

# *Australian Diabetes Educators Association*

**ANNUAL REPORT**

**2011–2012**



AUSTRALIAN  
DIABETES  
EDUCATORS  
ASSOCIATION





The Australian Diabetes Educators Association is the leading organisation for health professionals providing diabetes education and care.

### ***Vision***

**EXCELLENCE IN DIABETES SUPPORT TO ALL AUSTRALIANS**

### ***Mission***

**TO LEAD AND ADVOCATE FOR BEST PRACTICE DIABETES EDUCATION AND CARE**

There are six strategic themes.

- 1** Increase member value
- 2** Directly influence the Federal Government agenda
- 3** Strengthen the ADEA's research contribution
- 4** Increase the value of the Credentialed Diabetes Educator (CDE)
- 5** Set the standards for diabetes education for the Nation
- 6** National Office support

*Australian  
Diabetes  
Educators  
Association*

**ANNUAL REPORT**

2011–2012

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## ADEA BOARD

### PRESIDENT

Nuala Harkin RSCN NP RN CDE DipInfectionControl  
GradCert(DiabEd)

### VICE PRESIDENT

Tracy Aylen RN CDE

### FINANCE DIRECTOR

Liz Powell APD CDE Bsc PostGradDipNutr&Diet /  
Tracy Aylen RN CDE (*Acting*)

Carol de Groot RN CDE GradCert(DiabEd)

Cheryl Steele RM RN CDE GradCert(DiabEd)

Diana Sonnack RN CDE

Glynis Dent RN CDE GradCert(DiabEd)

GradCertHumanNutrition

Jane Payne RN CDE NP GradCert(DiabEd)

Giuliana Murfet RN CDE GradCert(DiabEd)

Terri Berenguer RN CDE GradCert(DiabEd)

## ADEA NATIONAL OFFICE — ADEA, NDSS AND NADC STAFF

CHIEF EXECUTIVE OFFICER

Clair Matthews

EDUCATION OFFICER

Catherine Holland

ADMINISTRATION OFFICER

Aneesa Khan

CREDENTIALLING OFFICER

Vicky Holland

FINANCE OFFICER

Ilona Guertler

PROFESSIONAL OFFICER

Nicole Brown

*Temporary Staff*

Jenna Crowe

Michael Craig

RESEARCH OFFICER AND NADC OFFICER

Lhawang Ugyel

## ADEA BOARD



Nuala Harkin Tracy Aylen Liz Powell Carol de Groot Cheryl Steele Diana Sonnack Glynis Dent Jane Payne Guiliana Murfet Terri Berenguer

## NATIONAL OFFICE STAFF

Back row L to R Vicky Holland, Jenna Crowe, Clair Matthews, Ilona Gurtler, Aneesa Khan, Nicole Brown

Front row L to R Michael Craig, Catherine Holland



## PRESIDENT'S AND CHIEF EXECUTIVE OFFICER'S REPORT

2011–2012 has been a very productive year for the ADEA. As our association grows and we continue to strengthen the value of the ADEA membership, there are challenges faced by the ADEA.

This year the Board has intentionally focussed much of its time and energy on developing a strategic direction that will enhance the effectiveness of the ADEA to meet the ever increasing rise in prevalence and incidence of diabetes in the Australian population. In early 2012, the Board engaged a business analyst to review its current business model within the framework of the Strategic Plan.

The recommendations of the business review and the findings from the governance training gave the impetus to rethink the Strategic Direction 2012–2017. The Board recognises its responsibility to lead its membership on a course that will sustain the ADEA and see the Association prosper. The following Vision, Mission and Strategic Themes have been developed to enhance the impact and effectiveness of the ADEA.

The analysis identified that achieving this with antiquated systems in place in National Office

that rely on 'processes that are unnecessarily manual in today's office environment' will be a major challenge. A further impediment is an unsustainable reliance on volunteer input, which may inhibit the professionalism required to achieve a fully effective Association in a timely way.

The Board of Directors recognises the ambitiousness of this new direction and is working through how to best achieve its vision. We look forward to discussing the Strategic Direction for the ADEA with you all at the Annual Scientific Meeting.

## COMMUNICATION, INFORMATION AND NETWORKING

The ADEA continues to communicate with its members through the website, the weekly email, the *Australian Diabetes Educator*, the Board updates, updates at Branch meetings and the Annual Scientific Meeting. Towards the end of 2011, National Office initiated an automatic initial email response to all member contacts on recommendation from the Board of Directors. The desired outcome is timely referral and appropriate follow up of member enquiries.

The ADEA will continue to carry out a Members Survey every two years, to measure the effectiveness of these activities and to determine member satisfaction with the ADEA.

Over the past 12 months the ADEA Membership has decreased slightly. This is correlated with the median age of our members and the number of retirees. Membership numbers have remained fairly stable due to uptake of new memberships. Part of the strategic direction is consideration of these members' needs and the value of membership.

## RESEARCH AND BEST PRACTICE

The ADEA has been involved with and provided support to a number of research and best practice activities. Some of these are highlighted here, with more information provided throughout the report.

→ Maureen Kingston has ethics approval to undergo a PhD examining whether the introduction of the formal mentoring program for diabetes educators, contributed to their ongoing professional development.

### **Vision**

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SUPPORT TO ALL AUSTRALIANS**

### **Mission**

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BEST PRACTICE DIABETES  
EDUCATION AND CARE**

There are six strategic themes.

- 1** Increase member value
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- Nicole Brown, ADEA Professional Officer, is preparing a briefing document on the evidence supporting the practice of the CDE by reviewing presentations at the Annual Scientific Meetings over the past five years. International literature will also be reviewed.
- National Office has conducted a number of surveys over the past 12 months. These include the GP referral process from the CDE perspective and the implementation of the recommendations of the ADEA SMBG Position Statement.
- The ADEA has responded to Health Workforce Australia (HWA), who has been tasked by the Federal Government to look at this issue through the *Health Professionals Prescribing Pathway Project*.

The ADEA needs to validate and articulate the role of the CDE through research, and as per the 2012–2017 Strategic Directions, will commit to an active research program over the next four years with direct alignment to change in practice.

### ADVOCACY

Ethical Strategies were engaged during the 2011 ADS–ADEA Annual Scientific Meeting (ASM). Media coverage reached in excess of four million Australians. Coverage appeared in leading medical publications and on national TV networks where the ADEA signage was prominently displayed. This included stories that aired nationally on major television networks including Channel 10 News and ABC News in Sydney. In addition, coverage appeared in major metropolitan newspapers.

It is paramount that the ADEA continue to build on this media activity by developing a media and marketing strategy that prepare ADEA communications for the media and provide timely responses to media reports on diabetes.

### CDE CREDENTIALLING, AWARENESS AND PROMOTION

It is exciting to see the continued member commitment to the credentialling process. In seven of the eight branches, more than 50% of the membership has earned the credentialled status. Recommendations from the Credentialling and Re-Credentialling Review are being implemented, with the supporting documentation for the Continuing Professional Development Portfolio Pilot study due to be launched on the ADEA website in July 2012. The ADEA thanks the pilot study participants for their continued support.

Increasing the value of the CDE is a specific strategic theme in the 2012–2017 Strategic directions and forms part of the research, marketing and media strategies.

### PROFESSIONAL DEVELOPMENT AND SUPPORT

The ADEA provides education opportunities for diabetes educators through the ASM. Roche, continue to support the ADEA-Roche Educators Day prior to the ASM. The ADEA branches continue to provide support and professional development opportunities for their members, and offer teleconferencing facilities for members in rural and remote areas.

We thank the companies that have supported the professional development process through, for example, provision of Scholarships to assist completion of post graduate qualifications, and development of on-line courses.

### GOVERNANCE

To quote from the Board of Directors Governance training February 2012

*'Governance is the board's legal authority to exercise power and authority over an organisation on behalf of the community that it serves. The board is authorised to establish policies and make decisions that will affect the life and work of the organisation. The Board is where the proverbial 'buck' stops; it is also held accountable for the actions that follow those policies and decisions.'*

Acceptance of the proposed constitutional changes at the 2011 AGM has brought the ADEA in line with contemporary governance, and the opportunity to appoint Skills Based Directors will add value to the organisation as a whole.

Finally, we thank the Board of Directors, staff at National Office, and the members of the ADEA Committees and Working Parties, for their support, commitment and dedication to the success of the ADEA. We look forward to working with you all to achieve greater recognition of the critical importance and value of the diabetes educator.

**NUALA  
HARKIN**  
President



**CLAIR  
MATTHEWS**  
Chief Executive  
Officer





## FINANCE DIRECTOR'S REPORT

During 2011–12 the Finance and Audit Committee (FAC) formally adopted the oversight of risk management within ADEA. Risk management is an important component of governance and involves financial risk management as well as a broader focus on protection of member, staff and other stakeholder interests. For example, risk management involves having planned response on continuing ADEA operations following a catastrophic event such as an office fire. The committee name has been changed to Finance, Audit and Risk Management (FARM) to reflect the addition of these responsibilities.

Meetings of FARM have been held via teleconference and a face to face meeting is planned for the ASM. Andrea Sanders (Branch Finance Officer – Queensland) and Edwin Pascoe (Branch Finance Officer – Victoria) will complete their 2 year term on FARM from the date of the AGM. The two Branch Finance Officer positions on FARM will then be open for expressions of interest. I would like to thank both Andrea and Edwin for their work over the past two years. They have actively contributed to the ongoing development of ADEA.

During this term I moved from the Finance Director position to Vice President and Liz Powell nominated and was successful in moving to the Finance Director role. Liz took on the role with dedication and strong interest, working well with the committee notwithstanding her busy private practice commitments. Due to personal circumstances Liz unfortunately had to retire from her Board Director position. I would like to personally thank Liz for her willingness to step into the Finance Director role mid-term and for the work she undertook during her term in office.

The National Finance Officer, Gina Chen, is currently on parental leave and Ilona Gurtler has stepped in as locum to cover this key role. Martin Gordon continues to his advisory role to the committee and his continued contribution of expert advice is much appreciated by committee members.

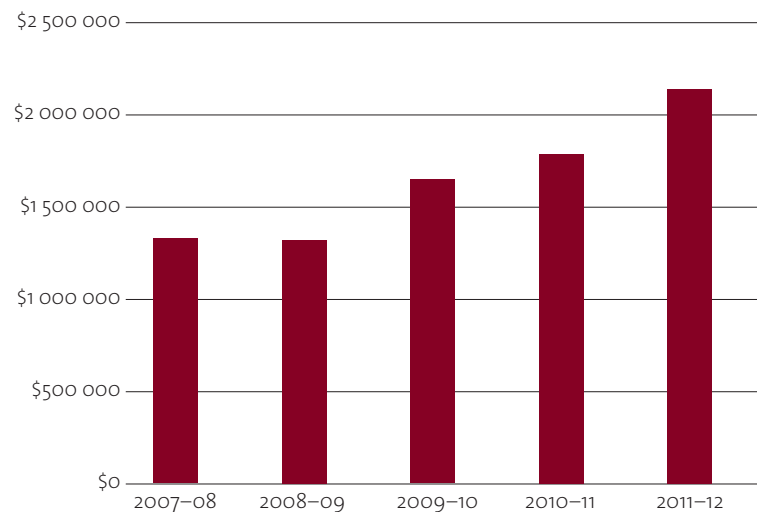
FARM committee activities included:

- Review of the committee terms of reference and updating the TOR to include risk management

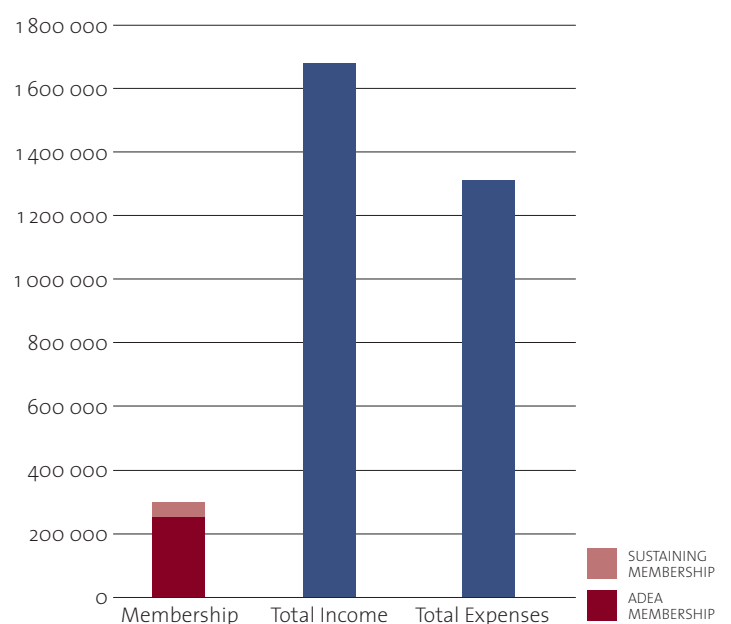
- Review of the investment strategy with our advisor
- Responding to member queries
- Consideration of the impact in the 2012-13 year of major activities such as web site redevelopment
- Recommendations to the Board on finance and risk management issues

