

Annual Report 2021–22

ADEA

Your trusted partner in diabetes care

Vision

Transforming lives through excellence in diabetes education

Mission

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

This document is interactive!

Our Strategic Pillars

In order to achieve our mission, ADEA will:

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

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President's Report

I have had the pleasure to be the President of the Australian Diabetes Educators Association (ADEA) since November 2020. It is wonderful to see ADEA grow and adapt to the ever-changing world we live in. While my term as ADEA President concludes in October, it has been a true joy to lead the ADEA Board through such a challenging but very productive year.

ADEA is very fortunate to have a fabulous team working in the national office in Canberra as well as across Australia. Thank you to Susan and all staff for their expertise, skills, and passion in the commitment to deliver on our strategic pillars.

In March 2022, the ADEA Board and senior leadership of ADEA met to develop a 20-year vision for the organisation. This 20-year vision will help us plan for the future of ADEA and articulates where we want to be as an organisation in 20 years.

ADEA's long term vision is to:

- reduce diabetes and its impact throughout the world
- be the global leader for diabetes education
- build the Credentialled Diabetes Educator (CDE) workforce, so that it is sufficient to meet the needs of all people with diabetes
- make the CDE profession a preferred career for health professionals
- influence diabetes research to ensure it delivers practical outcomes

At the 2021 Annual General Meeting (AGM), members of ADEA and the Australian Diabetes Society (ADS) voted in favour of **unification with Diabetes Australia**. The united voice of diabetes health professionals and people living with diabetes has amplified our voice in the sector. Having a voice on the Diabetes Australia Board, and Diabetes Australia having a voice on ours has already resulted in our organisations being more in sync with each other. I'm particularly proud of how the recognition of the role of CDEs as members of the diabetes care team has increased.

Zoe Routh presenting in front of the ADEA Board and ADEA Management Team



From left to right: Tracey Tellam (ADEA President), Jessica Miller (Director), Amanda Galbraith (Director), Susan Davidson (ADEA CEO)



Two significant achievements last year were the release of the National Diabetes Nursing Education Framework and the development of the Diabetes Pathways.

The aim of the **National Diabetes Nursing Education Framework** is to guide the development of a skilled nursing workforce that can provide a high standard of diabetes care. We are continuing to promote the Framework and it is being used in universities to guide both undergraduate and postgraduate courses. It is also being used in workplaces to guide the role descriptions of CDEs.

The Diabetes Pathways have been very well-received by health professionals and people living with diabetes. They show the milestones on a person's journey from diagnosis through the lifespan of diabetes management. There are eight pathways for General Practitioners (GPs) and CDEs to use when providing care to people living with diabetes, and corresponding person-centric Pathways for people living with diabetes, to help them understand the role of the CDEs in their care.

ADEA and the Australian Diabetes Society continue to work collaboratively together to improve outcomes for people living with diabetes. We have collaborated on a range of policy and advocacy matters, submissions to government, communications, and two position statements: *ADS-ADEA-APEG Consensus Statement: Management of Type 2 Diabetes in Young Adults (aged 18-30 years)* and the *ADS-ADEA-Diabetes Australia Type 2 diabetes remission statement*. ADEA and ADS also continue to support the Australian Living Evidence Guidelines in Diabetes.

Over the coming year, ADEA will continue to work towards fulfilling our strategic pillars by continuing to develop programmes, including an ongoing review of the CDE education pathway. This CDE education review project is reviewing the Graduate Certificate of Diabetes Education university courses, national competencies, role and scope of practice, credentialling, and the professional development of CDEs.

ADEA is committed to reconciliation, and we have completed our first Reconciliation Action Plan. We have learned a lot through this first step on our reconciliation journey, and this year we look toward increasing our commitment to reconciliation and beginning an Innovate Reconciliation Action Plan. We encourage each of you to reflect as individuals and as members of ADEA, as we continue our reconciliation journey together.

ADEA **membership continues to grow** steadily. We continue to **increase the profile of CDEs**, working in public hospitals, community health centres, and in private practice. We are working to make the profession even more attractive to professionals entering the field and are looking forward to seeing new CDEs join in the coming years. We have also undertaken a number of projects and steps to better support you as you deliver essential care to people living with diabetes and their families. We appreciate all the feedback we have received from you this year. Your insights are essential; they help us grow as an organisation and allow us to understand how we can best support you.

Thank you to the ADEA staff, ADEA Branch committees and program organising committees for their ongoing commitment to CDEs' professional development and education. A special thank you to the ADC2021 program organising committee for taking on the challenges of organising a virtual conference.

ADEA is proud to continue with the **ADEA awards program**, including the CDE of the Year and Honorary Life Membership awards. These awards provide an opportunity for CDEs to acknowledge the great work their peers are doing in diabetes education. The ADEA Fellowship award recognises longevity and experience as a CDE.

I would like to thank the ADEA Board for their ongoing commitment to our mission, for their expertise and skills and for the courage and integrity to lead the ADEA forward in these challenging times.

I am looking forward to watching ADEA grow and transform into the future. It has been a pleasure to serve in this role for the past two years. Thank you to all of you for your support and dedication to people living with diabetes.

Thank you.

Kind regards,



Tracey Tellam
ADEA President

CEO's Report

Across the diabetes sector this year, we celebrated both major parties' pre-election commitments **to expand access to diabetes technologies** to all people living with type 1 diabetes.

At the time of writing this report, the new Government's Ministry has just been appointed and the details about the implementation of the expanded Continuous Glucose Monitoring (CGM) Initiative are not available. However, we are preparing for implementation, including communicating to members as information becomes available, and developing training for ADEA members.

There has been no commitment at this stage to **Medicare Benefit Schedule (MBS) funded remuneration for CDEs and endocrinologists** for out-of-hours support they provide to people using diabetes technologies. However, ADEA, ADS, and Diabetes Australia will continue to advocate for this as well as the other elements of the ADEA-ADS Diabetes Health Professionals Election Campaign. Many members have written to their local MP highlighting the impacts of these issues on people living with diabetes and why it is so important that the Government addresses them. The recent election of a new federal Government provides an opportunity for fresh thinking and approaches in the health sector, albeit in a constrained national and international economic environment. We look forward to working with the new Government to enhance the capacity of the diabetes health workforce helping us better support people with living with diabetes.

ADEA has continued to make progress on our **strategic priorities**, enhanced member support services and communications, and advocated on your behalf while managing continuing pandemic-related challenges which have stretched our resources. Our most significant achievement over the past year was our successful advocacy for permanent access to telehealth for CDEs in 2021. This success was underpinned by close collaboration with ADS, Diabetes Australia, state and territory diabetes organisations, and allied health peak bodies.

At our 2021 Annual General Meeting, ADEA and ADS members voted in favour of unification with Diabetes Australia. We have since made significant progress in implementing unification as outlined in this Annual Report, to ensure that the collective interests of people living with diabetes and their diabetes health professionals are considered at Board and management level within each organisation.

We have continued to work on and promote the three projects essential to building strong foundations and supporting our strategic objectives:

- **Diabetes Pathways** – promoting the Pathways to GPs, health professionals, and people living with diabetes to raise awareness of diabetes education and understanding of the important role of CDEs and to increase referrals to CDEs.
- **National Diabetes Nursing Education Framework** – promoting to universities and workplaces to influence their programs and highlight the CDE as the expert provider of diabetes care.
- **CDE Education Review** – implementing the recommendations of the Review to support growth in the number of CDEs by streamlining the credentialling and mentoring program, clarifying scope of practice, and addressing barriers. A critical element of the CDE Education Review was recently completed: the legal review of the scope of practice of CDEs, including advice and resources for members. Our longer term aim is to obtain non-medical prescribing for CDEs, and we are consulting with other organisations which have succeeded in obtaining prescriber authority for their members.

We continue to advocate for **access to CDEs through the NDIS and My Aged Care**, and we have met with the respective Government departments and MPs. Over the past year we have made over 20 submissions to the Government on a variety of issues of priority for CDEs.

With ADS and the Australasian Paediatric Endocrine Group (APEG), we issued a joint consensus position statement in April 2022, on the *Management of Type 2 Diabetes in Young Adults (aged 18-30 years)*. This consensus statement highlights the risks of **type 2 diabetes in young adults** and its management. With the Australian Diabetes Society and Diabetes Australia, we developed a joint position statement on *Type 2 Diabetes Remission* to provide up-to-date, practical advice and information to people with diabetes and the community about possible remission. We have also collaborated with various stakeholders on a range of other advocacy and policy matters, communications, and projects. These are outlined elsewhere in this Annual Report.

Membership growth slowed during the pandemic but has begun to increase again in 2022, with a 7.7% increase in members in the past 12 months and a 12.9% increase over the past five years. There are now **more than 1549 CDEs**, an increase of 20% over the past five years.

Membership has grown

7.7% in the past 12 months

12.9% in the past 5 years

There are now more than

1549 CDEs

20% increase over the past 5 years

Members = ADEA members; CDEs = Credentialled Diabetes Educators.

In 2021, ADEA and ADS undertook an analysis of the diabetes health workforce and noted that although the growth in the number of CDEs and diabetologists has outstripped the growth in the number of people living with diabetes, the diabetes workforce needs to grow significantly to ensure that all people living with diabetes receive optimal diabetes education and care. The majority of people living with diabetes are not receiving an annual cycle of care, a GP management plan or referral for diabetes education. Following this analysis of the diabetes health workforce, ADEA and ADS have developed a national diabetes education and training strategy for the generalist and diabetes health workforces, with the objectives of ensuring diabetes education is consistent, high quality, and up to date, and that health professionals understand the role of and when to refer to a CDE. We are now planning the implementation of this strategy, including the development of microcredentials for the generalist and diabetes health workforces.

We have continued to make minor modifications to our IT systems to reduce administrative costs and make it easier for members to engage with ADEA, however, significant changes and investments are needed to support the streamlining of the education and credentialling pathways and improve interactivity for members. We will commence preparing for these changes over the coming months.

Continuing prudent financial management by the current and previous Boards has ensured we had sufficient funds in reserve to weather the impact of the pandemic on our revenue. We have continued to keep members abreast of pandemic-related changes, and we have supported Branch Program Organising Committees in running or re-scheduling online and face-to-face conferences.

In 2022, after two years of lockdowns and uncertainty, we are very excited to be hosting the Australasian Diabetes Congress (ADC) as a face-to-face event. We know that our hybrid meetings, events, and congresses over the past two years opened access to conferences and events to many members who would not usually attend, due to distance or work-related commitments. However, the costs are prohibitive, and we cannot attract sufficient revenue to sustainably offer hybrid conferences into the future.

Our research grant program remains suspended following the pandemic and its impact on ADEA revenue. However, we successfully obtained donations for our ADEA Diabetes Research Foundation (ADRF) scholarships for Aboriginal and Torres Strait Islander students to undertake a University of Technology Sydney Graduate Certificate in Diabetes Education and Management. We offered our first scholarship, which was co-funded with InfoMedix, in 2021. In 2022, we were able to offer five scholarships thanks to the generous support of:

- Sanofi
- Abbott Australasia
- Novo Nordisk Pharmaceuticals
- BD Diabetes Care
- Dixie Klemm

ADEA will also offer each scholarship recipient support to complete their credentialling to become a CDE. With these scholarships, we hope to significantly increase the number of Aboriginal and Torres Strait Islander Health Professionals who are skilled in diabetes education and management to reduce the impact of diabetes in First Nations communities. Building on our 2021 review of diabetes education opportunities for Aboriginal and Torres Strait Islander Health Workers and Practitioners, we are developing and will be promoting credentialling pathways for this workforce.



Scholarship reception in June 2022: ADEA CEO Susan Davidson and Trent Lyon (ADEA Research and Sanofi Indigenous Scholar)

Our priorities for the next 12 months are to continue our focus on raising the profile of CDEs with GPs and people living with diabetes, as well as the importance of referring to a CDE, support for CDEs and members in the public and other sectors, and modernising and streamlining CDE education. ADEA, ADS, and Diabetes Australia will also continue working closely together on a range of policy and operational matters, and jointly advocating for the three elements of our Diabetes Health Professionals Election Campaign:

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

On behalf of the Board and staff of ADEA, I thank all members who have generously volunteered their time to support ADEA, the profession, and their fellow members.

