



# Annual Report 2017-18



Your trusted partner in diabetes care

**ADEA is the leading organisation in the development and provision of quality, evidence-based diabetes education and standards.**

## Who we are

The Australian Diabetes Educators Association is the peak organisation for diabetes education in Australia and is the only organisation that has the experience and facility to recognise diabetes educators' qualifications and expertise through the ADEA Credentialling Program.

For over 35 years, ADEA has been at the forefront in diabetes education, setting professional standards, core competencies, providing education and leading the way in recognising best practice in diabetes education, diabetes care and diabetes self-management.

## Strategic plan 2017-20

### 1

#### Professionalism

We instil professionalism in the standards we set; in our delivery of education and through our members.

Priorities:

- > Develop further evidence-based national standards that are relevant and maintain currency through regular evaluation
- > Maintain our core business in accreditation and credentialling
- > Promote appropriate implementation of our standards across Australia
- > Develop new packages & products relevant to ADEA's mission (2018). This priority is included also under the theme 'Relevance'
- > Explore new ADEA entity related to education (2018).

### 2

#### Innovation

We use research to enable innovation in diabetes management.

Priorities:

- > Fund & promote outcome based research including self-management and lifestyle focused studies
- > Measure the outcomes of CDE practice and promote evidence informed innovation
- > Translation of standards into practice Identify data needs and utilise existing data sets where accessible to support ADEA and its members (2018).

### 3

#### Person-centred

We promote a person-centred approach to prevention and management of diabetes.

Priorities:

- > Implement outcomes from research in early intervention, prevention and management
- > Meaningful engagement and collaboration with consumers regarding priorities that impact their care
- > Focus on the specialised and individualised education and management process of CDE practice.

### 4

#### Relevance

We maintain our relevance by improving value to our members and key stakeholders.

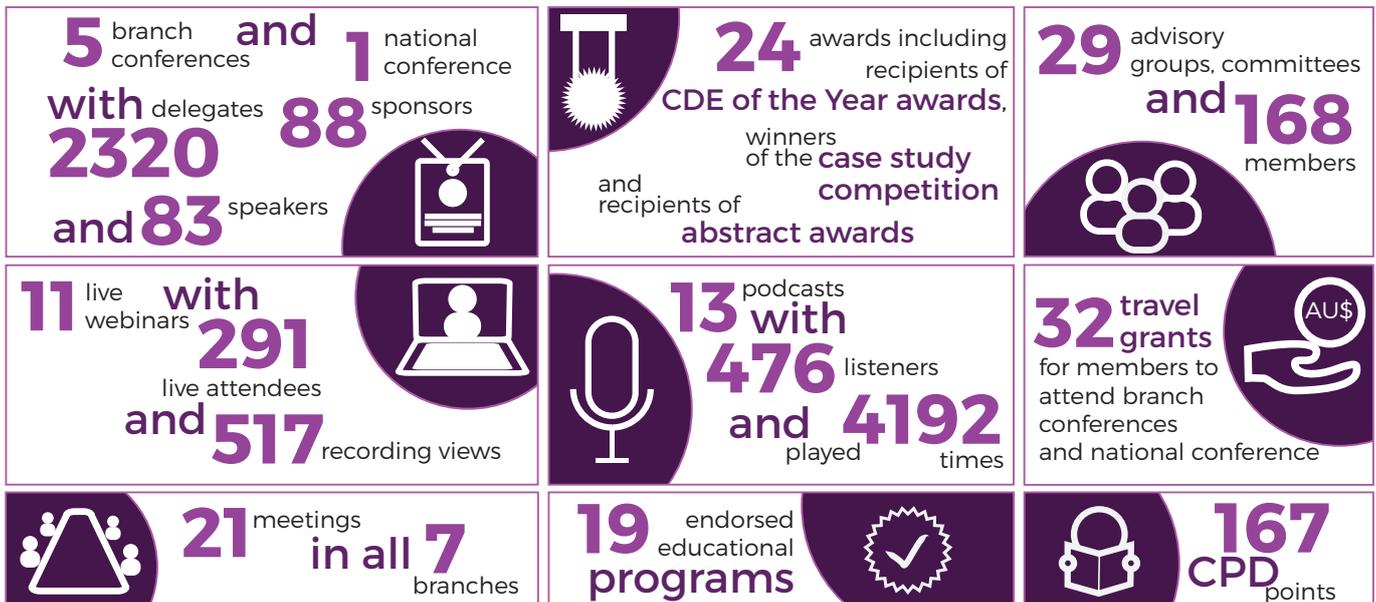
Priorities:

- > Government, policy and stakeholder advocacy to increase the awareness, utility and use of CDEs
- > Tap into our extensive outreach network
- > Provide value to our members that encourages membership growth
- > Remain at the forefront of changes and opportunities relating to diabetes education and management
- > Strengthen partnerships (2018)
- > Develop products & packages relevant to ADEA's mission (2018).

# What we do

ADEA is a member-based organisation with over 2,300 individual members and four sustaining members. ADEA credentialed over 1,300 Credentialed Diabetes Educators in Australia, the specialists in diabetes who are able to support over 1.7 million Australians with diabetes to stay well every day. ADEA also reviews educational programs developed by external organisations and endorses them for diabetes educators to complete for professional development purposes.

## ADEA in 2017-18



## Partner with ADEA today!



Advertise



Network



Educate



Communicate



Develop



Endorse

Diabetes education plays a major role in effective diabetes self-management.

Credentialed Diabetes Educators are best equipped with qualifications and expertise to help people with diabetes to live well every day. In particular, in diabetes centre in rural regional areas, CDEs can see up to 8,000 people with diabetes per month. CDEs across Australia frequently supports GPs on individualising medicines for people with diabetes on a regular basis. They are highly valued in supporting decision making to improve health outcomes for people with diabetes.



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# PRESIDENT REPORT

Report prepared by:  
**Brett Fenton, President**

This past year at ADEA has mirrored the wider society so that managing change within ADEA and its impact on ADEA has been a consideration for the board as well as for management.

We started the year with a change agenda that included:

- Preparing for changes in the board membership at the end of this year
- Changes in staffing at National Office
- Funding a major upgrade of the ADEA website
- Monitoring opportunities for new technology
- Monitoring the potential impact of cyber security and privacy issues from the external environment
- Guiding broader national and international alliances.

As the year progressed, there was an opportunity to support our Indonesian colleagues, through Brawijaya University, to develop a course in diabetes. Our Former President Giuliana Murfet and CEO Dr Joanne Ramadge worked with Barwijaya to help them achieve their goal. This resulted after developing a relationship with the University some years ago. We are now looking to engage with Chinese colleagues to support their approach to diabetes education.

The board has sought to strengthen alliances and increase collaboration with the Australian Diabetes Society with both the ADEA and ADS boards requesting both CEOs identify 3-4 collaborative projects. The collaborative projects will include:

- Developing joint position statements
- Developing joint educational and award events and these are in the planning stages
- Continued collaboration in the annual conference, now titled the Australasian Diabetes Congress, with program development well underway

Giuliana Murfet finished her term on the board and as President after nine years, making a significant contribution to ADEA and its members. I was elected President in February 2018, Nicole Frayne as Vice President and Heike Krausse retained the Finance Director position. The board set about planning for other changes when three directors' terms end in August 2018, by reviewing skills sets of the board directors and identifying gaps so that we could target new directors to provide the skills required. This

planning resulted in the nomination and election of two very experienced CDE directors, Helen Phelan and Ann Bush, who will replace Libby Bancroft and Heike Krausse. Steven Brett, one of our first independent directors will be stepping down in August 2018 after six years on the board and a recruitment process began early this year, again targeting people with specific skills and experience. Our newly elected independent director Maria Maieli has extensive finance and accounting experience and will commence on the board at the end of August 2018. I would like to thank Libby, Heike and Steve for the significant contributions they have made during their terms on the board.

The very heartening thing about the board renewal process has been the unprecedented high level of interest from very experienced CDEs with eight people nominating for the CDE director positions. We also received thirteen applications from very well qualified professionals for the independent director position. This speaks to the level of recognition and value of ADEA.

The board agreed to fund the development of a new website that brings the newest technical advances to ADEA National Office and its members. The new website will be completed later in 2018. Changes in technology, together with the opportunities and threats they bring, are an ongoing area for monitoring by the board, with upgrades made to our internet and technological security across the organisation.

The board has again approved financial support for the ADEA Diabetes Research Foundation to fund research grants and research fellowships that will help the foundation to achieve its goal which is to 'help people with diabetes to live well every day'.

The board's role includes monitoring, setting strategic direction and resourcing the work that needs to be undertaken by staff. Although still in the first year of the Strategic Plan 2017-2020, the board reviewed the strategic direction and identified strengthening some areas including member support, use of data and ADEA's product development. The board will continue to review ADEA's strategic direction especially in light of the rapid changes to the external and political environments. The board has agreed to invest in additional staff and resourcing to achieve the strategic objectives it has set and therefore has approved a deficit budget for the coming year.

This year, I am pleased to report that ADEA has

# PRESIDENT REPORT

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increased its profit against budget, while achieving its objectives as identified in the CEO's business plan 2017-18. ADEA's financial performance and position is outlined in the audited financial statement and in the Finance Director's report. We have good financial reserves, which all organisations need to have and will use some of these reserves to fund growth in ADEA this year.

The focus for the coming year is to continue as planned, enabling work identified in the Strategic Plan whilst monitoring the need for change. A significant part of new work will be aimed at better supporting members.

I would like to thank our CEO Dr Joanne Ramadge and the staff from National Office for their tireless work to support our organisation and members. I would like to thank our sponsors who ensure that we can provide high quality educational programs for our members which results in improved care for people with diabetes. Thank-you to our CDE and independent directors for providing their expertise and oversight in developing and guiding strategic directions for ADEA to be successful in its mission 'to lead and advocate for best practice diabetes education and care'.

# CEO REPORT

Report prepared by:

**Dr Joanne Ramadge, CEO**

The Annual Report documents activities and outcomes against the Strategic Plan 2017-20. Key performance indicators set by the Board for 2017-18 have been met.

Over the first year of the strategic plan, ADEA developed strength in organisational management, governance, systems and processes and gained ISO 9001-2015 certification. In addition, ADEA has improved IT infrastructure and manages many processes electronically. The hard work of the ADEA team over the last few years provides a strong platform on which to implement the new Strategic Plan.

Building on this platform, ADEA, in conjunction with Coresoft, is developing a new website that aims to be operational in October 2018. This will further automates features, provides a modern professional look and functionality to our website, making it easier to navigate. Members will be kept informed of progress.

The board reviewed strategic priorities in the context of the Strategic Plan 2017-20 in February and March 2018. The priorities identified in that process include strengthening partnerships, product development, continuing to support research, further developing brand and strengthening a focus on data needs. Operationalising these areas has commenced with data collection and a stronger social media presence and will be included in the business plan for 2018-19.

A key priority for ADEA is always its members and we are reviewing initiatives to further support members, beginning with webinars for student members and new members planned for July 2018.

Other new activities have included planning for the first tweet chat scheduled for July 2018. If this is successful, other topics will be planned for the coming year. We have had a great response to webinars and podcasts with Jan Alford expertly guiding presenters through clinical issues and Q&As.

A membership survey was undertaken this year with an amazing participation rate of 814 responses. The analysis is being finalised and will be available to members in July-August 2018. The results will contribute to stronger membership engagement across all our activities for the coming year.

Projects we finalised this year included three e-learning modules for diabetes educators, nurses and aged care workers, working in aged care settings and the Core Competencies for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners in partnership with Indigenous Allied Health Australia

(IAHA) and the National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA), which Minister Wyatt launched at Parliament House in March 2018.

The Minister for Health, Greg Hunt approved funding of \$6.2m dollars over two years to support improved outcomes for children with diabetes in schools. ADEA initiated and led the funding submission. The work will commence in earnest in 2018-19 in partnership with Diabetes Australia, Australian Diabetes Society and the Australian Paediatric Endocrine Group. An early piece of work ADEA commissioned for this project reviewed the legal framework that applies to insulin administration in schools that will inform ongoing work in this area over the next two years.

The Diabetes in Pregnancy Special Interest Group initiated the development of a position statement on gestational diabetes mellitus (GDM) in partnership with Diabetes Australia. The Statement is being finalised.

These activities underpin ADEA advocacy work in the areas of diabetes in schools, a Medicare item for CDE services for women with GDM and greater recognition for CDEs. There is still a great deal of work to do in 2018-19 and is being planned.

Our staffing has remained relatively stable this year although we saw Melissa Wiggan standing in for Aneesa Khan, our longest serving staff member who took maternity leave from April. Katy Robinson, whom many of you in the branches know, will take extended leave to travel with her family to the UK for six months. We also welcomed Samantha Swales to a new role as Project Manager for the Diabetes in Schools project, funded through the NDSS.

