

Australian Diabetes Educators Association

THE ASSOCIATION FOR PROFESSIONAL DIABETES EDUCATORS



Annual Report

2005-06

RESEARCH

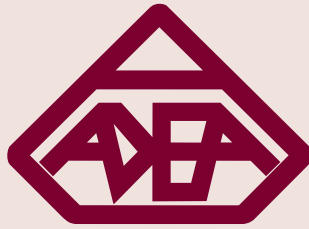
STANDARDS

ADVOCACY

EDUCATION



Benchmarking Excellence in Diabetes Education



Established 1981

The Australian Diabetes Educators Association (ADEA) is a national multidisciplinary organisation for health professionals committed to the provision of quality diabetes education and support for people affected by diabetes.

Vision

Optimal health and well being for all people affected by, and at risk of, diabetes.

Mission

ADEA will promote best practice in diabetes self management education and care.

ADEA will do this by:

- supporting members and other health professionals
- advocating for equitable access to quality services
- promoting and conducting research
- developing and disseminating evidence based standards, guidelines and policies.

Our Values

ADEA values:

- the right of the person with diabetes to make informed decisions about their health care and lifestyle choices
- innovation and leadership
- the diversity and skills of the multidisciplinary ADEA membership
- effective practice
- productive partnerships.

Australian Diabetes Educators Association



Benchmarking Excellence in Diabetes Education

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ADEA Office Bearers

National Executive and Board Members (as of 30 June 2006)



National President

Shirley Cornelius

Grad Dip Human Nutrition
Dip Management RN CDE

National Vice President

Jane Giles

MN BEd Grad Cert (Diab Ed) RN CDE



National Finance Director

Di Roberts

B Nursing (Paediatric) Cert
Grad Cert (Diab Ed) RN CDE

Executive Member

Julie Bligh

BA (Educ) MDS
(Anthropology) Authorised
Nurse Practitioner (NSW)
RN CDE



Other Board Members

Heather Hart

BN Grad Cert (Diab Ed) CCC RM RN CDE

Jill Vincent

Grad Cert (Diab Ed) RM RN CDE

Rosemary Macro

RN CDE

Neroli Price

RM RN CDE

Elisa Rochfort

BN Grad Cert (Diab Ed) RN CDE

Yve De Britt

BA (Health Ed) Grad Cert (Diab Ed) Grad Dip
Com Counselling RM RN

Gaynor Garstone

BN Grad Cert (Diab Ed) Grad Cert (Health
Service Management) RN



ADEA Board members

Branch Executives (as of 30 June 2006)

	Chair	Finance Officer	Secretary
NSW	Jane Payne	Ann O'Neill	Kaye Farrell
VIC	Tracy Ayles	Yvonne Hyland	Rachel Millar and Rebecca Watchorn
QLD	Peta Tauchmann	David Irvine	Liz Powell
WA	Denise Thompson	Nola Harrington	Jenny McDonnell
SA	Pamela Smith	Jill Lyon-Green	Tess Reynolds
TAS	Anne Muskett	Marion Starosta	Melinda Mus
ACT	Liz Obersteller	Vicki Mahood	Gail Westman
NT	Linda Rennie	Glynis Dent	Janet Stevenson

ADEA National Committees and Working Parties

ADE Magazine Editorial Group

Chris Thorpe (Chair)
George Barker
Jayne Lehmann
Kate Marsh
Elisa Rochfort

Complaints Committee

Jane Giles (Chair)
Jan Alford
Tricia Marshall
Dr James Pollitt
Cathy Stephens
Denise Thompson
Erica Wright

Conference Local Organising Committee

Dr Maarten Kamp (Chair - ADS)
Debbie Foskett
Robyn Hart
Karen Haworth
Fiona Mclver

Conference Program Organising Committee

Michelle Robins (Chair)
Marilyn Cullens
Gill Dicker
Amanda Fryer
Heather Hart
Bobby Milne
Liz Obersteller
Elisa Rochfort

Course Accreditation Committee

Judy Reinhardt (Chair)
Jan Alford
Trish Dunning
Tony Pappas
Diana Sonnach
Maureen Unsworth
Lesley Wilcox

Credentiailling Committee

Jan Alford (Chair)
Lauren Botting
Lisa Grice
Joyce Gwynne
Lynnette Randall
Cheryl Steele

Diabetes Self Management Education Reimbursement Working Party

Kaye Neylon (Chair)
Shirley Cornelius
Jane Giles
Leigh Spokes
Chris Thorpe

Finance and Audit Committee

Dianne Roberts (Chair)
Lynette Brown
Liz Obersteller
Elisa Rochfort

Research Committee

Trish Dunning (Chair)
Karen Glaister
Meri King
Jane Overland
Maureen Unsworth

Sponsorship Committee

Jane Giles (Chair)
George Barker
Chris Thorpe

Website Development Committee

Brad Marney (Chair)
Tracy Ayles
Liz Obersteller
Chris Thorpe
Wendy Logan

Insulin Issues and Advanced Practice

Working Party
Lea Sorensen (Chair)
Tracy Ayles
Nuala Harkin
Fiona Mclver
Anne Muskett
Liz Obersteller
Denise Thompson

ADEA Office Staff



Executive Officer
Chris Thorpe



Administrative Officer
Wendy Logan



Finance Officer
Kate Luck

**Administrative Support,
Credentialling Officer
and NADC**
Liz Watson



Business Partners

Platinum	Silver	Bronze
Novo Nordisk	sanofi-aventis Eli Lilly	Abbott Diabetes Care BD Johnson & Johnson

Sustaining Members

Level One	Level Two
Eli Lilly GlaxoSmithKline Novo Nordisk sanofi-aventis Servier Laboratories	Abbott Diabetes Care Roche Diagnostics

Life Members

Jan Alford	Rhonda Griffiths	Ann Morris	Maureen Unsworth
Ruth Colagiuri	Gillian Harris	Coral Shankley	Bettine Wild
Lesley Cusworth	David Irvine	Judy Reinhardt	Erica Wright
Patricia Dunning	Edwina Macoun	Helen Turley	

Our Organisation

THE AUSTRALIAN DIABETES EDUCATORS ASSOCIATION (ADEA) IS THE PEAK Australian professional organisation for diabetes self management education and care. The business of the ADEA is the active promulgation of best practice diabetes self management education, as an essential therapeutic intervention in the management of diabetes. The ADEA is about “Benchmarking Excellence in Diabetes Education” and achieves this through a framework that facilitates the cycle of best practice through research, standards, advocacy and education.

ADEA’s membership reflects the diversity of health professionals involved in diabetes care with nurses, dietitians, podiatrists, indigenous health workers, social workers, psychologists, physiotherapists and physicians working in, and committed to, diabetes education.

The ADEA Organisational Chart illustrates the structure of ADEA. As an Australia-wide association the ADEA has a National Board and Executive as its governing bodies. Committees and Working Groups address specific goals of the ADEA to achieve desired outcomes in priority areas. Members are invited onto these bodies according to their interest and expertise. Each member, while joining the national association, is a member of a nominated Branch of the ADEA. Branches represent and support members through local activities. Each Branch ensures that the specific issues of its members are addressed within the ADEA at the appropriate level. Special interest groups can also be formed under the auspices of ADEA, by members with a common interest in order to exchange ideas, expertise and professional development, and provide leadership in specific areas.



The Australian Diabetes Professional Organisations (ADPO) was established by the ADEA and The Australian Diabetes Society (ADS), as a joint national office to represent and provide services to both organisations.

The National Association of Diabetes Centres (NADC) operates as a joint committee of ADEA and ADS through ADPO administration. The NADC is a national collective of diabetes centres that explores mechanisms for improving the standard of care available to people with, and at risk of, diabetes Australia-wide through specialist centres and services.

ADEA and ADS are the Health Professional Member Organisations of Diabetes Australia Ltd (DA Ltd) and are represented on its Board.

Membership

Full Members are health professionals who are primarily engaged in providing services to people with diabetes. A person who is not a health professional can be accepted by the Board if they have made a significant contribution to diabetes education. A Full Member is entitled to attend and vote at general meetings.