I thank the Board and staff for their continuing support and commitment during the turbulence of the past couple of years as we developed new ways of delivering our programs and services in response to the pandemic. My thanks also to our dedicated Branch Executives, Branch and ADC Program Organising Committee (POC), our Professional Services Manager, and our events, education, and member services staff for your adaptability, strength, and drive in navigating and delivering Branch conferences and events, and our national Congress, through the pandemic-related uncertainties of the past 12 months. I also thank our partners, sponsors, and funders for their crucial support which enables ADEA and our members to achieve the highest standards of diabetes education and care for people living with diabetes.



Kind regards,

Susan Davidson
ADEA CEO

Finance Director's Report

Finance, Audit and Risk Management (FARM) Committee

The FARM Committee oversees and advises the ADEA Board on matters relating to ADEA finances, the annual audit of ADEA's financial statements, and risk management within ADEA. The FARM Committee is a sub-committee of the Board of Directors. Its primary role is to assist the Board in performing its fiduciary duties and corporate governance responsibilities under the Corporations Act 2001, the Australian Charities and Not-for-profits Commission Act 2012 and ADEA's constitution. The permanent members of the FARM Committee for 2021-22 consisted of:

- ADEA's Finance Director, who is the FARM Chairperson: Maria Maieli
- ADEA Board member who is not the Finance Director: Amanda Bartlett (until November 2021) and Amanda Galbraith (from November 2021)
- ADEA executive member: Tony Stubbs, ADEA Chief Operating Officer
- a senior representative from the outsourced accounting services provider and/or CFO: Scott Myers, Partner of Equity Partners, ADEA's outsourced accounting services provider
- an independent member: Justine Caine, Chief Executive Officer of Diabetes Australia (from March 2022)

Financial advisory and management services continue to be outsourced to Equity Partners which acts as a good internal control for ADEA. Senior managers of ADEA and myself have regular contact with the staff at Equity Partners and this arrangement has been effective for ADEA to date. We are planning for accounting services to be provided through a shared services arrangement with Diabetes Australia in due course, which will be a cost saving initiative for ADEA.

RSM Australia has conducted the audit of the ADEA Annual Financial Report for 2020-21.

The FARM Committee regularly monitors ADEA's risks and investments.

Financial performance

ADEA has reported a deficit of $332k for 2021-2022, which is higher than the budgeted deficit. The Board approved a deficit budget for this financial year to enable a continued investment and focus on strategic projects to keep ADEA in the forefront of diabetes education: the promotion of the Diabetes Pathways to raise the awareness of GPs and consumers of the importance of diabetes education and when to see a CDE; and the CDE Education Review to review, modernise, and streamline the end-to-end education for CDEs. In total revenue received for the year was $1.8m, of which NDSS funding was $589k, membership fees were $596k, and credentialling income was $104k.

Like many organisations, we have continued to experience challenges relating to the covid pandemic, and the deferral of Branch conferences and meetings had a negative impact on member engagement and overall revenues in this financial year. This meant our final financial result was a larger deficit than budgeted. ADEA is supporting Branches in planning additional events for 2022-23.

ADEA held membership fees at 2019 levels over the past three years, in recognition of the impact of the pandemic on members. In light of the negative impact of the pandemic on ADEA's finances over the three years, the Board agreed to a 3% membership fee increase in February 2022. Alternative sources of revenue are being considered by the Board to support long term financial sustainability.

The majority of ADEA's services are supported by staff employed by ADEA, and therefore staff costs are the most significant expenditure for the organisation, followed by IT and professional services costs. The Board will continue to review these expenses in 2022-23.

The Board will also continue to monitor financial performance to ensure the delivery of the Strategic Plan over the next year, and plans are already in place for the development of the Strategic Plan for 2023 and beyond.

Financial position

Total members' reserves on 30 June were $1.8m. A considerable amount of the reserves relates to accumulated funds from previous years. A substantial proportion of these reserves is made up of liquid assets to enable ADEA to pay its financial commitments when they fall due. It is important for all organisations to maintain strong reserves to mitigate any unforeseeable circumstances that are out of their control and to ensure their financial viability. ADEA's reserves ensure the organisation has a strong cash flow and my recommendation as Finance Director is to sustain these reserves for longevity. Shaw & Partners continue to advise on investments to optimise the financial returns for ADEA and at the same time adopt a conservative approach.



Kind regards,

Maria Maieli
ADEA Finance Director

Board of Directors



Tracey Tellam

President from 14 November 2020



Amanda Bartlett

Vice President from 14 November 2020



Maria Maieli

Finance Director from 24 August 2018



Ann Bush

Commenced term two 24 August 2021



Justine Cain

Commenced term one 23 November 2021



Coralie Cross

Commenced term one 24 August 2021



Brett Fenton

Commenced term two 24 August 2018, completed 24 August 2021



Derek Finch

Commenced term two 26 September 2020



Amanda Galbraith

Commenced term one 24 August 2021



Jessica Miller

Commenced term one 12 August 2021



Helen Phelan

Commenced term one 24 August 2018, completed 24 August 2021



Melissa Sinopoli

Commenced term one 11 February 2020, completed 24 August 2021



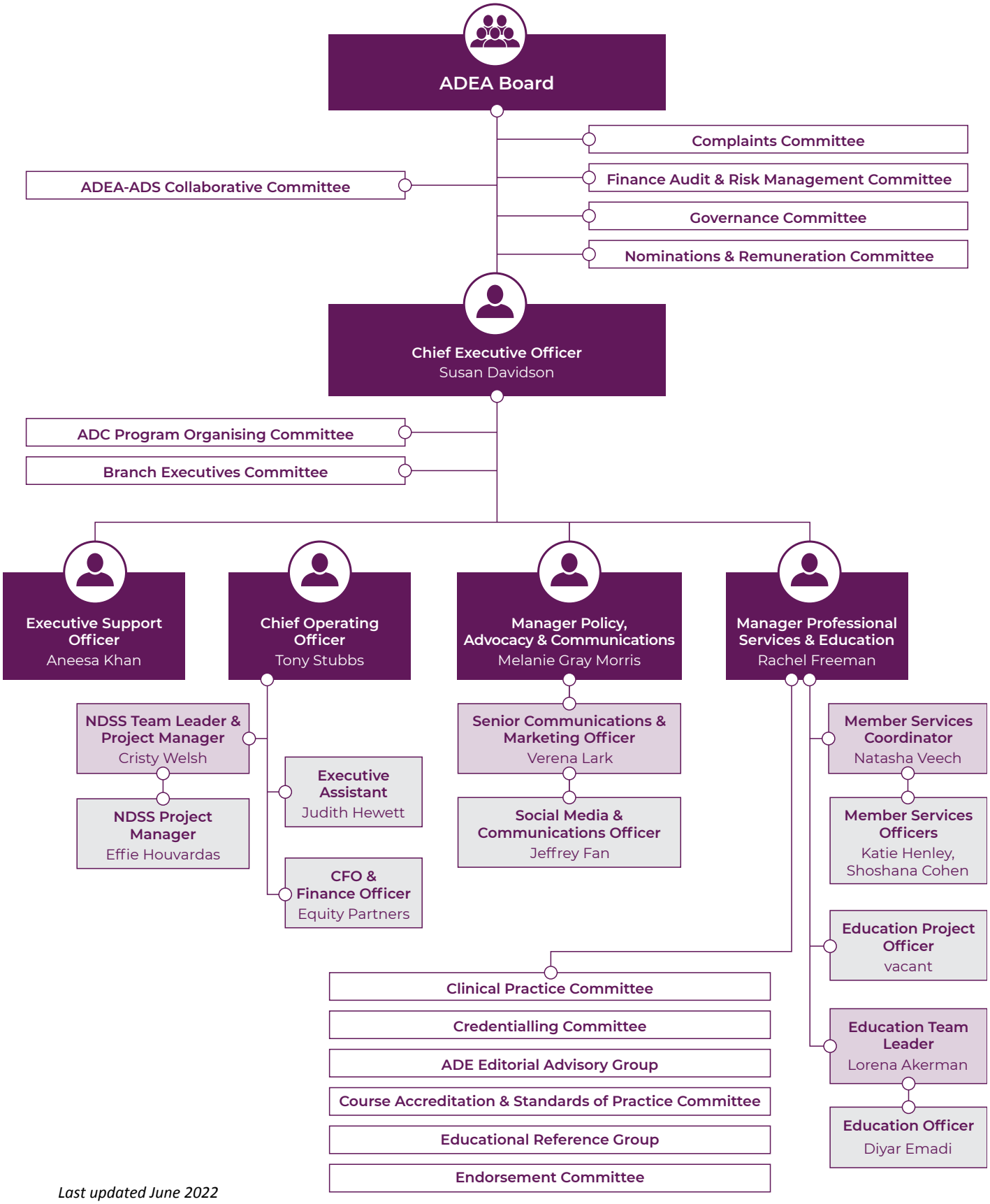
Peta Tauchmann

Commenced term one 11 October 2019

ADEA Board Meeting in May, Adelaide



Organisational Chart 2022



Last updated June 2022

Branch Executives

Australian Capital Territory Branch Executive

Branch Chair: Michelle Angove
Branch Secretary: vacant
Branch Education Officer: vacant
Contact: adeaact@adea.com.au

New South Wales Branch Executive

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

Northern Territory Branch Executive

Branch Chair: Teresa Hyatt
Branch Secretary: Sharron Calgaret
Branch Education Officer: vacant
Contact: adeant@adea.com.au

Queensland Branch Executive

Branch Chair: Adnan Gauhar and Christina Martin
Branch Secretary: Laura Zimmerman and Stacey Sharp
Branch Education Officer: vacant
Contact: adeaqld@adea.com.au

South Australia Branch Executive

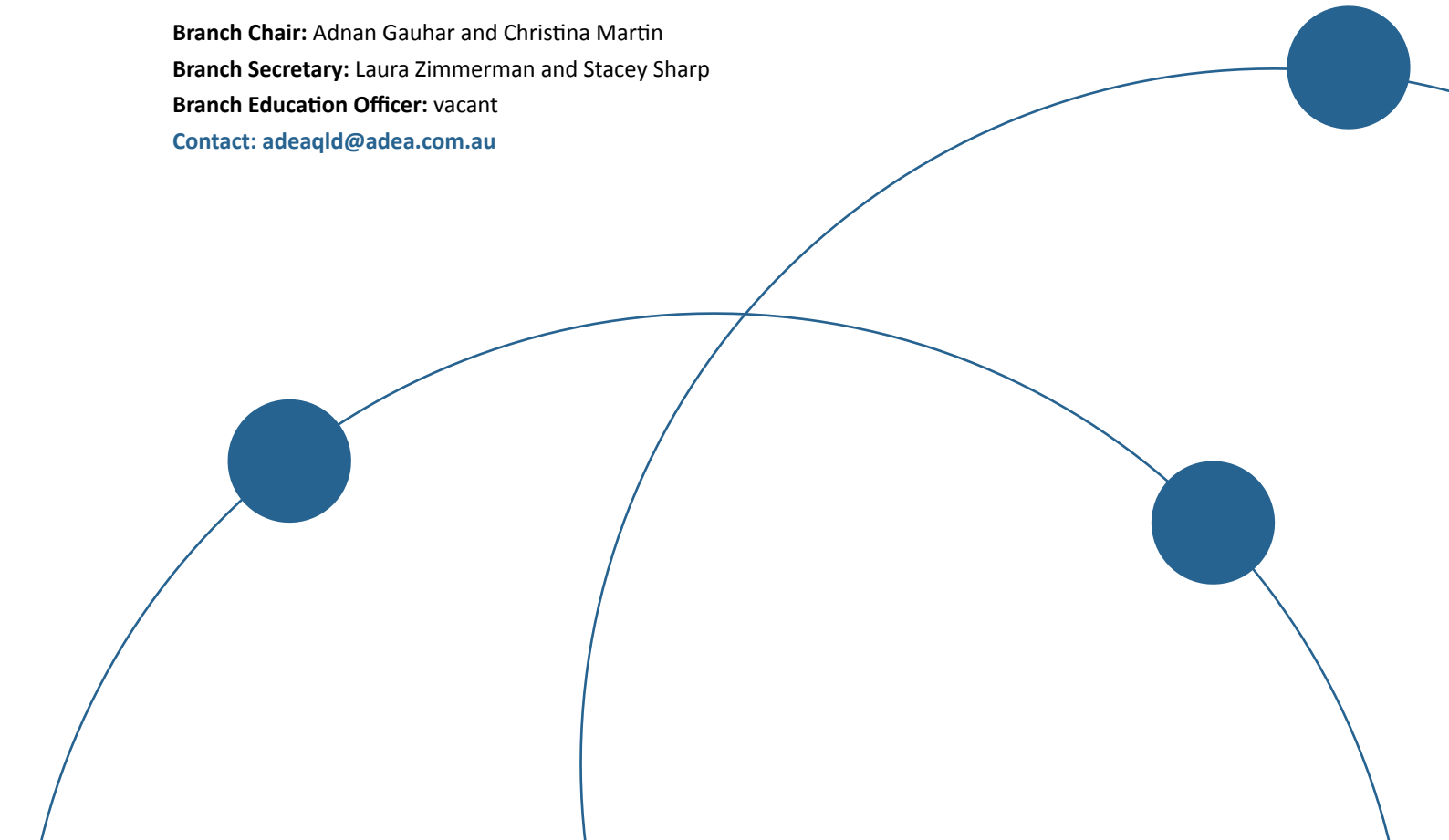
Branch Chair: Daniela Nash
Branch Secretary: vacant
Branch Education Officers: Mary Hodgson
Contact: adeasa@adea.com.au

