

# Annual Report 2024–25

ADEA

Your trusted partner in diabetes care

# Vision

Transforming lives through excellence in diabetes education.

# Mission

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



**This document is interactive!**

## Our Strategic Pillars

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

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# List of shortened forms

| | |
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| **ADC** | Australasian Diabetes Congress |
| **ADEA** | Australian Diabetes Educators Association |
| **ADRF** | ADEA Diabetes Research Foundation |
| **ADS** | Australian Diabetes Society |
| **CDE** | Credentialled Diabetes Educator |
| **FADEA** | Fellow of the Australian Diabetes Educators Association |
| **FARM** | Finance, Audit and Risk Management |
| **FTE** | Full-time equivalent |
| **ICT** | Information and communications technology |
| **MBS** | Medicare Benefits Schedule |
| **NDSS** | National Diabetes Services Scheme |



# President's Report

It has been an honour to serve as President of ADEA since October 2024. I have had the privilege of leading the Board and working closely with ADEA management to deliver on our strategic plan and uphold our mission: to support, promote, and empower our members, and to lead and advocate for best-practice, person-centred diabetes education and care.

I begin by acknowledging the outstanding leadership of Amanda Bartlett during her presidency. Her dedication and guidance have been instrumental in strengthening the organisation. I also sincerely thank our outgoing directors: Vice President Anna Blackie and Catharine McNamara. Both brought energy, professionalism and commitment to their Board roles and committee leadership. We are grateful for their contributions.

This year has not been without its challenges. Like many organisations, ADEA continues to navigate the lasting impacts of the pandemic and the pressures of a changing economic environment. The resignation of CEO Susan Davidson marked a significant transition. We thank Susan for her six years of service, especially her efforts in strengthening the recognition of the Credentialled Diabetes Educator (CDE) profession and wish her all the best.

This marks a time of renewal. With a new leadership team in place, the Board is focused on stability and excited about the opportunities for innovation ahead.

As we reach the final year of our current Strategic Plan, planning for the 2027–31 strategy will begin in early 2026. We look forward to working collaboratively with our unified partners, Diabetes Australia and the Australian Diabetes Society (ADS), to ensure plans are aligned and responsive to the needs of both our members and the broader diabetes community.

## Key Highlights from 2024–25:

Advocate: ADEA has submitted proposals for the Federal Election and Budget, advocating for the implementation of the 2024 State of Diabetes Senate report, especially Recommendation 12, which calls for extended and equitable access to CDEs via Medicare Benefits Schedule (MBS) funding. We continue to co-design advocacy strategies with our unified partners. We also thank members who have engaged in grassroots advocacy, raising awareness with local MPs about the needs of people living with diabetes and our profession. This work is invaluable; there is strength in collective voices.

Educate: We remain focused on professional development with advanced microcredentials for members and basic diabetes care for allied health. These support upskilling, promote the CDE role, and generate income. Free member webinars will continue, ensuring access to quality professional development.

Attendance at our state branch conferences has exceeded expectations, and our 2024 National Conference was a resounding success. Planning is already underway for four state events and the joint International Diabetes Federation Western Pacific Region/Australasian Diabetes Congress (ADC) meeting in 2026.

Care and Connect: Equitable access to CDEs remains a priority. Our work with governments and healthcare partners aims to ensure consistent referral pathways and recognition of the value CDEs bring to diabetes care. Strong partnerships with Diabetes Australia, the ADS, and others amplify our voice in national health policy discussions.

Support: This year, we invested strategically in modernising our IT system. While the transition has been complex, it will improve workflows and support future growth. We thank you for your patience during this transition phase. We are now entering a financial rebuilding phase and will be focusing on supporting members.

In closing, I thank each of you, our members, for your ongoing support and the ADEA staff for their resilience, commitment, and hard work. The Board and I are optimistic about the future and remain dedicated to advancing the profession and the people we serve.

Kind regards,



**Ann Bush**
ADEA President

# CEO's Report

## FY2024–2025 has been a year of significant transition for ADEA.

First, I extend my sincere thanks to Susan Davidson, who concluded her time as CEO this year. During Susan's six years of service, she demonstrated a deep commitment to the organisation and passion for our work. We are grateful for her leadership and service.

I also thank our Board of Directors for their continued leadership and guidance as ADEA navigated several major changes this year, including a new ADEA President, CEO transition, and the appointment of new Board members.

There were many highlights to celebrate across the year. We gathered in Perth for the ADC, a successful and energising congress, and hosted outstanding Victoria, NSW/ACT, and Queensland conferences. These events showcased the excellence of diabetes education and provided opportunities for members to connect, share knowledge, and advance the profession. I extend my gratitude, especially to our Program Organising Committees and sponsors, who make these events possible.

We also completed several major strategic projects. The launch of the new credentialling pathway, an important outcome of the CDE Education Review, marks a significant step in supporting professional standards. We transitioned to a new information and communications technology (ICT) system, including a new website, a modern Learning Management System, and a redesigned member portal, strengthening our ability to effectively serve our members. We also launched our first microcredentials, opening new opportunities for learning and professional development.

As we look ahead, we do so with a sense of optimism for our next chapter. We know that transitions always bring their share of challenges, and the past year has been difficult at times. Yet, together, we are moving forward with clarity and purpose.

Our commitment is clear: members remain at the centre of all we do. We will continue to listen, adapt, and invest in initiatives that strengthen the profession and enhance the value of ADEA membership.

With the dedication of our staff, the leadership of our Board, and the support of our members, ADEA is well placed for an exciting future. Together, we will continue to advance the role of CDEs and improve the lives of those affected by diabetes across Australia.

Kind regards,



**Melanie Gray Morris**
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 2024–25:

- Tina Wyer, Independent Finance Director
- Ann Bush, ADEA President
- Coralie Cross, ADEA Director
- Derek Finch, ADEA Independent Board Director
- Tony Stubbs, ADEA Chief Operating Officer
- Susan Davidson, ADEA Chief Executive Officer
- Scott Meyers, ADEA Chief Financial Officer and Partner of Equity Partners (ADEA's outsourced accounting provider)

Financial advisory and management services have continued to be outsourced to Equity Partners, with regular operational direction and management from ADEA's chief operating officer. During the year, senior managers and I have maintained regular contact with their team to ensure oversight and transparency. From the next financial year, ADEA will transition to a new provider, A Counting Edge, while maintaining the same strong relationship between the FARM Committee and ADEA management. The FARM Committee continues to actively monitor the association's risks and investments. RSM Australia has once again conducted the audit of ADEA's annual financial report for 2024–25.

The Board approved a deficit budget for this financial year to enable continued investment and focus on strategic projects to keep ADEA at the forefront of diabetes education. These projects include the development of microcredentials, the ICT Transformation Project to develop a member-centric membership management platform, and the retention of a public relations firm to boost the CDE profile.

Revenue received for the year was $2.4 million, broadly in line with expectations. Of this, National Diabetes Services Scheme (NDSS) funding contributed $600K; membership revenue was $770K; ADC revenue was $245K; and branch conference revenue totalled $335K. Sponsorships and grants together provided a further $190K, and branch conferences delivered growth compared with 2023–24. Member growth has remained steady, and higher-than-expected ADC revenue has strengthened our position. After accounting for investment in essential strategic projects, the final financial result was a deficit of $54K, a substantial improvement compared with a $306K deficit in 2023–24.

The majority of ADEA's services are supported by staff employed by ADEA, and therefore staff costs are the most significant expenditure for the organisation, followed by IT and professional services costs. The Board and management will continue to review these expenses in 2025–26. The Board will also continue to monitor financial performance to ensure the ADEA 2023–26 Strategic Plan can be delivered. The investment of funds from reserves for strategic projects has continued in this financial year, including the development of microcredentials and ICT Transformation Project.

Financial position: Total members' reserves on 30 June 2025 were $1.1 million. 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 remains financially viable and my recommendation as Finance Director is to sustain these reserves for longevity. Shaw and Partners continues to advise on investments to optimise the financial returns for ADEA.

Kind regards,



**Tina Wyer**
Independent Finance Director

STRATEGIC PILLAR 1

# Advocate

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

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

## Amplifying the voice of ADEA and CDEs on the national stage

ADEA partnered with the healthcare communications firm London Agency to strengthen national recognition of CDEs and their role in improving diabetes care. The partnership ran across key advocacy windows and aligned with national health reform opportunities.

Through a series of targeted media activations, ADEA secured coverage across leading outlets, including *SBS World News*, *ABC Brisbane* radio, the *National Indigenous Times*, and the *Australian Health Journal*. The campaign delivered four major stories across television, radio, and online platforms, achieving an estimated audience reach of more than 16.2 million people.

The campaign elevated ADEA's profile as a trusted voice in diabetes care, showcasing the lifelong contributions of CDEs and advancing the case for improved access to diabetes education and care. By amplifying these stories at a national level, ADEA strengthened its advocacy voice and positioned CDEs at the forefront of conversations shaping future health reforms. Building on this momentum, ADEA will continue the dialogue about potential future campaigns to ensure CDEs remain central to national health discussions.