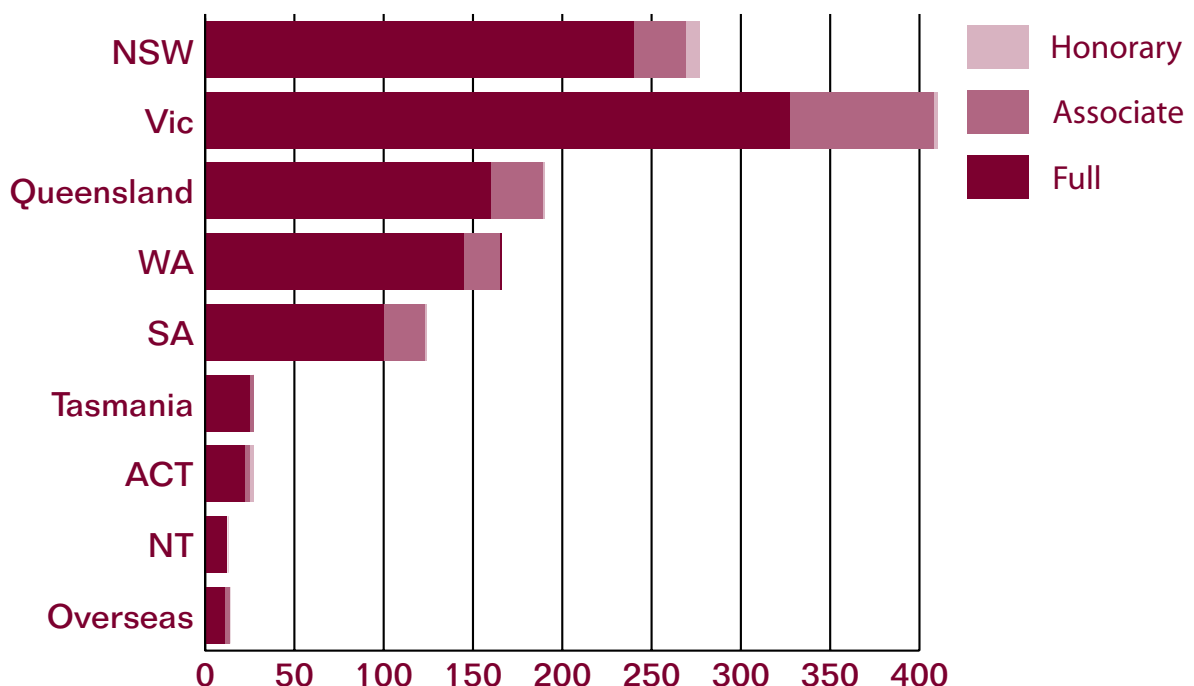
Honorary Life Members are full members who have made a continuing, outstanding contribution to ADEA.

Associate Members are people with an interest in diabetes education. An Associate Member is entitled to attend but not vote at general meetings.

Sustaining Members are companies that support the aims and goals of ADEA. A Sustaining Member is entitled to attend but not vote at general meetings.

There were 1248 members of ADEA in June 2006; 15 Honorary, 1042 Full, and 191 Associate. Total membership grew 4.5% over June 2005, and is 19% higher than three years ago.

ADEA Membership June 2006





The ADEA Credentialling Program

The ADEA Credentialling Program recognises diabetes educators who are full members with a recognised primary health discipline and who possess advanced knowledge and skills consistent with best practice standards.

Credentialled Diabetes Educators® (CDE®s)

- have completed an ADEA accredited course in diabetes education
- have undertaken a minimum of 12 months supervised clinical practice
- maintain a continuing professional development program
- adhere to the ADEA Code of Conduct for diabetes educators.

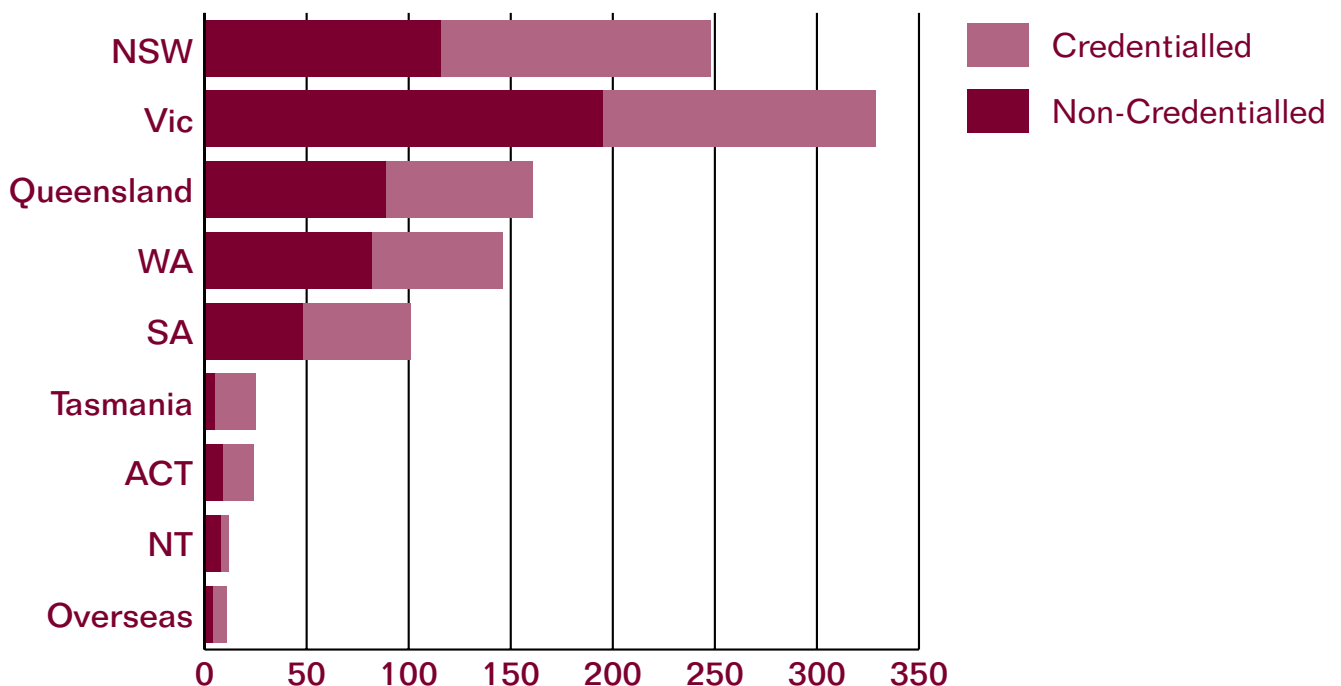
The number of members who seek ADEA Credentialled status has increased in accordance with the recognition this program continues to receive from Governments, employers, private health insurers and health professionals. CDE®s can register people with diabetes on the National Diabetes Service Scheme (NDSS) and for Insulin Pump Consumables (IPC) and, in some states, private health insurers provide an initial seven day supply of insulin under medical authority.

CDE®s can also register with the Health Insurance Commission for a provider number if they are in private practice. This then enables them to receive rebates for services provided on referral from a General Practitioner, under the Medicare Allied Health and Dental Care Initiative. This has resulted in increased opportunities for CDE®s to be self employed. Each service provided under this scheme increases the access people with diabetes have to best practice diabetes education and care.

The ADEA Credentialling Program is underpinned by the ADEA Course Accreditation Program, which ensures that tertiary courses for diabetes educators are of a quality standard.

There were 501 CDE®s in June 2006, showing an increase of 26% since June 2005. This represents 47% of Full Members with CDE® status.

Credentialled Diabetes Educators June 2006



President's Report

HAPPY 25TH BIRTHDAY ADEA. 25 years is a significant milestone in the life of a young organisation, one worth celebrating.

Our organisation has always been an active one, and its success is only possible with the support and contributions of its members. It is an exciting time to be involved with ADEA. We have been able to grow and achieve much in creating value for our members, by increasing access to professional development, which has a focus on best practice. Through our organisation, we have a national voice, and through good governance manage our risks and provide strategic direction. Achievements are described elsewhere in the report.

To maintain motivation in people with diabetes we need to stay motivated ourselves.

We must not only understand the medical and clinical implications but the educational and psychosocial implications, which make up the complexity of the process of living with a chronic illness like diabetes. We continue to build capacity to support and mentor members to achieve the highest possible standards, to undertake research, and work collaboratively with other organisations and business partners.

The challenge for diabetes education and diabetes educators will be to develop new models for better preventive care and to develop approaches to providing care for the increasing numbers of people with diabetes and associated chronic health conditions.

The initial stage of the membership and credentialling review has been completed. Endorsement of eligibility for CDE® status has been designed and it is intended for health professionals who have defined roles and responsibilities as diabetes educators.

A number of disciplines approached ADEA for eligibility for CDE® and the review has been conducted to assess eligibility against agreed criteria.

The review has looked at eligibility based on current ADEA practices, ADEA publications, the literature and international experience. All professional bodies involved in the review will be informed of the outcomes and recommendations and given the right of reply. To provide transparency, a discussion paper will be developed for consultation with the membership. ADEA will also inform Diabetes Australia, as the peak body representing people with diabetes, of the outcomes and seek their comment related to the recommendations. On completion of the review, ADEA will inform tertiary institutions and seek their support in prioritising course entry for CDE® eligible disciplines.

Where we have CDE®s whose primary discipline has not met the criteria for eligibility, a grandfather clause will be used to continue to recognise these individuals.

There are implications for membership as a result of the review and these will need to be considered further.

The assessment tool developed as a part of the review can be used to assess new and emerging professions applying for credentialling eligibility. These activities will ensure that our credentialling program will continue to be the pathway used to measure achievement and the maintenance of high standards of care for people with diabetes.



The National Association of Diabetes Centres (NADC) has worked with ADEA to redevelop the Diabetes Management in the General Care Setting Course. This will enhance opportunities to promote and support a multi disciplinary focus and facilitate a cycle of best practice in diabetes education and care through a planned approach to health professional education and training. ADEA has been working with the Australian Practice Nurse Association in developing an additional module for the course. This covers the cycle of care, registration and recall for diabetes complication screening.

Competencies have been developed and we are moving towards its national accreditation. When this occurs, health care professionals successfully completing the course will attain a Certificate III qualification. This is an important step forward in the clarification of the relationship and role of a person who has undergone this type of training, compared to that of a CDE®.

A marketing strategy will be developed to promote the course to health professionals working in a variety of settings. It is hoped this will increase access to high quality diabetes care services for those in the community affected by diabetes, by delivering evidence based and co-ordinated diabetes care.

