

2015 Annual Report 16



About ADEA

The Australian Diabetes Educators Association (ADEA) is a member based public company limited by guarantee, a registered charity and has this year been granted Deductible Gift Recipient (DGR) status from the Australian Taxation Office.

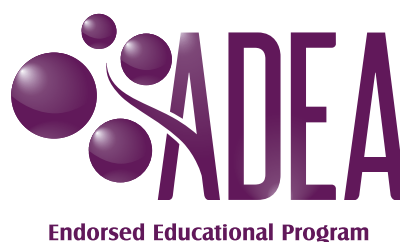
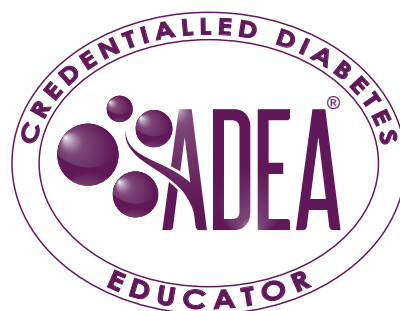
The state and territory branch structure supports ADEA's goals and objectives by focusing on networking and continuing professional development opportunities.

ADEA is a learning organisation and is future oriented. ADEA seeks opportunities to improve its governance, operations and bring to bear technologies to support best practice for all staff. ADEA strives to support its membership and be responsive to members. In promoting the role of the CDE, ADEA advocates on their behalf to government, other health professionals and the community.

Evidence-based best practice diabetes education is fundamental to everything that ADEA does to ensure optimal health and well being for all people affected by, and at risk of, diabetes. ADEA considers diabetes education a specialty field of health care practice.

The certification trademark of the Credentialed Diabetes Educator® (CDE) was introduced by ADEA in 1986. At this time, it also implemented a professional recognition and development program to support diabetes educators working towards achieving and maintaining CDE status.

ADEA accredits post graduate courses in diabetes education and management across Australia. We set standards and develop guidelines for the practice of diabetes education. We support diabetes educators' delivery of quality diabetes education by offering and encouraging participation in our Credentialed and Re-credentialing Program, a voluntary professional development and recognition program for full members. ADEA offers professional development activities and endorses those developed by other organisations.



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President's Report

President's Report

Tracy Aylen
President

ADEA is celebrating a landmark; 35 years of service in diabetes education, standards development and representation. Over those years, 16 Presidents have presided over the AGM and we have continued our organisational journey with steady growth, increasing influence and stronger partnerships. Looking back over past annual reports I can see that all who have held this key role reflected on the challenges, rewards and opportunities that emerged during their term of office. These sentiments are echoed in my final report as President under the themes of recognising our past, opportunity in the present and staying responsive and relevant in diabetes care for the future.

The back catalogue of the Australian Diabetes Educator journal provides much of the narration of our history, capturing significant events in text and static images. As part of a recent project, we have now added video interviews with some past ADEA leaders to our records, so you can hear about the impetus for starting our association and how they experienced that period directly from those involved. These leaders were part of the group who identified the dual need for improving support for people with diabetes and for quality diabetes education delivery. Then they stepped up to help achieve that vision. The videos will be available on the website and ADEA channels after launching at the 2016 Annual Scientific Meeting. Whenever you attend a conference, use the standards or write CDE next to your signature, also consider the contributions of the hundreds of individuals: members, non-members and staff who have undertaken the work to make the ADEA what it is today.

While some progress might be serendipitous, growing a successful organisation takes planning, resources and commitment. Part of the reason why

ADEA maintains a strong role in diabetes care is due to 'forward thinking' and an understanding of the environment in which we function. The current five-year Strategic Plan concludes at the end of 2016 and the new plan is in the final stage of publication. During the process, some decisions around format and timeframe were made. Specifically, the Strategic Plan has moved to a guiding principles framework and will return to a three-year period of operation, from 2017 to 2020, with a scheduled review process. Our CEO, Dr Joanne Ramadge, has prepared a comprehensive report for members that summarises the activities undertaken in the final year of the current Strategic Plan.

One of ADEA's significant achievements this year is the establishment and launch of the ADEA Diabetes Research Foundation as well as the opening round of applications for the ADEA Diabetes Research Foundation. Over the years our organisation has had champions for research motivated to improve the evidence base for diabetes education and associated health outcomes for people with diabetes. Progress of this research has been impeded by the lack of a dedicated structure with a recognised funding base to support these efforts. Developing a research foundation is a major step for ADEA and is designed to complement research activities in other areas of diabetes care. One key criterion for research applications is planned consumer engagement and representation, in line with our commitment to further embedding person-centred care in diabetes education.

The context in which ADEA operates continues to be challenging and these pressures will increase as planned budget cuts take hold in the hospital sector, community services are squeezed, the Medicare rebates freeze continues and private health insurers look to their bottom

line. Influencing policy, government and the health sector more broadly continues to be at the forefront of ADEA actions and considerations. As I write this report, the final makeup of the new federal government is still undecided, with Senate seats yet to be declared. Although the Minister for Health is continuing in her portfolio, some of the key advisors and support staff have moved on which will necessitate re-building of relationships. This type of engagement may seem less important, in the larger scheme of things, but is in fact a key to effective and timely communication with government on a range of policies impacting diabetes education and service delivery. While committees and working groups form one aspect of ADEA representation, meetings with the relevant Ministers, ministerial advisors, as well as other parliamentarians, are critical to advancing the understanding and support for diabetes education within the corridors of government. These meetings over the past 12 months have occurred independently or with our partner organisations, including ADS and Diabetes Australia, to progress our agenda for change. We look forward to a continued positive relationship with the Minister and her team moving into the new term of government.

Following the successful adoption of the new ADEA Constitution last year, the next step was to manage the implementation of the agreed changes. The terms for ADEA board directors are limited to allow for planned changeover and maintaining levels of experience and capacity among the team. Over several board terms of office, the planned exit schedule for some directors has altered because of resignations due to personal commitments or workforce changes. This altered the planned timelines for bringing in new directors while maintaining levels of experience on the board. The other impacting feature was capacity for existing board directors to move into office bearer roles, keeping in mind that all are volunteers and have commitments outside ADEA to meet as well. With the reduction in board director positions under the new Constitution and consideration of good governance practice, the board opted

to extend the term of one experienced director to assist the transition process. As required, a consultation period and membership vote ensued and the result was adoption of the board recommendation to extend this term for 18 months. The board and the company secretary will continue to monitor the impact of constitutional changes as we move through this first post-implementation period.

From a financial perspective, ADEA is performing well under difficult economic circumstances. Like most other sectors in the current environment, our investment portfolio has experienced losses, but benefits from taking a fairly balanced and conservative approach to investment choices with performance coming in as anticipated. The finance, audit and risk committee reports regularly to the ADEA board on investments and budget performance, with our Chief Finance Officer, Daniel McKinney, providing the opportunity for further exploration and questions at each board meeting. The full financial statements are available to members following completion of the external auditors report. This financial year, ADEA has again achieved a surplus and maintained a stable financial position allowing the organisation to continue on a positive track for growth.

Planning for the future involves a component of 'crystal ball' gazing and an understanding of the internal and external influences that affect our ability to be responsive and support ADEA expansion in both reach and services. The pace of change in health keeps increasing and the number of people with diabetes requiring support is growing rapidly. Rapid change often challenges our perceptions of how the health system should function and where the dollars should be spent, and leaves us with questions as to how it is best to respond.

Part of responding to this constant change is to have frameworks to identify what is important, where change is required to remain responsive and where it is important to take up the fight to prevent negative change consequences. One part

of our reference framework is the National Diabetes Strategy 2016-2020 (NDS), released in November last year, which is currently in the hands of a government appointed Implementation Working Group (www.health.gov.au/internet/main/publishing.nsf/Content/andsiwig). There are specific recommendations in the NDS document regarding expanding the scope of CDEs and consideration of workforce planning, among others. Further framework components for reference are our strategic plan, business plan and stakeholder networks. Over the coming years there are many important issues that directly impact diabetes education and support that ADEA seeks to address. The following list provides only a few examples of the work to be done:

- Expected skills and competencies in diabetes care for all health professionals and support staff not involved in diabetes as a specialty practice area (NDS recommendation)
- Ongoing review of the current post graduate certificate as an entry level program for potential CDEs and considering some changes to be made (for example selection of units, level of course, modes of delivery)
- Progressing work on non-medical prescribing, in conjunction with government and health professional groups, and how this might be taken up for appropriately prepared CDEs (similar to the situation in New Zealand)
- Improving CDE workforce planning
- Highlighting the current lack of consistency and potential for cost-shifting between federal and state funded models of diabetes education
- Contributing to policy discussion and development for the proposed 'Health Care Homes' for chronic disease funding in primary care

For many areas, ADEA has started the groundwork and will be consulting with members, stakeholders and others as the efforts progress. There will always be more work to do in supporting diabetes education and as members of this great organisation we all can contribute.

In closing I wish every success to the incoming board, CEO and national office team, the broader membership and branches. It is amazing how quickly the time has passed and it has been a privilege to serve as your ADEA President. I look forward to continuing to contribute through other ADEA forums and to seeing some of you at the Annual Scientific Meeting on the Gold Coast in August.

CEO's Report

CEO Report

Dr Joanne Ramadge
CEO

This is the last full year with our current Strategic Plan and we have had a number of successes over the past year and most notable amongst them is the establishment of the ADEA Diabetes Research Foundation and Trust. This is a significant milestone for ADEA after 35 years promoting diabetes education, research dedicated to issues important to diabetes education and management has become a reality.

ADEA is also growing having reached over 2100 members early in the year, a major achievement as it takes some time for a health professional to achieve CDE status.

Our current [Strategic Plan 2012-17](#) will be active until the end of 2016 when our [new Strategic Plan 2017-20](#) will replace it. As you know members have been consulted about the direction for the new plan, which will be 'launched' at the 2016 Annual Scientific Meeting.

Strategic theme 1: Increase member value

ADEA has been working on improving member value, which includes a range of services that span over [educational, professional and networking opportunities](#). Key among them is access to [online continuing professional development \(CPD\) activities](#), the new look professional [ADE publication](#), edited by Dr Kate Marsh, free access to [EBSCO](#) and much increased support for branch activities and networking.

Strategic theme 2: Directly influence government policy, NGOs and the broader diabetes agenda

There has been a great deal of activity in this area covering formal submissions; meetings with Ministers, advisers, departmental officials, private health insurance funds and other key stakeholders; and letters to Ministers, private health insurance funds and members.

Submissions included:

- Department of Health's enquiry into Private Health Insurance Funds
- A joint submission with Diabetes Australia (DA) to the Australian College of Nursing (ACN) and National Prescribing Service (NPS) about input into the NPS MedicineWise *Choosing Wisely* program
- A joint submission with Dietitians Association Australia (DAA) and Exercise Sports Science Australia (ESSA) to the Government's Medical Services Advisory Committee (MSAC) regarding the proposed *Shared Medical Appointments (SMAs) for Type 2 Diabetes (T2DM) management*
- Feedback to the Queensland government on *Guiding principles for the authorisation of non-medical professionals to adjust insulin dosage – clinician guide*
- Response to the House of Representatives Standing Committee on Health regarding best practice in chronic disease prevention and management in primary health care
- Response to the Department of Health on Private Health Insurance RE

- Medicare *Benefits Schedule Consultation Review*
- RACGP *Guidelines on Type 2 Diabetes*
- Joint submission with Juvenile Diabetes Research Foundation (JDRF), Australian Diabetes Society (ADS) and DA, to the government to fund Continuous Glucose Monitoring (CGM)
- Submission to the Department of Health and the Minister Ley to allow CDEs and nurse practitioners to authorise blood glucose test strips (BGTS)

We have consulted with ADEA members on input to these submissions.

Some of these activities have been successful with some influencing outcomes, while we continue to pursue others still unresolved. CDEs and nurse practitioners are now able to authorise access to BGTS; the ACN took account of ADEA's position on the use to self-management of blood glucose monitoring in presenting their submission; both major political parties have committed to funding CGM. ADEA was commended for its submission to the House of Representatives Standing Committee on Health and we were invited to give evidence at a hearing in Victoria, to which Tracy Aylen presented on behalf of ADEA. ADEA jointly, with Exercise and Sports Science Australia (ESSA) and Dietitians Australia Association (DAA) made a submission to the government Medical and Scientific Advisory Committee (MSAC) about the lack of evidence for a proposal for Shared Medical Appointments, which was subsequently not recommended based on evidence in our submission.

ADEA has made numerous and wide ranging efforts to raise the issue of Medicare funding and private health insurance rebates for CDE services. In doing so we have raised the profile of CDEs within government and will continue to do so at every opportunity. The new National Diabetes Services Scheme (NDSS) contract specifically mentions ADEA and CDEs for the first time in its 20-year history. The National Diabetes Strategy (NDS) also mention the need for CDEs.

Health funding is a highly complex area and undergoing review by a small working group from the Private Practice Special Interest Group to work through some of the funding issues. This group has an external Chair and is time limited with the aim of providing advice to ADEA about issues and possible resolutions.

A stronger relationship has developed with ADS with the signing of the first formal agreement about how we will work together to strengthen our collaboration and advocacy for diabetes. ADEA also made the strategic decision to relinquish its joint management with ADS of the National Association of Diabetes Centres (NADC) although we continue to actively support NADC.

We have also undertaken the first national workforce survey of members, with over 600 responses, the results of which will be available to members when analysis is completed. The workforce survey does not close until early July 2016. A membership survey was completed in late 2015.

Strategic theme 3: Strengthen ADEA's research contribution

We started this work by developing a research framework and then a toolkit and research register for use by members. We have now established a [Research Foundation](#), governed by the ADEA Diabetes Research Foundation Trust, which was incorporated by the Australian Securities and Investment Commission (ASIC) in June this year. It will be registered with the Australian Charities and Not for Profit Commission (ACNC) soon. The first round of grants was advertised in May 2016. A great deal of work has been undertaken by many people especially those on the Research Foundation Council, chaired by Professor Trisha Dunning and the Foundation Executive Officer, Debra Kay. Vy Le has provided amazing technical support and Daniel McKinney has undertaken the work of establishing the Trust. Announcements of successful grant

recipients will be made late 2016. We have also developed a fundraising strategy to support the Foundation and members will hear more about this and are strongly encouraged to support these activities and promote them to all their networks.

Strategic theme 4: Increase the value of the CDE/ diabetes education

The successful CDE of the Year award program was established in 2015 with support from Lilly, evolved from the Jan Baldwin award, and provided widespread recognition of CDEs amongst health professionals and consumers. The first recipient was Dr Kate Marsh and the 2016 recipient will be announced at the ASM in August from the state finalists.

ADEA brought to Australia, Associate Professor William Polonsky from the University of California, San Diego, [President and Founder](#) of the [Behavioral Diabetes Institute](#) (USA) to run a series of [Thought Leadership sessions](#), supported by Astra Zeneca. These have been highly regarded by members and non-members. The series was live streamed and recordings are available.

As this is ADEA's 35th anniversary, Carlos Gongora and Vy Le have developed a video history of ADEA to be launched at the ASM in August 2016. The history recognises the development of ADEA in that time and the commitment of many members over those years.

Networking has been supported across the branches, with successful branch conferences and between members of the [two Special Interest Groups \(SIGs\)](#). The two groups are the Private Practice SIG and the Diabetes in Pregnancy SIG, the latter was established early this year.

It is important to acknowledge the commitment and hard work of the branch executives and the conveners of the Special Interest Groups (SIGs) who support this work to ensure it is of benefit to members. A special mention to Jayne Lehman for

her hard work over the last two years in guiding the Private Practice SIG and current convener Angela Hsiao, and also to Amanda Bartlett for taking on the challenge of guiding a new SIG.

Strategic theme 5: Set the standards for diabetes education

A project to develop an educational and professional pathway for Aboriginal Health Practitioners commenced in 2016. The genesis of this was a roundtable meeting with representatives from a number of Aboriginal health professional organisations in December 2014. This project will be challenging but an important way forward supporting better diabetes outcomes for Indigenous Australians, where diabetes rates are so high.

ADEA publications have been and are continuing to be updated with a recent focus on the [Role and Scope of Practice for Credentialed Diabetes Educators in Australia](#). In addition to updating this publication ADEA presented a series of webinars, which have been well received.