Membership continues to grow with a 6.75% increase in new CDEs and a 3.15% growth in membership overall. Planning is underway to support student and new members particularly and our ongoing CDEs and members with activities tailored to those particular groups of members.

As you will see from the audited financial statements, ADEA remains in a strong financial position with a net profit of \$233,107 at 30 June against a budgeted forecast of \$14,940. This profit was realised after continuing financial support for the ADEA Diabetes Research Foundation (ADRF).

# CEO REPORT

Other activities and outcomes this year include:

- Ongoing planning and developing the program for the Australasian Diabetes Congress (ADC), previously known as the ADS-ADEA Annual Scientific Meeting
- Supported five successful branch conferences and two branch education days with an overall increase in delegates and profits
- A review of the diabetes content in undergraduate nursing degrees that will lead to development of a standards framework for all nurses. This work is continuing.
- Completion of a manual for those who are exploring private practice
- Review and major re-structure of the National Competencies for CDEs
- Review of the Injection Technique Guidelines
- Tighter initial credentialing application processes – referee report based on revised competency document, 1000 hours of practice log book, inclusion of endorsed CPD points
- Review of university accreditation guidelines and development of student competency work book for all universities
- Ongoing review of Endorsement Program, revised fees and guidelines for short courses
- Collaboration with and sharing of CPD activities
- Develop three new webinar series through sponsorship
- Supported funding programs through the ADEA Diabetes Research Foundation and funded two new research projects under the Research Grant programs.
- Supported the ADRF activities, management and fundraising
- Gained continued sponsorship for CDE of the Year award program and Case study competition.

This coming year, 2018-19, we need to continue our focus on members in everything we do and enhance all our membership activities. Each of the priorities and associated actions in our Strategic Plan 2017-20, particularly strengthening direct NO support for members, branch activities and new member engagement will contribute to this. Increasing CDE recognition through continuing and new partnerships, product development, CDE packaging, brand, marketing and social media including a stronger engagement with sponsors will further support members.

I would like to thank our members for their work to support ADEA throughout the year, especially those who give their time and expertise on our committees. These members do so voluntarily and through their work support all members.

Sincere gratitude goes to our sponsors and partners who have supported ADEA for many years and continue this support in changing financial times.

I would especially like to acknowledge the work of the staff at National Office, who work tirelessly to assist members and enhance their experience as a member of ADEA.

# GOVERNANCE

## Complaints Committee

Report prepared by:

**Nicole Frayne and Dr Joanne Ramadge**

### Members

- Nicole Frayne, NSW, Chair
- Amanda Bartlett, NSW
- David Bartlett, Independent
- Yvonne Elliott-Kemp, QLD
- Kieran Miller, Independent Term ended
- Denise Smith, WA
- Rachel Woods, SA
- Joanne Ramadge/Aneesha Khan, Secretariat, NO

### Key activities and achievements 2017-18

The purpose of the Complaints Committee is to address complaints made against any members related to the Code of Conduct. The process and requirements for the Complaints Committee are identified in the ADEA Constitution, 2015 and By-law 5.

According to By-law 5, the Vice President chairs the Complaints Committee. So when Nicole Frayne took on the Vice President's role in February 2018, she became the new chair. The independent member, Jessica Miller stepped down as she was recruited to the ADEA Board and Kieran Miller was recruited as an independent member on the Complaints Committee in September 2017.

One complaint was received by the President who identified that in keeping with clause 3.1 the complaint did not constitute a significant issue that the Committee should consider.

## Governance Committee

Report prepared by:

**Jessica Miller, Chair**

### Members

- Jessica Miller – Independent Board Director commenced as Chair in February 2018
- Derek Finch – Independent Board Director commenced in February 2018
- Steve Brett – Independent Board Director commenced in February 2018
- Libby Bancroft – CDE Board Director commenced in February 2018
- Dr Joanne Ramadge – CEO and Secretary of the Committee.

### Key activities and achievements 2017-18

The purpose of the Governance Committee is to ensure that the board fulfils its legal, ethical, and functional responsibilities through adequate governance policy development, recruitment strategies, training programs, monitoring of board activities, and evaluation of board members' performance.

The newly convened Governance Committee replaces the previous Nominations and Governance Committees. This committee first met in April 2018 and agreed the Committee Terms of Reference (ToR) for recommendation to the Board. The Board approved these ToR in May 2018.

The Committee met again in June 2018 to shortlist candidates for the Independent Director role that will become available in August 2018. Interviews for that position will be conducted by two members of the Governance Committee in July 2018.

### Plan for 2018-19

The Committee will make a recommendation to the Board regarding the proposed successful applicants for the independent Director position. The Committee will conduct a gap analysis on organisational policies and will review a sample of policies to ensure currency with local laws and best practice principles, and plan for the evaluation of the Board in FY 18/19.

### Acknowledgements:

## GOVERNANCE

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I would like to acknowledge the support of the other Board Directors and National Office staff, and Dr Joanne Ramadge for her support in driving a strong governance framework within ADEA.

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**Australian Diabetes Educators'  
Association Limited**

**ABN: 65 008 656 522**

**Annual report  
for the year ended  
30 June 2018**

## **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 2018.

### **Board Directors**

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

<b>Brett Fenton</b>	President from 26 February 2018
<b>Nicole Frayne</b>	Vice President from 26 February 2018
<b>Heike Krausse</b>	Resigned Finance Director - Term two - 30 August 2018
<b>Derek Finch</b>	Commenced Term one - 28 July 2017
<b>Jessica Miller</b>	Commenced Term one 9 March 2017
<b>Giuliana Murfet</b>	Resigned President 26 August 2016 – 22 February 2018
<b>Tracey Tellam</b>	Commenced Term one 26 August 2016
<b>Libby Bancroft</b>	Resigned - Term two ends 30 August 2018
<b>Steven Brett</b>	Resigned - Term two ends 30 August

### **Principal Activities**

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

- to promote best practice in diabetes education and care;
- to promote research related to diabetes education and management.

### **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 2018 is \$236,667 (2017: \$107,310 loss).

## **BOARD REPORT**

### **Information on Directors**

<b>Brett Fenton Qualifications Experience</b>	2018 – ADEA Board President 2014 – Commenced Term one ADEA Board Director 2002 – Graduate Certificate of Diabetes Education Deakin University Geelong 1999 – Bachelor of Nursing, Australian Catholic University, Aquinas Campus Ballarat
<b>Nicole Frayne Qualifications Experience</b>	2018 – ADEA Board Vice President 2013 – Commenced term one ADEA Board Director 1997 – 2014 Professional Development Assurance Program 1997 – 2014 Australian Association of Consultant Pharmacy 2013 – DESMOND training 2012 – ADEA Initial Credentialling 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 1996 – Postgraduate in Nutrition, Queensland University 1989 – Bachelor of Pharmacy Curtin University
<b>Heike Krausse Qualifications Experience</b>	2016 – 2018 ADEA Finance Director 2016 – Commenced term two ADEA Board Director 2013 – Commenced term one ADEA Board Director 2018 – Health Needs of Aboriginal and Torres Strait Islanders. Queensland University of Technology. 2017 – FADEA 1999 – Credentialed Diabetes Educator 2012 – 2015 – Royal Brisbane Women's Hospital/Metro North Health Service initial credentialling and clinical privilege 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 1984 – Matriculated Canterbury University - Bursary Christchurch New Zealand
<b>Derek Finch Qualification Experience</b>	2017 – Commenced Term one ADEA Board Director 2016 – Manager Optus Business Services Desk 2012 – 2014 – National Contact Centre Manager Bureau of Meteorology 2008 – 2012 – Head of Customer Operations Kidney Health Australia 2004 – 2008 – National Call Centre Manager Heart Foundation 2002 – 2004 – Great Southern Railways 1995 – 2003 - Call Centre Manger roles 1987 – 1994 - Management roles 1984 – Tottenham College of Technology - Professional Qualification of Royal Institute of Housing

The accompanying notes form part of these financial statements.

**BOARD REPORT**

<b>Jessica Miller Qualifications Experience</b>	2018 – Commenced term one ADEA Independent Board Director 2014 – Bachelor of Laws (Hons 1), University of Sydney 2008 – Bachelor of Business (Accounting major), University of Technology Sydney 2008 – Bachelor of Laws, University of Technology Sydney Admitted to practice as a lawyer in the Supreme Court of NSW and the High Court of Australia
<b>Giuliana Murfet Qualifications Experience</b>	2016 - 2018 – ADEA Board President 2009 – 2018 – ADEA Board Director 2016 – Ongoing: PhD Candidate Deakin University 2008 – Master of Science, Curtin University 2009 – Master of Nursing (Nurse Practitioner), Curtin University 2003 – Post Graduate Dip in Health Sciences (Diabetes Education), Curtin University 1997 – Diploma in Frontline Management, University of Tasmania 1993 – Bachelor of Nursing, University of Tasmania 1994 – 1998 – ADEA Editorial Committee 1993 – ADEA National Certificate of Recognition/CDE status ongoing since 1993 – 1994 – Tasmanian Representative to the National Council of ADEA 1992 – 1994 – ADEA Branch Secretary
<b>Tracey Tellam Qualifications Experience</b>	2016 – Commended term one ADEA Board Director 2005 – CDE with ADEA 2004 – Nurse Immunizer – Australian catholic University 2002 – Post Graduate Certificate of Advanced Nursing – Emergency, Austin Hospital and La Trobe University 2001 – Post Graduate Certificate of Diabetes Education, Mayfield Education Centre 1982 – Registered Nurse Training
<b>Libby Bancroft Qualifications Experience</b>	2016 – Commenced term two ADEA Board Director 2014 – People Managing/Managing Teams 2013 – Commenced term one ADEA Board Director 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

The accompanying notes form part of these financial statements.

**BOARD REPORT**

**Steven Brett**  
**Qualifications**  
**Experience**

2015 - Commenced term two ADEA Board Director  
2012 - Commenced term one ADEA Board Director  
2013 - Bachelor of Applied Management  
2009 - 2012 - National Client Service Manager Rockland  
Technology  
2009 - Advanced Diploma in Business Management  
2006 - 2011 - Treasurer and Chairperson Bidjigal Reserve Trust  
2008 - Cert IV in Training & Assessment  
2005 - 2006 - Real Estate & Strata Licence & CPD Leverage  
Australia  
2004 - Advanced Diploma in Property  
2003 - Cert IV in Assessment and Workplace Training  
2000 - 2006 - Business Management Sales, Property Management  
Property Plus  
1999 - 2000 - Sales Manager Century 21 Real Estate  
1999 - Diploma in Business Management

## **BOARD REPORT**

### **Meetings and Attendances of Directors**

<b>Directors</b>	<b>No. eligible to attend</b>	<b>No. attended</b>
Brett Fenton	5	5
Nicole Frayne	5	5
Heike Krause	5	4
Derek Finch	5	4
Jessica Miller	5	4
Giuliana Murfet	3	3
Tracey Tellam	5	4
Libby Bancroft	5	4
Steven Brett	5	3

### **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. Set national standards for diabetes education and benchmark excellence in diabetes education and care;
4. Directly influence the Federal Governments health agenda;
5. Strengthen ADEA's research contribution; and
6. Strengthen management systems.

### **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;
5. Support the ADEA Diabetes Research Foundation; and
6. Gaining ISO certification in quality management systems.

### **How Principal Activities Assisted in Achieving the Entity's Objectives**

1. Strengthened member engagement through branch conferences and branch meetings
2. Developed and conducted a range of educational offerings to members and non-members
3. Revised credentialling and re-credentialling processes to improve efficiency and effectiveness for members
4. Managed a successful annual conference in 2017.

## BOARD REPORT

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

5. Improved member professional development opportunities through the better use of technology;
6. Supported the establishment of the ADEA Diabetes Research Foundation;
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 overtime;
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-Profits Commission Act 2012 (ACNC Act) is set out on Page 7.

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 2018, the total amount that members of the Association are liable to contribute if the company is wound up is \$109,750 (2017: \$107,750).

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



Chairperson: Brett Fenton



Director: Heike Krausse

Dated this 25 day of July 2018.



