

Annual Report 2023–24

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. **Advocate:** A national united voice for our members
2. **Educate:** The first-choice provider of diabetes education for all health professionals
3. **Care:** Equitable and optimal diabetes care and education available to all
4. **Connect:** Embedding diabetes care and education across the healthcare system
5. **Support:** Enabling the best performance and results through robust governance

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List of shortened forms

ACBRD	Australian Centre for Behavioural Research in Diabetes
ADC	Australian Diabetes Congress
ADE	Australian Diabetes Educator
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
FARM	Finance, Audit and Risk Management
GP	General practitioner
ICT	Information and Communications Technology
LMS	Learning management system
NDIS	National Disability Insurance Scheme
NDSS	National Diabetes Services Scheme
POC	Program Organising Committee
SGLT2	Sodium-glucose cotransporter-2
SIG	Special interest group



President's Report

It is a privilege to serve as the President of the Australian Diabetes Educators Association (ADEA) and support our mission: to support, promote, and empower our members and to lead and advocate for best practice, person-centred diabetes education and care. Our members are among the most dedicated and passionate health professionals in Australia and their feedback and input have shaped not just my presidency but the whole of ADEA.

This year ADEA has made significant advancements for both our membership and for people living with diabetes. In 2023, we launched our three-year strategic plan, closely aligned with our unified partners, Diabetes Australia and the Australian Diabetes Society (ADS). It laid out our five strategic pillars: Advocate, Educate, Care, Connect, and Support, which have shaped our priorities over this past year and will lead us into 2025. The Board is happy to have made significant progress in all areas of our strategic plan and projects.

ADEA was also very active in advocacy this year and will continue to push the agenda and priorities of our members before the Government. This year, we submitted our first joint budget submissions with our unified partners, and we continue to advocate together for Credentialled Diabetes Educators (CDEs) and the diabetes health workforce. ADEA made submissions to the Parliamentary Inquiry into Diabetes and gave evidence in person, arguing for increased access to CDEs and improved coverage of CDEs. Additionally, ADEA worked closely with the Scope of Practice review, responding to several consultations and meeting in person with key stakeholders. We will continue to prioritise the interests of our members in all our advocacy efforts and are leveraging our stronger voice through our unification with the Australian Diabetes society and Diabetes Australia.

ADEA Branch conferences were strong this year, with many achieving record attendance levels and positive feedback from members. Our commitment to providing members with the latest education and tools for evidence-based, contemporary diabetes care remains a top priority. ADEA's education portfolio remained robust this year, as we expanded the number and variety of sessions offered to members. ADEA's commitment to building a future-ready diabetes workforce remains steadfast, as evidenced by our proposed new credentialing pathway and our commitment to increasing the value, capacity, and profile of CDEs throughout Australia.

We are particularly pleased that ADEA has good financial reserves and has continued to increase revenue to ensure ongoing financial sustainability to support our membership. We are recovering from the financial impact of the pandemic and are able to not only support our ongoing operations and member services but also fund strategic projects from financial reserves.

I would like to take this opportunity to thank our members, the state and territory Branch convenors, Committee chairs and members, special interest group (SIG) convenors and the Board of Directors for their generosity in the time they have volunteered and devoted to ADEA. I would also like to thank ADEA's staff who work tirelessly to ensure ADEA remains Australia's leading organisation for diabetes care and education.



Kind regards,

Amanda Bartlett
ADEA President

CEO's Report

The Government's appetite for health reform is evident in the range of reviews currently underway and the unprecedented number of ADEA submissions in response to government consultations over the past 12 months.

To amplify our voice to Government, and the voices of our members, we have collaborated with our unified partners, the Australian Diabetes Society (ADS) and Diabetes Australia, and others in our sector to champion the needs of people with diabetes and the diabetes workforce that supports them. This will continue into next year, in the lead-up to the federal election and the federal budget.

With multiple Government reviews and consultations about health and the health workforce underway over the past year, we invested heavily in **advocating for people with diabetes and for the vital role of the diabetes workforce**. We made multiple submissions, in collaboration with our unified partners, to the Parliamentary Inquiry into Diabetes and the Scope of Practice Review, and we appeared before Committees to advocate for the importance of diabetes education and the role of CDEs. The advice provided by the Board's CDE Advisory Group was pivotal in developing these submissions. We were also supported in these and other submissions by Allied Health Professions Australia and a range of health professional peak body partners.

We recently welcomed the Parliamentary Inquiry into Diabetes report, which made a number of recommendations to Government regarding the diabetes workforce, increased access to CDEs, improved and more equitable access to essential diabetes medicines and technology, increased funding for diabetes research, and other reforms to address Australia's diabetes epidemic. This positive outcome was achieved through a concerted effort by our team over the past three years, with an increase in advocacy, communications and collaboration to ensure alignment of the peak bodies in the diabetes sector's advocacy to Government.

We will continue to advocate for the Government to accept and implement these recommendations. Over the coming months, we will be asking members to support our campaigns to ensure the needs of people with diabetes and the health professionals that support them are understood by Members of Parliament and the Government and encourage them to support the implementation of the recommendations of the Parliamentary Inquiry into Diabetes.

With our unified partners we are shining a spotlight on the importance of diabetes research and advocating for more federal research funding to be allocated to diabetes. Unification has provided an opportunity to strengthen ADEA's role in **diabetes research**, including my recent appointment and the appointment of the CEO of the ADS to the Diabetes Australia Research Limited Board. ADEA recently established a Research Advisory Group to provide advice to the Board on ADEA's research strategy and priorities relevant to diabetes education; the broader diabetes research agenda, including the unified organisations' strategy and advocacy for diabetes research; and other matters relevant to evidence-based, best practice, and person-centred diabetes education and care.

In 2022, ADEA and the ADS developed a national diabetes education and training strategy that centred on providing on providing diabetes education for all health professionals to ensure they understand diabetes, the importance of diabetes education and the role of CDEs and endocrinologists. With the support of a Victorian Government grant, over the past 12 months we commenced the **development of microcredentials with digital badging**, for Certificate III, Certificate IV and Diploma level health professionals. These award-winning microcredentials were successfully piloted this year and we expect to see them start rolling out through TAFEs in 2025. In tandem, we also developed an initial suite of three microcredentials for members, which will roll out in the coming months. Over the next 12 months we will continue to build the suite of diabetes microcredentials for members and for other health professionals and support workers. For more information, see Strategic Pillar 2 in this report.

Members consistently rank **education and networking** among the most highly valued services offered by ADEA, and we continue to deliver a wide-ranging program for members including the annual joint ADEA-ADS Australasian Diabetes Congress (ADC), educational webinars and podcasts on topics of member interest and, in conjunction with ADEA branches, a range of state conferences and events. In response to member feedback through the CDE Education Review, member surveys and other forums, requesting more opportunities for practical and hands-on education, this year we introduced practical workshops to accompany state conferences as well as a practical ADEA Education Day the day prior to ADC. Attendee feedback to date has been very positive and will be used to enhance next year's workshops.

Global and local economic conditions continue to pose challenges for all Australians, including associations and their members. The Board has invested in a range of strategic initiatives over the past few years to ensure ADEA's **sustainability** into the future. This investment aims to enhance the profile and future growth of the CDE

profession, improve members' experience in interacting with ADEA and our systems, and keep ADEA at the forefront of diabetes education. These initiatives include a new and enhanced credentialling pathway, a new IT system and learning management system (LMS), microcredentialling, and an enhanced sponsorship program.

