Australian Diabetes Educators Association

Annual Report 2008–09

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:

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

Australian Diabetes Educators Association Annual Report 2008-2009

Contents

ADEA Board

National Executive

PRESIDENT, Heather Hart BN GradCert(DiabEd) CCC RN CDE

VICE PRESIDENT, Nuala Harkin DipInfection GradCert(DiabEd) RSCN NP RN CDE

FINANCE DIRECTOR, Tracy Aylen RN CDE

EXECUTIVE MEMBER, Fiona McIver BN GradCert(DiabEd) RN CDE

Other board members

Vicki Mahood RN CDE

Glynis Dent RN GradCert(DiabEd) CDE, GradCertHumanNutrition

Neroli Price RM RN CDE

Helena Griggs BPharm MPH RN CDE

Cheryl Steele RM RN CDE GradCert(DiabEd)

Jane Payne RN CDE GradCert(DiabEd)

Rosemary Macro RN CDE *(to July 09)*

Carol de Groot RN CDE GradCert(DiabEd) *(from July 09)*

ADEA National Office staff

EXECUTIVE DIRECTOR, Clair Matthews

EXECUTIVE ASSISTANT AND ADMINISTRATIVE OFFICER, Michelle Gilbey

ACTING CREDENTIALLING AND NADC OFFICER, Gina Chen

ACTING FINANCE ASSISTANT, Tim Zhang

NDSS staff

STRATEGIES MANAGER, Gil Cremer

ADMINISTRATIVE ASSISTANT, Gina Chen

PROJECT OFFICER, Geoff Murray-Prior

ACTING FINANCE ASSISTANT, Tim Zhang

President and Executive Officer's report

ADEA has experienced many changes in the past year as the Association moves forward as a single entity. The changing health environment, particularly with the focus on primary health care including early intervention, the rapid increase in the incidence of diabetes and in the number of people living longer with greater complexity of diabetes and its associated co-morbidities, makes this a time of opportunities and challenges.

The ADEA has committed to attaining the high standards expected of a professional organisation with the evolution of the Australian Diabetes Educator to include a peer review section. Peer review, or scrutiny of an author's work by experts in the field prior to publication, will provide a sound base of objective evidence that will be applied by ADEA to develop its policies and guidelines and provide readers with information that can be applied to clinical care.

ADEA is involved in writing its own submissions, writing joint submissions and supporting submissions written by other organisations. For example:

1) a small working party responded to the Commonwealth Government's "National Primary Health Care Strategy",

2) National Office submitted grant applications with the Rural Health Education Foundation on "Chronic disease self-management/ lifestyle and risk modification" and the Curtin University of Technology on "Chronic condition self-management in tertiary education", and

3) ADEA supported the "Nursing and midwifery in primary health care – a consensus view project" from the National Nurses Organisation.

ADEA has submitted the ADEA National Diabetes Services Scheme (NDSS) Services Plan to Diabetes Australia National Office. This plan heralds the development of the "find a CDE" on the new look ADEA front page, with support generously provided by Merck, Sharp & Dohme, the Indicators and Outcomes project, the development of a training package for workers in aged and residential care, and the upgrading of the National Association of Diabetes Centres (NADC) Diabetes in the General Care Setting program. More detail on projects completed in 2008-09 can be found throughout this report.

The 2009 Annual Scientific Meeting marks the first year of a full time Executive Director for ADEA and Clair Mathews has made a significant contribution to date. Under her leadership ADEA has:

- improvied the financial processes within the Association,
- promoted ADEA with extensive networking,
- strengthened links with the Australian Practice Nurses Association, the Allied Health Professions Association, Department of Veteran Affairs, Pharmacy Guild, and the Australasian Podiatry Council,
- continued to build the capacity and skills of National Office staff, and
- established and implemented Human Resource policies.

There are a number of new staff at National Office. Michelle Gilbey is Executive Assistant and Administrative Officer, Tim Zhang is Acting Finance Assistant and Gina Chen is acting in the Credentialling and NADC Officer positions. The NDSS team is headed by Gil Cremer, and comprises a Project Officer, Geoff Murray-Prior and Administrative Assistant, Gina Chen. Our thanks go to Kate Luck who has overseen the development of the new Chart of Accounts and provided financial training to staff.

ADEA relies on and greatly appreciates the generous work of many volunteers. Their support and contributions enable many activities, projects and submissions to be completed to the very high standard expected and required by members.

ADEA Branches have worked very hard to provide and promote professional development activities and networking opportunities for members at the State and Territory level. A key focus area is to improve processes and support around Branch activities by National Office, particularly conference planning and organisation. ADEA was managing with less staff than in previous years and has struggled to provide the Branches with this vital support. Increased staffing at National Office will enable ADEA to provide branches with this vital support more effectively in the future.

ADEA maintains it close working relationship with ADS. Collaborative projects include NDSS and the joint ASM which continues to be highly successful. ADEA and ADS continue to provide support, through a joint partnership, for NADC. A further round of data collection has been conducted as part of the ANDIAB research project managed by Associate Professor Jeff Flack. The NADC has also provided data to Diabetes Australia Ltd National Office on the locations of diabetes centres for the Diabetes Map.

ADEA's Sustaining Members and Business Partners continue to provide generous and significant support, enabling our organisation to undertake a wide range of programs that benefit members. We thank our Sustaining Members and Business Partners sincerely and look forward to this relationship continuing long into the future.

Thanks to Directors, Committee Members, ADEA staff and the general membership who have supported ADEA over the last year.

Heather Hart
President

Clair Matthews
Executive Director

Finance Director's report

As all members would be aware the 2008-09 financial year was a challenging one on an international scale. Under these conditions the ADEA Board focused on prudent management, resulting in a surplus of $39,086 for the year (compared with a planned deficit of $90,285 in 2007-08). ADEA will continue the strategy of maintaining a sound financial position by reviewing sources of income, managing costs, assessing risk and appropriately managing financial reserves.

In the past ADEA was incorporated as part of the company Australian Diabetes Professional Organisations (APDO), in association with ADS. This year ADEA began independent operation. The change has involved some loss of income from ADS, as ADEA is responsible for all operational costs.

Last year members were notified of the new Chart of Accounts and new reporting format. These requirements necessitated a change, at National and Branch level, from a system of cost accounting to a system of accrual accounting (see box below for a brief description of the different accounting systems). The need to change the system of accounting arose from internal organisational requirements and to meet the more stringent acquittal procedures demanded by external stakeholders, for example the Commonwealth government as the funding body of NDSS.

Considerable additional effort was required to produce the Finance report for this year's AGM given the new accounting system was not suited to ADEA activities. A further system was introduced, which required all ADEA financial transactions for the first seven months of the financial year to be re-coded, this process being completed in March 2009. This demanded very considerable effort and patience from the National Office Team and Branch Executives, particularly Branch finance officers, in implementing the significant changes necessary to the organisation's financial processes. All those personnel involved are to be congratulated on their efforts in bringing about a successful transition, and on their understanding and support through a challenging period.

ADEA previously used the cash accounting system and has now changed to accrual accounting. Cash accounting only records the actual cash receipts and payments in the period, whereas accrual accounting is the accounting method whereby revenue and expenses are recorded in the period in which they are incurred, even though they may not have been paid or received yet. Accrual accounting is the method most commonly used by companies in Australia.

The financial statements included in the Annual Report meet all Australian regulatory requirements. Below is a list of some key projects and activities of the ADEA over the past 12 months.

Membership

Membership continues to increase, with fees (full, associate and sustaining members) contributing $249,503 or 21% as a proportion of total income.

Conferences

As well as providing members with professional development opportunities, Branch conferences and the Annual Scientific Meeting are important sources of income for ADEA. During the 2008-09 financial year four state/territory branch conferences were held. The 2008 ASM produced a profit of $119,592, and the Branch conferences contributed a profit of $56,000.

NDSS related projects

Funding for specific projects included: 'Self-monitoring of Blood Glucose', 'Young people with type 2 diabetes – Information and education needs', and 'Consumer

Resources – Your Guide' on diabetes. Funds for large NDSS projects are usually expended across several financial years.

– Diabetes Self-management Education (DSME) Service Development Grant through the Department of Health and Ageing where the funds have been allocated but some payments remain pending project completion.

Investment of funds

ADEA continues to maintain an investment fund as a means of increasing financial returns. These investments are formally reviewed by the Finance and Audit Committee (FAC) on an annual basis and are conservatively focused, mainly on cash funds with some Australian shares. Quarterly reports are provided during the year and online access is available to National Office for immediate review. Investments are actively managed through an investment advisor – that is the balance of funds may be altered during the year in response to changing economic circumstances.

Cash reserves

In order for ADEA to remain financially viable in the event of significant threats to income, ADEA conforms to the accepted standard of practice by retaining a year of cash reserves – sufficient to cover operational costs. The amount of reserve is regularly reviewed as part of the financial management of ADEA.

Finance and Audit Committee (FAC)

With membership and project work increasing, FAC representation now includes two Branch finance officers and an accountant as a co-opted member. FAC works with the ADEA Executive and Board on decisions with financial implications for the organisation, and receives reports on branch transactions and national / branch projects throughout the year.

