AUSTRALIAN DIABETES EDUCATORS ASSOCIATION

Australian Diabetes Educators Association

Annual Report 2009–10

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 2009-2010

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ADEA Board

National Executive

PRESIDENT
Heather Hart CCC RN CDE BN GradCert(DiabEd)

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

FINANCE DIRECTOR
Tracy Aylen RN CDE

EXECUTIVE MEMBER
Fiona McIver RN CDE BN GradCert(DiabEd)

Other Board members

Carol de Groot RN CDE GradCert(DiabEd)

Cheryl Steele RM RN CDE GradCert(DiabEd)

Giuliana Murfet RN CDE NP MSc(Diabetes) MNg(Nursing)

Glynis Dent RN CDE GradCert(DiabEd) GradCertHumanNutrition

Jane Payne RN CDE NP GradCert(DiabEd)

Neroli Price RM RN CDE

ADEA National Office staff

EXECUTIVE DIRECTOR
Clair Matthews

EXECUTIVE ASSISTANT AND BOARD SECRETARY
Joy Barac-Heath

ADMINISTRATION OFFICER
Aneesa Khan

CREDENTIALLING OFFICER AND NADC OFFICER
Gina Chen

FINANCE OFFICER
Megan Krajina

NDSS staff

STRATEGIES MANAGER
Gil Cremer

ADMINISTRATIVE OFFICER
Aneesa Khan

FINANCE OFFICER
Megan Krajina

PROJECT MANAGER
Lhawang Ugyel

PROJECT OFFICERS
Geoff Murray-Prior
Kerstin Weber
Nithin Kolanu

ADEA Board
Back row from L *Neroli Price, Carol de Groot, Glynis Dent, Cheryl Steele, Jane Payne, Giuliana Murfet*
Front row from L *Tracy Aylen, Nuala Harkin, Heather Hart, Fiona McIver*

ADEA staff
Back row from L *Geoff Murray-Prior; Joy Barac-Heath, Gil Cremer, Megan Krajina, Aneesa Khan, Nithin Kolanu*
Front row from L *Gina Chen, Clair Matthews, Kerstin Weber*
(missing Lhawang Ugyel)

President's and Executive Director's report

The last year has been a productive one for ADEA. With the ADEA Strategic Plan 2008–11 due for review in 2011, it is timely to reflect on what has been achieved for members, by the Board and National Office under the current plan. Highlights of some of the key achievements are documented under each of the seven goals of the plan.

Support and promote the membership

The prime interface between ADEA and its members and also a resource for the public, the redeveloped ADEA website, was launched on 31 March 2009. National Office is undertaking regular reviews of the website and adapting its functions to optimise ease of use by members. The Forums pages were launched 30 June 2010. The capacity of the ADEA database has improved, supporting more member services on-line, for example members can now register for events such as Branch Conferences, and pay membership and credentialling fees online. The 'Find a CDE' function is now available to all visitors to the ADEA website. Other organisations, for example Allied Health Professions Australia and Medical Director promote this function by providing links to 'Find a CDE' from their websites.

ADEA has updated the '7 steps to success', publishing and printing the consumer resource 'Looking after your type 2 diabetes: smart steps to getting started'.

Develop standards and best practice guidelines

The ADEA Clinical Practice Committee, independently and, as required, in conjunction with external consultants, researches current evidence when formulating guidelines and standards. The Board has endorsed two Position Statements: Minimum Standards for Capillary Blood Lancing Devices in Health Care Settings and the Use of Blood Glucose Meters. The ADEA Code of Conduct has been revised and endorsed by the Board.

A tender process has been undertaken to contract consultants to review ADEA credentialling and re-credentialling processes. The review is due to commence in August. ADEA's role in accrediting university qualifying courses for practice in diabetes education has been continued, with National Office supporting members of the Accreditation and Standards of Practice Committee to review the accreditation Manual and process, which now incorporate diabetes self-management education. ADEA continues to work toward benchmarking excellence in diabetes education practice through the Outcomes and Indictors project. This project is developing clinical and qualitative indicators to be used to assess the outcomes of diabetes self-management education.

The ADEA Sick Day Guidelines are under review and Expressions of Interest for this Committee have been called for.

Insulin issues are due for consideration by the Insulin Initiation Working Party, Chaired by Prof Trisha Dunning.

Provide professional development and education opportunities

ADEA nurtures professional development and education opportunities. The ADS-ADEA ASM continues to grow each year, being well supported by ADEA members. All Branches provide opportunities for staying abreast of current diabetes information and research through meetings and Branch Conference activities. National Office has supported Conference registration processes by increasing the hours of employment of the National Office finance officer. The on-line Branch Conference registration trialled by the Tasmania Branch was successful and will be available for all future events requiring registration. The Branch Conference Manual developed by the Branch Conference Manual Working Party is now complete and will serve as a national resource for all Branches. E-learning in development includes:

- New technologies package
- Aged care modules
- Diabetes for the Practice RN

The Diabetes Self-Management Education on line education program developed for students enrolled in university post graduate diabetes education courses will soon be available through a link on the ADEA

website. ADEA, in collaboration with Novo Nordisk, also provides annual scholarships through a competitive process to financially assist students completing these postgraduate courses.

ADEA continues to recognise excellence in professional practice through ADEA Branch and National Certificates of Recognitions, the Jan Baldwin Award and Life Membership.

Promote the importance of diabetes education research

This year has seen the largest number of abstracts submitted by ADEA members to present at the ADS–ADEA Annual Scientific Meeting. Delegates to the ASM can learn about the current/latest research by ADEA members through oral and poster presentations.

Some branches have held training in writing abstracts, and all support the opportunity to present at local branch conferences. In 2009, training was held on abstract judging, assessing and marking

Advocate for equitable access to quality diabetes services

ADEA National Office has negotiated a major first in 2010, with a contract with Medibank Private, Australia's largest Private Health Fund, to recognise and reimburse CDE services accessed by their eligible members. ADEA has sourced funding via a Diabetes Australia NDSS Strategic Development Grant, to develop and pilot a diabetes education program for Aboriginal Health Workers. Training in diabetes education for practice nurses will also increase access by those with diabetes to quality services.

The announcement of a series of diabetes funding initiatives, as part of the Commonwealth Government's Health and Hospitals reform plan is welcome news for those with diabetes. The focus on primary care via General Practitioners alone will not be sufficient to keep people out of hospital or provide all care required. Diabetes Educators and other specialist Health Professionals are needed to provide care across the continuum. ADEA, with ADS, is in discussion with the Federal Health Minister's office, with the aim of active involvement in the planning and implementation phases of this strategy. ADEA and ADS submitted comment to the Senate Inquiry on the Council Of Australian Governments (COAG) reforms relating to health and hospitals. The National Association of Diabetes Centres (NADC) is conducting a survey to gather further evidence to support a case for increased funding of diabetes centres.

Liaise and collaborate with relevant bodies

ADEA has partnerships with related organisations to achieve mutual or allied goals. The ADS remains a major partner, managing the joint ASM, NADC and supporting initiatives by cross representation on Committees and Working Party's, through the ADS-ADEA Collaborative. ADEA is a member organisation of Diabetes Australia Limited (DAL), Allied Health Professions Australia (AHPA) and the National Primary Health Care Partnership (NPHCP). ADEA continues to work in partnership with the Australian Practice Nurses Association (APNA) to develop and accredit a diabetes online course for registered nurses working in general practice.

ADEA has representatives on national and international committees and working parties. These roles are outlined throughout this report. ADEA has links with the International Diabetes Federation (IDF), with Professor Dunning as the IDF Western Pacific Region representative, and is strengthening links in Asia.

Ensure good governance

All members of the ADEA Board participated in governance training in November 2009. This is a bi-annual event and includes finance and risk management training. Training will be provided for branch executives at the 2010 ASM for the first time. Finance training was held for branch finance officers at the 2009 ASM and will be held again in 2010. The training included developing and reporting on a Branch budget. National Office has provided monthly income and balance statements to assist branch finance officers implement this knowledge.

Newly implemented communication processes between National Office and Branches on finance matters have been well received by Branch Finance Officers.

Finance and Audit Committee (FAC) has altered its meeting schedule from quarterly to monthly in line with current accepted governance standards.

The Board has undertaken a routine review of the Constitution, and proposed Constitution changes will be put to the vote of ADEA full members, at this year's AGM.

Heather Hart
President

Clair Matthews
Executive Director

Finance Director's report

In 2009–10 the ADEA has established a stronger base for increasing member services and representation. This has involved close examination of the income streams of ADEA and decisions around securing appropriate levels of revenue into the future.

The following provides some additional background to the current Financial Statements and Finance and Audit Committee (FAC) activities. The FAC encourages all members to read through the Financial Statements and accompanying Notes included with the Annual Report.

Background to Fee Increases

The ADEA was originally established and maintained through the voluntary work of diabetes health professionals. Later, as the workload and number of activities increased, a small national office was established. This combined effort of members and staff at National Office is a significant and critical factor to ADEA's continued success. The number of committees, working groups and other activities is increasing, as is the workload associated with member services, external representations, and projects undertaken from the National Office. This necessitates a corresponding change in the staffing at National Office, and in the resources required to provide member services.

At the time of writing this report, ADEA has advertised for a full time Professional Officer. In the past ADEA opted for deficit funding of the Professional Officer position, while the role was being established and the options for securing ongoing funding were explored. Longer term ADEA members will recall that there was a planned deficit as part of funding the employment of the Professional Officer in a 2 year contracted role.

During the 2008 AGM members expressed their concern at the occurrence of a deficit and indicated that ADEA should ensure sufficient financial resources to support initiatives, such as the Professional Officer role. In addition, at the following 2009 AGM considerable discussion occurred around the need for increased credentialling support at National Office, to streamline the processing of applications, reduce the workload for the Credentialling Committee and further improve the response time for credentialling applications and enquiries.

The ADEA Board has responded to these stated concerns and requests, to further improve member services and to address resourcing for committees and working parties. In order to achieve the proposed staffing changes, the ADEA Board took the necessary decision of substantially increasing the level of membership fees from 1st July 2010. ADEA's core ongoing income is generated from membership, credentialling and advertising. The scope of fee rises was set to cover the costs of employing additional staff.

Increasing the number of staff across ADEA core services and project work has also prompted a review of the functional amenity of National Office and prompted a subsequent relocation. Prior to moving from the two room office at Mulley Road, three people shared the Executive Director's office and five people shared the remaining office. The negotiated rental cost per square metre at the new offices is the same as before however the available floor space has been markedly improved. This entailed a modest increase in the ADEA budget for rental of offices and there is now adequate space to accommodate the planned additional staff.

Points of Interest

Membership fees as a proportion of total revenue

Membership fees (full, associate and sustaining members) contributed $245,596 or almost 17% as a proportion of total revenue.

Profit / Surplus

On the 'Statement of Comprehensive Income' the

amount shown under Profit is $318,214 for the 2009–10 financial year. This profit or surplus amount includes the tagged project funds which cross over to the next financial year (2010–11), examples of which are included in Table 1. These funds need to be expended on the project for which they are specified. Please note that in addition to the ADEA financial statements there are separate NDSS financial statements produced in line with requirements under the NDSS contract.

Table 1: Example of Project Funds held at the end of 2009–10 financial year

Diabetes Self-Management Education (DSME) Grant	$36,378
Merck Sharp & Dohme (MSD) Grant	$55,080
NDSS Grants	$147,961
Scholarship – Novo Nordisk	$6,000

Investment of funds

Return on ADEA investments has been recovering over this financial year. Last financial year the total return was $51,919 compared to $69,101 for 2009–10. To build the current reserves ADEA has reinvested the interest earned on investment funds.

Appointment of new Consultant Accountant

ADEA has maintained a Consultant Accountant role on the Finance and Audit Committee for several years, improving financial governance through this added provision of independent and expert advice. Prior to the 2009 AGM, the ADEA Consultant Accountant role was undertaken by the same person who provided a consulting accountant role at Diabetes Australia Limited (DAL). Members will recall that the CEO and President of DAL had resigned in the period leading up to the 2009 Annual Scientific Meeting. The DAL Consultant Accountant also resigned from all her diabetes related positions, leaving the ADEA without this consultancy support in the lead up to the 2009 AGM.

Following the 2009 AGM ADEA reviewed the range of skills required for the Consultant Accountant role and then sought appropriately qualified candidates with an interest in supporting our organisational goals. We are pleased to welcome Mr Martin Gordon, who is a Fellow of CPA Australia and a Graduate of the Australian Institute of Company Directors (AICD), as the new Consultant Accountant to ADEA. Martin works at the Australian Taxation Office as an Assistant Director for Internal Audit and is based in Canberra.

Changes in the Financial Statements

When reading the Financial Statements members will note some changes in terminology in line with current accounting and auditing practice:

- Income Statement is now titled 'Statement of Comprehensive Income'
- Balance Sheet is now titled 'Statement of Financial Position'
- Statement of Recognised Income and Expenditure is now the 'Statement of Changes in Equity'

The financial statements included in the Annual Report meet all Australian regulatory requirements.

Finally, I'd like to thank the National Office team for their continued support over the past twelve months. Special thanks also to Megan Krajiina for her patience in assisting with all my queries during the past 11 months. In closing I'd especially like to acknowledge the significant contributions made to the Finance and Audit Committee by the two Branch Finance Officer representatives: Karen Beardsmore from Western Australia and Marianne Reardon from Victoria. It was a pleasure working with the FAC team.

Tracy Aylen
Finance Director

Industry partnerships

SUSTAINING MEMBERS

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

Medtronic

sanofi aventis
Because health matters

MERCK SHARP & DOHME

BUSINESS PARTNERS

ADEA's Business Partners make an invaluable contribution to ADEA and the programs it is able to provide to its membership. Over 2009–10, ADEA's Business Partners have supported a wide range of projects and activities including the provision of post graduate scholarships, on-line professional development, advocacy projects and support for ADEA marketing activities. We are grateful to them for their support.

PLATINUM BUSINESS PARTNERS

Abbott Diabetes Care

THE Australian Diabetes Educators Association (ADEA) has received an education grant from Abbott Diabetes Care, Abbott Australasia Pty Ltd to produce an online education program New Technologies for diabetes educators. ADEA is working in collaboration with the Australian Diabetes Society (ADS), to develop four modules with the latest information on technology and evidence based practice, covering:

- GLYCAEMIA Matters
- BLOOD Glucose Monitoring Systems
- INSULIN Pump Therapy
- CONTINUOUS Glucose Monitoring Systems

MERCK SHARP & DOHME

MERCK SHARP AND DOHME have provided an education grant to develop a Diploma in Diabetes Education in the General Practice Setting for practice and enrolled nurses working in primary care. The Program will be designed and developed to meet National Training System requirements to be a nationally recognised qualification at the vocational graduate certificate level.

novo nordisk

POST GRADUATE SCHOLARSHIPS PROGRAM.

