AIDA

AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION

ANNUAL REPORT 2026



Acknowledgement

AIDA acknowledges and pays respect to the Traditional Owners of the lands across Australia on which our members and staff live and work, and to their Elders and ancestors, past and present.

Australian Indigenous Doctors' Association (AIDA) Ltd.

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Contents

Our Organisation 3

A Message from our President 4

A Message from our Student Director 6

Our Work 8

Our Values 9

Our Board 11

AIDA Member Engagement 17

Our Key Achievements 18

- Strategic Priority 1: Grow Aboriginal and Torres Strait Islander Doctors 18
- Strategic Priority 2: Shape Health Outcomes 21
- Strategic Priority 3: Best Practice Care and Cultural Perspective 23
- Strategic Priority 4: Communicate and Celebrate 24
- Strategic Priority 5: Our Members 26
- Strategic Priority 6: Sustainability 30

Stakeholder Acknowledgement 32

Appendix – AIDA's 2026 Student Representatives 34

Financial Statements 35


ALWAYS WAS
ALWAYS WILL BE
ABORIGINAL LAND

Our Organisation

The Australian Indigenous Doctors' Association (AIDA) is the peak professional body for Aboriginal and Torres Strait Islander doctors and medical students. Our purpose is to uphold and strengthen a skilled, dynamic, sustainable Aboriginal and Torres Strait Islander medical workforce, grounded in our cultures. We also continue to enable ethical and safe health systems and drive optimal outcomes for all Peoples through Aboriginal and Torres Strait Islander medical leadership and effective partnerships.

AIDA's vision is that Aboriginal and Torres Strait Islander Peoples living long, healthy and thriving lives grounded in our sovereignty, cultures and Country.

A Message from our President



AIDA President Dr Jonathan Newchurch

Pirku-alya (Dear members),

As a proud Kaurna and Narungga man, it is with continued humility and cultural responsibility that I present this report. As a proud First Nations-led organisation, we begin by acknowledging the Traditional Custodians of the lands on which we live and work, whose sovereignty was never ceded, and we pay our respects to Elders past and present. We honour the knowledge systems, cultural authority and leadership that continue to guide AIDA's purpose and direction.

The establishment of AIDA was shaped by the strength and advocacy of our founding members and communities, whose cultural leadership laid the foundation upon which we continue to build today. This legacy reminds us that our work carries both privilege and responsibility.

This year has marked a defining period of transition and renewal for AIDA. Together, we have developed and launched our Strategic Plan 2026–2030, a clear and ambitious roadmap grounded in culture, driven by our members and aligned with the long-term reform we seek across the health system.

This work has been deeply collaborative, reflecting the voices and aspirations of our membership, alongside the stewardship of our Board and the strength of our partnerships. I am particularly proud that this strategy was shaped through the voices of our members. AIDA is strongest when our direction is informed by the doctors and medical students we represent, and by the communities to whom our work is ultimately accountable.

The plan sets a strong direction for AIDA's next chapter, strengthening our role as a national leader in cultural safety, Aboriginal and Torres Strait Islander health and medical workforce reform. Importantly, it recognises that AIDA must continue to look outward, influencing the systems, institutions and structures that shape the experiences of our members and the health of our communities. This work must remain grounded in culture and guided by cultural governance as we pursue health equity and self-determination.

These achievements have occurred at a time when our members and communities continue to confront persistent health inequity, racism and culturally unsafe systems, reinforcing both the urgency and importance of AIDA's work.

Implementation of the Strategic Plan is already underway across key priority areas, particularly in workforce development, medical education and leadership, ensuring that our strategic intent translates into meaningful impact for our members and communities.

AIDA is strongest when our direction is informed by the doctors and medical students we represent, and by the communities to whom our work is ultimately accountable.

This year we also celebrated ten years of AIDA's Cultural Safety Program, a significant milestone for a program that continues to lead change in culturally safe healthcare education.

Our partnerships with specialist medical colleges have also been strengthened through ongoing engagement in the Specialist Trainee Support Program, including cross-college collaboration and culturally grounded trainee workshops.