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: 65 008 656 522

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2018 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: 25 July 2018

**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 2018**

	Note	2018 \$	2017 \$
Revenue from Continuing operations	2	2,046,139	2,002,357
Staff costs		(639,889)	(688,474)
Operating expenses		(194,582)	(214,946)
ADEA products and general expenses		(58,620)	(122,685)
Meeting and travel		(75,496)	(69,062)
Branch meeting expenses		(5,669)	(8,355)
Branch conferences costs		(110,621)	(95,780)
Branch travel grants		(4,250)	(7,450)
Financial and Legal		(117,818)	(98,336)
Subscription memberships		(16,087)	(16,830)
NDSS expenses		(377,121)	(453,089)
MESAC expenses		(45,437)	(52,215)
Project expenses		<u>(95,952)</u>	<u>(82,445)</u>
Profit / (Loss) for the year before Donations		<u>304,597</u>	<u>92,690</u>
Donation to ADEA Diabetes Research Foundation		<u>(67,930)</u>	<u>(200,000)</u>
Profit / (Loss) for the year		<u>236,667</u>	<u>(107,310)</u>
Other comprehensive income for the year		<u>-</u>	<u>-</u>
<b>Total Comprehensive Income For The Year</b>		<u>236,667</u>	<u>(107,310)</u>
<b>Total Comprehensive Income Attributable To Members Of The Entity</b>		<u>236,667</u>	<u>(107,310)</u>

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

**Statement of Financial Position**  
**as at 30 June 2018**

	Note	2018 \$	2017 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	<b>5</b>	615,421	925,674
Trade and other receivables	<b>6</b>	107,032	50,865
Other current assets	<b>7</b>	5,702	27,755
Other financial assets	<b>8</b>	<u>2,640,645</u>	<u>2,081,130</u>
<b>TOTAL CURRENT ASSETS</b>		<u>3,368,800</u>	<u>3,085,424</u>
<b>NON-CURRENT ASSETS</b>			
Intangibles	<b>9</b>	<u>15,012</u>	<u>-</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>15,012</u>	<u>-</u>
<b>TOTAL ASSETS</b>		<u>3,383,812</u>	<u>3,085,424</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	<b>10</b>	158,713	127,854
Other current liabilities	<b>11</b>	<u>421,169</u>	<u>386,905</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>579,882</u>	<u>514,759</u>
<b>NON-CURRENT LIABILITIES</b>			
Long-term provisions	<b>12</b>	<u>19,506</u>	<u>22,908</u>
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>19,506</u>	<u>22,908</u>
<b>TOTAL LIABILITIES</b>		<u>599,388</u>	<u>537,667</u>
<b>NET ASSETS</b>		<u>2,784,424</u>	<u>2,547,757</u>
<b>EQUITY</b>			
Retained Earnings		<u>2,784,424</u>	<u>2,547,757</u>
<b>TOTAL EQUITY</b>		<u>2,784,424</u>	<u>2,547,757</u>

**Australian Diabetes Educators' Association Limited**  
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**Statement of Changes in Equity**  
**for the year ended 30 June 2018**

	<b>Retained Earnings</b>	<b>Total \$</b>
<b>Balance at 1 July 2016</b>	2,655,067	2,655,067
Total comprehensive income for the year	<u>(107,310)</u>	<u>(107,310)</u>
<b>Balance at 30 June 2017</b>	<u>2,547,757</u>	<u>2,547,757</u>
Total comprehensive income for the year	<u>236,667</u>	<u>236,667</u>
<b>Balance at 30 June 2018</b>	<u>2,784,424</u>	<u>2,784,424</u>

**Australian Diabetes Educators' Association Limited**  
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**Statement of Cash Flows**  
**for the year ended 30 June 2018**

	<b>Note</b>	<b>2018</b> \$	<b>2017</b> \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from members and customers		2,081,204	2,030,834
Payments to suppliers and employees		(1,928,624)	(2,218,599)
Dividends received		109,983	82,785
Interest received		<u>14,804</u>	<u>6,619</u>
Net Cash inflow/(outflow) from operating activities		<u>277,367</u>	<u>(98,361)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Receipts from Investments		-	112,387
Payments for Intangibles		(15,012)	-
Payments for Investments		<u>(572,608)</u>	<u>-</u>
Net cash (outflow) / inflow from Investing activities		<u>(587,620)</u>	<u>112,387</u>
Net (Decrease) / Increase in cash and cash equivalents		<u>(310,253)</u>	<u>14,026</u>
Cash at the beginning of the financial year		<u>925,674</u>	<u>911,648</u>
Cash and cash equivalents at end of year	<b>5</b>	<u>615,421</u>	<u>925,674</u>

**Australian Diabetes Educators' Association Limited**  
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**Notes to the financial statements**  
**for the year ended 30 June 2018**

**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) and the *Australian Charities and Not-for-profits 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).

**Australian Diabetes Educators' Association Limited**  
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**Notes to the financial statements**  
**for the year ended 30 June 2018 (cont'd)**

**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.

**Australian Diabetes Educators' Association Limited**  
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**Notes to the financial statements**  
**for the year ended 30 June 2018 (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 as "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 to avoid an accounting mismatch or to enable performance evaluation where a group

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**Notes to the financial statements**  
**for the year ended 30 June 2018 (cont'd)**

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 with 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.

**Australian Diabetes Educators' Association Limited**  
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**Notes to the financial statements**  
**for the year ended 30 June 2018 (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.

**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

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**Notes to the financial statements**  
**for the year ended 30 June 2018 (cont'd)**

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**

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.

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**Notes to the financial statements**  
**for the year ended 30 June 2018 (cont'd)**

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.

Credentiailling 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 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

**Australian Diabetes Educators' Association Limited**  
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**Notes to the financial statements**  
**for the year ended 30 June 2018 (cont'd)**

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 2018 are receivables over ninety days past due amounting to \$1,699 (2017: \$14,389). The Association considers that a portion of these are uncollectible and therefore a provision for impairment of \$1,452 has been made at 30 June 2018.

**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*

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**Notes to the financial statements**  
**for the year ended 30 June 2018 (cont'd)**

*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.

*Adoption of new Australian Accounting Standard requirements*

Australian Accounting Standards and Interpretations issued or amended that are applicable to the current reporting period did not have a financial impact in the financial statements or performance of the Company, and are not expected to have a future financial impact on the Company.

*Future Australian Accounting Standard requirements*

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet effective have not been adopted by the Company for the annual reporting period ended 30 June 2018. It is anticipated that the new requirements will have no material financial impact on future reporting periods.

The financial statements were authorised for issue on 25 July 2018 by the Board of Directors of the Association.

**Australian Diabetes Educators' Association Limited**  
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**Notes to the financial statements**  
**for the year ended 30 June 2018**

	<b>2018</b>	<b>2017</b>
	\$	\$
<b>Note 2: Revenue</b>		
From continuing operations:		
Memberships	582,949	554,442
Credentialing	106,409	94,714
Endorsements	19,705	13,805
NDSS allocation	522,491	505,405
Conference ASM	283,564	303,944
Branch Revenue	282,267	231,750
Magazine, publications and advertising	24,823	89,781
Grants, awards and sponsorship Income	88,787	66,390
Other revenue	22,923	26,089
	<u>1,933,918</u>	<u>1,886,320</u>
Non-operating activities:		
Dividends	109,983	82,785
Interest and Investment Income	15,331	6,619
Revaluation of Investments	(13,093)	26,633
	<u>112,221</u>	<u>116,037</u>
Total Revenue and other income	<u>2,046,139</u>	<u>2,002,357</u>

**Note 3: Expenses**

Profit before Income tax includes the following specific expenses:

Amortisation expense	-	-
Rental expense on operating lease		
Minimum lease payments	21,615	16,357
Total employee benefits expense	938,034	955,537
Bad debt expense	446	-
Remuneration of auditor	12,000	11,060

**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	186,596	248,679
Post employment benefits	19,574	23,625
	<u>206,170</u>	<u>272,304</u>

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

**Australian Diabetes Educators' Association Limited**  
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**Notes to the financial statements**  
**for the year ended 30 June 2018**

	<b>2018</b>	<b>2017</b>
	\$	\$

**Note 5: Cash and Cash Equivalents**

Cash at bank and in hand	615,421	925,674
	615,421	925,674

**Note 6: Trade and Other Receivables**

CURRENT

Trade receivables	35,963	38,470
Provision for Impairment of receivables	(1,452)	(9,142)
Other receivables	72,521	21,537
	107,032	50,865

**a. Provision for Impairment of Receivables**

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

		\$
Provision for impairment as at 1 July 2016		9,142
Change for year		
Written off		
Provision for Impairment as at 30 June 2017		9,142
Change for year		-
Written off		(7,690)
Provision for Impairment as at 30 June 2018		1,452

	<b>2018</b>	<b>2017</b>
	\$	\$

**Note 7: Other Current Assets**

CURRENT

Prepayments	5,702	27,755
	5,702	27,755

**Note 8: Other Financial Assets**

CURRENT

Held-To-Maturity Investments	801,548	338,923
Financial assets at fair value through profit or loss	1,839,097	1,742,207
	2,640,645	2,081,130

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

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**Notes to the financial statements**  
**for the year ended 30 June 2018**

	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>
<b>Note 9: Intangibles</b>		
Opening net book amount	-	-
Additions	15,012	-
Disposal	-	-
Amortisation	-	-
	15,012	-
Closing net book amount	15,012	-
Cost or fair value	-	-
Less accumulated depreciation	-	-
	15,012	-
<b>Note 10: Trade and Other Payables</b>		
CURRENT		
Trade creditors and accruals	117,078	95,596
Provision for annual leave	41,635	32,258
	158,713	127,854
<b>a. Financial liabilities at amortised cost classified as trade and other payables</b>		
Trade and other payables:		
— total current	<b>Note</b> 158,713	127,854
Less: Government taxes	(38,415)	(24,452)
Less: Provision for annual leave	(41,635)	(32,258)
Less: Employee benefit payables	(33,437)	-
	45,225	71,144
Financial liabilities as trade and other payable	<b>17</b> 45,225	71,144
<i>Collateral pledged</i>		
No collateral has been pledged for any of the trade and other payable balances.		
<b>Note 11: Other Liabilities</b>		
CURRENT		
Membership fees received in advance	265,380	276,363
Unexpended grants	130,289	67,042
Accreditation	25,500	43,500
	421,169	386,905
<b>Note 12: Provisions</b>		
NON CURRENT		
Employee benefits - long service leave	19,506	22,908
	19,506	22,908

**Australian Diabetes Educators' Association Limited**  
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**Notes to the financial statements**  
**for the year ended 30 June 2018**

**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: Nil

**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.

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**Notes to the financial statements**  
**for the year ended 30 June 2018**

**Note 16: Related Party Transactions**

The ADEA Board also approved a facility for the ADEA Diabetes Research Foundation (ADRF) for \$180,000 (2017: \$180,000) for research grants. The facility is provided to fund research grant up to \$180,000 (2017: \$180,000) for the financial year. The facility is drawn upon to meet research grant payments not funded through ADRF generated revenue. In 2018 \$67,930 has been provided for payments (2017: \$180,000). In 2017 the ADEA Board also provided \$20,000 to the ADRF for operational funding purposes.

The ADEA has provided a loan to the ADRF for funding operational activities. The loan balance outstanding at 30 June 2018 is \$22,521 (2017: \$21,537). The loan is provided interest free and is at call. During 2018 the ADRF has made repayments of \$10,000. Additional amounts provided to the ADRF during 2018 \$973 operating expenses and \$10,011 loss on Art Union raffle (2017: \$3,804).

The ADEA underwrites any losses incurred by the ADRF for Art Union raffle fund raising activities. Losses that are incurred by ADEA are recognised as a loan owing from the ADRF. The loss incurred for the 2018 year was \$10,011 (2017: \$3,804).

The ADEA provides administration services to the ADRF free of charge.

Honorariums paid to Directors' of ADEA for 2018 was \$5,000 (2017: \$5,000).

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**Notes to the financial statements**  
**for the year ended 30 June 2018**

**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	2018 \$	2017 \$
<b>FINANCIAL ASSETS</b>			
Cash and cash equivalents	<b>5</b>	615,421	925,674
Trade and other receivables	<b>6</b>	107,032	50,865
Financial assets at fair value through profit or loss	<b>8</b>	1,839,097	1,742,207
Held-To-Maturity investments	<b>8</b>	<u>801,548</u>	<u>338,923</u>
<b>TOTAL FINANCIAL ASSETS</b>		<u>3,363,098</u>	<u>3,057,669</u>
<b>FINANCIAL LIABILITIES</b>			
Financial liabilities at amortised cost			
– Trade and other payables	<b>10a</b>	<u>45,225</u>	<u>71,144</u>
<b>TOTAL FINANCIAL LIABILITIES</b>		<u>45,225</u>	<u>71,144</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.

**Note 18: Entity Details**

The registered office and principal place of business of the entity is:  
 Australian Diabetes Educators' Association  
 Unit 6 70 Maclaurin Crescent  
 Chifley ACT 2606 Australia

## 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 8 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 2018 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 25 July 2018.

Signed in accordance with a resolution of the directors:



Chairperson: Brett Fenton



Director: Heike Krausse



Chartered Accountants

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

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

**Opinion**

We have audited the financial report of Australian Diabetes Educators' Association Limited ("the Company") which comprises the statement of financial position as at 30 June 2018 the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with Division 60 of the *Australian Charities and Not-for-profits Act 2012*, including:

- a) giving a true and fair view of the Company's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

**Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* ("the Code") that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Act 2012*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's Report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

***Responsibilities of the Directors 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 Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

***Auditor's Responsibilities for the Audit of the Financial Report***

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit.

We identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

We obtain an understanding of internal control relevant to the audit 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.

We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

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

We conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

We evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.



**Bandle McAneney & Co**



**Anthony J Bandle**  
**Partner**  
**Canberra:**

**Dated: 25 July 2018**

# ADEA DIABETES RESEARCH FOUNDATION

Report prepared by:  
**Vy Le**

## Board members

- Steven Brett, Chair
- Robert Biancardi
- Prof Patricia Dunning
- Kristin Meagher

## Key activities and achievements 2017-18

### Research Grants

The ADRF Research Grant program is designed for researchers, academics and student researchers from Australian universities and research institutes who are working with CDEs and people with diabetes on research projects that aim to improve diabetes care, management and education.

Grants of up to \$60,000 are being offered for a maximum 12 month period.

In 2017, ADRF received 28 expressions of interest for the Research Grants program. After the independent peer review conducted by the Review Panel, the ADRF Council decided a cut-off score after which they invited five projects to submit full applications.

A webinar was conducted for successful applicants in which members of the Council provided them with more information on how to complete the full application. The 2016 recipients also presented their experience and shared some useful tips in their application process.

Two projects were at the end recommended by the Council for the ADRF Board's consideration for funding:

- Do names really hurt? By Dr Linda Beeney, University of Sydney
- Emotional health issues in adults with diabetes by Dr Christel Hendriekx, Deakin University

The ADRF Board approved funding for both projects.



### Research Fellowship

The ADRF Research Fellowship was established to attract outstanding recent university graduates to further their research in diabetes education and care. The program aims to develop capacity in research and evidence-based practice and is designed for ADEA members who want to work within universities and research institutes on a research project. It can be part of post-doctoral research or a master degree to build capacity in conducting research.

The program offers a grant of up to \$60,000 for one year, or pro rata equivalent for up to two years, postgraduate fellowship, with the aim of developing capacity in research and evidence-based practice.

Two applications were received for the Research Fellowship program but none were funded and the Council decided to postpone the program in 2017.

### Plan for 2018-19

#### Research Grants

In 2018, priority will be given to the best quality applications that reflect the following priorities:

- Technology use in diabetes education and management
- Medication management and/or quality use of medicine
- Impact of models of care on diabetes outcomes
- Non-medical prescribing.

# ADEA RESEARCH FOUNDATION

## Acknowledgement

ADRF would like to acknowledge the expertise and guidance from the following members of the Council:

- Professor Trisha Dunning, Chair
- Professor Peter Colman
- Professor Sophia Zoungas
- Professor Ines Krass
- Adjunct Associate Professor Marg McGill AM

ADRF would like to acknowledge the generous contributions from the following members of the Review Panel:

- Dr Helen Barraclough, Eli Lilly (NSW)
- Ms Sharon Boxall, Curtin University and The Heart Research Institute, Sir Charles Gairdner Hospital (WA)
- Professor Elizabeth Denney-Wilson, University of Sydney (NSW)
- Ms Therese Fletcher, RN-CDE, Macarthur Diabetes Service/Endocrinology (NSW)
- Ms Louise Ginnivan, RN-CDE, University of Melbourne (VIC)
- Ms Virginia Hagger, RN-CDE, MPH, PhD Candidate, Australian Centre for Behavioural Research in Diabetes and Deakin University (VIC)
- Dr Sheikh Mohammed Shariful Islam, MBBS, MPH, MHR, PhD, Research Fellow, The George Institute for Global Health (NSW)
- Professor Dianna Magliano, Baker Heart and Diabetes Institute (VIC)
- Dr Anne Marks, RN-CDE, Western Sydney University (NSW)
- Dr Kate Marsh, PhD, MNutrDiet, BSc, Grad Cert Diab Edn & Mgt, AdvAPD-CDE (NSW)
- Ms Patricia Marshall, APD-CDE, Curtin University (WA)
- Dr Duane Mellor, Coventry University (UK)
- Ms Rebecca Munt, RN, BN (Hons), Grad Cert in Ed (Higher Ed), PhD candidate, MACN, Lecturer in Nursing, Flinders University (SA)
- Professor Cate Nagle, James Cook University (QLD)
- Professor Christopher Nolan, PhD, FRACP, Director of Endocrinology, ACT Health and ANU Medical School (ACT)

- Dr Sharleen O'Reilly, AdvAPD, PhD, Assistant Professor in Human Nutrition and Food Science, University College Dublin (Ireland)
- Ms Helen Phelan, RN-CDE, John Hunter Children's Hospital (NSW)
- Professor Jane Phillips, RN, PhD, FACN, Professor Nursing, University of Technology Sydney (NSW)
- Dr Ramesh Poluru, The Inclen Trust International (India)
- Professor Bodil Rasmussen, RN-CDE, Deakin University (VIC)
- Dr Sean Taylor, Torres and Cape Hospital and Health Service (QLD)

# COMMITTEES, ADVISORY GROUPS AND SPECIAL INTEREST GROUPS

## Course Accreditation and Standards of Practice (CASP) Committee

Report prepared by:  
**Karen Crawford, Chair**

### Members

- Amy Cowan
- Michelle Culhane
- Prof Patricia Dunning
- Rachel Freeman (National Office)
- Kylie Mahony
- Patricia Marshall
- Sophie McGough
- Elizabeth Obersteller
- Celestina Shori

### Key activities and achievements 2017-18

In anticipation of the upcoming full graduate certificate course reaccreditation cycle, much work has been done to review and update the structure of all components of the accreditation and reporting system.

Newly revised guidelines have been created for what will now be three course accreditation stages:

- Initial Accreditation (once only for new courses)
- Reaccreditation (every three years for existing courses). Annual reports for all courses between reaccreditation. In conjunction with this, a comprehensive review of student clinical placement has been undertaken in consultation with University Course Coordinators, ADEA members and recent course graduates. As a result,

a standard approach to student placement has been developed with consistency of use required across all courses. All courses and students will now be required to use the ADEA developed booklet, and all students will now have the same expectations for clinical placement experience regardless of the university and course they are enrolled in.

### Plan for 2018-19

The new clinical placement documentation will be launched at the ADC in August, and implementation across all courses will commence in the 2019 academic year. Ongoing evaluation of this system and resource will be undertaken by CASP during 2019-20.

All seven currently accredited courses will be submitting their applications for ongoing reaccreditation in September 2019, and the CASP committee will be busy assessing each of these.

There are a number of new course coordinators who have been appointed over the last year, and the CASP committee is dedicated to supporting them in their new roles and the work they do to ensure the next generation of diabetes educators receive the training befitting our profession.

### University Course Advisory Representative Committee

- Wendy Bryant, NSW, University of Technology Sydney
- Kirrily Chambers, SA, Flinders University
- Caroline Ford, WA, Curtin University
- Louise Ginnivan, VIC, Mayfield
- Achamma Joseph, QLD, James Cook University
- Carolyn Judge, NSW, University of Technology Sydney
- Wendy Livingstone, NSW, Southern Cross University
- Michelle Robins, VIC, Deakin University

### Acknowledgements

We are grateful to the two retiring committee members Sara Jones (resigned November 2017) and Nicole Frayne (resigned March 2018) for their expert contributions during their time of involvement, and warmly welcome the five new members who bring with them fresh input and enthusiasm. We are pleased to now have a full complement of committee members.

# Editorial Advisory Group (EAG)

Report prepared by:  
**Dr Kate Marsh, Chair**

## Members

- Penny Barker
- Nicole Duggan
- Anne Marks
- Michelle Robins

## Key activities and achievements 2017-18

- Moved to a digital-only publication from March 2018, allowing members to read articles on any digital device and also to print, share and comment on articles as well as being able to browse or search for past articles. This has also reduced the workload of the EAG and the ADE production team, allowing them to focus efforts on the content of the ADE and improving the online platform.
- Production of four themed editions (Diabetes-Related Complications, Rural & Remote Diabetes, Practice Essential and our second ASM-themed edition), with positive feedback from members.
- Feedback from reader survey has been used in planning content for the ADE, including choice of the themes for each edition.

## Plan for 2018-19

- Recruit a new EAG member, following the resignation of Daisy Do in June 2018
- Continue quarterly themed editions, based on reader feedback.
- Investigate options to improve the ADE publication over the next few years.

## Acknowledgements

Thanks to all of our EAG members (Michelle Robins, Penny Barker, Anne Marks and Nicole Duggan), who have helped to improve the quality and content of the ADE over the past year, as well as to Daisy Do for her involvement before standing down from the committee. Also thanks to ADEA staff (Vy Le, Annesa Khan, Rachel Freeman, Melissa Wiggan and Carlos Gongora) for all of their help and support in bringing the publication together.

### Diabetes in Pregnancy Special Interest Group

Report prepared by:  
**Amanda Bartlett, Chair**

#### Key members

- Amanda Aylward
- Alison Barry
- Dianne Bond
- Justine Darling
- Gillian Krenzin
- Cath McNamara
- Belinda Moore
- Cindy Porter

#### Key activities and achievements 2017-18

The annual face to face meeting was held at the ADS-ADEA Annual Scientific Meeting in Perth and had a good attendance of 31 members. Tarryn Black attended as a guest speaker.

DIPSIG continues to grow and now has 68 members. There is a core group of members within Diabetes in Pregnancy who continue to meet quarterly via teleconference to brainstorm direction of the group, ideas and new scientific evidence.

DIPSIG continues to liaise with Joanne Ramadge and Tarryn Black to obtain a Medicare item number for women with GDM. The committee has put a great deal of time and effort this year into reviewing and amending a draft document being prepared.

Maria Craig delivered a webinar on “Prediction and prevention of Type 1 diabetes: The role of the uterine environment” and a further webinar is scheduled in July featuring results from the DAME study from Victoria.

The forum continues to have regular posts each fortnight and I would like to thank Belinda for her continued posts and in driving interest in the forum.

#### Plan for 2018-19

- Organise a face-to-face meeting at the ADC in Adelaide
- Continue with regular webinars and newsletters to update members on diabetes in pregnancy
- Continue to lobby for a Medicare item number for women with GDM
- Look at CGMS subsidy for pregnant women

#### Acknowledgements

All of our members who have a passion for diabetes in pregnancy, Dianne Bond for chairing the face to face meeting in Perth, the committee for their tireless work in attending meetings and assisting with the GDM strategy paper for DA to present to government. In particular, I'd also like to thank Dr Maria Craig for her fascinating webinar, Justine Darling for the minutes, Belinda Moore for her excellent efforts with the forum and ADEA National Office for their ongoing support.

#### Useful links

- ADEA Diabetes in Pregnancy Special Interest Group: [www.adea.com.au/?p=12376969](http://www.adea.com.au/?p=12376969)
- Diabetes in Pregnancy Society [www.adips.org.au](http://www.adips.org.au)
- International Association of the Diabetes and Pregnancy Study Groups: [www.iadpsg.org](http://www.iadpsg.org)
- The International Symposium on diabetes hypertension, metabolic syndrome and pregnancy: <http://www.clocate.com/conference/DIP-2019-The-10th-International-DIP-Symposium-on-Diabetes-Hypertension-Metabolic-Syndrome-and-Pregnancy/63616/>

# Education Reference Group (ERG)

Report prepared by:

**Jan Alford, Chair**

## Members

- Rachel Critchell
- Amanda Galbraith
- Meg Lenart
- Edna Louzado
- Lesley Wilcox

## Key activities and achievements 2017-18

The program for podcasts has attempted to cover topics in all domain areas and have been sourced from member feedback, state and national conference presentations and committee recommendations.

This year, ERG also produced Q&A podcasts from a variety of webinar series which feature important questions and discussions raised during the webinars.

Topics include:

- Medication management, sponsored by BI-Lilly
- Simplification insulin intensification, sponsored by Eli Lilly
- Continuous glucose monitoring, sponsored by Medtronic
- All podcasts' and webinar are available on the ADEA Learning Management System at [Learning.adea.com.au](http://Learning.adea.com.au)

## Plan for 2018-19

Moving into 2018-19, ERG continuously evaluate members' feedback on topics they want to know more so that we can produce more programs that meet their needs and cover all domain areas. We also hope to continue linking podcasts to webinars.

## Acknowledgements

We would like to take this opportunity to thank all presenters who have given their time to present podcasts for us this year. I would like to also thank members for taking the time to listen to the podcasts and encourage you all to continue with feedback and suggest topics you would like to know more about. Finally, I would like to thank Julie Mueller for her contribution to the support of the reference group activities and wish her well for the future.

