ADEA

Your trusted partner in diabetes care

Annual Report
2019-20







Vision

ADEA IS THE LEADING ORGANISATION IN THE DEVELOPMENT AND PROVISION OF QUALITY, EVIDENCE-BASED DIABETES EDUCATION AND STANDARDS.

Guiding Principles

1 Professionalism

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

Priorities

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

2 Innovation

We use research to enable innovation in diabetes management.

Priorities

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

3 Person-centred

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

Priorities

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

2 Relevance

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

Priorities

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

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President's Report



The past 12 months has thrown many challenges at ADEA, our members and people living with diabetes. Bushfires, COVID-19 and many other challenges along the way have required ADEA to be agile and adapt.

I would like to thank Susan and her team for the increase in communication provided to members to navigate the challenges we have faced. Increased collaboration and alliance with key stakeholders resulted in successful advocacy for Medicare billing items to support telehealth for CDEs. This is a small step in the right direction however, there is a long way to go in terms of appropriate remuneration for the work CDEs do.

I would like to acknowledge the significant amount of work undertaken by ADEA branches, program organising committees and national office to ensure the Australasian Diabetes Congress 2020, branch meetings and professional development meetings could continue to be offered by video conference, webinars, and podcasts.

The Board has developed a new strategic plan with assistance from members and national office. The strategic pillars developed to assist ADEA to achieve our mission are:

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 in research by and for CDEs
6. Create contemporary and innovative resources
7. Deliver strategic and effective governance and management

ADEA remains in a strong financial position through prudent management of funds. The Board approved a new investment portfolio this year and the timing of this allowed us to avoid a significant drop in share value earlier this year.

The Board has approved funding for strategic projects that align with ADEA's strategic objectives:

1. **Diabetes Pathways Project** – This project will highlight the structured self-management education required to provide the best outcomes for people with diabetes and the research supporting this. The outcomes of this project will enable advocacy for increasing revenue opportunities for CDE's through Medicare billing items, private health reimbursement and other government subsidised services.
2. **A review of CDE education and programs** – This project will review Graduate Certificate of Diabetes Education courses, national competencies, role and scope of practice, credentialling and professional development for CDE's.

The Board made the decision not to fund the ADEA Diabetes Research Foundation grants in the next financial year due to COVID-19. The Board remains committed to helping CDE's lead research projects and develop evidence highlighting the benefits of CDEs. The ADEA Board will continue to partner with the ADEA Diabetes Research Foundation to identify strategic opportunities and support CDE research.

Strong collaboration with the Australian Diabetes Society (ADS), Diabetes Australia, Cochrane and Australasian Paediatric Endocrine Group has resulted in the development of two living evidence-based guidelines. The first is a guideline for managing type 1 diabetes and technology and the second guideline is an evidence-based approach to managing type 2 diabetes with oral glucose lowering agents.

The ADEA, ADS and Diabetes Australia Alliance has successfully advocated for further expansion of access to Continuous Glucose Monitoring via the NDSS, eliminating the need for people with type 1 diabetes with concession status to demonstrate risk of hypoglycaemia. The Alliance will advocate for CDEs and Endocrinologists to be supported to assist people with diabetes to incorporate technology into their self-management plans. The Diabetes in Schools program is progressing well and will provide necessary support for our members, school staff and most importantly children living with diabetes and their families.

I would like to thank ADEA members, national office staff and Board directors for their significant contributions this year. I would like to thank members for entrusting me with the President's role and wish incoming President Tracey Tellam all the best for her term. I believe ADEA is in a very strong position to progress our strategic objectives and support CDEs through leadership and advocacy to provide best practice diabetes education and care.

Regards,
Brett Fenton
ADEA President

CEO's report



My first year as CEO of ADEA has passed quickly and has included some significant achievements as well as some significant disruptions.

The Board and management have developed a new three year strategic plan, which is included in this Annual Report. The implementation of the strategic plan commenced with investment in two key strategic projects: the Diabetes Pathways project and the CDE Education Review project.

The Diabetes Pathways project will set the standard and provide clear information for people with diabetes, healthcare providers and others about when people with diabetes should see a CDE for diabetes education, care and management. The Pathways will support our planned advocacy and communications across a range of areas, including advocacy for enhancements to MBS-funded referrals for diabetes education. The Pathways will be available in late 2020.

The aim of the CDE Education Review project is to strengthen the CDE workforce by reviewing, improving and standardising education programs delivered to CDEs. The end-to-end review will assess existing CDE education program quality, relevance and comprehensiveness, and facilitate required program change and development to ensure standardisation and a contemporary skills base for all CDEs. The project will be undertaken over two years, and the first stage of the project, involving a literature review, member survey and stakeholder consultation, has been completed.

Membership has continued to grow strongly, with a 7% increase in members and 6.4% increase in the number of CDEs, and membership fees have been held at current levels in light of the impact of the pandemic on members. The much-awaited implementation of the new website in late November 2019 was a major disappointment and caused frustration and anxiety for members and ADEA staff for many months. We are very pleased that the issues have now been resolved, and I thank members for their patience.

My thanks also to our member services team for supporting members during this difficult time, and the project team for their perseverance in resolving the issues.

The COVID-19 pandemic caused major disruptions to ADEA's planned activities in 2019-20, including cancellation and postponement of conferences and Branch meetings and implementation of online options. The pandemic also disrupted research activities, and ADRF research grants have been put on hold until 2021. Like many organisations, we implemented remote working arrangements, and modified our operations and priorities to respond to the changing circumstances. The pandemic created a lot of stress and anxiety amongst members and we worked hard to keep members up-to-date with the many changes, responding to member feedback and assisting members with various issues.

Our advocacy for CDEs to have access to the new temporary telehealth arrangements, and development of telehealth guidelines, was successful due to the strong support from members, as well as the support of the Australian Diabetes Society, Diabetes Australia, Diabetes NSW&ACT and Diabetes Victoria, and allied health organisations. Our recent member surveys about the new telehealth arrangements will support our advocacy over the coming months for ongoing access to telehealth, beyond COVID-19.

Our close collaboration with the Australian Diabetes Society and Diabetes Australia was instrumental in successfully managing a range of COVID-19 related issues. This included supporting people with diabetes, ranging from resolving product-related issues and providing advice on PBS and NDSS product limits to prevent stockpiling and supply chain issues; developing information for health professionals and people with diabetes; and implementing various NDSS-specific changes to simplify processes and support the introduction of the new telehealth arrangements.

This year we issued two important position statements, on pre-diabetes and gestational diabetes. We are also collaborating with the Australian Diabetes Society on a joint consensus statement for health professionals on insulin pump, CGM and flash glucose monitoring. The consensus statement is for health professionals who specialise in diabetes, to provide guidance on the use of technology in type 1 diabetes. The consensus statement will support future advocacy for Medicare funding for initiation and ongoing support of people with diabetes using technology, as well as inform future education in diabetes technology.

ADEA has collaborated on several significant projects this year including as a key partner with Diabetes Australia in the Diabetes in Schools Program, which was launched in February 2020. ADEA developed the 'tier 3' training (delivery of diabetes education and training to schools) and feedback from stakeholders has been very positive.

We are also working with other allied health professional organisations to raise the profile of diabetes education and the role of CDEs, including developing a type 1 diabetes nutrition management program for Dietitians Australia, providing education to the Australian Physiotherapy Association, and we are now working with Vision2020 on education relating to diabetes and eye health.

We developed two significant new resources, including:

- A National Diabetes Nursing Education Framework
- Guidance for health professionals on how to communicate with people with diabetes and an intellectual development disability; an accompanying e-learning module for health professionals will be finalised in the coming months.

We also updated the Sick Day Management Guidelines for health professionals and people with diabetes.

Recently we have restructured ADEA to increase support for member services, and increase our capacity and capability in policy, advocacy and communications. The new organisational structure is available on the ADEA website.

