ADEA is the leading organisation in the development and provision of quality, evidence-based diabetes education and standards.

Who we are
The Australian Diabetes Educators Association is the peak organisation for diabetes education in Australia and is the only organisation that has the experience and facility to recognise diabetes educators’ qualifications and expertise through the ADEA Credentialling Program.

For over 35 years, ADEA has been at the forefront in diabetes education, setting professional standards, core competencies, providing education and leading the way in recognising best practice in diabetes education, diabetes care and diabetes self-management.

## Strategic plan 2017-20

<table>
<thead>
<tr>
<th>1 - Professionalism</th>
<th>2 - Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priorities:</strong></td>
<td><strong>Priorities:</strong></td>
</tr>
<tr>
<td>&gt; Develop further evidence-based national standards that are relevant and maintain currency through regular evaluation</td>
<td>&gt; Fund and promote outcome-based research including self-management and lifestyle focused studies</td>
</tr>
<tr>
<td>&gt; Maintain our core business in accreditation and credentialling</td>
<td>&gt; Measure the outcomes of CDE practice and promote evidence informed innovation</td>
</tr>
<tr>
<td>&gt; Promote appropriate implementation of our standards across Australia</td>
<td>&gt; Translation of standards into practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 - Person-centred</th>
<th>4 - Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priorities:</strong></td>
<td><strong>Priorities:</strong></td>
</tr>
<tr>
<td>&gt; Implement outcomes from research in early intervention, prevention and management</td>
<td>&gt; Government, policy and stakeholder advocacy to increase the awareness, utility and use of CDEs</td>
</tr>
<tr>
<td>&gt; Meaningful engagement and collaboration with consumers regarding priorities that impact their care</td>
<td>&gt; Tap into our extensive outreach network</td>
</tr>
<tr>
<td>&gt; Focus on the specialised and individualised education and management process of CDE practice</td>
<td>&gt; Provide value to our members that encourages membership growth</td>
</tr>
<tr>
<td></td>
<td>&gt; Remain at the forefront of changes and opportunities relating to diabetes education and management</td>
</tr>
</tbody>
</table>
What we do

ADEA is a member-based organisation with over 2,100 individual members and four sustaining members. ADEA has credentialled over 1,300 diabetes educators in Australia; CDEs are the specialists in diabetes who are able to support over 1.7 million Australians with diabetes to stay well every day. ADEA accredits postgraduate courses in diabetes education and management. ADEA also reviews educational programs developed by external organisations and endorses them for diabetes educators to complete for professional development purposes.

ADEA in 2016-17

<table>
<thead>
<tr>
<th>4 branch conferences and 2315 delegates</th>
<th>1 national conference with 66 sponsors</th>
<th>24 awards including recipients of CDE of the Year awards, and recipients of abstract awards</th>
<th>34 advisory groups and committees</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 face-to-face meetings in all 8 branches</td>
<td>66 live webinars with 430 live attendees and 1,847 recording views</td>
<td>7 podcasts with 424 listeners and 593 played times</td>
<td>41 travel grants for members to attend branch conferences and national conference</td>
</tr>
<tr>
<td>18 endorsed educational programs</td>
<td>70 CPD points</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why join ADEA

Diabetes education plays a major role in effective diabetes self-management. Credentialled Diabetes Educators are best equipped with qualifications and expertise to help people with diabetes to live well every day.

Partner with us and support diabetes educators today so that they can help people with diabetes to live well every day.
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President's Report

Giuliana Murfet, President

Last year, ADEA celebrated 35 years since its inception, steered by several well-respected diabetes educators who delivered standardised quality care to people with diabetes. The anniversary provided an opportunity to revisit ADEA’s roots, the challenges that have been met along the way and our commitment to excellence in diabetes education. ADEA continues to cement its mark as the leader in diabetes education and care. This reflection has become a spring-board for further growth and development for the organisation – starting with the review of the Strategic Plan.

The Strategic Plan 2017-20 underwent an extensive consultative process with members and experts in the field. It led to the development of a new strategic plan that is more contemporary and allows flexibility due to the constantly changing environment in health. The key focus of the plan is the importance of ADEA maintaining its relevance in an environment that has many stakeholders and players. The important feature is to allow ADEA to be responsive to opportunities rather than reactive to problems as they arise. ADEA’s vision remains for it to be ‘the leading organisation in the development and provision of quality, evidence-based diabetes education and standards’. Four strategic themes were identified: Professionalism, Innovation, Person-centred and Relevance. These are the benchmarks that will drive the strategic direction.

The ADEA Board has been making efforts to increase the value and recognition of Credentialled Diabetes Educators (CDEs), in line with the Strategic Plan 2012-17, and introduced the ADEA Fellow membership category in 2017. Having a Fellow membership program provides external recognition for expertise, professionalism and contribution to diabetes education, through the use of a post-nominal. The addition of ADEA Fellow membership to eligible members is an opportunity for ADEA to identify and elevate the significance of the expertise and contribution of CDEs and the award. Many CDEs have made significant contributions to ADEA and diabetes education, and I encourage them to apply for Fellow membership status.

As you would be aware, ADEA launched the ADEA Diabetes Research Foundation in 2016, and in November last year, the recipients of the inaugural competitive research grants were announced. The strategic importance of this program is that it will build ADEA’s capacity in research and evidence base to support the role of the diabetes educator. The establishment of the Foundation is a strategic investment for ADEA and this means that ADEA has recorded a planned loss at the end of this year and will review this investment for the following year until the Foundation establishes its own funding.

Every successful research grant required that a CDE and a consumer are involved and the three funded projects were:

- ‘Not Scared of Sugar’, a collaboration between Monash University and Carrington Health to help Chinese Australians who are currently missing out from structured diabetes education services
- ‘Optimising mealtime insulin bolusing algorithm’ a University of Sydney research project taking a novel approach to insulin dosage, with the potential to make it easier for people with type 1 diabetes to adjust their insulin levels after a fatty meal
- ‘Diabetes Driving-Australia’, a partnership project between the Australian Centre for Behavioural Research in Diabetesthe, in collaboration with Diabetes Victoria to help people with type 1 diabetes to optimise their diabetes management in relation to driving to reduce driving mishaps among adults with type 1 diabetes.

Through the Research Foundation, chaired by Melinda Seed, with support from the ADEA Diabetes Research Foundation Council, chaired by Professor Trisha Dunning, ADEA can be at the forefront of building knowledge in contemporary diabetes education. The application process for the next round of grants has commenced, and we are excited by the potential for new knowledge gained from future projects that will further develop the knowledge base for diabetes education.

Further, in April 2017, the Research Fellowship Program was also launched, and it is anticipated that this will be an ongoing program. The program offers a grant for a one-year postgraduate fellowship, with the aim of developing capacity in research and evidence-based practice. If we grow and support our researchers, ADEA will drive the development of knowledge that drives diabetes educator practice. The strategic decision to form a Research Foundation aligns with the current and previous Strategic Plans; in particular, they lead to increasing the professionalism of CDEs and allowing for innovation and the development of person-centred approaches.

This year, ADEA also welcomed a new look online ADE publication. With the culmination of diabetes education research and the significant contribution currently made by diabetes educators nationwide, this provides an enormous strategic potential for the publication to move to a peer reviewed research journal. The Board will consider such strategies and its alignment with strategic themes.

The ADEA Workforce Survey was completed in mid-2016 highlighted challenges within the diabetes educator workforce. The survey highlighted the mature workforce with 41% of participants aged between 50-59 years. Consequently, a skill shortage may be imminent within the next 10-15 years. The
Board is considering strategies to continue engaging with younger groups and keep them in the workforce while, at the same time, encouraging more health professionals to become diabetes educators. The Board has begun to focus on labour force not only to address the issue of workforce shortages but to align with the Strategic Plan in regards to maintaining relevance with CDEs contributing to a health workforce solution.

The ADEA Learning Management System (LMS) houses a number of interactive and remote access learning options, including webinars, e-learning modules and podcasts. We have seen a significant growth over the year in online learning opportunities for CDEs driven by diabetes educators at different stages of their professional development. All diabetes educators are encouraged to take the opportunity to review the site and identify what is available that may support their specific learning needs. I have heard the story of groups of CDEs getting together to listen to webinars as a group and follow-up with discussions; an excellent way of mentoring new CDEs and diabetes educators. Evidence supports that ongoing mentoring is what makes health professionals ‘experts’. Given the website is one of ADEA’s major assets that provide these interactive learning alternatives and other member benefits, the Board has determined to review and invest in the system for future development for members and the ADEA’s function.

The Board will continue to identify strategies to meet the ADEA vision. For example, to have national consistency in diabetes education standards across the nation, advocate to government on diabetes and the role of the CDE, align with partners and progress non-medical prescribing by appropriately prepared CDEs as a workforce solution. Activities such as these will be focused on the four strategic themes identified in the Strategic Plan 2017-20.

In determining strategic directions such as those listed to align with the Strategic Plan, it is vital that the Board is ‘fit for purpose’. The Board has seen many changes in its composition; a skill matrix has been used on each occasion to determine the skills needed for the Board aligning it with the new Strategic Plan. Ultimately, the skills matrix has allowed the Board to ensure it has the right balance of people who possess ‘passion for the cause’ and hold relevant skills in directing strategy, managing risk, accounting and finance, legal and achieving change. The Board welcomed Tracey Tellam, an experienced CDE from Queensland who was elected by the national membership. The Board also welcomed, for a short period, Robert Biancardi as an Independent Director with marketing and development skills. Independent Director John Michailidis departed more recently after significant voluntary contribution to the organisation since 2012. John chaired the Governance Committee and was a member of the Finance, Audit and Risk Management Committee and the Board extend their gratitude for the experience he brought to the table. Also, the Board more recently welcomed Jessica Miller, who brings legal experience with significant involvement in the health industry. The Board’s newest Independent Director Derek Finch will be starting in August.

The approach taken by the Board for recruitment of new Directors and changes to the Constitution in 2016 allows for a planned approach to end of terms for Directors and provides for an orderly succession plan. To strengthen the Board’s effectiveness throughout the year, the Board has monitored not only board structure but also procedures, including running of meetings, the efficient use of Board sub-committees and put into place mechanisms to assess Board and Director and CEO performances. The Board undertook its annual governance training in November 2016 delivered by the Australian Institute of Company Directors with a focus on succession planning for Boards and management, corporate transparency and risk appetite. The Board is currently preparing for ongoing governance training in November this year.

From an economic perspective, ADEA continues to perform well as demonstrated in the ADEA Financial Report. The financial team and CEO should be commended. This favourable position allows ADEA to be primed for future development and growth. In 2016, the Board approved the launch of ADEA’s first Art Union fundraiser to support the ongoing establishment of the Research Foundation for the future and has since reviewed the strategy. While it was successful, many lessons were learnt to ensure it becomes a much more reliable form of fundraising activity for the future. The Board has continually reviewed ADEA’s risk profile with activities such as the one discussed above. Ongoing review of risk by the Board has been in areas such as: compliance, financial, operational or program, brand and reputational risk. The Board has monitored progress and degree of success of operational activities and their alignment with the Strategic Plan. Further, it has monitored financial performance and has been proactive in mitigating any risk to the organisation.

