Annual Report

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18|19

ADEA

Your trusted partner in diabetes care

VISION

ADEA is the leading organisation in the development and provision of quality, evidence-based diabetes education and standards.

Strategic Plan 2017-20

1 Professionalism

We instil professionalism in the standards we set; in our delivery of education and through our members.

Priorities :

- Develop further evidence-based national standards that are relevant and maintain currency through regular evaluation
- Maintain our core business in accreditation and credentialling
- Promote appropriate implementation of our standards across Australia
- Develop new packages & products relevant to ADEA's mission (2018). This priority is included also under the theme 'Relevance'
- Explore new ADEA entity related to education (2018)

2 Innovation

We use research to enable innovation in diabetes management.

Priorities:

- Fund & promote outcome-based research including self-management and lifestyle focused studies
- Measure the outcomes of CDE practice and promote evidence informed innovation
- Translation of standards into practice
- Identify data needs and utilise existing data sets where accessible to support ADEA and its members (2018)

3 Person-centred

We promote a person-centred approach to prevention and management of diabetes.

Priorities:

- Implement outcomes from research in early intervention, prevention and management
- Meaningful engagement and collaboration with consumers regarding priorities that impact their care
- Focus on the specialised and individualised education and management process of CDE practice

4 Relevance

We maintain our relevance by improving value to our members and key stakeholders.

Priorities :

- Government, policy and stakeholder advocacy to increase the awareness, utility and use of CDEs
- Tap into our extensive outreach network
- Provide value to our members that encourages membership growth
- Remain at the forefront of changes and opportunities relating to diabetes education and management
- Strengthen partnerships (2018)
- Develop products & packages relevant to ADEA's mission (2018)

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President's Report

This year has been another year of change for ADEA with the resignation of our CEO after 7 years with ADEA. The Board undertook a rigorous process to find the best CEO to ensure ADEA achieves its strategic aims and objectives. The Board is thrilled with the appointment of Susan Davidson and very appreciative of all the work that our interim CEO Ben Graham and the previous CEO Joanne Ramadge undertook to ensure a smooth transition.

The Board has worked with Susan and Ben to develop five strategic priorities to implement. These are:

1. Qualifications and training recognition – increasing the recognition of the role of CDEs, and their value to employers, health professionals and the community
2. External networks – increasing ADEA's level of influence in the diabetes sector to help sustain and grow the organisation
3. Consumer focus – including consumer experience into our work, in recognition of the importance of the CDE-consumer partnership to diabetes self-management
4. Workforce guidelines – review current guidelines and develop new guidelines and position statements as required
5. Revenue diversification – fundraising and looking at opportunities to generate income to support research into diabetes education through the ADEA Diabetes Research Foundation

The Australasian Diabetes Congress continues to be the showcase of diabetes research and quality projects in Australia and demonstrates valuable collaboration between ADEA and Australian Diabetes Society (ADS). ADEA is also building strong partnerships with diabetes health care professional organisations in the Asia Pacific region with strong interest in our Credentialling and Graduate Certificate Programs.

ADEA remains in a strong financial position, and this has enabled the Board to approve enhancements in National Office staffing with the aim to expediate the implementation of the above-mentioned strategies. The enhancements have seen the recruitment of three new part-time staff: a Corporate Affairs Manager and a Social Media and Communications Officer to strengthen stakeholder and consumer engagement; and an Administration Officer to support member services and the NDSS Continous Glucose Monitoring (CGM) Advisory Subcommittee. An Education Officer was also recruited to lead the development of education programs for members, including webinars, podcasts and e-learning modules.

The ADEA Board has approved a partnership with ADS, Diabetes Australia, Cochrane and the Australasian Paediatric Endocrine Group to develop living evidence-based guidelines. This innovative project ensures guidelines developed will never be outdated. When new research relevant to the guidelines is available, Cochrane will inform the guideline developers so that they can modify guidelines as appropriate.

The Board has again provided financial support to the ADEA Diabetes Research Foundation. The Board is committed to helping CDEs develop evidence that answers clinical questions and translates to enabling people with diabetes to live well every day.

This year ADEA has supported the expansion of access to CGM via NDSS with Diabetes Australia, ADS and the Government.

The Diabetes in Schools program is progressing well and will provide necessary support for our members, school staff and most importantly children living with diabetes and their families.

I would like to thank our members, staff at the ADEA National Office and Board of Directors for their contributions this year. I would particularly like to thank outgoing Vice President Nicole Frayne for all that she has contributed in her time on the Board. I am very proud of what ADEA has been able to achieve this year and I am even more excited about the future ahead for ADEA.

Regards,
Brett Fenton

CEO's Report

We have made great progress towards achieving our 2017-20 Strategic Plan, with a continued focus on raising the profile of ADEA and the important role of CDEs in helping people with diabetes to successfully self-manage their condition. We have also focused on expanding and improving the ways in which we engage with you, our members.

The number of members continues to grow, with a 4.9% increase in CDEs and 2.4% growth in total members. The number of new members has also increased, by almost 20% over the past year.

In the 2017 survey of all members, we received valuable feedback on ways in which we can enhance member services. Based on this feedback, we have continued to expand professional development opportunities for members, through our popular fortnightly podcasts, tweet chats for health professionals and consumers, and webinars. Last year we reported that we were developing a new-look ADEA website. At the time of writing this report, the website is being tested and is expected to 'go live' in the upcoming months. This new, more streamlined website will link the learning management system, membership system and credentialling system, making it easier for members to access these systems and update their details. In 2019-20, we will review and simplify the website content to make it easier for those outside our profession to understand the role of CDEs.

The 2018 survey of members in private practice was developed with the assistance of our Private Practice Special Interest Group, with the aim of gaining a better understanding of the priorities and issues for CDEs in private practice. Based on the survey results, we worked with our Private Practice Special Interest Group and Diabetes in Pregnancy Special Interest Group to develop a submission to government. In November 2018 we wrote to the Minister for Health seeking: an increase in the number of services a person with diabetes can access through Medicare, an increase in the Medicare rebate, Medicare payment for telehealth consultations with CDEs, and access to Medicare rebates for women with gestational diabetes. We also made a submission to the Medicare Review Taskforce on these issues, and in conjunction with the Allied Health Professionals Association (AHPA) we developed a submission to the Allied Health Clinical Committee. The Taskforce has advised that they are developing a consultation process, and ADEA will be a part of the consultation, and we expect that this will occur in late 2019. We also campaigned to Private Health Insurers for access to private health insurance rebates for diabetes care provided by a CDE. We will continue to advocate on these issues in 2019-20. We also worked with Healthshare to include CDEs as a specialty category in their digital health practitioner directory. Including CDEs as a searchable category will increase accessibility to CDEs for the more than 500,000 Australians who use the platform each month.

In response to members' feedback on the 2017 roll-out of the government's Continous Glucose Monitoring (CGM) initiative, ADEA, Australian Diabetes Society (ADS) and Australasian Paediatric Endocrine Group (APEG) held discussions with the Department of Health on workforce issues relating to the CGM roll-out and the expansion of the initiative in 2018. The Department took on board our feedback and expanded the eligibility criteria in 2018, and we have established a special ADEA-ADS committee to consider applications from those who don't meet the criteria but may require special consideration.

We also made two submissions to the Nursing and Midwifery Board in 2018 in relation to gaining recognition for nurses to be able to prescribe glucose lowering medications.

Our advocacy with Diabetes Australia, ADS, APEG, Australasian Diabetes in Pregnancy Society (ADIPS) and APS for a national approach to managing diabetes in schools resulted in the Minister for Health's September 2018 announcement of $6.2m over two years to support development and implementation of an NDSS Diabetes in Schools Program. This program will ensure that all schools, no matter where they are located, will have access to education and training to assist them in supporting children with diabetes while at school. CDEs have been involved in the development of the program, and will provide training and support to schools. The development of the program has included a review of the legal framework around Australia and extensive consultation with key stakeholders, and will be developed and progressively implemented from December 2019.

Member feedback through surveys, branch conferences and communications informs the development of new guidelines and position statements. We continue to collaborate with other peak health organisations, including the ADS and Diabetes Australia, in developing and reviewing guidelines and position statements. In 2018-19 these included position statements on gestational diabetes, pre-diabetes, loop technology and biosimilar substitution.

Investment in diabetes education research is critical to enabling CDEs to provide high quality diabetes education and care, and it remains a key focus for ADEA. In 2018-19, the ADEA Diabetes Research Foundation funded three $60,000 one year research grants, and the successful grant applicants - Professor Bodil Rasmussen, Dr Carmel Smart and Marian Brennan - will present the results of their research at the 2020 Australasian Diabetes Congress.

Our financial position remains strong, with a net profit in 2018-19 of $68,000 after including financial contributions to the ADEA Diabetes Research Foundation. This positive financial result will enable ongoing investment in improving and expanding member services and education, and support promotion and advocacy to highlight the critical role of CDEs and diabetes education and care in enabling people with diabetes to live well every day.

You can find out more about our progress in achieving the 2018-19 Strategic Plan in the following sections of this Annual Report.

Over the next 12 months, we will be focusing on:

- Further improvements in member services and how we communicate with our key stakeholders, including how we describe the important role of CDEs to consumers and other health professionals
- Increasing our engagement with government and other stakeholders to raise the profile of CDEs
- Increasing our engagement with members, with the aim of developing stronger mechanisms for obtaining information on your needs and your feedback on how we are doing
- Continuing our work on existing projects including: a review of the nursing framework; and developing information and resources to support health professionals and carers in working with people with diabetes and an intellectual disability
- Implementing a call centre to manage Sanofi's current Simple Steps 1800 free call number. Sanofi has offered ADEA the opportunity to host this number and provide telephone based support for inbound calls. This new partnership with Sanofi promotes integrated care for those using the Simple Steps program and will actively refer callers to CDEs for diabetes self-management education

I commenced as Chief Executive in late May, and so the credit for the strong 2018-19 achievements and results lies the Board and the former Chief Executive Officer, Dr Joanne Ramadge. I have been very warmly welcomed by the Board, members and stakeholders and it has been a pleasure to join an organisation which so passionately advocates for the best possible care for people with diabetes.

