties, principally comprising freehold office buildings, are held for long-term rental yields and are not occupied by the company. Investment properties are carried at fair value, which is based on active market prices, adjusted, if necessary, for any difference in the nature, location or condition of the specific asset. If this information is not available, the company uses alternative valuation methods such as recent prices in less active markets or discounted cash flow projections. These valuations are reviewed bi-annually by a member of the Australian Property Institute. Changes in fair values are recorded in the profit or loss as part of other income.

### (k) Intangible assets

#### (i) IT development and software

Costs incurred in developing products or systems and costs incurred in acquiring software and licenses that will contribute to future period financial benefits through revenue generation and/or cost reduction are capitalised to software and systems. Costs capitalised include external direct costs of materials and service and direct payroll and payroll related costs of employees' time spent on the project. Amortisation is calculated on a diminishing value basis over periods generally ranging from 2 to 10 years.

#### (l) Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of financial year which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition. Trade and other payables are presented as current liabilities unless payment is not due within 12 months from the reporting date. They are recognised initially at their fair value and subsequently measured at amortised cost using the effective interest method.

### (m) Provisions

Provisions are recognised when the company has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation and the amount has been reliably estimated. Provisions are not recognised for future operating losses.

### (n) Employee benefits

#### (i) Short-term obligations

Liabilities for wages and salaries, including non-monetary benefits and annual leave expected to be settled within 12 months after the end of the period in which the employees render the related service are recognised in respect of employee's services up to the end of the reporting period and are measured at the amounts expected to be paid when the liabilities are settled. The liability for annual leave is recognised in the provision for employee benefits. All other short-term employee benefit obligations are presented as payables.

**Notes to the financial statements**  
**31 December 2015**  
(continued)

**1 Summary of significant accounting policies (continued)**

**(n) Employee benefits (continued)**

*(ii) Other long-term employee benefit obligations*

The liability for long service leave and annual leave which is not expected to be settled within 12 months after the end of the period in which the employees render the related service is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the end of the reporting period on highly liquid corporate bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

The obligations are presented as current liabilities in the statement of financial position if the entity does not have an unconditional right to defer settlement for at least twelve months after the reporting date, regardless of when the actual settlement is expected to occur.

**(o) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flows.

**2 Critical accounting estimates and judgements**

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that may have a financial impact on the entity and that are believed to be reasonable under the circumstances.

Notes to the financial statements  
31 December 2015  
(continued)

**3 Revenue**

	Year ended	
	31 December 2015	31 December 2014
	\$	\$
<b>From continuing operations</b>		
<i>Sales revenue</i>		
Sale of goods	26,166	32,298
Grant revenue	-	3,500
	<u>26,166</u>	<u>35,798</u>
<i>Other revenue</i>		
Membership fees	2,892,729	2,688,891
Interest income	62,424	89,684
Advertising and sponsorship	411,735	521,202
Conference, workshop and seminar income	961,225	1,168,275
Other	74,129	113,201
	<u>4,402,242</u>	<u>4,581,253</u>
	<u>4,428,408</u>	<u>4,617,051</u>

**4 Income tax expense**

**(a) Income tax expense**

	Year ended	
	31 December 2015	31 December 2014
	\$	\$
Current tax	-	-
Deferred tax	-	-
Adjustments for current tax of prior periods	-	-
	<u>-</u>	<u>-</u>

Notes to the financial statements  
31 December 2015  
(continued)

**4 Income tax expense (continued)**

**(b) Numerical reconciliation of income tax expense to prima facie tax payable**

	Year ended	
	31 December 2015	31 December 2014
	\$	\$
Profit from continuing operations before income tax expense	(333,023)	(160,087)
Tax at the Australian tax rate of 30.0% (2014 - 30.0%)	(99,907)	(48,026)
Tax effect of amounts which are not deductible (taxable) in calculating taxable income:		
Permanent and timing differences	(44,273)	3,926
Member expenses not deductible	993,514	837,142
Member income not assessable	(1,073,699)	(1,058,071)
	(224,365)	(265,029)
Current year losses not recognised as deferred tax asset	224,365	265,029
Income tax expense	-	-

**5 Current assets - Cash and cash equivalents**

	31 December 2015	31 December 2014
	\$	\$
Cash at bank and in hand	824,531	269,071
Restricted cash	230,000	203,363
	1,054,531	472,434

The Fay McDonald bequest amount is recognised as restricted cash and any interest earned from the funds are expended for the purpose of post graduate training of dietitians.