Finally, ADEA has had a year of significant growth regarding professional development activities, project approvals and formation of partnerships. These can only occur through successful stewardship of the company by our CEO, so I would like to take this opportunity to thank Dr Joanne Ramadge and the National Office team for their ongoing commitment to excellence in diabetes education. It is also important for me to recognise the significant contribution by ADEA members who volunteer to be on ADEA committees – this expert content knowledge is vital. I would also like to thank individual Board members, who collectively provide governance and strategic direction to the company, for their commitment to the organisation and the ADEA vision. All have worked collectively as a cohesive team and enabled ADEA’s continued growth.
Financial Director's Report
Report prepared by:
Heike Krausse, Finance Director

Financial Performance

ADEA as an organisation in the Profit for Purpose sector must generate profit to survive and grow. One key role of the ADEA Board of Directors is to make decisions toward where the profit is ‘put to purpose’ to further ADEA’s vision, mission and objectives.

Additionally, a major governance role of the ADEA Board of Directors is to supervise and mitigate risks to the organisation. The Board takes a risk-averse approach to strategic planning, operational management, budget development and investment, to maintain profitability and to build net equity.

ADEA's Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2017 shows a loss of $107,310 for the financial year. However, it should be noted that the Statement of Profit and Loss includes a donation to the ADEA Diabetes Research Foundation of $200,000. Profit from continuing operations before donations was, therefore, a healthy $92,690.

The Board considers this donation an important targeted investment in alignment with ADEA’s Strategic Plan 2017-20. In particular, furthering the ADEA Diabetes Research Foundation will work towards developing an evidence base for the Credentialled Diabetes Educator role, and the value of the CDE in the promotion, education and support of diabetes self-management in the long-term health and quality-of-life outcomes for those living with diabetes.

As was noted in the 2015-16 Finance Director’s Report, Profit for Purpose organisations exist in an increasingly competitive market for any potential grants or government funding. There is a need for ADEA to seek alternative areas of potential funding or financial support, which should be strategic and targeted.

The aim remains that innovation with funding sources, such as the ADEA Art Union Lottery and tax deductible donations, will result in the ability to build an endowment fund, and that the ADEA Diabetes Research Foundation will become independently sustainable from ADEA.

Memberships are the main source of income funding ADEA’s operational expenditure. Membership numbers continued their steady increase to 2,155 at 30 June 2017, an increase of 126 on the previous year. To ensure organisational sustainability, membership fees will continue to increase with the Consumer Price Index (CPI), allowing ADEA to keep pace with increasing operational expenses. Sustaining a steady membership growth is imperative, as ADEA is a small organisation with a big vision: to exert greater influence and impact in diabetes health management.

It is of importance to the Board that ADEA continues to evolve, by listening to members, and adding and improving member benefits, to maintain a high membership satisfaction level. To this end, the Board continues to evaluate and support upgrades and improvements to ADEA’s website, as well as to the customer relationship management (CRM) systems – through which we engage with members as we process their new memberships and renewals, credentialing, and mentoring.

ADEA retains its sustaining members and is appreciatively aware of the need to maintain relevance and provide value to these important partner organisations. National Office continues discussions with current and potential sustaining members. New ventures in the diabetes field are increasing, and the Board recognises the need to be strategic in how ADEA remains the leader for health care professionals in Diabetes Education but also supportive of relevant new ventures.

ADEA commenced a new contract in 2016 with Diabetes Australia for projects funded through the National Diabetes Services Scheme (NDSS), which is funded from the Commonwealth Department of Health. This project funding will continue for another three years, until 30 June 2020.

Successful state-based branch conferences during the 2016-17 financial year continue to generate strong support from members – at the conferences themselves, as well as the concurrent education days, professional networking, and peer learning opportunities. National Office continues to prioritise providing greater support to Branch Executives by negotiating commercial contracts and helping with income and expense budgeting. This assistance gives a solid foundation for the enthusiasm and dedication of branch program development and organising committees.

The Board reviewed ADEA’s investment portfolio towards more ethical investments. The investment fund is trending and tracking satisfactorily, contributing to a very healthy financial position, and an increase in overall investment income during the 2016-17 financial year.

Financial Position

ADEA remains in a strong financial position with total equity of $2,547,757 as at 30 June 2017.

Over $3 million of cash and liquid financial assets enable ADEA to pay all liabilities when they fall due. This also allows the Board to determine and consolidate the ADEA Strategic Plan 2017-20. The financial team comprising the CFO, CEO and ADEA’s contracted accounting firm Equity Partners
will provide support by prudent budget development and management of ADEA’s finances.

Detailed financial information can be found in ADEA’s 2017 audited financial statements at: www.adea.com.au/about-us/our-publications/annual-reports/ or the Australian Charities and Not-for-profit Commission (ACNC) www.acnc.gov.au
ADEA Audited Financial Statements
Australian Diabetes Educators’ Association Limited

ABN: 65 008 656 522

Annual report
for the year ended
30 June 2017
The Board of Directors submit the financial report of the Australia Diabetes Educators’ Association Limited (the Association) for the financial year ended 30 June 2017.

Board Directors

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

- Tracy Aylen                President Completed term
- Libby Bancroft
- Robert Biancardi           Resigned 22 February 2017
- Steven Brett
- Brett Fenton
- Nicole Frayne
- Heike Krausse
- John Michailidis            Resigned 31 March 2017
- Jessica Miller              Term commenced 9 March 2017
- Giuliana Murfet            President from 26 August 2016
- Tracey Tellam               Term commenced 26 August 2016

Principal Activities

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

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

Significant Changes

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

Operating Result

The loss for the financial year ended 30 June 2017 is $107,310 (2016: $100,912 profit).

The accompanying notes form part of these financial statements.
The accompanying notes form part of these financial statements.
Australian Diabetes Educators’ Association Limited
ABN: 65 008 656 522

BOARD REPORT

Brett Fenton
Qualifications
2002 – Graduate Certificate of Diabetes Education Deakin University
Geelong
1999 – Bachelor of Nursing, Australian Catholic University, Aquinas
Campus Ballarat

Experience

Nicole Frayne
Qualifications
1997 – 2014 Professional Development Assurance Program
1997 – 2014 Australian Association of Consultant Pharmacy
2012 – ADEA Initial Credentialling
2010 – Reset your life facilitator training
2009 – Graduate Certificate in Diabetes Education
2009 – Diabetes Medication Assistance Service Training
2009 – Mirixa Training Pharmacy Guild of Australia
1996 – Postgraduate in Nutrition, Queensland University
1989 – Bachelor of Pharmacy Curtin University

Experience

Heike Krausse
Qualifications
2015 – Credentialed Diabetes Educator
2012-15 – Royal Brisbane Women’s Hospital/Metro North Health
Service initial credentialling and clinical privilege
2007 – Graduate Diploma in Nursing (Professional Studies)
Queensland University of Technology
2001 – Post Graduate Certificate: Quality in Action, NSW College of
Nursing
1999 – Post Graduate Certificate in Diabetes Education and
Management University of Technology Sydney
1994 – Post Registration Certificate in Rehabilitation Nursing Royal
Ryde Rehabilitation Centre Sydney
1985-87 – Diploma in Nursing Studies Christchurch Polytechnic New
Zealand
1984 – Matriculated Canterbury University - Bursary Christchurch
New Zealand

Experience

John Michailidis
Qualifications
Bachelor of Science (Honours)
Diploma of Education
ADEA Non-Executive Director
Inner East Community Service
Managing Dir JEM Pharmaceuticals Pty Ltd

Experience

Jessica Miller
Qualifications
2014 – Bachelor of Laws (Hons 1), University of Sydney
2008 – Bachelor of Business (Accounting major), University of
Technology Sydney
2008 – Bachelor of Laws, University of Technology Sydney
Admitted to practice as a lawyer in the Supreme Court of NSW and
the High Court of Australia.

Experience

The accompanying notes form part of these financial statements.
Giuliana Murfet
Qualifications
2008 – Master of Science, Curtin University
2003 – Post Graduate Dip in Health Sciences (Diabetes Education), Curtin University
1997 – Diploma in Frontline Management, University of Tasmania
1993 – Bachelor of Nursing, University of Tasmania
1992-94 – ADEA Branch Secretary

Experience
2016 – Ongoing: PhD Candidate Deakin University
2010 – Member of the Medical Educational & Scientific Advisory Council (ongoing)
2009 – Current ADEA Board Member
2009 – Master of Nursing (Nurse Practitioner), Curtin University
2008 – Master of Science, Curtin University
2003 – Post Graduate Dip in Health Sciences (Diabetes Education), Curtin University
2001 – ADEA Editorial Committee
1993 – ADEA National Certificate of Recognition/CDE status ongoing since
1993–94 – Tasmanian Representative to the National Council of ADEA

Tracey Tellam
Qualifications
2005 – CDE with ADEA
2002 – Post Graduate Certificate of Advanced Nursing – Emergency, Austin Hospital and La Trobe University
2001 – Post Graduate Certificate of Diabetes Education, Mayfield Education Centre
1982 – Registered Nurse Training, Royal Brisbane Hospital

Experience
2004 – Nurse Immunizer – Australian catholic University
2001 – Post Graduate Certificate of Diabetes Education, Mayfield Education Centre

The accompanying notes form part of these financial statements.
Meetings and Attendances of Directors

<table>
<thead>
<tr>
<th>Directors</th>
<th>No. eligible to attend</th>
<th>No. attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracy Aylen</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Libby Bancroft</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Robert Biancardi</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Steven Brett</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Brett Fenton</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Nicole Frayne</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Heike Krausse</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>John Michailidis</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Jessica Miller</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Giuliana Murfet</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Tracey Tellam</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Description of Long and Short Term Objectives

1. Increase the profile and value of the Credentialled Diabetes Educator (CDE);
2. Increase member value and membership base;
4. Directly influence the Federal Government’s health agenda;
5. Strengthen ADEA’s research contribution; and
6. Strengthen management systems.

Strategy for Achieving Those Objectives

1. Advocating at the national level the role and contribution of ADEA and its members and increase the profile of CDEs as the standard for professionals engaged in diabetes education;
2. Leveraging off prominent diabetes related events to promote the ADEA agenda;
3. Providing access to quality research, information and advice concerning diabetes education in Australia;
4. Effectively manage organisational risks in a prudent and systematic manner to enable the safeguarding and stewardship of the organisation’s assets, reputation, staff and members;
5. Support the ADEA Diabetes Research Foundation; and

How Principal Activities Assisted in Achieving the Entity’s Objectives

1. Strengthened policy development including submissions to government and meetings with Parliamentarians, the private health insurance industry and other key stakeholders;
2. Conducted corporate governance training for ADEA Directors and Management to improve overall organisational strategic direction and performance;
3. Participated in the Annual Scientific Meeting 2016 and supported ADEA state and territory branch conferences and events; and

The accompanying notes form part of these financial statements.
BOARD REPORT
How Principal Activities Assisted in Achieving the Entity’s Objectives (cont’d)

5. Improved member professional development opportunities through the better use of technology;
6. Supported the establishment of the ADEA Diabetes Research Foundation;
7. Continued to improve internal control and financial reporting systems to promote organisational financial performance and position; and
8. Increased membership.

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

1. Monitored and reported changes in total membership and CDEs overtime;
2. Monitored and improved corporate governance systems including internal reporting, policies and procedures; and
3. Increased financial reporting and cost centre allocations to ensure improved financial sustainability and performance.

Auditor’s Independence Declaration

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

The Association is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the Association is wound up, the constitution states that each member is required to contribute a maximum of $50 each towards meeting any outstanding obligations of the entity. At 30 June 2017, the total amount that members of the Association are liable to contribute if the company is wound up is $107,750 (2016: $101,450).

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

Chairperson: Giuliana Murfet
Director: Heike Krausse

Dated this 10 day of August 2017.