The FARM committee encourages you to read

### TOTAL EQUITY 2008–2012



### MEMBERSHIP INCOME COMPARED TO TOTAL INCOME AND TOTAL EXPENDITURE

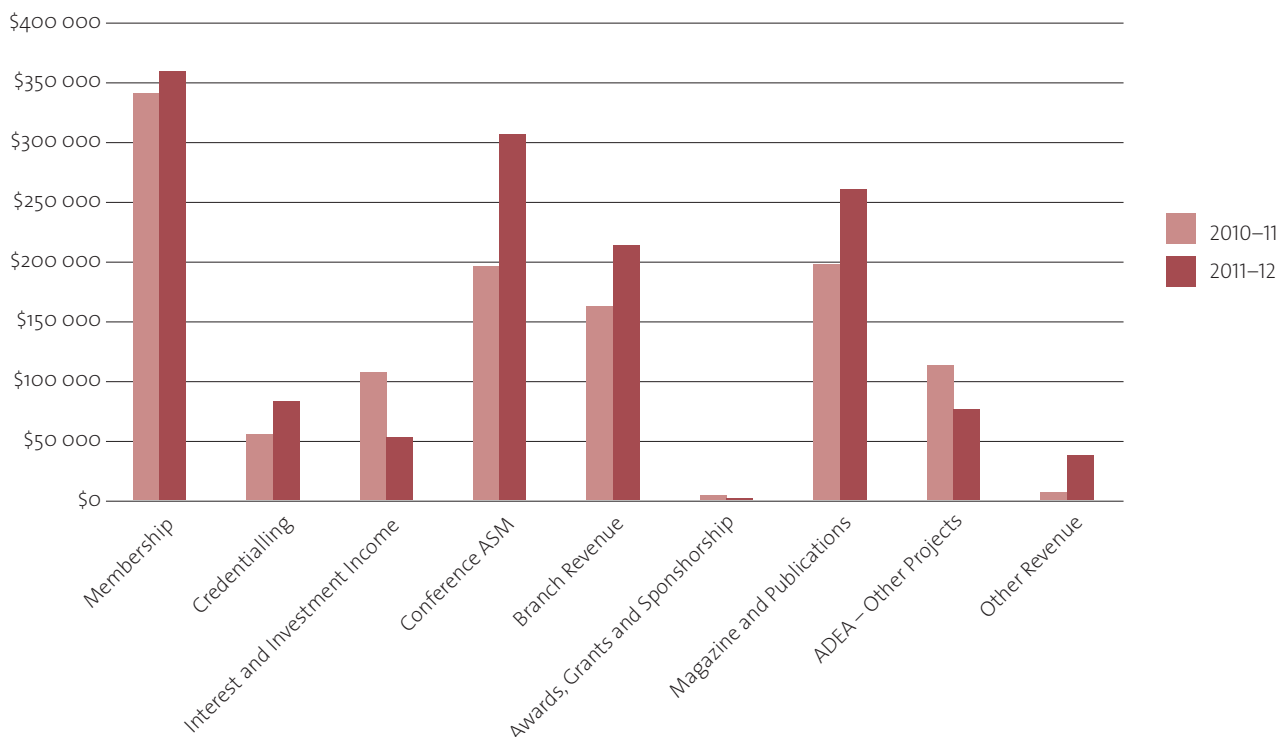




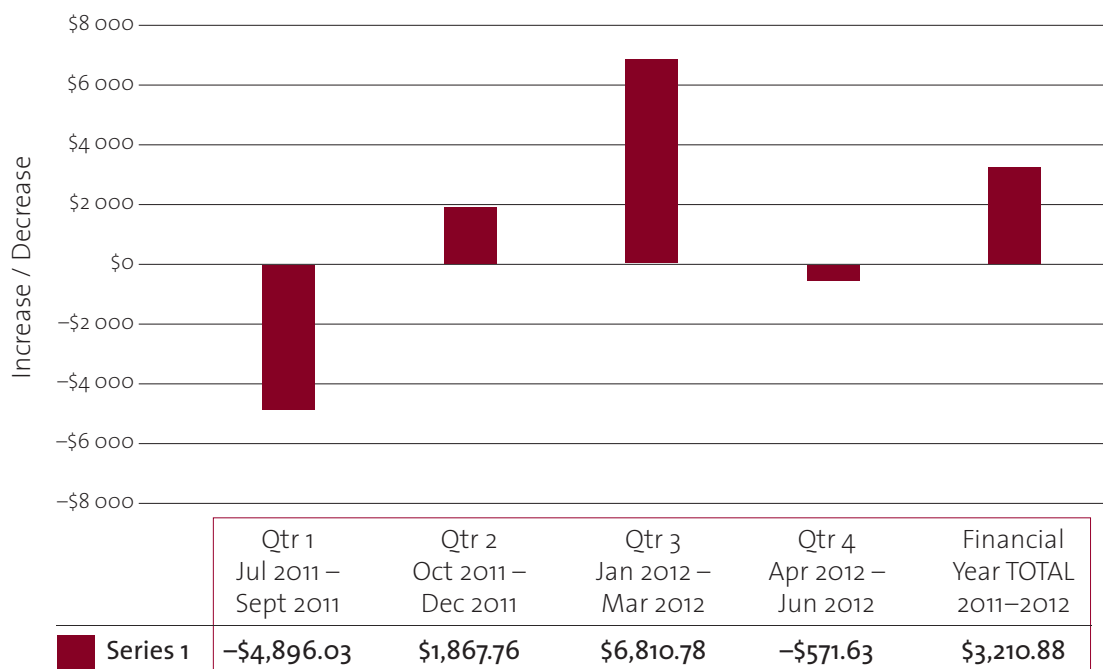
the Financial Statements and accompanying Notes included in 2011–12 Annual Report. Overall ADEAs financial position is strong with total equity increased compared to last year. Some of this equity will be used to fund large ADEA projects.

At the Annual General Meeting the President, Nuala Harkin will be speaking about some of the activities arising from the new Strategic Plan. One major activity which will require significant allocation of funds is the redevelopment of the ADEA website. The website will need

#### INCOME FOR 2010–11 COMPARED TO INCOME FOR 2011–12 (EXCLUDING NDSS)



#### INVESTMENT PERFORMANCE 2011–12



additional capacity to cope with online demands for Continuing Professional Development, Credentialling, education packages, audiovisual content and the existing backend database.

In 2011 the Board undertook to annually adjust the membership fees to cover inflation / CPI costs. Previously ADEA increased fees on an ad hoc basis, leading to periods of no fee adjustment followed by a significant rise. The 2011-12 financial year membership fees comprised 17.8% of total revenue. In comparison to total expenditure the membership fees covered 22.8%.

Member activities, such as Branch conferences, are very important in raising additional income and help to cover the gap between membership income and actual expenditure, assisting in the maintenance and expansion of member services. Below is a comparison and breakdown of the Income for 2011-12.

ADEA continues to hold a 50% growth and 50% defensive position in investments. ADEA investments are conservatively managed. Over the year the rollercoaster ride in world economies and investments has been reflected in our investment performance.

A small positive balance of \$3210 was achieved for the full year. Although this represents a good result in terms of the investment environment, it is a significant decline in income from the investment portfolio (see comparison in the graph: Income for 2010-11 compared to Income for 2011-12 above).

Finally, thank you to the National Office team, the Board and the ADEA membership for their support over the past year.

TRACY AYLEN  
Acting Finance Director



## INDUSTRY PARTNERSHIPS

### SUSTAINING MEMBERS

Our Sustaining Members make an important contribution to our ongoing growth. The payments assist the ADEA in pursuing its goal of achieving optimal health and well being for all people affected by, and at risk of, diabetes, through education, advocacy, support and research.



SANOFI DIABETES

Johnson & Johnson



Abbott  
Diabetes Care

### BUSINESS PARTNERS

ADEA's Business Partners make an invaluable contribution to ADEA and the programs it is able to provide to its membership. Over 2011–12, ADEA's Business Partners have supported a wide range of projects and activities including the provision of post graduate scholarships, on-line professional development, advocacy projects and support for ADEA marketing activities. We are grateful to them for their support.

### PLATINUM BUSINESS PARTNERS



The Australian Diabetes  
Educators Association

(ADEA) has used an education grant from **ABBOTT DIABETES CARE**, Abbott Australasia Pty Ltd to produce an online education program **NEW TECHNOLOGIES** for diabetes educators. These modules were developed in collaboration with the Australian Diabetes Society (ADS) and are available through the ADEA website. The topics covered include:

- Glycaemia Matters
- Blood Glucose Monitoring Systems
- Insulin Pump Therapy
- Continuous Glucose Monitoring Systems

**ABBOTT DIABETES CARE** also funded:

- Ten early bird registrations to the Annual Scientific Meeting (ASM) through the **ANNUAL CASE STUDY AWARDS**.
- Registrations to study Glycaemia Matters.



POST GRADUATE SCHOLARSHIPS  
PROGRAM

**NOVO NORDISK** has provided funding to support ADEA members who have recently obtained their Post Graduate Certificate in Diabetes Education to maintain their knowledge by attending the Annual Scientific Meeting.

**AN INTEGRATED APPROACH TO DIABETES  
MANAGEMENT, EDUCATION AND CARE**

**THE AIMS** of the project are to:

- Identify and report on current diabetes education service delivery in the primary care setting.
- Identify the practice of:
  - diabetes education specialist practitioners (CDEs, General Practitioners and practice nurses) in the primary health care sector; and
- Understand referral practices within primary care.

**THE RESULTS** of the focus groups conducted with general practitioners and practice nurses in metropolitan and regional Australia were reported at the 2011 ADS–ADEA Annual Scientific Meeting. The presentation was entitled *Collaborative design of a diabetes referral map*

*across primary care and between primary and tertiary care.*

A SURVEY was conducted of ADEA members to assist with understanding referral practice from the perspective of the diabetes educator. Three hundred and twenty members responded to the survey.

This information is being used to develop information on referral within Primary Care.



LILLY DIABETES supported the National Association of Diabetes Centres to conduct the 2011 BEST PRACTICE IN DIABETES CENTRES CONFERENCE. The event was held in Sydney, 9–10 July.

The topics covered were:

- Life long diabetes care
  - Paediatric care
  - Transitional care – urban
  - Transitional care – regional
  - Care of the elderly
  - Palliative care
- Government support for diabetes care – current programs and future initiatives
- Quality care in diabetes centres

## GOLD BUSINESS PARTNER



**Medtronic**

MEDTRONIC AUSTRALASIA DIABETES has sponsored the THE PAEDIATRIC INSULIN PUMP PROJECT (PIPP). This project is now into its fourth

phase and comprises two working groups. The overarching aim of the project is to *address capacity issues in Australian paediatric, tertiary diabetes centres within insulin pump initiation programs.*

It is achieving this by exploring alternative practices to allow greater efficiencies and leaner practices without a reduction in clinical outcomes.

The aim of the PIPP1 Progression Working Group is to gain consensus on paediatric insulin pump data parameters to be used in a national database of service level indicator data.

This multidisciplinary group has developed a survey to gather this data and will be making recommendations on data set parameters to be collected for paediatric insulin pump initiation.

MEDTRONIC has also supported the establishment of a NATIONAL ADULT CSII WORKING PARTY. The objectives of the working party include the development of an Australia-wide consensus document detailing minimum standards required for the initial assessment, initiation and follow up of pump patients.

MEDTRONIC has produced an ONLINE REFRESHER PUMP EDUCATION COURSE which will be provided online through the ADEA website.

MEDTRONIC DIABETES INTERNATIONAL EAST established an EDUCATION FELLOWSHIP programme to provide two ADEA members with the opportunity to participate in a 12 month mentorship programme, mentoring diabetes educators who are based in India. The educators met with diabetes educators working in the Kolkata Clinic in India. This work culminated in a presentation at the 2011 ADS–ADEA Annual Scientific Meeting entitled “HOPE” for diabetes education in India.

## PARTNERS



2011 ANNUAL Scientific Meeting:  
Best Poster Award

2011 ANNUAL Scientific Meeting: Best Oral  
Presentation Award

**BECTON DICKINSON PTY LTD** has provided support in the dissemination of the ADEA Clinical Recommendations on *Subcutaneous injection technique for insulin and glucagon-like peptide 1*.

**BECTON DICKINSON** is developing an online education program on injection techniques for diabetes educators, in conjunction with the ADEA.

**SANOFI DIABETES** is the sponsor of an annual **ADEA – SANOFI DIABETES RESEARCH GRANT**. The grant supports ADEA members to conduct clinical projects and research in the field of diabetes education.

**SANOFI DIABETES** has also sponsored the publication of the pamphlet *Credentialed Diabetes Educators an essential part of your patients' diabetes care team*.

The pamphlet was developed in collaboration with the ADEA Health Insurers and Private Practice Working Group.



**ATLANTIS HEALTHCARE** is working with the ADEA to

assist Credentialed Diabetes Educators in private practice to provide education and guidance to patients who have been prescribed Lantus™. The program, called Diabetes CoSTARS, is available nation-wide.



**JOHNSON & JOHNSON** has received ADEA

endorsement of its course *Transforming Diabetes Care*. The course is available to ADEA members through the Johnson & Johnson Diabetes Institute website. The course is designed to:

- Equip practice to shift from the acute to chronic care model
- Initiate a treat to target approach to care
- Implement motivational interviewing
- Train providers in the latest technologies and how to use them effectively and efficiently.

**JOHNSON & JOHNSON** has also supported the education of ADEA members by providing a four part series for the *Australian Diabetes Educator on Guiding patient change*. The authors, Paige Reddan, a registered dietitian, and David Horwitz, an endocrinologist, are from the Johnson & Johnson Diabetes Institute.



In February and April 2012 Medical Media sponsored poster space in General Practice surgeries across Australia. Posters advertising the *Find a CDE* and the ADEA were displayed in the Medical Media Resources panel in February and April, respectively.



**ROCHE** continue to fund the ADEA Roche Educators Day held the day before the Annual Scientific Meeting.

**TOPICS** covered at the August 2011 ASM were:

- Making less become more - the science of better presentations
- Dispelling nutrition myths
- Accu-Chek Connect DISCOVERY. Strategies that inspire: revealing
- New ways to engage your patients
- The high risk diabetic foot
- Mental illness and metabolic disease – pathophysiology, barriers and practical solutions
- How to exercise with type 1 diabetes – practical workshop

**ROCHE DIAGNOSTICS** has received ADEA endorsement of its course *Accu-Chek Connect DISCOVERY – Workshop strategies that inspire new ways to engage your patient*.

The course is designed to:

- Enhance skills in utilising structured self-monitoring of blood glucose and pattern analysis
- Enable more effective management – through use of tools to assist patient communication and education.



**SPONSORSHIP** of the: ADEA CareSens **TRAVEL GRANT**

to support an ADEA member working in rural / remote Australia to attend the 2011 Annual Scientific Meeting.

2011 ANNUAL Scientific Meeting: Best Novice Poster Award

2011 ANNUAL Scientific Meeting: Best Novice Oral Presentation Award



**SPONSORSHIP** of a media grant to engage the Media Relations Services of Ethical Strategies Pty Ltd for the 2012 ADS–ADEA Annual Scientific Meeting.

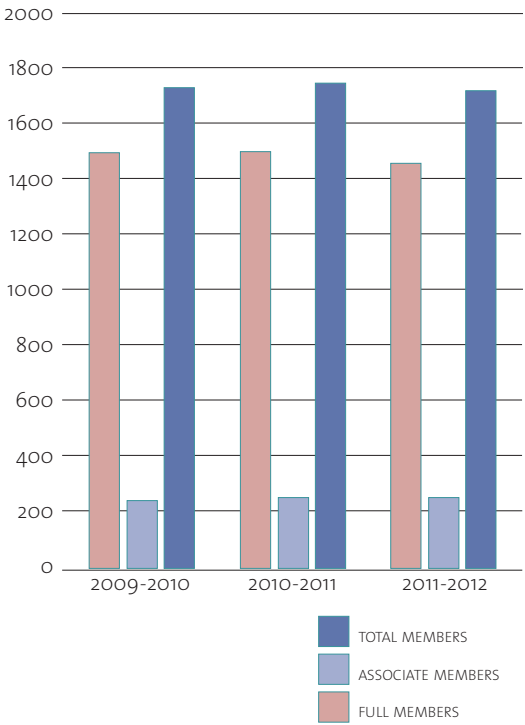
# MEMBERSHIP AND COMMUNICATIONS

## MEMBERSHIP

The ADEA has experienced a reduction in the total membership this year. This is due to the number of ADEA members that are retiring from the workforce. New membership continues to have a steady annual growth. As indicated in Figure 1, the majority of ADEA members elect to become full members with 17.1% electing to take up the option of associate membership.

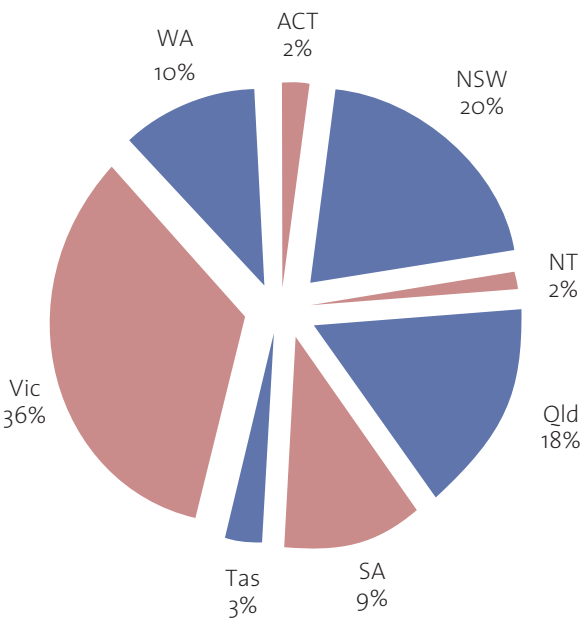
Currently, 36% of ADEA members come from Victoria (Figure 2). Furthermore, 20% and 18% of ADEA members live and work in New South Wales (NSW) and Queensland, respectively.

**FIGURE 1: ANNUAL MEMBERSHIP BY FINANCIAL YEAR 2009-10 TO 2011-12**



	FULL MEMBERS	ASSOCIATE MEMBERS	TOTAL MEMBERS
2009-10	1496	233	1729
2010-11	1499	247	1746
2011-12	1461	251	1712

**FIGURE 2: ADEA MEMBERSHIP BY STATE/TERRITORY**



	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
% of Members	2	20	2	18	9	3	36	10

## THE ADEA CREDENTIALLED DIABETES EDUCATOR

On 21 May 2012, the number of ADEA members achieving recognition as CDEs increased to 978 from 885 in 2010–2011. This is a growth of 10.5% in the 2011–12 financial year. See figure 3.

The majority of CDEs continued to live and work in Victoria and NSW. Figure 4 indicates there are 343 CDEs in Victoria, which represents a third of all CDEs in Australia.

Seven of the eight branches have 50% or more of their member's credentialed. Tasmania and Queensland had the highest proportion of credentialed members (71% and 63% respectively).

## BRANCH ACTIVITIES

The ADEA branch activities continue to provide support and professional development opportunities to members. Teleconferencing continues to be offered as a mechanism of offering rural and remote members an opportunity to participate in events and engage with peers and colleagues.

Videoconferencing is used by some branches to assist those in rural and remote areas to participate in branch meetings and activities.

Branches continue to hold highly successful conferences and workshops. These are generally annual one to two day events and are increasingly attracting registrants from health professionals outside the ADEA membership. The branches host a range of other professional development activities often focusing on specific professional issues.

