

Annual Report 2022–23

ADEA

Your trusted partner in diabetes care

Vision

Transforming lives through excellence in diabetes education.

Mission

The mission of ADEA is to support, promote and empower our members, and to lead and advocate for best practice, person-centred diabetes education and care.



This document is interactive!

Our Strategic Pillars

1. Promote the Credentialled Diabetes Educator (CDE) profession and brand.
2. Partner with members to advocate for their professional interests.
3. Collaborate with consumers and other key stakeholders to improve outcomes for people with diabetes.
4. Provide and endorse professional development and advanced practice opportunities.
5. Advocate and support excellence in research by and for CDEs.
6. Create contemporary and innovative resources.
7. Deliver strategic and effective governance and management.

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List of shortened forms

ADC	Australian Diabetes Congress
ADEA	Australian Diabetes Educators Association
ADRF	ADEA Diabetes Research Foundation
ADS	Australian Diabetes Society
CASP	Course accreditation and standards of practice
CDE	Credentialled Diabetes Educator
CFO	Chief financial officer
CGM	Continuous glucose monitor/monitoring
CSII	Continuous subcutaneous insulin infusions
DiPSIG	Diabetes in Pregnancy Special Interest Group
DKA	Periprocedural Diabetic Ketoacidosis
DVA	Department of Veterans' Affairs
EBSCO	Elton B Stephens Co.
ERG	Expert reference group
FARM	Finance, audit and risk management
GP	General practitioner
JDRF	Juvenile Diabetes Research Foundation
LMS	Learning management system
MBS	Medicare Benefits Schedule
MESAC	Medical, Education and Scientific Advisory Council
NDIS	National Disability Insurance Scheme
NDSS	National Diabetes Services Scheme
PHN	Primary Health Network
POC	Program organising committee
PPSIG	Private Practice Special Interest Group
SGLT2	Sodium-glucose cotransporter-2
UTS	University of Technology Sydney

President's Report

It has been an action-packed year for the Australian Diabetes Educators Association (ADEA) fulfilling our mission to support, promote and empower our members, and to lead and advocate for best practice, person-centred diabetes education and care. We have celebrated many significant achievements for both our membership and for people living with diabetes.

In August 2022, the Australasian Diabetes Congress (ADC) was once again held as a face-to-face conference, following the pandemic. ADC provided an excellent program, highlighting advances and the latest research in diabetes care and management. It attracted more than 1200 attendees and as always, we were grateful for the sponsorship provided which ensured the provision of a high-quality program and experience for attendees. It was a fantastic opportunity for ADEA members to catch up with one another and network after several years of border closures and uncertainty about face-to-face events.

In 2022, we developed our first joint election strategy with the Australian Diabetes Society (ADS) and Diabetes Australia following our unification in 2020. The united voice of the three organisations is continually gaining traction. In December, the ADEA Board met to write a three-year strategic plan. The new 2023–2026 strategic plan for ADEA and 2023–2027 for the ADS and Diabetes Australia are closely aligned to reflect our unity and increase our presence and advocacy to government. Our 5 new strategic pillars are advocate, educate, care, connect and support.

We continue to increase our **advocacy** activities. Following on from the federal budget, we aim to work with our unified partners to strengthen Medicare and to enhance team care arrangements for allied health. We continue to advocate for the NDIS and aged care through continued collaboration and improved policies to government. We also continue to promote and advocate for CDEs through the Pathways Project. The recent announcement of a parliamentary inquiry into diabetes provides an ideal opportunity for us to highlight the vital work performed by CDEs within the health sector and to address the issues facing the workforce. We aim to get the best results for people living with diabetes by increasing the workforce and ensuring it is appropriately skilled.

The second pillar, **educate**, ensures that ADEA members are recognised as leaders in the field of education and an authority on diabetes. This will be done through developing frameworks, working alongside and collaborating with other member organisations to ensure less duplication and a higher quality of education offered. Education is changing and we will ensure that the education we deliver is contemporary and innovative. The development of microcredentials will support this. We want equitable access for all people living with diabetes and will strive to see all senior roles in the public sector requiring a CDE credential or to be working towards this. We will achieve this through the CDE Education Review strategic project, stage two of which is currently in progress, with valued feedback being sought from our members.

All health professionals must be connected with CDEs ensuring diabetes education is embedded within every area of health: hospitals, primary care, private practice, rural remote, and inner cities. This will be achieved through continued advocacy and the promotion of diabetes education and the role of CDEs. This will ensure a robust workforce that is adequately qualified, connected and skilled to deliver the best care to people living with diabetes. ADEA members and CDEs need to be connected to resources to help them adapt to a rapidly changing world. This will be supported by the implementation of a new IT system within ADEA in the next year and the recently implemented Diabetes Connekt platform, which draws members' discussions and experiences together to support one another.

Support underpins the whole strategic plan. It is important to ensure we remain financially viable with robust governance in the current economic environment. We have good financial reserves despite the pandemic and will continue to ensure financial sustainability to support strategic projects and our membership. ADEA members' interests must be supported through clear communication and regular collaboration. The board is working hard to attend state and territory branch meetings, conferences and workshops to meet with our membership and seek input from and listen to members' priorities.

I thank our members, the state and territory branch convenors, Special Interest Group convenors and the Board of Directors for their generosity in the time they have volunteered and devoted to ADEA. I also thank the staff at the ADEA office who work tirelessly to ensure ADEA remains Australia's leading organisation for diabetes care and education.

I especially thank Tracey Tellam who finished as ADEA President in October 2022 after two years as president and four years on the board. Tracey led ADEA through a particularly challenging time during the pandemic and alongside the staff of ADEA demonstrated strong leadership, support and guidance to our members.



Kind regards,

Amanda Bartlett
ADEA President

CEO's Report

Unification has strengthened and amplified our advocacy, and following successful advocacy last year with our unified partners to the Government for health professionals to be provided with advance notice and training in preparation for expanded access to CGM through the National Diabetes Services Scheme, we began this year with the successful implementation of the Government's pre-election commitment to expand access to diabetes technologies to all people living with type 1 diabetes.

We recently launched complementary strategic plans for the three unified organisations: ADEA, the ADS and Diabetes Australia. We are continuing to advocate with our unified partners for the three elements of our 2022 election campaign: Medicare Benefits Schedule (MBS) funded remuneration for CDEs and endocrinologists for the support they provide to people using diabetes technologies, along with additional MBS-funded visits to a CDE for people living with diabetes at high risk of complications and MBS-funded CDE visits for people living with gestational diabetes.

The election of a new federal Government in 2022 has provided an opportunity for fresh thinking and approaches in the health sector, albeit in a constrained national and international economic environment. The February 2023 *Strengthening Medicare* report identifies the need to better support multidisciplinary care in Australia. The recently announced parliamentary inquiry into diabetes in Australia provides an opportunity to re-shape diabetes prevention, diagnosis and management. We are working with our unified partners on a joint response to the *Strengthening Medicare* report and the parliamentary inquiry and we have formed a joint advisory group to help develop a draft response on which we will be seeking member feedback before lodging our final submission. We look forward to working with the new Government and key stakeholders to enhance the capacity of the diabetes health workforce to support people living with diabetes to optimise their health.

We continue to promote the Diabetes Pathways, the importance of diabetes education, and the CDE profession to Government, government departments, primary health networks (PHNs), health professionals, people living with diabetes and others. As a result, CDEs were recognised as a profession by Allied Health Professions Australia in 2022 which has increased the profile of the profession with Government and health professionals. Along with our advocacy to Government and our media articles, this recognition has increased the profile of the profession, with the Minister for Health and Aged Care making multiple references in various media this year about the importance of diabetes education.

Last year, ADEA and ADS developed a national diabetes education and training strategy for the generalist and diabetes health workforces, with the objectives of ensuring diabetes education is consistent, high quality, and up to date, and that health professionals understand the role of and when to refer to a CDE. The strategy addressed the findings of our 2021 analysis of the diabetes health workforce, which found the CDE and endocrinologist workforces need to grow significantly to ensure that all people living with diabetes receive optimal diabetes education and care. It also found that most people living with diabetes are not receiving an annual cycle of care, a general practitioner (GP) management plan or referral for diabetes education. This year, we commenced implementing the strategy, including the development of microcredentials for the generalist and diabetes health workforces.

Members rank education and networking as the services they most value, and we continue to deliver a wide-ranging program for members including the annual joint ADEA-ADS Congress, educational webinars and podcasts on topics of member interest and, in conjunction with ADEA branches, a range of branch conferences and events. During the pandemic, many members enjoyed our hybrid meetings, events, and congresses which opened access to many members who would not usually attend, due to distance or work-related commitments. We are continuing to explore options; however, costs remain prohibitive and at this stage we cannot attract sufficient revenue to sustainably offer hybrid conferences into the future.

We, along with Diabetes Australia and the Australian and New Zealand College of Anaesthetists, supported the development of an alert update by the ADS and the New Zealand Society for the Study of Diabetes on *Periprocedural Diabetic Ketoacidosis (DKA) with SGLT2 Inhibitor Use in People with Diabetes*.

In addition to assisting individual members with specific issues, in response to member feedback we recently reviewed and updated:

- the *Role and Scope of Practice of Credentialled Diabetes Educators in Australia* to reflect state and territory legislation and regulations; and,
- ADEA's *Code of Conduct* to include when and how members should disclose payments from third parties.

The Board approved two strategic projects this year to ensure we and our members are well prepared for the future:

- Phase 2 of the **CDE Education Review** to support growth in the number of CDEs by streamlining the credentialling and mentoring program and addressing barriers. A proposed new credentialling pathway has been developed following member consultation in phase 1 of the project, and feedback received from the Board and a select group of members. The proposed new pathway

will be presented to members in the next few months and your feedback will shape the new credentialling pathway. Our longer-term aim remains to obtain nonmedical prescribing for CDEs, and we are seeking advice from other organisations that have succeeded in obtaining prescriber authority for their members.

- **IT transformation** to ensure we have a robust IT platform that meets contemporary standards relating to data, cyber security, and useability. The development and implementation of the new system will start in 2023–24.

We are advocating with our unified partners, the ADS and Diabetes Australia, for a national diabetes research strategy and increased funding. We are also exploring opportunities with our unified partners to expand investment in diabetes research, including research about diabetes education and care, and to increase CDEs' involvement in research. In 2021, the ADEA Diabetes Research Foundation scholarship program commenced. With these scholarships, we hope to significantly increase the number of Aboriginal and Torres Strait Islander health professionals who are skilled in diabetes education and management to reduce the impact of diabetes in First Nations communities. These scholarships fund Aboriginal and Torres Strait Islander students to undertake a University of Technology Sydney (UTS) Graduate Certificate in Diabetes Education and Management. Once scholarship recipients graduate, we offer them support to complete their credentialling to become CDEs. In 2023, we offered three scholarships thanks to the generous support of Sanofi, Dixie Klemm, and Tom and Dianne Klinge.

Membership growth remained steady in 2023 with more than 2400 members as of 30 June 2023, an increase of 10% increase during the past five years. There are now more than 1600 CDEs, an increase of 15% during the past five years.

Our priorities for the next 12 months are to continue raising the profile of CDEs with Government, GPs and people living with diabetes; raising the importance of referring to a CDE; modernising and streamlining CDE education; and modernising our IT system to support improved member interactions with us. ADS, Diabetes Australia, and we will continue working closely together on a range of policy and operational matters and advocate for the diabetes workforce and the three elements of our Diabetes Health Professionals Election Campaign:

- remuneration for diabetes health professionals to support optimal use of diabetes management technologies
- additional CDE visits for the population at increased risk of diabetes-related complications
- CDE visits for people living with gestational diabetes to prevent diabetes-related complications and lessen the risk of type 2 diabetes.

Members generously volunteer for us in various ways to support their fellow members, and advance diabetes education and the CDE profession. This includes as directors on the ADEA Board, on committees and advisory groups, through our branches, supporting conferences and events, writing journal articles, and providing individual feedback and advice to us. On behalf of all members and staff, I thank our volunteers for their support for us, the profession, and their fellow members.

I thank the Board and staff for their continuing support and commitment to our mission and vision. I also thank our partners, sponsors, and funders for their vital support, which makes it possible for us and our members to achieve the highest standards of diabetes education and care for people living with diabetes.

Kind regards,



Susan Davidson
ADEA CEO

Membership has remained steady with

2400
members as of 30 June 2023

10%
growth during the past 5 years

There are now more than

1600
CDEs

15%
during the past 5 years

Members = ADEA members; CDEs = Credentialled Diabetes Educators.

Finance director's report

Finance, Audit and Risk Management (FARM) Committee

The FARM Committee oversees and advises the ADEA Board about matters relating to ADEA finances, the annual audit of ADEA's financial statements, and risk management within ADEA. The FARM Committee is a sub-committee of the Board of Directors. Its primary role is to assist the Board in performing its fiduciary duties and corporate governance responsibilities under the Corporations Act 2001, the Australian Charities and Not-for-profits Commission Act 2012, and ADEA's constitution. The permanent members of the FARM Committee for 2022–23 consisted of the following:

- ADEA's Finance Director, who is the FARM Chairperson: Maria Maieli
- ADEA Board member who is not the Finance Director: Amanda Galbraith, Justine Caine and Catherine McNamara (from November 2022)
- ADEA executive member: Tony Stubbs, ADEA Chief Operating Officer
- A senior representative from the outsourced accounting services provider and/or CFO: Scott Myers, Partner of Equity Partners, ADEA's outsourced accounting services provider

Financial advisory and management services continue to be outsourced to Equity Partners. A shared services arrangement with Diabetes Australia will be explored in the next financial year to optimise these resources. Senior managers of ADEA and I have regular contact with the staff at Equity Partners and after many years of servicing ADEA, they have good financial knowledge of the organisation. RSM Australia has conducted the audit of the ADEA Annual Financial Report for 2022–23. The FARM Committee regularly monitors ADEA's risks and investments.