**6 Current assets - Trade and other receivables**

	31 December 2015	31 December 2014
	\$	\$
Trade receivables	48,045	127,042
Accrued income	5,303	14,285
Cash restricted or pledged	1,417	1,417
	54,765	142,744

Notes to the financial statements  
31 December 2015  
(continued)

7 Non-current assets - Property, plant and equipment

	Freehold buildings \$	Furniture, fittings and equipment \$	Leasehold improvements \$	Total \$
<b>At 1 January 2014</b>				
Cost or fair value	680,000	90,018	18,640	788,658
Accumulated depreciation	(44,000)	(22,136)	(16,517)	(82,653)
Net book amount	636,000	67,882	2,123	706,005
<b>Year ended 31 December 2014</b>				
Opening net book amount	636,000	67,882	2,123	706,005
Revaluation surplus	(56,000)	-	-	(56,000)
Additions	-	19,512	-	19,512
Assets included in a disposal group classified as held for sale and other disposals	-	-	(2,123)	(2,123)
Depreciation charge	(3,740)	(26,088)	-	(29,828)
Closing net book amount	576,260	61,306	-	637,566
<b>At 31 December 2014</b>				
Cost or fair value	580,000	222,427	-	802,427
Accumulated depreciation	(3,740)	(161,121)	-	(164,861)
Net book amount	576,260	61,306	-	637,566
<b>Year ended 31 December 2015</b>				
Opening net book amount	576,260	61,306	-	637,566
Additions	-	23,375	-	23,375
Depreciation charge	(14,500)	(23,151)	-	(37,651)
Closing net book amount	561,760	61,530	-	623,290
<b>At 31 December 2015</b>				
Cost	580,000	245,802	-	825,802
Accumulated depreciation	(18,240)	(184,272)	-	(202,512)
Net book amount	561,760	61,530	-	623,290

Notes to the financial statements  
31 December 2015  
(continued)

**8 Non-current assets - Investment properties**

	31 December 2015 \$	31 December 2014 \$
<b>At fair value</b>		
Opening balance	200,000	200,000
Closing balance	200,000	200,000

**(a) Valuation basis**

The company obtains independent valuations for its investment properties at least every two years. At the end of each reporting period, the directors update their assessment of the fair value of each property, taking into account the most recent independent valuations. An independent valuation was obtained during 2014.

**9 Non-current assets - Intangible assets**

	Software \$	Intangibles WIP \$	Total \$
<b>At 1 January 2014</b>			
Cost	358,084	-	358,084
Accumulation amortisation and impairment	(206,576)	-	(206,576)
Net book amount	151,508	-	151,508
<b>Year ended 31 December 2014</b>			
Opening net book amount	151,508	-	151,508
Additions	106,978	-	106,978
Amortisation charge	(58,361)	-	(58,361)
Closing net book amount	200,125	-	200,125
<b>At 31 December 2014</b>			
Cost	458,014	-	458,014
Accumulation amortisation and impairment	(257,889)	-	(257,889)
Net book amount	200,125	-	200,125
<b>Year ended 31 December 2015</b>			
Opening net book amount	200,125	-	200,125
Additions	7,098	73,513	80,611
Reclassified to WIP	(6,249)	-	(6,249)
Amortisation charge	(59,722)	-	(59,722)
Closing net book amount	141,252	73,513	214,765
<b>At 31 December 2015</b>			
Cost	458,863	73,513	532,376
Accumulated amortisation	(317,611)	-	(317,611)
Net book amount	141,252	73,513	214,765

Notes to the financial statements  
31 December 2015  
(continued)

**10 Current liabilities - Trade and other payables**

	31 December 2015 \$	31 December 2014 \$
Trade payables	91,990	128,065
Accrued expenses	274,520	258,981
Goods and Services Tax (GST) payable	-	(16,947)
	<u>366,510</u>	<u>370,099</u>