The following resources and information sheets have been developed with funding from the National Diabetes Services Scheme:

- Person-Centred Care
- The Needs of People with Diabetes and Other Chronic Conditions in Natural Disasters
- Health Literacy for People with Diabetes
- Australian Credentialed Diabetes Educators and Prescribing of Insulin and Glucose Lowering Agents

The Person-Centred Care documents, resources and website have been extremely well regarded with requests for adaption by other professional groups.

Supplementary documents include:

- A [Scoping paper](#) developed to inform the Australian Credentialed Diabetes Educators and prescribing of

insulin and glucose lowering agents information paper

- A [Rapid literature review – Consumer-centred Care](#) completed by the International Centre for Allied Health Evidence (iCAHE) to inform the Person-centred Care information sheet
- A [Rapid literature review – Health Literacy for People with Diabetes](#) was completed by the International Centre for Allied Health Evidence (iCAHE) to inform the health literacy for people with diabetes information sheet

Strategic theme 6: National office

National Office (NO) has changed considerably during the life of this Strategic Plan with new staff, systems and processes in place. Each staff member has contributed enormously to the efficient and professional running of NO and its support to members, and have received excellent feedback from members about the services they provide. A dedicated branch support role has been established with Katy Robertson receiving well earned praise from branches especially in relation to their conference planning. Finance and accounting systems have been streamlined and are much more efficient while all suppliers have been reviewed and cost savings made across the office. Use of technology within NO and externally to communicate with members and the community has increased exponentially, providing much better integration of services and more timely communications including via social media.

We continue to have difficulty attracting members to take on branch executive roles, and we are reviewing the roles and branch structure itself. There will not be any changes to the branches without member consultation and any member wanting to take on an executive role will be supported.

We have done well financially with positive outcomes in terms of increased revenue and profit. Every staff member has contributed to this excellent outcome. We still need to be mindful of strong budgetary control going forward and in

doing so need to balance what can be done with current resources and will need to prioritise to ensure our outcomes continue to be measured and meet the needs of all members.

Where to from here

There is still much to do and there will be changes in the future. We need to have CDEs embedded as part of the recognised health workforce. We will have a new Strategic Plan to implement from January 2017 and this will guide us to meet those strategic challenges.

Change is all around us especially in the health environment and we must as individual members and as an organisation respond to these changes or we will struggle. We are well placed to meet the challenges of change with strong governance and supporting systems, stable, qualified and professional staff and very committed volunteer members.

I would very much like to acknowledge the amazing support from our volunteer members and volunteer non-members who support us in NO. The pages of this report are replete with the names of volunteers on our committees, working groups and of course the board of directors, and without which ADEA would not be able to achieve what it has or what it will in the future. Every member benefits from this support by the many who volunteer their time, expertise and generosity.

The [National Office staff](#) have contributed a great deal to get ADEA to where it is today. Their professionalism and expertise is amazing, and have been the basis for the outstanding performance within ADEA over the last year. Staffing has remained stable. One staff member, Helen Vaughan, has left ADEA because her contract was not able to be renewed after 30 June 2016, due to the changes in the NDSS from 1 July 2016. Helen provided direction and support for the NDSS program for the past four years and supported other staff within National Office. She also edited the ADE for over twelve months.

It is also important to recognise the contribution of Tracy Aylen, ADEA President, whose term will come to an end in August 2016. Tracy has provided remarkable strength to ADEA as a whole including the board, management, staff and to members and our successes and achievements are her successes.

Lastly I acknowledge the ongoing support of our [Sustaining Members and Sponsors](#) and thank them for their collaboration and goodwill.

Useful links

- ADE Publication:
<https://www.adea.com.au/?p=4425>
(ADEA membership login required)
- ADEA Branch Conferences:
<https://www.adea.com.au/events/adea-conferences>
- ADEA Diabetes Research Foundation:
<https://www.adea.com.au/?p=12378791>
- E-learning Management System:
<https://learning.adea.com.au>
- EBSCO:
<https://www.adea.com.au/?p=6859>
(ADEA membership login required)
- Person-Centred care and Health Literacy project: <https://www.adea.com.au/projects/person-centred-care/>
- Indigenous Educational Pathway Project: <https://www.adea.com.au/projects/the-indigenous-educational-pathway-project/>
- Scope of practice:
<https://www.adea.com.au/?p=12378186>
- Special interest groups:
<https://www.adea.com.au/?p=4267>
- Strategic Plan 2012-17:
<https://www.adea.com.au/?p=79>
- Strategic Plan 2017-20:
<https://www.adea.com.au/?p=12386898>
- Thought Leadership Lecture series:
<https://www.adea.com.au/?p=12359144>
- Webinars:
<https://www.adea.com.au/events/webinar>

ADEA Audited Financial Statements

**Australian Diabetes Educators'
Association Limited**

ABN: 65 008 656 522

**Annual report
for the year ended
30 June 2016**

BOARD REPORT

The Board of Directors submit the financial report of the Australia Diabetes Educators' Association Limited (the Association) for the financial year ended 30 June 2016.

Board Directors

The names of the Board Directors throughout the year and at the date of this report are:

Tracy Aylen	President
Giuliana Murfet	
Glynis Dent	Term end 28 August 2015
Diana Sonnack	Term end 28 August 2015
Cheryl Steele	Term end 28 August 2015
John Michailidis	
Steven Brett	
Nicole Frayne	
Libby Bancroft	
Helke Krausse	
Brett Fenton	

Principal Activities

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

- to promote best practice in diabetes education and care.

Significant Changes

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

Operating Result

The profit for the financial year ended 30 June 2016 is \$100,912 (2015: \$84,415 profit).

The accompanying notes form part of these financial statements.

BOARD REPORT

Information on Directors

Tracy Aylen

Qualifications
Experience

2009 – Graduate Certificate in Health Service Management : Monash University
2006 – ADEA ADS ASM – Lilly Innovation Award
2005 – Royal District Nursing Services (RDNS) – Outstanding Clinical Outcome Award
2003 – ADEA National Certificate of Recognition
2001 – Single Unit- Multicultural Aged Care : RMIT
2000 - ADEA Credentialed Diabetes Educator
1997 – Bachelor of Health Science- Nursing Victoria University
1992 – Graduate Certificate of Diabetes Education Deakin University
1979-1982 – Registered General Nurse – Queen Victoria Medical Centre.

Libby Bancroft

Qualifications
Experience

2016 - ACT Clinical Council Member
2014 – People Managing/Managing Teams
2010 – Masters of Nursing (Nurse Practitioner), University of Newcastle,
2008 – Certificate 4 Workplace Training and Assessment
2006 – "Developing Productive Teams", ACT Health Department, Staff Development Unit
2005 – Policy Development and Writing, ACT Health Department, Staff Development Unit
2005 – Project Management Workshop, ACT Community and Mental Health,
2004 – "Learning to Lead", management program, ACT Health Department, Staff Development Unit
2003 – Initial credentialing, ADEA -
2000 – Post Graduate Certificate Diabetes Education, Deakin University
1999 – Diabetes Australia, Victoria, diabetes course for health workers
1997 – Bachelor of Health Science (Nursing), Southern Cross University
1981 – Registered Nursing Certificate, Woden Valley Hospital, ACT

BOARD REPORT

Steven Brett

Qualifications
Experience

2008 to 2013 - Bachelor of Applied
Management 2013
2009-12 National Client Service Manager
Rockland Technology
2006-11 Treasurer and Chairperson Bidjigal
Reserve Trust
2008 - Cert IV In Training & Assessment 2008
2005-06 Real Estate & Strata Licence & CPD
Leverage Australia
2004 - Advanced Diploma in Property
2004-2009 - Advanced Diploma in Business
Management
2003 - Cert IV in Assessment and Workplace
Training
2000-06 Business Management Sales,
Property Management Property Plus
1999-2000 Sales Manager Century 21 Real
Estate
1999 - Diploma in Business Management

Glynis Dent

Qualifications
Experience

2007 - Completed Post Graduate Certificate
in Human Nutrition
2003 - Completed Graduate Certificate in
Diabetes Education
2001 - Completed Certificate in Gerontological
Nursing
1999 - Completed Re-entry course for
Registered Nurses
1970 - Graduated with Diploma in General
Nursing

Nicole Frayne

Qualifications
Experience

2013 - DESMOND training
2012 - ADEA Initial Credentialling
1997-2014 professional Development
Assurance Program
2010 - Reset your life facilitator training
2009 - Graduate Certificate in Diabetes
Education
2009 - Diabetes Medication Assistance
Service Training
2009 - Mirixa Training, Pharmacy Guild of
Australia
1997 - Australian Association of Consultant
Pharmacy
1996 - Postgraduate in Nutrition, Queensland
Uni
1989 - Bachelor of Pharmacy Curtin Uni

BOARD REPORT

Heike Krausse

Qualifications
Experience

ADEA CDE ~ December 1999 to current
2012 - 2015 RBWH/Metro North Health
Service initial credentialing and clinical
privilege 2009
2007 - Graduate Diploma In Nursing
(Professional Studies) Queensland University
of Technology
2001 - Post Graduate Certificate: Quality in
Action NSW College Of Nursing.
1999 - Post Graduate Certificate in Diabetes
Education and Management. University Of
Technology Sydney
1994 - Post Registration Certificate in
Rehabilitation Nursing Royal Ryde
Rehabilitation Centre Sydney
1985 -1987 Diploma in Nursing Studies.
Christchurch Polytechnic. New Zealand.

Diana Sonnack

Qualifications
Experience

2006-2009 - Masters of Nursing Science
(Nurse Practitioner) University of SA
2005-2005 - Chronic Disease Self
Management Module : Flinders University
1991-1997 - Bachelor of Arts (Sociology) -
Deakin University
1994-1995 - Graduate Certificate in Diabetes
Education - Deakin University
1991-1991 - Systematic approaches to
Child,Family and Community - Flinders
University
1985-1986 - Diploma in Applied Science -
Community Health - Sturt College SA
1976 -1979 - Registered Nurse Training,
Royal Adelaide Hospital

John Michailidis

Qualifications
Experience

Bachelor of Science (Honours)
Diploma of Education
ADEA Non Executive Director
Inner East Community Service
Managing Dir JEM Pharmaceuticals Pty Ltd

BOARD REPORT

Giulliana Murfet

Qualifications
Experience

Master of Science
Master of Nursing (Nurse Practitioner)
Post Graduate Dip In Health Sciences
(Diabetes Education)
Diploma in Frontline Management
Bachelor of Nursing
Board Member since August 2009
ADEA Editorial Committee 1994-1998
Tasmanian Representative to the National
Council of ADEA 1993-1994
Secretary ADEA Branch 1992-1994
Member of MESAC 2010 – 2013
Member of MESAC 2013 – current
CDE since 1993

Cheryl Steele

Qualifications
Experience

Registered Nurse – Div 1
Registered Midwife
Grad Dip Health Counseling
Grad Cert Diabetes Education
Cert 1 V Training and Assessment
ADEA Board Member
Represent ADEA on Steering Committee
NADC and MESAC

Brett Fenton

Qualifications
Experience

February 2002 to November 2002 Graduate
Certificate of Diabetes Education, Deakin
University, Geelong
January 1996 to 1999 Bachelor of Nursing
Australian Catholic University - Aquinas
Campus, Ballarat

BOARD REPORT

Meetings and Attendances of Directors

Directors	No. eligible to attend	No. attended
Tracy Aylen	8	8
Giullana Murfet	8	7
Glynis Dent	1	1
Diana Sonnack	1	1
Cheryl Steele	1	1
John Michallidis	8	6
Steven Brett	8	7
Nicole Frayne	8	7
Libby Bancroft	8	6
Heike Krausse	8	8
Brett Fenton	8	4

Description of Long and Short Term Objectives

1. Increase the profile and value of the Credentialed Diabetes Educator (CDE);
2. Increase member value and membership base;
3. Help set national standards for Diabetes Education and benchmark excellence in diabetes education and care;
4. Directly influence the Federal Government Health Agenda; and
5. Strengthen ADEA's research contribution.

Strategy for Achieving Those Objectives

1. Advocating at the national level the role and contribution of ADEA and its members and increase the profile of CDEs as the standard for professionals engaged in diabetes education;
2. Leveraging off prominent diabetes related events to promote the ADEA agenda;
3. Providing access to quality research, information and advice concerning diabetes education in Australia;
4. Effectively manage organisational risks in a prudent and systematic manner to enable the safeguarding and stewardship of the organisation's assets, reputation, staff and members; and
5. Establishing a Diabetes Research Foundation.

How Principal Activities Assisted in Achieving the Entity's Objectives

1. Strengthened policy development including submissions to Government and meetings with Parliamentarians and the private health insurance industry;
2. Conducted corporate governance training for ADEA Directors and Management to improve overall organisational strategic direction and performance;
3. Participated in the Annual Scientific Meeting 2015 and supported ADEA state and territory branch conferences and events;

The accompanying notes form part of these financial statements.

BOARD REPORT

How Principal Activities Assisted in Achieving the Entity's Objectives (cont'd)

4. Improved member professional development opportunities through the better use of technology;
5. Progressed the ADEA research agenda;
6. Established online credentialling;
7. Continued to improve internal control and financial reporting systems to promote organisational financial performance and position; and
8. Increased membership.

How the Entity Measures Its Performance, Including Key Performance Indicators Used

1. Monitored and reported changes in total membership and CDEs over time;
2. Monitored and improved corporate governance systems including internal reporting, policies and procedures; and
3. Increased financial reporting and cost centre allocations to ensure improved financial sustainability and performance.

Auditor's Independence Declaration

The auditor's independence declaration as required under *Subdivision 60-C Section 60-40 of the Australian Charities and Not-for-Profit Commission Act 2012 (ACNC Act)* is set out on Page 8.

The Association is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Association is wound up, the constitution states that each member is required to contribute a maximum of \$50 each towards meeting any outstanding obligations of the entity. At 30 June 2016, the total amount that members of the Association are liable to contribute if the company is wound up is \$101,450 (2015: \$96,450).

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



Chairperson: Tracy Aylen



Director: Libby Bancroft

Board Members

Dated this 5 day of August 2016.

The accompanying notes form part of these financial statements.



Chartered Accountants

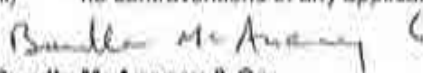
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**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFIT
COMMISSION ACT 2012
TO THE DIRECTORS OF
AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN: 65 008 666 522**

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2016 there have been;

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profit Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.