Our key priorities for the next 12 months are:

- Enhancing member services and engagement
- Promoting the Diabetes Pathways, including the important role of CDEs, to people with diabetes and GPs, Practice Nurses and allied health professionals
- Reviewing, modernising and streamlining CDE education, through the CDE Education Review project
- Continuing engagement with government and other stakeholders to raise the profile of CDEs and to continue advocacy on a range of issues including: ongoing access to telehealth; improved access to diabetes education and care for older people with diabetes and for people with diabetes and a disability; increasing the number of Medicare-funded consultations through Chronic Disease Management Plans for people with diabetes and seeking Medicare funding for diabetes education for women with GDM; funding for health professionals for diabetes technology initiation and ongoing support
- Continuing our work on existing projects including: implementation and promotion of the national diabetes nursing framework; developing information and resources to support health professionals and carers in working with people with diabetes and an intellectual disability; collaborating with other stakeholders to increase the number of Aboriginal and Torres Strait Islander health workers trained in diabetes education; and collecting and analysing data on the Australian diabetes workforce, to gain an up-to-date understanding of the characteristics of the current workforce and identify gaps compared to diabetes prevalence.

Together with our members, we have achieved a great deal this year, and I would like to thank the many members who give their time and expertise to their fellow members and ADEA in many ways, through mentoring new members, and through vital roles including Committees and Advisory Groups, and within their local Branch. In particular, I would like to thank the Branch Executives and conference committees, including the ADC2020 Program Organising Committee, and ADEA staff for their hard work and commitment to providing continuing education opportunities to our members. The rapid transformation of face-to-face events to virtual events has been a significant challenge this year, and successfully implemented thanks to the goodwill and hard work of all involved.

My thanks to our Board and staff who enable ADEA's important work, and to our partners and sponsors who support ADEA and our members to achieve the highest standards of diabetes education and care for people with diabetes.

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 the 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 ADEA Board of Directors hold the responsibility for the financial management of the organisation taking advice from the FARM committee.

The permanent members of the FARM committee for 2019-20 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 – Vy Le
- A senior representative from the outsourced accounting services provider and/or CFO – Scott Myers
- An independent member – Rachel Harris

The terms of reference for the FARM committee has undergone a review this year to ensure that it continues to align with ADEA Board of Directors and Committee responsibilities. The Board has endorsed the completed document.

The financial advisory and management services continue to be outsourced to Equity Partners. 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.

A recommendation of good corporate governance is the rotation of either audit partners or auditors every 5 years. The FARM committee felt that it was prudent to rotate auditors in 2019-20 with Tony Bandle of Bandle McAnneney & Co. having served as auditor for the past 6 years. The committee undertook a tender process for a new independent auditor. After considering all applicants the committee's recommendation was the appointment of RSM Australia as ADEA auditors. RSM Australia has conducted the audit of the ADEA Annual Financial Report for 2019-20. The committee would like to thank Tony Bandle for his contribution to ADEA.

The Risk Register has undergone a review by the committee to reflect both the strategic and operational risks to the ADEA, and in 2019-20 pandemic risks relating to COVID-19 were added to the Register. The committee regularly monitors the Risk Register. To continue the recommended standard of corporate governance, the FARM committee has suggested for the Board to consider its risk appetite. The Board will workshop and establish a risk rating and statement in the new financial year.

Financial Performance

ADEA has reported a deficit of $371k for 2019-20, which is in line with the approved budget. The focus for the year was investment in strategic projects keep ADEA in 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 to review, modernise and streamline the end-to-end education for CDEs.

In total revenue received for the year was $2.5m, of which NDSS funding was $861k, membership fees were $546k and credentialing income was $114k. There is to be no increase in membership fees for 2020-21, due to the current economic circumstances relating to the pandemic and as membership numbers continue to grow at a rate which supports ADEA's operations.

After experiencing revenue shortfalls in sponsorship and branch income due to COVID-19 impact, the eligibility of JobKeeper and Cash Flow Boost for ADEA of $253k was a great assistance in being able to meet ongoing commitments.

Staff costs of $1.77m continue to be the most significant expenditure for the organisation and will continue at this level in 2020-21. The Board will continue to keep fiscal control to effectively deliver the Strategic Plan over the next 3 years.

Financial Position

Total members' reserves at 30 June were $2.5m.

A considerable amount of the reserves relate 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 fall 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.

As part of protecting this large asset for the ADEA members, the FARM committee conducted a tender process to appoint an external financial expert. Shaw & Partners has been appointed to advise on investments to optimise the financial returns for ADEA and at the same time adopt a conservative approach to minimise risks, as required in ADEA's Financial Investment Policy.

Regards,
Maria Maieli
ADEA Finance Director



Susan Davidson, Ann Bush, Amanda Bartlett, Nicole Frayne, Brett Fenton, Tracey Tellam, Maria Maieli, Helen Phelan

Organisational Structure

BOARD OF DIRECTORS



Brett Fenton
President
from 26 February 2018



Tracey Tellam
Vice President
from 11 October 2019



Maria Maieli
Finance Director
Commenced term one 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

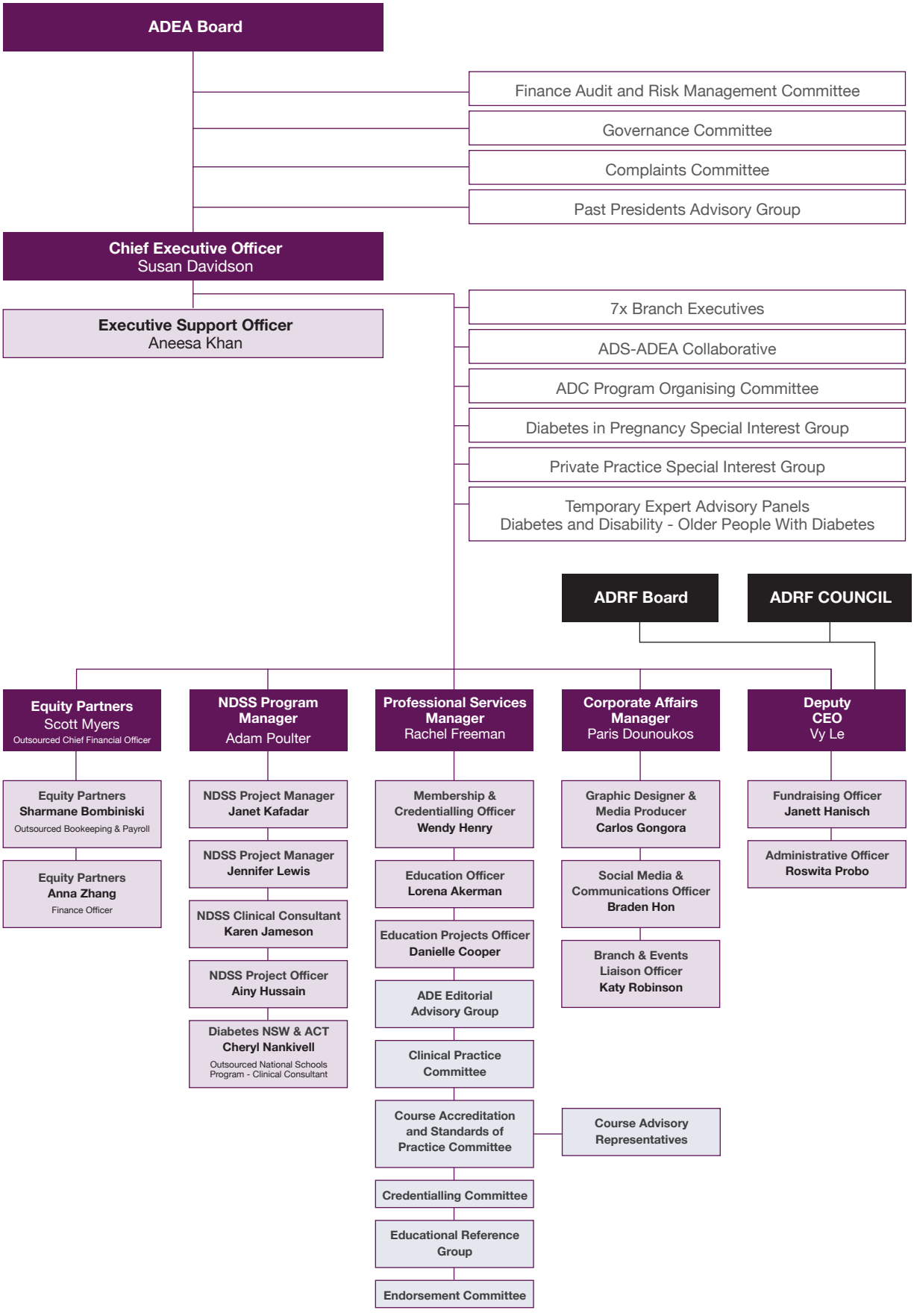


Jessica Miller
Resigned 16 October 2019



Nicole Frayne
Term ended 30 August 2019

Organisational Chart June 2020



Branch Executives

Australian Capital Territory

VACANT	Chair
Jessica Herron	Secretary
Michelle Angove	Education Officer

Northern Territory

Tersa Hyatt	Chair
Sharron Calgaret	Secretary
Marie Bottolfsen	Education Officer to May 2020