Financial performance

ADEA has reported a deficit of $395k for 2022–23, which is higher than the budgeted deficit. The deficit relates to a shortfall in expected ADC revenue and the slower growth of membership numbers than expected. There have also been extra costs in supporting an inefficient ICT platform. The Board approved a deficit budget for this financial year to enable a continued investment and focus on strategic projects to keep ADEA at the forefront of diabetes education. These projects include the CDE Education Review to review, modernise, and streamline the end-to-end education for CDEs; an ICT Transformation Discovery Project to review administrative processes and procedures and to define ADEA business requirements for a new, member-centric self-service membership management platform; and an investment in diversification of revenue through a sponsorship procurement project, which has increased sponsorship and other revenue by $360k. In total, revenue received for the year was $2.1m of which NDSS funding was $569k, membership fees were $591k, and credentialling income was $105k. The investment in strategic projects this year has increased both operating revenue and operating expenses. Operating revenue increased by more than $360,000, including a $162,000 grant for the development of diabetes microcredentials for health professionals as part of the CDE Education Review Project, and $41,000 for NDSS-commissioned projects to develop diabetes materials for the generalist health workforce. Operating expenses increased by $270,000 and include payments to third parties for the three strategic projects of $162,000 and on NDSS-commissioned projects of $36,000. The 'Statement of Cash Flows' within the audited financial statements shows that receipts from members and customers in this financial year have increased. This reflects revenue recognition accounting rules, and ADEA will continue to see these increases in member revenues in the coming years. The increase in cash receipts is primarily due to strategic project grant funds received this year; the majority of these funds are not recognised in this year's revenue in the 'Statement of Profit and Loss' as they are milestone payments which have been received in advance of work being completed. In accordance with accounting requirements, revenue received in advance is recognised in the 'Statement of Financial Position'. Payments to suppliers and employees have increased primarily due to the expenditure relating to strategic projects.

The Board will continue to monitor financial performance to ensure the delivery of the ADEA 2023–26 Strategic Plan. The investment of funds from reserves has continued in this financial year with the funding of the above-mentioned strategic projects in 2022–23.

Financial position

Total members' reserves as of 30 June 2023 were $1.5m. A considerable amount of the reserves relates to accumulated funds from previous years. A substantial proportion of these reserves is made up of liquid assets to enable ADEA to pay its financial commitments when they fall due. It is important for all organisations to maintain strong reserves to mitigate any unforeseeable circumstances that are out of their control and to ensure their financial viability. Strategic projects will continue to be funded from these reserves.

ADEA's reserves ensure the organisation has a strong cash flow and my recommendation as Finance Director is to sustain these reserves for longevity. Shaw and Partners continue to advise on investments to optimise the financial returns for ADEA and adopt a conservative approach.

Kind regards,



Maria Maieli
ADEA Finance Director

Board of Directors

The names of the Board Directors throughout the year and at the date of this report are:



Amanda Bartlett

President from
12 October 2022



Ann Bush

Vice President from
12 October 2022



Maria Maieli

Finance Director from
24 August 2018



Anna Blackie

Commenced term one
12 October 2022



Justine Cain

Commenced term one
23 November 2021



Coralie Cross

Commenced term one
24 August 2021



Derek Finch

Commenced term two
26 September 2020



Amanda Galbraith

Commenced term one
24 August 2021



Cath McNamara

Commenced term one
12 October 2022



Jessica Miller

Commenced term one
12 August 2021



Peta Tauchmann

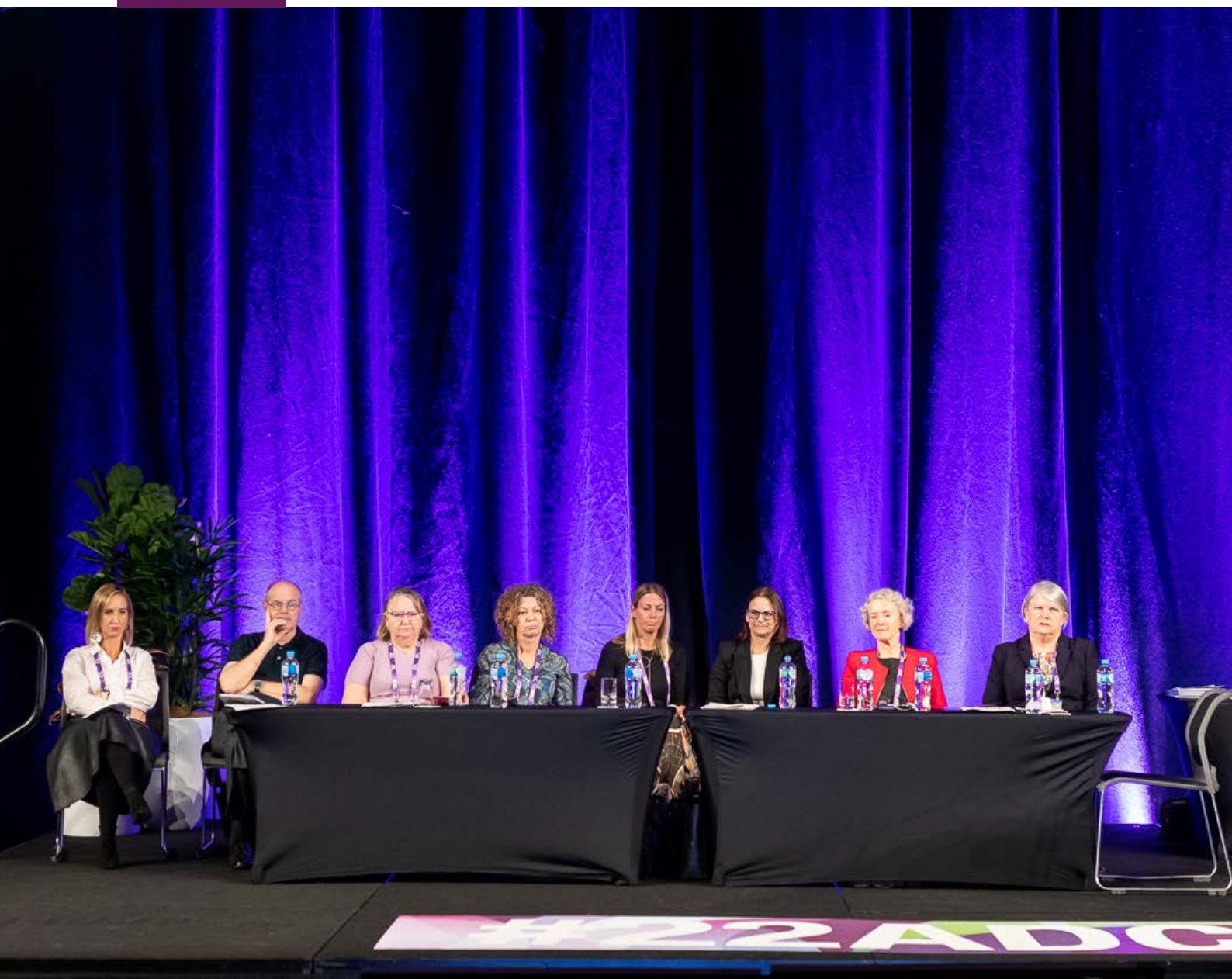
Completed term one
11 October 2022



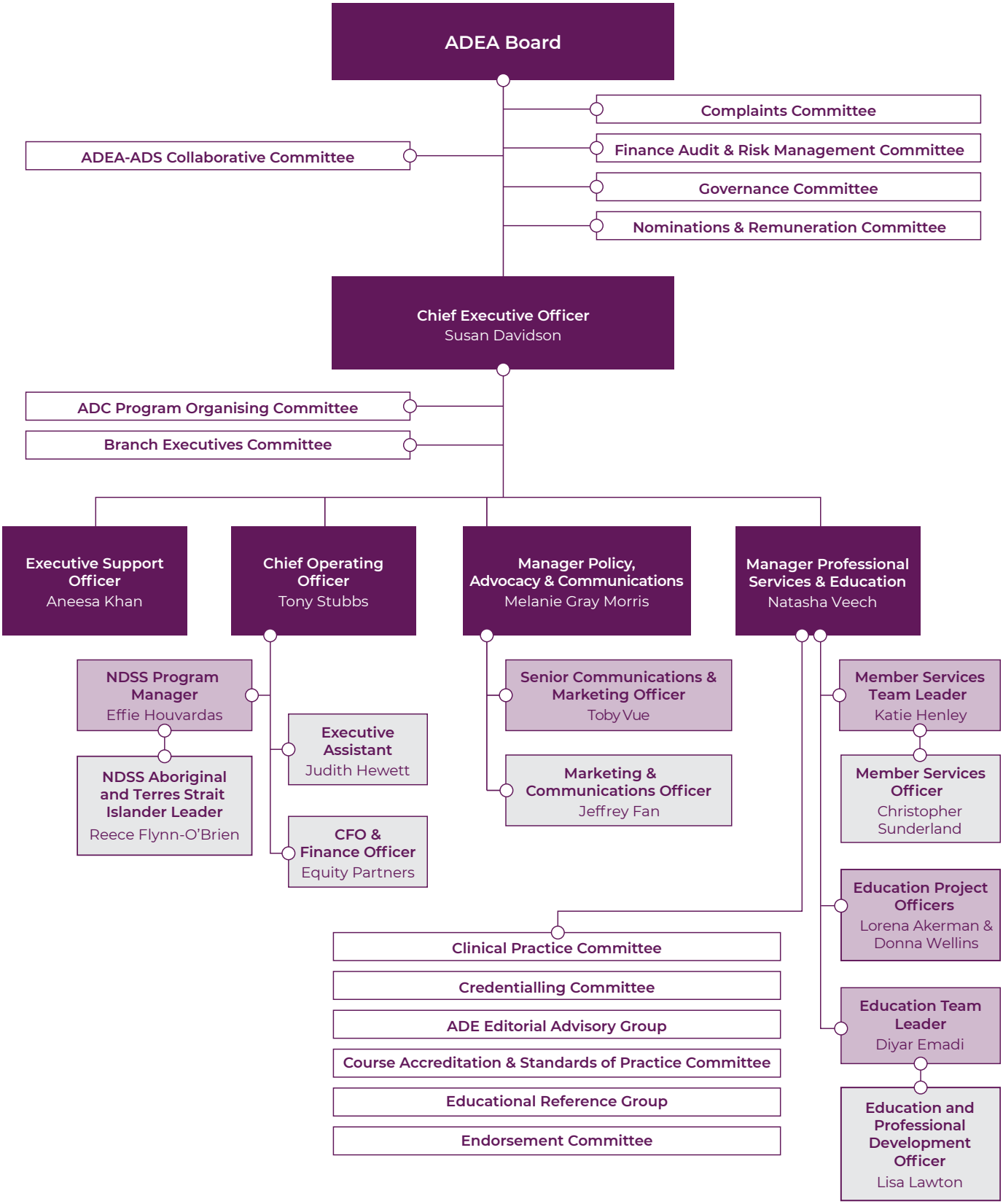
Tracey Tellam

President until
11 October 2022

ADEA AGM in 2022



Organisational Chart 2023



Last updated June 2023

Branch Executives

Australian Capital Territory

Chair: *vacant*
Secretary: *vacant*
Education Officer: *vacant*
Contact: adeaact@adea.com.au

New South Wales

Chair: Shannon Lin
Secretaries: Marlene Payk and Scarlett Huang
Education Officer: *vacant*
Contact: adeansw@adea.com.au

Northern Territory

Chair: *vacant*
Secretary: *vacant*
Education Officer: *vacant*
Contact: adeant@adea.com.au

Queensland

Chair: Adnan Gauhar
Secretary: Stacey Sharp
Education Officer: *vacant*
Contact: adeaqld@adea.com.au

South Australia

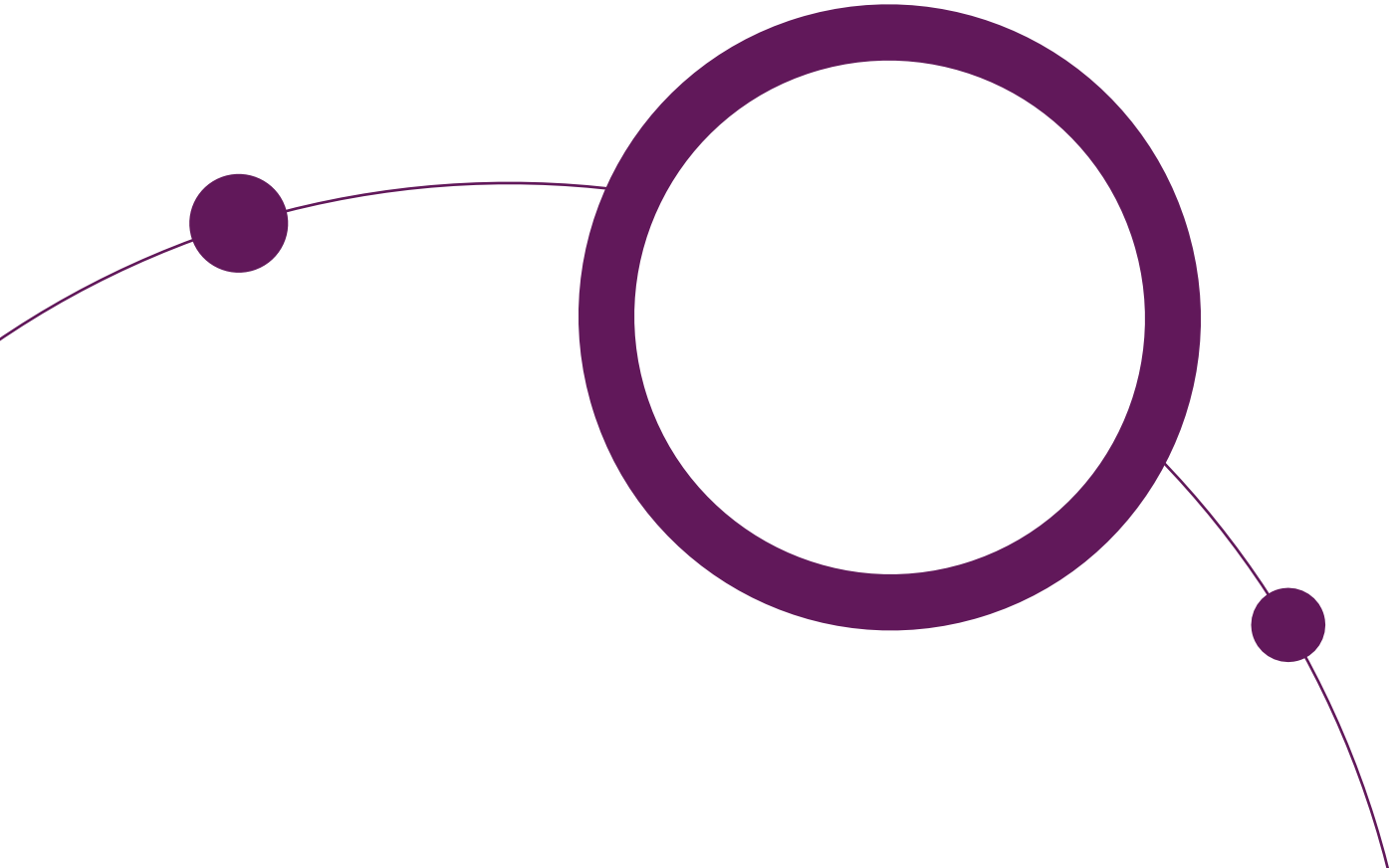
Chair: Daniela Nash
Secretary: *vacant*
Education Officers: *vacant*
Contact: adeasa@adea.com.au