Victoria Branch Executive

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

Western Australia Branch Executive

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



Committees

Australian Diabetes Educator (ADE) Editorial Advisory Group

Kate Marsh (Editor)

Penelope Barker

Nicole Duggan

Rachel Freeman/Lorena Akerman

Dr Stephen James

Achamma Joseph

Aneesa Khan (secretariat)

Shannon Lin

Michelle Robins

Course Accreditation and Standards of Practice (CASP) Committee

Karen Crawford (Chair)

Carolyn Allen

Marc Apolloni

Amy Cowan

Michelle Culhane

Trisha Dunning*

Olivia King

Kylie Mahony

Patricia Marshall

Elizabeth Obersteller (Credentialling Committee Representative)

Celestina Shori

Credentialling Committee

Elizabeth Obersteller (Chair)

Deborah Foskett

Rachel Freeman

Megan Pruesker

Lois Rowan

Maxine Schlaeppi

Annabelle Stack

Endorsement Committee

Lorena Akerman

Anna Blackie

Wendy Bryant

Nicholas Denniston

Trisha Dunning*

Julie Kha

Shannon Lin

Elizabeth Obersteller

Maxine Schlaeppi

**Sadly, Emeritus Professor Trisha Dunning AM passed on 14 October. She was a leading nurse, diabetes clinician, qualitative methods researcher and educator, with an international profile and reputation. Trisha published widely and was acknowledged as an expert on diabetes management and care guidelines – particularly for older people and people receiving palliative or end-of-life care.*

Watch video tribute here

Course Advisory Representatives

Michelle Robins, Deakin University

Kirrily Chambers, Flinders University

Wendy Bryant, University of Technology Sydney

Carolyn Judge, University of Technology Sydney

Louise Ginnivan, Mayfield Education

Achamma Joseph, James Cook University

Wendy Livingstone, Southern Cross University

Clinical Practice Review Committee

Peta Tauchmann (Chair)

Nicholas Denniston

Lynda Marshall

Rebecca McPhee

Rachel Freeman (Secretariat)

Celestina Shori

Rachel Woods

Education Reference Group

Jan Alford (Chair)

Lorena Akerman (Secretariat)

Rachel Critchell

Anna Lawrence

Edna Louzado

Sharon McClelland

Fiona McGregor

Cath McNamara

ADC Program Organising Committee

Kirstine Bell/Ashley Ng (Co Chair)

Rachel Freeman (Co Chair)

Aneesa Khan (Secretariat)

Lorena Akerman

Tim Benson

David Burren

Diyar Emadi

Jinjin Gao

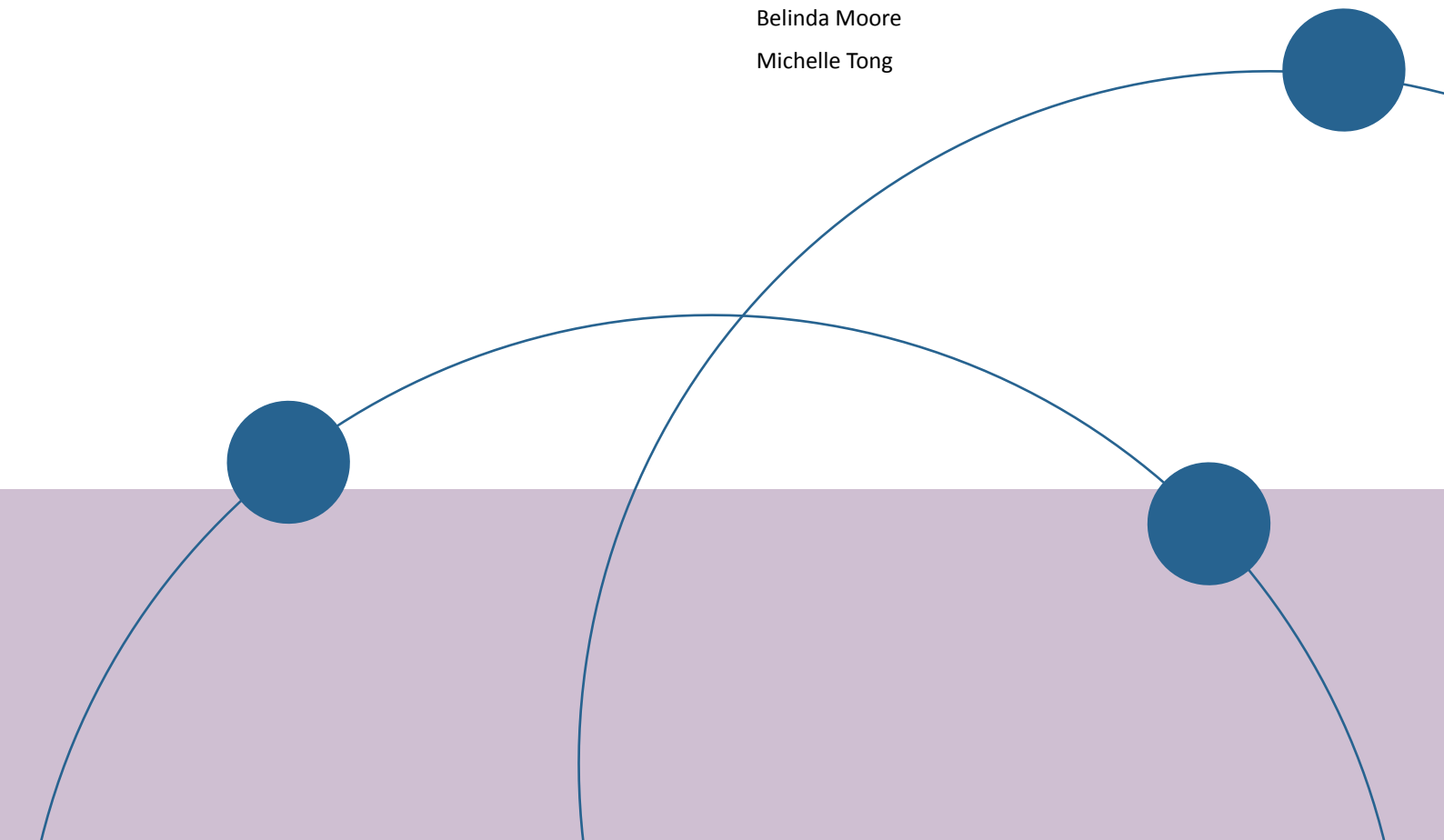
Achamma Joseph

Anna Lawrence

Shannon Lin

Belinda Moore

Michelle Tong



Board Committees

Finance Audit and Risk Management Committee

Maria Maieli (Chair)

Amanda Bartlett (until November 2021)

Justine Cain

Amanda Galbraith

Rachel Harris

Governance Committee

Jessica Miller (Chair)

Melissa Sinopoli (Chair until August 2021)

Ann Bush (until February 2022)

Coralie Cross

Peta Tauchmann

Complaints Committee

Peta Tauchmann (Chair)

David Bartlett

Susan Drmota

Kathy Grudzinskas

Michelle Hogan

Taryn Mews

Kieran Miller

Joanne Pennisi

Nominations and Remuneration Committee

Derek Finch (Chair)

Amanda Bartlett

Ann Bush

Helen Phelan (until August 2021)

Past Presidents Advisory Group

Tracy Aylen**

Jane Giles

Nuala Harkin

Giuliana Murfet

Erica Wright (until October 2021)

**Sadly, Tracy Aylen passed in October 2021. She was a much loved and respected member of the ADEA community, a dedicated CDE, and a friend and mentor to many of our members.

Watch video tribute here

Advisory Panels/Working Groups

CDE Resources Referral Pathways Group

Sandra Anstis

Kim Dijong

Lauren Hall

Shannon Lin

Linda Mitchell

Belinda Moore

Danielle O'Dorico

Jeevan Rosha

Leonie Yasso

CDE Education Review Expert Reference Group

Lorena Akerman

Kirrily Chambers

Sheri Cooper

Danielle Cooper (Project Officer)

Amy Cowan

Diyar Emadi

Rachel Freeman

Virginia Hagger

Olivia King

Anna Lawrence

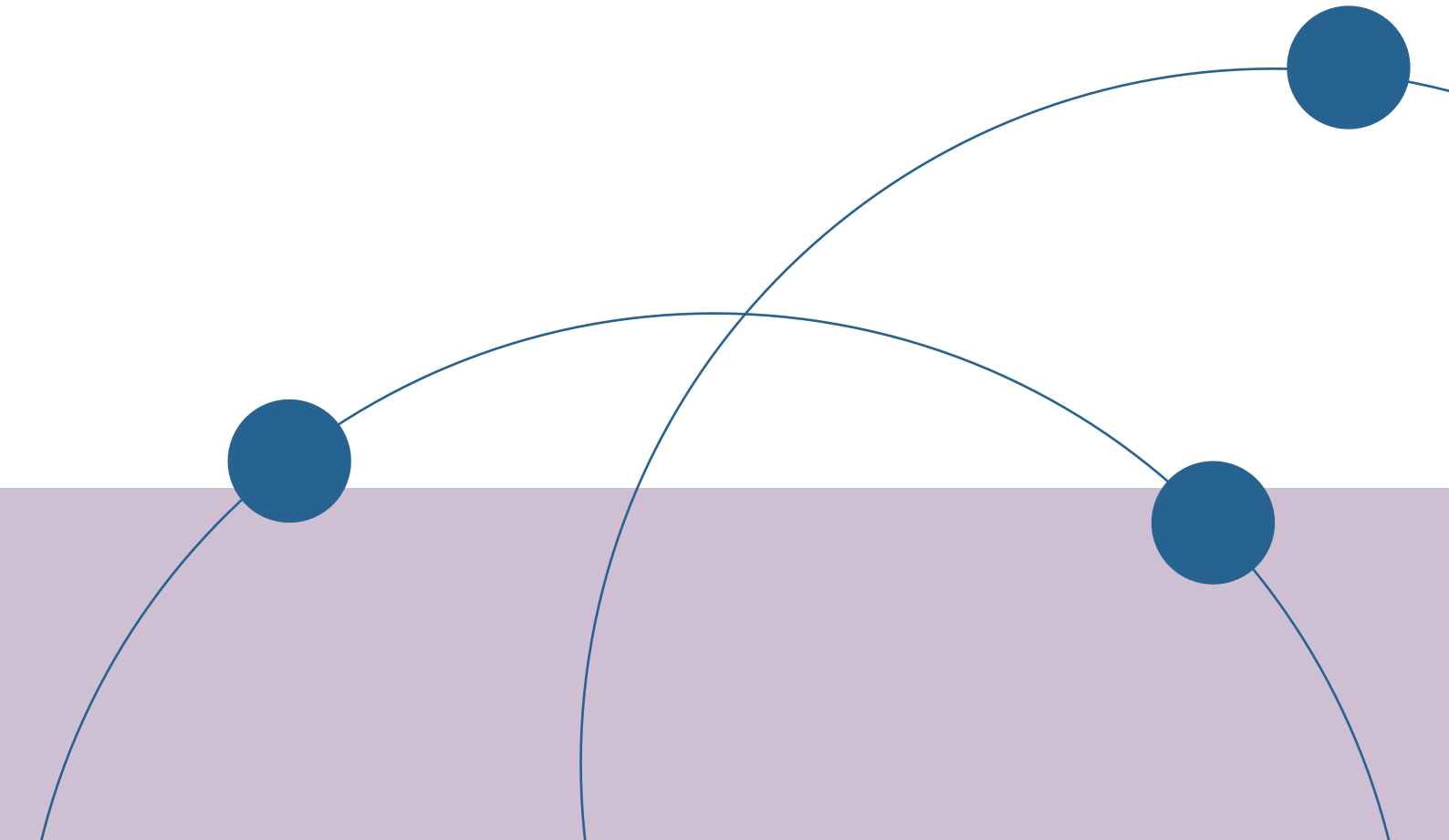
Carly Luff

Guiliana Murfet

Ashley Ng

Bodil Rasmussen

Annabelle Stack



Special Interest Groups

Private Practice

Laura Zimmerman (Convenor)