Queensland

Laura Zimmerman	Chair
Adnan Gauhar	Secretary
Siobhan Barlow	Education Officer

South Australia

Daniela Nash	Chair
Toni Willson	Secretary
Glenys Graham	Education Officer
Mary Hodgson	Education Officer

Victoria

Evelyn Boyce	Chair
Helen Mahon	Secretary
Belinda Moore	Education Officer

Western Australia

Merle Taylor	Chair
Lisa Foley	Secretary
Sandra Voesenek	Education Officer

New South Wales

Tracy Desborough	Chair (to September 2019)
Jodine Ball	Chair (since Nov 2019)
Marlene Payk	Secretary
Scarlett Huang	Secretary
Therese Fletcher	Education Officer (to Nov 2019)
Natasha Diwakar	Education Officer (since March 2020)

Committees

Editorial Advisory Group
Kate Marsh (Editor)
Rachel Freeman
Aneesa Khan (Secretariat)
Michelle Robins
Penelope Barker
Nicole Duggan
Steven James
Achamma Joseph
Marlene Payk (until Dec 2019)

Course Accreditation and Standards of Practice (CASP)
Karen Crawford (Chair)
Elizabeth Obersteller
Trisha Dunning
Sophie McGough
Michelle Culhane
Patricia Marshall
Celestina Shori
Kylie Mahony
Amy Cowan

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
Achamma Joseph, James Cook University
Wendy Livingstone, Southern Cross University

Clinical Practice Review Committee
Rachel Freeman (Secretariat)
Peta Tauchmann
Rebecca McPhee
Sharon McClelland
Sandra Crook
Nicholas Denniston
Celestina Shori
Lynda Marshall
Teresa DiFranco (until Sept 2019)

Credentialling Committee
Maxine Schlaeppi (Executive)
Elizabeth Obersteller (Executive)
Maree Nannen (Co-opted)
Lois Rowan (Co-opted)
Deb Foskett (Executive)
Megan Preukser (Co-opted)
Annabelle Stack
Ian Harmer
Gillian Krenzin
Jan Branch (until Mar 2020)
Toni Willson (until Sept 2019)

Endorsement Committee
Wendy Bryant
Elizabeth Obersteller
Trisha Dunning
Jan Alford (until Apr 2019)
Julie Kha
Tracy Desborough
Maxine Schlaeppi
Nicholas Denniston

ADC Program Organising Committee (POC)
Kirstine Bell (Co Chair)
Rachel Freeman (Co Chair)
Aneesa Khan (Secretariate)
Vy Le
Susan Davidson
Michelle Tong
Shanshan Lin
Lorena Akerman
Ashley Ng
Laura Zimmerman
Achamma Joseph
Chris Lee (Diabetes Australia)
Jackson Sinclair (Consumer)
David Burren (Consumer)
Jaimin Liau (until October 2019)
Nicole Kellow (until October 2019)
Toni Wilson (until October 2019)
Sylvia Mallow (until October 2019)
Rachel Romano (until October 2019)
Educational Reference Group (ERG)
Jan Alford (Chair)
Lorena Akerman (Secretariate)
Fiona McGregor
Edna Louzado
Sue Quirk
Veronique Doran-Bradley
Sharon McClelland
Jinjin Gao
Rachael Critchell

Board Committees

Educational Reference Group (ERG)
Jan Alford (Chair)
Lorena Akerman (Secretariate)
Fiona McGregor
Edna Louzado
Sue Quirk
Veronique Doran-Bradley
Sharon McClelland
Jinjin Gao
Rachael Critchell

Finance Audit and Risk Management Committee
Maria Maieli (Chair)
Rachel Harris
Amanda Bartlett
Tracey Tellam (until August 2019)
Greg Cliffe (until July 2019)

Governance Committee
Melissa Sinopoli (Chair)
Ann Bush
Derek Finch
Peta Tauchmann
Jessica Miller (until October 2019)

Complaints Committee
Tracey Tellam (Chair)
Joanne Pennisi
Kathy Grudzinskas
Susan Drmota
Taryn Mews
Michelle Hogan
Kieran Miller
David Bartlett
Nicole Frayne (until August 2019)

Past Presidents Advisory Group
Erica Wright
Giuliana Murfet
Jane Giles
Nuala Harkin

Advisory Panels/Working Groups

Diabetes Care for Older Australians Advisory Panel
Susan Davidson
Anna Ottenfeld
Celestina Shori
Rachael Critchell
Elise Hoyer
Tracy Aylen
Ann Bush
Michelle Hogan
Thu-Nam Nguyen
Gayle Rusher
Judy Broad
Cheryl Steele (until Dec 2019)

NDIS and People with Diabetes Advisory Panel
Susan Davidson
Kay Dean
Michelle Gribble
Nigel Donoghue
Ruth Spencer
Tracey Tellam
Jayne Lehmann
Valerie Merle Taylor

Consumer Panel
Robert Steadman
Ramona Long
Susan Carvallio
Monica Baker
Shane Patrick Murphy
Liz Hare
Lis Burtnik
Rachel Hicks
Tannya Stevens
Anne McIntosh

ADEA ADS Loop Technology Working Group
Adam Lamendola
Rebecca Humphreys
Louise Ginnivan

ADEA ADS DAA ESSA PSA – Pre Diabetes Position Statement Working Group
Rachel Freeman
Giuliana Murfet
Wendy Ferris

National Standards Review Working Group
Rachel Freeman
Karen Crawford
Patricia Marshall
Celestina Shori
Adnan Gauhar
Julie Tasker

Special Interest Groups

Private Practice
Laura Zimmerman (Convenor)
Vongayi Majoni (Co Convenor)
Jayne Lehmann (Convenor until Feb 2020)
Carolyn Nugent (Convenor until Aug 2019)
Leontine Jefferson (Co Convenor until Aug 2019)

Diabetes in Pregnancy
Belinda Moore (Convenor)
Amanda Bartlett (Convenor until May 2020)

ADEA Diabetes Research Foundation (ADRF)

ADRF Board
Robert Biancardi (Chair)
Steven Brett (Resigned May 2020)
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

Abbott Case Study Awards Judging Panel
Karen Crawford (Chair)
Vy Le
Tracey Tellam
Ashley Ng
Ann Bush
Sue Lynn Lau
Peta Tauchmann

Roche ADC Registration Assistant Grant Judging Panel
Cecile Eigenmann
Toni Willson
Vy Le
Rachel Freeman

Eli Lilly CDE of the Year Judging Panel
Erica Wright
Stefanie Johnson
Jane Giles
Giuliana Murfet
Rachelle Ward
Vy Le

NDSS Expert Reference Groups

Diabetes Pathways Project Expert Reference 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)

Diabetes and Disability Expert Reference Group
Patricia Marshall (Chair)
Sarah Fordyce (NDS)
Dr Roy Rasalam (James Cook University)
Angela Blair (Diabetes ACT/NSW)
Siana Critchett (Curtin University)
Michele Martin

National Diabetes Nursing Framework Expert Reference Group
Rebecca Munt
Jayne Lehmann
Rebecca Rendalls
Patricia Jones
Barbara Zangerl
Elaine Menon
Celestina Shori
Peta Tauchmann
Annette Hart