The ADEA Board and the National Office commend the contribution and dedication of the Branch Executives and other members participating in the development of the learning objectives and planning of these events.

The ADEA acknowledges the contribution of the many Companies, who support Branch conferences and the significant role this sponsorship plays in the success of Branch activities.

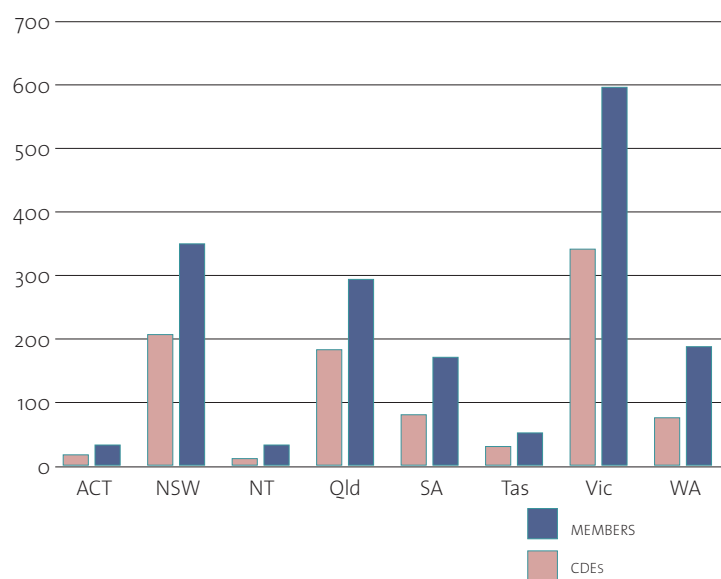
The ADEA President has attended the Australian Capital Territory, Northern Territory and Western Australian Branch conferences.

The opportunity for the President, and Chief Executive Officer, to meet with the ADEA membership continues to be a highly valued activity.

**FIGURE 3: NUMBER OF CDEs BY FINANCIAL YEAR**



**FIGURE 4: NUMBER OF CDEs AND MEMBERS BY STATE/TERRITORY**



	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
CDEs	17	211	10	188	84	35	343	86
Members	33	359	29	298	163	49	598	173



## ACT BRANCH

Terri Berenguer, Branch Chair

2011–12 was another very successful year for the ADEA ACT Branch. The ACT Branch has continued to provide excellent professional development opportunities to members:

September 2011, 15 attendees: Professor Richard Lee Ken, *Accu-Chek Educational Connect Workshop*

December 2011, 13 attendees: Associate Professor Christopher Nolan *GDM and diabetes in pregnancy and new ADIPS Guidelines*

February 2012, 10 attendees: Part of the 2012 ACT Branch Conference

May 2012, 19 attendees: Michael Porter CDE and clinical Specialist for Roche Diagnostics Diabetes Care *Training for the latest Accu-Chek blood glucose meter with bolus calculating capability*

The ACT Branch conference held in February 2012 was attended by 68 delegates. The conference title *The many hands in elderly diabetes care* encompassed a diverse range of topics, including:

- Diabetic Management at End of Life.
- Nutrition Services in Aged Care.
- Driving Responsibilities.
- Complementary and Alternate Therapies.
- Community Aged Care Client Case Studies.
- Dietary Issues in Aged Care Facilities.
- Diabetes in the Elderly.

In 2011–12 the ACT Branch provided funding to the following members for conference attendance:

- Wendy Mossman and Vicki Mahood attended the ADS–ADEA Annual Scientific Meeting in Perth in 2011. Wendy and Vicki presented excellent reports at the September 2011 branch meeting.
- Lynelle Boisseau attended the 2011 ADIPS conference on the Gold Coast, and provided a detailed presentation at the December 2011 branch meeting.

In recognition of the sponsors of ACT Branch conferences, thank you letters have been forwarded to Roche Diagnostic, Abbott Australasia, Lilly Diabetes, Animas, BD Medical, Merck Sharp & Dohme, Novo Nordisk, Sanofi Aventis, Medtronic, Nipro and Novartis. The branch has also extended formal thanks for attending the Branch Conference to ADEA

President Nuala Harkin, ADEA CEO Clair Matthews and the ACT Program Organising Committee.

## NSW BRANCH

Marlene Payk, Branch Chair

In 2011–12 the NSW Branch held four meetings with teleconferencing facilities. These meetings provided excellent professional development opportunities for members, as shown in the 2011–12 meeting summary:

August 2011, 25 members: Dietitian Renee Kennedy *Diabetes and Cystic Fibrosis* at Nepean Hospital

November 2011, 20 members: Jill Snow (RN CDE) *Diabetes management programs in the Southern Highlands Division of General Practice* at Australian Diabetes Council

February 2012, 26 members: Kaye Farrell (RN CDE) *Cystic Fibrosis related diabetes* at Westmead Hospital

May 2012, 55 members: Part of the 2012 NSW Branch Conference Program

The annual ADEA NSW Branch Conference was held 4–5 May 2012 at Mobys Beachside Retreat near Foster. 55 delegates were supported by 15 sponsors. The general theme was *the rise and rise of diabetes – reflections on practice in an ever changing world*.

Keynote speaker presentations included, Dr John Barlow's presentation on the **GP insulin toolkit**, and Dr Kirsten Murray's **LADA** presentation. Gillian Harris, the guest speaker at the Conference Dinner, kept everyone laughing with entertaining tales from the early years of diabetes education.

The NSW Branch Executive extends thanks to:

- Ivy Semple and Kerri Rankin for all their work organising the 2012 conference.
- Sponsors of meetings and the annual branch conference.
- The diabetes centres and volunteer staff that host branch meetings and organise guest speakers.

## NT BRANCH

No report provided.

## QUEENSLAND BRANCH

Denise Bennetts, Branch Chair

2011–12 has been another exciting and successful year for the Queensland Branch. During this period the executive has held four branch

meetings that were well attended by members. Two dinner meetings were held during 2011–12:

- The September 2011 dinner meeting was held at the Marriott Hotel. 33 branch delegates attended. Professor Nathan Efron delivered a very engaging and informative presentation about ophthalmic markers of diabetic neuropathy.
- Over 70 delegates attended the 2011 Christmas dinner meeting, which continues to gain popularity. Vascular Surgeon Dr Peter Hansen delivered an interesting and enjoyable presentation about vascular surgery to feet of people with diabetes.

On 25 February 2012 the Queensland branch held a meeting during the *Partnerships in care* weekend. 127 members attended and this meeting provided a wonderful opportunity for members from around the state to discuss issues and concerns. It was motioned that each second branch meeting involve telelink facilities to allow members around the state the opportunity to participate.

Queensland ADEA membership has increased to 268 full and 34 associate members. In 2011–12 our state has welcomed 20 more Credentialed Diabetes Educators this year, with a total number of 187 Credentialed Diabetes Educators.

In 2011–12 there were many non-ADEA initiated professional development opportunities, such as breakfast and dinner seminars. The 2012 Branch State Conference was not held because ADEA's Annual Scientific Meeting will be held on the Gold Coast.

The branch congratulates Julie Tasker and Annette Keid on the ISPAD prize for innovation in paediatric diabetes care in 2011. Annette has also been accepted to attend the ISPAD science school for health professionals – 2012 in Istanbul, Turkey.

The Queensland branch executive and members acknowledge Fiona McIver's commitment and valuable contributions during her term on the ADEA board and as ADEA's vice president. In 2011–12 Liz Powell was embraced as the new Queensland board representative. We extend great thanks to both Fiona and Liz for their dedication.

### SA BRANCH

*No report provided.*

### TASMANIA BRANCH

*Joanne Saunders, Branch Chair*

Since July 2011 the Tasmanian ADEA Branch has held five meetings detailed in the meeting summary table. In September 2011 the Tasmanian ADEA Branch welcomed Andrea Radford into the Branch Executive role of Finance Officer.

Branch meeting summary:

July 2011, 17 attended.

Topics: Student diabetes educator competencies and assessment; Practice nurses and insulin initiation; Insulin commencement by CDEs; Better practice meeting.

September 2011, 13 attended

Topics: Review of camps for teens and children with type 1 diabetes; Branch survey about practice nurses and insulin initiation; Insulin pump education consistency across state.

December 2011, 14 attended

Topics: Diabetes camp review update; 2012 meeting dates; Video conferencing meetings; CDE recognition as specialist nurses with AHRPA.

March 2012, 16 attended

Topics: Student diabetes educators and communication with Dr Pauline Hill; Nominations for Secretary and Branch Chair; Insulin pump workshop planned for 18 May 2012; Memorandum of Understanding for camps presented by Diabetes Tasmania.

May 2012, 12 attended

Topics: Application for Tasmanian Medicare Local membership; Practice nurse survey not supported by the ADEA Board; Insulin Initiation Pathway; Concerns about draft Memorandum of Understanding; One page article in GP/Guild.

### VICTORIAN BRANCH

*No report provided.*

### WA BRANCH

*Deirdre Marangou, Branch Chair*

2011–12 has been a productive year for the ADEA WA Branch.

WA membership numbers remained stable with 175 members and 83 CDEs. The following members held ADEA WA Executive positions in 2011–12:

- Carol De Groot (Board Director until the 2013 AGM).
- Pica Ellis (Finance Officer re-nominated for a second term).

- Deirdre Marangou (Branch Chair until the 2013 AGM, appointed in August 2011 after Wendy-Lee Pittick's two year term).
- Elise Ritchie (Branch Secretary appointed in April 2012 to replace Lauren Cotter).

The WA branch has continued working towards the goal of providing professional development opportunities to members both in Perth and regional areas. Members have been updated about ADEA activities through weekly national updates and WA Branch updates.

In 2011–12 four branch meetings held in Perth (with videoconference facilities for rural members) were very well-attended. The 2011–12 meeting summary table lists outstanding speakers secured by the professional development committee.

Regular reports were received at WA branch meetings from members that contributed to the following nine committees and working parties:

- Branch Professional Development Committee.
- Clinical Practice Committee.
- Credentialling Committee.
- Curtin University Course Advisory Committee.
- NADC Steering Committee.
- National Conference Program Organising Committee.
- State GDM Reference Group.
- State Conference Organising Committee.
- WA Diabetes Endocrine & Health Network.

Branch meeting summary:

August 2011, 45 members and 4 members via videoconference: Dr Joey Kaye, Endocrinologist from Sir Charles Gairdner Hospital, *Diabetes and Cystic Fibrosis*.

November 2011, 33 members and 9 members via videoconference: Emma Dove, Senior Research Officer, School of Psychology, University of WA, *CBT for weight management in type 2 diabetes management*.

February 2012, 36 members and 5 members via videoconference: Dr Sung, Consultant Physician, King Edward Memorial Hospital, *New GDM Guidelines*.

May 2012 54 members: Part of the 2012 WA Branch Conference Program

The very successful ADEA–ADS ASM in Perth was organised in lieu of the usual WA Branch Conference in 2011. We acknowledge the valuable contribution of the program organising committee members and the local organising team chaired by Denise Smith and Elise Ritchie respectively. At the request of National Office, branch members were surveyed in October 2011, and respondents indicated a preference to continue with an annual event.

The 19th ADEA WA Branch Conference was held 4–5 May 2012 at Albany Entertainment Centre, five hours south of Perth. The Conference title was *Through the looking glass: further directions in diabetes management*. 67 delegates were provided with opportunities to network, expand their diabetes knowledge and embrace new technology.

The outstanding success of the 2012 branch conference was achieved with generous support from sponsors, speakers and National Office. We extend thanks to organising committee volunteers including Sarah Black (Chair), Pica Ellis (Finance Officer), Jo Beer, Shirley Cornelius, Lily Dore, Nola Harrington, Jennifer Nicolas, Wendy Lawson and Alison Sturke.

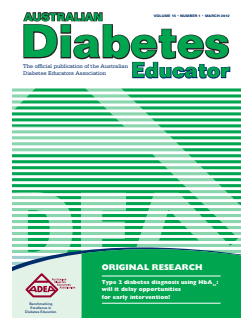
We look forward to another rewarding year working with ADEA WA members.

### THE AUSTRALIAN DIABETES EDUCATOR

The *Australian Diabetes Educator* (ADE) continues as the flagship publication of the ADEA. The quarterly publication has helped ADEA's members to stay abreast of 'what's happening' locally and nationally. This has been achieved through regular ADE contributions from:

- Nuala Harkin (President's update).
- Clair Matthews (ADEA National Office and NDSS update).
- Denise Smith (Annual Scientific Meeting update).
- JDRF (quarterly update).
- Trisha Dunning (Complementary Medicine series).
- Michelle Robins (Research Insights series).

Following CEO Clair Matthews' three year term, Nicole Brown was appointed as Editorial Manager of the ADE in April 2012. Clair will continue to work closely with the dedicated ADEA members that generously volunteer their time for the Editorial Advisory Group (EAG).



ADEA congratulates the EAG for achieving both of the goals they set for 2011–12. As a result of the EAG successfully marketing the peer review section, the *ADE* Editorial Team has continued to receive high quality peer review submissions.

This year, Accredited Practicing Dietitians contributed every article that appeared in the peer review section of *ADE*. The peer review topics have included:

- The role of laparoscopic gastric band surgery in managing weight and diabetes.
- Carbohydrate counting.
- Coeliac disease and type 1 diabetes.
- Type 2 diabetes diagnosis using HbA1c.
- Polycystic Ovary Syndrome – relevance to the Diabetes Educator.

The EAG's second goal was achieved in May 2012 with a national survey to elucidate whether the *ADE* meets the needs of members and the organisation as a whole. Information collected in the web-based survey will be analysed and used to make recommendations about potential amendments to the design and layout, types of articles and information provided and the delivery mode.

*ADE* extends sincere thanks to authors that have shared their experiences of diabetes education with their peers. The articles published in *ADE* this year have covered a wide range of interesting topics, including:

- The role of coenzyme Q10 in diabetes management.
- Mindfulness meditation as self-care for diabetes educators.
- Mindfulness as a way of managing an aversion to self blood glucose monitoring.
- ADEA's Clinical Recommendations for subcutaneous injection technique for insulin and glucagon-like peptide 1.
- Tailoring hypoglycaemic medication to blood glucose patterns.
- Stories of diabetes in Ecuador.
- Interpreting cholesterol test results.
- Key messages from the national evidence-based clinical care guidelines for type 1 diabetes in children, adolescents and adults 2011.
- Cautionary tales about foot risk in diabetes.
- Guiding patient change by assessing readiness to learn.

- Margaret McGill's 35 year career in diabetes education.
- RPAH Diabetes Centre's awarded the International Diabetes Federation Centre of Education.
- Paediatric insulin pump case studies.
- Implications of the Diabetes Care Project for Allied Health Professionals.
- Type 1 diabetes case studies demonstrating the role of the expert multidisciplinary team.
- How to develop and run a successful journal club.

In 2012–13 *ADE*'s Editorial Team will continue to support experienced and new authors to ensure their articles are successfully published. We encourage aspiring *ADE* authors to start writing about:

- Recent conference abstracts or papers they have produced.
- Innovative self management education approaches they have developed.
- Interesting assignments completed during university studies.

## ADEA SPECIAL INTEREST GROUPS

The ADEA Special Interest Groups (SIGs) provide a Community of Practice (CoP) where members can share knowledge, experience and expertise within a specific field of practice or area of professional interest. Currently, ADEA has one active SIG, the Private Practice SIG.

### PRIVATE PRACTICE SPECIAL INTEREST GROUP

*Wendy Anthony*, Convenor

ADEA's Private Practice Special Interest Group (PPSIG) was re-established in February 2012. The first meeting will be held at the ADS–ADEA Annual Scientific Meeting on 30 August 2012.

A representative from the ADEA Board will attend this meeting to clarify the current SIG guidelines. The PPSIG aims to:

- Revisit the work done by the previous group.
- Establish aims and objectives.
- Provide a forum to support ADEA members considering private practice.

### FIND A CDE

Improving access to a qualified diabetes health professional for people with diabetes and their families is one of the ADEA's key objectives. Similarly, increasing the visibility of CDEs and

their services is one of the strategies employed to achieve this objective.

Therefore, the ADEA web page has a dedicated search engine which people with diabetes and their health care professionals can use to find a CDE in their local community.

The 'Find a CDE' promotional material has been distributed at conferences attended by ADEA as an exhibitor.

