

Australian Diabetes Educators Association Annual Report 2007–08



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

## Vision

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

## Mission

To lead and advocate for best practice diabetes education and care.

To achieve this, ADEA will:

- Support and promote the membership
- 2 Develop standards and best practice guidelines
- Provide professional development and education opportunities
- 4 Promote the importance of diabetes education research
- Advocate for equitable access to quality diabetes services
- Liaise and collaborate with relevant bodies
- 7 Ensure good governance

Australian Diabetes Educators Association Annual Report 2007-2008



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## ADEA Board

### National Executive

PRESIDENT, Jane Giles MN BEd Grad Cert (Diab Ed) RN CDE

VICE PRESIDENT, Heather Hart BN Grad Cert (Diab Ed) CCC RM RN CDE

FINANCE DIRECTOR, Elisa Williams BN Grad Cert (Diab Ed) RN CDE

E XECUTIVE M EMBER, Nuala Harkin Dip Infection Grad Cert (Diab Ed) RSCN NP RN CDE

### Other Board Members

Vicki Mahood RN CDE

Gaynor Garstone BN Grad Cert (Diab Ed) Grad Cert (Health Service Management) RN CDE

Fiona McIver BN Grad Cert (Diab Ed) RN CDE

Neroli Price RM RN CDE

Helena Griggs BPharm MPH RN CDE

Natalie Wischer Grad Cert (Diab Ed) RM RN CDE

Rosemary Macro RN CDE

## ADEA Office Staff

ACTING EXECUTIVE OFFICER AND PROFESSIONAL OFFICER, Kaye Neylon

Administ rative Officer, Wendy Logan

P ROG RAMS OF FICER, Gil Cremer

C REDENTIAL LING AND NADC OFFICER, Liz Watson

EXECUTIVE ASSISTANT AND COMMUNICATIONS OFFICER, Jane Bullen



Left to right (back) Nuala Harkin, Helena Griggs, Gaynor Garstone, Jane Giles, Heather Hart, Vicki Mahood, (front) Kaye Neylon (acting ADEA Executive Officer), Neroli Price, Natalie Wischer, Elisa Williams, Rosemary Macro, Fiona McIver.



ADEA office staff Liz Watson, Wendy Logan, Gil Cremer, Jane Bullen and Kaye Neylon

## President and Executive Officer's Report

The close of 2007-2008 year marks a period of considerable growth and activity for ADEA and heralds the start of an exciting new era for the Association. This period also marks the completion of the 2003-2007 strategic plan. The plan has seen ADEA evolve from an organisation whose business was primarily conducted by volunteers to an organisation with a small, but growing employed staff. The role of volunteers and their professional contribution to ADEA has, and always will, remain critical to the Association and our sincere thanks go to them all for their continuing contribution. The expanding activities of ADEA, the needs of members, our increasing contractual obligations and the growing requests for ADEA to

participate on consultative groups, has highlighted the need for additional staffing in a number of areas. In 2007, ADEA created a new position to enable ADEA to fulfil its obligations under our National Diabetes Services Scheme (NDSS) Agreement. This position has enabled ADEA to implement several highly significant projects related to the operations of the NDSS. Additional part-time staff have been employed to support other ADEA professional and communications programs.

We would like to acknowledge the integral role ADEA Branches play in providing professional development and networking opportunities for members at the local level. The support needs for Branches was highlighted during the strategic planning workshop held in early 2008. In response to issues raised during this workshop and subsequent meetings, a more integrated approach has been taken between National Office and Branch based activity. This commitment has become a key focus of the new ADEA Strategic Plan. Through greater collaboration, we hope to build significantly enhanced member services in 2008-09.

The new ADEA Strategic Plan refined ADEA's Mission - To lead and advocate for best practice diabetes education and care. This year ADEA has undertaken key activities to support the practice of diabetes educators and to advocate for consumer access to diabetes education services. The publication of the National Core Competencies for Credentialled Diabetes *Educators* and the launch of the ADEA Mentoring Program provide a solid foundation to support and enhance diabetes education practice. Our NDSS funded project that is piloting the delivery of a diabetes self management education program in conjunction with general practice will help build the case for enhanced access to diabetes self management education in primary care. Another project which is sponsored by industry aims to identify strategies to support the safe and timely initiation of insulin therapy in people with type 2 diabetes, and has already generated a range of recommendations to address this growing area of service demand. The release of the ADEA Position Statement on Client Centred Care affirms ADEA's philosophy of care and identifies the unique practice of diabetes education and its combination of client education and clinical care.

Following the resignation of the Executive Officer, (a joint appointment between ADEA and the Australian Diabetes Society [ADS]), the ADEA Board made the decision to recruit a full-time ADEA Executive Director. The appointment of the new Executive Director marks another significant landmark and an exciting new era for ADEA.

The health care landscape in Australia is changing. Recent government reports and announcements herald a new and expanded role for nurses and allied health professionals. Credentialled Diabetes

Educators have achieved significant recognition to date and this can be attributed to the critical role they play in supporting people with diabetes. ADEA must be ready to position Credentialled Diabetes Educators to participate in the changing health environment. The appointment of a dedicated ADEA Executive Director will help ADEA build its capacity to meet these new challenges.

ADEA will continue to collaborate with ADS in its joint venture activities to which it remains firmly committed. With ADS, ADEA continues to conduct a highly successful Annual Scientific Meeting. Together the two organisations provide expert health professional advice to Diabetes Australia and the NDSS. The National Association of Diabetes Centres will continue to have the joint support of both ADEA and ADS.

During 2007 – 2008, ADEA and its membership have benefited greatly from the continued and generous support of our Sustaining Members and Business Partners. They have contributed significantly to ADEA's ability to conduct a wide range of activities and projects and offer members services and benefits. We express our sincere appreciation to them and look forward to their continued support.

Finally to all Directors, Committee Members, ADEA Staff and the general membership who have supported ADEA over the past year, and especially over the recent months of significant change, we express our gratitude. Without your support, ADEA would not have achieved what it has or been able to claim the position it now rightly holds in the diabetes community in Australia.

Jane Giles President



Kaye Neylon Acting Executive Officer



grown with a new Sustaining Member, Merck Sharp and Dohme and 11% growth in the general membership.

The following projects have been completed in 2007 – 2008 in relation to funding received or allocated from with ADEA funds:

REVIEW of the ADEA Course Accreditation Process and Guidelines

THE Priorities in Diabetes Education Research Study initiated and conducted by ADEA (WA)

REVISION and publication of the National Core Competencies for Credentialled Diabetes Educators

NUTRITION Education Needs of Culturally and Linguistically Diverse Populations

REVIEW of the Accuracy and Currency of Diabetes Australia Fact Sheets

SUPPLEMENT to the ADE on private practice and the web publication of three presentations on private practice.

ADEA has also received and recognised in the accounts for 2007 – 2008, funding from the following projects where some or all of the expenditure will actually fall in the next financial year:

FUNDING to attend the General Practice Conference and Exhibition (GPCE) conferences to promote the role of Credentialled Diabetes Educators and the practice of diabetes self management education (an amount of \$6,000 unexpended at 30 June 2008)

THE Safe and Timely Initiation

of Insulin Therapy in People with Type 2 Diabetes (an amount of \$15,000 unexpended at 30 June 2008).

ADEA also continues to carry funds received in 2007 for the development of training modules in behaviour education and counselling and client centred care.