MSD
Angela
Llewellyn
Diabetes Care and Coaching
SA
DELEGATE
Vicki
Hewett

STRATEGIC PRIORITY 1

Professionalism

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

Priorities

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

1. Evidence-based national standards

Joint position statements and guidelines

Over the past 12 months ADEA has been involved in the development and review of joint position statements and guidelines including:

- Joint position statement on Gestational Diabetes in Australia (2020)
- Joint position statement on screening and management of prediabetes in adults in primary care in Australia (2020)
- The role of Credentialled Diabetes Educators and Accredited Practising Dietitians in the delivery of Diabetes Self-Management and Nutrition Services for people with diabetes (2020)
- Clinical Guiding Principles for Sick Day Management of Adults with Type 1 or Type 2 Diabetes – A Guide for Health Professionals (2020)
- RACGP Management of Type 2 Diabetes - A handbook for general practice (2020)
- Joint Position Statement on Biosimilar Substitution (2019)
- ADEA Clinical Recommendations – Subcutaneous Injection Technique (2019)

Through collaboration with various health professional and diabetes-related organisations, ADEA has promoted the role of CDEs through the above standards and guidelines. In 2020, the focus has been on embedding the role of Credentialled Diabetes Educators, evidence-based standards and guidelines, and diabetes education principles into various external education opportunities.

These have included undergraduate and postgraduate university courses, a specialised Type 1 Diabetes Nutrition Management course for dietitians developed with Dietitians Australia, promotional activities with Diabetes Australia, and an education e-talk for the Australian Physiotherapy Association.

Living evidence-based guidelines

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

National Diabetes Nursing and Education Framework

The ***National Diabetes Nursing Education Framework ,*** developed by ADEA with National Diabetes Services Scheme (NDSS) funding, has been completed. The Framework aims to guide development of a nursing workforce which is highly skilled and capable of providing a high standard of diabetes care.

Throughout the consultation phase of development, the Framework was viewed as a much-needed reference point for developing nurse competency in the care of people living with diabetes. The Framework has been endorsed by the Australian College of Nursing and the Australian Primary Health Care Nurses Association; and has been reviewed by the Diabetes Australia's Medical, Scientific and Education Advisory Council, and approved by the Department of Health.

The Framework was released in September 2020, and in 2020-21 ADEA will move into the next phase of this project: promotion, implementation and evaluation.

NDSS funded resources

ADEA-developed NDSS resources for health professionals were accessed on more 2,500 occasions during 2019-20. Some of these included person-centred care resources, primary health care modules, diabetes and aged care modules and podcast downloads. With much of Australia ravaged by bushfires in December 2019 and January 2020, there was a large uptake of the Natural Disasters and Emergencies training program.

Updated sick-day management resources for health care professionals and consumers

The ***Clinical Guiding Principles for Sick Day Management of Adults with Type 1 and Type 2 Diabetes*** were updated in 2020 with funding through the NDSS, in response to increased requests for advice during the COVID-19 pandemic, and in recognition of the need to update the guidelines to reflect the latest research and clinical advice. The Guidelines are designed for health care professionals supporting self-care of people with diabetes. The Guidelines have been reviewed by Diabetes Australia's Medical, Scientific and Education Advisory Council, and approved by the Department of Health. The corresponding consumer resources were updated with ADEA funding.

Diabetes and Intellectual Development Disability resources

A range of ***Diabetes and Intellectual Development Disability (IDD)*** resources have been developed by ADEA to fill a gap in diabetes education for people with an IDD and their support network, including health professionals, carers, and support people. Consumers, health professionals and carers were consulted on the development of a guide on communicating with people with diabetes and an IDD for health professionals, as well as an accompanying e-learning module for health professionals.



The resources were developed with NDSS funding, and the communication guide has been completed and reviewed by Diabetes Australia's Medical, Scientific and Education Advisory Council, and approved by the Department of Health. The e-learning module is expected to be completed in late 2020.

Video animations and supporting factsheets, as well as evaluation tools for the resources, are in development. A review of the legislation on insulin administration, including legal frameworks for insulin administration by support workers, is also in progress.

2. Credentialling

In February 2020, the Board approved a key project: an end-to-end CDE Education Review.

Phase 1 of the ***CDE Education Review Project*** is due for completion in November 2020, with phase 2 envisaged to be completed in 2021. The purpose of the review is to strengthen the CDE workforce by reviewing, improving and standardising education programs delivered to CDEs. The review will examine the ADEA accredited courses, credentialling and mentoring programs. By ensuring that all CDEs meet a minimum education and competence standard, ADEA will be able to further ensure and promote CDEs as the specialist in diabetes education, management and care and alleviate confusion and division regarding the scope of practice for the CDE workforce.

The aim of the Education Review is to assess existing CDE education program quality, relevance and comprehensiveness, and facilitate required program change and development to ensure standardisation and a contemporary skills base for all CDEs. This will ensure CDEs are equipped with a high level of knowledge and consistent skill set, regardless of primary discipline to meet the needs and expectations of clients, employers and the overall health sector. The outcomes of the education review will assist in revision of the ***ADEA National Standards for Credentialled Diabetes Educators and Role and Scope of Practice for Credentialled Diabetes Educators.***

Through website changes from November 2019 until August 2020, the ADEA Membership and Credentialling Team had the opportunity to assist most members and CDEs through the online credentialling process. The credentialling and mentoring programs continue to be positively evaluated by members and those working with CDEs , despite the technical difficulties with the ADEA website and database. Throughout 2019-20, the Credentialling Committee continued to review initial credentialling applications. The Credentialling Committee also audited re-credentialling applications until special COVID-19 arrangements came into effect in March 2020, when ADEA assisted current CDEs through the COVID-19 period with the relaxation of some elements for re-credentialling.

3. Accreditation

The Course Accreditation and Standards of Practice Committee (CASP) reviewed and accredited eight university courses facilitating the Post Graduate Certificate in Diabetes Education and Management. This included re-accreditation of seven university courses and initial accreditation of a new course at Western Sydney University.

The ADEA-developed Student Placement Booklet was implemented across all accredited universities in 2020, however due to the COVID-19 pandemic, the implementation may not have been as planned for some students. ADEA and CASP have been working closely with course coordinators to modify student placements as required to ensure students have been able to graduate meeting all requirements of the accredited course.

4. Education

The Education Officer and the Educational Reference Group continue their work in developing and updating education content on the ADEA E-learning Management System. On average, 1 webinar and 2 podcasts are produced per month, building a library of CPD activities available to members and other health professionals interested in diabetes education. Monthly tweet chats on the social media platform Twitter and the ADEA Podcast channel on Soundcloud have been utilised to showcase Australian CDEs involvement in various aspects of diabetes care to national and international audiences.

5. Engagement on diabetes education for Aboriginal and Torres Strait Islander health workers

In March, Diabetes Australia's Indigenous Engagement Manager organised the first national gathering in recent years of diabetes organisations working on Indigenous diabetes education, and ADEA was represented in this gathering by our NDSS Program Manager. ADEA has also been involved in discussions with stakeholders about training in diabetes education for Aboriginal and Torres Islander health workers, including promoting registration in ADEA-accredited Graduate Certificate courses.

STRATEGIC PRIORITY 2

Innovation

We use research to enable innovation in diabetes management.

Priorities

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

1. Analysis of the diabetes workforce in Australia

This year, ADEA initiated discussions with the Australian Diabetes Society (ADS) about collecting and analysing data on the Australian diabetes workforce. Both organisations started surveying their memberships in 2020 to collect workforce data and committed to a joint study in the next year which will be funded through the NDSS.

Over the past 12 months, ADEA members have been asked to contribute to two surveys which included questions relating to the diabetes education workforce: the membership survey and the telehealth survey. The results of these surveys, along with further data to be collected through the planned study with ADS, will inform mapping of the diabetes workforce against the prevalence of diabetes across Australia. The analysis of the diabetes workforce will assist ADEA in promoting the varying roles of CDEs, the specialisation of the CDE workforce, and highlighting where additional CDEs are needed to enable equitable access to diabetes education for people with diabetes.