NOVO NORDISK has provided funding to support three ADEA members to attain Post-graduate Certificates in Diabetes Education.

AN INTEGRATED APPROACH TO DIABETES MANAGEMENT, EDUCATION AND CARE

NOVO NORDISK has provided an education grant to fund research into An integrated approach to diabetes management, education and care.

THE aims of the project are to:

• IDENTIFY and report on current diabetes education service delivery models, including an assessment of their strengths and weaknesses within the context in which services are provided.

• IDENTIFY the strength, role and scope of practice of:

◦ DIABETES education specialist practitioners (endocrinologists and Credentialled Diabetes Educators (CDEs)) in the tertiary sector;

◦ DIABETES education specialist practitioners (CDEs) in the primary sector; and

◦ GENERALIST education specialist practitioners (General Practitioners (GPs) and practice nurses) in the primary sector.

• UNDERSTAND referral practices within primary care.

GOLD BUSINESS PARTNER

Medtronic

PHASE 2 of the Practice Development: Paediatric Insulin Pump Project was held in Sydney on the 23rd and 24th November 2009. The workshop brought together diabetes educators and dietitians to document how diabetes educators and dietitians work together with insulin pump initiation to optimize efficiency in achievement of clinical outcomes and patient satisfaction.

Two main areas were identified as gaps within the insulin pump initiation process. These were a lack of 1) formal evaluation of processes and 2) education resources.

Medtronic have funded a further phase of this project. Planning for Phase 3 is underway with the first of a series of workshops and meetings to be held in July.

PARTNERS

BD

ANNUAL Scientific Best Poster Award

ANNUAL Scientific Meeting Best oral presentation Award

Lilly

REDESIGN, update and printing of the Looking after your type 2 diabetes Smart steps booklet.

Roche

ROCHE continue to fund the Roche Educators Day held the day before the commencement of the Annual Scientific Meeting.

TOPICS covered at the August 2009 ASM were:

THE art of mentoring; value and role of diabetes health professionals

USING imagery, real world teaching

PRIVATE practice, making it a reality

ABC of feet

WHOSE role is it anyway? Nutrition education in diabetes.

sanofi aventis
Because health matters

SPONSORSHIP for ADEA to present a series of workshops at the General Practice Continuing Education (GPCE) meeting held in Sydney in May 2010. The topics covered were:

DESIGN of a Role of the CDE flyer for general Practitioners.

Membership and communications

Member Satisfaction Survey Preliminary Report

At the ADEA AGM 2009, there was a resolution put to, and voted on, by the membership.

The motion put by Jenny Jones was 'SA Branch would like to propose a Member Satisfaction Survey. This should be designed by a working party with one member from each ADEA Branch, ratified by the Board for implementation in the next 3 months. Results to be fed back to ADEA members to contribute to improved services and future development of the ADEA. This is a standard quality assurance mechanism that we believe should be an ongoing process of the Association'.

The ADEA Board of Directors and the staff at National Office wish to thank the members who completed the member satisfaction survey. The Member Satisfaction Survey is a valuable tool to gain feedback from the members on the ADEA performance, and inform future planning. The Board remains committed to meeting member needs and improving member services.

However, some members expressed disappointment with not knowing the survey was available, or were unable to log in to complete the survey. On hearing this, National Office completed a review of Google Analytics for the ADEA website and found that a large proportion of members do not log in to the member's section of the website, and therefore do not see full member information. National Office staff immediately made some changes to a number of sections on the front page to assist with the process, and also re-introduced member update emails. Changes will continue to be made to support members to use the website as a key source of information and communication.

This report is not the final and full report, but a summary of the preliminary findings as a result of external validation and data analysis. A full report is due to be available at the Annual Scientific Meeting.

The survey was open to all members from June 18 to July 5. The researcher selected the most

Figure 1: Respondents' employment settings (n = 245)

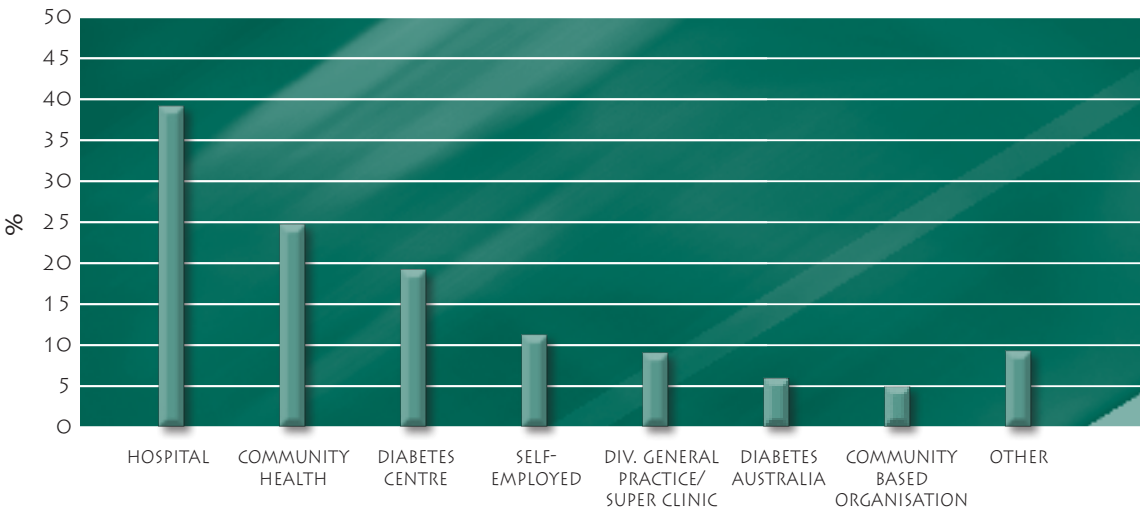
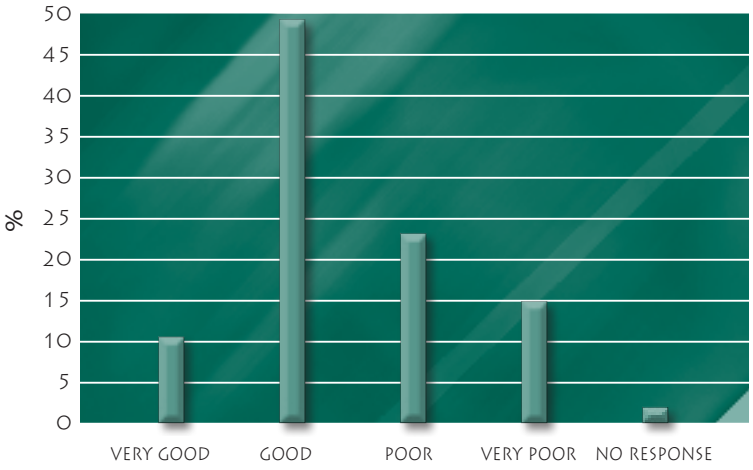


Figure 2: Respondents' perceptions of the quality of communication from the National Office (n = 245)



anonymous data collection option within SurveyMonkey so that it was not possible to track responses or record respondents' IP addresses. The response rate was 15.6%.

Respondents

The largest proportion of respondents indicated they are employed in a hospital (39%), followed by community health (25%) and a diabetes centre (19%) (Figure 1). Nursing is the primary qualification of the majority of respondents (87%). The majority of respondents were credentialled (73%). Most respondents were full ADEA members (94%), and 43% of respondents have been a member for more than eight years.

ADEA membership

The most frequently cited reason for joining ADEA was the credentialling process (84%) followed by networking opportunities (65%), access to the Australian Diabetes Educator (52%) and the professional development program (51%).

ADEA projects and website

Most respondents reported accessing the ADEA website 2-3 times per month (29%) or weekly (28%), followed by monthly (24%). The aspects of the website of most interest to respondents were: updates (78%), conference information (67%) and the member's only section (65%).

Communication from National Office

Sixty per cent of respondents rated the quality of communications from National Office as 'good' or 'very good'. However, 38% rated it as 'poor' or 'very poor' (Figure 2). Respondents indicated the appropriate response time from the National Office to their enquiries was 12-24 hours (24%), 24-28 hours (22%) or 2-5 working days (23%) (Figure 4).

Perceptions of the function of the ADEA Board

When asked about the function of the ADEA Board, over 80% of respondents indicated each of the following functions: ensuring the financial health and sustainability of the company; lobbying government; setting the strategic direction of the company; and implementing the ADEA strategic plan (Figure 3). A further 78% of respondents indicated the functions of liaising with the membership and ensuring adequate resources are available to the National Office to implement the strategic plan.

Respondents suggested the appropriate response time from

Figure 3: Respondents' perceptions of the function of the ADEA Board (could give more than one response) (n = 245)

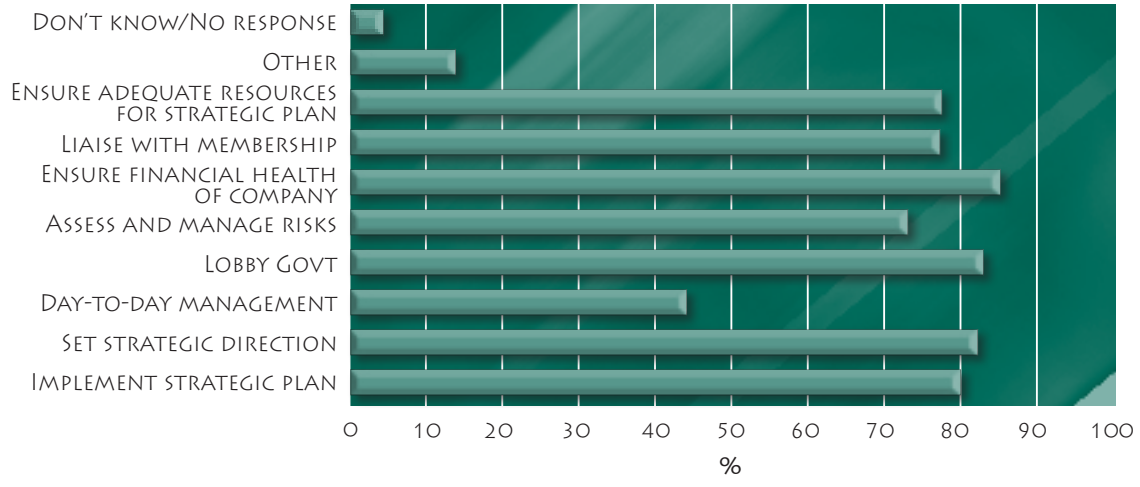
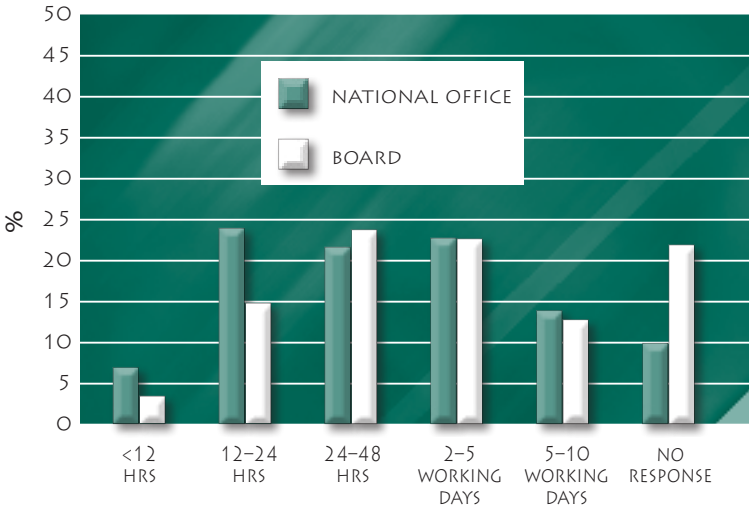


Figure 4: Perceptions of appropriate response time from the National Office and from the Board to members' enquiries (n = 245)



the Board was 24-48 hours (24%) or 2-5 working days (23%) (Figure 4).

Credentialling and Re-credentialling

Most of the 179 credentialled respondents rated the quality of administration of their initial credentialling as 'good' (57%) or 'very good' (23%). The re-credentialling process was predominantly rated as 'good' (45%) or 'very good' (29%).

ADEA events

Almost all respondents (94%) had attended an ADEA event. The events attended were: Branch conference (91%), ASM (73%), and Branch seminar (63%). Of the 231 respondents who had attended an ADEA event, 96% indicated they 'provided good networking opportunities', 91% indicated they 'improved your knowledge' and 85% rated them as 'value for money'.

ADEA Committee or Working Party membership

Ninety-six (39%) of respondents had ever served on an ADEA Committee or Working Party. Of these 96 respondents, 96% indicated it assisted with their networking, 90% indicated participation in the group assisted with professional development, 86% indicated it assisted their understanding of ADEA functions, and 24% indicated it assisted with their career path and gaining employment.

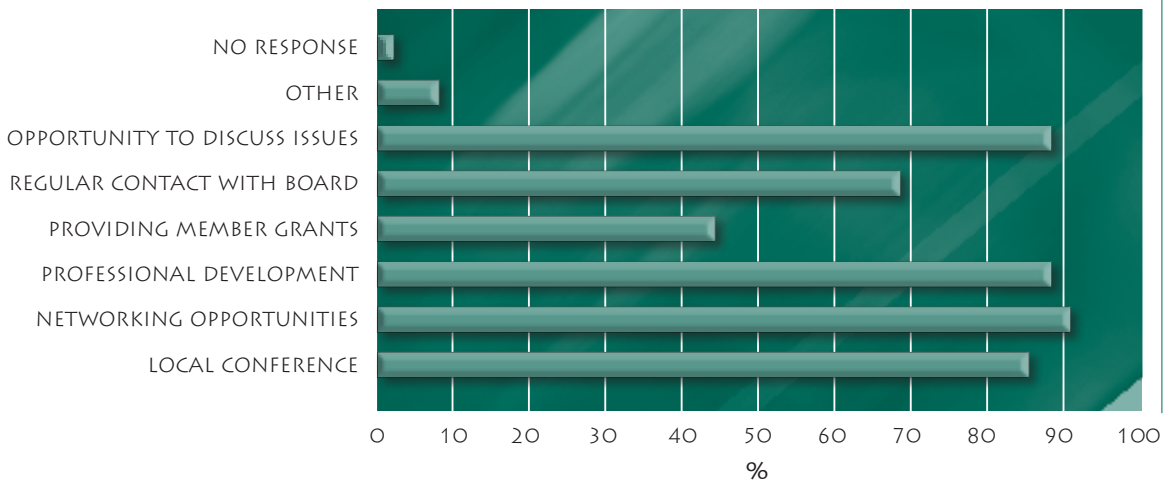
ADEA Branches

Over 85% of respondents perceived each of the following four functions were functions of their ADEA Branch: networking opportunities; professional development; opportunity to raise and discuss issues; and local conference (Figure 5). However, over one fifth of respondents (23%) had attended no Branch Meetings in the past 12 months. Factors affecting respondents' ability to attend Branch Meetings included: distance from venue (58%); work schedule (55%); and family or other commitments (54%).

