

Australian Diabetes Educators Association

THE ASSOCIATION FOR PROFESSIONAL DIABETES EDUCATORS



RESEARCH

STANDARDS

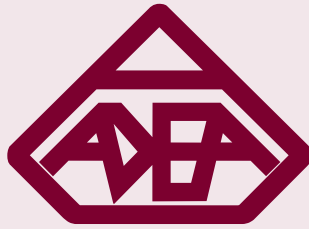
ADVOCACY

EDUCATION

Annual Report 2006-07



Benchmarking Excellence in Diabetes Education



Established 1981

The Australian Diabetes Educators Association (ADEA) is a national multidisciplinary self management organisation for health professionals committed to the provision of quality diabetes education and support for people affected by diabetes.

Vision

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

Mission

ADEA will promote best practice in diabetes self management education and care.

ADEA will do this by:

- supporting members and other health professionals
- advocating for equitable access to quality services
- promoting and conducting research
- developing and disseminating evidence based standards, guidelines and policies.

Our Values

ADEA values:

- the right of the person with diabetes to make informed decisions about their health care and lifestyle choices
- innovation and leadership
- the diversity and skills of the multidisciplinary ADEA membership
- effective practice
- productive partnerships.

Australian Diabetes Educators Association



**Benchmarking
excellence
in diabetes
education**

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ADEA Office Bearers

National Executive and Board Members (as of 30 June 2007)



President

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

Vice President

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



Finance Director

Elisa Williams
BN Grad Cert (Diab Ed) RN
CDE

Executive Member

Yve De Britt
BA (Health Ed) Grad Cert
(Diab Ed) Grad Dip Com
Counselling RM RN CDE



Other Board Members

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

Helena Griggs
BPharm MPH RN CDE

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

Rosemary Macro
RN CDE

Neroli Price
RM RN CDE

Jill Vincent
Grad Cert (Diab Ed) RM RN CDE

Natalie Wischer
Grad Cert (Diab Ed) RM RN CDE



ADEA Board members

Branch Executives (as of 30 June 2007)

	Chair	Finance Officer	Secretary
NSW	Jane Payne	Ann O'Neill	Kaye Farrell
VIC	Tracy Aylen	Yvonne Hyland	Philina Davie
QLD	Peta Tauchmann	David Irvine	Liz Powell
WA	Denise Smith	Karen Beardsmore	Jenny McDonnell
SA	Marianne Lambert	Helen Millar	Rhonda Rowe
TAS	Patricia A'Bell	Marion Starosta	Melinda Mus
ACT	Gil Cremer	Vicki Mahood	Mary Walker
NT	Linda Rennie	Glynis Dent	Janet Stevenson

ADEA National Committees and Working Parties

ADEA Magazine Editorial Group

Chris Thorpe (Chair)
George Barker
Gaynor Garstone
Jayne Lehmann
Kate Marsh

Complaints Committee

Heather Hart (Chair)
Jan Alford
Tricia Marshall
Dr James Pollitt
Cathy Stephens
Denise Thompson
Erica Wright

Conference Local Organising Committee

Marilyn Cullens (Co-chair)
Maggie Wilson (Co-chair)
Dr Helen Lunt
Dr Jinny Willis
Trudy Brown
Penny Lloyd
Kristen Corselius
Maureen Reason
Tracy Aylen
Meredith Williamson

Conference Program Organising Committee

Michelle Robins (Chair)
Marilyn Cullens
Gill Dicker
Amanda Fryer
Heather Hart
Bobby Milne
Liz Obersteller
Elisa Williams

Course Accreditation Committee

Julie Bligh (Chair)
Jan Alford
Trish Dunning
Tony Pappas
Diana Sonnach
Maureen Unsworth
Lesley Wilcox

Credentiailling Committee

Jan Alford (Chair)
Lauren Botting
Lisa Grice
Joyce Gwynne
Lynnette Randall
Cheryl Steele

Diabetes Self Management Education Reimbursement Working Party

Gil Cremer (Chair)
Shirley Cornelius
Jane Giles
Kaye Neylon
Leigh Spokes
Chris Thorpe

Finance and Audit Committee

Elisa Williams (Chair)
Lynette Brown
Liz Obersteller
Di Roberts
Natalie Wischer

Insulin Issues and Advanced Practice Working Party

Lea Sorensen (Chair)
Tracy Aylen
Michelle Hargraves
Nuala Harkin
Fiona McIver
Anne Muskett
Liz Obersteller
Denise Smith

International Partnerships Committee

Shirley Cornelius (Chair)
Ruth Colagiuri
Jane Giles
Kaye Neylon

Research Committee

Trish Dunning (Chair)
Karen Glaister
Meri King
Jane Overland
Maureen Unsworth

Sponsorship Committee

Heather Hart (Chair)
George Barker
Chris Thorpe

Website Development Committee

Brad Marney (Chair)
Tracy Aylen
Liz Obersteller
Chris Thorpe
Wendy Logan

ADEA Office Staff



Executive Officer
Chris Thorpe



Professional Officer
Kaye Neylon



Administrative Officer
Wendy Logan



Finance Officer
Kate Luck



Administrative Support, Credentialling Officer and NADC
Liz Watson



Executive Assistant
Alison Kamenz

Business Partners

Platinum	Gold
Novo Nordisk	Eli Lilly

Sustaining Members

Level One	Level Two
Eli Lilly GlaxoSmithKline Novo Nordisk Sanofi aventis Servier Laboratories	Abbott Diabetes Care Roche Diagnostics

Life Members

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

Our Organisation

THE AUSTRALIAN DIABETES EDUCATORS ASSOCIATION (ADEA) is the peak Australian professional organisation for diabetes self management education and care. ADEA actively promotes best practice diabetes self management education, as an essential therapeutic intervention in the management of diabetes. The ADEA is about 'Benchmarking Excellence in Diabetes Education' and achieves this through a framework that facilitates the cycle of best practice through research, standards, advocacy and education.

ADEA's membership reflects the diversity of health professionals involved in diabetes care with nurses, dietitians, podiatrists, indigenous health workers, social workers, psychologists, physiotherapists, and medical practitioners working in, and committed to, diabetes education.



The ADEA Organisational Chart illustrates the structure of ADEA. As an Australia-wide association the ADEA has a Board and Executive as its governing bodies. Committees and Working Groups address specific goals of the ADEA to achieve desired outcomes in priority areas. Members are invited onto these bodies according to their interest and expertise. Each member, while joining the national association, is a member of a nominated Branch of the ADEA, which represent and support members through local activities. Each Branch ensures

that the specific issues of its members are addressed within the ADEA at the appropriate level. Special interest groups can also be formed under the auspices of ADEA, by members with a common interest, in order to exchange ideas, expertise and professional development, and provide leadership in specific areas.

ADEA collaborates with the Australian Diabetes Society (ADS) through a national office (the Australian Diabetes Professional Organisations – ADPO).

The National Association of Diabetes Centres (NADC) operates as a joint committee of ADEA and ADS. The NADC is a national collective of diabetes centres that explores mechanisms for improving the standard of care available to people with, and at risk of, diabetes Australia-wide, through specialist centres and services.

ADEA and ADS are the Health Professional Member Organisations of Diabetes Australia Ltd (DA Ltd). ADEA provides expert advice on diabetes education to DA.

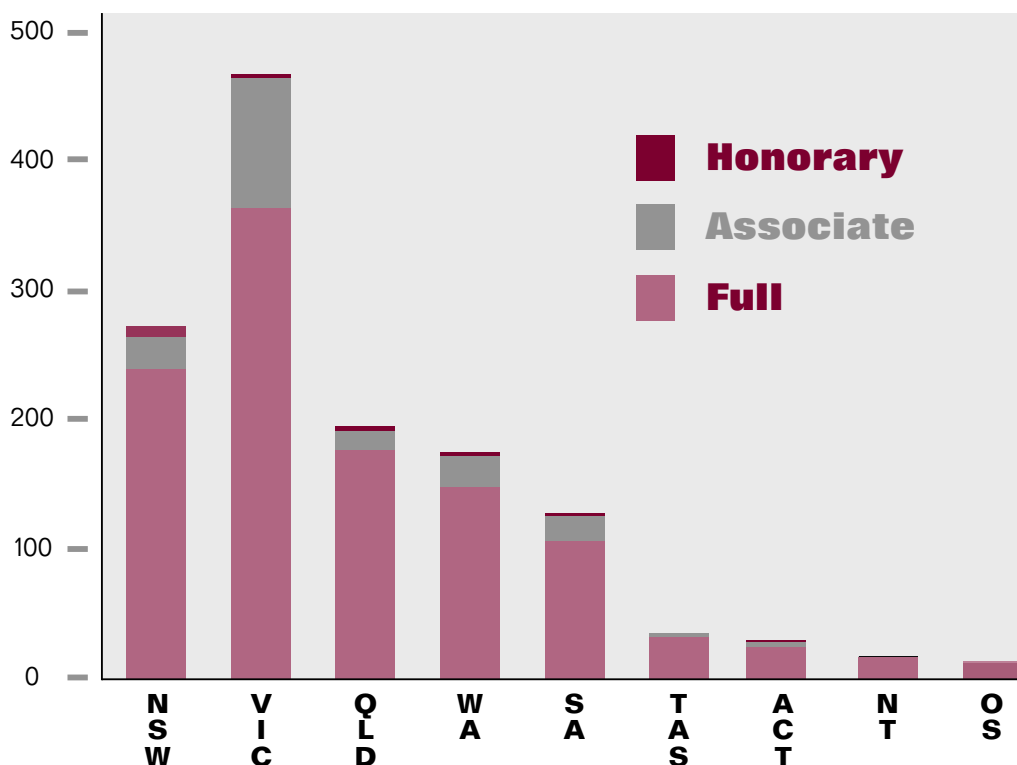
Membership

Full Members are health professionals who are primarily engaged in providing services to people with diabetes. A person who is not a health professional can be accepted by the Board if they have made a significant contribution to diabetes education. A Full Member is entitled to attend and vote at general meetings.