Adjunct Associate Professor Marg McGill AM, a member of the ADEA Diabetes Research Foundation Council.

2. Outcome-based research and translation

Through the ADEA Diabetes Research Foundation (ADRF), ADEA was able to support three new research projects through its Research Grant and Research Fellowship programs:

- Research grant: ***Helping Grey Nomads with diabetes self-management***, conducted by Dr Anita De Bellis from Flinders University. This research explored and developed a preparation checklist and an education module for Credentialled Diabetes Educators and allied health professionals to help older people with diabetes who travel for extended periods of time, colloquially known as Grey Nomads, to self-manage their condition.
- Research Grant: ***Australia's first university-based diabetes transition support program for young adults***, led by Dr Virginia Hagger from Deakin University. This project was designed to develop a customised approach to support transition to university for young adults with type 1 and type 2 diabetes.
- Research Fellowship: ***Diabetes care capability framework*** conducted by Giuliana Murfet from the Tasmanian Health Service. This project aims to develop a diabetes care capability framework for health professionals with different levels of skills and knowledge.

ADEA also worked with recipients of the ADRF Research Grant 2017 to promote the findings of two research projects at the Australasian Diabetes Congress 2019 and through the Australian Diabetes Educator publication:

- ***Online training program to address emotional health issues in adults with diabetes***, led by Dr Christel Hendrieckx from the Australian Centre for Behavioural Research in Diabetes in partnership with Deakin University. This project delivered the first-of-its-kind online training program that focused on health professionals' unmet needs in communicating with people with diabetes and addressing diabetes distress.
- ***Do names really hurt***, conducted by Dr Linda Beeney from the University of Sydney. The research explored how terminology used by clinicians could affect the health outcomes of people with diabetes.

After much consideration, the ADEA Board has decided to put research grants on hold during 2020-21. This difficult decision is due to the uncertainty surrounding the COVID-19 pandemic, and the difficulty many researchers are experiencing in undertaking research during the pandemic. Unfortunately many research institutions and foundations are experiencing similar issues. However, ADEA remains committed to the ADEA Diabetes Research Foundation and will re-visit this decision in 2021.

ADEA
Diabetes Research Foundation

STRATEGIC PRIORITY 3

Person-centred

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

Priorities

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

1. Consumer engagement

Person-centred care and a consumer-centric approach remained embedded in ADEA activities over the past 12 months and continued to inform ADEA's projects. A consumer sub-committee was formed to support the ***National Diabetes Nursing Education Framework*** project and provided important insight about their needs in relation to engagement with nurses. The ***Diabetes and Intellectual Development Disability*** project also benefited greatly from strong consumer engagement. The consumer facing video and fact sheet resources were piloted with a small group of individuals living with disability, and this was achieved with the support of the Victorian Advocacy League for Individuals with Disability (VALID).

In 2019-20, a new ADEA consumer panel was formed and members of this panel have contributed to various ADEA activities and projects throughout the year including participating in:

- the development of the ADEA 2020-23 strategic plan
- judging panels for awards, including CDE of the Year Award and the Case Study Competition
- the Program Organising Committee for the Australian Diabetes Congress
- the revision of the Sick Day Management Guidelines
- the Diabetes Pathways Project.

ADEA has also worked closely with Diabetes Australia on various activities involving consumers including Mental Health and Diabetes for National Diabetes Week, and a Facebook live stream for Gestational Diabetes in conjunction with the launch of the Gestational Diabetes Management Joint Position Statement.

2. Diabetes in Schools

The ***NDSS Diabetes in Schools program*** is a comprehensive information and training program that was developed to give families and schools the education and support they need to help children with type 1 diabetes thrive at school. The program is a Diabetes Australia-ADEA collaboration and includes staged implementation of a targeted, nationally consistent 3-tier training program for school staff that covers insulin administration, hypoglycaemia management and normalising type 1 diabetes management in schools. The program was developed with extensive consultation with advisory groups of parents, principals, and health professionals.

The three-tier training program and delivery model addresses legal issues, roles and responsibilities. In 2019-20, Diabetes Australia developed and launched the Level 1 and Level 2 training programs. ADEA led the development and delivery of the Level 3 curriculum and training program for school staff and health professionals. Service Agreements have been established with Perth Children's Hospital, Royal Children's Hospital Melbourne and John Hunter Children's Hospital to deliver Level 3 training. A guide for delivery of Level 3 individualised skill training via telehealth was also developed and delivered in June 2020.

BY TERM 4 2020, LEVEL 2 GROUP EDUCATION SERVICES TO SCHOOLS WILL RESUME AND LEVEL 3 SERVICES WILL BE PROGRESSIVELY EXPANDED TO MORE SCHOOLS.



STRATEGIC PRIORITY 4

Relevance

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

Priorities

- Government, policy and stakeholder advocacy to increase the awareness, utility and use of CDEs
- Tap into our extensive outreach network
- Provide value to our members that encourages membership growth
- Remain at the forefront of changes and opportunities relating to diabetes education and management

1. Government, policy and advocacy

Telehealth

Addressing regulatory restrictions due to COVID-19, ADEA, in collaboration with Allied Health Professions Australia (AHPA), the Australian Diabetes Society, Diabetes Australia and other stakeholders, advocated for the inclusion of telehealth arrangements for CDEs and allied health professionals in the Medicare Benefits Schedule. The Government was quick in its response in extending access to MBS-funded telehealth services to CDEs and allied health professionals, and has recently further extended access until 31 March 2021.

This was a great achievement for ADEA and members because it enables access to ongoing diabetes education and care for people with diabetes during a period of time when people with diabetes are susceptible to the adverse effects of COVID-19 and other illnesses that have the potential to affect both their acute and their long term diabetes management and health outcomes. In 2020-21, ADEA will continue advocating for the ongoing inclusion of telehealth in the Medicare Benefits Schedule as an opportunity to provide essential services to people with diabetes across Australia into the future.

Continuity of Care Collaboration

ADEA is a member of the Continuity of Care Collaboration (CCC), a first-ever collaboration of peak bodies, industry and healthcare organisations which have come together to communicate the importance for people to continue with monitoring their health status and health conditions during COVID-19 to ensure optimal long term health outcomes are achieved. The CCC has run several consumer-oriented campaigns as well as successfully highlighting the issue to national and state governments.

Other policy and advocacy activities

In late 2019, ADEA formed to Expert Advisory Panels to advise on Diabetes and Disability/ NDIS and Older People with Diabetes. The Panels provided broad direction for future policy and advocacy work for ADEA, and although further work was disrupted by the pandemic these will be areas of focus for policy and advocacy in 2021. In early 2020, ADEA, the Australian Diabetes Society and Diabetes Australia met with the Department of Health to discuss pathways for new diabetes technology and the need to consider and consult with the diabetes health professional peak bodies when approving new technologies to ensure the appropriate support mechanisms are in place. These discussions were also disrupted by the pandemic but will be an area of focus in 2021.



AGM 2019

2. Increasing awareness and engagement

ADEA is currently exploring activities and strategies to increase awareness and promote CDEs and the organisation as well as developing well-informed consumer information.

Brand awareness

ADEA introduced a new visual style guide with a more modern and professional presentation of the organisation's brand. The new promotional materials were distributed at various external conferences to promote engagement with, and increase brand awareness among, other health professionals.

In February 2020, the Board approved a key project to promote the role of the Credentialled Diabetes Educator (CDE) to GPs and consumers: the development of Diabetes Pathways.

The ***Diabetes Pathways*** address the need for Australian information about when people with diabetes should visit a Credentialled Diabetes Educator for specialist diabetes education, care, and management. The project has utilised available evidence on best-practice diabetes education, care and management in Australia and overseas. The evidence is being incorporated into simple pathway diagrams for type 1, type 2 and gestational diabetes, which are primarily targeted to GPs and people with diabetes to promote the importance of diabetes education and referral to CDEs. An expert reference group is overseeing the project and is comprised of ADEA representatives including CDEs, as well as representatives from the Australian Diabetes Society and Diabetes Australia. The project includes extensive consultation to ensure the pathways are clear and meet the needs of the target audience. Stakeholder consultation includes GP, allied health professional and diabetes organisations, as well as a consumer panel. The Pathways will be completed in December 2020.