Vongayi Majoni (Vice Convenor)

Rachael Baker (Queensland)

Jannah Bonney (Tasmania)

Mary Hodgson (South Australia)

Carol Lomman (Western Australia)

Edwin Pascoe (Victoria)

Diabetes in Pregnancy

Belinda Moore (Convenor)

ADEA Diabetes Research Foundation (ADRF)

ADRF Board

Robert Biancardi (Chair)

Professor Trisha Dunning*

Derek Finch

Kristin Meagher (until December 2022)

Helen Phelan (until October 2022)

ADRF Council

Professor Peter Colman

Professor Trisha Dunning

Professor Ines Krass

Adjunct Associate Professor Margaret McGill AM

Professor Sophia Zoungas

*Sadly, Emeritus Professor Trisha Dunning AM passed on 14 October. She was a leading nurse, diabetes clinician, qualitative methods researcher and educator, with an international profile and reputation. Trisha published widely and was acknowledged as an expert on diabetes management and care guidelines – particularly for older people and people receiving palliative or end-of-life care.

Watch video tribute here

Award judging panels

CDE of the Year

Danielle Cooper
Rachel Freeman
Jane Giles
Rachelle Ward (consumer)
Erica Wright

Abbott Case Study Award

Ann Bush
Karen Crawford
Rachel Freeman
Sue Lynn Lau
Robert Steadman (consumer)
Peta Tauchmann

Roche Registration Grants

Lorena Akerman
Cecile Eigenmann
Rachel Freeman
Toni Willson

ADC2021 abstract reviewers

Siobhan Barlow
Tim Benson (consumer)
Wendy Bryant
Karen Crawford
Carmen Holmes
Achamma Joseph
Nicole Kellow
Vicki Mackay
Linda Mitchell
Rebecca Munt
Ashvin Nursing
Karen Schell
Yvonne Tate
Leon Tribe (consumer)
Sue Wyatt

ADC2021 presentation judges

Wendy Bryant
David Burren (consumer)
Anita Howari (consumer)
Fleur Kelly
Shannon Lin
Rebecca Munt

NDSS Expert Reference Groups

National Diabetes Nursing Education Framework

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

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

Anna Blackie
Sarah Davey
Paul Gibson (until May 2022)
Sana Ishaque
Kirrilaa Johnson (until May 2022)
Fleur Kelly
Ray Kelly
Christopher Lee
Deanne Minniecon
Colin Mitchell (until April 2022)
Grace Ward

STRATEGIC PILLAR 1

Promote the Credentialled Diabetes Educator (CDE) profession and brand

- *make the CDE the gold standard for diabetes education and care*
- *increase the number of CDEs and members*
- *improve the mentoring program for consistency and effectiveness*
- *promote the role and value of CDEs internationally*
- *promote the role and value of CDEs to GPs, other health professionals and consumers*

CDE Education Review

The **CDE Education Review** examined the education necessary to ensure CDEs have consistent knowledge and skills to provide standardised education to people with diabetes and are recognised as diabetes specialists in the health system. A summary of the findings of the review of CDE education and credentialling in Australia, particularly the member survey, are:

- Postgraduate study may need to be expanded beyond what is currently required to encompass all necessary diabetes education knowledge and skills, including theory and practical education.
- Initial credentialling needs to be simplified, and more structured. Clearer guidelines and support are required to maximise the effectiveness of the mentoring program.
- Scope of practice relating to primary discipline, insulin initiation, and adjustment need to be clarified, including through information resources for members and standardising education and assessment.

Following ADEA Board approval of the recommendations, the Professional Services and Education Team has continued to revise aspects of the education and credentialling pathway for CDEs. This has included:

- A Scope of Practice legal review of the applicable medicines laws in each state and territory and how they relate to the practice of the CDE in each state and territory. Subsequently, the ADEA *Role and Scope of Practice for Credentialled Diabetes Educators in Australia* guideline has been reviewed and resources developed for use by CDEs, employers, and referrers.
- *Revision of the National Competencies for CDEs in Australia*, utilising the advice from the Scope of Practice review, as well as the Capability Framework published by Giuliana Murfet PhD MSc (Diabetes) MNg CDE FADEA.
- Initial discussions with universities regarding higher levels of study, such as graduate diplomas and master's degrees in diabetes education and management.
- Revision of university courses accreditation and re-accreditation guidelines.
- Commencement of revision of the mentoring program and resources, to be completed in 2022.

Membership

The Member Services Team supports members through the **credentialling process and ADEA membership** and has been continually making small improvements to the membership database, reporting, and credentialling process. This has included:

- moving student membership applications online,
- improving the accuracy of reports provided to NDSS, and
- modifying the logbook requirements for initial credentialling applicants already working in diabetes management.

Membership has grown 7.71% over the past 12 months, mostly due to the continued increase in student memberships since moving from a paper format to online.

With the return of face-to-face events, Branch conferences were held in both Western Australia (2021) and Queensland (2022), with conferences in New South Wales, Victoria and Western Australia planned for the end of 2022. Additionally, ADEA was able to promote the role of CDEs at the Australian Pharmacy Professional Conference (APP) on 24-27 March 2022.

Diabetes Pathways

ADEA continued to work on the promotion of the Diabetes Pathways and worked with a CDE Resources for Diabetes Pathways Working Group to develop resources that support a range of health professionals and consumers in using the Pathways.

Activities included:

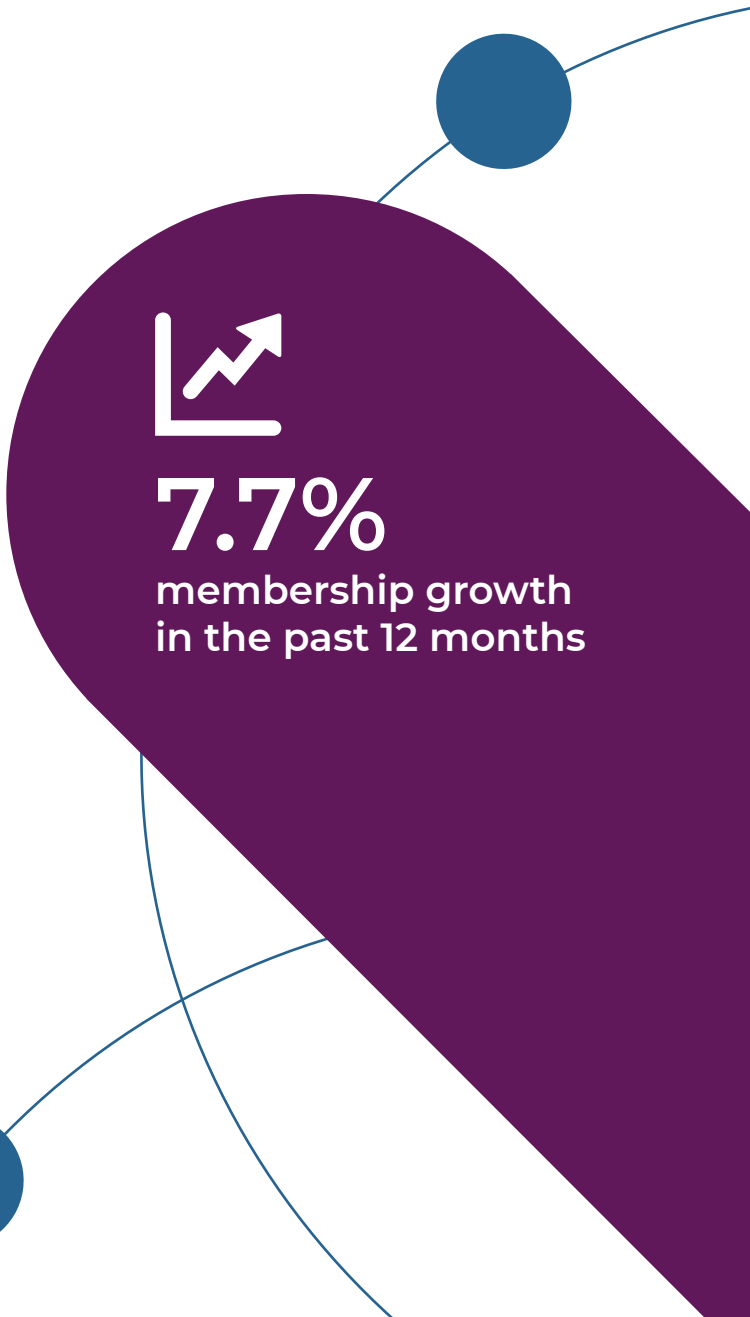
- attending external conferences such as GP events and pharmacist conferences to promote and discuss the Pathways
- presentation of the Pathways to key stakeholders such as pharmaceutical companies, Diabetes Australia, and Primary Health Networks (PHNs)
- promotion of the Pathways through the MYINTERACT platform
- search engine and social media advertising as part of a paid marketing strategy
- organic social media content which has been shared by numerous other organisations and ADEA members

Resources have been developed for CDEs to assist members to talk about the Pathways and present them to their local diabetes care team members. We thank the CDE Resources for Diabetes Pathways Working Group who helped to put the following resources together:

- PowerPoint presentations to GPs and other health professionals
- posters and flyers explaining the Pathways
- flyer explaining key referral points with easy reference to Medicare and Department of Veterans Affairs (DVA) item numbers
- *Benefit of a CDE* flyer and how to refer

Enhancing connection to CDEs

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



STRATEGIC PILLAR 2

Partner with members to advocate for their professional interests

- *develop submissions and advocacy for our members*
- *advocate for increased and equitable access for consumers to quality diabetes education services*
- *set standards, models of care, scope of practice and guidelines*
- *review workforce data and capacity, pathways, and remuneration*
- *increase member engagement*

Diabetes Health Professionals Election Campaign 2022

This year, ADEA created an election campaign with the Australian Diabetes Society and submitted a budget request in support. The Diabetes Health Professionals Election Campaign 2022 focuses on three pillars designed to improve both coverage and access of CDE visits:

1. Remuneration for CDEs to initiate and support diabetes technology
2. MBS coverage of an additional five CDE visits per year for the high-risk population and
3. MBS coverage of gestational diabetes.

We worked closely with ADS to create the joint campaign and kept Diabetes Australia and other stakeholders such as the Juvenile Diabetes Research Foundation (JDRF) and the Australasian Paediatric Endocrine Group appraised of our efforts so that their campaigns could also align. We also undertook research to determine the estimated costs and potential savings for the Government to invest in our policy priorities and completed a pre-budget submission.

We launched our election strategy in February and continue to advocate for our priorities, even after the election. These priorities continue to shape our advocacy efforts, especially in light of the increased workload on CDEs. We continue to advocate for additional supports for CDEs in the public and private sectors.