The accompanying notes form part of these financial statements.
AUDITOR’S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS
COMMISSION ACT 2012
TO THE DIRECTORS OF
AUSTRALIAN DIABETES EDUCATORS’ ASSOCIATION LIMITED
ABN: 65 008 656 522

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2017 there have been;

(i) no contraventions of 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) no contraventions of any applicable code of professional conduct in relation to the audit.

Bandle McAneney & Co

Anthony J Bandle
Partner

Place: Canberra, ACT
Date: 10 August 2017
## Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue from Continuing operations</td>
<td>2,002,357</td>
<td>2,248,597</td>
</tr>
<tr>
<td>Staff costs</td>
<td>(688,474)</td>
<td>(634,011)</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(214,946)</td>
<td>(150,838)</td>
</tr>
<tr>
<td>ADEA products and general expenses</td>
<td>(122,685)</td>
<td>(93,844)</td>
</tr>
<tr>
<td>Meeting and travel</td>
<td>(69,062)</td>
<td>(93,754)</td>
</tr>
<tr>
<td>Branch meeting expenses</td>
<td>(8,355)</td>
<td>(9,791)</td>
</tr>
<tr>
<td>Branch conferences costs</td>
<td>(95,780)</td>
<td>(97,423)</td>
</tr>
<tr>
<td>Branch travel grants</td>
<td>(7,450)</td>
<td>(9,091)</td>
</tr>
<tr>
<td>Financial and Legal</td>
<td>(98,336)</td>
<td>(253,046)</td>
</tr>
<tr>
<td>Subscription memberships</td>
<td>(16,830)</td>
<td>(18,072)</td>
</tr>
<tr>
<td>NDSS expenses</td>
<td>(453,089)</td>
<td>(265,856)</td>
</tr>
<tr>
<td>MESAC expenses</td>
<td>(52,215)</td>
<td>(92,653)</td>
</tr>
<tr>
<td>NDP expenses</td>
<td>-</td>
<td>(233,933)</td>
</tr>
<tr>
<td>Project expenses</td>
<td>(82,445)</td>
<td>(195,373)</td>
</tr>
<tr>
<td>Profit / (Loss) for the year before Donations</td>
<td>92,690</td>
<td>100,912</td>
</tr>
<tr>
<td>Donation to ADEA Diabetes Research Foundation</td>
<td>(200,000)</td>
<td>-</td>
</tr>
<tr>
<td>Profit / (Loss) for the year</td>
<td>(107,310)</td>
<td>100,912</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Comprehensive Income For The Year</td>
<td>(107,310)</td>
<td>100,912</td>
</tr>
<tr>
<td>Total Comprehensive Income Attributable To Members Of The Entity</td>
<td>(107,310)</td>
<td>100,912</td>
</tr>
</tbody>
</table>
### Statement of Financial Position
as at 30 June 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>5 925,674</td>
<td>911,648</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>6 50,865</td>
<td>114,333</td>
</tr>
<tr>
<td>Other current assets</td>
<td>7 27,755</td>
<td>22,554</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>8 2,081,130</td>
<td>2,166,885</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>3,085,424</td>
<td>3,215,420</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT ASSETS</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>3,085,424</td>
<td>3,215,420</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>10 127,854</td>
<td>234,478</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>11 386,905</td>
<td>306,712</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td>514,759</td>
<td>541,190</td>
</tr>
<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term provisions</td>
<td>12 22,908</td>
<td>19,163</td>
</tr>
<tr>
<td><strong>TOTAL NON-CURRENT LIABILITIES</strong></td>
<td>22,908</td>
<td>19,163</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>537,667</td>
<td>560,353</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>2,547,757</td>
<td>2,655,067</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained Earnings</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>2,547,757</td>
<td>2,655,067</td>
</tr>
</tbody>
</table>
Australian Diabetes Educators’ Association Limited  
ABN: 65 008 656 522

Statement of Changes in Equity  
for the year ended 30 June 2017

<table>
<thead>
<tr>
<th></th>
<th>Retained Earnings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 July 2015</strong></td>
<td>2,554,155</td>
<td>2,554,155</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>100,912</td>
<td>100,912</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2016</strong></td>
<td>2,655,067</td>
<td>2,655,067</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>(107,310)</td>
<td>(107,310)</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2017</strong></td>
<td>2,547,757</td>
<td>2,547,757</td>
</tr>
</tbody>
</table>
### Statement of Cash Flows
for the year ended 30 June 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASH FLOWS FROM OPERATING ACTIVITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from members and customers</td>
<td>2,030,834</td>
<td>1,881,872</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(2,218,599)</td>
<td>(2,134,126)</td>
</tr>
<tr>
<td>Interest received</td>
<td>6,619</td>
<td>9,060</td>
</tr>
<tr>
<td>Net Cash inflow/(outflow) from operating activities</td>
<td>(181,146)</td>
<td>(243,194)</td>
</tr>
<tr>
<td>CASH FLOWS FROM INVESTING ACTIVITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from Investments</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Payments for Investments</td>
<td>195,172</td>
<td>(271,159)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from Investing activities</td>
<td>195,172</td>
<td>(271,159)</td>
</tr>
<tr>
<td>Net Increase/(Decrease) in cash and cash equivalents</td>
<td>14,026</td>
<td>(514,353)</td>
</tr>
<tr>
<td>Cash at the beginning of the financial year</td>
<td>911,648</td>
<td>1,426,001</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td>925,674</td>
<td>911,648</td>
</tr>
</tbody>
</table>
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.

Basis of Preparation

Australian Diabetes Educators’ Association Limited has elected to adopt the Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements. Accordingly, the entity has also adopted AASB 2011–2: Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements and AASB 2012–7: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements in respect of AASB 2010–6: Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets and AASB 2011–9: Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income.

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

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

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

Critical accounting estimates

The preparation of financial statements requires the use of certain accounting estimates. It also requires management to exercise judgement in the process of applying the 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 1(n).
Accounting Policies

a. Income Tax

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

b. Plant and Equipment

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

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

c. Depreciation

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

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

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

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

d. Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.
Financial Instruments

Initial Recognition and Measurement

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

Classification and subsequent measurement

Finance instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as: (i) the amount at which the financial asset or financial liability is measured at initial recognition; (ii) less principal repayments; (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and (iv) less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm’s length transactions, reference to similar instruments and option pricing models.

(i) Financial assets at fair value through profit and loss

Financial assets are classified as “fair value through profit or loss” when they are held for trading for the purpose of short-term profit taking, where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group
of financial assets is managed by key management personnel on a fair value basis
in accordance with a documented risk management or investment strategy. Such
assets are subsequently measured at fair value with changes in carrying value
being included in profit or loss.

(ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable
payments that are not quoted in an active market and are subsequently measured
at amortised cost. Gains or losses are recognised in profit or loss through the
amortisation process and when the financial asset is derecognised.

Loans and receivables are included in current assets, except for those which are
not expected to mature within 12 months after the end of the reporting period,
which will be classified as non-current assets.

(iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed
maturities and fixed or determinable payments, and it is the Association’s intention
to hold these investments to maturity. They are subsequently measured at
amortised cost. Gains or losses are recognised in profit or loss through the
amortisation process and when the financial asset is derecognised.

Held-to-maturity investments are included in non-current assets, except those
which are expected to mature with 12 months after the end of the reporting period.

(iv) Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either
designated as such or that are not classified in any of the other categories. They
comprise investments in the equity of other entities where there is neither a fixed
maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than
impairment losses and foreign exchange gains and losses recognised in other
comprehensive income. When the financial asset is derecognised, the cumulative
gain or loss pertaining to that asset previously recognised in other comprehensive
income is reclassified into profit or loss.

Available-for-sale financial assets are included in non-current financial assets,
except for those which are expected to be disposed of within 12 months after the
end of the reporting period, which will be classified as current assets.
(v) **Financial liabilities**

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

**Impairment**

At the end of each reporting period, the Association assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event.

Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the Association recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

**Derecognition**

Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits
associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

f. **Impairment of Assets**

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

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

g. **Employee Benefits**

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

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

h. **Cash and Cash Equivalents**

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

i. **Revenue and Other Income**

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements.
The difference between the amount initially recognised and the amount ultimately received is interest revenue.

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

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

Credentialling income is recognised on a receipt basis.

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.

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

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

j. Goods and Services Tax (GST)

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

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

k. **Trade and Other Payable**

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

l. **Provisions**

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

m. **Comparative Figures**

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

n. **Key Estimates**

*Key estimates – Impairment*

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

o. **Key Judgments**

*Provision for the impairment of receivables*

Included in trade receivables and other receivables at 30 June 2017 are receivables over ninety days past due amounting to $14,389 (2016: $33,036). The Association considers that a portion of these are uncollectible and therefore a provision for impairment of $9,142 has been made at 30 June 2017.

p. **Changes in Accounting Policies**

As a result of adopting AASB 2012-7, which includes amendments to disclosure requirements arising from the Tier 1 (full-disclosure) Standard AASB 2011–9: *Amendments to Australian Accounting Standards – Presentation of Items of Other*
Comprehensive Income that became mandatorily applicable from 1 July 2012, the standard change requires:

- items of OCI were grouped into:
  - items that will not be reclassified subsequently to profit or loss; and
  - those that will be reclassified subsequently to profit or loss when specific circumstances occur.

The adoption of AASB 2011-9 only changed the presentation of the Association’s financial statements and did not have any impact on the amounts reported for the current period or for any prior period in the Association’s financial statements.

Adoption of new Australian Accounting Standard requirements

Australian Accounting Standards and Interpretations issued or amended that are applicable to the current reporting period did not have a financial impact in the financial statements or performance of the Company, and are not expected to have a future financial impact on the Company.

Future Australian Accounting Standard requirements

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet effective have not been adopted by the Company for the annual reporting period ended 30 June 2017. It is anticipated that the new requirements will have no material financial impact on future reporting periods.