Branch Conferences and meetings

The ADEA-NSW/ACT Branch Conference was held on the Central Coast on 28 and 29 February 2020. The program included two practical workshops and a full day of conference presentations. The workshops were attended by 50 members and the conference by 95 members.

The ADEA-WA Branch conference was held on 13 and 14 March 2020 in Bunbury. The conference program offered a full day of conference presentations and a half day seminar on diabetes in pregnancy. The conference was attended by 126 members and the seminar by 83 members.

The impacts of COVID-19 meant ADEA had to deliver Branch conferences differently from March 2020. As a result, the ADEA-VIC Branch face-to-face conference planned to be held in Geelong on 20 and 21 March 2020 was cancelled. In consultation with the ADEA-VIC Branch Conference Organising Committee, the conference program was restructured and scheduled to be delivered across four online sessions from July to November 2020.

The ADEA-QLD Branch meeting was also moved online on 29 April and 50 members attended. Far more participants attended this online event than Queensland had ever had at a regular face-to-face meeting (usually 20-30 participants), showing the wider, geographically diverse audience that can be reached through online fora.

The ADEA-SA Branch seminar was held on 16 May 2020 after being reformatted to an online event. Instead of an expected 60 members at the face-to-face event, the four-and-a-half-hour online seminar attracted 93 members.

External Conferences

In line with brand awareness activities, ADEA continued to promote and increase awareness of both CDEs and ADEA as well as building engagement with other stakeholders. ADEA exhibited at the following external events:

- National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) National Conference in Alice Springs on 9 October 2019
- Australian Nursing and Midwifery Federation (ANMF) National Conference in Melbourne on 17 October 2019
- Insulin Leadership Summits (ILS) in Brisbane, Melbourne, Adelaide, Sydney and Perth in October 2019.

Due to COVID-19, ADEA participation in the Australian Pharmacy Professional Conference & Trade Exhibition, Australian Primary Health Care Nurses Association National Conference and Australian Medical Association Conference was cancelled.

The Australian Physiotherapist Association conference was also cancelled, however ADEA was invited to be a part of the APA's e-talk series, providing the opportunity to showcase CDEs and diabetes education through this online medium.

Working with other organisations

ADEA successfully tendered in November 2019, to develop an online course and face to face workshop for dietitians wanting to upskill in the area of nutrition and type 1 diabetes. A working group was formed of ADEA members with appropriate skills in type 1 diabetes and dietetic competencies to develop the learning materials. The course has been implemented by Dietitians Australia and is receiving good feedback and evaluation.

We continue to work with various organisations to promote diabetes education and the role of CDEs and develop learning materials on a broad range of diabetes-related topics including eye health, incontinence, medication management, nutrition, and new technologies.

Daily COVID-19 Updates

ADEA's daily COVID-19 updates commenced as soon as the outbreak of COVID-19 was declared a pandemic. The updates were extremely well received with positive feedback being given from our members. These updates have now become weekly, and will continue while needed.

Ambassador Program

ADEA commenced an Ambassador Program this year with the signing of ADEA's first Ambassador, Steve Renouf. ADEA Ambassadors will form an essential element of ADEA's marketing and public relations program. The Ambassadors will support ADEA to maintain its profile and engender respect for the organisation, optimising opportunities for possible fundraising endeavours, members and supporters. They will also help raise brand awareness by positively bringing ADEA into the public arena, open doors for ADEA to new opportunities, and add weight and gravitas to our events, promotions and advocacy.

Social Media

ADEA's social media accounts (Twitter, Facebook and Instagram) continue to have a steady increase in followers. As usual, there was a notable upward trend in the lead up to National Diabetes Week, World Diabetes Day and the ADC.

3. Forefront of challenges

ADEA remained at the forefront of addressing challenges in diabetes education through its collaborations and partnerships as well as its continuing administration of the Medical Education and Scientific Advisory Council (MESAC), funded through the National Diabetes Services Scheme (NDSS).

MESAC comprises three CDEs appointed by ADEA, three endocrinologists appointed by ADS, and two people with diabetes. To achieve the best possible health outcomes for people with diabetes, the objective of MESAC is to ensure appropriate evidence-based, up-to date and provide best practice advice on:

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

In 2019-20, MESAC reviewed 214 education, information and training resources for NDSS registrants and health professionals. It also provided recommendations in relation to registrant access to NDSS products. ADEA also supports a MESAC Continuous Glucose Monitoring (CGM) Subcommittee established in May 2019, comprised of ADEA and ADS experts who provide clinical advice to Diabetes Australia on applications from individuals seeking special consideration for access to subsidised CGM and FGM.

4. Corporate partnerships

ADEA thanks Roche Diabetes Care and Sanofi for their continuous support as sustaining members in 2019-20.

In addition to sponsoring Roche Educators Day (RED) for more than 39 years, Roche Diabetes Care has been a long-term supporter of the Travel Grant and Registration Assistance Grant Programs that provide financial support for ADEA members to attend the Australasian Diabetes Congress. Five Travel Grants and seventeen ADEA ADC Registration Assistance Grants were provided in 2019-20. Roche Diabetes Care also sponsored four abstract awards, recognising the two best posters and two best oral presentations at ADC2019.

Sanofi this year joined forces with ADEA 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's insulin, as well as providing advice 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.

Eli Lilly continued their support for the prestigious CDE of the Year award program, designed to recognise and honour outstanding achievements and the contribution of CDEs in the provision of high-quality diabetes education and expert support for people living with diabetes. ADEA congratulates all recipients of these prestigious awards, especially the recipient of the Jan Baldwin National CDE of the Year, Lesley Wilcox, who will be presenting the Jan Baldwin Oration at ADC2020.

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 ten best case studies were published and the best four were selected to present at the Australasian Diabetes Congress 2019.

MEMBERSHIP

2,385
ADEA members

298
Associate members

16
Honorary life members

2,057
Full members

10
Fellow members

4
Overseas members



1,578
Credentialled Diabetes Educators

MENTORING



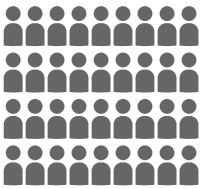
82
Active partnerships



41
Closed partnerships



92
New Mentors



137
Mentees

EVENTS

Australasian Diabetes Congress

1,627 delegates

> 60 invited speakers

68 sessions

79 accepted abstract presentations

24 CPD points

17 travel grants

47 sponsors and exhibitors

BRANCH CONFERENCES

State	Date	Format	Delegates	CPD points	Travel Grants	Speakers	Sponsors
TAS	15/11/19	Face to face	24	4	0	4	9
NSW/ACT	29/2/20	Face to face	95	9	5	12	18
WA	13/3/20	Face to face	126	11	4	10	17
SA	16/5/20	Online	93	4	0	7	6
Total			**338**	**28**	**9**	**33**	**50**

BRANCH MEETINGS

State	Meetings	Speakers	Sponsors	CPD points
ACT	2	3	1	2
NSW	1	0	0	0
NT	4	6	0	3
QLD	3	3	3	3
SA	3	6	8	3
VIC	4	8	2	3
WA	4	3	0	3
Total	**21**	**29**	**14**	**17**



EDUCATION

educational programs



16
endorsed educational programs

182
total CPD points

podcasts



10
podcasts



7816
podcasts played 7816 times

webinars



7
webinars



10
speakers



5
sponsors

Awards & Grants

Jan Baldwin National CDE of the Year
Lesley Wilcox

CDE of the Year
CDE of the Year in VIC – Andrea Curtis
CDE of the Year in SA – Angela Llewellyn
CDE of the Year in NSW – Lesley Wilcox
CDE of the Year in WA – Mahnaz Aghabozorgi
CDE of the Year in TAS – Melinda Mus
CDE of the Year in ACT – Michelle Angrove
CDE of the Year in QLD – Patrick Chan