### ADC Program Organising Committee (POC)

Report prepared by:

**Dr Kirstine Bell and Dr Joanne Ramadge, Co-Chairs**

#### Members

- Jenny Carmuciano (Person with type 1 diabetes)
- Rachel Freeman
- Alison Ilijovski
- Nicole Kellow
- Julie Kha
- Shannon Lin
- Angela Llewellyn
- Simone O'Callaghan
- Denise Smilth
- Michelle Tong
- Toni Wilson

#### Key activities and achievements 2017-18

The Committee have worked tirelessly to develop the excellent National Conference program for 2018, now re-named the Australasian Diabetes Congress (ADC). The committee have identified and invited 4 plenary speakers (1 international, 3 national). This year ADEA and ADS will host the first joint plenary session on the program, to be presented by Professor Linong Ji from China. Dr Lisa Nissen and Dr Linda

Beeney will present 2 additional plenary sessions during the conference, highlighting diabetes education advancements in Australia, and lastly, Elissa Renouf will highlight the lived experience with diabetes.

As part of the conference rebranding, the POC have prioritised cultivating content relevant to delegates from, and/or working with patients from, the Asia Pacific region. The 2018 National Conference will feature a plenary lecture, a symposium and several oral and poster abstracts on this theme. The POC have also focused on building relationships with key stakeholders in the Asia Pacific Region and promoting attendance at the National conference, including Diabetes Hong Kong and the Chinese Diabetes Society.

The POC have set theme priorities for the symposia, workshops and masterclasses and then reviewed and awarded submitted abstracts. Additional symposia have been developed by the POC directly, to address key ADEA priorities including a diabetes medication workshop and the Australian Diabetes Research Foundation Research Showcase. The POC have worked closely with ADS and Kidney Health Australia to develop additional joint symposia to highlight the multidisciplinary approach to managing diabetes and strengthen ties between the stakeholders. Joint symposia themes include exercise and technology in diabetes.

Oral and poster abstracts were invited from the ADEA membership and beyond. Kirstine Bell led the abstract review process and, in conjunction with the POC and a working party from wider ADEA membership, has reviewed all abstracts and awarded the oral and poster sessions.

Finally, the POC have advised on the conference program as a whole, including the timing and placement of events, to ensure a well-coordinated and exciting program that maximises the professional development opportunities for all delegates.

#### Plan for 2018-19

A call for members of the 2018-19 POC will be made in August 2018 and current members will be invited to nominate. The POC will take account of the conference evaluation in planning the 2019 ADC.

#### Acknowledgements

All POC members are acknowledged for their time and expertise in developing such an excellent program.



# Private Practice Special Interest Group (PP SiG)

Report prepared by:

**Carolyn Nugent and Leontine Jefferson,  
Co-Convenors**

## Key members

The state network representatives for the PP SiG:

- Jannah Bonney
- Naomi Erends
- Vongayi Majoni,
- Fiona Nash
- Peta Tauchmann

## Key activities and achievements 2017-18

A face to face meeting of members of the PP SIG was held at the Annual Scientific Meeting in Perth in August 2017. Peta Tauchmann chaired this meeting.

The Network group met once by teleconference in May 2018 and the WA PPSiG met in March 2018.

The issues of concern to PP members are:

- The review of Medicare item 10951 by the Medicare Review Taskforce Allied Health Clinical Committee that commenced in June 2018
- Lack of rebates from the large Private Health Insurance funds
- No Medicare rebate for GDM

A survey has been developed at National Office with input from members including, Carolyn Nugent, Leontine Jefferson, Ann Bush and Lynne McCleary. The survey will close in July 2018 and is aimed to provide data to inform an advocacy campaign in 2018-19.

## Plan for 2018-19

- To develop an advocacy campaign using data from the member survey.
- To ensure all state and territories have representation and to encourage State/Territory representatives to develop supportive sub networks for practitioners in Private Practice
- Creation of a newsletter to be distributed every 2-3 months keeping members up to date with the latest news and updates.
- Establish online webinars for members to use as a resource.

# Endorsement Committee

Report prepared by:

**Rachel Freeman**

## Members

- Jan Alford
- Wendy Bryant
- Nicholas Denniston
- Tracey Desborough
- Trisha Dunning
- Julie Kha
- Elizabeth Obersteller
- Maxine Schlaeppli

## Key activities and achievements 2017-18

The Endorsement Committee continues to review and provide quality assurance for all external professional development activities that apply to ADEA for endorsement.

Over the past year the committee has endorsed 19 external CPD activities, providing a total of 79 CPD points for members.

Endorsed activities include Baker IDI, Diabetes Victoria, Diabetes NSW and Diabetes Qld courses, Pharmaceutical Society of Australia online learning activities, Melbourne Medical School online diabetes module, Brien Holden Institute face to face workshops, the Diabetes Research Review publication, and courses and webinars provided by various pharmaceutical companies.

## Plan for 2018-19

ADEA members must complete 5 points of ADEA developed or ADEA endorsed activities each year for credentialling purposes. The Endorsement Committee will continue to work to increase the number of CPD opportunities available to members by increasing the awareness and promotion of the endorsement program. We encourage members to promote the endorsement program to course providers so that they might apply for ADEA endorsement. The information is available on the ADEA website. Alternatively, advise ADEA of a great education program that you know about and the education team will do our best to provide endorsement information to the organisers.

## Acknowledgements

We thank the Endorsement Committee members for their volunteer time. The endorsement program would not be possible without your assistance.

## CredentiaLLing Committee

Report prepared by  
**Elizabeth Obersteller, Chair**

### Members

- Jan Branch
- Deb Foskett
- Ian Harmer
- Gillian Krenzin
- Maree Nannen
- Megan Preusker
- Lois Rowan
- Maxine Schlaeppli
- Annabelle Stack
- Toni Willson

### Key activities and achievements 2017-18

The CredentiaLLing Committee have worked through 126 initial credentiaLLing applications during the 2017-2018 period and received 1255 re-credentiaLLing applications, of which the committee audited 10%.

#### Total CDE June 2018

Primary discipline	Total	Percentage
RN + RN/RM	1207	85.5%
Accredited Practising Dietitian	124	8.8%
Pharmacist	60	4.2%
Accredited Exercise Physiologist	12	0.8%
Podiatrist	7	0.5%
Physiotherapist	1	0.1%
GP	1	0.1%
<b>Total</b>	<b>1412</b>	

From September 2017, all credentiaLLing applications have been required to include at least 3 points of CPD activities from ADEA developed or ADEA endorsed activities. This will increase to 5 points from September 2018. We have been working with members and the education reference group, through ADEA, to ensure that the CPD offerings from ADEA are suitable and continually increasing.

The 1000 hours log requirement was reviewed in 2017 with fairness for all initial credentiaLLing applicants at the forefront of our discussions and recommendations. From 1 January 2018, all initial credentiaLLing applicants were required to produce a

logbook of their hours, which was then verified by a letter from their workplace.

The referee report template was also updated to reflect the revision of the *ADEA National Core Competencies for CDEs*.

We welcomed the addition of the indigenous workforce to apply for credentiaLLing eligibility. Aboriginal and/or Torres Strait Islander allied health, enrolled nurses, health practitioners and health workers can individually apply to have their primary health qualifications assessed for credentiaLLing eligibility. Once deemed eligible, they can then undergo the credentiaLLing process as per the usual steps for initial credentiaLLing.

### Plan for 2018-19

The Committee will continue to review processes, templates and the online format of the credentiaLLing program. As ADEA develops a new website, the CredentiaLLing Committee will work with National Office towards improving the online application process, with the aim to link ADEA CPD activities directly to member CPD portfolios. It is hoped that feedback to members is also integrated to facilitate a more seamless process.

The Committee will continue to work with the ADEA education reference group to assist in improving the education offerings for members that will assist to meet credentiaLLing requirements.

The Committee is committed to increasing the number of allied health members on the credentiaLLing committee to ensure appropriate representation across the ADEA membership.

### CredentiaLLing reviewers

- Elizabeth Obersteller, ACT, Chair
- Dianne Bond, WA, Resigned Dec 2016
- Lauren Botting, SA, Resigned Dec 2016
- Wendy Bryant, NSW
- Deb Foskett, QLD
- Lisa Grice, QLD
- Ian Harmer, VIC
- Sharon Johnson, NT, Resigned Feb 2017
- Gillian Krenzin, VIC
- Maggie Lasdauskas, TAS
- Maree Nannen, WA
- Helen Phelan, NSW, Resigned May 2017
- Megan Preukser, VIC

## COMMITTEES, ADVISORY GROUPS AND SPECIAL INTEREST GROUPS

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- Lois Rowan, VIC
- Maxine Schlaeppli, WA
- Toni Willson, SA

### Acknowledgements

I sincerely thank long-standing members who retired from the credentialling committee this year. Wendy Bryant, Margaret Lasdauskas and Lisa Grice have contributed a great deal to the Credentialling Committee over the past 10 or more years! They have all helped to grow and strengthen the credentialling program to what it is today.

We thank past and present Committee members for all of their support and ongoing guidance, as well as the national office team for their support.

# Clinical Practice Review Committee

Report prepared by  
**Peta Tauchmann, Chair and Rachel Freeman**

## Members

- Sandra Crook
- Nicholas Denniston
- Teresa DiFranco
- Sharon McLelland
- Rebecca McPhee

## Key activities and achievements 2017-18

Clinical reviews and consultation undertaken in the past 12 months:

- ADEA's *Private Practice How To Guide*
- TGA's investigation of insulin pens
- Final draft of *National Competencies for CDEs*
- Diabetes Australia's *Glucose Monitoring position statement*
- Therapeutic Guidelines – Diabetes topics
- Consultation paper: *Improving Medicare Compliance*
- Pharmacy Guild's *Community Pharmacy 2025*
- Consumer information for correct disposal of sharps
- RACGP and ADS' *Clinical position statement on the emergency management of hyperglycaemia*
- Diabetes Australia's *Low carbohydrate eating for people with diabetes position statement*

The committee also offered advice regarding the review of the ADEA position statement *Australian CDEs and prescribing of insulin and glucose lowering agents* and Queensland Health's local credentialling of RNs and dietitians regarding insulin dose adjustment advice.

## Plan for 2018-19

In the coming 12 months, the committee will continue to assist National Office with external consultations and the review of key documents and publications including:

- *National Standards of Practice for CDEs*
- *National Standards of Practice for Diabetes Education Programs*
- *Code of Conduct*
- *Initiating and Managing Insulin Therapy in Ambulatory Care Settings, interim documents*

## Acknowledgements

We thank the committee members who volunteer their time to this committee and especially appreciate their expertise and energy to review documents that require a quick turn-a-round for review.

# FINANCE DIRECTOR REPORT

Report prepared by  
**Heike Krausse, Chair and Finance Team**

## FARM Members

- Heike Krausse, QLD, Chair
- Steven Brett, NSW
- Greg Cliffe, Independent Accountant

The ADEA Board of Directors has the responsibility for the oversight of the financial management of the organisation. This responsibility includes ensuring profitability toward achievement of ADEA's organisational purpose and maintaining growth of the organisation to ensure adequate funding of strategic plans whilst also preserving ADEA financial reserves. The Finance and Risk Management (FARM) Committee provides a review and advisory role to the Board in discharging its financial and risk management responsibilities.

There have been changes to the Finance team 2017-18 Financial year, with the Chief Financial Officer (CFO) position previously held as a permanent position now contracted as an outsourced position. The outsourced services are provided by Scott Myers of Equity Partners who also are responsible for the daily organisational accountancy and book-keeping requirements. The management of the ADEA assessed the CFO function as not requiring a Full Time Equivalent (FTE). The outsourced arrangement provides ADEA with access to highly experienced expertise at no additional cost. Within the ADEA National Office, limited financial delegations have been extended to Louise Gilmour Chief Operations Officer and Vy Le Business Development Manager.

The FARM Committee consists of Scott Myers the CFO, Greg Cliffe an independent professional accountant, Steve Brett an independent director and myself as a CDE director. Steve Brett and I will be standing down due to term completion in the 2018-19 financial year.

The 2017-18 audit of the ADEA Annual Financial Report has been conducted by the independent auditor Tony Bandle of Bandle McAneney & Co who has audited the current and previous 4 annual financial statements.

The Board has continued to monitor and review its risk mitigation strategies during the 2017-18 financial year. The Board has managed the ADEA financial resources in a prudent manner with the objective of

maintaining members' reserves but providing enough growth to fund strategic initiatives for the benefit of members.

ADEA manages members' reserves for funding strategic initiatives and generating passive income to assist in funding operational costs. Profits that may be generated are for the benefit of members in the short, medium and long term. The FARM have been considering the requirement for independent financial advice in relation to investing reserves and have received proposals for evaluation. Given the current climate around financial advisory services, the FARM has developed and drafted a Financial Investments policy and strategy for the Board. The policy addresses acceptable level of investments risk, determination toward return expected for risk level and time frames of investments as well as the differentiation of interest, dividend payments and/or capital growth and reinvestment.

As outlined in the 2017-18 budget report, more significant capital and project investments this year were undertaken with the aim to grow ADEA toward the strategic objectives within the plan for 2017-20.