ADEA's achievements are possible because of the many members who give their time and expertise to their fellow members and ADEA in many ways, including Branch Executives, Committees and Advisory Groups members, and through mentoring. My thanks to all who make these crucial contributions to our collective achievements.

My thanks also to the Board and staff who make a vital contribution to ADEA's important work, and to our partners and sponsors for the many ways in which you support ADEA and our members to achieve the highest standards of diabetes education and care for people with diabetes.

Regards,
Susan Davidson

Finance Director's Report

Finance Team

The ADEA Board of Directors has the responsibility for the oversight of the financial management of the organisation. This responsibility includes ensuring sustainability of resources toward achievement of ADEA's organisational purpose and maintaining growth of the organisation to ensure adequate funding of strategic plans whilst also preserving ADEA financial reserves. The Finance, Audit and Risk Management (FARM) Committee provides a review and advisory role to the Board in discharging its financial and risk management responsibilities.

The finance advisory and management services continue to be outsourced to Equity Partners. This arrangement has proven to be effective for ADEA. As such, no changes to this arrangement have been considered in the next financial year. There have been changes to the finance advisory and management over the 2018-19 financial year, with the Chief Operating Officer position being replaced by the Deputy CEO position currently held by Vy Le to provide limited financial delegations.

The FARM Committee consists of Scott Myers, the ADEA Chief Financial Officer; Greg Cliffe, an independent professional accountant; Tracey Tellam, an ADEA Board Member; and myself, a finance professional.

The 2018-19 audit of the ADEA Annual Financial Report has been conducted by the independent auditor Tony Bandle of Bandle McAneney & Co, who has audited the current and previous five annual financial statements. As a good governance measure, the independent audit services will continue to be reviewed by the committee annually.

The Board has continued to monitor and review its risk mitigation strategies during the 2018-19 financial year. The Board has managed the ADEA financial resources in a prudent manner with the objective of maintaining members' reserves in funding strategic initiatives for the benefit of members.

The Committee has implemented a Financial Investments policy for the Board, that outlines delegated authorities and ADEA's risk averse strategy.

Investments in projects were undertaken to grow ADEA value both locally and internationally toward promoting our strategic objectives set out in 2018-19 for the next three years.

The 2019-20 budget includes funding of operational activities and strategic initiatives. The budget includes:

- Funding to increase ADEA's profile both locally and internationally
- Funding for dedicated positions in fundraising and corporate affairs which has long term strategic benefits for ADEA members

A current Risk Register is maintained by the Deputy CEO and is subject to regular review and update by the FARM and Board.

Financial Performance

- Revenue raising within the diabetes sector has had an increase in competing stakeholders, but the 2019-20 budget has been forecast conservatively on the assumption that there will be emphasis placed on forming new beneficial strategic partnerships.
- Membership, the main revenue for the organisation's operational expenditure, continues to rise. The increase in 2018-19 is primarily due to increased membership numbers. An increase to membership prices is considered for the coming financial year.
- Revenue from branch conferences continues to be a strong peer-supported platform which in 2018-19 generated profits in excess of initial planned targets.
- Staff costs have increased year on year to support the marketing and fundraising efforts to deliver the organisation's strategic objectives and meet the Strategic Plan.
- Improvements in ADEA finance and governance procedures and practices continue within the organisation. Fiscal control is being maintained to deliver break even operational activities.

Financial Position

Members' reserves at 30 June was $2.9 million. A considerable amount of the reserves is represented by liquid assets. This provides ADEA with adequate reserves to pay all debts as they fall due and generates a reasonable amount of passive income to help fund operations and strategic initiatives for the medium and long-term benefit of members.

Detailed financial information can be found in the 2018-19 ADEA audited financial statements at the end of this Annual Report or on the Australian Charities and Not-for-profit Commission (ACNC) website www.acnc.gov.au

Regards,
Maria Maieli

Organisational Structure

BOARD OF DIRECTORS



Brett Fenton
President



Nicole Frayne
Vice President



Maria Maieli
Finance Director



Derek Finch
Independent Director



Jessica Miller
Independent Director



Tracey Tellam
Director



Ann Bush
Director



Helen Phelan
Director



Heike Krausse
Finance Director
(Term ended Aug-18)

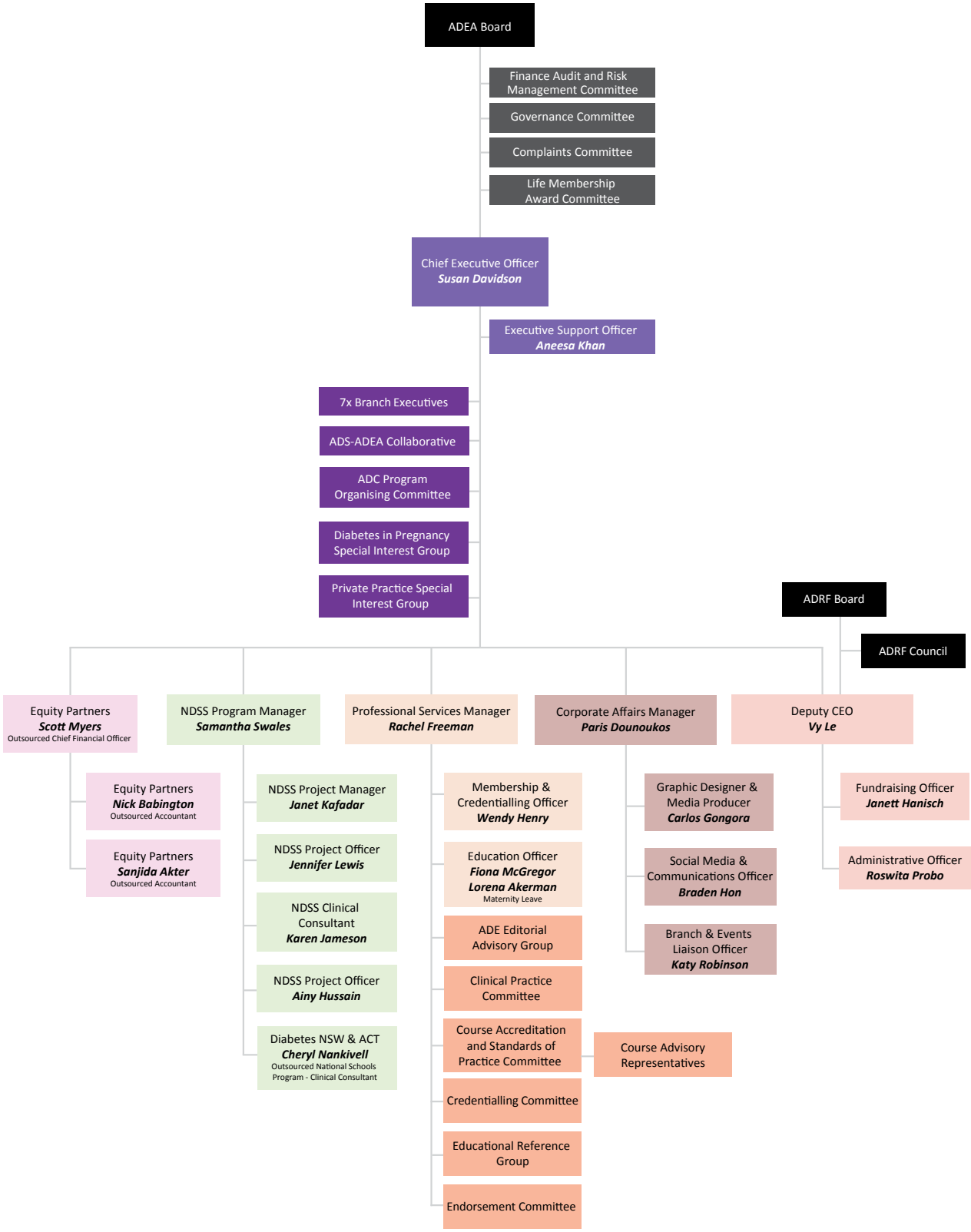


Elizabeth Bancroft
Director
(Term ended Aug-18)



Steven Brett
Independent Director
(Term ended Aug-18)

Organisational Chart



BRANCH EXECUTIVES

ACT Branch Executive

Kristine Wright, **Chair**
Stephanie Phillips (Term ended Apr-19), **Secretary**
Michelle Angove, **Education Officer**

QLD Branch Executive

Laura Zimmerman, **Chair**
Adnan Gauhar, **Secretary**
Siobhan Barlow, **Education Officer**

NSW Branch Executive

Tracy Desborough, **Chair**
Marlene Payk, **Secretary**
Yiting Huang, **Secretary**
Therese Fletcher, **Education Officer**
Amber Evans (Term ended Sep-18), **Secretary**

VIC Branch Executive

Evelyn Boyce, **Chair**
Helen Mahon, **Secretary**
Belinda Moore, **Education Officer**

NT Branch Executive

Teresa Hyatt, **Chair**
Sarah Griffin, **Secretary**
Marie Bottolfsen, **Education Officer**

WA Branch Executive

Merle Taylor, **Chair**
Lisa Foley, **Secretary**
Sandra Voesenek, **Education Officer**
Joelle Callaghan (Term ended Feb-19), **Secretary**
Alison Ilijovski (Term ended Feb-19), **Education Officer**

