

Annual Report 2025–26

ADEA

Your trusted partner in diabetes care

Vision

Transforming lives through excellence in diabetes education.

Mission

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



This document is interactive!

Our Strategic Pillars

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

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List of shortened forms

ABS	Australian Bureau of Statistics
ADC	Australasian Diabetes Congress
ADE	Australian Diabetes Educator
ADEA	Australian Diabetes Educators Association
ADS	Australian Diabetes Society
AHPA	Allied Health Professions Australia
CDE	Credentialled Diabetes Educator
CGM	Continuous glucose monitoring
FADEA	Fellow of the Australian Diabetes Educators Association
FARM	Finance, Audit and Risk Management
FTE	Full-time equivalent
ICT	Information and communications technology
IDF-WPR	International Diabetes Federation Western Pacific Region
NDSS	National Diabetes Services Scheme
NRAS	National Registration and Accreditation Scheme
OSCA	Occupation Standard Classification for Australia
PMOS	Polyendocrine metabolic ovarian syndrome



President's report

This past financial year has been one of stabilisation, renewal and laying the foundations for ADEA's future.

In September 2025, we welcomed our new Chief Executive Officer, Melanie Gray Morris, who has led the ADEA team through a significant organisational restructure and a renewed focus on financial sustainability. I am pleased to report that ADEA is now in a much stronger financial position than it was 12 months ago. On behalf of the Board, I thank Melanie and the ADEA team for their dedication and professionalism throughout a challenging year. Their work has strengthened the organisation, improved services and renewed our focus on members.

The Board has remained committed to restoring ADEA's financial sustainability after five consecutive years of operating deficits. The significant improvement in our financial position, including a strong end-of-year surplus, reflects a broader financial turnaround achieved through difficult but necessary decisions. I thank my fellow Directors for their sound judgement, professionalism and commitment to ADEA's long-term success.

During the year, we farewelled Independent Directors Tina Wyer and Dhivya Mani, and I thank them for their valuable service to ADEA. We also welcomed Ruth Feltoe as Chair of the Governance Committee, Tracie Radnidge as Chair of the Finance, Audit, and Risk Management (FARM) Committee, and Credentialled Diabetes Educator (CDE) Directors Kay Dean and Elise Hoyer. Thank you all for your commitment and the expertise you bring to the Board.

We have also marked an important change in ADEA's governance relationship with Diabetes Australia. Following Diabetes Australia's decision to amend its Constitution and effectively end the 2021 unification agreement, ADEA and the Australian Diabetes Society (ADS) engaged in extensive discussions regarding the proposed changes. While we were unable to influence the final decision, we acknowledge Diabetes Australia's position and respect its governance responsibilities, with a shared commitment to supporting the broader diabetes sector. We remain grateful to Diabetes Australia for its ongoing support and look forward to future collaborative opportunities.

ADEA has a distinct role as the peak professional body representing CDEs and advancing excellence in diabetes education and care. We will continue to work collaboratively with Diabetes Australia, ADS and other partners while ensuring the expertise and voice of our profession remain strong, visible and central to decisions affecting our members and people living with diabetes.

As a result of Diabetes Australia's constitutional changes, ADEA members are being asked to consider corresponding amendments to our own Constitution, including the removal of the designated Diabetes Australia Director position. This also provides an opportunity to modernise and strengthen our Constitution in line with contemporary good governance practices.

We are in the final year of our Strategic Plan and remain committed to our strategic pillars: Advocate, Educate, Care, Connect and Support. Early in 2027, the Board will develop ADEA's next four-year Strategic Plan. This will help shape the future direction of our organisation and build on the momentum established over the past year.

As we strengthen our strategic alliances and continue to expand our advocacy, we are excited about the opportunities ahead. ADEA is well placed to lead the profession, influence health policy and continue improving outcomes for people living with diabetes.

Finally, I thank our members for your ongoing support, trust and commitment during a period of significant change. Your engagement and belief in ADEA have helped us navigate challenging years and emerge stronger.

Together, we are building an organisation that is financially sustainable, professionally respected and firmly focused on the future. We remain committed to leading with purpose, advocating with confidence and supporting our members every step of the way.

Kind regards,



Ann Bush
President

CEO's report

This past year has been one of significant changes and progress. Underneath all of that change has been one goal: building a better ADEA for our members. You told us what wasn't working, we listened, and we've responded with action. And we aren't done yet.

The year began with a restructure, shaped directly by your feedback. It created two new positions: the Head of Member Services and Partnerships, and the Head of Education and Professional Standards. Previously one person carried both. Now member services and education each have someone whose entire job is getting it right for you, and we have already started to see that progress.

You told us our response times were too long, and you were right. At the start of the year some of you were waiting up to a few weeks to hear back from us. We finished the financial year at two days, and we've started this year at around a day. We will keep pushing.

This has been a rebuilding year, especially for our education team. That team is now the strongest it has been, and it is laying a strong foundation for what comes next. We were proud to hold ADC25 on the Gold Coast, followed by five branch conferences, and nearly 50 professional learning opportunities this fiscal year. Getting to talk with so many of you at those events was the highlight of the year for us.

We also finished the year with a surplus of $302,908, our first surplus since 2019. That matters not because of the number itself, but because it gives us the capacity to invest in the services, education and support you've told us you value most.

All of this was possible because of ADEA staff, who have worked tirelessly over the past year. They have risen to every challenge, consistently put members first, and built a new culture along the way. I am so grateful and so proud of the ADEA team.

Following a successful 2025–26 financial year that included ADC25, five state conferences across Australia, and significant preparation for ADC26, we were proud to bring ADC26 to Melbourne in August 2026 as part of IDF-WPR. So, what's next? We're focused on the next stage of growth: opening ADEA to international members, revitalising our committees so volunteers have a strong home and a real voice, and strengthening support for those undertaking initial credentialling.

We are excited about the year ahead, but we can't do it without you. Thank you for your patience with us, and for telling us honestly what needed to change. Together, we're building a stronger ADEA, and we're looking forward to continuing that journey with you.

Kind regards,



Melanie Gray Morris
Chief Executive Officer

Finance Director's report

Finance, Audit and Risk Management (FARM) Committee

The FARM Committee oversees and advises the ADEA Board on matters relating to ADEA's finances, annual audit, financial statements and risk management. The Committee assists the Board in fulfilling its fiduciary and corporate governance responsibilities and provides oversight of ADEA's financial sustainability, investments, risk and internal controls.

During FY26, the FARM Committee comprised:

- Tina Wyer, Independent Finance Director and FARM Chair (until February 2026)
- Tracie Radnidge, Independent Finance Director and FARM Chair (from March 2026)
- Ann Bush, ADEA President
- Elise Hoyer, ADEA Director (from May 2026)
- Derek Finch, ADEA Independent Board Director
- Melanie Gray Morris, ADEA Chief Executive Officer
- Tony Stubbs, ADEA Chief Operating Officer (until August 2025)

I joined ADEA as Independent Finance Director towards the end of the 2025–26 financial year. The strong FY26 result reflects the stewardship and hard work of Tina Wyer, the Board, management team and staff across the organisation.

ADEA delivered a strong financial result in FY26, returning to profitability and strengthening its overall financial position. Revenue and other income were $2.78 million, with the organisation recording a profit of $279,793 and total comprehensive income of $302,908, compared with a comprehensive loss of $53,994 in FY25.

The underlying operating result was also strong, with operational activities generating a profit of $372,702 and comprehensive income of $395,817. Strategic activities recorded a loss of $92,909, reflecting expenditure associated with ADEA's strategic activities during the year.

ADEA's financial position strengthened during FY26. Cash increased to $733,514, supported by positive operating cash flow of $329,111. Financial assets were $1.39 million at year end, while net assets increased to $1.44 million. This provides ADEA with a strong financial foundation from which to support its future priorities.

During the latter part of FY26, ADEA also commenced an important transition in its finance operating model, moving from outsourced financial services to the appointment of an in-house Finance Manager. This change strengthens ADEA's internal financial capability and organisational ownership of financial management and reporting, while providing greater support to management and the Board.

Financial sustainability remains an important focus for the Board and FARM Committee. Maintaining appropriate liquidity and reserves provides ADEA with the capacity to meet its commitments, respond to unforeseen circumstances and make considered investments in future strategic priorities.

Looking ahead to FY27, ADEA has budgeted revenue of approximately $2.64 million and expenditure of $2.47 million, resulting in a planned surplus of approximately $174,000. The budget maintains a focus on financial sustainability while providing capacity for considered investment in organisational capability and strategic priorities.

While my time with ADEA during FY26 was relatively short, I have been impressed by the financial foundation established and the commitment across the organisation to its purpose. My focus as Independent Finance Director and FARM Chair will be to build on that foundation, supporting strong financial governance while ensuring ADEA can continue to invest responsibly in its members, services and strategic priorities.

I would particularly like to thank Tina Wyer for her stewardship and contribution as Independent Finance Director and FARM Chair, and the Board, management team and staff for their contribution to the positive FY26 result.

I look forward to working with the Board and management team as ADEA moves into its next chapter.

Kind regards,



Tracie Radnidge
Independent Finance Director
Chair of Finance, Audit and Risk Management Committee

Governance Committee report

The committee's principal focus this year has been the governance implications arising from the changes to ADEA's relationship with Diabetes Australia.

Thoughtful consideration was given to the impact of the amendments made by Diabetes Australia to its Constitution which would require changes to be made to ADEA's Constitution. The Committee used this opportunity to conduct a thorough review of ADEA's Constitution. The Board of Directors will be presenting the changes to the members at the 2026 AGM for member approval. Other work by the Committee has included the review and recommendation to the Board of changes to the By-Laws related to complaints handling intended to provide greater clarity to members regarding the complaints handling process and the role of the Complaints Committee.