The financial statements were authorised for issue on 7 August 2017 by the Board of Directors of the Association.
Note 2: Revenue

From continuing operations:
- Memberships 554,442 551,105
- Credentialling 94,714 68,183
- Endorsements 13,805 19,070
- NDSS allocation 505,405 593,669
- Conference ASM 302,144 316,683
- Branch Revenue 231,750 294,347
- Awards 1,800 3,400
- Magazine, publications and advertising 89,781 142,483
- Grants and sponsorship Income 66,390 175,728
- Other revenue 26,089 6,870

Total Revenue and other income 1,886,320 2,171,538

Non-operating activities:
- Interest and Investment Income 6,619 9,060
- Revaluation of Investments 109,418 67,999

Total Revenue and other income 2,002,357 2,248,597

Note 3: Expenses

Profit before Income tax includes the following specific expenses:

Depreciation expense
- -

Rental expense on operating lease
- Minimum lease payments 16,357 14,583

Total employee benefits expense 688,474 634,011

Bad debt expense - 7,392

Remuneration of auditor 17,003 11,355

Note 4: Key Management Personnel Compensation

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

Short term employee benefits 248,679 245,004
Post employment benefits 23,625 23,275

272,304 268,279

For details of other transactions with KMP, refer to Note 16: Related Party Transactions.
### Note 5: Cash and Cash Equivalents

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank and in hand</td>
<td>925,674</td>
<td>911,648</td>
</tr>
</tbody>
</table>

### Note 6: Trade and Other Receivables

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>38,470</td>
<td>123,475</td>
</tr>
<tr>
<td>Provision for Impairment of receivables</td>
<td>(9,142)</td>
<td>(9,142)</td>
</tr>
<tr>
<td>Other receivables</td>
<td>21,537</td>
<td>-</td>
</tr>
</tbody>
</table>

\[ \text{Provision for Impairment of Receivables} = \text{Trade receivables} + \text{Provision for Impairment of receivables} + \text{Other receivables} \]

\[ \text{Provision for Impairment as at 30 June 2016} = \text{Provision for Impairment as at 1 July 2015} - \text{Change for year} - \text{Written off} \]

\[ \text{Provision for Impairment as at 30 June 2017} = \text{Provision for Impairment as at 30 June 2016} - \text{Change for year} - \text{Written off} \]

### Note 7: Other Current Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayments</td>
<td>27,755</td>
<td>22,554</td>
</tr>
</tbody>
</table>

### Note 8: Other Financial Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Held-To-Maturity Investments</td>
<td>338,923</td>
<td>534,096</td>
</tr>
<tr>
<td>Financial assets at fair value through profit or loss</td>
<td>1,742,207</td>
<td>1,632,789</td>
</tr>
</tbody>
</table>

\[ \text{Other Financial Assets} = \text{Held-To-Maturity Investments} + \text{Financial assets at fair value through profit or loss} \]

\[ \text{2017} - \text{2016} \]

- Held-To-Maturity Investments are term deposits and the financial assets at fair value through profit or loss are investments with managed funds.
### Note 9: Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening net book amount</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Disposal</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Closing net book amount</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cost or fair value</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net book amount</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Note 10: Trade and Other Payables

**CURRENT**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors and accruals</td>
<td>95,596</td>
<td>194,689</td>
</tr>
<tr>
<td>Provision for annual leave</td>
<td>32,258</td>
<td>39,789</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>127,854</strong></td>
<td><strong>234,478</strong></td>
</tr>
</tbody>
</table>

**a. Financial liabilities at amortised cost classified as trade and other payables**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other payables:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>— total current</td>
<td><strong>127,854</strong></td>
<td><strong>234,478</strong></td>
</tr>
<tr>
<td>Less: GST payables</td>
<td>-24,452</td>
<td>-23,601</td>
</tr>
<tr>
<td>Less: provision for annual leave</td>
<td>-32,258</td>
<td>-39,789</td>
</tr>
<tr>
<td>Medical liabilities as trade and other payable</td>
<td>71,144</td>
<td>171,088</td>
</tr>
</tbody>
</table>

*Collateral pledged*

No collateral has been pledged for any of the trade and other payable balances.

### Note 11: Other Liabilities

**CURRENT**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fees received in advance</td>
<td>276,363</td>
<td>257,180</td>
</tr>
<tr>
<td>Unexpended grants</td>
<td>67,042</td>
<td>(11,968)</td>
</tr>
<tr>
<td>Accreditation</td>
<td>43,500</td>
<td>61,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>386,905</strong></td>
<td><strong>306,712</strong></td>
</tr>
</tbody>
</table>

### Note 12: Provisions

**NON CURRENT**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits - long service leave</td>
<td>22,908</td>
<td>19,163</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,908</strong></td>
<td><strong>19,163</strong></td>
</tr>
</tbody>
</table>
Note 12: Provisions (cont’d)

Provision for Employee Benefits

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

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

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

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

Note 13: Capital and Leasing Commitments

As at balance date the Association has no non-cancellable operating lease commitments and no capital commitments.

Note 14: Contingent Liabilities and Contingent Assets

Estimates of the potential financial effect of contingent liabilities that may become payable: Nil

Note 15: 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 16: Related Party Transactions

During the 2015/16 financial year, the ADEA Board approved an initial amount of $50,000 to establish the ADEA Diabetes Research Foundation, a new entity operating as a Trust. All related expenditure by ADEA to establish the ADEA Diabetes Research Foundation was then recorded under Project Expenses in ADEA’s 2016 Statement of Profit and Loss.

The ADEA Board also approved an additional $200,000 to be donated to the newly-established ADEA Diabetes Research Foundation, of which $20,000 was to be spent on operating and other expenses, and $180,000 specifically on grants for approved research projects.

During the 2016/17 financial year, ADEA directly paid for a number of these operating and other expenses on behalf of the ADEA Diabetes Research Foundation. In presenting ADEA’s 2017 Statement of Profit and Loss, all relevant and identifiable operating and other expenses that were paid by ADEA on behalf of the ADEA Diabetes Research Foundation, totalling $5,074, have been transferred to the ADEA Diabetes Research Foundation via a loan to the ADEA Diabetes Research Foundation, and recognised by ADEA as a current asset under trade and other receivables in ADEA’s 2017 Statement of Financial Position. It is anticipated that this money will be repaid in full by the ADEA Diabetes Research Foundation to ADEA during the 2017/18 financial year, from the $20,000 of operational funding that it received from ADEA.

During the 2016/17 financial year, ADEA made one approved research grant payment on behalf of the ADEA Diabetes Research Foundation. In presenting ADEA’s 2017 Statement of Profit and Loss, this approved research grant payment made by ADEA on behalf of the ADEA Diabetes Research Foundation, for an amount of $10,000, has been transferred to the ADEA Diabetes Research Foundation via a loan to the ADEA Diabetes Research Foundation, and recognised by ADEA as a current asset under trade and other receivables in ADEA’s 2017 Statement of Financial Position. It is anticipated that this money will be repaid in full by the ADEA Diabetes Research Foundation to ADEA during the 2017/18 financial year, from the $180,000 of research funding that it received from ADEA.

Furthermore, during the 2016/17 financial year, ADEA conducted an Art Union Lottery to raise money for the purposes of making a further donation to the ADEA Diabetes Research Foundation. This Art Union Lottery made a small loss of $3,804, primarily due to the construction of website purpose-built to sell Art Union Lottery tickets online. Net revenue from ticket sales of $25,844 is recognised as other revenue in ADEA’s 2017 Statement of Profit and Loss, while the related expenses of constructing the ADEA Art Union website, and conducting the Art Union Lottery, are recorded under Project Expenses in the ADEA Statements of Profit and Loss for 2016 and 2017 respectively, for amounts of $11,565 and $4,447. The small loss incurred by ADEA in conducting the Art Union Lottery has been transferred to the ADEA Diabetes Research Foundation via a loan to the ADEA Diabetes Research Foundation, and recognised by ADEA as a current asset under trade and other receivables in ADEA’s 2017 Statement of Financial Position. It is anticipated that this money will be repaid in full by the ADEA Diabetes Research Foundation to ADEA during the 2017/18 financial year, from the money to be raised by a second Art Union Lottery.
Note 17: Financial Risk Management

The Association's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>FINANCIAL ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>5</td>
<td>925,674</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>6</td>
<td>50,865</td>
</tr>
<tr>
<td>Financial assets at fair value through profit or loss</td>
<td>8</td>
<td>1,742,207</td>
</tr>
<tr>
<td>Held-To-Maturity investments</td>
<td>8</td>
<td>338,923</td>
</tr>
<tr>
<td><strong>TOTAL FINANCIAL ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,057,669</td>
<td>3,192,866</td>
</tr>
<tr>
<td><strong>FINANCIAL LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial liabilities at amortised cost</td>
<td>10a</td>
<td>71,144</td>
</tr>
<tr>
<td><strong>TOTAL FINANCIAL LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>71,144</td>
<td>171,088</td>
</tr>
</tbody>
</table>

**Fair values**

(i) For listed available-for-sale financial assets and financial assets at fair value through profit or loss the fair values have been based on closing quoted bid prices at the end of the reporting period.

(ii) Fair values of Held-To-Maturity investments are based on quoted market prices at the end of the reporting period.
DIRECTORS’ DECLARATION

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

(a) the financial statements and notes, that are set out on pages 9 to 26, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) give a true and fair view of the Company's financial position at 30 June 2017 and of its performance, for the financial year ended on that date; and

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

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

Dated at Canberra this 10 day of August 2017.

Signed in accordance with a resolution of the directors:

Chairperson: Giuliana Murfet  Director: Heike Krausse
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF
AUSTRALIAN DIABETES EDUCATORS’ ASSOCIATION LIMITED
ABN: 65 008 656 522

Opinion
We have audited the financial report of Australian Diabetes Educators’ Association Limited (“the Company”) which comprises the statement of financial position as at 30 June 2017, the statement of profit or 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 accompanying financial report of the Company is in accordance with Division 60 of the Australian Charities and Not-for-profits Act 2012, including:

a) giving a true and fair view of the Company’s financial position as at 30 June 2017 and of its financial performance for the year then ended; and

b) complying with Australian Accounting Standards – Reduced Disclosure Requirements 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 Company in accordance with the auditor independence requirements of the Australian Charities and Not-for-profits Act 2012 and 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 confirm that the independence declaration required by the Australian Charities and Not-for-profits Act 2012, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor’s Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF
AUSTRALIAN DIABETES EDUCATORS’ ASSOCIATION LIMITED
ABN: 65 008 656 522

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Act 2012 and for such internal control as the directors 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 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.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit.

We identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company’s internal control.

We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF
AUSTRALIAN DIABETES EDUCATORS’ ASSOCIATION LIMITED
ABN: 65 008 656 522

We conclude on the appropriateness of the directors’ use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the Company to cease to continue as a going concern.

We evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Bandle McAneney & Co

Anthony J Bandle
Partner
Canberra:
Dated: 10 August 2017
CEO's Report
CEO's Report
Dr Joanne Ramadge, CEO

I am very pleased to report that the 2016-17 year has been a busy and productive year and we have achieved against all areas of the Strategic Plan 2012-17 and this year our profit was $92,690. ADEA donated $200,000 to the ADEA Diabetes Research Foundation (ADR) in its first year of operation, which has reduced this operating surplus to a deficit of $107,310.

The ADR is an important and strategic initiative that will in time provide a strong evidence base for the work of CDEs. It is the most future oriented achievement that ADEA has embarked upon and we seek the support of every CDE to promote the ADR and to promote donation to the Foundation.

Our membership has grown over the last year by 99 to reach 2128 by 30 June 2017 as have the number of CDEs who now number 1329. We completed the first workforce survey in ADEA’s history and the report is available online. Some of the results parallel the issues in the health workforce generally, such as the ageing of the workforce, which is reflected in a number of our members retiring from the workforce. While these results present a challenge for ADEA, a more specific challenge is that 54% of participants work in Victoria, followed by those in Queensland (33%) whereas NSW has the highest number of people with diabetes. We will be looking at ways we can influence this over the next twelve months.

Our advocacy issues have included better diabetes management in schools, a Medicare item for women with gestational diabetes mellitus (GDM) to access CDE services and rebates for CDE services from large private health insurance funds. We have had mixed success:

- We led a proposal to improve diabetes in schools that was supported by the Australian Diabetes Society (ADS), Australasian Paediatric Endocrine Group (APEG), Juvenile Diabetes Research Foundation (JDRF) and Diabetes Australia. This proposal is currently with the Minister for Health, the Hon Greg Hunt.

- Medibank Private has provided in principle approval for rebates for CDE services but are unable to tell us which policies will include this rebate. We are still lobbying Bupa and NIB health funds. There are many small to medium sized funds that do provide rebates for CDE services.

- We have begun planning for a campaign around a Medicare item for women with GDM to access CDE services. We have enlisted support from Diabetes Australia and this campaign will become active in the next financial year.

On the professional front, we have aimed to develop and recognise CDE expertise. We commenced a project to develop competency standards for CDEs at different levels of experience. This will be implemented in the latter part of 2017 and will recognise the different skill levels of CDEs and flow through to influencing university education in diabetes and recognition by ADEA of different support and professional development requirements.