SA Branch Executive

Daniela Nash, **Chair**
Julie Kha (Term ended Sep-18), **Chair**
Cindy Tolba (Term ended Sep-18), **Chair**
Toni Willson, **Secretary**
Glenys Graham, **Education Officer**
Mary Hodgson, **Education Officer**
Effie Kopsaftis (Term ended Sep-18), **Finance Officer**

COMMITTEES

Editorial Advisory Group

Kate Marsh, **Editor**
Rachel Freeman
Aneesa Khan, **Secretariat**
Penelope Barker
Nicole Duggan
Steven James
Achamma Joseph
Marlene Payk
Michelle Robins

Course Accreditation and Standards of Practice Committee

Karen Crawford, **Chair**
Amy Cowan
Michelle Culhane
Trisha Dunning
Kylie Mahony
Patricia Marshell
Sophie McGough
Elizabeth Obersteller
Celestina Shori

Course Advisory Representatives

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

Clinical Practice Review Committee

Peta Tauchmann, **Chair**
Rachel Freeman, **Secretariat**
Sandra Crook
Nicholas Denniston
Lynda Marshall
Sharon McClelland
Rebecca McPhee
Celestina Shori

Credentialling Committee

Elizabeth Obersteller, **Chair**
Rachel Freeman, **Secretariat**
Jan Branch
Deb Foskett
Ian Harmer
Gillian Krenzin
Maree Nannen
Lois Rowan
Annabelle Stack
Maxine Schlaeppi
Megan Preukser
Toni Willson

Endorsement Committee

Wendy Bryant, **Chair**
Jan Alford (Term ended Apr-19)
Nicholas Denniston
Tracy Desborough
Patricia Dunning
Julie Kha
Elizabeth Obersteller
Maxine Schlaeppi

ADC Program Organising Committee

Rachel Freeman, **Chair**
Aneesa Khan, **Secretariat**
Lorena Akerman
Kirstine Bell (Term ended May-19)
Nicole Kellow
Jiamin Liau
Shanshan Lin
Sylvia Mallo
Vy Le
Ashley Ng
Joanne Ramadge (Term ended Feb-19)
Rachel Romano
Michelle Tong
Toni Willson

Educational Reference Group

Jan Alford, **Chair**
Lorena Akerman, **Secretariat**
Fiona McGregor, **Secretariat**
Rachael Critchell
Veronique Doran-Bradley
Amanda Galbraith
Jinjin Gao
Meegan Lenart
Edna Louzado
Sharon McClelland
Belinda Moore
Sue Quirk
Lesley Wilcox

BOARD COMMITTEES

Finance Audit and Risk Management Committee

Maria Maieli, **Chair**
Steven Brett (Term ended Aug-18)
Greg Cliffe
Heike Krausse (Term ended Aug-18)
Scott Myers
Tracey Tellam

Governance Committee

Jessica Miller, **Chair**
Libby Bancroft (Term ended Aug-18)
Steven Brett (Term ended Aug-18)
Ann Bush
Derek Finch
Heike Krausse (Term ended Aug-18)

Complaints Committee

Nicole Frayne, **Chair**
Amanda Bartlett (Term ended Jan-19)
David Bartlett
Susan Drmota
Yvonne Elliott-Kemp (Term ended Jan-19)
Kathy Grudzinskas
Michelle Hogan
Taryn Mews
Kieran Miller
Joanne Pennisi
Denise Smith (Term ended Jan-19)

Life Membership Award Committee

Nicole Frayne, **Chair**
Ann Morris
Patricia Dunning
Shirley Cornelius
Elizabeth Bancroft (Term ended Aug-18)

WORKING GROUPS

ADS-ADEA Loop Technology Working Group

Louise Ginnivan
Rebecca Humphreys
Adam Lamendola

ADEA ADS DAA ESSA PSA - Pre-diabetes Position Statement Working Group

Wendy Ferris
Rachel Freeman
Giuliana Murfet

ADEA-DAA Joint Position Statement Working Group

Rachel Freeman
Maggie Lasdauskas
Kate Marsh

National Standards Review Working Group

Karen Crawford
Rebecca Flavel, (Term ended Feb-19)
Rachel Freeman
Adnan Gauhar
Patricia Marshall
Julie Mueller, (Term ended Jan-19)
Celestina Shori
Julie Tasker

Twitter Champion Group

Ashley Ng, **Chair**

Nursing and Midwifery Board of Australia - Consultative Group

Joanne Ramadge (Term ended Nov-18), **Chair**
Rachel Freeman (Term ended Nov-18), **Chair**
George Barker (Term ended Nov-18)
Amanda Bartlett (Term ended Nov-18)
Ann Bush (Term ended Nov-18)
Brett Fenton (Term ended Nov-18)
Belinda Moore (Term ended Nov-18)
Maxine Schlaeppi (Term ended Nov-18)

SPECIAL INTEREST GROUPS

Private Practice Special Interest Group - State Representatives

Leontine Jefferson, **Convenor**
Carolyn Nugent, **Convenor**
Pollyemma Antees
Jannah Bonney
Mary Hodgson
Naomi Errands (Term ended May-19)
Vongayi Majoni
Fiona Nash
Edwin Pascoe
Peta Tauchmann

Diabetes in Pregnancy Special Interest Group - Leadership Group

Amanda Bartlett, **Convenor**
Meg Arvier
Amanda Aylward
Alison Barry
Diane Bond
Bronwyn Buckley
Catherine Carty
Tracey Davison
Justine Darling
Gillian Krenzin
Belinda Moore
Catherine McNamara
Cindy Porter
Jillian Richards
Lisa Smith

ADEA DIABETES RESEARCH FOUNDATION BOARD

Steven Brett, **Chair**
Robert Biancardi
Patricia Dunning
Kristin Meagher
Helen Phelan

ADEA DIABETES RESEARCH FOUNDATION COUNCIL

Patricia Dunning, **Chair**
Peter Colman
Ines Krass
Margaret McGill
Sophia Zoungas

NDSS EXPERT REFERENCE GROUPS

Diabetes and Disability Expert Reference Group

Patricia Marshall, **Chair**
Angelica Atita Tapim
Noela Baglot
Aaliyah Cummings
Anthea Gellie
Jayne Lehmann
Kay Powell
Roy Rasalam

National Diabetes Nursing Education Framework Expert Reference Group

Rebecca Munt, **Chair**
Dianna Fornaiser
Annette Hart
Patricia Jones
Jayne Lehmann
Elaine Menon
Rebecca Rendalls
Celestina Shori
Peta Tauchmann
Barbara Zangerl

Strategic Priority 1 - Professionalism

We instil professionalism in the standards we set; in our delivery of education and through our members.

Priorities

- Develop further evidence-based national standards that are relevant and maintain currency through regular evaluation
- Maintain our core business in accreditation and credentialling
- Promote appropriate implementation of our standards across Australia
- Develop new packages & products relevant to ADEA's mission (2018). This priority is included also under the theme 'Relevance'
- Explore new ADEA entity related to education (2018)

Evidence-based national standards

A working group was established to review the *National Standards of Practice for Diabetes Educators* and the *National Standards of Practice for Diabetes Education Programs*. The review of these documents continues and member consultation will take place at the Australasian Diabetes Congress (ADC) 2019, with the aim to finalise the documents by the end of the year.

The Professional Services Team also reviewed and developed clinical guidelines and position statements. We commenced the review of the injection technique clinical guidelines and this document will be launched at the ADC 2019. The joint position statement with the Dietitians Association of Australia (DAA) regarding nutrition education for people with diabetes was also reviewed. The joint pre-diabetes position statement will also be launched at the ADC 2019, with the aim to publish this joint position statement in a relevant journal in early 2020.

The Clinical Practice Review Committee continue their work in reviewing and advising on various documents and position statements, ensuring ADEA standards and guidelines are included where appropriate. This year, the Committee reviewed the following documents:

- *Biosimilars position statement* (Diabetes Australia, Australian Diabetes Society (ADS) and ADEA)
- *The role of diet in the prevention and management of type 2 diabetes* (WA legislative assembly consultation, joint submission with Dietitian Association of Australia (DAA))
- *General Practice management of type 2 diabetes guidelines* (Royal Australian College of General Practitioners)
- *Prediabetes position statement* (ADEA, ADS, DAA, Exercise & Sports Science Australia and Pharmaceutical Society of Australia)
- *ADEA injection technique clinical guidelines*
- *HbA1c units for reporting*

The Diabetes in Pregnancy Special Interest Group contributed to the joint position statement on gestational diabetes with Diabetes Australia and the Australasian Diabetes in Pregnancy Society.

National Diabetes Nursing and Education Framework

The National Diabetes Nursing and Education Framework will provide a framework and competency standards to guide the development of a sustainable nursing workforce that can provide high quality services to meet the needs of people with diabetes. The framework will support nurses' professional education and development through all stages of the nursing continuum, relating to the management of people with diabetes.

The key objectives of the project are to:

1. Define nurses' contribution to diabetes care
2. Highlight the need for all nurses to participate in diabetes management, irrespective of where they work
3. Guide nurses' ongoing professional development in diabetes care
4. Articulate the capabilities expected of nurses working in diabetes care
5. Provide a national standard for professional development programs aimed at strengthening nurses' abilities to care for people with diabetes
6. Ensure the professional development of nurses working in diabetes care is consistent with nationally agreed standards for the profession of nursing and for diabetes care
7. Promote the development of learning resources that support the professional development of nurses working with people with diabetes

Activities for this project in 2018-19 included:

- Establishment of an expert reference group to provide advice on the design and development of the framework
- Development of a framework and professional development pathway to form the basis of the framework, including practice descriptors for levels of diabetes nursing
- Development of diabetes knowledge and skills statements for each practice level of nursing and for each aspect of diabetes care
- Consultation with nurse educators, nurses and health and education sector stakeholders on the draft framework through a series of workshops, interviews and surveys
- Identification of a suite of learning resources to develop in alignment with competencies in the Framework

The project will be completed in June 2020.

