ADEA

Your trusted partner in diabetes care

Annual Report

2020-21

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

Strategic pillars

In order to achieve our mission, ADEA will:

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

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President's Report



I have had the pleasure to be the President of the Australian Diabetes Educators Association since November 2020. I wish to thank Brett Fenton for his term as President of ADEA and his contribution to potential unification with Diabetes Australia. He has steered ADEA through challenging times, putting us in a strong position for the future.

Thank you to Susan and the National Office Team for their expertise, skills, and passion in the commitment to deliver on our strategic pillars:

1. promote the Credentialled Diabetes Educator profession and brand
2. partner with members to advocate for their professional interests
3. provide and endorse professional development and advanced practice opportunities
4. collaborate with key stakeholders to improve outcomes for people with diabetes
5. advocate and support excellence to improve outcomes for people with Diabetes
6. create contemporary and innovative resources
7. deliver strategic and effective governance and management

These achievements include:

- successfully advocating to extend the Medicare numbers for CDEs for telehealth, and work continues in this area
- partnering with the ADS and others in the development of the first two Australian Living Evidence Guidelines in Diabetes: Medical Device Technology in the Management of Type 1 Diabetes and Medications for Blood Glucose Management in Adults with Type 2 Diabetes.

A significant achievement has been the release of the National Diabetes Nursing Education Framework. The aim of this new framework is to guide the development of a skilled nursing workforce that is capable of providing a high standard of diabetes care. The Framework is now being used in universities to guide both undergraduate and postgraduate courses. It is also being used in workplaces to guide the role descriptions of CDEs.

The Diabetes Referral Pathways provide guidance for the care of people with diabetes. These pathways show the milestones on a person's journey from diagnosis through the lifespan of diabetes management. Eight pathways have been developed for GPs and CDEs to use when providing care to people with diabetes. Corresponding person-centric pathways have been developed with and for people with diabetes, to help them understand the role of the CDEs in their care.

ADEA and the Australian Diabetes Society continue to work collaboratively together to improve outcomes for people with diabetes. We have collaborated on a range of policy and advocacy matters, submissions to government, communications and the recently released consensus statement on *Utilisation, access, and recommendations regarding technologies for people living with type 1 diabetes*.

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

ADEA is committed to reconciliation, and we launched our first Reconciliation Action Plan during National Reconciliation Week 2021. We are excited and eager to fulfil this commitment. We encourage each of you to reflect as individuals and as members of ADEA, as we take these first steps in our reconciliation journey together.

ADEA membership continues to grow steadily, with an increase of 3.2% in the past year bringing total membership to more than 2,300. The number of CDEs has increased by 1.8% with the pandemic impacting on some members' ability to complete their initial credentialling. The National Office team was restructured this year to increase the focus on member services and support, as well as policy and advocacy for members. Feedback from members has been very positive, and membership numbers increased markedly in the last quarter of this year.

Thank you to the National Office, ADEA branch committees and program organising committees for their ongoing commitment to CDEs' professional development and education. A special thank you to the ADC2021 program organising committee for taking on the challenges of organising a virtual conference. This may be the way for future conferences.

In 2021, ADEA is proud to continue with the ADEA awards program, including the CDE of the Year and **Honorary Life Membership** awards. These awards provide an opportunity for CDEs to acknowledge the great work their peers are doing in diabetes education. The ADEA Fellowship award recognises longevity and experience as a CDE.

ADEA continues to collaborate with the Australian Diabetes Society in considering potential unification with Diabetes Australia. We have regularly communicated about this with members, including in the fortnightly newsletter, and we have sought member feedback through branch meetings and conferences, and a live Q&A session with our CEO and the CEO of the Australian Diabetes Society. For ADEA and the Australian Diabetes Society, potential unification means achieving greater organisational integration and influence. Importantly, the decision on whether to unify will be made by members in the 2021 AGM and all members who are eligible to vote will be provided with detailed information, including the voting process, prior to the AGM.

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

I am looking forward to continuing to serve you, our members, by leading ADEA towards achieving our mission of *transforming lives through excellence in diabetes education.*

Thank you.

Kind regards,
Tracey Tellam
ADEA President

'I am looking forward to continuing to serve you, our members, by leading ADEA towards achieving our mission of transforming lives through excellence in diabetes education.'

CEO's report



The past 12 months have been challenging for ADEA and our members. For ADEA, the challenges have included pandemic-related disruption and additional work, as well as organisational restructuring. However, we are now in a stronger position to achieve our strategic priorities, enhance member support services and advocate on your behalf.

Significant achievements over the past year include the completion of the Diabetes Pathways and the rollout of the **National Diabetes Nursing Education Framework.** The implementation of recommendations arising from the CDE Education Review is in progress and will strengthen the CDE workforce by improving and standardising the education pathway. Together, these projects will provide a solid foundation to support ADEA's strategic objectives now and into the future.

The extension of **telehealth** arrangements for CDEs through to 31 December 2021 reflects our continuing direct advocacy as well our collaborative efforts with the Australian Diabetes Society, Diabetes Australia, state and territory diabetes organisations and allied health peak bodies. We are continuing to advocate, directly and in collaboration with other organisations, for telehealth to become a permanent part of the health system.

We are continuing to strive for **non-medical prescribing for CDEs**, and we are consulting with other organisations which have succeeded in obtaining prescriber authority for their members. In the shorter term, we are seeking funding for a review of the current legal framework in each state and territory so we can provide up-to-date advice to members regarding scope of practice. This legal review will also support the streamlining of education pathways in the **CDE Education Review.**

We are advocating for **access to CDEs through the NDIS and My Aged Care**, and meeting with the respective government departments and MPs. We have made several submissions to government including on the Preventive Health Strategy. We continue to work with the Australian Diabetes Society and Diabetes Australia to advocate for **MBS funding** for CDEs and endocrinologists to support the initiation and ongoing use of diabetes technologies.

With the Australian Diabetes Society, the Australasian Paediatric Endocrine Group, and Australasian Diabetes in Pregnancy Society, we recently developed a joint consensus statement for diabetes health professionals on insulin pumps, continuous glucose monitoring (CGM), and flash glucose monitoring. This consensus statement will support future advocacy for Medicare funding for initiation and ongoing support of people with diabetes using technology and inform future education in diabetes technology. We have also collaborated with various stakeholders on a range of other advocacy and policy matters, communications, and projects and these are outlined elsewhere in this annual report.

Membership has continued to increase steadily with **more than 2320 members** as of 30 June 2020, and due to the impacts of the pandemic, we have held membership fees at current levels. **The number of CDEs has also increased**, with more than **1530 CDEs.**

Although the growth in the number of CDEs has outstripped the growth in the number of people with diabetes (23% and 13% respectively over the past five years), the **CDE workforce needs to grow signi icantly** to ensure that all people with diabetes receive optimal diabetes education and care. The majority of people with diabetes are not receiving an annual cycle of care, a GP management plan or referral for diabetes education.

Three strategic projects will support the expansion of the CDE workforce and increased referrals to CDEs:

- **The CDE Education Review Project** will support growth in the number of CDEs by streamlining the credentialling and mentoring program, clarifying scope of practice, and addressing barriers.
- **The National Diabetes Nursing Education Framework** will influence university and workplace programs and highlights the CDE as the expert provider of diabetes care.
- **The Diabetes Pathways** and related promotions to GPs and consumers will raise awareness of diabetes education and understanding of the important role of CDEs.

Our **Member Services Team** has worked very hard over the past year to resolve issues and enhance the functionality of our website and database to improve useability, and once the CDE Education Review Project is completed, we will review our IT systems to support the streamlining of the education and credentialling pathways and improve interactivity for members.

Prudent **financial management** by the current and previous Boards meant that we had sufficient funds in reserve to weather the pandemic. The pandemic created many challenges for ADEA over the past 12 months, significantly reducing our revenue and increasing our workload. Over the past year we:

- **kept members abreast of the changing restrictions,** opening and closing of borders and what this meant for their workplace, supported members with various issues, and advocated to federal and state governments to ensure members could continue to provide services to support people with diabetes during the restrictions.
- **supported Branch Program Organising Committees** in successfully adapting to online and hybrid conferences and converted the 2020 Australasian Diabetes Congress (ADC2020) to an online event. These new formats opened access to conferences and events to many members who would not usually attend, due to distance or work-related commitments.
- like many organisations, **suspended our research grant program** due to the pandemic. However, we introduced two new co-funded ADRF (ADEA Diabetes Research Foundation) scholarships, in partnership with InfoMedix and Sanofi, for Aboriginal and Torres Strait Islander students to undertake a University Technology Sydney Graduate Certificate course.

‘We are now in a stronger position to achieve our strategic priorities, enhance member support services and advocate on your behalf.’



Jen Lewis, NDSS Program Team Leader ADEA, presenting ADEA's first Reconciliation Action Plan (RAP) at the RAP launch in June 2021.



RAP officers Emma Dunn and Phoebe Houghton (pictured) from Reconciliation Australia were present and spoke in support of the ADEA Reflect RAP.

This year, ADEA developed a Reconciliation Action Plan (RAP), which was endorsed by Reconciliation Australia and launched during Reconciliation Week. We reviewed diabetes education opportunities for **Aboriginal and Torres Strait Islander Health Workers and Practitioners,** and we plan to partner with stakeholders in the coming months and years to address gaps and barriers. We are also developing and promoting credentialling pathways for this workforce, and we will be seeking to **increase the number of scholarships** to assist Aboriginal and Torres Strait Islander health professionals to undertake the Graduate Certificate in diabetes education.

Other priorities for the next 12 months are to continue our focus on: raising the profile of CDEs with GPs and people with diabetes, as well as the importance of referring to a CDE; advocating for permanent access to telehealth for CDEs; advocating for increased access to diabetes technology as well as appropriate remuneration for health professionals to support initiation and optimal use of technology; and modernising and streamlining CDE education.

Many members volunteer their time to support ADEA, the profession and their fellow members. On behalf of the Board and staff of ADEA, I thank you for your generous donation of your time and your invaluable contributions.