- **A new and enhanced credentialling pathway**: our 2021 analysis of the diabetes health workforce found the CDE workforce needs to grow significantly to ensure that all people living with diabetes receive optimal diabetes education and care. A proposed new credentialling pathway was developed as part of the CDE Education Review, which was initiated to support growth in the number of CDEs by streamlining the credentialling and mentoring program and addressing barriers. The proposed new pathway was presented to members in December 2023, and members were invited to provide their feedback to help shape the new credentialling pathway. The new pathway is in development and will be implemented with the new IT system and LMS in late 2024. For more information, see Strategic Pillars 2 and 5 in this report.
- **Microcredentials**: in line with the 2020-30 National Diabetes Strategy and the ADEA and ADS national diabetes education and training strategy, we commenced the development of microcredentials for the generalist and diabetes health workforces. These microcredentials support four of our five strategic pillars — Educate, Care, Connect and Support — and will assist in promoting the importance of diabetes education and the role of CDEs. These microcredentials will also broaden ADEA's revenue base and contribute to financial sustainability over the next few years.
- **Reliable, efficient and effective IT system and LMS**: ADEA's current IT system and LMS are no longer fit-for-purpose and are increasingly expensive to maintain. New systems are in development to ensure we have a robust IT platform that meets contemporary standards relating to data, cyber security, and useability for members and staff, including making it easier for members to update their membership details, and submit credentialling and re-credentialling information online. The first phase of the project will go live and be available to members later this year. Further development is planned in 2024-25.
- **Sponsorship program**: to support short to medium term sustainability, we enhanced our sponsorship program to provide more education opportunities for members, enhance member benefits and increase revenue for ADEA.

Over the past year, we also invested heavily in advocacy, harnessing the opportunities provided through the Parliamentary Inquiry, Scope of Practice Review and Allied Health Workforce Consultation to advocate for and promote the importance of diabetes education and the CDE profession. In addition to participating in consultations, writing submissions and appearing before the Inquiry and Reviews, we consulted with health sector partners to garner their support, and liaised with media to amplify our messaging to ensure it is heard by Government.

In this financial year, the Board approved a budget deficit of $474K, drawing on ADEA's financial reserves to enable these essential strategic investments. As of 30 June 2024, the audited financial result was a deficit of $306k, which was $168k less than budgeted. This deficit result included investments in strategic activities as well as year-end adjustments. The year-end adjustments included $54k in expenses relating to a Victorian Government Grant to develop microcredentials for the TAFE system, for which ADEA received grant revenue in July 2024 and which will be recognised as income in the next financial year, and $27k in increased provisions for annual and long service leave. The other major contributor to the deficit was higher than anticipated IT expenses due to necessary 'fixes' and cybersecurity costs for our ageing systems to keep them running until they are replaced later this year with systems currently being developed in the IT Transformation Project.

The achievement of ADEA's strategy requires highly skilled, motivated and sufficient staff and committed members. Members generously volunteer for ADEA 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 state 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 ADEA, the profession, and their fellow members.

I thank our partners, sponsors, and funders for their vital support, which makes it possible for ADEA and our members to continue to achieve the highest standards of diabetes education and care for people living with diabetes.

Without the continuing support and commitment of the Board and the team in ADEA we could not have achieved so much this year. In particular, I thank our team for their ongoing hard work in maintaining ADEA's usual activities while also developing and implementing several significant initiatives to enable the achievement of our strategic goals, support the profession, and ensure ADEA's sustainability into the future.



Kind regards,

Susan Davidson
ADEA CEO

Finance Director's Report

The Finance, Audit, and Risk Management (FARM) Committee oversees and advises the ADEA Board on 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 2023-24 consisted of:

- ADEA's Finance Director, who is the FARM Chairperson: Maria Maieli
- ADEA Board member who is not the Finance Director: Amanda Galbraith (until August 2023) and Catharine McNamara (until January 2024), and Coralie Cross (from January 2024).
- ADEA executive member: Tony Stubbs, ADEA Chief Operating Officer
- a senior representative from the outsourced accounting services provider and/or Chief Financial Officer (CFO): Scott Myers, Partner of Equity Partners, ADEA's outsourced accounting services provider
- an independent member: Justine Cain, Chief Executive Officer of Diabetes Australia (until March 2024)

Financial advisory and management services continue to be outsourced to Equity Partners which acts as a good internal control for ADEA. Senior managers of ADEA and I have regular contact with the staff at Equity Partners and this arrangement has been effective for ADEA to date. The FARM Committee regularly monitors ADEA's risks and investments. RSM Australia has conducted the audit of the ADEA Annual Financial Report for 2023-24.

ADEA has reported an operating loss of $127k for 2023-2024. 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 end-to-end education for CDEs and develop microcredentials; the ICT Transformation Project to develop a member-centric membership management platform; and the Sponsorship Project to enhance sponsor engagement and broaden and increase sponsorship revenue. Revenue received for the year was $2.7m, an increase of more than $540,000 compared with last year. Of this $2.7m, National Diabetes Services Scheme (NDSS) funding was $647k; membership revenue was $635k; credentialling revenue was $112k; and sponsorship, grant and contract revenue was $642k.

Investment revenue and Branch conferences revenue are showing strong signs of recovery and increased revenue compared to 2023-24. Member growth has remained steady and significantly higher-than-expected ADC revenue ($56k) has meant our final financial result, including investment in essential strategic projects was an overall deficit of $305K against a budgeted deficit of $494k.

The majority of ADEA's services are supported by staff employed by ADEA, and therefore staff costs are the most significant expenditure for the organisation, followed by IT and professional services costs. The Board and management will continue to review these expenses in 2024–25 and has approved a surplus budget for the next financial year.

The Board will also continue to monitor financial performance to ensure the ADEA 2023-26 Strategic Plan can be delivered. The investment of funds from reserves for strategic projects has continued in this financial year with the Sponsorship Project, CDE Education Review (including microcredentials for members, now completed), and ICT Transformation Project (Phase 1 in progress).

Financial position

Total members' reserves on 30 June were $1.1m.
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. 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 at the same time adopt a conservative approach.

Kind regards,



Maria Maieli
ADEA Finance Director

Organisational Structure

Board of Directors

The names of the 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 until 5 March 2024