Scope of Practice Review

ADEA commissioned Griffith Law School and Griffith University to undertake an extensive **legal review** and to assist with the development and articulation of the role and scope of practice of CDEs across Australia. The review considered the factors that contribute to the scope of practice of CDEs, examining the legal frameworks when dealing with medicines in each state and territory. The review was supported by unrestricted funding from Sanofi. A thorough report was presented to ADEA which then formed the basis of the review of *The Role and Scope of Practice for Credentialled Diabetes Educators in Australia* guideline. This guideline highlights the unique and integral role of CDEs in the provision and advancement of diabetes care and the specialty practice of diabetes self-management education.

The Role and Scope of Practice for Credentialled Diabetes Educators in Australia drives and promotes standards of practice in diabetes education and care and is the foundation on which other key ADEA documents are based. Following the legal review, fact sheets have been created to assist ADEA members, employers and referrers when clarifying the role of CDEs in each state and territory, as well as the varying roles that CDEs can have in different workplaces.

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

Diabetes Connekt

During the second half of 2021, ADEA in collaboration with Giuliana Murfet PhD MSc (Diabetes) MNg CDE FADEA began working on **Diabetes Connekt, a member engagement platform** that hosts the Capability Framework for Diabetes Care. The Framework aims to guide the practice of health professionals or health assistants who are delivering care to people living with diabetes. It helps them determine their professional development needs to ensure they keep up to date with the latest guidelines and provide optimal care.

ADEA has been working tirelessly to ensure members gain maximum benefit from accessing Diabetes Connekt through the inclusion of online communities and a resources library housing the most up-to-date diabetes management resources. The platform is in its final stages of development and will be launched in the second half of 2022.



STRATEGIC PILLAR 3

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

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

Position statements

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

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

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

Consumer engagement

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

These include:

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

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

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

Unification update

At the ADEA and ADS 2021 AGMs members voted in favour of **unification with Diabetes Australia**. We have since made significant progress in implementing unification: ADEA and ADS each have a Director on Diabetes Australia's Board, the new Health Professional Advisory Council (comprised of ADEA and ADS members) is providing advice to Diabetes Australia's Board, Diabetes Australia has a Director on ADEA's Board and a Director on ADS' Council, and there are regular meetings to discuss strategy, policy, and operational matters. This ensures that the collective interests of people living with diabetes and their diabetes health professionals are considered at Board level and within each organisation.

Diabetes education for Aboriginal and Torres Strait Islander Health Professionals

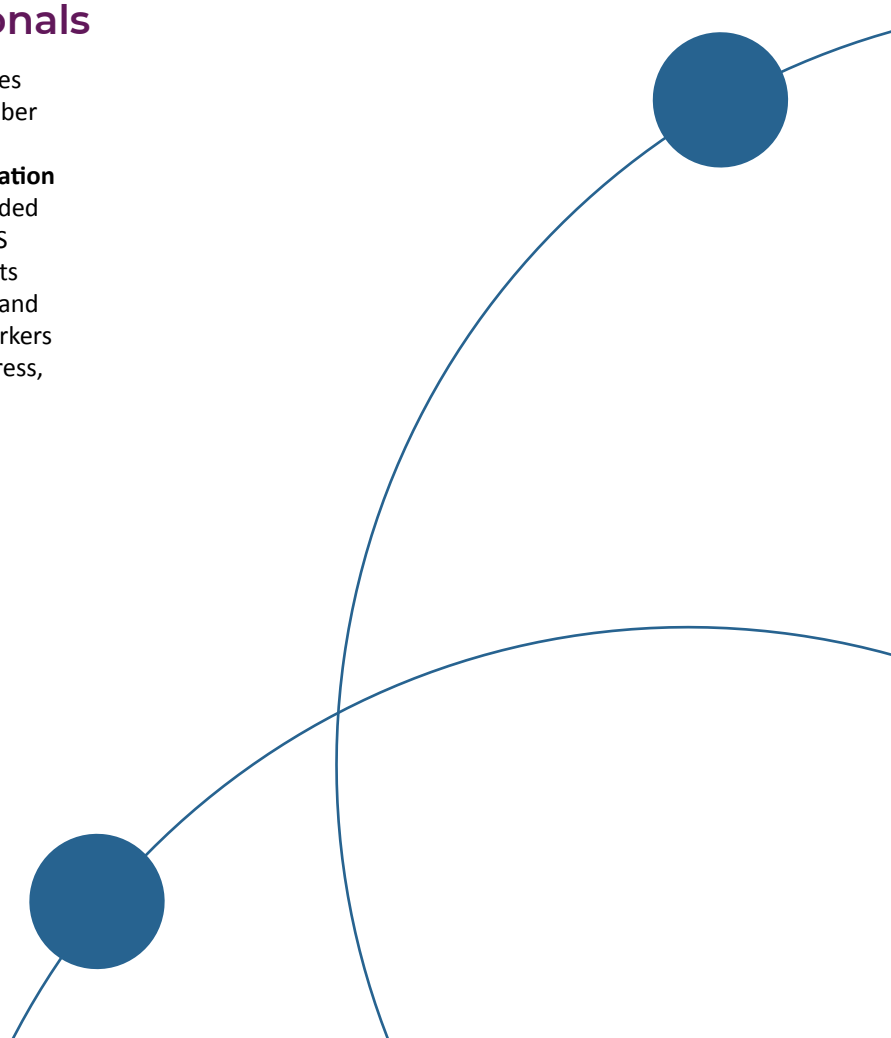
ADEA is seeking to reduce the impact of diabetes for First Nations peoples by increasing the number of **Aboriginal and Torres Strait Islander Health Professionals who are skilled in diabetes education and management**. Further information is provided under Pillar 5. We are also exploring, with NDSS funding, the viability of and design requirements for a mutual mentorship model between CDEs and Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. The project is in progress, and further details are provided under Pillar 6.

Working for more equitable access to diabetes education

Temporary new COVID-19 telehealth arrangements for CDEs and other eligible allied health professionals were announced on 29 March 2020 and were originally effective for six months to 30 September 2020. We advocated extensively for the extensions and for permanent telehealth and were delighted when former Health Minister Greg Hunt announced permanent telehealth arrangements at the end of 2021.

In announcing the new telehealth arrangements, the Federal Government and the Department of Health emphasised the essential nature of all health professionals in providing healthcare and support to all Australians, and in particular to people with chronic health conditions.

The Federal Government and the Department of Health encouraged eligible health professionals to offer telehealth consultations where these are appropriate for the health professional and the client. However, they acknowledged that there will continue to be circumstances where face-to-face consultations will be required. ADEA has written telehealth guidelines which are now available on the LMS for members.



STRATEGIC PILLAR 4

Provide and endorse professional development and advanced practice opportunities

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

Endorsement, accreditation and education

The calendar of ADEA events is available on the ADEA website and the MYINTERACT platform to showcase the range of activities available and endorsed for ADEA members and other health professionals working in diabetes education and care.

ADEA endorsement is highly sought after, and we have endorsed 14 courses over the past 12 months, highlighting the standing that ADEA has among diabetes organisations. A big thank you to the Endorsement Committee which assists with these assessments each year.

14 courses were endorsed over the past 12 months



Sponsored webinars and podcasts, as well as webinars and podcasts on key ADEA activities were regularly developed and released throughout the past 12 months. These included contemporary and timely updates from Abbott, the NDSS, Novo Nordisk, Sanofi, AstraZeneca, AMSL, and others, as well as a five-part webinar series on nutrition aspects of diabetes management – a topic members reported was key for them.

The ADEA Oral Health e-Learning module is currently being reviewed by a research team from Western Sydney University with ADEA involvement. It is planned that research articles will be published from the evaluation and pilot of the revised program which will contribute to ADEA's standing in this area.

As part of the CDE Education Review project, ADEA has been designing a **microcredentials framework**. The framework sits within a national diabetes education and training framework developed with ADS, with the aim of ensuring quality, consistent and up-to-date training for the health workforce, including diabetes health professionals. The aim of the microcredentials framework is to standardise and 'badge' various ADEA-developed and endorsed courses that align with ADEA's standards for the education of health professionals working in diabetes education and care. Microcredentials are an emerging and sought-after qualification among a range of adult learning opportunities and courses, and this contemporary framework for education will continue to position ADEA as the leader in the field of diabetes education and credentialling for health professionals working in diabetes management. As this framework progresses, the ADEA endorsement program is being revised accordingly.

An initial microcredential is planned for July 2022: training for CDEs in NDSS-subsidised CGM and FGM technologies. Further microcredentials are planned for development in 2022-23. We thank the expert reference group for reviewing the content of this course in such a short timeframe: Wendy Bryant, Beth Knight, Lena Lim, Anne Marks, Michele Martin, and Maggie Stewart.

Current accredited university courses for the Graduate Certificate in Diabetes Education and Management are due for re-accreditation at the end of 2022. The Course Accreditation and Standards of Practice Committee (CASP) is currently reviewing the guidelines and will be assessing re-accreditation submissions from each of the university courses at the end of this year. The eight universities currently accredited have each submitted an Annual Report during their three-year accreditation period and have been guided by the CASP committee on aspects of those reports. This assists in preparing for the re-accreditation submissions. We thank the members of the CASP committees for their time and expertise in guiding this process.

Conferences

With COVID still impacting conferences in 2021-2022, the **return to face-to-face conferences** has been a gradual process. ADEA made the decision to transition from hybrid and online conferences back to face-to-face for several reasons over the past 12 months, including:

- increased costs associated with online delivery platforms (platform cost, technicians, staffing levels required), which would result in increased fees to access the conferences
- sponsor feedback which highlighted a lack of engagement with attendees on online platforms and therefore a significant reduction in sponsorship for online/hybrid events
- ability to deliver a broader range of high-quality content in-person
- feedback from ADEA members highlighting the value of in-person networking

Branch Executives reported that ADEA members are experiencing burnout as a result of COVID deployments and increased workload. This increased workload impacted the ability to plan and execute 2021-2022 Branch conferences. As a result, the ADEA Western Australia, New South Wales, and Victoria Branches decided to delay conferences to later in 2022.

The ADEA Western Australia Branch held an Education Day on the 16 October 2021, presented by Novo Nordisk. This event was held in a hybrid format and attracted 52 attendees face-to-face and 92 attendees online.

The ADEA Queensland Branch hosted a conference on 7 May 2022, the first solely face-to-face conference since COVID began. This event attracted 76 attendees, nine speakers, and eight sponsors. The feedback from this event has been very positive, with most attendees appreciating a return to the face-to-face format and with it the networking and socialising opportunities.

Our CEO, Susan Davidson, and ADEA senior staff have presented at a number of Branch conferences and meetings this year, providing an update on what is happening within ADEA as well as information regarding advocacy and policy and how members could support the Diabetes Health Professionals Election Campaign 2022.

The Australasian Diabetes Congress 2021 (ADC2021) was a successful online event with 1219 registrations. Following the live event, there have been 12,493 downloads and views of webinar recordings. Evaluations for the event were very positive with most delegates rating the Congress very highly. As with previous conferences, the most popular reason for attending the Australasian Diabetes Congress 2021 was to gain new information, with the second highest reason to network with others. However, the opportunities at the virtual ADC were noted to be significantly lower than those of previous face-to-face conferences. The most popular sessions were the plenary sessions, particularly William Polonsky, the Medication Masterclass, Exercise Symposium, Nutrition Symposium, and the technology and other medication updates.

As always, we thank everyone who attended and those who completed their evaluations, as they have helped us plan for 2022.

We wouldn't be able to host the Congress without the tireless work each year from the Program Organising Committee (POC). A very big thank you to the ADC2021 POC members.

Special interest groups and advisory groups

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

COVID restrictions, workload, burnout as well as the ADC2021 being hosted online have prevented the interest groups from meeting over the past 12 months.

Both the Private Practice Special Interest Group (PPSIG) and the Diabetes in Pregnancy Special Interest Group (DiPSIG) continue to have active Facebook groups and are supportive environments for members to liaise with each other. Both groups hosted respective sessions at ADC2021, presenting information of interest to delegates on their respective topics.

In 2022, Diabetes Connekt will become the online engagement space for these groups, and we will add additional special interest groups to this platform. We encourage members to engage with these groups and continue to support fellow ADEA members, provide topics of conversation, online mentoring, and connection.