My thanks to the Board and staff for their unwavering support and commitment, as we navigated the pandemic and other challenges, and developed new ways of delivering our programs and services.

The success of our conferences and events over the past year is a testament to the strength, tenacity and creativity of our wonderful **Branch Executives, Branch and ADC Program Organising Committees, our Professional Services Manager** and our **events, education, and member services staff** – many thanks to you all!

My thanks also to our **partners, sponsors and funders** for your financial and other support which is vital in enabling ADEA and our members to achieve the highest standards of diabetes education and care for people with diabetes.

Kind regards,
Susan Davidson
ADEA CEO

Finance Director's Report



Finance, Audit and Risk Management (FARM) Committee and Team

The FARM committee is a sub-committee of the Board of Directors of ADEA. The FARM Committee's 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 2020-21 consisted of:

- ADEA's Finance Director, who acts as Chairperson – Maria Maieli
- ADEA Board member who is not the Finance Director – Amanda Bartlett
- ADEA executive member – Tony Stubbs
- a senior representative from the outsourced accounting services provider and/or CFO – Scott Myers
- an independent member – vacant

The **independent member position** has been vacant for most of the year. After reviewing the skills matrix, the committee is focused on recruiting an individual with risk experience and background to complement the committee composition. This position will be finalised in 2021-2022.

The financial advisory and management services continue to be outsourced to **Equity Partners** which acts as a good internal control for ADEA.

Senior managers of ADEA and myself have regular contact with the staff at Equity Partners and consider that this arrangement is effective for ADEA. This arrangement will **continue for the next financial year.**

RSM Australia continues as ADEA's auditors. RSM Australia has conducted the audit of the ADEA Annual Financial Report for 2020-21.

The Board has developed a **Risk Appetite Statement** with the assistance of an experienced external party. This statement now gives guidance to the FARM and Directors on risk tolerance when assessing day to day and strategic opportunities for ADEA.

The committee regularly monitors the **Risk Register and Investment Portfolio** in line with the Risk Appetite Statement and relevant policies.

Financial Performance

ADEA has reported a deficit of $318,423 for 2020-21, which is ahead of approved budget. The focus for the year continues to be investment into strategic projects to keep ADEA at the forefront of diabetes health education: the development of Diabetes Pathways to raise the awareness of GPs and consumers of the importance of diabetes education and when to see a CDE; and a CDE Education Review in order to review, modernise and streamline the end-to-end education for CDEs.

In total, revenue received for the year was $2.1m, of which National Diabetes Services Scheme (NDSS) funding was $613k, membership fees were $571k and credentialling income was $117k.

To ease the impact of the pandemic on members, the 'grace' period for renewal of memberships was extended. As a result, even though the number of members increased, membership revenue decreased in 2020-21. This will 'catch up' in the next financial year, when this revenue will be recognised and reported.

The Board has kept membership fees at the current level for the previous 3 years, and planned increases over the past two years were deferred due to the impact of the pandemic on members. However, with ADEA experiencing a significant reduction in revenue due to the impact of the pandemic this is not a sustainable model, and fees will need to increase in 2021-22. Alternative revenues are also being considered by the Board to support long term competitiveness

Staff costs of $1.5m continue to be the most significant expenditure for the organisation and will continue at this level in 2021-22. A full review of the organisational structure was conducted and implemented in 2020-2021. This new structure has given ADEA a competitive advantage with an increase of skill set and talent. The Board will continue to keep fiscal control to effectively deliver the strategic plan over the next three years.

Financial Position

Total members' reserves on 30 June were $2.2m. 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 commitments when they become due. It is important to maintain strong reserves to mitigate any unforeseeable circumstances that are out of ADEA's control and to ensure ADEA's financial viability. These reserves give ADEA a strong cashflow and my recommendation is to sustain these reserves for longevity. Shaw & Partners continue to advise on investments to optimise the financial returns for ADEA and at the same time adopt a conservative approach as reflected in the Risk Appetite Statement.

Kind regards,
Maria Maieli
ADEA Finance Director

Organisational Structure

BOARD OF DIRECTORS



Tracey Tellam
President
from 14 November 2020



Amanda Bartlett
Vice President
from 14 November 2020



Maria Maieli
Finance Director
from 24 August 2018



Brett Fenton
President
from 26 February 2018 until
14 November 2020



Ann Bush
Commenced term one 24 August 2018



Derek Finch
Commenced term two 26 September 2020



Helen Phelan
Commenced term one 24 August 2018

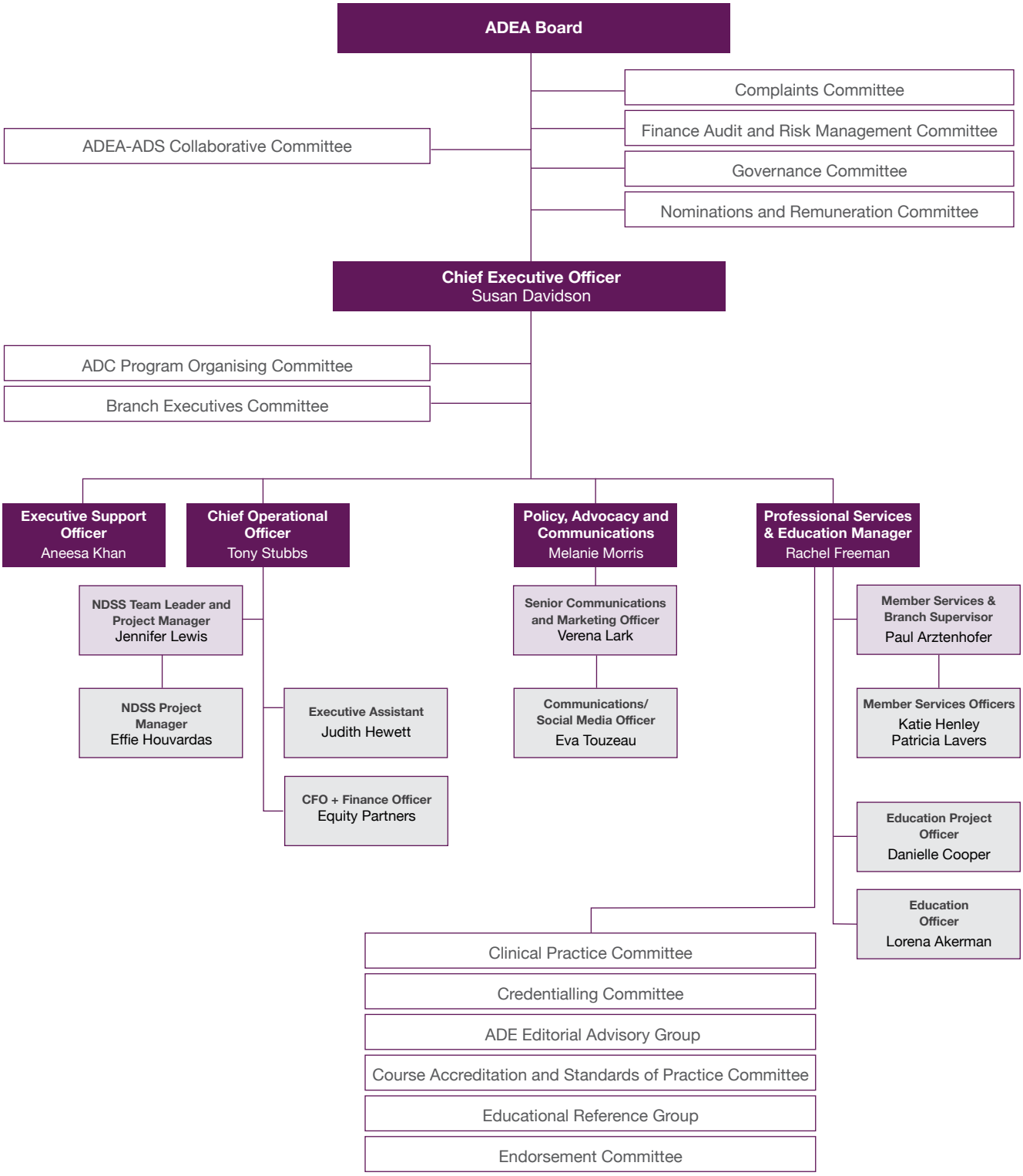


Melissa Sinopoli
Commenced term one 11 February 2020



Peta Tauchmann
Commenced term one 11 October 2019

Organisational Chart 2021



Branch Executives

Australian Capital Territory Branch Executive

Branch Chair: Michelle Angove
Branch Secretary: Jessica Herron
Branch Education Officer: VACANT
Contact: adeaact@adea.com.au

New South Wales Branch Executive

Branch Chair: Jodine Ball
Branch Secretaries: Marlene Payk and Scarlett Huang
Branch Education Officer: Natasha Diwakar
Contact: adeansw@adea.com.au

Northern Territory Branch Executive

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

Queensland Branch Executive

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

South Australia Branch Executive

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

Victoria Branch Executive

Branch Chair: VACANT
Branch Secretary: VACANT
Branch Education Officer: VACANT
Contact: adeavic@adea.com.au

Western Australia Branch Executive

Branch Chair: Siana Critchett
Branch Secretary: Lisa Foley
Branch Education Officer: Sandra Voesenek and Alison Menzies
Contact: adeawa@adea.com.au

Committees

Australian Diabetes Educator (ADE) Editorial Advisory Group

Kate Marsh (Editor)
Michelle Robins
Penelope Barker
Nicole Duggan
Dr Stephen James
Achamma Joseph
Shannon Lin
Rachel Freeman
Aneesa Khan (secretariat)

Course Accreditation and Standards of Practice (CASP) Committee

Karen Crawford (Chair)
Elizabeth Obersteller (Credentialling Committee Representative)
Trisha Dunning
Sophie McGough (until October 2020)
Michelle Culhane
Patricia Marshall
Celestina Shori
Kylie Mahony
Amy Cowan
Carolyn Allen (from April 2021)
Olivia King (from April 2021)
Marc Apolloni (from April 2021)