The 2018-19 budget includes funding of business as usual operations as well as several strategic initiatives. The budget includes:

- Funding to review new strategic direction for members professional benefits as determined by the Board
- Funding for consulting services that may be required for a response to possible partnership/stakeholder changes in the diabetes professional organisations space
- Funding a dedicated position for fund raising for the Research Foundation which has longer term strategic benefit for ADEA members, but is still in the early stages of self-sufficiency.

A current Risk Register is maintained by the Chief Executive Officer and is subject to regular review and update by the FARM and Board.

## Financial Performance

- Revenue raising within the Diabetes sector has had an increase in competing stakeholders, but the 2018-19 budget has been forecast conservatively to known and confirmed sources whilst maintaining diligence toward sourcing new beneficial professional partnerships.

## FINANCE DIRECTOR REPORT

- Membership, the main revenue for organisation operational expenditure continues to rise. The increase in 2017-18 is primarily due to increased membership numbers. No increase in membership prices are planned for coming financial year.
- Branch revenue with state based educational days and conferences continue to be a strong peer supported platform which in 2017-18 generated profits in excess of initial planned targets. The profit can be attributed to an increase in conferences in the current year while maintaining strong fiscal controls with associated costs.
- National Office continues to grow with the business model commenced in 2014, staffing delegations have been consolidated and restructured as mentioned to include growth and strengthening in particularly the marketing, charity/donation sectors.
- The 2018-19 year will be a period of continued improvements in ADEA finance and governance procedures and practices. Management have put an initiative in place to implement a process for attributing costs to activities undertaken by ADEA. The process will be implemented with the view to maximise return to members through the effective and efficient allocation of resources to business as usual activities as well as strategic initiatives.

### Financial Position

Members' reserves at 30 June was \$2.8 million. A considerable amount of the reserves are represented by liquid assets. This provides ADEA with adequate reserves to pay all debts as they fall due, generate a reasonable amount of passive income to help fund operations and fund strategic initiatives for the medium and long term benefit of members.

Detailed financial information can be found in ADEA's 2017 audited financial statements at [www.adea.com.au/about-us/our-publications/annual-reports/](http://www.adea.com.au/about-us/our-publications/annual-reports/) or the Australian Charities and Not-for-profit Commission (ACNC) [www.acnc.gov.au](http://www.acnc.gov.au)

# ADEA NATIONAL OFFICE PROFESSIONAL SERVICES

Report prepared by:

**Rachel Freeman**, Professional Services Manager

**Kate-Anne Warren**, Membership and Credentialling Officer

## Membership

Membership has continued to grow over the past 12 months. We now have 1918 Full members (including 1412 CDE Members), 276 Associate members (including 76 Student members).

### Membership Categories by State 30 June 2018

	Associate	Full	CDEs	Totals
ACT	5	7	34	46
NSW	61	130	305	496
VIC	92	142	480	714
QLD	56	98	291	445
WA	31	61	138	230
SA	22	52	96	170
TAS	4	4	43	51
NT	4	11	21	36
Overseas	1	1	4	6
Totals	276	506	1412	2194

## Credentialling

The number of credentialling applications each year is on the increase. ADEA National Office continue to revise procedures and processes in the online system for a smoother credentialling experience. Automated approval of re-credentialling applications has streamlined the re-credentialling process and the credentialling committee continue to audit 10% of re-credentialling applications each year.

The enquiries coming through to National Office are usually regarding the 1000 hour log for initial credentialling. The majority of applicants that are being put into pending and are being asked to correct their applications are doing so because of their 1000 hour log and documentation, as well as their CPD portfolio, particularly for category 2 and category 3 activities.

For initial credentialling applications – applicants need to ensure their 1000 hour log is clear and supports what they have written in their CV as well as verifies what has been signed off by their workplace in the 1000 hour verification letter. All letters must be on workplace letterhead.

For all credentialling applications, it is important to check the CPD Portfolio Guide, ensuring that activities are put in the correct categories and under the correct activity types. For initial credentialling applications and audited re-credentialling applications, evidence of activities must also follow the CPD Portfolio Guidelines.

Over the past 12 months, there has been an increase in the number of CDEs taking up voluntary suspension of their CDE status while they take leave from work. This has been a valuable addition to the credentialling program, offering a mechanism for CDEs who would like to put a hold on their credentialling with the opportunity to return to the program within a five (5) year period.

## Mentoring

By 30 June 2017, ADEA had 429 mentors listed on the ADEA mentor register. This increased by 130 over the past 12 months. There were 191 mentoring partnerships commenced during this time. We sincerely thank all of our CDEs who volunteer their time to mentor others.

We encourage new mentors to come on board and assist those working towards initial credentialling and also encourage ongoing mentoring for all CDEs. Mentoring can occur across disciplines and by distance using technology. Except for mentees applying for initial credentialling, all mentoring partnerships are eligible to claim CPD points towards their credentialling.

All new mentees and new mentors must complete the ADEA e-learning mentoring modules prior to commencing their mentoring partnerships. The mentoring modules should then be undertaken at least every five (5) years. Over the next 12 months, the mentoring modules will be revised and updated. Thank you to all members who have provided feedback and evaluation of the modules.

## Education

The ADEA Education Program provides members with CPD opportunities through a range of delivery modes, with the assistance of the Education Reference Group and the Endorsement Committee.

The National Office Education Team said goodbye to Julie Mueller, Professional Services Assistant, in June 2018. Julie was instrumental in organising the CPD calendar for members, including sponsored webinars, podcasts and e-learning modules, as well as providing administrative support to the endorsement program and accreditation program. We wish Julie well in her retirement and worldly travels.

In 2018-19, we will continue to grow the ADEA Education Program, employing a new full-time Education Officer, with more podcasts, webinars and online learning opportunities to meet member CPD requirements and ensuring quality, evidence based educational offerings. We encourage members to continue to be on the lookout for any endorsement-worthy external courses also, and to promote our endorsement program.

## Guidelines, Publications and Position Statements

In July 2017 we finalised the review of the *ADEA National Competencies for Credentialed Diabetes Educators*. This document has since been used to revise the referee report for initial credentialling applications and the accreditation guidelines for universities offering the graduate certificate in diabetes education. The document was also used to develop the eligibility for credentialling criteria for indigenous allied health, indigenous enrolled nurses and aboriginal health practitioners and health workers, as well as the national core competencies for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

A parliamentary launch was held in March 2018 for the eligibility for credentialling criteria for indigenous allied health, indigenous enrolled nurses and Aboriginal health practitioners and health workers, as well as the *National Core Competencies for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners* in collaboration with Indigenous Allied Health Australia (IAHA) and the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA).

A private practice resources page has been designated on the ADEA learning management system (LMS), hosting a range of resources for private practice as well as the *ADEA Private Practice How To Guide* which was finalised in August 2017.

The review of the *National Standards of Practice for Credentialed Diabetes Educators* and the *National Standards*

*for Diabetes Education Programs* commenced at the end of 2017. The review is currently still in progress and is due to be finalised at the end of 2018. We thank those members who contributed to the member consultation in October 2017 and the current national standards review working group, chaired by Karen Crawford, who are volunteering their time to assist with this review.

Kirstine Bell is chairing the working group for the review of the Prediabetes Joint Position Statement. This position statement was originally developed with the Australian Diabetes Society (ADS). The revision of this position statement is being undertaken in collaboration with ADS, Dietitians Association of Australia (DAA), Exercise and Sports Science Australia (ESSA) and Pharmaceutical Society of Australia (PSA) and is planned to be finalised by the end of 2018, with endorsement from each of the involved associations' boards. We will also seek endorsement of the final position statement from other professional bodies and organisations. We envisage this document to be used to increase awareness of the collaborative and complementary roles performed by health professionals, especially in primary health care, and provide relevant information to stakeholders including health professionals, people at risk of prediabetes and diabetes, the community, funding bodies, policy makers and government.

Moving into 2019, we will undertake review of the *ADEA Code of Conduct, Role and Scope of Practice for CDEs, Sick Day Guidelines* and the *Guiding Principles and Standards for Managing Insulin Therapy in Ambulatory Care Settings – Interim documents*.

## Other Collaborations

PSA – reciprocal endorsement of education activities and memorandum of understanding regarding ADEA and PSA can work together in the future regarding support of health professionals in diabetes education and management.

Australian College of Nurses (ACN) – CDEs have been presenting a full day program regarding diabetes management in various states and territories. The CDEs in each state/territory have collaborated to put together a standardised presentation that they can each adapt to their own local areas. ADEA have been invited to continue this collaboration with ACN moving into next year.

Early Life Nutrition Coalition (ELNC) – ADEA are supporting the early life nutrition coalition in communicating messages regarding the importance of nutrition in the first 1000 days to prevent chronic health conditions, such as diabetes, in future generations. ADEA were invited to the parliamentary launch of the ELNC community service announcement in December 2017. ADEA have also

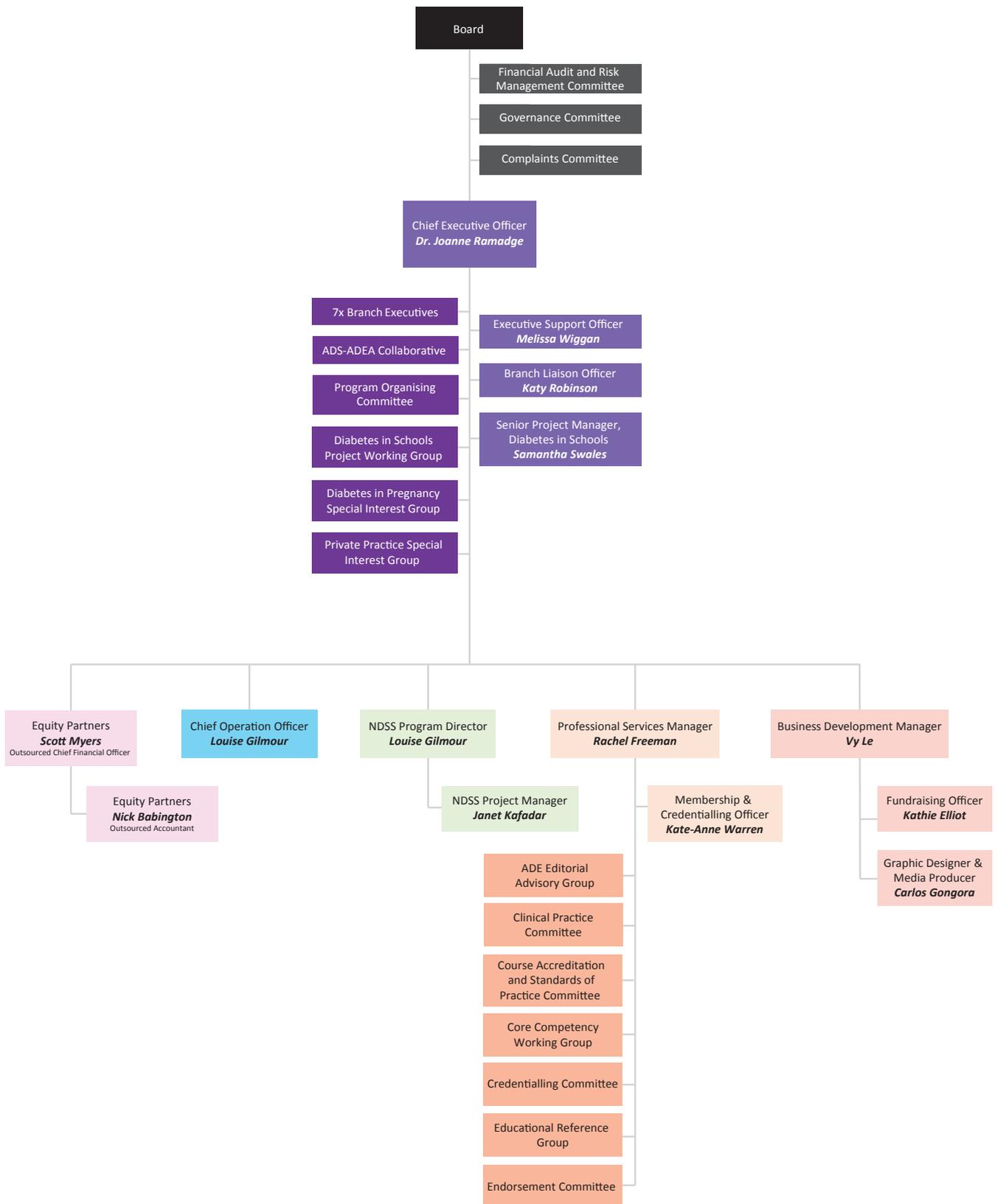
produced a podcast on the topic and been involved with social media posts and conference activities.

In 2018-19, we will continue to work with other organisations, collaborating to advance the availability of diabetes education and management messages.

### Acknowledgements

Thank you to the volunteer committee and working group members who help to support our professional service activities. You help to make ADEA a successful and relevant professional organisation.