Special Interest Groups

Only 22% of respondents were a member of a Special Interest Group (SIG), with the largest proportion members of the Private Practice SIG (13%). Respondents indicated the function of their SIG is information sharing (49%), identifying professional issues (46%), networking opportunities (44%) and

Figure 5: Respondents' perceptions of the function of their ADEA Branch (could give more than one response) (n = 245)



professional development (41%).

Information sources and ADEA publications

Respondents' preferred information sources on ADEA activities were member email (89%), ADEA website (66%) and Australian Diabetes Educator (59%). The quality of the *Australian Diabetes Educator* was rated as 'good' by 57% and 'very good' by 36% of respondents.

Recommend ADEA?

The majority of respondents (86%) would recommend ADEA membership to their colleagues.

A member satisfaction survey will be conducted again in 6 months time, with notification by email and through the Branch meetings. The Board has also determined to conduct a member satisfaction survey every two years to ensure it can document progress over time, track follow up of previously raised issues and identify new issues.

Private health insurer recognises diabetes education as a speciality practice

The ADEA National Office (NO) commenced discussions with several private health insurers in 2009. As a result of these discussions, Medibank Private invited ADEA to submit an application for diabetes education provided by Credentialled Diabetes Educators (CDEs) to be included in insurance products attracting reimbursements for services provided by other allied health and complementary therapies practitioners.

Private health insurers can only pay benefits to policy holders where the providers and/or their professional associations or regulatory bodies meet criteria prescribed by the Commonwealth legislation in the Private Health Insurance Accreditation Rules 2008 (Item 5 in section 333-20 of the Private Health Insurance Act 2007). Therefore, the British Standards Institution Australia and New Zealand Group (BSI), an organisation that specialises in assessment and certification of compliance with Australian and international standards in the health care industry, was engaged by Medibank Private to assess if ADEA met the criteria mandated in the legislation.

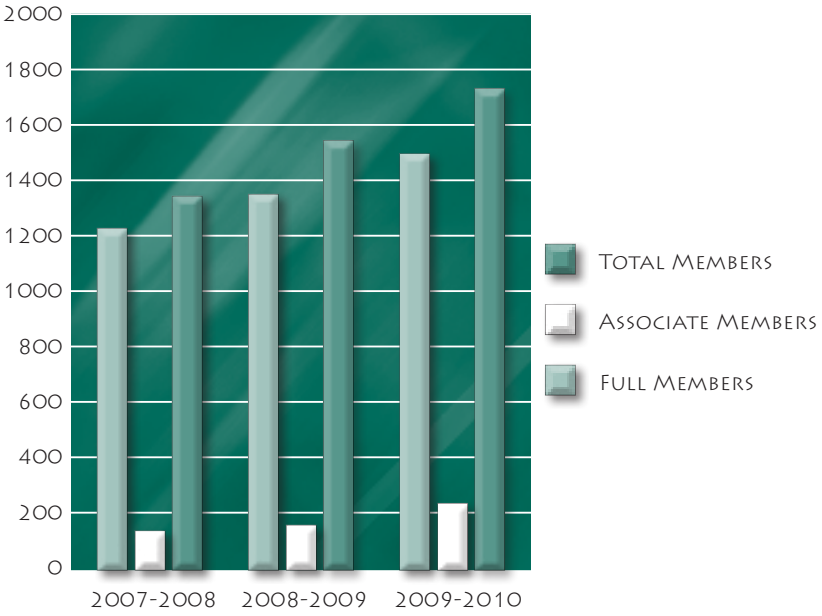
An extensive 6 weeks audit of ADEA and ADEA NO policies, standards, guidelines, governance and procedures was undertaken by BSI in collaboration with the ADEA NO. The audit resulted in Medibank Private recognising diabetes education as a speciality practice when provided by CDEs.

Membership

The ADEA continues to experience an increase in the total membership with a growth rate of 13% between 2008–09 and 2009–10. As indicated in Figure 6, the majority elect to become full members with only 13.5% electing to take up the option to become associate members.

From 1 July 2009 to 30 June 2010, the total number of ADEA members has risen

Figure 6: Annual membership for the period 2007–08 to 2009–10

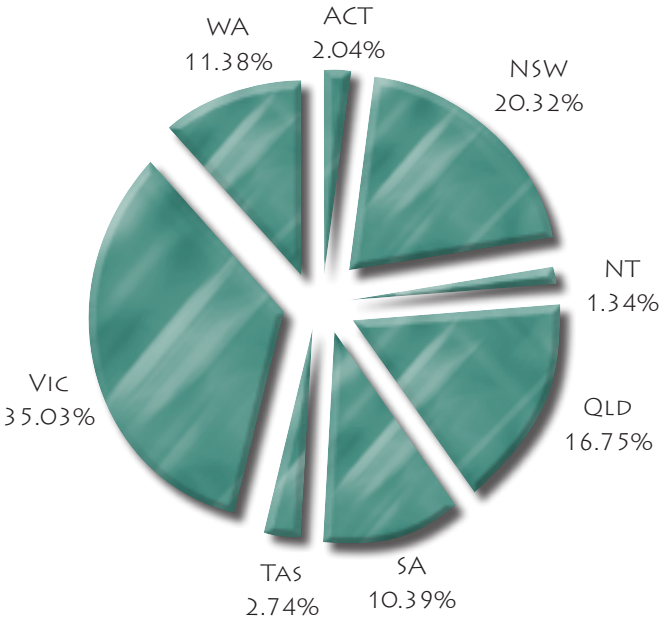


	Full Members	Associate Members	Total Members
2007–08	1219	128	1347
2008–09	1360	169	1529
2009–10	1496	233	1729

from 1 529 to 1 729.

Currently, 35.0% of ADEA members come from Victoria (Figure 7). Furthermore, 20.3% and 16.8% of ADEA members live and work in New South Wales (NSW) and Queensland, respectively.

Figure 7: ADEA membership by state/territory



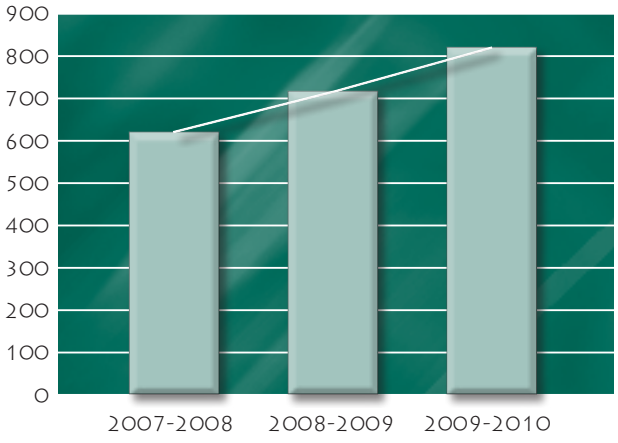
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
% OF MEMBERS	2.04	20.32	1.34	16.75	10.39	2.74	35.03	11.38

The ADEA Credentialled Diabetes Educator

The number of ADEA members achieving recognition as CDEs increased from 720 to 823 between 1 July 2009 and 30 June 2010. This is a growth rate of 12.5% in the 2009–10 financial year. See Figure 8. The growth rate for members becoming a CDE was 10.4% in the 2008-–09 financial year.

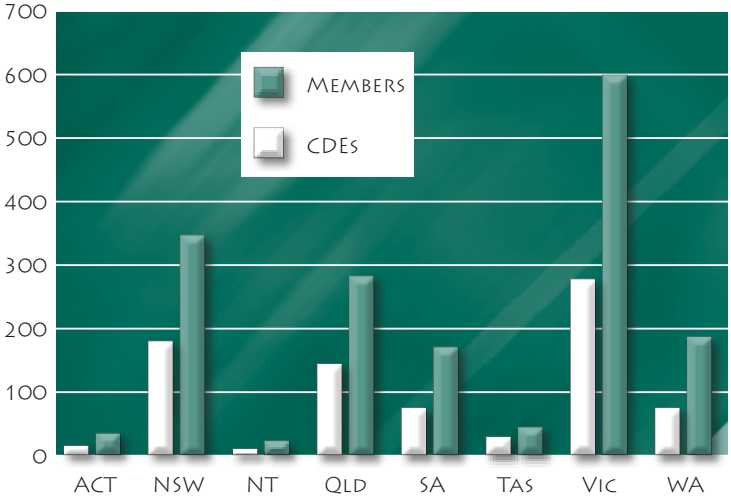
Similarly to the general ADEA membership trends, most CDEs live and work in Victoria and NSW. Figure 9 indicates there are 276 CDEs in Victoria. This is one third of the total number of CDEs in Australia. Tasmania comprises 3.8% of the total numbers of CDEs in Australia. However, it is worth noting that Tasmania has the largest proportion of members who have achieved recognition as CDEs (70.0%). NSW has the second highest proportion of members being credentialled at 52.6% closely followed by Queensland at 50.5%.

Figure 8: Number of CDEs by financial year



	CDEs
2007–08	626
2008–09	720
2009–10	823

Figure 9: Number of members and CDEs by state/territory



	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
CDEs	16	183	8	145	79	31	276	80
MEMBERS	35	348	23	287	178	47	600	195

Branch activities

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

Videoconferencing has also been introduced by some branches to assist those in rural and remote areas to participate in branch meetings and activities.

Branches continue to hold highly successful conferences and workshops. These are generally annual one to two day events and are increasingly attracting registrants from 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 looking to implement further 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 Executive Director have attended the New South Wales, Northern Territory, Queensland and South Australian Branch conferences. This provided a wonderful opportunity to meet with ADEA members. The President highlighted a number of significant developments for ADEA members that have occurred in the past year. These included the re-development of the ADEA website and ADEA's agreement with Medibank Private. The Executive Director raised questions on workforce issues, outlining the number of credentialled diabetes educators per capita in each State and Territory and the use of select Medicare items for the period January 2006-March 2010.

ACT Branch

Libby Bancroft

The year 2009-10 has proven to be a busy and successful year for the ACT Branch of the Australian Diabetes Educators Association.

The current executive will complete their term in September 2010 and Terri Berenguer and Wendy Mossman will fill the positions of new branch chair and finance officer, respectively. The current branch secretary position remains unfilled; however, we are hopeful that this will be filled by the completion of the current executive's term.

The ACT Branch has held some very successful events this year with the main event being a full day conference held on February 26, 2010. The theme was Diabetes and Renal Health. We had excellent speakers on all areas of renal health from medical, nursing, education and allied health perspectives. Of special interest was a presentation from a person with diabetes, who spoke of their experience of renal disease and kidney and pancreas transplantation. The day was highly successful with approximately 100 attendees. The conference was also financially profitable.

Five branch meetings have been held in the last 12 months including a highly successful education evening in November 2009 with Dr Caroline Droste, who gave a very interesting presentation on thyroid disease and diabetes.

The ACT Branch has awarded five travel grants this year to ACT members to assist with attendance at the ADS-ADEA Annual Scientific Meeting (ASM). The Branch works hard each year to ensure money is made available to members to attend the ASM, with special consideration to provide travel and accommodation support for members who live long distances from where Branch meetings are held.

Planning is underway for the handover to the new executive committee. All members of the current branch executive feel privileged to have had the opportunity to lead the ACT ADEA branch and have all gained valuable experience during our tenures.

NSW Branch

Marlene Payk

The NSW ADEA Branch held its annual conference in Orange on the 30th April and 1st May 2010 with a focus on type 1 diabetes. Our guest speakers were Dr Rob Coles, Endocrinologist practising in Penrith and Orange, with a presentation titled 'Drugs and Alcohol' and Lynne Brodie, ACI Transition Care Network Manager presenting on 'ACI Transition services: Getting it right for young people with chronic illnesses/disabilities'.

Member evaluations revealed that the highlight of the

conference was Jenny Kinsella's chairing of the debate. Jenny's 'acting title' was ' Matron Kinsella of the Royal Australian Army Nursing Corps, Turners Vineyard'. She entertained us with amusing excerpts from the book 'So I'm a Diabetic?' by Sr Madeleine Scott (Sister -in-Charge Diabetic Clinic Royal Prince Alfred Hospital, Sydney). The book was first published in 1937. Many people would now love to get their hands on a copy of this book.

We were fortunate to have Heather Hart and Clair Matthews attend on the Saturday of our conference to provide a National Office update and to meet NSW members.

The conference was attended by 64 delegates from rural and metropolitan regions. With support from the 13 companies that sponsored our conference, we were able to present three registrations for this year ADS/ADEA Annual Scientific Meeting (ASM) in Sydney and four registrations for our 2011 branch conference. The conference committee encouraged members to present abstracts for inclusion in the conference with the presentations on the first day, allowing the presenters to relax and enjoy the rest of the conference.

Successful members receiving registration for the 2010 ADS/ADEA ASM were: Sheila Pang won our new presenters registration; and Simon Scott-Findlay and Suzanne Short won lucky door prizes. Registration for next year's NSW ADEA conference went to Leigh Spokes and Annabel Thurlow for their presentations; and lucky door prizes went to Julie Bligh and Cathy Carty.

The past year has seen attendances and teleconferencing increase at our branch meetings which are held four times a year. The meetings rotate around diabetes services in Sydney and we have had excellent guest presenters at each of these.

Jan Alford presented at our September meeting on mentoring with twenty-three members participating.

Rick Gray from Westmead Children's Hospital presented a very interesting and challenging case with thirty-five members participating in this our last meeting for 2009.

Our February meeting 2010 was well attended with forty members participating and a presentation on coeliac disease by Penny Dellsperger, dietitian from the Coeliac Society.

At our branch meetings we have focused on encouraging more NSW members to register as mentors. This has now grown from only three to fifteen registered on the ADEA mentoring site.

NT Branch

The 2010 branch conference was held in Darwin 7th and 8th May. Of our 20 members 15 attended with an overall attendance of 40 over the 2 days. Not a bad effort!

Heather Hart and Clair Mathews attended. The conference was a great success, and enjoyed by all who attended. Our next bi-annual conference will be held in Alice Springs for the first time ever.