Tracy Aylen
Finance Director

Industry partnerships

SUSTAINING MEMBERS

Level 1

Lilly, GlaxoSmithKline, MERCK SHARP & DOHME, Medtronic, sanofi aventis, novo nordisk, SERVIER

Level 2

Abbott Diabetes Care, Roche

BUSINESS PARTNERS

ADEA's Business Partners make an invaluable contribution to ADEA and the programs it is able to provide to its membership. Over 2008-09, 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.

novo nordisk

Post graduate scholarships program

Development of guidelines on 'Integrating tertiary and primary care'

Roche

Annual Diabetes Educators Day

Topics covered at the August 2008 Annual Scientific Meeting were:

Insulin Pumping – It's not just about button pressing

CSII: the pros and cons

What about Psych?

Dietary considerations

The adult experience: insulin pumps, getting started, then what happens?

Pumping in pregnancy: managing pumps during pregnancy, labour and delivery

The rural experience: setting up a pump service – the Can Do approach

Moving muscle to tackle diabetes

Survive and thrive – a practical guide to exercise with type 1 diabetes

Latest exercise guidelines and community based exercise options

Lancing devices

So you lance a lot? How would you rate your education technique?

Behaviour change in diabetes

Practical strategies for encouraging diabetes self-management

Children and adolescents

Wound management – problem solving at a glance

SERVIER

Diabetes education research grant – development and conduct of workshop – what makes a quality abstract?

Lilly

Sponsorship for ADEA to present a series of 6 workshops at the General Practice Continuing Education (GPCE) meeting held in Sydney in May 2009 with 140 participants. The topics covered were:

Ambulatory initiation of insulin in type 2 diabetes

Type 2 diabetes in children and adolescents

Sponsorship of the Best Practice Diabetes Centres' Workshop 2008 held for representatives from the

member Australian Diabetes Society (ADS) and ADEA National Association of Diabetes Centres (NADC). Topics included:

Communication: diabetes services and primary care physicians

Diabetes care and Medicare

What constitutes a diabetes centre

NADC in the bush

Nurse Practitioners and diabetes centres

Best practice in diabetes centres

PARK diabetes services

Ways to work more efficiently

Setting up an insulin pump clinic

Issues related to access to insulin pumps

The relationship between the patient and the pump team

Best Oral Presentation and Best Poster Presentation at Annual Scientific Meeting

SIEMENS
MEDICAL SOLUTIONS

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

Abbott
Diabetes Care

Case Study Awards

Service Development Grant

Johnson & Johnson
OUR CARING TRANSFORMS

Web-hosting of the ADEA Home Study Program

Medical Products Ltd.

Web Presentations from the ASM 2008 in Melbourne was developed with support from Safety Medical Products

Introductory remarks and the Australian Consensus Position on Diabetes Education Outcomes and Indicators

Behaviour Change as the Unique Outcome for Diabetes Education Interventions – the AADE perspective

Driving Professional Practice – AADE Strategies for Promoting the AADE 7™

sanofi aventis

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

Travel grants to the EASD Meeting

BD

Annual Scientific Meeting Travel Grants

Annual Scientific Meeting Poster Award

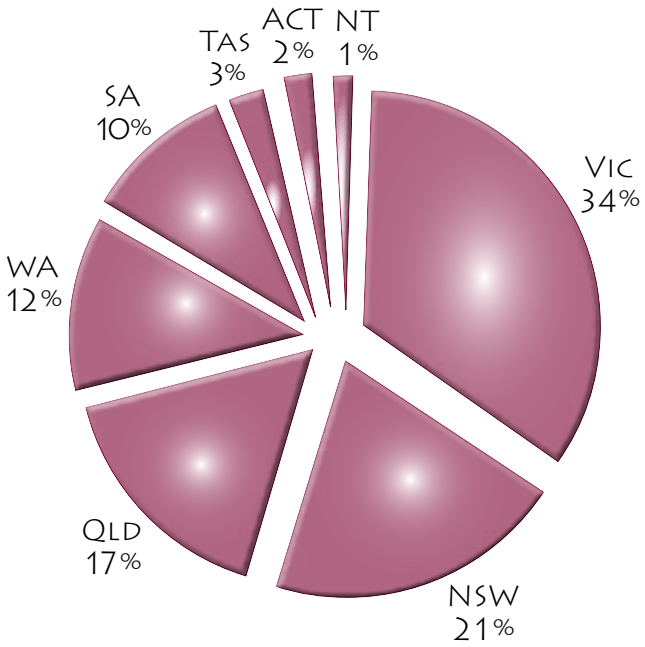
Membership and communications

Membership

The ADEA continues to experience an increase in the total membership with a growth rate of 11.8% from 1 July 2008 to 30 June 2009. The majority elect to become full members with only 238 electing to take up the option to become associate members. The number of Credentialled Diabetes Educators (CDEs) also continues to increase. (Figure 1.)

More than half of all ADEA members live and work in Victoria (34%) and NSW (20%). (Figure 2.)

Figure 2: ADEA membership by state/territory



The ADEA Credentialled Diabetes Educator

There is an ongoing increase in the number of ADEA members achieving recognition as CDE). The growth rate from 1 July 2007 to 30 June 2008 was 14% and from 1 July 2008 to 30 June 2009 10.4%, with 91 diabetes educators being credentialled in the last financial year. (Figure 3.)

Figure 3: Number of CDEs by year

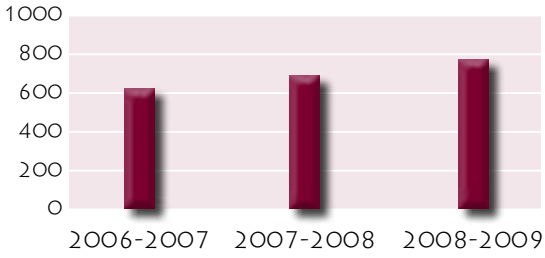


Figure 1: Annual membership for the period 2006–07 to 2008–09

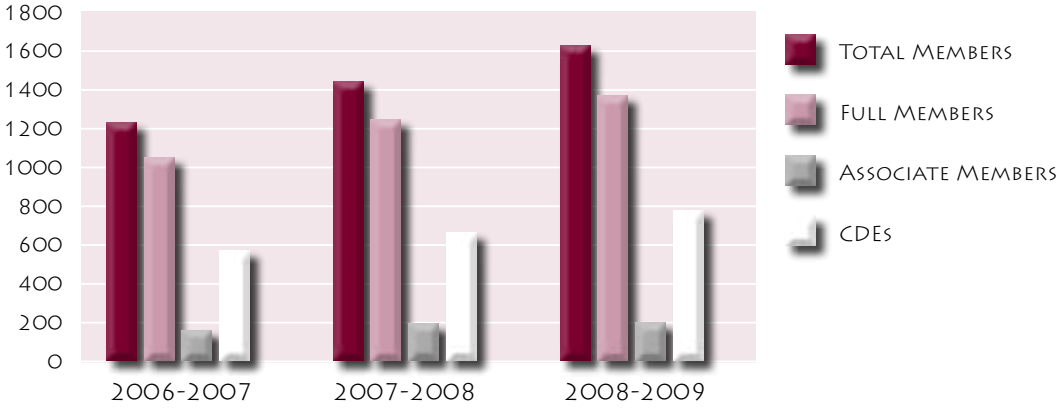
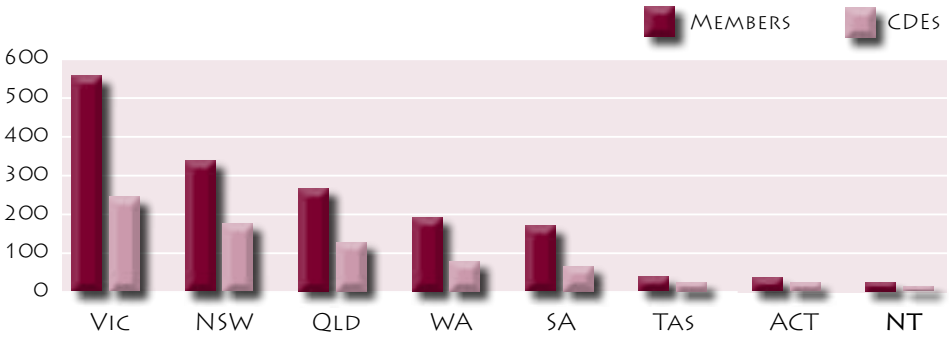


Figure 4: Number of members and CDEs by state/territory



Similarly to the general ADEA membership, most of the CDEs live and work in Victoria (n=246) and NSW (n=178). However, Tasmania has the largest proportion of members who have achieved recognition as CDEs (64%). This is closely followed by NSW and ACT both with 53% of the membership having achieved recognition as CDEs. (Figure 4.)

Work setting

The ADEA does not currently have access to up-to-date employment history data of its membership. However, results from a 2008 survey with a 30% response rate indicated that the majority of members continue to be employed in either a hospital setting (41%) or in community health (27%). The same survey indicated that 8% were employed in general practice and 8% worked in private practice. As the membership of the ADEA Private Practice Special Interest Group has continued to increase since conducting this survey, it is plausible that the number of self employed members in private practice and members employed in general practice has also increased and will continue to grow.

Branch activities

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

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

The ADEA Board and the NO commend the contribution and dedication of the Branch Executives and other members participating in the development of the learning objectives and planning of these events. The ADEA NO is hoping to implement administrative processes that assist in the facilitation of these events.

The ADEA acknowledges the contribution of our business partners to Branch conferences and events and the significant role this sponsorship plays in the success of Branch activities.

The ADEA President and the ADEA Executive Officer have this year had the opportunity to attend several Branch conferences and events to support and engage with the membership and will continue this next year.