The ADEA Education and Professional Officers attended the General Practice Continuing Education forum in Sydney in May.

The opportunity was taken, to not only inform attendees of the role of the CDE, but to also promote ADEA and its work in advocating for equitable access to quality diabetes services.

Credentialed Diabetes Educators are responsible for more than 60% of registrations to the National Diabetes Services Scheme and as such are key referral points along the continuum of diabetes care.

ADEA and its members must never lose an opportunity to put ADEA forward and should always be on the lookout for new ways to raise the profile of our organisation and its members.

### **PROFESSIONAL INDEMNITY INSURANCE FOR CREDENTIALLED DIABETES EDUCATORS**

The Guild has continued to provide professional indemnity insurance products specifically for CDEs working in a variety of settings. Of the CDEs with a current Guild professional indemnity insurance policy, 79% work in the private sector, and 69% work less than 16 hours per week. The price of these insurance premiums has remained unchanged since 2008.

With adequate liabilities insurance a CDE's personal and business assets are protected against potentially damaging legal claims, and the cost of defending expensive and unexpected claims made against them. This level of cover may not be available to CDEs through their employer schemes.



## EQUITABLE ACCESS TO DIABETES SELF MANAGEMENT EDUCATION

### DIABETES REFERRAL MAP ACROSS PRIMARY CARE

A study to develop a framework to serve as a guide for inter-professional diabetes education specialist referrals and for cross-referral between primary and tertiary care, was undertaken by the ADEA through an education grant generously funded from Novo Nordisk.

The study was divided into a two-stage process: In the first stage, a series of focus groups was conducted with general practitioners (GPs) and practice nurses (PNs) in metropolitan and regional Australia to identify their current practice in diabetes management and the referral pathways to CDEs, other allied health professionals and specialists. The focus groups were conducted in the first half of 2011, and a preliminary analysis of the findings of the focus groups was presented during the ASM at Perth in August 2011.

The second stage of the study included a survey to the CDEs, which was distributed in January 2012. The purpose of the survey was to determine the experience of members of the ADEA on referral from general practice. Specific questions were asked on their current practice, the value that CDEs added to overall diabetes care, how they worked with patients and networks around the multidisciplinary team approach in diabetes management.

An analysis of the survey is being compiled together with the findings from the focus groups.

### DIABETES SELF-MANAGEMENT EDUCATION

As an outcome of the project on diabetes self-management education, the Supply and Demand tool, is available through the ADEA website. The Economic Modelling report has been submitted to the Department of Health and Ageing for comment.

### MEDICARE

There continues to be a steady increase in the uptake of diabetes education health services provided individually to a person by an eligible diabetes educator (Figure 5) in most States and Territories. There has been little change in total number of services provided in the ACT and a

levelling in the number of services provided in the Northern Territory and Tasmania. Victoria continues to dominate individual consultations with almost twice the consultations of its nearest rival, Queensland.

This levelling of service usage continues to be evident in the ACT on a per capita basis (Graph 6). However, individual service usage on a per capita basis is high for Tasmania and the Northern Territory, with the second and third highest service usage per 100,000 population of all States and Territories. This status remains, despite a levelling in the uptake of individual consultations. Queensland, South Australia and Western Australia have experienced the most rapid increase in the number of individual consultations in the past year.

As expected there has been a concomitant rise in expenditure through the MBS for item number 10951. See Figure 7. The total MBS subsidy for item number 10951 was more than \$3.4 million in 2011, with 37.9% and 21.5% expenditure in Victoria and Queensland, respectively.

The total number of services for item number 10951 was higher for males than females (52.6%); with females only receiving more services in the 'under 45' and '85+' age groups. Over all most services were for males and females aged 55 to 74 years (55.1%); with an almost even distribution between the 55–64 and 65–74 age groups (51.6 and 48.4%, respectively).

The picture is very different for the provision of group services. Medicare funds group services for the management of type 2 diabetes including:

- 1 the assessment of the person's suitability for group services. This includes taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs, and preparing the person for the group services under MBS item number 81100.
- 2 the provision of the group service, with a group defined as between two and 12 people with type 2 diabetes, under item number 81105.

Figure 9 highlights the low number of group services used in every state and territory.

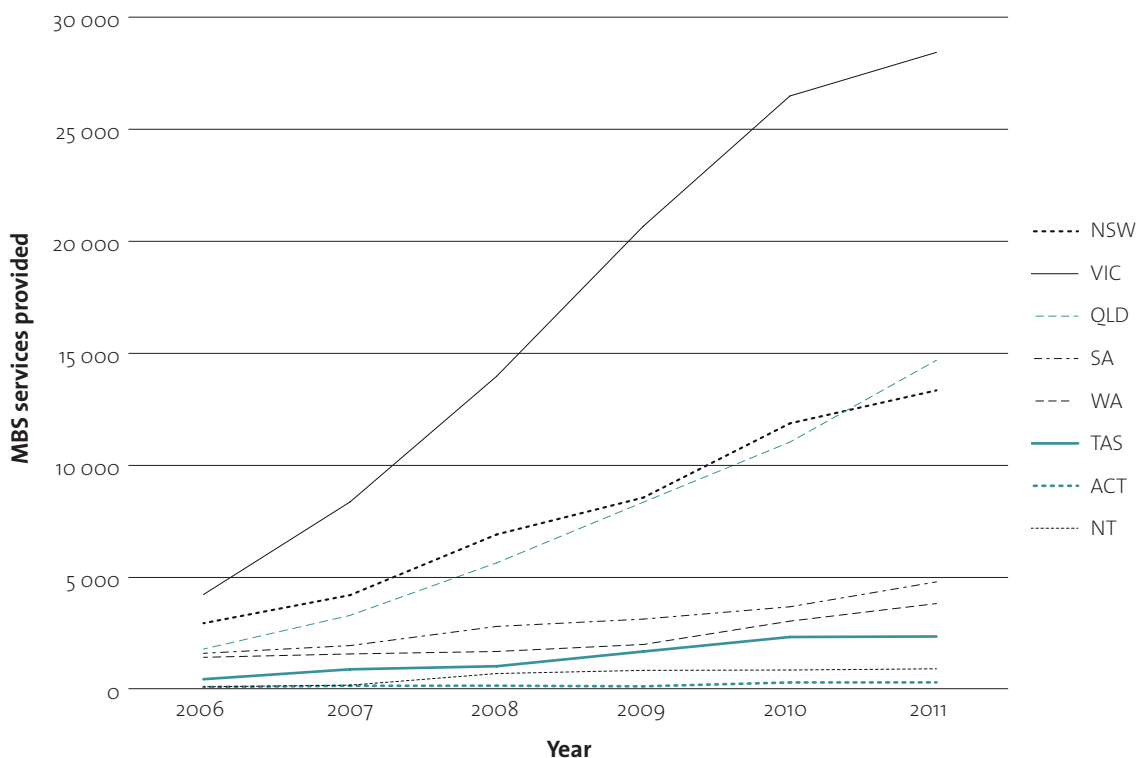
The picture is even direr when viewed per

100,000 population with the number of services per 100,000 population highest in Queensland and Tasmania. While in Queensland there has been a consistent increase in the number of

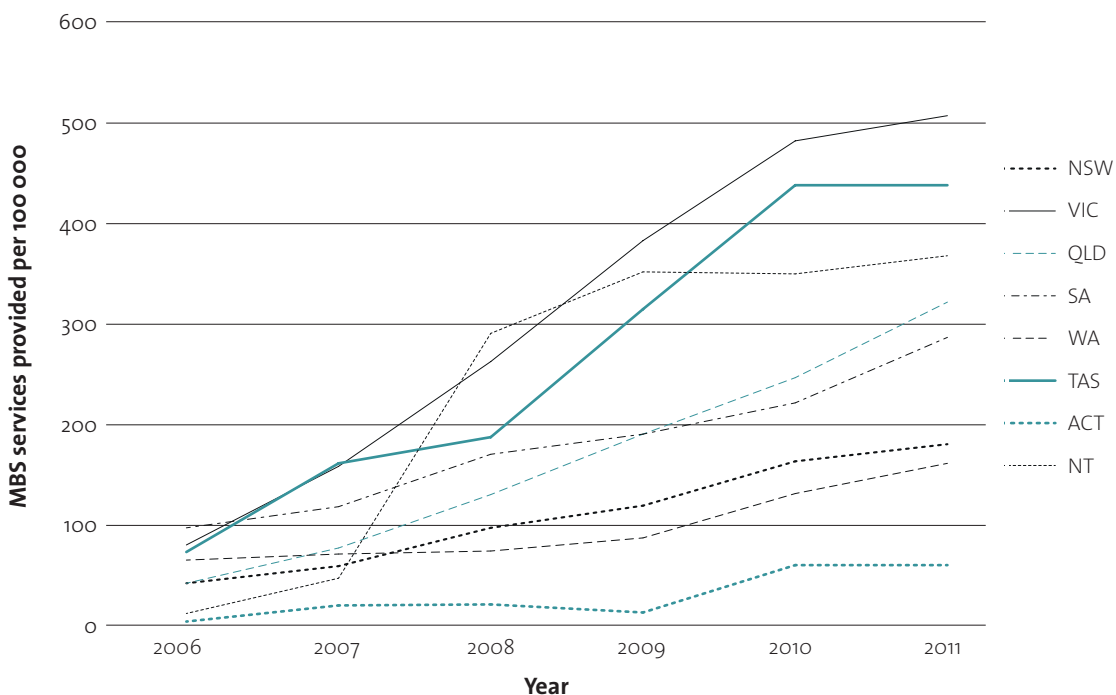
people seen over time, Tasmania has experienced a dramatic drop in 2011. See Figure 10.

In 2009 Medicare item number 81305 was

**FIGURE 5: TOTAL NUMBER OF SERVICES FOR MEDICARE ITEM NUMBER 10951 BY STATE/TERRITORY 2006–2011**



**FIGURE 6: TOTAL NUMBER OF SERVICES FOR MEDICARE ITEM NUMBER 10951 PER CAPITA BY STATE/ TERRITORY 2006–2011**





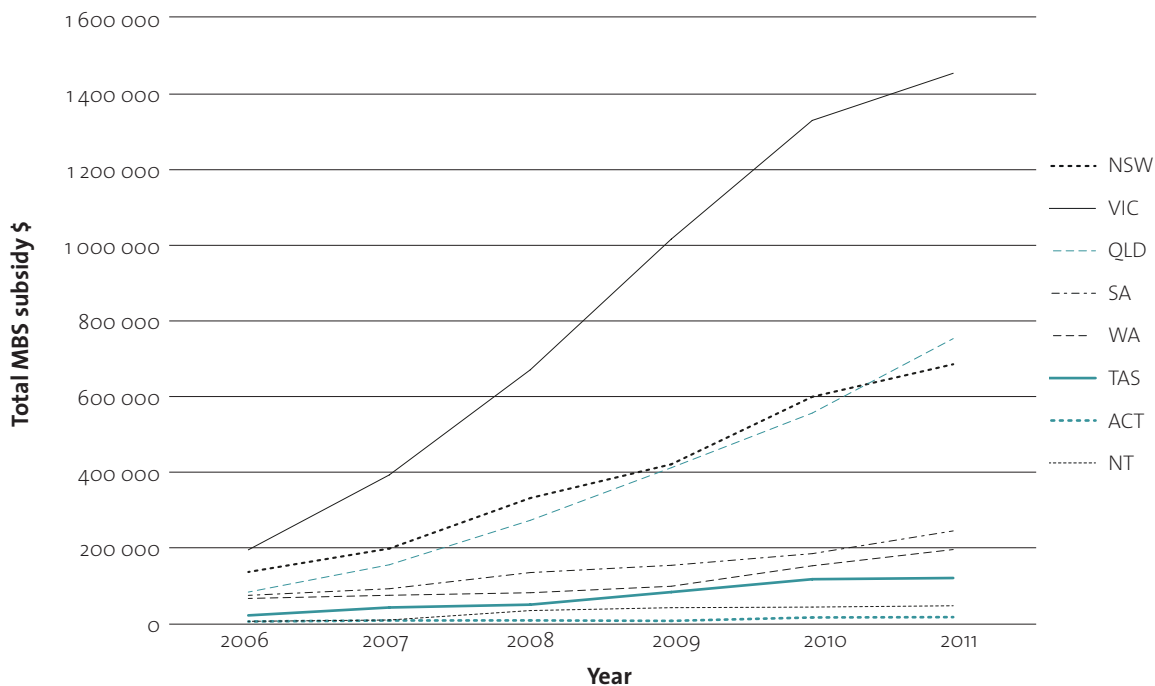
introduced for a diabetes education health service provided to a person who is of Aboriginal or Torres Strait Islander descent by an eligible diabetes educator. Figure 11 highlights the lack of uptake of this service.

In 2011 the total MBS subsidy for services 10951, 81100, 81105 and 81305 was \$3,644,804, with

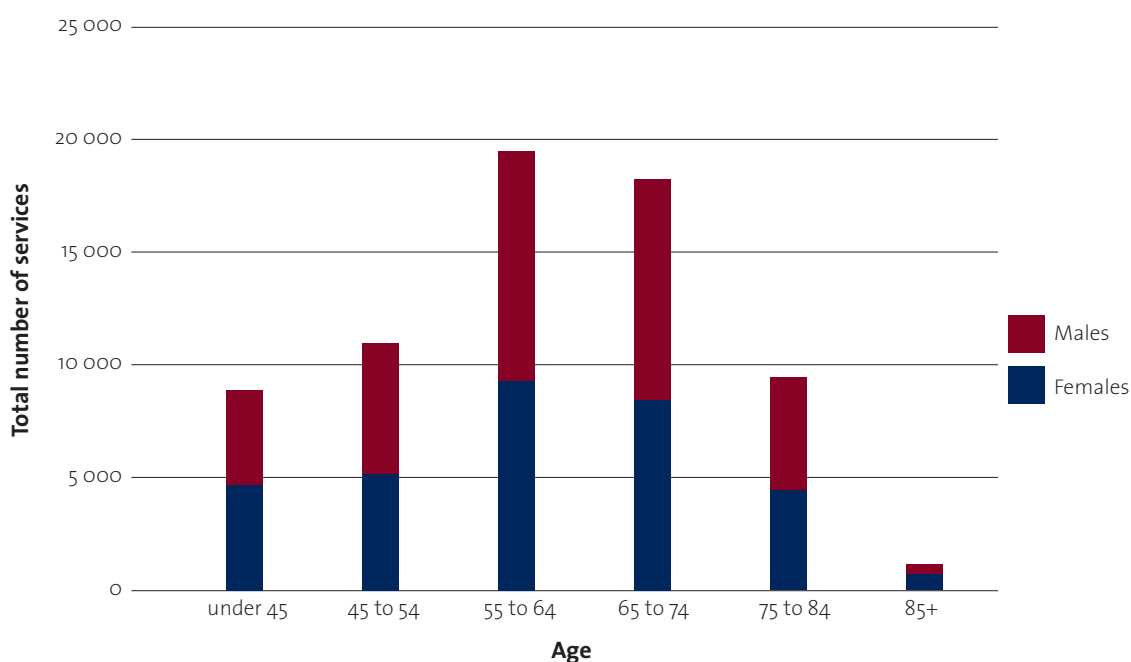
95.6% of this total used for item number 10951.

The need for CDEs practising in the primary care sector remains strong and is likely to continue to grow with the Commonwealth Government's continued focus on primary care and the increasing incidence and prevalence of type 2 diabetes. CDEs practising in the primary

**FIGURE 7: EXPENDITURE FOR MEDICARE ITEM NUMBER 10951 BY STATE/TERRITORY 2006–2011**



**FIGURE 8: TOTAL NUMBER OF SERVICES FOR ITEM 10951 BY GENDER BY AGE GROUP, 2011**



care sector have a variety of permanent and contract employment arrangements with state and territory health organisations and general practices, as well as being self employed in private practice.