Our membership has increased over the last few years, with our roles growing in diversity. Most of our educators work in the challenging area of remote indigenous health, often teleconferencing with remote clinics for support and education. At Royal Darwin Hospital we have an indigenous health worker who is full-time on our staff. She has recently completed her Graduate Certificate in Diabetes Education.

The branch continues to have regular teleconferences which usually have an element of professional development included and are well attended. We communicate and share ideas on a regular basis and are small enough to feel like a family. We need to network regularly to survive the tyranny of distance and meet the needs of our diverse clients.

Despite our growing numbers we have farewelled a long time diabetes educator and member, Linda Rennie, who has moved to greener pastures in South Australia. Linda made a huge contribution to diabetes and to the NT branch. She was our Chair for many years!

Here's to another year in a job that offers both frustration and fulfilment at the same time, but we love it!

Glynis Dent – NT Board Director

Michelle Walding – NT chair

Melissa Tait – Treasurer

Jan Stevenson - secretary

Queensland Branch

Karen Haworth

The Queensland Branch of ADEA enjoys a current membership of 288 of whom 146 are Credentialled Diabetes Educators.

The Executive has conducted four Branch meetings since this time last year – two with video link-up, one at the State conference, with the other being the 'end of year' meeting which was held outside of a hospital facility.

The 2009 meeting education theme 'Let's learn from each other' was continued into 2010.

This topic has enabled members to share with, and learn from, each other regarding their professional experiences and varieties of practices. This increased understanding of others' roles has been welcomed by members.

The 2010 showcase event for Queensland was the State conference themed 'Mind Body and Soul – It's all about you.' This year the conference was held in Cairns.

Members were again invited to submit abstracts for consideration which enabled a broad ranging and interesting program.

On the night preceding the conference the Queensland Optometry Association sponsored an education evening for the conference attendees. This was well attended.

Conference keynote speakers included Ms Christine Coop, an Occupational Therapist specialising in Mental Health rehabilitation, and Dr George Blair West, Senior Clinical lecturer at the University of Queensland and a Psychiatrist.

Ms Coop's presentations on 'Emotional Energy – Preventing Burnout' were insightful and certainly stimulated ongoing conversations.

Dr Blair-West delivered a lively and interactive presentation on the Psychology and Sabotage of Weight Loss. Both of these speakers received overwhelmingly positive feedback on their sessions.

The conference was attended by 106 delegates including representation from National Office, Clair Matthews and the ADEA President Heather Hart.

Two exciting initiatives for the Queensland branch include our partnership with the Queensland Optometry Association and ADEA Q membership to the Queensland Vision Initiative QVI.

Much work continues behind the scenes with many members being involved in ADEA committees, surveys and other diabetes related activities.

My thanks goes out to all who participate in this way.

Many members have been fortunate to attend non-ADEA initiated professional development opportunities, such as pharmaceutical company sponsored education breakfasts and dinners as well as a Diabetes Educator 'Partnership weekend' and the NADC 'Best Practice' weekend.

The term of the current executive concludes at the AGM in Sydney in September 2010.

It has been a privilege and

an honour to be Queensland Branch Chair and I wish the new executive well.

SA Branch

Jenny Johns

The 'Personal Face of Diabetes' was the theme for the annual weekend conference held at North Adelaide on the 23rd and 24th May 2009. It was well attended by 83 city and country delegates. Informative topics such as diabetes and mental health, cardiovascular risk assessments and gestational diabetes were covered over the weekend.

We also continue to have successful dinner meetings which include a professional development component and are attended by approximately 50 delegates each time.

Our membership continues to grow with members providing diabetes education in a diversity of practices within the state.

The term of office for the Branch Chair, Secretary and Finance Officer will complete this year. It has been a challenging two years and a huge learning curve. For my final report I wish to acknowledge the hard work and support of Luisa Pinto (Secretary) and Marianne Lambert (Finance Officer). I would also like to thank our Board Director Neroli Price.

For members who have worked tirelessly in various committees again a big thankyou, it is very much appreciated.

I would like to thank all members for your support and confidence over the last two years.

Tasmania Branch

Elisa Williams Branch Chair

The Tasmanian Branch held four meetings over the past year. Our aim was to have interesting meetings with guest speakers. Meetings were predominantly held in a relatively central venue (Campbelltown) to facilitate travel from all corners of our State. We had a valuable guest speaker, a Pharmacist who is actively involved in the DMAS project. In February, Caroline Wells, CEO Diabetes Tasmania, spoke about state and National Diabetes Australia projects of interest. Meetings have been generally well attended.

This year's state conference attracted 35 participants for a one-day workshop lead by Owen and Sue Curtis. The workshop centred on changing behaviour and dealing with difficult people.

Tasmania has 45 members, of which 30 are credentialled. Earlier this year Helena Griggs retired. We all wish Helena well and thank her for her contribution over the years at a state and National level.

Victoria Branch

Marg Ryan

Four Branch meetings have been held in the past year. Information on each of these meetings are outlined below.

September 24th 2009

Attendance 70 Apologies 39

Guest speakers Rob Sprogis (National Diabetes Service Scheme (NDSS) Business Development Diabetes Australia Victoria (DAV) and Ben Davison (NDSS and DAV Membership Manager) presented on NDSS and the products and services people with diabetes are entitled to under the scheme, including insulin pump consumables.

December 3rd 2009

Attendance 39 Apologies 32

Rebecca Gebert and Jo Giles from the Royal Children's Hospital launched their latest DVD 'Diabetes & Exercise'. The production of the DVD was sponsored by Novo Nordisk. Guest speaker Ron Raab, President of 'Insulin For Life' gave a very interesting and enthusiastic presentation on the activities of the organisation. He spoke about the countries who receive the very valuable donation of insulin, meters, strips, needles and syringes.

February 18th 2010

Attendance 55 Apologies 30

Guest Speaker, Dr Catherine Green, who is a member of The Royal Australian and New Zealand College of Ophthalmologists, presented on behalf of Vision 2020 Australia.

May 6th 2010

Attendance 56 Apologies 34

Guest speaker: Kathy Howe Islet Cell Transplant Coordinator St Vincent's Hospital Melbourne. Kathy presented on the latest research on islet cell transplants and future plans of the program.

Workshops

Two abstract writing workshops were conducted for Victorian branch members. One of the workshops was facilitated by Professor Trisha Dunning and held at the Aiken Room St Vincent's Hospital on March 25th.

The Gippsland Educators Group ran an abstract writing workshop on March 22nd at Latrobe Community Health Service in Morwell. This was well attended and facilitated by Professor Trisha Dunning, Nicole Kellow and Amy Cowan.

Diabetes Network Groups

Rural and metropolitan network groups have had regular journal clubs and network meetings over the past 12 months.

State conference

The conference theme was 'The Hemisphere of Diabetes' and included the following sessions in the program.

Diabetes and cardiovascular disease

Multicultural health and diabetes

Mental health and diabetes

Gestational diabetes

This year a new initiative 'Share Your Project' was included in the program giving members the opportunity to share their special project with conference delegates.

Thank you to the conference convenors, Meredith Williamson Program Organising Committee and Victoria Stevenson Local Organising Committee, and their respective committee members for coordinating an engaging, comprehensive and informative program.

The current Vic Branch Executive's term of office concludes in September 2010. On behalf of the members a big 'Thankyou' to the Secretaries Jenny Thomas and Emma Williams, and the Finance Officer Marianne Reardon for their support, commitment, member updates and hard work over the past 2 years.

WA Branch

Wendy-Lee Pittick

Annual Meeting, General meetings and In-services

The annual meeting was held in August 2009. It was attended by 44 members (one by videoconference). The meeting was followed by an excellent

Denise Smith (L) receiving her ADEA WA Branch Certificate of Recognition with incoming Branch Chair Wendy-Lee Pittick August 2009

presentation by Dr Randev Mendis (VR Fellow) on diabetic retinopathy. Wendy-Lee Pittick was elected as the incoming Branch Chair and Carol De Groot was elected as the Board Director. Wendy, on behalf of all members, acknowledged Denise Smith's tireless and dedicated term as Branch Chair and presented Denise with a bouquet of flowers. Following the meeting members enjoyed a light finger food meal sponsored by Abbott Diabetes Care.

The November 2009 meeting was attended by 43 members (five by videoconference). Di Ledger, from Health Promotion Diabetes Western Australia and Toyah Tinworth Health Weight Co-ordinator presented on 'My Healthy Balance'.

The members elected to have a change in venue to facilitate members linking in to the meeting from eight rural sites.

The February 2010 meeting was attended by 32 members. A last minute hiccup with videoconferencing unfortunately prevented rural sites from linking in. Guest speakers, Jo Beer dietitian CDE and Dannie Butcher Heart Moves Training Officer, presented the Heart Moves Program currently being implemented in WA.

The May 2010 meeting was held prior to lunch at the State Conference. It was attended by 79 members.

Branch Conference

The WA Branch Conference 'Diabetes: Dilemmas of Diabetes' was held in May 2010. This successful one-day event was held in Perth with 91 registrants. The day was followed by an evening Conference dinner with a Latino Theme.

Keynote speakers

Associate Professor Fergus Cameron spoke on 'Intensive Therapy "is an attitude not just an insulin regimen"' and presented a DVD on type1 diabetes and exercise.

Etza Peers spoke on 'Alcohol, Drugs and Diabetes'.

Dr Eng's presentation was on 'Haemochromatosis and Diabetes'.

Mark Coles spoke on 'Medications and the Elderly'.

Four oral presentations from local presenters provided the audience information on a range of initiatives being conducted across the state.

A post-conference one day workshop was conducted by Novo Nordisk.

Grants: Travel grants to assist with costs to attend the State Conference were awarded to five members.

Awards: The Branch Executive proudly awarded Denise Smith with her ADEA Branch Certificate of Recognition (see photo). This certificate

is usually presented at the ADS-ADEA Annual Scientific Meeting; however, Denise was not able to attend and therefore received the award at the WA Branch Conference.

Committees and Working Parties

Members continue to contribute to a representation on committees, working parties and ADEA projects. These contributions and representations are all tabled to facilitate reporting back to members at each Branch meeting. These contributions include:

Branch Professional Development Committee;

WA Health Endocrine Network;

ADEA Branch Conference Manual Working Party;

Membership Satisfaction Survey Working Group;

State Gestational Diabetes Mellitus Reference Group

Re-credentialling Reviewers

ADEA Financial Advisory Committee

Diabetes Australia Health Care and Education Committee

Member communication

The new ADEA website went live 31 March 2010. The website was completely redeveloped and involved testing by many ADEA members throughout its redevelopment.

A key aim of the website was to provide health professionals and members of the public with a simple way to locate Credentialled Diabetes Educators (CDEs) in or near their location. The 'Find a CDE' function is based on Google maps providing a visual presentation as well as text.

The website is designed to enhance member communication. There are two main communication channels or sub-menus on the home page used to communicate with members, one is 'Events' and the other 'News'.

New communications are also regularly posted on the website without appearing in the News and Events boxes. Generally, these communications are posted every Friday. However, the amount of material provided, often requires more frequent posting, causing a high turnover of information in 'News' and 'Events'. Logging in to the website as a member up to two times a week will ensure access to all information as it becomes available. Less frequent access will require a more thorough traversing of the website as material is quickly moved from 'News' and posted under the relevant menus and sub-menus.

In consideration of the amount of material posted on the website, National Office now sends a weekly email to all members with a table outlining the title of the information that has been posted on the website that week and where it has been posted.

Website access

During the period between the website launch 31 March 2010 and 18 May 2010 there was 13 847 visits from 68 countries/territories (see Figure 10). The visits were overwhelmingly made from Australia (95.2%), followed by the United States (1.2%), United Kingdom, New Zealand, India and Singapore. People from the United Arab Emirates and Malaysia spent the most time on the website at 11.44 and 9.18 minutes, respectively compared to the average time of 5.46 minutes.

The majority of traffic came from search engines (49.4%), followed by direct visits (39.9%) and via referring sites (10.6%). Over one quarter of the visits (27.8%) were to access the 'Find a CDE' function and 21.0% employment opportunities.

One new facility is the ability to make online payments by credit card through a secure gateway. This can be used for membership renewals, re-

Figure 10: Visits to adea.com.au March 31 – May 18, 2010

credentialling applications fees and registration for events. This facility provides benefits to members, as payments can be made any time, day or night.

The forums page went live in early July and will promote discussion across the membership in select areas of interest.

The *Australian Diabetes Educator*

The *Australian Diabetes Educator* (*ADE*) continues as a quarterly publication and is provided free of charge to all members. The Editorial Advisory Group (EAG) oversaw the review and update of the *ADE* Style Guide. Faraz Ghazi completed the update on a volunteer basis. The Style Guide was updated to i) exemplify the style suggested by the Guide throughout the text of the document and ii) provide consistency in referencing. The referencing style chosen was the Vancouver Style. The Vancouver style consists of the following elements:

(1) citations in the body of the paper, using consecutive numbers in superscript (raised) numbers.

(2) a numbered reference list at the end of the paper giving the details of each source referred to.

The referencing section in the *ADE* Style Guide deals with citing sources in the body of the paper and how to present reference entries for some of the common types of sources that are likely to be used.

The revised version is available on the ADEA website behind the member's login.

EAG continues to complete copy editing of articles for the *ADE*. While this forms the majority of the editing work, ADEA has contracted substantive editors to complete more complex editing work. This involves ensuring the structure, content, language and style of each article is appropriate to its intended function and a health professional readership; undertaking a structural review; conducting language and style editing; and ensuring clarity of presentation.

The ADE has provided series on select topics from three regular authors over this financial year. These are the Testing Tests series by Dr Pat Phillips, Complementary Therapies by Professor Trisha Dunning and Exercise and Diabetes by Allan Bolton. If you have missed them, the sets are available from the website for a small cost.

ADEA continues to work toward a peer review section in the ADE. Implementation has been delayed but continues to be a major goal of the EAG.

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.

The **High Risk Foot in Diabetes SIG (HRFD)** is chaired by Emma Holland. The main consulting members are: Emma Holland, Lynnette Randall, Michelle Gray and Marg Ryan. The HRFD currently has 37 members.

The key outcomes from this Group are:

Approval has been given from the multidisciplinary ADFN (Australian Diabetic Foot Network) Committee to put all minutes on the ADEA website under HRFD.

Approval has been given for ADEA members to access Clinical Practice Improvement Centre (CPIC) – Diabetes Network: Diabetic Foot Innovation Project – Diabetic Foot Online Education Modules and to access their Screening and Educational Tools. The link to the CPIC is available on the ADEA web site.