**11 Provisions**

	31 December 2015			31 December 2014		
	Current \$	Non- current \$	Total \$	Current \$	Non- current \$	Total \$
Provision for annual leave	139,136	-	139,136	135,181	-	135,181
Provision for long service leave	58,424	37,668	96,092	64,160	30,575	94,735
	<u>197,560</u>	<u>37,668</u>	<u>235,228</u>	<u>199,341</u>	<u>30,575</u>	<u>229,916</u>

**12 Other reserves and retained earnings**

**(a) Other reserves**

	31 December 2015 \$	31 December 2014 \$
Revaluation surplus - property, plant and equipment	831,198	831,198
General/award reserve	10,845	10,845
	<u>842,043</u>	<u>842,043</u>

**Movements:**

*Revaluation surplus - property, plant and equipment*

Opening balance	831,198	887,198
Revaluation - gross	-	(56,000)
Balance 31 December	<u>831,198</u>	<u>831,198</u>

*General award reserve*

Opening balance	10,845	10,845
Balance 31 December	<u>10,845</u>	<u>10,845</u>

**Notes to the financial statements**  
**31 December 2015**  
 (continued)

**12 Other reserves and retained earnings (continued)**

**(b) Retained earnings**

Movements in retained earnings were as follows:

	31 December 2015 \$	31 December 2014 \$
Balance 1 January	1,245,071	1,405,158
Net loss for the period	(333,023)	(160,087)
Balance 31 December	<u>912,048</u>	<u>1,245,071</u>

**13 Key management personnel disclosures**

**(a) Key management personnel compensation**

The following amounts were paid to key management personnel as compensation for their services. No other amounts were recognised during the reporting period from other transactions with key management personnel.

	31 December 2015 \$	31 December 2014 \$
Key management personnel payments	<u>486,964</u>	<u>472,924</u>

**14 Contingencies**

The company had no contingent assets or liabilities at 31 December 2015 (31 December 2014: nil).

**15 Related party transactions**

Transactions between related parties are on normal terms and conditions no more favourable than those available to other persons unless otherwise stated.

**(a) Key management personnel**

Disclosures relating to key management personnel are set out in Note 13. Claire Hewat is the Company secretary and is the Chief Executive Office of the Company. Her salary is included as key management personnel compensation.

**(b) Transactions with other related parties**

The following transactions occurred with related parties:

During the year, the directors did not receive any remuneration directly or indirectly from the Company or any related body corporate for management of the Company other than reimbursements of expenses incurred on behalf of the Company.

**Notes to the financial statements**  
**31 December 2015**  
(continued)

**16 Liability of members**

The Company is a company limited by guarantee to the extent of \$10 per member. As such the Company is not permitted to distribute dividends amongst its members. At 31 December 2015 the total of these guarantees amount to \$58,940 (2014: \$57,930). On 31 December 2015 there were 5,894 members (2014: 5,793).

**17 Events occurring after the reporting period**

No matter or circumstance has occurred subsequent to period end that has significantly affected, or may significantly affect, the operations of the company, the results of those operations or the state of affairs of the company in subsequent financial years.

**Directors' declaration  
31 December 2015**

In the directors' opinion:

- (a) the financial statements and notes set out on pages 7 to 25 are in accordance with the *Corporations Act 2001*, including:
  - (i) complying with Accounting Standards - Reduced Disclosure Requirements, the *Corporations Regulations 2001* and other mandatory professional reporting requirements, and
  - (ii) giving a true and fair view of the entity's financial position as at 31 December 2015 and of its performance for the year ended on that date, and
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of directors.