The appointment of a dedicated NDSS project Officer in late 2007 has enabled ADEA to markedly increase its activity and program development in relation to its NDSS Services Plan. An amount of \$150,695 has been acquitted in relation to the NDSS funding during the year. Key achievements are reported on more fully later in this report but include:

DEVELOPMENT and dissemination of a desk top guide for Credentialled Diabetes Educators registering people on the NDSS

Commissioning of systematic reviews in relation to insulin pump therapy and self blood glucose monitoring

DEVELOPMENT and focus group testing of an initial suite of NDSS *Diabetes Self Management Support Series* of patient self management support information.

The overall result in relation to ADEA's NDSS income is a carry over into the 2008 – 2009 year of \$160,758 of which \$92,500 is allocated to projects in progress or committed contracts.

From an investment perspective, while actual results will not be available until 1 August 2008, it is anticipated that there will be a reduction in the value of investments held during the year as a direct result

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## Finance Director's Report

Over recent years, the Australian Diabetes Educators Association (ADEA) has purposefully run surplus budgets in order to accumulate financial reserves to invest in the future growth of the organisation. The budget for the 2007 – 2008 year had a planned deficit of \$189,734. Careful financial management and better than expected performance in some areas have resulted in a net deficit of \$90,285. This represents a favourable variance in excess of \$99,000.

Major areas contributing to this outcome include a higher than expected surplus from the Annual Scientific Meeting and a higher distribution of advertising income from the *Australian Diabetes Educator*, ADEA's quarterly magazine. Membership income has also of the downturn in the market. This is currently being managed by a larger percentage of the investment portfolio being held in cash to minimise the effect of market movements.

In February 2008, ADEA Leaders met to develop a new strategic plan for the Association and identified seven key activity areas as the focus of attention for ADEA in the coming year. In May 2008, the Board of Directors also decided to move to activity based budgeting in order to allow actual results to be compared and analysed in greater detail against each of the key activity areas.

As of 1 July 2008, a new Chart

of Accounts and reporting format will be introduced. Concurrently ADEA will change over to using MYOB as its new accounting package to assist in the preparation of more useful reports for management and the Board of Directors. The 2008 – 2009 budget has been prepared on the basis of the new Chart of Accounts which will now fully integrate all aspects of the Association's operations including all Branch activity and income and expenditure for the ADE.

The last half of this year has seen considerable change in the ADEA National Office. The resignation of the ADEA – ADS Executive Officer and subsequent resignation of the ADEA Finance Officer resulted in considerably reduced capacity in the national office and along with workforce shortages resulted in the decision to outsource financial services for the Association. While the changeover has meant some disruption to ADEA's usual financial services, it has also provided the opportunity to review the organisation's accounting procedures and practices and to put in place financial accounting and reporting processes in line with current best practice. This will enable more fully informed and strategic financial decision making moving forward into 2009.

Elisa Williams Finance Director



## **BUSINESS PARTNERS**

ADEA's Business Partners make an invaluable contribution to ADEA and the programs it is able to provide to its membership. Over 2007-08, ADEA's Business Partners have supported a wide range of projects and activities including the provision of graduate scholarships, on-line professional development, advocacy projects and support for ADEA marketing activities. We are grateful to them for their support.



Pos⊤ graduate scholarships program

DEVELOPMENT of advanced training modules in health behaviour education and counselling

CO-SPONSOR for project to identify strategies for safe and timely initiation of insulin in type 2 diabetes



LILLY Partnership in **Diabetes Research** Award

DEVELOPMENT of Supplement to the Australian **Diabetes** Educator and series of web presentations to support private practice

Sponsorship for ADEA to present series of workshops at the General Practice Continuing Education (GPCE) meeting and production of associated marketing material

CO-SPONSOR for project to identify strategies for safe and timely initiation of insulin in type 2 diabetes

NNOVATION Award at Annual Scientific Meeting



**ANNUAL Scientific** Meeting Travel Grants

**ANNUAL Scientific** Meeting Poster Award

sanofi aventis CO-SPONSOR for project to identify strategies for safe and timely initiation

RAVEL grants to the EASD Meeting

of insulin in type 2

diabetes

## SIEMENS

**S**CHOLARSHIPS for Aboriginal Health Workers to undertake the NADC on-line course Diabetes Management in the General Care Setting



CASE Study Awards

#### Johnson & Johnson UR CARING TRANSFORMS

WEB-HOSTING of the ADEA Home Study Program



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## Industry Partnerships

## **SUSTAINING MEMBERS**

Level |









XX sanofi aventis

. GlaxoSmithKline





Roche

### Level 2





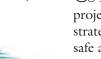
research grant

DIRECT mail campaign to general practitioners

MERIT Award at Annual Scientific Meeting

Roche ANNUAL Diabetes

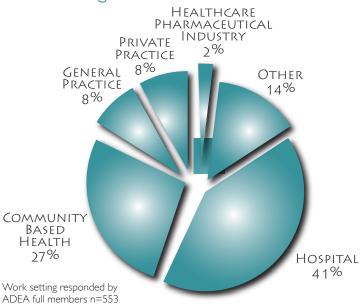
**Educators** Day



SERVIER

The majority of diabetes educators are employed in hospital based services. ADEA is committed to expanding diabetes education services in the primary care sector to meet the growing burden of diabetes management.

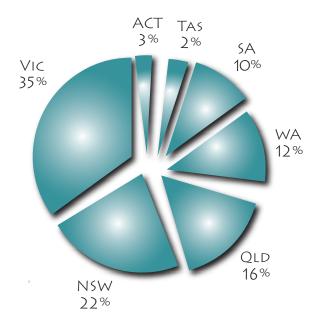
## Work setting



## Membership and Communications

The ADEA membership continues to grow. 2007-08 saw an 11% growth in overall membership and an increasing proportion of full members compared to associate members. Much of the growth in membership is coming from health professionals employed in the primary care sector and undertaking ADEA accredited courses in diabetes education.

## Members by state



In addition to an increase in full members, ADEA has also experienced a steady increase in the number of Credentialled Diabetes Educators (CDEs). Recognition of the CDE credential continues to grow. In addition to it being the recognised qualification for the provision of Medicare and Department of Veterans' Affairs rebated diabetes education services, the CDE credential is the recognised credential for the provision of diabetes education services in the new Private Health Insurance Rules. The 'rules' require that diabetes education services that are rebated by private health funds must be provided by an ADEA Credentialled Diabetes Educator. Wider inclusion of diabetes education in the ancillary benefits schedules of private health funds remains a key advocacy issue for ADEA.

## Growth in CDE numbers



## Branch activities

ADEA branch activities create a local focus for ADEA members. The branches continue to provide excellent support for the community of diabetes educators working throughout the states and territories through regular professional development events. Branches have been innovative in reaching rural and remote members through the use of teleconferencing and videoconferencing to ensure these members can participate in branch activities.

All branches have conducted highly successful conferences ranging from one to two day events and now attract an increasing number of registrants – both ADEA members and other health professionals. Branch conferences are also proving to be popular with our industry partners attracting substantial sponsorship. In addition to annual conferences, a variety of specific focus professional development activities have been conducted at the branch level. The ADEA Board recognises the significant contribution Branch Executives make to the professional development opportunities

made available to members and is committed to implementing a wider range of administrative services to support branches in these endeavours over the coming year.