Bandle McAneney & Co


Anthony J Bandle
Partner

Place: Canberra, ACT

Date: 5 August 2016

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

Statement of Profit or Loss and Other Comprehensive Income
for the year ended 30 June 2016

	Note	2016 \$	2015 \$
Revenue from Continuing operations	2	2,248,597	1,951,211
Staff costs		(634,011)	(678,616)
Operating expenses		(150,838)	(116,142)
ADEA products and general expenses		(105,408)	(97,968)
Meeting and travel		(93,754)	(87,818)
Research		-	(36,314)
Branch meeting expenses		(9,791)	(10,645)
Branch conferences costs		(97,422)	(60,285)
Branch travel grants		(9,091)	(11,616)
Financial and Legal		(253,046)	(104,771)
Subscription memberships		(18,072)	(17,321)
NDSS expenses		(265,856)	(271,104)
MESAC expenses		(92,653)	(75,854)
NDP expenses		(233,933)	(183,740)
Project expenses		(183,809)	(95,581)
Wind up of NADC joint venture		-	(19,021)
Profit / (Loss) for the year		<u>100,912</u>	<u>84,415</u>
Other comprehensive income for the year		-	-
Total Comprehensive Income For The Year		<u>100,912</u>	<u>84,415</u>
Total Comprehensive Income Attributable To Members Of The Entity		<u>100,912</u>	<u>84,415</u>

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

Statement of Financial Position
as at 30 June 2016

	Note	2016 \$	2015 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	911,648	1,426,001
Trade and other receivables	6	114,333	36,370
Other current assets	7	22,554	20,133
Other financial assets	8	<u>2,166,885</u>	<u>1,827,727</u>
TOTAL CURRENT ASSETS		<u>3,215,420</u>	<u>3,310,232</u>
NON-CURRENT ASSETS			
Property, Plant and Equipment	9	<u>-</u>	<u>-</u>
TOTAL NON-CURRENT ASSETS		<u>-</u>	<u>-</u>
TOTAL ASSETS		<u>3,215,420</u>	<u>3,310,232</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	234,478	228,874
Other current liabilities	11	<u>306,712</u>	<u>514,879</u>
TOTAL CURRENT LIABILITIES		<u>541,190</u>	<u>743,753</u>
NON-CURRENT LIABILITIES			
Long-term provisions	12	<u>19,163</u>	<u>12,324</u>
TOTAL NON-CURRENT LIABILITIES		<u>19,163</u>	<u>12,324</u>
TOTAL LIABILITIES		<u>560,353</u>	<u>756,077</u>
NET ASSETS		<u>2,655,067</u>	<u>2,554,155</u>

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

Statement of Changes in Equity
for the year ended 30 June 2016

	Retained Earnings	Total
		\$
Balance at 1 July 2014	2,469,740	2,469,740
Total comprehensive income for the year	<u>84,415</u>	<u>84,415</u>
Balance at 30 June 2015	<u>2,554,155</u>	<u>2,554,155</u>
Total comprehensive income for the year	<u>100,912</u>	<u>100,912</u>
Balance at 30 June 2016	<u>2,655,067</u>	<u>2,655,067</u>

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

Statement of Cash Flows
for the year ended 30 June 2016

	Note	2016 \$	2015 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers		1,881,872	2,045,649
Payments to suppliers and employees		(2,134,126)	(1,773,266)
Interest received		<u>9,060</u>	<u>19,896</u>
Net Cash inflow/(outflow) from operating activities		<u>(243,194)</u>	<u>292,279</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Receipts from Investments		-	1,356,217
Payments for Investments		<u>(271,159)</u>	<u>(780,999)</u>
Net cash inflow/(outflow) from Investing activities		<u>(271,159)</u>	<u>575,218</u>
Net Increase/(Decrease) in cash and cash equivalents		<u>(514,353)</u>	<u>867,497</u>
Cash at the beginning of the financial year		<u>1,426,001</u>	<u>558,504</u>
Cash and cash equivalents at end of year	5	<u>911,648</u>	<u>1,426,001</u>

Notes to the financial statements
for the year ended 30 June 2016

Note 1: Summary of Significant Accounting Policies

The principal accounting policies adopted in preparation of the financial statements are set out below. These policies have been consistently applied to all years presented, unless otherwise stated.

Basis of Preparation

Australian Diabetes Educators' Association Limited has elected to adopt the Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: *Application of Tiers of Australian Accounting Standards* and AASB 2010-2: *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*. Accordingly, the entity has also adopted AASB 2011-2: *Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements* and AASB 2012-7: *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements* in respect of AASB 2010-6: *Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets* and AASB 2011-9: *Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income*.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB), the *Corporations Act 2001* and the *Australian Charities and Not-for-profits Commission Act 2012*. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Critical accounting estimates

The preparation of financial statements requires the use of certain accounting estimates. It also requires management to exercise judgement in the process of applying the Company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 1(n).

**Notes to the financial statements
for the year ended 30 June 2016**

Accounting Policies

a. Income Tax

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

b. Plant and Equipment

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

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

c. Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are 10-33%.

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

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

d. Leases

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

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

Notes to the financial statements
for the year ended 30 June 2016 (cont'd)

e. Financial Instruments

Initial Recognition and Measurement

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

Classification and subsequent measurement

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

Amortised cost is calculated as: (i) the amount at which the financial asset or financial liability is measured at initial recognition; (ii) less principal repayments; (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and (iv) less any reduction for impairment.

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

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.

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

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, where they are derivatives not held for hedging purposes, or when they are designated as such

Notes to the financial statements
for the year ended 30 June 2016 (cont'd)

to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period, which will be classified as non-current assets.

(iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Association's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

Held-to-maturity investments are included in non-current assets, except those which are expected to mature within 12 months after the end of the reporting period.

(iv) Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either designated as such or that are not classified in any of the other categories. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are included in non-current financial assets, except for those which are expected to be disposed of within 12 months after the end of the reporting period, which will be classified as current assets.

Notes to the financial statements
for the year ended 30 June 2016 (cont'd)

(v) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the Association assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event.

Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the Association recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Notes to the financial statements
for the year ended 30 June 2016 (cont'd)

Derecognition

Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

f. Impairment of Assets

At the end of each reporting period, the entity assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (eg in accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

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

g. Employee Benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

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

h. Cash and Cash Equivalents

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

i. Revenue and Other Income

Notes to the financial statements
for the year ended 30 June 2016 (cont'd)

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements.

The difference between the amount initially recognised and the amount ultimately received is interest revenue.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Membership revenue is recognised on a straight line basis over the relevant period of membership.

Credentialling income is recognised on a receipt basis.

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

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

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

When grant revenue is received whereby the entity 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 state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

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

j. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. The net amount of

Notes to the financial statements
for the year ended 30 June 2016 (cont'd)

GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis, except for the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the ATO. The GST component of financing and investing activities which is recoverable from, or payable to, the ATO is classified as a part of operating cash flows. Accordingly, investing and financing cash flows are presented in the statement of cash flows net of the GST that is recoverable from, or payable to, the ATO.

k. Trade and Other Payable

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Association during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

l. Provisions

Provisions are recognised when the entity 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 the end of the reporting period.

m. Comparative Figures

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

n. Key Estimates

Key estimates – Impairment

The Association assesses impairment at each reporting date by evaluation of conditions and events specific to the association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

o. Key Judgments

Provision for the impairment of receivables

Included in trade receivables and other receivables at 30 June 2016 are receivables over ninety days past due amounting to \$33,036 (2015:\$8,094). The

Notes to the financial statements
for the year ended 30 June 2016 (cont'd)

Association considers that a portion of these are uncollectible and therefore a provision for impairment of \$9,142 has been made at 30 June 2016.

p. Changes in Accounting Policies

As a result of adopting AASB 2012-7, which includes amendments to disclosure requirements arising from the Tier 1 (full-disclosure) Standard AASB 2011-9: *Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income* that became mandatorily applicable from 1 July 2012, the standard change requires:

- Items of OCI were grouped into:
 - items that will not be reclassified subsequently to profit or loss; and
 - those that will be reclassified subsequently to profit or loss when specific circumstances occur.

The adoption of AASB 2011-9 only changed the presentation of the Association's financial statements and did not have any impact on the amounts reported for the current period or for any prior period in the Association's financial statements.

The financial statements were authorised for issue on 5 August 2016 by the Board of Directors of the Association.

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

Notes to the financial statements
for the year ended 30 June 2016

	2016	2015
	\$	\$
Note 2: Revenue		
From continuing operations:		
— Memberships	551,105	527,539
— Credentialling	68,183	71,310
— Endorsements	19,070	19,600
— NDSS allocation	593,669	527,414
— Conference ASM	316,683	333,662
— Branch Revenue	294,347	63,483
— Awards	3,400	14,620
— Magazine, publications and advertising	142,483	109,861
— Grants and sponsorship Income	175,728	125,061
— Other revenue	<u>6,870</u>	<u>54,143</u>
	<u>2,171,538</u>	<u>1,846,693</u>
Non-operating activities:		
— Interest and Investment Income	9,060	19,896
— Revaluation of Investments	<u>67,999</u>	<u>84,623</u>
	<u>77,059</u>	<u>104,519</u>
Total Revenue and other income	<u>2,248,597</u>	<u>1,951,212</u>

Note 3: Expenses

Profit before Income tax includes the following specific expenses:

Depreciation expense	-	-
Rental expense on operating lease		
— Minimum lease payments	14,583	13,005
Total employee benefits expense	634,011	678,616
Bad debt expense	7,392	332
Remuneration of auditor	11,355	8,500

Note 4: Key Management Personnel Compensation

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel. The totals of remuneration paid to key management personnel (KMP) of the Association during the year are as follows:

Short term employee benefits	245,004	218,179
Post employment benefits	<u>23,275</u>	<u>20,727</u>
	<u>268,279</u>	<u>238,906</u>

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

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

Notes to the financial statements
for the year ended 30 June 2016

	2016	2015
	\$	\$
Note 5: Cash and Cash Equivalents		
Cash at bank and in hand	<u>911,648</u>	<u>1,426,001</u>
	<u>911,648</u>	<u>1,426,001</u>
Note 6: Trade and Other Receivables		
CURRENT		
Trade receivables	123,475	44,383
Provision for Impairment of receivables	(9,142)	(9,142)
Other receivables	<u>-</u>	<u>1,130</u>
	<u>114,333</u>	<u>36,370</u>
a. Provision for Impairment of Receivables		
Movement in the provision for impairment of receivables is as follows:		
		\$
Provision for impairment as at 1 July 2014		9,142
— Change for year		
— Written off		
Provision for Impairment as at 30 June 2015		<u>9,142</u>
— Change for year		-
— Written off		<u>-</u>
Provision for Impairment as at 30 June 2016		<u>9,142</u>
	2016	2015
	\$	\$
Note 7: Other Current Assets		
CURRENT		
Prepayments	<u>22,554</u>	<u>20,133</u>
	<u>22,554</u>	<u>20,133</u>
Note 8: Other Financial Assets		
CURRENT		
Held-To-Maturity Investments	534,096	262,937
Financial assets at fair value through profit or loss	<u>1,632,789</u>	<u>1,564,790</u>
	<u>2,166,885</u>	<u>1,827,727</u>

a. Held-To-Maturity Investments are term deposits and the financial assets at fair value through profit or loss are investments with managed funds.

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

Notes to the financial statements
for the year ended 30 June 2016

	2016	2015
	\$	\$
Note 9: Plant and Equipment		
Opening net book amount	-	-
Additions	-	-
Disposal	-	-
Depreciation	-	-
	<u>-</u>	<u>-</u>
Closing net book amount	<u>-</u>	<u>-</u>
Cost or fair value	-	-
Less accumulated depreciation	-	-
	<u>-</u>	<u>-</u>
Net book amount	<u>-</u>	<u>-</u>
Note 10: Trade and Other Payables		
CURRENT		
Trade creditors and accruals	194,689	190,536
Provision for annual leave	39,789	38,338
	<u>234,478</u>	<u>228,874</u>
a. Financial liabilities at amortised cost classified as trade and other payables		
Trade and other payables:		
— total current	Note 234,478	228,874
Less: GST payables	(23,601)	(19,841)
Less: provision for annual leave	(39,789)	(38,338)
	<u>171,088</u>	<u>170,696</u>
Financial liabilities as trade and other payable	17	170,696
<i>Collateral pledged</i>		
No collateral has been pledged for any of the trade and other payable balances.		
Note 11: Other Liabilities		
CURRENT		
Membership fees received in advance	257,180	252,295
Unexpended grants	(11,968)	183,084
Accreditation	61,500	79,500
	<u>306,712</u>	<u>514,879</u>
Note 12: Provisions		
CURRENT		
Employee benefits - long service leave	19,163	12,324
	<u>19,163</u>	<u>12,324</u>

Notes to the financial statements
for the year ended 30 June 2016

Note 12: Provisions (cont'd)

Provision for Employee Benefits

Provision for employee benefits represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Association does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Association does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlements.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

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 upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1(g).

Note 13: Capital and Leasing Commitments

As at balance date the Association has no non-cancellable operating lease commitments and no capital commitments.

Note 14: Contingent Liabilities and Contingent Assets

Estimates of the potential financial effect of contingent liabilities that may become payable:

Claims:

During the year, the company paid a contractor \$120,000 to settle a dispute.

2016	2015
\$	\$
-	120,000

Note 15: Events After Balance Sheet Date

No matters or circumstances have arisen since the end of the financial year to the date of this report that have significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

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

Notes to the financial statements
for the year ended 30 June 2016

Note 16: Related Party Transactions

There are no related party transactions.

Note 17: Financial Risk Management

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

The carrying amounts 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:

	Note	2016 \$	2015 \$
FINANCIAL ASSETS			
Cash and cash equivalents	5	911,648	1,426,001
Trade and other receivables	6	114,333	36,370
Financial assets at fair value through profit or loss	8	1,632,789	1,564,790
Held-To-Maturity investments	8	<u>534,096</u>	<u>262,937</u>
TOTAL FINANCIAL ASSETS		<u>3,192,866</u>	<u>3,290,098</u>
FINANCIAL LIABILITIES			
Financial liabilities at amortised cost			
— Trade and other payables	10a	<u>171,088</u>	<u>170,696</u>
TOTAL FINANCIAL LIABILITIES		<u>171,088</u>	<u>170,696</u>

Fair values

- (i) For listed available-for-sale financial assets and financial assets at fair value through profit or loss the fair values have been based on closing quoted bid prices at the end of the reporting period.
- (ii) Fair values of Held-To-Maturity investments are based on quoted market prices at the end of the reporting period.

DIRECTORS' DECLARATION

In the opinion of the directors of Australian Diabetes Educators' Association Limited ("the Company"):

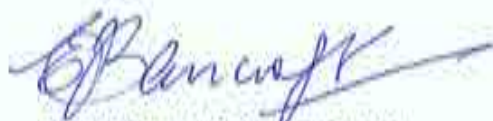
- (a) the financial statements and notes, that are set out on pages 9 to 26, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
 - (i) give a true and fair view of the Company's financial position at 30 June 2016 and of its performance, for the financial year ended on that date; and
 - (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and
- (b) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Dated at Canberra this 5th day of August 2016.

Signed in accordance with a resolution of the directors:



Director: Tracy Aylen



Director: Libby Bancroft



Chartered Accountants

Suite 2d, 1st Floor
18 Napier Close
DEAKIN ACT 2600
PO Box 52, DEAKIN WEST ACT 2600
AUSTRALIA

Ph: (02) 6282 3341
Fax: (02) 6282 3342
Email: hannca@interline.com.au
ABN: 87 855 412 345

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN: 65 008 656 522**

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 2016, the Statement of Profit or Loss and Other 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.

This audit report has also been prepared for the members of the Company in pursuant to the *Australian Charities and Not-for-profit Act 2012 (ACNC)*

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
AUSTRALIAN DIABETES EDUCATORS' ASSOCIATION LIMITED
ABN: 65 008 656 522**

Independence

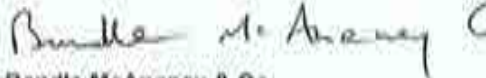
In conducting our audit, we have complied with the independence requirements of the Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act). We confirm that the independence declaration required by the Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), which has been given to the directors of the Australian Diabetes Educators' Association Limited, would be in the same terms if given to the directors as at the time of the auditor's report.

Opinion

In our opinion the financial report of the Australian Diabetes Educators' Association Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), including:

- a. giving a true and fair view of the company's financial position as at 30 June 2016 and of its performance on that date; and
- b. complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Name of Firm:


Bandle McAneney & Co

Name of Partner:


Anthony J Bandle

Address:

Canberra ACT

Dated this 5th day of August 2016.

ADEA Diabetes Research Foundation

Adea Diabetes Research Foundation

The ADEA Diabetes Research Foundation (ADRF) was launched by Federal Minister for Health, the Hon Sussan Ley MP on 13 November 2015.

Vision

Research enables people with diabetes to live well every day

Mission

Rigorous collaborative research enables best diabetes education and care

Values

Ethical practice, co-research, innovation & excellence

The Program supports national diabetes priorities, in particular the Australian National Diabetes Strategy 2016-2020; the National Health Priorities and associated collaborative diabetes endeavours; and the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

Point of Difference

Research is underway in Australia and across the world to find a cure for diabetes and to inform clinical guidelines. ADRF complements this work and its research program enables people living with diabetes and their care team to work together to identify questions, find answers and use this new knowledge to support people with diabetes as they work hard every day to live well.

Evidence-informed consumer engagement and research co-design is a key feature of the ADRF.

ADEA RESEARCH COUNCIL

The ADEA Board has formed an independent Research Council, chaired by Prof Trisha Dunning. Other members are Prof Peter Colman, Prof Sophia Zoungas, Prof Ines Krass, Prof David Currow and Adjunct Associate Prof Ms Marg McGill AM.

ADEA Diabetes Research Foundation Trust

This is ADRF's first year of operation. Governance includes a trustee company called *ADEA Diabetes Research Foundation Limited* acting as trustee of the ADRF Trust. Legal status of the trustee company is a not-for-profit public member based company with ADEA as its only member. The trustee company was registered with the Australian Securities Investment Commission on 9 May 2015. It is currently in the process of obtaining income tax exemption and deductible gift recipient status (DGR) from the Australian Taxation Office. The Board of the trustee company comprises:

- Director – Melinda Seed – Independent director
- Director - Trisha Dunning who is also chairperson of the Diabetes Research Council advisory committee to the trustee company board
- Director 3 - Steve Brett (ADEA Board Director)
- Company Secretary – Daniel McKinney (ADEA Management)

The legal status of the ADRF under the *Income Tax Assessment Act 1997* is a public ancillary fund eligible for deductible gift recipient status. ADRF is currently being registered with the *Australian Charities and Not-for-profit Commission Act 2012* and applying for DGR. ACNC registration of ADRF and a deductible gift recipient (DGR) have been approved.