Coralie Cross

Commenced term one 24 August 2021



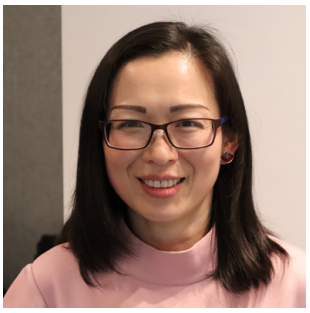
Derek Finch

Commenced term three 28 August 2023



Amanda Galbraith

Commenced term one 24 August 2021 until 11 August 2024



Shannon Lin

Commenced term one 31 October 2023



Catherine McNamara

Commenced term one 12 October 2022



Jessica Miller

Commenced term one 12 August 2021 until 31 March 2024



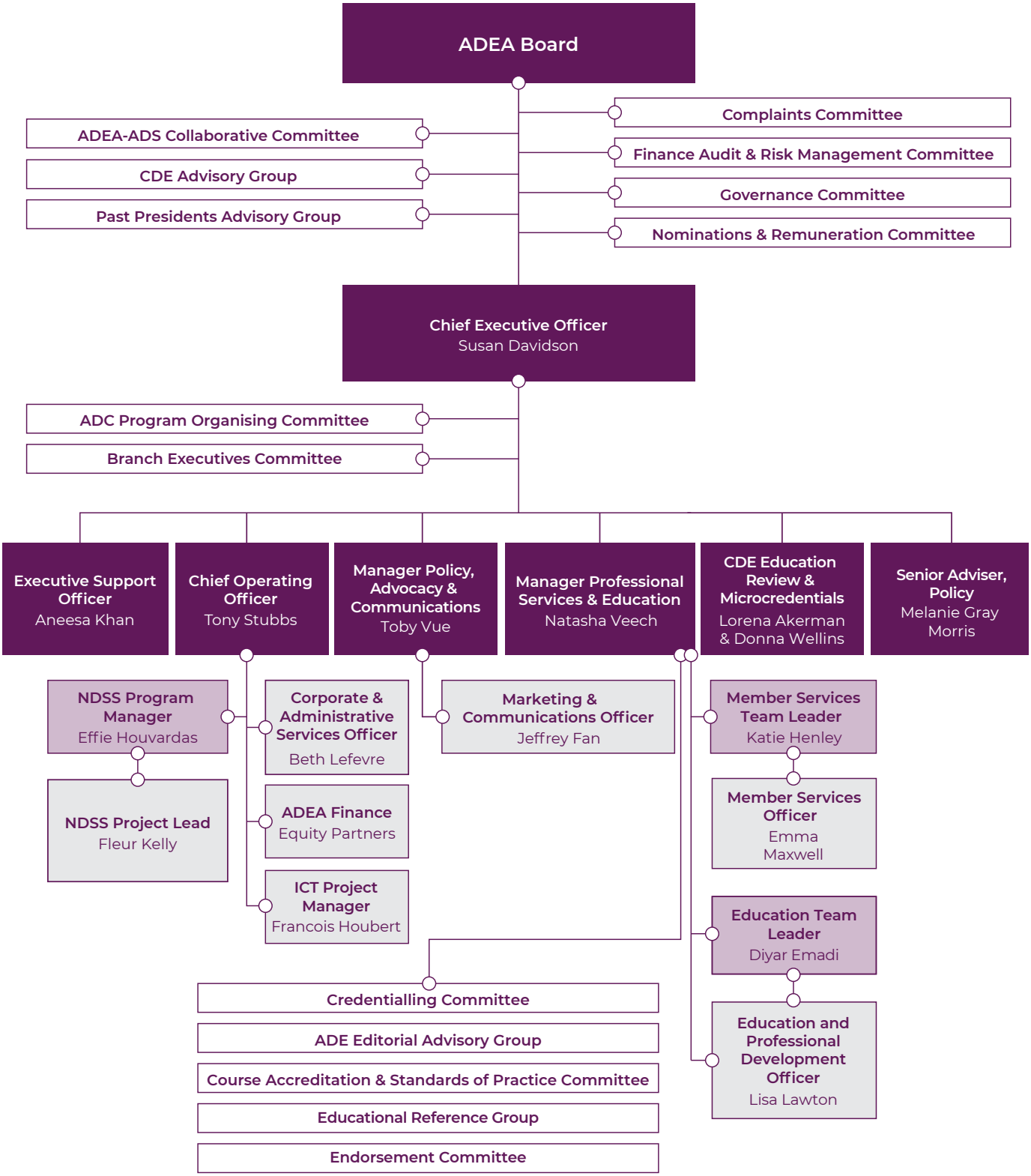
Taryn Black

Commenced term one 19 March 2024

ADEA AGM in 2023



Organisational Chart 2024



Last updated June 2024

Committees

Australian Diabetes Educator (ADE) Editorial Advisory Group

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

Course Accreditation and Standards of Practice (CASP) Committee

Rachel McKeown (Chair – commenced June 2024)
Amy Cowan (Chair – resigned May 2024)
Carolyn Allen
Marc Apolloni
Michelle Culhane
Ian Harmer
Ninnette Kelly
Irene Kopp
Kylie Mahony
Patricia Marshall
Elizabeth Obersteller (Credentialling Committee Representative)
Celestina Shori

Credentialling Committee

Elizabeth Obersteller (Chair)
Megan Pruesker
Lois Rowan
Maxine Schlaeppi
Annabelle Stack
Gillian Krenzin
Toni Wilson

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

Education Reference Group

Jan Alford (Chair)
Lorena Akerman (Secretariat)
Rachel Critchell
Anna Lawrence
Edna Louzado
Fiona McGregor
Catharine 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
Shannon Lin
Grace Ward



Board Committees

Finance Audit and Risk Management Committee

Maria Maieli (Chair)
Justine Cain (until March 2024)
Amanda Galbraith (until August 2023)
Catharine McNamara (until January 2024)
Coralie Cross (from January 2024)
Tony Stubbs (Secretariat)

Governance Committee

Jessica Miller (Chair until March 2024, new Chair to be appointed)
Anna Blackie
Coralie Cross (until January 2024)
Shannon Lin
Aneesa Khan (Secretariat)

Complaints Committee

Ann Bush (Chair until January 2024)
Catharine McNamara (Chair from January 2024)
David Bartlett
Kay Dean
Susan Drmota
Kathy Grudzinskas
Michelle Hogan
Taryn Mews
Prudence Milne
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

CDE Advisory Group

Tracey Tellam (Chair)
Holi Catton
Olivia Collenette
Lisa Gibson
Ian Harmer
Adam Lamendola
Rachel McKeown
Daniela Nash
Jennifer Nicholas
Kerri Rankin
Lesley Robinson
Cindy Shea
Kirstin Turner
Rachel Woods

Branch Executives

Adnan Gauhar	QLD
Daniela Nash	SA
Marlene Payk	NSW
Scarlett Huang	NSW

Special Interest Groups

Private Practice

Vongayi Majoni (Convenor) *formerly Co-Convenor*
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)

Fiona Nash (Western Australia)
Edwin Pascoe (Victoria)
Isabel Reeves (ACT)

Diabetes in Pregnancy

Anna Jane Harding (Co-Convenor)
Alison Barry (Co-Convenor)

ADEA Diabetes Research Foundation (ADRF)

ADRF Board

Robert Biancardi (Chair)
Derek Finch

Award Judging Panels

CDE of the Year 2023

Diyar Emadi
Rachel Freeman
Jane Giles
Patricia Marshall
Effie Houvardas
Rachelle Ward (consumer)

Abbott Case Study Award 2023

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

Pharmaco Registration Grants 2023

Lorena Akerman
Cecile Eigenmann
Rachel Freeman
Toni Willson

ADC 2023 Abstract Reviewers

Belinda Brooks
Tim Benson (consumer)
Wendy Bryant
Karen Crawford
Ashley Ng (consumer)
Achamma Joseph
Caremn Holmes
Yvonne Tate
Ashvin Nursing
Linda Mitchell
Sue Wyatt
Rebecca Munt
Rachel McKeown
Diyar Emadi

ADC 2023 Presentation Judges

Tim Benson (Consumer)
Wendy Bryant
Diyar Emadi
Achamma Joseph
Ashley Ng
Donna Wellins

NDSS Expert Reference Groups

National Diabetes Nursing Education Framework

Rebecca Munt
Peta Tauchmann
Jayne Lehmann
Catharine McNamara
Alison Barry
Monique Stone
Fleur Kelly

Ronee Maharjan, NDSS Awareness Coordinator (NSWACT) at Diabetes Australia, and Fleur Kelly, NDSS Aboriginal and Torres Strait Islander Project Lead at ADEA.



STRATEGIC PILLAR 1

Advocate

A national united voice for our members who support people living with diabetes

- *Everyone in the diabetes community will know who a CDE is and what a CDE does.*
- *Government policies that support increased access for people living with diabetes to expert diabetes education by CDEs.*
- *Government policies that provide increased coverage and access to contemporary medicines and technology.*
- *Private health insurers provide coverage for diabetes education and care by CDEs.*

Unified budget submission

This year, for the first time, ADEA submitted its budget request as part of a unified submission with our unified partners, Diabetes Australia and ADS. Our budget request advocated for our three strategic initiatives. 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. CDE visits for people 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.

Championing the diabetes workforce in Government Inquiry

We worked closely with our unified partners to respond to the Parliamentary Inquiry into Diabetes. ADEA led the submission on the Diabetes Workforce, and the President, CEO, and Manager of Policy, Advocacy and Communications gave evidence before parliament. ADEA continues to lobby for funding and policies that support CDEs and the diabetes workforce and ultimately people living with diabetes.

Leaders from ADEA and its unified partners attended Parliament House in February to champion the Diabetes Research Changes Lives campaign for emergency research funding



Advocating for CDEs' role and scope of practice

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 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 has participated in the Scope of Practice Consultations in writing and in meetings and discussions to ensure the role and scope of practice of a CDE is clear and protected. We continue to advocate for all CDEs to work to their full scope of practice and that the scope of practice be protected and valued. We are arguing for a single scope of practice for CDEs as part of a multidisciplinary diabetes care team with the ability to order pathologies, receive direct referrals and titrate medication as appropriate.

Highlighting impacts on diabetes care in COVID-19 inquiry

We also submitted a detailed response to the Australian Government's COVID-19 Response Inquiry, highlighting key areas where the diabetes care sector was impacted and offering recommendations for future health crises. To find out more about our advocacy efforts and to see the submissions, please visit our website.