# Website and email communication to members

www.adea.com.au continues to be a central contact point between ADEA and its members as well as being the public interface for ADEA.

As well as hosting a range of professional development programs, the website also provides a forum for members to post questions and track 'conversations' about various issues. Over the past year, web forums have been used to consult with members and to seek their input on various issues. Web-based surveys have also been used to elicit member opinion and comment on the development of ADEA Position Statements and on the revision of key ADEA publications such as the Core Competencies for Credentialled Diabetes Educators.

news as well as keeping them abreast of ADEA activities and opportunities. Two additional bulletins have been added to the suite of regular e-communication from the National Office to the ADEA membership. A Projects Update Bulletin was commenced in early 2008 in order to provide regular progress reports on the various projects being undertaken by ADEA. The newly instigated Board Update provides members with information about key Board decisions

made at each meeting.

Regular e-newsletters provide

members with breaking



## The Australian Diabetes Educator

The Australian Diabetes Educator (ADE) remains the flagship publication of the ADEA. Produced quarterly with Jayne Lehmann as Managing Editor and supported by the Magazine Editorial Advisory Group, the ADE has gone from strength to strength. It is a vehicle well used by industry for reaching the diabetes educator market. A full advertising quota being achieved for each edition ensures the financial viability of this publication.



WA conference organising committee members Annette Hart, Mark Shah, Jenny Duff, Cliff Mason, Susanna Polan and Sandy Havlin at the WA branch conference.

The evolution of the *ADE* reflects to a large extent that of ADEA. 2009 will see another step in that evolution with a new look ADE that reflects ADEA's new branding.

## ADEA Special Interest Groups

Special Interest Groups (SIGs) provide a forum for ADEA members to develop networks and share expertise with practitioners in common practice areas. Two new Special Interest Groups were formed in 2008 – the ADEA Nurse Practitioner SIG and the ADEA Diabetic Foot SIG.

The Nurse Practitioner SIG held their inaugural meeting in February with twelve members from five states and territories in attendance. The SIG plans to meet regularly to discuss and facilitate awareness of the role of Diabetes Nurse Practitioners and other aspects of professional development, networking and collaboration.

The Private Practice SIG continued to be an active network for the growing number of privately practising diabetes educators. Amongst the issues that the group is focussing on are indemnity insurance, Medicare and private practice resources. Marketing ADEA and CDE

### New branding for ADEA

This Annual Report launches the new look ADEA logo and branding. Rather than developing a completely new logo, ADEA has honoured its origins and the original logo developed during the early years of the association. The 'DE' is more distinct in the new logo highlighting 'diabetes educator'. As well as the new logo, a comprehensive style guide has been developed in order to promulgate a consistent approach to branding all ADEA publications and communications, encapsulating a new phase of the ADEA journey.

### Find a CDE

A dedicated search engine on the ADEA website enables consumers and medical practitioners to Find a CDE. Improving access to qualified diabetes education health professionals and increasing the visibility of members of the profession is a key objective for ADEA.

*Find a CDE* has been further promoted through the development of marketing material that has been distributed to general practitioners. Eli Lilly generously sponsored the development of flyers and magnets promoting the *Find a CDE* facility that were distributed to general practitioners during continuing education forums. Eli Lilly sponsored ADEA's participation in the GP Conference and Exhibition (GPCE) meeting in Sydney. Together with the Dietitians Association of Australia and the Australian Association of Exercise and Sports Scientists, ADEA facilitated workshops on best practice in diabetes care focusing on the roles of Accredited Exercise Physiologists, Accredited Practising Dietitians and Credentialled Diabetes Educators and referring to our respective professions using individual and group Medicare Items. More than 160 general practitioners attended a total of 9 workshops over a 3 day period.

With support from Servier, ADEA reached 5,000 general practitioners across Australia in a direct mail campaign promoting Credentialled Diabetes Educators and a range of ADEA consumer and health professional guidelines.

## Professional Indemnity Insurance for Credentialled Diabetes Educators

The growth of private practice in diabetes education has increased the need for affordable professional indemnity insurance. During 2008, ADEA signed a partnership agreement with Guild Insurance that will provide a range of professional indemnity options for Credentialled Diabetes Educators. With premiums that more favourably compare to those available to other allied health professionals, ADEA will receive a referral payment from Guild Insurance for CDEs who choose to insure with this provider.

Members of the ADEA Nurse Practitioner Special Interest Group at their inaugural meeting in Sydney in February 2008.



## Supporting the Growing Private Practice Diabetes Education Workforce

The introduction of Medicare and Department of Veterans'Affairs rebates for diabetes education has been a major step in ensuring the viability of private practice. ADEA has supported those members making the move to private practice in two key ways. With the support of Eli Lilly, ADEA commissioned three web presentations, two from Credentialled Diabetes Educators currently practising in private practice and the third from a business consultant presenting an overview of small business development and practice. Eli Lilly also supported the publication of a Supplement to the Australian Diabetes Educator fully devoted to private practice.

ADEA made representations to the Department of Health and Aging during the drafting of the new Private Health Insurance Rules ensuring the recognition of Credentialled Diabetes Educators as the providers for diabetes education services for the purposes of private health insurance rebates.

## Equitable Access to Diabetes Self Management Education

## Medicare

The availability of Medicare rebates continues to increase access to diabetes self management education for people with diabetes. The small but growing private practice Credentialled Diabetes Educator workforce has provided in excess of 44,000 individual consultations since Medicare rebates were introduced in 2004. Group services provided by CDEs are an additional mechanism for access to diabetes self management education.

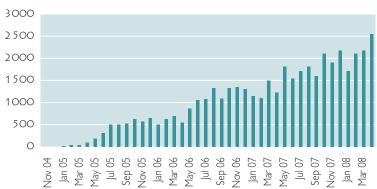
## Key Advocacy Projects Undertaken by ADEA

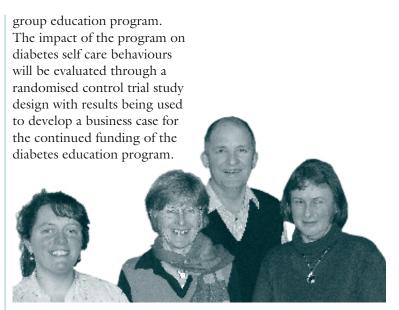
ADEA has undertaken two major advocacy projects in 2008.

Developing a Model for the Delivery of Diabetes Self Management Education in conjunction with General Practice

With funding from the National Diabetes Services Scheme (NDSS) Strategic Development Grant, ADEA is piloting a diabetes self management education program in two Divisions of General Practice. GP South in Hobart and Osborne GP Network in Perth were selected from 17 Divisions of General Practice that submitted expressions of interest to participate in this project. Credentialled Diabetes Educators recruited in each Division will conduct a 5-week

## CDE Medicare consultations





Liz Rees, Fran Thompson, Richard McKercher, and CDE Joan Hamon from the team at GP South in Hobart who will be delivering the DSME program.

Identifying Strategies for the Safe and Timely Initiation of Insulin Therapy for People with Type 2 Diabetes

In response to concerns raised by the ADEA membership and with support from Eli Lilly, Novo Nordisk and sanofiaventis, ADEA has undertaken a series of consultations to identify strategies to promote the safe and timely initiation of insulin therapy for people with type 2 diabetes. A series of commissioned web presentations designed to stimulate discussion on this issue, a survey of diabetes educators and practice nurses and a web discussion forum culminated in a Round Table discussion between key stakeholder groups in July. Recommendations arising from the Round Table will inform ADEA's direction and approach to increasing access to safe and effective ambulatory initiation of insulin in the primary care setting for people with type 2 diabetes.