Grants and awards

The 2021 ADEA **Honorary Life Member Award** went to a very deserving member and past ADEA president, Tracy Aylen, who sadly passed away in October last year. We continue to honour our valued members and encourage members to nominate their peers for this prestigious award. We are reviewing the nomination process and are planning an open, year-round nomination process to create a smoother and more accessible process for our members.

ADEA has awarded 18 Honorary Life Memberships:

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

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

ADEA has awarded 13 Fellowships, the most recent one awarded in December 2021 to Cynthia Porter.

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

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

- Roche Diabetes Care has been a long-term supporter of the *Travel Grant and Registration Assistance Grant Programs* that provides financial support for ADEA members to attend the ADC. The Roche grants enabled 35 registration grants in 2021, as ADC2021 continued to be required to be facilitated online. Roche Diabetes Care also sponsored four abstract awards, recognising the two best posters and two best oral presentations at ADC2021.
- Eli Lilly continued their support of the prestigious CDE of the Year Award program. The program honours outstanding achievements and contributions of CDEs in the provision of high-quality diabetes education and expert support for people living with diabetes. Health professional colleagues, people with diabetes, and workplaces can nominate CDEs. ADEA congratulates the seven state and territory recipients of these prestigious awards, and especially the recipient of the Jan Baldwin National CDE of the Year Award 2021, Mark Shah. Mark will deliver the Jan Baldwin Oration at the Australasian Diabetes Congress 2022 (ADC2022) in Brisbane.
- Abbott Diabetes Care furthered their support for the Case Study competition to collect case studies that address contemporary issues in the practice of diabetes care, diabetes education, and self-management involving the use of flash glucose monitoring and ambulatory glucose profile. The nine best case studies were published and the best five were selected to present at the ADC2021. The People's Choice Award went to Maria Constantino for her Case Study titled *So you want me to stop insulin?! How Freestyle Libre can assist precision medicine.*

STRATEGIC PILLAR 5

Advocate and support excellence in research by and for CDEs

- *support research*
- *actively disseminate and translate research results*
- *raise funds and bequests to support research*
- *utilise research and data to strengthen diabetes prevention*

ADEA is seeking to reduce the impact of diabetes for First Nations peoples by increasing the number of **Aboriginal and Torres Strait Islander Health Professionals who are skilled in diabetes education and management**. Through the ADEA Diabetes Research Foundation, and with the generous support of the following donors, this year we supported five scholarships for Aboriginal and Torres Strait Islander Health Professionals to undertake a Graduate Certificate in Diabetes Education and Management: Sanofi, Abbott Australasia, Novo Nordisk Pharmaceuticals, BD Diabetes Care and UTS Friends, and Dixie Klemm.

Once the scholarship recipients have completed their Graduate Certificate, ADEA will offer support to each recipient to complete their credentialling to become a CDE.

During 2020-21, the ADEA Board made the difficult decision to put research grants on hold, due to the ongoing uncertainty surrounding the COVID-19 pandemic and its impact on ADEA revenue. ADEA remains committed to the ADEA Diabetes Research Foundation and continues to support the projects that were funded previously.

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

Scholarship reception in June 2022. From left to right: Melanie Gray Morris (Manager Policy Advocacy and Communications, ADEA), Susan Davidson (CEO ADEA), Trent Lyon (ADEA Research and Sanofi Indigenous Scholar), John Klemm (Representative of Greg and Daniel Klemm) Kerry Richardson (ADEA Research and Abbott Australasia Scholar), Louise Gilbey (ADEA Research and Dixie Klemm Scholar), Grace Ward (Aboriginal and Torres Strait Islander Engagement, Diabetes Australia), Sarah-Kathleen Wadwell (ADEA Research, BD Diabetes Care and UTS Friends Scholarship), David Sibbritt (Head of School and Professor of Public Health, UTS)



STRATEGIC PILLAR 6

Create contemporary and innovative resources

- *partner with members and stakeholders to develop new, user-centred resources*
- *investigate commercial opportunities*

The Australian Diabetes Educator online publication

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

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

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

NDSS funded activities

ADEA developed **NDSS-funded resources** for health professionals that were accessed on more than 11,000 occasions during 2021-22, a substantial increase over the previous year. The resources accessed included the Diabetes and Intellectual Disability resources, updated Sick Day Management resources, Natural Disasters and Emergencies resources, person-centred care resources, primary health care modules, diabetes and aged care modules and podcasts.

ADEA has participated in two national NDSS projects: the NDSS National Consistency Project and the NDSS Evaluation Project. The National Consistency Project aims to streamline and reduce duplication across NDSS services, and ADEA and ADS advised on NDSS-funded health professional education and training. ADEA and other key stakeholders also provided advice on the development of an NDSS National Evaluation Framework, and associated tools and measures to support the evaluation of the NDSS.

Diabetes and Intellectual Development Disability resources

The Diabetes and Intellectual Disability Project developed a range of resources to fill a gap in diabetes education for people with an intellectual disability and their support network, including health professionals, carers, and support people. During 2021-22 those resources were translated into three languages: Arabic, Simplified Chinese, and Traditional Chinese.

Workforce Development: Aboriginal and Torres Strait Islander Diabetes Workforce

In 2020-21, ADEA conducted an NDSS-funded project which explored diabetes-related professional development and identified barriers, enablers, and opportunities for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. In response to the key opportunities outlined in the project report, in 2021-22 ADEA has been exploring the viability of and design requirements for a mutual mentorship model between CDEs and Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

The 2021-22 ADEA NDSS **Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Mentor Pilot Program** is in progress and there are 15 mentor/mentee partnerships engaged with the Program. The Program will be evaluated in the coming months prior to a second pilot commencing in October 2022.

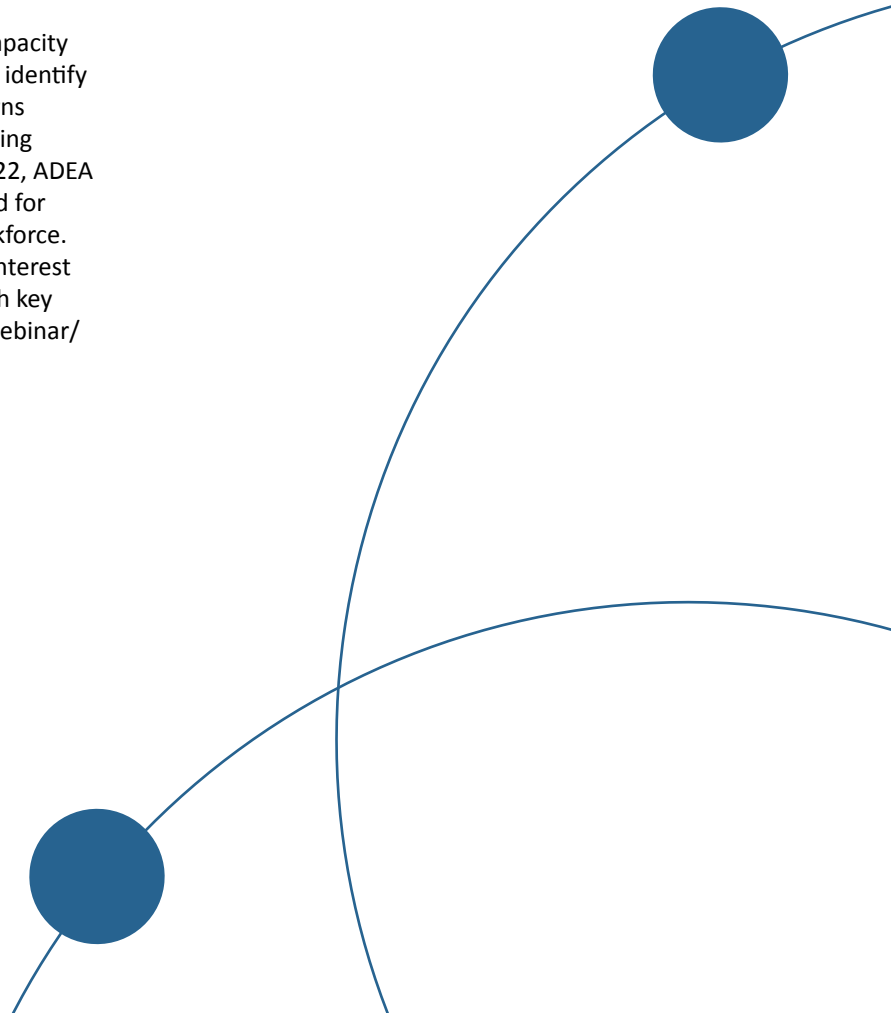
The Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Core Competencies are also being reviewed as part of this program.

Workforce Development: Specialist Diabetes Workforce (CDEs)

The purpose of this project is to improve the capacity and capability of the existing **CDE workforce** to identify and respond to emerging mental health concerns for people living with diabetes through continuing professional development (CPD). During 2021-22, ADEA surveyed members and results indicated a need for support and resources tailored to the CDE workforce. The establishment of a Mental Health Special Interest Group is underway along with consultation with key stakeholders to inform the development of a webinar/ podcast for CDEs.

Workforce Development: Generalist Health Workforce

This project aims to identify and improve the engagement of the **generalist workforce** (health assistants, enrolled and registered nurses, allied health professionals and others) with CDEs, and to develop and streamline standard protocols in the same vein as the ADEA Pathways. ADEA has undertaken research and telephone interviews, including engagement with peak body representatives to determine their needs.



STRATEGIC PILLAR 7

Deliver strategic and effective governance and management

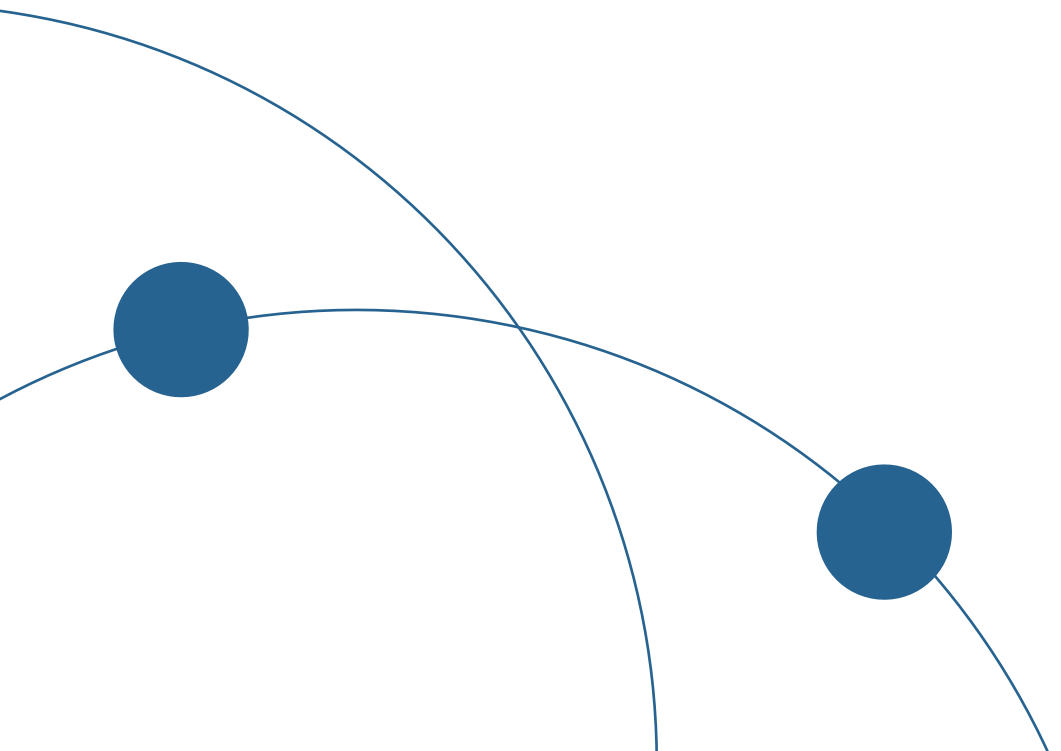
- *diversify revenue*
- *implement innovative organisational systems and processes*
- *implement contemporary and compliant governance practices*

The National Diabetes Strategy identifies workforce capacity as essential to ensuring optimal care for people living with diabetes.