Advocating for increased diabetes research funding

In February 2024, ADEA and our unified partners met with MPs at Parliament House to call for increased diabetes research funding. We also jointly launched the Diabetes Research Changes Lives campaign on World Diabetes Day 2023 and unified strategic plans to reduce diabetes impact, and we signed the International Pledge to End Diabetes Stigma.

Enhancing marketing and media for greater impact

Our marketing and media initiatives have significantly increased recognition of diabetes education and the CDE profession. This year, our social media engagement grew across most platforms, and our strategic media outreach successfully elevated the CDE and ADEA brands.

Our SEO efforts for the ADEA website yielded impressive results, achieving a record 17,000 Google clicks in 28 days—a 54% increase compared with 2023. This improvement in search visibility drove more than 8,800 unique users to the "Find a CDE" page during the last financial year.

To further strengthen our media presence, we launched the Media Champions initiative, forming a dedicated group of members and CDEs specifically available for media interviews. We also supported member-to-member engagement and the Diabetes Connekt platform has been actively updated with major initiatives, milestones, and events, fostering a vibrant and engaged online community.

We recognised and celebrated excellence within the CDE community through the CDEs of the Year awards and the ADEA Honorary Life Membership Award, ensuring these achievements received public attention. Additionally, we honoured the contributions of ADEA scholars to First Nations communities and issued a statement supporting the Aboriginal and Torres Strait Islander Voice to Parliament.

The 2023 CDEs of the Year. Photo by The Conference Company



These initiatives have enhanced ADEA's visibility, advocacy impact, and engagement with the diabetes community and the broader public.

ADEA membership continues to grow steadily, with an increase of 2.6% over the past 12 months, and growth of 10% over the past five years since 2019. The CDE workforce also continues to grow. In the past 12 months, the number of CDEs increased by 2.9%, and 13% over the past five years since 2019.

10%
membership growth in the past 5 years

STRATEGIC PILLAR 2

Educate

The first-choice provider of diabetes education for all health professionals

- *All health professionals can access quality ADEA-endorsed diabetes education and training.*
- *All health professionals know when and how to refer to CDEs.*
- *ADEA equips our members with contemporary and innovative skills and capabilities, to enable them to provide the highest quality, evidence-based diabetes education.*

Microcredentials for the generalist health workforce

The National Diabetes Strategy identifies health 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.

ADEA subsequently developed a suite of eight microcredentials for the Victorian TAFE system, with funding from the Victorian Government. ADEA was recognised with a 2023 LearnX Platinum Award for these microcredentials for students who are undertaking a health course at Certificate III, Certificate IV and Diploma levels. The microcredentials provide an understanding of diabetes, the importance of diabetes education and person-centred care. They also highlight the role of CDEs in ensuring optimal care for people living with diabetes. At the time of writing this report, the microcredentials are being piloted and we expect them to be launched later this year and then rolled out more broadly to Victorian TAFEs from 2025. We plan to develop further microcredentials for the generalist health workforce over the next 12 months.

Enhancing credentialling and education for CDEs

ADEA's program of credentialling and education, including conferences, webinars and podcasts is focused on addressing member-priority topics, and has been enhanced in 2024 with the addition of new practical workshops held alongside state conferences as well as in the ADEA Education Day held the day before the ADC. Additionally, new microcredentials are currently being developed focusing on insulin pumps, diabetes medications and professional practice. For further details, please refer to *Strategic Pillar 4: Connect*. Further enhancements are being planned, with changes to the credentialling pathway in late 2024.

ADEA state conferences were held in WA, Queensland, South Australia, Victoria and NSW/ACT this financial year. The conferences received positive feedback and were well attended, with a total of 602 attendees and 67 speakers, and a number achieving record attendance levels.

In 2019 the Board approved a CDE Education Review, which began in early 2020. Its objective was to strengthen the CDE workforce by reviewing, improving, and standardising the CDE education pathway. The review started with an August 2020 survey to gather perceptions from ADEA members and key stakeholders and the survey results were published in the November 2021 edition of the ADE.

The survey identified ongoing challenges with the current credentialling pathway and the need to consider future CDE education and credentialling activities. The survey also addressed professional issues such as the scope of practice, recognition of advanced practice, and the perceived value of a CDE. In 2022, the Role and Scope of Practice

for Credentialled Diabetes Educators in Australia was updated. In 2023, contemporary approaches and options to credentialling were explored, and a proposed new initial credentialling pathway was developed and members consulted about the proposed changes. Member feedback has informed the design of the new pathway which is expected to be implemented in late 2024 and evaluated in late 2025. For more detailed information, visit the ADEA webpage *New and enhanced credentialling pathway: consultation responses and FAQs*.

13%
increase in the number of CDEs in the past 5 years

Educational programs

6 endorsed educational programs

46 total CPD points

Webinars

12 webinars

12 speakers

3 sponsors

1861 attendees

Podcasts

13 podcasts

13,900 times the podcasts were played

STRATEGIC PILLAR 3

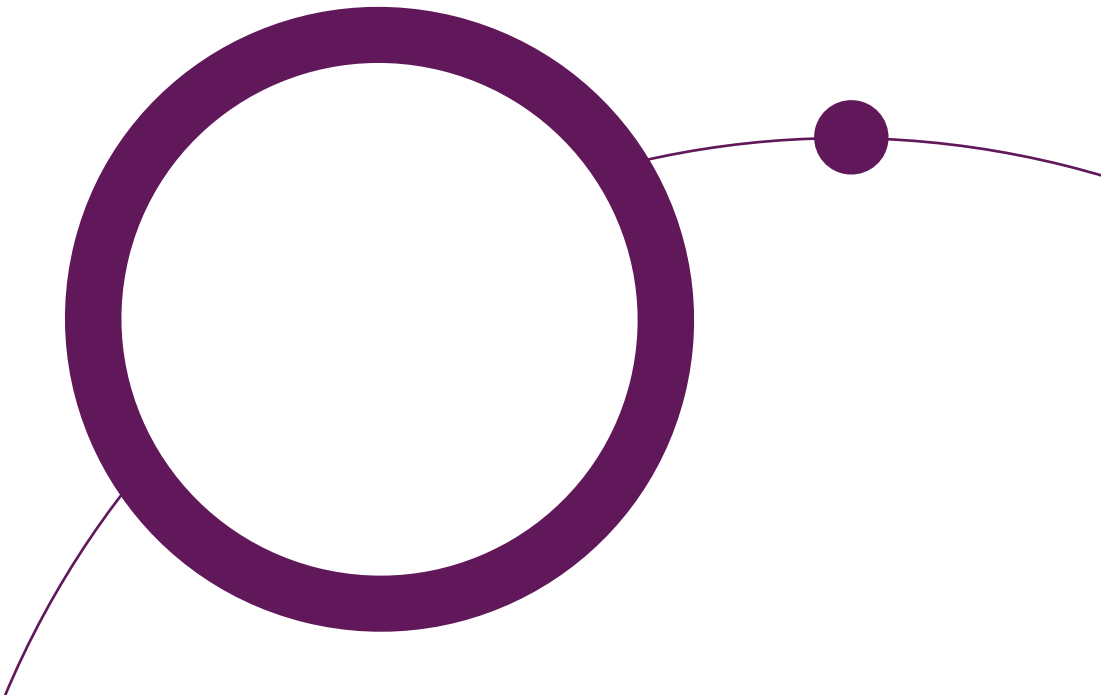
Care

Every person with diabetes has equitable access to and receives optimal diabetes care and education

- *Every person with diabetes has access to a CDE upon diagnosis and at regular intervals to ensure optimum outcomes*
- *All senior diabetes educator roles in the public health sector require a CDE credential or to be working towards one.*

Strengthening advocacy and collaboration through unification

Since the 2021 ADEA and ADS unification with Diabetes Australia, we have seen substantial progress on our shared priorities and the strengthening of our collective advocacy. This year, for the first time, we submitted our pre-budget requests together. By combining the voices of consumers and health professionals, our collective political influence has strengthened. Our ongoing advocacy for enhanced access to and coverage for CDEs is strengthened because ultimately a robust well-supported diabetes workforce is in the interest of people living with diabetes, and this position is supported by Diabetes Australia and ADS. Additionally, we have increased our policy and advocacy capacity by working together on major efforts, such as responding to the Parliamentary Inquiry into Diabetes, the National Strategic Framework for Chronic Conditions, and the 2024 pre-budget submission. Unification has also provided an opportunity for ADEA and Diabetes Australia to identify and implement operational efficiencies and savings, including ongoing savings on office rent by co-locating the ADEA office with Diabetes Australia's office in Canberra, sharing IT management and support, and accessing better value insurance arrangements.