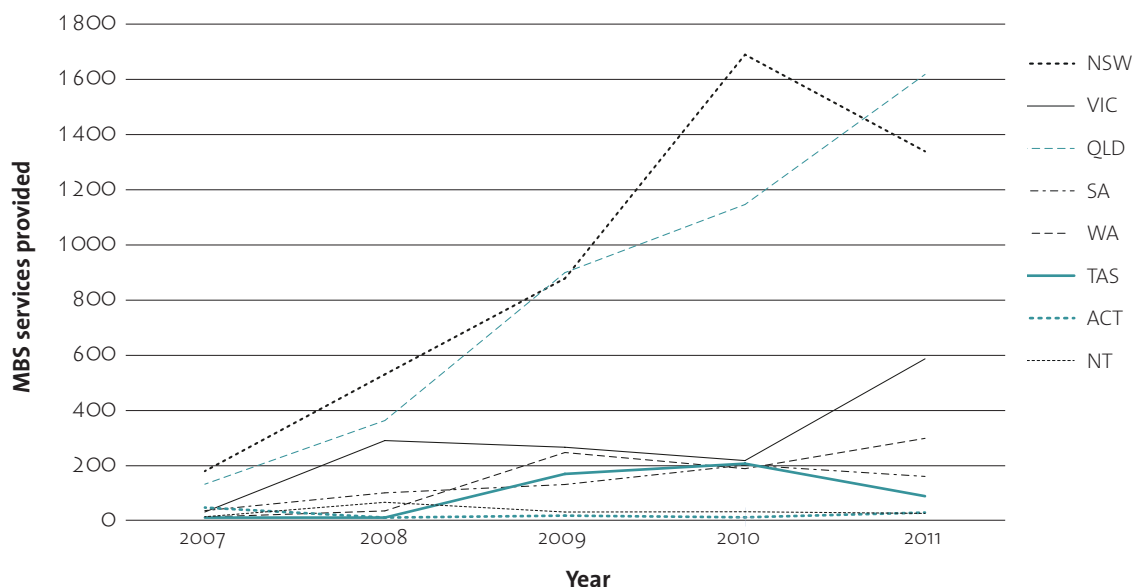
Maintaining a strong focus on matters pertinent to CDEs working in the primary care setting remains an integral part of ADEA's core business.

Limited access to rebates for diabetes education

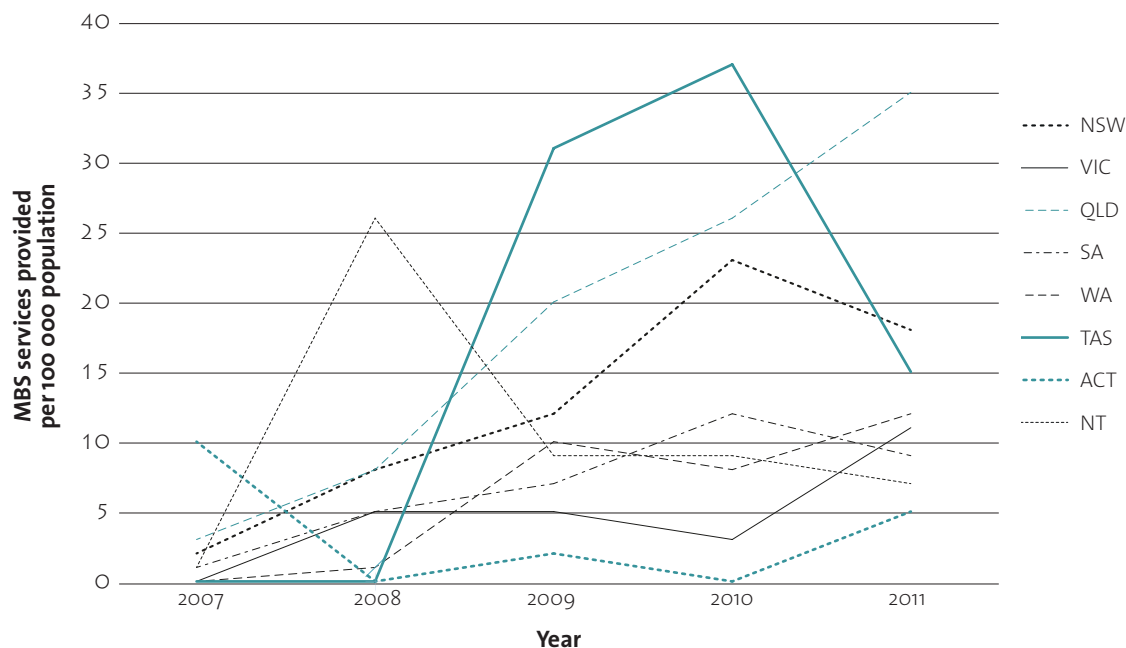
under Medicare continues to be a central theme in ADEA's engagement with the Department of Health and Ageing.

ADEA has been involved in the development of the Diabetes Care Trial. Additional ongoing consultations and a longer assessment consultation will be funded throughout this trial, providing further opportunity for diabetes educators to showcase their work.

**FIGURE 9: NUMBER OF SERVICES FOR MEDICARE ITEMS 81100 AND 81105 BY STATE/TERRITORY, BY YEAR**

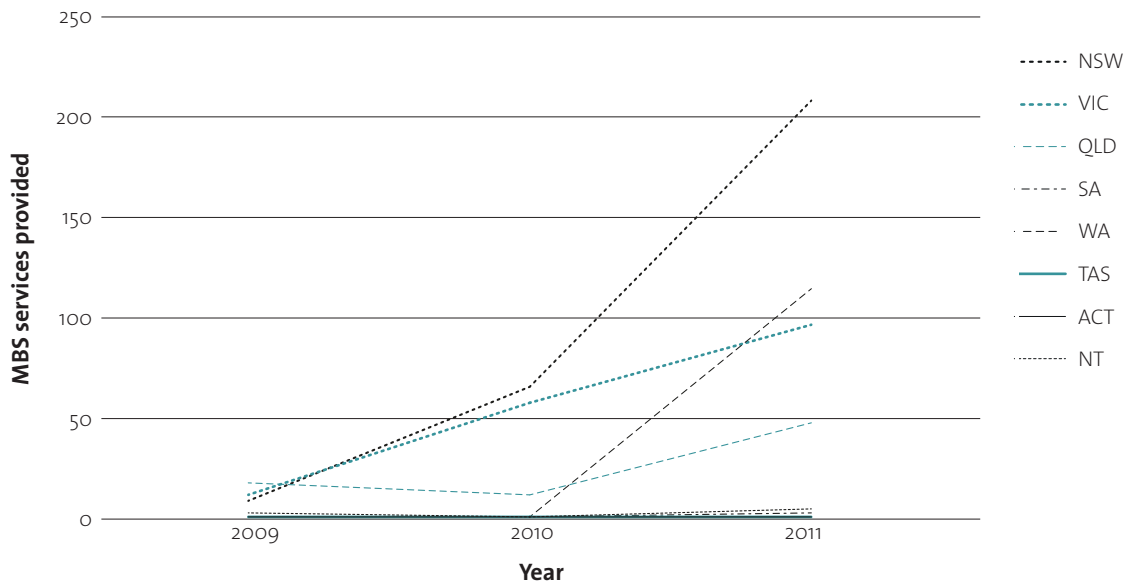


**FIGURE 10: NUMBER OF SERVICES FOR MEDICARE ITEMS 81100 AND 81105 PER 100,000 POPULATION BY STATE/ TERRITORY, BY YEAR**

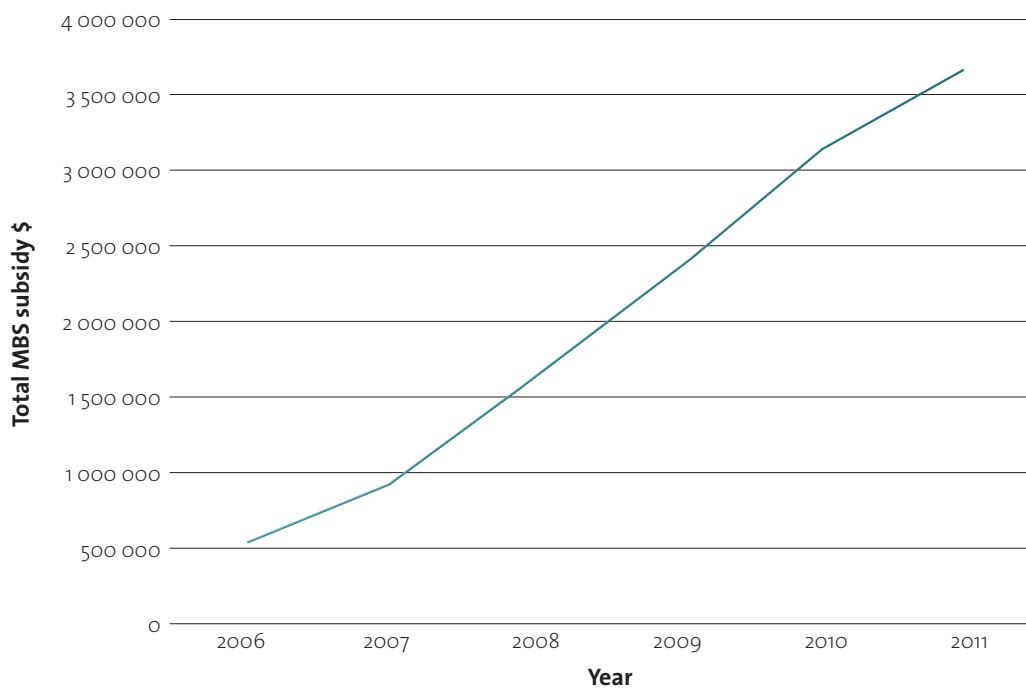


In 2011, the Health Insurers Private Practice Working Group developed a campaign to assist members to lobby for improved access to Medicare rebates for people with diabetes. Unfortunately, the uptake of the kit by ADEA members was minimal leading to a Board decision to defer the strategy.

**FIGURE 11: NUMBER OF SERVICES FOR MEDICARE ITEMS 81305 BY STATE/TERRITORY, BY YEAR**



**FIGURE 12: TOTAL MBS SUBSIDY (\$) FOR SERVICES 10951, 81100, 81105 AND 81305 BY YEAR**



## EXCELLENCE IN PROFESSIONAL PRACTICE

### AUDIO AND ONLINE CONTINUING EDUCATION

During 2011, ADEA has continued producing and maintaining online education and resources.

ADEA are proud to announce that all courses have been reviewed, piloted and CPD points allocated.

#### NEW TECHNOLOGIES

Funding from Abbott Diabetes Care was used to produce four tailored courses, namely: Glycaemia Matters, Self Monitoring Blood Glucose, Insulin Pump Therapy and Continuous Glucose Monitoring. These courses were beta tested, reviewed and released to the public. Due to constantly evolving technologies, the courses will continue to be periodically reviewed so they remain current and evidence based.

#### ORAL HEALTH AND DIABETES COURSE

ADEA acknowledges the support of Dental Health Services Victoria. Through their assistance an Oral Health and Diabetes course was developed in late 2011. The course was tested by ADEA members and the first review is underway. When the review is complete and CPD points have been allocated, the course will be available to ADEA members and non-members.

#### INJECTION TECHNIQUES COURSE

Becton Dickinson has been working with ADEA to develop a course based on the new 'Injection Techniques' guidelines. The course will go through several testing phases prior to being made available to members and the general public. This course is due to be launched at the 2012 Annual Scientific Meeting.

#### MEDTRONIC INSULIN PUMP REVISION COURSE

Medtronic are also working with ADEA to develop an online revision course for insulin pump workshop participants. The new online course will be released when testing is complete.

#### HOME STUDY PROGRAM

Since the home study program is under review, it is currently unavailable to members. After the review, the program will be reassessed for CPD points. Members will be notified when the

revised home study program is available.

We remain committed to providing ADEA members with access to the best and most current, evidence based education.

### MENTORING PROGRAM

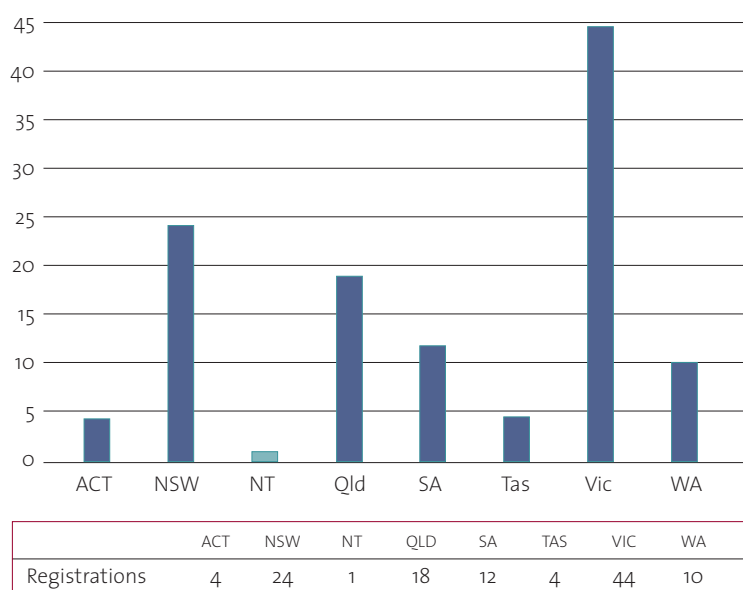
The ADEA Mentoring Program was introduced in 2008. The Program supports members' delivery of best practice in diabetes education and care not only for entry level practitioners, but also for experienced practitioners during career or role transition. Participation in a formal registered partnership with the ADEA Mentoring Program became a mandatory category for initial credentialling in March 2009.

The total number of members registered as available to be a mentor has increased from 109 to 117 in the one year period 2010–11 to 2011–12.

In Victoria, 44 CDEs have registered as available mentors. This is closely followed by NSW where 24 CDEs have volunteered to act as mentors in the Mentoring Program. See Figure 13.

At 18 May 2012, 504 mentoring partnerships had been registered with the ADEA Mentoring Program. Of these, 337 have been completed

**FIGURE 13: REGISTRATIONS AS AVAILABLE MENTORS BY STATE/ TERRITORY, 2011–12**



and another 153 are still in progress. For the ongoing mentoring partnerships, 94% of participants are working towards achieving initial credentialling (see Figure 14). Fourteen mentoring partnerships have been withdrawn within this same period.

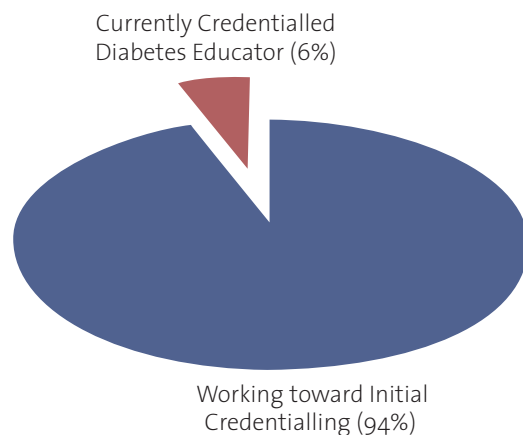
Victoria and New South Wales continue to provide the most mentoring partnerships. (see Figure 15).

### PROFESSIONAL OFFICER

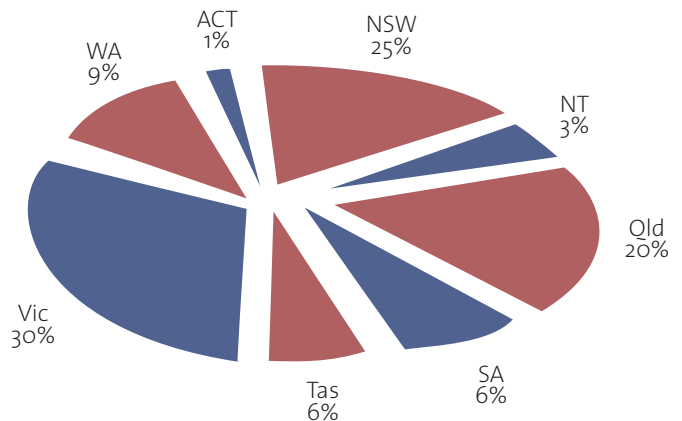
Nicole Brown was appointed as ADEA's Professional Officer in April 2012 after an eight month vacancy. During her first few months working in this role, Nicole has been involved in:

- Preparing a summary of the value of Credentialed Diabetes Educators for use by ADEA members when briefing the Department of Health and Ageing and politicians.
- Coordinating the *Australian Diabetes Educator* journal.
- Planning the implementation of the pilot to evaluate changes to the credentialling process proposed in Trisha Dunning's 2011 review.
- Investigating online credentialling processes.
- Meeting with Medicare to discuss the results of the 2010–11 allied health audits, and working with CDEs to improve Medicare compliance.
- Preparing proposals and applications to support the re-accreditation of the Management of Diabetes in the General Care Setting course.
- Coordinating ADEA's consensus position on Health Workforce Australia's Consultation Paper on the Health Professional Prescribing Pathway (HPPP).
- Attending a meeting with the Department of Veterans Affairs (DVA).
- Participating in an Allied Health Professionals Association (AHPA) teleconference.
- Attending the General Practitioner Conference & Exhibition (GPCE) in Sydney.
- Responding to website inquiries.
- Providing timely advice on professional matters.
- Participation in the Insulin Initiation Working Party including:
- Drafting an updated 'Standards for Initiating

**FIGURE 14: NATURE OF MENTORING PARTNERSHIP**



**FIGURE 15: ONGOING MENTORING PARTNERSHIPS BY BRANCH**



- Writing parts of the 'Managing Insulin in Primary Care Settings: A Quality Use of Medicines Strategy'; and
- Answering member questions on professional matters.