NDSS resources

Almost 3500 NDSS funded resources, developed by ADEA for Health professionals, were accessed during 2018 – 19. Some of these included person-centred care resources; primary health care modules; disaster planning modules; fitness to drive resources; podcast downloads; and aged care modules.

Accreditation and credentialling

The credentialling and mentoring programs continue to provide members with a high quality process for credentialling. The mentoring e-learning modules were revised and rebuilt into the ADEA Learning Management System (LMS) for easier access by members. The design of the new website credentialling platform will include improvements that members have requested, such as integration with the mentoring and LMS systems. Templates have been revised for the 1000 hours requirement for initial credentialling. In 2018-19, we recruited an Education Officer who has maintained the LMS and focussed on delivering more education activities for members, particularly in the area of leadership/management and research. The Education Officer and the Educational Reference Group continually review the evaluations from the LMS education activities to plan and implement educational activities for members.

The Course Accreditation and Standards of Practice Committee has revised the university accreditation and re-accreditation guidelines and templates in the lead up to the re-accreditation period for the seven universities that host the post graduate certificate diabetes education and management courses. Re-accreditation applications are due in October 2019, ensuring adequate time for assessment by the Committee prior to the first semester in 2020. A Student Placement Record Booklet has been developed for all universities hosting diabetes education and management courses. The booklet was presented at the 2018 ADC for member feedback. The feedback received was used to revise the booklet prior to its final version in early 2019. The booklet will be implemented in 2020 and will provide consistency across all courses for all students who undertake the clinical placement component of the diabetes education and management courses.

Strategic Priority 2 - Innovation

We use research to enable innovation in diabetes management.

Priorities

- Fund & promote outcome-based research including self-management and lifestyle focused studies
- Measure the outcomes of CDE practice and promote evidence-informed innovation
- Translation of standards into practice
- Identify data needs and utilise existing data sets where accessible to support ADEA and its members

Practical diabetes research

Through the ADEA Diabetes Research Foundation, ADEA was able to support three new practical research projects, including self-management and lifestyle focused studies:

1. *Connecting a community of breastfeeding women with type 1 and type 2 diabetes* (Deakin University)
2. *Smarting the fat, protein and carbohydrate* (John Hunter Children's Hospital)
3. *Reducing fear of hypoglycaemia towards active living* (Curtin University)

Please refer to the report from the ADEA Diabetes Research Foundation for more detail.

ADEA also promoted projects that were funded in previous years. Three recipients of the 2016 Research Grant program presented findings of their research projects at the 2018 Australasian Diabetes Congress:

1. *Optimising mealtime insulin bolusing algorithms* by Dr Kirstine Bell (University of Sydney): a research project to understand how dietary fat affects blood glucose levels and how to adjust mealtime insulin therapy in type 1 diabetes to optimise postprandial glycaemia
2. *Not scared of sugar* by Dr Tammie Choi (Monash University): a research project to enable Chinese Australians with diabetes to live well every day by providing culturally-tailored diabetes education programs in the format that matches their expectations
3. *DiabetesDriving-Australia* by Dr Steven Trawley (Cairnmillar Institute): a research project to help people with type 1 diabetes to optimise their diabetes management in relation to driving

Dr Tammie Choi also published her research in the ADE publication and spoke at an ADEA podcast to share tips on providing culturally tailored diabetes care for Chinese Australians.

The Educational Reference Group continues to work with researchers to communicate their findings to ADEA members and assist in the translation of research into CDE practice.

Utilising data and building a new website

This year, we have focussed on transferring membership data from the current system to the new website. The website development project team went through an intensive review process to ensure the accuracy and integrity of membership information for the new website to 'go live'. The new website features are based on a review of how members have been using the website.

The new system will be better integrated with the ADEA Learning Management System and the ADE publication website so members can access these system more easily. Member feedback also informed the design process to make improvements to the online membership, credentialling and mentoring systems. The new website is anticipated to go live in the upcoming months. We thank the Membership and Credentialling Officer, who has extensive data management and analysis skills, in leading this work.

Membership and CDE practice data has assisted in mapping services and advocating for better access to CDEs in areas where services may be lacking. Data has supported workforce planning for the NDSS Diabetes in Schools project and Disability Services project. Data has supported advocacy, through government submissions and position statements for increased CDE services.

It is important that ADEA can maintain the accuracy and integrity of membership data and we thank all members for keeping their profiles up to date.

Strategic Priority 3 - Person-centred

We promote a person-centred approach to prevention and management of diabetes.

Priorities

- Implement outcomes from research in early intervention, prevention and management
- Meaningful engagement and collaboration with consumers regarding priorities that impact their care
- Focus on the specialised and individualised education and management process of CDE practice

Consumer engagement

Person-centred care and consumer-centric aproach have been an area of focus this year and there will be an increased focus over the next 12 months. People with diabetes, or their carers, participate in various ADEA working groups and committees. We worked together during project design and implementation of a number of activities and projects to ensure the final deliverables were consumer-centric. These included:

- People with diabetes joined the judging panels for awards, including CDE of the Year Award and the Case Study Competition
- Standards and guidelines working groups
- CASP and Credentialling committees
- Position statement advisory groups

Person-centred care is integrated into the development of ADEA education activities and the endorsement of external education activities.

Meaningful engagement

Diabetes in the Disability Sector project

A study conducted by Mencap identified that adults with intellectual disabilities are two to three times more likely to develop diabetes. To achieve effective and improved outcomes for people living with diabetes and a disability, it is important that health professionals, carers and support workers have access to relevant and up-to-date resources and education. This project was designed for health professionals and people caring for people with diabetes and a disability.

Activities for this project in 2018-19 included:

- Establishment of an Expert Reference Group to provide clinical and consumer advice on resource development
- Consultation with health providers, carers and people living with diabetes and a disability. This highlighted a need for legal clarity relating to assisting with insulin administration for people with an intellectual disability and diabetes; information for health professionals to communicate with people with a disability about their diabetes; and resources to support people with an intellectual disability and their carers to achieve the most from their appointment with a health professional.
- A review of the national legislation relating to insulin administration management for a person living with diabetes and a disability. A 'frequently asked questions' document will be developed to outline the key legal responsibilities for health professionals, informal carers, support organisations and support workers in supporting a person with diabetes and a disability.
- Development of a position statement to provide practice recommendations for health professionals to better support people living

with an intellectual and developmental disability and diabetes, as well as their families, carers and support workers.

The project will be completed by June 2020.

National Diabetes in Schools program

Over 11,000 children with type 1 diabetes are attending schools and preschools in Australia.

Type 1 diabetes is a serious and complex condition that requires round-the-clock management, support and care. This includes intensive management with multiple daily injections of insulin or insulin pump therapy, combined with regular monitoring of blood glucose levels throughout the day. As a large portion of a child's day is spent at school, support for their diabetes management at school is critical.

In September 2018, the Minister for Health announced funding for a national Diabetes in Schools Program, to be delivered through the National Diabetes Services Scheme (NDSS), which will develop a nationally consistent education and training program to assist schools to better support children with diabetes who require insulin.

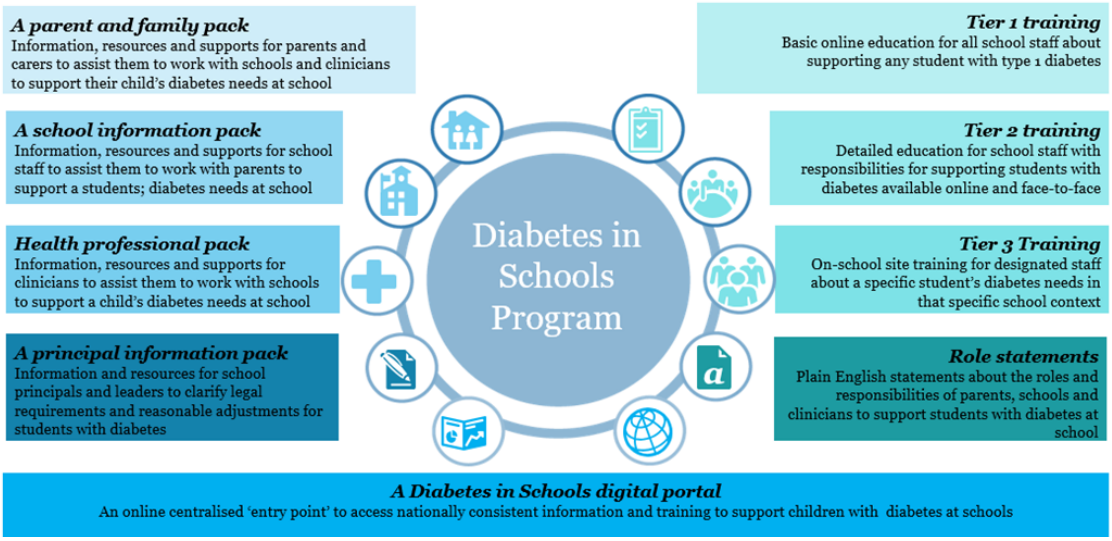
The program will be implemented by June 2020 and will provide a targeted, nationally consistent three-tiered training program for teachers and school staff about the management of children with diabetes who require insulin, including insulin administration, hypoglycaemia management and normalising diabetes management in schools.

Diabetes Australia will deliver the program with the support of the Australian Government and in collaboration with the Australian Diabetes Educators Association, Australian Diabetes Society, the Australasian Paediatric Endocrine Group, and JDRF Australia.