Victoria

Chair: Lauren Cole
Secretary: Rebecca Humphreys
Education Officer: Katie Fearnside and Michelle Gribble
Contact: adeavic@adea.com.au

Western Australia

Chair: Siana Critchett
Secretary: *vacant*
Education Officer: Alison Menzies
Contact: adeawa@adea.com.au



Committees

Australian Diabetes Educator (ADE) Editorial Advisory Group

Kate Marsh (Editor)
Penelope Barker
Dr Steven James
Achamma Joseph
Aneesa Khan (Secretariat)
Shannon Lin
Rebecca Munt
Edwin Pascoe
Michelle Robins
Natasha Veech

Course Accreditation and Standards of Practice (CASP) Committee

Amy Cowan (Chair)
Carolyn Allen
Marc Apolloni
Michelle Culhane
Ian Harmer
Ninnette Kelly
Olivia King
Irene Kopp
Kylie Mahony
Patricia Marshall
Elizabeth Obersteller (Credentialling Committee Representative)
Celestina Shori

Credentialling Committee

Deb Foskett (until February 2023)
Gillian Krenzin
Elizabeth Obersteller (Chair)
Megan Pruesker
Lois Rowan
Maxine Schlaeppi
Annabelle Stack

Endorsement Committee

Lorena Akerman
Anna Blackie
Wendy Bryant
Nicholas Denniston
Julie Kha
Shannon Lin
Elizabeth Obersteller
Maxine Schlaeppi

Course Advisory Representatives

Wendy Bryant, University of Technology Sydney
Kirrily Chambers, Flinders University
Louise Ginnivan, Mayfield Education
Achamma Joseph, James Cook University
Carolyn Judge, University of Technology Sydney
Wendy Livingstone, Southern Cross University
Michelle Robins, Deakin University

Clinical Practice Review Committee

Peta Tauchmann (Chair)
Nicholas Denniston
Sharon McClelland
Lynda Marshall
Rebecca McPhee
Celestina Shori
Rachel Woods

Education Reference Group

Jan Alford (Chair)
Lorena Akerman (Secretariat)
Rachel Critchell
Anna Lawrence
Edna Louzado
Fiona McGregor
Cath McNamara

ADC Program Organising Committee (POC)

Ashley Ng (Co Chair)
Natasha Veech (Co Chair)
Aneesa Khan (Secretariat)
Tim Benson
David Burren
Teresa Di Franco
Diyar Emadi
Rachel Freeman
Achamma Joseph
Anna Lawrence (until October 2022)
Shannon Lin
Belinda Moore (until November 2022)
Michelle Tong
Grace Ward

Board Committees

Finance Audit and Risk Management Committee

Maria Maieli (Chair)
Justine Cain
Amanda Galbraith
Cath McNamara
Tony Stubbs (Secretariat)

Governance Committee

Jessica Miller (Chair)
Derek Finch (Interim Chair)
Anna Blackie
Coralie Cross
Peta Tauchmann (until October 2022)
Aneesa Khan (Secretariat)

Complaints Committee

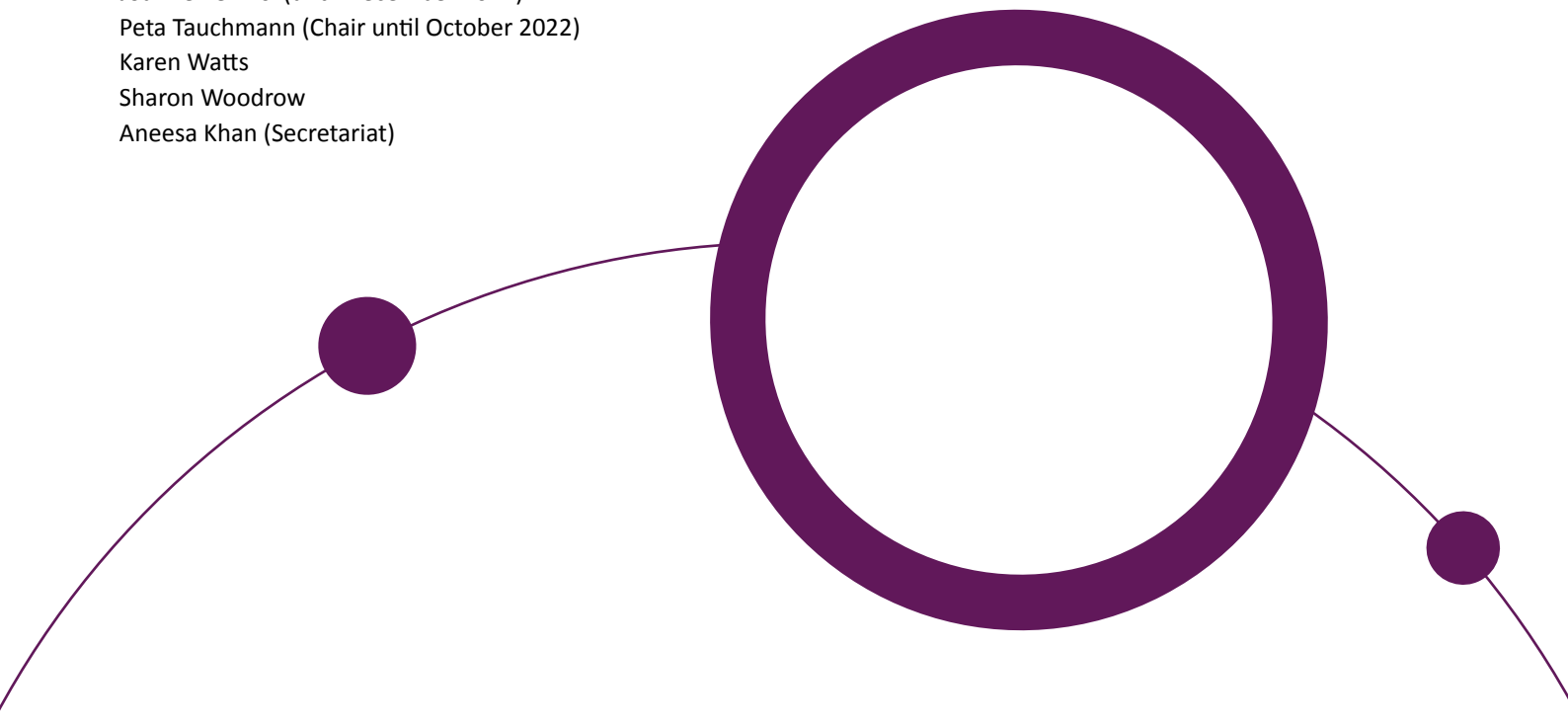
Ann Bush (Chair)
David Bartlett
Kay Dean
Susan Drmota
Kathy Grudzinskas
Michelle Hogan
Taryn Mews
Keiran Miller (until February 2022)
Prudence Milne
Joanne Pennisi (until December 2022)
Peta Tauchmann (Chair until October 2022)
Karen Watts
Sharon Woodrow
Aneesa Khan (Secretariat)

Nominations and Remuneration Committee

Derek Finch (Chair)
Amanda Bartlett
Ann Bush
Aneesa Khan (Secretariat)

Past Presidents Advisory Group

Brett Fenton
Jane Giles
Nuala Harkin
Giuliana Murfet
Tracey Tellam



Advisory Panels/Working Groups

CDE Resources Referral Pathways Group

Sandra Anstis
Kim Dijong
Lauren Hall
Shannon Lin
Linda Mitchell
Belinda Moore
Danielle O'Dorico
Jeevan Rosha
Leonie Yasso

Special Interest Groups

Private Practice

Vongayi Majoni (Convenor) formerly Co-Convenor
Laura Zimmerman (Co-Convenor) until May 2023
Rachael Baker (Queensland)
Jannah Bonney (Tasmania)
Marie Bottolfsen (NT)
Diana Fornasier (NSW)
Mary Hodgson (South Australia)
Fiona Nash (Western Australia)
Edwin Pascoe (Victoria)
Isabel Reeves (ACT)

Diabetes in Pregnancy

Anna Jane Harding (Co-Convenor)
Alison Barry (Co-Convenor)
Belinda Moore (Convenor) until Aug 2022

ADEA Diabetes Research Foundation (ADRF)

ADRF Board

Robert Biancardi (Chair)
Derek Finch

ADRF Council

Professor Peter Colman
Professor Ines Krass
Adjunct Associate Professor Margaret McGill AM
Professor Sophia Zoungas

Award Judging Panels

CDE of the Year 2022

Danielle Cooper
Rachel Freeman
Jane Giles
Patricia Marshall
Cristy Welsh (consumer)
Rachelle Ward (consumer)

Abbott Case Study Award 2022

Lorena Akerman
Ann Bush
Karen Crawford
Rachel Freeman
Dr Sue-Lynn Lau
Angela Llewellyn
Peta Tauchmann

Pharmaco Registration Grants 2022

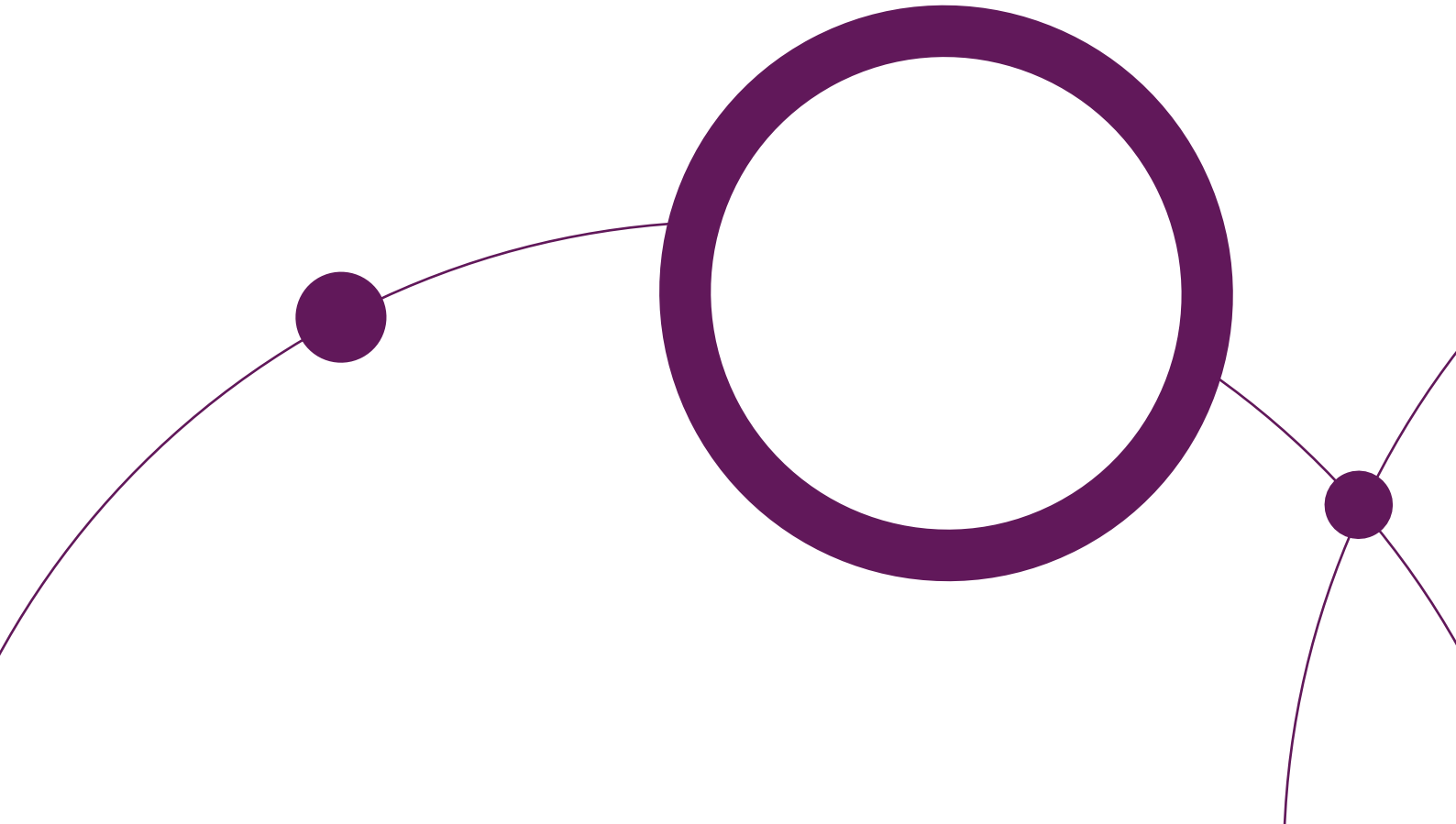
Lorena Akerman
Cecile Eigenmann
Rachel Freeman
Toni Willson