The primary role of the Diabetes Research Council is to advise on research process and activities to the trustee company Board of Directors who will make final determinations in the awarding of research grant funding on behalf of ADRF.

The ADRF grants is a two phase process and the first phase, the Expressions of Interest were released in April 2015.

A fundraising strategy has been approved by the board and will be activated later in 2016.

Further Information

research@adea.com.au
<http://www.adeadiabetesresearchfoundation.org.au/index.html>



Diabetes Research Foundation

ADEA Committees, Advisory Groups and Special Interest Groups

ADE Editorial Advisory Group (EAG)

Chair: Kate Marsh

Changes in membership

New members: Thomas Corte, Anne Marks, Nicole Duggan

Thanks and farewell to Glynis Dent who stepped down earlier this year

Current members

- Penelope Barker
- Tom Corte
- Nicole Duggan
- Anne Marks
- Kate Marsh
- Michelle Robins

2015-16 activities and achievements

- Increased involvement of EAG in planning and editing content for each edition
- Production of four themed editions with positive feedback from members
- Increase in articles submitted for publication
- Reader survey distributed in June, awaiting results to help with planning for 2017

Plan for 2016-17 activities

- Plans underway for first ASM-themed edition in November
- Continue themed editions, with themes to be decided based on reader survey
- Decision made to move to fully digital publication from 2017.

Acknowledgement and other comments

Thanks to all of our EAG members who have helped to improve the quality and content of the ADE over the past year.

Also thanks to Vy Le, Annesa Khan and Carlos Gongora (graphic designer) from ADEA for all of their help and support in bringing the publication together.

Useful links

- ADE Editorial Advisory Group:
<https://www.adea.com.au/?p=12375371>
- Digital copies of the ADE can be viewed and downloaded at
<https://www.adea.com.au/?p=4425>
(ADEA membership login required)

Clinical Practice Committee (CPC)

Chair: Kate Marsh

Changes in membership

- Denise Smith has retired from the committee as of April 2016.
- Kate Marsh will retire from the committee and chair when her term ends in August.

Current members

- Sandra Crook
- Nicholas Denniston
- Teresa DiFranco
- Rachel Freeman
- Kate Marsh
- Joanne Ramadge
- Peta Tauchmann

2015-16 activities and achievements

Over the past year the CPC has reviewed the following documents:

- *The role of CDEs and APDs in delivering diabetes self-management and nutrition education (joint position statement with DAA)*
- *ADEA Clinical Guiding Principles for Subcutaneous Injection Technique*
- *Patient education for insulin pump therapy (IPT), as part of NDSS's project to deliver client education for adults commencing insulin pump therapy with type 1 diabetes (awaiting final approval)*

Plan for 2016-17 activities

The following documents will be reviewed over the coming year:

- *ADEA National Standards for Diabetes Education Programs*
- *ADEA National Standards for Credentialled Diabetes Educators*
- *ADEA Core Competencies for Credentialled Diabetes Educators*
- *ADEA Code of Conduct*

Useful links

- *The role of CDEs and APDs in delivering diabetes self-management and nutrition education (joint position statement with DAA):*
<https://www.aeda.com.au/about-us/policy/position-statements/joint-position-statements>
- *ADEA Clinical Guiding Principles for Subcutaneous Injection Technique:*
<https://www.aeda.com.au/about-us/our-publications>

Course Accreditation and Standards of Practice (CASP) Committee

Chair: Karen Crawford

Changes in membership

A number of changes have occurred in committee membership:

- Jane Overland and Rhonda Griffiths both stepped down from the committee along with Jan Alford who retired and subsequently stepped down from the Credentialling Committee.
- Liz Obersteller joined the committee as the incoming chair of Credentialling Committee.
- Sophie McGough (dietitian) and Nicole Frayne (pharmacist) were both appointed following receipt of a number of expressions of interest from members.

The committee now has a broader multidisciplinary representation across its membership.

Current members

- Karen Crawford
- Trisha Dunning
- Nicole Frayne
- Sara Jones
- Sophie McGough
- Elizabeth Obersteller

2015-16 activities and achievements

Ongoing course accreditations following the 1 year provisional accreditations granted in October 2014 to Curtin, Flinders and University of Technology Sydney (UTS), where they each submitted the additional information required in November 2015.

Curtin and UTS fulfilled the requirements and were subsequently granted full accreditation status.

Flinders was assessed to have ongoing issues primarily with the involvement of their Course Advisory Committee (CAC). An additional report about their CAC activities is due to be received by 29 July 2016.

Additional concerns were identified with the Flinders course when changes to the course name and content were inadvertently discovered that had not been notified to CASP. Subsequent discussion and assessment proceeded in January 2016 with Flinders being asked to deliver the course ADEA had previously accredited during the 2016 academic year. Flinders now have the option to apply for accreditation of the new proposed course structure in preparation for the 2017 academic year.

Plan for 2016-17 activities

Student placement concerns continue to challenge all Course Coordinators and CASP plans to continue to support and address these throughout 2016-17.

Review of the mid-term course accreditation requirements will be undertaken in preparation for mid-term reporting due in July 2017.

Four new Course Coordinators have been appointed by universities in 2016. This means additional monitoring by CASP during a period of transition and settling for: UTS, Deakin, Flinders and Southern Cross University.

Acknowledgement

- Jan Alford's tireless commitment and contributions to CASP work over many, many years
- Jane Overland and Rhonda Griffiths contributions to CASP work over recent years also
- ADEA National Office, in particular Rachel Freeman and Kerry Oddy, for their administrative assistance and other input into day-to-day CASP activities

Educational Reference Group (ERG)

Chair: Jan Alford

About ERG

The ERG was found in December, who are working with the ADEA CPD development team to ensure the production of high quality CPD activities that meet the needs of the ADEA membership and that supports the position of the ADEA as the peak body in diabetes education.

Potential CPD activities are, but not limited to:

- Webinars
- Podcasts
- E-learning modules
- Face-to-face events

Current members

- Jan Alford
- Kirrily Chambers
- Rachel Freeman
- Beth Knight
- Vy Le

2015-16 activities and achievements

ERG provided feedback on content of the 'Scope of Practice' webinar series. This series was completed and available on the ADEA E-learning Management System free for all ADEA members.

Plan for 2016-17 activities

Complete and launch the following CPD activities:

- *Vascular disease and diabetes* e-learning module
- *Hearing and diabetes* e-learning module
- *Private practice* webinar series
- Podcast series

Acknowledgement and other comments

Thanks to all of our ERG members (Kirrily Chambers, Beth Knight, Rachel Freeman and Vy Le), who have helped to improve the quality and content of the CPD activities the past year.

Useful link

- ADEA E-learning Management System:
<https://learning.adea.com.au>

Endorsement Committee

Chair: Rachel Freeman

About the committee

A new committee formed this year to strengthen the ADEA Endorsement Program for external educational offerings relevant to health professionals in diabetes education. The committee was established in March 2016 and consists of ADEA members from various backgrounds and experience.

- Jan Alford, RN CDE
- Wendy Bryant, RN CDE
- Sandra Crook, RN CDE
- Nicholas Denniston, APD CDE
- Tracy Desborough, RN CDE
- Professor Trisha Dunning, RN CDE
- Julie Kha, Pharmacist CDE
- Elizabeth Obersteller, NP CDE
- Helen Phelan, RN CDE
- Maxine Schlaeppli, NP CDE
- Peta Tauchmann, NP CDE

2015-16 activities and achievements

The committee has been working well so far and has assessed and approved 14 endorsement applications since the committee was established.

Plan for 2016-17 activities

The promotion of the ADEA Endorsement Program is underway and it is hoped that many more organisations will seek ADEA's endorsement for their educational activities and resources. ADEA sets a high standard for diabetes related education for health professionals and endorsing external programs ensures quality education to health professionals working in diabetes education.

Acknowledgement

Thank you to the volunteer committee members for offering their time and expertise to assist in ADEA setting a high standard for its endorsement program.

Useful links

Information regarding the Endorsement Program can be found at
<https://www.adea.com.au/?p=6997>

Nominations Committee

Chair: Giuliana Murfet

Purpose of the Committee

The Committee is a sub-committee of the ADEA Board and was established for the purpose of recruiting new board members. The new board positions became available because of the retirement of current members.

The Committee was time limited to manage this process only.

Current members

The members of the Nominations Committee are:

- Steve Brett
- Heike Krausse
- Giuliana Murfet

Activities of the Committee

The Committee oversaw the process for recruiting an independent board director to commence in August 2016. Their process was informed by the ADEA Constitution and By-laws and previous work the board undertook to identify the board skills mix and skill gaps in the current board committee.

Advertisements were placed online with the Australian Institute of Company Directors (AICD) and 8 applications were received from very well qualified people. 4 candidates whose skills fitted within the identified gaps was shortlisted. Interviews will be conducted and resulted in the recruitment of a new independent director, Robert Biancardi

The Committee also oversaw the process for nomination by members and election of a CDE director, Tracy Tellam

Program Organising Committee (POC) for the Annual Scientific Meeting

*Co-chairs: Dr Joanne Ramadge
and Elizabeth Obersteller*

Changes in membership

Membership of the POC this year has remained stable, with members including, Dr Kirstine Bell, Rachel McKeown, Michelle Tong and the two co-chairs.

Current members

- Joanne Ramadge (Co-Chair)
- Elizabeth Obersteller (Co-Chair)
- Catherine Anderson
- Kirstine Bell
- Rachel Freeman
- Michelle Tong

2015-16 activities and achievements

We adopted an early call for abstract for Symposia, Workshops and Masterclasses, where previously these have been developed and organised by the POC. This proved successful with 13 submissions that covered a range of diverse topics. This new approach will be evaluated by the POC and by members providing evaluations after the Annual Scientific Meeting.

We have promoted the use of more technology including a better, more user friendly conference app and the virtual delivery of a plenary presentation from the UK.

Plan for 2016-17 activities

- Call for new members to join the POC for 2016-17
- Review the role of POC
- Identify and engage exciting national and international plenary speakers
- Explore more innovative approaches to plan for bigger and better ASM.

Acknowledgement

Thank you to all the members of the POC and especially to Elizabeth Obersteller, who also organised the review process for the oral abstracts. Without their input, the ASM would not be the success it is.

Useful links

ADS-ADEA Annual Scientific Meeting:
<http://www.ads-adea.org.au>.

Strategic Plan Committee

Members

- Libby Bancroft (ACT)
- Steven Brett (NSW)
- Brett Fenton (NSW)
- Heike Krausse (QLD)

2015-16 activities and achievement

The current ADEA Strategic Plan 2012-17 will expire at the end of 2016. The Strategic Plan is a high level document that serves as guide for ADEA both in terms of strategic intent and direction. The Strategic Plan is used to construct a detailed business plan each year that outlines the activities and budget associated with its implementation.

- Over 90 members provided initial feedback to a survey to gain input into the development of the draft Strategic Plan. This feedback was incorporated in the next stage.
- The board participated in a facilitated planning day to develop the next Strategic Plan and to incorporate members input in that process.

Plan for 2016-17 activities

The final Strategic Plan 2012-20 will be launched at the 2016 ADS-ADEA Annual Scientific Meeting.

Useful links

- Strategic Plan 2015-17:
<https://www.adea.com.au/?p=79>
- Strategic Plan 2017-20:
<https://www.adea.com.au/?p=12386898>

Private Practice Special Interest Group (PPSIG)

Convener: Jayne Lehmann until 30/4/2016
Angela Hsiao

Membership

Membership of the PPSIG stands at 586 members.

The Private Practice Network leaders include:

- Marita Ariola (NSW)
- Christine Avery (VIC)
- Lauren Botting (SA)
- Vongayi Majoni and Jan Stevenson (NT)
- Jennifer Nicholas and Carolyn Nugent (WA)
- Peta Tauchmann (QLD)
- ACT and Tasmania – vacant

2015-16 activities and achievements

- Meeting held at the ADS-ADEA Annual Scientific Meeting 2015 with 50 in attendance. An educational component was included for the first time with positive responses from membership.
- The leaders of the PPSIG Private Practice Networks (PPN) met via teleconference 3 times a year.
- Regular items in ADEA e-newsletter
- Continued activities on the PPSIG Wikispaces Forum
- Input into the Diabetes Education Workforce Survey development
- Teleconferences between the Convenor and ADEA CEO

Plan for 2016-17 activities

- Identify a PPN leader for ACT and Tasmania
- Encourage the activities of the PPN via regular teleconferences
- Present a PPSIG meeting at the 2017 ADS-ADEA Annual Scientific Meeting
- Facilitate the Wikispaces forum

Acknowledgement

I would like to thank PPSIG members and PPN leaders for their enthusiasm for private practice. It is a growing area of practice with numbers of this group likely to continue to grow over the next few years.

Useful links

- ADEA Private Practice Special Interest Group:
<https://www.adea.com.au/?p=7839>
- ADEA Private Practice Special Interest Group wikispaces:
<http://adeappsig.wikispaces.com/>
- Private Practice e-learning module:
<https://learning.adea.com.au>

Diabetes in Pregnancy Special Interest Group (DIPSIG)

Convener: Amanda Bartlett

2015-16 activities and achievements

Current membership: 32

The group was formed in November 2015 with an initial committee and membership of 10. We had a teleconference in April from which we developed the annual plan and discussed the inaugural annual meeting to coincide with the ADIPS meeting.

An online forum has been set up by ADEA for members to post. This needs further development and commitments from members to ensure ongoing success.

A survey has been prepared by the convener and ADEA to gather information on members, their key areas of specialty and to gain a greater understanding of how the DIPSIG can best service their needs and requirements.

Plan for 2016-17 activities

The first face-to-face meeting will occur at the Gold Coast in August 2016. Since the introduction of IADPSG's new criteria and recommendations for the testing and diagnosing of GDM, numbers of women being diagnosed and treated for GDM has increased significantly with some areas reporting up to a 30% increase in numbers.¹

The DIPSIG would like to work with ADEA to lobby the government for Medicare rebates for women with GDM. This increased revenue may be used by hospitals to employ suitably qualified staff to deal with the increased workload. THE DIPSIG intends to set up a small sub group to address this issue.

Acknowledgements

Thank you to:

- The midwives who discussed and encouraged the initial idea of a DIPSIG
- Cindy Porter for creating and monitoring Dropbox, which helped with initial setup
- Justine Darling for keeping minutes of the teleconferences
- ADEA National Office for ongoing support

Useful links

- ADEA Diabetes in Pregnancy Special Interest Group: <https://www.adea.com.au/?p=12376969>
- Diabetes in Pregnancy Society: www.adips.org
- International Association of the Diabetes and Pregnancy Study Groups: <http://www.iadpsg.org>
- International Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy: <http://www.comtecmed.com/dip/2017>

(1) Robert G Moses, Gary J Morris, Peter Petocz, Fernando San Gil and Dinesh Garg, Med J Aust 2011; 194 (7): 338-340.