Reducing the impact of diabetes on First Nations peoples

ADEA is seeking to reduce the impact of diabetes on First Nations peoples by increasing the number of *Aboriginal and Torres Strait Islander Health Professionals who are skilled in diabetes education and management*. This year, we supported six scholarships for Aboriginal and Torres Strait Islander Health Professionals to undertake a Graduate Certificate in Diabetes Education and Management:

- ADEA Research and Sanofi Indigenous Scholarship
- ADEA Research and NovoNordisk Indigenous Scholarship x 2
- ADEA Research and Ypsomed Indigenous Scholarship x 2
- ADEA Research and Abbott Indigenous Scholarship

Once the scholarship recipients have completed their Graduate Certificates, ADEA will offer support to each recipient to complete their credentialling to become CDEs. Since 2021, ADEA has awarded 13 scholarships to First Nations health professionals.

ADEA collaborated with Diabetes Australia to deliver four quarterly forums for health workers, health practitioners, and health professionals who work with Aboriginal and Torres Strait Islander peoples living with diabetes. These online forums focus on topics that directly impact Aboriginal and Torres Strait Islander peoples. ADEA invited two First Nations CDE members to be guest speaker experts and to present in these forums. These speakers shared their inspiring journey to becoming CDEs. Overall, these forums provided practical expertise to more than 100 Aboriginal and Torres Strait Islander healthcare providers nationally.

ADEA Victoria Branch Conference in May at the iconic MCG



STRATEGIC PILLAR 4

Connect

Connecting CDEs and other health professionals to ensure diabetes care and education are embedded throughout the healthcare system

- *CDEs are an integral component of the health care system (hospitals, community care, primary care, aged care, National Disability Insurance Scheme (NDIS), etc.).*
- *CDEs contribute to diabetes research to drive evidence-based best practices.*
- *CDE workforce is connected with the resources to help them adapt to a changing world and health system requirements.*

Embedding diabetes education and care throughout the healthcare system

ADEA advocates for the increased inclusion of CDEs and diabetes education throughout the healthcare system. Our government advocacy consistently argues that CDEs are an integral component of the multidisciplinary diabetes care team, and as such should be embedded throughout the healthcare system. We have argued that CDEs and diabetes education must be embedded in all aspects of primary care (including settings like community health centres) and tertiary care to ensure that people living with diabetes have optimal access to diabetes education.

Our responses in the Parliamentary Inquiry into Diabetes and the Scope of Practice Consultation and our advice to the Allied Health Framework Consultation have specifically called for increased connection between CDEs and other health professionals, including direct referrals from specialists and other allied health professionals in addition to equipping general practitioners (GPs) with an understanding of how and when to refer to CDEs.

ADEA also outreaches to consumers through social media and our unified partners to help people living with diabetes understand the critical role that CDEs play in their health journey to improve access and awareness. We continue to push for every person living with diabetes, prediabetes, or at high risk of developing diabetes to be referred to a CDE. This is complemented by our education materials for the generalist health workforce (please refer to *Strategic Pillar 2 'Microcredentials for the Generalist Workforce*')

Supporting the CDE workforce

ADEA ensures that the CDE workforce is well-equipped to adapt to a changing world and meet evolving health system requirements through a variety of resources and initiatives.

Events and comprehensive education initiatives

This year, ADEA Branch conferences thrived with strong attendance and positive feedback, highlighting the value our members place on education and networking. We delivered a comprehensive program that included the annual ADEA-ADS ADC, webinars, podcasts, and state events. Additionally, practical workshops alongside Branch conferences and an ADEA Education Day just before the ADC were introduced, providing hands-on learning opportunities. The positive feedback from these initiatives will guide future improvements.

New credentialling pathway for optimal diabetes care

Our analysis of the diabetes health workforce in 2021 underscored the need to expand the CDE workforce to ensure optimal diabetes care for all Australians. In response, we developed a new credentialling pathway designed to streamline the process and address barriers. This pathway, presented to members in December 2023, will be implemented with a new IT system and LMS in late 2024, further supporting the professional growth of CDEs and members.

Diabetes Connekt: growing platform supports and engages the CDE workforce and members

Diabetes Connekt, our platform that hosts the Capability Framework for Diabetes Care and was launched on World Diabetes Day 2022, has grown to 4810 active users. After a revamp in November 2023, Diabetes Connekt continues to facilitate member collaboration and provide access to ADEA events and educational materials. This platform is central to our efforts to support and engage the CDE workforce and members effectively, ensuring they have the resources needed to adapt and thrive in a dynamic healthcare environment.

ADEA also provides the CDE workforce with various grants and awards to recognise their contributions and enhance their professional development.

Upholding professional standards

The ADEA Complaints Committee considers all complaints about members related to the ADEA Code of Conduct and makes recommendations to the Board. In this financial year, the Complaints Committee considered five complaints.

For Code of Conduct violations, there was one complaint related to professional conduct and one to unprofessional behaviour. For general complaints, there was one complaint related to unprofessional behaviour and two categorised as 'other'. Of these five complaints, two were considered by a Complaints Hearing Subcommittee. No complaints were made about clinical conduct.

Professional conduct complaints include unprofessional conduct toward a client and unprofessional conduct toward a health professional or service. Unprofessional behaviour complaints include bullying, unprofessional communications, and misrepresentation.

ADEA Board Director Coralie Cross provides an update at the SA State Conference in mid-May



Honorary Life Membership

The Board bestows the prestigious Honorary Life Member Award on an individual member who has made a significant contribution to diabetes education. Limited to one member per year, this highest honour was awarded in 2023 to Jane Giles, a past ADEA President. Since its inception, 20 members have received this award.

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
20. Jane Giles

CDE Fellowship Award

Initiated in 2017, the CDE Fellowship Award recognises members' expertise and contributions, granting them the post-nominal FADEA. In 2023, this honour was awarded to Ian Harmer and Rachel Woods, bringing the total number of fellows to 16.

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. Carolein Koreneff
10. Jayne Lehmann
11. Jen Kinsella
12. Debbie Scadden
13. Cynthia Porter
14. Janet Lagstrom
15. Ian Harmer
16. Rachel Woods

President Amanda Bartlett presenting Jane Giles with the ADEA Honrary Life Membership Award 2023. Photo by The Conference Company



National and State CDE of the Year Awards

The Jan Baldwin National CDE of the Year 2023 was awarded to Shannon Lin. State-specific awards celebrated the achievements of CDEs across Australia:

- ACT: Kirstin Turner
- NSW: Shannon Lin
- QLD: Belinda Densley
- SA: Daniela Nash
- TAS: Samantha Beattie
- VIC: Lesley Robinson
- WA: Jessica Weiss
- NT: Helen Coburn

Abstract and Case Study Awards

Recognising excellence in research and practice, the Roche Abstract Awards were given to:

- Best Oral Presentation: Rebecca Munt
- Best New Oral Presentation: Karen Mathews
- Best Poster Presentation: Yiting Huang
- Best New Poster Presentation: Jing Shen

In the FreeStyle Living with Diabetes: Learning from Case Studies 2023, the Judges Choice Award went to Cindy Shea, with finalists including Belinda Moore, Gabriela Abrahamson, Jiahua Wu, and Shannon Lin.

Through these initiatives, ADEA ensures that CDEs are recognised for their contributions and provided with the resources to adapt to a dynamic healthcare environment, ultimately enhancing the quality of diabetes education and care.

Diabetes Pathways

ADEA continued to promote the Diabetes Referral Pathways including presenting the pathways to key stakeholders via various channels. These included marketing to target audiences using organic search engine optimisation tactics and social media paid advertising, as well as publishing organic social media content, which has been shared by numerous other organisations and ADEA members.