SIG members have been requested to forward any potential abstracts /posters regarding diabetic foot issues to Emma Holland to forward to Australian Diabetes Foot Network (ADFN) Committee. ADFN Committee will review these for use in ADS-ADEA Annual Scientific Meeting (ASM) Diabetic Foot education morning to be held Thursday 2nd Sept 2010.

Emma Holland continues to be a representative on the ADFN Committee and liaises with HRFD members and ADEA as required.

A face-to-face meeting is to be held for HRDF SIG members at the ASM Thursday 2nd September from 5.30 to 6.30pm. The future aims and activities of this group will be discussed.

Nurse Practitioner Special Interest Group is chaired by Michelle Robins.

2010 has been a watershed year in terms of the role progression of Nurse Practitioners. In March this year, legislation pertaining to Nurse Practitioners and Midwives accessing the Medical Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS) was passed by the Senate. Nurse Practitioners will be supported to work to their full potential and provide care in the most appropriate settings, such as aged care facilities, primary care settings or people's homes. At a cost of $60 million, services can expand to include people with diabetes accessing quality diabetes care. An additional 20 full time Commonwealth funded Nurse Practitioner scholarships will be made available. The new legalisation will come into practice on 1st November 2010.

In Victoria, the Nurse Practitioner Prescribing Category Formularies were revised and approved by the State Minister for Health. The formulary is now a very large one encompassing schedules 2, 3 and 4 medicines that not only include glucose lowering medications but many other classes. This is in line with the move made by the Nurses Board of Victoria (NBV) and the Department of Human Services (DHS), to expand the prescribing formulary for all Nurse Practitioners.

Originally, endorsed Nurse Practitioners could only prescribe from an approved formulary of individually listed agents, which often meant that the list was out of date the moment is was approved. By expanding the formulary to entire drug classes, depending on the model of care and core business of the individual Nurse Practitioner, and what is formally approved by their steering committee, individual agents are then chosen to meet the needs of that model of care. With new agents coming onto the market, the formal approval process will need to only be undertaken by the workplace steering committee and not by the NBV or DHS.

Detail with respect to what item numbers can be accessed by Nurse Practitioners and what is meant in the legislation by 'collaborative arrangement' is still unclear at the time of providing this report.

The ADEA NPSIG is currently comprised of 12 endorsed/authorised Nurse Practitioners and 7 Nurse Practitioner Candidates working in paediatric and adult diabetes services, pregnancy and rural areas around the country. It is hoped that with this final hurdle now being overcome, many more Credentialled Diabetes Educators will see merit to extending their clinical role and undertaking further study. The Victorian Nurse Practitioners would also like to thank the Australian Diabetes Society for their support in the approval process of the expanded formulary.

With challenging workforce issues always ahead of us, having Nurse Practitioners Diabetes able to prescribe medications, order diagnostic testing and referrals to medical specialists will not only offer choice to people with diabetes, but provide a viable additional clinician arm to the growing burden of diabetes care and management.

Karen Jameson is the Chair of the **Paediatric Special Interest Group** (PSIG).

The PSIG met on Saturday 27th March 2010 at the Lilly Paediatric Best Practice meeting in Sydney. Over 25 people attended. A lot of the issues raised were about school. This has been brought to our attention as an area of concern that the PSIG can address as a group.

The highlight of this group is the potential of what we can achieve. This includes paediatric resources and research opportunities.

Members of the PSIG have been involved in the Practice Development – Paediatric Insulin Pump Initiation Project. In November 2009, 23 diabetes educators and dietitians working in Paediatric Diabetes Centres across Australia met in Sydney for two days to reflect on current practices for the initiation and support of pump therapy in children.

The meeting was supported by an educational grant to ADEA from Medtronic Diabetes. Two working groups have now been formed, an Evaluation and a Resources Working Group. The Groups

will consider indicators to evaluate best practice for an insulin pump therapy program and collate and review existing educational resources with a view to provide optimum 'best-practice' resources for incorporation into an efficient insulin pump program.

The next PSIG meeting will be at the ADS-ADEA Annual Scientific Meeting, Thursday 2nd September at 7.20am.

The **Private Practice Special Interest Group** (PPSIG) consists of over 100 members nationally. The Group was convened by Leigh Spokes until December 2009 and then briefly by Jayne Lehmann. The position was vacant at the time of writing this report, with an Expression of Interest posted on the website.

The Terms of Reference have been recently reviewed and endorsed by the Board. The Terms of Reference are available to members under the Special Interest Group section of the website. The PPSIG provides a forum for its members to share experiences, collaborate and network on issues related to working in Private Practice. Communication with Group members occurs in a number of ways including through National Office email lists, forums and the face-to-face meeting at the Annual Scientific Meeting. Forums on select topics related to Private Practice will be held over the 2010-11 financial year. The annual face-to-face meeting of the PPSIG will be held at the 2010 ADS-ADEA Annual Scientific Meeting.

The Board endorsed the establishment of the Health Insurance Private Practice (HIPP) Working Group. This Group originated as an outcome of work undertaken by the PPSIG to develop a lobbying kit to encourage reimbursement of Credentialled Diabetes Educators by Private Health Insurers. Deb Foskett is the inaugural Chair of this Working Group and a report on activities is available on page 34.

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 104 general practitioners over three days at this year's General Practice Conference and Exhibition in Sydney in May. The ADEA attendance was sponsored by sanofi-aventis. 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 (AHPA) as a member of the steering committee overseeing the development of the project 'Shared Care in Chronic Disease Management'. This project has developed 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 has been chosen to relay this message. This project involved 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 allows GPs to search for a CDE in their local region, improving referral processes.

In addition, AHPA has linked its web directory of allied health providers back to the ADEA website. This will both increase traffic to the ADEA website, and promote member's services under the Enhanced Primary Care program at no extra cost.

Professional Indemnity Insurance for Credentialled Diabetes Educators

The Guild provides a range of insurance products for CDEs. The premiums are comparable 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.

Equitable access to diabetes self management education

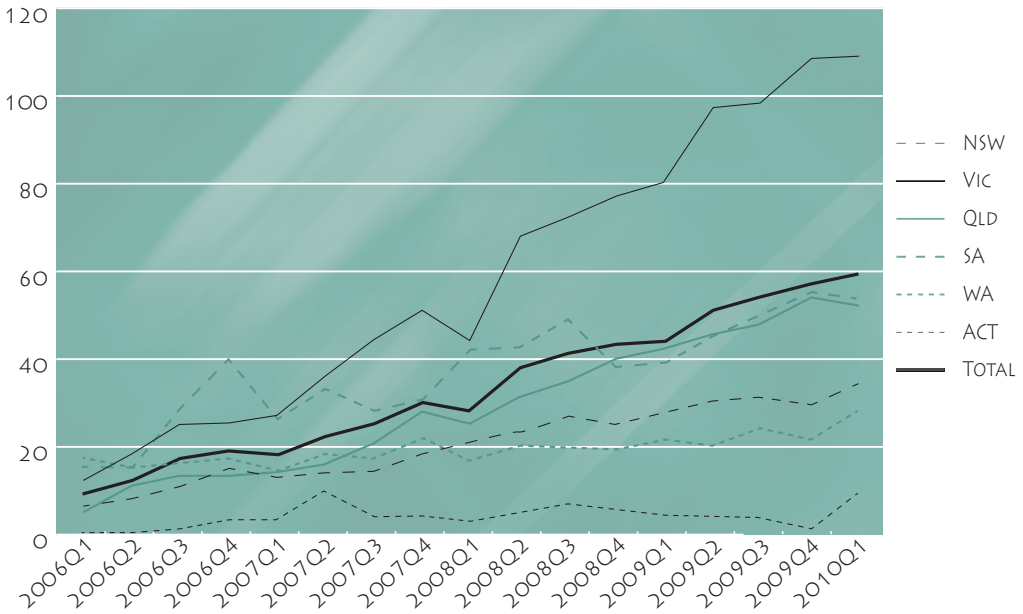
Medicare

There continues to be a steady increase at a national level in the uptake of diabetes education health services provided to an individual by an eligible diabetes educator (Figure 11). However, this increase has not been uniform across all States and Territories. The uptake of diabetes education through Medicare has remained low in the Australian Capital Territory. Numbers were too low for graphical representation in Tasmania and the Northern Territory.

These statistics demonstrate that there is a concentration of individual consultations per capita in Victoria. People with diabetes in Victoria accessed double the number of all rebates for MBS Item 10951 in the most recent quarter (March 2010) compared to any other State or Territory. This is not unexpected as the majority of ADEA members and CDEs are in Victoria.

Figure 12 shows the attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) for the preparation of a GP Management Plan (GPMP)

Figure 11: Medicare item number 10951 per capita by select state/territory 2006–2010 (excludes Tasmania and Northern Territory)

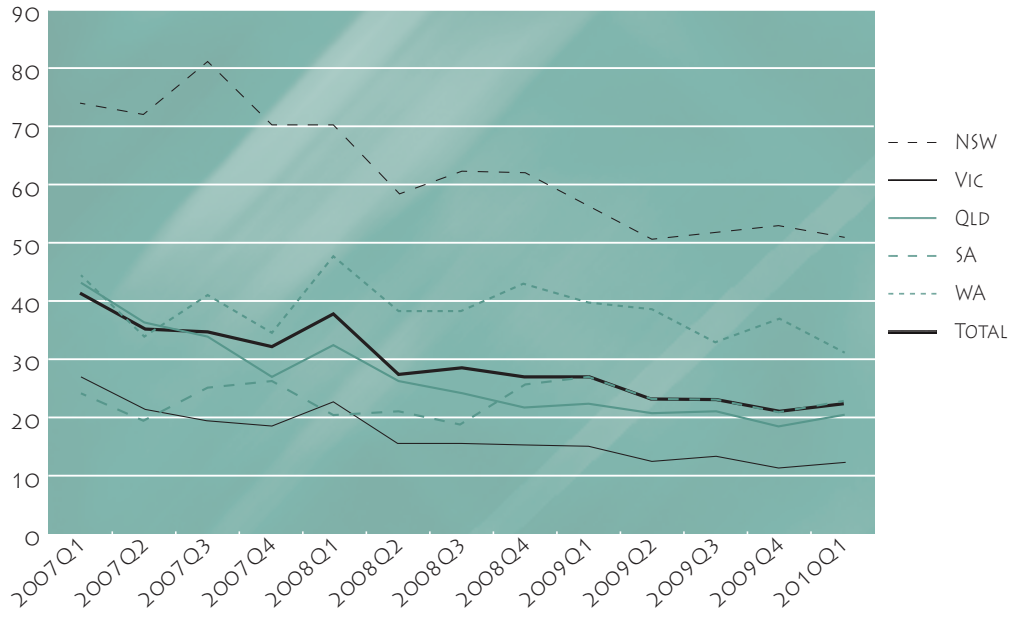


for a patient. In just over three years, the number of GPMPs prepared has decreased. This decrease in referral emphasised the need to highlight the role of Credentialled Diabetes Educators in diabetes self-management education and care.

The need for CDEs practising in the primary care sector remains strong and is likely to continue to grow with the Commonwealth Government's focus on primary care and the increasing incidence and prevalence of type 2 diabetes. CDEs practising in the primary care sector have a variety of permanent and contract employment arrangements with state and territory health organisations and general practices, as well as being employed as independent practitioners.

Maintaining a strong focus on matters pertinent to CDEs working in the primary care setting remains an integral part of ADEA's core business. Limited access to rebates for diabetes education under Medicare continues to be a central theme in ADEA's engagement with the Department of Health and Ageing and the Minister's Office. ADEA is joined in their lobby for increases to the number of consultations available by Allied Health Professions Australia (AHPA) and the National Primary Health Care Partnership (NPHCP). ADEA continues to engage with the private health insurance industry to advocate for patient rebates for diabetes education. The HIPP Working Group is supporting this process through its recent survey of private practitioners and the development of a lobbying kit.

Figure 12: Medicare item number 721 per capita by select state/territory 2007–2010 (excludes ACT, Northern Territory and Tasmania)



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

The implementation and analysis of the Diabetes Self-management Education Pilot Program in two Divisions of General Practice is now complete. Whilst the outcomes data was not sufficient to develop a rigorous health economic model, the participation and program data and the qualitative findings were rich. The key findings of the analysis emphasised (a) the importance of the engagement of and development of trust with the Division's management and of General Practitioners who are members of the Division, (b) the prevalence of depression in people with diabetes (60%), and (c) the value of a shorter program.

The report 'Economics of financing primary health care for patients with diabetes' is being developed for the Department of Health and Ageing. This report considers immediate and future workforce issues for ADEA, that is supplying and financing the growing demand for diabetes education. It also makes recommendations on best practice care for people with type 1 and type 2 diabetes.

This project was funded by the Department of Health and Ageing, via a Diabetes Australia Limited Strategic Development Grant.

The resource package Shared Care in Chronic Disease Management: Improving Linkages and Understanding between General Practice and Allied Health Professions is also available through a link on the ADEA website. This project, funded by the Australian Better Health Initiative: a joint Australian State and Territory Government initiative, has

been overseen and managed by Allied Health Professions Australia (AHPA).

The package aims to provide information to general practitioners on allied health professionals included in the previously termed Medicare Enhanced Primary Care program – who are they, what they do and when to refer to them. The resources comprise:

- A resource book entitled Chronic Disease Management Sharing the Care and Understanding between General Practice and Allied Health Professionals, which contains:
  - a snapshot of the skills and expertise of each profession in chronic disease management, their qualifications and Medicare eligibility;
  - trigger points for a general practitioner referral to each profession;
  - trigger points for a health professional update to a general practitioner; and
  - potential treatment by a health professional.
- A DVD focussing on pathways of care. This targets three situations that require interdisciplinary care. These are: osteoarthritis, type 2 diabetes and stroke recovery.
- Web development which includes a link to the ADEA website to facilitate general practitioners finding a Credentialled Diabetes Educator (CDE).

ADEA is designing a framework for referral of people with diabetes within primary care and across primary and tertiary care. Phase One of the project will identify existing best practice models. This project is being generously funded by an education grant from Novo Nordisk.

Facilitating best practice diabetes management in the generalist health professional community

ADEA is to produce a nationally available education program on diabetes self management education for Aboriginal Health workers. This program is being funded by the Department of Health and Ageing, via a Diabetes Australia Limited Strategic Development Grant.

Excellence in professional practice

Audio and online continuing education

This year has been a productive one for ADEA with the completion of two projects funded by the Department of Health and Ageing. A brief update is provided.

Diabetes Matters comprises an audio CD set made up of ten, twenty minute interviews with leading health professionals. The package has now been reviewed for and allocated a total of 7 credentialling points. This program was developed in partnership with Australian Diabetes Society and the Rural Health Education Foundation.