*ADEA connects with global diabetes leaders at IDF World Diabetes Congress in Thailand, April 2025*



## Unified budget submission

This year, for the second consecutive year, ADEA submitted its budget request as part of a submission with our unified partners, Diabetes Australia and the ADS. Our submission again advocated for our three strategic initiatives focused on improving Medicare coverage and access to CDE visits:

1. Remuneration for CDEs to initiate and support diabetes technology.
2. Five additional CDE visits for people at increased risk of diabetes-related complications.
3. CDE visits for people with gestational diabetes (three during pregnancy and two during the postpartum period).

We continue to proactively advocate with our unified partners, strategically respond to consultations, and leverage the current political landscape to strengthen recognition and access for CDEs.

## Championing the diabetes workforce through national reform

Following ADEA's leadership in the 2023–24 Parliamentary Inquiry into Diabetes, the resulting national report, tabled in July 2024, formally called for increased access to CDEs as part of comprehensive reforms to address Australia's diabetes epidemic.

ADEA welcomed the report's recognition of CDEs as essential to improving health outcomes and workforce capacity. The 23 recommendations include measures to expand equitable access to diabetes care, strengthen the allied health workforce, improve the structure and funding of MBS-supported consultations, and enhance access to diabetes technology and telehealth.

The report cited ADEA's evidence on the need for new MBS item numbers that reflect the time and expertise required for diabetes education, greater access to CDEs in rural and high-risk communities, formal support for diabetes technology use, and improved referral pathways for people with pre-diabetes and gestational diabetes.

ADEA continues to advocate for the implementation of these recommendations and for policies that strengthen the diabetes workforce and improve outcomes for people living with diabetes across Australia. This builds on ADEA's significant role in leading the workforce submission and presenting evidence before Parliament alongside its unified partners.

Building on this advocacy, ADEA joined Diabetes Australia, the ADS, and other leading health organisations to endorse a national consensus statement on automated insulin delivery, calling for more affordable and equitable access to this life-changing technology for Australians living with type 1 diabetes.

## Advocating for the role and scope of practice for CDEs

Building on ADEA's longstanding advocacy to strengthen and protect the role of CDEs, ADEA continued to champion full scope of practice for CDEs as essential members of multidisciplinary diabetes care teams.

ADEA worked closely with members to respond to the Federal Government's consultation on *Unleashing the Potential of our Health Workforce: Scope of Practice Review* through written submissions, in-person meetings, and advice from the CDE Advisory Group. The final report, released in October 2024, reflected many of ADEA's long-standing advocacy priorities and represents meaningful progress towards recognising the pivotal role of CDEs in diabetes care.

Key recommendations aligned with ADEA's priorities, including establishing direct referral pathways to endocrinologists, strengthening multidisciplinary care teams, introducing blended funding models to support collaboration-focused care, and streamlining regulation across jurisdictions. The report also highlighted the need for improvements in access for rural and underserved communities, integrated digital systems, a national skills and capability framework, and greater emphasis on cultural safety.

ADEA continues to advocate for these recommendations to be adopted and implemented, reinforcing the importance of CDEs in modernising primary care, improving access to diabetes services, and delivering safe and person-centred care across Australia.

**23**

**recommendations from the parliamentary inquiry into diabetes.**

## Diabetes development pathway for Aboriginal and Torres Strait Islander health workers and practitioners

The Diabetes Development Pathway for Aboriginal and Torres Strait Islander Health Workers and Practitioners project aims to establish clear, culturally safe, and accessible diabetes education training pathways. Access to diabetes care is vital to helping people with diabetes live longer, healthier lives. Yet, many still face barriers to the services they need, especially within Aboriginal and Torres Strait Islander communities. To address these barriers, the Northern Queensland Primary Health Network commissioned ADEA to lead a strategic initiative focused on reducing the impact of diabetes in these communities. ADEA brought together key stakeholders in a face-to-face workshop in June, to identify the requirements for developing sustainable and impactful diabetes training pathways tailored for the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce. The recommendations and implementation strategy presented by the stakeholders within the project report will guide the strategic planning for the health workforce to access and deliver high-quality, community-based diabetes care that meets the unique needs of their communities.

## National Diabetes Week: advocating for equitable access to diabetes technology

As part of National Diabetes Week 2024 (14–20 July), ADEA joined forces with Diabetes Australia and the ADS to champion equitable access to diabetes technology under the national campaign theme **Unite in the fight for tech**.

ADEA contributed to developing a new national position statement, released during the week, calling for affordable access to CGM and insulin pump technology for all Australians living with diabetes. The statement urges greater Federal Government investment to expand Medicare access and increase support for people using diabetes technology, including more CDE consultations.

The campaign and position statement built on strong national momentum following the Parliamentary Inquiry into Diabetes, which also called for expanded subsidised access to diabetes technology and greater access to CDEs as part of comprehensive diabetes care reforms.

ADEA leaders joined partners at Parliament House for the national launch, which featured the release of the *State of the Nation 2024* report and brought together parliamentarians, health leaders and the diabetes community. The collaboration reaffirmed ADEA's leadership in national advocacy and its commitment to ensuring that every person living with diabetes has access to the technology, education and support needed to live well.

*Leaders from ADEA, Diabetes Australia, and ADS at the National Diabetes Week 2024 launch at Parliament House, advocating for better access to diabetes education and care*



## Strengthening CDE recognition through national regulatory reform

ADEA made submissions to the National Registration and Accreditation Scheme complexity review, advocating for statutory recognition of the CDE title and profession-led regulation that upholds high standards of practice and public safety.

In May 2025, the Department of Health, Disability and Ageing released *Consultation Paper 2: Consultation Outcomes and Reform Directions*, outlining a preferred Integrated Health Professions Regulation Framework to create a more consistent, transparent, and efficient regulatory system. The paper highlights co-design with self-regulated professions and allied-health peak bodies, while maintaining profession-specific standards.

ADEA continues to engage with government to ensure future reforms protect title integrity, uphold profession-led credentialling, and minimise regulatory burden for CDEs.

## Enhancing marketing and media for greater impact

Our marketing and media initiatives have significantly increased recognition of diabetes education and the CDE profession. While social media growth remained steady, our messaging reached a wide audience, with more than 75,000 page and profile impressions recorded across platforms. Strategic outreach also helped elevate awareness of ADEA and the value of CDEs.

With a focused search strategy, the ADEA website appeared in more than 6.3 million Google searches and directed more than 167,000 people clicking through to the site. We are ranked in the top 20 Google results for close to 1,000 diabetes-related search terms and phrases, with many of those consistently appearing in the top five ranking. These included key queries like “find a diabetes educator”, “become a CDE”, and “diabetes microcredentials”. This visibility played a key role in guiding users to the most relevant ADEA resources.

The ICT transformation marked a structural improvement, introducing a dedicated public-facing website and a streamlined member portal. While *Find a CDE* is hosted within the portal, the public ADEA website now helps people discover it more easily through search and improved navigation. This contributed to Find a CDE recording **16,570 pageviews** across the financial year, with **1,946 pageviews** in June 2025 alone.

**16.6 K+**
public page views to Find a CDE, reflecting stronger intent and deeper engagement with CDEs.

## Showcasing excellence in diabetes education

ADEA continued to elevate the profile of CDEs by recognising and celebrating excellence within the diabetes education community. Through various awards and recognition programs, including the CDE of the Year Awards and the ADEA Honorary Life Membership Award, we highlighted the dedication and impact of CDEs who exemplify best practice in diabetes care and education. We also acknowledged the achievements of ADEA scholars supporting First Nations communities, ensuring their stories of leadership and service received national visibility. By spotlighting these accomplishments, ADEA strengthened public recognition of the profession and reinforced the critical role of CDEs in improving diabetes outcomes across Australia.

## Strong and steady growth in ADEA membership and the CDE workforce

ADEA membership continues to grow steadily, with an increase of 5.3% during the past 12 months, and growth of 15% during the past six years. The CDE workforce also continues to grow. In the past 12 months, the number of CDEs increased by 3.6%, and 21% over the past six years since 2019.

**5.3%** membership growth in the past 12 months.

**15%** membership growth over the past six years.

**3.6%** CDE growth in the past 12 months.

**21%** CDE growth since 2019.

STRATEGIC PILLAR 2

# Educate

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

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

### Microcredentials for the generalist health workforce

ADEA continues to build the capacity of the broader health workforce to support people living with diabetes.

In partnership with the Victorian Government, ADEA developed a suite of eight diabetes microcredentials for the Victorian TAFE system, which are now being offered to TAFEs to incorporate into their education. These microcredentials support students in health courses at Certificate III, Certificate IV and Diploma levels to develop a foundational understanding of diabetes, person-centred care, and the role of CDEs. Featured in the November 2024 edition of *Staying Connected in VET*, a leading publication in Australia's vocational education and training sector, this program addresses critical gaps in diabetes education across the healthcare workforce. Aligned with the *Australian National Diabetes Strategy 2021–2030* and internationally recognised with a Platinum LearnX Award, these microcredentials equip TAFE educators, students, and support workers with the skills to deliver high-quality, person-centred diabetes care.