### ADEA COMMITTEES

ADEA supports excellence in professional practice through the accreditation of university courses in diabetes education and management, credentialling of diabetes educators, the development of standards and guidelines and by providing continuing education. Much of this work is completed through ADEA's committee structure, which includes: the Course Accreditation and Standards of Practice committee; the Credentialling committee; the Clinical Practice committee; and the Program and Local Organising committees for the ASM.

## **COURSE ACCREDITATION AND STANDARDS OF PRACTICE (CASP)**

*Pauline Hill, Chair*

Members: Jan Alford, Karen Crawford, Professor Trisha Dunning, Professor Rhonda Griffiths, Dr Sara Jones, Dr Jane Overland.

In the last 12 months the CASP committee has bid farewell to Judy Reinhardt, the immediate past Chair and long term member of this committee. We sincerely thank Judy for her many years of service to the ADEA through her membership and chairing of this committee and her very active role in the Association and her local community as a Credentialed Diabetes Educator. We also welcome a new member – Dr Jane Overland to the CASP committee.

The following changes to Course Coordinators and ADEA Representatives on course advisory committees have been accepted by the ADEA Board.

- Ian Harmer – Course Coordinator, Curtin University
- Kylie Mahony – ADEA Representative Curtin University
- Louise Ginnivan – ADEA Representative, Mayfield Education Centre

All five Graduate Certificate courses accredited with ADEA have successfully submitted mid-term reports to the CASP committee. The committee is currently reviewing the course accreditation requirements and processes in preparation for the next round of re-accreditation in 2013. An expression of interest to submit a new course for accreditation has been received from Kings College (Brisbane).

Long term support and access to the Chronic Disease Self Management online program integrated into all accredited courses in 2011 is currently being negotiated by the ADEA Board and Chief Executive Officer, Clair Matthews.

The committee has met via teleconference and will meet again during the annual scientific meeting to finalise the course accreditation requirements and processes.

## **COMPLAINTS COMMITTEE**

*Carol de Groot, Chair*

Members: Carol De Groot, Denise Smith, Neroli Price, Catherine Carty, Amanda Bartlett (all ADEA members) as well as two external participants, Barbara Campbell and Jo Mazengarb.

The aim of the Complaints Committee is to maintain the credibility of ADEA and to protect the recognition of Credentialed Diabetes Educators as the appropriately qualified health care professionals to be diabetes education.

There is little activity to report for 2011–12.

## **CREDENTIALLING COMMITTEE**

*Jan Alford*

In 2011–12 the Credentialling Committee Members included Jan Alford (convenor), Diane Bond, Lauren Botting, Wendy Bryant, Glynis Dent, Lisa Grice, Maggie Lasdouskas, Chris Lester, Liz Oberstellar, Helen Phelan, Lois Rowan, Lyn Randall, Maxine Schlaepfi.

The committee have been working closely with ADEA's Professional Officer Nicole Brown to refine CPD categories and re-credentialling processes. Trisha Dunning's recommended these changes in the final report of the 'Review of the ADEA Credentialling and Re-Credentialling Program'. Planning for the pilot of the revised process is underway.

## **THE LOCAL ORGANISING COMMITTEE (LOC)**

*No report provided.*

## **PROGRAM ORGANISING COMMITTEE (POC)**

*Denise Smith, Chair*

Members: Rebecca Munt, Deborah Grant, Mark Shah, Linda Hop, Diana Sonnack, Terri Berenguer, Trish Roderick and Kirsty MacDougall.

In 2011–12 the ADEA Program Organising Committee (POC) has been chaired by Denise Smith, with some new members. The committee has kept to deadlines and is on target to deliver a varied and exciting program at the Gold Coast. This has been achieved by working closely with the:

- Official conference organiser, ASN Events.
- Local Organising Committee (LOC).
- Australian Diabetes Society (ADS) POC, chaired by Dr Sof Andrikopoulos.

The 2011 ADS–ADEA Annual Scientific Meeting (ASM) in Perth provided great professional development and financial success. There were 1443 registrants, and both ADEA and ADS made a significant profit.

Approximately 28% of the 2011 ASM registrants (including both ADEA and ADS members) responded to a satisfaction survey. Their feedback was very positive:

- 77% of respondents evaluating the overall program as either excellent or very good.
- 82% rated the program standard as either excellent or very good.
- 76% rated the program content either excellent or very good.
- 80% rated the program relevance either excellent or very good.

At the 2012 ADS–ADEA ASM:

- The Plenary Speaker is Martha Funnell (RN, CDE). Martha is a pioneer in the area of patient empowerment and an internationally recognised leader in the field of diabetes self-management education and psychosocial support.
- The Educator's Day will again be supported by Roche and will continue in the format of workshops.
- A broad selection of abstracts has been received and currently being reviewed against ADEA guidelines.
- To date 1000 delegates have registered.
- The uptake of sponsorship packages has exceeded the target.
- Electronic posters will be offered again, with changes to processes for submitting e-posters. This will overcome problems that arose in 2011.
- The Gold Coast Convention Centre will be offering free WiFi for registrants. This will enable delegates to download a free App to view program and other information throughout the conference.

The POC extends special thanks to Rebecca Munt for acting as Chair between May and June 2012. The smooth planning for the 2012 ASM could not have occurred without Rebecca's enthusiasm and willingness to take on additional responsibilities.

### **SPONSORSHIP COMMITTEE**

*No report provided.*



## GOVERNANCE

### ENSURING GOOD GOVERNANCE

The Board remains committed to ensuring high standards of governance. The Board underwent a full day's governance training in 2012. A governance review was completed prior to the training taking place. The sessions covered:

- Role of the Board and Practice of Directorship
- Individual Roles
- Risk Issues for Boards
- Strategic Thinking and Strategic Planning
- Financial Oversight
- Governance Presentations
- Legal Environment and Overall Governance
- ADEA Board Assessment

The Board has also focussed on aligning Branch activity with the ADEA's legislative requirements, with specific review of documentation of Branch sponsored activities.

### BUILDING ORGANISATIONAL CAPACITY FOR SOUND GOVERNANCE

The Board's proposed constitutional changes were accepted at the 2011 Annual General meeting.

The main changes supported: an overhaul of the objects of the ADEA; and the introduction of skills based directors to the ADEA Board.

The support of the ADEA membership has allowed the Board to consider the main skills required to complement the existing skill set within the Board.

These are:

- media and marketing;
- business skills in the not for profit sector;
- accounting; and
- legal.

The recruiting process was delayed by the resignation of the Finance Director Liz Powell. This was the only backfill position available during the 2011–12 term of office.

The Queensland Director position has now been advertised with an appointment imminent. The recruitment of a skills based director against the Finance Director position is underway.

After the AGM, the Board will have the

opportunity to backfill against all office bearer positions.

## LEADERSHIP AND COLLABORATION

### AUSTRALIAN DIABETES SOCIETY – AUSTRALIAN DIABETES EDUCATORS ASSOCIATION COLLABORATIVE

*Nuala Harkin*, ADEA Representative

Members: ADEA – Nuala Harkin, Tracey Aylen, Clair Matthews; ADS – Wah Cheung, Jenny Gunton, Suzie Neylon

ADEA will continue to liaise and collaborate with the relevant bodies, keeping in mind the strategic direction of the Company.

The ADS–ADEA Collaborative is currently reviewing their Memorandum of Understanding (MOU). This MOU has been developed as a broad inclusive strategy to guide the coordinated delivery of services to people with diabetes in Australia, and sets out the basis upon which ADS and ADEA will jointly meet their objectives and obligations, and the responsibilities of ADS and ADEA and their staff and management, in respect to the business of the collaborative.

The ADEA and ADS, as Australia's peak health professional bodies informing diabetes practice aim to have quarterly ADEA/ADS Collaborative meetings.

Key areas of collaboration include the Annual Scientific Meeting, the National Association of Diabetes Centres, Diabetes Australia, the National Diabetes Services Scheme, and ADEA and ADS have representatives on the Diabetes Advisory Group overseeing the Diabetes Care Project.

### 2011 ADEA RESEARCH GRANT

In 2011 ADEA awarded Gael Holters a scholarship to research *Hypoglycaemia in a hospital setting: a hyper problem*. The project aimed to evaluate the current nursing management of in-patients with hypoglycaemic episodes, and whether a planned educational intervention would improve nursing management.

Hypoglycaemia can present a challenge to health professionals managing patients with diabetes in a hospital setting. At Bankstown Hospital, health professionals are guided by a clinical practice policy for treating hypoglycaemic events dated June 2004.

Diabetes educators at Bankstown Hospital observed:

- Hypoglycaemia treatment protocols were not being routinely followed with in-patients.
- Insulin was commonly omitted after hypoglycaemia events, resulting in fluctuating blood glucose levels.

Diabetes educators at Bankstown Hospital conducted a retrospective audit of the treatment given for hypoglycaemia in medical records September 2010 until February 2011. This initial audit confirmed that ward staff did not adhere to policy.

The project included the following educational interventions for all nursing staff at Bankstown Hospital:

- A laminated flow chart on the treatment of hypoglycaemia (2011 policy) on all bed charts within the hospital.
- Ward education.
- Education at orientation on hypoglycaemia management and treatment.
- A mass email linking to the hypoglycaemia protocol.
- Feedback from nurses to identify problems using the updated hypoglycaemia management protocol.

Gael will present the results of this research at the ADS–ADEA Annual Scientific Meeting in August 2012.

Gael has found this research rewarding because:

- Delivering education to nursing staff highlighted the need to present other diabetes inpatient care topics.
- The research has reconnected nursing staff to the diabetes unit, making communication on the wards a two way approach between the nurse and diabetes educator.
- Increasing nursing staff knowledge on the treatment of hypoglycaemia has the potential to benefit inpatients.

### HEALTH PROFESSIONAL PRESCRIBING PATHWAY

In May 2012 ADEA responded to Health Workforce Australia's Health Professional Prescribing Pathway (HPPP) consultation paper. All ADEA members were invited to contribute

to the submission. ADEA acknowledges the valuable contribution to the HPPP submission made by Tracy Aylen, Lorraine Marom, Jan Alford, Giuliana Murfet, Jayne Payne and Nicole Brown.

### **WORKING PARTY TO REVIEW NATIONAL STANDARD FOR INITIATING INSULIN THERAPY IN AMBULATORY SETTINGS (THE STANDARDS)**

*Trisha Dunning AM*

In March 2012 the revision of the National Standard for Initiating Insulin Therapy in Ambulatory Settings (the Standards) was completed. The revised Standards were submitted to the ADEA on 22 March 2012.

Two new documents were developed to accompany the Standards and were submitted to the ADEA with the revised Standards:

- A structured literature review.
- A self-audit tool.

The revised Standards were made available on the ADEA website for member consultation.

The working party was subsequently disbanded.

### **THE MINISTER FOR HEALTH AND AGEING DIABETES ADVISORY GROUP**

*Nuala Harkin, ADEA Representative*

ADEA President, Nuala Harkin, and ADEA Vice President, Tracey Aylen, have represented ADEA on the Diabetes Advisory Group overseeing the Coordinated Care of Diabetes pilot, currently referred to as the Diabetes Care Project (DCP).

In essence the DCP is using a research model, including intervention and control groups, to investigate whether 'block pre-payment' to GPs for a range of GP and allied health services for each person with diabetes is a more effective model, than the current item based arrangement. This would mean a patient would be linked to a particular clinic and if registered in the trial would not have access to the EPC allied health items or a GPMP and TCA, because the clinic would receive a block funding payment for their annual care. In other words the GP and the clinic will be responsible to pay for the person with diabetes to attend allied health individual or group consultations, rather than Medicare separately funding each item.

In addition, to ADEA's involvement in the Diabetes Advisory Group meetings at which there has been lively discussion, the ADEA

President and CEO have had several meetings with McKinsey and Company (the global management consultancy group who were appointed to deliver the DCP).

ADEA's involvement is to ensure patients receive access to the most appropriate health professional in a timely manner, whilst promoting the crucial role the credentialled diabetes educator has in the management of people with diabetes.

ADEA presented at the 2 day education program for the DCP Care Facilitators, held in Sydney, June 2012. The ADEA recommend that the Care Facilitators establish a partnership with a Credentialled Diabetes Educator, and the aim of this partnership would be to provide advice and coaching on appropriate assessment and referral of care, that supports the best possible outcomes for people with diabetes.

### **NATIONAL DIABETES SERVICES SCHEME**

The ADEA, along with the Australian Diabetes Society, are the peak national diabetes health professional bodies engaged by Diabetes Australia to implement the National Diabetes Services Scheme (Scheme). The new Agreement is in place until June 30, 2016.

The National Health Professional Body Agents are charged with providing Diabetes Australia with a broad range of advice and assistance to the overall administration of the Scheme.

This has been achieved through the recognition by the Commonwealth of the expertise our organisations have to provide the best clinical, scientific and strategic advice to inform the development and delivery of the Scheme. The Medical Education and Scientific Advisory Council has been established to provide this advice and assistance.

The ADEA has been involved in a strategic planning process to set the direction for the 2012–16 Scheme National Development Program (NDP). The process included a review of all projects undertaken under the Strategic Development Program from 2001–2011 and consultation with key stakeholders to identify education and service gaps in seven priority areas. Stakeholder consultation involved a survey, telephone and face-to-face meetings between December and February with Scheme Agents, National Development Program working parties, peak bodies, health

professionals and NDSS Registrants.

The seven priority areas are:

- Aboriginal and Torres Strait Islander people
- Culturally and Linguistically Diverse communities
- Youth
- Older people
- Diabetes in pregnancy
- Psychosocial and mental health
- E-health and coordinated care

The questions within each priority area covered current resources, gaps in services and preferences for future programs. All ADEA members had the opportunity to participate through an online stakeholder survey and were well represented among the responses.

Nine key themes emerged through the consultation process. These are the importance of

- timely, accurate and consistent diabetes self-management information to Registrants;
- an appropriately skilled and knowledgeable workforce to support Registrants;
- family and carer information to support Registrants;
- community education and support networks;
- active follow-up of Registrants to promote self-management;
- active use of data for service planning to co-ordinate care;
- the availability of more age and stage appropriate resources;
- having accessible information and resources that are up-to-date;
- continued consultation to assess Registrant needs and evaluate outcomes.

This information will be used to develop Scheme programs over the next four years.

## PAEDIATRIC INSULIN PUMP PROJECT

*Clair Matthews*

The Paediatric Insulin Pump Project (PIPP) working group is now in its fourth phase and is known as PIPP 1 Progression. The overarching objective across all phases is:

*To address capacity issues in Australian paediatric, tertiary diabetes centres within insulin pump initiation*

*programs, through exploring alternative practices to allow greater efficiencies and leaner practices without a reduction in clinical outcomes.*

All phases included multidisciplinary team members from paediatric diabetes services at teaching hospitals and used the conceptual framework of Practice Development to support the participants to critically reflect on, improve and evaluate clinical practice. Two main themes emerged out of Phase 2, those being a lack of evaluation tools and education resources.

This led to the formation of the PIPP 1 (which has a focus on evaluation) and PIPP 2 (which has a focus on education resources) Working Groups comprising Credentialed Diabetes Educators - nurses and dietitians who had participated in Phase 1 and 2. The Working Groups developed recommendations to further the work on evaluation and education resources, respectively. The work of these groups was presented as a poster at the ADS-ADEA Annual Scientific Meeting in 2011.