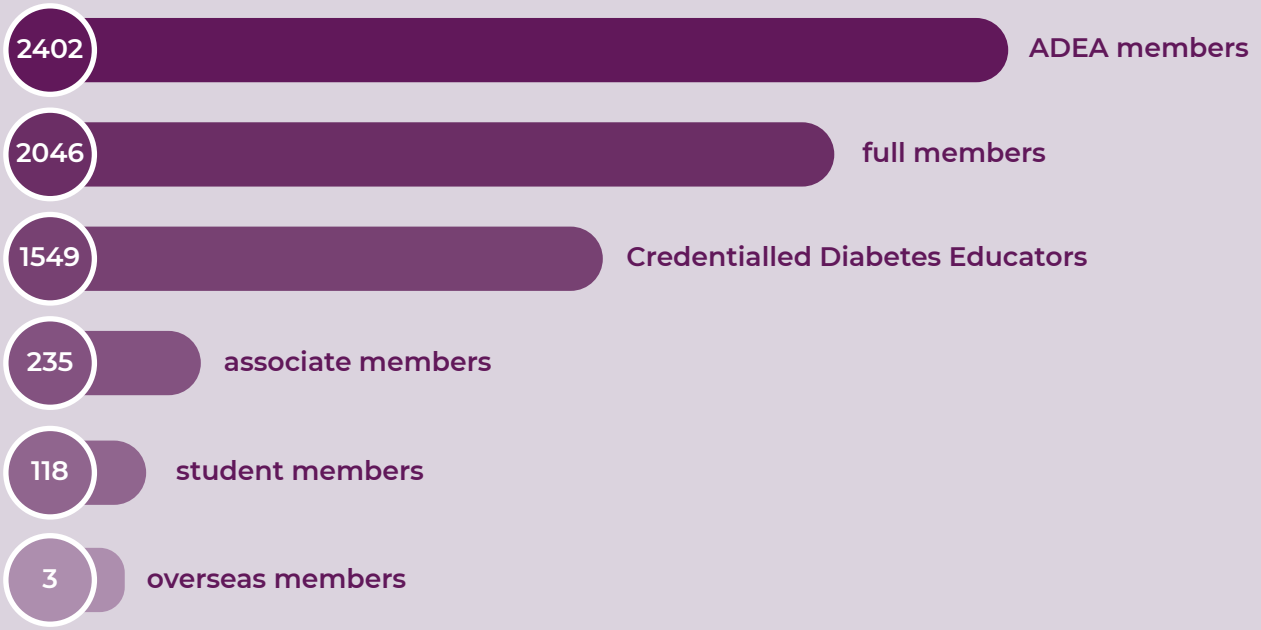
Last year, ADEA and ADS jointly conducted a review of data on the diabetes workforce, and factors which will enhance the capacity of the diabetes workforce. One of the factors identified was the need for high quality, nationally consistent, and up-to-date training and education for other health professionals and support workers, to improve the care of people living with diabetes.

ADEA, together with ADS, this year developed a **national health professional diabetes education and training strategy** to ensure diabetes education and training for the generalist and diabetes health workforces and support workers meets the criteria for quality, national consistency, and currency, and includes reference to the role of diabetes health professionals and when to refer to ensure optimal care for people living with diabetes.

ADEA is developing a **microcredentialling framework** to underpin this strategy and targeted to all of these workforces. We will commence the development and endorsement of microcredentials in 2022. We are also exploring opportunities to provide ADEA-developed microcredentials, education resources, and programs to international audiences.



Membership



Numbers as of 31 March 2022.

13 fellows

16 Honorary Life Members

78 new mentors

95 new mentees

143 active partnerships

133 closed partnerships

Events

Australasian Diabetes Congress 2021



1219 delegates **142** invited speakers

61 sessions **100** accepted abstracts

235 presentations **24** CPD points



35 registration grants **24** sponsors and exhibitors

Branch conferences

State	Date	Format	Delegates	CPD points	Travel/ registration Grants	Speakers	Sponsors
WA 2021	16 October	Hybrid	52 in person, 92 online	7	0	5	2
Qld 2022	7 May	Face-to-face	76	8	0	9	8

Branch meetings

State	Meetings	Speakers	Sponsors	CPD points
ACT	1	3	0	1
NSW	0	0	0	0
NT	2	2	0	2
QLD	2	1	0	2
SA	3	3	8	3
VIC	1	1	0	1
WA	0	0	0	0
Total	9	10	8	9

Education

Educational programs

14 endorsed educational programs

75 total CPD points

Webinars

11 webinars

12 speakers

5 sponsors

Podcasts

11 podcasts

18,801 times podcasts were played

Microcredentials

1 microcredential

Awards and grants

Honorary Life Membership Award 2021

Tracy Aylen**

CDE Fellow 2021

Cynthia Porter

Jan Baldwin National CDE of the Year 2021

Mark Shah (WA)

CDE of the Year

CDE of the Year ACT: Katherine Sheppard

CDE of the Year NSW: Annette Parkes-Considine

CDE of the Year QLD: Heike Krausse

CDE of the Year SA: Cindy Tolba

CDE of the Year TAS: Joanne Saunders

CDE of the Year VIC: Angelica Rostov

CDE of the Year WA: Mark Shah

Abstract Awards

Roche Best Oral Presentation: Margaret Whillier

Roche Best New Oral Presentation: Leanne Mullan

Roche Best Poster Presentation: Margaret Loh

Roche Best New Poster Presentation: Tracey Oorschot

DAA Dietetic Research Prize: Rebecca Stiegler

People's Choice Award for Best Case Study

Abbott Case Study – People's Choice: Maria Constantino

Case study competition finalists

Carmen Holmes

Louise Vaughan

Margaret Whillier

Kaye Farrell and Wei Zhang

ADC Registration Assistance Grants

Susan Anderson

Maree Archer

Amanda Aylward

Siobhan Barlow

Jude Barrow

Marisa Bolton

Michelle Booth

Shannon Bourke

Evelyn Boyce

Debra Clare

Daina Coenen

Nicole Frayne

Simran Grover

Colette Hooper

Rebecca Irish

Achamma Joseph

Lauren Kirby

Karin Lategan

Kam HA Angel Lau

Karen Lehrke

Clifford Mason

Catherine McLaine

Ashley Ng

Avneet Kaur Oberoi

Vickie Owens

Lisa Parkinson

Angela Physick

Susan Quirk

Faisal Sabih

Catherine Shepperd

Natalie Smith

Cheryl Steele

Annabel Thurlow

Kate Townley

Midhun Vazhayil

Thank you

ADEA would like to thank our corporate sponsors:

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Australian Diabetes Educators' Association Limited

ABN: 65 008 656 522

Annual Financial Report

for the year ended

30 June 2022

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

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

Board Report

The Board of Directors submit the financial report of the Australia Diabetes Educators' Association Limited (the Company) for the financial year ended 30 June 2022.

Board Directors

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

Tracey Tellam President from 14 November 2020
Amanda Bartlett Vice President from 14 November 2020
Maria Maieli Finance Director from 24 August 2018
Amanda Galbraith Commenced term one 24 August 2021
Ann Bush Commenced term two 24 August 2021
Brett Fenton Commenced term two 24 August 2018, completed 24 August 2021
Coralie Cross Commenced term one 24 August 2021
Derek Finch Commenced term two 26 September 2020
Helen Phelan Commenced term one 24 August 2018, completed 24 August 2021
Jessica Miller Commenced term one 12 August 2021
Justine Cain Commenced term one 23 November 2021
Melissa Sinopoli Commenced term one 11 February 2020, completed 24 August 2021
Peta Tauchmann Commenced term one 11 October 2019

Principal Activities

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

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

Significant Changes

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

Operating Result

The total comprehensive loss after the recognition of fair value gain and loss on financial assets for the financial year ended 30 June 2022 is $332,071 (2021: $318,423 loss).

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

Board Report

Information on Directors

Tracey Tellam

2016	Commenced term one ADEA Board Director
2005	Credentialled Diabetes Educator with ADEA
2004	Nurse Immuniser – 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

Amanda Bartlett

2019	Commenced term one ADEA Board Director
2019	MESAC Advisory Committee
2015-20	ADEA Special Interest Group Diabetes in Pregnancy Chair
2012-16	ADIPS Board Director
2010-18	ADEA Complaints Committee
2009	Credentialled Diabetes Educator
1999	Graduate Certificate of Diabetes Education UTS
1990	Certified Midwife RHW Sydney
1987	Registered General Nurse Oxford

Maria Maieli

2020	Chief Operating Officer, Orana Australia Limited
2019	Australian Institute of Company Directors Course
2015	Diploma in Applied Corporate Governance, Governance Institute of Australia
2012	CPA Professional Program – Deakin University
2011-19	Chief Financial Officer & Company Secretary, Ellex Medical Lasers Limited
2009-11	Group Finance Manager, Penrice Soda Products
2008	Master in Professional Accounting, Southern Cross University
2007-09	Finance Manager, Wallmans Lawyers
2001-07	Financial Controller, MineLab Electronics
1989	Associate Diploma in Accounting – TAFE College Adelaide

Ann Bush

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

Justine Cain

1996	Bachelor of Science, Australian National University
1997	Bachelor of Law, Australian National University

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

Board Report

Coralie Cross

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

Brett Fenton

2014	Commenced term one ADEA Board Director
2002	Graduate Certificate of Diabetes Education Deakin University
1999	Bachelor of Nursing, Australian Catholic University

Derek Finch

2020-22	Chair, SA Special Olympics
2021	Board member ADRF
2021	Chair of the ADEA Nominations and Remuneration Committee
2019-20	Chair of the ADEA Governance Committee
2020	Commenced Term two ADEA Board Director
2016	Business Consultant for CX Consult
2016	Manager Optus Business Services Desk
2012-14	National Contact Centre Manager Bureau of Meteorology
2008-12	Head of Customer Operations Kidney Health Australia
2004-08	National Call Centre Manager Heart Foundation
1995-04	Call Centre Manger roles
1987-94	Management roles
1984	Tottenham College of Technology – Professional Qualification of Royal Institute of House

Amanda Galbraith

2022	Live Better Nutrition, Diabetes Educator - current
2022	Director, Pharmacists Support Services - current
2021	Director, Australian Diabetes Educators Association – current
2021	FARM Committee Member, Australian Diabetes Educators Association - current
2021	Finance Audit and Risk Management Committee Chair, Australian Pharmacy Council - current
2017	Director, Marathon Health - current
2017	Director, Australian Pharmacy Council - current
2017	Member, Australian Community Pharmacy Authority – current
2013	Capital Chemist Kambah - 2019
1999	Clinical Pharmacists, Capital Chemist - current

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

Board Report

Jessica Miller

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

Helen Phelan

2021	Doctor of Philosophy- University of Sydney Faculty of Medicine and Health
2018	Commenced term one ADEA Board Director
2017-19	ADRF Grant Reviewer
2018	Commenced term one ADRF Board Director
2013-14	ADEA-NSW Branch Chair
2013	Master of Public Health, University of Sydney
2007	ADEA Credentialling Committee
2002	Credentialled Diabetes Educator
2001	Graduate Certificate in Diabetes Education and Management, UTS, Sydney
1991	Bachelor of Arts- University of Sydney
1986	General Nursing- Royal Newcastle Hospital

Melissa Sinopoli

2020	Chair, Governance Committee, Australian Diabetes Educators Association
2019	GAICD - Australian Institute of Company Directors, Company Directors Course
2017-19	Chair, Australian Institute of Management and Leaders – Emerging Leaders Board
2014	Financial Analysis for Officers and Directors Course, Governance Institute of Australia
2012-16	Vice President, Worklink Employment Support Group Inc.
2012-13	Director, Audit Risk and Compliance Committee for the Roman Catholic Trust Corporation for the Diocense of Cairns
2011-14	Chair, Cairns CBD Safety Summit
2010-13	Chair, Meritas Australian Leal Alliance – Personal Property Securities Group
2010	Admission as a Solicitor in Queensland
2009	LLB/BBus - Bachelor of Laws, James Cook University and Bachelor of Business, James Cook University

Peta Tauchmann RN (NP) CDE FADEA

2019 - 21	Nominated to ADEA Board of Directors
2018	Fellow of ADEA
2018	ADEA representative: MESC
2016	Chair ADEA Clinical Practice Review Committee
2015	Convenor ADEA PPSiG
2013-14	Masters Nursing (Nurse Practitioner) (LaTrobe University, Bundoora, Vic)
2013	Convenor ADEA PPSiG
2007-08	Convenor ADEA PPSiG
2006-08	ADEA Qld Branch Chair
2004	Credentialled Diabetes Educator
2003	Grad Cert HSc: Diabetes Education (Curtin University, Perth)
2001-03	Internet Reviewer for ADEA Journal
1985-88	Certificate of General Nursing (Princess Alexandra Hospital, Woolloongabba) (AHPRA # NMW 0001434)

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

Board Report

Meetings and Attendances of Directors

Directors	No. eligible to attend	No. attended
Tracey Tellam	7	7
Maria Maieli	7	6
Amanda Bartlett	7	7
Ann Bush	7	7
Justine Cain	3	3
Coralie Cross	3	3
Brett Fenton	4	4
Derek Finch	7	7
Amanda Galbraith	3	3
Jessica Miller	3	3
Helen Phelan	4	4
Melissa Sinopoli	4	0
Peta Tauchmann	7	6

Objectives

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

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

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

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

Principal activities

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

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

Auditor's Independence Declaration

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

The Company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $50 each towards meeting any outstanding obligations of the entity. At 30 June 2022, the total amount that members of the Company are liable to contribute if the Company is wound up is $118,450 (2021: $112,600).