Kind regards,



Ruth Feltoe
Governance Committee Chair

Year in review

A year of financial renewal

$2.78m revenue and other income

$303k total comprehensive income

$734k cash reserves

Growing our membership

2,881 members

↑10.6% on 2024–25 ↑20.8% since 2020

Strengthening the CDE workforce

1,839 CDEs

↑2.7% on 2024–25 ↑16.9% since 2020

Advocating for the diabetes workforce

5 national policy initiatives in which CDEs were represented

Connecting the diabetes workforce

5,600 users on Diabetes Connekt

↑14% on 2024–25

Building organisational capacity

11.6 full-time equivalent staff, up from 9.6 in 2024–25

Connecting more people with diabetes care

7.4M Google Search impressions across ADEA's three websites

20,271 visits on Find a CDE directory

↑22% on 2024–25

Supporting professional learning and development

5 ADEA state and territory conferences

↑the largest program in five years

12 endorsed educational programs

8 podcasts

10 webinars

6 Research Lunch and Learn (formerly Research Journal Club)

Advancing diabetes research capability

$20,000 bequest established the Tracy Aylen Diabetes Education Research Grant Program

14 letters of support for researchers' grant submissions

STRATEGIC PILLAR 1

Advocate

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

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

Advocating for a stronger diabetes workforce and better access to care

Throughout the year, ADEA continued to advocate for policies and reforms that improve access to diabetes education, strengthen multidisciplinary care, and recognise the expertise of CDEs. Through targeted advocacy and collaboration across the health sector, ADEA helped ensure the voice of CDEs was represented in key national policy discussions affecting diabetes care, workforce planning and health system reform.

ADEA contributed to the Australian Government's review of Medicare-funded chronic condition management services, advocating for broader access to diabetes education, multidisciplinary care and group-based support programs. ADEA highlighted the importance of diabetes education in helping people develop the knowledge, skills and confidence to self-manage their condition, improve health outcomes and reduce the risk of complications. The consultation provided an important opportunity to reinforce the value of CDE-led care and multidisciplinary approaches to chronic condition management. ADEA will continue contributing to future stages of consultation as reforms progress.

ADEA CEO Melanie Morris at the Allied Health Industry Reference Group in November 2025, advocating for improved access to CDEs and allied health professionals.



ADEA also contributed to the Australian Government's Independent Review of Complexity in the National Registration and Accreditation Scheme (NRAS), advocating for regulatory approaches that recognise the expertise of CDEs, support profession-led credentialling and uphold high standards of quality and public safety. The final report aligned with several of ADEA's advocacy priorities, including recognition of profession-led standards, proportionate regulation and stronger public protections. ADEA continues to work with Allied Health Professions Australia (AHPA) and other stakeholders as governments consider the review's recommendations and future regulatory reforms.

ADEA participated in the Australian Bureau of Statistics (ABS) review of the Occupation Standard Classification for Australia (OSCA), advocating for CDEs to be recognised as a distinct occupation within Australia's workforce data. Through its submissions, ADEA highlighted the advanced qualifications, credentialling requirements and specialist expertise of CDEs, while strengthening the case for improved visibility of the diabetes education workforce in national workforce planning and policy development. ADEA has submitted its final response to the consultation and will continue advocating for formal recognition of CDEs in the updated classification framework.

Throughout the year, ADEA also worked closely with AHPA to advance workforce reform, professional recognition, digital health and access to multidisciplinary care. This collaboration helped ensure the perspectives of CDEs were represented in broader allied health advocacy and policy initiatives. In addition, ADEA supported the development of national recommendations to strengthen regulatory standards for continuous glucose monitoring (CGM) systems in Australia and New Zealand, helping promote the safety, quality and reliability of diabetes technologies.

Through these initiatives, ADEA continued to elevate the profile and recognition of CDEs while advocating for healthcare systems that better support people living with diabetes. ADEA remains committed to advancing workforce recognition, improving access to diabetes education and multidisciplinary care, and ensuring the diabetes workforce is equipped to meet growing community needs.

A united call for equitable access to diabetes technology and CDE-led care

This year, ADEA partnered with Diabetes Australia and other leading diabetes organisations to develop joint recommendations for the 2026–27 Federal Budget aimed at improving access to diabetes technology through the National Diabetes Services Scheme (NDSS). The submissions called for expanded subsidies for CGM and automated insulin delivery systems, with an initial focus on priority groups facing the greatest barriers to access and the highest risk of poor health outcomes.

ADEA's advocacy emphasised that technology alone is not enough. People living with diabetes also need access to appropriately trained health professionals, including CDEs, to support diabetes education, technology initiation and ongoing self-management.

Through collaboration with Diabetes Australia and other sector partners, ADEA helped strengthen the case for more equitable access to diabetes technology, greater investment in diabetes education and self-management support, and a sustainable diabetes workforce. While the 2026–27 Federal Budget did not include new funding for the proposed measures, ADEA remains committed to advocating for improved access to diabetes technologies and CDE-led care to meet the growing needs of people living with diabetes.



National Diabetes Week: a healthier future for everyone

As part of National Diabetes Week 2025 (13–19 July), ADEA supported Diabetes Australia's national campaign, which focused on the importance of prevention, early intervention and reducing the risk of diabetes-related complications.

To support diabetes health professionals during the campaign, ADEA developed a dedicated National Diabetes Week resource hub, providing practical information, resources and campaign materials to help members promote key messages within their communities. Through its communications channels, ADEA also helped raise awareness of prevention, early diagnosis and access to evidence-based diabetes care and education.

By supporting National Diabetes Week, ADEA reinforced the vital role of CDEs and diabetes health professionals in helping people reduce their risk of diabetes, prevent complications and achieve better health outcomes. This work reflects ADEA's ongoing commitment to improving diabetes care and creating a healthier future for all Australians.

Elevating the profile of ADEA and CDEs

Throughout the year, ADEA continued to raise the profile of CDEs through media engagement, awards, member stories and strategic communications.

ADEA celebrated excellence within the profession through initiatives including the CDE of the Year Awards and the ADEA Honorary Life Membership Award. We also highlighted significant achievements across the diabetes community, including national recognition of First Nations leadership in diabetes education and care, milestones achieved by Aboriginal and Torres Strait Islander health professionals, and the accomplishments of award-winning CDEs.

By sharing these stories and recognising professional achievement, ADEA strengthened awareness of the expertise, leadership and impact of CDEs and their vital role in improving outcomes for people living with diabetes.

ADEA President Ann Bush at the National Diabetes Summit in Canberra in March 2026, helping shape national conversations about diabetes prevention and care.



Marketing, digital visibility and emerging AI search

ADEA continued to strengthen its marketing and digital visibility across search, web and campaign activity. Across FY 2025–26, ADEA's three websites generated **7.4 million Google Search impressions**, while the public website and member portal recorded more than **216,000 sessions**. **Find a CDE recorded 20,271 visits, up 22% year-on-year and averaging 56 visits per day**, helping connect greater visibility with access to CDEs.

ADEA also expanded its search strategy to include AI-assisted search. From January to July 2026, ADEA content recorded **more than 38,000 citations across AI-powered search platforms**. This work supported **IDF-WPR 2026 & ADC 2026**, with the Congress landing page gaining around **1,500 additional AI search citations** between March and June and **5–6 priority Congress search terms** appearing at or near the top of search results.

ADEA also contributed to broader Congress marketing through campaign planning, advertising review and communications with co-host organisations, while ADEA-driven traffic and performance formed part of reporting for the Melbourne Convention Bureau.

Member voices and the story of the CDE profession

ADEA placed greater emphasis on bringing member voices and professional experiences into its marketing and communications throughout FY 2025–26. Across ADEA's State Conferences, testimonials, professional insights, member stories and social media giveaways added depth to traditional event promotion and created more opportunities to showcase CDEs working in local settings while drawing on global knowledge and professional connections.

Member perspectives were also reflected across broader communications, including education content, committee insights, event storytelling and preparations for ADC 2025 and 2026, including the 2026 joint congress with IDF-WPR. This helped present a more diverse picture of the CDE profession and the different ways members contribute to diabetes education and care. Organic social media supported this broader activity with **384,672 impressions, a reach of more than 208,000 people, 27,615 engagements, and 12,195 link clicks, without paid advertising**.

Strong growth in ADEA membership and the CDE workforce

ADEA membership continued to grow strongly, increasing by 10.6% during 2025–26 and by 20.8% over the past six years, from 2,385 members in 2020 to 2,881 in 2026. The CDE workforce also continued to expand, growing by 2.7% during 2025–26. Since 2020, the number of CDEs has increased from 1,573 to 1,839, an overall increase of 16.9%.

20,271
visits to the Find a CDE directory, up 22% year-on-year

56
average visits per day

10.6%
membership growth in the past 12 months.

20.8%
membership growth over the past six years.

2.7% CDE growth in the past 12 months.

16.9% CDE growth since 2020.

STRATEGIC PILLAR 2

Educate

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

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

Over the past year, ADEA has refreshed its approach to education to better reflect members' needs and support high-quality, evidence-based, contemporary diabetes care. We reviewed, strengthened and streamlined processes for education development and endorsement, while re-establishing relevant committees along the way. Education committees will focus on a stronger governance structure, broaden expertise and give members clearer pathways to shape ADEA's education agenda. Our Endorsement Committee will oversee the quality and relevance of endorsed programs. We have also reviewed our full suite of education offerings, assessing content against current evidence, workforce priorities and member feedback, and identifying gaps and opportunities for new learning. In response to member requests, ADEA is now delivering education, such as our webinars and podcasts, more consistently. And we're working on the visibility and accessibility of these offerings to you. Together, these changes position ADEA to provide timely, evidence-based and practice-relevant education that builds workforce capability and supports CDEs to deliver person-centred care.