Credentialling Committee

Elizabeth Obersteller (Chair)
Maxine Schlaeppi
Annabelle Stack
Deborah Foskett
Gillian Krenzin
Megan Pruesker
Lois Rowan
Ian Harmer (until July 2020)
Maree Nannen (until September 2020)

Endorsement Committee

Wendy Bryant
Julie Kha
Elizabeth Obersteller
Nicholas Denniston
Maxine Schlaeppi
Trisha Dunning
Shannon Lin (from April 2021)
Anna Blackie (from April 2021)
Tracy Desborough (until February 2021)
Lorena Akerman/Anna Lawrence (Secretariat)

Course Advisory Representatives

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

Clinical Practice Review Committee

Peta Tauchmann (Chair)
Rebecca McPhee
Nicholas Denniston
Celestina Shori
Lynda Marshall
Rachel Woods
Rachel Freeman (Secretariat)

Education Reference Group

Jan Alford (Chair)
Fiona McGregor
Edna Louzado
Sue Quirk
Veronique Doran-Bradley
Sharon McClelland
Jinjin Gao
Rachael Critchell
Lorena Akerman/Anna Lawrence (Secretariat)

ADC Program Organising Committee (POC)

Kirstine Bell (Co Chair)
Rachel Freeman (Co Chair)
Aneesa Khan (Secretariat)
Susan Davidson
Michelle Tong
Shannon Lin
Achamma Joseph
Ashley Ng
Jinjin Gao (from January 2021)
Anna Lawrence (from January 2021)
Tim Benson (Consumer) (from April 2021)
Lorena Akerman (until December 2020)
Laura Zimmerman (until November 2020)
Chris Lee (Diabetes Australia) (until May 2021)
Jackson Sinclair (Consumer)
(until November 2020)
David Burren (Consumer) (until November 2020)
Vy Le (until November 2020)

Board Committees

Finance Audit and Risk Management Committee

Maria Maieli (Chair)
Rachel Harris
Amanda Bartlett

Governance Committee

Melissa Sinopoli (Chair)
Ann Bush
Derek Finch
Peta Tauchmann

Complaints Committee

Peta Tauchmann (Chair)
Joanne Pennisi
Kathy Grudzinskas
Susan Drmota
Taryn Mews
Michelle Hogan
Kieran Miller
David Bartlett

Nominations and Remuneration Committee

Derek Finch (Chair)
Ann Bush
Helen Phelan

Past Presidents Advisory Group

Erica Wright
Giuliana Murfet
Jane Giles
Nuala Harkin
Tracy Aylen

Advisory Panels/ Working Groups

Sick Day Management Guidelines

Kate Marsh (Clinical Writer)
Associate Professor Glynis Ross
(Australian Diabetes Society)
Adjunct Associate Professor Margaret McGill
Maggie Stewart
Barbara White
Kimberley Zerk
Susan Armstrong
Dr Gary Deed (RACGP)
Dr Roy Rasalam (RACGP)
Dr Ashraf Saleh (RACGP)
Eileen Lam (consumer)
Robert Shearman (consumer)
Rachel Freeman (clinical advisor)

Diabetes Referral Pathways Expert Advisory Group

Professor Greg Johnson (Diabetes Australia)
Taryn Black (Diabetes Australia)
Professor Jonathan Shaw
(Australian Diabetes Society)
Professor Sophia Zoungas
(Australian Diabetes Society)
Jan Alford
Shannon Lin
Laura Zimmerman
Nicole McClure
Patricia Marshall
Susan Davidson (project sponsor)
Rachel Freeman (clinical adviser)

Diabetes Referral Pathways CDE working party

Peta Tauchmann
Jan Alford
Shannon Lin
Laura Zimmerman
Nicole McClure
Patricia Marshall
Rachel Freeman
Vickie Owens
Michelle McAlister
Sandra Anstis

Revised Joint Position Statement with Dietitians Australia

Sarah Doherty
Cynthia Porter
Kate Ryan
Margaret Stewart
Kate Marsh
Annabelle Stack
Rachel Freeman (ADEA)
Bridget Spokes (Dietitians Australia)

CDE Education Review

Danielle Cooper (Project Officer)
Sheri Cooper
Virginia Hagger
Julie Tasker

Special Interest Groups

Private Practice

Laura Zimmerman (Convenor)
Vongayi Majoni (Vice Convenor)
Rachael Baker (QLD)
Jannah Bonney (TAS)
Mary Hodgson (SA)
Edwin Pascoe (VIC)
Carol Lomman (WA)

Diabetes in Pregnancy

Belinda Moore (Convenor)

ADEA Diabetes Research Foundation (ADRF)

ADRF Board

Robert Biancardi (Chair)
Professor Patricia Dunning
Kristin Meagher
Helen Phelan
Derek Finch

ADRF Council

Professor Patricia Dunning (Chair)
Professor Peter Colman
Professor Ines Krass
Adjunct Associate Professor Margaret McGill
Professor Sophia Zoungas

Award Judging Panels

CDE of the Year

Erica Wright
Jane Giles
Rachelle Ward (consumer)
Rachel Freeman

Abbott Case Study Award

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

Roche Registration Grants

Cecile Eigenmann
Rachel Freeman
Toni Willson
Lorena Akerman

ADC2021 abstract reviewers

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

ADC2020 presentation judges

Patricia Marshall
Shannon Lin
Lorena Akerman
Karen Crawford
Wendy Bryant
Siobhan Barlow
Ashley Ng (consumer)
David Burren (consumer)

NDSS Expert Reference Groups

National Diabetes Nursing Education Framework

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

Diabetes and disability

Patricia Marshall (Chair)
Jacquie Daisley
Dr Roy Rasalam
Angela Blair
Siana Critchett

Workforce data project

Susan Davidson and
Sof Andrikopoulos (co-chairs)
Craig Bennett
Gerry Fegan
Sultan Linjawi
Bronwyn Buckley
Lesley Wilcox
Shannon Lin
Natalie Wischer

STRATEGIC PILLAR 1

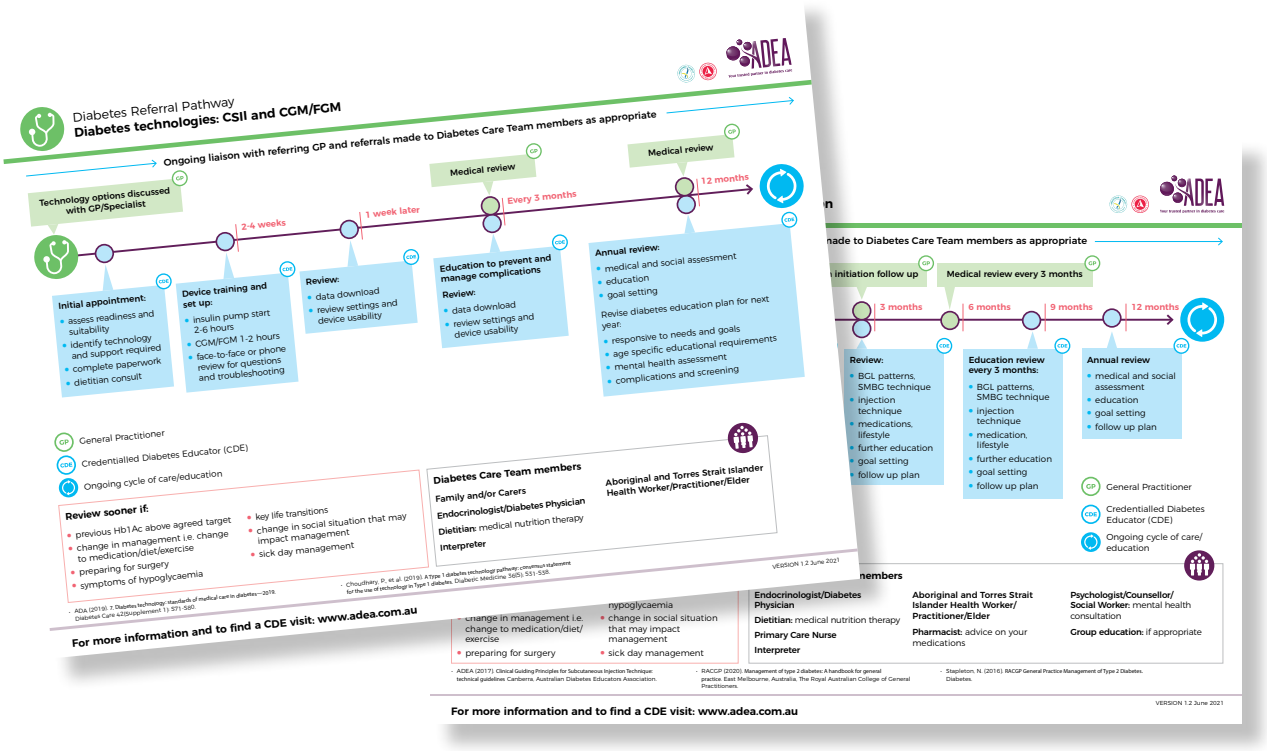
Promote the Credentialled Diabetes Educator (CDE) profession and brand.

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

Pathways Project

The Diabetes Referral Pathways project was a keystone project for ADEA in 2020-21. In April, eight pathways for GPs and eight pathways for people living with diabetes were shared with stakeholders for finalisation and feedback. The Pathways were then finalised and officially released in June to ADEA members and other stakeholders.

The Diabetes Pathways Project commenced in June 2020, with the purpose of developing a document that would provide guidance for the care of people with diabetes from diagnosis and last throughout the lifecycle of diabetes management. The Pathways team examined the available evidence and utilised expert consensus on the annual cycle of care, when someone should be referred, and especially focused on the essential role that CDEs play in any diabetes care team.



The Pathways were completed in May 2021, with Diabetes Care Pathways developed in the form of simple diagrams to assist people with diabetes and health care professionals navigate diabetes education and management services from the time of a diagnosis, through the lifespan. A GP Toolkit has been developed to accompany the pathways, outlining the role of the CDE and the importance of diabetes education for people with diabetes.