The aim of the **PIPP 1 PROGRESSION** is to gain consensus on paediatric insulin pump data parameters for input into a national database for service level indicator data, including insulin pump programs. The information is being collected through an online survey being conducted from National Office. Questions are designed to elicit information on what parameters are currently being collected and what parameters are seen as optimal to collect over the insulin pump initiation process and follow-up.

The results will be collated by the Working Group and used to inform data set parameters (concerning clinical outcomes and service level indicators) to be collected for paediatric insulin pump initiation.

I would like to thank Diabetes Medtronic Australasia for their support of this project.

## AUSTRALIAN DIABETES FOOT NETWORK

*Jan Alford, ADEA Representative*

The Australian Diabetes Foot Network (ADFN) was an initiative of ADS and funded through income derived from NDSS. Although ADFN was not formally closed down by ADS, no current funding has been allocated for ADFN to continue functioning.

The following two papers prepared by ADFN

have been approved for publication in the Medical Journal of Australia and await a publication date:

- 1 *Management of diabetes-related foot ulceration – a clinical update.*
- 2 *A limb lost every 3 hours: Can Australia reduce the rate of lower limb amputation in individuals with diabetes?*

## MEDICAL EDUCATIONAL AND SCIENTIFIC COUNCIL (DIABETES AUSTRALIA)

Giuliana Murfet, ADEA Representative

### Background

Medical Educational and Scientific Council (MESC) is a key Board appointed committee of Diabetes Australia assisting it to achieve its strategic intent of awareness, prevention, detection, management and cure. MESC is integral in providing specialist health professional advice and recommendations regarding diabetes in the areas of:

- clinical issues
- research
- policy
- strategic direction

Membership of MESC is on a voluntary basis and the present membership consists of chair A/Prof Wah Cheung (Vice President ADS and Chair), Nuala Harkin (President ADEA), Giuliana Murfet (Director ADEA), Tim Benson (consumer representative), Samantha Rowe (consumer representative), Dr Jennifer Conn (ADS) and A/Prof Sof Andrikopoulos (ADS).

A number of changes to the medical/education/scientific/health care product review system are being implemented through Diabetes Australia Ltd (DAL) and the newly formed National Diabetes Supply Scheme (NDSS) contract. A new committee, the Medical, Education and Scientific Advisory Council (MESAC) is being established as a review and advisory committee for the NDSS solely. Its charter will be to provide advice to the NDSS on products to be accepted onto the scheme, registrant services where there is a medical/educational/scientific component, participate in the development of national Development Programs and review the specific projects within the NDPs.

### 2011–2012 activities

On 14th November 2011 a number of MESC members attended the Diabetes Australia National Diabetes Policy Forum 2011 held at

Parliament House in Canberra. The forum provided an opportunity for key stakeholders to have input into the development of policies on the prevention and management of diabetes. The forum included representation from a number of organisations including: AGPN, RACGP, ADS, ADEA, AMA, Centre of Adolescent Health, consumers, Public Health Association of Australia, Menzies Centre for Health Policy, Greater Health, INALA Indigenous Health Service and Universities. The forum was broken down into three main sessions where MESC members were presented with short, challenging and thought provoking presentations by these representative delegates.

The priorities for action drawn from the forum are:

- to implement population-based prevention strategies
- to focus on key groups – those who are currently unaware that they have diabetes and those who are at high risk of developing the disease
- to help ensure that individuals living with diabetes receive appropriate support to reduce their risk of complications and to manage this challenging disease

To date a majority of activity performed by MESC over 2011–2012 has been completed electronically. MESC 'Terms of Reference' were revised and endorsed with a view to develop opportunities for using MESC to strengthen and support DA programs and activities. In addition, processes involved in forwarding materials to MESC for review were examined in order to streamline the process.

Over this financial year MESC has provided comments on and/or endorsed the following documents:

- Draft NDSS Diabetes and Driving material
- Request to advertise study on the health of men in rural areas on DAL website.
- Haemochromatosis enquiry and information on DAL website.
- Articles including;
  - *A limb lost every three hours: Can Australia reduce the rate of lower limb amputation in individuals with diabetes?*,
  - *Practical guidelines on the provision of footwear for people with diabetes and*
  - *Practical guidelines on management*



*of diabetes related foot ulcerations*  
(Australian Diabetes Foot Network, a working party of the ADS).

- Draft DAL Position Statement on Sugary Drinks.
- Draft Position Statement for DAL on Diabetes and Mental Illness.
- Draft Global Guidelines for Type 2 Diabetes for IDF Task Force on Clinical Practice Guidelines
- National let's Prevent Diabetes campaign materials for 2012.

MESC has also been involved in providing DoHA with recommendations on the following items:

- Review of NDSS Products Schedule available to consumers
- Type 2 patient continued access to insulin pump consumables through NDSS
- Fact sheet on the *Importance of Needle Length* for NDSS pharmacies (Diabetes Australia) and a guided tool for selection purposes.

In addition, the following resources were reviewed with an aim of developing local resources into national NDSS resources:

- Diabetes Management Resource Kit for Aged Care facilities (Diabetes Tasmania).

### **CURTIN UNIVERSITY COURSE ADVISORY COMMITTEE REPORT**

*Kylie Mahony*, ADEA Representative

Curtin University currently has 90 students enrolled in the Graduate Certificate in Diabetes. Enrolled students are primarily nurses and dietitians.

Graduates of the course have praised the flexible delivery of external mode. Although graduates enjoyed the clinical practicum, many commented they would prefer a longer practicum period.

Some course content included in 2011–12 has been updated to reflect new guidelines, medications and information. However, the course is currently under review.

The Course Review Committee met on 17 May 2012, and committee members are reviewing the currency and accuracy of selected modules and associated references. The committee expects to complete the review in November 2012. The updated course will be ready for the first semester in 2013.

Curtin University is working with ADEA to secure continuation of the online Chronic Condition Self Management support program. This online self management learning tool was written for health professionals two years ago. The program is used by students enrolled in the graduate certificate in diabetes at Curtin University and other universities.

### **DEAKIN UNIVERSITY DIABETES EDUCATION ADVISORY BOARD REPORT**

*Michelle Robins*, ADEA Representative

In 2012 enrolments in Deakin University's Graduate Certificate in Diabetes increased by approximately 40%. Enrolled students included nurses, pharmacists and podiatrists.

The Institute of Koorie Education has four enrolled students receiving very good peer support. Deakin University is currently liaising with the governing body for Aboriginal Health Workers regarding eligibility to apply for ADEA credentialling status.

It has been challenging for Deakin University to secure sufficient placements for 120 students. Deakin University is considering a strategic and collaborative partnership with ADEA to increase clinical placement sites.

In preparation for course reaccreditation in 2013, a review of teaching strategies and methods is currently underway. An additional meeting for the advisory board to review progress has been scheduled for November 2012.

### **MAYFIELD EDUCATION DIABETES EDUCATION COURSE**

*Louise Ginnivan*, ADEA Representative

Thirty five students were enrolled at Mayfield Education in the Graduate Certificate in Diabetes Education and Health Care in June 2012. Students are predominantly registered nurses. This course comprises four units:

- Management of diabetes mellitus.
- Psychological and special needs in diabetes education.
- Teaching and learning.
- Research and management in diabetes education.

In response to difficulties reported by diabetes education and health care graduates, Mayfield Education has developed a new short course called 'Returning to study'. This course addresses

student computer literacy, assessment format and study skills. The course is offered to students requiring support.

### **ADEA REPRESENTATIVE TO THE IDF WESTERN PACIFIC REGIONAL (WPR)**

*Trisha Dunning AM*

The International Diabetes Federation (IDF) Regional Council last met in Dubai during the World Diabetes Congress. Discussion at that meeting concerned planning for the annual General Council Meeting, and voting for the next IDF Board of management and President-Elect.

Professor Nam-Han Cho will succeed professor Seino as Chair to the WPR.

Major projects include the:

- ABC program that focuses on prevention and control, better management of diabetes and quality care.
- The WPR foot program.

During the IDF World Diabetes Congress, the Royal Prince Alfred Hospital in Sydney and The Prince of Wales Hospital in Hong Kong were confirmed as IDF Centres of Education. The next Regional Council meeting will take place during the WPR Congress in Kobe in November 2012.

### **TYPE 1 DIABETES GUIDELINES EXPERT PANEL WORKING GROUP**

*Heather Hart, ADEA Representative*

ADEA members Nuala Harkin and Heather Hart were involved in the Type 1 Diabetes Guidelines Expert Panel Working Group. The working panel included a composite group of diabetes health professionals drawn from paediatric and adult areas of practice.

The Australasian Paediatric Endocrine Group (APEG) and the Australian Diabetes Society (ADS) completed the contract with the Department of Health and Ageing (DOHA) to:

- Review and update the Type 1 Diabetes Guidelines in Paediatrics and Adolescence.
- Extend the Guidelines to cover adulthood.

The Guidelines are based on systematic reviews of current scientific research into the care of children, adolescents and adults with in type 1 diabetes. For the first time in Australia, care guidelines for type 1 diabetes cover the entire lifespan.

The National Evidence-Based Clinical Care

Guidelines for Type 1 Diabetes were approved by the National Health and Medical Research Council (NHMRC). The Guidelines were launched on World Diabetes Day in November 2011.

It is envisaged that these Guidelines will be valuable to:

- The health care team of professionals who manage type 1 diabetes, including specialists or general physicians, general practitioners, or allied health care professionals.
- People of all ages with type 1 diabetes and their carers.

The Guidelines are accessible through the:

- APEG website ([www.apeg.org.au](http://www.apeg.org.au))
- ADS website ([www.diabetessociety.com.au](http://www.diabetessociety.com.au))
- NHMRC Clinical Practice Guidelines Portal ([www.clinicalguidelines.gov.au](http://www.clinicalguidelines.gov.au))



## ADEA LEADERS

### BRANCH EXECUTIVES AS AT MAY 2012

#### ACT

Terri Berenguer (Chair)  
Elaine Slater (Secretary)  
Wendy Mossman (Finance Officer)

#### NSW

Marlene Payk (Chair)  
Gillian Walker (Secretary)  
Anne Wansbrough (Finance Officer)

#### NT

Michelle Walding (Chair)  
Gregory Solomon (Secretary)  
Deepa Ariarajah (Finance Officer)

#### QLD

Denise Bennetts (Chair)  
Yvonne Elliot-Kemp (Secretary)  
Andrea Sanders (Finance Officer)

#### SA

Tess Reynolds (Chair)  
Lynn Rollbusch (Secretary)  
Rhonda Rowe (Finance Officer)

#### TAS

Joanne Saunders (Chair)  
Joan Hamon (Secretary)  
Andrea Radford (Finance Officer)

#### WA

Deidre Marangou (Chair)  
Elise Ritchie (Secretary)  
Pica Ellis (Finance Officer)

#### VIC

Cassie Cheeseman (Chair)  
Coralie Cross (Secretary)  
Edwin Pascoe (Finance Officer)

### COMMITTEES, WORKING GROUPS AND SPECIAL INTEREST GROUPS AS AT MAY 2012

#### COMPLAINTS COMMITTEE

Carol De Groot (Chair)  
Denise Smith  
Neroli Price  
Catherine Carty  
Amanda Bartlett  
Barbara Campbell  
Jo Mazengarb

#### CONFERENCE PROGRAM ORGANISING COMMITTEE

Denise Smith (Chair)  
Rebecca Munt  
Deborah Grant  
Mark Shah  
Linda Hop  
Diana Sonnack  
Terri Berenguer  
Trish Roderick  
Kirsty MacDougall

#### CONFERENCE LOCAL ORGANISING COMMITTEE

Annabelle Stack (Chair)  
Deb Fisher  
Kate Townley  
Robyn Hart  
Anne-Maree Walsh  
Deb Foskett

#### COURSE ACCREDITATION AND STANDARDS OF PRACTICE COMMITTEE

Pauline Hill (Chair)  
Jan Alford  
Trisha Dunning  
Karen Crawford  
Rhonda Griffiths  
Jane Overland  
Sara Jones

#### CREDENTIALLING COMMITTEE

Jan Alford (Chair)  
Helen Phelan  
Wendy Bryant  
Dianne Bond  
Maxine Schlaeppi  
Glynis Dent  
Elizabeth Obersteller  
Lois Rowan  
Lisa Grice  
Lynnette Randall  
Lauren Botting  
Chris Lester  
Maggie Lasdauskas

#### FINANCE AUDIT AND RISK MANAGEMENT COMMITTEE

Tracy Aylen (Chair)  
Clair Matthews  
Andrea Sanders  
Ilona Gurtler  
Tracy Aylen  
Martin Gordon  
Edwin Pascoe

#### **SPONSORSHIP COMMITTEE**

Jane Payne (Chair)  
George Barker  
Clair Matthews

#### **AUSTRALIAN DIABETES EDUCATOR EDITORIAL ADVISORY GROUP**

Clair Matthews (Chair)  
Michelle Robins  
George Barker  
Kate Marsh  
Glynis Dent

#### **CLINICAL PRACTICE GUIDELINE COMMITTEE**

Michelle Robins (Chair)  
Mark Coles  
Denise Smith  
Carol de Groot  
Melissa Armstrong  
Wendy Bryant  
Lyndon Homeming

#### **SPECIAL INTEREST GROUPS**

##### **Private Practice**

Wendy Anthony (Convenor)

#### **ADEA REPRESENTATION**

##### **ADS–ADEA COLLABORATIVE**

Nuala Harkin  
Clair Matthews  
Tracey Aylen

##### **ADS–APEG TYPE 1 DIABETES GUIDELINES IN PAEDIATRICS AND ADOLESCENCE**

Heather Hart  
Nuala Harkin

##### **AUSTRALIAN DIABETES FOOT NETWORK**

Emma Holland  
Jan Alford

##### **COALITION OF NATIONAL NURSES ORGANISATION**

Jane Payne/Tracy Aylen

##### **CONQUEST**

Trisha Dunning

##### **DIABETES AND DRIVING**

Victoria Stevenson

##### **DIABETES AUSTRALIA BOARD**

Tracy Aylen

##### **DIABETES MANAGEMENT JOURNAL**

Kate Marsh

##### **HEALTH CARE AND EDUCATION COMMITTEE**

Diana Sonnack

#### **IDF–WPR COUNCIL**

Trisha Dunning

#### **MEDICAL EDUCATION AND SCIENTIFIC COUNCIL**

Nuala Harkin  
Giuliana Murfet

#### **WORKING PARTY ON HBA<sub>1c</sub> REPORTING**

George Barker

#### **LIFE MEMBERS**

Professor Trisha Dunning  
Gloria Kilmartin  
Ann Morris  
Jan Alford  
Ruth Colagiuri  
Lesley Cusworth  
Rhonda Griffiths  
David Irvine  
Edwina Macoun  
Judy Reinhardt  
Coral Shankley  
Helen Turley  
Erica Wright  
Kaye Neylon  
Maureen Unsworth  
Gillian Harris

#### **CONGRATULATIONS TO OUR 2011 AWARD WINNERS**

##### **ADEA – ABBOTT DIABETES CARE 2011 CASE STUDY AWARDS**

Barbara White (VIC)  
Cheryl Steele (VIC)  
Christine Lieshout (NSW)  
Colleen Walsh (NSW)  
Diana Vine (SA)  
Gail Smith (QLD)  
Kathryn Hamilton (VIC)  
Kendra Nunweek-Hanlon (WA)  
Margie Wallace (VIC)  
Penelope Barker (NSW)

##### **ADEA – BECTON DICKINSON – BEST ORAL PRESENTATION AT THE ADS–ADEA 2011 ASM**

Sally Savage  
ADEA – BECTON DICKINSON – BEST POSTER PRESENTATION AT THE ADS–ADEA 2011 ASM  
Lorraine Marom (Vic)

##### **ADEA – CARESENS BEST NEW ORAL PRESENTER AT THE ADS–ADEA 2011 ASM**

Margie Wallace (VIC)

##### **ADEA – CARESENS BEST NEW POSTER PRESENTER AT THE ADS–ADEA 2011 ASM**

Karen Crawford (VIC)

**AUSTRALIAN DIABETES EDUCATORS  
ASSOCIATION LIMITED  
FINANCIAL REPORT**

**FOR THE YEAR ENDED 30 JUNE 2012**

ABN 65 008 656 522

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

**BOARD REPORT**

Your Board Directors submit the financial report of Australia Diabetes Educators' Association (the Association) for the financial year ended 30 June 2012.