Kim Crawley  
Director  
Canberra, ACT  
30 March 2016



## **Independent auditor's report to the members of Dietitians Association of Australia**

### ***Report on the financial report***

We have audited the accompanying financial report of Dietitians Association of Australia (the company), which comprises the statement of financial position as at 31 December 2015, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

### ***Directors' responsibility for the financial report***

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

### ***Auditor's responsibility***

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Independence***

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

### ***Auditor's opinion***

In our opinion, the financial report of Dietitians Association of Australia is in accordance with the *Corporations Act 2001*, including:

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**PricewaterhouseCoopers, ABN 52 780 433 757**  
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T: + 61 2 6271 3000, F: + 61 2 6271 3999, [www.pwc.com.au](http://www.pwc.com.au)

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- (a) giving a true and fair view of the company's financial position as at 31 December 2015 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

***Matters relating to the electronic presentation of the audited financial report***

This auditor's report relates to the financial report of Dietitians Association of Australia (the company) for the year ended 31 December 2015 included on Dietitians Association of Australia's web site. The company's directors are responsible for the integrity of Dietitians Association of Australia's web site. We have not been engaged to report on the integrity of this web site. The auditor's report refers only to the financial report named above. It does not provide an opinion on any other information which may have been hyperlinked to/from the financial report. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

A handwritten signature in cursive script, likely representing a PricewaterhouseCoopers representative.

PricewaterhouseCoopers

A handwritten signature in cursive script, likely representing David Murphy.

David Murphy  
Partner

Canberra  
30 March 2016

# Appendix 1

## Committee, Spokespersons and Working Parties 2015

ACCREDITATION, RECOGNITION AND JOURNAL SERVICES PORTFOLIO	
Australian Dietetic Council (ADC)	
Chairperson	Kay Gibbons
Members	Merrilyn Banks
	Catherine Itsiopoulos
	Fiona Pelly
	Jane Raymond
	Jane Scott
	Lauren Williams
Member – External	Jane Conway
	Noel Muller
	Susanne Owen
Nutrition & Dietetics Journal Editors	
Editor-in-Chief	Linda Tapsell
Deputy Editor	Lynda Ross
Statistics Editor	Marika Batterham
Systematic Literature Review Editor	Judi Porter
Deputy Systematic Literature Review Editor	Sharleen O'Reilly
Qualitative Research Editor	Claire Palermo
Editorial Board	Karen Charlton
	Oliver Chen
	Wei Chen
	Jane Elmslie
	Janelle Gifford
	Rebecca Golley
	Heather Hartwell
	Ingrid Hickman
	Elisabeth Isenring
	Tilakavati Karupaiah
	Sybylle Kranz
	Fiona Lithander
	Jimmy Louie
	Evangelina Mantzioris
	Andrew McAinch
	Anna Rangan
	Nerissa Soh
	Sze Yen Tan
	Helen Truby
	Barbara van der Meij
	Clare Wall
	Elizabeth Weekes
	Carol Wham
	Olivia Wright
	Serene Yoong
	Jo Zhou

Journal and Scientific Publications Management Committee (JSPMC)	
Director Responsible	Melissa Armstrong
Chairperson	Susan Ash
Editor-in-Chief	Linda Tapsell
Deputy Editor	Lynda Ross
Members	Jennifer Keogh
	Evangeline Mantzioris
	Andrew McAinch
	Sarah McNaughton
	Elizabeth Neale
	Helen Truby
	Annabelle Wilson
COMMUNICATIONS AND MARKETING PORTFOLIO	
Marketing Advisory Committee (MAC)	
Director Responsible	Melanie McGrice
Chairperson	Lisa Yates
Members	Kate Kerruish
	Kathy Usic
	Veronica Vogel
	Bobbie Crothers
Members – External	Lynne Ziehlke – resigned in Q3
	Sarah Pennell
Social Media Advisory Committee (SMAC)	
Director Responsible	Melanie McGrice
Members	Monique Cashion
	Carena Gee
	Tim Crowe
	Sally Marchini
	Yasmine Probst
Member – External	Ryan Mobilia
	Scott Saxby
Spokespersons	
ACT	Emily Burgess
NSW	Clare Collins
	Alan Barclay
	Trent Watson
	Milena Katz
	Kellie Bilinski
	Kate Gudorf
NT	Natasha Murray
QLD	Kate Di Prima
	Julie Gilbert
	Maria Packard
	Lauren McGuckin
SA	Tania Ferraretto
	Sonya Stanley (until August)
	Themis Chryssidis (from August)
TAS	Natasha Meerding
VIC	Lisa Renn
	Georgie Rist
	Katie Mueller