Associate Members are people with an interest in diabetes education. An Associate Member is entitled to attend but not vote at general meetings.

Sustaining Members are companies that support the aims and goals of ADEA. A

ADEA Membership June 2007



Sustaining Member is entitled to attend but not vote at general meetings.

There were 1328 members of ADEA in June 2007, 16 Honorary, 1119 Full, and 193 Associate. Total membership grew 5.3% over June 2006, and is 20% higher than three years ago.



Credentialed Diabetes Educators

Greater recognition – expanded services for people with diabetes.

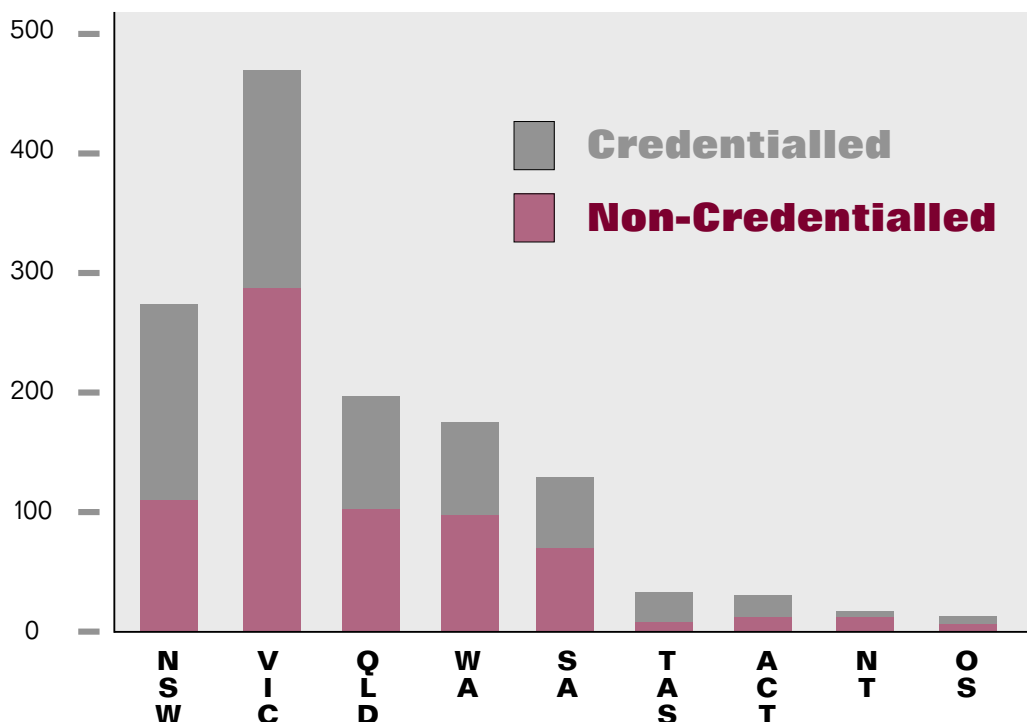
Credentialed Diabetes Educators (CDEs) continue to benchmark excellence and are the appropriately qualified providers of diabetes self management education. The last 12 months have seen a significant expansion in the diabetes education services available to people with diabetes.

The Department of Veterans Affairs (DVA) now reimburses diabetes education services provided to veterans, and some 30 CDEs are now registered to provide DVA services.

In May 2007, Medicare item numbers for group services for people with type 2 diabetes were introduced. Such services can be provided by CDEs, Accredited Practising Dietitians and Accredited Exercise Physiologists. These new item numbers are in addition to the currently available Medicare item numbers for individual education sessions and will provide greater viability for CDEs working in private practice.

Although the private practice workforce is still small, around 150 CDEs, the number of Medicare claims for diabetes education services have increased one and a half times over the

Credentialed Diabetes Educators June 2007



past year, with in excess of 1300 claims a month currently made.

CDEs continued to provide access for people with diabetes to the National Diabetes Services Scheme (NDSS), authorising over 25,000 registrations on the NDSS in 2006-07, some 37% of the total registrations for that year. CDEs also authorised virtually all pump consumables claimed under the Scheme (99%).

Growing demand for CDE status – ensuring the quality standard

The growing recognition of CDEs has increased requests for eligibility by a wider range of health professionals. To ensure a rigorous approach to determining eligibility for recognition as a CDE, ADEA completed a review of those health disciplines eligible for recognition. As a result, the disciplines now eligible for recognition as a CDE are Registered Nurses (Division One RNs in Victoria); Accredited Practising Dietitians; Pharmacists accredited to conduct medication management reviews; and Medical Practitioners.

All eligible disciplines must still meet all criteria and requirements of the ADEA Credentialling Program including: completion of an ADEA accredited Graduate Certificate course in diabetes education and management ; a minimum of 1800 hours practice in diabetes education; maintenance of an ongoing professional development program; participation in a mentoring partnership; and adhering to the ADEA Code of Conduct.

The number of CDEs has continued to grow. In June 2007, there were 628 CDEs, an increase of 25% since June 2006. This represents 55% of full members.

The ADEA Course Accreditation Program – underpinning quality in entry level training for diabetes education

In 2007, ADEA undertook a quality review of the accreditation requirements and processes to be met by tertiary institutions providing ADEA accredited courses of diabetes education, the entry level qualification for practice as a CDE. New quality standards will need to be met by tertiary institutions preparing their courses for accreditation in 2008.

Currently there are six ADEA accredited programs being conducted in five Australian states:

Curtin University, Perth.	Graduate Diploma Health Sciences (Diabetes Education) and Graduate Certificate (Diabetes Education).
Flinders University, Adelaide.	Graduate Certificate in Health: Diabetes Education and Management.
Mayfield Education, Melbourne.	Graduate Certificate in Diabetes Education and Health.
Deakin University, Melbourne.	Graduate Certificate in Diabetes Education.
University of Technology, Sydney.	Graduate Certificate in Diabetes Education and Management. (Workshops can be attended in Sydney or Brisbane.)

Other tertiary institutions have expressed interest in conducting ADEA accredited courses.

President's Report

DURING 2006-2007, ADEA's Board of Directors, Committees, Working Parties, members and staff have actively contributed to progressing the ADEA Strategic Plan. Our current strategic plan continues to provide direction and vision for ADEA for another 12 months.

This year, ADEA has been reviewing and updating programs related to professional education and the recognition of the

role of the Credentialed Diabetes Educator (CDE). The course accreditation program and the credentialing program are essential to ADEA's foundation and this year these programs have undergone a significant review. Credible and appropriate courses for those providing diabetes care, information and self management education, as well as quality standards, are essential to the foundation of ADEA and the continued provision of services to people with diabetes. The role of the CDE is changing. It is now being recognised for clinical and self management education expertise, and as a key figure in providing expert support to other health professionals providing some aspects of diabetes care, information and education. Contributing to the continuing professional development of other health care providers is essential in ensuring people with diabetes have access to quality diabetes services, whether a CDE is on site or not.

ADEA is also committed to promoting and supporting a research aware community of diabetes educators. ADEA continues to build on its commitment to research and in 2006 conducted its first Research School. This program enables those attending to develop their research skills in a supportive forum. Research is essential if we are to enable members to frame their work using the best available evidence. ADEA understands that not all diabetes educators have opportunities to undertake research. Nevertheless, being research aware is a key aspect of interpreting research and applying it to everyday practice. It is important that members develop a research awareness that promotes critical review of research to determine for themselves if it is methodologically sound and if outcomes are applicable and relevant to both the community they service and the context in which they practice.

Two major projects were completed this year, the mentoring project and the clinical placement project. These projects have enabled ADEA to comprehensively look at establishing its own mentoring program. The program will also enable members looking to develop new skills and knowledge in various practice areas to do so within a supportive framework.

The employment of a Professional Officer has enabled ADEA to critically review and update key documents that frame diabetes clinical and self management education practice. This role will contribute significantly to progressing ADEA's vision. Many thanks to Kaye Neylon for her contribution and hard work in establishing this new position.