Evaluating and enhancing the Initial Credentialling Pathway

During 2025–26, ADEA focused on embedding and evaluating the new Initial Credentialling Pathway following its successful launch in the previous year. The pathway is strengthening the CDE workforce through a more robust, competency-based assessment process that evaluates applicants' knowledge, skills and capabilities in real-life clinical situations. This provides greater assurance that newly credentialled CDEs are prepared to deliver safe, effective and person-centred diabetes care. Feedback was gathered from applicants who had completed the pathway, as well as assessors, to understand their experiences and identify opportunities for improvement. ADEA is now working through the review findings and implementing the recommendations. A key initiative arising from the recommendations is the introduction of regular AskCredentialling Drop-In sessions to better support those going through the Initial Credentialling Pathway. Our first Drop-In session attracted 143 attendees.

The ADEA team with VIC/TAS POC members at the 2026 ADEA Victorian Conference.



Tracy Aylen Diabetes Education Research Grant Program

A $20,000 bequest to ADEA established the Tracy Aylen Diabetes Education Research Grant Program. The program supports early career clinicians and researchers to develop diabetes education research and build their research capability. Two grants of $10,000 were offered to ADEA members who were either CDEs within seven years of credentialling or researchers within seven years of PhD completion. An expert panel assessed applications for alignment with ADEA's strategy, significance, benefit to people living with diabetes, feasibility, impact and capacity-building potential.

2025 Grant Recipients

Optimising health professional education for primary prevention of type 2 diabetes in polycystic ovary syndrome

Dr Stephanie Cowan, Monash Centre for Health Research and Implementation

Women with polyendocrine metabolic ovarian syndrome (PMOS, previously PCOS) have up to four times the risk of developing type 2 diabetes. They are also less engaged in prevention programs such as Diabetes Victoria's Life!. In partnership with women with PMOS, Monash Health and Diabetes Victoria, this project will co-design and pilot a digital education program for Life! facilitators and diabetes health professionals. The pilot will evaluate changes in their knowledge, confidence and practice. The program is planned for ADEA endorsement and national rollout through Monash University short courses.

Strengthening the future: updating the Diabetes Capability Framework for a contemporary workforce

Dr Giuliana Murfet, University of Tasmania / Tasmanian Health Service

Since its launch in 2021, the Diabetes Capability Framework has been widely used to shape diabetes education, from carer training to postgraduate study. The project will update it to reflect new technologies, therapies and the needs of priority populations. The update will draw on an evidence review, stakeholder consultation and a Delphi consensus process.

Both projects strengthen the diabetes workforce to deliver equitable, person-centred care and will be presented at the Australasian Diabetes Congress (ADC) 2027 in Adelaide.

Research Involvement

Supporting research is central to ADEA's role as the leading voice for diabetes education in Australia. Research builds the evidence base for what diabetes educators teach and how they deliver care, so practice keeps pace with advances in technologies, therapies and models of care. By backing diabetes research, ADEA keeps findings grounded in clinical practice and feeds them back to the workforce through education, endorsement and professional standards.

This growing evidence base strengthens ADEA's advocacy for CDE-led care, helping ensure more people living with, or at risk of, diabetes can access the specialist education, support and equitable, person-centred care they need. Across the year, we provided 14 letters of support to researchers for grant submissions and continue to showcase some of these researchers and their projects through the ADE and Research Lunch and Learn.

Educational programs

12 endorsed educational programs

9 online educational courses, 3 events

Webinars

10 webinars

14 speakers

900 attendees

Top 3 webinars

Webinar topic	Live attendance	Attendance rating	Recording views on LMS
Multidisciplinary considerations to starting a GLP-1 receptor agonist	66%	80% rated excellent	196
Empathetic diabetes care: what does it actually look like?	62%	76% rated excellent	159
Managing type 2 diabetes in youth	56%	70% rated excellent	147

Podcasts

8 podcasts

2 sponsors

Top 3 podcasts

Webinar topic	# listens on LMS
Unpacking the importance of exercise and diet during GLP-1 RA therapy	122
Journey of a CDE through health coaching	71
Health coaching tools in diabetes education	42

Research Lunch and Learn (formerly Research Journal Club)

6 meetings

NDSS-funded activities

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

ADEA continued to raise awareness and promote the NDSS (including registration, programs and resources) to the generalist health workforce, primary care and diabetes health professionals. Activities included attending the ADEA branch conferences and ADC, regular updates and articles in the newsletter and Australian Diabetes Educator (ADE) publication and engagement with key health professional organisations. ADEA has also commenced working with the Australian College of Rural and Remote Medicine to present NDSS workshops to their registrars, and we are looking to expand this work with other relevant health professional groups.

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

NDSS Diabetes eLearning Aboriginal and Torres Strait Islander Health – Magnetic Banner video development

These free foundational eLearning modules are designed to support health professionals working with Aboriginal and Torres Strait Islander communities, offering practical tools, lived experience, and strategies to improve care and connection. In the quality and improvement review cycle this year, the first improvement was to develop and film the co-designed Magnetic Banner visual tool being delivered by Aboriginal and/or Torres Strait Islander CDEs. Four videos were completed: the digestive process, type 1 diabetes, type 2 diabetes and gestational diabetes mellitus. These videos are in the About Diabetes module to explain the different types of diabetes.

National Diabetes Nursing Education Framework eLearning modules and workbook

The National Diabetes Nursing Education Framework provides a nationally consistent standard for diabetes nursing competence. To support this framework, an eLearning program was developed to help nurses understand and apply the framework in their everyday practice. This program contains six interactive modules and a workbook that provide practical guidance to support professional development and help navigate a diabetes nursing career with confidence. The framework and modules were presented at IDF-WPR/ADC 2026.

NDSS Quality Review Cycle

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

- Person-centred care toolkit
- Improving health literacy for people with diabetes
- Capillary glucose monitoring: a guide for health professionals
- Continuous glucose monitoring for health professionals
- Health workforce education modules

The refreshed resources will continue to support quality improvement and consistency in diabetes care across Australia.

STRATEGIC PILLAR 3

Care

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

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

Continuing collaboration across the diabetes sector

Despite significant changes to the formal governance relationship between ADEA and Diabetes Australia during the year, ADEA remained committed to working collaboratively across the diabetes sector to improve outcomes for people living with diabetes.

ADEA continued to engage constructively with Diabetes Australia, the ADS and other sector partners on areas of shared interest. This included contributing to joint recommendations for the 2026–27 Federal Budget that called for more equitable access to diabetes technology, greater investment in diabetes education and self-management support, and stronger support for CDEs and the broader diabetes workforce.

During National Diabetes Week 2025, ADEA supported Diabetes Australia's national campaign, *A healthier future - for everyone*, and developed a dedicated resource hub for CDEs and diabetes health professionals. Through its communications channels, ADEA helped raise awareness of prevention, early diagnosis and the vital role of diabetes education in improving health outcomes.

While the formal unification arrangements established in 2021 came to an end following Diabetes Australia's constitutional changes, ADEA's commitment to collaboration remains unchanged. ADEA will continue to work with partners across the diabetes sector while ensuring the expertise and voice of the CDE profession remain strong, visible and influential in shaping diabetes policy, education and care.

Reducing the impact of diabetes on First Nations peoples

ADEA continued to offer scholarships to support Aboriginal and Torres Strait Islander health professionals to undertake further study in diabetes education and progress towards becoming CDEs. While some recipients were unable to proceed with their scholarships after deciding not to undertake the intended course of study, ADEA remains committed to actively awarding funding and supporting First Nations workforce development.

During 2025–26, ADEA also awarded funding through its General Funding Pool. This provides recipients with greater flexibility to use the support in ways that best meet their individual education and professional development needs.

This flexible approach helps reduce barriers to participation and supports First Nations health professionals to build their knowledge and capability in diabetes care.

ADEA continued to champion First Nations leadership in diabetes education and care. This year, we celebrated the achievement of the first male Aboriginal Health Practitioner to attain CDE status, building on the milestone of the first Aboriginal Health Practitioner to become a CDE. We also highlighted national recognition of ADEA's leadership in First Nations diabetes education, with a pioneering education model developed as part of an ADEA-accredited course receiving a citation in the prestigious Australian Awards for University Teaching. Together, these achievements reflect important progress in strengthening a culturally responsive diabetes workforce and improving care for Aboriginal and Torres Strait Islander communities.

STRATEGIC PILLAR 4

Connect

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

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

Embedding diabetes education and care throughout the healthcare system

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

During 2025–26, ADEA contributed to a range of national consultations and reform initiatives aimed at improving access to multidisciplinary care and strengthening recognition of the diabetes education workforce.

This included advocacy through the Australian Government's review of Medicare-funded chronic condition management services, the Independent Review of Complexity in the NRAS, and the ABS review of the OSCA. Through these processes, ADEA advanced the case for improved access to diabetes education, stronger multidisciplinary models of care, and greater recognition of the specialised expertise of CDEs.

ADEA also continued to work closely with AHPA and other sector partners to support workforce reform, digital health initiatives, and professional recognition across the allied health sector. Together with ADEA's education initiatives and membership development opportunities, these efforts help ensure diabetes education remains a core and connected component of Australia's healthcare system while supporting a skilled workforce equipped to meet growing community needs.

Supporting the CDE workforce

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

Events and comprehensive education initiatives

Throughout 2025–26, ADEA delivered a comprehensive education program encompassing the ADC, state conferences, webinars, podcasts and workshops.

ADEA delivered its largest program of state conferences in five years, holding five conferences across NSW/ACT, Victoria, Queensland, WA and SA. Each event included a half-day workshop followed by a full-day conference, providing members with practical learning, professional development and opportunities to connect with colleagues in their state. ADEA also delivered its second Education Day on the Gold Coast, held immediately before the ADC. The program provided a dedicated day of practical education, contemporary clinical insights and networking opportunities for diabetes healthcare professionals.