The Board continues to work collaboratively with Diabetes Australia (DA) and the Australian Divisions of General Practice to foster cooperation, promote integration of activities and quality standards for sustainable delivery of diabetes self management education. Discussion between the Commonwealth and DA on the renewal of the National Diabetes Services Scheme (NDSS) contract continues. Some of the additional opportunities provided by ADEA over the last year to promote the NDSS have included free space at the Annual Scientific Meeting to advertise NDSS services and products and space in the *Australian Diabetes Educator* to provide members with information about DA and the NDSS.

ADEA support for the International Diabetes Federation and the Western Pacific Region continues through Diabetes Australia. Ruth Colagiuri was invited to continue to represent ADEA in the Western Pacific region and her nomination has been confirmed. Marg McGill's reappointment to the IDF was also supported. The work undertaken internationally includes leadership workshops, which assist health professionals in providing high quality diabetes care promoting the integration of clinical care with education.

Ruth Colagiuri has also been working on the development of outcomes and indicators for diabetes education, a project commissioned by DA. From the consultation process, the most frequently identified outcomes were knowledge, effective self management, behaviour change and patient empowerment, including psychological adjustment to living with diabetes.

In addition, DA, in conjunction with the ADS and ADEA, has successfully tendered for the contract to undertake the NHMRC Patient Education Guidelines project. This project is linked to the NHMRC Management of Type 2 Diabetes Guidelines.

The current Board, the first under the new Constitution, will complete its term of office at the Annual General Meeting in August. Half of the current Board will be retiring or seeking re-election in 2006, the other half in 2007, having been given a once-only 3 year term to set the cycle up. Those Branches whose members are up for election in 2006 are NSW, Victoria, SA and NT. Your new Board will continue to build on the activities of the strategic plan.

The work of our National Office is expanding and our Board of Directors has agreed to the appointment of a professional officer for an initial 2 year contract. At the time of writing, the selection process is well underway and we hope to make an appointment early in the new financial year.

I would like to acknowledge all of the valuable support provided by our business partners for continued recognition of the achievements of diabetes educators, assistance with the provision

of scholarships and for providing the education grants for project work which allows ADEA to build on publications of national importance.

Finally, my term as the President has been both challenging and rewarding. My thanks go to the Board of Directors who have provided encouragement, support and guidance. I would also like to thank the staff in the National Office for their tireless efforts and all those ADEA members involved in committee work, working parties and projects. The achievements that ADEA has made to date are the result of their commitment and efforts.

Finance Director's Report

THE 2005-06 YEAR HAS PRODUCED ANOTHER very good result for the Australian Diabetes Educators Association, with a surplus of \$296,328 (compared with a surplus of \$207,994 recorded in 2004-05). This result reflects increased membership support (with growth of 4.5% in new members), positive Conference results and continued growth in the payments from the National Diabetes Services Scheme (NDSS). Costs continue to be tightly controlled.

Over the past few years, ADEA has been able to build a sound financial position by running surpluses and accumulating financial reserves. This has been a conscious policy to prepare for the end of the NDSS contract. That five year contract, which originally expired on 30 June 2005, has been extended by the Department of Health and Ageing to 30 September 2006 to facilitate continued discussions with Diabetes Australia on renewal. Until renewal happens, there can be no certainty over continued NDSS payments to ADEA, either with respect to the duration or the amount.

However, the Board's conservative policy of building reserves to provide capacity to cope with the worst case outcome of non-renewal has given us the ability to recruit a professional officer. This position is necessary to take ADEA to the next level in providing professional development support for members (including introducing a permanent mentoring program). At the time of writing, the process of appointing that officer is well advanced. The position has been offered as a 2 year contract and ADEA has the financial capacity to sustain this position for at least this period, regardless of the outcome on the new NDSS contract.

The appointment of a professional officer will allow us to capitalize on the wide range of activities initiated over the past two years for members, and further develop them. These involve the mentoring pilot, the clinical placements program (sponsored by the sanofi-aventis), the graduate scholarship program (sponsored by Novo Nordisk), the annual post-graduate research grant scheme worth \$10,000, the Research School for new researchers and the development of sick day management guidelines for the home management of people with diabetes (sponsored by Abbott Diabetes Care). Sponsorship from Novo Nordisk will allow us to develop training programs in the use of behavioral and education theory over the next 2 years.



These initiatives reflect ADEA's commitment to developing and maintaining a skilled workforce providing diabetes self management education services.

The Finance and Audit Committee continues to monitor and improve the quality of ADEA financial reporting and auditing processes. The Committee has systematically reviewed all relevant internal processes to ensure that the National Office is operating efficiently and effectively. Regular surveys of satisfaction with National Office member services provide valuable suggestions for improvements. Financial training has been instituted to assist Branch Finance Officers to undertake their roles more effectively and this will be continued in 2006 at the Gold Coast Conference.

I wish to acknowledge the support of the National Office in providing support and assistance during the year.

Di Roberts

Finance Director

Executive Officer's Report

THERE HAVE BEEN A NUMBER OF ACHIEVEMENTS from the National Office in 2005-06.

With the recognition accorded to diabetes educators by the Medicare Allied Health and Dental Care Initiative, there has been considerable work done on reimbursement issues. The National Office has continued its involvement with the Consultative Group, established by the Department of Health and Ageing, to provide ongoing input from the industry on the operation of these measures. Many members have been advised on how best to use the new arrangements.

The website register of CDE[®]s who have obtained a provider number continues to grow. This is an important means of assisting GPs to find a CDE[®] for referral and we encourage all with a provider number to give us their contact details for the register. We have worked closely with the Private Practice Special Interest Group to support diabetes educators moving into private practice. Lobbying with the Department of Veterans Affairs has resulted in greater recognition of diabetes educators by them. We have also been successful in gaining greater recognition for diabetes education from the private health insurers.

The announcement by the Health Minister, Tony Abbott, of new Medicare items for group interventions has involved the National Office in consultations with the Department on how best to structure this new initiative. In doing this we have been working closely with the dietitians and exercise physiologists, the two other health professional groups affected.

The year has seen a very heavy workload on projects. Working Groups have been established for the Sick Day Guidelines, the Behaviour and Education Theory Project, the Mentoring and



Clinical Placements Projects and the 'Australianisation' of the LifeScan web-based home study program. The recruitment of a full time professional officer will assist with handling this project workload, which does not look like reducing over the next 12 months.

The five year NDSS contract held by Diabetes Australia expired at the end of June 2006 and this precipitated considerable work in developing a proposal for a new contract. ADEA participated actively in this process.

The year also saw the introduction of a redeveloped website early in 2006. The new website is integrated with the database, which allows improved communication with the membership. The National Office now issues an electronic newsletter every fortnight or so, to keep members better informed of issues of interest.

ADEA continues to gain the support of Business Partners who have been generous in funding research and other professional development opportunities for members. Not only is there the ADEA's own Post-Graduate Award, but research scholarships sponsored by Lilly and Servier. Novo supports scholarships for members attending Graduate Certificate Courses, sanofi-aventis funds members to attend international conferences and BD funds travel grants for our Annual Conference (as does ADEA itself). These are significant benefits and we encourage members to apply to take advantage of them.

Apart from these activities, there are numerous daily tasks that contribute to an effective Association. These include providing administrative support to the many volunteers that participate in the committees and working groups where ADEA work is done, assisting with the planning and organisation of the Annual Conference, maintaining close liaison with DA to facilitate the involvement of ADEA in its processes, and ensuring smooth financial administration.

This could not be done without the hard work and commitment of the National Office staff. My thanks go to Wendy, Liz, Kate and Jillian (before she left) for all that they have done over the past year. I would also like to thank Jayne Lehmann for her work on the *Australian Diabetes Educator*.

Finally my thanks to the President, Shirley Cornelius, and the Board for their encouragement and support.

Chris Thorpe
Executive Officer

Achievements 2005-06

THE ACHIEVEMENTS FOR THE year are presented under the five key focus areas of the 2005-2008 Strategic Plan.

Membership and Communication

Australian Diabetes Educator

The official publication of the ADEA was re-named the *Australian Diabetes Educator* and relaunched with a new cover design and internal look for the last edition of 2005. This new look was well received by the membership and advertisers.

The inaugural *Australian Diabetes Educator* Teaching Tips Award was launched in 2006, with sponsorship from Abbott Diabetes Care. Four prizes were awarded, which will be published in future editions of the *Australian Diabetes Educator*.

A peer review section of the Magazine has been approved by the Board of Directors with a process in place for peer review for articles that authors would like to submit.

The Magazine Editorial Advisory Group met via teleconference to discuss and guide the evolution of the Magazine. Their input is appreciated and valued.

Membership and Credentiailling Criteria

The review of membership and credentiailling criteria was completed and recommendations were put to the ADEA Board. A communication and membership consultation program has now been initiated to finalise changes.

Reference Group: Shirley Cornelius (Chair), Jan Alford, Jane Giles, Kaye Neylon, Judy Reinhardt, Maureen Unsworth.

Project Officer: Lynette Brown.

Video Advertising Resource

The production of a resource to visually advertise the role of diabetes educators and

the ADEA is close to finalisation. A robust process of review has been embarked on, to ensure the final product of this resource has wide and valued appeal to broadly benefit the membership.

Working Group: Rebecca Gebert, Victoria Stevenson, Natalie Weischer, Tracy Ayles, Lynne Fraser and Emma White.

Branch-Based Activities

NSW

Alternating Branch meetings from city to metropolitan venues has been a successful strategy and will continue at meetings, which are held 4 times a year. These meetings and the AGM are teleconferenced and recorded for members unable to attend. Membership has grown in the last year, with active encouragement given to members gaining their credentialled status.