ADEA is a dynamic, vibrant, strong and progressive organisation, due to its diverse membership. Our membership has steadily grown and it has the potential to include many



Shirley Cornelius (right) passes on the Presidency to Jane Giles at the ADS/ADEA Annual Scientific Meeting on the Gold Coast.

other health professionals involved in diabetes care and education. Promoting ADEA to other groups is essential, not simply from a membership perspective but more importantly from an awareness perspective. This increasing awareness by other organisations and government bodies of ADEA's expertise has seen the Association invited to participate in a number of consultation forums.

Contributing to ADEA's capacity to promote the Association, the ADEA promotional DVD was completed this financial year. Our thanks must go to the Victorian Branch of ADEA for their hard work and commitment to seeing this fantastic project through. All Branches will have copies of the DVD available for use by the membership in promoting ADEA at various professional forums.

The Australian Diabetes Society, Diabetes Australia and the Divisions of General Practice are organisations that ADEA has continued to work closely with. The ADEA has also strengthened and further developed their partnership with the Australian Practice Nurse Association. These partnerships enable the integration of diabetes self management education across the widest sector possible, ensuring access for all people with diabetes.

ADEA is extremely active via the State and Territory Branches. The provision of continuing professional education, professional support and networks are a vital aspect of member services. Congratulations on the high standard of programs offered. The following pages of this report will highlight many of the Branch activities.

As I continue my role as President for another year, I would like to take this opportunity to thank Chris Thorpe, our Executive Officer, and all the staff of National Office, for their efforts during the past year, as well as all the members who worked on the committees, advisory groups and working parties. To the Board members, thank you for your continued support and commitment. Lastly, to the collective membership of ADEA, thank you for your support for the Association and your peers, and I look forward to our combined achievements and challenges of 2007-2008.

Jane Giles RN CDE

Finance Director's Report

THE 2006-07 YEAR has produced another very good result for the Association, with a surplus of \$378,204 (compared with surplus of \$296,328 recorded in 2005-06). This result reflects the success we had in securing project funding from external sources, well attended and sponsored Branch conferences, our largest ever National Conference (held at the Gold Coast) and continued careful cost control.

The financial strategy of the past few years has been to build a sound financial position by running surpluses and accumulating financial reserves, in preparation for the end of the contract for the National Diabetes Services Scheme. Diabetes Australia was successful in securing another 5 year contract from November 2006, which has maintained the NDSS as a source of income for ADEA until 2012. However, the Commonwealth has imposed more stringent acquittal procedures and has placed more specific planning and other demands on ADEA (and the other parties to the contract). These will have significant cost implications in future years.

The signing of the new NDSS contract has removed a major uncertainty about ADEA's



Elisa Williams

medium term future and has allowed us to move ahead with several planned initiatives. The new professional officer has been on staff for nine months and has an important role in delivering these initiatives. We have also recently advertised for a project officer, to allow us to meet NDSS contract obligations.

One of the tasks for the professional officer in 2007-08 is to put in place a permanent mentoring program and to manage two major, externally funded projects. One is the Behaviour and Education Project, which will provide members with training on behaviour and education theory, client-centered care and management, psychological assessment, and counselling and communication skills. The sponsor for this project is Novo Nordisk. The other major project is funded by a NDSS Strategic Development Grant and involves the development and piloting of a model that delivers diabetes self management education through general practice.

Using our current financial strength, these and other initiatives to be put in place over the next 12-18 months will enhance ADEA's standing as the peak professional body in diabetes education. They will make a valuable contribution to developing and maintaining a skilled workforce providing diabetes self management education services.

The Finance and Audit Committee continues to monitor and improve the quality of ADEA financial reporting and auditing processes. The Committee systematically reviews all relevant internal processes to ensure that the National Office is operating efficiently and effectively. Regular surveys of satisfaction with National Office member services provide valuable suggestions for improvements.

I also wish to acknowledge the National Office for providing support and assistance during the year.

Elisa Williams RN CDE

Executive Officer's Report

THE NATIONAL OFFICE has had another busy year in 2006-07.

A number of the projects commenced in 2005-06 have come to fruition, including the Sick Day Guidelines, the Mentoring and Clinical Placement projects and the completion of the 'Australianisation' of the LifeScan web-based home study program.

The increased workload that has been evident over the past couple of years and the Association's sound financial position have allowed the appointment of a full time Professional Officer, Kaye Neylon, and a part time Executive Assistant, Alison Kamenz.

Kaye has spent considerable time reviewing the course accreditation and credentialling procedures, so improvements in both are being put in place. The *Role of the Diabetes Educator* has been reviewed and revised, and republished as the *Credentialed Diabetes Educator (CDE) in Australia – Role and Scope of Practice*. Kaye is also taking the results from the Mentoring and Clinical Placements projects and using them in the permanent mentoring program that is being worked up for implementation in 2007-08. ADEA has been successful in securing a Strategic Development Grant from the National



Chris Thorpe

Diabetes Services Scheme (NDSS) to pilot a Diabetes Self Management Education (DSME) package in general practice and identify funding options for sustainability.

Another major focus at present is the Behaviour and Education Theory Project, which Novo Nordisk has generously sponsored after having funded the earlier scoping work. The objective is to develop web-based training programs on behaviour and education theory and client centred care and self management, to better equip members to enhance their skills in diabetes care and diabetes self management education. The first step in this project was a member survey on what is meant by client-centred care, so that ADEA can develop its own definition of this important concept, and use it to anchor the training programs to be developed.

Improving diabetes care in the community has been a theme of a number of ADEA activities in 2006-07. The NADC training program *Diabetes Management in the General Care Setting* now has national accreditation and is available online. The latter has involved a collaboration with the Australian Practice Nurse Association. The Federal Government has expanded the range of Medicare items to include group items, and CDEs can now register with the Department of Veterans Affairs. All these have absorbed considerable National Office resources including, in the case of the new Medicare Group items, the development of explanatory materials and a national road show to explain the changes. This work was done in collaboration with the Dietitians Association of Australia and the Australian Association of Exercise and Sports and Science, and was funded by the Department of Health and Ageing under the Australian Better Health Initiative.

The past year has seen the renegotiation of the NDSS Agreement with Diabetes Australia (DA). This will provide ADEA with 5 years of grants for providing diabetes education advice and services to DA, for that Scheme. The new contract places greater emphasis on planning, expands ADEA's responsibilities, and has introduced new accountability requirements. ADEA actively contributed to the renegotiation and to developing the procedures that underpin the new Scheme's arrangements.

Apart from these activities there has been the ongoing work of providing services to members. Thanks to our Business Partners, ADEA members can access a range of travel grants (both to the Annual Scientific Meeting in Australia and those held internationally) and apply for scholarships and research grants. Various committees and working parties, staffed by volunteers and supported by the National Office, work to progress and develop ADEA, as do the special interest groups. Much work is put into the planning and organisation of the Annual Conference.

My thanks go to Kaye for handling professional issues; Wendy for all her work on membership issues and maintaining the web; Kate who ably manages the finances; Liz who deals with credentialling; and Alison who assists us all at National Office. All have worked hard and with commitment to the ADEA over the past year. I would also like to thank Jayne Lehmann for her work on the *Australian Diabetes Educator*.

Finally, my thanks go to the President and the Board for their encouragement and support.

Chris Thorpe



The late Jan Baldwin's husband Bob Walsh (L) and sister Dianne Adams (R) present Liz Obersteller, (centre) with the 2006 Jan Baldwin Award.

Achievements 2006-07

THE 2005-2008 STRATEGIC PLAN's key focus areas provide the structure by which the achievements of the ADEA are presented.

Membership and Communication

Australian Diabetes Educator

The ADEA's official publication continues to evolve and has been well accepted by the membership and advertisers alike, with an increase in the number of submitted articles on a broad cross section of topics and issues.

The Managing Editor, Jayne Lehmann, continues to mentor novice authors and has been engaged to further develop and put into operation a peer review process for specifically submitted articles to the *Australian Diabetes Educator*. This has been a long term goal of the ADEA, and a work plan is currently in place to ensure achievement of the goal over the next year.

The Magazine Editorial Advisory Group continued support of the Managing Editor through quarterly teleconferences has been appreciated and valued.

Promotional DVD

A DVD to promote awareness of ADEA and its activities and to encourage health professionals to become ADEA members has been produced by the Victorian Branch. A distribution strategy and guidelines for use have been developed. The DVD is available to all members through their Branches for use at appropriate venues.

Branch Based Activities

NSW

Branch meetings are held quarterly, alternating between city and metropolitan venues, with great success. Meetings are teleconferenced and recorded.

A *Welcome Letter* is now distributed to new members, informing them of Branch

activities and encouraging their participation.

Victoria

Over 40 branch and regional special interest group meetings were held in Victoria during 2006-07, with special interest groups around the state and metropolitan area. These groups facilitate member communication, introduce potential new members to the ADEA and provide a local network for information and support. Membership continues to expand at 5% per year.

The Victorian Branch now has an ADEA server based email address to ensure continuity of access when Branch Secretaries change.