ADEA has had a commitment to improving diabetes outcomes in indigenous people and this has in part become a little more tangible with the finalisation of Competency Standards in Diabetes for Aboriginal and Torres Strait Islander Health Practitioners and Workers. This year, ADEA also re-committed to the Statement of Intent between Indigenous Allied Health Australia (IAHA) and the Allied Health Professionals Association (AH PA) and its Member and Friend Organisations.

A Fellowship category of membership was introduced in May 2017 that recognises a high degree of expertise as a CDE through the associated post nominal, FADEA. Two Fellows have been approved and we would like to acknowledge our first ADEA Fellow, Marita Ariola RN, CDE, FADEA.

Continuing Professional Development (CPD) for CDEs has been reviewed with changes to credentialling categories to better align ADEA educational activities with categories and member needs at different skill levels. A wider range of activities have included:

- Hearing and diabetes e-learning module
- Person-centred care workshops and podcast miniseries
- Diabetes management during disasters
- Diabetes in aged care
- Fitness to drive review and update
- Injection technique guidelines

A podcast series also featured in this year’s educational offerings and have been extremely well received. Jan Alford is your host for the series and we are very grateful to Jan for her support for this initiative.

ADEA has entered into formal partnerships with a number of organisation’s with the aim of strengthening advocacy and recognition. We have an alliance that includes, Diabetes Australia, Australasian Paediatric Endocrine Group (APEG), Australian Diabetes Society (ADS) and Juvenile Diabetes Research Foundation (JDRF) that was supportive in development of the diabetes in schools proposal to the government. Our more traditional partnerships with ADS continues as does our membership of the AH PA.
It seems only a short time ago that we developed a new website but technology moves on and so our current website is deemed to be ‘old’. Therefore, we engaged a consultant, Michael Garas, to assess our website and then develop the business requirements for a new look website. This work will begin in the second half of 2017.

An important milestone for ADEA this year was gaining certification from the International Organization for Standardization (ISO) for Quality Management Systems (QMS) 9001:2015. This will stand us in good stead and recognises ADEA’s commitment to continuous improvement.

We operate in a much more competitive environment where sponsorship is harder to get and traditional sources are fewer. As a result we are looking to alternative means of sponsorship, alliances and collaborations. These all take time to build and develop and it is expected that next year there will be benefits from new associations.

Looking back, we have achieved much, but there is still much to do and improve. We could not have achieved what we have without the generous support of our Sustaining Members, AstraZeneca, Novo Nordisk, Sanofi, Roche and ongoing sponsors. Our sponsors primarily come from the pharmaceutical industry but they have no input into decision making about ADEA resources or education development. Without sponsorship, we would not be able to provide quality resources to our members.

The strength of an organisation is evident when its governance is strong and I would like to thank the ADEA Board, led by the President Giuliana Murfet, for their support and active role in providing strong governance to ADEA. The work of the ADEA National Office team continues to amaze me in output, quality and commitment. Each member of staff has made a significant contribution to achieving our goals and support for all our members. We will have some new members of the team in 2017-18 with the resignation of our long serving Chief Financial Officer, Daniel McKinney in March, who contributed much to the improvement of our accounting and financial systems. Kerry Oddy, Credentialling and Membership Officer, also resigned from ADEA in May this year. We welcomed Kate-Anne Warren into the role. Our members also provided a significant contribution to ADEA’s achievements through their many voluntary roles participating on committees, providing advice and feedback to ensure we achieved the quality expected.

The next financial year brings new opportunities to better support members and to grow as an organisation in influence and productivity.
Governance
ADEA Board

Giuliana Murfet
President

Brett Fenton
Vice President

Heike Krausse
Finance Director

Libby Bancroft
Director

Robert Biancardi
Director, Resigned February 2017

Steven Brett
Director

Nicole Frayne
Director

John Michailidis
Director, Resigned March 2017

Jessica Miller
Director

Tracey Tellam
Director
Board sub-committees

FINANCE AUDIT AND RISK MANAGEMENT COMMITTEE (FARM)

Heike Krausse, QLD, Chair
Greg Cliffe, Independent Accountant
Daniel McKinney-Smith, NO, Resigned May 2017
John Michilaidis, VIC, Resigned March 2017
Steven Brett, NSW

COMPLAINTS COMMITTEE

Brett Fenton, NSW, Chair
Amanda Bartlett, NSW
David Bartlett, QLD, Independent
Yvonne Elliott-Kemp, QLD
Giuliana Murfet, TAS, Term ended August 2016
Jessica Miller, NSW, Independent, Term ended March 2017
Denise Smith, WA
Rachel Woods, SA
Joanne Ramadge/Aneesa Khan, Secretariat, NO

GOVERNANCE COMMITTEE

Libby Bancroft, ACT
Heike Krausse, QLD
Brett Fenton, NSW
John Michailidis, VIC, Resigned March 2017
Complaints Committee

Report prepared by:
Brett Fenton

Key activities 2016-17:

The Purpose of the Complaints Committee is to deal with complaints made against any member related to the ADEA Code of Conduct.

The Complaints Committee received four complaints against members between August and December 2016. The Committee followed the protocol laid down in the ADEA By-laws and the Chair of the Committee determined that two of the complaints would not be pursued as they did not address a significant issue against the code of conduct.

Two complaints were considered significant issues and one complaint was upheld with recommendations made to the ADEA Board. The second complaint was not upheld after careful consideration of the evidence, by the committee.

Important URL:

ADEA Code of Conduct:
Committees, Advisory Groups and Special Interest Groups
Editorial Advisory Group (EAG)

Report prepared by:
Kate Marsh

Key activities and achievement 2016-17:

- Moved to a digital publication from March 2017, available on ade.adea.com.au. This platform provides a number of benefits not available with the printed edition, including the ability to read the ADE on any digital device, the ability to print, share and comment on articles and being able to browse or search for past articles. To ensure continued accessibility for all members, a PDF-version for each edition is still being produced for those who prefer to read without being connected to the internet.

- Production of four themed editions, including our first ASM-themed edition, with positive feedback from members.

- Inclusion of a regular business/private practice article, covering a range of topics relevant to diabetes educators in private practice.

- Feedback from reader survey conducted last year has been used in planning content for the ADE, including choice of the themes for each edition.

- Increased involvement of EAG in planning and editing content for each edition.

- Increase in articles submitted for publication, resulting in more articles from ADEA members.

Plan for 2017-18:

- Continue quarterly themed editions, based on reader feedback.

- Reintroduce a regular book review and research/continuing education section.

Acknowledgements:

Thanks to all of our EAG members (Michelle Robins, Penny Barker, Anne Marks and Nicole Duggan), who have helped to improve the quality and content of the ADE over the past year, as well as to Thomas Corte and Kirrily Chambers for their involvement before standing down from the committee.

Congratulations to an EAG member, Kirrily Chambers, for receiving the prestigious Jan Baldwin National CDE of the Year Award in 2016.
Clinical Practice Committee

Report prepared by:
Peta Tauchmann and Rachel Freeman

Key activities and achievement 2016-17:

- CPC meeting at the 2016 ASM to plan annual activities
- Clinical Reviews undertaken in 2016-17
  - Review of the ADEA Core Competencies for CDEs
  - Review of the Clinical Guiding Principles for Subcutaneous Injection Technique
  - Review of the Sick Day Clinical Guidelines
  - Feedback requested for Sir Frederick Banting Legacy Foundation project: Mental Health and Diabetes in Youth online learning module
  - Contribution to Diabetes Australia’s submission to the Therapeutic Goods Administration regarding metformin shortage
  - Advice requested from member regarding vision impaired blood glucose monitoring

Plan for 2017-18:

In the coming 12 months, the committee will continue to assist National Office with the review of key documents and publications including:

- National Standards of Practice for CDEs
- National Standards of Practice for Diabetes Education Programs
- Code of Conduct
- Initiating and Managing Insulin Therapy in Ambulatory Care Settings, interim documents

Important URL:

ADEA Core Competencies for CDEs, Clinical Guiding Principles for Subcutaneous Injection Technique and Sick Day Clinical Guidelines:
Course Accreditation and Standards of Practice Committee

Report prepared by:
Karen Crawford

Key activities and achievement 2016-17:

Mid-term course reviews have been completed for all of the seven graduate certificate courses.

Two new course coordinators started in 2017 (Curtin University and Southern Cross University) and we are supporting them and monitoring their progress as they settle into this new and important role.

Student enrolments across the courses are variable - some stable, some lower, and some higher than previous years. Across all courses, there are currently approximately 400 students enrolled with representation from all eligible profession groups, with a noted increase of pharmacists.

Clinical placement continues to be a concern for all course coordinators and students, and is especially problematic for students who are not nurses or dietitians. It is becoming challenging to locate suitable placement opportunities for the high number of students who need and want this learning experience.

Karen Crawford, Rachel Freeman & Liz Obersteller are also involved in and contributing to the current Core Competencies review process.

Plan for 2017-18:

Ongoing work is needed in the area of student placement to ensure all students have a quality opportunity to experience diabetes education practice under the support of an experienced CDE.

In preparation for the full course accreditation cycle in 2019, work will commence on reviewing the curriculum expectations and updating these to be in line with the soon to be completed reviewed Core Competencies document.

Acknowledgements:

A special thank you to all the committee members who contribute their time and expertise on a regular basis. Also thank you to our two new members (Nicole Frayne and Sophie McGough) who have settled into this role very well and proven to be an asset to discussions and the work we do.
Credentialling Committee

Report prepared by: Liz Obersteller

Key activities and achievement 2016-17:

- Supporting online process for both initial and recredentialling applications, as well as the mentoring program
- Refinement and review of processes to better link goal setting with writing learning outcomes
- Increase in number of assessors from different primary disciplines

Plan for 2017-18:

- Increase the percentage of members selected for the audit process to submit evidence that supports their claims for continuing professional development activities from 5% to 10%
- Implement the requirement for all members submitting credentialling applications to ensure 15%, or 3 CPD points, are obtained from ADEA developed or endorsed activities. A list is available on the ADEA website with activities being continually reviewed and updated to meet the ongoing professional development needs of members
- Recredentialling applications will not be routinely reviewed – only those being audited will be thoroughly assessed by the committee
- Ongoing evaluation of the CPD program in line with revision of the ADEA Core Competencies
- Revision of templates and information for those applying for initial credentialling
- Ongoing review of assessment processes to ensure standards of assessment between assessors is maintained
- Ongoing revision of the online credentialling platform to improve usability in accordance with member feedback

Acknowledgements:

We thank the support from past and present Committee members, the ADEA Professional Services Manager, the ADEA Membership/Credentialling and the National Office team.

Important URL:


Credentialling in primary disciplines:
Key activities and achievement 2016-17:

Seven podcasts were released this year and have been listened by over 400 people:

- Diabetes and pregnancy
- Interaction of other hormones in diabetes
- The role of metabolic surgery
- Continuous glucose monitoring
- Oral health and diabetes
- Diabetes in the older patient
- Education and services for adults with type 1 diabetes

These are available on Apple iTunes and the ADEA E-learning Management System. Members can claim 2 CPD points after listening to all 7 episodes and completing the evaluation survey in the ADEA E-learning Management System.

An e-learning module on Hearing and Diabetes was also provided with the financial support from Attune Hearing, Australian Hearing and bloom hearing specialists. The module was designed for diabetes educators to inform them on:

- Hearing health and its impact on:
  - People with type 1 and type 2 diabetes
  - Children and adults with diabetes
- Screening technique for diabetes educators, frequency and how to refer
- Hearing services available and costs for people with diabetes, i.e. children, adults, pensioners and DVA clients

Participants are able to claim 3 CPD points after completing this module.