Building on this success, ADEA has developed a series of internal microcredentials for CDEs and members, focused on advancing professional knowledge and practice. This year also marked the launch of ADEA's first collaborative microcredential, developed in partnership with Massage & Myotherapy Australia, to upskill their members in diabetes education.

These initiatives strengthen the capability of the generalist and diabetes health workforces to provide high-quality, nationally consistent and contemporary care.

### Enhancing credentialling and education for CDEs

ADEA's program of credentialling and education, including conferences, webinars and podcasts, continued to focus on addressing member-priority topics throughout 2024–25. This year saw the successful launch of the new **Initial Credentialling Pathway**, streamlining the process for health professionals to become CDEs and supporting the growth of the profession. The pathway was informed by ADEA's multi-year CDE Education Review, which began in 2020 to strengthen and standardise the credentialling process. Member and stakeholder feedback collected through surveys and consultations shaped the design of the new model, developed following updates to the Role and Scope of Practice for Credentialled Diabetes Educators in Australia and broader exploration of contemporary credentialling approaches. The pathway will be evaluated in late 2025 to ensure it continues to meet the needs of current and future CDEs.

ADEA delivered an engaging calendar of events, including three state conferences held in Victoria, ACT, and Queensland, each accompanied by a dedicated branch workshop held the day prior. Building on the success of previous years, ADEA also introduced the inaugural ADEA Education Day in WA, providing members with an additional opportunity to engage in high-quality, practical professional development. Collectively, these events attracted 673 attendees, highlighting strong engagement from members nationwide.

ADEA's microcredential program also expanded significantly in 2024–25, with the release of new microcredentials in technology, medications, professional practice, and wellness coaching, supporting members to build contemporary and targeted skills. These initiatives reflect ADEA's ongoing commitment to enhancing professional learning and credentialling pathways to support excellence in diabetes education.

*The ADEA NSW-ACT Conference in Canberra*



### Educational programs

**4** endorsed educational programs

**46** total Continuing Professional Development points

### Webinars

**10** webinars **18** speakers

**831** attendees

### Podcasts

**3** podcasts **1** sponsor

**157** enrolments

### Research Journal Club

**6** meetings **318** attendees

## NDSS-funded activities

As an NDSS Health Professional Agent, ADEA has continued to take an active role in providing leadership, strategic, and clinical expert advice to Diabetes Australia to inform the programs and services delivered through the NDSS. ADEA has also provided secretariat support for the NDSS Access Clinical Advisory Council.

This year, the following programs and resources were developed and/or reviewed and updated by clinical experts, for our health professional workforce.

### NDSS Diabetes eLearning Aboriginal and Torres Strait Islander Health Modules.

Two new topics have been developed. The *Brief interventions to support diabetes self-management* module topic provides practical examples to support Aboriginal and Torres Strait Islander peoples living with diabetes, based on the strengths of the culturally appropriate and successful B.strong program. The *Diabetes stigma and discrimination* module topic provides evidenced-based practice to assist healthcare providers reduce the impact of diabetes stigma and discrimination for Aboriginal and Torres Strait Islander peoples living with diabetes.

### NDSS Quality Review Cycle

As part of the NDSS Quality Review Cycle, a range of resources have been reviewed and updated with the assistance of subject matter and clinical experts.

- Clinical Guiding Principles for Sick Day Management of Adults with Type 1 Diabetes or Type 2 Diabetes
- National Diabetes Nursing Education Framework
- Effective communication with people who have intellectual disability about their diabetes: A guide for health professionals
- The needs of people with diabetes in disasters and emergencies: A guide for emergency services and local councils

Several key NDSS resources are currently undergoing review to ensure they reflect the latest clinical evidence and best practice in diabetes education. These include updated guides for health professionals about understanding HbA1c, person-centred care, capillary blood glucose monitoring, enhancing health literacy in diabetes care, and CGM devices. The refreshed resources will continue to support quality improvement and consistency in diabetes care across Australia.

STRATEGIC PILLAR 3

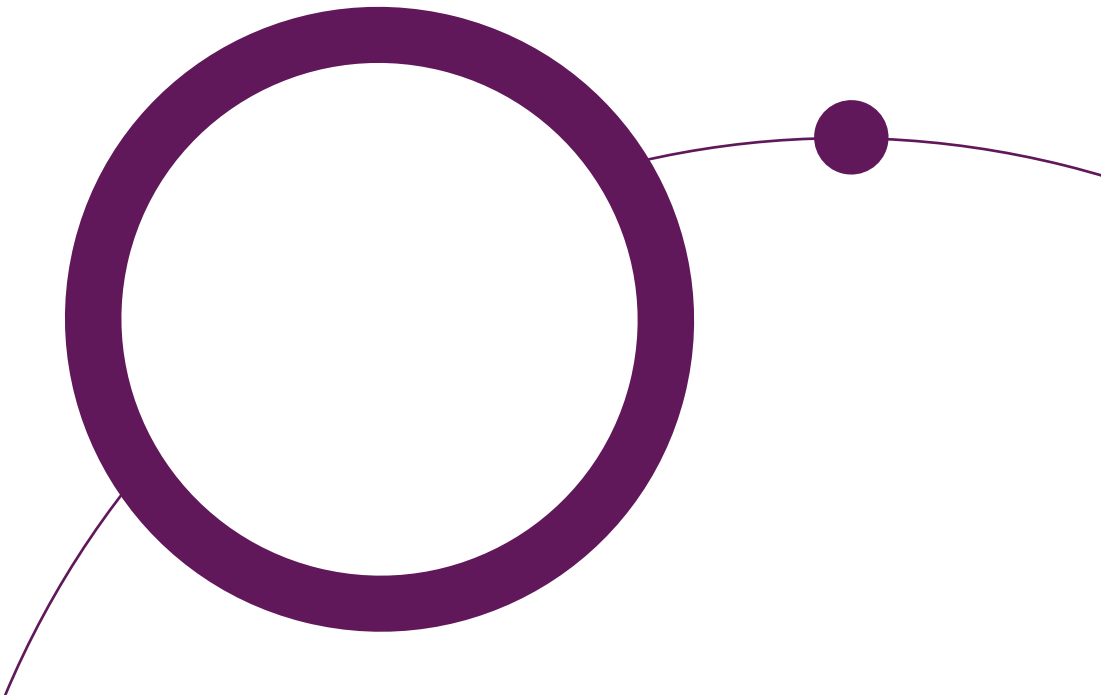
# Care

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

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

### Strengthening advocacy and collaboration through unification

Since unifying with Diabetes Australia and the ADS in 2021, ADEA has continued to advance shared advocacy priorities and strengthen the collective voice of the diabetes sector. This year, ADEA again contributed to a unified pre-budget submission focused on improving access to and Medicare coverage of CDE services. Together with our partners, we have proactively engaged with government, strategically responded to consultations, and leveraged policy opportunities to enhance recognition and support for the diabetes workforce. During National Diabetes Week 2024, ADEA joined Diabetes Australia and the ADS in advocating for equitable access to diabetes technology under the national theme “Unite in the Fight for Tech”. A joint position statement released during the week called for affordable access to CGM and insulin pump technology, and greater CDE support for people using diabetes technology. Unification continues to strengthen national advocacy and operational efficiency through shared offices, IT systems and support services, reinforcing the benefits of collaboration across the diabetes community.



## Reducing the impact of diabetes on First Nations peoples

In 2024, ADEA again offered six Indigenous scholarships for Aboriginal and Torres Strait Islander health professionals to undertake a Graduate Certificate in Diabetes Education and Management. These scholarships remain open and available, reflecting ADEA's ongoing commitment to supporting First Nations participation in diabetes education and workforce development. Once scholarship recipients have completed their Graduate Certificates, ADEA provides support to help them complete their credentialling to become CDEs. Since 2021, ADEA has awarded 13 scholarships to First Nations health professionals.

A major milestone this financial year was the qualification of the first Aboriginal Health Practitioner as a CDE. Louise Gilbey, a proud Alyawarre woman based in Mount Isa, achieved this milestone after completing her Graduate Certificate and ADEA's credentialling pathway, supported by the 2022 ADEA Research and Dixie Klemm Scholarship. Her achievement marks a powerful stride forward in advancing culturally safe diabetes education and care for Aboriginal and Torres Strait Islander communities.

ADEA also collaborated with Diabetes Australia to deliver the National Quarterly Forums for health workers, health practitioners, and health professionals who work with Aboriginal and Torres Strait Islander peoples living with diabetes. These online forums focus on topics that directly impact Aboriginal and Torres Strait Islander peoples, providing practical expertise for Aboriginal and Torres Strait Islander healthcare providers nationally.

*ADEA staff members at the 2024 ADC in Perth*



STRATEGIC PILLAR 4

# Connect

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

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

### Embedding diabetes education and care throughout the healthcare system

ADEA advocates for the increased inclusion of CDEs and diabetes education throughout the healthcare system. Our government advocacy consistently reinforces that CDEs are an integral component of the multidisciplinary diabetes care team and should be embedded across all models of care, from primary and community health to aged care and hospital settings, to ensure every person living with diabetes has access to high-quality education and support.