	Simone Austin
WA	Margaret Hays
	Charlene Grosse

CORPORATE PORTFOLIO Complaints Committee (CC)	
Director Responsible	Danielle Gallegos
	Phil Juffs
Chairperson	Jenny McQueen
Members	Ruth Crawford
	Kim Crawley
	Anita Needham
	Charlene Grosse
	Marjo Roshier-Taks
	Julie Dundon
Member – External	Harry Nespolon
	Noel Muller
	Derek White
Scientific and Social Program Committee (SSPC) 2015	
Chairperson	Steve Pratt
Members	Glenn Cardwell
	Roslyn Giglia
	Deborah Kerr
	Hayley Parker
	Christina Pollard
	Jane Porter
	Jane Scott
	Robyn Snell
	Angus Stewart
	Jacquelyn Tuck
Scientific and Social Program Committee (SSPC) 2016	
Chairperson	Judi Porter
Members	Jorja Collins
	Jade Courtney
	Ruth Crawford
	Zoe Davidson
	Claire Margerison
	Sarah McNaughton
	Michelle McPhee
	Judy Nation
	Jingyi (Amy) Peng
Scientific and Social Program Committee (SSPC) 2017	
Chairperson	Varitha Kinghorn – Chair
Members	Susan Ash
	Glenn Cardwell
	Helen Cheng
	Clare Collins
	Lauren Farquhar
	Skye Marshall
	Natasha Meerding

	Sandra Murray
	Yasmine Probst
	Nicole Saxby
	Judy Seal
	Katie Taylor
<b>Conference Management Committee (CMC)</b>	
Director Responsible	Leigh Reeve/Danielle Gallegos
Members	Steve Pratt
	Judi Porter
	Varitha Kinghorn
<b>PROFESSIONAL SERVICES PORTFOLIO</b>	
<b>Dietetic Credentialing Council (DCC)</b>	
Chairperson	Julie Hulcombe
Members	Margaret Allman-Farinelli
	Mary Hannan-Jones
	Robyn Snell
	Jen Savenake
Member – External	Tim Benson
	Neville Chiavaroli
	Eithne Irving
<b>Food Regulation Advisory Committee(FRAC)</b>	
Director Responsible	Robyn Delbridge
Chairperson	Anne-Marie Mackintosh
Vice-chairperson	Elizabeth Munn
Members	Megan Alsford
	Alan Barclay
	Michelle Broom
	Rhodi Bulloch
	Megan Cobcroft
	Joanna Cramp
	Charlotte Duncan
	Alison Ginn
	Patricia Guy
	Rachael Jaenke
	Jimmy Louie
	Andrea Mortensen
	Deborah Nolan-Clark
<b>Practice, Education and Professional Development Advisory Committee (PEPDAC)</b>	
Director Responsible/Chairperson	Liz Kellett
Member – Branch Chairpersons	
ACT	Holly Smith
NSW	Nicole Dynan
NT	Camilla Feeney
QLD	Rhiannon Barnes
SA	Lee- Anne Chapple
TAS	Varitha Kinghorn
VIC	Zoe Davidson
WA	Janica Bell
Member – Interest Group Convenors	Caroline Shannon
	Michelle Broom
	Sally Marchini

	Gabriella Barclay
	Laura Marsh
	Elizabeth Williams
	Kim Faulkner-Hogg
	Jacquie Krassie
	Ruth Vo
	Jan Plain
	Jodie Ellis
	Suzie Ferrie
	Naomi Hanger
	Katherine Cust
	Karen Salamon
	Kirsty Maunder
	Rosalind Moxham
	Steve Pratt
	Megan Jensen
	Nicole Saxby
	Gabrielle O’Kane
	Debbie Chen
	Alan Barclay
	Kate Marsh
	Karen Walton
<b>Practice-based Evidence in Nutrition Advisory Committee (PENAC)</b>	
Director Responsible	Karen Walton
Chairperson	Margaret Allman-Farinelli
Members	Robin Dolman
	Janelle Gifford
	Susan Hart
	Rozanne Kruger
	Sharon Lamb
	Rebecca McLean
	Bree Murray
	Yasmine Probst
	Lynda Ross
	Nicole Saxby
	Adrienne Young
<b>Health Informatics Advisory Committee (HIAC)</b>	
Director Responsible	Philip Juffs/Kim Crawley
Chairperson	Yasmine Probst
Members	Nathan Billing
	Roslyn Giglia
	Ka Hi Mak
	Kirsty Maunder
	Corrina Michael
	Therese O’Sullivan
	Jane Porter
	Angela Vivanti
	Carol Zeuschner
	Sarah Taki
External member	Liz Jones