ADC Travel Grants
Marie Bottolfsen
Anna Blackie
Cynthia Porter
Jacqueline Cesco
Lori -Anne Auld

ADC-registration Assistance Grants
Andrea van Grinsven
Astrid Naughton
Elizabeth Henry
Karen Horne
Kylie Mahony
Lynda Marshall
Michele Martin
Minh Tri Phan
Sheree Jane Rennie
Toni Slotnes O'brien

Abstract Awards
Best Poster – Melinda Morrison
Best Oral Presentation – Deborah Schofield
Best Novice Oral Presentation – Jian Hong (Jenny) Wright
DAA Dietetic Research Prize – Nicole Walker

People's Choice Award for Best Case study
Chris Uren

Case study competition winner
Amy Rush
Bree Forsyth, Kelly Hamilton, Sharlene Hargraves and Jane McDonald
Bronwyn Buckley
Danielle Marx
Debbie Waite
Fran Brown
Kathy Grudzinskas
Margaret Loh
Susan Abraham, Julie Loughran
Toni Slotnes-Orbien

Australian Diabetes Educators' Association Limited

ABN: 65 008 656 522

Annual Financial Report

for the year ended

30 June 2020

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 2020.

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
Tracey Tellam	Vice President from 11 October 2019
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
Nicole Frayne	Term ended 30 August 2019
Jessica Miller	Resigned 16 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 2020 is ($371,432) (2019: $106,909 profit).

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

Board Report

Information on Directors

Brett Fenton

2018	Commenced term two ADEA Board Director
2015	Commenced term one ADEA Board Director
2005	Credentialled Diabetes Educator
2002	Graduate Certificate of Diabetes Education Deakin University
1999	Bachelor of Nursing, Australian Catholic University

Tracey Tellam

2019	Commenced term two ADEA Board Director
2016	Commenced term one ADEA Board Director
2005	Credentialled Diabetes Educator
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	Treasurer, Craniofacial Australia
2020	Chief Operating Officer, Orana Australia Limited
2019	Interim CEO, Ellex Medical Lasers Limited
2019	Australian Institute of Company Directors Course
2018	Commenced term one ADEA Board Director
2015	Diploma in Applied Corporate Governance, Governance Institute of Australia
2012	CPA Professional Program – Deakin University
2011	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

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

Board Report

Ann Bush

1989	Grad Certificate in Occupational Health, Safety and Social Welfare
1984-87	Registered Nurse training

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

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, ADEA Governance Committee
2020	Commenced term one ADEA Board Director
2017-19	Chair, Emerging Leaders Board, Australian Institute of Managers and Leaders
2012-13	Audit, Risk and Compliance Committee for the Roman Catholic Trust Corporation for the Diocese of Cairns
2012-16	Worklink Employment Support Group Inc. (Vice-President)
2011-14	Chair, Cairns CBD Safety Summit
2010-13	Chair, Meritas Australian Legal Alliance – Personal Property Securities Group
2010	Graduate Diploma of Legal Practice
2009	Bachelor of Laws and Business (James Cook University, North Queensland)

Peta Tauchmann

2019	Commenced term one ADEA Board Director
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

Peta Tauchmann

1985-88	Certificate of General Nursing (Princess Alexandra Hospital, Woolloongabba) (AHPRA # NMW 0001434)

Nicole Frayne

2018	ADEA Board Vice President
2016	Commenced term two ADEA Board Director
2013	Commenced term one ADEA Board Director
2013	DESMOND training
2012	Credentialled Diabetes Educator
2010	Reset Your Life facilitator training
2009	Graduate Certificate in Diabetes Education
2009	Diabetes Medication Assistance Service Training
2009	Mirixa Training Pharmacy Guild of Australia
1997-14	Professional Development Assurance Program
1997-14	Australian Association of Consultant Pharmacy
1996	Postgraduate in Nutrition, Queensland University
1989	Bachelor of Pharmacy Curtin University

Jessica Miller

2018-19	Inaugural Chair of ADEA Governance Committee
2018	Commenced term one ADEA Board Director
2014	Master of Laws, University of Sydney
2015	Head of Legal and Government Relations, Procter & Gamble Australia/New Zealand
2011-15	Legal Counsel, Medtronic Australia / New Zealand
2008	Bachelor of Business (Accounting major), University of Technology Sydney
2008	Bachelor of Laws (Hons 1), University of Technology Sydney Admitted to practice as a lawyer in the Supreme Court of NSW and the High Court of Australia
2007-11	Lawyer, Corporate, Blake Dawson (now Ashurst)

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	7	6
Tracey Tellam	7	6
Maria Maieli	7	5
Amanda Bartlett	6	6
Ann Bush	7	7
Derek Finch	7	6
Helen Phelan	7	5
Melissa Sinopoli	4	3
Peta Tauchmann	6	6
Nicole Frayne	1	1
Jessica Miller	1	1

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.

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 2020, the total amount that members of the Association are liable to contribute if the company is wound up is $119,250 (2019: $112,300).

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

Chairperson:

Finance Director:

Dated this 24 of October 2020.

RSM Australia Partners

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

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

www.rsm.com.au

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Australian Diabetes Educators' Association Limited for the year ended 30 June 2020, 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: 24 October 2020

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 2020

	Note	2020 $	2019 $
Revenue and other income	2	2,503,253	2,385,920
Employee benefit expense		(1,765,132)	(1,276,725)
Operating expenses		(639,862)	(520,332)
ADEA products and general expenses		(25,475)	(18,029)
Meeting and travel		(55,707)	(81,903)
Branch conferences costs		(83,230)	(109,425)
Financial and legal		(183,687)	(165,666)
Subscription memberships		(16,383)	(16,912)
Donation to ADEA Diabetes Research Foundation		(155,636)	(128,827)
(Loss)/profit for the year		(421,859)	68,101
Other comprehensive income for the year Fair value gains on financial assets		50,427	38,808
Total comprehensive (loss)/income for the year		**(371,432)**	**106,909**

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

Statement of Financial Position
as at 30 June 2020

	Note	2020 $	2019 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	2,070,081	504,756
Trade and other receivables	6	278,359	122,069
Other current assets	7	20,558	6,670
Other financial assets	8	815,858	2,801,728
TOTAL CURRENT ASSETS		**3,184,856**	**3,435,223**
NON-CURRENT ASSETS			
Intangibles	9	10,872	97,384
Property, plant and equipment	10	38,285	19,237
TOTAL NON-CURRENT ASSETS		**49,157**	**116,621**
TOTAL ASSETS		**3,234,013**	**3,551,844**
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	182,349	256,183
Provisions	13	117,185	35,749
Unearned revenue	12	414,578	352,966
TOTAL CURRENT LIABILITIES		**714,112**	**644,898**
NON-CURRENT LIABILITIES			
Provisions	13	-	15,613
TOTAL NON-CURRENT LIABILITIES		**-**	**15,613**
TOTAL LIABILITIES		**714,112**	**660,511**
NET ASSETS		**2,519,901**	**2,891,333**
EQUITY			
Retained earnings		2,430,666	2,852,525
Revaluation reserve		89,235	38,808
TOTAL EQUITY		**2,519,901**	**2,891,333**

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

Statement of Changes in Equity
for the year ended 30 June 2020

	Retained Earnings	Revaluation reserve	Total
	$	$	$
Balance at 1 July 2018	2,784,424		2,784,424
Profit for the year	68,101		68,101
Total comprehensive income for the year		38,808	38,808
Balance at 30 June 2019	**2,852,525**	**38,808**	**2,891,333**
Profit/(loss) 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**

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

Statement of Cash Flows
for the year ended 30 June 2020

	Note	2020 $	2019 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		2,568,638	2,386,772
Payments to suppliers and employees		(3,096,215)	(2,387,765)
Dividends received		70,100	103,390
Interest received		11,957	10,822
Net cash (used in)/generated from operating activities		(445,520)	113,219
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		(25,452)	(19,237)
Payments for intangibles		-	(82,372)
Receipts from/(payments for) investments		2,036,297	(122,275)
Net cash generated from/(used in) investing activities		2,010,845	(223,884)
Net increase/(decrease) in cash held		1,565,325	(110,665)
Cash at beginning of financial year		504,756	615,421
Cash at end of financial year	5	**2,070,081**	**504,756**

Notes to the Financial Statements for the year ended 30 June 2020

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.