The topics covered are:

Diagnosing and managing pre-diabetes

Diagnosing and managing

Gestational Diabetes Mellitus

Supporting self-management

Oral diabetes medicines

Ambulatory initiation of insulin in type 2 diabetes

Treatment options and regimens in type 1 diabetes

Managing chronic diabetes complications

Diabetes and mental health

The diabetic foot

Diabetes in Children and Adolescents

The Chronic Condition Self-Management Modules for use in the university post-graduate diabetes education courses are now complete. The content of the modules has been reviewed by the Course Accreditation and Standards of Practice (CASP) committee and benchmarks based on the aims and objectives of the course have been incorporated into the ADEA Manual for Accrediting Graduate Certificate Courses in Diabetes Education and Management. ADEA is now looking to use this material to develop an on-line education program as part of the continuing education process for diabetes educators who completed their universities studies prior to the inclusion of these modules into post-graduate diabetes education courses.

You can view the material at the ADEA stand throughout the ASM. This program was developed in partnership with Curtin University, CASP Committee members and Course Co-ordinators from Curtin, Deakin and Flinders Universities, Mayfield Education and University of Technology Sydney.

ADEA is also developing an online education program for diabetes educators on the latest information on guidelines, innovations and technologies related to glycaemia matters. The program, New Technologies, is being developed in collaboration with the Australian Diabetes Society using a generous education grant from Abbott Diabetes Care. The grant provides funding for regular reviews and updates over the next five years to ensure the program's integrity over time.

ADEA is also embarking on a number of new projects. These are briefly outlined below.

Primary Care and Diabetes Education

ADEA has entered into a collaborative tripartite agreement with Australian Practice Nurse Association (APNA) and Merck Sharp & Dohme (MSD) to design, develop and implement a Diploma in Diabetes Education in the Primary Care Setting that will meet National Training System requirements to provide a nationally recognised qualification for nurses. The program will be based on the National Association of Diabetes Centre's (NADC) short course Diabetes Management in the General Care Setting.

National Training Program for Pharmacy Assistants

ADEA in collaboration with the Australian Diabetes Society has undertaken a review and update of the NADC, Diabetes Management in the General Care Setting: Pharmacy Package. The updated package has been designed to meet the Pharmaceutical Society of Australia's competency standards for pharmacy assistants.

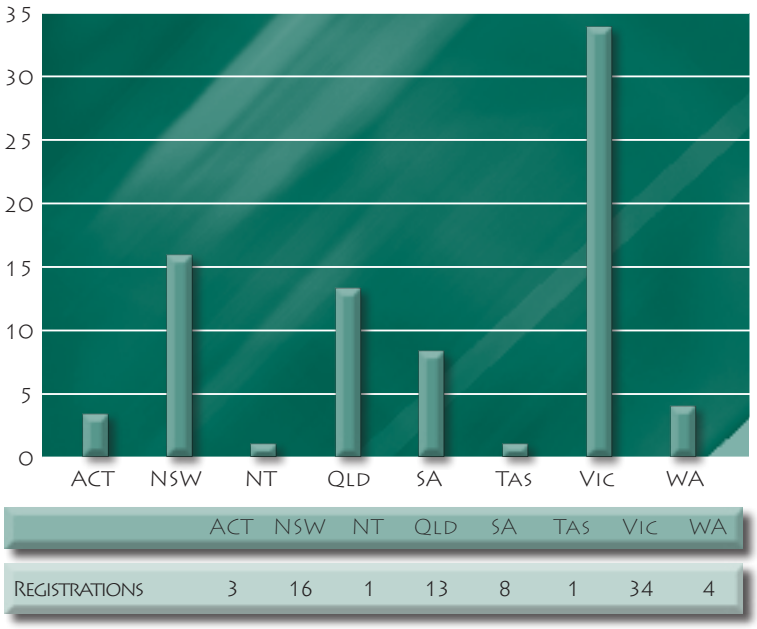
Mentoring program

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

The total number of members registered as available to be a mentor has increased from 35 to 80 in the one year period 2008-09 to 2009-10. In Victoria, 34 CDEs have registered as available mentors. This is closely followed by NSW where 16 CDEs have volunteered to act as mentors in the Mentoring Program. (See Figure 13.)

At 30 June 2010, 273 mentoring partnerships had been registered with the ADEA Mentoring Program. Of these, 116 have been completed and another 157 are still in progress. For the ongoing mentoring partnerships, 94% of participants are working towards achieving initial credentialling (see Figure 14). Furthermore, approximately 60% of all active mentoring partnerships were entered into by Victorian and Queensland members (see Figure 15). There are currently no mentoring partnerships in the ACT.

Figure 13: Registrations as Available Mentors by State/Territory



	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Registrations	3	16	1	13	8	1	34	4

Figure 14: Nature of Mentoring Partnership

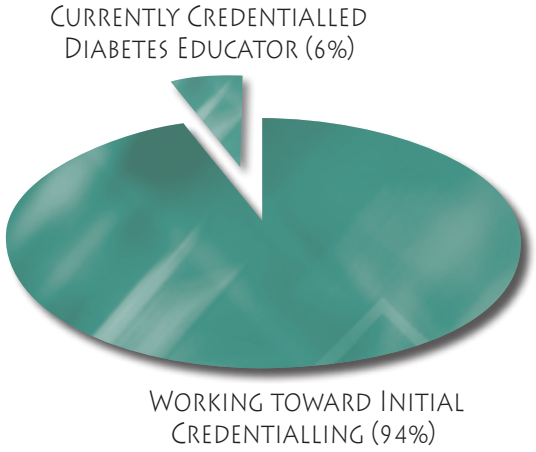
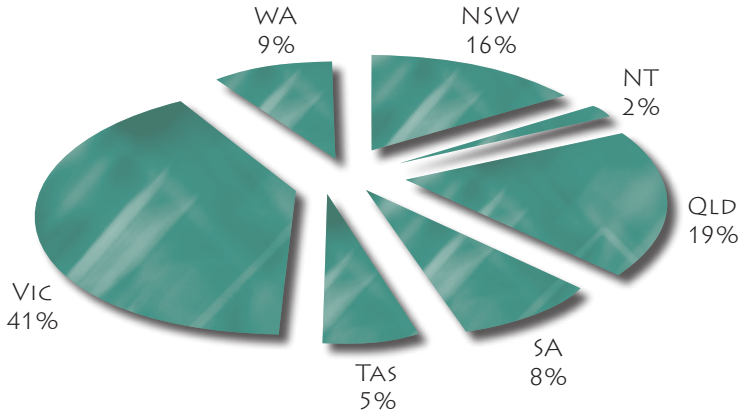


Figure 15: Ongoing Mentoring Partnerships by State/Territory



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.

Clinical practice

Jane Overland was the Chair of this Committee to March 2010. Members of this committee are Michelle Robins, Mark Coles, Melissa Armstrong, Rachel Stoney, Denise Smith and Wendy Bryant.

The ADEA Board formally endorsed two position statements in 2010. These were:

'Use of Blood Glucose Meters' and

'Minimum Standards for Use of Blood Sampling Devices in a Health Care Setting'.

Ongoing discussion is occurring with the Dietitians Association of Australia with respect to the ADEA DAA Position Statement 'The Role of CDE's and Accredited Practising Dietitians in the Delivery of Diabetes Self-management and Nutrition Services for People with Diabetes'. The Board would

like to thank Jane Overland for her impressive work as the Chair of this Committee.

Complaints Committee

Nuala Harkin

The TOR have been reviewed, updated and endorsed by the Board and are available on the ADEA website.

Course Accreditation and Standards of Practice (CASP) Committee.

Judy Reinhardt

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

Reference Group: Pamela Sessions, Bodil Rasmussen, Rebecca Munt, Michelle Mc Alister, Kylie Mahoney.

During 2009–10 members of the CASP Committee and Course Co-ordinators from Curtin, Deakin and Flinders Universities, Mayfield Education and University of Technology Sydney provided advice to ADEA and Curtin University consultants. This group developed an online education program on chronic disease self management, funded through the Australian Better Health Initiative: A joint Australian State and Territory government initiative.

This program is available for formal use in ADEA accredited courses, and informally as a resource to assist credentialling purposes.

The ADEA Course Accreditation manual has been amended to reflect the incorporation of the online program as being part of the course material accredited by ADEA.

The CASP committee has appreciated the expert advice of Karen Crawford for her contribution to the Committee's work, and also the assistance of former Reference Group members: Karen Glaister (Curtin University) and Jenny Cross (Mayfield Education Centre).

Credentialling Committee

Jan Alford

Membership Jan Alford – (Chair), Joyce Gwynne, Maxine Schlieppi, Maggie Lasdouskas, Liz Obersteller, Lauren Botting, Chris Lester, Wendy Bryant, Helen Phelan, Lisa Grice, Lynette Randall, Lois Rowan.

The Board has approved the employment of a consultant to implement a review of the credentialling process. It is planned to look at credentialling's place in current practice and to look at mapping where diabetes education is taking place, along with the current disciplines and criteria for credentialling. This ground work will then allow a more detailed review of the categories and the weighting of activities.

The Local Organising Committee (LOC)

David Mapletoft

Membership: David Mapletoft (Chair), Coral Shankley, Rebecca Stokes, Sylvia Mallo, Jenny Gunton, Keirnan Hughes

Our committee comprises three Sydney-based ADEA members and three Sydney-based ADS members. The LOC is responsible for determination and planning of all social and functional aspects of the ADS/ADEA Annual Scientific Meeting (ASM). We have teleconferenced monthly in a joint sitting with the POC and Mike Pickford from ASN Events to plan what we hope to be a memorable meeting for all who attend.

This involves the following activities.

1. Liaison in selecting accommodation, room allocation, signage and space requirements (trade, poster displays and additional meetings), and organising the theme and entertainment for the ASM, including developing the program for the social functions.

Appropriate rooms are all booked and reserved for the 2010 meeting for all program elements. The welcome function and dinner are both planned to be held onsite. The committee has decided a theme – 'Flower Power' – for the dinner, as this year the conference will be held in Spring. The committee awaits advice from Council as to whether the International Diabetes Federation President will address the audience at the welcome function which will be of normal informal style.

2. Recommending ways to enhance and promote sponsorship and industry trade displays.

Sponsorship and trade targets have been reached. The space was not of sufficient size to allow any firms to build large 9x9metre spaces in 2010, but there has been significant take up of the alternate high profile spaces (6x6metres). Not for profit organisations have been offered 50% discounts and

their display presence is fully integrated with the rest of the exhibition.

3. Meeting catering and transport requirements within the available budget.

A special catering selection has been developed for our meeting which is both within budget and observes ADEA catering policy.

4. Ensuring registration requirements, satchels, audiovisual requirements and business facilities are sufficient to meet the needs of the conference participants.

5. Monitoring progress and ensuring all the requirements are finalised prior to the Conference.

Currently, over 1000 people have registered and 352 abstracts have been submitted. These are very strong figures.

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. We wish all delegates a successful learning and networking experience.

National Association of Diabetes Centres (NADC)

Jane Payne

Membership: Currently NADC has 58 members, comprising 56 full members and 2 associate members.

This is the first of two years that ADEA are taking the responsibility of Chair of NADC. I would like to thank Dr. Wah Cheung for his support, his insight has been invaluable.

The current steering committee membership as follows:

Wah Cheung, Alicia Jenkins, Cheryl Steele Suzie Neylon, Clair Matthews and Jane Payne (Chair). We have met a total of four times in 2009/10

Main achievements:

1. Receipt of funding for review of the NADC Pharmacy Assistant training program. This program has now been reviewed and updated. It is with the Pharmaceutical Society of Australia (PSA) being reviewed for continuing education points.

2. Establishment of Accreditation working group chaired by Wah Cheung

Membership of the committee is as follows:

Wah Cheung (Chair), Sharon O'Rourke, Marg McGill, Frank Alford, Wendy Livingstone, Natalie Wischer, Judy Reinhardt, Suzie Neylon, Clair Matthews, Jane Payne

The aim of this working group is to develop draft national standards for Diabetes Centre to demonstrate that they operate as Centres of Excellence with best practice in diabetes care. These standards are underpinned by the principles of chronic disease management. They also will draft a process of accreditation of NADC Centres.

3. The inaugural NADC Best Practice in Diabetes Centre symposium is to be held in September 2010 at the ASM

Title: Multicultural Food: Practical Advice for Diabetes Health Professionals

Speakers include: Dr. David Mann, Ms. Shamal Ratnesar and Ms. Natalie Azizi.

We would like to thank Eli Lilly for their ongoing support of NADC educational activities including the sponsorship of the symposium.

4. ANDIAB 2 data collection has been completed and we await the report from Associate Professor Flack and his team. A total of 31 centres took part in the data collection.

5. Work Survey in development. The NADC steering committee are seeking information from the membership regarding staffing levels; types of patients seen and other clinical activities. This will go towards a report which will be used by ADS and ADEA in their discussions with the DOHA regarding service provision and funding into the future.

Program Organising Committee (POC)

Melissa Armstrong

The 2009 ADS-ADEA Annual Scientific Meeting in Adelaide was a great professional development and financial success. Registration numbers were very healthy with 1349 registrants, only 130 less than our previous record in Melbourne. Of these, 972 were full registrations including speakers, 120 students and 257 trade registrations. The majority of registrants were from Victoria and NSW (~30% each), with 13% of registrants from South Australia, the conference home state.

Feedback on both the scientific and social programs was positive. Eighty-two percent of respondents to the evaluation said the program content was Excellent or Very Good; 85% thought the program standard was Excellent or Very Good; and 80% thought the relevance of the program was Excellent

or Very Good. Our Plenary speaker, Dr Amanda Adler had an approval rating of 85%.

The workshop format for the Roche Educators' Day was popular and there was a waiting list for participation. Due to the limitations of space on the Tuesday of the program (the Endocrine Society Australia and Society of Reproductive Biology are also on at this time) it is difficult to provide a workshop format for more than about 250 people.

The planning for the 2010 meeting is progressing smoothly. A larger committee this year has made the spread of responsibilities much easier. The Sydney venue is starting to show its age and once again there are room shortage issues. This may result in some overcrowding in the smaller breakout rooms. This issue may continue to be a problem. As the size of the meeting continues to grow the number of suitable conference venues shrinks.

The 2010 Plenary speaker is Dr Ann Albright, the Director of the Division of Diabetes Translation from the Center for Disease Control in Atlanta, Georgia. As Director, Dr Albright leads a team of more than 100 who strive to eliminate the preventable burden of diabetes through leadership, research, programs, and policies that translate science into practice. She is well qualified to discuss her topic of health literacy. Dr Albright will also provide a Meet the Expert session and moderate the debate.