Vic Branch

The Vic Branch Executive has rotated the venue for the scheduled branch meetings at different venues in Melbourne to facilitate member attendance. Meetings have been held at Williamstown, Richmond and the CBD of Melbourne with an impressive attendance. The branch executive organised a successful abstract workshop facilitated by Professor Trisha Dunning to encourage members to submit abstracts for the Victorian state conference and Annual Scientific Meeting. The Vic branch conference scheduled for July had an excellent and diverse program with 230 delegates.

As a consequence of the Black Saturday bush fires the members passed a motion in February 2009 requesting the Vic branch executive make a submission to the ADEA board to establish a national disaster plan.

The Victorian networking groups have been regularly meeting with the North Western Group utilising funding to facilitate a guest speaker.

NSW Branch

NSW Branch meetings are held in Sydney four times a year, rotating around

diabetes services and are teleconferenced to benefit members who are unable to attend in person. We have introduced an educational component to our meetings with invited guest speakers, including a very informative presentation by Dr Jane Holmes-Walker on islet cell transplantation in Australia and a workshop by Allan Bolton on exercise and diabetes. Our state conference alternates between Sydney and a rural location and plans are currently underway for next year's conference to be held in Orange. With support from Abbott we have granted 8 of our member's registration for the Annual Scientific Meeting in Adelaide this year.

Tasmania Branch

The ADEA Tasmanian Branch held its annual branch conference on the 29th and 30th May at The Mercure Hotel, Launceston. The title was *Rhythm And Blues – Adolescents and Diabetes.*

Senator Guy Barnett opened the conference, outlining the influence that can be achieved politically at local, national and international levels. Topics covered included the challenges faced by adolescents as they transition to adult health services, the latest research on the effectiveness of insulin pumps, diabetes as an "it", and being active with types 1 diabetes.

WA Branch

The 2009 ADEA WA State Conference was held at the Mandurah Performing Arts Centre Mandurah, Western Australia on May 8. The conference *Diabetes: A Weighty Concern* had more than 130 participants and seven exhibiting companies, covering exercise and motivation, eating habits, the psychology of weight maintenance and type 2 diabetes management in children.

Queensland Branch

ADEAQ has been very active in the past year. Members, while all busy in their respective practices, have attended symposia, conferences and many and varied educational opportunities. The focal educational point for ADEAQ was the branch annual conference, which was held on the 19th and 20th of June in Brisbane. The theme for the 2009 conference was *Yesterday, Today and Tomorrow* to reflect the changing nature of diabetes management over the years; and options and hopes for the future.

In order to facilitate this theme and encourage public speaking in a supportive forum, this year the conference committee called for abstracts from the membership. Fifteen abstracts were submitted and accepted for inclusion in the program with a total of twenty-five speakers contributing. Topics presented included exercise in type 1 diabetes; carbohydrate counting; periodontal complications; MODY; vision complications and treatments; several case histories; and a number of diverse and innovative service initiatives were discussed. I felt the most inspiring presentation was the talk by a young gentleman with Type 1 DM who is currently awaiting renal and pancreatic transplantation.

Conference attendance has increased each year and 2009 experienced its highest ever attendance with a total of 184 delegates and representatives on Friday and 165 on Saturday with 14 companies represented. Attendees came from northern, rural and remote areas as well as metropolitan areas. The diabetes education experience of the delegates ranged from those newly in the field, to those with many years of caring for people with diabetes. Other nursing and Allied Health staff also attended.

SA Branch

The 2009 ADEA SA Conference was held in Adelaide over the weekend 23-24 May. It was attended by 83 people with approximately 50% coming from rural SA and 50% from metropolitan areas. Of the participants, 43 were educators, 6 registered nurses, 3 diabetes resource nurses, 3 practice nurses and 1 dietitian. It was great to see 9 new people who had never attended an ADEA branch conference before.

ACT Branch

The year 2008-09 has proven to be a busy and successful year for the ACT Chapter of the ADEA.

A new executive team took over in July 2008. Our new Branch Chair, Financial Officer and Secretary have had a steep learning curve and all have now settled successfully into their new roles.

The ACT Chapter has held some very successful events

this year with the main event being a full day workshop held on February 20, 2009 entitled *Self-Managed Change for Diabetes Educators.* The focus of the event was on strategies and tools for empowering our diabetes patients to make the behaviour changes necessary to optimise their diabetes self-management. The twenty registrants who attended the day included educators and allied health staff.

The ACT Chapter has also held two successful education meetings. In October 2008 Professor Chris Nolan presented on Diabetes and Pregnancy and in December 2008, Dr Sumathy Perampalam gave an interesting presentation on Diabetes and Adolescence.

The ACT Chapter has given five travel grants this year to members to attend the National Conference. The chapter works hard each year to ensure profitability of each event to ensure that money is available to members so that they are able to be given grants to attend the ADEA National Conference.

Planning is underway for events to be held for the next financial year.

The ACT Branch Executive looks forward to a successful 2009-10.

Member communication

The ADEA recognises the importance of applying new technology to increase its capacity to deliver services to its membership. In order to improve our web presence over the next 12 to 24 months, we are undertaking a number of significant projects.

The www.adea.com.au domain is increasingly becoming the contact point and the 'public face' of ADEA. The ADEA hopes that changes to our web page and its navigation architecture will improve access to information for people with diabetes and their families, as well as for health professionals providing care to them.

The ADEA recognises the key functions of our web page as a communication and engagement channel with the membership, particularly members in regional, rural and remote Australia. The ADEA National Office Newsletter and the ADEA Board Update will continue to provide information about current projects and Board decisions. However, upcoming projects will deliver some significant changes to the ADEA NO e-communication capabilities and to ADEA's ability to provide information, education and professional support to members.

The *Australian Diabetes Educator*

ADEA's quarterly publication, the *Australian Diabetes Educator* (*ADE*), continues to be well supported by authors, readers and industry alike. The Editorial Advisory Group (EAG) has completed its second publication in its new role of editing and managing the editing. Oversight of the advertising and design and layout remains with National Office whilst ComStat maintain the publishing and mail out.

This year the Board has embarked on furthering the evolution of the *ADE.* It will now have a peer review or refereed section, that is the articles that have been peer reviewed will have been scrutinised by experts in the field prior to their publication in the *ADE.* This facilitates the establishment of an evidence base the ADEA can use to develop policies and guidelines that diabetes educators can apply to clinical practice. These changes will also be reflected in the EAG with a panel of peer reviewers being brought on board.

ADEA Special Interest Groups

The ADEA Special Interest Groups (SIGs) provide a Community of Practice (CoP) where members can share knowledge, experience and expertise within a specific field of practice or area of professional interest. Currently, ADEA has four SIGs. A new Special Interest group was formed in 2009 – the ADEA Paediatric SIG.

The **High Risk Foot in Diabetes** SIG (HRFD) was established in 2008 and already has 43 members. Members of the HRFD are representative of the ADEA membership with a mixture of metropolitan as well as rural and remote practitioners. The HRFD focuses on issues related to prevention, identification and

management of the HRFD. Several highly experienced members of the group will be participating in a review of foot care guidelines/documents and developing client reflection tools with regard to foot care and self management.

Emma Holland, who is the chair of the HRFD, is also an ADEA representative on the newly formed Australian Diabetic Foot Network (ADFN). Issues such as position statements for footwear, wound care and the role of the ADFN, and mission statements and logo development are high on the ADFN agenda.

The **Private Practice** SIG (PPSIG) is continuing to increase its membership reflecting the growing number of self employed CDEs who have established a private practice. Leigh Spokes is the substantive chair and Deb Foskett the interim chair of the PPSIG. The PPSIG is the largest of the SIG and has 112 members. The PPSIG provides a forum for its members to share experiences and discuss issues which are specific to private practice. A face-to-face forum was held at the 2008 Annual Scientific Meeting. South Australia has established a PP subcommittee. The group is developing a lobbying kit to assist ADEA in lobbying for private health insurance reimbursement for diabetes self management education services.

Karen Jameson is the chair of the **Paediatric** SIG (PSIG) which has 59 members. It provides a forum for discussion and support for practitioners working within the area of paediatric and adolescent diabetes care and management. The PSIG also has many rural and regional members with a special interest in the field of paediatric and adolescent diabetes care and management. Many regional, rural and remote members, who at times may have to provide ongoing care to children and teenagers, and their families, have joined in order to gain regular professional input and ongoing support from peers and colleagues who work solely within the field of paediatric and adolescent diabetes care and management.

Michelle Robins is the chair of the **Nurse Practitioner** (NP) SIG which facilitates the awareness of the role of the Diabetes NP. It is a forum where Diabetes NP can network, collaborate and share experiences particular to their role within diabetes education and care. The NPSIG now has 14 members (9 endorsed or authorised NP and 5 NP candidates), but it is anticipated that this will increase rapidly now all states and territories have the necessary legalisation required for NPs to practice, and the role is seen as an attractive and attainable career path for the CDE whose primary discipline is nursing. Meanwhile the Federal Government in this years' budget has proposed welcome changes that include providing all endorsed or authorised NPs to have Medicare and PBS access by November 2010. How this will take place and to what extent is unclear at this stage.

The NPSIG has been involved in a number of activities, including providing considerable input into ADEA's formal submission to DoHA National Primary Health Care Strategy. In June, Victorian NPs and candidates submitted a detailed revised formulary for review by the State Health Minister. If adopted, this formulary in its entirety will include a number of agents to treat hypertension, hyperlipidaemia, infection and painful neuropathy, in addition to diabetes agents. It is hoped this formulary will provide a benchmark for all other states. Mutual recognition has also been provided by the Nurses Board of Victoria to three NPs who relocated from interstate last year.