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

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

AASB 15 Revenue from Contracts with Customers

The Association has adopted AASB 15 from 1 July 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below. Credit risk is presented separately as an expense rather than adjusted against revenue. Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

AASB 16 Leases

The Association has adopted AASB 16 from 1 July 2019. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. However, results improve as the operating expense is now replaced by interest expense and depreciation in profit or loss. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)
New or amended Accounting Standards and Interpretations adopted (continued)
AASB 1058 Income of Not-for-Profit Entities
The Association has adopted AASB 1058 from 1 July 2019. The standard replaces AASB 1004 'Contributions' in respect to income recognition requirements for not-for-profit entities. The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where: an asset is received in a transaction, such as by way of grant, bequest or donation; there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value; and where the intention is to principally enable the entity to further its objectives. For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non-financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised.

Related amounts recognised may relate to contributions by owners, AASB 15 revenue or contract liability recognised, lease liabilities in accordance with AASB 16, financial instruments in accordance with AASB 9, or provisions in accordance with AASB 137. The liability is brought to account as income over the period in which the entity satisfies its performance obligation. If the transaction does not enable the entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income immediately. Where the fair value of volunteer services received can be measured, a private sector not-for-profit entity can elect to recognise the value of those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

AASB 15 and AASB 1058 were adopted using the modified retrospective approach and as such comparatives have not been restated.

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*.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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% (2019: 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.

A right-of-use asset is initially measured at cost, which is the present value of the future lease payments adjusted for any lease payments made at or before the commencement date, plus any make-good obligations. Lease assets are depreciated using the straight-line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re-measurements of the lease liabilities and for impairment losses.

Lease liabilities are initially measured at the present value of future minimum lease payments, discounted using the Association's incremental borrowing rate if the rate implicit in the lease cannot be readily determined, and are subsequently measured at amortised cost using the effective interest rate. Minimum lease payments include fixed payments, amounts expected to be paid under a residual value guarantee, the exercise price of purchase options for which the Association is reasonably certain to exercise and incorporate the Association's expectations of lease extension options.
The lease liability is remeasured when there are changes in future lease payments arising from a change in rates, index or lease terms from exercising an extension or termination option. A corresponding adjustment is made to the carrying amount of the lease assets.

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.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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

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

Financial Assets at Amortised Cost

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

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.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

e. Financial Instruments (continued)

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.

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.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

i. Revenue and Other Income (continued)

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).

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.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 2020 are receivables over 90 days past due amounting to $8,970 (2019: $6,144). The Association considers that all outstanding debt will be collectable and therefore no provision for impairment has been made at 30 June 2020.

NOTE 2. REVENUE	2020 $	2019 $
From continuing operations:		
Memberships	546,818	577,297
Credentialling	113,509	115,147
Endorsements	21,485	16,997
NDSS contract	861,148	744,048
Conference ADC	118,215	274,080
Branch revenue	166,073	258,784
Magazine, publications and advertising	44,791	45,836
Grants, awards, sponsorship and contract income	287,931	236,206
Other revenue	8,226	3,313
Total revenue from continuing operations	2,168,196	2,271,708
Non-operating activities:		
Dividends	70,100	103,390
Interest and investment income	11,957	10,822
Government subsidies	253,000	-
Total revenue non-operating activities	335,057	114,212
Total revenue and other income	**2,503,253**	**2,385,920**

NOTE 3. EXPENSES

Profit for the year includes the following specific expenses:

Rental expense on operating lease Minimum lease payments	18,809	22,264
Remuneration of auditor	20,000	12,900

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	292,596	305,247
Post employment benefits	27,797	18,514
	320,393	323,761

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	2,070,081	504,756
	2,070,081	504,756

	2020 $	2019 $
NOTE 6. TRADE AND OTHER RECEIVABLES		
CURRENT		
Trade receivables	110,047	72,069
Provision for impairment of receivables	-	-
Other receivables	168,312	50,000
	278,359	122,069
NOTE 7. OTHER CURRENT ASSETS		
CURRENT		
Prepayments	20,558	6,670
	20,558	6,670
NOTE 8. OTHER FINANCIAL ASSETS		
CURRENT		
Term deposits at amortised cost	157,958	820,433
Other financial assets at FVOCI	657,900	1,981,295
	815,858	2,801,728

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	97,384
Accumulated impairment	(64,218)	
Accumulated amortisation	(16,649)	-
Total intangible asset	10,872	97,384

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	97,384	15,012
Additions at cost	-	82,372
Amortisation expense	(16,649)	-
Impairment expense	(64,218)	-
Disposal	(5,645)	-
Carrying amount at the end of the year	10,872	97,384

	2020	2019
	$	$
NOTE 10. PROPERTY, PLANT AND EQUIPMENT		
Office equipment - at cost	25,730	14,145
Accumulated depreciation	(6,421)	(2,062)
	19,309	12,083
Office fit-out - at cost	21,816	7,949
Accumulated depreciation	(2,840)	(795)
	18,976	7,154
	38,285	19,237

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	12,083	7,154
Additions at cost	11,585	13,867
Depreciation	(4,359)	(2,045)
Carrying amount at the end of the year	19,309	18,976

NOTE 11. TRADE AND OTHER PAYABLES

CURRENT			
Trade creditors and accruals		182,349	256,183
		182,349	256,183
	Note		
a. FINANCIAL LIABILITIES AT AMORTISED COST CLASSIFIED AS TRADE AND OTHER PAYABLES			
Trade and other payable:			
Total current		182,349	256,183
Less: ATO payables		(75,768)	(55,552)
Less: Employee benefit payable		(11,999)	(51,489)
Financial liabilities as trade and other payable	**18**	94,582	149,142

NOTE 12. UNEARNED REVENUE

CURRENT		
Unearned membership fees	229,850	270,787
Contract liabilities	104,712	74,679
Unearned income	80,016	7,500
	414,578	352,966

	2020	2019
	$	$
NOTE 13. PROVISIONS		
CURRENT		
Annual leave	86,112	35,749
Long service leave	31,073	-
	117,185	35,749
NON-CURRENT		
Long service leave	-	15,613
	-	15,613

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 (2019: 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 $18,809 (2019: $22,264). The Association has no capital commitments (2019: Nil).

NOTE 15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Estimates of the potential financial effect of contingent liabilities that may become payable: Nil (2019: Nil) and contingent assets that may become entitle: Nil (2019: Nil).

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 2020, 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 $120,000 (2019: $180,000) 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 2020 $155,636 has been provided for payments (2019: $128,827).

Some administration services were provided to ADRF free of charge.

Honorariums paid to Directors' of ADEA for 2020 was $5,000 (2019: $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	2020 $	2019 $
FINANCIAL ASSETS			
Cash and cash equivalents	5	2,070,081	504,756
Trade and other receivables at amortised cost	6	278,359	122,069
Financial assets at fair value through other comprehensive income	8	657,900	1,981,295
Term deposits at amortised cost	8	157,958	820,433
TOTAL FINANCIAL ASSETS		**3,164,298**	**3,428,553**
FINANCIAL LIABILITIES			
Financial liabilities at amortised cost - Trade and other payables	11a	94,582	149,142
TOTAL FINANCIAL LIABILITIES		**94,582**	**149,142**

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 10 to 26, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) give a true and fair view of the Company's financial position at 30 June 2020 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 this 24 of October 2020.

Signed in accordance with a resolution of the directors:

Chairperson:

Finance Director:

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

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

Opinion

We have audited the financial report of Australian Diabetes Educators' Association Limited ("the entity"), which comprises the statement of financial position as at 30 June 2020, 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 2020 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 2020, 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

G Stenhouse

Canberra, Australian Capital Territory
Dated: 24 October 2020

G M STENHOUSE
Partner

ADEA

Your trusted partner in diabetes care