Embedding the new credentialling pathway

During 2025–26, ADEA completed the transition to its new Initial Credentialling Pathway, with the previous pathway closing in October 2025. The new pathway is now the sole pathway for health professionals seeking recognition as a CDE.

A total of 144 members achieved credentialling during the year, compared with about 150 in 2024–25, maintaining a strong pipeline of newly credentialled health professionals entering the CDE workforce.

ADEA also reviewed the new pathway, gathering feedback from members who had completed it and from credentialling assessors. ADEA is now considering the findings and progressing the recommendations to further improve the candidate experience, pathway resources and assessment process.

Beyond credentialling outcomes, ADEA continued to promote the value of the redeveloped pathway across the health sector. The pathway was featured in the November 2025 edition of the *Australian Health and Aged Care Resource Guide*, which highlighted the role of CDEs in supporting aged care providers to meet the strengthened Aged Care Quality Standards and how the redeveloped pathway is helping prepare a workforce capable of delivering high-quality diabetes care in increasingly complex settings.

Diabetes Connekt: growing platform engages and empowers the CDE workforce and members

Diabetes Connekt, our platform that hosts the Capability Framework for Diabetes Care and was launched on World Diabetes Day 2022, now has about 5,600 users, up 14% from 2024–25. Member interaction has remained strong, with high levels of messages sent and received, and active participation across discussion groups and library resources.

The platform continues to play a central role in connecting members, sharing educational materials, and supporting collaboration across the diabetes care community. Through Diabetes Connekt, ADEA provides members with access to events, resources and peer support, helping CDEs and other professionals adapt and thrive in an evolving healthcare landscape. ADEA also provides the CDE workforce with various grants and awards to recognise their contributions and enhance their professional development.

ADEA Member Services Team Leader Emma Maxwell and Head of Member Services and Partnerships Natasha Veech at ADC 2025.



Upholding professional standards

The ADEA Complaints Committee considers complaints about members in relation to the ADEA Code of Conduct and makes recommendations to the Board where appropriate. During the financial year, the Complaints Committee reviewed three complaints. These complaints related to unsatisfactory professional performance and/or other unprofessional conduct, as well as matters raised as workplace grievances. Of these three complaints, one was considered by a Complaints Hearing Subcommittee.

Unsatisfactory professional performance complaints generally concern conduct that may constitute a breach of the Code of Conduct in relation to a member's sphere of practice, responsibilities to clients, or professional competence. Unprofessional conduct complaints may involve breaches of the Code of Conduct relating to a member's responsibilities to clients or responsibilities to themselves as professionals.

In reviewing complaints, the Committee also considers whether the matter falls within its jurisdiction under the ADEA Code of Conduct. Some complaints may arise in the context of a workplace but are, on assessment, primarily employment or workplace matters rather than matters concerning professional conduct. These may include interpersonal disputes, workplace relationships, management or performance management issues, employment conditions, or other grievances arising from an employment relationship.

Where a complaint is determined to be principally a workplace or employment matter, and there is insufficient evidence of a matter that can be assessed against the ADEA Code of Conduct, the Committee is unable to consider the matter further and the complaint is dismissed. This does not necessarily indicate that the underlying workplace concerns are without merit; rather, it reflects the Committee's jurisdiction and the distinction between workplace grievances and complaints concerning professional conduct under the Code.

This approach ensures that the Committee's resources and processes remain focused on complaints that fall within its remit and can be appropriately assessed against the professional standards and obligations established by the ADEA Code of Conduct.

Honorary Life Membership

The Board bestows the prestigious Honorary Life Member Award on an individual member who has made a significant contribution to diabetes education. Limited to one member per year, this highest honour was awarded in 2025 to Dr Virginia Hagger. Since its inception, 22 members have received this award.

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

Dr Virginia Hagger was awarded the 2025 ADEA Honorary Life Membership.



CDE Fellowship Award

Initiated in 2017, the CDE Fellowship Award recognises members' expertise and contributions, granting them the post-nominal Fellow of the Australian Diabetes Educators Association (FADEA). As of 30 June 2026, ADEA has 16 Fellows.

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

National and State/Territory CDE of the Year Awards

The Jan Baldwin National CDE of the Year 2025 was awarded to Helen Lamech. State and territory awards were presented across Australia, with no nominations received in Tasmania:

- ACT: Kirstin Turner
- NSW: Sian Bramwell
- QLD: Karen Shann
- SA: Isla Yiannoullou
- VIC: Dawn Prescod
- WA: Pixie Barrie
- NT: Helen Lamech

Additional CDE of the year categories:

- Early Career CDE of the Year: Amy Zheng
- Aboriginal and/or Torres Strait Islander CDE of the Year: Shirley Kusu
- People's Choice CDE of the Year: Karen Shann

Abstract and Case Study Awards

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

- Best Oral Presentation: Michelle Kriss
- Best New Oral Presentation: Trish Collis
- Best Poster Presentation: Elizabeth Mulrooney
- Best New Poster Presentation: Hannah Mackay

In the *FreeStyle Living with Diabetes: Learning from Case Studies 2025*, the Judges Choice Award went to Rebecca Ritchie, with finalists including Liam Collins, Jijimol Arun, and Deborah Schubert. The Early Career Award went to Trang Vu.

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

Diabetes Pathways

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

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

Helen Lamech (second from right) receives the 2025 Jan Baldwin National CDE of the Year award, joined on stage by ADEA President Ann Bush, Jan Baldwin's nephew Dean Adams, and Kevin Lim of Eli Lilly Australia and New Zealand.



STRATEGIC PILLAR 5

Support

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

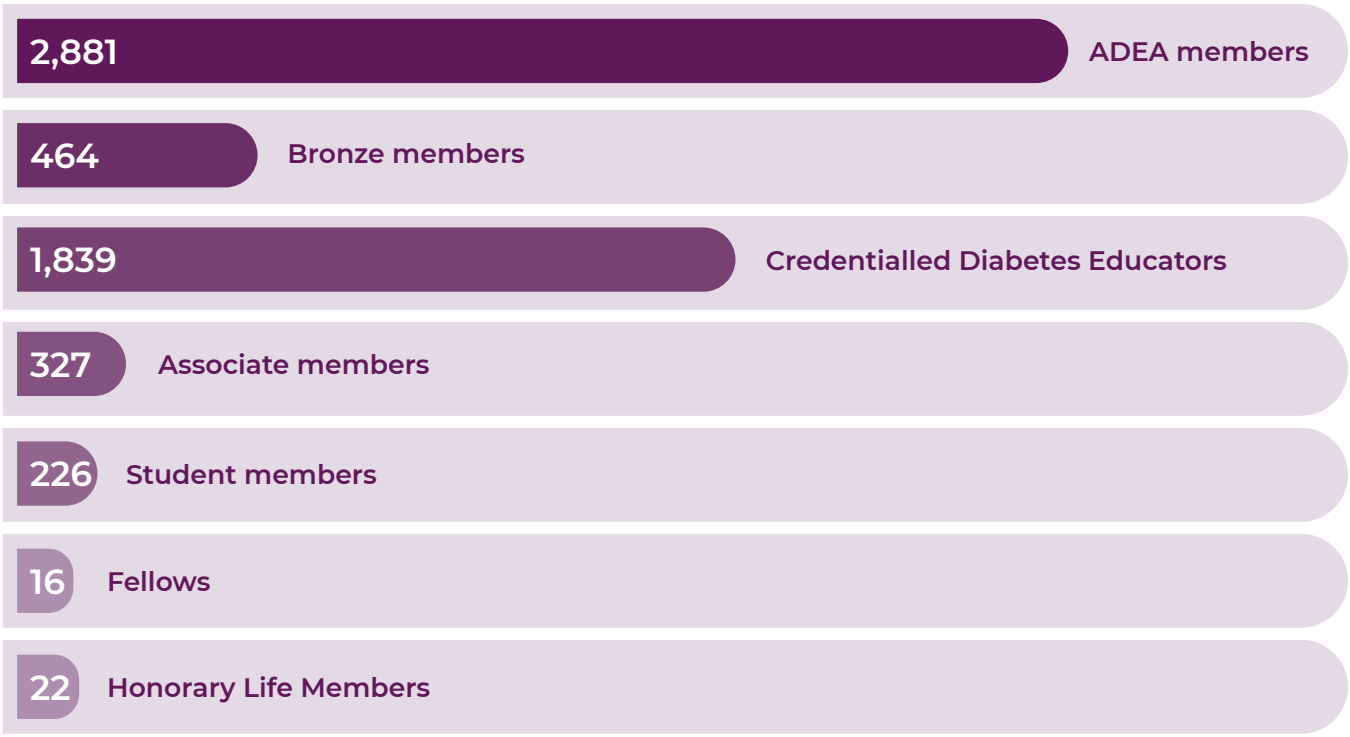
- *Sustainable financial recovery following the pandemic and ongoing financial stability*
- *A strong and growing membership base*
- *Highly skilled, motivated and sufficient staff*
- *Reliable, efficient and effective systems and technology*
- *Strong stakeholder relations and partnerships, including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