Models of care for NP Diabetes continue to be innovative and imaginative. Comprehensive and detailed planning and negotiation must occur prior to enrolment in the Master's degree. Comprehensive and detailed planning and negotiation must occur with your health service prior to enrolment in the Master's degree, in order to secure the committment and support necessary to undertake and implement the role, develop the model of care, fund it, and be supported by medical specialist clinical mentors (a substantial and ongoing commitment by our colleagues).

Once the Federal Budget has been passed and legalisation pertaining to NPs enacted, the NPSIG will undertake intensive work over coming months to examine how the access to PBS and Medicare will better support the role and change current/future models of care. It will have a direct impact on how other nursing/allied diabetes health professionals and patients access NP services. This alone should see a growth in the commitment by health services around the country to fund and support more NP positions.

Increasing recognition of the CDE

The ADEA has participated in and responded to a range of calls for consultation with respect to possible changes to be introduced to the Australian health care system e.g. National Health and Hospital Reform Commission, the National Primary Care Strategy. Through these channels, the ADEA is highlighting and promoting the role and scope of practice of the CDE.

The ADEA welcomes the introduction of Medicare Benefit Schedule (MBS) Item 81305 for diabetes education specifically delivered to indigenous Australians. The ADEA is advocating consideration of introduction of diabetes education specific MBS Items to support equitable access in the primary care setting, for example for ambulatory initiation of insulin in type 2 diabetes and annual review of diabetes self care practices.

Find a CDE

Improving access to a qualified diabetes health professional for people with diabetes and their families is one of the ADEA's key objectives. Similarly, increasing the visibility of CDEs and their services is one of the strategies employed to achieve this objective. Therefore, the ADEA web page has a dedicated search engine which people with diabetes and their health care professionals can use to find a CDE in their local community. An update of this search function will occur next year as part of our web page and database renewal. New inclusions may incorporate multilingual CDEs search, distance search and Google Map for street address. However, the quality of a search engine is determined by the information provided. Therefore, ADEA encourages all CDEs to update their contact details.

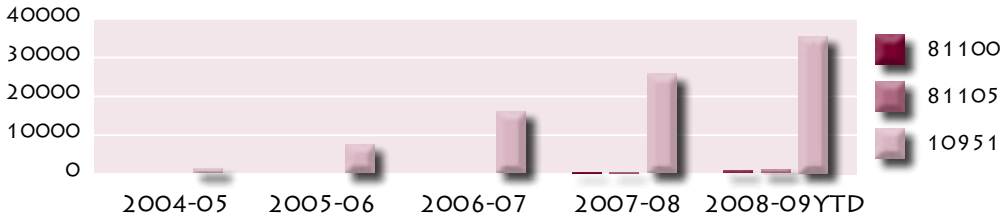
The ADEA is continuing to incorporate promotion of the ***Find a CDE*** into all publications and communications for example fliers, resources for people with diabetes and resources for health professionals. The ADEA conducted six workshops for 140 general practitioners over three days at this year's General Practice Conference and Exhibition in Sydney in May. The ADEA attendance was sponsored by Eli Lilly. The ***Find a CDE*** promotional material was included in all workshops and distributed to participants.

The ADEA has also worked with the Allied Health Professions Australia as a member of the steering committee overseeing the development of the project 'Shared Care in Chronic Disease Management'. This project is developing resource materials for general practitioners to increase their understanding of what allied health professionals do, when to refer, and the benefits of a multidisciplinary team in managing chronic disease. Type 2 diabetes is one of three chronic diseases that have been chosen to relay this message. This project involves the production of a fact sheet on the CDE, a DVD and the development of a website that provides information on health professionals. The website will allow GPs to search for a CDE in their local region, improving referral processes. In addition, AHPA will be linking its web directory of allied health providers back to the ADEA. This will both increase traffic to the ADEA website, and promote member's services under the Enhanced Primary Care program for no extra cost.

Professional Indemnity Insurance for Credentialled Diabetes Educators

The growth of private practice within diabetes education increased the need for insurance tailored to CDEs. The ADEA signed a partnership agreement with the Guild in 2008 to provide a range of insurance products for CDEs. The premiums are favourable when compared to what is available for other allied health professionals from other insurers. These insurance products may also be applicable for CDEs not in private practice, for example professional indemnity, products liability and public liability insurance. The ADEA would like to remind CDEs to check that the insurance offered through their employer schemes adequately covers the range of services they provide and activities they undertake.

Figure 4: Number of individual consultations by item number by select year



Equitable access to diabetes self management education

Primary care diabetes education workforce

The need for CDEs practising in the primary care sector is likely to continue to grow for many reasons, for example increasing focus of primary care and self management, and increasing incidence and prevalence of type 2 diabetes. Currently, CDEs practicing in the primary care sectors have a variety of permanent and contract employment arrangements with state and territory health organisations and general practices, as well as being self employed in private practice. Although there is no doubt self employment solutions through private practice will continue to grow, the introduction of Medicare, Department of Veterans' Affairs and limited private health insurance rebates for diabetes education are only initial steps in ensuring the viability of private practice.

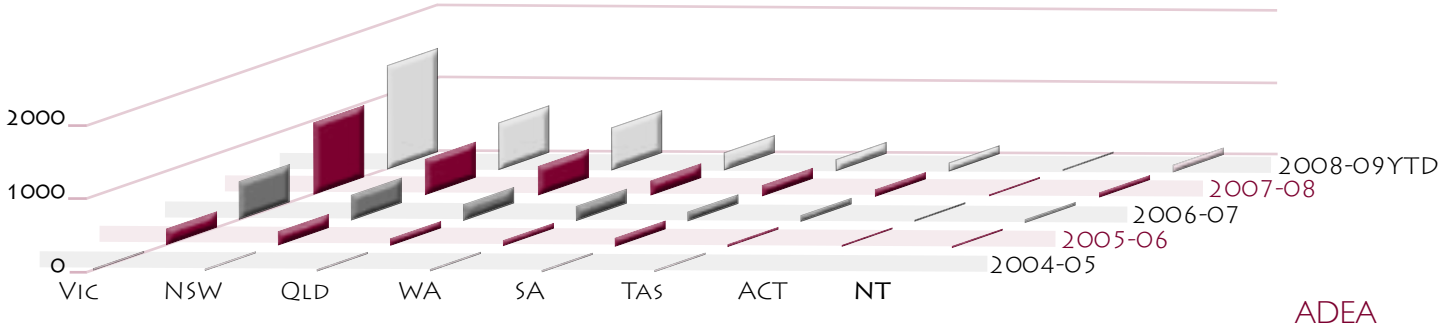
Maintaining a strong focus on matters pertinent to CDEs working in the primary care setting remains an integral part of ADEA's core business. Limited access to rebates for diabetes education under Medicare continues to be a central theme in ADEA's engagement with the Department of Health and Aging. Similarly, ADEA continues to engage with the private health insurance industry to advocate for patient rebates for diabetes education.

Medicare

There continues to be a steady increase of persons with diabetes claiming a Medicare rebate for diabetes education services, with individual consultations under the Enhanced Primary Care initiative delivering most of the patient rebates. (Figure 4.) This increase is also evidence there is an increased private practice diabetes education workforce. However, there has not been a similar increase in diabetes education for group services.

Statistics demonstrate that there are concentrations of individual consultations in Victoria and NSW. Patients in Victoria access almost 50% of all rebates for MBS Item 10951 in the year to date. This is not unexpected as the majority of ADEA members and CDEs practice in Victoria and NSW. (Figure 5.)

Figure 5: Individual consultations by state/territory by select year



Developing a model for delivery of diabetes education in conjunction with general practice

With funding from the National Diabetes Services Scheme (NDSS) Strategic Development Grant, ADEA has been piloting a diabetes self management education program in two Divisions of General Practice (GP). 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.

The project is concluding this year with the impact on diabetes self care behaviours to be evaluated through a randomized control trial study design. The results will contribute to strengthening the evidence base of the efficacy and effectiveness of diabetes self management education in 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 program has also been made available to Aboriginal Health Workers (AHW). One AHW has completed the program with a Siemens Medical Solutions sponsorship provided through the ADEA partnership with Quality Assurance for Aboriginal and Torres Strait Islander Medical Services.

Excellence in professional practice

Online continuing education

ADEA has expanded its range of online continuing education opportunities. The ADEA Home Study Program, sponsored by Johnson & Johnson, provides ten on-line learning modules across key diabetes education and care areas. A range of web presentations focusing on private practice, MBS Item numbers and issues surrounding insulin initiation are also available to all ADEA members. In addition, keynote presentations from last year's ASM are available, as is a presentation providing an overview of the Mentoring Program.

The ADEA is hoping to expand its on-line professional

development and education programs in the coming 12-24 months, particularly to support and offer services to members who may practice in geographic and/or professional isolation.

Mentoring program

The ADEA Mentoring Program was launched in 2008 with a series of Branch based workshops.

Participation in the Mentoring Program became a mandatory category for initial credentialling from March 2009. Mentoring is not only a learning activity for novice practitioners, but a key activity of life-long learning. Therefore, the ADEA Mentoring Program targets not only entry level diabetes educators aiming to achieve ADEA Credentialling, but also those diabetes educators already credentialled who are aiming to develop their practice to advanced practice levels.

A total of 35 CDEs have registered as available mentor. Since its inception, 108 mentoring partnerships have been registered, 18 have been completed and 90 are still in progress.