Queensland

An AGM and quarterly Branch meetings are held in Brisbane, with video or telephone link-up to sites throughout the state. One meeting linked 15 sites from the Gold Coast to Cape York and the Gulf of Carpentaria.

The email network is used to communicate local and national news throughout Queensland. Also distributed to members is the Members Directory, maintained by Kent Taylor.

WA

Quarterly meetings are held, with an education session and teleconferencing facilities incorporated into the meeting. The AGM in August 2006 attracted 48 members, with a presentation by Shirley Cornelius, the then ADEA President, on 'ADEA – The Next Steps'. Other meetings had sessions titled, 'Highlights from the National Diabetes Educator's Conference 2006' by Krystyna Creighton and 'The Role of Exercise Physiologists and the new Medicare Item for Group Videoconference'. A total of 92 members attended the March 2007 meeting, held at the Branch Conference.

Minutes of the general meetings are posted on the ADEA website, with regular e-mails sent to members informing them of recent changes, updates and issues.

SA

Dinner education meetings continue to be successful, with 4 held a year, attracting new and existing members from within

the city and country areas. The February meeting provided an overview of Cystic Fibrosis and Diabetes, by Associate Professor Dr Ian Chapman.

The Scholarship Committee continues to seek applications to assist SA Branch members with financial assistance to attend seminars and conferences.

Tasmania

Regular meetings were held with members, with two video linkups and two face-to-face meetings. Coinciding with the meetings were either an education session or workshop

NT

Meetings are held quarterly using teleconferencing facilities, with the aim of providing both support and continuing education to members. The Branch welcomed several new members this year.

ACT

The ACT Branch conducted quarterly meetings, adjacent to Greater Southern Area Health meetings in Queanbeyan and Branch education meetings to ease the travel burden of our many members who live and work in regional and rural NSW. Presentations included one from Health Partners outlining strategies to adjust lifestyle to include daily physical activity and exercise and one by Kaye Neylon, who provided an overview of her role as ADEA Professional Officer.

Equitable Access to Diabetes Self Management Education

Diabetes Self Management Education (DSME) Reimbursement Working Party

The National Office worked closely with the Department of Veterans Affairs (DVA) to facilitate the registration of CDEs for services to veterans, which has increased the accessibility of diabetes self management education to people with diabetes in the community. There

has been greater recognition of diabetes education by private health insurers, following representations by the DSME Reimbursement Working Party and patients.

The new Medicare Australia group items commenced on 1 May 2007. The National Office, in close partnership with the Dietitians Association of Australia and the Australian Association of Exercise and Sports Science, worked with the Department of Health and Ageing to develop the new items and to support their introduction. The Department funded the three Associations to undertake a national road show in April to present the new Medicare items to their members. The assistance also funded the development of a range of resources on implementing the new items, including information booklets, 'how to' guides for distribution to local GPs and a downloadable PowerPoint presentation for local use by members.

ADEA has been invited to join the DVA Allied Health Advisory Committee.

Guidelines for the Management of Sick Days

Guidelines for sick day management for people with diabetes and consumer brochures encouraging the development of a sick day action plan have been published and widely distributed. The brochures have proved popular, already requiring reprinting.

This was supported by an unrestricted education grant from Abbott Diabetes Care.

National Training Programs

The National Association of Diabetes Centres (NADC) training program, *Diabetes Management in the General Care Setting*, has been accredited under the Australian Qualifications Framework as a Certificate III equivalent. A nationally recognised Statement of Attainment will be issued when the Course is delivered in conjunction with a Registered Training Organisation. The Course is now available on-line, through a partnership with the Australian Practice Nurse Association.

This course does not qualify the person as a diabetes educator, but raises understanding of diabetes and promotes consistent and evidence based information and the development of referral pathways to specialised services for diabetes self management education.

Branch Based Activities

NSW

The Branch promoted a Diabetes Men's Health Interest Group through the year.

Tasmania

TIPS insulin pumpers group conducted.

ACT

Branch members expressed concern regarding the potential impact for people living with diabetes arising from the ACT Health Direct Care Employees consultation paper. A response was submitted by Professional Officer Kaye Neylon, in collaboration with Branch members.

Excellence in Professional Practice

Awards

In acknowledgement of the outstanding contribution by members, the following awards were presented in 2006:

Jan Baldwin Award
Liz Obersteller RN CDE
Honorary Life Membership
Kaye Neylon Dietitian CDE
National Certificate of Recognition
George Barker RN CDE
Branch Certificate of Recognition
Judee Bryant RN CDE
Joyce Gwynne RN CDE
Beryl Marsh RN CDE



2006 Award winners (L to R): Kaye Neylon, George Barker and Judee Bryant.

Branch Based Activities

Victoria

Annual Branch Conference Award winners:

Lisa Brown Novice Abstract Award
Lynne Fraser

Liz Baker Experienced Abstract Award
Victoria Stevenson

Poster Award
Cheryl Steele.

WA

Two new awards were presented at the Branch Conference:

ADEA WA First Presenter Award at the State Conference
Sophie McGough

ADEA WA Novo Nordisk Innovation Award
Wendy-Lee Pittick.

ADEA/ADS Annual Scientific Meeting

The 2006 ADEA/ADS Annual Scientific Meeting was held at the Gold Coast. It was the most successful yet, with a record 1276 registrants and 82 abstracts received. The Roche Educator's Day was very well attended with 223 registrants, with a new program format contributing to this outcome. The Conference continues to present an attractive program that provides high quality professional development and networking opportunities for over a quarter of the total ADEA membership.

The following awards were presented at the Conference:

ADEA-Servier Merit Award
Christine Sullivan

ADEA-Lilly Innovation Award
Tracy Aylen and Jaklina Michael

ADEA-Becton Dickinson Poster Award
Jane Giles

ADEA New Presenter Awards
Poster: Fran Brown
Oral: Rachel Stoney.

Behaviour and Education Theory in Diabetes Education Project

This project will develop four advanced training modules for currently practising diabetes educators in Australia, in relation to behaviour and education theory, client-centred care and management, psychological assessment and counselling and communication skills. The aim is to pilot the first of these courses in early 2008.

As a first step, ADEA has consulted with Chas Skinner and Sue Craddock, and undertaken a membership survey to develop an ADEA consensus statement on client centred care.

Industry Partner: Novo Nordisk

Reference Group: Shirley Cornelius (Chair), John Kilmartin (ASPRID), Jane Giles, Erica Wright.

Project Officer: Kaye Neylon

Consultant: Chas Skinner (Wollongong University).

CDE Health Discipline Recognition Eligibility

Disciplines were assessed according to a range of criteria, addressing professional governance and foundation clinical competence. CDE-eligible disciplines are Registered Nurses (Division 1 in Victoria), Accredited Practising Dietitians, Registered Pharmacists (who are accredited to undertake home management reviews) and Registered Medical Practitioners.

ADEA is committed to maintaining a strong membership among the full range of health disciplines involved in diabetes education

and care and to acting as a resource and advocate for these health professionals.

Clinical Placement Project

The project has now been completed and a process has been developed to conduct short placements to improve the confidence, skills and competence in insulin initiation and stabilisation. This material will provide the foundation and tools for use in preceptoring partnerships undertaken by ADEA members.

Industry Partner: Sanofi aventis

Reference Group: Jane Giles (Chair), Julie Bligh, Gaynor Garstone, Rebecca Gebert, Chris Thorpe and Nicole Gaupset (Observer)

Project Officer: Christine Atsalos.

Course Accreditation

Review of the current ADEA Diabetes Educator Curriculum is now complete and awaiting Board approval. The draft Curriculum Guideline document clarifies the domains tertiary universities are required to report on, provides the standards regarding the accreditation process to be followed, articulates the core body of knowledge, skills, and assessment to be included in courses and how the core competencies relate to these, and provides expectations of student clinical placement.

Due to the period of time required for this review and redevelopment process, current ADEA accredited courses due to be submitted for reaccreditation in 2007 have received an extra 12 month period of accreditation, with all ADEA accredited courses due for reaccreditation in 2008.

The ADEA Board has reviewed and restructured the ADEA Course Accreditation Committee. The new Committee will have an extended role regarding the review of standards of practice and core competencies, thus ensuring improved integration and organisation of the criterion being developed.

Credentialling

The Credentialling Committee, in association with the Professional Officer, has redrafted

a number of the documents required for the Credentialing Process and these documents are available on the ADEA Website. The Committee has also looked to streamline a number of issues, including the time applicants need to work in diabetes prior to application.

DSME in General Practice

This project, funded from a NDSS Strategic Development Grant, involves the development and piloting of a model that delivers diabetes self management education through general practice. The initial stages – development of a group education package and the specification of the evaluation – are nearing completion.

Project Manager: Kaye Neylon.

Enhancing Research

The Research Committee conducted the inaugural ADEA Research and Mentoring Workshop in 2006, with support from the ADEA Board. Two participants have subsequently enrolled in a Masters degree. A second Workshop will be held late in 2007.