Building on previous submissions to major national reviews, the outcomes of the Parliamentary Inquiry into Diabetes and the Scope of Practice Review released in 2024–25 strengthened recognition of CDEs as essential members of multidisciplinary teams. These outcomes align with ADEA's ongoing advocacy for direct referral pathways, integrated models of care, and workforce reforms that embed diabetes education throughout the healthcare system.

ADEA's education initiatives, such as new microcredentials, further support this goal by equipping CDEs, diabetes educators, and other allied health professionals with the skills to deliver informed, evidence-based diabetes care. Together, these efforts ensure that diabetes education remains a core, connected part of Australia's health system.

# Supporting the CDE workforce

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

## Events and comprehensive education initiatives

In 2024–25, ADEA delivered a strong program of education, including the annual ADC, state conferences, webinars, podcasts and workshops.

Branch conferences in Victoria, NSW/ACT and Queensland were well attended, each with a workshop the day before, and the first ADEA Education Day was held in WA.

ADEA also introduced new microcredentials for members, providing targeted and flexible professional development to support their ongoing learning. These include aged care microcredentials, which were featured in the May 2025 edition of the *Australian Health and Aged Care Resource Guide*. The article highlighted how these short, practical courses will strengthen the diabetes education workforce through person-centred training across residential, home and community care settings. By helping to meet growing workforce demands and support high-quality care for older Australians living with diabetes, the initiative reinforces ADEA's commitment to connecting and equipping health professionals with the knowledge and tools needed to deliver best-practice diabetes care across the healthcare system.

## New credentialling pathway for optimal diabetes care

ADEA's 2021 analysis of the diabetes health workforce highlighted the need to expand the CDE workforce to ensure optimal diabetes care for all Australians.

In response, ADEA developed a new Initial Credentialling Pathway, designed to streamline the process and remove barriers for health professionals seeking CDE recognition. Launched in 2024, the new pathway has already seen several new CDEs successfully complete the process, supporting workforce growth and strengthening access to diabetes education.

The previous credentialling pathway will be phased out by 31 October 2025, ensuring a smooth transition for candidates while embedding a more accessible and contemporary approach to credentialling.

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

Diabetes Connekt, our platform that hosts the Capability Framework for Diabetes Care and was launched on World Diabetes Day 2022, has grown to nearly 4,900 active users. After a revamp in November 2023, member interaction has remained strong, with high levels of messages sent and received, and active participation across discussion groups and library resources.

The platform continues to play a central role in connecting members, sharing educational materials, and supporting collaboration across the diabetes care community. Through Diabetes Connekt, ADEA provides members with access to events, resources and peer support, helping CDEs and other professionals adapt and thrive in an evolving healthcare landscape.

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

*CDE of the Year award recipients with ADEA leadership at the ADC in Perth*



## Upholding professional standards

The ADEA Complaints Committee considers all complaints about members related to the ADEA Code of Conduct and makes recommendations to the Board. In this financial year, the committee received two complaints. For code of conduct violations, there was one complaint related to professional and clinical conduct and one to unprofessional behaviour. Of these two complaints, one was considered by a Complaints Hearing Subcommittee.

Professional conduct complaints include unprofessional conduct toward a client and unprofessional conduct toward a health professional or service. Clinical conduct includes duty of care, clinical misconduct, safe and effective practice, scope of practice, and collaborative practice. Unprofessional behaviour complaints include bullying, unprofessional communications, and misrepresentation.

## Honorary Life Membership

The Board bestows the prestigious Honorary Life Member Award on an individual member who has made a significant contribution to diabetes education. Limited to one member per year, this highest honour was awarded in 2024 to Dr Giuliana Murfet. Since its inception, 21 members have received this award.

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

*Dr Giuliana Murfet (right) receives the ADEA Honorary Life Membership Award, presented by then Vice President Ann Bush.*



## CDE Fellowship Award

Initiated in 2017, the CDE Fellowship Award recognises members' expertise and contributions, granting them the post-nominal Fellow of the Australian Diabetes Educators Association (FADEA). In 2024, this honour was awarded to Ian Harmer and Rachel Woods, bringing the total number of fellows to 16.

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

## National and State/Territory CDE of the Year Awards

The Jan Baldwin National CDE of the Year 2024 was awarded to Julie Kha. State and territory awards were presented across Australia, with no nominations received in NSW:

- ACT: Isabel Reeves
- Queensland: Susan Carbone and Louise Moran
- SA: Julie Kha
- Tasmania: Margaret Arvier
- Victoria: Claire Gatto
- WA: Merle Taylor
- NT: Deborah Aberasturi

ADEA was also pleased to announce the inclusion of three new categories to the CDE of the Year 2024 awards:

- Early Career CDE of the Year: Trent Lyon
- Aboriginal and/or Torres Strait Islander CDE of the Year: Jade Kelly
- People's Choice CDE of the Year: Swarnamalie Indushyama Jayakody Arachchige

## Abstract and Case Study Awards

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

- Best Oral Presentation: Kirstine Bell
- Best New Oral Presentation: Julie Leary
- Best Poster Presentation: Jiahua Wu

In the *FreeStyle Living with Diabetes: Learning from Case Studies 2024*, the Judges Choice Award went to Sabrina Sharp, with finalists including Fran Brown, Yi (Angela) Jin, and Beck Newton. The Early Career Award went to Amy Zheng.

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

## Diabetes Pathways

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

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

STRATEGIC PILLAR 5

# Support

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

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

### Strengthening financial sustainability via strategic investments

ADEA continues to maintain strong governance and a focus on long-term financial sustainability. The Board and FARM Committee have provided diligent oversight of ADEA's financial performance, investments and risk management throughout the year.

During 2024–25, ADEA continued to invest strategically in initiatives that strengthen its operational capacity and future sustainability, including the ICT Transformation Project, new microcredentials, and activities to enhance the public profile of CDEs. These projects align with ADEA's 2023–26 Strategic Plan and support improved efficiency, member experience and revenue diversification.

A transition to a new financial management provider, A Counting Edge, will further strengthen financial systems and transparency, while the ongoing partnership with Shaw and Partners ensured sound investment management. ADEA remains in a stable financial position with strong governance, committed leadership, and a clear focus on supporting members and advancing the diabetes education profession.

## Membership growth and advocacy boost CDE profession

As of 30 June 2025, ADEA had 2,604 members, with members steadily increasing and growth remaining consistent at 15% during the past six years, and 1,791 CDEs. This represents an increase in CDEs of 3.6% during the past 12 months, and 21% during the past six years, which indicates the growth in the CDE profession is not keeping pace with the increase in the number of people living with diabetes who are registered with the NDSS. During the past year, our mentoring partnership program has continued to strengthen professional development within the ADEA community. The program has facilitated meaningful mentor–mentee connections, providing invaluable guidance and support to help members navigate their career pathways and grow in their practice.




*Numbers as at 30 June 2025*

## Stable management supports ADEA's growth and programs

ADEA has a strong and stable management team comprised of the CEO; Chief Operating Officer; Manager of Professional Services and Education; and Manager of Policy Advocacy and Communications. As of 30 June 2024, ADEA employed 9.6 full-time equivalent (FTE) staff: eight FTE operational staff and 1.6 FTE NDSS staff. Despite increased membership, expanded education, policy and advocacy programs, and activity, the average FTE staff number during the past four years has remained stable.

## Strategic projects enhance systems and technology efficiency

In 2024–25, ADEA strengthened its systems and digital capability through the ongoing ICT Transformation Project and the rollout of the new credentialling pathway. These initiatives are modernising member services, streamlining processes and enhancing the visibility of diabetes education and the CDE profession.

The ICT Transformation Project introduced an integrated platform with a new public website, streamlined member portal and modern Learning Management System. These improvements simplify membership, credentialling and education processes, and mark a major step toward a more efficient and user-focused digital infrastructure.

This transformation also improved ADEA's marketing reach and online visibility. A targeted digital strategy made it easier for people to find reliable information about diabetes education and CDEs, while stronger search performance and social media engagement raised awareness of ADEA's role and the value of CDEs across Australia.

## Stakeholder partnerships boost diabetes advocacy and education

ADEA continues to work closely with its unified partners, the ADS and Diabetes Australia, to advocate for greater funding, workforce support and access to diabetes education. In 2024–25, this collaboration included a unified pre-budget submission and coordinated advocacy on national reforms shaping diabetes care and workforce recognition.

Following submissions made in 2023–24, the outcomes of the Parliamentary Inquiry into Diabetes and the Scope of Practice Review further reinforced the importance of embedding CDEs across the healthcare system. These findings informed ongoing joint advocacy throughout the year.

ADEA also partnered with Allied Health Professions Australia, other peak diabetes and health bodies, and sponsors to deliver conferences, workshops, webinars, podcasts and microcredentials, strengthening both professional education and advocacy impact.