The program will be delivered in three phases:

- Phase 1 has been completed. Diabetes Australia conducted a needs analysis, legal review and extensive stakeholder consultation in late 2018 with over 1000 families, 700 school staff and 320 health professionals from across the country, as well as peak health and education organisations and state and territory government departments to help identify the issues and develop solutions. A survey was also conducted, attracting more than 2000 responses.
- Phase 2 is in progress and is expected to roll out in late 2019. This phase includes the development of a national three-tiered education and training program, with tiers 1 and 2 being developed by Diabetes Australia and tier 3 by ADEA:
  - Tier 1: Basic diabetes education and information for all school staff
  - Tier 2: Detailed training and education about diabetes management for designated school staff who will be directly involved in supporting students with diabetes who require insulin
  - Tier 3: Practical and more specific training and support for designated school staff that focuses on the individual student and their specific management plan including insulin injections and dosage. Where possible, this training should be provided through the usual clinical treating team.

  Where this is not possible, it should be provided by qualified health professionals, with direct communication with the clinical treating team.
- Phase 3 is the delivery of the education and training program, and evaluation. This phase will be completed by 30 June 2020.



Strategic Priority 4 - Relevance

We maintain our relevance by improving value to our members and key stakeholders.

Priorities

- Government, policy and stakeholder advocacy to increase the awareness, utility and use of CDEs
- Tap into our extensive outreach network
- Provide value to our members that encourages membership growth
- Remain at the forefront of changes and opportunities relating to diabetes education and management
- Strengthen partnerships
- Develop products & packages relevant to ADEA's mission

Collaboration, partnerships and advocacy

Throughout the year, we partnered with numerous bodies and communicated the importance of diabetes education and the role of CDEs in many documents and submissions. These included:

- A submission to the Nursing and Midwifery Board of Australia regarding a non-medical prescribing (prescribing in partnership) pathway proposal
- A joint submission with the Dietitians Association of Australia (DAA) to the Western Australia legislative assembly regarding the role of diet in the prevention of type 2 diabetes
- A joint prediabetes position statement with the Australian Diabetes Society (ADS), DAA, Exercise and Sports Scientists Australia and Pharmaceutical Society of Australia
- A joint gestational diabetes position statement with Diabetes Australia (DA) and Australasian Diabetes in Pregnancy Society
- A joint position statement with DAA on the role of Credentialled Diabetes Educators and Accredited Practising Dietitians in the delivery of diabetes self-management and nutrition services for people with diabetes
- Working with the Australian College of Nurses to provide diabetes management update days to nurses across Australia
- A joint position statement on do-it-yourself looping with ADS and Australasian Paediatric Endocrine Group (in progress)
- A joint position statement on biosimilars with DA and ADS
- A review of the treatment cycle for allied health services, an initiative of the Department of Veterans Affairs

In March, the ADEA senior management team travelled to Malaysia and Singapore to meet with our sister organisations, the Malaysian Diabetes Educators Society and Association of Diabetes Educators Singapore, as well as other affiliated organisations, to discuss commonalities and opportunities for collaboration across the Asia Pacific region. Planning is underway for future sharing of resources and working together on projects and advocacy for diabetes education.

Education portfolio

The ADEA education offering provides a valuable benefit to all members. This year, ADEA hosted 21 webinars based on the feedback we received through previous education activities and branch conferences. The Educational Reference Group utilised this feedback to plan and prioritise topics and events for ADEA members.

ADEA continues its podcast channel with 20 episodes this year, including a range of topics in the areas of clinical management, administration of diabetes education services, leadership and research into new areas that affect people with diabetes. The most popular episode this year was on gestational diabetes with Amanda Bartlett, Convenor of the Diabetes in Pregnancy Special Interest Group, which was listened to nearly 900 times.

The Endorsement Committee has reviewed 19 endorsement applications from external organisations who have developed relevant education activities for ADEA members. The ADEA Endorsement Program continues to grow each year, increasing professional development opportunities for members, as well as promoting ADEA's quality assurance process and its leading position in diabetes education.

This year, ADEA recruited a Social Media and Communications Officer, focusing on promoting the role of CDEs and extending the reach of the work of ADEA. Facebook and Twitter were used to promote ADEA messages, diabetes education and CDEs to people with diabetes, members and those with a special interest in diabetes and diabetes education. In 2018-19, our Facebook followers have increased to 2,711, an increase of 35%.

ADEA Tweet Chats have become a popular online event to engage with some prolific Twitter users in diabetes education and amongst people with diabetes. These Tweet Chats involved subject matter experts posing questions to the Twitter audience to converse and promote various aspects of diabetes education and management. ADEA has hosted 10 Tweet Chats over the past year with 89,545 impressions.

Forefront of changes

ADEA remained at the forefront of changes through its collaborations and partnerships, as previously outlined, as well as its continuing administration of the Medical Education and Scientific Advisory Council (MESAC), funded through the National Diabetes Services Scheme (NDSS).

To achieve the best possible health outcomes for people with diabetes, the objective of MESAC is to ensure appropriate evidence-based, up-to date and best practice advice on:

- NDSS activities relating to products and programs for people affected by diabetes
- NDSS supported education for health professionals.

MESAC comprises three endocrinologists appointed by ADS, three CDEs appointed by ADEA and two people with diabetes.

In 2018-19, MESAC conducted 105 reviews which included:

- Providing recommendations on registrant access to test strips, insulin pump consumables and continuous glucose monitoring
- Reviewing education, information and training resources for NDSS registrants and health professionals

In May 2019, a MESAC Continuous Glucose Monitoring (CGM) Subcommittee was established to provide clinical advice to Diabetes Australia on individuals seeking special consideration for access to fully subsidised CGM. ADEA provides secretariat services to the Subcommittee to assist it in assessing applications.

Corporate partnerships

ADEA thanks Roche and Sanofi for their continuous support as sustaining members.

Roche Diabetes Care has been a long-term supporter of the travel grant and the ADC-registration assistance grant programs that provided financial support for ADEA members to attend the Australasian Diabetes Congress. Roche also sponsored the abstract awards in recognising best posters and oral presentations at the event.

Sanofi this year joined forces with ADEA and HealthShare to offer the CDE-specific Directory on HeathShare's digital platform. This initiative was designed to increase awareness and understanding about services that CDEs provide to people with diabetes and create a referral mechanism for CDEs via GP Prescribing Software.

Eli Lilly continued their support for the prestigious CDE of the Year award program, designed to recognise and honour outstanding achievements and the contribution of CDEs in the provision of high-quality diabetes education and expert support for people living with diabetes. A podcast with the 2018 Jan Baldwin National CDE of the Year, Amy Rush, was produced to highlight the key leadership qualities of a CDE in the type 1 community. ADEA congratulates all recipients of these prestigious awards.

Abbott Diabetes Care furthered their support for the Case Study competition and also joined the ADEA Branch Conferences as Principal Partner. Ascensia Diabetes Care also came onboard as the second Principal Partner at all branch conferences this year.