Members of the Committee assisted with the review of ADEA conference abstracts and judged ADEA awards and grants. They also represented ADEA on the Diabetes Australia Research Council. In addition, Committee members provide advice to ADEA members writing conference abstracts, research reports and papers, as a part of the ADEA Research Advisory Scheme.

Branch Based Activities

WA

WA Branch and the National Office provided financial support for two members to undertake a Delphi study to investigate the capacity and research priorities of health professionals involved with diabetes care and education. The Project is currently being finalised.

LifeScan Project

The LifeScan web based professional development program has been

Australianised and is currently being put on the website for access by ADEA members. This course will provide a medical update for those working in diabetes, or returning after a period of absence.

Industry Partner: Johnson and Johnson

Reference Group: Judy Reinhardt (Chair), Jan Alford, Shirley Cornelius, Jane Giles and Sarah Pinchbeck (Observer).

Project Officer: Penny Handelsman.

Mentoring

The pilot program has been completed. Lessons learned will provide the basis for the roll out of the ADEA Mentoring Program in the coming year.

Reference Group: Jan Alford (Chair), Shirley Cornelius and Jane Giles.

Project Officer: Helen Phelan.

Multilingual Fact Sheets

A review of the adequacy and accuracy of facts sheets currently used by the NDSS is currently being undertaken.

Project Officer: Marie Gill.

Position Statement on Prediabetes

The ADEA and ADS collaborated to produce a Position Statement on Prediabetes which was published in *The Medical Journal of Australia*, May 2007 (186(9): 461-465).

Publications

The document *Role of the Diabetes Educator* has been rewritten to reflect the changes that have occurred over the past five years. It has been relaunched as *The CDE in Australia – Role and Scope of Practice*. This new publication will be the basis for a review of the National Core Competencies for Diabetes Educators.

Scholarships

ADEA Post Graduate Research Grant

In 2007 this grant, worth \$10,000, was

awarded to Lisa Engel for a study into the psychological impact of DAFNE training in adults with type 1 diabetes.

Graduate

Novo Nordisk sponsors an annual scholarship for 9 ADEA members to undertake a Graduate Certificate in Diabetes Education. The scholarship is worth \$2,000, with a travel grant to attend the ADS/ADEA Conference and a certificate.

In 2007 scholarships were awarded to:

NSW/ACT – Julie Longson, Alison Lancaster, Michele Martin, Vicki Whyte

Victoria/Tasmania – Robyn Bousted, Kathryn Cirone, Christine Goode, Rachel Stoney

Queensland – Jennifer Kerr.

International Conferences

Sanofi aventis provides scholarships of \$2,500 to attend the European Association for the Study of Diabetes (EASD) Conference.

The 2007 scholarships were awarded to Tracy Aylen, Jennifer Duff and Helen Irwin.

Insulin Issues and Advanced Practice Working Party

The Working Party is developing a position statement on unregulated care workers, to reflect current practices. The new statement, incorporating professional, medico-legal and consumer issues, will be put to the Board for review later in 2007.

National Standards for the Development and Quality Assessment of Services Initiating Insulin Therapy in the Ambulatory Setting will be reviewed next.

Professional Development by Branches

NSW

The Branch State Conference, held in Nulkaba on 25-26 May 2007, presented information on 'Great Expectations: All about pregnancy and much more.'

The Branch also focussed this year on

supporting CDE's who are following the Nurse Practitioner pathway or working in private practice.

Victoria

The 2006 Annual Conference was coordinated by the Northern Region Special Interest Group, and was held in Echuca, with 200 registrants. A short play, 'A pill, a pump and a needle,' by Alan Hopgood was performed. Key Speakers included endocrinologist, Dr Jenny Cohn, and psychologist, John Boyle.

Eight abstracts and four posters were accepted for presentation. Barwon Special Interest Group is coordinating the 2007 Branch Conference.

Queensland

The Annual Branch Conference was presented in June 2007, with the theme, 'Don't get Complicated'.

WA

The Branch Conference was held in March 2007 in regional WA's Busselton. A total of 138 registrants attended with the theme, 'Let's Get Physical'. Keynote Speakers were Prof Billie Giles Corti from the School of Population Health, University of WA, Dr Ronald Main, Clinical Psychiatrist and a Panel Session with Dr Jeff Hamdorf and his team who specialise in morbid obesity and gastric banding. A post conference workshop was held by a pharmaceutical company.

Travel grants were offered to members to attend State and National ADEA conferences.

SA

The Branch provides education updates at all meetings, with the annual weekend workshop, 'Diabetes Through the Looking Glass' presented by Dr Bob Montgomery and was held at The Chifley, Adelaide on 12-13 May. The focus of the weekend was on how to apply health psychology concepts to help people with diabetes.

Tasmania

The 2007 conference, 'Unlocking Paths to Learning and Change', was held in June at

Cradle Mountain. Workshops were held on DAFNE and 'Health Coaching'.

NT

The NT Branch held their first face-to-face meeting in Darwin from 20-21 April, bringing together nearly all of their members for two days of sharing, learning and comparing our vastly different work areas. Presentations were provided from the Menzies School of Health Research, including Dr Sellers, a paediatric endocrinologist from Canada, who shared their experience with youth onset type 2 diabetes. ADEA President, Jane Giles also attended. A pre conference insulin pump workshop was offered.

ACT

The ACT Branch's local conference group organised two successful local education events. Deborah Foote and Dr. Jane Overland facilitated the 'Managing Type 1 Diabetes' workshop in September 2006 with 35 members participating in the 1 day workshop. The Branch's bi-annual conference, titled 'Diabetes and Women's Health,' was held in February 2007. This attracted a large number of registrants who were not ADEA members, including local registered nurses, midwives, practice nurses and medical practitioners.

Leadership and Collaboration

Working with Diabetes Organisations

The ADEA works in collaboration with the Australian Diabetes Society (ADS) to operate the National Association of Diabetes Centres (NADC) and the Australian Diabetes Professional Organisations (ADPO). The latter provides executive support and management services to both ADEA and ADS.

ADEA is a member of Diabetes Australia (DA) and actively participates in DA committees and forums, and provides

professional advice on the operation of the National Diabetes Services Scheme. It is the diabetes education organisation of DA.

International Partnerships Committee

The newly formed International Partnerships Committee comprises the ADEA President, Immediate Past President, Western Pacific Region Representative and ADEA Professional Officer. Other members can be co-opted. Responsible for developing and maintaining ADEA's international relationships, the Committee supports the development of international relationships and diabetes education organisations in other countries, particularly in the Western Pacific Region (WPR), and international collaboration in projects and research, where appropriate.

Relationships with Other Health Organisations

ADEA has developed close relationships with the Dietitians Association of Australia, the Australian Association of Exercise Sports Science, and the Australian Practice Nurses Association. This has assisted in working on issues of mutual concern (such as the introduction of the new Medicare group items and the training of practice nurses in diabetes). The Association is also working with the Australian General Practice Network on effective diabetes management in the community.

Branch Based Activities

Queensland

Queensland Branch has several members working in Diabetes Innovation Projects funded by the Clinical Practice Improvement Centre, a Queensland Health initiative:

- Improving outcomes of pregnant women with diabetes and their babies (state-wide) and improving outcomes for Far North Queensland women with diabetes/gestational diabetes.
- Dose adjustment for normal eating (DAFNE) and Queensland Type 1 group
- Standardised paediatric diabetic ketoacidosis treatment protocol

- Model for the effective transition of adolescents with diabetes to adult care
- Development of the Inala Chronic Disease Management Service.

Rose Baker is Branch representative on the Telephone Linked Care project, which aims to provide patients with accessible and affordable ways to improve DSME and doctors with a more effective way to monitor the person with diabetes and detect clinical problems at an early stage.

WA

WA Branch works closely with other professional organisations, such as the Dietitians Association of Australia (DAA) through the DAA-WA Diabetes Interest Group.

Tasmania

Members participated in the Mentoring/Preceptorship pilot to support and encourage members to gain their CDE status.

NT

An exciting outcome from the April Conference was the formation of a special interest group to work with the Menzies School of Health Research mental health team to adapt their assessment and care planning resource for remote indigenous people, to a diabetes specific care plan.

ADEA Representation

Diabetes Australia Committees and Councils

- National Board – Jane Giles, Heather Hart (alternate)
- National Board Executive – Shirley Cornelius
- Awards Selection Panel – Erica Wright
- Conquest Editorial Board – Trisha Dunning
- Diabetes International Representatives Committee – Ruth Colagiuri
- Diabetes Management Journal – Kate Marsh, Neroli Price
- Medical Education and Scientific Council – Jane Giles, Heather Hart, Yve De Britt
- Health Care and Education Committee – Yve De Britt

- International Diabetes Council – Ruth Colagiuri
- Research Council – Trisha Dunning
- National Nurses Organisation – Jan Alford, Coral Shankley

National Office Representation

Department of Health and Ageing - Allied Health and Dental Initiative Consultative Group

Department of Veterans Affairs – Allied Health Advisory committee

Expert Input from ADEA Members

Tracy Aylen represented the ADEA on the Quality Use of Medicines Stakeholder Reference Group.