ADEA Leaders

ADEA Board



Tracy Aylen
President



Giuliana Murfet
Vice President



Heike Krausse
Finance Director



Libby Bancroft
Director



Steven Brett
Director



Brett Fenton
Director



Nicole Frayne
Director



John Michailidis
Independent Director

Branch Executives

ACT

Rosemary Young, Chair
Vicki Mahood, Secretary
Lynelle Boisseau, Finance Officer

NSW

Helen Phelan, Chair Resigned 1 September 2015
Megan Paterson-Dick, Chair From 1 September 2015
Michelle Neylan, Secretary From 1 September 2015
Tracy Desborough, Finance Officer From 1 September 2015
Marissa Bolton, Rural & Remote

NT

Gregory Solomon, Chair
Caroline Cook, Secretary Resigned 1 February 2014
Sharon Johnson, Secretary From 26 February 2014
Leanne Kuchel, Finance Officer

QLD

Emma Holland, Chair
Margaret Whillier, Secretary
Jan Branch, Finance Officer

SA

Caroline Ford, Chair
Jennifer von der Borch, Chair
Pamela Smith, Secretary
Effie Kopsaftis, Finance Officer

TAS

Susan Armstrong, Chair
Maggie Lasdauskas, Secretary
Andrea Radford, Finance Officer

VIC

Ann Bush, Chair
Michelle McAlister, Chair
Suzanne Bulmer, Secretary
Gillian Krenzin, Finance Officer
Elizabeth Lacey, Finance Officer

WA

Sarah Black, Chair Resigned 17 August 2015
Kathryn Swain, Chair From 18 August 2015
Kendra Nunweek Hanlon, Secretary Resigned 17 August 2015
Kathryn Swain, Secretary From 18 August 2015
Maree Nanne, Finance Officer

Committees, working groups and special interest groups

AUSTRALIAN DIABETES EDUCATOR (ADE) EDITORIAL ADVISORY GROUP

Kate Marsh, Chair
Penelope Barker
Tom Corte
Glynis Dent Resigned April 2016
Nicolle Dugan
Ann Marks
Michelle Robins

COURSE ACCREDITATION AND STANDARDS OF PRACTICE (CASP)

Karen Crawford, VIC, Chair
Jan Alford, NSW
Trisha Dunning, VIC
Nicole Frayne, WA
Sara Jones, SA
Sophie McGough, WA

University CASP Course Advisory Representative

Wendy Bryant, NSW, University of Technology Sydney
Kerrily Chambers, SA, Flinders University
Caroline Ford, WA, Curtin University
Louise Ginnivan, VIC, Mayfield Education
Deborah Grant, QLD, James Cook University
Carolyn Judge, NSW, University of Technology Sydney
Wendy Livingstone, QLD, Southern Cross University
Michelle Robins, VIC, Deakin University

University Coordinators

Rhonda Brown, VIC, Deakin University
Bronwyn Davis, QLD, James Cook University
Jodie Fitzpatrick, QLD, James Cook University
Julian Grant, SA, Flinders University
Adam Lamendola, VIC, Mayfield Education
Angela Llewellyn, QLD, Southern Cross University
Patricia Marshal, WA, Curtin University
Bodil Rasmussen, VIC, Deakin University
Alana Weber, VIC, Deakin University
Catherine Wilson, NSW, University of Technology Sydney

FINANCE AUDIT AND RISK MANAGEMENT COMMITTEE (FARM)

Heike Krausse, QLD, Chair
Greg Cliffe, Independent Accountant
Daniel McKinney-Smith, NO
John Michilaidis, VIC

CLINICAL PRACTICE COMMITTEE

Kate Marsh, NSW, Chair
Sandra Crook, QLD
Nicholas Denniston, NSW
Teresa DiFranco, WA
Denise Smith, WA
Peta Tauchmann, QLD
Joanne Ramadge/Rachel Freeman, Secretariate, NO

COMPLAINTS COMMITTEE

Giuliana Murfet, TAS, Chair
Amanda Bartlett, NSW
Barbara Campbell- Lawyer, non member
Yvonne Elliott-Kemp, QLD
Denise Smith, WA
Rachel Woods, SA
Joanne Ramadge/Aneesa Khan, Secretariate, NO

CREDENTIALLING COMMITTEE

Elizabeth Obersteller, Chair
Jan Alford, NSW, Resigned May 2016
Dianne Bond, WA
Lauren Botting, SA
Wendy Bryant, NSW
Glynis Dent, NT
Deb Foscett, QLD
Lisa Grice, QLD
Ian Harmer, VIC
Sharon Johnson, NT
Gillian Krenzin, VIC
Maggie Lasdauskas, TAS
Helen Phelan, NSW
Megan Preukser, VIC
Lois Rowan, VIC
Maxine Schlaeppi, WA
Toni Willson, SA

PROGRAM ORGANISING COMMITTEE (POC)

Joanne Ramadge (Co-Chair)
Elizabeth Obersteller (Co-Chair)
Catherine Anderson
Kirstine Bell
Rachel Freeman
Michelle Tong

PRIVATE PRACTICE SPECIAL INTEREST GROUP

Jayne Lehmann, SA, Convenor
Angela Hsiao, Convenor
Marita Ariola, NSW
Christine Avery, VIC
Jan Branch, QLD
Robyn Jenkins, NSW
Vongayi Majoni, NT
Jennifer Nicholas, WA
Carolyn Nugent, WA
Joanne Ramadge, NO
Janet Stevenson, NT
Peta Tauchmann, QLD

RESEARCH COUNCIL

Trisha Dunning – Chair
Peter Colman
David Currow
Iness Krass
Marg McGill
Sophia Zoungas

EDUCATION REFERENCE GROUP

Jan Alford - Chair
Kirrily Chambers
Beth Knight

ENDORSEMENT COMMITTEE

Rachel Freeman - Chair
Jan Alford
Wendy Bryant
Sandra Crook
Nicholas Denniston
Tracy Desborough
Trisha Dunning
Julie Kha
Elizabeth Obersteller
Helen Phelan
Maxine Schlaeppi
Peta Tauchmann

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

National Board
of Directors



Dr. Joanne Ramadge
Chief Executive Officer

Branch Executives



Louise Gilmour
NDSS
Program Director



Aneesa Khan
Executive Support
Officer



Vy Le
Business Development
Manager



Katy Robinson
Reception and
Branch Liaison



Rachel McKeown
Professional Services
Manager

Daniel McKinney
Chief Financial Officer



Toni Rice
NDSS Project
Manager



Carlos Gongora
Graphic Designer &
Media Producer



Julie Mueller
Professional Services
Assistant



Kerry Oddy
Membership &
Credentialling Officer

Equity Partners

Membership

Membership

Membership breakdown

In the 2015-16 financial year, ADEA experienced a membership increase of 100 members.

Student memberships have continued to increase. During 2015-16, there were 86 members who joined the Student membership category. This membership category provides opportunities for students who have a special interest in diabetes to join ADEA. On expiry of student membership, they can continue as an associate member or upgrade to full membership to work towards initial credentialling application. ADEA have had one student member successfully credentialled since the introduction of the category in November 2014.

ADEA also introduced a new retired membership category that offers retired members an opportunity to stay in touch with ADEA and their networks.

As indicated in Figure 1, the majority (86%) of ADEA members are full members. 8.6% are associate and 5% are student members.

Please note:

- Statistics of full member CDEs were not available before 2014-15.
- Statistics of student and international membership were not available before 2014-15.

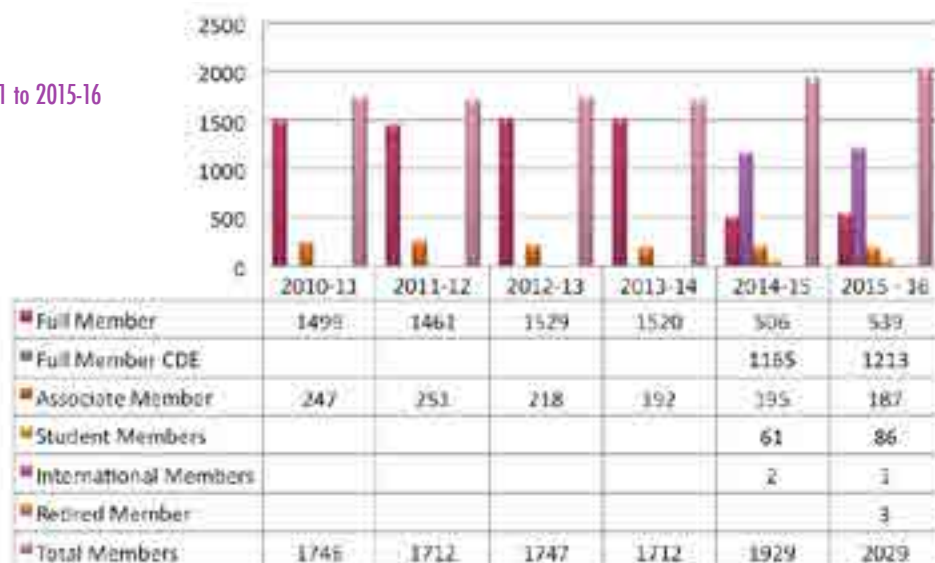
In this period ADEA did lose some members mainly due to:

- Age of the workforce: senior members retired from the workforce
- Shift in employment: members no longer working in the area of diabetes management.

ADEA will continue to promote the benefits of its membership within the industry and the community during the 2016-17 year. This will include promotional campaigns focusing on students undertaking studies in the allied health sector and those undertaking the Graduate Certificate in Diabetes Education and Management.

ADEA will also endeavor to contact the various primary health discipline associations where their members are eligible to apply for credentialling status to encourage the promotion of ADEA membership and being a CDE.

Figure 1:
Annual membership
by financial year from 2010-11 to 2015-16



Membership in branches and overseas

Figure 2 - ADEA membership by branches and overseas



Currently Victoria (33%), New South Wales (21%) and Queensland (20%) represent the majority of our membership with Western Australia (9%) and South Australia (7%) being next in progression. The remainder, 10%, are distributed in Tasmania (3%), the Northern Territory (2%), the Australian Capital Territory (2%) and 11 members are currently living overseas.

Credentialling

Credentiailling

This year saw the full implementation of the online credentialling program, with now only a few CDE members have not yet experienced the online platform. ADEA have been committed to improvements and modifications along the way to ensure smooth user experience for our member. An update to the online platform occurred in November 2015 following evaluation and feedback from our members.

The number of CDEs in Australia continues to grow, with 1,213 CDEs across the country (60% of ADEA members). This has increased from 1,156 at this time last year. We have approved 113 initial credentialling applications in the past 12 months. We have seen an increase in CDEs from the primary health disciplines of dietetics and podiatry over the past 12 months. We now have 1,087 registered nurse and primary nurse CDEs, 97 accredited practising dietitian CDEs, 22 pharmacist CDEs, 4 podiatrist CDEs, and 3 accredited exercise physiologist CDEs.

ADEA values the contribution that all health professionals make towards better care for people with diabetes. The application process and approval criteria for primary health discipline CDE eligibility was reviewed and approved by the ADEA board in January 2016 to ensure the process remains relevant and robust.

Over the next 12 months, along with the regular review of the online credentialling platform, the CPD portfolio points guide and the referee report for initial credentialling will be reviewed and revised to ensure processes for credentialling of CDEs reflect member needs and the needs of the health environment in which CDEs practice.

ADEA sincerely thank the members of the Credentialling Committee as well as the additional credentialling reviewers. Their volunteer time and valuable experience ensure the Credentialling Program remains effective and efficient.

Credentialling Committee

Over the past 12 months we said goodbye to Jan Alford (outgoing Chair), Lynette Randell, Chris Lester and Glynis Dent from the committee. We greatly appreciate the contribution they have made to the Credentialling Program over many MANY years!

We welcomed Deborah Foskett to the Credentialling Committee, and Megan Preusker, Sharon Johnson, Ian Harmer, Gillian Krenzin and Toni Willson as additional credentialling reviewers.

Current members

- Dianne Bond (Co-opted)
- Lauren Botting (Executive)
- Wendy Bryant (Executive)
- Glynis Dent (Executive)
- Deb Foskett (Executive)
- Lisa Grice (Co-opted)
- Ian Harmer
- Sharon Johnson (Co-opted)
- Gillian Krenzin
- Maggie Lasdauskas (Executive)
- Elizabeth Obersteller (Executive)
- Helen Phelan (Co-opted)
- Megan Preukser (Co-opted)
- Lois Rowan (Co-opted)
- Maxine Schlaeppli (Executive)
- Toni Willson

Useful links

- Attribute of a good diabetes educator: <https://youtu.be/OgPHXwHYH14>
- Endocrinology and diabetes education: <https://youtu.be/fgEnZnWyV4A>

Mentoring

Mentoring

The ADEA Mentoring Program is now online, which concludes the project to move the entire credentialling program to an online platform. ADEA is very excited to have completed this project and hopes that members enjoy using the online platform as much as we have enjoyed the success of providing this service to members.

All forms and documents are now to be completed within the online platform, including:

- Registering as a mentor
- Finding a mentor
- Applying to register a mentoring partnership
- Logging mentoring activities
- Completing the mentoring evaluation forms

ADEA currently has 140 active registered mentoring partnerships. 135 partnerships were successfully completed over the past 12 months. We are currently receiving an average of 19 new mentoring partnership registrations per month.

The ADEA mentoring program was evaluated in 2015 as part of a research project and the results can be obtained via the ADEA website.

If you are looking for a mentor, the online process makes it much easier to match you with an appropriate mentor as you can search for various aspects in a mentor's profile. To enable this feature to work effectively, all members are encouraged to update their ADEA member profiles and consider registering as an available mentor.

We continue to evaluate the mentoring program and the online e-learning modules. Over the next 12 months, these evaluations will continue, with particular focus on the online mentoring program platform to ensure it is easy to use for members and consistent with the objectives of the credentialling program.

Mentoring is encouraged for all ADEA members and long-standing CDEs as an important way to grow and develop both professionally and personally throughout one's career. Mentoring can be successful over distance using technology to communicate and also across disciplines as a way to learn and experience new ideas in a two-way partnership.

Useful links

- Mentoring program:
<https://www.adea.com.au/credentialling/mentoring-program>
- A successful mentor and mentee relationship in diabetes education:
<https://youtu.be/KWJNFU760o4>

Endorsement and accreditation

Endorsement and accreditation

ADEA Endorsement Program

In March 2016, an endorsement committee was established. The committee reviews endorsement applications that ADEA receives from external organisations providing diabetes related education and resources to health professionals. Endorsement applications have also been received from some CDEs that have produced published materials for diabetes education practice. The strength of the endorsement program is set to grow over the next 12 months as it is envisaged that the ADEA endorsement program will become more widely accepted as the stamp of quality diabetes education programs.

ADEA thanks all members of our education program committees who volunteer their time, expertise and experience to ensure our education processes promote best practice diabetes education. We thank the members of the newly formed endorsement committee.

ADEA Accreditation Program

ADEA continues to accredit the Post Graduate Certificate in Diabetes Education and Management courses offered by tertiary institutions throughout Australia. Completing an ADEA accredited post graduate course remains an essential criterion for achieving recognition as an ADEA credentialled diabetes educator (CDE).

The ADEA accreditation program oversees the course curriculum offered to students and ensures it is consistent with evidence-based best practice diabetes education, reflects current and emerging practice trends and equips students with the skills and knowledge required in today's complex health care environment.

In the past 12 months, ADEA reaccredited the following courses:

- Curtin University (WA)
- Flinders University (SA)
- Deakin University (VIC)
- Mayfield Education (VIC)
- University of Technology Sydney (NSW)

Indigenous Pathways Project

Indigenous Pathways Project

Purpose of the project

Develop a professional and educational pathway for Aboriginal health practitioners in diabetes.

Advisory Group

- Jan Alford – Chair
- Craig Dukes, representing Aboriginal and Torres Strait Islanders and outgoing CEO of NATSIHWA. Craig has left NATSIHWA and new CEO, Dwayne Pearce coming on board
- Bernadette Heenan, Cape York, Apunipima
- Trisa Elarde, Diabetes Queensland
- Karina Demasi, Danila Dilba Health Service
- Joanne Ramadge, ADEA CEO
- Rachel McKeown, ADEA Professional Services Manager

The first advisory committee was held in June and a number of areas were covered that identified further directions to explore before pathways, standards and competencies are developed.

Ongoing plans

- To evaluate:
 - » what the current Aboriginal health practitioner's (AHP) role is in the community and what clinical areas they cover
 - » What does a typical position description for an AHP look like?
 - » What is covered in the AHP certificate and diploma with clinical component?
- A survey is being developed to send out to all registered Aboriginal health practitioners asking what they currently do in their positions and what areas in diabetes they feel they would need education in. The questionnaire to be agreed upon by ADEA. NATSIHWA to be involved in supporting and disseminating the questionnaire.
- Develop core competencies
- Exploring the needs of a mentoring program for Aboriginal health practitioners

Branch Activities and Updates

ADEA-ACT Branch

ADEA-ACT Branch Executive Team

Chair: Rosemary Young

Finance Officer: Lynelle Boisseau

Secretary: Vicki Mahood

Changes in membership

There have been no changes to the ACT Branch Executive, however we are currently seeking nominations from branch membership for both chair and secretary positions.

Our Current membership stands at 40 with 22 of these being credentialed.

2015-16 activities and achievements

ACT Branch members completed a survey in late 2015 regarding meetings. Resulting from this survey, the branch elected to reduce the number of branch meetings to three per year.