A report, detailing the research behind the Pathways, is available for members **on the ADEA website.** An expert panel comprised of a range of health professionals provided input into the Pathways – the Expert Advisory Group, a CDE working party, and peak health organisations including The Royal Australian College of General Practitioners, the Australian Diabetes Society, the Australasian Diabetes in Pregnancy Society, the Australasian Paediatric Endocrine Group, the National Association of Diabetes Centres, Diabetes Australia, Dietitians Australia, Pharmaceutical Society of Australia, Optometry Australia, Australian Podiatry Association, Pharmacy Guild of Australia, and Exercise and Sports Science Australia. Importantly, GPs and people living with diabetes provided feedback on the resources.

Two sets of eight pathways have been developed to encompass different types of diabetes (type 1, type 2, and diabetes in pregnancy), and various aspects of diabetes management that require further consideration (diabetes in children/adolescents, insulin initiation and technology use). A set of pathways for GPs and health professionals, and a set of pathways for people with diabetes are available for download from the ADEA website.

Looking forward, ADEA will be promoting these resources to GPs, to people living with diabetes and their carers to promote the value of Credentialled Diabetes Educators and diabetes education.

CDE Education Review

The CDE Education Review, which began in February 2020, consists of two phases, and is now in Phase 2. The CDE Education Review will strengthen the CDE workforce by reviewing, improving, and standardising education programs delivered to CDEs. These standards will also alleviate confusion regarding the scope of practice for the CDE workforce. By ensuring that all CDEs meet a minimum education and competence standard, ADEA will be able to further promote and guarantee CDEs as the specialists in diabetes education, management, and care.

Phase 1 of the CDE Education Review included a review of relevant data and literature, and consultation with the ADEA membership and key stakeholders concerning the current CDE education pathway, in particular the content and preparedness of graduates of the ADEA accredited post graduate courses in Diabetes Education and Management. The review also included the credentialling and mentoring pathways, national competencies, and the CDE role and scope of practice. Findings in Phase 1 highlighted the need for: increased and tailored education and the application of practical CDE skills; greater assessment of competence throughout the education pathway; and further mentoring/supervision opportunities. The findings also described issues of scope of practice, varied competence, lack of recognition of advanced practice and the perceived undervalue of a CDE. Recommendations from Phase 1 include: more robust education; increased clinical placement and practical experience opportunities; and improvements to credentialling and mentoring programs.

Phase 2 of the CDE Education Review is planning for the implementation of the recommendations from Phase 1. Key stakeholders and ADEA committees will remain involved to guide the changes that are required to the education, credentialling and mentoring pathways that will satisfy the Phase 1 recommendations.

The planning will facilitate required program change and development to ensure standardisation and a contemporary skills base for all CDEs.

The review and proposed implementation plan will be completed by December 2021. ADEA will action the implementation plan in 2022.

Membership

In 2020, the ADEA membership and credentialling team grew to include two Member Services Officers and a Member Services Supervisor. The Member Services Team has been supporting ADEA members with membership renewals, credentialling and mentoring applications. The team has also embarked on various website improvements which will refine our processes and increase usability for members. Membership has grown by 3% over the past 12 months, with an additional 92 new CDEs. Additional resources have been utilised to engage with members, such as Facebook groups, LinkedIn, Instagram, and direct SMS messaging.

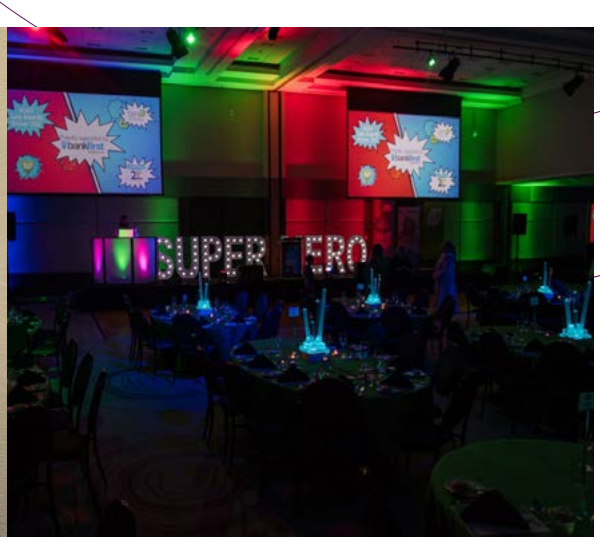
Despite COVID-19 travel and gathering restrictions, ADEA has taken every opportunity to promote CDEs at the following events:

- Australian Health Care Week Expo in Sydney, 17-18 March 2021: exhibition and two oral presentations on the Diabetes Referral Pathways (Primary Health Care session) and the National Diabetes Nursing Education Framework (Innovation in Nursing session)
- Australian Pharmacy Professional (APP) conference, 20-23 May 2021, Gold Coast
- E-lecture for Physiotherapy Association, August 2020
- Student workshops for Curtin, UTS, Flinders, Deakin and Western Sydney University diabetes education and management courses
- Diabetes Victora Diabetes Online Expo, 27 March 2021
- National Nurse Practitioner Conference on the Gold Coast, 3-6 March 2021: exhibition and poster presentation
- Australian College of Nursing's Nursing and Health Expo, 24 April 2021: virtual exhibition
- Consultation in Primary Health Network roundtable discussion: better engagement with allied health, 18 March 2021
- Allied Health Professionals Australia: ADHA Clinical Software Workshop, 10 March 2021



Jen Lewis, NDSS Team Leader, and Peta Tauchmann, NP CDE and ADEA Board Member, at the National Nurse Practitioner conference.





myINTERACT

ADEA has partnered with myINTERACT, a digital platform and app that promotes collaboration between stakeholders in healthcare, to showcase CDEs and increase ADEA and CDE brand awareness. For more information visit **myINTERACT | The life sciences network for healthcare professionals**

ADEA has created a **content wall on the myINTERACT** platform, which contains information about our branch conferences, outlines our clinical guidelines, and promotes CDEs and diabetes education. It will also incorporate our podcasts and the Diabetes Referral Pathways.

As of 30 May 2021, 161 users have connected with ADEA content through myINTERACT, the majority from nursing backgrounds. The most popular items on the ADEA wall are the clinical guidelines.

Sanofi and Abbott are among the organisations using the app and both organisations are actively sharing and promoting ADEA content.

Primary Health Networks

Sydney North Health Network (SNHN) invited ADEA to contribute to their consultation with allied health professionals with the aim of increasing primary health network engagement with allied health, following research conducted by the primary health network during COVID-19, indicating that allied health was not engaged with primary health networks.

Two consultation meetings have been attended with a report to follow from SNHN. We expect that this report will be applicable to all primary health networks across Australia to drive allied health engagement.

SNHN will be utilising ADEA communication channels to engage with CDEs, and this should also be replicable across Australia with other primary health networks. This will support CDEs in private practice who have asked ADEA to assist with primary health network engagement.

STRATEGIC PILLAR 2

Partner with members to advocate for their professional interests.

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

Telehealth research

ADEA collaborated with other associations via the University of Melbourne and Allied Health Professions Australia (AHPA) on two separate telehealth research and evaluation projects. The first project was the telehealth COVID-19 evaluation which was completed July 2020. This survey provided initial insights to CDE telehealth services that assisted ADEA's successful advocacy for the extension of telehealth provider numbers through to March 2021, and then beyond to December 30, 2021. The second survey was Telehealth by Allied Health Practitioners during the COVID-19 Pandemic and was completed in April 2021. This work will be utilised by ADEA and AHPA to continue to advocate for ongoing delivery of CDE services via telehealth.

The results from the telehealth survey conducted by the University of Melbourne and AHPA (in conjunction with other health professional associations, including ADEA), provided insight to CDE service fees. Key results were:

- Use of telehealth by CDEs was very high, and the majority were very confident in delivering consultations by telehealth, rated the care they provided by telehealth as very effective, and were very satisfied with the care provided to their clients via telehealth. The majority of CDEs using telehealth intended to continue offering telehealth services after the pandemic
- Client satisfaction with telehealth was high and 40% of clients indicated that they would be very likely to choose video consultations once the pandemic has ended
- The majority of respondents reported 31-60 minutes for an initial consultation both in person and via telehealth, and 15-45 minutes for follow-up consultations.
- The majority of respondents reported charging the MBS fee only and were more likely to charge MBS fees for follow-up consultations. If a fee is charged, the majority of initial consultations range from $50-$100 and the majority charge under $50 for a follow-up consultation.

The results of this study enabled the Policy and Advocacy Team to articulate clear arguments and data to demonstrate the benefits of telehealth. ADEA has successfully lobbied for telehealth to be extended and continues to advocate for it to be a permanent component of the health system. Additionally, the data demonstrated that CDEs and Allied Health Professionals can still provide an excellent standard of care through telehealth, which contributed to MBS funding for CDEs remaining stable through each extension, despite cuts and changes to other MBS item numbers.

Standards, models of care, and scope of practice

ADEA has commenced reviewing our standards and scope of practice documents in parallel with the CDE education review. Over the next 12 months, these key document reviews will be finalised, including ADEA Code of Conduct, National Competencies, Standards of Practice, Role and Scope of Practice and CDE Style Guide.

Diabetes Workforce Project

In partnership with the Australian Diabetes Society, ADEA delivered the NDSS-funded *Diabetes Workforce Data Analysis* project. This involved collecting new and existing data relating to Credentialled Diabetes Educators and Endocrinologists to provide baseline data on the capacity of the diabetes workforce. The report will be published in the second half of 2021.

The workforce analysis will assist ADEA in promoting the varying roles and specialisations of CDEs, and highlighting where additional CDEs are needed to enable equitable access to diabetes education for people with diabetes.