Plan for 2017-18:

Consideration is being given to possible feedback mechanisms to help us shape future programs that are relevant to members. A mini series of 3 podcasts on person-centred care are in production and future topics are under consideration.

Acknowledgements:

Thank you to all of our ADEA members who have taken the time to listen to our podcasts and participated in the e-learning programs this year. Thank you also to those who have generously given their time and presented in our podcasts.

Finally a big thankyou to our outgoing ERG member Kirrily Chambers, who has helped in the preparation of the programs this year and look forward to working with the new members of the group in 2017-18.

Important URL:

Endorsement Committee

Report prepared by:
Rachel Freeman

Key activities and achievement 2016-17:

The ADEA Endorsement Program has been developed for ADEA to recognise the quality of educational activities developed by external organisations. This program provides assurance and recognition of quality education for health professionals with an interest in diabetes.

The number of endorsed activities has increased from 14 in 2015-16 to 18 in 2016-17. Interest continues to grow regarding ADEA endorsement of CPD activities for diabetes-specific health professional education. Interest has stemmed as far as Canada, with the endorsement of an education program for diabetes health professionals regarding diabetes and mental health. Diabetes NSW, Diabetes QLD and NDSS programs continue to value ADEA endorsement of their educational offerings for health professionals, along with wide reaching publications, such as Diabetes Research Review. ADEA has endorsed courses that have shown effectiveness through university research such as Exercise for type 1 Diabetes. ADEA continues to endorse numerous pharmaceutical company education programs that meet the endorsement criteria.

This year, the Endorsement Committee reviewed the guidelines and application process for the Endorsement Program as a quality improvement project. The Endorsement Program now also offers the option for applicants to apply for a 2-year endorsement period. Along with the ADEA Education Reference Group, the committee has continued to grow the number of quality, evidenced based educational activities available to our members and all health professionals with an interest in diabetes education.

Plan for 2017-18:

Ongoing promotion of the Endorsement Program will continue. With the implementation of the Board directive for CDEs to undertake 5% of their CPD points for credentialling being from ADEA developed or endorsed activities, the committee will be working to ensure there is adequate endorsed courses and variety of endorsed courses available for members to undertake.

Acknowledgements:

The volunteer hours put in by all committee members is very much appreciated.

Important URL:

Current ADEA Endorsed Programs:
Program Organising Committee

Report prepared by:
Joanne Ramadge

Key activities and achievement 2016-17:

The Committee worked tirelessly to develop the excellent ASM program for 2016 and 2017. They identified plenary speakers as well as set priorities for the symposia, workshops and masterclasses and reviewed abstracts. Members advised on the ADEA program as a whole including the timing and placement of events.

Alison Ilijovski, Denise Smith and Mandy Chan advised on the local activities in Perth and reviewed the venue to support the conference experience.

Liz Obersteller managed the review process for the oral abstracts and judging panel for the poster and oral awards.

Committee members participated in the development of joint symposia with the Australian Diabetes Society (ADS). The symposia include a focus on technology, indigenous care and a hypothetical facilitated by Dr Norman Swan.

Roche Travel Grants

The 2016 Roche Travel Grants went to the following members:

- Anne Marks: CDE in private practice, inner regional NSW
- Annette Meagher: CDE at Mansfield District Hospital Primary Care Centre, inner regional Victoria
- Catherine McLaine: CDE at North West Hospital and Health Service, very remote Queensland
- Cathryn Dowey: CDE at Apunipima Cape York Health Council, outer regional Queensland
- Natalie Smith: CDE in private practice, outer regional NSW

Roche Abstract Awards

The 2016 Roche Abstract Awards went to the following recipients:

- Roche Best Novice Poster: Justin Bui’s *The InDiGO Project: Colouring outside the lines of conventional inpatient diabetes management*
- Roche Best Poster: Marion Hawker’s *Upskilling General Practice: Diabetes Educator and Practice Nurse Perspectives*

Acknowledgements:

A special thanks goes to the members of the panel who gave their time and expertise to develop an excellent program and experience for all ADEA members.
Diabetes in Pregnancy Special Interest Group (DIPSIG)

Report prepared by: Amanda Bartlett

Key activities and achievement 2016-17:

We held our first meeting at the ADS-ADEA Annual Scientific Meeting last year at the Gold Coast and had a good attendance of 38 members.

The DIPSIG continues to grow and now has 45 members. There is a core group of members within DIPSIG who continue to meet quarterly via teleconference to brainstorm direction of the group, ideas and new scientific evidence. These tireless members are: Amanda Bartlett, Alison Barry, Amada Alyward, Belinda Moore, Bronwyn Buckley, Cath McNamara, Cindy Porter, Diane Bond, Justine Darling, Gillian Krenzin, Lisa Smith.

The DIPSIG has been liaising with Joanne Ramadge (ADEA CEO) to lobby government to obtain a Medicare item number for women with Gestational diabetes mellitus (GDM). Examples have been sought from members who work in public clinics to describe the inundation of clients presenting for diabetes care and the strain that hospitals are under to continue to provide excellent care and services.

We have delivered a series of webinars on ‘Remote diabetes care in Indigenous communities’ and ‘Preconception care for women with pre-existing diabetes’.

The first newsletter was published.

The forum has been much more active with regular posts each fortnight.

Plan for 2017-18:

• Organise a face-to-face meeting at the ASM in Perth
• Continue with regular webinars and newsletters to update members on diabetes in pregnancy
• Develop a plan to lobby the major pump companies for an insulin pump loan program in public hospitals without the requirement of private health insurance, for women during pregnancy
• Continue to lobby for a Medicare item number for women with GDM

Acknowledgements:

All of our members who have a passion for diabetes in pregnancy and in particular:

• Cindy Porter and Alison Barry for their webinars presentations
• Justine Darling for taking meeting minutes
• Belinda Moore for her excellent efforts with moderating the forum
• ADEA National Office for their ongoing support

Important URL:

• ADEA Diabetes in Pregnancy Special Interest Group: www.adea.com.au/?p=12376969
• Diabetes in Pregnancy Society: www.adips.org.au
• International Association of the Diabetes and Pregnancy Study Groups: www.iadpsg.org
Membership

Membership breakdown:

In the 2016-17 financial year, ADEA experienced a membership increase of 99 members.

Figure 1: Annual membership by financial year from 2010-11 to 2016-17

<table>
<thead>
<tr>
<th>Year</th>
<th>Full members</th>
<th>Full members CDEs</th>
<th>Associate members</th>
<th>Student members</th>
<th>International members</th>
<th>Retired members</th>
<th>Total</th>
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<td>190</td>
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<td></td>
<td></td>
<td>2128</td>
</tr>
</tbody>
</table>

Membership - States and Territories/Overseas:

Figure 2: ADEA membership by States and Territories/Overseas
ADEA Leaders
ADEA Branch Executives

Australian Capital Territory
Chair: Kristine Wright
Finance Officer: Lynelle Boisseau
Secretary: Stephanie Phillips

New South Wales
Chair: Megan Paterson-Dick
Finance Officer: Tracy Desborough
Secretary: Amber Evans

Northern Territory
Chair: Gregory ‘Soli’ Solomon
Secretary: Sharon Johnson

Western Australia
Chair: Kathryn Swain
Finance Officer: Alison Ilijovski
Secretary: Sharron Meakins

Queensland
Chair: Emma Holland
Finance Officer: Patricia Roderick
Secretary: Louise Natusch

South Australia
Chairs: Julie Kha & Cindy Tolba
Finance Officer: Effie Kopsaftis
Secretary: Toni Willson

Tasmania
Chair: Susan Armstrong
Finance Officer: Andrea Radford
Secretary: Maggie Lasdauskas

Victoria
Chair: Ann Bush
Finance Officer: Julie Knight
Secretary: Suzanne Bulmer

Committees, working groups and special interest groups

AUSTRALIAN DIABETES EDUCATOR (ADE) EDITORIAL ADVISORY GROUP
Kate Marsh, NSW, Chair
Penelope Barker, NSW
Tom Corte, NSW, Resigned Feb 2017
Daisy Do, WA
Nicolle Duggan, VIC
Ann Marks, NSW
Marlene Payk, NSW
Michelle Robins, VIC

EDUCATION REFERENCE GROUP
Jan Alford, NSW, Chair
Kirrily Chambers, SA, Resigned March 2017
Rachael Critchell, WA
Beth Knight, QLD
Meegan Lenart, NSW
Lesley Wilcox, NSW

COURSE ACCREDITATION AND STANDARDS OF PRACTICE (CASP)
Karen Crawford, VIC, Chair
Trisha Dunning, VIC
Nicole Frayne, WA
Sara Jones, SA
Sophie McGough, WA
Elizabeth Obersteller, VIC

UNIVERSITY COURSE ADVISORY COMMITTEE ADEA REPRESENTATIVE
Wendy Bryant, NSW, University of Technology Sydney
Kirrily Chambers, SA, Flinders University
Caroline Ford, WA, Curtin University
Louise Ginnivan, VIC, Mayfield Education
Deborah Grant, QLD, James Cook University
Carolyn Judge, NSW, University of Technology Sydney
Wendy Livingstone, QLD, Southern Cross University
Michelle Robins, VIC, Deakin University

CLINICAL PRACTICE COMMITTEE
Peta Tauchmann, QLD, Chair
Sandra Crook, QLD
Nicholas Denniston, NSW
Teresa DiFranco, WA
Kate Marsh, NSW, Resigned August 2016
Sharon McCelland, NSW
Rebecca Mephee, WA
Joanne Ramadge/Rachel Freeman, Secretariat, NO
CREDENTIALLING REVIEWERS
Elizabeth Obersteller, ACT, Chair
Dianne Bond, WA, Resigned Dec 2016
Lauren Botting, SA, Resigned Dec 2016
Jan Branch, QLD
Wendy Bryant, NSW
Deb Foskett, QLD
Lisa Grice, QLD
Ian Harmer, VIC
Sharon Johnson, NT, Resigned Feb 2017
Gillian Krenzin, VIC
Maggie Lasdauskas, TAS
Maree Nannen, WA
Helen Phelan, NSW, Resigned May 2017
Megan Preukser, VIC
Lois Rowan, VIC
Maxine Schlaeppi, WA
Annabelle Stack, QLD
Toni Willson, SA

PROGRAM ORGANISING COMMITTEE (POC)
Joanne Ramadge, ACT, (Co-Chair
Elizabeth Obersteller, NSW, (Co-Chair)
Kirstine Bell, NSW
Mandy Chan, WA
Alison Ilijovski, WA
Rachel Freeman, NSW
Denise Smith, WA
Michelle Tong, QLD

PRIVATE PRACTICE SPECIAL INTEREST GROUP
Angela Hsiao, NSW, Convenor
Marita Ariola, NSW
Jan Branch, QLD
Robyn Jenkins, NSW
Vongayi Majoni, NT
Jennifer Nicholas, WA
Carolyn Nugent, WA
Joanne Ramadge, NO
Janet Stevenson, NT
Peta Tauchmann, QLD

DIABETES IN PREGNANCY SPECIAL INTEREST GROUP
Amanda Bartlett, NSW, Convenor

ENDORSEMENT COMMITTEE
Rachel Freeman, NSW, Chair
Jan Alford, NSW
Wendy Bryant, NSW
Nicholas Denniston, NSW
Tracy Desborough, NSW
Trisha Dunning, VIC
Julie Kha, SA
Elizabeth Obersteller, ACT
Maxine Schlaeppi, WA

LIFE MEMBERS
Jan Alford
George Barker
Ruth Colagiuri
Shirley Cornelius
Lesley Cusworth
Patricia Dunning
Rhonda Griffiths
Gillian Harris
David Irvine
Gloria Kilmartin
Edwina Macoun
Ann Morris
Kaye Neylon
Judy Reinhardt
Michelle Robins
Coral Shankley
Helen Turley
Maureen Unsworth
Bettine Wild
Erica Wright

FELLOWS
Marita Ariola
Jane Giles
Branch Activities and Updates
ADEA–ACT Branch

Report prepared by:
Kristine Wright

Key activities and achievement 2016-17:

Conduct professional development at all branch meetings:

- ‘Renal Failure and Treatment Options’ was presented by Allyson Calvin and Sarah Coleman from ACT Health
- Lisa Preston from Medtronic presented on ‘Continuous Glucose Monitoring’ (CGMS) which was fortuitous given the CGMS government initiative for those under the age of 21 years with T1DM

Several members attended the ADEA-NSW/ACT Branch Conference held in Wollongong in June. Two of our members were on the conference committee and spent many hours contributing to an interesting and informative conference. ADEA has provided travel grants to support three of our members to attend the conference.