The ADEA commends the membership's support of the Mentoring Program. The ADEA is again conducting Mentoring Workshops at this year's ASM. The engagement during the workshop together with the evaluations will inform any changes to the administration process of the Mentoring Program and the actual Mentoring Program itself in the next 12 months.

ADEA committees

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

Course Accreditation and Standards of Practice (CASP) Committee.

Course Accreditation Committee: Judy Reinhardt (Chair), Jan Alford, Trish Dunning, Karen Crawford, Pauline Hill, Sara Jones, Rhonda Griffiths.

Reference Group: Pamela Sessions, Bodil Rasmussen, Rebecca Munt, Jenny Cross, Karen Glaister.

During 2008 all institutions previously meeting the ADEA course accreditation guidelines were reaccredited by the ADEA CASP Committee. These institutions are:

Curtin University of Technology, Perth. Graduate Diploma: Health Sciences (Diabetes Education) and Graduate Certificate (Diabetes Education). Accredited 2008-2013.

Flinders University, Adelaide. Graduate Certificate in Health: Diabetes Education. Accredited 2008-2013.

Mayfield Education Centre, Hawthorn. Diabetes Educator Certificate. Accredited 2008-2013.

Deakin University, Melbourne. Graduate Certificate in Diabetes Education. Accredited 2008-2013.

University of Technology, Sydney. Graduate Certificate in Diabetes Education and Management; at both the Sydney Campus and the Ipswich Campus. Accredited 2008-2013.

Program Organising Committee (POC)

The current committee, chaired by Melissa Armstrong, was convened in September/October 2008 to organise both the 2009 and 2010 ADS/ADEA Annual Scientific Meetings. Working closely with the official conference organiser, ASN Events, the Local Organising Committee, chaired by Pam Grierson and the ADS POC, chaired by Dr Jenny Gunton, the ADEA POC has kept to deadlines and is on target to deliver a varied and exciting program in Adelaide. The Plenary Speaker is Dr Amanda Adler from Addenbrookes Hospital in Cambridge. Financial support from Roche has continued, including help with both this year's Educators' Day and the sponsorship of Dr William Polonsky from the Behavioural Diabetes Institute in California.

At the time of writing this report, with earlybird registration yet to close, registrations are favourable in comparison to the predicted attendance. Accepted abstracts this year are slightly lower than for the 2008 meeting in Melbourne. Neither of these outcomes is unexpected, given the location of the meeting

and the current economic crisis. In contrast, the target trade income is currently favourable. It is planned to have an ADEA POC electronic handbook produced including details of all aspects of organising the conference prior to the handover of the chairpersonship after the 2010 meeting in Sydney. Several POC members will be retiring after the 2009 meeting and expressions of interest for new members will be called for in September.

Credentialling Committee

The Board has approved the implementation of a review of the overall credentialling process. This is planned to begin before the end of 2009. The review will examine factors in the changing work environment that may impact on the credentialling process. It will also consider issues raised by members in relation to the current process.

The mentoring program was finally implemented from March 2009 with all new applicants for credentialling needing to have completed a registered partnership prior to submitting their application. Mentors and mentees completing partnerships will be asked to complete a survey around the process, the results of which will be used to assess the need for change in the future. A workshop will be held at the Roche day to: both provide information and assess the process.

The Local Organising Committee (LOC)

Since late 2008 our committee of five local diabetes educators has been involved in discussing, planning and at times agonising to assist with ASM organisation at the local level. In the face of difficult economic conditions the committee has been diligent in striving to ensure that this year's Conference meets the high standard expected by members. We are delighted that so many people have chosen to come to Adelaide. The committee has worked hard to put in place an entertaining and competitive event that not only gives our state the chance to display its enormous diversity but also promotes learning in an atmosphere conducive to the sharing of expertise.

As a committee we have had the privilege of observing and participating in the 'behind the scenes' activities that are so fundamental to the success of the Conference. And last but not least we have had the opportunity to forge lasting and valued connections and friendships with colleagues through our shared experience.

Clinical practice

In 2009, the ADEA Board approved the formation of the ADEA Clinical Practice Committee with multidisciplinary membership. The Clinical Practice Committee has overseen the development of two position statements:

'Minimum standards for use of blood sampling devices in a health care setting'

'Use of Blood glucose meters'

Work is also being undertaken on the development of an ADEA DAA position statement entitled: The role of CDEs and Accredited practising dietitians in the delivery of diabetes self-management and nutrition services for people with diabetes.

Governance

Building organisational capacity for sound governance

National Office has implemented a number of policies and procedures and designed templates for time sheets, time-in-lieu, leave, use of own motor vehicle for work purposes and creating invoices. The following employee policies/checklists have also been developed:

Code of Conduct

Recruitment and Selection

Contract of Employment

Performance Review and Professional Development

Discipline and Termination of Employment

Grievance Resolution

Educational Assistance and Study Leave

Disclosure of Personal Information

Use of the Internet

Anti-Discrimination and Equal Employment Opportunity

Commitment to Occupational Health and Safety

Worker's Compensation

Redundancy

Resignation

Termination

All staff have now attended ergonomic training and have had their work stations assessed. A number of items, including footstools, wrist rests, height adjusters, document holders, have been purchased. The Executive Director has attended an occupational health and safety workshop to familiarise herself with the new ACT workplace legislation.

Ensuring clinical governance

ADEA is committed to maintaining high standards of behaviour by 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.

Leadership and collaboration

National Diabetes Services Scheme projects

ADEA continues to develop and implement an annual NDSS Services Plan as part of its commitment under the NDSS Services Agreement. The ADEA has recruited a dedicated NDSS Project Team to manage the various activities funded under the ADEA NDSS Agreement.

Some of the activities are single entity projects completed within a financial year, but the majority are developed and undertaken in stages where one project informs future projects that will be undertaken and completed within the timeframe of the current NDSS Services Agreement.

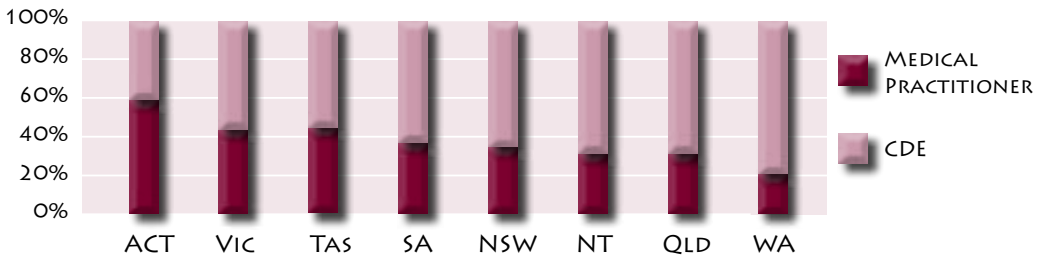
CDEs facilitating access to the NDSS for people with diabetes

CDEs continue to play a major role both in initial authorisation of NDSS registrations and Insulin Pump Consumable authorisations. From 1 July 2008 to 30 June 2009 36% (30,984) of all new NDSS registrations were completed by a CDE. (Figure 6.)

Desk top guide for NDSS authorisations

Over the last 12 months , a Desktop Guide has been disseminated to all new CDEs. The aim of the Desktop Guide is to ensure compliance with NDSS authorisation requirements in order to maintain the integrity of the NDSS data. The impact of the Desktop Guide has been evaluated using a range

Figure 6: New NDSS registrations from 1 July 2008 to 30 June 2009



of strategies including a survey hosted on the ADEA web page. Following this evaluation, the ADEA NDSS Project Team is planning the introduction of additional tools in 2009-2010 to ensure the required process for NDSS authorisation is maintained.

Systematic review of the effectiveness, appropriateness and meaningfulness of self monitoring blood glucose in people with non insulin treated type 2 diabetes

The systematic review of the effectiveness, appropriateness and meaningfulness of Self Monitoring Blood Glucose (SMBG) in non insulin treated type 2 diabetes was conducted by the Joanna Briggs Institute. The review corroborated recent national and international research findings that strategies inclusive of self monitoring of blood glucose were no more effective in achieving glycaemic control than strategies that do not include self monitoring of blood glucose, that is in terms of effectiveness there was no clinical benefit.

Although this review did not identify a benefit in terms of HbA_{1c}, there was evidence to suggest people using SMBG benefit in terms of detection rates of hypoglycaemia and lowered serum cholesterol.

The final report will be available on the ADEA webpage.

The effectiveness and appropriateness of educational components and strategies associated with insulin pump therapy.

The final report, available on the ADEA webpage, was completed in August 2008 and the findings presented at the 2008 ADEA/ADS Annual Scientific Meeting. The NDSS Project Team is currently considering a range of second phase activities that may contribute to increased national consistency in the approach to initiation and ongoing care in Insulin Pump Therapy.

Diabetes self management education and information needs of younger people with type 2 diabetes

The report on the information and education needs of young Australians aged 25-45 years who are living with type 2 diabetes was conducted by the Deakin University School of Nursing. This report will inform ADEA's process of developing appropriate consumer resources for this group. The review identified a dearth of education and information targeted to this age group.

Recommendations have been made on the desired content, including some topics not generally covered in diabetes education, and quality of information. Key elements to be considered in developing these resources include:

- how this content should be developed, for example with the direct involvement of the target group;
- the use of the latest technology that allows the use of graphics, cartoons, music and narration;
- the delivery mode;
- what services and support should be made available;
- what general practitioners need to know about this group's education needs.

The complete report is available on the ADEA webpage.