Member Engagement and Communications

The new Communications Team has developed more engaging communications, increased member engagement, increased awareness of the CDE brand, and supported the policy priorities of ADEA. They have also kept members informed and up-to-date with new resources, initiatives, policy matters and COVID-19 updates. ADEA's social media accounts continue to have a steady increase in followers. As of 30 June 2021, the follower counts are: Facebook 3683, Instagram 600, Twitter 2940 and LinkedIn 962.

STRATEGIC PILLAR 3

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

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

Consumer engagement

In 2020, an ADEA Consumer Panel was established. This panel is regularly engaged in ADEA activities, including providing input to projects such as the review of clinical guidelines and consumer resources (sick day management, Diabetes Referral Pathways, NDSS projects); the ADEA program organising committee for the Australasian Diabetes Congress; and judging for ADEA awards and abstracts. Consumers were also involved in symposium and panel discussions at the Australasian Diabetes Congress.

Collaboration with the Australia Diabetes Society, Diabetes Australia and other organisations

ADEA continues its strong relationship with the Australian Diabetes Society and Diabetes Australia. Joint position statements and input to various projects over the past 12 months have included:

- ***Joint position statement on Gestational Diabetes in Australia*** (August 2020)
- Type 1 Diabetes Alliance Submission to the Australian Government Medical Services Advisory Committee *Review of Continuous Glucose Monitoring products provided through the National Diabetes Services Scheme (*February 2021)
- ***Advice on the COVID-19 vaccine*** (April 2021)
- Consensus Statement with the Australian Diabetes Society, The Australasian Diabetes in Pregnancy Society, Australasian Paediatric Endocrine Group: ***Utilisation, access, and recommendations regarding technologies for people living with type 1 diabetes*** (June 2021)
- *The role of Credentialled Diabetes Educators and Accredited Practising Dietitians in the delivery of Diabetes Self-Management and Nutrition Services for people with diabetes* with Dietitians Australia (currently under review)
- Joint advocacy on the inclusion of people living with diabetes included in phase 1b of the coronavirus vaccine rollout

Working with Indigenous Australians

From 2020-21, ADEA delivered a NDSS-funded research project exploring the diabetes-related professional development opportunities for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, and the barriers and enablers to engaging in this education and applying new knowledge. The report has been finalised and will be published in July 2021.

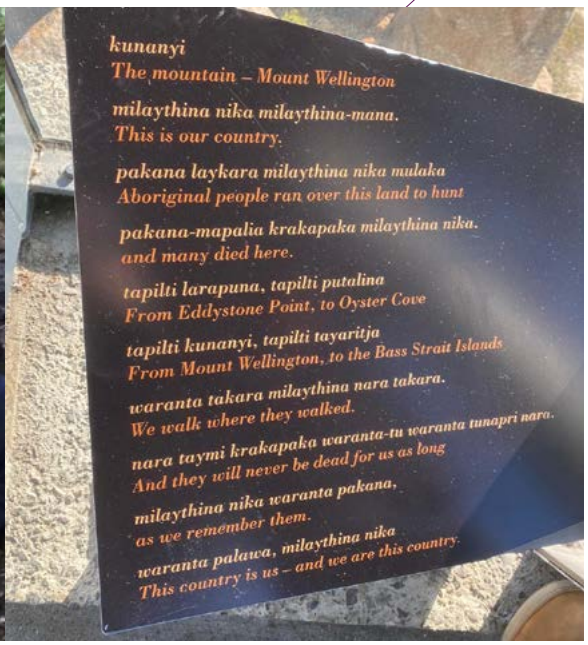
In May 2021, Diabetes Australia hosted the second national gathering of NDSS Aboriginal and/or Torres Strait Islander engagement staff in *nipaluna* (Hobart). The NDSS Team Leader, Jen Lewis, attended to present on the research project and strengthen relationships with others working in this space.

In December 2020, ADEA contributed a submission on the first draft of the updated training package for Aboriginal and Torres Strait Islander Health Workers and Practitioners.



NDSS Team Leader Jen Lewis on the cultural tour of nipaluna – the Aboriginal name for Hobart.





Credentialled Diabetes Educators who identify as Aboriginal and/or Torres Strait Islander and/or work closely with Aboriginal and Torres Strait Islander people, Health Workers and Health Practitioners reviewed the draft and provided feedback on the new diabetes units. ADEA is pleased to advise that many of our recommendations were included in the second draft of the package.

To increase the number of Aboriginal and/or Torres Strait Islander people working in diabetes education and management, a scholarship was implemented this year aiming to support an Aboriginal and/or Torres Strait Islander person studying the Graduate Certificate in Diabetes Education and Management at the University of Technology Sydney, Faculty of Health.

The InfoMedix & ADEA Research Indigenous Scholarship for Diabetes Education and Management was awarded to Trina Scott. Trina currently works at the Institute for Urban Indigenous Health in Brisbane. ADEA anticipates that further scholarships will be offered as a regular scholarship program.

In 2017, following a proposal from the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) and Indigenous Allied Health Australia (IAHA), the ADEA Board approved a proposal for a trial alternative pathway for Aboriginal and/or Torres Strait Islander Health Workers/Practitioners to become CDEs. The trial for the modified credentialling pathway expired at the end of 2020. Following consultation with NAATSIHWP and IAHA, the pathway was made permanent. This pathway will be reviewed as part of the CDE Education Review Project to ensure the pathway for Aboriginal and/or Torres Strait Islander Health Workers/Practitioners remains appropriate for credentialling as a CDE.

ADEA formed a Reconciliation Action Plan Working Group in December 2020. The working group wrote **ADEA's first Reconciliation Action Plan (RAP)** over the course of the past several months and championed the RAP in the organisation. The Working Group has been the internal driver for the implementation of the ADEA RAP.



Trina Scott, recipient of the InfoMedix & ADEA Research Indigenous Scholarship for Diabetes Education and Management.

We have begun our journey with a Reflect RAP. The Reflect RAP is a yearlong process that will allow ADEA to develop our relationships with Aboriginal and Torres Strait Islander stakeholders, clarify our vision for reconciliation and lay the foundation for additional RAPs to be mutually beneficial and sustainable. This Reflect RAP is our first step in articulating our dedication to reconciliation and ADEA's deep commitment to fostering reconciliation between Australia's First Peoples and the broader community.



Working for Access Equality

Over the past 12 months, ADEA has ensured that COVID-19 advice has been relayed with accuracy, in a timely manner, and with relevancy for members and people with diabetes.

The Continuity of Care Collaboration, of which ADEA is a member, launched the #DontWaitMate campaign encouraging people to continue with appointments with their healthcare professionals during the COVID-19 pandemic. ADEA included posts from this campaign on our social media channels.

During the height of COVID-19 lockdowns and restrictions, ADEA worked with government agencies and diabetes organisations to ensure:

- Sick day management guidelines were widely available for people with diabetes, their carers and health professionals.
- Health professionals could complete NDSS forms for access to services and diabetes products without the need for co-signing by the person with diabetes.
- Advice regarding medicine home delivery services, to help vulnerable people stay at home, was clear and included people with diabetes.
- The requirement for a NDSS Blood Glucose Test Strip Six Month Approval form to be completed was temporarily suspended.
- A temporary change to the rules for CGM starter kits so that they could be sent directly to the residential address of the person with diabetes or their carer/guardian.
- Adults with diabetes, parents/carers of children with diabetes, and CDEs were in included in the 1b priority group for the COVID-1 vaccine rollout.

STRATEGIC PILLAR 4

Provide and endorse professional development and advanced practice opportunities.

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

Endorsement, Accreditation and Education

Over the past 12 months, ADEA has provided endorsements to over ten external courses for members continuing professional development (CPD) points. The assessment criteria and application forms have been revised and updated by the Education Team, in consultation with the Endorsement Committee to ensure the process remains contemporary and relevant.

The Course Accreditation and Standards of Practice (CASP) committee reviewed the annual reports submitted by the eight accredited universities in December 2020. Annual reports are a requirement for ongoing accreditation of the post graduate courses in Diabetes Management and Education. The CASP committee monitors ongoing continuous improvement by the universities based on contemporary clinical changes and student feedback. During 2020-2021, the accredited universities made numerous delivery changes to course content, workshops, and student placements due to COVID-19 restrictions. The CASP committee monitored these changes to ensure student competencies and attributes remained intact.

ADEA continues to explore various education opportunities and new concepts for members and other health professionals interested in diabetes education. As part of the CDE Education Review, various learning platforms and collaborations are being investigated. These include a new member communication platform that assists in the facilitation of increasing student practical skills and mentoring opportunities. A framework for micro-credentialling and online badging of qualifications is also being investigated.

ADEA will continue to work towards increasing these opportunities over the next 12-24 months and beyond and will update members via regular communication channels throughout the year.

Conferences

The impacts of COVID-19 meant ADEA had to deliver branch conferences differently in 2020-2021. The ADEA-Victoria Branch delivered their cancelled 2020 conference content across four online sessions from July to November 2020.

Four branch conferences have been held in 2021. ADEA has remained flexible in facilitating these conferences and supporting ADEA members and branches in the ever-changing COVID-19 environment. ADEA engaged an online conference platform provider to ensure that conferences were able to continue in the presence of snap lockdowns and uncertainty of attendees due to travel restrictions and various workplace policies.

The Queensland Branch hosted a one-day Education Day in a hybrid format on 27 February 2021. Face to face delegates met in Brisbane, of which 68 people attended. There were also 64 online attendees.

The New South Wales/Australian Capital Territory Branch Committee decided to keep their conference in 2021 completely online to avoid the possibility of COVID infections. The conference was held on 27 March and attracted 89 attendees.

The South Australia Branch hosted a one-day seminar in a hybrid format on 8 May. 35 people attended in person in Adelaide, with 33 attendees logging in remotely utilising the online platform.

These attendance numbers are similar to the average number of delegates who have attended the above events in-person in past years. Evaluations show that members appreciate the ability to attend the conferences through the online channel.