Membership

2,246 ADEA MEMBERS

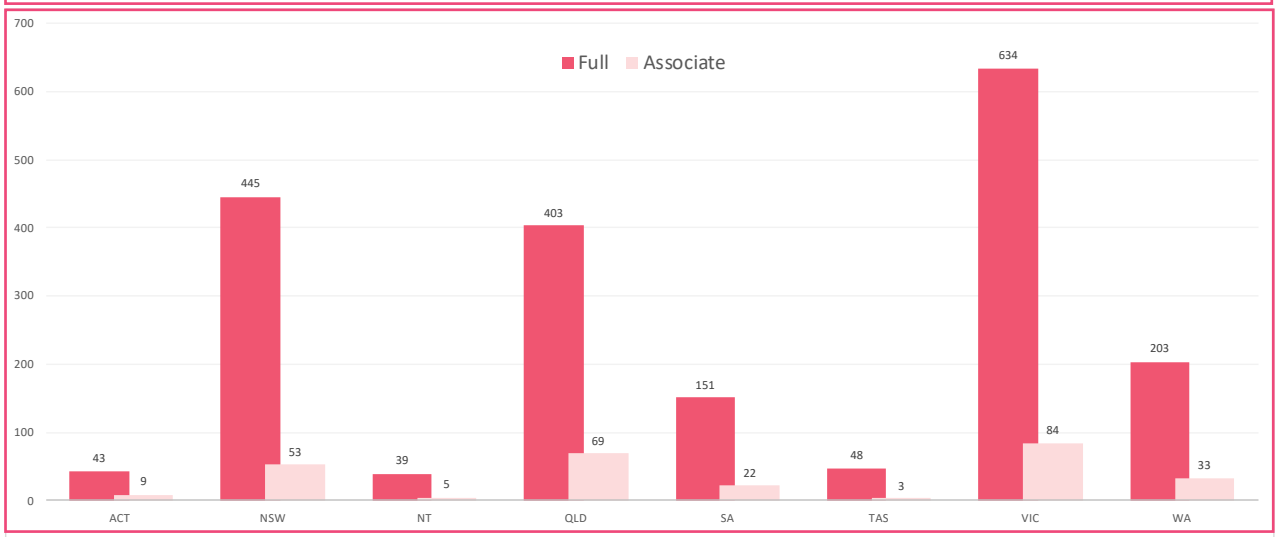
1,968 Full members

8 Fellow members

277 Associate members

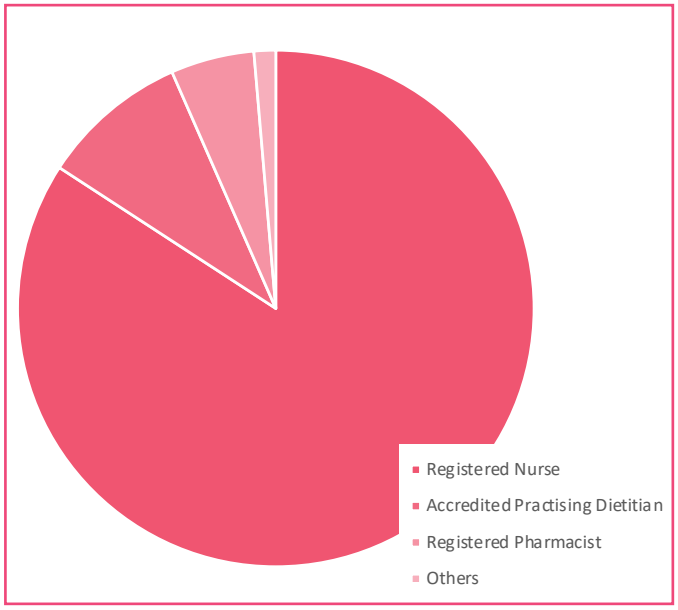
15 Honorary Life members

4 Overseas members



Credentialling

1,481 Credentialled Diabetes Educators



Mentoring

102 active partnerships

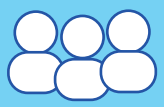
183 closed partnerships

94 new mentors

285 mentees

Events

AUSTRALASIAN DIABETES CONGRESS



1,420	24	17	43	40
delegates	CPD points	travel grants	speakers	sponsors

BRANCH CONFERENCES

NSW/ACT

112 delegates
14 sponsors
6 travel grants
10 speakers
12 CPD points

VIC

251 delegates
17 sponsors
4 travel grants
10 speakers
11 CPD points

TOP END

106 delegates
15 sponsors
8 travel grants
17 speakers
14 CPD points

TAS

22 delegates
9 sponsors
1 speaker
4 CPD points

WA

93 delegates
12 sponsors
2 travel grants
3 speakers
7 CPD points

BRANCH MEETINGS

ACT
2 meetings
2 speakers
1 sponsor
2 CPD points

NSW
2 meetings
2 speakers
1 CPD point

NT
5 meetings
1 speaker

QLD
4 meetings
5 speakers
2 sponsors
2 CPD points

SA
3 meetings
6 speakers
9 sponsors
3 CPD points

VIC
3 meetings
4 speakers
2 CPD points

WA
4 meetings
3 speakers
2 CPD points

EDUCATION

20 podcasts played **18,478** times

21 Webinars **1,335** attendees

15 speakers **7** sponsors

111 CPD points

17 endorsed educational programs

SOCIAL MEDIA

2,711 followers

35.75% follower increase

193,478 reach

19,788 post engagement

2,606 followers

4.65% follower increase

204,450 tweet impressions

10 tweet chats

89,545 tweet chats impressions

2,402 tweet chats engagement

Awards & Grants

Jan Baldwin National CDE of the Year

Amy Rush, WA

CDE of the Year

Amy Cowan, VIC
Caroline van Riet, TAS
Luisa Pinto, SA
Lynne McCleary, QLD
Martha Ingle, ACT
Megan Paterson, NSW
Sharron Calgaret, NT
Amy Rush, WA

ADC Travel grants

Sandra Jones
Belinda Moore
Julie Lang
Vanesa Ogues-Canete
Martin Reilly

ADC-registration assistance grants

Renata Basile
Marisa Bolton
Brewster Brewster-Kemp
Bronwyn Buckley
Ian Harmer
Fadwa Hassan
Patricia Marshall
Russell Nassim
Simone O'Callaghan
Rachel Romano
Donna Rumbiolo
Marion Starosta
Rowena Stewart
Maureen Toner

Abstract awards

Libby Bancroft, Roche Best Poster
Evelyn Boyce, Roche Best Novice Poster
Liam Collins, Roche Best Novice Oral Presentation
Rebecca Munt, Roche Best Oral Presentation

People's Choice Award for the Best Case Study

Margaret Loh

Case study competition winner

Daina Coenen
Sally Double
Ziping (Helen) Huang
Julie Lang
Jayne Lehmann
Margaret Loh
Amy Rush
Katherine Snars
Yvette Owen
Bridget Wilkes

Honorary Life Members

Jan Alford
George Barker
Shirley Cornelius
Patricia Dunning
Rhonda Griffiths
Gillian Harris
David Irvine
Gloria Kilmartin
Jayne Lehmann
Ann Morris
Judy Reinhardt
Michelle Robins
Coral Shankley
Maureen Unsworth
Erica Wright

Fellow Members

Marita Ariola
George Barker
Jane Giles
Collette Hooper
Heike Krausse
Janet Lagstrom
Giuliana Murfet
Peta Tauchmann

Australian Diabetes Educators' Association Limited

ABN: 65 008 656 522

Annual Financial Report

for the year ended

30 June 2019

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 Association) for the financial year ended 30 June 2019.

Board Directors

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

Brett Fenton	President from 26 February 2018
Nicole Frayne	Vice President from 26 February 2018
Derek Finch	Commenced Term one - 28 July 2017
Jessica Miller	Commenced Term one 9 March 2017
Tracey Tellam	Commenced Term one 26 August 2016
Helen Phelan	Commenced term one 24 August 2018
Ann Bush	Commenced term one 24 August 2018
Maria Maieli	Commenced term one 24 August 2018
Heike Krausse	Term ended 30 August 2018
Libby Bancroft	Term ended 30 August 2018
Steven Brett	Term ended 30 August 2018

Principal Activities

The principal activities of the Association 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 profit for the financial year ended 30 June 2019 is $106,909 (2018: $236,667 profit).

The accompanying notes form part of these financial statements.

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

BOARD REPORT

Information on Directors

Brett Fenton	2018 – ADEA Board President
Qualifications	2014 – Commenced Term one ADEA Board Director
Experience	2002 – Graduate Certificate of Diabetes Education Deakin University Geelong 1999 – Bachelor of Nursing, Australian Catholic University, Aquinas Campus Ballarat
Nicole Frayne	2018 – ADEA Board Vice President
Qualifications	2013 – Commenced term one ADEA Board Director
Experience	1997 – 2014 Professional Development Assurance Program 1997 – 2014 Australian Association of Consultant Pharmacy 2013 – DESMOND training 2012 – ADEA Initial Credentialling 2010 – Reset your life facilitator training 2009 – Graduate Certificate in Diabetes Education 2009 – Diabetes Medication Assistance Service Training 2009 – Mirixa Training Pharmacy Guild of Australia 1996 – Postgraduate in Nutrition, Queensland University 1989 – Bachelor of Pharmacy Curtin University
Maria Maieli	2019 – Australian Institute of Company Directors Course
Qualifications	2015 – Diploma in Applied Corporate Governance, Governance Institute of Australia 2012 – CPA Professional Program – Deakin University 2008 – Masters in Professional Accounting, Southern Cross University 1989 – Associate Diploma in Accounting – TAFE College Adelaide
Experience	2011 – present: Chief Financial Officer & Company Secretary, Ellex Medical Lasers Limited (ELX) 2009 – 2011: Group Finance Manager, Penrice Soda Products (PSR) 2007 – 2009: Finance Manager, Wallmans Lawyers 2001 – 2007: Financial Controller, MineLab Electronics
Derek Finch	2017 - Commenced Term one ADEA Board Director
Qualification	2016 – Manager Optus Business Services Desk
Experience	2012 - 2014 – National Contact Centre Manager Bureau of Meteorology 2008 - 2012 – Head of Customer Operations Kidney Health Australia 2004 - 2008 – National Call Centre Manager heart Foundation 2002 - 2004 – Great Southern Railways 1995 - 2003 - Call Centre Manger roles. 1987 - 1994 - Management roles 1984 – Tottenham College of Technology - Professional Qualification of Royal Institute of House

The accompanying notes form part of these financial statements.

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

BOARD REPORT

Jessica Miller	2017 – Commenced term one ADEA Independent Board Director
Qualifications	2018 – 2019 Inaugural chair of ADEA Governance Committee
Experience	2014 – Master of Laws, University of Sydney 2008 – Bachelor of Business (Accounting major), University of Technology Sydney 2008 – Bachelor of Laws (Hons 1), University of Technology Sydney Admitted to practice as a lawyer in the Supreme Court of NSW and the High Court of Australia. 2015 – present: Head of Legal and Government Relations, Procter & Gamble Australia / New Zealand 2011 – 2015: Legal Counsel, Medtronic Australia / New Zealand 2007 – 2011: Lawyer, Corporate, Blake Dawson (now Ashurst)
Tracey Tellam	2016 – Commended term one ADEA Board Director
Qualifications	2005 – CDE with ADEA
Experience	2004 – Nurse Immunizer – Australian catholic University 2002 – Post Graduate Certificate of Advanced Nursing – Emergency, Austin Hospital and La Trobe University 2001 – Post Graduate Certificate of Diabetes Education, Mayfield Education Centre 1982 – Registered Nurse Training
Ann Bush	2018– Commenced term one ADEA Board Director
Qualifications	2018 –Cert V Workplace training and Assessment upgradeTAE40116
Experience	2015- Cert v Workplace training and assessment upgrade toTAE40110 2011 - Flinders Chronic Disease Self Management Course, Flinders University. 2009 - Mental Health First Aid, University of Melbourne 2007 - Health Coaching for Health Professionals, Health Coaching Australia 2003 – Credentialled Diabetes Educator ADEA - ongoing 2002 - Cert IV Workplace Training and Assessment BSZ98, 1991 - Graduate Certificate of Diabetes Education, Deakin University. 1989 – Grad Certificate in Occupational Health, Safety and Social Welfare. 1984-1987 – Registered Nurse training
Helen Phelan	2018– Commenced term one ADEA Board Director
Qualifications	2013 – Master of Public Health, University of Sydney
Experience	2001- Graduate Certificate in Diabetes Education and Management, UTS, Sydney 1991- Bachelor of Arts- University of Sydney 1986- General Nursing- Royal Newcastle Hospital 2017– 2019- ADRF Grant Reviewer 2018- Commenced term one ADRF Board Director 2013 –2014 ADEA NSW Branch Chair 2007 ADEA Credentialling Committee

The accompanying notes form part of these financial statements.