ADC2022 Abstract Reviewers

Siobhan Barlow
Tim Benson (consumer)
Wendy Bryant
Karen Crawford
Amira Howari (consumer)
Achamma Joseph
Nicole Kellow
Pete Lomas (consumer)
Ashvin Nursing
Karen Schell
Sue Wyatt

ADC2022 Presentation Judges

Siobhan Barlow
Belinda Brooks
Wendy Bryant
Amira Howari (consumer)
Achamma Joseph
Pete Lomas (consumer)
Rebecca Munt
Ashvin Nursing
Karen Schell



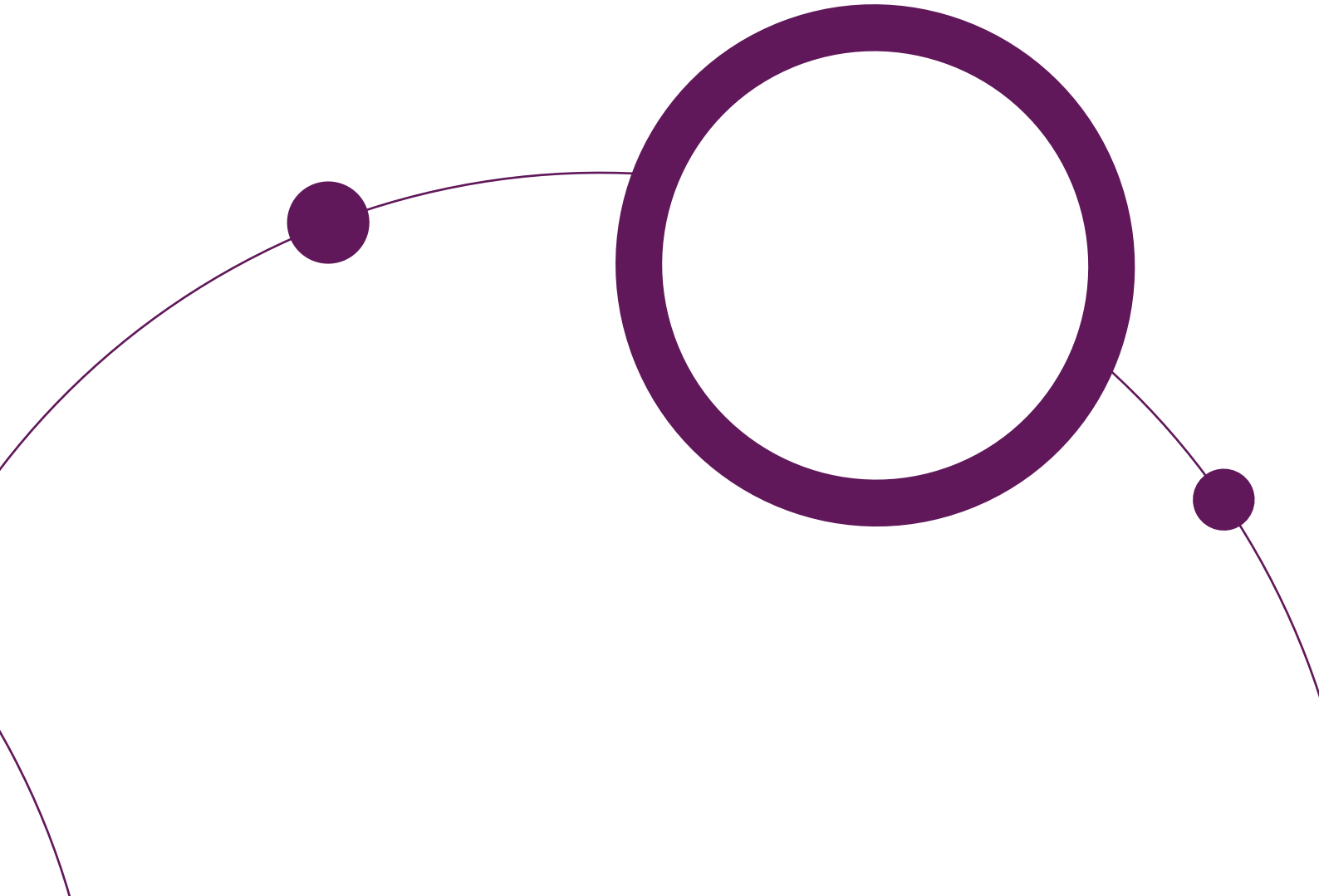
NDSS Expert Reference Groups

National Diabetes Nursing Education Framework

Rebecca Munt (Chair)
Kylie Foely
Annette Hart
Patricia Jones
Elaine Menon
Rebecca Rendalls
Celestina Shori
Peta Tauchmann
Barbara Zangerl

Aboriginal and Torres Strait Islander Health Worker/Health Practitioner Mentor Pilot Program

Anna Blackie
Nadine Blair
Karl Briscoe
Sarah Davey
Sana Ishaque
Fleur Kelly
Ray Kelly
Christopher Lee
Deanne Minniecon
Grace Ward



STRATEGIC PILLAR 1

Promote the CDE profession and brand

- *Make the CDE the gold standard for diabetes education and care.*
- *Increase the number of CDEs and members.*
- *Improve the mentoring program for consistency and effectiveness.*
- *Promote the role and value of CDEs internationally.*
- *Promote the role and value of CDEs to GPs, other health professionals and consumers.*

CDE Education Review

The objective of the CDE Education Review, which began in early 2020, is to strengthen the CDE workforce by reviewing, improving, and standardising the CDE education pathway.

The review commenced with a survey conducted in August 2020 to obtain perceptions of the CDE education pathway among the ADEA membership and key stakeholder groups, including: CDEs, diabetes educators, employers and supervisors of CDEs and diabetes educators, current students, recent graduates, course coordinators, lecturers, and educators of the university Graduate Certificate in Diabetes Education courses.

The results of the survey were published in the November 2021 edition of the ADE.

Based on the survey results, recommendations were developed for future CDE education, credentialling activities and pathways, and professional issues such as defining scope of practice, recognition of advanced practice and perceived value of a CDE.

This year, the *Role and Scope of Practice for Credentialled Diabetes Educators in Australia* guideline was updated and resources developed for use by CDEs, employers, and referrers (see pillar 2 for more information). Various aspects of the education and credentialling pathway for CDEs were also progressed, including:

- Revision of the *National Competencies for CDEs in Australia*, based on the Scope of Practice review, as well as the Capability Framework published by Giuliana Murfet PhD MSc (Diabetes) MNg CDE FADEA.
- Initial discussions with universities regarding higher levels of study, such as graduate diplomas and master's degrees in diabetes education and management.
- Revision of university Graduate Certificate in Diabetes Education accreditation and re-accreditation guidelines.
- Commencement of revision of the mentoring program and resources.
- The remaining recommendations of the CDE Education Review are being considered and member feedback on these will be sought in 2023–24 prior to implementation:
- A review of the credentialling pathway to provide a more streamlined, robust credentialling program that provides stronger evidence to support competency and professional standards.
- Enhancement of the mentoring program to improve mentor and mentee matching.
- Development of resources a to prepare mentees for transition to a CDE role.
- Development of microcredentials to support the curricula offered in the Graduate Certificate in Diabetes Education university programs.

Membership

ADEA membership continues to grow, with an increase of 1.9% over the past 12 months. The CDE workforce also continues to grow. Over the past 12 months the number of CDEs increased more than 5%, compared to a 4% increase in the number of people living with diabetes.

Diabetes Pathways

ADEA continued to promote the Diabetes Pathways including presenting the pathways to key stakeholders such as MPs, PHNs, pharmacies and pharmaceutical companies.

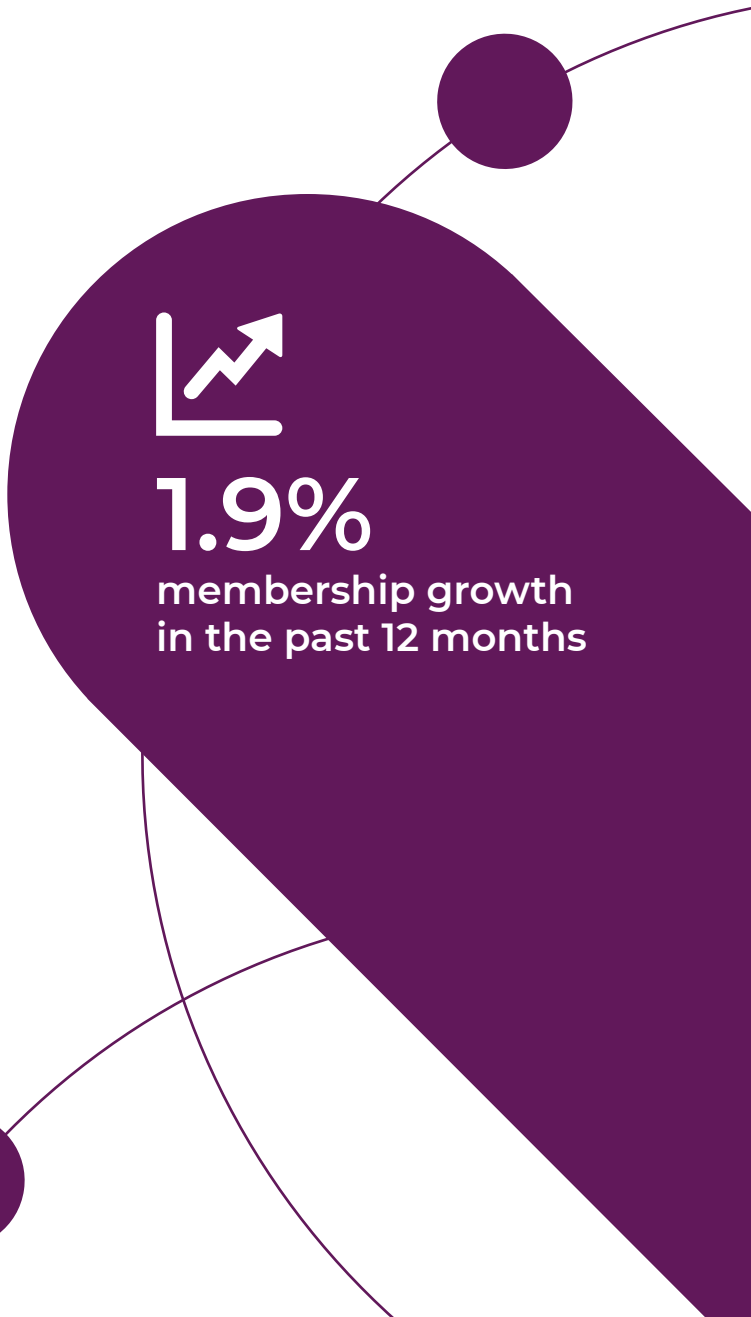
- Promoting the pathways through the myINTERACT platform.
- Marketing to consumers using organic search engine optimisation tactics and social media paid advertising Publishing organic social media content, which has been shared by numerous other organisations and ADEA members.
- Amending the MBS item numbers to reflect the changes made by Medicare in March 2023.

Resources were developed in 2022 to assist members to talk about the pathways and present them to their local diabetes care team members:

- PowerPoint presentations for GPs and other health professionals
- Posters and flyers explaining the pathways
- Flyer explaining key referral points with easy reference to Medicare and Department of Veterans' Affairs (DVA) item numbers
- *Benefit of a CDE* flyer, how to refer and access the Find a CDE function on the ADEA website

Enhancing connection to CDEs

Sanofi sponsors a CDE phone line administered by ADEA. This program is a free telephone support program that provides high-quality diabetes education and advice for people living with diabetes who are prescribed insulin. It provides general advice and trouble-shooting tips for clients or health professionals and is a successful collaborative partnership between ADEA and Sanofi. This service is provided by CDEs and includes a free interpreter service to enable non-English-speaking individuals to access the program. When the telephone support service identifies that the caller needs further assistance with their diabetes management, they are referred to CDEs in their local area, using the 'Find a CDE' function on the ADEA website. Calls are taken from people living with diabetes, as well as GPs and pharmacists looking for troubleshooting advice.



STRATEGIC PILLAR 2

Partner with members to advocate for their professional interests

- *Develop submissions and advocacy for our members.*
- *Advocate for increased and equitable access for consumers to quality diabetes education services.*
- *Set standards, models of care, scope of practice and guidelines.*
- *Review workforce data and capacity, pathways, and remuneration.*
- *Increase member engagement.*

Diabetes Health Professionals Policy Campaign

This year, ADEA and ADS jointly submitted a budget request in support of our three strategic initiatives first highlighted in the Diabetes Health Professionals Election Campaign 2022. These three initiatives are focused on improving both Medicare coverage of and access to CDE visits:

1. Remuneration for CDEs to initiate and support diabetes technology.
2. An additional five CDE visits per year for the high-risk population.
3. 3. CDE visits for people living with gestational diabetes.