George Barker represented ADEA on the Expert Working Group for Blood Glucose Monitoring Guidelines (a part of the NHMRC Type 2 Guidelines), and on the Australian Working Party for HbA1c Standardisation.

Branch Based Activities

WA

- Forum for insulin issues and carers convened by the Office of the Chief Nurse, with recent involvement with the Aged and Community Services Western Australia in the development of an information package and competencies for the administration of insulin and performing blood glucose monitoring for aged care facilities
- Course Curriculum Reference Group, as required, in conjunction with the Course Coordinator of the Graduate Diploma of Diabetes Education (Curtin University of WA). A Masters Course for diabetes educators has commenced.

Tasmania

- Involvement in state wide review of clinical and primary care services
- Input into Tasmanian Diabetes Action Plan.

Special Interest Groups

Insulin Pump Interest Group (IPIG)

As a NSW based interest group, IPIG

provides support and information to diabetes educators, doctors and dietitians interested in insulin pump therapy. It meets 4 times a year, with teleconferencing available to increase participation.

The Group presented a poster presentation at the ADS/ADEA Annual Scientific Meeting on the Gold Coast in 2006, on the IPIG An Insulin Pump booklet. This booklet covers the considerations in establishing and supporting an insulin pump therapy program. The Group met with private health insurer HCF, to clarify their insurance cover for insulin pumps.

An Insulin Pump Consumer evening was held in November, with 75 people attending at the Royal Prince Alfred Hospital, for pump users and people interested in, or waiting for pump therapy.

Chair: Julie Bligh

Private Practice Special Interest Group

The Group met for a face-to-face meeting at the ADS/ADEA Conference in September 2006, with approximately 70 people attending. At the meeting, Abbott Diabetes Care announced the development of a new resource to assist CDEs setting up a private practice. A new structure was set-up to run the group. Email based contact continues to be the main forum by which this group interacts. Expert input is also provided to ADEA on issues related to private practice.

Chair: Jayne Lehmann

Email coordinator: Deb Foskett

Website coordinator: Margaret Hollis

Document review coordinator: Judy Reinhardt

DSME Reimbursement Working Party Representative: Leigh Spokes

Sponsorship

In 2006-07, Corporate Sponsorship exceeded \$160,000. Novo Nordisk, Lilly, Abbott Diabetes Care and Johnson and Johnson were the main Business Partner contributors. The sustaining members program raised \$27,000.

Governance

Complaints Committee

The Complaints Committee received one formal complaint about the practice of a diabetes educator. The complaint related to scope of practice and not unprofessional conduct. An opportunity was provided for preceptorship in relation to the area of practice and a mutual outcome was successfully achieved.

Governance Training

There is an ongoing program of Board training on responsibilities and duties under Corporate Law. A new Board Member Manual has been developed. Training is regularly provided to Branch Finance Officers.

Strategic Planning

The Strategic Plan remains the basis for planning, budgeting and reporting on ADEA activities. The current Plan is due for review next year.

Branch Based Activities

NSW

A buddying system has been put in place to assist the new Executive.

Victoria

Branch business is conducted from a number of different locations, due to the growing Branch size. Branch information is largely held electronically, and to protect from data loss, each member of the Branch Executive holds a copy of the information on USB memory stick.

NT

The committee are working together to improve financial and written governance reports to our growing number of members.

ACT

Gil Cremer completed governance training organised by Diabetes ACT.

Looking Towards 2007-08

As a professional association, the services and benefits provided to members matter and we will continue to strive to maintain improved performance in this area. This will include improved internal communication, through the *Australian Diabetes Educator*, the website and email, and improved advocacy for diabetes self management education to government and through the partnerships we form with other health professional and related organisations.

Our vision is optimal health and well being for all people affected by, and at risk of, diabetes, with the ADEA maintaining its focus on expanding equitable access to diabetes self management education. We will build on the work done in 2006-07 on the new Medicare group items, which expands the range of care options available to people with diabetes. We will work to develop a better focus on diabetes in the primary care setting, through the National Diabetes Services Scheme (NDSS) Strategic Development Grant Project to develop a model for the delivery of diabetes self management education through general practice, and improved training in diabetes for practice nurses, utilising the NADC training package *Diabetes Management In The General Care Setting*. Such short course training will not create diabetes educators, but it will increase the understanding of the complexity of diabetes management and care and is a means of promoting the development of referral networks to deal with the more complex cases.

Excellence in professional practice will be promoted through the review, updating and expanding of the range of ADEA professional publications, the implementation of a mentoring program following the completion of the pilot in 2006, and the continuation of the research mentoring program. Through sponsorship and from its own resources, ADEA now offers a range of scholarships and travel awards that assist members to develop and maintain their professional skills. The annual Conference continues to grow and improve.

We have worked closely with other professional associations during 2006-07, and with government, to increase the awareness of the importance of diabetes self management education, to advocate for improvements for people with diabetes and to ensure new initiatives, such as the Medicare group items, are implemented smoothly. We will build on this during the coming year.

We will continue to work closely with the Australian Diabetes Society and Diabetes Australia, including on the delivery of an effective NDSS.

Finally, we will not forget the importance of good management of the Association. Our governance structures are sound and will be improved through constant review and training. We will actively promote succession planning within the Association, to build the capacity of its members for effective leadership of the Association.

Thank You

ADEA is fortunate to have many dedicated and skilled people who are prepared to donate their time, energy, enthusiasm, vision and expertise at both the Branch and National levels.

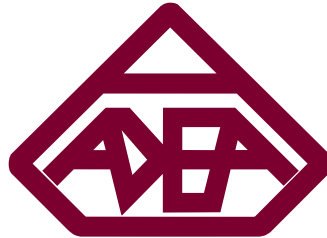
Our thanks go to those members who served on Branch Executives, on the Board, the National Executive, on Committees, Working Parties, Special Interest Groups and who worked as project officers. There have also been many members providing individual input on specific issues. A number of people also represented ADEA in a variety of forums, for which we also say thank you.

The National Office had a busy year. Thanks go to Chris, Kaye, Wendy, Liz, Kate and Alison, who all kept the Office running smoothly.

The continued support of all of our sponsors is also gratefully acknowledged. These sponsors, highlighted earlier in the Annual Report, have provided ADEA with the support needed to achieve a number of projects, scholarships, awards and other initiatives. The ADEA would not have been able to make these major contributions to improving the care of people with diabetes without the strong support of these Business Partners. We thank you and look forward to your continuing support.



Three of our past ADEA Presidents at the Victorian Branch Conference in Echuca in July 2006; (L to R) Prof. Trisha Dunning AM, Shirley Cornelius and Gloria Kilmartin.



Established 1981

Australian Diabetes Educators Association Limited

Financial Report

For the year ended 30 June 2007

ACN 008 656 522

**Australian Diabetes Educators' Association Limited
ACN 008 656 522**

DIRECTORS' REPORT

Your directors present their report on the Association for the financial year ended 30 June 2007.

Directors

The names and particulars of the directors of the Association in office at anytime during or since the end of the year are:

Gaynor Garstone

BN Grad Cert (Diabetes Education) Grad Cert (Health Service Management) RN

Heather Anne Hart

BN Grad Cert (Diab Ed) CCC RM RN CDE

Neroli Barbara Price

RM RN CDE

Yve De Britt

BA (Heath Ed) Grad Cert (Diab Ed) Grad Dip Com Counselling CM RN CDE

Rosemary Pamela Macro

RN CDE

Jill Mary Vincent

RM Grad Cert Diab Ed RN CDE

Elisa Anne Williams

BN Grad Cert (Diab Ed) RN CDE

Jane Giles

MN (Advanced Practice) BEd Grad Cert (Diab Ed) RN CDE

Nuala Harkin

Dip Infection Control Grad Cert (Diab Ed) RSCN NP RN CDE
Appointed 21 August 2006

Natalie Joy Wischer

Grad Cert (Diab Ed) RM RN CDE
Appointed 21 August 2006

Helena Ulrike Griggs

BPharm MPH RN CDE
Appointed 21 August 2006

Julie Anne Bligh

BA (Educ) MDS (Anthropology) RN CDE
Retired on 21 August 2006

Shirley Norma Cornelius

Grad Dip (Human Nutrition) Dip Management RN CDE
Retired on 21 August 2006

Dianne Roberts

B Nursing Paediatric Cert Grad Cert (Diab Ed) RN CDE
Retired on 21 August 2006

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



Australian Diabetes Educators' Association Limited
ACN 008 656 522

DIRECTORS' REPORT (continued)

Meetings of Directors

DIRECTORS MEETINGS

	Number eligible to attend	Meetings Attended
Gaynor Garstone	3	3
Heather Anne Hart	3	3
Neroli Barbara Price	3	3
Yve De Britt	3	3
Rosemary Pamela Macro	3	2
Julie Anne Bligh	1	1
Shirley Norma Cornelius	1	1
Jane Giles	3	3
Dianne Roberts	1	1
Jill Mary Vincent	3	3
Elisa Anne Williams	3	3
Nuala Harkin	2	2
Natalie Joy Wischer	2	2
Helena Ulrike Griggs	2	2

Operating Result

The net operating profit of the Association for the financial year amounted to \$378,204 (2006: \$296,328).