The Branch Executive has made a commitment to ensure professional development opportunities precede each branch meeting.

Teleconferencing options were available at branch meetings to allow participation by those regional members who have distance to travel.

Recent activities include:

- Dr. Joanne Ramadge attended November 2015 meeting to update members on ADEA activities and directions
- Presentation by Dr C Petersons Endocrinologist November 2015 meeting 'When the type doesn't fit. The "other" types of diabetes'.
- March 2016 meeting 'Insulin Master Class' presented by D NG and sponsored by Novo Nordisk Pharmaceuticals.

Plan for 2016-17 activities

July 2016 meeting, Rachael Freeman from ADEA will present on 'Scope of Practice' based on the ADEA webinar series.

Acknowledgments

Congratulations to RN CDE Lynelle Boisseau who was the well-deserved winner of the inaugural CDE of the year in ACT award. Lynelle has worked as a diabetes educator for the last 23 years and been an active member of ADEA-ACT branch for over 20 years.

Thanks to Nipro and Novo Nordisk for their support in providing professional development opportunities for members.

Thanks to staff at National Office for their excellent administrative support.

ADEA-NSW BRANCH

ADEA NSW BRANCH EXECUTIVE TEAM

Chair: Megan Paterson

Finance Officer: Tracy Desborough

Secretary: Michelle Neylan

Changes in membership

There have been no changes to the NSW Branch to the NSW branch executive, however we are currently seeking nominations from branch members for both the chair and secretary positions.

Our current membership stands at 424 members.

2015-2016 activities and achievements

NSW branch held a Branch Conference for members on Saturday 4 June in Sydney. It was well supported by sponsors and attended by 147 delegates.

The Branch Executive has made a commitment to ensure quarterly branch meetings were held during 2015-16. Meeting dates were provided in advance to members via the website.

Teleconference options have been available at branch meetings to allow participation by members from regional members who have long distances to travel.

The Branch Executive has encouraged regional areas to hold branch meetings in future.

Recent activities include:

- J Ramadge attended the June branch meeting to update members on ADEA activities and directions
- Presentation delivered by Megan Paterson at the April meeting 'The glycaemic impact of dietary protein in type 1 diabetes'
- Development of a Conference Organising Sub-committee for the 2016 Branch Conference. This will be ongoing for future Branch Conferences.

Plan for 2016-2017

- Plan to hold the 2017 Branch Conference in the regional area, potentially in Wollongong
- Plan to use webinar to facilitate access to branch meetings for all members
- Members of the ADEA-NSW Branch Executive will commit to holding at least one branch meeting per year in a regional area of NSW.
- We will continue to promote engagement of members in participating in ADEA activities.

ADEA-NT Branch

ADEA-NT Branch Executive Team

Chair: Gregory Solomon (SoLi)

Finance Officer: Leanne Kuchel

Secretary: Sharon Johnson

Branch membership

Our membership continues to grow from approximately 40 members (2014-15 report) to 46 active members with half of these being CDEs. We have also had a change in branch secretary with Caroline Cook moving interstate with her position being filled by Sharon Johnson.

2015-16 activities and achievements

Branch meetings

Continue to occur every 3 months with participation by members with an average of 15 members per meeting and can vary from anywhere between six to twenty participants with a core group that participates regularly, either via teleconference or in person.

One of our continued challenges has been getting members to participate in these meetings. As many members work remotely, it has been cited that their attendance is often at the whim of health clinics as accommodation may not have phone access and mobile phone coverage possibly not available.

Masterclass

A Masterclass on the topic of 'Type 1 Diabetes and Insulin Pumps' was held on Saturday 14th May 2016. There were 30 registrants with 22 of the registrants attending. 4 joined via videoconference and of these 4 attendees, 2 were from Alice Springs, 1 was from Townsville and the other from Mt Isa. 2 were not able to join due to technical issues.

The Masterclass went extremely well with content being well-structured and case-scenarios based on real-life cases from the presenters themselves and increased the reality, experiences and expertise of CDEs on this topic with a number of good antidotes for others to use in their own practice. Videoconference facility was utilised well and with more support and knowledge of its use, utilised to its full potential for future classes.

Plan for 2016-17 activities

To be discussed at the next branch meetings as to whether they would prefer the Masterclass format or a traditional type conference. Certainly due to the NT covering a large geographical area and the high expenses for travelling, videoconference may well be the preferred choice for the future.

ADEA-QLD Branch

ADEA-QLD Branch Executive Team

Chair: Emma Holland

Finance Officer: Jan Branch

Secretary: Margaret Whillier

2015-16 activities and achievement

During 2015-16, we held two branch meetings.

In December, we held a meeting prior to an educational event hosted by Novo Nordisk and Roche Diagnostics. The educational component was a presentation by Dr Naomi Chong on 'Glycaemia in breast feeding women with type 1 diabetes and practical guides for GDM'.

The meeting was well attended by members and it was an opportunity to acknowledge three Queensland members who retired during 2015 – Roswita Baker, Lynnette Randall and Helleen Purdy.

In May, the branch meeting was held following the *Sanofi Diabetes Educators Day*. The day's program was full of excellent presentations on topics such as CGMS, foot care, updates on medications, sudden death in patients with diabetes, sexual dysfunction, medication safety, diabetes in the emergency department, type 1 diabetes and exercise.

During the year, branch meetings were opportunities for members to receive updates from National Office including board reports and updates from the State-wide Diabetes Clinical Network.

The administration of insulin by carers is a topic regularly discussed and reviewed at branch meetings. We were also able to offer webinar facilities for members to dial in to the meetings.

We did not hold a branch conference this year due to the ASM being held in the Gold Coast in August 2016.

Plan for 2016-17 activities

We hope to have our Branch Conference in May 2017 in a regional part of Queensland.

ADEA-SA Branch

ADEA-SA Branch Executive Team

Co-Chair: Caroline Ford – retiring

Co-Chair: Jenny von der Borch – retiring

Finance Officer: Effie Kopsaftis – continuing

Secretary: Pam Smith – retiring



ADEA-SA Branch Day Seminar on Saturday 25 June 2016

Acknowledgement

Sincere thanks to all of the volunteer members in the ADEA-SA Branch who have given their time and energy to participate and support our branch of the ADEA. Also thanks to Joanne Ramadge, Katy Robinson and other staff in the National Office for their professionalism, support and promptness in replying to our questions. Last but not least, we wish to thank and acknowledge the generous company representatives who have sponsored our branch events throughout the year. As a branch, we appreciate the time, resources, effort and valuable contribution that is shared by each company. Thank you.

2015-16 activities and achievements

Our core SA Branch business continues to focus on the professional development, communication and networking of branch members. The following activities were undertaken throughout the year.

Branch Dinner Meetings

The ADEA-SA Branch Education Committee has done an outstanding job coordinating and conducting the branch meetings. These meetings continue to be conducted every three months, with planning meetings in between these dates. Attendance at these meetings has been good and we continue to have positive and constructive feedback about the meetings, dinner and the venue.

The great amenities and service at our venue should also be acknowledged. Martini's at Norwood have continued to provide us with superior service, great dining and use of their technology. We are truly grateful for their support.

There has been a range of interesting speakers this year. These speakers have also included CDEs in SA, allied health professionals and specialists. Examples of the interesting topics presented at the branch meetings this year include:

- Dr Chen: Diabetic Retinopathy
- Ms Sandra Daugalis: Carbohydrate Counting
- Ms Chris Boorman: Hypoglycaemia Unawareness

Another focus at most of the meetings has been the support for the new online credentialling process.

Branch Conference

The SA Branch Conference was held on June 25 at the Education Centre, 4 Milner Street Hindmarsh, titled 'Diabetes: Mind and Body'.

Branch Executive and Education Committee

S.A ADEA Education Organising Committee	Committee & venues Committee & sponsors Committee & speakers Committee & secretary Committee & venues	Thelma Matanga - retiring Luisa Pinto - retiring Jenny Johns - retiring Neroli Price - retiring Helen Ziping Huang - retired
ADEA Credentialling Officer	State Credentialling committee	Lauren Botting - ongoing Chris Lester - ongoing

The Branch Executive and Education Committee have had a productive year. They have been working tirelessly behind the scenes to make each meeting a success. Each member is to be congratulated for their various and very valuable contributions.

- Luisa Pinto, Neroli Price, Jenny Johns and Thelma Matanga have done an amazing job at planning each branch

meeting, organising sponsorship, venue negotiation and finding speakers. Thank you so much for your outstanding involvement.

- Pam Smith has done an amazing job at getting the minutes always professionally done. Thank you.
- Effie Kopsaftis has done a great job as Treasurer and thank you for your kind support.
- Jenny von der Borch as Co-Chair has chaired the meetings this year and the branch is very appreciative of this. Thank you so much Jenny for your wonderful contribution and support.
- Caroline Ford as Co-Chair has been participating in a range of other voluntary National ADEA groups (Curtin University Course Advisory Committee, ADEA representative on Diabetes and End of Life writers group and supporting branch activities).

There are many other members of the ADEA-SA Branch who are involved in a range of voluntary committees and working groups and as a branch we are so thankful and grateful for your voluntary contributions. Without everyone's valuable dedication, inspiration and kind donation of time, we would not have the quality of care that is currently provided for people with diabetes. Thank you.

As a joint Executive and Education Organising Committee, we are calling for nominations to fulfil the positions that will become vacant at the June conference. All positions will be available, except for Treasurer at this meeting.

Podcasts and slide sharing

Podcast recordings of consenting speakers has continued during branch meetings in 2015-16. This gives other members who were unable to make the meetings the opportunity to listen to the invited speakers. The branch co-chairs have been recording the speaker talks with a podcast recorder. This is then emailed to National Office for uploading on the branch page of the ADEA website. Speaker slides are also uploaded to the website after their presentation for further use.

Facebook Page

There has been an increase in use this year with members using this page for communicating local activities, posing clinical questions and for advertising branch events. Caroline has continued to administrate the closed branch Facebook Page just for ADEA-SA members.

Retiring Members

This past financial year has seen the retirement of the following members:

- Marianne Lambert
- Chris Boorman
- Chris Lester

The ADEA-SA branch extends our sincerest thanks to them for their many years of contribution of skills, knowledge and mentoring for our members and our profession and hope they have rewarding retirement.

Useful link

- Branch meetings, minutes, agendas and podcasts:
<https://www.adea.com.au/?p=203>

ADEA-TAS Branch

ADEA-TAS Branch Executive Team

Chair: Sue Armstrong

Finance Officer: Andrea Radford

Secretary: Maggie Lasdauskas

2015-16 activities and achievements

Branch events

June 2015

Meeting held in Hobart and sponsored by MSD. A research paper from the ADA conference in USA was presented.

October 2015

ADEA-TAS branch joined the Tasmanian Health Conference. A trade/exhibition table was attended by ADEA-TAS members S.Armstrong and M.Starosta. Delegates expressed great interest in ADEA and credentialed diabetes educators.

December 2015

This was an end of the year meeting at Campbell Town with sponsorship from Nipro Australia.

Caroline Wells, CEO of Diabetes Tasmania, attended for a question and answer session on the topic of diabetes consumables, changes in the NDSS and future of Diabetes Tasmania.

March 2016

Masterclass 'Diabetes and Pregnancy' was held in Hobart. ADEA CEO, Dr Joanne Ramadge, attended and introduced speakers for the event. Received feedback was very positive. A branch meeting was held on the same day. Thank you to everybody involved.

Teleconference

Teleconference facilities were available at branch meetings to allow participation by members from other locations.

Research projects

- Pandini – Paediatrics Hobart, continuing research on 'design of an insulin pump decision tool'.
- Leader research, sponsored by NovoNordisk, has completed.

Primary Health Tasmania

ADEA-TAS branch has joined Primary Health Tasmania as a tier 1 member. Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital. The organisation is one of 31 similar bodies established around Australia on 1 July 2015 as part of the Primary Health Networks Programme – an Australian Government initiative. The Government has set the following objectives for primary health networks nationally:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

This membership allows the CDEs in Tasmania the ability to:

- Provide input to committees and working parties for areas that involve diabetes
- Liaise with other health care professionals
- Continue with the importance of CDEs within the health arena

Plan for 2016-17 activities

ADEA-TAS branch meetings: 19 Nov 2016

- Meeting to be held in Launceston, venue to be arranged
- Education component to be supported by AstraZeneca Australia

Videoconference and teleconference

At least two branch meetings next year, dates to be arranged at the meeting in Nov 2016. Videoconference and teleconference facilities will be provided.

End of the year meeting

A face-to-face meeting, date to be organised.

Insulin pump education day

Past discussions with AMSL – Animas, date to be arranged.

Acknowledgments

Congratulations to CDEs Andrea Radford for being awarded CDE of the Year in Tasmania in 2015. Well done!

Welcome to new members of ADEA.

Congratulations to new credentialled diabetes educators.

Thank you to NO for regular updates by emails. Thank you for assisting in the organisation of the Masterclass.

ADEA-VIC Branch

ADEA-VIC Branch Executive Team

*Co-Chair: Michelle McAlister
and Ann Bush*

Finance Officer: Gillian Krenzin

Finance Officer: Elizabeth Lacey

Secretary: Suzanne Bulmer

This August sees the end of this current 2-year term of the executive team. It has been a busy tenure with lots of changes and challenges. Whilst these positions are voluntary and require a time commitment, members of the Executive Team feel rewarded by knowing they are supporting the ADEA's growth and development. The current members of the Executive Team have decided not to re-nominate so we look forward to welcoming a new Executive Team.

2015-16 activities and achievements

Branch Meetings 2015-16

There have been four branch meetings this financial year. The meetings were located in volunteer host hospitals. Each meeting has an educational component. One of the meetings was held at the ADEA-VIC Branch Conference, which allowed regional members to attend. We would like to thank the hosts, speakers and sponsors.

We are also offering a dial in webinar option for those who are unable to attend in person. 17 members utilised this service the first time it was offered and we hope these numbers will grow as members gain confidence in this new technology.

Survey of members

Attendance has been down over 2015-16 so the branch executive conducted a survey of members to better understand the needs regarding meetings. 26% of the Victorian membership responded. In response to the survey, we will now run three (3) meetings a year, one being at the ADEA-VIC branch conference.

Branch Executive Meetings

We run regular branch executive meetings in July, October 2015, January, March and June 2016.

Victorian Registered Network Groups

Each of these groups is active and meet on a regular basis.

- Wimmera Mallee Networking group
- Western Victorian Diabetes Professional group
- Mornington Peninsula Diabetes Nurse Educators Network
- Gippsland Network Group
- Northern Metropolitan Melbourne
- Western Journal Group
- The Diabetes In Pregnancy group

Minutes of these meetings are uploaded on to the ADEA-VIC Branch webpage.

ADEA-VIC Branch Conference 2016

The ADEA-VIC Branch Conference will be held on Sat 9 July at the Melbourne Exhibition and Convention Centre. The theme is 'Unlocking barriers in diabetes'. The conference organising committee have been working very hard to develop an interesting program.

Plan for 2016-17 activities

We will be calling for volunteers to join the ADEA-VIC Branch Conference Organising Committee for 2017.

ADEA-WA Branch

ADEA-WA Branch Executive Team

Chair: Kathryn Swain — *nominated and elected by the ADEA WA Branch members in August 2015, replacing previous Chair Sarah Black*

Finance Officer: Maree Nannen

Secretary: Sharron Meakins — *nominated and elected by the ADEA WA Branch members in August 2015, replacing previous Secretary Kendra Nunweek-Hanlon*

2015-16 activities and achievement

Branch Meetings

August 2015

Attended by 47 members in person and via videoconference.

- The professional development session was presented by Professor John Newham and Dr Kim Guelfi on 'Tackling the epidemic of gestational diabetes'.
- Fiona Stanley's diabetes team highlighted their service delivery in our regular 'Meet the Team' agenda item.

November 2015

Attended by 38 members at the venue, unfortunately the videoconference facility had timed out before the branch meeting commenced.

A special event had been arranged by Sarah Black that invited retired CDEs in the past 10 years to talk about their experience and careers as diabetes educators. The educators looked back at the changes, challenges and achievements during their time as educators. There were eight presenters. The branch meeting started late and was kept short and succinct.

February 2016

Attended by 44 members in person and via videoconference.