We continue to proactively advocate with our unified partners and to strategically respond to consultations and to leverage the current political landscape. Currently, we are working with our partners to respond to the Strengthening Medicare report and the Parliamentary Inquiry into Diabetes, and to lobby for the inclusion in any Medicare reform efforts of policies that will benefit people living with diabetes. We also continue to advocate for funding and policies that support CDEs and the diabetes workforce.

Scope of Practice Review

The Role and Scope of Practice for Credentialled Diabetes Educators in Australia drives and promotes standards of practice in diabetes education and care and is the foundation on which other key ADEA documents are based. In July 2022, the 2014–15 *Role and Scope of Practice* publication was updated following a legal review and feedback from members through the CDE Education Review and CDE Education Review Expert Reference Group. The updated publication includes decision pathways for ADEA members, employers and referrers in Australia to assist with clarifying the role of CDEs in each state and territory, as well as the varying roles that CDEs can have in different workplaces.

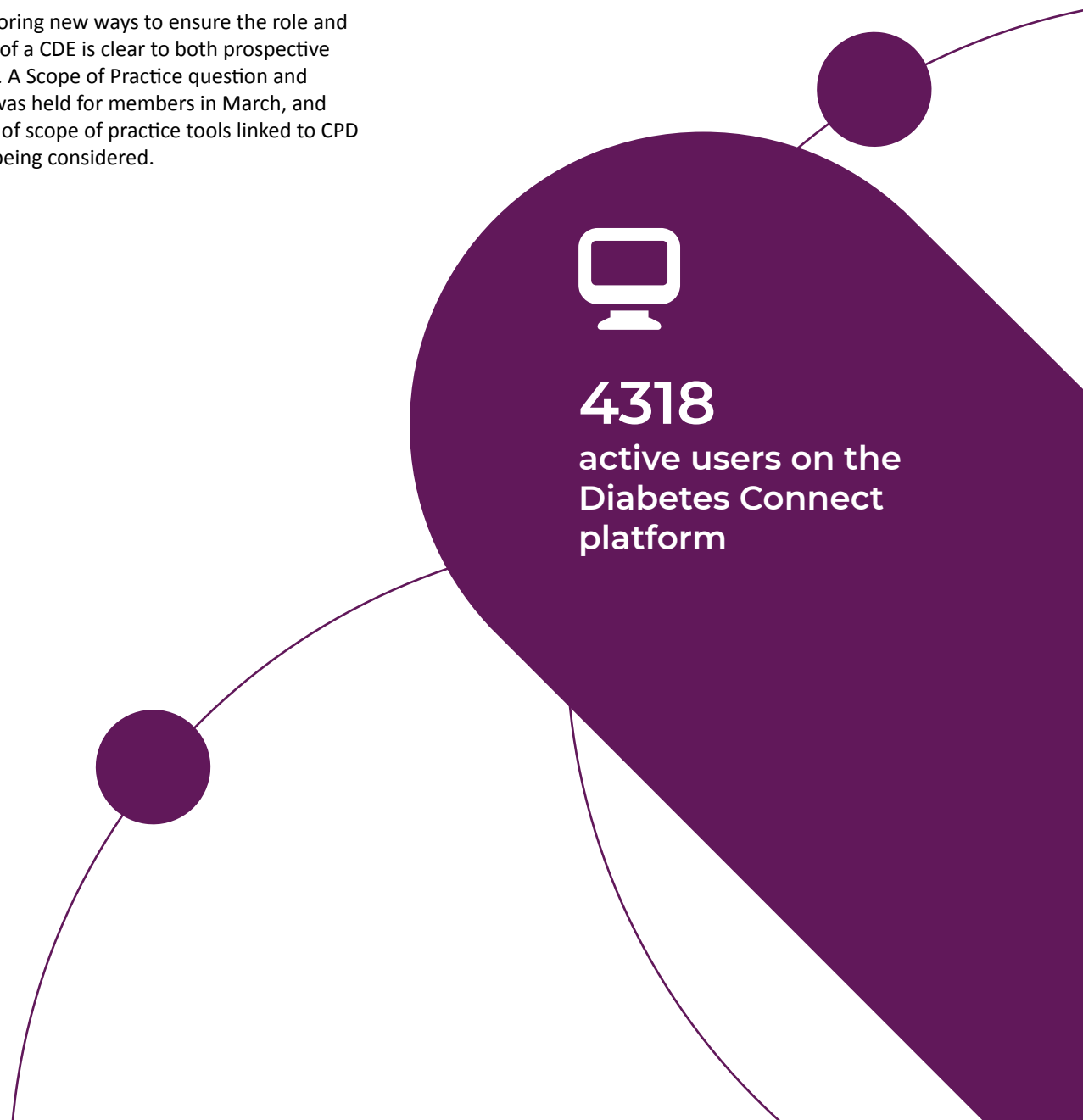
The Scope of Practice Review has laid the groundwork for ADEA's advocacy on a prescribing authority for CDEs. Achieving a prescribing authority is an arduous and lengthy process, which may take multiple years, and legal advice on the scope of practice for each CDE in every state and territory was an essential first step.

ADEA is now exploring new ways to ensure the role and scope of practice of a CDE is clear to both prospective and current CDEs. A Scope of Practice question and answer webinar was held for members in March, and the development of scope of practice tools linked to CPD learning plans is being considered.

Diabetes Connekt

Diabetes Connekt is a member engagement platform that hosts the Capability Framework for Diabetes Care (the Framework) and was launched on World Diabetes Day 2022. Since its launch, the number of users has steadily increased with members joining online communities every day. To date, Diabetes Connekt has 4318 active users who receive the Open Forum Daily Digest, which contributes to the platform's excellent audience reach.

Diabetes Connekt remains a key focus in 2023, providing a forum for member collaboration as well as an accessible platform (for members and non-members) to learn about events and educational material hosted and developed by ADEA. The next phase of development promises to be an exciting one, providing a higher engagement level for members, more relevant educational content and easier access through the mobile app.



STRATEGIC PILLAR 3

Collaborate with consumers and key stakeholders to improve outcomes for people living with diabetes

- *Collaborate and connect with people living with diabetes.*
- *Lead and partner with collegiate organisations and relevant bodies in Australia and overseas.*
- *Lead and implement a diabetes education strategy for, and in consultation with, Aboriginal and Torres Strait Islander peoples and people with culturally and linguistically diverse backgrounds.*
- *Extend equitable access to diabetes education for populations at higher risk.*
- *Liaise with government agencies and programs including the Department of Health, Medicare, DVA, NDIS and NDSS.*

Position statements

ADEA had a key role in developing two position statements this year, both of which are available on our website.

With the increasing prevalence of type 2 diabetes in younger people, ADEA, ADS and the Australian Paediatric Endocrine Group developed **a joint consensus position statement about managing type 2 diabetes in people aged 18–30 years**. The position statement highlights the risks of this condition in young adults and where its management may differ to later onset type 2 diabetes.

ADEA, ADS and Diabetes Australia developed a joint position statement providing advice and up-to date information on possible remission of type 2 diabetes. The position statement sets out the evidence for remission, how it is defined and potential considerations.

Consumer engagement

ADEA continues to involve **people living with diabetes and their family and friends** in multiple aspects of activities across the organisation.

These activities include the following:

- ADC POC, abstract review panels, and judging panels
- Judging of awards programs such as CDE of the Year Awards and Abbott Case Study Awards
- Revision of key documents, guidelines, and position statements through involvement in committees and working groups
- Each session at ADC aiming to have a consumer representative/speaker/panel member
- Sharing of news and key updates via social media channels

ADEA works closely with Diabetes Australia, the Juvenile Diabetes Research Foundation (JDRF), and other organisations to ensure consumer needs and opinions are considered in all aspects of ADEA activities.

ADEA is regularly invited to present on behalf of CDEs and ADEA members to consumer groups on various aspects of diabetes management and education, such as product update webinars and podcasts for people living with diabetes and their families.

Unification update

In 2021, ADEA and ADS members voted in favour of **unification with Diabetes Australia**. Unification ensures that the collective interests of people living with diabetes and their diabetes health professionals are considered at board and management level within each organisation. For the first time in our organisations' histories, we worked together to develop aligned strategic plans, which were launched in mid-July 2023. This will facilitate a whole-of-diabetes-sector approach, further amplifying our voice to Government. Unification has also provided an opportunity for ADEA and Diabetes Australia to identify and implement operational efficiencies and savings, including savings on office rent by co-locating the ADEA office with Diabetes Australia's office in Canberra and accessing better value insurance arrangements. More opportunities, including IT management, will be explored in 2023–24.

Diabetes education for Aboriginal and Torres Strait Islander Health Professionals

ADEA is seeking to reduce the impact of diabetes for First Nations peoples by increasing the number of **Aboriginal and Torres Strait Islander Health Professionals who are skilled in diabetes education and management**. Further information is provided under Strategic Pillar 5. With NDSS funding, we explored the viability of a mutual mentoring partnership between CDEs and Aboriginal and Torres Strait Islander Health Workers and Practitioners. Through unforeseen events, the program wasn't able to continue. The details around this program are provided under Strategic Pillar 6.



STRATEGIC PILLAR 4

Provide and endorse professional development and advanced practice opportunities

- *Review and endorse professional development programs developed by third parties.*
- *Review and standardise graduate competencies across universities.*
- *Develop new, contemporary approaches to training and professional development courses, including new modalities and microcredentials, for all members.*
- *Explore embedding/providing CDE-led education to other health professionals and other organisations.*
- *Host national conferences and support state conferences and meetings.*
- *Involve and engage members in Special Interest Groups, Advisory Groups, and other groups.*
- *Recognise service and excellence through awards and grants to members.*

Ann Bush, ADEA Vice President, and Coralie Cross, ADEA Board Director, during the 2022 Australasian Diabetes Congress Dinner.



6 face-to-face conferences were held during the 2022-23 financial year

Conferences

ADEA branches hosted 6 face-to-face conferences during the 2022– 23 financial year. The ADEA Victoria conference was held on 7 October 2022 in Melbourne. This event attracted 146 attendees (including 11 speakers) and 13 sponsors.

The second conference was hosted on 23 June 2023 in Geelong. This event attracted 155 attendees (including 9 speakers) and 11 sponsors.

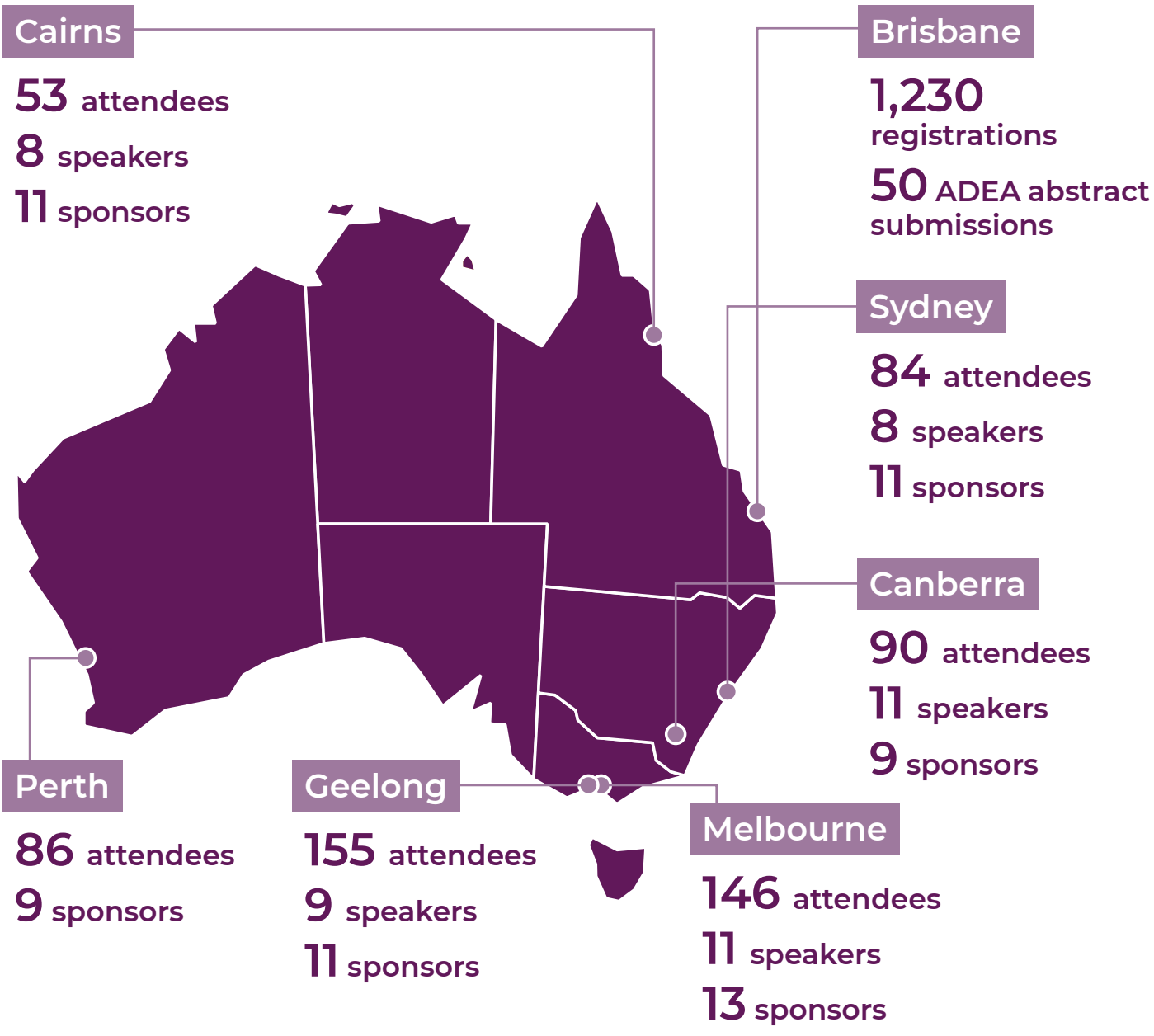
The ADEA New South Wales/Australian Capital Territory conference was held on 12 November 2022 in Sydney. This event attracted 84 attendees (including 8 speakers) and 11 sponsors. The second conference was hosted on 17 June 2023 in Canberra. This event attracted 90 attendees (including 11 speakers) and 9 sponsors.