Development of consumer resources

ADEA, in collaboration with Diabetes Australia Ltd, has completed the development of 22 consumer resources, which will be freely available to NDSS registrants. These are to be launched at the 2009 Annual Scientific Meeting. The topics are:

Staying well
Managing your wellbeing
Hypoglycaemia
Overcoming sick days type 1 diabetes
Overcoming sick days type 2 diabetes
Understanding gestational diabetes
Understanding type 1 diabetes
Understanding type 2 diabetes
Your diabetes team
Taking insulin
Medicines and type 2 diabetes
Medicines matter
Self monitoring blood glucose
Your monitoring guide
Getting the exercise habit
Managing the ups and downs of exercise
Getting the right balance
Know your carbohydrates

Facts about fat
Insulin and carbohydrates

Find a CDE

ADEA is in the process of undertaking a combined webpage and database renewal project. One of the main objectives for this is to improve the ***Find a CDE*** search function and upgrade its role as a key resource for people with diabetes and for other health professionals. The ***Find a CDE*** search function will incorporate multilingual, post code, proximity and Google Street Map functions.

Outcome and indicators in diabetes education

ADEA is undertaking a scoping and feasibility study into the development of diabetes education outcomes and indicators data set. This will be underpinned by the 2007 report *Outcomes and Indicators for Diabetes Education – National Consensus Position*. The feasibility study will also include a national pilot of the collection of various data sets.

ADEA leaders

Branch executives as at July 2009

ACT
Libby Bancroft (chair)
Nicole Le Cornu (secretary)
Nola McFarlane (finance officer)

NSW
Marlene Payk (chair)
Coral Shankley (secretary)
Anne Wansbrough (finance officer)

NT
Linda Rennie (chair)
Jan Stevenson (secretary)
Michelle Walding (finance officer)

Qld
Karen Haworth (chair)
Tracey Tellam (secretary)
David Irvine (finance officer)

SA
Jenny Johns (chair)
Luisa Pinto (secretary)
Marianne Lambert (finance officer)

Tas
Elisa Williams (chair)
Traci Lonergan (secretary)
Kim Dalla (finance officer)

WA
Denise Smith (chair)
Gail Cummins (secretary)
Karen Beardsmore (finance officer)

Vic
Margaret Ryan (chair)
Emma Williams / Jenny Thomas (secretary)
Marianne Reardon (finance officer)

Committees, special interest groups and working parties

Complaints committee
Nuala Harkin (chair)
Jan Alford
Tricia Marshall
Denise Smith
James Pollitt
Cathy Stephens
Erica Wright

Conference Program Organising Committee
Melissa Armstrong (chair)
Pam Jones
Jan Alford
Carol De Groot
Cliff Mason
Fiona McIver
Jane Giles
Clair Matthews

Conference Local Organising Committee
Pam Grierson (chair)
Julie Macdonald
Maureen Carey,
Michelle Hogan
Sharon Oakland

Course Accreditation and Standards of Practice Committee
Judy Reinhardt (chair)
Rhonda Griffiths
Jan Alford
Pauline Hill
Sara Jones
Trisha Dunning
Karen Crawford

Credentialling Committee and Reviewers
Jan Alford (chair)
Helen Phelan
Wendy Bryant
Joyce Gwynne
Maxine Schlaeppi
Lois Rowan
Lisa Grice
Lynette Randall
Lauren Botting
Maggie Lasdauskas
Elizabeth Obersteller
Chris Lester

Finance and Audit Committee
Tracy Aylen (chair)
Karen Beardsmore
Marianne Reardon
Ros Jackson
Clair Matthews
Tim Zhang

Sponsorship Committee
Nuala Harkin (chair)
George Barker
Clair Matthews

International Partnerships Committee
Jane Giles (chair)
Ruth Colagiuri
Heather Hart

Editorial Advisory Group
Clair Matthews (chair)
Helena Griggs
George Barker
Kate Marsh
Michelle Robins

Clinical Practice Guideline Committee
Dr Jane Overland (chair)
Mark Coles
Melissa Armstrong
Michelle Robins
Rachel Stoney
Denise Smith
Wendy Bryant

Nurse Practitioner Special Interest Group
Michelle Robins (chair)

Paediatric Special Interest Group
Karen Jameson (chair)

Private Practice Special Interest group
Leigh Spokes (chair)
Deb Foskett (interim chair)

High Risk Foot Special Interest Group
Emma Holland

ADEA representation

IDF-WPR Council
A/Professor Ruth Colaguiri

Medical Education and Scientific Committee
Heather Hart (chair)
Nuala Harkin
Fiona McIver

Health Care and Education Committee
Shirley Cornelius

Diabetes Management Journal
Kate Marsh

Conquest
Professor Trisha Dunning

NHMRC Type 2 Guidelines Management Group
Jane Giles

Diabetes and Driving
Victoria Stevenson

National Nurses Organisation
Tracy Aylen

IDF-WPR Diabetes Education Working Group
Jane Giles

Diabetes Australia
Jane Giles

Australian Diabetes Foot Network
Emma Holland
Jan Alford

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

2008 award winners

Jan Baldwin Award
Julie Bligh

National Certificate of Recognition
Jane Giles
Jayne Lehmann
Michelle Robins

Abbott Case Study
Anne Bush
Annabel Thurlow
Barbara Sawyer
Barbara Hutchinson
Elizabeth Hutton
Katrina Marsh
Katherine Stewart
Lisa Engel
Pamela Jones
Rosemary Macro

Abbott Diabetes Care Service Development
Natalie Smith

ADEA – IDF-WPR ASM Travel Scholarship
Ming Yeong Tan (Malaysia)
Pham Thi Tuyet (Vietnam)

Novo Nordisk – ADEA Graduate Scholarship Program
Enisar Kasar
Karen Toft
Denise Bennetts
Nicky Perderby
Vickye Coffey
Debra Brideson
Naxin Jiang
Michelle Angove
Raelene Gibson

Sanofi-aventis International Conference Travel Award
Melinda Morrison
Maxine Schlaeppi
Jennifer von der Borch
Chris Zingle

ADEA New Oral Presenter
Meagan Buszard

ADEA New Poster Presenter
Vicki Mahood

ADEA-Becton Dickson Best Poster
Annabel Thurlow

ADEA – Lilly Oral Innovation
Nasrin Parzian

ADEA – Lilly Poster Innovation
Alison Kempe

ADEA – Servier Merit
Charlotte Hurburgh

Australian Diabetes Educators Association Limited

FINANCIAL REPORT

For the year ended 30 June 2009

ACN 008 656 522

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

DIRECTOR'S REPORT

Your directors present this report on the Company for the financial year ended 30 June 2009

Directors

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

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

Neroli Barbara Rice
RM RN CDE

Rosemany Pamela Macro – Until July 2009
RN CDE

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

Helena Ulrike Griggs
B Pharm MPH RN CDE

Fiona McIver
BN Grad Cert (Diab Ed) RN CDE

Vicki Mahood
Grad Cert (Diab Ed) RN CDE

Tracy Aylen – Commenced December 2008
BHSC (Nursing), Grad Cert Diab Ed, Grad Cert HSM, RN CDE

Cheryl Steele – Commenced June 2009
RM RN CDE GradCert(DiabEd)

Jane Payne – Commenced December 2008
RN CDE GradCert(DiabEd)

Carol Degroot – Commenced July 2009
BN Grad Dip RAN, Grad Dip Diab Ed, M Nursing (Nurse Practitioner)

Glynis Dent – Commenced August 2008
Dip Gen Nursing, Cert. gerontology Nursing, Grad Cert Diab Ed, Grad Cert Human Nutrition

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
ABN 65 008 656 522

DIRECTORS' REPORT (CONTINUED)

Meetings of Directors

	DIRECTOR'S MEETINGS	
	Number eligible to attend	Meetings attended
Cheryl Steele	0	0
Fiona McIver	3	3
Glynis Dent	2	2
Heather Hart	3	3
Helena Griggs	3	3
Jane Payne	2	2
Neroli Price	3	3
Nuala Harkin	3	3
Rosemary Macro	3	2
Tracy Aylen	2	1
Vicki Mahood	3	3
Elisa Williams	1	1
Gaynor Garstone	1	1
Natalie Wischer	1	1

Principal Activities

The principle 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 profit of the Company amounted to $ 39,086.

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 and interest rates led to a decrease in income 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.

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

DIRECTORS' REPORT (CONTINUED)

After Balance Date Events

No matter 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.

Environmental Issues

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

Options

No options over issued shares or interests in the Company 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 talking responsibility on behalf of the Company for all 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 2009 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.

Vicki Mahood, Director

Dated this 23rd day of July 2009

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 2009 there have been:

(i) no contraventions of the auditor independence requirements 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

Dated this 23rd day of July 2009

WALTERTURNBULL
your extra asset

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
WalterTurnbull
ABN 90 613 256 181

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED

WALTERTURNBULL
your extra asset

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www.walturn.com.au
walterturnbull@walturn.com.au
WalterTurnbull
ABN 90 613 256 181

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 2009, 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.

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 judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

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*. We confirm that the independence declaration required by the *Corporations Act 2001*, provided to the directors of the Company on 23 July 2009, would be in the same terms if provided to the directors as at the date of this auditor's report.

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 2009 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.

Shane Bellchambers CA
Registered Company Auditor

Dated this 24th day of July 2009

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

DIRECTORS' DECLARATION

The directors of the Company declare that:

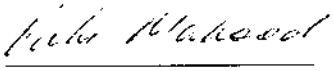
1. The financial statements and notes are in accordance with the *Corporations Act 2001* and:

   a. comply with Australian Accounting Standards; and

   b. give a true and fair view of the financial position as at 30 June 2009 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.