Principal Activities

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

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

After Balance Date Events

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

Future Developments

Likely developments in the operations of the Association and the expected results of those operations in future years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the Association.

Dividends

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

Options

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

**Australian Diabetes Educators' Association Limited
ACN 008 656 522**

DIRECTORS' REPORT (continued)

Indemnification of Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Association.

Proceedings on Behalf of the Association

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

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

Directors' Emoluments

During or since the financial year, no director of the Association has received or become entitled to receive a benefit:

- in connection with the management of the Association; or
- because of a contract that the director, or a firm of which the director is a member, or an entity in which the director has a substantial financial interest, made with the Association.

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 6.

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



Director

Dated this 24th day of July 2007.



Director

Dated this 24th day of July 2007.



WALTERTURNBULL
your extra asset

Independent Audit Report to the Members of Australian Diabetes Educators' Association Limited

Report on the financial report

We have audited the accompanying financial report of Australian Diabetes Educators' Association Limited (the company), which comprises the balance sheet as at 30 June 2007, and the income statement, statement of changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration of the company.

Directors' responsibility for the financial report

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

Auditor's responsibility

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

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

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

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BUSINESS ADVISORY SERVICES

ASSURANCE SERVICES

MANAGEMENT CONSULTING

FINANCIAL PLANNING

INSOLVENCY SERVICES

ACCOUNTING SOLUTIONS

CANBERRA MELBOURNE SYDNEY





Independent Audit Report to the Members of Australian Diabetes Educators' Association Limited (continued)

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of Australian Educators Association Limited, would be in the same terms if provided to the directors as at the date of this auditor's report.

Audit Opinion

- a. In our opinion, the financial report of Australian Diabetes Educators' Association Limited is in accordance with the *Corporations Act 2001* including:
- i. giving a true and fair view of the company's financial position as at 30 June 2007 and of its performance for the year ended on that date; and
 - ii. complying with Accounting Standards in Australia and complying with the Corporations Regulations 2001; and
- b. The financial report also complies with International Financial Reporting Standards.

Shane Bellchambers CA
Registered Company Auditor

Dated this

25 day of

July 2007



WALTERTURNBULL
your extra asset

**Auditor's Independence Declaration
Under Section 307C of the *Corporations Act 2001*
To the Directors of the Australian Diabetes
Educators' Association Limited**

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ABN 97 099 740 879

I declare that to the best of my knowledge and belief, during the year ended 30 June 2007 there have been:

- i) no contraventions of the auditor independence requirement as set out in the *Corporations Act 2001* in relation to the audit; and
- ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Shane Bellchambers CA

Registered Company Auditor
WalterTurnbull

Canberra ACT

25 July 2007

BUSINESS ADVISORY SERVICES
ASSURANCE SERVICES
MANAGEMENT CONSULTING
FINANCIAL PLANNING
INSOLVENCY SERVICES
ACCOUNTING SOLUTIONS

CANBERRA MELBOURNE SYDNEY



Australian Diabetes Educators' Association Limited
ACN 008 656 522

Directors' Declaration

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 8 to 20 are in accordance with the *Corporations Act 2001*:
 - a. Comply with Accounting Standards and the Corporations Regulations 2001; and
 - b. Give a true and fair view of the financial position as at 30 June 2007 and of the performance for the year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Director

Dated this 24th day of July 2007.



Director

Dated this 24th day of July 2007.



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

INCOME STATEMENT
FOR THE YEAR ENDED
30 JUNE 2007

	NOTE	2007	2006
		\$	\$
Revenue	3	1,162,871	809,396
Employee benefits expense	4	(169,816)	(93,694)
Depreciation expense	4	(1,533)	(1,703)
Publication costs	4	(102,803)	(76,896)
Professional development expense	4	(203,815)	(187,587)
Project management		(86,068)	(43,150)
Communication		(58,434)	(50,919)
Other expenses from ordinary activities		<u>(162,198)</u>	<u>(59,119)</u>
Surplus		<u>378,204</u>	<u>296,328</u>

The accompanying notes form part of these financial statements.

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

BALANCE SHEET
AS AT 30 JUNE 2007

	NOTE	2007 \$	2006 \$
CURRENT ASSETS			
Cash and cash equivalents	6	1,011,516	1,040,847
Trade and other receivables		75,035	23,542
Investments	7	580,124	147,876
Other current assets	8	<u>22,158</u>	<u>3,803</u>
TOTAL CURRENT ASSETS		<u>1,688,833</u>	<u>1,216,068</u>
NON-CURRENT ASSETS			
Property, plant and equipment	9	<u>4,314</u>	<u>2,335</u>
TOTAL NON-CURRENT ASSETS		<u>4,314</u>	<u>2,335</u>
TOTAL ASSETS		<u>1,693,147</u>	<u>1,218,403</u>
CURRENT LIABILITIES			
Trade and other payables	10	283,767	188,339
Financial liabilities	11	<u>1,112</u>	<u>-</u>
TOTAL CURRENT LIABILITIES		<u>284,879</u>	<u>188,339</u>
TOTAL LIABILITIES		<u>284,879</u>	<u>188,339</u>
NET ASSETS		<u>1,408,268</u>	<u>1,030,064</u>
EQUITY			
Retained earnings		<u>1,408,268</u>	<u>1,030,064</u>
TOTAL EQUITY		<u>1,408,268</u>	<u>1,030,064</u>

The accompanying notes form part of these financial statements.



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2007

	Retained Earnings \$	Total \$
Balance at 1 July 2005	733,736	733,736
Transfers from retained earnings	<u>296,328</u>	<u>296,328</u>
Balance at 30 June 2006	<u>1,030,064</u>	<u>1,030,064</u>
Surplus attributable to members	<u>378,204</u>	<u>378,204</u>
Balance at 30 June 2007	<u>1,408,268</u>	<u>1,408,268</u>

The accompanying notes form part of these financial statements.

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED
30 JUNE 2007

	NOTE	2007 \$	2006 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		1,193,661	806,540
Interest Received		52,140	33,158
GST (remitted to)/received from ATO		(40,659)	(10,657)
Payments to suppliers and employees		<u>(832,073)</u>	<u>(555,989)</u>
Net cash provided by operating activities	15	<u>373,069</u>	<u>273,052</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for plant and equipment		(3,512)	(1,480)
(Payments for) Investments		<u>(400,000)</u>	<u>-</u>
Net cash (used in) investing activities		<u>(403,512)</u>	<u>(1,480)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds from short term borrowings		<u>1,112</u>	<u>-</u>
Net cash (used in) financing activities		<u>1,112</u>	<u>-</u>
Net increase in cash held		<u>(29,331)</u>	<u>271,572</u>
Cash at the beginning of the financial year		<u>1,040,847</u>	<u>769,275</u>
Cash at the end of the financial year	6	<u><u>1,011,516</u></u>	<u><u>1,040,847</u></u>

The accompanying notes form part of these financial statements.



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2007

Note 1: Statement of Significant Accounting Policies

This financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Corporations Act 2001*.

Australian Diabetes Educators Association Limited (ADEA) is a company limited by guarantee under the *Corporations Act 2001*, incorporated and domiciled in Australia.

The financial report of ADEA as an individual entity complies with all Australian equivalents to International Financial Reporting Standards (IFRS) in their entirety.

The following is a summary of the material accounting policies adopted by the Association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

Basis of Preparation

The accounting policies set out below have been consistently applied to all years presented.

Reporting Basis and Conventions

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected non-current assets, and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

(a) Income Tax

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

(b) Inventories

Inventories are measured at the lower of cost or net realisable value.

(c) Furniture and Equipment

Furniture and Equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of furniture and equipment is reviewed annually by Directors to ensure it is not in excess of the recoverable amount for these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2007

Note 1: Statement of Significant Accounting Policies (continued)

(c) Furniture and Equipment (continued)

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives to ADEA commencing from the time the asset is held ready for use.

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

<u><i>Class of asset</i></u>	<u><i>Depreciation rates</i></u>
Property, Plant and Equipment	10% - 33.33%

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

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

(d) Impairment of Assets

At each reporting date, ADEA reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

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

(e) Employee Benefits

Provision is made for ADEA'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, plus any related on-costs. 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.

(f) Provisions

Provisions are recognised when ADEA 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.



**AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
ACN 008 656 522**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2007**

Note 1: Statement of Significant Accounting Policies (continued)

(g) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the balance sheet.

The short-term bank deposits as at 30 June 2006 were classified as investments and at 30 June 2007 they have been reclassified as cash and ash equivalents to more accurately reflect their classification.