The ADEA Western Australia conference was hosted on 1–2 December in Perth. This event attracted 86 individual attendees (most attending 2 days) and 9 sponsors.

ADEA Queensland hosted a conference on 20 May 2023 in Cairns. This event attracted 53 attendees (8 speakers) and 11 sponsors. ADEA's CEO, Susan Davidson, Board members and ADEA senior staff have presented at a number of Branch conferences and meetings this year, providing an update on what is happening within ADEA as well as information regarding advocacy and policy for 2023.

ADC2022 successfully returned to a face-to-face event, held in Brisbane, after being held virtually in 2021 due to Covid. The event had more than 1,230 registrations and 50 ADEA abstract submissions. Both attendees and sponsors appreciated the return of the face-to-face format, enjoying networking and attending its events. Feedback from attendees has informed planning for ADC2023.

ADEA wouldn't be able to host ADC without the tireless work each year from the POC. A very big thank you to the ADC2022 POC members.



Special interest groups and advisory groups

In addition to advisory groups set up for specific purposes as needed, ADEA continues to have **two active special interest groups**.

These special interest groups provide a mechanism for their members to support each other and for the groups to raise issues/concerns with ADEA, as we work together to better support ADEA members.

In 2022, Diabetes Connekt was launched as a community engagement space, as well as housing the Capability Framework. Both the Private Practice Special Interest Group (PPSIG) and the Diabetes in Pregnancy Special Interest Group (DiPSIG) are now communities within Diabetes Connekt. PPSIG has 104 members in the community while DiPSIG has 108 members.

Both communities provide support environments for members to raise topics of conversation, engage in online mentoring and offer connections for ADEA members.

Grants and awards

The awared of Honorary Life Member is bestowed by the Board on an individual member of long standing who has made a siignificant and outstanding contribution to the profession of diabetes education, The conferring of this prestigious award is the highest honour bestowed on a member and is limited to only one member per year.

The 2022 **Honorary Life Member Award** was awarded a very deserving member and past ADEA president, Nuala Harkin. ADEA has awarded 19 Honorary Life Memberships:

1. George Barker
2. Michelle Robins
3. Gillian Harris
4. Maureen Unsworth
5. Erica Wright
6. Coral Shankley
7. Judy Reinhardt
8. David Irvine
9. Rhonda Griffiths
10. Shirley Cornelius
11. Jan Alford
12. Ann Morris
13. Gloria Kilmartin
14. Patricia Dunning
15. Jayne Lehmann
16. Patricia Marshall
17. Ruth Colagiuri
18. Tracy Aylen
19. Nuala Harkin

Nuala Harkin received the 2022 ADEA Honorary Life Membership Award, which was accepted by colleagues Esther Guerrero (centre) and Nicole Matthews (right). Pictured with then ADEA president Tracey Tellam.



ADEA also continues its **CDE Fellowship Award program**. In 2017, the ADEA Board started this program to increase the value and recognition of CDEs, in line with the Strategic Plan, and to provide external recognition of expertise and contribution, using the post-nominal FADEA. Up to two CDEs each year may be awarded the ADEA Fellowship Award and members can nominate themselves or others through an application process.

ADEA has awarded 14 Fellowships:

1. Marita Ariola
2. Jane Giles
3. Collette Hooper
4. George Barker
5. Kate Marsh
6. Peta Tauchmann
7. Heike Krausse
8. Giuliana Murfet
9. Carolien Koreneff
10. Jayne Lehmann
11. Jen Kinsella
12. Debbie Scadden
13. Cynthia Porter
14. Janet Lagstrom

ADEA highly values our relationships with all our sponsors and corporate members. Two sponsors have made significant and long-standing contributions to the grants and awards at ADC:

- Eli Lilly continued their support of the prestigious CDE of the Year Award program in 2022. The program honours outstanding achievements and contributions of CDEs in the provision of high-quality diabetes education and expert support for people living with diabetes. Health professional colleagues, people with diabetes, and workplaces can nominate CDEs. ADEA congratulated the seven state and territory recipients of these prestigious awards, and especially the recipient of the Jan Baldwin National CDE of the Year Award 2022, Giuliana Murfet. Abbott Diabetes Care furthered their support for the Case Study competition which promotes case studies that address contemporary issues in the practice of diabetes care, diabetes education, and self-management involving the use of flash glucose monitoring and ambulatory glucose profile. The ten best case studies were published and the best four were selected to present at ADC2022. The People's Choice Award went to Shona Vigus for her Case Study titled *Freestyle Libre Flash glucose monitoring in someone living with Type 3C diabetes*.

Giuliana Murfet (centre) was named the National CDE of the Year in 2022.



STRATEGIC PILLAR 5

Advocate and support excellence in research by and for CDEs

- *Support research.*
- *Actively disseminate and translate research results.*
- *Raise funds and bequests to support research.*
- *Use research and data to strengthen diabetes prevention.*

ADEA is seeking to reduce the impact of diabetes for First Nations peoples by increasing the number of **Aboriginal and Torres Strait Islander Health Professionals who are skilled in diabetes education and management**. Through the ADRF, and with the generous support of the following donors, this year we supported three scholarships for Aboriginal and Torres Strait Islander Health Professionals to undertake a Graduate Certificate in Diabetes Education and Management:

- ADEA Research and Sanofi Australasia Scholarship
- ADEA Research and Dixie Klemm Scholarship
- ADEA Research and Dianne and Tom Klinge Scholarship

Once the scholarship recipients have completed their Graduate Certificates, ADEA will offer support to each recipient to complete their credentialling to become CDEs. ADEA hopes to expand the number of scholarships offered, increase the number of universities offering the scholarships, and enhance support to Aboriginal and Torres Strait Islander scholars during the next year.

The ADEA Board is advocating with our unified partners, ADS and Diabetes Australia, for a national diabetes research strategy and increased funding. We are also exploring opportunities with our unified partners to expand investment in diabetes research, including research into diabetes education and care, and to increase CDEs' involvement in research.

With the generous support of sponsors, the ADEA Diabetes Research Foundation supported three scholarships for Aboriginal and Torres Strait Islander students.

Recipients of ADEA scholarships Tanikka Moore and Tamarla Smith with ADEA President Amanda Bartlett and Sanofi's Head of Medical James Scott at UTS on 21 June. Photo - UTS Health Faculty



STRATEGIC PILLAR 6

Create contemporary and innovative resources

- *Partner with members and stakeholders to develop new, user-centred resources.*
- *Investigate commercial opportunities.*

The Australian Diabetes Educator (ADE) online publication

Quarterly editions of the ADE are published on the ADE website and promoted in ADEA's member e-newsletter. Each edition contains articles about various topics relevant to current practice for ADEA members. Additionally, the ADE is uploaded to EBSCO Information Services, an academic research database, showcasing the important work of ADEA members and their affiliates in diabetes management, education, and care. Requests have also been received for articles to be referenced in other pieces of work, demonstrating the high-quality content of the published articles.

We thank the ADE Editorial Group, led by Editor Dr Kate Marsh, who continue to review all the articles each quarter and compile the editions ready for members to view.

We also thank all our authors for their time and expertise and encourage ADEA members to submit articles for review by the Editorial Group and inclusion in the publication. Members can also alert the Editorial Group to topics and authors of interest.

NDSS funded activities

In 2022–23, as an NDSS Health Professional Agent, ADEA has continued to take an active role in providing leadership, strategic and clinical expert advice to Diabetes Australia to inform the programs and services delivered through the NDSS as well as provide secretariat support for the Medical, Education and Scientific Advisory Council (MESAC) CGM subcommittee.

Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Mentor Program

In 2020–22, ADEA conducted an NDSS-funded project that explored mentoring relationships between CDEs and Aboriginal and Torres Strait Islander Health Workers/ Practitioners. In 2021–22 the pilot began with 18 mentor/ mentee partnerships and 14 mentees completed the program. The evaluation of the pilot program found that the key objectives of the program were met, and participants' satisfaction exceeded expectations.

In 2022–23, 11 mentor/ mentee partnerships commenced and 7 mentees completed the program. Despite best efforts to promote the program and strong satisfaction ratings, it was difficult to engage Aboriginal and Torres Strait Islander Health Workers/Practitioners into the program. Due to the low engagement, the program will not continue in its current format, however other opportunities to provide mentoring will be explored.

NDSS Health Workforce Education Program

The NDSS Health Workforce Education Program was a collaboration between Diabetes Australia, ADEA and ADS. The strategic purpose for developing this program was to improve health workforce awareness, capacity, and capability to facilitate the care of people living with diabetes, as well as to highlight the role of the diabetes care team, including the roe of the CDE.

An online program was developed and was launched in March 2023. The program covers a range of topics including the National Diabetes Services Scheme, Diabetes Explained, Medication and Monitoring, and Diabetes-related complications. These 10-minute modules allow health workers to know more about the services available through the NDSS, understand the diabetes healthcare team and how they support people living with diabetes, and be able to recommend resources and services to people living with diabetes.

In addition to this online program, an NDSS Health Professional webinar series has also been developed and will be launching in July 2023. There are eight topics to be covered by this series, which will be promoted to the generalist health workforce.

Getting started: Management of Continuous Subcutaneous Insulin Infusions (CSII) and Continuous Glucose Monitoring (CGM) guidelines

As part of the NDSS Quality Review Cycle, the guidelines Getting started: Management of Continuous Subcutaneous Insulin Infusions (CSII) and Continuous Glucose Monitoring (CGM) have been reviewed and updated and are now available.

STRATEGIC PILLAR 7

Deliver strategic and effective governance and management

- *Diversify revenue.*
- *Implement innovative organisational systems and processes.*
- *Implement contemporary and compliant governance practices.*

In August 2022, the ADEA Board approved three strategic projects: ICT Transformation, Sponsorship, and CDE Education Review and Microcredentialling. **The ICT Transformation Project** included defining ADEA business requirements for a new integrated membership management system and to review administrative processes and business rules to streamline and simplify processes.

The **Sponsorship Project** aims to enhance ADEA's engagement with existing and new sponsors to increase revenue to enable increased investment in member services.

The **CDE Education Review and Microcredentialling Project** enabled the development of microcredentials for CDEs as well as continued investment into the implementation of the recommendations of the CDE Education Review.

The National Diabetes Strategy identifies workforce capacity as essential to ensuring optimal care for people living with diabetes. In a 2021 joint ADEA and ADS review of the diabetes workforce and factors that will enhance the capacity of the diabetes workforce and improve the care of people living with diabetes, we identified a need for high quality, nationally consistent, and up-to-date training and education for other health professionals and support workers.

In 2022 ADEA, together with ADS, developed a **national health professional diabetes education and training strategy** to ensure diabetes education and training for the generalist and diabetes health workforces and support workers meet the criteria for quality, national consistency, and currency. The strategy also ensures the education and training include reference to the role of diabetes health professionals and when to refer to ensure optimal care for people living with diabetes.

The first ADEA microcredential for CGM Systems was released in 2022 as a result of the expanded access to CGM through the NDSS. The additional workload created by the expansion of access meant that more CDEs needed to be upskilled in CGM, creating the need to develop the CGM microcredential. Since its launch on ADEA's Learning Management System (LMS), the initial CGM microcredential has been completed 235 times. Three more microcredentials for members are currently in development: an insulin pump microcredential (to complement the existing CGM microcredential), a diabetes medication microcredential and a professional practice microcredential. Additionally, ADEA successfully applied for a Victorian Government Grant to develop 8 diabetes-related microcredentials for the Victorian TAFE system, targeting aged care workers, pharmacy assistants, enrolled nurses and other healthcare workers. These microcredentials highlight the role of the diabetes care team, including CDEs and when to refer to a CDE.

Membership

- 2410 ADEA members
- 2094 full members
- 1632 Credentialled Diabetes Educators
- 201 associate members
- 118 student members
- 3 overseas members

Numbers as at 30 June 2023



14 fellows



88 new mentors



19 Honorary Life Members



152 active partnerships



191 closed partnerships

Events



Australasian Diabetes Congress 2022

1230 delegates **142** invited speakers **72** sessions

120 accepted abstracts **235** presentations **24** CPD points

35 registration grants **14** sponsors and exhibitors

Branch conferences

State	Date	Format	Delegates	CPD points	Travel/ registration Grants	Speakers	Sponsors
VIC 2022	7th October	Face-to-face	135	8	11	13	2
NSW/ACT 2022	12th November	Face-to-face	76	8	8	11	8
WA 2022	1st and 2nd December	Face-to-face	86	13		9	
QLD 2023	20th May	Face-to-face	55	8	8	11	
NSW/ACT 2023	17th June	Face-to-face	79	8	11	9	
VIC 2023	23rd June	Face-to-face	160	8	9	11	

Branch meetings

State	Meetings	Speakers	Sponsors	CPD points
ACT	1	1	0	1
NSW	1	0	0	1
NT	1	0	0	1
QLD	0	0	0	0
SA	3	3	8	3
VIC	1	1	0	1
WA	0	0	0	0
Total	**9**	**10**	**8**	**9**

Education

Educational programs

14 endorsed educational programs

75 total CPD points

Webinars

11 webinars

12 speakers

5 sponsors

513 views

Podcasts

11 podcasts

18,801 times podcasts were played

Microcredentials

1 microcredential

Awards and Grants

Honorary Life Membership Award 2022

Nuala Harkin

Jan Baldwin National CDE of the Year 2022

Giuliana Murfet (TAS)

CDE of the Year

CDE of the Year ACT: Ruth Pollard
CDE of the Year NSW: Marlene Payk
CDE of the Year NSW: Julie Longson
CDE of the Year QLD: Heike Krausse
CDE of the Year SA: Maddie Freeman
CDE of the Year TAS: Giuliana Murfet
CDE of the Year VIC: Julie Loughran
CDE of the Year WA: Daina Coenen

Abstract Awards

Roche Best Oral Presentation: Giuliana Murfet
Roche Best New Oral Presentation: Aruni Ratnayake
Roche Best Poster Presentation: Lauren Stonnill
Roche Best New Poster Presentation: Wei Zhang
DAA Dietetic Research Prize: Cathy Whiteley

People's Choice Award for Best Case Study

Abbott Case Study – People's Choice: Shona Vigus

Case study competition finalists

Katherine Snars
Nicole McClure
Daniela Nash

ADC Attendance Grants

Travel Grants

Kasi Keeffe
Charlene Shoneye
Kirrily Chambers
Donna Mortlock
Cheryl Poole

Registration Grants

Anna Lawrence
Brett Fenton
Calesta Cleal
Daina Coenen
Elizabeth Kay
Louise Bolger
Marisa Bolton
Ryan Semera
Siobhan Barlow
Yan Yan Au-Yeung

Thank You

We thank our corporate sponsors:

Principal Partners

Major Conference Partners

Major sponsor CDE of the year

Supporting Sponsors

Stripped Supply
Not Just a Patch
Arrotex
Diabetes Australia
Roche
Ascensia
Sanofi
Pharmaco
Insulet Australia
iNova Pharmaceuticals
YPSOMED Australia
Medtronic Australasia

Australian Diabetes Educators' Association Limited

ABN: 65 008 656 522

Annual Financial Report

for the year ended

30 June 2023

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

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Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Board Report

The Board of Directors submit the financial report of the Australia Diabetes Educators' Association Limited (the Company) for the financial year ended 30 June 2023.