The ADEA-Victoria Branch Conference, with two workshops on Friday afternoon, was planned to be held in a hybrid format on 4-5 June in Geelong. With a snap lockdown in Victoria, the Victoria Branch and Education Planning Committee made the decision to host the conference in an online format. Members were still able to enjoy the great content that had been planned, including participating in the workshops on the Friday afternoon. There was great support for this event with 242 attendees.

Our CEO, Susan Davidson, and ADEA senior staff have presented at a number of branch conferences and meetings this year, providing an update on what is happening within ADEA as well as providing information on potential unification with Diabetes Australia. This has provided the opportunity for members to ask questions and provide their feedback.

Special interest groups and advisory groups

The Member Services Team has engaged the Private Practice Special Interest Group (PPSIG) through their Facebook page and utilises the page to provide updates on resources and to ask questions of the PPSIG about services and priorities. This information is being used to plan professional development and to increase connection with our members in private practice. ADEA encourages those in private practice to join the social media pages and participate in the conversation.

The Diabetes in Pregnancy Special Interest Group (DiPSIG) continues to have an active Facebook group and assists in planning ADEA-facilitated CPD opportunities throughout the year, including a pregnancy-specific symposium at ADC.

Grants and awards

ADEA continues to collaborate with our sustaining members and sponsors.

Roche Diabetes Care has been a long-term supporter of the Travel Grant and Registration Assistance Grant Programs that provides financial support for ADEA members to attend the Australasian Diabetes Congress. The Roche grants enabled 43 registration grants in 2020, as ADC2020 moved completely online. Roche Diabetes Care also sponsored four abstract awards, recognising the two best posters and two best oral presentations at ADC2020.

Eli Lilly continued their support of the prestigious CDE of the Year award program. The CDE of the Year program honours outstanding achievements and contributions of CDEs in the provision of high-quality diabetes education and expert support for people living with diabetes. ADEA congratulates the six state and territory recipients of these prestigious awards, and especially the two recipients of the Jan Baldwin National CDE of the Year award. With the high quality of the nominations in 2020, the judges had a difficult decision and agreed on two National awards. Kay Dean and Teresa Di Franco were both awarded the Jan Baldwin National CDE of the Year and will share the Jan Baldwin Oration at ADC2021.

Abbott Diabetes Care furthered their support for the Case Study competition to collect case studies that address contemporary issues in the practice of diabetes care, diabetes education and self-management involving the use of flash glucose monitoring and ambulatory glucose profile. The six best case studies were published and the best three were selected to present at the Australasian Diabetes Congress 2020. The People's Choice Award went to Susan Abraham for her Case Study titled *Managing diabetes with intellectual disability*.

The ADEA Honorary Life Member Award continues, with Patricia Marshall of Western Australia recognised in 2020. Members can nominate peers for this recognition and nominations open in May of each year. Currently ADEA has 17 Honorary Life Members.

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

ADEA also continues its Fellowship Award program. In 2017, the ADEA Board started this program to increase the value and recognition of CDEs, in line with the Strategic Plan, and to provide external recognition of expertise and contribution, through the use of the post-nominal. Up to two CDEs each year may be awarded the ADEA Fellowship Award and members can nominate themselves or others through an application process. ADEA currently has 12 Fellows, the most recent awarded in September 2020 to Debbie Scadden.

STRATEGIC PILLAR 5

Advocate and support excellence in research by and for CDEs.

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

Last year, the ADEA Board made the difficult decision to put research grants on hold during 2020-21 due to the uncertainty surrounding the COVID-19 pandemic. ADEA remains committed to the ADEA Diabetes Research Foundation and continues to support the projects that were funded in 2019-2020.

These research projects are being highlighted at the 2021 ADC in the ADEA Research Symposium. The ADRF is supporting the *InfoMedix & ADEA Research Indigenous Scholarship for Diabetes Education and Management* to increase the number of Aboriginal and/or Torres Strait Islander people working in Diabetes Education and Management.

The Scholarship supports an Aboriginal and/or Torres Strait Islander person studying the Graduate Certificate in Diabetes Education and Management at University of Technology Sydney in the Faculty of Health.

The ADRF continues to seek funding to support future research projects. Thank you to Nova Peris OAM for officially launching the **InfoMedix & ADEA Research Indigenous Scholarship for Diabetes Education and Management** during our **World Diabetes Day** celebrations as the official patron of the scholarship.

ADEA has **created a brochure** highlighting the over $650,000 ADRF has invested in ground breaking diabetes research. To learn more about ADRF and the research it funds **visit the ADRF website**.

STRATEGIC PILLAR 6

Create contemporary and innovative resources.

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

The Australian Diabetes Educator (ADE) Online Magazine

The ADE editorial group, led by Editor Kate Marsh, continues to compile quarterly editions of the ADE online member magazine. These editions are published on the ADE website and a newsletter is sent to members to alert them to the new posting. Additionally, the ADE is uploaded to EBSCO, an academic research database, showcasing the important work that ADEA members and their affiliates do in diabetes management, education and care.

In 2020, ADEA trialled an abridged-format, hard-copy ADE, however this was discontinued as a member survey conducted in December 2020 confirmed that most members preferred an online-only publication.

NDSS funded resources

ADEA-developed NDSS-funded resources for health professionals were accessed on more 3500 occasions during 2020-21. These included the diabetes and intellectual disability resources, updated sick day management resources, natural disasters and emergencies resources, person-centred care resources, primary health care modules, diabetes and aged care modules and podcast downloads.

With an increased number of natural disasters in Australia last year, the resources supporting diabetes management during and after natural disasters were widely used. To keep our resources relevant and current, we regularly review and update them.

ADEA consulted with several experts in the diabetes management and natural disaster management fields, including two members of the original Expert Reference Group, nine peak health organisations, and 22 participants in the online learning. The resources were found to be current and pertinent with only very minor updates recommended.

National Diabetes Nursing and Education Framework

The National Diabetes Nursing Education Framework and associated resources were released in September 2020.

The Framework was developed to contribute to increasing workforce capacity, including benchmarking expected diabetes-related knowledge and skills of graduate nurses. The purpose of this new framework is to guide the development of a skilled nursing workforce that can provide a high standard of diabetes care.

In the 9 months following its release, the Framework has been downloaded 1200 times and over 2000 individuals have registered for the online learning modules.

To support implementation of the Framework in health and education settings, a Community of Practice was established, with educators from 10 educational settings planning to implement the Framework. A webinar preparing hospital workers for utilising the Framework was held in May 2021. An ethics approved implementation study was facilitated at the Mater Hospital, Sydney and St Vincent's Private, Sydney. The study found increases in confidence and knowledge after implementation of the framework.



Diabetes and Intellectual Development Disability resources

In 2020-21, *Communicating with people who have an intellectual disability disorder (IDD) about their diabetes: a guide for health professionals* and *Tailor your communication skills: a training module for health professionals caring for adults with diabetes and an intellectual disability disorder* was released. The resources are designed to support health professionals provide effective and appropriate diabetes care and education to people living with IDD and diabetes.

To complement the guide, a suite of resources for people living with IDD and diabetes were also released in June 2021. The suite includes 'diabetes visit cards', which facilitate appointments between the health professional and the person with IDD, a healthy eating information sheet, and five easy English videos. The 'diabetes visit cards' consist of *before, during and after cards* to be completed by the person with IDD and the health professional, to optimise each visit. The videos provide basic information about diabetes, caring for your body, preventing complications, medications, and the healthcare team.

STRATEGIC PILLAR 7

Deliver strategic and effective governance and management

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

Sanofi and ADEA continue to collaborate to facilitate the Simple Steps program, a free telephone support program that provides high quality diabetes education and advice for people with diabetes who are prescribed Sanofi insulins and provide advice and trouble-shooting tips for health professionals. The telephone support service is provided by CDEs, and includes a free interpreter service to enable non-English speaking individuals to access the program. When the telephone support service identifies that the caller needs further assistance with their diabetes management, they are referred to CDEs in their local area, utilising the ADEA website 'Find a CDE' function.

Provision of ADEA-developed education resources and programs to international audiences is currently being explored. The Education Team is currently working on packages of ADEA education modules, webinars and podcasts that may be of interest to international health professionals working in diabetes management and care, to showcase ADEA's expertise in diabetes education and CDEs as the premier specialists in the field.

In the second half of 2020, ADEA conducted a review of all its operations, suppliers and staffing structure and has implemented several changes. An organisational restructure was conducted to ensure that the staffing structure aligns with the new Strategic Plan developed earlier in 2020. In particular, the restructure has increased resourcing for policy and advocacy, member services and communication and reduced general administrative resourcing. The organisational structure was put in place before Christmas to ensure new staff were orientated and in place for the start of 2021.

The Member Services Team has worked hard over the past year to resolve issues and enhance the functionality of our website and database to improve usability. We have reviewed our IT systems and we are making some significant changes by moving to the cloud and to the Microsoft 365 environment. This has commenced and will be completed in 2021-22. We have also moved our telephone system to the cloud. Both these innovative systems changes will ensure more efficient and effective workflows, better functionality and bolster business continuity. ADEA continues to strive to support the streamlining of the education and credentialling pathways and improve interactivity for members. To support the Board in achieving contemporary best-practice governance, we have implemented new Board management software to better track actions and outcomes and enable better security and confidentiality of information.