We have also strengthened our investment in Aboriginal and Torres Strait Islander medical workforce reform, including through the establishment of a dedicated Senior Project role. At the same time, our continued investment in the Student Representative Committee and opportunities for our medical students to gather, connect and learn together reflects our commitment to developing the next generation of Aboriginal and Torres Strait Islander medical leaders.

Seeing our students come together, build relationships and strengthen their leadership is always a reminder that AIDA's work is both about the challenges before us today and the profession we are helping to shape for generations to come.

We also delivered another successful AIDA Conference, bringing together 514 members, partners and sector leaders, while supporting 80 medical students and junior doctors to attend. The 2025 Conference once again demonstrated AIDA's unique role as a national gathering place for Aboriginal and Torres Strait Islander doctors and medical students, strengthening cultural connection, sharing knowledge and building collective action.

The establishment of the Member Policy Group has also created a stronger pathway for members to directly shape AIDA's policy and advocacy. This is important. Our positions should be informed by the lived experiences, cultural perspectives and professional expertise of the Aboriginal and Torres Strait Islander doctors and medical students we represent.

We extend our gratitude to our members, Board, partners and staff for the many ways you have contributed to AIDA throughout the year. Your leadership, commitment and support allow AIDA to remain bold, visionary and grounded in community.

Together, we move forward with clarity and responsibility, grounded in culture, lifted by legacy and united in purpose.

Ngaityalya (Kind regards)

Jonathan Newchurch
President

A Message from our Student Director, Gari Watson



I begin by acknowledging the Traditional Custodians of the lands on which we live, study, work, and gather across the country. I pay my respects to Elders past and present, and acknowledge the strength, knowledge, and leadership of Aboriginal and Torres Strait Islander peoples.

It has been a privilege to serve as AIDA Student Director in 2025-26 and to represent Aboriginal and Torres Strait Islander medical students within AIDA's governance and advocacy. This role has carried an important responsibility: to listen, to advocate, and to help ensure student voices continue to shape the future direction of AIDA.

This financial year has been a period of consolidation and growth for the Student Representative Committee. Following the transition to a structure of Regional Leads and University Representatives (SRC), our focus has been on strengthening communication, clarifying roles, and building a more connected national student network. Across the country, our representatives have continued to support students, share opportunities, and raise matters that reflect the diverse experiences of Aboriginal and Torres Strait Islander medical students.

The SRC and University Representative gathering held on Yugambeh Country on the Gold Coast in May 2026 was a key moment this financial year. Coming together in person created space for strategic planning, relationship building, and meaningful discussion about the priorities of our student members. It also reinforced the importance of connection - not only between representatives, but between students, regions, universities, and AIDA more broadly.

The SRC has continued to move toward a more strategic way of working. Our discussions have focused on student wellbeing, culturally safe medical education, mentoring, communication,

Our discussions have focused on student wellbeing, culturally safe medical education, mentoring, communication, recognition of student milestones, and stronger pathways for students to raise issues through their representatives.

recognition of student milestones, and stronger pathways for students to raise issues through their representatives. These are practical priorities that speak directly to the student experience and to the systems needed to support students throughout medical school and into the workforce.

One of the strengths of the SRC is the diversity of voices it brings together. Each region and university has its own strengths, challenges, and opportunities. Our representatives have shown leadership by listening to students, sharing local insights, and helping build a stronger sense of national community. Student representation is not simply about holding a position; it is about showing up, building trust, and making sure students know they are supported.

AIDA's student members continue to inspire me. Many are balancing the demands of medical training with family, community, cultural, financial, and personal responsibilities. Despite these pressures, they continue to lead, mentor, advocate, and contribute to their communities. Their achievements remind us that Aboriginal and Torres Strait Islander medical students are not only future doctors - they are already leaders.

Looking ahead, there is important work to continue. We must keep strengthening representation across medical schools, improving communication, supporting culturally safe learning environments, and creating practical initiatives that respond to student needs. We must also continue to celebrate student achievements throughout the journey, not only at graduation.