## Facilitating Best Practice Diabetes Management in the Generalist Health Professional Community

Through the National Association of Diabetes Centres, and through its continuing partnership with the Australian Practice Nurses Association (APNA), ADEA continues to provide Diabetes Management in the General Care Setting as an on-line learning program. This year, in partnership with Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) and with sponsorship from Siemens Medical Solutions, ADEA provided six scholarships to Aboriginal Health Workers to undertake this training program.



Kaye Neylon and members at the ACT mentoring workshop

## Launch of ADEA Mentoring Program

The ADEA Mentoring Program was launched with a series of branch based workshops in 2008. Promoting mentoring as a key activity for life-long learning, the ADEA Mentoring Program targets not only entry level diabetes educators aiming to achieve ADEA Credentialling but also those diabetes educators already credentialled and who are aiming to develop their practice to advanced practice levels. ADEA views the Mentoring Program as a key strategy to building the capacity of the diabetes education workforce.

## Publication of ADEA Position Statement on Client Centred Care

With support from Novo Nordisk, ADEA is currently undertaking the development of four advanced training modules for diabetes educators in health behaviour education and counselling. With one module specifically focussing on client centred care, ADEA identified the need to establish a consensus definition of client centred care that would be owned by the ADEA membership. A series of web based consultations resulted in the development and publication of this Position Statement, the purpose of which is to provide members with a set of principles to which they should aspire and that should guide the manner in which members work to provide care to people with diabetes.

ADEA is committed to supporting its members in providing client centred care, to raising government, organisational and public awareness of the nature of and context in which client centred care is provided and to promoting client centredness in the provision of diabetes education and care.

## ADEA Adopts the Seven Self Care Behaviours

Through a collaboration with the American Association of Diabetes Educators (AADE), ADEA has adopted the Seven Self Care Behaviours identified by AADE as key areas of self care that underpin successful diabetes self management. Along with knowledge and understanding, self determination and psychological adjustment, self management was identified as one of the key outcomes that can either be directly attributed

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## Excellence in Professional Practice

## Online Continuing Education Opportunities

ADEA has provided an expanded range of online continuing education opportunities in 2008. With sponsorship from Johnson & Johnson, the ADEA Home Study Program provides ten on-line learning modules across key diabetes education and care areas. Web presentations focussing on private practice, Medicare Benefits Schedule item numbers and issues surrounding insulin initiation are available to all ADEA members. ADEA is committed to increasing this avenue for continuing education, especially to cater for our isolated rural and remote members.

to, or in which diabetes education plays a major role in the report Outcomes and Indicators for Diabetes Education – A National Consensus Position.

ADEA is committed to embedding outcomes measurement in diabetes education practice and to supporting the shift from content driven to outcomes focussed diabetes education. The Seven Self Care Behaviours are also designed to better inform people with diabetes about the knowledge and skills they require and to provide a common language for educators and people with diabetes to share joint concerns and identify priorities for action.

## ADEA Researchers Building the Evidence Base for Diabetes Education

ADEA supports research in diabetes education through provision of direct research grants, contributing to Diabetes Australia Research Trust (DART) and through the provision of industry sponsored research grants. The following snap shots are examples of ADEA researchers in action.

### Carmel Smart – Winner of the 2007 Lilly Partnership in Diabetes Research Award

Investigating the influence of low glycaemic index meals in children with type 1 diabetes and the optimal insulin therapy to manage this, Carmel and co-authors Rochelle Ryan, Bruce King, Donald Anderson, John Attia and Claire Collins, have successfully submitted their research for publication in Diabetes Care.

### Pauline Hill – DART Research Grant Recipient

Pauline completed her work investigating the teaching and learning, knowledge, skills and practices of diabetes educators. Her research highlighted the critical need for competence and currency in best practice teaching and learning as well as current diabetes management for effective diabetes education practice.

### Lisa Engel – Winner ADEA Research Grant 2007

Lisa is investigating the psychological impact of the Dose Adjustment for Normal Eating (DAFNE) program on adults with type 1 diabetes. Her study aims to assess whether participation in the training program has an impact on participants' subjective well being, anxiety and depression. Data collection will be completed at the end of 2008 with anticipated project completion in early 2009.

## Clinical Practice Committee

In 2008, the ADEA Board approved the formation of the ADEA Clinical Practice Committee. With multidisciplinary membership, the Clinical Practice Committee is charged with the development and regular review of ADEA Position Statements and Standards of Practice.

practice diabetes education and care. Seven key focus areas were identified to drive the activities of the association:

to more tightly communicate the strategic focus of ADEA –

To lead and advocate for best

1. SUPPORT and promote the membership

2. DEVELOP standards and best practice guidelines

3. PROVIDE professional development and education opportunities

4. PROMOTE the importance of diabetes education research

5. ADVOCATE for equitable access to quality diabetes services

6. LIAISE and collaborate with relevant bodies

7. ENSURE good governance

To embed the strategic plan in the business of the association, the above seven areas have been incorporated in the new activity based budgeting and financial reporting processes for the association.

## Building Organisational Capacity for Sound Governance

A continuing round of governance training is provided for all Board members. As part of the strategic planning forum held in February, branch and committee chairs were able to participate in this training for the first time.

## Ensuring Clinical Governance

ADEA is committed to maintaining high standards of professional conduct among its members. The ADEA Code of Conduct defines the standard of professional behaviour expected of all ADEA members. The Complaints Committee exists to provide a mechanism for consumers, members and other health professionals to raise concerns about the professional conduct of ADEA members.

## Member Consultation

Member consultation is a key strategy to ensure the direction of ADEA reflects member opinion and needs. Consultation with the ADEA membership has been central to the development of key ADEA publications over 2007-08 and has included the survey of current attitudes, practice and perceptions with respect to ambulatory insulin initiation, the development of the ADEA Position Statement on Client Centred Care, development of the National Core Competencies for Credentialled Diabetes Educators, the ADEA Strategic Plan, satisfaction surveys with respect to membership and the Australian Diabetes Educator.

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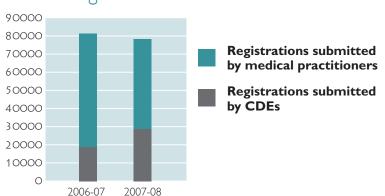
## Governance



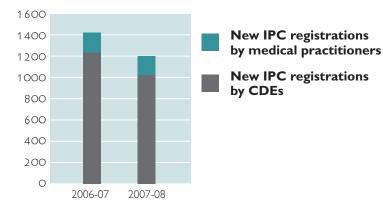
## Broad Consultation Leads to New ADEA Strategic Plan

In February, ADEA Directors, Branch Chairs and Committee Chairs convened in Canberra to reflect on achievements to date and new directions for ADEA for the coming triennium. While reaffirming the ADEA Vision, the ADEA Mission Statement was honed

## NDSS Registrations



## NDSS Authorisations for access to IPC



## Leadership and Collaboration

ADEA Playing a Major Role in the Delivery of the National Diabetes Services Scheme (NDSS)

As one of the two health professional members of Diabetes Australia, ADEA makes a major contribution to the delivery of the NDSS. In addition to providing expert advice in diabetes education and care to Diabetes Australia to support the operations of the Scheme, ADEA develops and implements an annual NDSS Services Plan as part of its commitment under the NDSS funding agreement. ADEA has taken a strategic approach to the planning of projects funded under the NDSS. Although some are single entity projects completed within a financial year, the majority are developed and undertaken in stages where one project creates the foundation for and informs the further projects that will be completed within the timeframe of the current NDSS Services Agreement.