In addition, we continued to promote associated resources to help members talk about the pathways and present them to their local diabetes care team members. These resources include posters and flyers explaining the pathways and materials about the benefits of CDEs and how to use the *Find a CDE* function on the ADEA website.

Enhancing connection to CDEs

Sanofi has sponsored the Simple Steps phone line since 2019, which is administered by ADEA and staffed by CDEs. This free telephone support program provides high-quality general diabetes education and advice for people living with diabetes who are prescribed a Sanofi medication as well as health professionals. Callers who require further assistance with their diabetes management are referred to local CDEs, using the Find a CDE function on the ADEA website. Over the past 18 months, Sanofi and ADEA have been working on enhancements to the telephone support program and awareness-raising with GPs and other healthcare professionals. This is anticipated to increase awareness of CDEs and their value-add to the healthcare system, and potentially increase the number of referrals to CDEs. At the time of writing this report, the enhanced program, Insulin Chat, is expected to be launched in mid 2024.



STRATEGIC PILLAR 5

Support

Robust governance to support the interests of ADEA members, management and staff to achieve the best possible performance and results, and support ADEA to adapt to the changing external environment

- *Sustainable financial recovery following the pandemic and ongoing financial stability*
- *A strong and growing membership base*
- *Highly skilled, motivated and sufficient staff*
- *Reliable, efficient and effective systems and technology*
- *Strong stakeholder relations and partnerships, including with our unified partners: Diabetes Australia and the Australian Diabetes Society.*

Strengthening financial sustainability via strategic investments

Like many organisations, ADEA experienced revenue challenges relating to the COVID-19 pandemic and subsequently for the past two financial years we have been focused on diversifying and strengthening our revenue streams and containing expenditure.

In August 2022, the Board approved investment in strategic projects to enhance ADEA's financial sustainability by increasing and diversifying revenue. The **Sponsorship Project** has enhanced ADEA's engagement with existing and new sponsors, increasing revenue to enable increased investment in member services. The **Microcredentialling Project** (part of the CDE Education Review project) has enabled the development of microcredentials for CDEs and for the generalist workforce, commencing with microcredentials for the health workforce undertaking Certificate III, IV and Diploma level TAFE courses. Expansion of our education programs to the generalist workforce will enhance the diversity of ADEA's revenue streams, as well as align with the 2020–30 National Diabetes Strategy and support our strategic goals (for more details, please refer to *Strategic Pillar 2: Educate*). We commenced realising the financial benefits of these investments in this financial year, and these will continue to grow into the future.

The strategic investment in the **ICT Transformation Project** is expected to reduce administrative costs associated with credentialling and re-credentialling and maintaining outdated IT systems. In addition, it will simplify and streamline processes for members. The new ICT system will be implemented in a phased approach over two years and the first phase will go live in late 2024.

Unification has also assisted ADEA in containing expenditure, through better value-for-money insurance arrangements, reduced rent and reduced IT support costs.

Membership growth and advocacy boost CDE profession

As of 30 June 2024, ADEA had 2,472 members, with members steadily increasing and growth remaining consistent at 10% over the past five years. The number of CDEs increased 2.9% to 1,680 in the past 12 months and 13% over the past five years. Despite this progress, the growth in the CDE profession is not keeping pace with the rising number of people living with diabetes registered with the NDSS.

Continued advocacy, marketing and promotion, as well as the removal of some of the identified barriers to credentialling with the introduction of the new credentialling pathway in late 2024, is expected to increase credentialling applications and growth in the number of CDEs over the coming years. ADEA's advocacy to the government through the Parliamentary Inquiry, the Scope of Practice Review, and the Allied Health Framework consultation have raised the profile of the importance of diabetes education and the CDE profession. This is supported by the continuing expansion of our marketing and promotion of the CDE profession to other health professionals and people living with diabetes, including leveraging the communications channels of our unified partners.

In the past year, our mentoring partnership program has fostered 326 partnerships and 88 new mentors, reflecting our commitment to fostering professional development within our ADEA community. This program has provided invaluable guidance and support, with mentors dedicating over 2,500 hours to help mentees navigate their career paths.



Numbers as at 30 June 2024

Stable management supports ADEA's growth and programs

ADEA has a strong and stable management team comprised of the CEO; Chief Operating Officer; Manager of Professional Services and Education; and Manager of Policy, Advocacy and Communications. As of 30 June 2024, ADEA employed 13.9 full-time equivalent (FTE) staff: 10.2 FTE operational staff, 2.2 FTE NDSS staff and 1.5 FTE strategic projects staff. Despite increased membership, expanded education, policy and advocacy programs, and activity, the average FTE staff during the past four years has remained stable.

Strategic projects enhance systems and technology efficiency

In August 2022, the ADEA Board approved two strategic projects to ensure reliable, efficient and effective systems and technology: the ICT Transformation Project and the continuation of the CDE Education Review. The **ICT Transformation Project** includes the development of a new integrated membership management system and LMS. It also includes a review of administrative processes and business rules to streamline and simplify processes. The first phase of this project is expected to be completed and implemented in late 2024. The **CDE Education Review** includes the development of a new, contemporary credentialling pathway to streamline and simplify credentialling and associated processes. The proposed new pathway was presented and discussed with members in a national webinar in early December 2023 and followed by member consultation and feedback (please refer to *Strategic Pillar 2: Educate* for more information). The pathway is expected to be rolled out in late 2024, concurrent with the new ICT systems to ensure alignment.

Stakeholder partnerships boost diabetes advocacy and education

ADEA continues to advocate for more funding and support for diabetes, the diabetes workforce, and diabetes research. This includes joint advocacy with our unified partners, the Australian Diabetes Society and Diabetes Australia, through submissions to the Government, the Parliamentary Inquiry into Diabetes and Obesity and the Scope of Practice Review. We have also worked closely with other stakeholders on these and other policy and advocacy issues including with Allied Health Professions Australia, other peak diabetes organisations, and other peak health professional bodies.

We have partnered with a range of organisations and sponsors to develop and deliver our education programs, including conferences, workshops, webinars, podcasts and microcredentials.

13.9

FTE staff were employed as of 30 June 2024

Thank You

We thank our corporate sponsors:

ADEA Education

Abbott

AMSL

Eli Lilly

Novo Nordisk

Pharmaco

Roche

Sanofi

Ypsomed

ADEA Events

Abbott

Abbott Nutrition

AMSL

Ascensia

Arrotex

AstraZeneca

Bayer

Boehringer Ingelheim

Diabetes Australia

Eli Lilly

Embecta

Guild Insurance

GSK

Insulet

NDSS

Novo Nordisk

Not Just a Patch

Pharmaco

Roche

Sanofi

Stripped Supply

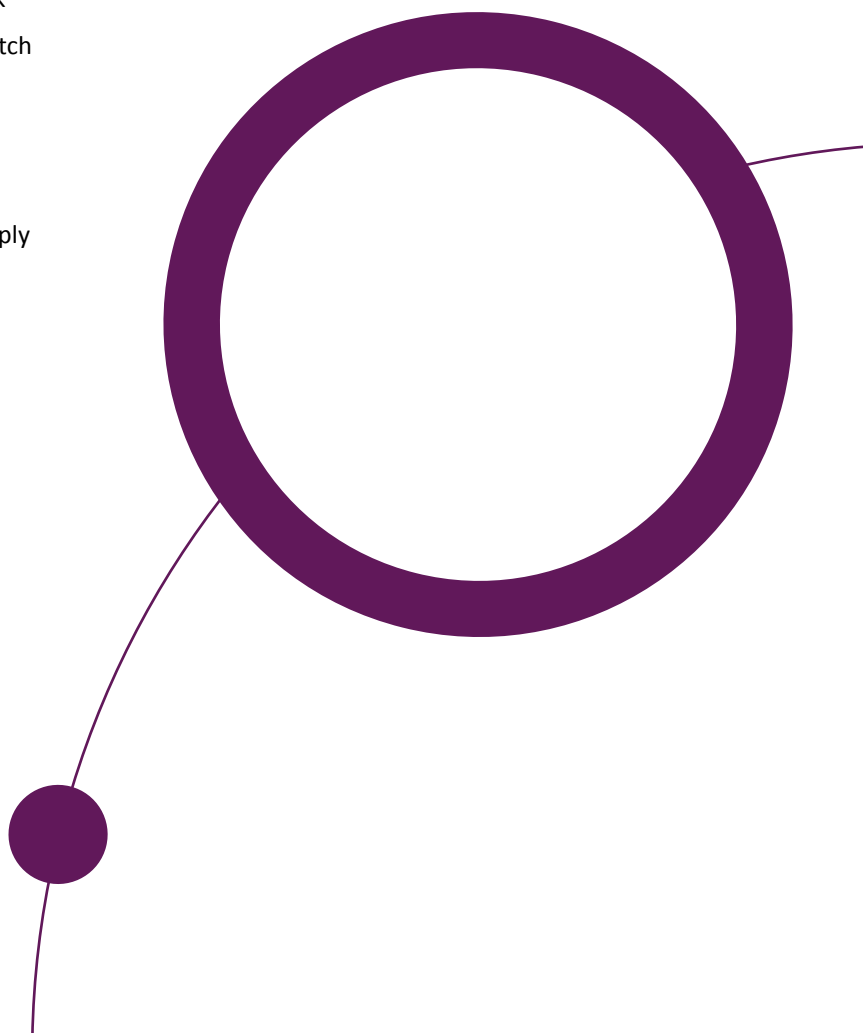
Ypsomed

ADEA Membership Benefits

Blue Light Card

Guild Insurance

Fitness First (commencing July 2024)



Australian Diabetes Educators' Association Limited

ABN: 65 008 656 522

Annual Financial Report

for the year ended

30 June 2024

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 2024.

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 and President from 12 October 2022
Ann Bush Vice President from 12 October 2022
Maria Maieli Finance Director from 24 August 2018
Taryn Black Commenced term one 19 March 2024
Anna Blackie Commenced term one 12 October 2022
Justine Cain Commenced term one 23 November 2021 until 5 March 2024
Coralie Cross Commenced term one 24 August 2021
Derek Finch Commenced term three 28 August 2023
Amanda Galbraith Commenced term one 24 August 2021 until 11 August 2023
Shannon Lin Commenced term one 31 October 2023
Catharine McNamara Commenced term one 12 October 2022
Jessica Miller Commenced term one 12 August 2021 until 31 March 2024

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 2024 is $305,766 (2023: $368,909 loss).

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

2023	Chronic disease management communications working group – Dept of Health and Aged Care
2023-24	Chair ADEA Complaints Committee
2022	ADEA Vice President
2018	ADEA Board Director – Committees Governance (2018 – 2022) Noms and Rems (2022 ongoing)
2018	Cert IV Workplace training and Assessment upgradeTAE40116
2012-18	ADEA Vic Branch Exec – Branch Chair (2014-18)
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
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

Taryn Black

2024	Australian Diabetes Educators Association – Non-Executive Director
2024	Australian Diabetes Society - Non-Executive Director
2015	Diabetes Australia- Chief Strategy Officer
2008-2015	Diabetes Queensland – Chief Operations Officer
2006-2008	Queensland Government, Minister for Health – Senior Policy Advisor
2005-2006	Victorian Government, Minister for Health – Political Advisor
2003-2005	Victorian Department of Health – Communications Strategist
2001-2003	Dental Health Services Victoria- Corporate Communications Manager
1994-1996	Bachelor of Journalism/Arts, Curtin University

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

Justine Cain

2022	Leap in! – Director
2022 – 2023	Diabetes Qualified - Director
2021 – 2024	Australian Diabetes Educators Association - Director
2021 – 2024	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

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
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

Shannon Lin

2023	Commenced term one ADEA Board Director
2023	Convenor, Culturally and Linguistically Diverse Interest Group, Dietitians Australia
2022	Doctor of Philosophy (PhD), University of Sydney
2022	Advanced Accredited Practising Dietitian
2021	Chair, NSW Branch, ADEA
2021	Health Literacy Specialist Certificate Program, Institute for Healthcare Advancement
2020	Member, MESAC Advisory Committee
2018	Board Member, Global Chinese Diabetes Association
2017	Member, Australasian Diabetes Congress Program Organisation Committee, ADEA
2017	Member, Culturally and Linguistically Diverse Expert Reference Group, Diabetes Australia
2013	Member, Aged Care Home Advisory Group, Dietitians Australia
2010	Credentialled Diabetes Educator
2009	Graduate Certificate of Diabetes Education, University of Technology Sydney
2008	Master of Nutrition Management, University of Wollongong
2005	Bachelor of Science, 1st Class Hons (Nutrition & Dietetics), University of Sydney
2005	Accredited Practising Dietitian
2005	Director, Australian Nutrition & Diabetes Service

Catharine McNamara

2022	Commenced term one ADEA Board Director
2018	Graduate Certificate - Learning and Teaching in Higher Education, Deakin University
1995	Graduate Certificate of Diabetes Education, Deakin University, Victoria
1984-1987	Registered Nurse, Hospital Training
1980-1982	Bachelor or Arts Degree, University of Tasmania

Jessica Miller

2021 – 2024	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	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

Meetings and Attendances of Directors

Directors		No. eligible to attend	No. attended
First Name	**Last Name**		
Amanda	Bartlett	6	6
Ann	Bush	6	6
Maria	Maieli	6	5
Taryn	Black	1	1
Anna	Blackie	6	5
Justine	Cain	4	1
Coralie	Cross	6	6
Derek	Finch	6	5
Amanda	Galbraith	1	0
Shannon	Lin	4	3
Catharine	McNamara	6	5
Jessica	Miller	5	2

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.

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.

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

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 2024, the total amount that members of the Company are liable to contribute if the Company is wound up is $123,250 (2023: $120,500).

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

Amanda Bartlett
Amanda Bartlett (Jul 25, 2024 11:51 GMT+10)

Chairperson: Amanda Bartlett

Maria Maieli
Maria Maieli (Jul 25, 2024 11:53 GMT+9.5)

Finance Director: Maria Maieli

Dated 24 July 2024

RSM Australia Partners

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600
GPO Box 200 Canberra ACT 2601

T +61 (0) 2 6217 0300
F +61 (0) 2 6217 0401

www.rsm.com.au

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 2024, 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 AUSTRALIA PARTNERS

Canberra, Australian Capital Territory
Dated: 25 July 2024

RODNEY MILLER
Partner

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

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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 2024

	Note	2024 $	2023 $
Revenue and other income	3	2,747,197	2,199,267
Employee benefit expenses		(1,638,567)	(1,484,503)
Operating expenses		(1,140,660)	(761,047)
Branch conferences expenses		(123,367)	(98,675)
Financial and legal expenses		(195,755)	(171,103)
Subscription memberships expenses		(7,610)	(16,637)
Depreciation expenses	9	(7,304)	(7,587)
Donation to ADEA Diabetes Research Foundation		-	(39,100)
Loss on disposal of assets		-	(16,506)
Loss for the year		(366,066)	(395,891)
Other comprehensive income for the year			
Fair value gains on financial assets		60,300	26,982
Total comprehensive loss for the year	21	**(305,766)**	**(368,909)**

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

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

Statement of Financial Position
as at 30 June 2024

	Note	2024 $	2023 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	130,251	725,006
Trade and other receivables	6	190,849	44,309
Other current assets	7	85,990	190,746
Other financial assets	8	1,842,899	1,716,146
TOTAL CURRENT ASSETS		**2,249,989**	**2,676,207**
NON-CURRENT ASSETS			
Property, plant and equipment	9	5,561	8,646
Intangible assets	10	113,908	-
TOTAL NON-CURRENT ASSETS		**119,469**	**8,646**
TOTAL ASSETS		**2,369,458**	**2,684,853**
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	460,438	181,654
Contract liabilities	12	602,120	917,203
Provisions	13	100,760	80,359
TOTAL CURRENT LIABILITIES		**1,163,318**	**1,179,216**
NON-CURRENT LIABILITIES			
Provisions	13	11,408	5,139
TOTAL NON-CURRENT LIABILITIES		**11,408**	**5,139**
TOTAL LIABILITIES		**1,174,726**	**1,184,355**
NET ASSETS		**1,194,732**	**1,500,498**
EQUITY			
Retained earnings		942,255	1,308,321
Revaluation reserve		252,477	192,177
TOTAL EQUITY		**1,194,732**	**1,500,498**