**9.6**

**FTE staff were employed as of 30 June 2025**

# Organisational Structure

## Board of Directors

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



### Amanda Bartlett

*President from 12 October 2022 until 14 October 2024; Director until 23 January 2025*



### Ann Bush

*Commenced term three 24 August 2024; Vice President from 12 October 2022 until 14 October 2024; President from 15 October 2024*



### Anna Blackie

*Commenced term one 12 October 2022; Vice President from 15 October 2024*



### Maria Maieli

*Independent Finance Director from 24 August 2018 until 24 August 2024*



### Tina Wyer

*Commenced Independent Finance Director from 25 August 2024*



### Taryn Black

*Commenced term one 19 March 2024 until 19 February 2025*



### Coralie Cross

*Commenced term two 24 August 2024*



### Derek Finch

*Commenced term three 28 August 2023*



### Ian Harmer

*Commenced term one 3 April 2025*



### Shannon Lin

*Commenced term one 31 October 2023*



### Dhivya Mani

*Commenced term one 15 July 2024*



### Catharine McNamara

*Commenced term one 12 October 2022*



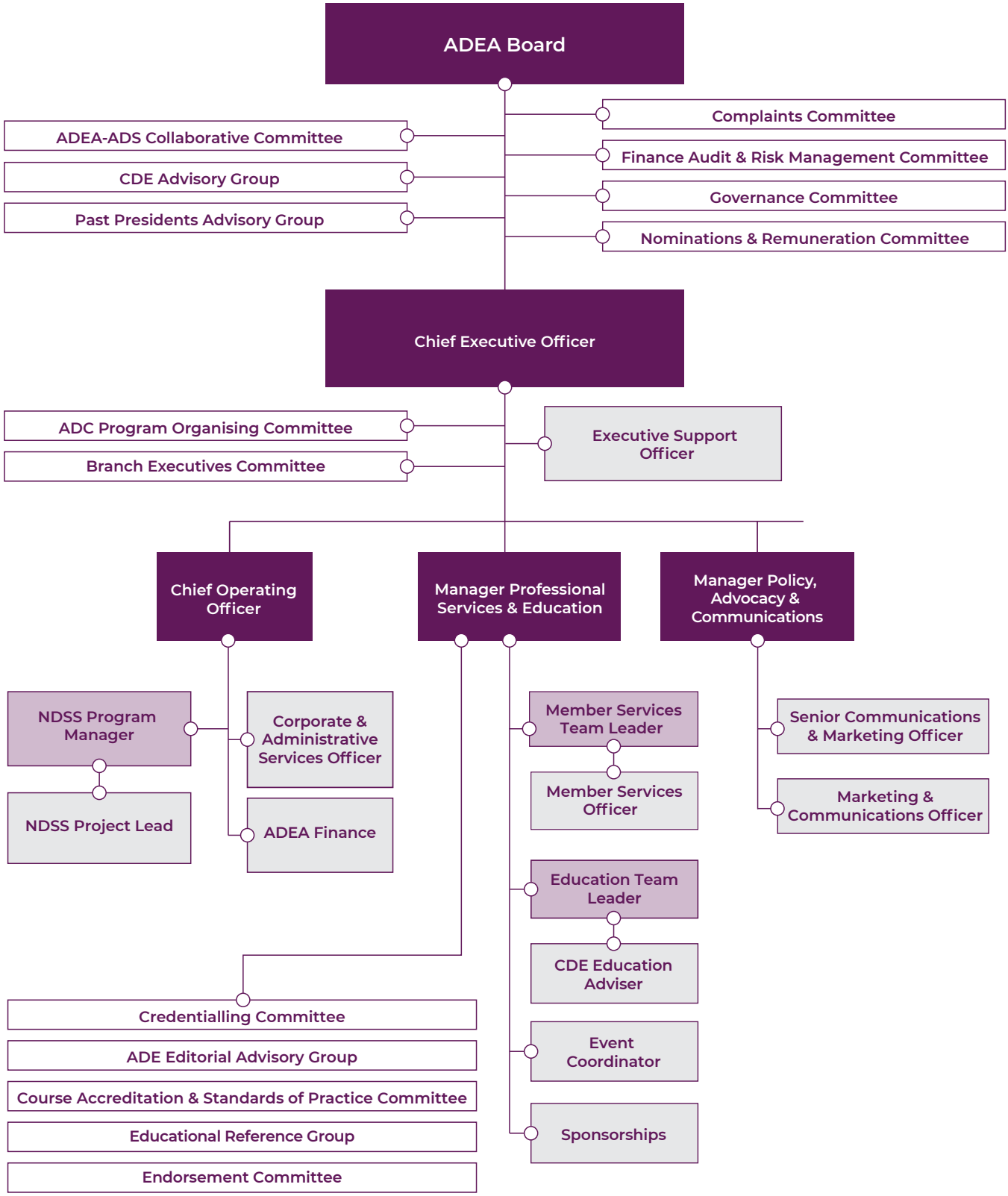
### Emily Wooden

*Commenced term one 3 March 2025*

*Members of the ADEA leadership team at the 2024 ADC in Perth*



# Organisational Chart 2024




*Last updated May 2025*

# Committees

## Australian Diabetes Educator Editorial Advisory Group

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

## Course Accreditation and Standards of Practice Committee

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

## Credentialling Committee

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

## Endorsement Committee

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

## Course Advisory Representatives

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

## Education Reference Group

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

## ADC Program Organising Committee

Ashley Ng (Co Chair)
Natasha Veech (Co Chair)
Aneesa Khan (Secretariat)
Tim Benson
David Burren
Diyar Emadi
Rachel McKeown
Achamma Joseph
Shannon Lin
Grace Ward
Siobhan Barlow
Katherine Snars

# Board Committees

## Finance Audit and Risk Management Committee

Tina Wyer (Chair from 25 August 2024)
Ann Bush (from May 2025)
Derek Finch (from May 2025)
Melanie Morris (Secretariat from August 2025)
Maria Maieli (Chair until August 2024)
Coralie Cross (from January 2024 until May 2025)
Tony Stubbs (until August 2025)

## Governance Committee

Dhivya Mani (Chair from July 2024)
Anna Blackie (from November 2022 until May 2025)
Coralie Cross (from May 2025)
Shannon Lin (from January 2024)
Aneesa Khan (Secretariat)

## Complaints Committee

Catharine McNamara (Chair from January 2024)
David Bartlett
Michelle Culhane
Kay Dean
Tracey Desborough
Susan Drmota
Naomi Erends
Kathy Grudzinskas
Michelle Hogan
Taryn Mews
Prudence Milne
Karen Watts
Sharon Woodrow
Aneesa Khan (Secretariat)

## Nominations and Remuneration Committee

Derek Finch (Chair)
Amanda Bartlett (until January 2025)
Ann Bush
Anna Blackie
Aneesa Khan (Secretariat)

## Past Presidents Advisory Group

Brett Fenton
Jane Giles
Nuala Harkin
Giuliana Murfet
Tracey Tellam

## CDE Advisory Group

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

# ADEA Diabetes Research Foundation (ADRF)

## ADRF Board

Robert Biancardi (Chair)
Derek Finch

# Award judging panels

## CDE of the Year 2024

Diyar Emadi
Rachel McKeown
Patricia Marshall
Ashley Ng
Fleur Kelly
Rachelle Ward (consumer)

## Abbott Case Study Awards 2024

Ann Bush
Karen Crawford
Dr Sue-Lynn Lau
Angela Llewellyn
Peta Tauchmann

## ADC 2024 abstract reviewers

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

## ADC 2024 presentation judges

Tim Benson (Consumer)
Wendy Bryant
Diyar Emadi
Achamma Joseph
Ashley Ng
Donna Wellins
Rachel McKeown
Rebecca Munt

# Thank You

We thank our corporate sponsors:

## ADEA Education

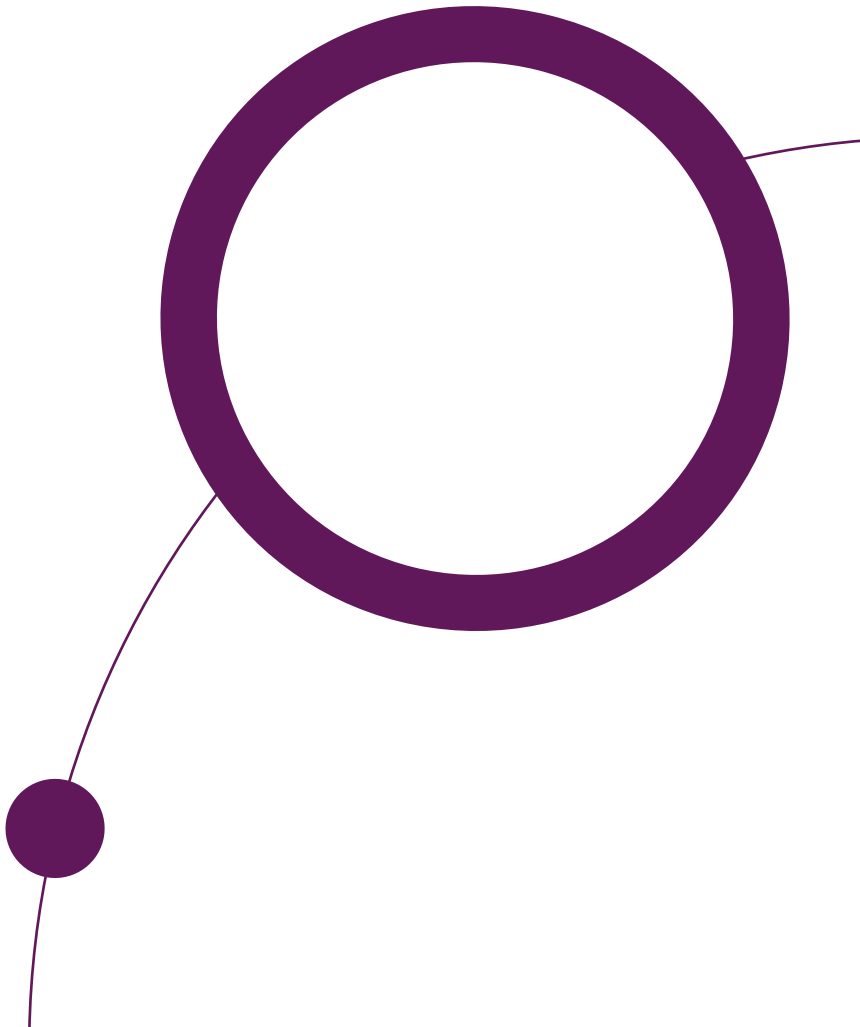
Abbott
Australasian Medical & Scientific Limited
Eli Lilly
Novo Nordisk
Pharmaco
Roche
Sanofi
Ypsomed

## ADEA Events

Abbott
Abbott Nutrition
Australasian Medical & Scientific Limited
Ascensia
Arrotex
AstraZeneca
Bayer
Boehringer Ingelheim
Diabetes Australia
Eli Lilly
Embecta
Guild Insurance
GlaxoSmithKline
Insulet
NDSS
Novo Nordisk
Pharmaco
Roche
Sanofi
Ypsomed

## ADEA Membership Benefits

Blue Light Card
Guild Insurance
Bupa Health Insurance



# Australian Diabetes Educators Association Limited

## ABN: 65 008 656 522

**Annual Financial Report**

**for the year ended**

**30 June 2025**

**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 2025.

**Board Directors**

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

**Amanda Bartlett** President from 12 October 2022 until 14 October 2024, Director until 23 January 2025
**Ann Bush** Commenced term three 24 August 2024, Vice President 12 October 2022 – 14 October 2024, President from 15 October 2024
**Anna Blackie** Commenced term one 12 October 2022, Vice President from 15 October 2024
**Maria Maieli** Independent Finance Director from 24 August 2018 until 24 August 2024
**Tina Wyer** Commenced Independent Finance Director from 25 August 2024
**Taryn Black** Commenced term one 19 March 2024 until 19 February 2025
**Coralie Cross** Commenced term two 24 August 2024
**Derek Finch** Commenced term three 28 August 2023
**Ian Harmer** Commenced term one 3 April 2025
**Shannon Lin** Commenced term one 31 October 2023
**Dhivya Mani** Commenced term one 15 July 2024
**Catharine McNamara** Commenced term one 12 October 2022
**Emily Wooden** Commenced term one 3 March 2025

**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 2025 is $77,398 (2024: $305,766 loss).

**Information on Directors**

**Amanda Bartlett**

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

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

**Ann Bush**

| | |
|---|---|
| 2023 | Chronic disease management communications working group – Dept of Health and Aged Care |
| 2023-24 | Chair ADEA Complaints Committee |
| 2022 | ADEA Vice President |
| 2018 | ADEA Board Director – Committees Governance (2018 – 2022) Noms and Rems (2022 ongoing) |
| 2018 | Cert IV Workplace training and Assessment upgradeTAE40116 |
| 2012-18 | ADEA Vic Branch Exec – Branch Chair (2014-18) |
| 2011 | Flinders Chronic Disease Self Management Course, Flinders University. |
| 2009 | Mental Health First Aid, University of Melbourne |
| 2007 | Health Coaching for Health Professionals, Health Coaching Australia |
| 2003 | Credentialled Diabetes Educator ADEA - ongoing |
| 1991 | Graduate Certificate of Diabetes Education, Deakin University. |
| 1989 | Grad Certificate in Occupational Health, Safety and Social Welfare. |
| 1984-87 | Registered Nurse training |

**Maria Maieli**

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

**Taryn Black**

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

**Anna Blackie**

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

**Coralie Cross**

| | |
|---|---|
| 2021 | Commenced term one ADEA Board Director |
| 2019 | Masters of Nursing: Nurse Practitioner: Charles Darwin University, NT |
| 2015 | Masters of Nursing: Diabetes in Rural, Remote and Indigenous Health: Flinders University, SA |
| 2009 | Credentialled Diabetes Educator |

| | |
|---|---|
| 2006 | Graduate Certificate in Diabetes Education and Health Care: Mayfield Education, Vic |
| 2000 | Certificate of Advanced Wound Management: Caulfield Ulcer Clinic, Vic |
| 1998 | Graduate Certificate in Gerontic Nursing: La Trobe University, Vic |
| 1998 | Chemotherapy Certificate; Safe Handling and Practice: R.M.I.T., Vic |
| 1998 | Cancer Nursing: Certificate Course: Warringal Private Hospital, Heidelberg, Vic. |
| 1996 | Bachelor of Nursing: Caroline Chisholm School of Nursing, Monash University, Vic. |
| 1980 | Certificates of Psychiatric and Mental Health Nursing: Gladesville / Grosvenor Hospitals / Bloomfield Hospitals; N.S.W. |

**Derek Finch**

| | |
|---|---|
| 2020-2022 | Chair, SA Special Olympics |
| 2021 -2025 | Board member ADRF |
| 2021 - current | Chair of the ADEA Nominations and Remuneration Committee |
| 2019-2020 | Chair of the ADEA Governance Committee |
| 2022-2023 | Chair of the ADEA Governance Committee |
| 2023 | Commenced Term three ADEA Board Director |
| 2016 | Business Consultant for CX Consult |
| 2016 | Manager Optus Business Services Desk |
| 2012-14 | National Contact Centre Manager Bureau of Meteorology |
| 2008-12 | Head of Customer Operations Kidney Health Australia |
| 2004-08 | National Call Centre Manager Heart Foundation |
| 1987-2004 | Call Centre Manager and management roles |
| 1984 | Tottenham College of Technology – Professional Qualification of Royal Institute of Housing |

**Ian Harmer**

| | |
|---|---|
| 2025 | Director, ADEA |
| 2023 | Nurse Practitioner endorsement |
| 2022 | Master of Nurse Practitioner – Flinders University |
| 2013 | Master of Philosophy(Nursing) Chronic Conditions Self-Management Support – Curtin University |
| 2008 | Credentialled Diabetes Educator |
| 2006 | Graduate Certificate Diabetes Education – Curtin University |
| 2004 | Bachelor of Nursing – University of Tasmania |

**Shannon Lin**

| | |
|---|---|
| 2025 | Company Directors Course – AICD |
| 2025 | Fellow, Dietitians Australia |
| 2023 | Jan Baldwin CDE of the Year |
| 2023 | Commenced term one ADEA Board Director |
| 2023 | Convenor, Culturally and Linguistically Diverse Interest Group, Dietitians Australia |
| 2022 | Doctor of Philosophy (PhD), University of Sydney |
| 2022 | Advanced Accredited Practising Dietitian |
| 2021 | Chair, NSW Branch, ADEA |
| 2021 | Health Literacy Specialist Certificate Program, Institute for Healthcare Advancement |
| 2020 | Member, MESAC Advisory Committee |
| 2018 | Board Member, Global Chinese Diabetes Association |
| 2017 | Member, Australasian Diabetes Congress Program Organisation Committee, ADEA |
| 2017 | Member, Culturally and Linguistically Diverse Expert Reference Group, Diabetes Australia |
| 2013 | Member, Aged Care Home Advisory Group, Dietitians Australia |
| 2010 | Credentialled Diabetes Educator |
| 2009 | Graduate Certificate of Diabetes Education, University of Technology Sydney |
| 2008 | Master of Nutrition Management, University of Wollongong |
| 2005 | Bachelor of Science, 1st Class Hons (Nutrition & Dietetics), University of Sydney |
| 2005 | Accredited Practising Dietitian |
| 2005 | Director, Australian Nutrition & Diabetes Service |

**Dhivya Mani**

| | |
|---|---|
| 2024 | Fellow, Governance Institute of Australia |
| 2024 | Graduate, Australian Institute of Company Directors |
| 2024 | Justice of the Peace NSW |
| 2024 | Director, ADEA |
| 2024 | Chair of Governance Committee, ADEA |
| 2024 | Member of Governance and Integrity Committee, NRLW |
| 2023 | Governance Top 100 Award Winner in Australia |
| 2021-23 | Panelist, Law Society of NSW Professional Conduct Advisory Panel |
| 2022 | Latitude Financial Services “Act Right” Award |
| 2021 | Westpac Risk Award Nominations (Leading Change and Performing) |
| 2018-20 | Law Lecturer, Professional Conduct, University of New England |
| 2018 | Standard Chartered Bank Top Performer Award |
| 2017 | Solicitor (Australia) |
| 2016 | NSW Bar Association Ethics Prize Award |
| 2010 | Advocate and Solicitor (Singapore) |
| 2009 | Solicitor (England and Wales) |
| 2007 | Barrister (England and Wales) |
| 2003-06 | Bachelor of Law (LLB hons), University of Durham |