- The professional development session was presented by CDE Gloria Daniels, Sandra Wilberforce, Gwen Babel and Nell from Sir Charles Gardiner Hospital with their case study 'Hypoxic brain injury'.
- They were also 'Meet the Team' for the branch meeting.

May 2015

Attended by 89 members in person and via videoconference. The branch meeting was held in New Norcia during the ADEA-WA Branch Conference.

ADEA-WA Branch Conference

The conference was called 'Creating Links' and the organising team did a fantastic job of putting into practice the skills they were promoting.

The conference had amazing speakers:

- Professor Merlin Thomas: 'Sweet dreams are made of this? The enduring karma of glucose control and diabetes'
- Clinical Professor Mark Thomas: 'Managing diabetes and CKD in Aboriginal Australians: Don't make a bad situation worse'
- Professor Grant Morahan: 'Advanced genetics methods help us better understand diabetes and predict people at risk'
- Post conference symposium 'Erectile Dysfunction and diabetes' sponsored by Boston Scientific, speakers included Dr Bronwyn Stuckey, Dr Jeff Thavaseelan and Dr David Miller

Diabetes and Oral Health Seminar: Take a bite out of diabetes

On 30 October 2015, the Professional Development Committee organised a half-day seminar on 'Diabetes and Oral Health: Take a bite out of diabetes' presented by Dr Jane McCarty, a Periodontist with a strong professional interest in diabetes and an excellent speaker. Her presentation was followed by dental hygienist Wendy Wright who talked about 'Maintaining effective oral hygiene'.

The half-day seminar was video conferenced to enable other diabetes educators to participate in this professional development opportunity.

Branch Sub-Committees and Special Interest Groups

On behalf of the branch executive, I would like to extend our appreciation for the ongoing commitment to the organisation and initiatives of various sub-committees and groups within our WA Branch by their relative members. The voluntary efforts of these members continue to support the professional development, learning, information sharing and networking for all ADEA-WA members. All activities of these groups are reported to the branch executive and members at branch meetings via direct address or written report.

The sub-committees and groups are highlighted below:

- Professional Development Committee
- Credentialling Committee
- 2016 Branch Conference Organising Committee
- WA Diabetes & Endocrine Health Network
- WA Private Practice Special Interest Group
- Curtin University Course Advisory Committee
- GDM Reference Group
- ADEA Clinical Practice Committee
- Diabetes WA
- New Members support group

Plan for 2016-17 activities

Future plans include:

- Increasing opportunities of professional development for our members in addition to education provided at branch meetings. Sanofi have proposed a one-day diabetes seminar on the year we don't have a state conference. This already occurs in other states.
- RACGP National Conference at the Perth Convention Centre August 29 September – 1 October 2016. ADEA booth to be staffed by ADEA members to promote the benefits of working with credential diabetes educators and how to find a CDE.
- ADS and ADEA Annual Scientific Meeting to be held at the Perth Convention Centre in August 2017.
- An opportunity for WA members to become involved in organising and planning parts of a national conference organising committee.
- Finance officer stepping down in August, expressions of interest open for ADEA members to nominate for this position

Awards, Grants and Scholarship

Grants and awards



Dianna Fornasier, George Koumantakis (Country Manager, Roche Diabetes Care), Susan Bellman, Lorraine Marom, Maxine Schlaepi, Catherine Anderson, Angela Clark, Ann Bush, Catherine Finneran, Rachel Freeman on behalf of Vivienne Chutter

Travel grants

The ADEA Travel Grant provided five grants of \$1,000 to ADEA members who live in rural/remote areas to attend the ADS-ADEA Annual Scientific Meeting. The grant provided recipients with the opportunity to attend the conference and network with colleagues, which would otherwise be difficult due to the costs of travel from rural and remote locations.

These grants went to the following recipients:

- Ann Bush: CDE in private practice, Inner Regional Victoria
- Angela Clark: CDE in private practice, Inner Regional NSW
- Cathy Anderson: CDE at Landsborough/Mooloolah Medical Centres, Outer Regional Queensland
- Dianna Fornasier: CDE at Shoalhaven Family Medical Centres, Outer Regional NSW
- Maxine Schlaepi: CDE at Waikiki Diabetes Nurse Practitioner Service, Inner Regional WA

Abstract awards

This year, Roche Diabetes Care supported four of six abstract awards at the ADS-ADEA Annual Scientific Meeting:

- Roche Best Poster award: Lorraine Marom's *Evaluation of the Nurse Practitioner diabetes fast track clinic at Dandenong Hospital, a quantitative retrospective audit*
- Roche Best Novice Oral Presentation award: Vivienne Chuter's *Lower limb vascular assessment for people with diabetes*
- Roche Best Novice Poster award: Catherine Finneran
- Roche Best Novice Poster award: Susan Bellman's *Effectiveness of GLP-1 analogues compared to DPP-4 inhibitors for beta cell function and diabetes related complications among adults with type 2 diabetes*
- Best Oral Presentation award: Brett Fenton's *An audit of hypoglycaemia management in adults inpatients with diabetes*
- Medical Best Poster award: Megan Stephens' *OMG! Oral Mouth and Gums*

Useful link

- Grants and awards:
<https://www.adea.com.au/?p=92>

National Diabetes Services Scheme (NDSS)

NDSS Projects

NDSS Project Manager: Toni Rice

In the final years of the 2012-16 NDSS Funding Agreement, the NDSS projects consolidated and built upon the work completed by ADEA in the previous two years.

Person-centred Care Project

Two key resources developed through the Person-centred Care project were further enhanced during 2015-16: the Person-centred Care website and the Person-centred Care Toolkit.

Person-centred Care Website

The Person-centred Care website is hosted within the ADEA website and includes links to relevant external websites as well as a repository for resources developed by ADEA. Throughout the year, ADEA has continued to add new resources to the website.

Person-centred Care Toolkit

To understand how credentialled diabetes educators can provide person-centred care, they need to understand consumer or patients' views. The ADEA Person-centred Care Toolkit, developed through the Person-centred Care project is based upon a set of 10 Person-centred Care Principles. These principles can be used by CDEs and other health professionals to assess how health literate and person-centred their practices may be and to highlight areas of improvement. Consumers can also use the Principles to evaluate their CDE or diabetes clinic.

The 10 Person-centred Care Principles have been informed by literature reviews, a formal consultation process as well as being mapped against evidence-based Australian and International guidelines and literature specific to person-centred care in diabetes.

There are three components which make up the Person-centred Care Toolkit:

1. A Quality Improvement Tool for Credentialled Diabetes Educators
2. A Consumer Interview
3. A Consumer Survey

There has been strong interest from other health professional groups to adapt the Person-centred Care Toolkit for their members.

Person-centred Care Webinar

A webinar was held in June 2016 to introduce the Person-centred Toolkit to credentialled diabetes educators and highlight the tool for quality improvement and to identify strategies to ensure the delivery of genuine person-centred care within their practice. The recording of the webinar is available on the ADEA Learning Management System.

Patient Education for Insulin Pump Therapy (IPT) for Adults with Type 1 Diabetes

The *Patient Education for Insulin Pump Therapy (IPT) for Adults with Type 1 Diabetes* resource was developed by a working group of credentialled diabetes educators and informed by a literature review. The resource will form part of a suite of documents developed for diabetes educators and credentialled diabetes educators on insulin pump therapy.

This resource, hosted on the ADEA Learning Management System will provide CDEs with information on educating people with type 1 diabetes commencing and stabilising on IPT.

Post Implementation and Sustainability of 2013-15 NDSS Funded Projects

The aim of the post implementation and sustainability of previous projects was to enable ADEA to review, maintain and update the projects completed in 2013-14 and 2014-15, to ensure that health professionals have the latest evidence on best-practice care for people with diabetes.

The included projects are:

- An online module on *Subcutaneous Continuous Insulin Infusion (SCII) and Continuous Glucose Monitoring Systems (CGMS)*
- An online module on *Clinical and Professional Framework for the management of Continuous Subcutaneous Insulin Infusions (CSII) and Continuous Glucose Monitoring Systems (CGMS)*
- An online module on *Primary Health Care Nurses' care and referral of patients with complex diabetes care needs*
- *Support for Health Professionals in the assessment of a person with diabetes and their fitness to drive* online module and associated videos

These resources are hosted on the ADEA Learning Management System.

Evaluation of NDSS Funded Projects

ADEA engaged an independent consultant to evaluate the projects developed by ADEA under the 2012-16 NDSS Funding Agreement.

The consultant reviewed each of the projects and provided a report that outlined all the resources were of an extremely high educational standard and were appropriately designed to meet the needs of the relevant health professionals.

The report also highlighted that all resources were designed to build on

existing national guidelines and standards and avoided duplication with resources that were already available. The report concluded that the requirements of the NDSS objectives as outlined in the funding agreement were met.

Useful link

ADEA E-learning Management System:
<https://learning.adea.com.au>

Medical, Education and Scientific Advisory Council (MESAC)

MESAC Manager: Louise Gilmour

MESAC is a requirement of the 2012-16 National Diabetes Services Scheme (NDSS) Agreement between the Commonwealth of Australia (Department of Health) and Diabetes Australia for the NDSS. The role of MESAC is to provide advice and strategic direction on medical, education and scientific matters to inform the development and delivery of the NDSS. This helps to ensure that national NDSS products, programs (such as National Development Programs) and services (such as NDSS Registrant Support Services) meet appropriate standards and deliver optimal outcomes for people with diabetes.

In 2015-16, MESAC was supported by two part-time MESAC Officers – Helen Vaughan and most recently Louise Gilmour, representing ADEA; and Natalie Wischer and most recently Leanne Mullan, representing Australian Diabetes Society.

MESAC membership consists of 5 endocrinologists, 5 credentialed diabetes educators and 2 consumer representatives who volunteer their time and expertise to review products, programs and services funded under the NDSS.

In 2015-16, MESAC conducted 136 reviews which included:

- providing recommendations on registrant access to insulin pump consumables (type 2 diabetes)
- reviewing education materials for registrants of the NDSS (including those developed as part of the National Development Programs)
- reviewing guidelines for hospital nutrition management
- reviewing of all NDSS registrant factsheets
- reviewing online and paper based education modules for health workers

Disaster Planning and Management National Development Program

NDSS Program Director: Louise Gilmour

ADEA received funding under the 2012-16 National Diabetes Services Scheme (NDSS) Head Agreement, held between the Commonwealth Department of Health and Diabetes Australia for the Disaster Planning and Management National Development Program.

The key goal of the program was for people with diabetes to have information and access to resources to ensure that they can maintain self-management of their diabetes during a natural disaster. This included supporting people with diabetes, as well as those who provide services during and after a natural disaster through developing a coordinated approach and providing advice on appropriate preparation and response during an emergency, recovery and reconstruction phases of a disaster. Preparation and early access to information are some of the requirements for improving disaster responsiveness among people with diabetes.

This past year has seen the Disaster Planning and Management Program focus on the finalisation of a number of resources.

Consumer Resources

These include the *'My Diabetes Emergency Plan'*. A pamphlet for people to record their personal information and important contacts, a place they can record a detailed list of their medications and schedule. This also includes a checklist for preparing an emergency kit.

A poster has also been developed titled *'Make a Plan. Manage Diabetes in an Emergency'*. This poster is available for use in pharmacies, GP waiting rooms and for other healthcare professionals, including credentialled diabetes educators. It lists places that people can access the My Diabetes Emergency Plan.

A set of Frequently Asked Questions has also been developed titled *'Managing Diabetes in an Emergency'*

These resources have been translated into Cantonese, Mandarin, Vietnamese, Turkish and Arabic. These languages are consistent with other culturally and linguistically diverse resources developed under the NDSS.

Emergency Services, Local Government and the Not-for-Profit Sector Resources

Guidelines to assist emergency services, local governments and the not-for-profit sector on the needs of people with diabetes and other chronic conditions in natural disasters were finalised. These guidelines will be used as a basis for planning at the local and state government level as well as to assist those who 'work on the ground' after a natural disaster who are likely to come into contact with people with diabetes.

Other ADEA Projects

CDE of the Year

supported by



CDE of the Year award presentation (L-R): Ole Kleivenes (Medical Director Diabetes, Lilly Australia), Gregory Solomon, aka SoLi (NT), Kate Marsh (NSW), Marianne Lambert (SA), Rene Hinton (QLD), Lynelle Boisseau (ACT), Anna Ottenfeld (VIC), Rachel McKeown on behalf of Rebecca McPhee (WA), Tracy Aylen (President, ADEA)

2015 CDE of the Year

Among the eight national finalists of 2015 CDE of the Year, Kate Marsh was selected to receive the prestigious title 'Jan Baldwin National CDE of the Year'. Kate's story was presented through a documentary 'A life journey with diabetes' via <https://youtu.be/8YiG805tV44>.

2016 CDE of the Year

We congratulated the following CDEs who received CDE of the Year in branches in 2016:

- CDE of the Year in the ACT: Vicki Mahood
- CDE of the Year in NSW: Marion Hawker
- CDE of the Year in the NT: Jan Stevenson
- CDE of the Year in Queensland: Kate Mundy
- CDE of the Year in SA: Kirrily Chambers
- CDE of the Year in Tasmania: Louise Taylor
- CDE of the Year in Victoria: Ann Morris
- CDE of the Year in WA: Sandra Burges

The above 8 recipients became the national finalists and went into the second round to find one recipient for the 'Jan Baldwin National CDE of the Year', which will be announced at the 2016 ADS-ADEA Annual Scientific Meeting.

The award recipients were selected by a Panel of Judges included:

- Dr Zena Burgess, CEO, Royal Australian College of General Practitioners
- Dr Lance Emerson, CEO, Pharmaceutical Society of Australia
- Professor Greg Johnson, CEO, Diabetes Australia
- Tania Passingham, Professional Services Manager, Dietitians Association of Australia
- Dr Joanne Ramadge, CEO, Australian Diabetes Educators Association

The Panel gave consideration to the following selection criteria when reviewing nominations:

- Demonstrated excellence in diabetes education
- Leadership and an inspirational role model for diabetes educators

2017 CDE of the Year

People with diabetes and health professionals can nominate your CDEs for the 2017 award program from February 2017.

Useful links

- A life journey with diabetes: <https://youtu.be/8YiG805tV44>
- CDE of the Year: <https://www.adea.com.au/?p=8985>
- Jan Baldwin Alumni: <https://www.adea.com.au/?p=12386110>

Celebrating 35 years of achievement

Established in 1981, ADEA will celebrate its 35th year of service in diabetes and diabetes education in November 2016. It is a great opportunity to document the past 35 years of ADEA's history and also to preserve memories from its members.

The ADEA's history project team have been producing various resources to celebrate this milestone. We invite ADEA members to contribute:

- Documentary
- Photographs
- Oral history
- Written recollections
- Memorabilia

We have been inviting members to share with us how ADEA has had an impact on you, your career, your networks and your knowledge of diabetes and diabetes education.

Some of these materials will be launched at the ADS-ADEA Annual Scientific Meeting and in November this year.

Useful links:

- Celebrating 35 years of achievement: <https://www.adea.com.au/about-us/our-organisation/celebrating-35-years-of-achievement>
- Survey: How ADEA has had an impact on you, your career, your network and your knowledge of diabetes and diabetes education: <https://www.surveymonkey.com/r/35adea>



Chronic Disease and Mental Health Symposium

This year, in February, ADEA partnered with the Australian College of Mental Health Nurses (ACMHN) and the Australian Primary Health Care Nurses Association (APNA) to hold a symposium on the management of chronic disease and mental health in Sydney in February.

Chronic disease and mental health pose an enormous burden on the health of Australians. This symposium brought together specialist nurses working together to explore opportunities to take the lead in providing collaborative integrated chronic disease and mental health management.

The program was also being developed in collaboration with the Thoracic Society of Australia and New Zealand and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

The symposium was attended by over 120 participants, both in person and online.