## Credentialled Diabetes Educators facilitating access to the NDSS for people with diabetes

Credentialled Diabetes Educators are the only health professionals other than medical practitioners who can register people with diabetes on the NDSS providing them with access to self blood glucose testing supplies, syringes and pen needles and insulin pump consumables (IPC). As part of its NDSS Services Plan, ADEA maintains and regularly informs Diabetes Australia of Credentialled Diabetes Educators who are currently eligible to register consumers. In 2007/08, Credentialled Diabetes Educators registered 28,397 people with diabetes on the NDSS (38% of all registrations) and authorised 87% of registrations for insulin pump consumables (IPC).

## Desk Top Guide for NDSS Authorisations

A desktop guide to ensure compliance with NDSS authorisation requirements has been developed and disseminated to all Credentialled Diabetes

Educators and will, in future, be disseminated to all Credentialled Diabetes Educators following initial credentialling.

## Systematic Review of the Effectiveness, Appropriateness and Meaningfulness of Self Blood Glucose Monitoring in People with Type 2 Diabetes

ADEA commissioned the Joanna Briggs Institute (JBI) to undertake a systematic review to inform the development of education strategies related to the teaching of self blood glucose monitoring in people with type 2 diabetes. An ADEA appointed reference group provided expert advice and has made recommendations to JBI throughout the project. The systematic review is being completed and the final report will be considered prior to commencing the next phase of the project - the development of practice guidelines for teaching self blood glucose monitoring and a supporting range of health professional and consumer tools.

## Systematic Review of the Effectiveness and Appropriateness of Educational Components and Strategies Associated with Insulin Pump Therapy

This systematic review has examined the available literature related to effective education strategies for the adult population using insulin pump therapy. Under the guidance of an ADEA appointed reference group, JBI have submitted their final report which will provide the basis for the development of practice standards for insulin pump therapy education.

## Diabetes Self Management Education and Information Needs of Younger People with Type 2 Diabetes

ADEA has contracted Professor Patricia Dunning to undertake a project to inform ADEA's future resource development for people with type 2 diabetes in 25 to 45 year age group. This project will include a systematic literature review, consultation with diabetes health professionals and consumers in the target group and final recommendations for ADEA's consideration. A multidisciplinary reference group with consumer representation has been appointed to provide support and expert advice to the consultant. The final report is expected at the end of this year.

## Development of Consumer Resources

ADEA is currently developing a range of consumer resources which will be freely available to registrants of the NDSS. Resource development is informed by a previous review of existing fact sheets and review of the most frequently accessed consumer resources via the Diabetes Australia web site. A reference group representative of the multidisciplinary ADEA membership and with representatives from the Australian Diabetes Society

and Diabetes Australia has been appointed to oversee the development of the resources.

The consumer resources will be organised and categorized into the 7 Self Care Behaviours adopted by ADEA with permission from American Association of Diabetes Educators (AADE) in order to achieve a synergy between theory and practice in diabetes self management education. An initial suite of consumer resources will developed and launched at the ADEA and ADS Annual Scientific Meeting in Melbourne in 2008. The suite of consumer resources will be expanded to include other topics at the end of 2008 and again in the first half of 2009.



President Jane Giles at the ASM in New Zealand with IDF visitors Annie Leong (L) and Yunisar Gultom(R).

### International Collaborations

ADEA continues its collaboration with the Australian Diabetes Society (ADS) to co-host the highly successful Annual Scientific Meeting (ASM). In 2007, ADEA and ADS combined with the New Zealand Society for the Study of Diabetes (NZSSD) to hold a joint meeting in New Zealand. The meeting attracted 338 ADEA registrants, 176 ADS registrants and 164 NZSSD registrants. In 2008, the ASM returns to Australian shores in Melbourne. In 2009, it moves to Adelaide and in 2010 to Perth.

In 2007, ADEA was invited to participate in an international symposium conducted as part of the American Association of Diabetes Educators (AADE) Annual Meeting. This successful collaboration triggered a further invitation to ADEA to participate on the planning committee for the International Diabetes Educators Conference to be held in Washington DC in August 2008. In 2008, ADEA will host a visit by the President and Chief Executive Officer of AADE to Australia to present at the Annual Scientific Meeting.

## Fostering the Development of Diabetes Education in the Western Pacific Region

ADEA offered two scholarships to diabetes educators from the Western Pacific Region (WPR) to attend the ADS-ADEA Annual Scientific Meeting again in 2008. In addition to supporting attendance, ADEA provides an annual membership to ADEA travel scholarship recipients.

ADEA has been invited to participate in the International Diabetes Federation WPR Diabetes Education Working Group. The aim of the Diabetes Education Working Groups which have been established in all IDF Regions is to foster the development of diabetes education and training in the regions.

## ACT

Libby Bancroft Nicole Le Cornu Nola McFarlane NT Linda Rennie Jan Stevenson Michelle Walding

## Committees and working parties

Complaints committee Heather Hart (Chair) Jan Alford Tricia Marshall Denise Smith **James Pollitt** Cathy Stephens Erica Wright Conference Program Organising Committee Meredith Williamson (chair) Pam Jones Joanne Bowden Natalie Wishcer Marg Ryan Catharine McNamara Rebecca Gebert Joanne Hoskyns Conference Local Organising Committee Tracy Aylen (chair) Cheryl Steele Linda Jackson Course Accreditation and Standards of Practice Committee Judy Reinhardt (chair) Rhonda Griffiths Jan Alford Pauline Hill Sara Jones Trisha Dunning Credentialling Committee and Reviewers Jan Alford (chair) Helen Phelan Wendy Bryant Joyce Gwynne Maxine Schlaeppi Cheryl Steele Lois Rowan Lisa Grice Lynette Randall Lauren Botting

Finance and Audit Committee Elisa Williams (chair) Liz Obersteller Di Roberts Natalie Wischer Sponsorship Committee Heather Hart (chair) George Barker International Partnerships Committee Shirley Cornelius (chair) Ruth Colagiuri Jane Giles Kaye Neylon ADEA Magazine Editorial Advisory Group George Barker Jane Bullen Gaynor Garstone Javne Lehmann Kate Marsh Kaye Neylon Insulin Issues and Advanced Practice Working Party Lea Sorensen (chair) Tracy Aylen Michelle Hargreaves Nuala Harkin Fiona McIver Anne Muskett Liz Obersteller Denise Smith

### Life members

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

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## ADEA Leaders

## Branch Executives as at July 2008

NSW Jane Payne (chair) Coral Shankley Anne Wansbrough VIC Margaret Ryan (chair) Emma Williams Jenny Thomas Marianne Reardon OLD Karen Haworth (chair) Tracey Tellam David Irvine WA Denise Smith Gail Cummins SA **Jenny Johns** Luisa Pinto Marianne Lambert TAS Elisa Williams (chair) Kim Dalla

Lynette Randall Lauren Botting Maggie Lasdauskas

## 2007 Award Winners

Ian Baldwin Award Pam Jones Honorary Life Membership Gloria Kilmartin Branch Certificates of Recognition Cheryl Steele Karen Glaister ADEA Servier Diabetes Education Research Grant Helen d'Emden Sanofi-Aventis International Conference Award Melinda Morrison Maxine Schlaeppi Jennifer von der Borch Chris Zingle Lilly Partnership in Diabetes Research Awards Helen Edwards Julie Cadman Novo Nordisk Graduate Scholarships Erica Kasar Karen Toft **Denise Bennetts** Carol Pederby Vickye Coffey Debra Brideson Naxin Jiang Michelle Angove Raelene Gibson



Gloria Kilmartin receiving her Honorary Life Membership in Christchurch at the 2007 ASM.