Plan for 2017-18:

July will bring our second branch meeting for the year and professional development on ‘Obesity and Diabetes’ will be presented by Professor Joseph Proietto.

Acknowledgements:

Congratulations to Vicki Mahood as the recipient of the 2016 CDE of the Year award in the ACT.

Congratulations to ACT members Elise Apolloni, Katherine Sheppard and Pornpimon Upathumpa on receiving travel grants to attend the 2017 ADEA-NSW/ACT Branch Conference.

A well deserved thank you to the previous executive committee for their hard work over the last few years.

The ACT Branch has seen a change in the executive team with Rosemary Young stepping down and Kristine Wright taking over as chair, Vicki Mahood also stepped aside and Stephanie Phillips has taken on the role of Secretary.

We would also like to thank Novo Nordisk and Medtronic for their support in providing professional development opportunities for members.

Thank you to the staff at the National Office for their ongoing guidance and support.

Useful links:

ADEA-ACT Branch:
ADEA–NSW Branch

Report prepared by:
Tracy Desborough

Key activities and achievement 2016-17:

• The ADEA-NSW/ACT Branch Conference was held on 2nd and 3rd June at Wollongong Novotel with 120 delegates and excellent corporate sponsorship numbers. This was the first year a combined conference was held with the ACT Branch. Members also had access to travel grants to assist them in attending the branch conference.

• A NSW Branch membership survey was conducted in December 2016 to seek member input into preferred branch activities. Results were reviewed and presented to members at the branch meeting in Wollongong.

• The first branch meeting with education session in webinar format was held in February 2017.

• Members of the Branch Executive were involved in the National Taskforce for CGMS roll out and Diabetes in Schools project.

• Expression of interest was conducted to provide more opportunities for members to join the Conference Organising Committee.

Plan for 2017-18:

• Review opportunities for engagement of rural members in education activities

• Continuous review and use of alternative methods of engaging members with branch activities

• A NSW membership survey to collect feedback on expectations of the Branch Executive and members needs for meetings and educational activities in 2017-18

• ADEA-NSW Branch Conference in 2018

Acknowledgements:

• Thank you to members of the Conference Organising Committee and National Office for ongoing support with running Branch activities

• Thank you to Megan Patterson for her commitment as Branch Chair over her tenure

• Congratulations to Marion Hawker as the recipient of the 2016 CDE of the Year award in NSW

Useful links:
ADEA-NSW Branch:
ADEA—NT Branch

Report prepared by:
Gregory Solomon (aka: SoLi)

Key activities and achievement
2016-17:

The main key branch activities for the year have been the quarterly branch meetings with a participation rate averaging between 12 and 15 members.

Plan for 2017-18:

The branch executive is planning for another insulin pump video workshop next year.

Acknowledgements:

Congratulations to the following NT members for receiving recognition of their professional achievement:

- Gregory Solomon (aka SoLi) for being nominated for the Excellence in Nursing/Midwifery Hospital Care Award of the Northern Territory Nursing and Midwifery Excellence Awards
- Cheri Whitbread for receiving the Excellence in Nursing/Midwifery Education and/or Research Award and the Nurse/Midwife of the Year Award of the Northern Territory Nursing and Midwifery Excellence Awards
- Jan Stevenson for receiving the CDE of the Year in NT Award in 2016

Useful links:

ADEA-NT Branch:
ADEX–QLD Branch

Report prepared by:
Emma Holland

Key activities and achievement
2016-17:

• The ADEX-QLD Branch Conference was held on 26 and 27 May 2017 in Brisbane. It attracted 150 delegates and 16 corporate sponsors. Evaluation of the conference was overwhelmingly positive.

• An ADEX-QLD membership survey was conducted in December 2016 to seek member input into preferences for branch meetings and activities. The feedback from this survey was presented to members at the branch meeting in May 2017.

• A branch meeting was conducted by webinar in December 2016.

• Members were kept updated on the work of the Statewide Diabetes Clinical Network.

Plan for 2017-18:

• An expression of interest to provide an opportunity for members to join the 2018 Conference Program Organising Committee.

• ADEX-QLD Branch Conference in 2018, possibly in a regional location.

Acknowledgements:

• Congratulations to Kate Mundy as the recipient of the 2016 CDE of the Year award in Queensland.

• Congratulations to QLD members Fiona Lynch, Kerry O’Brien, Kylie Andersen, Laura Zimmerman and Sonia Small on receiving travel grants to attend the 2017 QLD Branch Conference.

• Sincere thanks to Emma Holland, retiring Chair, for her leadership of the branch since 2014.

Useful links:

ADEX-QLD Branch:
ADEA–SA Branch

Report prepared by
Cindy Tolba and Julie Kha

Key activities and achievements
2016-17:

Facebook was used effectively to:

• Allow discussion and collaboration of ideas and education
• Update members about education events
• Provide increased networking opportunities (and employment opportunities) among members with similar areas of special interest
• Provide access to key resources and guidelines in diabetes care to all diabetes educators, whether they experienced or in the process of initial credentialling

The important task of quality improvement and critical self-assessment for CDEs was given structure and purpose via a unique opportunity presented by the University of Tasmania and ADEA National Office. The collaboration culminated in a successful and practical pilot project for CDEs in SA at the ADEA Person-centred Care Toolkit Workshop.

Plan for 2017-18:

• Focus on facilitating a wide range of educational topics in diabetes care including islet cell transplant, travel and diabetes, credentialling and diabetes and pregnancy, diabetes and driving and alcohol and insulin
• Strengthen collaboration between allied health providers in the health team of the individual with diabetes to provide support and enhanced outcomes for the client
• Promote greater access for CDEs to educational events via audio recordings of our sessions and uploading the PowerPoint presentation where available. Aiming to upgrade to allow both audio and visual recordings in a webinar format for the benefit of all our members
• Enhance the experience of post-graduate students undergoing the credentialling system by providing resources and exposure to greater opportunities
• Seeking expressions of interest for a state branch representative for the Private Practice special interest group

Acknowledgements:

Best wishes to both Lauren Botting and Jenny Von Der Borch, whom have made the decision to retire. Both have been experienced and valued CDEs and we wish them well in their new endeavours.

We are proud to host the ADEA’s 2016 Jan Baldwin National CDE of the year, Kirrily Chambers, who remains an amazing and tireless advocate for all individuals with diabetes.

To our state Education committee, of which Rachel Woods is Chair, and her team (Daniela Nash, Emmy De Heus, Glenys Graham and Monique Kindstrom) continue to organise a myriad of current, evidence-based education themes for our members.

Useful links:

ADEA-SA Branch:
ADEA–TAS Branch

Report prepared by:
Katy Robinson

Key activities and achievements 2016-17:

July 2016

A teleconference branch meeting was held for members to discuss various state and national issues.

ADEA exhibited at the Tasmanian Health Conference on 30 July with the trade display attended by Caroline Van Riet and Margaret Lasdauskas.

November 2016

An end of year meeting was held in Hobart with an education session on Bydureon, delivered by Dr Gary Kilov. An update on Diabetes Tasmania’s Youth Program was provided and there was also a Primary Health Tasmania report from the Branch Chair.

April 2017

A meeting was held in Launceston with Andrea Radford (RN/RM, CDE of the Year in Tasmania 2015) presented with Professor Jane Speight, Chair in Behavioural and Social Research in Diabetes at Deakin University on Language Matters in Type 2 Diabetes.

Member survey and branch restructure:

The TAS Branch continued to have difficulty in attracting members to volunteer for Branch Executive roles and also related declining attendance at branch meetings despite being held on various days, in different locations, at different times and some by teleconference and some face-to-face.

A survey of TAS branch members was conducted to seek their consideration for a future model and role for the branch, preferences for branch meetings if they wished these to continue, and nominating for branch executive positions.

The importance of professional development opportunities and how these linked to gaining credentialling points was reflected in responses to the survey.

At the May 2017 Board meeting, the future structure of the TAS Branch was discussed and it was agreed that:

- The branch would be restructured so that a branch executive is not required.
- National Office would recruit members for an education committee within the Tasmania membership.

- National Office would assist in managing two professional development events annually in collaboration with the education committee.
- The above arrangements will be reviewed after 12 months.

Tasmanian members were notified of this outcome in June 2017.

An Expression of Interest for membership of the education committee was sent out in June 2017.

Plan for 2017-18:

Two professional development events are planned for the ADEA-TAS Branch in 2017-18. These will be organised by the Education Reference Group with administrative support from National Office.

Acknowledgements:

Thank you to Susan Armstrong for her involvement and support before stepping down as the Chair of the ADEA-TAS Branch Executive.

Thank you also to Margaret Lasdauskas and Andrea Radford for their work as members of the branch executive over the last two years.

Congratulations to Louise Taylor as the recipient of the 2016 CDE of the Year award in Tasmania.

Useful links:

ADEA-VIC Branch

Report prepared by:
Ann Bush

Key activities and achievement 2016-17:

Our focus this year has been on making members feel welcome and nurturing at branch meetings. We encourage members to network and support each other and to communicate issues directly to the Executive Team for support and resolution where possible. We are also offering a mentoring option for members interested in becoming more involved in branch leadership. So far we have one member volunteer and she is bringing a lot of enthusiasm and new ideas.

Branch Meetings 2016/17:

There have been three branch meetings this financial year. One was held at the ADEA-VIC Branch Conference that allowed regional members to attend.

When possible we offer a webinar option for members unable to attend the meetings in person. We would like to thank the hosts, speakers and sponsors.

Branch Executive Meetings:

We run regular Branch Executive meetings. These are generally held six weeks prior to the branch meetings.

Victorian Registered Nurse Network Groups:

Each of these groups are active and meet on a regular basis. Minutes of their meetings are uploaded on to the ADEA-VIC Branch web page.

- Wimmera Mallee Networking group
- Western Victorian Diabetes Professional group
- Mornington Peninsula Diabetes Nurse Educators Network
- Gippsland Network Group
- Northern Metropolitan Melbourne
- Western Journal Group
- The Diabetes In Pregnancy group
- North Vic Rural Diabetes Educators group
- Outer East Diabetes Educators Networking Group

Branch conference:

235 members attended the ADEA-VIC Branch Conference held on Saturday 17 June at the Melbourne Exhibition and Convention Centre. The evaluation indicated that overall the day was both relevant and valuable.