**Catharine McNamara**

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

**Emily Wooden**

| | |
|---|---|
| 2025 | FCPA Australia |
| 2025 | Director, ADEA |
| 2024 | Started as CFO of Diabetes Australia, now Chief Corporate Services and CFO. |
| 1994 | FCPA Australia |
| 1991 | Bachelor of Business |
| 2011 | AGIA ACIS Governance Institute of Australia and Chartered Governance Institute UK |
| 2011 | Graduate Diploma of Applied Corporate Governance (GradDipACG) |

**Tina Wyer**

| | |
|---|---|
| 2025 | Adaluma Advisory Council |
| 2024 | .au Domain Administration Non-Executive Director |
| 2024 | Australian Diabetes Educators Association Independent Finance Director and Chair of Finance, Audit and Risk Management Committee |
| 2022 | Hume Bank Non-Executive Director and Chair of the Audit Committee |
| 2022 | Fred Hollows Foundation Co-Deputy Chairperson of the Board and Chair of the Finance & Audit Committee |
| 2022 | AICD \| Australian Institute of Company Directors |
| 2003 | JPMorganChase |
| 2001 | CA \| Institute of Chartered Accountants Aus. & NZ |
| 2022 | KPMG Melbourne |
| 2022 | Bachelor of Commerce Accounting & Information Systems \| Deakin University |

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

**Meetings and Attendances of Directors**

| Directors First Name | Last Name | No. eligible to attend | No. attended |
|---|---|---|---|
| Amanda | Bartlett | 4 | 3 |
| Ann | Bush | 6 | 6 |
| Maria | Maileli | 2 | 2 |
| Taryn | Black | 5 | 3 |
| Anna | Blackie | 6 | 5 |
| Coralie | Cross | 6 | 5 |
| Derek | Finch | 6 | 6 |
| Ian | Harmer | 1 | 1 |
| Shannon | Lin | 6 | 6 |
| Catharine | McNamara | 6 | 5 |
| Tina | Wyer | 4 | 4 |
| Dhivya | Mani | 4 | 2 |

**Objectives**

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

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

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

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

**Principal activities**

ADEA provides leadership to the diabetes education profession, nationally and internationally, through the development and delivery of services to advance diabetes education and research, and to enhance the reputation and effectiveness of its members. These activities position ADEA as the leading voice for diabetes education and care, and support the achievement of ADEA's objectives. ADEA is the national regulated peak body for Credentialled Diabetes Educator (CDE) certification.

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

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

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

**Auditor's Independence Declaration**

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

The Company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $50 each towards meeting any outstanding obligations of the entity. At 30 June 2025, the total amount that members of the Company are liable to contribute if the Company is wound up is $123,250 (2024: $120,500).

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

**Board Member:** Ann Bush

**Independent Finance Director:** Tina Wyer

Dated 30 September 2025

**RSM Australia Partners**

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

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

www.rsm.com.au

## AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Australian Diabetes Educators' Association Limited for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

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

**RSM AUSTRALIA PARTNERS**

Canberra, Australian Capital Territory
Dated: 30 September 2025

**RODNEY MILLER**
Partner

**THE POWER OF BEING UNDERSTOOD**
AUDIT | TAX | CONSULTING

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

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation

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

### Statement of Profit and Loss and Other Comprehensive Income
### for the year ended 30 June 2025

| | Note | 2025<br>$ | 2024<br>$ |
|---|---|---|---|
| Revenue and other income | **3** | 2,489,149 | 2,747,197 |
| Employee benefit expenses | | (1,485,967) | (1,638,567) |
| Operating expenses | | (782,823) | (1,140,660) |
| Branch conferences expenses | | (111,074) | (123,367) |
| Financial and legal expenses | | (161,750) | (195,755) |
| Subscription memberships expenses | | (31,991) | (7,610) |
| Depreciation expenses | **9,10** | (19,263) | (7,304) |
| Loss for the year | | (103,719) | (366,066) |
| Other comprehensive income for the year | | | |
| Fair value gains on financial assets | | 49,725 | 60,300 |
| **Total comprehensive loss for the year** | **21** | **(53,994)** | **(305,766)** |

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

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

### Statement of Financial Position
### as at 30 June 2025

| | Note | 2025 $ | 2024 $ |
|---|---|---|---|
| **ASSETS** | | | |
| **CURRENT ASSETS** | | | |
| Cash and cash equivalents | **5** | 404,403 | 130,251 |
| Trade and other receivables | **6** | 34,067 | 190,849 |
| Other current assets | **7** | 123,807 | 85,990 |
| Other financial assets | **8** | 1,332,711 | 1,842,899 |
| **TOTAL CURRENT ASSETS** | | **1,894,988** | **2,249,989** |
| **NON-CURRENT ASSETS** | | | |
| Property, plant and equipment | **9** | 2,761 | 5,561 |
| Intangible assets | **10** | 272,423 | 113,908 |
| **TOTAL NON-CURRENT ASSETS** | | **275,184** | **119,469** |
| **TOTAL ASSETS** | | **2,170,172** | **2,369,458** |
| **LIABILITIES** | | | |
| **CURRENT LIABILITIES** | | | |
| Trade and other payables | **11** | 273,945 | 460,438 |
| Contract liabilities | **12** | 662,941 | 602,120 |
| Provisions | **13** | 85,089 | 100,760 |
| **TOTAL CURRENT LIABILITIES** | | **1,021,975** | **1,163,318** |
| **NON-CURRENT LIABILITIES** | | | |
| Provisions | **13** | 7,459 | 11,408 |
| **TOTAL NON-CURRENT LIABILITIES** | | **7,459** | **11,408** |
| **TOTAL LIABILITIES** | | **1,029,434** | **1,174,726** |
| **NET ASSETS** | | **1,140,738** | **1,194,732** |
| **EQUITY** | | | |
| Retained earnings | | 838,536 | 942,255 |
| Revaluation reserve | | 302,202 | 252,477 |
| **TOTAL EQUITY** | | **1,140,738** | **1,194,732** |

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

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

### Statement of Changes in Equity
### for the year ended 30 June 2025

| | Retained Earnings | Revaluation Reserve | Total |
|---|---|---|---|
| | $ | $ | $ |
| **Balance at 30 June 2024** | **942,255** | **252,477** | **1,194,732** |
| Loss for the year | (103,719) | - | (103,719) |
| Other comprehensive income | - | 49,725 | 49,725 |
| **Balance at 30 June 2025** | **838,536** | **302,202** | **1,140,738** |

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

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

## Statement of Cash Flows
## for the year ended 30 June 2025

| | Note | 2025 $ | 2024 $ |
|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | |
| Receipts from members and customers | | 2,893,729 | 2,468,693 |
| Payments to suppliers and employees | | (3,048,432) | (2,950,004) |
| Interest received | | 3,833 | 4,683 |
| Net cash (used in)/provided by operating activities | | (150,870) | (476,628) |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | |
| Payments for property, plant & equipment | | - | (4,219) |
| Payments for intanginble assets | | (174,978) | (113,908) |
| Proceeds from investments | | 600,000 | - |
| Net cash (used in)/provided by investing activities | | 425,022 | (118,127) |
| Net (decrease)/increase in cash held | | 274,152 | (594,755) |
| Cash at beginning of financial year | | 130,251 | 725,006 |
| Cash at end of financial year | **5** | **404,403** | **130,251** |

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

## Notes to the Financial Statements for the year ended 30 June 2025

### NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

**New or amended Accounting Standards and Interpretations adopted**

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

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

**Basis of Preparation**

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

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

*Critical accounting estimates*

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

**Revenue recognition**

The Company recognises revenue as follows:

*Revenue from contracts with customers*

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

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

*Sale of goods*

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

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

*Credentialling*
Credentialling income is recognised on a receipt basis.

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

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

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

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

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

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

**Income Tax**
The Company is exempt from income tax under the provisions of Section 50-5 of the *Income Tax Assessment Act 199,* as amended, it is exempt from paying income tax.