Pam Jones making her acceptance speech after receiving the Jan Baldwin Award at the 2007 ASM.

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## Australian Diabetes Educators Association Limited

FINANCIAL REPORT

For the year ended 30 June 2008 ACN 008 656 522

#### **DIRECTORS' REPORT**

Your directors present this report on the Company for the financial year ended 30 June 2008.

### Directors

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

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

Heather Anne Hart BN Grad Cert (Diab Ed) CCC RM RN CDE

Neroli Barbara Price RM RN CDE

**Yve De Britt** – until August 2007 BA (Heath Ed) Grad Cert (Diab Ed) Grad Dip Com Counselling CM RN CDE

Rosemary Pamela Macro RN CDE

Jill Mary Vincent – until August 2007 RM Grad Cert Diab Ed RN CDE

Elisa Anne Williams BN Grad Cert (Diab Ed) RN CDE

Jane Giles MN (Advanced Practice) BED Grad Cert (Diab Ed) RN CDE

Nuala Harkin Dip Infection Control Grad Cert (Diab Ed) RSCN NP RN CDE

Natalie Joy Wischer Grad Cert (Diab Ed) RM RN CDE

Helena Ulrike Griggs BPharm MPH RN CDE

Fiona McIver – commenced August 2007 BN Grad Cert (Diab Ed) RN CDE

Vicki Mahood – commenced February 2008 Grad Cert (Diab Ed) RN CDE

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

#### DIRECTORS' REPORT (CONTINUED)

#### **Meetings of Directors**

#### DIRECTORS MEETINGS

	Number eligible to attend	Meetings Attended
Gaynor Garstone	3	3
Heather Anne Hart	3	3
Neroli Barbara Price	3	3
Yve De Britt	1	1
Rosemary Pamela Macro	3	3
Jane Giles	3	3
Jill Mary Vincent	1	1
Elisa Anne Williams	3	3
Nuala Harkin	3	2
Natalie Joy Wischer	3	3
Helena Ulrike Griggs	3	3
Fiona McIver	3	3
Vicki Mahood	2	2

#### **Principal Activities**

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

No significant changes in the nature of the Company's activities occurred during the financial year.

#### **Operating Results**

The loss of the Company amounted to \$90,285.

#### **Dividends Paid or Recommended**

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

#### **Review of Operations**

A review of operations of the Company during the financial year indicated that the poor performance of investment markets lead to a decrease in income and contributed to the Company making a loss for the financial year.

#### Significant Changes in State of Affairs

No significant changes in the Company's state of affairs occurred during the financial 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 Company, the results of those operations, or the state of affairs of the Company in future financial years.

#### **Future Developments**

The Company expects to maintain the present status and level of operations and hence there are no likely developments in the Company's operations.

#### DIRECTORS' REPORT (CONTINUED)

#### Environmental Issues

The Company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

#### Options

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

#### **Indemnifying 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 Company.

#### Proceedings on Behalf of the Company

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

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

### Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2008 has been received and can be found on page 4 of this financial report.

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

Milico1

Vicki Mahood, Director

Dated this  $\mathcal{L}^{\mathcal{K}}$  day of  $\int \mathcal{M}$ 

2008.



#### AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

#### TO THE DIRECTORS OF AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2008 there have been:

- (a) no contraventions of the auditor independence requirements as set out in 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.

Shane Bellchambers CA Registered Company Auditor

Dated this **29** day of

Tuly

2008.

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

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### 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 2008, and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration of the Company.

#### Directors' Responsibility for the Financial Report

The directors of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001*. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### 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 judgment, 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.



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### **INDEPENDENT AUDITOR'S REPORT**

#### TO THE MEMBERS OF AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED (CONTINUED)

#### Independence

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

#### Audit 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 Company's financial position as at 30 June 2008 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

1

Shane Bellchambers CA Registered Company Auditor

Dated this

29 day of July

2008.



#### **DIRECTORS' DECLARATION**

The directors of the Company declare that:

- The financial statements and notes, as set out on pages 8 to 25, are in accordance 1. with the Corporations Act 2001 and:
  - comply with Accounting Standards and the Corporations Regulations 2001; a. and
  - b. give a true and fair view of the financial position as at 30 June 2008 and of the performance for the year ended on that date of the Company.
- 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.

Wilchood.

Vicki Mahood, Director Dated this 28 day of  $\int y h y$ 

2008.

#### INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2008

	NOTE	2008 \$	2007 \$
Revenue	2	1,058,941	1,162,871
Employee benefits expense Depreciation expense Publication costs Professional development expense Project management Communication Other expenses from ordinary activities	3 3 3 3	(282,023) (2,378) (95,651) (182,567) (195,638) (47,528) (343,441)	(169,816) (1,533) (102,803) (203,815) (86,068) (58,434) (162,198)
(Deficit) / surplus		(90,285)	378,204

The accompanying notes form part of these financial statements

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#### BALANCE SHEET AS AT 30 JUNE 2008

	NOTE	2008 \$	2007 \$
ASSETS		4	Ŷ
CURRENT ASSETS Cash and cash equivalents Trade and other receivables Other current assets Financial assets	4 5 6 7	1,066,594 105,862 4,562 738,156	722,103 93,284 3,909 869,537
TOTAL CURRENT ASSETS		1,915,174	1,688,833
NON-CURRENT ASSETS Property, plant and equipment	8	10,509	4,314
TOTAL NON-CURRENT ASSETS		10,509	4,314
TOTAL ASSETS		1,925,683	1,693,147
LIABILITIES			
CURRENT LIABILITIES Trade and other payables Other current liabilities	9 10	183,375 424,325	67,873 217,006
TOTAL CURRENT LIABILITIES		607,700	284,879
TOTAL LIABILITIES		607,700	284,879
NET ASSETS		1,317,983	1,408,268
EQUITY Retained earnings		1,317,983	1,408,268
TOTAL EQUITY		1,317,983	1,408,268

The accompanying notes form part of these financial statements

#### STATEMENT OF RECOGNISED INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2008

	Retained Earnings \$	Total \$
Balance at 1 July 2006	1,030,064	1,030,064
Surplus attributable to members	378,204	378,204
Balance at 30 June 2007	1,408,268	1,408,268
Deficit attributable to members	(90,285)	(90,285)
Balance at 30 June 2008	1,317,983	1,317,983

The accompanying notes form part of these financial statements

#### CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2008

	NOTE	2008 \$	2007 \$
CASH FLOW FROM OPERATING ACTIVITIES		4	4
Receipts from members and customers Interest received Payments to suppliers and employees		1,299,785 62,601 (1,082,624)	1,193,661 52,140 (872,732)
Net cash provided by operating activities	16(b)	279,762	373,069
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for plant and equipment Payments for investments Proceeds from sale of investments		(8,573) - 73,302	(3,512) (400,000) 
Net cash provided by / (used in) investing activities		64,729_	(403,512)
CASH FLOW FROM FINANCING ACTIVITIES Proceeds from short term borrowings			1,112
Net cash provided by financing activities			1,112
Net increase in cash held		344,491	(29,331)
Cash at the beginning of the financial year		722,103	751,434
Cash at the end of the financial year	16(a)	1,066,594	722,103

The accompanying notes form part of these financial statements

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## **Note 1: Statement of Significant Accounting Policies**

The financial report is for Australian Diabetes Educators' Association Limited (the Company) as an individual entity, incorporated and domiciled in Australia. The Company is a company limited by guarantee.