Scholarship and Award Management Committee (SAMC)	
Director Responsible/Chairperson	Liz Kellett
Members	Julie Dundon
	Jenny Hazelton
	Julie Hulcombe
	Sarah McNaughton
	Jenny McQueen
	Michelle Miller
	Merrilyn Banks
	Jane Scott

# Appendix 2

## Branch Executives 2015

AUSTRALIAN CAPITAL TERRITORY	
Chairperson	Holly Smith/ Erica Roughton
Vice-chairperson	Jacqueline McNamara
Secretary	Claire Wolski
Treasurer	Danielle Ballantyne
Members	Kasey Bateup
	Julie Priestly
	Nicky Elischer
	Stefanie Lekkas
	Rebecca Mete
	Louise Webley
NEW SOUTH WALES	
Chairperson	Nicole Dynan
Vice-chairperson	Caitlin McMaster
Secretary	Kirstine Bell
Treasurer	Nicole Brown
Members	Lee Griffiths
	Chun Yu Louie
	Joanna Cramp
	Amelia Cook
	Jacqueline Priestly
	Cintha Wibisono
	Corinne Tighe
Student Representatives	Kimberly Mathews
	Michelle Nearchou
NORTHERN TERRITORY	
Chairperson	Camilla Moss
Vice-chairperson	Megan Scott/Alexander Wetten
Treasurer	Elisabeth Nichols/ Choon Hoe Wong
Members	Clare Brown
	Gillian Chat
	Kate Finnegan
	Claire Georga
	Bryony Leach
	Louise Moody
	Christine Cooper
	Alyce Rees
	Michelle Wissing
	Renee Waters
QUEENSLAND	
Chairperson	Rhiannon Barnes
Treasurer	Amy Allia
Members	Hilary Jimmison
	Sarah Andersen
	Clare Byrne
	Jennifer Ellick

	Kate Glen
	Amy Hannigan
	Marie-Claire O'Shea
	Lara Quick
	Lauren Rogers
	Rebecca Viskauskas
<b>SOUTH AUSTRALIA</b>	
Chairperson	Lee-Anne Chapple
Treasurer	Lucy Bell
Secretary	Melissa Colombo
Members	Tess Mitchell
	Dominique Condo
	Megan Rebuli
	Erin Healy
	Amy Trengrove
	Anthony Villani
	Shao Zhou
	Adam Delaine
	Madeleine Oldfield
	Kacie Dickinson
<b>TASMANIA</b>	
Chairperson	Varitha Kinghorn
Secretary	Carmel Grubb
Treasurer	Hannah Price/ Shen Meei Chai
Members	Samantha Anderson
	Ashley Hoogesteger
	Tracey Denmen
	Kirsten Langendorf
	Natasha Meerding
	Shu Lin Pook
	Rachel Itzstein
<b>VICTORIA</b>	
Chairperson	Zoe Davidson
Secretary	Kara Vogt
Treasurer	Melinda Rogers
Members	Elizabeth Anthony
	Margot Rogers
	Milly Noonan
	Sharleen O'Reilly
	Shae Rickards
	Beth Van Lier
	Bridget Rowe
	Melinda Thomas
Student Representatives	Johannah Curran
	Carrie Service
<b>WESTERN AUSTRALIA</b>	
Chairperson	Janica Bell
Vice-chairperson	Lucy Butcher
Treasurer	Amanda Lee
Members	Dianne Sonneveld

	Kim Jarvie
	Ashlee Cross
	Kate Ramage
	Sally Meacock
	Patricia Marshall
Student Representatives	Lisa Hitchcock
	Elisha Kington
	Karen Humphries