Planning for the 2018 ADEA-VIC Branch Conference will commence shortly.

Acknowledgement:

Congratulations to Ann Morris as the recipient of the 2016 Jan Baldwin National CDE of the Year.

Congratulations to Victorian members Rachael Irish, Sven Pohlser, Paul Skipper, Maree Ann Shay, Janette Tregenza, Julian Goss and Rebecca Kelleher on receiving travel grants to attend the 2017 ADEA-VIC Branch Conference.

Useful links:

ADEA–WA Branch

Report prepared by:
Kathryn Swain

Key activities and achievement 2016-17:

Branch Meetings

August 2016: Professional development was provided by Dr Bu Yeap on *Diabetes and Long Term Complications*. Attendees also had the opportunity to network through the Meet the Team activity with Telethon T1 Family Centre.

November 2016: Professional development was provided by Professor Carl Schultz on *Using Imaging to Prevent Myocardial Infarction*.

February 2017: Professional development was provided by Kim Greeve from the WA Health Department on *Advance Care Planning for People with Chronic Disease*. Attendees also had the opportunity to network through the Meet the Team activity with Bentley Hospital.

May 2017: Professional development was provided by Dr Seng Khee Gan on *Using HbA1c as a Diagnostic Tool*.

Sanofi One Day Diabetes Seminar:
Saturday 1 April 2017

The event was very well received and is anticipated to become a regular event.

Presentations:
- Dr Dorothy Graham ‘*Gestational Diabetes – a lifetime of risk*’
- Prof Timothy Skinner ‘*Type 1 Diabetes – Psycho-social issues and Considerations*’
- Dr Jeffrey Thavaseelan ‘*Type 2 Diabetes – Sexual Health in Men*’
- ‘*Exercise and Diabetes*’
- ‘*Diabetes and Health Economics in Australia*’

Branch Sub-Committees and Special Interest Groups

Thank you for the hard work, time and commitment from members of the ADEA-WA Branch sub-committees and special interest groups:
- Professional Development Committee
- Credentialling Committee
- 2017 Branch Conference Organising Committee
- WA Diabetes & Endocrine Health Network
- WA Private Practice Special Interest Group
- Curtin University Course Advisory Committee
- GDM Reference Group
- ADEA Clinical Practice Committee
- Diabetes WA
- New Members support group

The Royal Australian College of General Practitioners (RACGP) Conference

ADEA exhibited at the RACGP Conference from 29 August to 1 September with the trade display attended by various members to promote the benefits of Credentialled Diabetes Educators and how to locate a Credentialled Diabetes Educator in the local area.

Plan for 2017-18:

- The 2018 ADEA-WA State Conference Organising Committee has been established.
- Expressions of interest are open for WA members to nominate for positions of Chair and Secretary.

Acknowledgement:

Congratulations to Sandra Burges as the recipient of the 2016 CDE of the Year award in Western Australia.

Useful links:

Awards, Grants and Scholarship
Jan Baldwin National CDE of the Year

The prestigious ‘Jan Baldwin National CDE of the Year’ award this year goes to Kirrily Chambers, a pharmacist in regional South Australia, and Ann Morris, a nurse from regional Victoria.

Kirrily, the first pharmacist to be qualified as a CDE, is passionate about taking care of mental health issues for people with diabetes, sometimes brought about by stereotypical language used in diabetes care.

Ann, a founding member of the ADEA and a respected mentor, has been providing diabetes education services for 40 years. She is a psychologically sensitive CDE who regularly measures diabetes-related emotional distress using the Problem Areas in Diabetes (PAID) scale.

For biographies of the recipients, please visit https://www.adea.com.au/?p=8985
Australia’s best Credentialled Diabetes Educators revealed

ADEA is proud to congratulate recipients of the following CDE of the Year in branch awards:

- **CDE of the Year in ACT:** Vicki Mahood
- **CDE of the Year in NSW:** Marion Hawker
- **CDE of the Year in NT:** Janet Stevenson
- **CDE of the Year in Queensland:** Kate Mundy
- **CDE of the Year in Tasmania:** Louise Taylor
- **CDE of the Year in SA:** Kirrily Chambers
- **CDE of the Year in Victoria:** Ann Morris
- **CDE of the Year in WA:** Sandra Burges

For biographies of the recipients, please visit https://www.adea.com.au/?p=8985
Case study competition

Report prepared by:
Vy Le, Business Development Manager

ADEA facilitated the Case Study Competition, with financial support from Abbott Diabetes Care. Diabetes educators submitted case studies that address contemporary issues in the practice of diabetes care, diabetes education and self-management involving the use of flash glucose monitoring with or without ambulatory glucose profile.

Case studies address the following question(s), including principles of person-centred care:

• How have the patient's outcomes (clinical or non-clinical) improved with this technology?

• How has the technology been used to make a difference to a patient's quality of life?

• How has the technology changed practice for an individual health professional or the diabetes care team?

• How has it helped to prevent an adverse event?

• What are the challenges patients have found with this technology? What has been done as a consequence?

Twenty four case studies, in either written and video formats, were submitted. Each submission was reviewed by two reviewers in a blinded review process, after which, the top ten case studies were selected. The following authors had their case studies shortlisted:

• Miss Samantha Bridgland
• Ms Robyn Hart, submitted two written case studies and one video case studies (*) and all of them were selected
• Jui-Wen Vivien Hsu (*)
• Rebecca Humphreys (*)
• Connie Luo (*)
• Amy Rush
• Maxine Schlaeppi
• Barbara White

Among the above eight, authors of the top four case studies (*) will be presenting their submissions at the Case Study Presentation during the 2017 ADS-ADEA Annual Scientific Meeting where participants will vote for a recipient of the People's Choice Award.

Acknowledgement:

ADEA would like to acknowledge the generous contributions from the following members of the Reviewing Panel:

• Ms Jenny Carmuciano, Person with type 1 diabetes
• Ms Toni Eatts, Former Editor of Diabetic Living
• Dr Sue-Lynn Lau, Endocrinologist at Westmead Hospital
• Dr Kate Marsh, Editor of the Australian Diabetes Educator publication
• Ms Peta Tauchmann, Chair of the ADEA Clinical Practice Committee

Useful links:

Abbott Case Study Competition: 
National Diabetes Services Scheme Program

Report prepared by:
Louise Gilmour, Director, NDSS Program

Person-Centred Care Project:

Person-Centred Care Toolkit

The Person-Centred Care Toolkit was originally developed in 2015 to be used by Credentialled Diabetes Educators (CDEs) in conjunction to their consultations with people who have diabetes. The Toolkit is based upon a set of 10 Person-Centred Care Principles, that can be used to assess how health literate and person-centred their practices may be and to highlight areas of improvement.

The Principles were informed by a literature review, a formal consultation process as well as being mapped against evidenced-based Australian and International guidelines and literature specific to person-centred care in diabetes.

Since its development, it was identified as having relevance to people beyond the scope of diabetes. As such, in 2016-17 the Toolkit was adapted in consultation with Allied Health Professions Australia (AHPA) to be used by all healthcare professionals in the treatment and management of people with any chronic or complex condition.

As well as this, the Toolkit was translated into five linguistically diverse languages, including: Arabic, Chinese (simplified and traditional), Turkish and Vietnamese.

Person-Centred Care Workshops for Health Professionals and Consumers

An important aspect of the development of the Person-Centred Care Toolkit was the integration of the Toolkit in practice and ways in which this can be achieved. As such, three pilot workshops were held in Adelaide and Melbourne in 2016-17.

The workshops provided participants the opportunity to delve more deeply into each of the 10 Principles and what they mean in daily practice. They also provided a valuable and unique opportunity for CDEs and consumers to be engaged in mutual discussions around person-centred care and what this means in practice from both perspectives and to actively engage outside of their usual consultations.

Disaster Planning and Management:

2016-17 saw the implementation of the resources previously developed under the Disaster Planning and Management National Development Program as well as the development of online education modules for health professionals.

The online modules are targeted to Credentialled Diabetes Educators and other health professionals and aims to equip them to educate and support people with diabetes to manage the condition before, during and after a natural disaster or emergency. The modules have been developed to assist CDEs and health professionals to:

- understand the potential impact of natural disasters on the health of people with diabetes and other chronic conditions
- understand how these impacts can be mitigated through appropriate planning and preparation
- understand the role of CDEs and health professionals in supporting people with diabetes to prepare for and manage themselves in an emergency situation.

The resources for people with diabetes and emergency services, local councils and the not-for-profit sector have been made available on a number of national and international websites, including:

- Australian Primary Health Networks
- Local Government Association Tasmania
- Prevention Web
- Regional Disaster Information Center (CRID), Latin America and the Caribbean
- Research Gate
- State Emergency Service Tasmania
- The Health Translations Directory, Victoria Government
- Towards a Safer World
- Western Australian Government
- Whitsundays Regional Council
Sustainability of NDSS Funded Projects:

The aim of the sustainability of previous projects was to enable ADEA to review, maintain and update projects completed in prior years, to ensure that health professionals have the latest evidence on best-practice care for people with diabetes.

The projects included:

- Support for Health Professionals in the Assessment of a Person with Diabetes and their Fitness to Drive
- Subcutaneous Continuous Insulin Infusions (CSII) and Continuous Glucose Monitoring (CGM)
- Clinical and Professional Framework for the Management of Continuous Insulin Infusions (CSII) and Continuous Glucose Monitoring (CGM)
- Insulin Pump Therapy for People with Type 1 Diabetes
MESAC

Report prepared by:
Louise Gilmour, MESAC Manager

The Medical, Education and Scientific Advisory Council (MESAC) is a requirement of the 2016-20 National Diabetes Services Scheme (NDSS) Agreement between the Commonwealth of Australia (Department of Health) and Diabetes Australia for the NDSS. The role of MESAC is to provide advice and strategic direction on medical, education and scientific matters to inform the development and delivery of the NDSS. This helps to ensure that national NDSS products, programs and services meet appropriate standards, and deliver optimal outcomes for people with diabetes.

In 2016-17, MESAC was supported by MESAC Project Officer – Leanne Mullan representing the Australian Diabetes Society and Louise Gilmour from ADEA.

MESAC membership consists of 5 Endocrinologists, 5 Credentialled Diabetes Educators and 2 consumer representatives who volunteer their time and expertise to review products, programs and services funded under the NDSS.

A review of MESAC’s Terms of Reference and Guidelines was conducted to ensure alignment with the requirements under the new 2016-20 funding agreement. As such, MESAC membership for 2017-18 was reduced to 3 Credentialled Diabetes Educators and 3 Endocrinologists and 2 consumer representatives to participate on reviews were appropriate.

In 2016-17, MESAC conducted 34 reviews which included:

- providing recommendations on registrant access to insulin pump consumables and test strips
- reviewing education materials for registrants of the NDSS
- reviewing a number of NDSS registrant factsheets
- reviewing online, video and paper based education module for health professionals.

MESAC was also asked to provide advice on the Government’s review of the NDSS Product Schedule as part of its considerations of the current products on the Schedule. The NDSS Product Schedule provides access to a large range of subsidised products that helps individuals to affordably self-manage their diabetes.

The review aimed to identify efficiencies relating to the distribution of NDSS products through examining the appropriateness and currency of products on the Schedule.

MESAC provided advice to the Advisory Group on blood glucose testing strips, sharps/syringes, insulin pump consumables, reservoirs and urine glucose test strips currently on the NDSS Product Schedule.
Sustaining Members
Sustaining Members

AstraZeneca Diabetes

novo nordisk

Roche

SANOFI