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

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

Statement of Changes in Equity
for the year ended 30 June 2024

	Retained Earnings	Revaluation Reserve	Total
	$	$	$
Balance at 30 June 2023	**1,308,321**	**192,177**	**1,500,498**
Loss for the year	(366,066)	-	(366,066)
Other comprehensive income	-	60,300	60,300
Balance at 30 June 2024	**942,255**	**252,477**	**1,194,732**

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

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

Statement of Cash Flows
for the year ended 30 June 2024

	Note	2024 $	2023 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		2,468,693	2,934,751
Payments to suppliers and employees		(2,950,004)	(2,873,482)
Interest received		4,683	8,333
Net cash (used in)/provided by operating activities		(476,628)	69,602
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		(4,219)	(2,903)
Payments for intanginble assets		(113,908)	-
Proceeds from maturities of investments		-	256,036
Net cash (used in)/provided by investing activities		(118,127)	253,133
Net (decrease)/increase in cash held		(594,755)	322,735
Cash at beginning of financial year		725,006	402,271
Cash at end of financial year	5	**130,251**	**725,006**

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

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.

Intangible assets
The Company recognises intangible assets arising from the development of its online membership platform, which includes costs incurred for the creation and enhancement of software and related intellectual property. These costs primarily comprise direct labor and consultant expenses. Costs incurred prior to the point at which technological feasibility is established are expensed as incurred.

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.

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.

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.

	2024	2023
NOTE 3. REVENUE	**$**	**$**
Revenue from contracts with customers		
Memberships	635,016	591,544
Credentialling	112,491	105,499
Accreditation	26,667	26,944
Endorsements	950	10,484
National diabetes services scheme	647,613	569,551
Australasian Diabetes Congress	231,513	116,680
Branch revenue	320,573	259,028
Magazine, publications and advertising	17,629	27,461
Grants, awards, sponsorship and contract income	642,771	370,763
	2,635,223	2,077,954
Other revenue		
Dividends	78,590	69,006
Interest and investment income	4,683	8,333
Franking credits	28,291	42,667
Other revenue	410	1,307
	111,974	121,313
Total revenue and other income	**2,747,197**	**2,199,267**

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

Geographical regions		
Australia	2,635,223	2,077,954
Timing of revenue recognition		
Goods transferred at a point in time	1,325,927	889,915
Services transferred over time	1,309,296	1,188,039
	2,635,223	2,077,954

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

Leases		
Short-term and low-value assets lease payments	17,419	15,901
	17,419	**15,901**

NOTE 5. CASH AND CASH EQUIVALENTS

Cash at bank and in hand	130,251	725,006
	130,251	**725,006**

	2024 $	2023 $
NOTE 6. TRADE AND OTHER RECEIVABLES		
CURRENT		
Trade receivables	162,558	20,188
Provision for impairment of receivables	-	(2,706)
Other receivables	28,291	26,827
	190,849	**44,309**
NOTE 7. OTHER CURRENT ASSETS		
CURRENT		
Prepayments	85,990	190,746
	85,990	**190,746**
NOTE 8. OTHER FINANCIAL ASSETS		
CURRENT		
Other financial assets at fair value through OCI	1,842,899	1,716,146
	1,842,899	**1,716,146**
NOTE 9. PROPERTY, PLANT AND EQUIPMENT		
Office equipment - at cost	19,517	33,910
Accumulated depreciation	(13,956)	(25,264)
	5,561	**8,646**

Reconciliations

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

	Office equipment
Balance at the beginning of the year	8,646
Additions at cost	4,219
Disposals during the year	-
Depreciation	(7,304)
Carrying amount at the end of the year	**5,561**

NOTE 10. INTANGIBLE ASSETS		
Website Development - Work in Progress	113,908	-
	113,908	-

	2024 $	2023 $
NOTE 11. TRADE AND OTHER PAYABLES		
CURRENT		
Trade payables	303,666	13,767
Other payables	156,772	167,887
	460,438	**181,654**
NOTE 12. CONTRACT LIABILITIES		
CURRENT		
Memberships received in advance	293,004	282,216
Grants received in advance	227,338	556,203
Accreditation and sponsorships received in advance	81,778	78,784
	602,120	**917,203**
NOTE 13. PROVISIONS		
CURRENT		
Annual leave	97,337	77,922
Long service leave	3,423	2,437
	100,760	80,359
NON-CURRENT		
Long service leave	11,408	5,139
	11,408	5,139
Total provisions	**112,168**	**85,498**

Provision for employee benefits
Provision for employee benefits represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Association does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Association does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlements.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1(g).

NOTE 14. CAPITAL AND LEASING COMMITMENTS

As at balance date the Association has no enforceable lease contract binding the Association to lease commitments (2023: 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 $17,419 (2023: $15,901). The Association has no capital commitments (2023: Nil).

NOTE 15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no contingent liabilities or assets.

NOTE 16. 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.

	2024	2023
	$	$

NOTE 17. 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	**364,594**	**381,717**

For details of other transactions with KMP, refer to Note 18: Related Party Transactions.

NOTE 18. RELATED PARTIES TRANSACTIONS

The ADEA provides funds to the Australian Diabetes Research Foundation (ADRF) to meet research grant payments and when they fall due as required. In 2024 no funds have been provided for payments to ADRF (2023: $39,100).

Some administration services were provided to ADRF free of charge.
In 2024 honorariums were paid to Directors' of ADEA of $2,500 (2023: $5,000). In 2024 $8,370 (2023: $11,800) honorariums were paid to ADEA Directors' for committee work associated with the National Diabetes Services Scheme.

NOTE 19. 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	19,200	18,300
Other services	3,200	3,000
Audit of grant acquittal	2,800	2,700
	25,200	**24,000**

NOTE 20. 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

NOTE 21. OPERATIONAL AND STRATEGIC PROFIT AND LOSS

During the year the operational and strategic profit and loss have been as following:

	2024 $	2023 $
Operational profit and loss		
Revenue and other income	2,747,197	2,199,267
Employee benefit expenses	(1,566,342)	(1,457,238)
Operating expenses	(1,034,275)	(667,877)
Branch conferences expenses	(123,367)	(98,675)
Financial and legal expenses	(195,755)	(171,103)
Subscription memberships expenses	(7,610)	(16,637)
Depreciation expenses	(7,304)	(7,587)
Donation to ADEA Diabetes Research Foundation	-	(39,100)
Loss on disposal of assets	-	(16,506)
Loss for the year	(187,456)	(275,456)
Other comprehensive income for the year		
Fair value gains on financial assets	60,300	26,982
Total comprehensive loss for the year	**(127,156)**	**(248,474)**
Strategic profit and loss		
Revenue and other income	-	-
Employee benefit expenses	(72,225)	(27,265)
Operating expenses	(106,385)	(93,171)
Loss for the year	(178,610)	(120,436)
Other comprehensive income for the year		
Fair value gains/(losses) on financial assets	-	-
Total comprehensive loss for the year	**(178,610)**	**(120,436)**
Total operational and strategic comprehensive loss for the year	(305,766)	(368,910)

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 10 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 2024 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

(a) 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 24 July 2024.

Signed in accordance with a resolution of the directors:

Amanda Bartlett
Amanda Bartlett (Jul 25, 2024 11:51 GMT+10)

Chairperson: Amanda Bartlett

Maria Maieli
Maria Maieli (Jul 25, 2024 11:53 GMT+9.5)

Finance Director: Maria Maieli

RSM Australia Partners
Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600
GPO Box 200 Canberra ACT 2601
T +61 (0) 2 6217 0300
F +61 (0) 2 6217 0401
www.rsm.com.au

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 2024, 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 2024 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 2024, 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.

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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.

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: 25 July 2024

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