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

BOARD REPORT

Heike Krausse	2013 – 2018 ADEA Finance Director
Qualifications	2016 – Commenced term two ADEA Board Director
Experience	2013 – Commenced term one ADEA Board Director 2015 – Credentialled Diabetes Educator 2012 – 2015 – Royal Brisbane Women's Hospital/Metro North Health Service initial credentialling and clinical privilege 2007 – Graduate Diploma in Nursing (Professional Studies) Queensland University of Technology 2001 – Post Graduate Certificate: Quality in Action, NSW College of Nursing 1999 – Post Graduate Certificate in Diabetes Education and Management University of Technology Sydney 1994 – Post Registration Certificate in Rehabilitation Nursing Royal Ryde Rehabilitation Centre Sydney 1985 – 1987 – Diploma in Nursing Studies Christchurch Polytechnic New Zealand 1984 – Matriculated Canterbury University - Bursary Christchurch New Zealand

Libby Bancroft	2016 – Commenced term two ADEA Board Director
Qualifications	2014 – People Managing/Managing Teams
Experience	2013 – Commenced term one ADEA Board Director 2010 – Masters of Nursing (Nurse Practitioner), University of Newcastle 2008 – Certificate 4 Workplace Training and Assessment 2006 – Developing Productive Teams ACT Health Department, Staff Development Unit 2005 – Policy Development and Writing ACT Health Department Staff Development Unit 2005 – Project Management Workshop ACT Community and Mental Health 2004 – Learning to Lead management program ACT Health Department Staff Development Unit 2003 – Initial credentialing ADEA 2000 – Post Graduate Certificate Diabetes Education Deakin University 1999 – Diabetes Australia Victoria diabetes course for health workers 1997 – Bachelor of Health Science (Nursing) Southern Cross University 1981 – Registered Nursing Certificate Woden Valley Hospital ACT

The accompanying notes form part of these financial statements.

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

BOARD REPORT

Steven Brett	2015 – Commenced term two ADEA Board Director
Qualifications	2012 – Commenced term one ADEA Board Director
Experience	2013 – Bachelor of Applied Management
	2009 – 2012 – National Client Service Manager Rockland Technology
	2009 – Advanced Diploma in Business Management
	2006 - 2011 – Treasurer and Chairperson Bidjigal Reserve Trust
	2008 – Cert IV in Training & Assessment
	2005 – 2006 – Real Estate & Strata Licence & CPD Leverage Australia
	2004 – Advanced Diploma in Property
	2003 – Cert IV in Assessment and Workplace Training
	2000 – 2006 – Business Management Sales, Property Management Property Plus
	1999 – 2000 – Sales Manager Century 21 Real Estate
	1999 – Diploma in Business Management

The accompanying notes form part of these financial statements.

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

BOARD REPORT

Meetings and Attendances of Directors

Directors	No. eligible to attend	No. attended
Libby Bancroft	2	2
Steven Brett	2	2
Ann Bush	5	5
Brett Fenton	6	6
Derek Finch	6	6
Nicole Frayne	6	4
Heike Krausse	2	2
Maria Maieli	5	5
Jessica Miller	6	3
Helen Phelan	5	3
Tracey Tellam	6	5

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 continues to provide 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.

The accompanying notes form part of these financial statements.

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

BOARD REPORT

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

1. Monitored and reported changes in total membership and CDEs overtime;
2. Monitored and improved corporate governance systems including internal reporting, policies and procedures; and
3. Increased financial reporting and cost centre allocations to ensure improved financial sustainability and performance.

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 8.

The Association is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Association 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 2019, the total amount that members of the Association are liable to contribute if the company is wound up is $112,300 (2018: $109,750).

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

Chairperson: Brett Fenton

Finance Director: Maria Maieli

Dated: 29 July 2019

The accompanying notes form part of these financial statements.

Bandle McAneney & Co.
Chartered Accountants

Suite 2d, 1st Floor
18 Napier Close
DEAKIN ACT 2600
PO Box 52, DEAKIN WEST ACT 2600
AUSTRALIA

Ph: (02) 6282 3341
Fax: (02) 6282 3342
Email: banmca@interline.com.au
ABN: 87 955 412 345

AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFIT COMMISSION ACT 2012
TO THE DIRECTORS OF
AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN: 65 008 656 522

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2019 there have been;

(i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profit Commission Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Bandle McAneney & Co

Anthony J Bandle FCA
Partner

Place: Canberra, ACT

Date: 29 July 2019

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

Statement of Profit or Loss and Other Comprehensive Income
for the year ended 30 June 2019

	Note	2019 $	2018 $
Revenue from Continuing operations	**2**	2,385,920	2,046,139
Employee benefit expense		(1,276,725)	(966,285)
Operating expenses		(520,332)	(395,192)
ADEA products and general expenses		(18,029)	(29,887)
Meeting and travel		(81,903)	(102,386)
Branch conferences costs		(109,425)	(115,687)
Financial and Legal		(165,666)	(118,513)
Subscription memberships		(16,912)	(13,592)
Donation to ADEA Diabetes Research Foundation		(128,827)	(67,930)
Profit for the year		68,101	236,667
Other comprehensive income for the year			
Fair value gains on financial assets at fair value		38,808	-
Total Comprehensive Income For The Year		106,909	236,667
Total Comprehensive Income Attributable To Members Of The Entity		106,909	236,667

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

Statement of Financial Position
as at 30 June 2019

	Note	2019 $	2018 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	**5**	504,756	615,421
Trade and other receivables	**6**	122,069	107,032
Other current assets	**7**	6,670	5,702
Other financial assets	**8**	2,801,728	2,640,645
TOTAL CURRENT ASSETS		3,435,223	3,368,800
NON-CURRENT ASSETS			
Intangibles	**9**	97,384	15,012
Property, plant and equipment	**10**	19,237	-
TOTAL NON-CURRENT ASSETS		116,621	15,012
TOTAL ASSETS		3,551,844	3,383,812
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	**11**	291,932	158,713
Other current liabilities	**12**	352,966	421,169
TOTAL CURRENT LIABILITIES		644,898	579,882
NON-CURRENT LIABILITIES			
Long-term provisions	**13**	15,613	19,506
TOTAL NON-CURRENT LIABILITIES		15,613	19,506
TOTAL LIABILITIES		660,511	599,388
NET ASSETS		2,891,333	2,784,424
EQUITY			
Retained earnings		2,891,333	2,784,424
TOTAL EQUITY		2,891,333	2,784,424

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

Statement of Changes in Equity
for the year ended 30 June 2019

	Retained Earnings	Total $
Balance at 1 July 2017	2,547,757	2,547,757
Profit for the year	236,667	236,667
Other comprehensive income for the year	-	-
Balance at 30 June 2018	2,784,424	2,784,424
Profit for the year	68,101	68,101
Other comprehensive income for the year	38,808	38,808
Balance at 30 June 2019	2,891,333	2,891,333

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

Statement of Cash Flows
for the year ended 30 June 2019

	Note	2019 $	2018 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		2,386,772	2,081,204
Payments to suppliers and employees		(2,387,765)	(1,928,624)
Dividends received		103,390	109,983
Interest received		10,822	14,804
Net cash inflow from operating activities		113,219	277,367
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for PPE		(19,237)	-
Payments for Intangibles		(82,372)	(15,012)
Payments for Investments		(122,275)	(572,608)
Net cash (outflow) Investing activities		(223,884)	(587,620)
Net (decrease) in cash and cash equivalents		(110,665)	(310,253)
Cash at the beginning of the financial year		615,421	925,674
Cash and cash equivalents at end of year	**5**	504,756	615,421

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

Notes to the financial statements
for the year ended 30 June 2019

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.

Basis of Preparation

Australian Diabetes Educators' Association Limited has elected to adopt the Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards* and AASB 2010–2: *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*. Accordingly, the entity has also adopted AASB 2011–2: *Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements* and AASB 2012–7: *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements* in respect of AASB 2010–6: *Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets* and AASB 2011–9: *Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income.*

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Act 2012*. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

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 1(n).

Accounting Policies

a. Income Tax

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

b. Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

c. Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are 10-33%.

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of profit or loss and other comprehensive income.

d. Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

e. Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the Association becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the Association commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified at fair value through profit or loss in which case transaction costs are expensed to profit or loss immediately.

Financial Assets

Classification and subsequent measurement

Financial assets with the implementation of AASB 9 Financial Instruments for the first time in 2019, the entity classifies its financial assets in the following categories:

a) financial assets at fair value through profit or loss;
a) financial assets at fair value through other comprehensive income; and
b) financial assets measured at amortised cost.

The classification depends on both the entity's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date. Comparatives have not been restated on initial application.

Financial Assets at Fair Value Through Other Comprehensive Income (FVOCI)

Financial assets measured at fair value through other comprehensive income are held with the objective of both collecting contractual cash flows and selling the financial assets and the cash flows meet the SPPI test. Any gains or losses as a result of fair value measurement or the recognition of an impairment loss allowance is recognised in other comprehensive income.

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria: 1. the financial asset is held in order to collect the contractual cash flows; and 2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount. Amortised cost is determined using the effective interest method.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Financial liabilities

Classification and subsequent measurement

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial Liabilities at Amortised Cost

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the writeoff directly reduces the gross carrying amount of the financial asset.

f. Impairment of Assets

At the end of each reporting period, the entity assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (eg in

accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where it is not possible to estimate the recoverable amount of an individual asset, the Association estimates the recoverable amount of the cash-generating unit to which the asset belongs.

g. Employee Benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred.

h. 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.

i. Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements.

The difference between the amount initially recognised and the amount ultimately received is interest revenue.

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.

Membership revenue is recognised on a straight line basis over the relevant period of membership.