Strengthening financial sustainability via strategic investments

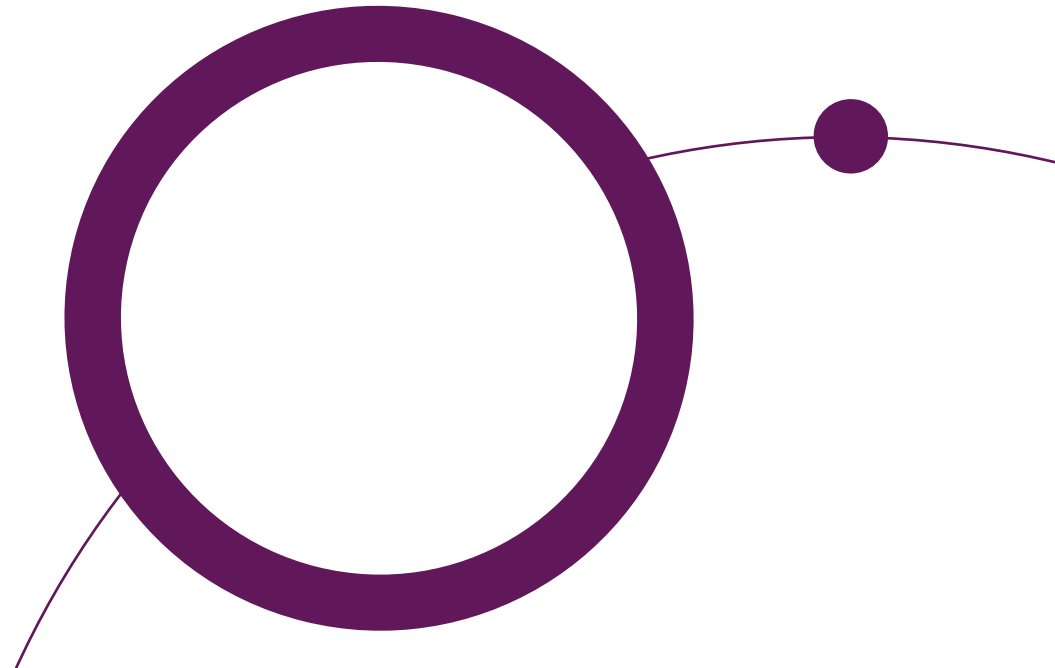
ADEA continues to maintain strong governance and a focus on long-term financial sustainability. During 2025–26, ADEA returned to profitability and further strengthened its financial position, supported by sound financial stewardship and positive operating performance. ADEA also enhanced its internal financial capability through the transition to an in-house Finance Manager, strengthening financial management and reporting. With a strong financial foundation and effective governance oversight, ADEA remains well placed to invest in its strategic priorities and further support members.

Membership growth and advocacy boost the CDE profession

As of 30 June 2026, ADEA had 2,881 members, showing strong member growth of 10.6% for the year. CDE numbers are 1,839. This represents an increase of 2.7% during the past 12 months and indicates that growth in the CDE profession is not keeping pace with the increasing number of people living with diabetes who are registered with the NDSS. During the past year, our mentoring partnership program has continued to strengthen professional development within the ADEA community. The program has facilitated meaningful mentor–mentee connections, providing invaluable guidance and support to help members navigate their career pathways and grow in their practice.



Numbers as at 30 June 2026



Stable management supports ADEA's growth and programs

ADEA has a strong and stable management team comprising the CEO, Head of Member Services and Partnerships, and Head of Education and Professional Standards. As of 30 June 2026, ADEA employed 11.6 full-time equivalent (FTE) staff: 9.7 FTE operational staff and 1.9 FTE NDSS staff. With membership growth and expanded education, policy and advocacy programs, ADEA's total staff FTE increased slightly this financial year to support operational needs. This included transitioning the finance function in-house, strengthening financial oversight and internal capability while maintaining fiscal efficiency and responsible resource management.

Enhanced systems and technology efficiency

During 2025–26, ADEA continued to enhance its systems and digital capability through a series of incremental improvements and platform upgrades that support members, streamline operations and improve organisational efficiency.

Building on the foundations established through the Information and Communications Technology (ICT) Transformation Project and the introduction of the redeveloped credentialling pathway, ADEA implemented ongoing enhancements across its website, member portal, learning management system and credentialling processes. These updates improved usability, strengthened integration between systems, and supported a better experience for members accessing education, credentialling and membership services. ADEA also continued to strengthen its digital communications and online presence, helping members and stakeholders more easily access information, resources and services.



Organisational Structure

Board of Directors

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



Ann Bush

Commenced term three 24 August 2024, President from 15 October 2024



Shannon Lin

Commenced term one 31 October 2023, Vice President from 12 October 2025



Tracie Radnidge

Commenced Independent Finance Director from 9 March 2026



Anna Blackie

Commenced term one 12 October 2022, Vice President from 15 October 2024 until 12 October 2025



Tina Wyer

Commenced Independent Finance Director from 25 August 2024 until 23 February 2026



Coralie Cross

Commenced term two 24 August 2024



Kay Dean

Commenced term one 12 October 2025



Ruth Feltoe

Commenced term one 23 February 2026



Derek Finch

Commenced term three 28 August 2023



Ian Harmer

Commenced term one 3 April 2025



Elise Hoyer

Commenced term one 12 October 2025



Dhivya Mani

Commenced term one 15 July 2024 until 29 December 2025



Catharine McNamara

Commenced term one 12 October 2022 until 12 October 2025



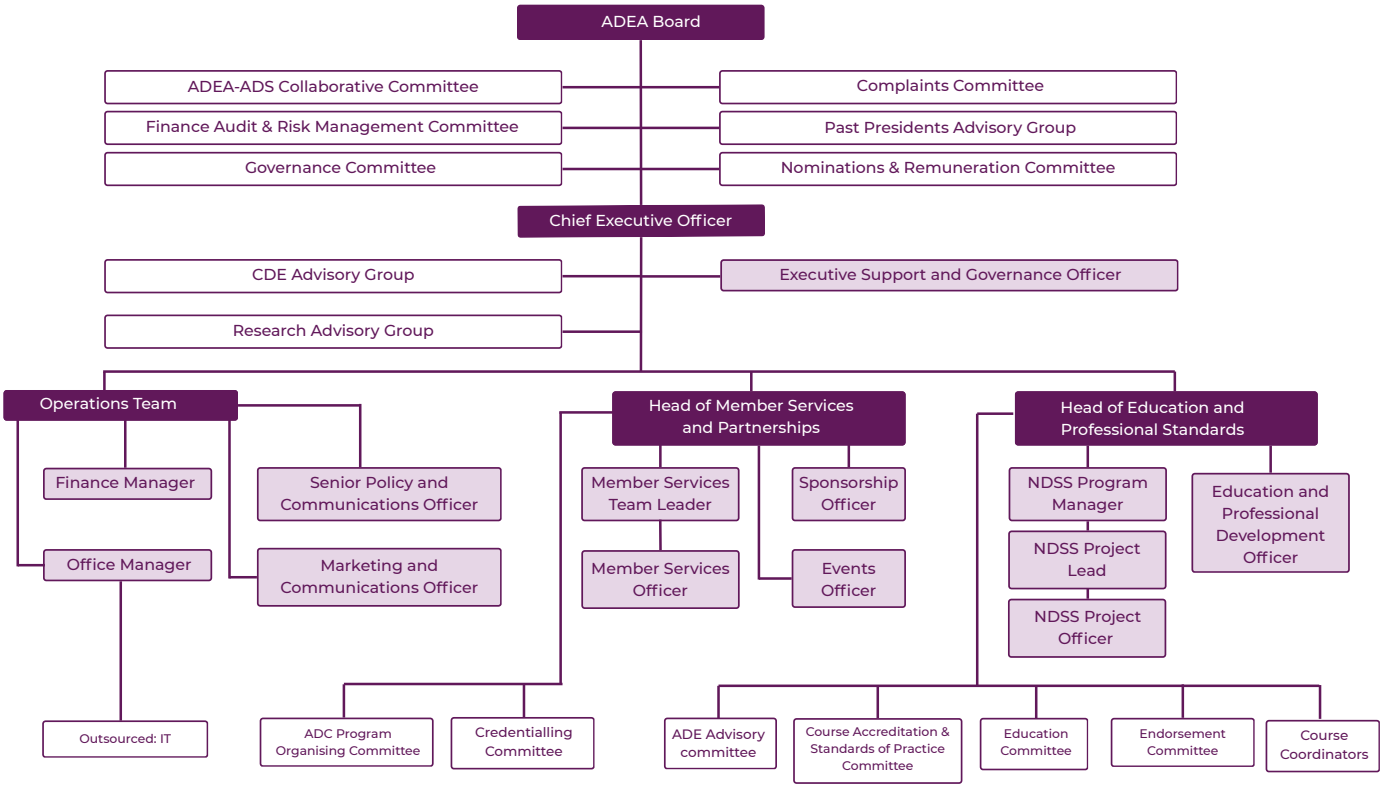
Emily Wooden

Commenced term one 3 March 2025 until 18 February 2026

ADEA Board members present at ADC 2025 on the Gold Coast.