Board Directors

The names of the Board Directors throughout the year and at the date of this report are:

Amanda Bartlett Vice President until 11 October 2022 2022 and President from 12 October 2022
Ann Bush Vice President from 12 October 2022
Maria Maieli Finance Director from 24 August 2018
Anna Blackie Commenced term one 12 October 2022
Justine Cain Commenced term one 23 November 2021
Coralie Cross Commenced term one 24 August 2021
Derek Finch Commenced term two 26 September 2020
Amanda Galbraith Commenced term one 24 August 2021
Catharine McNamara Commenced term one 12 October 2022
Jessica Miller Commenced term one 12 August 2021
Peta Tauchmann Completed term one 11 October 2022
Tracey Tellam President until 11 October 2022

Principal Activities

The principal activities of the Company during the financial year were:

- to promote best practice in diabetes education and care;
- to promote research related to diabetes education and management.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Result

The total comprehensive loss after the recognition of fair value gain and loss on financial assets for the financial year ended 30 June 2023 is $368,909 (2022: $332,071 loss).

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Board Report

Information on Directors

Amanda Bartlett

2022	President ADEA
2022	Honorary fellow UTS
2020	Vice President ADEA
2019	ADEA board director
2019	MESAC Advisory Committee
2015-20	ADEA Special Interest Group Diabetes in Pregnancy Chair
2012-16	ADIPS Board member
2010-18	ADEA complaints committee
2012	Ultrasound course for Midwives
2009	Credentialled Diabetes Educator
1999	Graduate Certificate diabetes education UTS Syd
1991	Family Planning Association Nurse Practitioner
1990	Certified Midwife RHW Sydney
1987	Registered General Nurse Oxford

Ann Bush

2018	Commenced term one ADEA Board Director
2018	Cert IV Workplace training and Assessment upgradeTAE40116
2015	Cert IV Workplace training and assessment upgrade toTAE40110
2011	Flinders Chronic Disease Self Management Course, Flinders University.
2009	Mental Health First Aid, University of Melbourne
2007	Health Coaching for Health Professionals, Health Coaching Australia
2003	Credentialled Diabetes Educator ADEA - ongoing
2002	Cert IV Workplace Training and Assessment BSZ98,
1991	Graduate Certificate of Diabetes Education, Deakin University.
1989	Grad Certificate in Occupational Health, Safety and Social Welfare.
1984-87	Registered Nurse training

Maria Maieli

2022	CFO at Aucentra Therapeutics Pty Ltd
2020	Chief Operations Officer, Orana Australia Limited
2019	Australian Institute of Company Directors Course
2015	Diploma in Applied Corporate Governance, Governance Institute of Australia
2012	CPA Professional Program – Deakin University
2011-2020	Chief Financial Officer & Company Secretary, Ellex Medical Lasers Limited (ELX)
2009-11	Group Finance Manager, Penrice Soda Products (PSR)
2008	Masters in Professional Accounting, Southern Cross University
2007-09	Finance Manager, Wallmans Lawyers
2001-07	Financial Controller, MineLab Electronics
1989	Associate Diploma in Accounting – TAFE College Adelaide

Anna Blackie

2023	Foundations of Directorship, Australian Institute of Company Directors
2022	Commenced term one ADEA Board Director
2022	MESAC Advisory Committee
2022	ADEA Governance Committee
2021	ADEA Education Endorsement Committee
2018	Credentialled Diabetes Educator
2012	Accredited Clinical Pharmacist
2005	Registered Pharmacist

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Board Report

Justine Cain

2022	Leap in! – Director
2022 – 2023	Diabetes Qualified - Director
2021	Australian Diabetes Educators Association - Director
2021	Australian Diabetes Society - Director
2021	Kellion Diabetes Foundation - Director
2021	Diabetes Tasmania – Group CEO
2021 – 2022	Diabetes Tasmania – Director
2021	Diabetes Queensland – Group CEO
2021 – 2022	Diabetes Queensland – Director
2021	Diabetes NSW & ACT– Group CEO
2021 – 2022	Diabetes NSW & ACT – Director
2021	Diabetes Australia – Group CEO
2020	Uniting Care Queensland, Director
2019 – 2022	Starlight Children's Foundation QLD State Advisory Board, Chair (from 2020)
1997	Bachelor of Law, Australian National University
1996	Bachelor of Science, Australian National University

Coralie Cross

2021	Commenced term one ADEA Board Director
2019	Masters of Nursing: Nurse Practitioner: Charles Darwin University, NT
2015	Masters of Nursing: Diabetes in Rural, Remote and Indigenous Health: Flinders University, SA
2009	Credentialled Diabetes Educator
2006	Graduate Certificate in Diabetes Education and Health Care: Mayfield Education, Vic
2000	Certificate of Advanced Wound Management: Caulfield Ulcer Clinic, Vic
1998	Graduate Certificate in Gerontic Nursing: La Trobe University, Vic
1998	Chemotherapy Certificate; Safe Handling and Practice: R.M.I.T., Vic
1998	Cancer Nursing: Certificate Course: Warringal Private Hospital, Heidelberg, Vic.
1996	Bachelor of Nursing: Caroline Chisholm School of Nursing, Monash University, Vic.
1980	Certificates of Psychiatric and Mental Health Nursing: Gladesville / Grosvenor Hospitals/Bloomfield Hospitals; N.S.W.

Derek Finch

2020-2022	Chair, SA Special Olympics
2021	Board member ADRF
2021	Chair of the ADEA Nominations and Remuneration Committee
2019-2020	Chair of the ADEA Governance Committee
2022-2023	Chair of the ADEA Governance Committee
2020	Commenced Term two ADEA Board Director
2016	Business Consultant for CX Consult
2016	Manager Optus Business Services Desk
2012-14	National Contact Centre Manager Bureau of Meteorology
2008-12	Head of Customer Operations Kidney Health Australia
2004-08	National Call Centre Manager heart Foundation
1987-2004	Call Centre Manager and management roles
1984	Tottenham College of Technology – Professional Qualification of Royal Institute of Housing

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Board Report

Amanda Galbraith

2023	Acting Chief Pharmacist, ACT Health – mid 2023
2023	Director, Pharmaceutical Defence Limited - current
2022	Director, Pharmacists Support Services - current
2021	Director, Australian Diabetes Educators Association – current
2021	FARM Committee Member, Australian Diabetes Educators Association - current
2021	FARM Committee Chair, Australian Pharmacy Council – current
2019	Executive Masters (Distinction) Business Administration, QUT
2017	Director, Marathon Health – current
2017	Director, Australian Pharmacy Council - current
2017	Member, Australian Community Pharmacy Authority – June 2023
2015	Graduate Certificate Diabetes Education and Management - UTS
2013	Capital Chemist Kambah – 2019
2005	Graduate Certificate Pharmacy Management, Monash University/Victorian College Pharmacy
1999	Clinical Pharmacists, Capital Chemist – July 2022
1997	Bachelor of Pharmacy, Univeristy of Sydney

Catharine McNamara

2022	Commenced term one ADEA Board Director
2022-23	ADEA FARM Committee
2018-23	ADEA Education Committee
2018	Graduate Certificate – Learning and Teaching in Higher Education, Deakin University
2012	Present Lecturer and Unit Chair, Deakin University
2000	Credentialled Diabetes Educator
1999-21	Clinical Nurse Consultant Diabetes Education, Mercy Hospital for Women
1995	Graduate Certificate of Diabetes Education, Deakin University
1984-87	Registered Nurse Training, Melbourne
1980-82	Bachelor of Arts Degree, University of Tasmania

Jessica Miller

2021	Director, ADEA and Chair of the Governance Committee
2017-19	Director, ADEA and Chair of the Governance Committee
2018-20	Director, ACCORD Australasia Ltd
2015-20	Director, Gillette Australia Pty Ltd
2015-20	Director, Procter & Gamble Australia Pty Ltd
2015-20	Director, Procter & Gamble (Distributing) New Zealand Ltd
2015-20	Director, Cosmetic Suppliers Pty Ltd
2014	Master of Laws, University of Sydney
2013-15	Company Secretary, Medtronic Australasia Pty Ltd
2009	Member of the Law Society of NSW
2009	Admitted as a solicitor in the High Court of Australia
2009	Admitted as a solicitor in the Supreme Court of NSW
2008	Bachelor of Laws (First Class Honours), UTS
2008	Bachelor of Business (Accounting), UTS

Peta Tauchmann RN (NP) CDE FADEA

2019	Nominated to ADEA Board of Directors
2018	ADEA representative: MESC - Present
2018	Fellow of ADEA
2016	Chair ADEA Clinical Practice Review Committee - Present
2015	Convenor ADEA PPSiG
2013-14	Masters Nursing (Nurse Practitioner) (LaTrobe University, Bundoora, Vic)
2013	Convenor ADEA PPSiG
2007-08	Convenor ADEA PPSiG
2006-08	ADEA Qld Branch Chair
2004	Credentialled Diabetes Educator

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Board Report

Peta Tauchmann RN (NP) CDE FADEA

2001-03	Internet Reviewer for ADEA Journal
2003	Grad Cert HSc: Diabetes Education (Curtin University, Perth)
1985-88	Certificate of General Nursing (Princess Alexandra Hospital, Woolloongabba)

Tracey Tellam

2022	Completed term as President of ADEA
2020	Commenced as President of ADEA
2019	Commenced term two ADEA Board Director
2016	Commended term one ADEA Board Director
2005	Credentialled Diabetes Educator
2004	Nurse Immunizer – Australian catholic University
2002	Post Graduate Certificate of Advanced Nursing – Emergency, Austin Hospital and La Trobe University
2001	Post Graduate Certificate of Diabetes Education, Mayfield Education Centre
1982	Registered Nurse Training

Meetings and Attendances of Directors

Directors	No. eligible to attend	No. attended
Amanda Bartlett	9	9
Ann Bush	9	9
Maria Maieli	9	8
Anna Blackie	6	6
Justine Cain	9	6
Coralie Cross	9	6
Derek Finch	9	8
Amanda Galbraith	9	8
Catharine McNamara	6	6
Jessica Miller*	5	2
Peta Tauchmann	3	2
Tracey Tellam	3	3

**Jessica Miller was on Board-approved leave of absence for 4 meetings*

Objectives

The Australian Diabetes Educators Association (ADEA) was formed in 1981 and is the leading Australian organisation for health care professionals providing diabetes education and care.

ADEA is a not-for-profit company limited by guarantee. ADEA is bound by its constitution, which outlines its objectives. These include:

- Promoting best practice in diabetes education and care nationally and internationally
- Providing a national voice on matters of diabetes education and care
- Promoting the goal of optimal health and quality of life for all people affected by diabetes
- Liaising and collaborating with relevant bodies in Australia and other countries to advance the practice of diabetes education and to assist people with or at risk of developing diabetes to achieve and maintain optimal health and quality of life
- Undertaking all necessary activities to achieve these objectives.

ADEA actively promotes evidence-based best practice diabetes education to ensure optimal health and well-being for all people affected by, and at risk of, diabetes.

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Board Report

Principal activities

ADEA provides leadership to the diabetes education profession, nationally and internationally, through the development and delivery of services to advance diabetes education and research, and to enhance the reputation and effectiveness of its members. These activities position ADEA as the leading voice for diabetes education and care, and support the achievement of ADEA's objectives.

How the Entity Measures Its Performance, Including Key Performance Indicators Used

1. Monitored and reported changes in total membership and CDEs over time
2. Monitored and improved corporate governance systems including internal reporting, policies and procedures
3. Increased financial reporting and cost centre allocations to ensure improved financial sustainability and performance
4. Develop Annual Business Plan and monitor performance against strategic pillars.

Auditor's Independence Declaration

The auditor's independence declaration as required under *Subdivision 60-C Section 60-40* of the *Australian Charities and Not-for-Profits Commission Act 2012 (ACNC Act)* is set out on Page 9.

The Company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $50 each towards meeting any outstanding obligations of the entity. At 30 June 2023, the total amount that members of the Company are liable to contribute if the Company is wound up is $120,500 (2022: $118,450).

Signed in accordance with a resolution of the Board of Directors.