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

Chairperson: Tracey Tellam

Finance Director: Maria Maieli

Dated 15 July 2022

RSM Australia Partners

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Australian Diabetes Educators' Association Limited for the year ended 30 June 2022, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

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

RSM AUSTRALIA PARTNERS

G M STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated: 16 July 2022

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

Statement of Profit and Loss and Other Comprehensive Income
for the year ended 30 June 2022

	Note	2022 $	2021 $
Revenue and other income	3	1,839,020	2,168,862
Employee benefit expense		(1,410,135)	(1,555,435)
Operating expenses		(412,626)	(638,539)
ADEA products and general expenses		-	(26,640)
Meeting and travel		(70,519)	(43,182)
Branch conferences costs		(23,664)	(36,023)
Financial and legal		(166,782)	(179,441)
Subscription memberships		(18,929)	(14,195)
Depreciation		(9,425)	(10,355)
Donation to ADEA Diabetes Research Foundation		(4,788)	(113,658)
Loss for the year		(277,848)	(448,606)
Other comprehensive income for the year			
Fair value (losses) / gains on financial assets		(54,223)	130,183
Total comprehensive loss for the year		**(332,071)**	**(318,423)**

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

Statement of Financial Position
as at 30 June 2022

	Note	2022 $	2021 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	**5**	402,271	860,027
Trade and other receivables	**6**	149,131	54,233
Other current assets	**7**	49,495	27,425
Other financial assets	**8**	1,889,638	1,916,637
TOTAL CURRENT ASSETS		**2,490,535**	**2,858,322**
NON-CURRENT ASSETS			
Property, plant and equipment	**9**	30,591	33,157
TOTAL NON-CURRENT ASSETS		**30,591**	**33,157**
TOTAL ASSETS		**2,521,126**	**2,891,479**
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	**10**	135,567	207,365
Contract liabilities	**11**	440,383	420,358
Provisions	**12**	73,681	60,785
TOTAL CURRENT LIABILITIES		**649,631**	**688,508**
NON-CURRENT LIABILITIES			
Provisions	**12**	2,088	1,493
TOTAL NON-CURRENT LIABILITIES		**2,088**	**1,493**
TOTAL LIABILITIES		**651,719**	**690,001**
NET ASSETS		**1,869,407**	**2,201,478**
EQUITY			
Retained earnings		1,704,212	1,982,060
Revaluation reserve		165,195	219,418
TOTAL EQUITY		**1,869,407**	**2,201,478**

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

Statement of Changes in Equity
for the year ended 30 June 2022

Statement of Changes in Equity
for the period 1 July 2021 to 30 June 2022

	Retained Earnings	Revaluation Reserve	Total
	$	$	$
Balance at 30 June 2021	**1,982,060**	**219,418**	**2,201,478**
Loss for the year	(277,848)	-	(277,848)
Other comprehensive income	-	(54,223)	(54,223)
Balance at 30 June 2022	**1,704,212**	**165,195**	**1,869,407**

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

Statement of Cash Flows
for the year ended 30 June 2022

	Note	2022 $	2021 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		1,900,493	2,580,554
Payments to suppliers and employees		(2,351,390)	(2,849,362)
Dividends received		40,403	25,963
Interest received		2,830	5,946
Net cash used in operating activities		(407,664)	(236,899)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		(6,859)	(2,559)
Payments for investments		(43,233)	(1,381,764)
Receipts from investments		-	411,168
Net cash used in investing activities		(50,092)	(973,155)
Net decrease in cash held		(457,756)	(1,210,054)
Cash at beginning of financial year		860,027	2,070,081
Cash at end of financial year	**5**	**402,271**	**860,027**

Notes to the Financial Statements for the year ended 30 June 2022

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

New or amended Accounting Standards and Interpretations adopted

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

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Company.

The following Accounting Standards and Interpretations are most relevant to the Company:

Conceptual Framework for Financial Reporting (Conceptual Framework)

The Company has adopted the revised Conceptual Framework from 1 July 2021. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards, but it has not had a material impact on the Company's financial statements.

AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The Company has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs.

Basis of Preparation

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

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 2.

Revenue recognition
The Company recognises revenue as follows:

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

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

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

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

Credentialling
Credentialling income is recognised on a receipt basis.

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

Grant
Grant funding that contain specific conditions and enforceable obligations on the use of those funds are recognised as and when the entity satisfies its performance obligations stated within the funding agreements. A contract liability is recognised for unspent grant funds for which a refund obligation exists in relation to the funding period. General grants that do not impose specific performance obligations on the entity are recognised as income when the entity obtains control of those funds, which is usually on receipt.

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

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

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

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

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

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

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

Cash and Cash Equivalents
Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Goods and Services Tax ('GST') and other similar taxes
Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

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

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

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

NOTE 2: CRITICAL ACCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

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

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

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

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

	2022	2021
NOTE 3. REVENUE	**$**	**$**
Revenue from contracts with customers		
Memberships	596,828	571,570
Credentialling	104,142	90,158
Accreditation	27,333	27,333
Endorsements	19,051	11,577
National Diabetes Services Scheme	589,083	613,519
Australasian Diabetes Conference	169,648	159,307
Branch revenue	68,278	168,733
Magazine, publications and advertising	24,265	40,570
Grants, awards, sponsorship and contract income	169,232	288,855
	1,767,860	1,971,622
Other revenue		
Dividends	40,403	25,963
Interest and investment income	2,830	5,946
Franking credits	11,548	-
Other revenue	16,379	25,831
Government subsidies	-	139,500
	71,160	197,240
Total revenue and other income	**1,839,020**	**2,168,862**

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

Geographical regions		
Australia	1,767,860	1,971,622
Timing of revenue recognition		
Goods transferred at a point in time	554,616	759,200
Services transferred over time	1,213,244	1,212,422
	1,767,860	1,971,622

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

Leases		
Short-term and low-value assets lease payments	24,165	11,556
	24,165	**11,556**

NOTE 5. CASH AND CASH EQUIVALENTS

Cash at bank and in hand	402,271	860,027
	402,271	**860,027**

	2022 $	2021 $
NOTE 6. TRADE AND OTHER RECEIVABLES		
CURRENT		
Trade receivables	101,480	8,824
Provision for impairment of receivables	(2,349)	(4,591)
Other receivables	50,000	50,000
	149,131	**54,233**
NOTE 7. OTHER CURRENT ASSETS		
CURRENT		
Prepayments	49,495	27,425
	49,495	**27,425**
NOTE 8. OTHER FINANCIAL ASSETS		
CURRENT		
Term deposits at amortised cost	256,526	255,983
Other financial assets at fair value through OCI	1,633,112	1,660,654
	1,889,638	**1,916,637**
NOTE 9. PROPERTY, PLANT AND EQUIPMENT		
Office equipment - at cost	35,148	28,289
Accumulated depreciation	(19,170)	(11,927)
	15,978	16,362
Office fit-out - at cost	21,816	21,816
Accumulated depreciation	(7,203)	(5,021)
	14,613	16,795
	30,591	**33,157**

Reconciliations

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

	Office equipment	Office fit out
Balance at the beginning of the year	16,362	16,795
Additions at cost	6,859	-
Depreciation	(7,243)	(2,182)
Carrying amount at the end of the year	**15,978**	**14,613**

	2022	2021
	$	$
NOTE 10. TRADE AND OTHER PAYABLES		
CURRENT		
Trade payables	38,758	51,263
Other payables	96,809	156,102
	135,567	**207,365**

	2022	2021
	$	$
NOTE 11. CONTRACT LIABILITIES		
CURRENT		
Memberships received in advance	264,067	286,466
Grants received in advance	146,369	95,170
Accreditation and sponsorships received in advance	29,947	38,722
	440,383	**420,358**

	2022	2021
	$	$
NOTE 12. PROVISIONS		
CURRENT		
Annual leave	55,336	44,814
Long service leave	18,345	15,971
	73,681	60,785
NON-CURRENT		
Long service leave	2,088	1,493
	2,088	1,493
Total provisions	**75,769**	**62,278**

NOTE 13. CAPITAL AND LEASING COMMITMENTS

As at balance date the Company has no enforceable lease contract binding the Company to lease commitments (2021: Nil). The lease for the National Office operates on a month-to-month basis in which is effectively a short-term lease which can be excluded from the recognition under AASB 16 as a Right of Use Asset and Lease Liability. Short-term lease is recognised as incurred as an expense in the statement of profit and loss. The amount expensed in the statement of profit and loss and other comprehensive income in relation to short-term lease was $24,165 (2021: $11,556). The Company has no capital commitments (2021: Nil).

NOTE 14. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no contingent liabilities or assets.

NOTE 15. EVENTS AFTER BALANCE SHEET DATE

No other 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 Company, the results of those operations or the state of affairs of the Company in future financial years.

	2022	2021
	$	$

NOTE 16. KEY MANAGEMENT PERSONNEL DISCLOSURES

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

Aggregate compensation	**327,577**	**315,868**

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

NOTE 17. RELATED PARTIES TRANSACTIONS

The ADEA Board approved funding for the ADEA Diabetes Research Foundation (ADRF) up to a maximum of $60,000 (2021: $75,000) for research grants. The funding is provided to fund research grants. The ADEA provides funds to the ADRF to meet research grant payments and when they fall due as required. In 2022 $19,775 has been provided for payments (2021: $113,658).

Some administration services were provided to ADRF free of charge.
In 2022 honorariums were paid to Directors' of ADEA of $5,000 (2021: $3,750). In 2022 $6,500 (2021: $75) honorariums were paid to ADEA Directors' for committee work associated with the National Diabetes Services Scheme.

NOTE 18. REMUNERATION OF AUDITORS

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

Audit of the financial statements	16,600	15,500
Other services	2,800	2,600
Audit of grant acquittal	2,700	2,500
	22,100	**20,600**

NOTE 19. ENTITY DETAILS

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

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

Directors' Declaration

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

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

(i) give a true and fair view of the Company's financial position at 30 June 2022 and of its performance, for the financial year ended on that date; and

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

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

Dated at Canberra 15 July 2022.

Signed in accordance with a resolution of the directors:

Chairperson: Tracey Tellam

Finance Director: Maria Maieli

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INDEPENDENT AUDITOR'S REPORT

To the Members of Australian Diabetes Educators' Association Limited

Opinion

We have audited the financial report of Australian Diabetes Educators' Association Limited ("the entity"), which comprises the statement of financial position as at 30 June 2022, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2022 and of its financial performance and cash flows for the year ended on that date; and

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

Basis for Opinion

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

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

Other Information

The directors are responsible for the other information. The other information comprises the information included in Australian Diabetes Educators' Association Limited's annual report for the year ended 30 June 2021, but does not include the financial report and the auditor's report thereon.

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

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

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

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

Responsibilities of the Directors for the Financial Report

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

RSM AUSTRALIA PARTNERS

G M STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated: 16 July 2022

ADEA

Your trusted partner in diabetes care