Organisational Chart



Committees

Australian Diabetes Educator Editorial Advisory Group

Kate Marsh (Editor)
Achamma Joseph
Rebecca Munt
Edwin Pascoe
Michelle Robins
Diyar Emadi (ADEA representative)
Claire Gatto
Tom Chan

Course Accreditation and Standards of Practice Committee

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

Credentialling Committee

Elizabeth Obersteller (Chair)
Megan Pruesker
Lois Rowan
Maxine Schlaeppi
Annabelle Stack
Andrew Maher
Sarah Tomlinson
Meredith Hancock
Jessica Weiss
Megan Paterson

Endorsement Committee

Wendy Bryant
Rachel McKeown

Education Committee

Catharine McNamara
Kirstin Turner
Kevin Peachey
Vicki (Fredrieka) Stavridis
Janine Wright
Diyar Emadi

ADC25 Program Organising Committee

Ashley Ng (chair)
Katherine Snars
Siobhan Barlow
Shannon Lin
Achamma Joseph
Rachel McKeown
Grace Ward
Teresa Di Franco
Diyar Emadi
Tim Benson (Lived experience representative)
David Burren (Lived experience representative)

Board committees

Finance Audit and Risk Management Committee

Tracie Radnidge (Chair from 9 March 2026)
Tina Wyer (Chair until 22 February 2026)
Ann Bush
Elise Hoyer
Melanie Gray Morris (Secretariat)
Derek Finch (until 20 August 2026)
Tony Stubbs (Secretariat until August 2025)

Governance Committee

Ruth Feltoe (Chair from 23 February 2026)
Dhivya Mani (Chair from July 2024 until 29 December 2025)
Coralie Cross
Ian Harmer
Elise Hoyer
Shannon Lin
Aneesa Khan (Secretariat)

Complaints Committee

Kay Dean (Chair from February 2026)
Catharine McNamara (Chair until June 2026)
Ian Harmer (Support)
David Bartlett
Michelle Culhane
Tracey Desborough
Susan Drmota
Naomi Erends
Kathy Grudzinskas
Michelle Hogan
Dhivya Mani
Taryn Mews
Prudence Milne
Eloise Palmer
April Saladores
Joel Tuccia
Sharon Woodrow
Aneesa Khan (Secretariat)

Nominations and Remuneration Committee

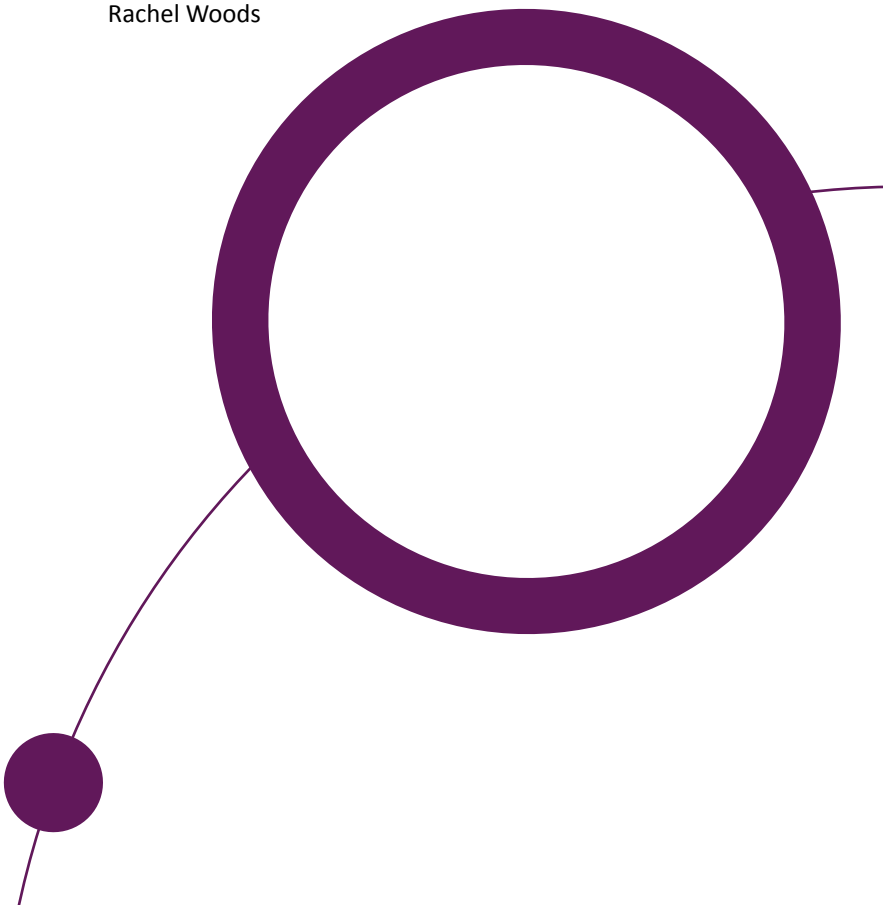
Derek Finch (Chair until 20 August 2026)
Ann Bush
Anna Blackie (until 12 October 2025)
Aneesa Khan (Secretariat)

Past Presidents Advisory Group

Brett Fenton
Jane Giles
Nuala Harkin
Giuliana Murfet
Tracey Tellam
Amanda Bartlett

CDE Advisory Group

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



State Conference Program Organising Committees

Qld

Kirstin Turner
Adnan Gauhar
Luzviminda Supan
Annabelle Stack
Susan Carbone
Andrea van Grinsven
Tarak Jani
Candice Crellinq

NSW/ACT

Jodine Ball
Amy Zheng
Michelle
Chun Hong Chan (Tom Chan)
Kerri Rothery
Elaine Cornford

Vic/Tas

Frederika (Vicki) Stavridis
Tamer Hanna
Sifundo Mpatiwa
Prue Reyne
Gihan Girigis
Ros Sullivan
Janet Lagstrom
Edith Wilson
Edna Louzado

SA

Daniela Nash
Rachel Woods
Bonnie Sanderson
Wenjie Liu

WA

Janine Wright
Jenna Matters
Jane-Anne Gardner
Cliff Mason
Kendall Gow

Award judging panels

CDEs of the Year 2025

Diyar Emadi
Rachel McKeown
Achamma Joseph
Ashley Ng
Rachelle Ward (consumer)

Abbott Case Study Awards 2025

Ann Bush
Adam Lamendola
Dr Sue-Lynn Lau
Angela Llewellyn
Peta Tauchmann

ADC 2025 abstract reviewers

Ashvin Nursing
Karen Crawford
Tim Benson
Ashley Ng
Monique Cambrey-Young
Edwin Pascoe
Belinda Brooks
Diyar Emadi
Leonie Heilbronn
Katherine Snars
Siobhan Barlow
Kirstine Bell
Wendy Bryant
Rachel Hicks
Rebecca Munt
Kim Loh
Kathryn Aston-Mourney
Rachel McKeown

ADC 2025 presentation and poster judges

Rebecca Munt
Achamma Joseph
Wendy Bryant
Tim Benson
Rachel McKeown
Diyar Emadi
Ashley Ng

Thank you

Thank you to our corporate sponsors

ADEA Education

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Air Liquide
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Novo Nordisk
Pharmaco
Roche
Sanofi

ADEA Events

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ADEA Membership Benefits

Blue Light Card
Guild Insurance
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Australian Diabetes Educators' Association Limited

ABN: 65 008 656 522

Annual Financial Report

for the year ended

30 June 2026

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 Australian Diabetes Educators Association Limited (the Company) for the financial year ended 30 June 2026.

Board Directors

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

Ann Bush	Commenced term three 24 August 2024, President from 15 October 2024
Shannon Lin	Commenced term one 31 October 2023, Vice President from 12 October 2025
Tracie Radnidge	Commenced Independent Finance Director from 9 March 2026
Anna Blackie	Commenced term one 12 October 2022, Vice President from 15 October 2024 until 12 October 2025
Tina Wyer	Commenced Independent Finance Director from 25 August 2024 until 23 February 2026
Coralie Cross	Commenced term two 24 August 2024
Kay Dean	Commenced term one 12 October 2025
Ruth Feltoe	Commenced term one 23 February 2026
Derek Finch	Commenced term three 28 August 2023
Ian Harmer	Commenced term one 3 April 2025
Elise Hoyer	Commenced term one 12 October 2025
Dhivya Mani	Commenced term one 15 July 2024 until 29 December 2025
Catharine McNamara	Commenced term one 12 October 2022 until 12 October 2025
Emily Wooden	Commenced term one 3 March 2025 until 18 February 2026

Principal Activities

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

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

Significant Changes

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

Operating Result

The total comprehensive gain after the recognition of fair value gain and loss on financial assets for the financial year ended 30 June 2026 is $302,908 (2025: $53,994 loss).

Information on Directors

Ann Bush

2024 -	ADEA President
2023	Chronic disease management communications working group – Dept of Health and Aged Care
2023 - 2024	Chair ADEA Complaints Committee
2022 - 2024	ADEA Vice President
2018	ADEA Board Director – Committees Governance (2018 – 2022) Noms and Rems (2022 ongoing)
2018	Cert IV Workplace training and Assessment upgradeTAE40116
2012 - 2018	ADEA Vic Branch Exec – Branch Chair (2014-18)
2011	Flinders Chronic Disease Self Management Course, Flinders University.
2009	Mental Health First Aid, University of Melbourne
2007	Health Coaching for Health Professionals, Health Coaching Australia
2003	Credentialled Diabetes Educator ADEA - ongoing

1991	Graduate Certificate of Diabetes Education, Deakin University.
1989	Grad Certificate in Occupational Health, Safety and Social Welfare.
1984 - 1987	Registered Nurse training

Anna Blackie

2025	Master of Lifestyle Medicine
2024 - 2025	ADEA Vice President
2023	Foundations of Directorship, Australian Institute of Company Directors
2022	Commenced term one ADEA Board Director
2022	MESAC Advisory Committee
2022	ADEA Governance Committee
2021	ADEA Education Endorsement Committee
2018	Credentialled Diabetes Educator
2012	Accredited Consultant Pharmacist
2005	Registered Pharmacist

Coralie Cross

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

Kay Dean

2025 -	ADEA Board Director
2019	Master of Nurse Practitioner, University of Queensland
2013	Graduate Certificate in Diabetes, Curtin University, WA
2002	Diploma Higher Education in Nursing, Leeds University, England

Ruth Feltoe

2026	Current principal practising certificate to practice law in Victoria
2026 -	ADEA Board Director
2026 -	Independent Non-executive Director & Chair of Governance Committee, ADEA Ltd
2026 -	Treasurer, Riddells Creek Pony Club Inc.
2023 - 2024	Company Secretary, Lort Smith
2023	Graduate Diploma, Applied Corporate Governance & Risk Management, Governance Institute of Australia (GIA)
2022 - 2023	Board member, Pony Club Victoria
2019 -	President & Chair, Bolinda Heights Private Water Scheme Inc.
2016	Graduate, Australian Institute of Company Directors (AICD)
2007 - 2017	Panel member, State Chief Instructors' Panel, Pony Club Victoria
2006 - 2008	Committee member, Australian Pony Stud Book Society Inc.
2001	Graduate Diploma, Company Secretarial Practice, Chartered Secretaries Australia Ltd (predecessor of GIA)
1997	Masters of Law, University of Melbourne
1993	Admitted to practice in Supreme Court of Victoria and High Court of Australia
1991	Bachelor of Laws, University of Melbourne
1989	Bachelor of Arts (Hons), University of Melbourne