# ORGANISATIONAL STRUCTURE



# ADEA BOARD



Giuliana Murfet  
President, Retired Feb 2018



Brett Fenton  
President, Commenced Feb 2018



Nicole Frayne  
Vice President, Commenced Feb 2018



Heike Krausse  
Finance Director



Libby Bancroft  
Director



Steven Brett  
Director



Derek Finch  
Director



Jessica Miller  
Director



Tracey Tellam  
Director

## Life Members

- Jan Alford
- George Barker
- 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

## Fellows

- Marita Ariola
- George Barker
- Jane Giles
- Collette Hooper
- Carolien Koreneff
- Heike Krauss
- Kate Marsh
- Peta Tauchmann

Members eligible to apply for ADEA Fellowship:

- Continued CDE status for 15 or more years
- Fulltime work in diabetes for the five (5) years preceding the fellowship application
- Have the endorsement of two (2) CDEs, who have been CDEs for at least five (5) years and who have known the applicant for at least five (5) years and can verify their work in diabetes.

The ongoing recognition as a Fellow of ADEA will be dependent on the maintenance of the individual's CDE status.

# BRANCH ACTIVITIES AND UPDATES

## ADEA-ACT Branch

Report prepared by:  
**Kristine Wright**

### Branch Executive Team

- Kristine Wright, Chair
- Stephanie Philips, Secretary
- Michelle Angove, Education Officer

The ACT Branch has seen an adjustment in the executive team reflecting the recommendations of ADEA with the new role of Education Officer. Michelle Angove was successful in acquiring this role and we look forward to her input and support.

The ACT branch currently has 46 active members.

### Key activities and achievements 2017-18

In 2017-18, we are committed to provide professional development opportunities at each of our branch meetings, especially:

- The presentation 'The lived experience of type 1 diabetes', provided by a 14 year old person with diabetes from the ACT Diabetes Service. The session provided our members with insights to the day-to-day commitment in diabetes management.
- A presentation from our Pharmacist/ Diabetes Educator members on the community approach on diabetes management from a pharmacist perspective.

The US Embassy invited the ADEA-ACT Branch Chair to an afternoon tea for non-profit organisations. It was a pleasant afternoon which offered the opportunity for networking with other non-profit organisations.

### Plan for 2018-19:

Plans for educational opportunities for 2018-19 continue with Michelle Angove in her role as Education Officer to survey members as to the direction that future education opportunities should take.

We will endeavour to provide educational opportunities at each branch meeting and support any other educational opportunities as required from members.

### Acknowledgements:

Libby Bancroft has been an ADEA Board member for the past 5 years and has retired in September 2018. We thank Libby for her work and commitment over the years.

Congratulations to Kristine Wright as the 2017 CDE of the Year in ACT.

We would also like to thank Roche Diabetes Care, BD and Eli Lilly for their support in providing professional development opportunities for members.

Thank you to the staff at the National Office for their ongoing guidance and support.

## BRANCH ACTIVITIES AND UPDATES

### ADEA-NSW Branch

Report prepared by:  
**Tracy Desborough**

#### Branch Executive Team

- Tracy Desborough, Chair
- Amber Evans, Secretary
- Therese Fletcher, Education Officer

We welcomed Therese Fletcher, who commenced her terms with us in the 2017-18 year.

#### Key activities and achievements 2017-18

- Branch Conference was held at Olympic Park on the 9 and 10 of March 2018. It was well attended, sponsored and evaluated.
- Members were encouraged to join the Program Organising Committee through an EOI process and gain experience in organising a conference.
- Support from National Office to provide travel grants to NSW members to attend the ADEA-ACT/NSW Branch Conference.
- Introduction of education only webinar to provide more education opportunities for members.

#### Plan for 2018-19

- Organise a rural workshop in Dubbo in September 2018
- Review the recent member survey
- Increase rural engagement through network and face to face events in regional areas
- Continue member engagement through EOI opportunities such as POC
- Plan and organise the ADEA-ACT/NSW Branch Conference 2019
- Increase education opportunities in the digital space, especially continue to use webinar platforms to engage with members

#### Acknowledgements

- The Branch Executive would like to acknowledge the Program Organising Committee and National Office staff for ongoing support at all branch activities.
- Congratulations to Dianna Fornasier as recipient of the title 2017 CDE of the Year New South Wales.

### ADEA-NT Branch

Report prepared by

**Gregory Solomon (aka: SoLi)**

#### Members of Branch Executive

- Gregory Solomon (aka SoLi), Chair
- Sarah Griffin, Secretary
- Marie Bottolfsen, Education Officer – Darwin

There have been recent changes to the branch executive including a new Branch Secretary; and as a Branch Finance Officer was no longer required, it was decided to turn this position into two Education Officers, one for the Top End and one for Central Australia. It is hoped that by having one in each location that they can share the responsibilities and ensure that all members are linked in across the NT for CPD.

There has been no change to the number of members from 2016-17 with the number of members remaining at 36.

#### Key activities and achievements 2017-18

- Ongoing quarterly branch meetings with a continued participation averaging 12 members at each meeting
- Initiation of the Branch Education Officers to help further stimulate ongoing education across the NT

#### Plan for 2018-19

- Education workshops – to be decided upon once both Education Officers are recruited.
- Ongoing quarterly branch meetings.

## BRANCH ACTIVITIES AND UPDATES

### ADEA-QLD Branch

Report prepared by

**Laura Zimmerman and Adnan Gauhar**

#### Branch Executive Team

- Laura Zimmerman, Chair, term commenced in July 2017 after Emma Holland
- Adnan Gauhar, Secretary, term commenced in January 2018 after Louise Natusch
- Patricia Roderick, Finance Officer

#### Key activities and achievement 2017-18

- The ADEA-QLD Branch Conference was held on 20 and 21 April 2018 at Bond University on the Gold Coast. It attracted 135 delegates and 17 sponsors. Evaluation of the conference was very positive and incorporated some great ideas for topics to be covered next year.
- A branch meeting was held on 16 February 2018 via webinar and again during the Branch Conference at Bond University.
- Support from National Office to provide travel grants to QLD members to attend the ADEA-QLD Branch Conference.

#### Plans for 2018-19

- To organise the 2019 branch conference. The conference committee for the ADEA-QLD Branch Conference in 2019 has been appointed and includes Tracey Tellam, Sandra Christiansen, Fatemeh Adili, Karen Schell, Achamma Joseph, Laura Zimmerman and Adnan Gauhar
- To continue to engage with members through webinars, although we need to work on the technology between hospital and private clinicians as well as quality of sound
- To continue to increase membership across the state
- To consult key stakeholders to initiate primary care initiatives for diabetes patients in collaboration with CDEs, pharmacists, practice nurses, GPs and other allied health professionals

#### Acknowledgements

- We would like to acknowledge Bernadette Heenan, who was not only the CDE of the Year in Queensland but also the Jan Baldwin National CDE of the Year in 2017 – congratulations!

- We would like to acknowledge the following clinicians for presenting abstracts at the ADEA-QLD Branch Conference – Jules Aitken, Amanda Frier and Achamma Joseph.
- We would like to acknowledge Scott Quigg for his very informative presentation at our mid-year webinar titled *Diabetes Management in Schools and Early Learning Facilities for the Metro North Hospital and Health Service (MNHHS)*.
- We would like to acknowledge Katy Robinson from the ADEA National Office for all of her amazing work in supporting the QLD Branch Executive Team and Branch Conference Committee. We wish you the best on your holiday!
- We would like to acknowledge recipients of the travel grants for the branch conference in 2018 – Susan Charlesworth, Amanda Frier, Cristal Newman, Jaymee-Leigh Swift and Achamma Joseph.

## BRANCH ACTIVITIES AND UPDATES

### ADEA-SA BRANCH

Report prepared by  
**Cindy Tolba and Julie Kha**

#### Members of Branch Executive

- Cindy Tolba, Co-chair
- Julie Kha, Co-chair
- Toni Willson
- Effie Kopsafis

#### Key activities and achievement 2017-18

Our highest priority remains providing all members of the ADEA-SA Branch with the latest, most evidenced based skills and information to advocate for and support their clients with diabetes. Various activities were conducted this year to achieve this:

- A private FB group was facilitated that allows increased collaboration, network and support and saw an increase in membership and positive activity.
- Supported development of a structured toolkit in collaboration with ADEA and University of Tasmania, enabling a systematic review into our Core Competencies during the Patient-Centered workshop.
- Partnership opportunity with SAHMRI to increase recruitment for their Aboriginal health study. Diabetes educators and others working towards their 1,000 credentialling hours enthusiastically approached opportunities throughout the year observing SAHMRI screening sites and volunteering their time to supporting various ADEA events.
- Travel grants that provide members in the rural and remote areas to attend the ADEA-SA Branch Conference.

#### Plan for 2018-19

Whilst we shall allow the incoming Executive to focus on topics close to their own hearts, it is our hope the ADEA-SA Branch will continue to support the endless pursuit of excellence in education, management options and engagement thus enabling the best care for the person with diabetes and their families.

#### Acknowledgements

To our state Education Committee, of which Rachel Woods is Chair, Rachel and her team (Daniela Nash, Emmy De Heus, Glenys Graham and Monique Kindstrom) continue to organise a myriad of current, evidence-based education themes for our members.

Congratulations to Jayne Lehmann as the 2017 CDE of the Year in South Australia.

## BRANCH ACTIVITIES AND UPDATES

### ADEA-VIC Branch

Report prepared by  
**Ann Bush**

#### Branch Executive Team

- Ann Bush, Chair
- Suzanne Bulmer, Secretary
- Julie Knight, Treasurer

#### Key activities and achievement 2017-18

The ADEA-VIC currently has 714 members.

Over the year, we have continued to ensure members feel welcomed, supported and part of the ADEA-VIC branch. It has been fantastic to see so many members volunteer to represent the ADEA at several Diabetes Vic Expos around the State. We were also overwhelmed with the number of members interested in becoming part of the 2019 ADEA-VIC Branch Conference Organising Committee.

This August marks the end of the current Executive Team's term. I would like to thank Suzanne Bulmer and Julie Knight for all of their hard work and support over the past two years. We look forward to welcoming the new Executive Team Evelyn Boyce (Chair), Helen Mahon (Secretary) and Belinda Moore (Education Officer). The Executive will have a new look with the introduction of the Education Officer who will assist with meeting, workshop and conference planning.

#### Branch Meetings 2017-18

There have been three branch meetings this financial year. One was held at the ADEA-VIC Branch Conference that allowed regional members to attend. We would like to thank the hosts, speakers and sponsors who have supported our meetings.

Whilst we try to move meetings to various locations around metropolitan Melbourne and invite well qualified and topical guest speakers, we have been failing to attract good numbers. We have tried to offer webinar options for those who cannot attend but this has not always been possible due to lack of IT support at the venue. No doubt we need to once again seek feedback from members regarding a better suited format to the current meeting model we are using.

#### Branch Executive Meetings

We run regular Branch Executive meetings. These are generally held six weeks prior to the branch meetings.

### Victorian Registered Network Groups

Each of these groups are active and meet on a regular basis. Minutes of their meetings are available on the ADEA-VIC Branch web page.

- 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
- North Vic Rural Diabetes Educators group
- Outer East Diabetes Educators Networking Group

#### Branch conference

252 members attended the ADEA-VIC Branch Conference held on Saturday 17 March at the Mecure Ballarat Hotel and Convention Centre. The evaluation indicated that overall the day was both relevant and valuable. Thank you to the Conference Organising committee, the speakers, six abstract presenters (oral and posters) and the 18 sponsors.

Planning for the 2019 ADEA-VIC Branch Conference as already commenced and will be held on Saturday 30 March 2019.

#### Acknowledgements

Congratulations to the following Victorian members who have been recipients of travel grants this year.

- Tracey Crane and Bridget Wilkes on receiving travel grants to attend the 2017 ADEA-Vic Branch Conference.
- Belinda Moore, Vanesa Ogues-Canete and Julie Lang on receiving a Roche Travel Grant to attend the 2018 Australian Diabetes Congress in Adelaide.

Congratulations also to Christopher Uren for being the winner of the Best Poster Presentation at the Conference. Jane Ivey, Marg Ryan and Tracy Orr were joint winners of the Best Oral Abstract Presentation.

Congratulations to Fiona Scott as the 2017 CDE of the Year in Victoria.

# GRANTS AND AWARDS AT THE 2017 ADS-ADEA ANNUAL SCIENTIFIC MEETINGS

## Roche Travel Grants

The Roche Travel Grants provide five travel grants of \$1,000 to five ADEA members to attend the ADS-ADEA Annual Scientific Meeting in Perth.

The 2017 Roche Travel Grants went to the following members:

- Karen Crawford
- Meredith A Irving
- Emily Beth Nicholson
- Bernadette O'Brien
- Gayle Rusher



## Roche ASM-registration Assistance Grants

The Roche ASM-registration Assistance Grants provide eligible recipients with 50% of full registration to attend the ADS-ADEA Annual Scientific Meeting in Perth.