(h) Revenue

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Revenue from member subscriptions is recognised in the period to which the membership subscription relates. Membership subscriptions are earned as revenue upon receipt of monies owed. All other revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

Grant revenue is recognised as revenue in the year to which the associated expenditure relates. Accordingly, grants received in the current year for expenditure in future years are treated as grants in advance. Unexpended specific grant revenue at 30 June each year is carried forward to be matched against future revenue in accordance with Australian Accounting Standards.

(i) Goods and Services Tax (GST)

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

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(j) Comparative Figures

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

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2007

	2007	2006
	\$	\$
Note 3: Revenue		
- Membership income	164,958	176,347
- NDSS allocation	149,614	202,466
- Professional development	206,781	102,016
- Project income	147,000	-
- Conference ASM	151,500	111,182
- Credentialling Program	8,913	15,812
- Interest received	52,140	33,158
- Gain on investment	32,248	17,052
- Other income	<u>249,717</u>	<u>151,363</u>
Total Revenue	<u><u>1,162,871</u></u>	<u><u>809,396</u></u>

Note 4: Profit from Ordinary Activities

Profit from ordinary has been determined after:

(a) Expenses:

Depreciation of property, plant and equipment	1,533	1,703
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(b) Significant expenses:

The following expense items are relevant in explaining the financial performance:

Professional Development costs	203,815	187,587
Publication costs	102,803	76,896
Employee costs	169,816	93,694
Rental expense	5,947	5,877

Note 5: Auditors' Remuneration

Remuneration of auditors for:

Auditing or reviewing the financial report	<u>6,930</u>	<u>6,300</u>
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Note 6: Cash and cash equivalents

Cash on hand	700	700
Cash at bank	721,403	575,147
Short-term bank deposits	<u>289,413</u>	<u>465,000</u>
	<u><u>1,011,516</u></u>	<u><u>1,040,847</u></u>

The effective interest rate on short-term bank deposits was 6.45% (2004 5.5%); these deposits have an average maturity of 6 months.



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2007

	2007	2006
	\$	\$
Note 6: Cash and cash equivalents (continued)		
Reconciliation of Cash		
Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:		
Cash and cash equivalents	1,011,516	1,040,847
Bank overdraft	11 <u>(109)</u>	<u>-</u>
	<u>1,011,407</u>	<u>1,040,847</u>
Note 7: Investments		
- Colonial First State Investment Funds	72,319	66,342
- FirstChoice Fixed interest	37,734	36,393
- FirstChoice Australian Shares	35,039	27,807
- FirstChoice Property Sec	15,719	12,664
- First Choice Boutique	5,881	4,670
- Asgard eWRAP Investment	<u>413,432</u>	<u>-</u>
	<u>580,124</u>	<u>147,876</u>
Note 8: Other current assets		
Accrued revenue	18,249	-
Prepayments	<u>3,909</u>	<u>3,803</u>
	<u>22,158</u>	<u>3,803</u>
Note 9: Property, Plant and Equipment		
Plant and equipment at cost	11,112	7,600
Less accumulated depreciation	<u>(6,798)</u>	<u>(5,265)</u>
	<u>4,314</u>	<u>2,335</u>

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2007

Note 9: Property, Plant and Equipment (continued)

a. Movements in carrying amounts

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

Balance at the beginning of year	2,335
Additions	3,512
Depreciation expense	<u>(1,533)</u>
Carrying amount at the end of year	<u>4,314</u>

	2007	2006
	\$	\$

Note 10: - Creditors

Accounts payable	110	4,049
Sundry payable and accrued expenses	61,074	26,499
Short term employee benefits	5,577	3,565
Membership Fees received in advance	81,643	70,393
Conference registration in advance	27,891	27,680
Grants in advance	18,000	56,153
NDSS unexpended grants	<u>89,472</u>	<u>-</u>
	<u>283,767</u>	<u>188,339</u>

Note 11: Financial liabilities

Bank overdraft	109	-
Master card	<u>1,003</u>	<u>-</u>
	<u>1,112</u>	<u>-</u>

Note 12: Capital and Leasing Commitments

Capital Expenditure Commitments

At the balance date, ADEA did not have any capital commitments which would require disclosure in this financial report.

Note 13: Contingent Liabilities and Contingent Assets

As at balance date ADEA has no known contingent liabilities or contingent assets.

Note 14: Segment Reporting

ADEA operates predominately in one business and geographical segment, being the promotion of best practice diabetes education to Members of the Association throughout Australia.



AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2007

Note 15: Cash Flow Information

a) Reconciliation of Cash Flows from Operations with Surplus from Ordinary Activities

	2007	2006
	\$	\$
Cash / Investments - Current		
Net operating surplus	378,204	296,328
Non cash flow in profits		
Depreciation	1,533	1,703
Unrealised profit on investments	(32,248)	(15,026)
Changes in assets and liabilities		
Increase in provisions	2,012	3,565
Increase in payables	29,248	4,479
Increase/(decrease) in other current liabilities	62,780	(22,386)
(increase)/Decrease in other current assets	(18,355)	533
(increase)/Decrease in receivables	<u>(50,105)</u>	<u>3,856</u>
Net cash provided (used) by operating activities	<u>373,069</u>	<u>273,052</u>

b) Non-cash Financing and Investing Activities

There were no non-cash financing or investing activities during the period.

c) Credit Stand-by Arrangements and Loan Facilities

ADEA has no credit stand-by or financing facilities in place.

Note 16: Events after Balance Sheet Date

There have been no events subsequent to reporting date, which require disclosure in the financial statements.

Note 17: Related Party Transactions

a) Transactions with Board Members

No remuneration is paid to Board Members; however, out-of-pocket expenses are reimbursed in accordance with ADEA policy.

b) Other related party transactions

No other amounts were paid to directors or director related entities during the financial year.

AUSTRALIAN DIABETES EDUCATORS ASSOCIATION LIMITED
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2007

Note 18: Financial Instruments

a) Financial Risk Management

ADEA's financial instruments consist mainly of deposits with bank, short term investments, accounts receivable and accounts payable.

Financial Risks

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

i) Interest rate risk

Interest rate risk is managed with a mixture of fixed and floating rate investments. For further details on interest rate risk refer to Note (b).

ii) Liquidity Risk

ADEA manages liquidity risk by monitoring forecast cash flows.

iii) Credit risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements.

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

b) Interest Rate Risk

ADEA's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:

Financial Instruments	Floating interest rate	Fixed interest rate	Non- Interest bearing	Total carrying amount	Weighted average effective interest rate
	06/07	06/07	06/07	06/07	06/07
	\$	\$	\$	\$	\$
(i) Financial assets					
Cash / Investments	1,301,527	289,413	700	1,591,640	5.82
Receivables	-	-	75,035	75,035	-
Other Current Assets	-	-	22,158	22,158	-
Non Current Investments	-	-	-	-	-
Total Financial assets	1,301,527	289,413	97,893	1,688,833	
(ii) Financial liabilities					
Trade & Other Creditors	-	-	283,767	283,767	-
Short term borrowings	1,112	-	-	1,112	15.91
Total Financial liabilities	1,112	-	283,767	284,879	-



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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2007

Note 18: Financial Instruments (continued)

b) Interest Rate Risk (continued)

Financial Instruments	Floating interest rate	Fixed interest rate	Non- Interest bearing	Total carrying amount	Weighted average effective interest rate
	05/06	05/06	05/06	05/06	05/06
	\$	\$	\$	\$	\$
(i) Financial assets					
Cash / Investments -Current	723,023	465,000	700	1,188,723	4.49
Receivables	-	-	23,542	23,542	-
Other Current Assets	-	-	3,803	3,803	-
Non Current Investments	-	-	-	-	-
Total Financial assets	723,023	465,000	28,045	1,216,068	
(ii) Financial liabilities					
Trade & Other Creditors	-	-	188,339	188,339	-
Total Financial liabilities	-	-	188,339	188,339	-

c) Net Fair Values

The net fair values of listed investments have been valued at the quoted market bid price at balance date adjusted for transaction costs expected to be incurred. For other assets and other liabilities the net fair value approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form other than listed investments. Financial assets where the carrying amount exceeds net fair values have not been written down as ADEA intends to hold these assets to maturity.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to the financial statements.

Note 19: Change in Accounting Policy

There have been no changes to accounting policies.

Note 20: Company Details

The registered office of the Association is:

Australian Diabetes Educators Association
 Level 2B
 Grant Cameron Community Centre
 27 Mulley Street
 Holder ACT 2611



Australian Diabetes Educators Association

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Benchmarking Excellence in Diabetes Education

Australian Diabetes Educators Association

What is diabetes self management education?

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

What is diabetes education?

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

ADEA welcomes all of these health professionals as members.

Who is a Credentialled Diabetes Educator?

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

- completed an ADEA Accredited Graduate Certificate course in diabetes education and care
- completed 1800 hours practical experience
- been peer assessed and mentored
- maintained continuing professional development
- abided by the ADEA Code of Conduct for Diabetes Educators.

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

CDEs are the recognised providers of DSME by Medicare and the Department of Veterans Affairs.

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