A 'Welcome Letter' has been introduced and sent to new members, informing them of Branch activities, and encouraging their active participation in Branch activities.

Victoria

Central Branch meetings are held in Melbourne and rotated around the main hospital campuses. Minutes of meetings are posted to the ADEA website.

A regular email newsletter from the Branch Secretaries informs members of current issues, activities and updates.

Eight regional interest groups meet regularly around the state and provide reports to the Branch.

Queensland

Meetings conducted approximately monthly via teleconferencing. The email network is also used to facilitate communication within the Branch.

WA

Meetings are held 4 times a year, with professional development and video conferencing an added benefit to rural members. Minutes of the general meetings are posted on the website. Regular e-mails are sent to members informing them of recent changes, updates and issues.

SA

Achieved increased membership and the number of Branch members newly credentialled. Communication with Branch members has improved by using the ADEA website members area. All agendas, minutes, registration forms and general communication are now available on the website. Alternatives are available.

A program of recognition of retiring members at a Branch level has been initiated.

NT

Currently planning to promote ADEA and the important role of diabetes educators to other health professionals and employers in the NT.

ACT

Membership of the Branch remains stable, with regular meetings held and teleconference access to members in rural areas. A strategy is in place to recruit allied health professionals.

Equitable Access to Diabetes Self Management Education (DSME)

Diabetes Self Management Education (DSME) Reimbursement

The number of CDE[®]s working in private practice has grown this year with over 100 CDE[®]s registered with the HIC as eligible providers of diabetes education. 2005-06 saw some 7000 services provided to people with diabetes in this growing area of practice.

Approaches to the Department of Veterans Affairs have been successful with the Department indicating their intention to make available diabetes education services to Veterans.

In May 2006, the Hon Minister for Health, Mr Tony Abbott announced further Medicare rebateable services for people with Type 2 diabetes, with the introduction of rebates for group services provided by CDE[®]s, Accredited Practising Dietitians and Accredited Exercise Physiologists. ADEA will work with the respective professional associations and the Health Insurance Commission to achieve the introduction of viable and quality assured group services. HCF announced that they will be introducing benefits for consultations provided by CDE[®]s for their members who have Multicover.

This outcome has been achieved following consultations with the National Office following up on HCF contacts provided by the DSME Reimbursement Working Party.

Guidelines for the Management of Sick Days

Under a unrestricted education grant, Guidelines have been developed to inform clinical decision making in the community setting and to assist people with diabetes to manage sick days effectively. A consumer brochure has also been developed.

These materials will be launched at the 2006 ADEA-ADS Conference.

Industry Partner: Abbott Diabetes Care

Reference Group: Di Roberts (Chair), Geoff Ambler, Mark Coles, Shirley Cornelius, Pat Phillips (ADS), Janet Langstrom (ADIPS), Lynne Walker (APNA), Louise McLaren/Joe Chamoun (Observer).

Project Officer: Marie Gill and Jane Willcox.

National Training Programs

The National Association of Diabetes Centres diabetes training program, *Diabetes Management in the General Care Setting*, has been redeveloped in association with the Australian Practice Nurses Association to include additional modules on Diabetes Management in General Practice. A proposal has been submitted to seek national accreditation

under the Australian Qualifications Framework.

This will allow nurses working in general practice to obtain a nationally recognised and portable qualification in diabetes care. The revised teaching package and accreditation proposal delineates the different but complementary roles of health professionals in general diabetes care and CDE[®]s.

Branch-Based Activities

NSW

The Branch continues to advocate for patients in specialty areas of diabetes care through the work of the:

- Diabetes Men's Health Interest Group
- Insulin Pump Interest Group
- Combined Paediatric Diabetes Services Committee.

Queensland

The Branch has been well represented in a 12 month Queensland Health project, *Practice Guidelines for Care and Referral for Adults with Type 2 Diabetes* to be released and distributed shortly.

Excellence in Professional Practice

Awards

In acknowledgement of the outstanding contribution by members, the following awards were presented in 2005:

Jan Baldwin Award

Veronica Griggs RN CDE

Honorary Life Membership

Maureen Unsworth RN CDE

Branch Certificate of Recognition

Chris Sheehan RN CDE

Julie Pearson RN CDE

Rosemary Macro RN CDE

Sandy Havlin RN CDE

National Certificate of Recognition

Lyn Brown (Dietitian)



2005 Award winners (L to R) Rosemary Macro, Rhonnie Griggs, Maureen Unsworth and Sandy Havlin

ADS/ADEA Annual Scientific Meeting

The 2005 ADS/ADEA Annual Scientific Meeting was held in Perth. There were 992 registrants. A total of 89 abstracts were received. The Roche Educators Day was once again well attended, with 170 registrants. To assist more people to attend this popular event, a change of program is planned for 2006. The Servier sponsored, *Writing for Publication* seminar was held again, with 47 attendees. The meeting continues to grow and is financially successful.

Conference Awards

ADEA-Servier Merit Award
Prof Trisha Dunning

ADEA-Lilly Innovation Award
Helen Irwin

ADEA-Becton Dickinson Poster Award
Diana Collins

ADEA New Presenter Awards
Claire Henderson
Helen Irwin.

Behavioural and Education Theory in Diabetes Education Project

This project recommended the development of ADEA training programs (self-directed and face-to-face) for diabetes educators to improve their knowledge and skills in behaviour and education theory and practice. The training would focus on client-centred care, psychological assessment, and counselling. Novo Nordisk has offered substantial sponsorship to develop these training programs.

Industry Partner: Novo Nordisk.

Reference Group: Erica Wright (Chair), Shirley Cornelius, Kaye Neylon, John Kilmartin (ASPRID) and Chris Thorpe.

Project Officer: Angela Hislop.

Clinical Placement Project

The Clinical Placement Project was conceived in late 2004. The outcomes of the project are to provide an opportunity for the participant to improve their

confidence, skills and competence in the initiation and stabilisation of insulin, and for their employing agency to benefit from improved service delivery and an extended specialist network for diabetes education staff.

Following a national needs analysis and membership registration of interest, 2 clinical placements have been undertaken; one in NSW and one in WA. Evaluation via focus group discussion and questionnaires will be compiled into a final report that will soon be available.

Industry Partner: sanofi-aventis.

Steering Committee: Jane Giles (Chair), Julie Bligh, Gaynor Garstone, Rebecca Gebert, Chris Thorpe and Andrew Watt (Observer).

Project Officer: Christine Atsalos.

Course Accreditation

A review of the current ADEA diabetes education curriculum has commenced and will be completed toward the end of 2006. Undertaken by Southern Cross University, it will involve a number of ADEA members, including some former students from accredited courses and some course coordinators.

ADEA accredited courses currently offered are:

Curtin University, Perth. Graduate Diploma: Health Sciences (Diabetes Education) and Graduate Certificate (Diabetes Education). 2003-2007.

Flinders University, Adelaide. Graduate Certificate in Health: Diabetes Management and Education. 2003-2007.

Mayfield Education, Melbourne. Graduate Certificate in Diabetes Education and Health Care 2003-2007.

Deakin University, Melbourne. Graduate Certificate in Diabetes Education. 2004-2008.

University of Technology, Sydney. Graduate Certificate in Diabetes Education and Management 2004-2008. Workshops can be attended in Sydney or Brisbane.

Credentiailling

Some 47% (501) of the ADEA full membership were credentiailled by the end of May 2006. The amnesty significantly increased the numbers of CDE[®]s over 2005-06.

The credentiailling process has been reviewed by a project officer to improve and simplify the documentation. The feedback from surveys sent to those seeking re-credentiailling has been used as a basis for this review.

Plans are also underway for a recognised process to be put into place to identify those who may be taking extended periods of leave away from the specialty. The process will outline recredentiailling requirements according to the duration of the absence.

Enhancing Research

The Research Committee provides opportunities for professional development in the area of research by collaborating with the Board, ADEA committees, and other relevant bodies to promote diabetes education research. The Committee continued to encourage and support diabetes education and management research, to contribute to the evidence base for diabetes education and provide supporting evidence for the Board to undertake activities in this key focus area. It collaborated with the ADEA Program Organising Committee to revise the Abstract review process and assisted in judging ADEA Awards

It also developed a Research and Mentoring Workshop to be held in late 2006 to guide beginning researchers through the research process.

Expert Input from ADEA Members

ADEA is represented on the Steering Committee of the project to develop an implementation plan of 9 diabetes guidelines funded by the Commonwealth (including the NHMRC Type 2 Guidelines). This work is being undertaken by the National Institute of Clinical Studies (NICS).

ADEA Research Committee provided comment to the NHMRC on the second consultation draft of the *Australian Code for the Responsible Conduct of Research*. (March 2006).

Graduate Scholarships

Novo Nordisk sponsors an annual scholarship for 9 ADEA members currently undertaking a Graduate Certificate in Diabetes Education. The scholarship provides a grant of \$2,000, paid as reimbursement on successful completion of the course, a travel grant to attend the ADS/ADEA Conference and a certificate to acknowledge the achievement.

The 2006 scholarships were awarded to:
NSW/ACT – Theresa Kang, Catherine Offner

Victoria/Tasmania – Sheree Rennie, Lisa Cochrane, Fiona Thomas, Lisa Hobbs

Queensland – Rita Barrett, Rosine Warwick

WA/NT – Julie Kite.