**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 | 3-5 years |

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

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

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

| | |
|---|---|
| Website | 10 years |

**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.

*Defined contribution superannuation expense*
Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

**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.

## 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.

| | 2025 | 2024 |
|---|---|---|
| **NOTE 3. REVENUE** | **$** | **$** |
| *Revenue from contracts with customers* | | |
| Memberships | 641,469 | 635,016 |
| Credentialling | 183,599 | 112,491 |
| Accreditation | 27,000 | 26,667 |
| Endorsements | 4,667 | 950 |
| National diabetes services scheme | 600,625 | 647,613 |
| Australasian Diabetes Congress | 245,362 | 231,513 |
| Branch revenue | 335,455 | 320,573 |
| Magazine, publications and advertising | 4,801 | 17,629 |
| Grants, awards, sponsorship and contract income | 189,604 | 642,771 |
| | 2,232,582 | 2,635,223 |
| *Other revenue* | | |
| Dividends | 49,198 | 78,590 |
| Interest and investment income | 3,833 | 4,683 |
| Franking credits | 17,235 | 28,291 |
| Other revenue | 186,301 | 410 |
| | 256,567 | 111,974 |
| **Total revenue and other income** | **2,489,149** | **2,747,197** |

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

| | | |
|---|---|---|
| *Geographical regions* | | |
| Australia | 2,232,582 | 2,635,223 |
| *Timing of revenue recognition* | | |
| Goods transferred at a point in time | 963,488 | 1,325,927 |
| Services transferred over time | 1,269,094 | 1,309,296 |
| | **2,232,582** | **2,635,223** |

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

| | | |
|---|---|---|
| *Leases* | | |
| Short-term and low-value assets lease payments | 32,396 | 17,419 |
| *Superannuation expense* | | |
| Defined contribution superannuation expense | 153,278 | 158,768 |
| | **185,674** | **176,187** |

**NOTE 5. CASH AND CASH EQUIVALENTS**

| | | |
|---|---|---|
| Cash at bank and in hand | 404,403 | 130,251 |
| | **404,403** | **130,251** |

| | 2025<br>$ | 2024<br>$ |
|---|---|---|
| **NOTE 6. TRADE AND OTHER RECEIVABLES** | | |
| Trade receivables | 16,677 | 162,558 |
| Other receivables | 17,390 | 28,291 |
| | **34,067** | **190,849** |
| **NOTE 7. OTHER CURRENT ASSETS** | | |
| Prepayments | 123,807 | 85,990 |
| | **123,807** | **85,990** |
| **NOTE 8. OTHER FINANCIAL ASSETS** | | |
| Other financial assets at fair value through OCI | 1,332,711 | 1,842,899 |
| | **1,332,711** | **1,842,899** |
| **NOTE 9. PROPERTY, PLANT AND EQUIPMENT** | | |
| Office equipment - at cost | 19,517 | 19,517 |
| Accumulated depreciation | (16,756) | (13,956) |
| | **2,761** | **5,561** |

*Reconciliations*

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

| | Office equipment |
|---|---|
| Balance at the beginning of the year | 5,561 |
| Additions at cost | - |
| Disposals during the year | - |
| Depreciation | (2,800) |
| Carrying amount at the end of the year | **2,761** |

| | 2025 | 2024 |
|---|---|---|
| | $ | $ |
| **NOTE 10. INTANGIBLE ASSETS** | | |
| Website Development | - | 113,908 |
| Website | 288,886 | - |
| Accumulated depreciation | (16,463) | - |
| | **272,423** | **113,908** |

*Reconciliations*

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

| | Website development | Website | Total |
|---|---|---|---|
| Balance at the beginning of the year | 113,908 | - | 113,908 |
| Additions at cost | 174,978 | - | 174,978 |
| Transfers | (288,886) | 288,886 | - |
| Disposals during the year | - | - | - |
| Depreciation | - | (16,463) | (16,463) |
| Carrying amount at the end of the year | **-** | **272,423** | **272,423** |

| | | |
|---|---|---|
| **NOTE 11. TRADE AND OTHER PAYABLES** | | |
| Trade payables | 146,192 | 303,666 |
| BAS payable | 36,712 | (3,969) |
| Other payables | 91,041 | 160,741 |
| | **273,945** | **460,438** |

| | | |
|---|---|---|
| **NOTE 12. CONTRACT LIABILITIES** | | |
| Memberships received in advance | 281,856 | 293,004 |
| Grants received in advance | 312,307 | 227,338 |
| Accreditation and sponsorships received in advance | 68,778 | 81,778 |
| | **662,941** | **602,120** |

| | 2025 | 2024 |
|---|---|---|
| | $ | $ |
| **NOTE 13. PROVISIONS** | | |
| CURRENT | | |
| Annual leave | 80,330 | 97,337 |
| Long service leave | 4,759 | 3,423 |
| | 85,089 | 100,760 |
| NON-CURRENT | | |
| Long service leave | 7,459 | 11,408 |
| | 7,459 | 11,408 |
| **Total provisions** | **92,548** | **112,168** |

**Provision for employee benefits**

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

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

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

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

## NOTE 14. CAPITAL AND LEASING COMMITMENTS

As at balance date the Association has no enforceable lease contract binding the Association to lease commitments (2024: Nil). The Co-location agreement has been signed for 12 months which is effectively a short-term lease which can be excluded from the recognition under AASB 16 as a Right of Use Asset and Lease Liability. Short-term lease is recognised as incurred as an expense in the statement of profit and loss. The amount expensed in the statement of profit and loss and other comprehensive income in relation to short-term lease was $32,396 (2024: $17,419). The Association has no capital commitments (2024: Nil).

## NOTE 15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no contingent liabilities or assets.

## NOTE 16. EVENTS AFTER BALANCE SHEET DATE

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

## NOTE 17. KEY MANAGEMENT PERSONNEL DISCLOSURES

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

| | 2025<br>$ | 2024<br>$ |
|---|---|---|
| Aggregate compensation | **370,826** | **364,594** |

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

## NOTE 18. RELATED PARTIES TRANSACTIONS

In the prior year the ADEA provided funds to the Australian Diabetes Research Foundation (ADRF) to meet research grant payments, ADRF has been wound down on 1 July 2024. In 2025 no funds have been provided for payments to ADRF (2024: Nil).
In 2025 honorariums were paid to Directors' of ADEA of $7,500 (2024: $2,500). In 2025 $8,000 (2024: $8,370) honorariums were paid to ADEA Directors' for committee work associated with the National Diabetes Services Scheme.

## NOTE 19. REMUNERATION OF AUDITORS

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

| | | |
|---|---|---|
| Audit of the financial statements | 31,600 | 19,200 |
| Other services | 3,400 | 3,200 |
| Audit of grant acquittal | 3,250 | 2,800 |
| | **38,250** | **25,200** |

## NOTE 20. ENTITY DETAILS

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

## NOTE 21. OPERATIONAL AND STRATEGIC PROFIT AND LOSS

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

| | 2025 | 2024 |
|---|---|---|
| | $ | $ |
| **Operational profit and loss** | | |
| Revenue and other income | 2,468,434 | 2,747,197 |
| Employee benefit expenses | (1,378,259) | (1,566,342) |
| Operating expenses | (610,270) | (1,034,275) |
| Branch conferences expenses | (110,257) | (123,367) |
| Financial and legal expenses | (158,378) | (195,755) |
| Subscription memberships expenses | (31,991) | (7,610) |
| Depreciation expenses | (19,263) | (7,304) |
| Donation to ADEA Diabetes Research Foundation | - | - |
| Loss on disposal of assets | - | - |
| Loss for the year | 160,016 | (187,456) |
| Other comprehensive income for the year | | |
| Fair value gains on financial assets | 49,725 | 60,300 |
| **Total comprehensive loss for the year** | **209,741** | **(127,156)** |
| **Strategic profit and loss** | | |
| Revenue and other income | 20,715 | - |
| Employee benefit expenses | (107,708) | (72,225) |
| Operating expenses | (172,553) | (106,385) |
| Branch conferences expenses | (817) | |
| Financial and legal expenses | (3,372) | |
| Loss for the year | (263,735) | (178,610) |
| Other comprehensive income for the year | | |
| Fair value gains/(losses) on financial assets | - | - |
| **Total comprehensive loss for the year** | **(263,735)** | **(178,610)** |
| Total operational and strategic comprehensive loss for the year | (53,994) | (305,766) |

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

### Directors' Declaration

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

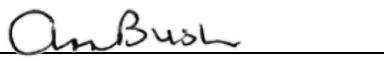
(a) the financial statements and notes, that are set out on pages 10 to 24, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) give a true and fair view of the Company's financial position at 30 June 2025 and of its performance, for the financial year ended on that date; and
(ii) complying with Australian Accounting Standards – Simplified Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and

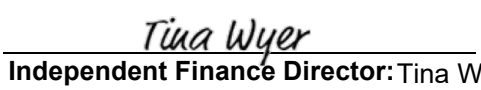
(a) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Dated at Canberra 30 September 2025.

Signed in accordance with a resolution of the directors:



**Chairperson:** Ann Bush



**Independent Finance Director:** Tina Wyer

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

# INDEPENDENT AUDITOR'S REPORT

To the Members of Australian Diabetes Educators' Association Limited

## Opinion

We have audited the financial report of Australian Diabetes Educators' Association Limited ("the entity"), which comprises the statement of financial position as at 30 June 2025, the statement of profit and loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2025 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 2025, but does not include the financial report and the auditor's report thereon.

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

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



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

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

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

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

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

RSM

**RSM AUSTRALIA PARTNERS**

Canberra, Australian Capital Territory
Dated: 30 September 2025

**RODNEY MILLER**
Partner



ADEA

Your trusted partner in diabetes care