Derek Finch

2020 - 2022	Chair, SA Special Olympics
2021 - 2025	Board member ADRF
2021 -	Chair of the ADEA Nominations and Remuneration Committee
2019 - 2020	Chair of the ADEA Governance Committee
2022 - 2023	Chair of the ADEA Governance Committee
2023 -	ADEA Board Director
2016	Business Consultant for CX Consult
2016	Manager Optus Business Services Desk
2012 - 2014	National Contact Centre Manager Bureau of Meteorology
2008 - 2012	Head of Customer Operations Kidney Health Australia
2004 - 2008	National Call Centre Manager Heart Foundation
1987 - 2004	Call Centre Manager and management roles
1984	Tottenham College of Technology – Professional Qualification of Royal Institute of Housing

Ian Harmer

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

Elise Edwards (nee Hoyer)

2026	Currently Studying Graduate Certificate in Tertiary Teaching (due for completion Nov 2026)
2025 -	ADEA Board Director
2025	Member of ADEA special interest groups for CDE/AEP
2020	Member of ADEA special interest groups for Diabetes Care in Private Practice
2020	Member of ADEA special interest groups for Diabetes Care in Older Australian's
2019	Tai Chi for Chronic Conditions and Falls Prevention
2017	Credentialled Diabetes Educator, ADEA
2016	Matwork and Reformer Pilates Levels 1, 2 and 3
2016	Graduate Certificate in Diabetes Education and Management, Southern Cross University
2014	Accredited Exercise Physiologist, ESSA
2014	Bachelor of Exercise and Sport Sciences, majoring in Clinical Exercise Physiology, Honours Class 1, The University of Queensland

Shannon Lin

2026	Senior Fellow of the Higher Education Academy, Advance HE
2025	Dietitians Australia Outstanding Contribution Award
2025	Associate Professor, University of Technology Sydney
2025 -	ADEA Vice President
2025	Company Directors Course – AICD
2025	Fellow, Dietitians Australia
2023	Jan Baldwin CDE of the Year
2023 -	ADEA Board Director
2023	Convenor, Culturally and Linguistically Diverse Interest Group, Dietitians Australia
2022	Doctor of Philosophy (PhD), University of Sydney
2022	Advanced Accredited Practising Dietitian
2021	Chair, NSW Branch, ADEA
2021	Health Literacy Specialist Certificate Program, Institute for Healthcare Advancement
2020	Member, MESAC Advisory Committee
2018	Board Member, Global Chinese Diabetes Association
2017	Member, Australasian Diabetes Congress Program Organisation Committee, ADEA

2017	Member, Culturally and Linguistically Diverse Expert Reference Group, Diabetes Australia
2013	Member, Aged Care Home Advisory Group, Dietitians Australia
2010	Credentialled Diabetes Educator
2009	Graduate Certificate of Diabetes Education, University of Technology Sydney
2008	Master of Nutrition Management, University of Wollongong
2005	Bachelor of Science, 1st Class Hons (Nutrition & Dietetics), University of Sydney
2005	Accredited Practising Dietitian
2005	Director, Australian Nutrition & Diabetes Service

Dhivya Mani

2025	Director, Bowls Australia
2024	Fellow, Governance Institute of Australia
2024	Graduate, Australian Institute of Company Directors
2024	Justice of the Peace NSW
2024 - 2025	ADEA Chair of Governance Committee
2024 - 2025	ADEA Board Director
2024	Member of Governance and Integrity Committee, NRLW
2023	Governance Top 100 Award Winner in Australia
2021-23	Panelist, Law Society of NSW Professional Conduct Advisory Panel
2022	Latitude Financial Services "Act Right" Award
2021	Westpac Risk Award Nominations (Leading Change and Performing)
2018-20	Law Lecturer, Professional Conduct, University of New England
2018	Standard Chartered Bank Top Performer Award
2017	Solicitor (Australia)
2016	NSW Bar Association Ethics Prize Award
2010	Advocate and Solicitor (Singapore)
2009	Solicitor (England and Wales)
2007	Barrister (England and Wales)
2003-06	Bachelor of Law (LLB hons), University of Durham

Catharine McNamara

2022 - 2025	ADEA Board Director
2018	Graduate Certificate - Learning and Teaching in Higher Education, Deakin University
1995	Graduate Certificate of Diabetes Education, Deakin University, Victoria
1984 - 1987	Registered Nurse, Hospital Training
1980 - 1982	Bachelor or Arts Degree, University of Tasmania

Tracie Radnidge

2026 -	ADEA Independent Finance Director
2026	ADEA, Chair of the Finance, Audit and Risk Management Committee
2026	Company Secretary, Just One Reason Ltd
2026	Company Directors Course (in progress), Australian Institute of Company Directors
	Master of Applied Finance (with Merit), University of Newcastle
	Certified Practising Accountant (CPA Australia)
	Bachelor of Commerce, University of Newcastles

Emily Wooden

2025	FCPA Australia
2025 - 2026	ADEA Board Director
2024	Started as CFO of Diabetes Australia, now Chief Corporate Services and CFO.
1994	FCPA Australia
1991	Bachelor of Business
2011	AGIA ACIS Governance Institute of Australia and Chartered Governance Institute UK
2011	Graduate Diploma of Applied Corporate Governance (GradDipACG)

Tina Wyer

2026	Queensland Regional Councillor Member
2025	Adaluma Advisory Council
2024	Sunshine Coast Queensland Regional Forum Committee Member
2024	.au Domain Administration Non-Executive Director
2024 - 2026	ADEA Independent Finance Director and Chair of Finance, Audit and Risk Management Committee
2022	Hume Bank Non-Executive Director and Chair of the Audit Committee
2022	Fred Hollows Foundation Co-Deputy Chairperson of the Board and Chair of the Finance & Audit Committee
2022	AICD | Australian Institute of Company Directors
2003	JPMorganChase
2001	CA | Institute of Chartered Accountants Aus. & NZ
2022	KPMG Melbourne
2022	Bachelor of Commerce Accounting & Information Systems | Deakin University

Meetings and Attendances of Directors

First Name	Last Name	No. eligible to attend	No. attended
Ann	Bush	5	5
Anna	Blackie	1	1
Coralie	Cross	5	3
Kay	Dean	4	4
Ruth	Feltoe	2	2
Derek	Finch	5	4
Ian	Harmer	5	4
Elise	Hoyer	4	4
Shannon	Lin	5	5
Dhivya	Mani	2	0
Catharine	McNamara	1	1
Tracie	Radnidge	2	2
Emily	Wooden	2	1
Tina	Wyer	3	3

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.

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

Principal activities

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

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

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

Auditor's Independence Declaration

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

The Company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $50 each towards meeting any outstanding obligations of the entity. At 30 June 2026, the total amount that members of the Company are liable to contribute if the Company is wound up is $144,050 (2025: $123,250).

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

President: Ann Bush

Independent Finance Director: Tracie Radnidge

Dated 11 October 2026

RSM Australia Partners

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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 2026, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

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

RSM AUSTRALIA PARTNERS

Canberra, Australian Capital Territory
Dated: 12 October 2026

RODNEY MILLER
Partner

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

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

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation

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

Statement of Profit and Loss and Other Comprehensive Income
for the year ended 30 June 2026

	Note	2026 $	2025 $
Revenue and other income	**3**	2,783,264	2,489,149
Employee benefit expenses		(1,326,065)	(1,485,967)
Operating expenses		(843,405)	(782,823)
Branch conferences expenses		(153,138)	(111,074)
Financial and legal expenses		(140,285)	(161,750)
Subscription memberships expenses		(9,703)	(31,991)
Depreciation expenses	**9,10**	(30,875)	(19,263)
Profit/(Loss) for the year		279,793	(103,719)
Other comprehensive income for the year			
Fair value gains on financial assets		23,115	49,725
Total comprehensive gain/(loss) for the year	**21**	**302,908**	**(53,994)**

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

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

Statement of Financial Position
as at 30 June 2026

	Note	2026 $	2025 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	**5**	733,514	404,403
Trade and other receivables	**6**	54,578	34,067
Other current assets	**7**	63,399	123,807
Other financial assets	**8**	1,389,299	1,332,711
TOTAL CURRENT ASSETS		**2,240,790**	**1,894,988**
NON-CURRENT ASSETS			
Property, plant and equipment	**9**	774	2,761
Intangible assets	**10**	243,535	272,423
TOTAL NON-CURRENT ASSETS		**244,309**	**275,184**
TOTAL ASSETS		**2,485,099**	**2,170,172**
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	**11**	184,077	273,945
Contract liabilities	**12**	715,908	662,941
Provisions	**13**	80,444	85,089
TOTAL CURRENT LIABILITIES		**980,429**	**1,021,975**
NON-CURRENT LIABILITIES			
Contract liabilities	**12**	50,333	-
Provisions	**13**	10,691	7,459
TOTAL NON-CURRENT LIABILITIES		**61,024**	**7,459**
TOTAL LIABILITIES		**1,041,453**	**1,029,434**
NET ASSETS		**1,443,646**	**1,140,738**
EQUITY			
Retained earnings		1,118,329	838,536
Revaluation reserve		325,317	302,202
TOTAL EQUITY		**1,443,646**	**1,140,738**