The following topics were discussed:

- *Psychological impact of chronic disease: Normal adjustment or pathological?* – presented by Associate Professor Rosemary Higgins, Health Psychologist, Cabrini Health and Senior Research Fellow, Heart Research Centre
- *Putting people first: responding to the burden of disease associated with chronic conditions and mental health in the 21st century* – presented by Ms Leanne Wells, CEO, Consumers Health Forum of Australia
- *Beyond completion of cancer treatment: Integrated cancer survivorship care* – presented by Associate Professor Raymond Chan, NHMRC Health Professional Research Fellow, Queensland University of Technology and Royal Brisbane and Women's Hospital

- *Helping people to thrive in the face of co-occurring illness: strategies that work* – presented by Professor Kim Foster, Head, Disciplines of Nursing & Midwifery, University of Canberra
- *Leading through collaboration: Improving self-management through practitioner to practitioner relationships* – presented by Professor Dawn Freshwater, Senior Vice Chancellor and Registrar, University of Western Australia
- *Putting diabetes distress on the clinical agenda* – presented by Dr Christel Hendrieckx, Research Fellow, The Australian Centre for Behavioural Research in Diabetes
- *Self-management of chronic respiratory disease* – individualised management approaches – presented by Associate Professor Vanessa McDonald, Academic Clinician, School of Nursing and Midwifery, The University of Newcastle
- *Chronic disease, mental health, socioeconomic disadvantage, where do we begin?* – presented by Ms Lesley Salem, Conjoint Senior Lecturer, School of Nursing and Midwifery, The University of Newcastle
- *How partnership and clinical supervision can support nurses to improve patient outcomes and improve practice* – presented by Ms Julie Sharrock, Credentialed Mental Health Nurse, Coordinator Consultation-Liaison Psychiatry, St Vincent's Mental Health
- *All about you: renewal, compassion, satisfaction & career longevity* – presented by Ms Ruth Tarrant, Mental Health Nurse and Compassion Fatigue Educator

Useful link

Recordings of the symposium are available for free for ADEA members via the ADEA E-learning Management System:
<https://learning.adea.com.au>

Thought Leadership Lecture series



Thought Leadership Lecture series, Victoria session on Tuesday 10 November at Deakin University
Left to right: Bodil Rasmussen, William H. Polonsky, Tracy Ayles, Trisha Dunning



In November 2015, ADEA hosted the inaugural Thought Leadership Lecture series on 'Emotion, behaviour and applied psychology in diabetes education'.

Internationally recognised Associate Clinical Professor William H. Polonsky at the University of California, San Diego, was invited to discuss issues on the psychological aspects of diabetes education and how health professionals and diabetes educators can address them.

Dr Polonsky is well known for his work in the field of behavioural diabetes. He is also President and Founder of the Behavioral Diabetes Institute in the US.

The event was attended by over 220 participants, both in person and online, throughout three sessions delivered in Brisbane, Melbourne and Sydney:

- *The psychological side of diabetes – What healthcare professionals need to know:* an overview of the many psychosocial obstacles to managing diabetes effectively that patients face, followed by practical suggestions for how busy health providers can help their patients to address and overcome these critical barriers and thereby promote more successful self-management.
- *Understanding depression and diabetes burnout:* though frequently contributing to poor metabolic control, critical

emotional issues such as depression and diabetes burnout have often been underappreciated, ignored, mislabeled and/or inappropriately addressed in clinical care. This presentation will re-examine this large body of data and propose a new way to understand these two phenomena, concluding with several key strategies for identifying and addressing these important issues.

- *Engaging the disengaged – Behavioural strategies for promoting successful diabetes self-management:* how do we reach those patients who seem unreachable or who just don't seem to care? This presentation will review our new understanding of motivation in diabetes and illustrate how the proper framing of diabetes messages and more appropriate ways of sharing personalized metabolic data can overcome the shame, hopelessness and discouragement that so many of our patients feel.

If you were unable to attend the event, you can still register to watch the recordings of all three lectures and workshops in the series. This program was financially supported by AstraZeneca.

Useful link

- Thought Leadership Lecture series: <https://www.adea.com.au/?p=12359144>

Webinars

This year, ADEA provide more structured webinar series for members covering a range of scope and topics:

- Person-centred care webinar
- Scope of practice webinar series
- Sick day management webinar series

The Webinar Team received positive feedback and observed an increase in number of participants over time. With the introduction of the new Educational Reference Group, the ADEA Webinar Team will be able to provide members with more CPD opportunities through the facility.

Useful links

- Person-centred care webinar:
<https://www.adea.com.au/events/webinar/person-centred-care>
- Scope of practice webinar series:
<https://www.adea.com.au/events/webinar/scope-of-practice>
- Sick day management webinar series:
<https://www.adea.com.au/events/webinar/sick-day-management>

Workforce in Diabetes Education

The workforce in diabetes education survey was designed to provide ADEA with the first comprehensive national compilation of information and statistics related to the employment status of diabetes educators in Australia.

The survey collected detailed information about the diabetes education workforce to identify:

- Employment of diabetes educators by geographical location and profession
- Education level and diabetes education experience
- Emerging workforce trends, including private practice
- Workforce challenges of members

The survey was opened from April to July and received nearly 600 responses. The results will be communicated to members in November.

In line with ADEA's strategic themes to increase member value and to increase the value of the CDEs and diabetes education, the information from this survey will be used to understand the diabetes education employment profile. We will also develop projects and resources to support members' employment opportunities and career development. Collected data will also be used to monitor workforce trends, both generally and specifically in practice.

Useful link

Workforce in diabetes education:

<https://www.adea.com.au/?p=12378692>

Communication with Members

Communications with members

Social Media

ADEA continuously kept our online presence on social media.

1. In December, ADEA joined [Twitter](#) and since then have had over 2,000 followers.
2. [ADEA TV on YouTube](#): a showcase of ADEA multimedia production that highlights key message in an interactive way. New productions are:
 - » ADEA Diabetes Research Foundation: <https://youtu.be/nXPiSieEVIE>
 - » 2015 CDE of the Year winners: <https://youtu.be/LbC7A2z69Ew?list=PLKVnmK0cS27n-dhpNUnKuGQsgimq4ShwC>
 - » A life journey with diabetes: <https://youtu.be/8YiG805tV44>
 - » A successful mentor and mentee relationship in diabetes education: <https://youtu.be/KWJNFU760o4>
 - » Attribute of a good diabetes educator: <https://youtu.be/OgPHXwHYH14>
 - » Endocrinology and diabetes education: <https://youtu.be/fgEnZnWyV4A>
3. [ADEA Facebook](#): a collection of events, news and conversations about diabetes education, followed by nearly 1,500 Facebook users
4. [ADEA LinkedIn](#): a collection of news and conversations about diabetes education, followed by more than 350 LinkedIn professionals

We encourage you to follow these channels and adhere to the [ADEA Channels policy](#) as appropriate.

E-newsletter

ADEA used e-newsletter to disseminate fortnightly national update. Content was various from grants and scholarship, professional development opportunities, latest research and announcement, job advertisement and so on. The ADEA e-newsletter has been very popular among over 2,500 subscribers with an average opening rate of 38% and click rate of 30%. Archive of previous national e-newsletters is available on the ADEA website at <https://www.adea.com.au/?p=12350027>.

ADEA also use this platform to distribute branch update as needed. Content was drafted specifically for each branch with information about branch conference, nominations and branch activities.

Useful links

- ADEA TV on YouTube: <https://www.youtube.com/channel/UCQ509tC10jSBQvxJoDRluqg>
- ADEA Facebook: <https://www.facebook.com/ADEAAUS>
- ADEA LinkedIn: <http://www.linkedin.com/company/australian-diabetes-educators-association>
- ADEA Twitter: <https://twitter.com/AusDiabetesEd>
- ADEA Channels policy: <http://www.adea.com.au/wp-content/uploads/2014/05/ADEA-Channels-Policy.pdf>
- E-newsletter archive: <https://www.adea.com.au/?p=12350027>

Sustaining Members

Sustaining members

Our sustaining members make an important contribution to our ongoing growth. Their financial support assists ADEA in pursuing its goal of achieving optimal health and wellbeing for all people affected by, and at risk of, diabetes, through education, advocacy, support and research.



Finance Director's Report

Finance Director's Report

Risk Management

The ADEA Board of Directors has overall responsibility for supervising and mitigating organisational risk. The Board generally takes a risk averse approach to various organisational issues such as strategic planning, operational management, budget development and financial investment in order to maintain profitability to build net equity. Included is delegating risk and financial management responsibilities to the ADEA Finance, Audit & Risk Management Committee (FARM). Members include ADEA independent director John Michailidis, independent professional accountant Greg Cliffe, ADEA finance officer Daniel McKinney and myself as Chair and ADEA finance director. FARM also has responsibility for ADEA's annual financial audit and I encourage you to review ADEA's financial statements in the 2015/16 ADEA Annual report.

Financial Performance

The term "Not for Profit" (NFP) to describe organisations such as ADEA is experiencing a modern re-interpretation. Society is becoming more aware that organisations in the NFP sector must generate profit to survive and grow. This is especially the case since various government funding sources have contracted in recent times. Profit is therefore 'put to purpose' to further ADEA's vision, mission and objectives. For the financial year ending 30 June 2016 ADEA generated a \$100,912 profit representing a \$16,497 improvement on previous financial year performance.

During the financial year ADEA experienced a slight reduction in the number of its sustaining members. Competing demand for corporate partners by similar not-for-profit organisations such as ADEA is extremely competitive. This is not only in terms of the value that ADEA must provide to attract financial support, but also in terms

of the alternative opportunities provided by other not-for-profit organisations. National Office will therefore strive to maintain relevancy and provide increasing value for our important partner organisations. Sustaining membership income for the financial year ending 30 June 2016 totalled \$47,134.

On 30 June 2016 ADEA's contract with Diabetes Australia for National Diabetes Services Scheme (NDSS) funding from the Commonwealth Department of Health expired. ADEA successfully renegotiated a new four year funding agreement until 30 June 2020 comprising \$500,000 per annum indexed against inflation. This annual funding amount is a slight reduction compared to previous financial years but ADEA has managed to generate efficiencies within its program in an attempt to minimise the overall net impact.

Membership is an important source of income contributing towards operational expenditure. During the financial year ADEA was able to help fund increasing organisational activities by increasing membership. For example, as at 30 June 2016 ADEA had 2029 members, up 100 members from the previous year. This generated annual membership income totalling \$503,971, or 22.4% of total ADEA income. This income source is also important as ADEA is a small organisation aiming for greater influence and impact within the realms of diabetes management. To keep pace of increasing general expenses to ensure organisational sustainability membership fees are only increased relative to the consumer price index. The ADEA Board and management continue to consider the ways to improve and add to member benefits.

During the 2016 financial year overall ADEA Branch financial performance significantly increased to total \$294,347. This was primarily due to more overall activities, such as conferences and workshops, and National Office providing greater support

to Branch Executive. National Office assistance in negotiating competitive associated commercial agreements and helping to manage income and expense budgeting also underpinned the enthusiasm and dedication of Branch Program Organising Committees. It is hoped that with National Office support, branch annual conferences and education days will increasingly strengthen state based professional networks and development opportunities.

A significant but necessary organisational expense during the period was the upgrading of information technology hardware and software systems in National Office. Besides increasing organisational efficiency within Canberra, these upgrades also benefit members via improved communications, faster processing and more streamlined online credentialing and mentoring. Over the coming year National Office will continue to investigate new technologies to generate organisational efficiencies and provide increasing member value.

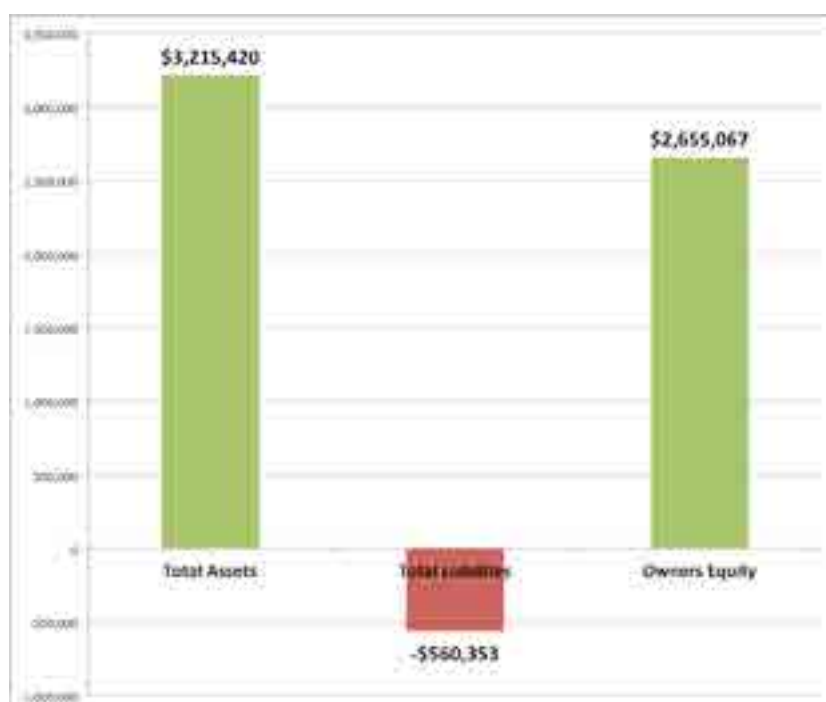
Financial Position

ADEA's current financial position is very strong. For example, as at 30 June 2016 ADEA had \$2,655,067 in total owner's equity comprising total assets of \$3,215,420 against total liabilities of \$560,353. Approximately \$3.1 million, or 96%, comprised highly liquid assets of cash, term deposits and managed fund investments. These highly liquid assets that are easily convertible to cash allow ADEA to pay any liabilities as they fall due.

In view of ADEA's strong balance sheet, a major profit for purpose (PFP) decision by the Board was to allocate \$250,000 in initial seed capital to establish the new ADEA Diabetes Research Foundation. This is a direct outcome of ADEA's strategic plan to increase its research contribution.

Over the next few years it is expected that the research the Foundation supports will add evidence to that outlined in the 2014 Deloitte Access Economics report ADEA commissioned titled Benefits of Credentialed Diabetes Educators to people with diabetes and Australia. The

ADEA Financial Position as at 30 June 2016



Foundation's ultimate aim is for research funding to become independently sustainable from ADEA financial support via various income sources such as receiving grants, bequests and tax deductible donations and managing a successful art union campaign to build an endowment fund where financial returns will fund research. ADEA's desirable financial capital base also puts the Board of Directors in a good position to develop the new ADEA 2020 Strategic Plan over the coming year.

The financial team comprising the CFO, CEO and ADEA's contracted accounting firm Equity Partners, will also provide support by prudently developing and managing ADEA's budget to ensure organisational resources are efficiently and effectively utilised.

Further detailed financial information can be found in ADEA's 2016 annual audited financial statements located at www.adea.com.au or the Australian Charities and Not-for-profit Commission (ACNC) website www.acnc.gov.au.

Profit for purpose organisations exist in a competitive market for grants (not necessarily) and any potential government funding and many areas of potential funding and financial support are also being very strategic and targeted with their finances.

What are the **benefits** of your **membership** with **ADEA**?



Professional recognition:

the ADEA Credentialling program recognises Credentialed Diabetes Educators, a professional status and benchmark for excellence in diabetes education.

Rewarding excellence:

CDE of the Year award program recognises outstanding achievement of leading CDEs in the provision of high quality diabetes education and support for people with diabetes.

Professional development:

access to special registration rates for branch conferences, the ASM, e-learning modules and exclusive free access to all webinar series at <http://learning.adea.com.au>.

ADE publication:

the flagship quarterly publication for diabetes educators and health professionals who are interested in diabetes education, available at <http://www.adea.com.au/?p=4425>.

Awards:

access to travel grants to branch conferences, the Annual Scientific Meeting and abstract awards.

Communication and information:

stay informed with the ADEA e-newsletter for the latest in clinical practice, research, upcoming events and professional development training.

Advocacy:

ADEA advocates and protects members' interests. Submissions and discussion papers available at <http://www.adea.com.au/?p=12383791>.

EBSCO:

the industry leader in online journal databases and evidence based information, available at <http://www.adea.com.au/?p=6859>.

Resources:

access the evidence-based clinical guidelines, position statements, standards of practice, industry publications and research.

Networking opportunities:

establish your professional connections with like-minded ADEA members through events, the Private Practice and the Diabetes in Pregnancy Special Interest Group.

Research opportunities:

opportunities for participation and development in ADEA Diabetes Research Foundation's research grants and fellowship.

Mentoring opportunity:

the ADEA Mentoring program provides a unique opportunity for members to participate as a mentee or mentor, available at <http://www.adea.com.au/?p=220>.

“As a longstanding member of ADEA, I see my membership as providing many valuable benefits including professional recognition as a CDE, access to continuing education, and the opportunity to keep up-to-date and contribute to our profession.”

Dr Kate Marsh
Inaugural Jan Baldwin National CDE of the Year