Scholarships to Attend International Diabetes Conferences

Sanofi-aventis sponsored a travel grant for two CDE[®]s who have demonstrated excellence in the practice of diabetes self management education. The winners were Robyn Gray (to attend the ADA meeting in Washington), and Liz Powell (to attend the EASD in Copenhagen-Malmoe).

Novo Nordisk sponsored travel grants for Christine Atsalos and Shirley Cornelius to attend the Therapeutic Patient Education Conference in Florence in April 2006. The third International DAWN Summit was held in conjunction with this Conference.

Insulin Issues and Advanced Practice

Changes to the scope of nursing practice, currently being promoted through State Nursing Offices, has required the withdrawal of the ADEA Position Statement *Unregulated Care Workers and Insulin Administration*.

LifeScan Project

Johnson and Johnson has sponsored a review of their LifeScan web-based professional development program for people working in the diabetes care area. An Australianised version of this program is expected to be available in the second half of 2006.

Industry Partner: Johnson and Johnson.

Steering Committee: Judy Reinhardt (Chair), Jan Alford, Shirley Cornelius, Jane Giles and Sarah Pinchbeck (Observer).

Project Officer: Penny Handelsman.

Mentoring

The pilot ADEA mentoring program commenced in late 2005 with representatives from each state and territory, primarily selected from rural and remote locations, participating in mentoring or preceptoring partnerships.

The mentoring relationships focus on those preparing for initial credentialling and preceptoring, or those wishing to develop particular areas of skill. Many of the mentoring partnerships are occurring at a 'distance', with meetings occurring by email and phone.

The pilot program is progressing well with respondents to the 6 month evaluation satisfied with the program and all were achieving or were working towards their goals. Further evaluation at the conclusion of the program will enable additional insight into the mentoring/preceptorship process.

The recommendations from the pilot will subsequently shape the formal program, to operate from 2006-07.

Reference Group: Jan Alford (Chair), Shirley Cornelius and Jane Giles.

Project Officer: Helen Phelan.

National Core Competencies for Diabetes Educators

ADEA contracted a project officer in December 2005 to coordinate the review and updating of the ADEA National Core Competencies, which sets the framework for many ADEA activities and a range of documents.

A review of the literature is complete and key stakeholder consultation is currently under way.

Reference Committee: Jane Giles (Chair), Karen Crawford, Heather Hart and Chris Thorpe.

Project Officer: Marie Gill.

Role of the Diabetes Educator in Australia

A revised version of this publication is being developed. It will identify the roles of those working at an advanced level, such as nurse practitioners.

Professional Development by Branches

NSW

The Branch Conference was well attended when it was held in Penrith 19-20 May 2006. The theme was 'What about me — tools to showcase our expertise in everyday practice'. Professor Rhonda Griffiths was the keynote speaker whose topics were 'Reading and Interpretation of Clinical Papers' which was extremely well received, and 'Abstract Writing' which was a very interactive and informative workshop in the afternoon. There were abstract presentations from ADEA members and Helen Phelan did a presentation on the ADEA Mentoring Program.

Victoria

Guest speakers attend many central Branch and regional interest group meetings, presenting on a range of topics. Journal Clubs are conducted within regional groups.

The Annual Branch Conference was held in 2005 in Echuca, with keynote speakers on obesity prevention, indigenous health and early initiation of insulin therapy. Awards were presented for best novice and expert presentation from the accepted abstracts for the Conference program.

Diabetes seminars and workshops developed with or delivered by ADEA members around the State eg; members at Barwon Health developed a one day program on Diabetes and Aged Care.

Queensland

Many Branch members attended the *Diabetes Collaborative Problem Definition Workshop* in November 2005 and the *Diabetes Network Measurement and Implementation Workshop* in April 2006. Facilitated by the Clinical Practice Improvement Centre, educators have found a vehicle to identify gaps between evidence and practice in order to improve patient care and achieve sustaining change at a local level. Michelle Robins continues to work on the Steering Committee of this collaboration. Resources will be allocated to fund several initiatives identified by diabetes health professionals rather than governments. In March the Queensland Branch combined with DA Queensland (DAQ) to bring together a 2 day conference. It was a highly success venture and it is hoped to be repeated again. The ADEA has enjoyed building closer and more productive ties with DAQ. Several educators are currently enrolled as Nurse Practitioner Candidates.

WA

A Journal Club is held every 2 months, alternating between a breakfast meeting or after work hours, with 10-20 participants.

A total of 119 registrants attended the March 2006 Branch conference; *Diabetes Through the Ages*.

A joint education update was conducted for the WA Branch and DAA WA members on "Revisiting the Metabolic Effects of Insulin" presented by Dr Jill Sherriff, with videoconferencing to rural members.

Travel Grants offered to members to attend Branch and National ADEA conferences

The Branch has initiated 2 new awards: ADEA WA First Presenter Award at the Branch Conference and the ADEA WA Novo Nordisk Innovation Award.

SA

Professional development opportunities are provided at all 4 Branch meetings, with presentations from members and invited speakers.

The Annual 2 day Weekend Conference was held and incorporated one of the regular

Branch meetings. High attendance was achieved, particularly from country members.

Members are further supported in their professional development via the Professional Development Grant, which is available to members on application, and the Branch support of the South Australian Diabetes Refresher Day and members undertaking Chronic Disease Self Management Courses.

NT

Members have met regularly this year by teleconference, focussing on opportunities to share, network and assist members who are working towards gaining their credentialling status. NT currently has 6 members who are either credentialled or waiting for their assessment, which represents 60% of the Branch's membership.

ACT

The Branch ran a one-day conference in October 2005 'Diversity in Practice'. Guest speakers included Dr Jane Overland, Dr Dorothy Broom and Mrs Erica Wright. Each of the speakers looked at the issues educators need to take into consideration when planning and implementing education interventions for our clients. An innovative session, 'Wot's the buzz', was introduced. This was a round table discussion on current trends in practice – gestational diabetes, new therapies, continuous blood glucose monitoring and chronic disease self management. Other education sessions were held throughout the year and were well attended.

Leadership and Collaboration

Australian Diabetes Professionals Organisation and National Association of Diabetes Centres

The Australian Diabetes Professional Organisations (ADPO) and the National Association of Diabetes Centres (NADC) are

joint committees with the Australian Diabetes Society (ADS). The ADPO Executive Officer, Chris Thorpe, also serves as the ADEA Executive Officer. ADPO provides executive support and management services to both the ADEA and the ADS, including working with the professional conference organiser on the Annual Conference, meeting obligations under the NDSS contract, and participating in DA committees and forums.

ADEA Representation

Allied Health and Dental Care Initiative Consultative Group – Chris Thorpe

Diabetes Australia Committees and Councils

- **National Board** – Kaye Neylon
- **National Board Executive** – Kaye Neylon
- **NDSS Executive Committee** – Kaye Neylon
- **Awards Selection Panel** – Erica Wright
- **Conquest Editorial Board** – Trisha Dunning
- **Diabetes International Representatives Committee** – Ruth Colagiuri
- **Diabetes Management Journal** – Elisa Rochfort, Kate Marsh
- **Medical Education and Scientific Council** – Shirley Cornelius (Chair), Jane Giles, Julie Bligh
- **Health Care and Education Committee** – Elisa Rochfort
- **International Diabetes Council** – Ruth Colagiuri
- **National Advocacy Policy Committee** – Shirley Cornelius
- **Research Council** – Trisha Dunning

National Nurses Organisation – Jan Alford, Coral Shankley.

WA

A forum discussing insulin issues and carers was held with the Office of the Chief Nurse. Dietitians Association of Australia WA Diabetes Interest Group

Special Interest Groups

Insulin Pump Interest Group (IPIG)

The IPIG met four times this year at DA-NSW, with 10-15 participants at each meeting. 2005-06 saw the completion of the Insulin Pump Booklet, to be available at the ADS/ADEA Conference. Issues faced by people using pumps or supporting pump users are raised at each IPIG meeting, with insurance coverage for pump reimbursement continuing to be a problem. IPIG members have been invited to visit rural diabetes education centres to discuss insulin pump therapy. A number of doctors have written to our group seeking information on the fundamentals of pump management. As a result, we will now include 'Pump Issues' as a regular agenda item for our meetings.

CHAIR: Julie Bligh.

Private Practice Special Interest Group

The Group met for a face-to-face meeting at the ADS/ADEA Conference in August 2005, with approximately 100 people attending. A Forum was created on the ADEA website to enable members of both the ADEA and Private Practice Special Interest Group to share information and network. The Chair facilitated email networking and developed a questionnaire (in liaison with the DSME Reimbursement Working Party Chair) to provide guidance to the ADEA on private practice issues.

Chair: Jayne Lehmann

Vice Chair: Leigh Spokes

Secretary: Angela Llewellyn-Sare

DSME Reimbursement Working Party

Representative: Leigh Spokes



Diabetes Corporate Sponsors acknowledged at the 2005 ADS/ADEA conference.

Sponsorship

In 2006-07 Corporate Sponsorship exceeded \$90,000. BD, Johnson and Johnson, Novo Nordisk Eli, Lilly and sanofi-aventis have contributed significant funds for projects as Business Partners. The Sustaining membership Program, a key component of the Business Partnership Program, raised \$27,000.

Governance

Governance Training

Training was provided to the Board on members' responsibilities and duties under corporate law and the characteristics of an effective Board. The opportunity to attend financial training was provided to Branch finance officers.