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

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

Statement of Changes in Equity
for the year ended 30 June 2026

	Retained Earnings	Revaluation Reserve	Total
	$	$	$
Balance at 30 June 2025	**838,536**	**302,202**	**1,140,738**
Profit/(Loss) for the year	279,793	-	279,793
Other comprehensive income	-	23,115	23,115
Balance at 30 June 2026	**1,118,329**	**325,317**	**1,443,646**

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

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

Statement of Cash Flows
for the year ended 30 June 2026

	Note	2026 $	2025 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		3,088,915	2,893,729
Payments to suppliers and employees		(2,764,921)	(3,048,432)
Interest received		5,117	3,833
Net cash (used in)/provided by operating activities		329,111	(150,870)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant & equipment		-	-
Payments for intangible assets		-	(174,978)
Proceeds from investments		-	600,000
Net cash (used in)/provided by investing activities		-	425,022
Net (decrease)/increase in cash held		329,111	274,152
Cash at beginning of financial year		404,403	130,251
Cash at end of financial year	**5**	**733,514**	**404,403**

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

Notes to the Financial Statements for the year ended 30 June 2026

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

New or amended Accounting Standards and Interpretations adopted

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

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

Basis of Preparation

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

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

Critical accounting estimates

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

Revenue recognition

The Company recognises revenue as follows:

Revenue from contracts with customers

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

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

Sale of goods

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

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

Credentialling
Credentialling income is recognised on a receipt basis.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Office equipment	3-5 years

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTE 2: CRITICAL ACCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

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

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

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

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

	2026	2025
NOTE 3. REVENUE	**$**	**$**
Revenue from contracts with customers		
Memberships	747,312	641,469
Credentialling	213,707	183,599
Accreditation	21,778	27,000
Endorsements	20,727	4,667
National diabetes services scheme	623,784	600,625
Australasian Diabetes Congress	286,109	245,362
Branch revenue	436,119	335,455
Magazine, publications and advertising	5,895	4,801
Grants, awards, sponsorship and contract income	358,114	189,604
	2,713,545	2,232,582
Other revenue		
Dividends	42,029	49,198
Interest and investment income	5,117	3,833
Franking credits	14,841	17,235
Other revenue	7,732	186,301
	69,719	256,567
Total revenue and other income	**2,783,264**	**2,489,149**

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

Geographical regions		
Australia	2,713,545	2,232,582
Timing of revenue recognition		
Goods transferred at a point in time	1,320,671	963,488
Services transferred over time	1,392,874	1,269,094
	2,713,545	2,232,582

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

Leases		
Short-term and low-value assets lease payments	2,952	32,396
Superannuation expense		
Defined contribution superannuation expense	135,922	153,278
	138,874	**185,674**

	2026	2025
	$	$
NOTE 5. CASH AND CASH EQUIVALENTS		
Cash at bank and in hand	733,514	404,403
	733,514	**404,403**
NOTE 6. TRADE AND OTHER RECEIVABLES		
Trade receivables	21,868	16,677
Other receivables	32,710	17,390
	54,578	**34,067**
NOTE 7. OTHER CURRENT ASSETS		
Prepayments	63,399	123,807
	63,399	**123,807**
NOTE 8. OTHER FINANCIAL ASSETS		
Other financial assets at fair value through OCI	1,389,299	1,332,711
	1,389,299	**1,332,711**
NOTE 9. PROPERTY, PLANT AND EQUIPMENT		
Office equipment - at cost	19,517	19,517
Accumulated depreciation	(18,743)	(16,756)
	774	**2,761**

Reconciliations

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

	Office equipment
Balance at the beginning of the year	2,761
Additions at cost	-
Disposals during the year	-
Depreciation	(1,987)
Carrying amount at the end of the year	**774**

	2026	2025
	$	$
NOTE 10. INTANGIBLE ASSETS		
Website	288,886	288,886
Accumulated depreciation	(45,351)	(16,463)
	243,535	**272,423**

Reconciliations

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

	Website	Total
Balance at the beginning of the year	272,423	272,423
Additions at cost	-	-
Transfers	-	-
Disposals during the year	-	-
Depreciation	(28,888)	(28,888)
Carrying amount at the end of the year	**243,535**	**243,535**

	2026	2025
	$	$
NOTE 11. TRADE AND OTHER PAYABLES		
Trade payables	38,693	146,192
BAS payable	56,975	36,712
Other payables	88,409	91,041
	184,077	**273,945**
NOTE 12. CONTRACT LIABILITIES		
CURRENT		
Memberships received in advance	345,734	281,856
Grants received in advance	277,167	312,307
Accreditation and sponsorships received in advance	93,007	68,778
	715,908	662,941
NON-CURRENT		
Accreditation and sponsorships received in advance	50,333	-
	50,333	-
Total contract liabilities	**766,241**	**662,941**

	2026	2025
	$	$
NOTE 13. PROVISIONS		
CURRENT		
Annual leave	73,091	80,330
Long service leave	7,353	4,759
	80,444	85,089
NON-CURRENT		
Long service leave	10,691	7,459
	10,691	7,459
Total provisions	**91,135**	**92,548**

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.

NOTE 14. CAPITAL AND LEASING COMMITMENTS

As at balance date the Association has no enforceable lease contract binding the Association to lease commitments (2025: Nil). The Co-location agreement has been signed for 12 months which is effectively a short-term lease which can be excluded from the recognition under AASB 16 as a Right of Use Asset and Lease Liability. Short-term lease is recognised as incurred as an expense in the statement of profit and loss. The amount expensed in the statement of profit and loss and other comprehensive income in relation to short-term lease was $2,952 (2025: $32,396). The Association has no capital commitments (2025: Nil).

NOTE 15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no contingent liabilities or assets.

NOTE 16. EVENTS AFTER BALANCE SHEET DATE

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

NOTE 17. KEY MANAGEMENT PERSONNEL DISCLOSURES

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

	2026 $	2025 $
Aggregate compensation	**247,471**	**370,826**

For details of other transactions with KMP, refer to Note 18: Related Party Transactions. KMP compensation decreased from $370,826 to $247,471 during the year, primarily due to senior staff turnover resulting in lower key management personnel remuneration.

NOTE 18. RELATED PARTIES TRANSACTIONS

In the prior year the ADEA provided funds to the Australian Diabetes Research Foundation (ADRF) to meet research grant payments, ADRF has been wound down on 1 July 2024. In 2026 no funds have been provided for payments to ADRF (2025: Nil).
In 2026 honorariums were paid to Directors' of ADEA of $8,100 (2025: $7,500). In 2026 no honorariums were paid to ADEA Directors' for committee work associated with the National Diabetes Services Scheme.

	2026 $	2025 $
NOTE 19. REMUNERATION OF AUDITORS		
During the financial year the following fees were paid or payable for services provided by RSM Australia Partners:		
Audit of the financial statements	20,850	31,600
Other services	3,400	3,400
Audit of grant acquittal	3,250	3,250
	27,500	**38,250**

NOTE 20. ENTITY DETAILS

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

	2026	2025
	$	$

NOTE 21. OPERATIONAL AND STRATEGIC PROFIT AND LOSS

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

Operational profit and loss

Revenue and other income	2,783,264	2,468,434
Employee benefit expenses	(1,326,065)	(1,378,259)
Operating expenses	(661,722)	(610,270)
Branch conferences expenses	(153,138)	(110,257)
Financial and legal expenses	(166,591)	(158,378)
Subscription memberships expenses	(9,703)	(31,991)
Depreciation expenses	(30,875)	(19,263)
Donated Shared Services	(62,468)	-
Loss on disposal of assets	-	-
Profit for the year	372,702	160,016
Other comprehensive income for the year		
Fair value gains on financial assets	23,115	49,725
Total comprehensive profit for the year	**395,817**	**209,741**

Strategic profit and loss

Revenue and other income	-	20,715
Employee benefit expenses	-	(107,708)
Operating expenses	(92,909)	(172,553)
Branch conferences expenses	-	(817)
Financial and legal expenses	-	(3,372)
Loss for the year	(92,909)	(263,735)
Other comprehensive income for the year		
Fair value gains/(losses) on financial assets	-	-
Total comprehensive loss for the year	**(92,909)**	**(263,735)**
Total operational and strategic comprehensive profit/(loss) for the year	302,908	(53,994)

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

Directors' Declaration

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

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

(i) give a true and fair view of the Company's financial position at 30 June 2026 and of its performance, for the financial year ended on that date; and
(ii) complying with Australian Accounting Standards – Simplified Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and

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

Dated at Canberra 11 October 2026.

Signed in accordance with a resolution of the directors:

President: Ann Bush

Independent Finance Director: Tracie Radnidge

RSM Australia Partners
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INDEPENDENT AUDITOR'S REPORT

To the Members of Australian Diabetes Educators' Association Limited

Opinion

We have audited the financial report of Australian Diabetes Educators' Association Limited ("the entity"), which comprises the statement of financial position as at 30 June 2026, the statement of profit and loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2026 and of its financial performance and cash flows for the year ended on that date; and

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

Basis for Opinion

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

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

Other Information

The directors are responsible for the other information. The other information comprises the information included in Australian Diabetes Educators' Association Limited's annual report for the year ended 30 June 2026 but does not include the financial report and the auditor's report thereon.

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

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

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

RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation

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

Responsibilities of the Directors for the Financial Report

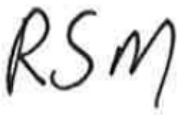
The Directors are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosure Requirements and the *Australian Charities and Not-for-profit Commission Act 2012*, and for such internal control as they determine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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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



RSM AUSTRALIA PARTNERS



Canberra, Australian Capital Territory
Dated: 12 October 2026

RODNEY MILLER
Partner



ADEA

Your trusted partner in diabetes care