Vicki Mahood, Director

Dated this 23rd day of July 2009

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2009

	Note	2009 $	2008 $
Revenue	2	1,184,759	1,058,941
Staff costs		(229,751)	(257,821)
Operating expenses		(49,133)	(60,643)
ADEA products and general expenses		(123,755)	(115,762)
Meetings and travel		(182,435)	(193,073)
Financial and legal		(134,477)	(80,358)
Awards and travel support		(33,196)	(34,440)
Diabetes Australia		(13,578)	(19,613)
NDSS expenses		(224,317)	(191,878)
Project expenses		(155,031)	(195,638)
Profit / (loss)		39,086	(90,285)

The accompanying notes form part of these financial statements

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

BALANCE SHEET
AS AT 30 JUNE 2009

	Note	2009 $	2008 $	2007 $
ASSETS				
CURRENT ASSETS				
Cash and cash equivalents	5	1,056,693	1,066,594	722,103
Trade and other receivables	6	123,261	105,862	93,284
Other current assets	7	4,210	4,562	3,909
Other financial assets	8	710,633	738,156	869,537
TOTAL CURRENT ASSETS		1,894,797	1,915,174	1,688,833
NON-CURRENT ASSETS				
Property, plant and equipment	9	14,618	10,509	4,314
TOTAL NON-CURRENT ASSETS		14,618	10,509	4,314
TOTAL ASSETS		1,909,415	1,925,683	1,693,147
LIABILITIES				
CURRENT LIABILITIES				
Trade and other payables	10	132,820	183,375	67,873
Other current liabilities	11	460,544	466,468	259,149
TOTAL CURRENT LIABILITIES		593,364	649,843	327,022
NON-CURRENT LIABILITIES				
Provisions	12	1,125	-	-
TOTAL NON-CURRENT LIABILITIES		1,125	-	-
TOTAL LIABILITIES		594,489	649,843	327,022
NET ASSETS		1,314,926	1,275,840	1,366,125
EQUITY				
Retained earnings		1,314,926	1,275,840	1,366,125
TOTAL EQUITY		1,314,926	1,275,840	1,366,125

The accompanying notes form part of these financial statements

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

STATEMENT OF RECOGNISED INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
Opening retained earnings	1,275,840	1,366,125
Profit / (loss) attributable to the Company	39,086	(90,285)
Closing retained earnings	1,314,926	1,275,840

The accompanying notes form part of these financial statements

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

CASH FLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 2009

	Note	2009 $	2008 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from members and customers		1,195,023	1,299,785
Interest received		55,800	62,601
Payments to suppliers and employees		(1,250,472)	(1,082,624)
Net cash provided by operating activities	18(b)	351	279,762
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for plant and equipment		(10,252)	(8,573)
Proceeds from sale of investments		-	73,302
Net cash (used in) / provided by investing activities		(10,252)	64,729
Net (decrease) / increase in cash held		(9,901)	344,491
Cash at the beginning of the financial year		1,066,594	722,103
Cash at the end of the financial year	18(a)	1,056,693	1,066,594

The accompanying notes form part of these financial statements

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

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 (including Australian Accounting Interpretations) 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. Material accounting policies adopted in the preparation of this financial report are presented below and 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 the Company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Company and the amount of the grant can be measured reliably.

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

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

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) Inventories

The Company does not carry a material amount of inventories.

(c) 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.

Note 1: Statement of Significant Accounting Policies (continued)

(c) Property, Plant and Equipment (continued)

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.

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 depreciable assets are 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.

(d) Leases

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

(e) Financial Instruments

Initial Recognition and Measurement

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

Classification and Subsequent Measurement

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

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

Note 1: Statement of Significant Accounting Policies (continued)

(e) Financial Instruments (continued)

Classification and Subsequent Measurement (continued)

Amortised cost is calculated as:

(i) the amount at which the financial asset or financial liability is measured at initial recognition;

(ii) less principal repayments;

(iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and

(iv) less any reduction for impairment.

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

Financial assets at fair value through profit or loss

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

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.

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.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

Note 1: Statement of Significant Accounting Policies (continued)

(e) Financial Instruments (continued)

Classification and Subsequent Measurement (continued)

Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Fair Value

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

Impairment

At 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.

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 expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(f) Impairment of Assets

At 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 the asset's 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 determined as the 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.

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

Note 1: Statement of Significant Accounting Policies (continued)

(g) 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.

(h) Cash and Cash Equivalents

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

(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 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) 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) Intangibles

The Company does not have a material balance of intangible assets.

(l) Provisions

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

(m) Comparative Figures

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

Note 1: Statement of Significant Accounting Policies (continued)

(n) Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgements 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 evaluation of conditions and events specific to the Company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key Judgements – Valuation of Aged Receivables

Included in trade and other receivables at 30 June 2009 are receivables over ninety days past due amounting to $27,699 (2008: $40,614). The Company considers that these are collectible and therefore no provision for impairment has been made at 30 June 2009.

(o) New Accounting Standards for Application in Future Periods

The AASB has issued new, revised and amended standards and interpretations that have mandatory application dates for future reporting periods. The Company has decided against early adoption of these standards. A discussion of those future requirements relevant and their impact on the Company is as follows:

- AASB 2008-11: Amendments to Australian Accounting Standard — Business Combinations among Not-for-Profit Entities (applicable to annual reporting periods beginning on or after 1 July 2009). These amendments make the requirements in AASB 3: Business Combinations applicable to business combinations among not-for-profit entities (other than restructures of local governments) that are not commonly controlled, and to include specific recognition, measurement and disclosure requirements in AASB 3 for restructures of local governments.

- AASB 101: Presentation of Financial Statements, AASB 2007-8: Amendments to Australian Accounting Standards arising from AASB 101, and AASB 2007-10: Further Amendments to Australian Accounting Standards arising from AASB 101 (all applicable to annual reporting periods commencing from 1 January 2009). The revised AASB 101 and amendments supersede the previous AASB 101 and redefines the composition of financial statements including the inclusion of a statement of comprehensive income. There will be no measurement or recognition impact on the Company. If an entity has made a prior period adjustment or reclassification, a third balance sheet as at the beginning of the comparative period will be required.

- AASB 123: Borrowing Costs and AASB 2007-6: Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 and AASB 138 and Interpretations 1 and 12] (applicable for annual reporting periods commencing from 1 January 2009). The revised AASB 123 has removed the option to expense all borrowing costs and will therefore require the capitalisation of all borrowing costs directly attributable to the acquisition, construction or production of a qualifying asset. Management has determined that there will be no effect on the Company as borrowing costs are not currently incurred by the Company.

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

Note 1: Statement of Significant Accounting Policies (continued)

(o) New Accounting Standards for Application in Future Periods (continued)

- AASB 2008-5: Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-5) and AASB 2008-6: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-6) detail numerous non-urgent but necessary changes to accounting standards arising from the IASB's annual improvements project. No changes are expected to materially affect the Company.

- AASB 2008-8: Amendments to Australian Accounting Standards — Eligible Hedged Items [AASB 139] (applicable for annual reporting periods commencing from 1 July 2009). This amendment clarifies how the principles that determine whether a hedged risk or portion of cash flows is eligible for designation as a hedged item should be applied in particular situations and is not expected to materially affect the Company.

The Company does not anticipate early adoption of any of the above reporting requirements and does not expect them to have any material effect on the Company's financial statements.

This financial report was authorised for issue on 23 July 2009 by the Board of Directors.

	2009 $	2008 $
Note 2: Revenue		
Memberships and credentialing	249,503	205,630
NDSS allocation	208,225	150,691
Interest revenue	51,919	69,698
Conference ASM	132,391	120,258
Branch revenue	190,482	159,056
Awards, grants and sponsorships	49,480	45,996
Magazine and publications	165,935	163,860
Project income	124,521	118,511
Other revenue	12,303	25,241
	1,184,759	1,058,941
Note 3: Expenses		
Depreciation	6,122	2,378
Bad and doubtful debts	9,994	-
Total employee benefits expense	346,049	282,023
Rental expense on operating leases	7,732	7,507
Net loss on assets at fair value through profit or loss	27,523	58,079
Net loss on disposal of non-current assets	21	-

	2009 $	2008 $
Note 4: Auditor Remuneration		
Audit of the financial report	8,000	7,600
Other audit services	1,200	930
Other services	53,779	29,440
	62,979	37,970
Note 5: Cash and Cash Equivalents		
Cash on hand	700	700
Cash at bank	1,055,993	1,065,894
	1,056,693	1,066,594
Note 6: Trade and Other Receivables		
Trade receivables	116,515	96,525
Other receivables	6,746	9,337
	123,261	105,862

Provision for Impairment of Receivables

Current trade receivables are generally due within 30 days after the end of the month. 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 financial and legal expenses.

Movement in the provision for impairment of receivables is as follows:

	2009 $	2008 $
Provision for impairment at the beginning of the year	-	-
Charge for the year	9,994	-
Written off	(9,994)	-
Provision for impairment at the end of the year	-	-

Credit Risk – Trade and Other Receivables

The Company does not have any material credit risk exposure to any single receivable or group of receivables.