MEMBERSHIP

2,325
ADEA members

1535
Credentialled

326
Associate members

17
Honorary life members

1,995
Full members

736
Diabetes Educators

12
Fellow members

4
Overseas members



1,578

Credentialled Diabetes Educators

MENTORING



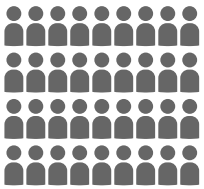
99
Active partnerships



117
Closed partnerships



92
New Mentors



87
New Mentees

EVENTS

Australasian Diabetes Congress

1046
delegates

> 62
invited speakers

62
sessions

51
accepted abstract presentations

24
CPD points

43
registration grants

18
sponsors and exhibitors

BRANCH CONFERENCES

State	Date	Format	Delegates	CPD points	Travel/registration Grants	Speakers	Sponsors
VIC 2021	4-5 June	Online	242	10	1	14	12
NSW/ACT 2021	27 March	Online	89	8	1	6	9
Qld 2021	27 Feb	Hybrid	68 in person, 64 online	8	1	13	8
SA 2021	8 May	Hybrid	35 in person, 33 online	8	1	4	12
VIC 2020	July, Sept, Oct, Nov	Online	92	8	4	27	16

BRANCH MEETINGS

State	Meetings	Speakers	Sponsors	CPD points
ACT	2	4	1	2
NSW	2	2	1	2
NT	2	1	1	2
QLD	2	2	1	2
SA	3	3	1	3
VIC	0	0	0	0
WA	4	4	1	4
Total	**15**	**16**	**6**	**15**



EDUCATION

educational programs



11
endorsed educational programs

96
total CPD points

podcasts



12
podcasts



5,868
podcasts played 5,868 times

webinars



13
webinars



18
speakers



8
sponsors

Awards & Grants

Honorary Life Membership Award 2020

Patricia Marshall

CDE Fellow 2020

Debbie Scadden

Jan Baldwin National CDE of the Year 2020

Kay Dean (QLD)
Teresa di Franco (WA)

CDE of the Year

CDE of the Year ACT: Kirstin Turner
CDE of the Year NSW: Michelle Kriss
CDE of the Year QLD: Kay Dean
CDE of the Year SA: Shaun Johnson
CDE of the Year VIC: Fran Brown
CDE of the Year WA: Teresa di Franco

Abstract Awards

Best Oral Presentation: Jennifer Halliday
Best Novice Oral Presentation: Amy Cowan
Best Poster Presentation: Sandra Voesenek
Best Novice Poster Presentation: Sarah West
DAA Dietetic Research Prize: Carmel Smart

People's Choice Award for Best Case Study

Abbott Case Study – People's Choice: Susan Abraham

Case study competition finalists

Amy Rush
Bunny Umpathumpa

ADC Registration Assistance Grants

Albert Yeap
Jayne Keating
Ashley Ng
Julie Kha
Sandra Voesenek
Sharon Atkinson-Briggs
Marie Bottolfsen
Karen Crawford
Sarah West
Calesta Eden Cleal
Clare Coutts
Mary-Ellen Larkin
Irene Robbins
Helen Mahon
Jade Kelly
Rathi Jayabalan
Susan Maree Landon
Margaret Halling
Maxine Joy Schlaeppi
Yousef Altalla
Kate Foran
Madeline Freeman
Dianna Fornasier
Faisal Sabih
Charmaine Proudfoot
Kristin Muller
Carolyn Nugent
Qianlin Zhang
Leonie Tellefson
Amanda Gauld
Kerry Wood
Susan Payne
Imelda Chandler
Sarah Joyce
Kathleen Steele
Helen Hulme-Jones
Leah Snape
Fatemeh Adili
Jannah Bonney
Janet Rathbone
Julie Droguett
Stacey Carden
Yvonne Tate

Thank you

ADEA would like to thank our corporate sponsors:



































Australian Diabetes Educators' Association Limited

ABN: 65 008 656 522

Annual Financial Report

for the year ended

30 June 2021

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 Association) for the financial year ended 30 June 2021.

Board Directors

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

Brett Fenton	President from 26 February 2018 to 14 November 2020
Tracey Tellam	President from 14 November 2020
Maria Maieli	Finance Director from 24 August 2018
Amanda Bartlett	Commenced term one 23 August 2019
Ann Bush	Commenced term one 24 August 2018
Derek Finch	Commenced term two 26 September 2020
Helen Phelan	Commenced term one 24 August 2018
Melissa Sinopoli	Commenced term one 11 February 2020
Peta Tauchmann	Commenced term one 11 October 2019

Principal Activities

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

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

Significant Changes

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

Operating Result

The total comprehensive loss after the recognition of fair value gain and loss on financial assets for the financial year ended 30 June 2021 is $318,423 (2020: $371,432 loss).

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

Board Report

Information on Directors

Brett Fenton

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

Tracey Tellam

2016	Commenced term one ADEA Board Director
2005	CDE with ADEA
2004	Nurse Immuniser – Australian Catholic University
2002	Post Graduate Certificate of Advanced Nursing – Emergency, Austin Hospital and La Trobe University
2001	Post Graduate Certificate of Diabetes Education, Mayfield Education Centre
1982	Registered Nurse Training

Maria Maieli

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

Amanda Bartlett

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

Ann Bush

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

Australian Diabetes Educators' Association Limited
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Board Report

Derek Finch

2020	Chair, SA Special Olympics
2020	Commenced term two ADEA Board Director
2017	Commenced term one ADEA Board Director
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
2002-04	Great Southern Railways
1995-2003	Call Centre Manger roles
1987-94	Management roles
1984	Tottenham College of Technology – Professional Qualification of Royal Institute of House

Helen Phelan

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

Melissa Sinopoli

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

Peta Tauchmann RN (NP) CDE FADEA

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

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

Board Report

Meetings and Attendances of Directors

Directors	No. eligible to attend	No. attended
Brett Fenton	8	8
Tracey Tellam	8	7
Maria Maieli	8	7
Amanda Bartlett	8	7
Ann Bush	8	8
Derek Finch	8	8
Helen Phelan	8	5
Melissa Sinopoli	8	6
Peta Tauchmann	8	6

Objectives

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

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

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

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

Principal activities

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

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

Board Report

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

1. Monitored and reported changes in total membership and CDEs over time;
2. Monitored and improved corporate governance systems including internal reporting, policies and procedures; and
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 pillar.

Auditor's Independence Declaration

The auditor's independence declaration as required under *Subdivision 60-C Section 60-40* of the *Australian Charities and Not-for-Profits Commission Act 2012 (ACNC Act)* is set out on Page 8.

The Association is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Association is wound up, the constitution states that each member is required to contribute a maximum of $50 each towards meeting any outstanding obligations of the entity. At 30 June 2021, the total amount that members of the Association are liable to contribute if the company is wound up is $112,600 (2020: $119,250).

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

Chairperson: Tracey Tellam

Finance Director: Maria Maieli

Dated 21/07/2021

RSM Australia Partners

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Australian Diabetes Educators' Association Limited for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

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

RSM

RSM AUSTRALIA PARTNERS

Canberra, Australian Capital Territory
Dated: 21 July 2021

G M STENHOUSE
Partner

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 2021

	Note	2021 $	2020 $
Revenue and other income	**2**	2,168,862	2,503,253
Employee benefit expense		(1,555,435)	(1,765,132)
Operating expenses		(649,278)	(639,862)
ADEA products and general expenses		(26,640)	(25,475)
Meeting and travel		(43,182)	(55,707)
Branch conferences costs		(35,639)	(83,230)
Financial and legal		(179,441)	(183,687)
Subscription memberships		(14,195)	(16,383)
Donation to ADEA Diabetes Research Foundation		(113,658)	(155,636)
Loss for the year		(448,606)	(421,859)
Other comprehensive income for the year			
Fair value gains on financial assets		130,183	50,427
Total comprehensive loss for the year		**(318,423)**	**(371,432)**

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

Statement of Financial Position
as at 30 June 2021

	Note	2021 $	2020 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	**5**	860,027	2,070,081
Trade and other receivables	**6**	54,233	278,359
Other current assets	**7**	27,425	20,558
Other financial assets	**8**	1,916,637	815,858
TOTAL CURRENT ASSETS		**2,858,322**	**3,184,856**
NON-CURRENT ASSETS			
Intangibles	**9**	-	10,872
Property, plant and equipment	**10**	33,157	38,285
TOTAL NON-CURRENT ASSETS		**33,157**	**49,157**
TOTAL ASSETS		**2,891,479**	**3,234,013**
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	**11**	207,365	182,349
Provisions	**13**	60,785	117,185
Unearned revenue	**12**	420,358	414,578
TOTAL CURRENT LIABILITIES		**688,508**	**714,112**
NON-CURRENT LIABILITIES			
Provisions	**13**	1,493	-
TOTAL NON-CURRENT LIABILITIES		**1,493**	**-**
TOTAL LIABILITIES		**690,001**	**714,112**
NET ASSETS		**2,201,478**	**2,519,901**
EQUITY			
Retained earnings		1,982,060	2,430,666
Revaluation reserve		219,418	89,235
TOTAL EQUITY		**2,201,478**	**2,519,901**

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

Statement of Changes in Equity
for the year ended 30 June 2021

	Retained Earnings	Revaluation Reserve	Total
	$	$	$
Balance at 1 July 2019	2,852,525	38,808	2,891,333
Profit for the year	(421,859)	-	(421,859)
Total comprehensive income for the year	-	50,427	50,427
Balance at 30 June 2020	**2,430,666**	**89,235**	**2,519,901**
Loss for the year	(448,606)	-	(448,606)
Total comprehensive income for the year	-	130,183	130,183
Balance at 30 June 2021	**1,982,060**	**219,418**	**2,201,478**

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

Statement of Cash Flows
for the year ended 30 June 2021

	Note	2021 $	2020 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		2,580,554	2,568,638
Payments to suppliers and employees		(2,849,362)	(3,096,215)
Dividends received		25,963	70,100
Interest received		5,946	11,957
Net cash used in operating activities		(236,899)	(445,520)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		(2,559)	(25,452)
Payments for investments		(1,381,764)	(1,312,209)
Receipts from investments		411,168	3,348,506
Net cash (used in)/ generated from investing activities		(973,155)	2,010,845
Net (decrease)/ increase in cash held		(1,210,054)	1,565,325
Cash at beginning of financial year		2,070,081	504,756
Cash at end of financial year	**5**	**860,027**	**2,070,081**

Notes to the Financial Statements for the year ended 30 June 2021

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.

The financial statements were authorised for issue on the date the Directors' Declaration was signed by the Board of the Association.