Strategic Planning

The new Strategic Plan, and its key focus areas, has become the basis for planning, budgeting and reporting on ADEA strategies and activities.

Web Re-development

A new website design was developed and implemented in March 2006. This allowed full integration between the database and the website, which improved the capacity of the National Office to communicate effectively with membership. The capacity to upload new material in-house has

improved the timeliness and efficiency of maintenance of the website.

Branch-Based Activities

NSW

Plans to develop a 'buddying' system to assist the new Branch Executive.

Victoria

Focus on Branch financial planning to improve income stream and re-establish term deposits. This will assist the Branch in covering future financial years where less income is forecast.

SA

Attention has been given to achieving a balanced Branch budget and finance training for the Branch Executive.



Looking Towards 2006-07

Membership and communication

ADEA values its members and will continue to improve and expand the services and benefits it provides to members.

The CDE[®] will continue to be promoted as the quality assured credential in diabetes self management education.

The redeveloped website and enhanced database will be used to promote more effective communication between all levels of the Association.

ADEA will continue to build effective communication outside of the Association, to lobby for our strategic objectives and develop strong partnerships with industry to promote mutual goals. We will continue to seek sponsorship for new projects, such as those we were able to secure in 2006.

Equitable access to diabetes self management education

Our lobbying for the recognition of diabetes self management education as a specialty area of practice and an integral part of diabetes care will continue.

Adequate reimbursement for diabetes education will remain a key priority, as a means of encouraging sustainable growth in the capacity of the workforce, given the unmet demand of people with diabetes. This will involve seeking enhancements to the Medicare Allied Health and Dental Care Initiative, greater recognition by the Department of Veterans Affairs and by the private health insurance industry.

ADEA will continue to explore ways to increase access to diabetes self management education in primary care settings.

Excellence in professional practice

Increasing the number of CDE[®]s remains a priority. The Graduate Certificate scholarship scheme and the mentoring program are pro-active support mechanisms to assist members to become credentialled, particularly those working in rural and remote areas.

Further initiatives will be undertaken to promote evidence based research into diabetes self management education, to improve professional practice and to ensure that the standards and guidelines the Association produces are professionally robust and reflect best practice.

ADEA will continue to ensure that the courses it accredits reflect expressed consumer needs and the evidence base for the delivery of best practice diabetes self management education and care.

Leadership and collaboration

ADEA will continue to be a leader in diabetes self management education in Australia and actively seek opportunities to work collaboratively with nursing and allied health professional associations. We will also continue to lobby, and work with, Government to improve access to quality diabetes care.

As a member organisation of Diabetes Australia, ADEA will continue to collaborate with the other Member Organisations. ADEA will continue to work with the Australian Diabetes Society to promote the goals and objectives of the National Association of Diabetes Centres and to conduct the Annual Scientific Meeting.

We value the relationships we have developed through our Business Partnerships Program and will continue to identify areas of mutual interest and benefit for people with diabetes.

Governance

ADEA will maintain a commitment to high levels of corporate governance including sound fiscal management. We will actively promote succession planning, further building the capacity for effective leadership of the Association.

Thank You

ANY ASSOCIATION IS ONLY AS STRONG AS ITS MEMBERS AND ADEA IS fortunate to have many dedicated and skilled people who are prepared to donate their time, energy, enthusiasm, vision and expertise at both the Branch and National levels.

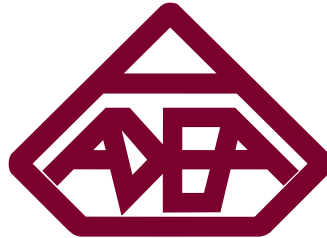
Our thanks go to those members who served on Branch Executives, on the Board, the National Executive, on Committees, Working Parties and who worked as project officers. There have also been many members providing individual input on specific issues. A number of people also represented ADEA in a variety of forums, for which we also say thank you.

The National Office had a busy year. Thanks go to Chris, Wendy, Liz, Kate and Jillian, who all kept the office running smoothly. Jillian left the organisation during the year. Their support of the many people and processes involved in the running of the ADEA has enabled a great many projects to come to fruition, while providing the infrastructure for the organisation as a whole.

The continued support of all of our sponsors is also gratefully acknowledged. The organisations highlighted at the beginning of the Annual Report, have provided ADEA with support in a number of ways, ensuring the organisation could see a number of different initiatives come to fruition. The ADEA would not have been able to make these major contributions to improving the care of people with diabetes without the strong support of these Business Partners. Thank you.



Queensland gets a taste of the University of Technology Sydney's Graduate Certificate in Diabetes Education and Management, at workshops held at the University of Queensland Ipswich Campus.



Established 1981

Australian Diabetes Educators Association Limited

Financial Report

For the year ended 30 June 2006

ACN 008 656 522

Australian Diabetes Educators' Association Limited
ACN 008 656 522

DIRECTORS' REPORT

Your directors present their report on the Association for the financial year ended 30 June 2006.

Directors

The names and particulars of the directors of the Association in office at anytime during or since the end of the year are:

Gaynor Garstone

BN Grad Cert (Diabetes Education) Grad Cert (Health Service Management) RN
Appointed 26 August 2004, Director for less than 2 years.

Heather Anne Hart

BN Grad Cert (Diab Ed) RM CCC RN CDE
Appointed 20 September 2004, Director for less than 2 years.

Neroli Barbara Price

RM RN CDE
Appointed 1 November 2004, Director for less than 2 years.

Yve De Britt

BA (Heath Ed) Grad Cert (Diab Ed) Grad Dip Com Counselling CM RN CDE
Appointed 1 December 2004, Director for less than 2 years.

Rosemary Pamela Macro

RN CDE
Appointed 1 December 2004, Director for less than 2 years.

Julie Anne Bligh

BA (Educ) MDS (Anthropology) RN CDE
Appointed 26 September 2002, Director for less than 4 years.

Shirley Norma Cornelius

Grad Dip (Human Nutrition) Dip Management RN CDE
Appointed 26 September 2002, Director for less than 4 years.

Dianne Roberts

B Nursing Paediatric Cert Grad Cert (Diab Ed) RN CDE
Appointed 26 September 2002, Director for less than 4 years.

Jill Mary Vincent

RM Grad Cert Diab Ed RN CDE
Appointed 26 September 2002, Director for less than 4 years.

Elisa Anne Rochfort

BN Grad Cert (Diab Ed) RN CDE
Appointed 23 August 2000, Director for less than 6 years.

Jane Giles

MN (Advanced Practice) Grad Cert (Diab Ed) RN CDE
Appointed 23 August 2000, Director for less than 6 years.

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



Australian Diabetes Educators' Association Limited
ACN 008 656 522

DIRECTORS' REPORT (continued)

Meetings of Directors

DIRECTORS MEETINGS

	Meetings held while a Director	Meetings Attended
Gaynor Garstone	3	3
Heather Anne Hart	3	3
Neroli Barbara Price	3	3
Yve De Britt	3	3
Rosemary Pamela Macro	3	3
Julie Anne Bligh	3	3
Shirley Norma Cornelius	3	3
Jane Giles	3	3
Dianne Roberts	3	3
Jill Mary Vincent	3	3
Elisa Anne Rochfort	3	3

Operating Result

The net operating profit of the Association for the financial year amounted to \$296,328 (2005: \$207,994).

Principal Activities

The principal activities of the Association during the financial year were to promote best practice in diabetes education and care.

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

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which 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.

Future Developments

Likely developments in the operations of the Association and the expected results of those operations in future years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the Association.

Dividends

No dividends were paid or declared since the start of the financial year. No recommendation for payment of dividends has been made.

Options

No options over issued shares or interests in the Association were granted during or since the end of the financial year and there were no options outstanding at the date of this report.

Australian Diabetes Educators' Association Limited
ACN 008 656 522

DIRECTORS' REPORT (continued)

Indemnification of Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Association.

Proceedings on Behalf of the Association

No person has applied for leave of Court to bring proceedings on behalf of the Association or intervene in any proceedings, which the Association is party to for the purpose of taking responsibility on behalf of the Association for all or part of those proceedings.

The Association was not party to any such proceedings during the year.

Directors' Emoluments

During or since the financial year, no director of the Association has received or become entitled to receive a benefit:

- in connection with the management of the Association; or
- because of a contract that the director, or a firm of which the director is a member, or an entity in which the director has a substantial financial interest, made with the Association.


Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 6.

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

Director 

Dated this 26th day of July 2006

Director 

Dated this 26th day of July 2006



Independent Audit Report to the Members of Australian Diabetes Educators' Association Limited

Scope

The financial report and directors' responsibility

The financial report comprises the income statement, balance sheet, statement of changes in equity, cash flow statement, accompanying notes to the financial statements, and the directors' declaration for Australian Diabetes Educators Association Limited (ADEA), for the year ended 30 June 2006.

The directors' of the company are responsible for the preparation and true and fair presentation of the financial report in accordance with the *Corporations Act 2001*. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit Approach

We conducted an independent audit in order to express an opinion to the members of the company. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement.

The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the *Corporations Act 2001*, including compliance with Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the company's financial position, and of their performance as represented by the results of their operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report; and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the *Corporations Act 2001*.

In accordance with ASIC Class Order 05/83, we declare to the best of our knowledge and belief that the auditor's independence declaration, set out on page 6 of the financial report, has not changed as at the date of providing our audit opinion.