Chairperson: Amanda Bartlett

Finance Director: Maria Maieli

Dated 27 July 2023

RSM Australia Partners

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Australian Diabetes Educators' Association Limited for the year ended 30 June 2023, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act* 2012 in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.

RSM

RSM AUSTRALIA PARTNERS

Canberra, Australian Capital Territory
Dated: 27 July 2023

RODNEY MILLER
Partner

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Statement of Profit and Loss and Other Comprehensive Income
for the year ended 30 June 2023

	Note	2023 $	2022 $
Revenue and other income	3	2,199,267	1,839,020
Employee benefit expenses		(1,484,503)	(1,410,135)
Operating expenses		(681,429)	(411,509)
Meeting and travel expenses		(79,618)	(70,519)
Branch conferences expenses		(98,675)	(24,781)
Financial and legal expenses		(171,103)	(166,782)
Subscription memberships expenses		(16,637)	(18,929)
Depreciation expenses	9	(7,587)	(9,425)
Donation to ADEA Diabetes Research Foundation		(39,100)	(4,788)
Loss on disposal of assets		(16,506)	-
Loss for the year		(395,891)	(277,848)
Other comprehensive income for the year			
Fair value gains/(losses) on financial assets		26,982	(54,223)
Total comprehensive loss for the year		**(368,909)**	**(332,071)**

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Statement of Financial Position
as at 30 June 2023

	Note	2023 $	2022 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	**5**	725,006	402,271
Trade and other receivables	**6**	44,309	149,131
Other current assets	**7**	190,746	49,495
Other financial assets	**8**	1,716,146	1,889,638
TOTAL CURRENT ASSETS		**2,676,207**	**2,490,535**
NON-CURRENT ASSETS			
Property, plant and equipment	**9**	8,646	30,591
TOTAL NON-CURRENT ASSETS		**8,646**	**30,591**
TOTAL ASSETS		**2,684,853**	**2,521,126**
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	**10**	181,654	135,567
Contract liabilities	**11**	917,203	440,383
Provisions	**12**	80,359	73,681
TOTAL CURRENT LIABILITIES		**1,179,216**	**649,631**
NON-CURRENT LIABILITIES			
Provisions	**12**	5,139	2,088
TOTAL NON-CURRENT LIABILITIES		**5,139**	**2,088**
TOTAL LIABILITIES		**1,184,355**	**651,719**
NET ASSETS		**1,500,498**	**1,869,407**
EQUITY			
Retained earnings		1,308,321	1,704,212
Revaluation reserve		192,177	165,195
TOTAL EQUITY		**1,500,498**	**1,869,407**

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Statement of Changes in Equity
for the year ended 30 June 2023

	Retained Earnings	Revaluation Reserve	Total
	$	$	$
Balance at 30 June 2022	**1,704,212**	**165,195**	**1,869,407**
Loss for the year	(395,891)	-	(395,891)
Other comprehensive income	-	26,982	26,982
Balance at 30 June 2023	**1,308,321**	**192,177**	**1,500,498**

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Statement of Cash Flows
for the year ended 30 June 2023

	Note	2023 $	2022 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		2,934,751	1,900,493
Payments to suppliers and employees		(2,873,482)	(2,351,390)
Dividends received		-	40,403
Interest received		8,333	2,830
Net cash provided by/(used in) operating activities		69,602	(407,664)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		(2,903)	(6,859)
Payments for investments		-	(43,233)
Proceeds from maturities of investments		256,036	-
Net cash provided by/(used in) investing activities		253,133	(50,092)
Net increase/(decrease) in cash held		322,735	(457,756)
Cash at beginning of financial year		402,271	860,027
Cash at end of financial year	**5**	**725,006**	**402,271**

Notes to the Financial Statements for the year ended 30 June 2023

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in preparation of the financial statements are set out below. These policies have been consistently applied to all years presented, unless otherwise stated.

New or amended Accounting Standards and Interpretations adopted

The Company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of Preparation

These general-purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB') and the *Australian Charities and Not-for-profits Act 2012*. The Company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Critical accounting estimates

The preparation of financial statements requires the use of certain accounting estimates. It also requires management to exercise judgement in the process of applying the Company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

Revenue recognition

The Company recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the Company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

Sale of goods

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Revenue recognition (continued)
Membership and Accreditation
Membership and accreditation revenue is recognised on a straight-line basis over the relevant period of membership or accreditation.

Credentialling
Credentialling income is recognised on a receipt basis.

Interest and Dividend
Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant
Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the company is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Conference and Branch
Conference and branch revenue is recognised when the conference has been held. Sponsorship revenue associated with branch conferences that includes advertising prior to the event is recognised overtime as the advertising is provided.

Other revenue
Other revenue is recognised when it is received or when the right to receive payment is established.

All revenue is stated net of the amount of goods and services tax (GST).

Income Tax
The Company is exempt from income tax under the provisions of Section 50-5 of the *Income Tax Assessment Act 1997*.

Current and non-current classification
Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the Company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the Company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Cash and Cash Equivalents
Cash and cash equivalents include cash on hand, deposits held at-call with banks, 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.

Trade and other receivables
Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

Investments and other financial assets
Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the consolidated entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, it's carrying value is written off.

Financial assets at fair value through other comprehensive income
Financial assets at fair value through other comprehensive income include equity investments which the Company intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

Fair value through other comprehensive income election
The Company has made the irrevocable election to classify investments in managed funds as fair value through other comprehensive income, whereby gains and losses are recognised through equity as opposed to the profit and loss on disposal, and the cumulative changes in fair value will remain in equity and are not recycled to the profit and loss.

Impairment of financial assets
The Company recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income.

Plant and equipment
Plant and equipment are stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant, and equipment (excluding land) over their expected useful lives as follows:

Office equipment	3-10 years
Office fit out	3-10 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Impairment of plant and equipment
Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Impairment of plant and equipment (continued)
Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables
These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Contract liabilities
Contract liabilities represent the Company's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the Company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the Company has transferred the goods or services to the customer.

Employee Benefits
Short-term employee benefits
Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled

Other long-term employee benefits
The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date 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 reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Fair value measurement
When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Goods and Services Tax ('GST') and other similar taxes
Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the 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 tax authority is included in other receivables or other payables in the statement of financial position.

Goods and Services Tax ('GST') and other similar taxes (continued)
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 tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Comparative Figures
Where required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

NOTE 2: CRITICAL ACCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Allowance for expected credit losses
The allowance for expected credit losses assessment requires a degree of estimation and judgement. It is based on the lifetime expected credit loss, grouped based on days overdue, and makes assumptions to allocate an overall expected credit loss rate for each group. These assumptions include recent sales experience and historical collection rates.

Estimation of useful lives of assets
The Company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Employee benefits provision
As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

	2023	2022
NOTE 3. REVENUE	**$**	**$**
Revenue from contracts with customers		
Memberships	591,544	596,828
Credentialling	105,499	104,142
Accreditation	26,944	27,333
Endorsements	10,484	19,051
National Diabetes Services Scheme	569,551	589,083
Australasian Diabetes Congress	116,680	169,648
Branch revenue	259,028	68,278
Magazine, publications and advertising	27,461	24,265
Grants, awards, sponsorship and contract income	370,763	169,232
	2,077,954	1,767,860
Other revenue		
Dividends	69,006	40,403
Interest and investment income	8,333	2,830
Franking credits	42,667	11,548
Other revenue	1,307	16,379
	121,313	71,160
Total revenue and other income	**2,199,267**	**1,839,020**

Disaggregation of revenue
The disaggregation of revenue from contracts with customers is as follows:

Geographical regions		
Australia	2,077,954	1,767,860
Timing of revenue recognition		
Goods transferred at a point in time	889,915	554,616
Services transferred over time	1,188,039	1,213,244
	2,077,954	1,767,860

NOTE 4. EXPENSES
Profit for the year includes the following specific expenses:

Leases		
Short-term and low-value assets lease payments	15,901	24,165
	15,901	**24,165**

	2023	2022
	$	$
NOTE 5. CASH AND CASH EQUIVALENTS		
Cash at bank and in hand	725,006	402,271
	725,006	**402,271**
NOTE 6. TRADE AND OTHER RECEIVABLES		
CURRENT		
Trade receivables	20,188	101,480
Provision for impairment of receivables	(2,706)	(2,349)
Other receivables	26,827	50,000
	44,309	**149,131**
NOTE 7. OTHER CURRENT ASSETS		
CURRENT		
Prepayments	190,746	49,495
	190,746	**49,495**
NOTE 8. OTHER FINANCIAL ASSETS		
CURRENT		
Term deposits at amortised cost	-	256,526
Other financial assets at fair value through OCI	1,716,146	1,633,112
	1,716,146	**1,889,638**

	2023	2022
	$	$
NOTE 9. PROPERTY, PLANT AND EQUIPMENT		
Office equipment - at cost	33,910	35,148
Accumulated depreciation	(25,264)	(19,170)
	8,646	15,978
Office fit-out - at cost	-	21,816
Accumulated depreciation	-	(7,203)
	-	14,613
	8,646	**30,591**

Reconciliations

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Office equipment	Office fit out
Balance at the beginning of the year	15,978	14,613
Additions at cost	2,903	-
Disposals during the year	(2,830)	(14,431)
Depreciation	(7,405)	(182)
Carrying amount at the end of the year	**8,646**	**-**

NOTE 10. TRADE AND OTHER PAYABLES		
CURRENT		
Trade payables	13,767	38,758
Other payables	167,887	96,809
	181,654	**135,567**

NOTE 11. CONTRACT LIABILITIES		
CURRENT		
Memberships received in advance	282,216	264,067
Grants received in advance	556,203	146,369
Accreditation and sponsorships received in advance	78,784	29,947
	917,203	**440,383**

	2023	2022
	$	$
NOTE 12. PROVISIONS		
CURRENT		
Annual leave	77,922	55,336
Long service leave	2,437	18,345
	80,359	73,681
NON-CURRENT		
Long service leave	5,139	2,088
	5,139	2,088
Total provisions	**85,498**	**75,769**

NOTE 13. CAPITAL AND LEASING COMMITMENTS

As at balance date the Association has no enforceable lease contract binding the Association to lease commitments (2022: Nil). The Co-location agreement has been signed for 12 months which is effectively a short-term lease which can be excluded from the recognition under AASB 16 as a Right of Use Asset and Lease Liability. Short-term lease is recognised as incurred as an expense in the statement of profit and loss. The amount expensed in the statement of profit and loss and other comprehensive income in relation to short-term lease was $15,901 (2022: $24,165). The Association has no capital commitments (2022: Nil).

NOTE 14. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no contingent liabilities or assets.

NOTE 15. EVENTS AFTER BALANCE SHEET DATE

No matters or circumstances have arisen since the end of the financial year to the date of this report that have significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

NOTE 16. KEY MANAGEMENT PERSONNEL DISCLOSURES

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel. The totals of remuneration paid to key management personnel (KMP) of the Company during the year are as follows:

Aggregate compensation	**381,717**	**327,577**

For details of other transactions with KMP, refer to Note 17: Related Party Transactions.

NOTE 17. RELATED PARTIES TRANSACTIONS

The ADEA Board approved funding for the ADEA Diabetes Research Foundation (ADRF) up to a maximum of $60,000 (2022: $60,000) for research grants. The funding is provided to fund research grants. The ADEA provides funds to the ADRF to meet research grant payments and when they fall due as required. In 2023 $39,100 has been provided for payments to ADRF (2022: $19,775).

Some administration services were provided to ADRF free of charge.
In 2023 honorariums were paid to Directors' of ADEA of $5,000 (2022: $5,000). In 2023 $11,800 (2022: $6,500) honorariums were paid to ADEA Directors' for committee work associated with the National Diabetes Services Scheme.

	2023	2022
	$	$

NOTE 18. REMUNERATION OF AUDITORS

During the financial year the following fees were paid or payable for services provided by RSM Australia Partners

Audit of the financial statements	18,300	16,600
Other services	3,000	2,800
Audit of grant acquittal	2,700	2,700
	24,000	**22,100**

NOTE 19. ENTITY DETAILS

The registered office and principal place of business of the entity is:
Australian Diabetes Educators' Association
19-23 Moore Street,
2612 Turner ACT, Australia

Australian Diabetes Educators' Association Limited
ABN: 65 008 656 522

Directors' Declaration

In the opinion of the directors of Australian Diabetes Educators' Association Limited ("the Company"):

(a) the financial statements and notes, that are set out on pages 9 to 23, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) give a true and fair view of the Company's financial position at 30 June 2023 and of its performance, for the financial year ended on that date; and

(ii) complying with Australian Accounting Standards – Simplified Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; 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.

Dated at Canberra 27 July 2023.

Signed in accordance with a resolution of the directors:

Chairperson: Amanda Bartlett

Finance Director: Maria Maieli

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INDEPENDENT AUDITOR'S REPORT

To the Members of Australian Diabetes Educators' Association Limited

Opinion

We have audited the financial report of Australian Diabetes Educators' Association Limited ("the entity"), which comprises the statement of financial position as at 30 June 2023, the statement of profit and loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the financial report of Australian Diabetes Educators' Association Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2023 and of its financial performance and cash flows for the year ended on that date; and

(b) complying with Australian Accounting Standards – Simplified Disclosure Regime and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Australian Diabetes Educators' Association Limited in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

The directors are responsible for the other information. The other information comprises the information included in Australian Diabetes Educators' Association Limited's annual report for the year ended 30 June 2023, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

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If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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Responsibilities of the Directors for the Financial Report

The Directors are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosure Requirements and the *Australian Charities and Not-for-profit Commission Act 2012*, and for such internal control as they determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

RSM

RSM AUSTRALIA PARTNERS

RODNEY MILLER
Partner

Canberra, Australian Capital Territory
Dated: 27 July 2023

ADEA

Your trusted partner in diabetes care