**Board Directors**

The names and particulars of each person who has been a director during the year and to the date of this report are:

**Nuala Harkin**

RN RSCN NP CDE DipInfectionControl GradCert(DiabEd)

**Tracy Aylen**

RN CDE BHSc(Nursing) GradCert(DiabEd) GradCert(HSM)

**Fiona McIver** (to October 2011)

RN CDE BN GradCert(DiabEd)

**Jane Payne**

RN CDE NP GradCert(DiabEd)

**Glynis Dent**

RN CDE GradCert(DiabEd) GradCert(HumanNutrition) Dip(Nursing)

**Cheryl Steele**

RM RN CDE GradCert(DiabEd)

**Carol de Groot**

RN CDE GradCert(DiabEd)

**Giuliana Murfet**

RN CDE NP MSc(Diabetes) MNg(Nursing)

**Trish Roderick** (to August 2011)

RN CDE

**Liz Powell** (to May 2012)

APD CDE Bsc PostGradDipNutr&Diet GradCert(DiabEd)

**Diana Sonnack**

RN CDE

**Terri Berenguer** (from August 2011)

RN CDE GradCert(DiabEd)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated

**BOARD REPORT****Principal Activities**

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

- to promote best practice in diabetes education and care.

**Significant Changes**

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

**Operating Result**

The profit for the financial year ended 30 June 2012 is \$425,299 (2011: \$126,613).

**Auditor's Independence Declaration**

The lead auditor's independence declaration for the year ended 30 June 2012 has been received and can be found on page 58 of the financial report.

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



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Board Director

Dated this 23<sup>rd</sup> day of November 2012.

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

**Statement of comprehensive income**  
**For the year ended 30 June 2012**

	Note	2012 \$	2011 \$
Revenue from continuing operations	2	1,798,916	1,846,184
Staff costs		(340,774)	(229,516)
Operating expenses		(114,947)	(139,150)
Other Sundry Expense		(58,253)	-
Move to new premises		(5,000)	(3,717)
ADEA products and general expenses		(83,699)	(111,968)
Meeting and travel		(125,356)	(105,737)
Branch meeting expenses		(33,489)	(14,039)
Branch conferences costs		(109,117)	(107,382)
Branch travel grants		(2,030)	(5,000)
Financial and legal		(53,614)	(77,763)
Awards and travel support		(4,454)	(39,667)
Subscription memberships		(17,226)	(16,004)
NDSS expenses		(264,380)	(684,312)
MESAC Contributions		(85,000)	-
Project expenses		(76,278)	(185,316)
Profit for the year		<u>425,299</u>	<u>126,613</u>
Other comprehensive income for the year		-	-
<b>Total comprehensive income for the year</b>		<u>425,299</u>	<u>126,613</u>
<b>Total comprehensive income attributable to members of the entity</b>		<u>425,299</u>	<u>126,613</u>

The accompanying notes form part of these financial statements.

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

**Statement of financial position**  
**As at 30 June 2012**

	Note	2012 \$	2011 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	<b>5</b>	1,799,873	1,306,277
Trade and other receivables	<b>6</b>	240,866	89,699
Other current assets	<b>7</b>	-	6,559
Other financial assets	<b>8</b>	<u>802,213</u>	<u>798,886</u>
<b>TOTAL CURRENT ASSETS</b>		<u>2,842,952</u>	<u>2,201,421</u>
<b>NON-CURRENT ASSETS</b>			
Property, Plant and equipment	<b>9</b>	<u>20,073</u>	<u>28,691</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>20,073</u>	<u>28,691</u>
<b>TOTAL ASSETS</b>		<u>2,863,025</u>	<u>2,230,112</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	<b>10</b>	279,550	135,911
Other current liabilities	<b>11</b>	<u>391,624</u>	<u>327,936</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>671,174</u>	<u>463,847</u>
<b>NON-CURRENT LIABILITIES</b>			
Long-term provisions	<b>12</b>	<u>6,799</u>	<u>6,512</u>
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>6,799</u>	<u>6,512</u>
<b>TOTAL LIABILITIES</b>		<u>677,973</u>	<u>470,359</u>
<b>NET ASSETS</b>		<u>2,185,052</u>	<u>1,759,753</u>
<b>EQUITY</b>			
Retained earnings		<u>2,185,052</u>	<u>1,759,753</u>
<b>TOTAL EQUITY</b>		<u>2,185,052</u>	<u>1,759,753</u>

The accompanying notes form part of these financial statements.



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

**Statement of changes in equity**  
**For the year ended 30 June 2012**

	<b>Retained Earnings</b>	<b>Total \$</b>
<b>Balance at 1 July 2010</b>	1,633,926	1,633,926
Total comprehensive income for the year	<u>126,613</u>	<u>126,613</u>
<b>Balance at 30 June 2011</b>	<u>1,759,753</u>	<u>1,759,753</u>
Total comprehensive income for the year	<u>425,299</u>	<u>425,299</u>
<b>Balance at 30 June 2012</b>	<u><u>2,185,052</u></u>	<u><u>2,185,052</u></u>

The accompanying notes form part of these financial statements.

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

**Statement of cash flows**  
**For the year ended 30 June 2012**

	Note	2012 \$	2011 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		1,477,740	1,938,892
Payments to suppliers and employees		(1,031,615)	(1,878,741)
Interest received		53,503	106,910
		<u>499,628</u>	<u>167,061</u>
Net cash inflow from operating activities			
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property, plant and equipment		(2,705)	(3,871)
Payments for investments		(3,327)	(48,239)
		<u>(6,032)</u>	<u>(52,110)</u>
Net cash (outflow) from investing activities			
Net increase in cash and cash equivalents		493,596	114,951
Cash at the beginning of the financial year		<u>1,306,277</u>	<u>1,191,326</u>
Cash and cash equivalents at end of year	<b>5</b>	<u><u>1,799,873</u></u>	<u><u>1,306,277</u></u>

The accompanying notes form part of these financial statements.

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

**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**

These 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, Urgent Issues Group Interpretations and the Corporations Act 2001.

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 the financial statements are presented below and have been consistently applied unless otherwise stated.

*Historical cost convention*

These financial statements 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.

*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(m).

**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 less depreciation and impairment losses.

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

**Note 1: Statement of Significant Accounting Policies (cont'd)**

**b. Plant and Equipment (cont'd)**

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Association and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

**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.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

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

**e. Financial Instruments**

**Initial Recognition and Measurement**

Financial assets and financial liabilities are recognised when the Association becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the Association commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted).

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

**Note 1: Statement of Significant Accounting Policies (cont'd)**

**e. Financial Instruments (cont'd)**

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.

The Association does not designate any interests in subsidiaries, associates or joint venture entities as being subject to the requirements of accounting standards specifically applicable to financial instruments.

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

Financial assets are classified at "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.

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

**Note 1: Statement of Significant Accounting Policies (cont'd)**

**e. Financial Instruments (cont'd)**

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 using the effective interest rate method.

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.

The Association has not held any held-to-maturity investments in the current or comparative financial year

(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.

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.

**Fair Value**

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.

**Impairment**

At the end of each reporting period, the Association assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether impairment has arisen. Impairment losses are recognised in the statement of comprehensive income.

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

**Note 1: Statement of Significant Accounting Policies (cont'd)**

**e. Financial Instruments (cont'd)**

**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 Association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

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.



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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

**Note 1: Statement of Significant Accounting Policies (cont'd)**

**i. Revenue and Other Income (cont'd)**

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.

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

Grant income is recognised as revenue in the year to which the associated expenditure relates. Accordingly, grants received in the current year for expenditure in future years are treated as grants in advance. Unexpended specific grant revenue at 30 June each year is carried forward to be matched against future revenue in accordance with Australian Accounting Standards.

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. Comparative Figures**

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

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

**Note 1: Statement of Significant Accounting Policies (cont'd)**

**m. 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.

**n. Key Judgments**

*Provision for the impairment of receivables*

Included in trade receivables and other receivables at 30 June 2012 are receivables over ninety days past due amounting to \$39,305 (2011:\$24,411). The Association considers that a portion of these are uncollectible and therefore a provision for impairment of \$23,313 has been made at 30 June 2012.

The financial statements were authorised for issue on 23 November 2012 by the board directors of the Association.

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

	<b>2012</b>	<b>2011</b>
	<b>\$</b>	<b>\$</b>
<b>Note 2: Revenue</b>		
From continuing operations:		
— Memberships	416,209	340,018
— Credentialling	66,252	54,713
— NDSS allocation	268,234	662,283
— MESAC Contributions	85,000	-
— Conference ASM	305,962	196,151
— Branch revenue	213,502	163,366
— Awards, grants and sponsorships	5,427	4,277
— Magazine, publications and advertising	258,879	192,527
— Project income	77,483	113,039
— Other revenue	48,465	12,900
	<u>1,745,413</u>	<u>1,739,274</u>
Non-operating activities:		
- interest and investment income	<u>53,503</u>	<u>106,910</u>
Total Revenue	<u><u>1,798,916</u></u>	<u><u>1,846,184</u></u>

**Note 3: Expenses**

Profit before income tax includes the following specific expenses:

Depreciation expense	13,127	13,896
Rental expense on operating lease		
- minimum lease payments	10,794	-
Total employee benefits expense	474,751	680,766

**Note 4: Key Management Personnel Compensation**

The totals of remuneration paid to key management personnel (KMP) of the Association during the year are as follows:

Short term employee benefits	113,691	117,447
Post employment benefits	<u>10,232</u>	<u>10,570</u>
	<u><u>123,923</u></u>	<u><u>128,017</u></u>

**Other KMP transactions**

For details of other transactions with KMP, refer to Note 16: Related Party Transactions.

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

	2012 \$	2011 \$
<b>Note 5: Cash and Cash Equivalents</b>		
Cash at bank and in hand	<u>1,799,873</u>	<u>1,306,277</u>
	<u>1,799,873</u>	<u>1,306,277</u>
<b>Note 6: Trade and Other Receivables</b>		
CURRENT		
Trade receivables	264,179	108,061
Provision for impairment of receivables	<u>(23,313)</u>	<u>(18,362)</u>
	<u>240,866</u>	<u>89,699</u>
<b>Note 7: Other Current Assets</b>		
CURRENT		
Prepayments	<u>-</u>	<u>6,559</u>
	<u>-</u>	<u>6,559</u>
<b>Note 8: Other Financial Assets</b>		
CURRENT		
Held-to-maturity investments	228,094	227,365
Financial assets at fair value through profit or loss	<u>574,119</u>	<u>571,521</u>
	<u>802,213</u>	<u>798,886</u>
	<b>2012</b> <b>\$</b>	<b>2011</b> <b>\$</b>
<b>Note 9: Plant and Equipment</b>		
Opening net book amount	28,691	38,716
Additions	2,705	3,871
Disposal	(553)	-
Depreciation	<u>(10,770)</u>	<u>(13,986)</u>
Closing net book amount	<u>20,073</u>	<u>28,691</u>
Cost or fair value	55,464	56,530
Less accumulated depreciation	<u>(35,391)</u>	<u>(27,839)</u>
Net book amount	<u>20,073</u>	<u>28,691</u>

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

	2012 \$	2011 \$
<b>Note 10: Trade and Other Payables</b>		
CURRENT		
Trade creditors and accruals	254,271	102,894
Provision for annual leave	<u>25,279</u>	<u>33,017</u>
	<u>279,550</u>	<u>135,911</u>

*Collateral pledged*

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

**Note 11: Other Liabilities**

CURRENT		
Membership fees received in advance	206,999	198,626
Unexpended grants	<u>184,625</u>	<u>129,310</u>
	<u>391,624</u>	<u>327,936</u>

**Note 12: Provisions**

CURRENT		
Employee benefits – long service leave	<u>6,799</u>	<u>6,512</u>
	<u>6,799</u>	<u>6,512</u>

**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**

As at balance date the Association has no known contingent liabilities or contingent assets.

**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**

The Association transacts with the National Association of Diabetes Centres (NADC), a related entity of the Association.

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

**Notes to the financial statements**  
**For the year ended 30 June 2012**

**Note 16: Related Party Transactions (cont'd)**

NADC reimburses the Association for costs incurred in the ordinary course of business. As at 30 June 2012, the balance receivable from NADC was \$10,231 (2011:\$4,238).

Transactions with related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

**Statement of the board of directors**

In the opinion of the Board the financial report as set out on pages 3 to 17:

1. Presents a true and fair view of the financial position of Australian Diabetes Educators' Association Limited as at 30 June 2012 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that Australian Diabetes Educators' Association Limited will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:



---

Tracy Aylen, Director

Dated this 23<sup>rd</sup> day of November 2012.





## Auditor's Independence Declaration

As lead auditor for the audit of Australian Diabetes Educators' Association Limited for the year ended 30 June 2012, I declare that to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.

This declaration is in respect of Australian Diabetes Educators' Association Limited.

PricewaterhouseCoopers

A handwritten signature in blue ink, appearing to read 'Shane Bellchambers'.

Shane Bellchambers, CA  
Partner

Canberra  
31 January 2013

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*Liability limited by a scheme approved under Professional Standards Legislation.*



## Independent auditor's report to the members of Australian Diabetes Educators' Association Limited

### *Report on the financial report*

We have audited the accompanying financial report of Australian Diabetes Educators' Association Limited (the company), which comprises the balance sheet as at 30 June 2012, and the statement of comprehensive income, statement of financial position, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

### *Directors' responsibility 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 of the Australian Accounting Standards Board, Urgent Issues Group Interpretation and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

### *Auditor's responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

### *Independence*

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

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### *Auditor's opinion*

In our opinion the financial report of Australian Diabetes Educators' Association Limited is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the consolidated entity's financial position as at 30 June 2012 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

### *Matters relating to the electronic presentation of the audited financial report*

This auditor's report relates to the financial report of Australian Diabetes Educators' Association Limited (the company) for the year ended 30 June 2012 included on the Australian Diabetes Educators' Association Limited web site. The company's directors are responsible for the integrity of the Australian Diabetes Educators' Association Limited web site. We have not been engaged to report on the integrity of this web site. The auditor's report refers only to the financial report named above. It does not provide an opinion on any other information which may have been hyperlinked to/from the financial report. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

PricewaterhouseCoopers

Shane Bellchambers, CA  
Partner

Canberra  
31 January 2013

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# Australian Diabetes Educators Association

## **WHAT IS DIABETES SELF MANAGEMENT EDUCATION?**

Diabetes self management education (DSME) is a specialty area of practice requiring advanced knowledge of diabetes management, counselling and teaching skills. DSME is a therapeutic, as well as an educational intervention, integrating clinical care and comprehensive self management education and support.

## **WHAT IS DIABETES EDUCATION?**

All members of the multidisciplinary diabetes team provide discipline-specific diabetes education to support their clinical intervention. Diabetes education is provided by a wide range of health care providers including general practitioners, psychologists, practice and other generalist nurse, dietitians, podiatrists, aboriginal health workers and other allied health professionals.

ADEA welcomes all health professionals as members.

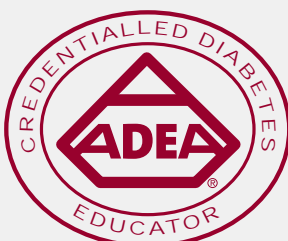
## **WHO IS A CREDENTIALLED DIABETES EDUCATOR?**

Credentialled Diabetes Educators (CDEs) are authorised to practice in an eligible health discipline and have:

- completed an ADEA Accredited Graduate Certificate course in diabetes education and care
- completed 1800 hours clinical practice
- been mentored and peer reviewed
- maintained continuing professional development; and
- abide by the ADEA Code of Conduct for Diabetes Educators.

A CDE must be an Accredited Practising Dietitian, Accredited Exercise Physiologist, a Medical Practitioner, a Registered Nurse (in Victoria, a Division One Registered Nurse), a Registered Pharmacist accredited to conduct medication management reviews or a Registered Podiatrist.

CDEs are the recognised providers of diabetes education by Medicare, the Department of Veterans Affairs and private health funds.



Choose a Credentialled Diabetes Educator  
for the delivery of evidence based  
management and education services.  
Look for the CDE symbol.

# Australian Diabetes Educators Association

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## **AUDITORS**

PricewaterhouseCoopers

## **DESIGN**

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[comstat.com.au](http://comstat.com.au)