WalterTurnbull Building
44 Sydney Avenue
Barton ACT 2600
GPO Box 1955
Canberra ACT 2601
Tel 02 6247 6200
Fax 02 6257 6655
www.walturn.com.au
walterturnbull@walturn.com.au
A division of
WalterTurnbull Pty Ltd
ABN 97 099 740 879

BUSINESS ADVISORY SERVICES
ASSURANCE SERVICES
MANAGEMENT CONSULTING
FINANCIAL PLANNING
INSOLVENCY SERVICES
ACCOUNTING SOLUTIONS





Audit Opinion

In our opinion, the financial report of Australian Diabetes Educators' Association Limited is in accordance with:

- a. the Corporations Act 2001 including:
 - i. giving a true and fair view of the company's financial position as at 30 June 2006 and of its performance for the year ended on that date; and
 - ii. complying with Accounting Standards in Australia and complying with the Corporations Regulations 2001; and
- b. other mandatory financial reporting requirements in Australia.

WalterTurnbull Building
 44 Sydney Avenue
 Barton ACT 2600
 GPO Box 1955
 Canberra ACT 2601
 Tel 02 6247 6200
 Fax 02 6257 6655
 www.walturn.com.au
 walturnturnbull@walturn.com.au
 A division of
 WalterTurnbull Pty Ltd
 ABN 97 099 740 879



Shane Bellchambers CA
 Registered Company Auditor

Dated this **28** day of **July** 2006
 Canberra, ACT 2601

BUSINESS ADVISORY SERVICES
 ASSURANCE SERVICES
 MANAGEMENT CONSULTING
 FINANCIAL PLANNING
 INSOLVENCY SERVICES
 ACCOUNTING SOLUTIONS





Australian Diabetes Educators' Association Limited ACN 008 656 522

**Auditor's Independence Declaration
Under Section 307C of the *Corporations Act 2001*
To the Directors of the Australian Diabetes
Educators' Association Limited**

WalterTurnbull Building
44 Sydney Avenue
Barton ACT 2600
GPO Box 1955
Canberra ACT 2601
Tel 02 6247 6200
Fax 02 6257 6655
www.walturn.com.au
walterturnbull@walturn.com.au
A division of
WalterTurnbull Pty Ltd
ABN 97 099 740 879

I declare that to the best of my knowledge and belief, during the year ended 30 June 2006 there have been:

- i) no contraventions of the auditor independence requirement as set out in the *Corporations Act 2001* in relation to the audit; and
- ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Shane Bellchambers CA
Registered Company Auditor
WalterTurnbull

Canberra ACT
28 July 2006

BUSINESS ADVISORY SERVICES
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FINANCIAL PLANNING
INSOLVENCY SERVICES
ACCOUNTING SOLUTIONS

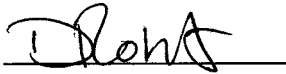


**Australian Diabetes Educators' Association Limited ACN 008 656 522
Directors' Declaration**

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 8 to 20 are in accordance with the *Corporations Act 2001*:
 - a. Comply with Accounting Standards and the Corporations Regulations 2001; and
 - b. Give a true and fair view of the financial position as at 30 June 2006 and of the performance for the year ended on that date of the company and economic entity.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Director



Director

Dated this^{26th}.....day of^{July}.....2006
Canberra, ACT 2601



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

INCOME STATEMENT
FOR THE YEAR ENDED
30 JUNE 2006

	NOTE	2006	2005
		\$	\$
Revenues from ordinary activities	3	809,396	644,580
Employee benefits expense	4	(93,694)	(69,620)
Depreciation expense	4	(1,703)	(1,948)
Publication costs	4	(76,896)	(83,618)
Professional Development expense	4	(115,222)	(107,614)
Other expenses from ordinary activities		<u>(225,553)</u>	<u>(173,786)</u>
Surplus / (Deficit) attributable to members of the company		<u>296,328</u>	<u>207,994</u>

The accompanying notes form part of these financial statements.

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

BALANCE SHEET
AS AT 30 JUNE 2006

	NOTE	2006 \$	2005 \$
CURRENT ASSETS			
Cash assets	6	575,847	734,275
Receivables		23,542	11,568
Investments	6	612,876	167,850
Other	7	<u>3,803</u>	<u>4,336</u>
TOTAL CURRENT ASSETS		<u>1,216,068</u>	<u>918,029</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	<u>2,335</u>	<u>2,558</u>
TOTAL NON-CURRENT ASSETS		<u>2,335</u>	<u>2,558</u>
TOTAL ASSETS		<u>1,218,403</u>	<u>920,587</u>
CURRENT LIABILITIES			
Payables	9	30,548	10,239
Short – term provisions	10	3,565	-
Other	11	<u>154,226</u>	<u>176,612</u>
TOTAL CURRENT LIABILITIES		<u>188,339</u>	<u>186,851</u>
TOTAL LIABILITIES		<u>188,339</u>	<u>186,851</u>
NET ASSETS		<u>1,030,064</u>	<u>733,736</u>
EQUITY			
Retained profits	12	<u>1,030,064</u>	<u>733,736</u>
TOTAL EQUITY		<u>1,030,064</u>	<u>733,736</u>

The accompanying notes form part of these financial statements.



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2006

	Retained Earnings \$	Total \$
Balance at 1 July 2004	525,742	525,742
Retrospective adjustment upon change in accounting policy	-	-
Transfers to and from reserves – general reserve	-	-
Transfers from retained earnings	<u>207,994</u>	<u> </u>
Balance at 30 June 2005	<u>733,736</u>	<u>733,736</u>
Surplus attributable to members	296,328	
Revaluation increment (decrement)	<u>-</u>	<u> </u>
Sub-total	<u>296,328</u>	<u>296,328</u>
Balance at 30 June 2006	<u>1,030,064</u>	<u>1,030,064</u>

The accompanying notes form part of these financial statements.

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED
30 JUNE 2006

	NOTE	2006 \$	2005 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		448,533	752,951
Interest Received		33,158	17,115
Other Income		295,409	
Payments to suppliers and employees		<u>(489,022)</u>	<u>(464,583)</u>
Net cash provided by operating activities	16	<u>288,078</u>	<u>305,483</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for plant and equipment		<u>(1,480)</u>	<u>(1,124)</u>
Net cash (used in) investing activities		<u>(1,480)</u>	<u>(1,124)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments for Investments		<u>(445,026)</u>	<u>-</u>
Net cash (used in) financing activities		<u>(445,026)</u>	<u>-</u>
Net increase in cash held		<u>(158,428)</u>	<u>304,359</u>
Cash at the beginning of the financial year		<u>734,275</u>	<u>429,916</u>
Cash at the end of the financial year	6	<u><u>575,847</u></u>	<u><u>734,275</u></u>

The accompanying notes form part of these financial statements.



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2006

Note 1: Statement of Significant Accounting Policies

This financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Corporations Act 2001*.

Australian Diabetes Educators Association Limited (ADEA) is a company limited by guarantee under the *Corporations Act 2001*, incorporated and domiciled in Australia.

The financial report of ADEA as an individual entity complies with all Australian equivalents to International Financial Reporting Standards (IFRS) in their entirety.

The following is a summary of the material accounting policies adopted by the Association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

Basis of Preparation

First-time Adoption of Australian Equivalents to International Financial Reporting Standards

ADEA has prepared financial statements in accordance with the Australian equivalents to International Financial Reporting Standards (IFRS) from 1 July 2005.

In accordance with the requirement of *AASB 1: First-time Adoption of Australian Equivalents to International Financial Reporting Standards*, adjustments to ADEA accounts resulting from the introduction of IFRS have been applied retrospectively to 2005 comparative figures excluding cases where optional exemptions available under AASB 1 have been applied. These accounts are the first financial statements of ADEA to be prepared in accordance with Australian equivalents to IFRS.

The accounting policies set out below have been consistently applied to all years presented.

Reconciliations of the transition from previous Australian Generally Accepted Accounting Principles (GAAP) to IFRS have been included in Note 2 to this report.

Reporting Basis and Conventions

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected non-current assets, and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

(a) Income Tax

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

(b) Inventories

Inventories are measured at the lower of cost or net realisable value.

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2006

Note 1: Statement of Significant Accounting Policies (continued)

(c) Furniture and Equipment

Furniture and Equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of furniture and equipment is reviewed annually by Directors to ensure it is not in excess of the recoverable amount for these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives to ADEA commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable asset are:

<u>Class of asset</u>	<u>Depreciation rates</u>
Property, Plant and Equipment	10% - 33.33%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

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.

(d) Impairment of Assets

At each reporting date, ADEA 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 income statement.

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

(e) Employee Benefits

Provision is made for ADEA'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, plus any related on-costs. 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.

(f) Provisions

Provisions are recognised when ADEA has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.



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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2006

Note 1: Statement of Significant Accounting Policies (continued)

(g) 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, and bank overdrafts.

(h) Revenue

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Revenue from member subscriptions is recognised in the period to which the membership subscription relates. Membership subscriptions are earned as revenue upon receipt of monies owed. All other revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

Grant revenue 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.

(i) 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. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(j) Comparative Figures

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

Note 2: First-Time Adoption of Australian Equivalents to International Financial Reporting Standards

On transition to AIFRS, there are no adjustments to equity or profit or loss between previous Australian GAAP and AIFRS.