New or amended Accounting Standards and Interpretations adopted

The Association 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

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

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

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

Critical accounting estimates

The preparation of financial statements requires the use of certain accounting estimates. It also requires management to exercise judgement in the process of applying the Association's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 1(n).

Accounting Policies

a. Income Tax

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

b. Plant and Equipment

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

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

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

c. Depreciation

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

The depreciation rates used for each class of depreciable assets are 10-33% (2020: 10-33%).

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

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

d. Leases

At inception of a contract, the Association assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows the Association the right to control the use of an identified asset over a period of time in return for consideration.
Where a contract or arrangement contains a lease, the Association recognises a right-of-use asset and a lease liability at the commencement date of the lease.

When adopting AASB 16 from 1 July 2019, the Association has applied the following practical expedients:

- accounting for leases with a remaining lease term of 12 months or less as at 1 July 2019 as short-term leases;
- using hindsight in determining the lease term when the contract contains options to extend or terminate the lease; and
- not apply AASB 16 to contracts that were not previously identified as containing a lease.

e. Financial Instruments

Initial Recognition and Measurement

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

Financial Assets

Classification and subsequent measurement

The entity classifies its financial assets in the following categories:

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

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

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Financial assets measured at fair value through other comprehensive income are held with the objective of both collecting contractual cash flows and selling the financial assets and the cash flows meet the SPPI test. Any gains or losses as a result of fair value measurement or the recognition of an impairment loss allowance is recognised in other comprehensive income. The association made the irrevocable election to classify investments in managed funds as FVTOCI whereby gains and losses are recognised through equity as opposed to profit and loss and on disposal, the cumulative changes in fair value will remain in equity and are not recycled to profit and loss.

Financial Assets at Amortised Cost

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

All other financial assets are classified as fair value through profit and loss.

Effective Interest Method

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

Financial liabilities

Classification and subsequent measurement

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

Financial Liabilities at Amortised Cost

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

Impairment of Financial Assets

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

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

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

f. Impairment of Assets

At the end of each reporting period, the entity assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (e.g. in accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

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

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

g. Employee Benefits

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

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

h. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less.

i. Revenue and Other Income

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the Association is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Association: 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.

Sale of goods

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

Membership

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

Credentialling

Credentialling income is recognised on a receipt basis.

Interest

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

Grant

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

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).

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

j. Goods and Services Tax (GST)

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

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

k. Trade and Other Payable

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

l. Provisions

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

m. Comparative Figures

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

n. Key Estimates

Key estimates – Impairment

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

o. Key Judgments

Provision for the impairment of receivables

Included in trade receivables and other receivables at 30 June 20201 are receivables over 90 days past due amounting to $4,411 (2020: $11,569). The Association has raised a provision for impairment of $4,591 at 30 June 2021.

	2021	2020
NOTE 2. REVENUE	**$**	**$**
From continuing operations:		
Memberships	571,570	546,818
Credentialling	117,491	113,509
Endorsements	11,577	21,485
NDSS contract	613,519	861,148
Conference ADC	159,307	118,215
Branch revenue	168,733	166,073
Magazine, publications and advertising	40,570	44,791
Grants, awards, sponsorship and contract income	288,855	287,931
Other revenue	25,831	8,226
Total revenue from continuing operations	1,997,453	2,168,196
Non-operating activities:		
Dividends	25,963	70,100
Interest and investment income	5,946	11,957
Government subsidies	139,500	253,000
Total revenue from non-operating activities	171,409	335,057
Total revenue and other income	**2,168,862**	**2,503,253**

NOTE 3. EXPENSES

Profit for the year includes the following specific expenses:

Rental expense on operating lease Minimum lease payments	10,176	18,809
Remuneration of auditor:		
Audit of financial statement	15,500	15,000
Other services	2,600	2,500
Audit of grant acquittal	2,500	2,500
	20,600	20,000

NOTE 4. KEY MANAGEMENT PERSONNEL COMPENSATION

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

Short term employee benefits	263,729	292,596
Post employment benefits	27,251	27,797
Termination benefits	24,888	-
	315,868	320,393

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

NOTE 5. CASH AND CASH EQUIVALENTS

Cash at bank and in hand	860,027	2,070,081
	860,027	2,070,081

	2021 $	2020 $
NOTE 6. TRADE AND OTHER RECEIVABLES		
CURRENT		
Trade receivables	8,824	110,047
Provision for impairment of receivables	(4,591)	-
Other receivables	50,000	168,312
	54,233	278,359
NOTE 7. OTHER CURRENT ASSETS		
CURRENT		
Prepayments	27,425	20,558
	27,425	20,558
NOTE 8. OTHER FINANCIAL ASSETS		
CURRENT		
Term deposits at amortised cost	-	157,958
Other financial assets at FVOCI	1,916,637	657,900
	1,916,637	815,858

Accounting policy

The association made the irrevocable election to classify investments in managed funds as Fair Value through Other Comprehensive Income (FVOCI). The financial assets are continued to be measured at fair value. Gains and losses are recognised through equity as opposed to profit and loss. On disposal of the investments, the cumulative changes in fair value will remain in equity and are not recycled to profit and loss.

NOTE 9. INTANGIBLES		
Website - at cost	-	91,739
Accumulated impairment	-	(64,218)
Accumulated amortisation	-	(16,649)
Total intangible asset	-	10,872

Movements in carrying amounts

Movements in the carrying amounts between the beginning and the end of the current financial year:

Balance at the beginning of the year	10,872	97,384
Amortisation expense	(4,757)	(16,649)
Impairment expense	-	(64,218)
Disposal	(6,115)	(5,645)
Carrying amount at the end of the year	-	10,872

	2021	2020
	$	$
NOTE 10. PROPERTY, PLANT AND EQUIPMENT		
Office equipment - at cost	28,289	25,730
Accumulated depreciation	(11,927)	(6,421)
	16,362	19,309
Office fit-out - at cost	21,816	21,816
Accumulated depreciation	(5,021)	(2,840)
	16,795	18,976
	33,157	38,285

Movements in carrying amounts

Movements in the carrying amounts between the beginning and the end of the current financial year:

	Office equipment	Office fit-out
Balance at the beginning of the year	19,309	18,976
Additions at cost	2,559	-
Depreciation	(5,506)	(2,181)
Carrying amount at the end of the year	16,362	16,795

NOTE 11. TRADE AND OTHER PAYABLES

CURRENT			
Trade creditors and accruals		207,365	182,349
		207,365	182,349
	Note		
a. FINANCIAL LIABILITIES AT AMORTISED COST CLASSIFIED AS TRADE AND OTHER PAYABLES			
Trade and other payable:			
Total current		207,365	182,349
Less: ATO payables		(56,535)	(75,768)
Less: Employee benefit payable		(9,793)	(11,999)
Financial liabilities as trade and other payable	**18**	141,037	94,582

NOTE 12. UNEARNED REVENUE

CURRENT		
Unearned membership fees	286,466	229,850
Contract liabilities	95,170	104,712
Other	38,722	80,016
	420,358	414,578

	2021	2020
	$	$
NOTE 13. PROVISIONS		
CURRENT		
Annual leave	44,814	86,112
Long service leave	15,971	31,073
	60,785	117,185
NON-CURRENT		
Long service leave	1,493	-
	1,493	-

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 (2020: Nil). The lease for the National Office operates on a month-to-month basis in which is effectively a short-term lease which can be excluded from the recognition under AASB 16 as a Right of Use Asset and Lease Liability. Short-term lease is recognised as incurred as an expense in the statement of profit and loss. The amount expensed in the statement of profit and loss and other comprehensive income in relation to short-term lease was $11,556 (2020: $18,809). The Association has no capital commitments (2020: Nil).

NOTE 15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no contingent liabilities or assets.

NOTE 16. EVENTS AFTER BALANCE SHEET DATE

Impact of COVID-19

The impact of the Coronavirus (COVID-19) pandemic is ongoing and while it has been financially negative for the Association up to 30 June 2021, it is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine, travel restrictions and any economic stimulus that may be provided.

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

NOTE 17. RELATED PARTIES TRANSACTIONS

The ADEA Board approved funding for the ADEA Diabetes Research Foundation (ADRF) up to a maximum of $75,000 (2020: $120,000) for research grants. The funding is provided to fund research grants. The ADEA provides funds to the ADRF to meet research grant payments and when they fall due as required. In 2021 $113,658 has been provided for payments (2020: $155,636).

Some administration services were provided to ADRF free of charge.

Honorariums paid to Directors' of ADEA for 2021 was $3,500 (2020: $5,000).

NOTE 18. FINANCIAL RISK MANAGEMENT

The Association's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases. The carrying amounts for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2021 $	2020 $
FINANCIAL ASSETS			
Cash and cash equivalents	**5**	860,027	2,070,081
Trade and other receivables at amortised cost	**6**	4,233	278,359
Financial assets at fair value through other comprehensive income	**8**	1,916,637	657,900
Term deposits at amortised cost	**8**	-	157,958
TOTAL FINANCIAL ASSETS		**2,780,897**	**3,164,298**
FINANCIAL LIABILITIES			
Financial liabilities at amortised cost - Trade and other payables	**11a**	141,037	94,582
TOTAL FINANCIAL LIABILITIES		**141,037**	**94,582**

NOTE 19. ENTITY DETAILS

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

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

Directors' Declaration

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

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

(i) give a true and fair view of the Company's financial position at 30 June 2021 and of its performance, for the financial year ended on that date; and

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

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

Dated at Canberra 21st of July 2021.

Signed in accordance with a resolution of the directors:

Chairperson: Tracey Tellam

Finance Director: Maria Maieli

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INDEPENDENT AUDITOR'S REPORT
To the Members of Australian Diabetes Educators' Association Limited

Opinion

We have audited the financial report of Australian Diabetes Educators' Association Limited ("the entity"), which comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2021 and of its financial performance and cash flows for the year ended on that date; and

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

Basis for Opinion

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

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

Other Information

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

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

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

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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 – Reduced 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: 21 July 2021

G M STENHOUSE
Partner

ADEA

Your trusted partner in diabetes care