The other ADEA invited speaker is Claire Palermo who will discuss the evidence supporting mentoring. She is about to complete her PhD in this area. Claire is also assisting the Credentialling Committee on Tuesday at the Roche Educators Day to run a Mentoring workshop.

As a change, this year we invited members to submit abstracts for the Roche Educators' Day workshops. We had five successful applicants, which has enriched the variety of topics on offer for the workshops this year. Other members have kindly offered to provide workshops on request from the POC. Roche will provide an invited speaker to give us nine options for the day, of which registrants may choose two.

We have had a record number of abstracts submitted (109). This has resulted in 37 oral presentations and 54 posters. There will be seven Symposia, including one organised by the NADC. This is a new initiative for 2010. In addition, we have a joint symposium on Indigenous Health with ADS. The popular debate format has returned with the topic for debate being 'medication versus lifestyle in the treatment of type 2 diabetes'. Two 'Meet the Expert' sessions have been scheduled, one of which will be sponsored by the Juvenile Diabetes Research Foundation.

Another change for 2010 will be the cancellation of the ADEA Awards Lunch on the Friday of the ASM. This decision was taken by the ADEA Board, after it was recognised that large amounts of money were being wasted each year by providing a sit down lunch for registrants who indicated they would attend the lunch and then did not turn up on the day. The Award winners will be announced at the ASM Dinner and a full summary of the Award recipient's details we be printed in the next Australian Diabetes Educator after the ASM.

Last year pharmaceutical company involvement was somewhat reduced due to the global financial crisis. In comparison, 2010 sponsorship and trade targets have increased and surpassed this year's estimates.

My two year term as Program Organising Committee Chair will come to an end after the 2010 meeting in Sydney. I would like to thank the Board for giving me the opportunity to chair this exciting and dynamic committee. My thanks are also extended to the POC members during my term of office for all their support and hard work. Finally I would also like to thank the membership for their support of the POC and myself. It is only through the efforts of our dedicated members that we can put on a scientific meeting of this magnitude and success.

Sponsorship Committee

Nuala Harkin

The Committee agreed to develop a portfolio to showcase current and previous Business Partner projects for presentation at the face-to-face meetings with Major Sponsors and potential Business Partners.

Governance

Building organisational capacity for sound governance

All Board Directors attended governance training in November 2009. The program was designed for the Not-for-Profit Board and covered governance and financial performance. The Branch finance officers, who are members of the Finance and Audit Committee, were invited to attend the finance training. Finance training was made available to all branch finance officers at the 2009 ASM. A powerpoint presentation of this training is available on the ADEA website. Finance training will again be offered at the 2010 ASM. Training for Branch Executives will be held for the first time. The Executive Director has attended the Company Directors Course. The course was hands on, with participation in many role plays and the opportunity to look at what goes wrong and the importance of risk management.

The Board has endorsed Martin Gordon to be the external representative to the Finance and Audit Committee (FAC). Martin has many years experience in taxation and auditing and will be a huge asset to ADEA. The Committee now holds monthly meetings. Collaboration between the National Office finance officer and branch finance officers with respect to Branch conferences has been successful. The Branch Conference Manual includes finance processes that will guide future Conference organisers and finance officers.

The Board approved the move of National Office to bigger premises. This allows ADEA to meet Occupational Health and Safety Standards, with staff now having adequate space in which to work.

The Board also approved an increase to membership fees. Member expectations regarding employment of a professional officer and improved communications from National Office required assurance ADEA has adequate resources to employ staff at the appropriate level to provide these additional services. At the same time, when approving the budget, the Board has fiscal responsibility for ADEA, ensuring there are adequate funds to cover such staff increases. A review of the budget indicated that the creation of additional positions would impose a drain on the ADEA budget. Whilst ADEA has sufficient funds to cover these increases in the short term, it is not a viable option for any length of time. The increase in membership fees is a start to having more National Office staff, in particular a Professional Officer and an Executive Assistant to the Board.

All staff contracts and employment processes have been updated to comply with Fair Work 2009.

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. All members agree to abide by the Code of Conduct at the time of sign up. It was reviewed in early 2010 and has been endorsed by the Board. It is available on the ADEA website.

The Complaints Committee exists to provide a mechanism for consumers, members and other health professionals to raise concerns about the professional conduct of members. The Terms of Reference for this Committee have been revised, endorsed by the Board and are available on the website.

Leadership and collaboration

National Diabetes Services Scheme projects

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

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

CDEs facilitating access to the NDSS for people with diabetes

CDEs continue to play a major role in initial authorisation of NDSS registration for people diagnosed with diabetes. CDEs also authorised NDSS registrations for access to insulin pump consumables for people living with type 1 diabetes.

CDE tools for NDSS authorisations

ADEA developed a Desk Top Guide for CDEs as a tool to assist compliance with NDSS authorisation requirements. The impact of this tool was evaluated in 2009. As a result, ADEA has continued to distribute this tool to all newly recognised CDEs. The format of the CDE Desk Top tool will be reviewed in 2010.

ADEA has also introduced a specific CDE Registration Card (Figure 16, Figure 17). The aim of the CDE Registration Card is contribute to maintaining the integrity of NDSS data through ensuring a uniform use of the CDE Registration Number for authorisation of NDSS registrations.

Branch Conference Manual Working Party (BCMWP)

Heike Krausse

MEMBERS: Heike Krausse (Chairperson)
Ann O'Neill and Anne Wansbrough (NSW), Karen Gray, Marianne Reardon, Meredith Williamson and Victoria Stevenson (Victoria), Linda Hop (WA), Mary Hodgson and Effie Kopsaftis (SA), Teresa Skerret (Tas), Vicki Mahood (ACT), Heather Hart (ADEA President).

The Branch Conference Manual Working Party was convened in September 2009.

The purpose of this working party was to develop a Branch Conference Manual as a national guideline and resource for future conference organising committees.

The concept is to create a reference to assist members who nominate or have been nominated as committee

Figure 16: CDE Registration Card front

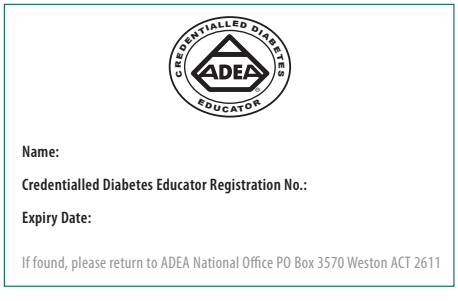
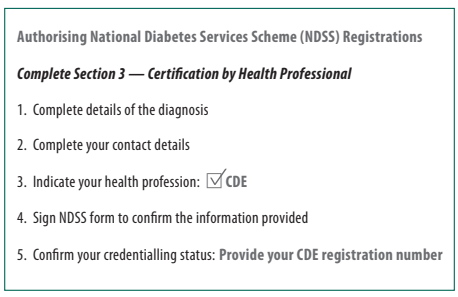


Figure 17: CDE Registration Card back



members for ADEA State and Territory Branch Organising Committees. The manual provides proformas/ templates/ guidelines that will foster national consistency of conference and education meetings but also allow flexibility for branch variations of event organisation.

The manual also has an aim to improve efficiencies and streamline processes by reducing duplication of effort as committee membership changes but also by defining roles and responsibilities of National Office and those of the Branch conference organising committees.

The BCMWP has active representation from all states and territories and to date has collated, reviewed and edited all documents developed and used by the majority of states and territories. A 39 page resource document has been drafted. This document will ultimately be available with useful links to members on the ADEA website.

Health Insurers and Private Practice Working Group (HIPP WG)

Deb Foskett

The ADEA HIPP working group evolved from independent CDE's having difficulty being reimbursed by private health insurance funds. The group comprises a collaboration among Deb Foskett chair (pictured) Tracy Aylen, Leigh Spokes and Marilyn Burgess, all independent CDE's either working full or part-time. The HIPP group progress since its inception in February 2010 has seen the development and distribution of a survey to the PPSIG members, with an exceptional response of over 60% being completed.

It is particularly important to acknowledge Tracy Aylen's significant contribution to the group with the development of the survey tool. Feedback received from PPSIG members to this survey has played a vital role in ascertaining the health funds to be targeted. There continues to be ongoing analysis of this data.

HIPP continues to work on the development of an information package for clients and independent educators on how to influence health fund decisions on reimbursement.

The future work of the group is to circulate an ADEA endorsed package to members and to continue to pursue areas of concern for independent educators regarding funding. The most positive progress has been the recognition of CDE's by Medibank Private. HIPP group would also like to develop a "starting up" information package, accessible via the ADEA web site, for those CDE's considering independent practice.

The HIPP group has a Terms of Reference, report quarterly to the ADEA board and minute all teleconferences. All members of HIPP wish to thank the ADEA board for their support and the progress thus far and welcome expressions of interest from independent educators wishing to join this working group.

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 is now available from the ADEA website.

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

Phase 1 of the Insulin Pump Therapy (IPT) project is completed. The results were presented at the 2008 ASM and the report continues to be available from the ADEA

website. Phase 2 of the IPT project has now also been completed with the launch of an online IPT practice forum for ADEA members through the ADEA website. The aim of the forum is to generate discussion, share experiences and facilitate peer learning with the assistance of CDEs with experience and expert knowledge in the specialist area of IPT as invited forum moderators.

During Phase 3 of this project, the NDSS Project Team and the forum moderators will monitor the discussions, elicit themes and consult practitioners in IPT diabetes education and care before considering tools and activities that can further contribute to increased national consistency in the approach to initiation and ongoing care in IPT.

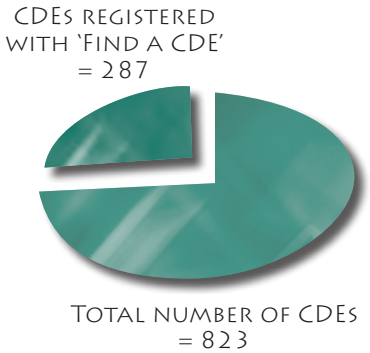
Find a CDE

Enhancement of the 'Find a CDE' function on the ADEA webpage was one of the major components of the combined ADEA webpage and database renewal project. The aim of the improvement was to secure the search function's role as a key resource for people with diabetes and health care professionals when sourcing appropriately qualified and recognised diabetes education practitioners.

The 'Find a CDE' now offers people with diabetes and their health care professionals the choice of searching for a CDE practising in the public health care sector as well as searching for a CDE practising in the primary care sector who are recognised by Medicare, Department of Veterans' Affairs (DVA) and private health insurers. In addition to practitioner name and postcode search, the 'Find a CDE' now allows searches for CDEs who provide services to specific patient categories, for example children, offering specific consultation types, for example insulin pump, and providing services in languages other than English.

Of the 5 874 visits to the ADEA website in June 2010, 1 936 accessed the 'Find a CDE' search function. During the same period, 26% of all CDEs had entered their details to the search function.

Figure 18: Proportion of CDEs registered with 'Find a CDE'



Outcomes and indicators in diabetes education

Funding has been committed to the scoping and piloting of a web application tool for undertaking quality assurance projects within diabetes education and care. Participating CDEs have been recruited and the pilot is now under way.

The pilot is underpinned by the 2007 report Outcomes and Indicators for Diabetes Education – A National Consensus Position, the Diabetes Knowledge Questionnaire (DKQ) and Psychological Adjustment In Diabetes (PAID). These reports were chosen by the project's Advisory Group for the pilot. The results of the pilot will inform ADEA's decision about future adoption of similar web applications for quality assurance and research projects.

Online professional development

ADEA is expanding its capacity to offer professional development via e-learning to members who may experience difficulties accessing ongoing education in diabetes education and care in their working environment, or who practice in geographic and/or professional isolation.

Some of these e-learning packages will also be accessible to non-member health professionals who provide care and support to people living with diabetes and their carer and/or families.

The NDSS Project Team is currently developing an e-learning portal which will be hosted on the ADEA website and integrated with the ADEA membership database. Simultaneously, content development for several e-learning packages has been commissioned and adaptation to the hosting environment will occur in early 2011.

ADEA leaders

Branch executives as at July 2010

ACT
Libby Bancroft (Chair)
Nicole Le Cornu (Secretary)
Nola McFarlane (Finance Officer)

NSW
Marlene Payk (Chair)
Coral Shankley (Secretary)
Anne Wansbrough (Finance Officer)

NT
Michelle Walding (Chair)
Jan Stevenson (Secretary)
Melissa Tait (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)
Tracy Lonergan (Secretary)
Kim Dalla (Finance Officer)

WA
Wendy Lee Pittick (Chair)
Gail Cummins (Secretary)
Karen Beardsmore (Finance Officer)

Vic
Margaret Ryan (Chair)
Emma Williams / Jenny Thomas (Secretaries)
Marianne Reardon (Finance Officer)

Committees, Working Parties and Special Interest Groups

Complaints Committee
Nuala Harkin (Chair)

Conference Program Organising Committee
Melissa Armstrong (Chair)
Pam Jones
Jan Alford
Carol de Groot
Andrea Sanders
Gladys Hitchen
Heather Hart
Michelle Robins
Nicky Peberdy
Rebecca Munt
Tania Bennett
Clair Matthews

Conference Local Organising Committee
David Mapletoft (Chair)
Coral Shankley
Rebecca Stokes
Sylvia Mallo
Jenny Gunton
Keirnan Hughes

Course Accreditation and Standards Of Practice Committee
Judy Reinhardt (Chair)
Rhonda Griffiths
Jan Alford
Pauline Hill
Sara Jones
Trisha Dunning

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

Finance and Audit Committee
Tracy Aylen (Chair)
Clair Matthews
Marianne Reardon
Karen Beardsmore
Megan Krajina
Heather Hart

Sponsorship Committee
Nuala Harkin (Chair)
George Barker
Clair Matthews

International Partnerships Committee
Jane Giles (Chair)
Heather Hart

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

Clinical Practice Guideline Committee
Jane Overland (Chair) – until March 2010
Mark Coles
Melissa Armstrong
Michelle Robins
Rachel Stoney
Denise Smith
Wendy Bryant

Special Interest Groups
Nurse Practitioner
Michelle Robins (Convenor)
Paediatric
Karen Jameson (Convenor)
Private Practice
Leigh Spokes (Convenor) – up to Dec 2009
Jayne Lehmann (Convenor) – from Jan – June 2010
High Risk Foot
Emma Holland (Convenor)

ADEA Representation

IDF-WPR Council
Trisha Dunning

IDF-WPR Diabetes Education Working Group
Jane Giles

Medical Education and Scientific Council
Heather Hart (Chair)
Nuala Harkin
Fiona McIver