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

Note 6: Trade and Other Receivables (continued)

Credit Risk – Trade and Other Receivables (continued)

The following table details the Company's trade and other receivables exposed to credit risk with ageing analysis. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the Company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by considering the past payment history of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the Company.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

			Past due but not impaired				
	Gross amount $	Past due and impaired $	< 30 $	31-60 $	61-90 $	> 90 $	Within initial trade terms $
2009							
Trade receivables	116,515	-	17,286	5,261	18,146	27,699	48,123
Other receivables	6,746	-	-	-	-	-	6,746
Total	123,261	-	17,286	5,261	18,146	27,699	54,869
2008							
Trade receivables	96,525	-	13,783	388	3,136	40,614	38,604
Other receivables	9,337	-	-	-	-	-	9,337
Total	105,862	-	13,783	388	3,136	40,614	47,941

The Company does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

	2009 $	2008 $
Note 7: Other Current Assets		
Prepayments	4,210	4,562
Note 8: Other Financial Assets		
Held-to-maturity investments	225,362	216,111
Financial assets at fair value through profit or loss	485,271	522,045
	710,633	738,156

Held-to-maturity investments comprise bank term deposits.

Financial assets at fair value through profit or loss comprise managed investments.

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
Note 9: Property, Plant and Equipment		
Plant and equipment at cost	26,423	19,685
Less accumulated depreciation	(11,805)	(9,176)
	14,618	10,509

Movements in Carrying Amounts

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

	2009 $	2008 $
Plant and Equipment		
Balance at the beginning of the year	10,509	4,314
Additions at cost	10,252	8,573
Disposals at cost	(3,514)	-
Accumulated depreciation writeback on disposals	3,493	-
Depreciation expense	(6,122)	(2,378)
Balance at the end of the year	14,618	10,509
Note 10: Trade and Other Payables		
Trade creditors and accruals	114,021	164,591
Provision for annual leave	18,799	18,784
	132,820	183,375
Note 11: Other Current Liabilities		
Membership fees received in advanced	110,365	92,732
Unexpended grants	350,179	373,736
	460,544	466,468
Note 12: Provisions		
Opening balance	-	-
Additional provisions raised during the year	1,125	-
Amounts used	-	-
Closing balance	1,125	-
Analysis of Total Provisions		
Current	-	-
Non-current	1,125	-
	1,125	-

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

Note 12: Provisions (continued)

Provision for Long-term Employee Benefits

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

	2009 $	2008 $
Note 13: 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	8,760	8,505
- later than 12 months but not later than 5 years	17,553	26,313
	26,313	34,818

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five-year term. Increase in lease commitments occur at a rate of 3% per annum. The above amounts are reported inclusive of GST.

Note 14: Contingent Liabilities and Contingent Assets

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

Note 15: Events After the Balance Sheet Date

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

	2009 $	2008 $
Note 16: Key Management Personnel Compensation		
Short-term benefits	93,155	84,480
Post-employment benefits	8,384	7,603
	101,539	92,083

Note 17: Related Party Transactions

The Company transacts with the National Association of Diabetes Centres / Australian Diabetes Professional Organisaions (NADC / ADPO), a related entity of the Company.

The Company makes contributions to NADC / ADPO which are recognised in the income statement as expenses when paid. During the year ended 30 June 2009, contributions to NADC / ADPO totalled $nil (2008: $52,000).

Note 17: Related Party Transactions (continued)

NADC / ADPO also reimburses the Company for costs incurred in the ordinary course of business. As at 30 June 2009, the balance receivable from NADC / ADPO was $3,530 (2008: $7,053).

	2009 $	2008 $
Note 18: Cash Flow Information		
(a) Reconciliation of Cash		
Cash on hand	700	700
Cash at bank	1,055,993	1,065,894
	1,056,693	1,066,594
(b) Reconciliation of Cash Flow from Operations with Net Profit / (Loss)		
Net profit / (loss)	39,086	(90,285)
Non cash flows		
- Depreciation	6,122	2,378
- Loss on disposal of non-current assets	21	-
- Unrealised loss on financial assets	27,523	58,079
Changes in assets and liabilities		
- (Increase) in trade and other receivables	(17,399)	(12,578)
- Decrease / (increase) in other current assets	352	(653)
- (Decrease) / increase in trade and other payables	(50,555)	115,502
- (Decrease) / increase in other current liabilities	(5,924)	207,319
- Increase in provisions	1,125	-
Cash flow provided by operating activities	351	279,762

Note 19: Financial Risk Management

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

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

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

Note 19: Financial Risk Management (continued)

	2009 $	2008 $
Financial Assets		
Cash and cash equivalents	1,056,693	1,066,594
Financial assets at fair value through profit or loss	485,271	522,045
Held-to-maturity investments	225,362	216,111
Loans and receivables	123,261	105,862
	1,890,587	1,910,612
Financial Liabilities		
Trade creditors and accruals	114,021	164,591
	114,021	164,591

Financial Risk Management Policies

The Board of Directors' overall risk management strategy seeks to assist the Company in meeting its financial targets, whilst minimising potential adverse effects of financial performance. Risk management policies are approved and reviewed by the Board on a regular basis. These include credit risk policies and future cash flow requirements.

Specific Financial Risk Exposures and Management

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

(a) Interest Rate Risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at reporting date whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

The Company manages this risk by not incurring any material interest bearing debt.

(b) Liquidity Risk

Liquidity risk arises from the possibility that the Company might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The Company manages this risk through the following mechanisms:

- Preparing forward looking cash flow analysis in relation to its operational and investing activities;
- Managing credit risk related to financial assets; and
- Investing significantly in surplus cash with major financial institutions.

The tables below reflect an undiscounted contractual maturity analysis for financial liabilities.

Note 19: Financial Risk Management (continued)

Specific Financial Risk Exposures and Management (continued)

(b) Liquidity Risk (continued)

Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates.

Financial liability and financial asset maturity analysis:

	Within 1 Year $	1 to 5 Years $	Over 5 Years $	Total $
2009				
Financial liabilities due for payment				
Trade creditors and accruals	114,021	-	-	114,021
Total expected outflows	114,021	-	-	114,021
Financial assets – cash flows realisable				
Cash and cash equivalents	1,056,693	-	-	1,056,693
Trade and other receivables	123,261	-	-	123,261
Other investments	-	-	710,633	710,633
Total anticipated inflows	1,179,954	-	710,633	1,890,587
2008				
Financial liabilities due for payment				
Trade creditors and accruals	164,591	-	-	164,591
Total expected outflows	164,591	-	-	164,591
Financial assets – cash flows realisable				
Cash and cash equivalents	1,066,594	-	-	1,066,594
Trade and other receivables	105,862	-	-	105,862
Other investments	-	-	738,156	738,156
Total anticipated inflows	1,172,456	-	738,156	1,910,612

(c) Credit Risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counter parties of contract obligations that could lead to a financial loss to the Company.

Credit risk is managed through the monitoring of payment histories of customers for aged receivables.

Risk is also minimised through investing surplus funds in financial institutions that maintain high credit rating.

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

Note 19: Financial Risk Management (continued)

Specific Financial Risk Exposures and Management (continued)

(c) Credit Risk (continued)

Credit risk exposures

The maximum exposure to credit risk by class of recognised financial assets at balance date is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the balance sheet.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed in Note 6.

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.

(d) Price Risk

Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices largely due to demand and supply factors for commodities.

The Company is exposed to securities price risk on financial assets classified as at fair value through profit or loss. Such risk is managed through diversification of investments across industries.

Net Fair Values

Fair value estimation

The fair values of all financial assets and financial liabilities approximate their carrying values as presented in the balance sheet. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgement, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgement and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices. Where securities are unlisted and no market quotes are available, fair value is obtained using discounted cash flow analysis and other valuation techniques commonly used by market participants.

Differences between fair values and carrying values of financial instruments with fixed interest rates are due to the change in discount rates being applied by the market since their initial recognition by the Company. Most of these instruments which are carried at amortised cost are to be held until maturity and therefore the net fair value figures calculated bear little relevance to the Company.

Note 19: Financial Risk Management (continued)

Net Fair Values (continued)

The fair values of financial instruments have been determined based on the following methodologies:

(i) Cash and cash equivalents, trade and other receivables and trade and other payables are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for relating to annual leave and deferred income which is not considered a financial instrument.

(ii) For listed held-for-trading financial assets, closing quoted bid prices at reporting date are used.

(iii) Fair values of held to maturity investments are based on quoted market prices at reporting date.

Sensitivity analysis

The following table illustrates sensitivities to the Company's exposure to changes in interest rates and equity prices. The table indicates the impact on how profit and equity values reported at balance date would have been affected by changes in the relevant risk variable that management considers to be reasonable possible. Theses sensitivities assume that the movement in a particular variable is independent of other variables.

	2009 $	2008 $
Change in profit		
- Increase in interest rate by 2%	21,120	21,332
- Decrease in interest rate by 2%	(21,120)	(21,332)
- Increase in investments of 10%	48,527	52,205
- Decrease in investments of 10%	(48,527)	(52,205)
Change in equity		
- Increase in interest rate by 2%	-	-
- Decrease in interest rate by 2%	-	-
- Increase in investments of 10%	-	-
- Decrease in investments of 10%	-	-

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

No sensitivity analysis has been performed on foreign exchange risk as the Company is not exposed to foreign currency fluctuations.

Note 20: Capital Management

Management controls 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.

Note 20: Capital Management (continued)

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 21: Prior Period Error

During the year ended 30 June 2007, grant funding received was incorrectly recognised as revenue, rather than as a liability in the balance sheet. This prior period error resulted in an understatement of unexpended grants and net assets by $42,143 as at 30 June 2007 and 30 June 2008. This error has been corrected by restating the balance sheets as 30 June 2007 and 30 June 2008.

Note 22: 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

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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.

CREDENTIALLED DIABETES ADEA EDUCATOR

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