## **Basis of Preparation**

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board (AASB) and the *Corporations Act 2001*.

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

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

## **Accounting Policies**

## (a) Revenue

Grant revenue is recognised in the income statement when it is controlled. When there are conditions attached to grant revenue relating to the use of those grants for specific purposes it is recognised in the balance sheet as a liability until such conditions are met or services provided.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

## (b) Property, Plant and Equipment

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

## **Plant and Equipment**

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from 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.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 1: Statement of Significant Accounting Policies (continued)

## (b) Property, Plant and Equipment (continued)

## Plant and Equipment (continued)

Plant and equipment that have been contributed at no cost, or for nominal cost are valued at the fair value of the asset at the date it is acquired.

## Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life to the Company commencing from the time the asset is held ready for use.

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

## Class of Fixed Asset Depreciation Rate

Plant and equipment 10-33%

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

Asset classes 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 income statement.

## (c) Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the period in which they are incurred.

## (d) Financial Instruments

## **Recognition and Initial Measurement**

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the Company becomes a party to the contractual provisions of the instrument.

Financial instruments are initially measured at fair value plus transactions costs where the instrument is not classified at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 1: Statement of Significant Accounting Policies (continued)

## (d) Financial Instruments (continued)

## Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Company 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 expire. 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 the income statement.

#### **Classification and Subsequent Measurement**

#### (i) Financial assets at fair value through profit or loss

Financial assets are classified at fair value through profit or loss when they are part of a portfolio of identical financial instruments that are managed together and for which there is evidence of a recent actual pattern of short term profit taking, held for trading for the purpose of short term profit taking, where they are derivatives not held for hedging purposes, or 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. Realised and unrealised gains and losses arising from changes in fair value are included in profit or loss in the period in which they arise.

#### (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 using the effective interest rate method.

#### (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 Company's intention to hold these investments to maturity. They are subsequently measured at amortised cost using the effective interest rate method.

#### (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.

#### (v) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost using the effective interest rate method.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 1: Statement of Significant Accounting Policies (continued)

## (d) Financial Instruments (continued)

## 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 each reporting date, the Company 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 an impairment has arisen. Impairment losses are recognised in the income statement.

## (e) Impairment of Assets

At each reporting date, the Company 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 the future economic benefits of the asset are not primarily dependent upon on the assets ability to generate net cash inflows and when the Company would, if deprived of the asset, replace its remaining future economic benefits, value in use is depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the Company estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

## (f) Employee Benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance sheet date. Employee benefits expected to be settled within one year together with benefits arising from wages, salaries and annual leave which may be settled after one year, have been measured at the amounts expected to be paid when the liability is settled. Other employee benefits payable later than one year have been measured at the net present value.

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

## (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.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 1: Statement of Significant Accounting Policies (continued)

## (h) 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 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.

## (i) Unexpended Grants

The Company receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the Company to treat grants monies as unexpended grants in the balance sheet where the Company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

## (j) Income Tax

No provision for income tax has been raised as the Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

## (k) Provisions

Provisions are recognised when the Comapany 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.

## (I) Comparative Figures

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

## (m) Critical Accounting Estimates and Judgments

The directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Company.

#### Key Estimates - Impairment

The Company assesses impairment at each reporting date by evaluating conditions specific to the Company that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Fair value less costs to sell or current replacement cost calculations performed in assessing recoverable amounts incorporate a number of key estimates.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 1: Statement of Significant Accounting Policies (continued)

## (m) Critical Accounting Estimates and Judgments (continued)

## Key Judgments — Provision for Impairment

Included in trade and other receivables at 30 June 2008 are receivables aged over ninety days amounting to \$40,614. The Company considers that these are collectible and therefore no provision for impairment has been made at 30 June 2008.

The financial report was authorised for issue on 28 July 2008 by the board of directors.

	2008 \$	2007 \$
Note 2: Revenue	1	·
Membership income NDSS allocation Branch seminars and conferences Project income Conference ASM Credentialling Program Interest received Gain on investment Other income	193,924 150,691 159,056 164,507 120,258 11,706 69,698 - 189,101 1,058,941	164,958 149,614 206,781 147,000 151,500 8,913 52,140 32,248 249,717 1,162,871
Note 3: Profit		
Profit from ordinary has been determined after:		
(a) Expenses		
Depreciation of property, plant and equipment Total employee benefits expense Auditor remuneration - audit services - other services Total audit remuneration	2,378 282,023 8,530 <u>29,440</u> 37,970	1,533 169,816 6,600 800 7,400
(b) Significant Revenues and Expenses		
Net (loss) / gain on investments Professional Development costs Publication costs	(58,079) (182,567) (95,651)	32,248 (203,815) (102,803)
Note 4: Cash and Cash Equivalents		
Cash on hand Cash at bank	700 	700 721,403
	1,066,594	722,103

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

Note 5: Trade and Other Receivables	2008 \$	2007 \$
Trade receivables Other receivables	96,525 9,337	75,035 18,249
	105,862	93,284

## **Provision for Impairment of Receivables**

Current trade receivables are generally on 14 day terms. These receivables are assessed for recoverability and a provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. These amounts have been included in other expense items.

There has been no movement in the provision for impairment of receivables.

## **Note 6: Other Current Assets**

Prepayments	4,562	3,909
	4,562	3,909
Note 7: Financial Assets		
Term deposits Financial assets at fair value through profit or loss:	216,111	289,413
- Colonial First State Managed Investment Funds	65,841	72,319
- Colonial First State FirstChoice Investments	82,691	94,373
<ul> <li>Asgard eWRAP Investment Account</li> </ul>	373,513	413,432
	738,156	869,537

Financial assets at fair value through profit or loss comprise managed investments for which there is evidence of a recent actual pattern of short term profit taking.

## Note 8: Property, Plant and Equipment

Plant and equipment at cost	19,685	11,112
Less accumulated depreciation	(9,176)	(6,798)
	10,509	4,314

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 8: Property, Plant and Equipment (continued)

## **Movements in Carrying Amounts**

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	2008 \$	2007 \$
<b>Plant and Equipment</b> Balance at the beginning of the year Additions at cost Depreciation expense	4,314 8,573 (2,378)	2,334 3,513 (1,533)
Balance at the end of the year	10,509	4,314
Note 9: - Trade and Other Payables		
Accounts payable Accrued expenses and sundry payables Short term employee benefits	103,575 40,170 39,630	110 62,186 5,577
	183,375	67,873
Note 10: Other Current Liabilities		
Membership fees received in advanced Unexpended grants	92,732 331,593	81,643 135,363
	424,325	217,006

## Note 11: Capital and Leasing Commitments

## **Operating Lease Commitments**

Non-cancellable operating leases contracted for but not capitalised in the financial statements:

Payable — minimum lease payments - not later than 12 months - later than 12 months but not later than 5 years	7,732 23,921	7,507 31,653
	31,653	39,160

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five-year term. No capital commitments exist in regards to the operating lease commitments at year-end. Increase in lease commitments occur at a rate of 3% per annum.