Health Care and Education
Shirley Cornelius

Diabetes Management Journal
Kate Marsh

Conquest
Trisha Dunning

Diabetes and Driving
Victoria Stevenson

Coalition of National Nurses Organisation
Jane Payne/Tracy Aylen

Diabetes Australia
Heather Hart

Australian Diabetes Foot Network
Emma Holland
Jan Alford

ADS/APEG Type 1 Diabetes Guidelines in Paediatrics and Adolescence
Heather Hart
Nuala Harkin

ADS/ADEA Collaborative
Heather Hart
Nuala Harkin
Clair Matthews

Gestational Diabetes Mellitus
Cheryl Steele

Royal Australian College of General Practitioners (RACGP) Diabetes Guide for Practice Nurses Advisory Committee
Tracey Wilson

NHMRC Type 2 Diabetes Guidelines Review and Update Advisory Committee
Clair Matthews

Working Party on HbA_{1c} Reporting
George Barker

Life members

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

Congratulations to our 2009 award winners

Jan Baldwin Award
Shirley Cornelius (WA)

National Certificate of Recognition
Dr. Pat Phillips (SA)

Branch Certificate of Recognition
Denise Smith (WA)

Abbott Diabetes Care Service Development
George Barker (NSW)

ADEA: Best New Poster Presenter at the ADEA/ADS ASM 2009
Megan Paterson-Dick (Vic)

ADEA: Best New Oral Presenter at the ADEA/ADS ASM 2009
Reeta Singh (Vic)

Becton Dickinson: Best Oral Presentation ADEA/ADS ASM 2009
Lisa Engel (Vic)

Becton Dickinson: Best Poster Presentation ADEA/ADS ASM 2009
Cecile Eigenmann (NSW)

ADEA – Abbott Diabetes Care Case Study Awards
Liz Obersteller (Vic)
Darlene Russell (Qld)
Elizabeth Cartwright (Qld)
Deb Foskett (Qld)
Kaye Farrell (NSW)
Andrea Sanders (Qld)
Lynne Morrison & Karen Palmer (Vic)
Gwyneth Truran (WA)
Kate Marsh (NSW)
Kathleen Steele (Vic)

Australian Diabetes Educators Association Limited

FINANCIAL REPORT

For the year ended 30 June 2010

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 2010

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 Hart
RN CDE CCC BN GradCert(DiabEd)

Nuala Harkin
RN RSCN NP CDE Dip(InfectionControl), GradCert(DiabEd)

Tracy Aylen
RN CDE BHSc(Nursing), GradCert(DiabEd), GradCert(HSM)

Fiona McIver
RN CDE BN GradCert(DiabEd)

Neroli Price
RN RM CDE

Jane Payne
RN CDE GradCert(DiabEd)

Glynis Dent
RN CDE GradCert(DiabEd), GradCert(Human Nutrition), Dip(Nursing)

Cheryl Steele
RN RM CDE GradCert(DiabEd)

Carol deGroot
RN CDE GradCert(DiabEd)

Giuliana Murfet
RN CDE NP MSc(Diabetes), MNg(Nursing)

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
Heather Hart	4	4
Nuala Harkin	4	3
Tracy Aylen	4	4
Fiona McIver	4	4
Neroli Price	4	4
Jane Payne	4	4
Glynis Dent	4	4
Cheryl Steele	4	2
Carol deGroot	4	4
Giuliana Murfet	4	3

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 $318,214.

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 2010 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.

Tracy Aylen, Director

Dated this 26th day of July 2010

WALTERTURNBULL
your extra asset

WalterTurnbull Building
44 Sydney Avenue
BARTON ACT 2600
GPO Box 1955
CANBERRA ACT 2601
Tel 02 6247 6200
Fax 02 6162 9292
www.walturn.com.au
walterturnbull@walturn.com.au
WalterTurnbull
ABN 90 613 256 181

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 2010 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
Partner

Canberra
26 July 2010

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CANBERRA ACT 2601
Tel 02 6247 6200
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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

Report on the financial report

We have audited the accompanying financial report of Australian Diabetes Educators' Association Limited (the company), which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation 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 establishing and maintaining internal controls 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.

Our procedures include reading the other information in the Annual Report to determine whether it contains any material inconsistencies with the financial report.

Our audit did not involve an analysis of the prudence of business decisions made by directors or management.

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

Independence

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

Auditor's opinion

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

(a) giving a true and fair view of the company's financial position as at 30 June 2010 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
Partner

Canberra
26 July 2010

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 2010 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.

Tracy Aylen, Director

Dated this 24th day of July 2010

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 $	2009 $
Revenue	2	1,463,010	1,184,759
Staff costs		(234,899)	(229,751)
Operating expenses		(56,063)	(49,133)
Move to new premises		(20,634)	-
ADEA products and general expenses		(72,026)	(123,755)
Meetings and travel		(111,363)	(182,435)
Branch meeting expenses		(7,084)	-
Branch conference costs		(126,532)	-
Branch travel grants		(4,240)	-
Financial and legal		(26,331)	(134,477)
Awards and travel support		(6,203)	(33,196)
Subscription memberships		(14,586)	(13,578)
NDSS expenses		(384,119)	(224,317)
Project expenses		(80,716)	(155,031)
Profit		318,214	39,086
Other comprehensive income		-	-
Total comprehensive income		318,214	39,086

The accompanying notes form part of these financial statements

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2010

	Note	2010 $	2009 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	1,191,326	1,056,693
Trade and other receivables	6	114,268	123,261
Other current assets	7	9,154	4,210
Other financial assets	8	750,647	710,633
TOTAL CURRENT ASSETS		2,065,395	1,894,797
NON-CURRENT ASSETS			
Property, plant and equipment	9	38,716	14,618
TOTAL NON-CURRENT ASSETS		38,716	14,618
TOTAL ASSETS		2,104,111	1,909,415
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	102,094	132,820
Other current liabilities	11	367,752	460,544
TOTAL CURRENT LIABILITIES		469,846	593,364
NON-CURRENT LIABILITIES			
Provisions	12	1,125	1,125
TOTAL NON-CURRENT LIABILITIES		1,125	1,125
TOTAL LIABILITIES		470,971	594,489
NET ASSETS		1,633,140	1,314,926
EQUITY			
Retained earnings		1,633,140	1,314,926
TOTAL EQUITY		1,633,140	1,314,926

The accompanying notes form part of these financial statements

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2010

	2010 $	2009 $
Opening retained earnings	1,314,926	1,275,840
Total comprehensive income	318,214	39,086
Closing retained earnings	1,633,140	1,314,926

The accompanying notes form part of these financial statements

AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN 65 008 656 522

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 $	2009 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from members and customers		1,406,626	1,195,023
Interest received		35,724	55,800
Payments to suppliers and employees		(1,275,459)	(1,250,472)
Net cash provided by operating activities	18	166,891	351
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for plant and equipment		(32,258)	(10,252)
Net cash used in investing activities		(32,258)	(10,252)
Net increase / (decrease) in cash held		134,633	(9,901)
Cash at the beginning of the financial year		1,056,693	1,066,594
Cash at the end of the financial year	5	1,191,326	1,056,693

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 2010

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 Australian Accounting Standards Board 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.

The presentation currency is AUD ($).

Accounting Policies

(a) Revenue

Grant revenue is recognised in profit or loss 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 the Company 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 statement of financial position 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 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 profit or loss.

(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

Financial 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
ABN 65 008 656 522

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

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 profit or loss.

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 profit or loss.

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 2010

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 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 statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows 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 2010 are receivables over ninety days past due amounting to $19,786 (2009: $27,699). The Company considers that these are collectible and therefore no provision for impairment has been made at 30 June 2010.

(o) New Accounting Standards for Application in Future Periods

The Australian Accounting Standards Board 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 and does not expect them to have a material effect on the Company's financial statements.

	2010 $	2009 $
Note 2: Revenue		
Memberships	245,596	233,526
Credentialing	14,089	15,977
NDSS allocation	392,235	208,225
Interest and investment income	69,101	51,919
Conference ASM	197,685	132,391
Branch revenue	239,458	190,482
Awards, grants and sponsorships	71,979	49,480
Magazine and publications	110,922	165,935
Project income	115,022	124,521
Other revenue	6,923	12,303
	1,463,010	1,184,759
Note 3: Significant Items of Income / (Expense)		
Depreciation	(8,160)	(6,122)
Bad and doubtful debts	(150)	(9,994)
Total employee benefits expense	(396,370)	(346,049)
Rental expense on operating leases	(7,964)	(7,732)
Net loss on assets at fair value through profit or loss	-	(27,523)
Net loss on disposal of non-current assets	-	(21)
Net gain on assets at fair value through profit or loss	40,014	-
Interest revenue	35,724	51,919

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	2010 $	2009 $
Note 4: Auditor Remuneration		
Audit of the financial report	8,000	8,000
Other audit services	1,500	1,200
Other services	1,000	53,779
	10,500	62,979
Note 5: Cash and Cash Equivalents		
Cash on hand	700	700
Cash at bank	1,190,626	1,055,993
	1,191,326	1,056,693
Note 6: Trade and Other Receivables		
Trade receivables	111,052	116,515
Other receivables	3,216	6,746
	114,268	123,261

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:

	2010 $	2009 $
Provision for impairment at the beginning of the year	-	-
Charge for the year	150	9,994
Written off	(150)	(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.

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.

Note 6: Trade and Other Receivables (continued)

Credit Risk – Trade and Other Receivables (continued)

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 days overdue $	31-60 days overdue $	61-90 days overdue $	> 90 days overdue $	Within initial trade terms $
2010							
Trade receivables	111,052	-	34,093	15,336	8,642	19,786	33,195
Other receivables	3,216	-	-	-	-	-	3,216
Total	114,268	-	34,093	15,336	8,642	19,786	36,411
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

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

	2010 $	2009 $
Note 7: Other Current Assets		
Prepayments	9,154	4,210
Note 8: Other Financial Assets		
Held-to-maturity investments	225,564	225,362
Financial assets at fair value through profit or loss	525,083	485,271
	750,647	710,633

Held-to-maturity investments comprise bank term deposits.

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

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	2010 $	2009 $
Note 9: Property, Plant and Equipment		
Plant and equipment at cost	58,681	26,423
Less accumulated depreciation	(19,965)	(11,805)
	38,716	14,618

Movements in Carrying Amounts

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

	2010 $	2009 $
Plant and Equipment		
Balance at the beginning of the year	14,618	10,509
Additions at cost	32,258	10,252
Disposals at cost	-	(3,514)
Accumulated depreciation writeback on disposals	-	3,493
Depreciation expense	(8,160)	(6,122)
Balance at the end of the year	38,716	14,618

Note 10: Trade and Other Payables		
Trade creditors and accruals	75,907	114,021
Provision for annual leave	26,187	18,799
	102,094	132,820
Note 11: Other Current Liabilities		
Membership fees received in advanced	129,147	110,365
Unexpended grants	238,605	350,179
	367,752	460,544
Note 12: Provisions		
Opening balance	1,125	-
Additional provisions raised during the year	-	1,125
Amounts used	-	-
Closing balance	1,125	1,125
Analysis of Total Provisions		
Current	-	-
Non-current	1,125	1,125
	1,125	1,125

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.

	2010 $	2009 $
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
- later than 12 months but not later than 5 years	-	17,553
	-	26,313

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.

During the year ended 30 June 2010, the Company reached an agreement with the lessor to surrender the property lease.

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. The financial report was authorised for issue on 24 July 2010 by the board of directors.

	2010 $	2009 $
Note 16: Key Management Personnel Compensation		
Short-term benefits	106,528	93,155
Post-employment benefits	9,921	8,384
	116,449	101,539

Note 17: Related Party Transactions

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

NADC reimburses the Company for costs incurred in the ordinary course of business. As at 30 June 2010, the balance receivable from NADC was $20,473 (2009: $3,530).

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	2010 $	2009 $
Note 18: Cash Flow Information		
Reconciliation of Cash Flow from Operations with Net Profit		
Net profit	318,214	39,086
Non cash flows		
- Depreciation	8,160	6,122
- Loss on disposal of non-current assets	-	21
- Net (increase) / decrease in financial assets	(40,014)	27,523
Changes in assets and liabilities		
- Decrease / (increase) in trade and other receivables	8,993	(17,399)
- Decrease / (increase) in other current assets	(4,944)	352
- (Decrease) / increase in trade and other payables	(30,726)	(50,555)
- (Decrease) / increase in other current liabilities	(92,792)	(5,924)
- Increase in provisions	-	1,125
Cash flow provided by operating activities	166,891	351

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:

	2010 $	2009 $
Financial Assets		
Cash and cash equivalents	1,191,326	1,056,693
Financial assets at fair value through profit or loss	525,083	485,271
Held-to-maturity investments	225,564	225,362
Loans and receivables	114,268	123,261
	2,056,241	1,890,587
Financial Liabilities		
Trade creditors and accruals	75,907	114,021
	75,907	114,021

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.

Note 19: Financial Risk Management (continued)

(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.

Interest rate risk on financial assets is managed by depositing some surplus funds with financial institutions on terms with fixed interest rates. Interest rate risk on financial liabilities is managed by ensuring that the Company does not have 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.

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 $
2010				
Financial liabilities due for payment				
Trade creditors and accruals	75,907	-	-	75,907
Total expected outflows	75,907	-	-	75,907
Financial assets – cash flows realisable				
Cash and cash equivalents	1,191,326	-	-	1,191,326
Trade and other receivables	114,268	-	-	114,268
Other investments	750,647	-	-	750,647
Total anticipated inflows	2,056,241	-	-	2,056,241

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Note 19: Financial Risk Management (continued)

(b) Liquidity Risk (continued)

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

(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 the directors have assessed as being financially sound.

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 statement of financial position.

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's credit risk is concentrated with the financial institution with which the Company deposits its surplus funds.

(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.

Note 19: Financial Risk Management (continued)

Net Fair Values

Fair value estimation

The fair values of all financial assets and financial liabilities approximate their carrying values as presented in the statement of financial position. 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.

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.

	2010 $	2009 $
Change in profit		
- Increase in interest rate by 2%	23,813	21,120
- Decrease in interest rate by 2%	(23,813)	(21,120)
- Increase in investments of 10%	52,508	48,527
- Decrease in investments of 10%	(52,508)	(48,527)
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%	-	-

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Note 19: Financial Risk Management (continued)

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: Company Details

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

Australian Diabetes Educators' Association Limited
Chifley Community Park
Corner of Eggleston and Maclaurin Crescents
Chifley ACT 2606

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Australian Diabetes Educators Association

What is diabetes self management education?

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

What is diabetes education?

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

ADEA welcomes all of these health profssionals as members.

Who is a Credentialled Diabetes Educator?

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

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

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

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

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