Credentialling income is recognised on a receipt basis.

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.

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

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

j. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis, except for the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the ATO. The GST component of financing and investing activities which is recoverable from, or payable to, the ATO is classified as a part of operating cash flows. Accordingly, investing and financing cash flows are presented in the statement of cash flows net of the GST that is recoverable from, or payable to, the ATO.

k. Trade and Other Payable

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Association during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

l. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

m. Comparative Figures

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

n. Key Estimates

Key estimates – Impairment

The Association assesses impairment at each reporting date by evaluation of conditions and events specific to the association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

o. Key Judgments

Provision for the impairment of receivables

Included in trade receivables and other receivables at 30 June 2019 are receivables over ninety days past due amounting to $6,144 (2018: $1,699). The Association considers that all outstanding debt will be collectable and therefore no provision for impairment has been made at 30 June 2019.

p. Changes in Accounting Policies

Adoption of new Australian Accounting Standard requirements

Australian Accounting Standards and Interpretations issued or amended that are applicable to the current reporting period did not have a financial impact in the financial statements or performance of the Company, and are not expected to have a future financial impact on the Company.

Future Australian Accounting Standard requirements

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet effective have not been adopted by the Association for the annual reporting period ended 30 June 2019. It is anticipated that the new requirements will have no material financial impact on future reporting periods.

The financial statements were authorised for issue on 29 July 2019 by the Board of Directors of the Association.

Q. Restatement of comparative balances

A restatement of the underlying transactions constituting balances of the face financial statements occurred throughout 2019. In accordance with AASB 101, the comparative disclosures have been adjusted to reflect the restatement change as if it had occurred in the comparative reporting period.

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

Notes to the financial statements
for the year ended 30 June 2019

	2019 $	2018 $
Note 2: Revenue		
From continuing operations:		
Memberships	577,297	582,949
Credentialing	115,147	106,409
Endorsements	16,997	19,705
NDSS allocation	744,048	522,491
Conference ASM	274,080	283,564
Branch Revenue	258,784	282,267
Magazine, publications and advertising	45,836	24,823
Grants, awards and sponsorship Income	236,206	88,787
Other revenue	3,313	22,923
	2,271,708	1,933,918
Non-operating activities:		
Dividends	103,390	109,983
Interest and Investment Income	10,822	15,331
Revaluation of Investments	-	(13,093)
	114,212	112,221
Total Revenue and other income	2,385,920	2,046,139
Note 3: Expenses		
Profit before income tax includes the following specific expenses:		
Rental expense on operating lease		
Minimum lease payments	22,264	21,615
Bad debt expense	3,677	446
Remuneration of auditor	12,900	12,000
Note 4: Key Management Personnel Compensation		
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 Association during the year are as follows:		
Short term employee benefits	305,247	186,596
Post employment benefits	18,514	19,574
	323,761	206,170

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

	2019 $	2018 $
Note 5: Cash and Cash Equivalents		
Cash at bank and in hand	504,756	615,421
	504,756	615,421
Note 6: Trade and Other Receivables		
CURRENT		
Trade receivables	72,069	35,963
Provision for Impairment of receivables	-	(1,452)
Other receivables	50,000	72,521
	122,069	107,032

a. Provision for Impairment of Receivables

Movement in the provision for impairment of receivables is as follows:

	$
Provision for impairment as at 1 July 2017	9,142
Change for year	
Written off	(7,690)
Provision for Impairment as at 30 June 2018	1,452
Change for year	-
Written off	(1,452)
Provision for Impairment as at 30 June 2019	-

	2019 $	2018 $
Note 7: Other Current Assets		
CURRENT		
Prepayments	6,670	5,702
	6,670	5,702
Note 8: Other Financial Assets		
CURRENT		
Term deposits at amortised cost	820,433	801,548
Other financial assets at FVOCI	1,981,295	1,839,097
	2,801,728	2,640,645

a. The association made the irrevocable election to classify investments in managed funds as Equity through Fair Value Other Comprehensive Income (FVOCI) in 2019. The financial asset continued to be measured at fair value. Gains and lossess are recognised through in equity as opposed to profit and loss.

	2019 $	2018 $
Note 9: Intangibles		
Opening net book amount	15,012	-
Additions	82,372	15,012
Disposal	-	-
Amortisation	-	-
Closing net book amount	97,384	15,012
Cost or fair value	-	-
Less accumulated depreciation	-	-
Net book amount	97,384	15,012

Note 10: Property, plant and equipment

	Plant & Equipment	Total $
Gross carrying amount		
Balance 1 July 2018	-	-
Additions	22,094	22,094
Disposals	-	-
Revaluation increase	-	-
Balance 30 June 2019	22,094	22,094
Depreciation and impairment		-
Balance 1 July 2018	-	-
Disposals	-	-
Depreciation	(2,857)	(2,857)
Balance 30 June 2019	(2,857)	(2,857)
Carrying amount 30 June 2019	19,237	19,237

Note 11: Trade and Other Payables

CURRENT			
Trade creditors and accruals		256,183	117,078
Provision for annual leave		35,749	41,635
		291,932	158,713
a. Financial liabilities at amortised cost classified as trade and other payables			
Trade and other payables:			
— total current	**Note**	291,932	158,713
Less: Government taxes		(55,552)	(38,415)
Less: Provision for annual leave		(35,749)	(41,635)
Less: Employee benefit payables		(51,489)	(33,437)
Financial liabilities as trade and other payable	**18**	149,142	45,226

Collateral pledged
No collateral has been pledged for any of the trade and other payable balances.

	2019 $	2018 $
Note 12: Other Liabilities		
CURRENT		
Membership fees received in advance	270,787	265,380
Unexpended grants	74,679	130,289
Accreditation	7,500	25,500
	352,966	421,169
Note 13: Provisions		
NON CURRENT		
Employee benefits - long service leave	15,613	19,506
	15,613	19,506

Note 13: Provisions (cont'd)

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 non-cancellable operating lease commitments (2018: Nil). The lease for the National Office operates on a month-to-month basis. The Association has no capital commitments (2018: Nil)

Note 15: Contingent Liabilities and Contingent Assets

Estimates of the potential financial effect of contingent liabilities that may become payable: Nil (2018: Nil)

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.

Note 17: Related Party Transactions

The ADEA Board also approved a facility for the ADEA Diabetes Research Foundation (ADRF) for $180,000 (2018: $180,000) for research grants. The facility is provided to fund research grant up to $180,000 (2018: $180,000) for the financial year. The facility is drawn upon to meet research grant payments not funded through ADRF generated revenue. In 2019 $128,827 has been provided for payments (2018: $67,930).

The ADEA provided a loan to the ADRF for funding operational activities. The loan balance outstanding at 30 June 2019 is $nil (2018: $22,521). The loan was provided interest free and at call. During 2019 the ADRF made repayments of $22,521. No additional amounts were provided to the ADRF during 2019 (2018:$10,984). The loan has been closed off with no further drawdowns to be made available in future periods.

The ADEA provides administration services to the ADRF free of charge.

Honorariums paid to Directors' of ADEA for 2019 was $5,000 (2018: $5,000).

Note 18: Financial Risk Management

The Association's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2019 $	2018 $
FINANCIAL ASSETS			
Cash and cash equivalents	**5**	504,756	615,421
Trade and other receivables at amortised cost	**6**	122,069	107,032
Financial assets at fair value through profit and loss	**8**	-	1,839,097
Financial assets at fair value through other comprehensive income	**8**	1,981,295	-
Term deposits at amortised cost	**8**	820,433	801,548
TOTAL FINANCIAL ASSETS		3,428,553	3,363,098
FINANCIAL LIABILITIES			
Financial liabilities at amortised cost — Trade and other payables	**11a**	149,142	45,226
TOTAL FINANCIAL LIABILITIES		149,142	45,226

Fair values

(i) For listed available-for-sale financial assets and financial assets at fair value through other comprehensive income the fair values are based on closing quoted bid prices at the end of the reporting period.

(ii) Fair values of Held-To-Maturity investments are based on quoted market prices at the end of the reporting period.

Note 19: Entity Details

The registered office and principal place of business of the entity is:
Australian Diabetes Educators' Association
Unit 6 70 Maclaurin Cresecent
Chifley ACT 2606 Australia

DIRECTORS' DECLARATION

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

(a) the financial statements and notes, that are set out on pages 9 to 26, 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 2019 and of its performance, for the financial year ended on that date; and

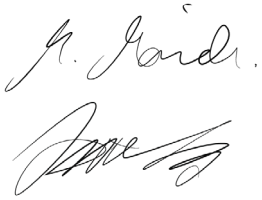
(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and

(b) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Dated at Canberra, 29 of July 2019.

Signed in accordance with a resolution of the directors:





Chairperson: Brett Fenton **Finance Director: Maria Maieli**

Bandle McAneney & Co.
Chartered Accountants

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INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN: 65 008 656 522

Opinion

We have audited the financial report of Australian Diabetes Educators' Association Limited ("the Company") which comprises the statement of financial position as at 30 June 2019 the statement of profit or 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 accompanying financial report of the Company is in accordance with Division 60 of the *Australian Charities and Not-for-profits Act 2012*, including:

a) giving a true and fair view of the Company's financial position as at 30 June 2019 and of its financial performance for the year then ended; and

b) complying with Australian Accounting Standards – Reduced Disclosure Requirements 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 Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Act 2012* and 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 confirm that the independence declaration required by the *Australian Charities and Not-for-profits Act 2012*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's Report.
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN: 65 008 656 522

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Act 2012* and for such internal control as the directors 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 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.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit.

We identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.

We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN: 65 008 656 522

We conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

We evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Bandle McAneney & Co

Anthony J Bandle FCA
Partner
Canberra:
Date: 29 July 2019