## Note 12: Contingent Liabilities and Contingent Assets

As at balance date there were no known contingent liabilities or contingent assets.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 13: Events After the Balance Sheet Date

There were no events subsequent to the balance sheet date that require disclosure.

## Note 14: Key Management Personnel Compensation

	Short Term Benefits \$	Post Emplyment Benefits \$	Total \$
2008 Total compensation	84,480	7,603	92,083
<b>2007</b> Total compensation	86,848	7,816	94,664

## **Note 15: Related Party Transactions**

There were no related party transactions during the year.

## Note 16: Cash Flow Information

	2008 \$	2007 \$
(a) Reconciliation of Cash	Ŧ	т
Cash on hand Cash at bank	700 1,065,894	700 721,403
	1,066,594	722,103
(b) Reconciliation of Cash Flow from Operations with Net Profit / (Loss)		
Net profit / (loss)	(90,285)	378,204
Non cash flows - Depreciation - Unrealised (profit) / loss on financial assets Changes in assets and liabilities	2,378 58,079	1,533 (32,248)
<ul> <li>(Increase) in trade and other receivables</li> <li>(Increase) in other current assets</li> <li>Increase in payables</li> <li>Increase in other current liabilities</li> </ul>	(12,578) (653) 115,502 207,319	(50,105) (18,355) 31,260 62,780
Cash flow provided by operating activities	279,762	373,069

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 17: Financial Risk Management

## (a) Financial Risk Management Policies

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

The Company does not have any derivative instruments at 30 June 2008.

## (i) Treasury Risk Management

The directors meet on a regular basis to analyse financial risk exposure and to evaluate treasury management strategies in the context of the most recent economic conditions and forecasts.

## (ii) Financial Risk Exposures and Management

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

## Interest rate risk

The Company does not have any material interest bearing debt.

## Foreign currency risk

The Company is not exposed to fluctuations in foreign currencies.

## Liquidity risk

The Company manages liquidity risk by monitoring forecast cash flows and ensuring that adequate unutilised borrowing facilities are maintained.

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

There are no material amounts of collateral held as security at 30 June 2008.

Credit risk is managed by the Company and reviewed regularly by the directors. It arises from exposures to customers as well as through deposits with financial institutions.

Price risk

The Company is not exposed to any material commodity price risk.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 17: Financial Risk Management (continued)

## (b) Financial Instrument Composition and Maturity Analysis

The table below reflects the undiscounted contractual settlement terms for financial instruments of a fixed period of maturity, as well as management's expectations of the settlement period for all other financial instruments. As such, the amounts may not reconcile to the balance sheet.

	Weig Aver Effec	age tive	Floating In	terest Rate	Fixed Inte Matu		Non Interes	st Bearing	То	tal
Financial assets	Interes 2008 %	t Rate 2007 %	2008 \$	2007 \$	2008 \$	2007 \$	2008 \$	2007 \$	2008 \$	2007 \$
Cash at bank	5.6	5.0	1,065,894	721,403	-	-	-	-	1,065,894	721,403
Cash on hand	-	-	-	**	-	-	700	700	700	700
Term deposits	8.1	6.5	-	-	216,111	289,413	-	-	216,111	289,413
Trade and other receivables	-	-	-	-	-	-	96,525	75,035	96,525	75,035
Investments	(10.0)	12.7	522,045	580,124	-	-	-	-	522,045	580,124
Total financial assets			1,587,939	1,301,527	216,111	289,413	97,225	75,735	1,901,275	1,666,675
Financial liabilities										
Trade and other payables	-	-	-	-	-	-	103,575	110	103,575	110
Total financial liabilities							103,575	110	103,575	110

Trade and other payables are expected to be paid as follows:

Trade payables	2008 \$	2007 \$
- Less than 6 months - 6 months to 1 year	103,575	110 
Other payables - Less than 6 months - 6 months to 1 year	79,800	67,763
Total trade and other payables	183,375	67,873

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 17: Financial Risk Management (continued)

## (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.

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.

Aggregate net fair values and carrying amounts of financial assets are financial liabilities at balance date:

	2008		2007	
	Carrying Amount \$	Net Fair Value \$	Carrying Amount \$	Net Fair Value \$
<b>Financial Assets</b> Financial assets at fair value through profit or loss	522,045	522,045	580,124	580,124

Fair values are in line with carrying values.

## **Sensitivity Analysis**

#### Interest rate risk

The Company has performed a sensitivity analysis relating to its exposure to interest rate risk at balance date. This sensitivity analysis demonstrates the effect on current year results and equity which could result from a change in this risk.

As at 30 June 2008, the effect on profit and equity as a result of changes in the interest rate, with all other variables remaining constant, would be as follows:

	2008 \$	2007 \$
Change in profit - Increase in interest rate by 2% - Decrease in interest rate by 2%	36,081 (36,081)	31,819 (31,819)
Change in equity - Increase in interest rate by 2% - Decrease in interest rate by 2%	36,081 (36,081)	31,819 (31,819)

This sensitivity analysis has been performed on the assumption that all other variables remain unchanged.

No sensitivity analysis has been performed for foreign exchange risk, as the Company is not exposed to fluctuations in foreign exchange.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 18: Capital Management

Management control the capital of the Company to ensure that adequate cash flows are generated to fund its operations and that returns from investments are maximised. The directors ensure that the overall risk management strategy is in line with this objective.

Risk management policies are reviewed by the board on a regular basis. These include credit risk policies and future cash flow requirements.

The Company's capital consists of financial liabilities, supported by financial assets.

Management effectively manage the Company's capital by assessing the Company's financial risks and responding to changes in these risks and in the market. These responses may include the consideration of debt levels.

There have been no changes to the strategy adopted by management to control the capital of the Company since previous year. The strategy of the Company does not involve maintaining a set gearing ratio.

## Note 19: Accounting Policies

The following Accounting Standards issued or amended are applicable to the Company but not yet effective and have not been adopted in preparation of the financial statements at reporting date.

AASB Amendment	Standards Affected	Outline of Amendment	Application Date of Standard	Application Date for Entity
AASB 2007–8 Amendments to Australian Accounting Standards	AASB 101 Presentation of Financial Statements	The revised AASB 101: Presentation of Financial Statements issued in September 2007 requires the presentation of a statement of comprehensive income and makes changes to the statement of recognised income and expenditure.	1.1.2009	1.7.2009
AASB 101	AASB 101 Presentation of Financial Statements	As above.	1.1.2009	1.7.2009

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008

## Note 20: Company Details

The registered office and principal place of business of the Company is:

Australian Diabetes Educators' Association Limited 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

WalterTurnbull

Printing and Design

Comstat Printing and Design comstat.com.au

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 of these health profssionals 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 a Registered Nurse (in Victoria, a Division One Registered Nurse), Accredited Practicing Dietitian, Registered Podiatrist, Registered Pharmacist accredited to conduct medication management reviews, or a Medical Practitioner.

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



Choose a Credentialled Diabetes Educator for the delivery of expert diabetes self management education services. Look for the CDE symbol.