L -R: Nicole Moffatt de Vries, Maria Constantino, Gilliam Krenzin, Carolyn Nugent, Fran Brown, Ramanpreet Singh, Peta Tauchman, Brianna Turner

## GRANTS AND AWARDS AT THE 2017 ADS-ADEA ANNUAL SCIENTIFIC MEETINGS

The 2017 Roche ASM-registration Assistance Grants went to the following members:

- Siobhan Barlow
- Jannah Bonney
- Fran Brown
- Maria Constantino
- Hannah Jones
- Jade Kelly
- Gillian Krenzin
- Margaret Loh
- Carolyn Nugent
- Susanna Polan
- Theresa Rose
- Ramanpreet Singh
- Peta Tauchman
- Kate Townley
- Breanna Turner

### Roche Abstract Awards

The 2017 Roche Abstract Awards went to the following members:

- Roche Best Oral Presentation with \$1,000 scholarship: Ashley Ng
- Roche Best Poster with \$800 scholarship: Sian Bramwell
- Roche Best Novice<sup>1</sup> Oral Presentation with \$1,000 scholarship: Barbie Sawyer
- Roche Best Novice Poster with \$800 scholarship: Kara Mikler

### Acknowledgement

ADEA would like to acknowledge the generous contributions from the following members of the Travel Grant Review Panel:

- Cecile Eigenmann
- Rachel Freeman
- Toni Willson

These programs are financially supported by Roche Diabetes Care, and we thank them for this support.

1. A novice presenter is an ADEA member who present for the first time at the ADS-ADEA Annual Scientific Meeting.

# CDE OF THE YEAR

The CDE of the Year award program profiles the leading CDEs and acknowledges their extraordinary contributions in the community of people with diabetes and diabetes education.

Overall the award this year received 93 nominations from people with diabetes, carers and families, and health practitioners. This made it a very competitive process for the Judges.

The Panel considered the following selection criteria when reviewing nominations:

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

The prestigious Jan Baldwin National CDE of the Year award in 2017 goes to Bernadette Hennan, a Credentialed Diabetes Educator at Apunipima Cape York Health Council.

ADEA is delighted to congratulate recipients of the following CDE of the Year in branch awards:



- CDE of the Year in ACT: Kristine Wright from ACT Health
- CDE of the Year in NSW: Dianna Fornasier from Shoalhaven Family Medical Centres
- CDE of the Year in Queensland: Bernadette Heenan from Apunipima Cape York Health Council
- CDE of the Year in SA: Jayne Lehmann from EdHealth Australia
- CDE of the Year in Tasmania: Anne Muskett from Royal Hobart Hospital Diabetes Care
- CDE of the Year in Victoria: Fiona Scott from Fiona Scott Diabetes Education and University Hospital Paediatric Diabetes
- CDE of the Year in WA: Jaimee Rossborough from Princess Margaret Hospital for Children

## Acknowledgement

ADEA would like to acknowledge the generous contributions from the following members of the Judging Panel:

- Sharon Bruzga, Client Partnership Manager from Hesta
- Stefanie Johnston, WA Branch Director from the Pharmaceutical Society of Australia
- Tania Passingham, Professional Services Manager from the Dietitians Association of Australia



L -R: Dr Joanne Ramadge, Margaret Driscoll (Eli Lilly), Jaimee Rossborough, Fiona Scott, Anne Muskett, Jayne Lehmann, Bernadette Heenan

- Rachelle Ward, recipient of the 2016 JDRF-NSW Volunteer of the Year and a consumer representative on the ADS Medical, Education and Scientific Council
- Erica Wright, ADEA Past President and Honorary Life Member

This program is financially supported by Eli Lilly.

# CASE STUDY COMPETITION

ADEA facilitated the Case Study Competition, with financial support from Abbott Diabetes Care, for diabetes educators to submit case studies that address contemporary issues in the practice of diabetes care, diabetes education and self-management involving the use of flash glucose monitoring with or without ambulatory glucose profile.

Case studies must include principles of person-centred care and adhere to the Diabetes Australia's Language Position Statement while discussing the use of flash glucose monitoring<sup>1</sup> with or without ambulatory glucose profile<sup>2</sup> and addressing the following questions:

- How have the client's outcomes (clinical or non-clinical) improved with this technology?
- How has the technology been used to make a difference to a client's quality of life?
- How has the technology changed practice for an individual health professional or the diabetes care team?
- How has it helped to prevent an adverse event?
- What are the challenges clients have found with this technology? What has been done as a consequence?



L -R: Rebecca Humpreys, Bruce Passingham (Abbot Australasia)



24 case studies, in both written and video formats, were submitted. Each submission was reviewed by two reviewers in a blinded review process, after which, the top ten case studies were selected. Ten written case studies from the following winners are published in print and available at the ADE:

- Daina Coenen
- Sally Double (\*)
- Ziping (Helen) Huang
- Julie Lang
- Jayne Lehmann
- Margaret Loh (\*)
- Yvette Owen
- Amy Rush (\*)
- Katherine Snars (\*)
- Bridget Wilkes

Among the above eight, authors of the top four case studies (\*) will be presenting their submissions at the Case Study Presentation during the 2018 Australasian Diabetes Congress where participants will vote for a recipient of the People's Choice Award.

1. The flash glucose monitoring system utilises a glucose sensor/transmitter and handheld receiver to measure multiple glucose data points from interstitial fluid. The glucose sensor is worn on the arm continuously for 14 days and includes a transmitter to communicate
2. The ambulatory glucose profile is a software approach to collating and analysing glucose data. It combines glucose readings from multiple days/weeks of glucose monitoring into a single 24 hour period, featuring statistical information such as average, interquartile and interdecile ranges. with the handheld glucose device. The handheld glucose receiver is used to manually transfer the data and displays the current glucose level, trend arrow and history of the past 8 hours without the need for capillary glucose testing. The receiver may also be used with capillary blood as an insulin dose advisor, however, calibration with capillary blood is not required.

### Acknowledgement

ADEA would like to acknowledge the generous contributions from the following members of the Review Panel:

- Ms Jenny Carmuciano, Person with type 1 diabetes
- Dr Sue-Lynn Lau, Endocrinologist at Westmead Hospital
- Dr Kate Marsh, Editor of the Australian Diabetes Educator publication
- Ms Peta Tauchmann, Chair of the ADEA Clinical Practice Committee

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# NATIONAL DIABETES SERVICES SCHEME PROGRAM

## National Diabetes Education and Professional Development Framework

This project aims to reduce the burden of diabetes in Australia by providing a framework that will guide the development of a sustainable nursing workforce capable of providing high quality services that meet the needs of people with diabetes. The framework will support nurse's professional education and development through all stages of the nursing continuum across the management of people with diabetes.

The first phase of the project commenced in 2017-18, with a focus on consultation, scoping and research.

Activities in 2017-18 included:

- Initial consultation with key stakeholders including Australian Orthotic Prosthetic Association, Cancer Nurses Australia, and Prostate Cancer Nurses Foundation, to identify key areas to be considered in the development of the framework.
- A skills gap survey was conducted in collaboration with the Australian College of Nurses (ACN) and Australian Primary Health Care Nurses Association (APNA), to gain insight about nurses overall knowledge regarding diabetes care and management. The survey identified several gaps the education framework will address.
- An education review to identify the level of education, specifically on diabetes, is included in university undergraduate nursing degrees. At least one university in each state and territory was included in the review. The review identified some significant differences in diabetes specific education being included in undergraduate degrees around the country.
- Over the next two years work will be focused on the development of the competencies that will form the framework, as well as the development of resources and materials, professional development opportunities and a new website.

## Diabetes in Aged Care - e-Learning modules

Residents of aged care facilities are among the frailest Australians and their care needs often require multidisciplinary expertise. Three e-Learning modules have been developed for aged care workers, diabetes educators, and nurses working in aged care settings. The e-Learning modules aim to expand the knowledge and experience of managing people with diabetes by enhancing understanding of the ageing process and its effects on the care and support of people with diabetes. The modules align with the McKellar Guidelines and the NDSS Diabetes in Aged Care: A Practical Guide.

Activities in 2017-18 included:

- Development of three e-Learning modules for aged care workers, diabetes educators and nurses in an interactive, user friendly, eLearning platform.
- Official launch of the aged care modules at Parliament House, by the Hon. Ken Wyatt AM, MP, Minister for Aged Care.
- The e-Learning modules have received positive feedback, with more than 100 enrolments within the first two months of release.

## MESAC

The Medical, Education and Scientific Advisory Council (MESAC) is a requirement of the 2016-20 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 and services meet appropriate standards, and deliver optimal outcomes for people with diabetes.

MESAC membership consists of 3 endocrinologists, 3 credentialed diabetes educators and 2 consumer representatives who volunteer their time and expertise to review products, programs and services funded under the NDSS.

In 2017-18, MESAC conducted 47 reviews which included:

- providing recommendations on registrant access to insulin pump consumables and test strips
- reviewing education materials for registrants of the NDSS
- reviewing a number of NDSS registrant factsheets
- reviewing online, video and paper based education module for health professionals.

## Diabetes in Schools

There are currently over 11,000 children with type 1 diabetes attending schools and preschools in Australia, including 4,000 children of preschool and primary school age.

Contemporary diabetes management guidelines recommend intensive diabetes management (with multiple daily injections or insulin pump therapy) for all children with type 1 diabetes to reduce morbidity and mortality. This involves insulin administration by injection or insulin pump every day at mealtime at school.

Currently there is no consistent process to ensure the safe and legal administration of insulin at schools in Australia. Due to the lack of training and support for many school staff in diabetes management, many children with type 1 diabetes are either missing out on meal time insulin, relying on parents to attend school every day; or, giving their own insulin unsupervised.

The Diabetes Alliance, a consortium of stakeholders consisting of: ADEA, Australasian Paediatric Endocrine Group, Australian Diabetes Society, Diabetes Australia and Juvenile Diabetes Research Foundation, was successful in their funding proposal to the Commonwealth Government to develop the Diabetes in Schools Program. Funding for the Program was sourced through the NDSS New Support Programs and approved by the Minister for Health, the Hon. Greg Hunt, in March 2018. The Program will be auspiced and managed by Diabetes Australia in collaboration with ADEA and an Expert Working Group comprising of Diabetes Alliance members.

The objective of the Diabetes in Schools Program is to develop a nationally consistent education framework for school staff to be better equipped to support students with type 1 diabetes to manage their condition while at school, including in the safe and legal administration of insulin.

Work has commenced although it is in the early stages and as this progresses, more details will be come available.

# ADEA NEW WEBSITE

In the last quarter of 2017-18, ADEA commenced work on the design and development of a new website for members. The developer who has been engaged for this project specialises in websites and systems designed specifically for membership associations. Whilst the existing website has served us well since its launch 2014, there were limitations for future enhancements and developments as the needs of ADEA and members evolved.

The new website will be more user friendly and intuitive to enhance members' experience, with improved functionality including credentialing and membership services, an updated style and design of the website and a new member portal. It will also have a fully integrated client relationship and content management system, linked to the ADEA Learning Management System. This means one set of login details for members to access all services and functions, from membership to webinar. If members register and attend ADEA events, including conferences, branch events and webinars, Continuing Professional Development (CPD) points will be automatically updated to their CPD portfolios. The full suite of services will be accessible through the member portal on the website.

In addition to the updated website and member portal, other enhancements will include greater flexibility in payment options offered to members, including the ability to pay membership and event fees via BPay, as well as quarterly, monthly or annual payment options for membership fees.

We are working hard to ensure the smooth transition to new website, with the view to go live later in 2018. We will keep members updated as work progresses.

# SUSTAINING MEMBERS



At Novo Nordisk, we are driving change to defeat diabetes and other serious chronic conditions.

Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. This heritage has given us experience and capabilities that also enable us to help people defeat other serious chronic conditions; haemophilia, growth disorders and obesity.



Roche Diabetes Care is a pioneer in the development of blood glucose monitoring systems and a global leader for diabetes management systems and services. For 40 years, the Accu-Chek brand has been dedicated to enable people with diabetes to live life as normal and active as possible as well as to empower healthcare professionals manage their patients' condition in an optimal way. Today, the Accu-Chek portfolio offers people with diabetes and healthcare professionals innovative products and impactful solutions for convenient, efficient and effective diabetes management. It encompasses blood glucose meters, insulin delivery systems, lancing devices, data management systems and education programs – contributing to an improved medical outcome.

For more information: [www.accu-chek.com.au](http://www.accu-chek.com.au)



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We are a global biopharmaceutical company focused on human health. We prevent illness with vaccines, provide self-care solutions to better manage personal wellbeing and provide innovative treatments to fight pain and ease suffering. We stand by the few who suffer from rare diseases and the millions with long-term chronic conditions.

With more than 100,000 people in 100 countries, Sanofi is transforming scientific innovation into healthcare solutions around the globe.