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2006

	2006	2005
	\$	\$
Note 3: Revenue		
Operating activities		
- Membership income	176,347	153,604
- NDSS allocation	202,466	184,308
- Professional Development	102,016	100,594
- Other income	295,409	188,959
	<u>776,238</u>	<u>627,465</u>
Non-operating activities		
- Interest received	<u>33,158</u>	<u>17,115</u>
Total Revenue	<u>809,396</u>	<u>644,580</u>

Note 4: Profit from Ordinary Activities

Profit from ordinary has been determined after:

(a) Expenses:

Depreciation of property, plant and equipment	1,703	1,948
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(b) Significant expenses:

The following expense items are relevant in explaining the financial performance:

Professional Development costs	115,222	107,614
Publication costs	76,896	83,618
Employee costs	93,694	69,620
Rental expense on operating lease	5,877	5,780

Note 5: Auditors' Remuneration

Remuneration of auditors for:

Auditing or reviewing the financial report	<u>6,300</u>	<u>6,300</u>
--------------------------------------------	--------------	--------------

Note 6: Cash Assets

Cash at bank	700	700
Cash on hand	575,147	733,575
Short-term bank deposits and investments	612,876	167,850
	<u>1,188,723</u>	<u>902,125</u>

The effective interest rate on short-term bank deposits was 5.50% (2004 4.80%); these deposits have an average maturity of 6 months.

Reconciliation of Cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:

Cash and cash equivalents	<u>575,847</u>	<u>734,275</u>
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2006

	2006	2005
	\$	\$
Note 7: Other Assets		
Prepayments	3,803	4,336

Note 8: Property, Plant and Equipment

Plant and equipment at cost	7,600	6,120
Less accumulated depreciation	(5,265)	(3,562)
	2,335	2,558

a. Movements in carrying amounts

Movement in the carrying amounts for plant and equipment between the beginning and the end of the current financial year.

Balance at the beginning of year	2,558	
Additions	1,480	
Depreciation expense	(1,703)	
Carrying amount at the end of year	2,335	

Note 9: - Creditors

Accounts payable	4,049	664
Accrued Expenses	26,499	9,575
	30,548	10,239

Note 10: Provisions

a) Current Provisions		
Annual Leave	3,565	-
b) Non-Current Provisions		

ADEA did not have any non-current provisions as at 30 June 2006.

Provision for Employee Benefits

A provision has been recognised for employee benefits relating to annual and long service leave for employees. In calculating the present value of future cash flows in respect to long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been included in note 1.

Note 11: Other Current Liabilities

Membership Fees received in advanced	70,393	74,124
Conference registration in advance	27,680	28,200
Grants in advance	56,153	56,153
	154,226	158,477

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2006

	2006	2005
	\$	\$
Note 12: Retained Profits		
Retained profits at the beginning of the financial year	733,736	525,742
Net profit attributable to the Association	<u>296,328</u>	<u>207,994</u>
Retained profits at the end of the financial year	<u>1,030,064</u>	<u>733,736</u>

Note 13: Capital and Leasing Commitments

a) Operating Lease Commitments

Operating Leases: being for rent of office

In less than one year	5,947	5,947
In one to five years	2,797	8,744
In more than five years	-	-
	<u>8,744</u>	<u>14,691</u>

b) Capital Expenditure Commitments

At the balance date, ADEA did not have any capital commitments which would require disclosure in this financial report.

Note 14: Contingent Liabilities and Contingent Assets

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

Note 15: Segment Reporting

ADEA operates predominately in one business and geographical segment, being in the education of diabetes to Members of the Association throughout Australia.



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2006

Note 16: Cash Flow Information

a) Reconciliation of Cash Flows from Operations with Surplus from Ordinary Activities

	2006	2005
	\$	\$
Cash / Investments - Current		
Net operating surplus / (deficit)	296,328	207,994
Depreciation	1,703	1,948
Increase (decrease) in provisions	3,565	-
Increase (decrease) in payables	20,309	5,946
Increase (decrease) in other current liabilities	(22,386)	92,375
Decrease (increase) in other current assets	533	205
Decrease (increase) in receivables	(11,974)	1,596
Decrease (increase) in investments	-	(4,581)
Net cash provided (used) by operating activities	288,078	305,483

b) Non-cash Financing and Investing Activities

There were no non-cash financing or investing activities during the period.

c) Credit Stand-by Arrangements and Loan Facilities

ADEA has no credit stand-by or financing facilities in place.

Note 17: Events after Balance Sheet Date

There have been no events subsequent to reporting date, which require disclosure in the financial statements.

Note 18: Related Party Transactions

a) Board Members

The following persons held positions on the Board of ADEA during the year ended 30 June 2006:
Gaynor Garstone, Heather Anne Hart, Neroli Barbara Price, Yve De Britt, Rosemary Pamela Macro, Julie Anne Bligh, Shirley Norma Cornelius, Jane Giles, Dianne Roberts, Jill Mary Vincent, Elisa Anne Rochfort

b) Transactions with Board Members

No remuneration is paid to Board Members, however, out-of-pocket expenses are reimbursed in accordance with ADEA policy.

c) Other related party transactions

Any transactions entered into with other related parties are done so on commercial terms.

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2006

Note 19: Financial Instruments**a) Financial Risk Management**

ADEA's financial instruments consist mainly of deposits with bank, short term investments, accounts receivable and accounts payable.

Financial Risks

The main risks ADEA is exposed to through its financial instruments are interest rate risk, liquidity risk and credit risk.

i) Interest rate risk

Interest rate risk is managed with a mixture of fixed and floating rate investments. For further details on interest rate risk refer to Note (b).

ii) Liquidity Risk

ADEA manages liquidity risk by monitoring forecast cash flows.

iii) Credit risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements.

ADEA does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by ADEA.

b) Interest Rate Risk

ADEA's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:

Financial Instruments	Floating interest rate	Non current Investments	Non-Interest bearing	Total carrying amount	Weighted average effective interest rate
	05/06	05/06	05/06	05/06	05/06
	\$	\$	\$	\$	\$
<i>(i) Financial assets</i>					
Cash / Investments	1,188,023	-	700	1,188,723	4.49
Receivables	-	-	23,542	23,542	-
Other Current Assets	-	-	-	-	-
Non Current Investments	-	-	-	-	-
Total Financial assets	1,188,023	-	24,242	1,212,265	
<i>(ii) Financial liabilities</i>					
Trade & Other Creditors			30,548	30,548	-
Total Financial liabilities			30,548	30,548	-

Financial Instruments	04/05	04/05	04/05	04/05	04/05
	\$	\$	\$	\$	\$
<i>(i) Financial assets</i>					
Cash / Investments -Current	901,425	-	700	902,125	2.53
Receivables	-	-	11,568	11,568	-
Other Current Assets	-	-	-	-	-
Non Current Investments	-	-	-	-	2.4
Total Financial assets	901,425	-	12,268	913,693	
<i>(ii) Financial liabilities</i>					
Trade & Other Creditors	-	-	10,239	10,239	-
Total Financial liabilities			10,239	10,239	-



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
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c) Net Fair Values

The net fair values of listed investments have been valued at the quoted market bid price at balance date adjusted for transaction costs expected to be incurred. For other assets and other liabilities the net fair value approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form other than listed investments. Financial assets where the carrying amount exceeds net fair values have not been written down as ADEA intends to hold these assets to maturity.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to the financial statements.

Note 20: Change in Accounting Policy

There have been no changes to accounting policies.

Note 21: Association Details

The registered office of the Association is:

Australian Diabetes Educators Association
Level 2B
Grant Cameron Community Centre
27 Mulley Street
Holder ACT 2611



Australian Diabetes Educators Association

PO Box 3570
Weston ACT 2611
Ph 02 6287 4822
Fax 02 6287 4877
Email inquiries@adea.com.au
Website www.adea.com.au

Auditors

Walter and Turnbull

Company Secretary

Chris Thorpe

Solicitor

Chris Chenoweth

Annual Report Editor

Jayne Lehmann
PO Box 109
Highgate SA 5063
Ph/Fax 08 8271 0947
Email edhealth@bigbutton.com.au

Publisher

ComStat Printing and Design
PO Box 612
Fyshwick ACT 2609
Ph 02 6236 9894
Fax 02 6236 9372
Email info@comstat.com.au



Benchmarking Excellence in Diabetes Education

Australian Diabetes Educators Association

What is diabetes self management education?

Diabetes self management education is the provision of education and information which assists people with diabetes to acquire the knowledge, skills and attitudes that will enable them to manage their diabetes successfully. It is a specialty health care practice that requires the health professional to have advanced knowledge, counselling and teaching skills.

Who is a diabetes educator?

A diabetes educator can be one of a number of different health professionals who has done further education and is therefore able to provide clinical services in their primary discipline as well as using diabetes self management education skills in their care of people with diabetes. These health professionals can include a nurse, dietitian, podiatrist, doctor, Aboriginal health worker or other health professional.

Who is a Credentialed Diabetes Educator®?

A Credentialed Diabetes Educator® (CDE®) is a diabetes educator who has completed an ADEA accredited course in diabetes education, has undertaken a minimum of 12 months supervised clinical practice, maintains a continuing professional education program and who adheres to the ADEA Code of Conduct for diabetes educators.

CDE®s in private practice can apply for a provider number from the Health Insurance Commission, in order to provide reimbursable services to clients with an active care plan under the Medicare Allied Health and Dental Care Initiative.

A CDE® has undertaken to benchmark themselves against the highest standards of diabetes self management education.

Choose a Credentialed Diabetes Educator® (CDE®) for the delivery of expert diabetes self management education services. Look for the CDE® symbol.