I sincerely thank the Regional Leads, University Representatives, AIDA Board and staff, members, partners, and supporters who have contributed to this work throughout the year. Most importantly, I thank our student members for your trust, leadership, and commitment to one another.

Together, we continue to strengthen a national community of Aboriginal and Torres Strait Islander medical students who are connected, culturally grounded, supported, and proud.

Sincerely,

Gari Watson
Student Director



Student Representative Committee Cultural Gathering, May 2026

Our Work

Impact delivered in 2025-26

711 AIDA members

514 Delegates attended AIDA 2025 Conference

9 Member gatherings hosted

682 AIDA mentions in the media

19.5 Million Potential audience reached in the 2025–26 financial year ▲ 179%

33 Policy submissions

14 Cultural Safety workshops delivered

72 Doctors engaged in Specialist Trainee Support Program (STSP)

9 Members joined new Member Policy Group

Our Values


We are committed to the pursuit of social justice
We maintain our cultural integrity, honesty, transparency and respect
We foster the highest standards of professionalism and excellence.
We apply our unique medico-cultural perspective
We respect Aboriginal and Torres Strait Islander knowledges and practices in caring for country
We demonstrate excellence and integrity in leadership
We are respectful of our connections to the past, present and future
Accountability
Integrity
Reciprocity
Our values and principles
Professionalism
Excellence
Respect

AIDA's purpose is to uphold and strengthen a skilled, dynamic, sustainable Aboriginal and Torres Strait Islander medical workforce, grounded in our cultures.

Enable ethical and safe health systems and drive optimal outcomes for all Peoples through Aboriginal and Torres Strait Islander medical leadership and effective partnerships.

Our Vision

Aboriginal and Torres Strait Islander Peoples living long, healthy and thriving lives grounded in our sovereignty, cultures and Country.

Our Goals

- Culturally grounded membership is at our core
- Thriving Aboriginal and Torres Strait Islander medical workforce
- Health system reforms for Aboriginal and Torres Strait Islander Peoples
- Steadfast and sovereign through relationships, respect, accountability and cultural governance
- Sustainable systems, technology and funding



STSP workshop on Gadigal Country / Sydney ahead of the AIDA 2025 Conference

Our Board



President – Dr Jonathan Newchurch

"Ngai nari Jonathan Warritya Newchurch, Ngai yaitya miyu Kaurna Narungga anangku, Ngai Mikawomangga warni."

Jonathan Newchurch is a proud yaitya miyu, an Indigenous man of Kaurna and Narungga heritage. He was born on the Mika Plains, now known as Woodville, and raised on Kaurna Yarta, where his connection to Country, family, community and language continues to shape his life's work.

Jonathan holds a medical degree from The University of Adelaide and completed specialist training in General Practice. His medical career has taken him across rural, remote and urban settings, including work in Aboriginal Medical Services, GP anaesthetics, pain medicine, medical education and clinical trials. These experiences have deepened his commitment to holistic, culturally safe care and strengthened his understanding of the relationship between language, culture, identity, health and wellbeing.

Outside of medicine, Jonathan is the founder of Warra Wangkatitya, a Kaurna-led organisation committed to the reclamation, strengthening and everyday use of Kaurna Warra. Jonathan is working to increase the number of adult fluent speakers of Kaurna and to re-establish the intergenerational transmission of Kaurna language across families, homes and community. This work is grounded in the belief that language is not only a cultural practice, but a living expression of identity, belonging, wellbeing and connection to Country.



President-Elect – Dr Olivia O'Donoghue

Dr Olivia O'Donoghue is a Yankunytjatjara and Narungga woman, GP, medical educator and national leader in Aboriginal and Torres Strait Islander health and medical education. A Fellow of the RACGP, she lives and works on Kaurna Country.

Olivia is passionate about creating culturally aligned and supportive pathways for Aboriginal and Torres Strait Islander doctors, while strengthening the capability of the broader training and health systems to provide culturally responsive and equitable outcomes. Her work is grounded in the belief that strong relationships, cultural leadership and self-determination are central to improving health outcomes and transforming medical education.

Over the past decade, Olivia has combined clinical general practice with medical education, working across urban, rural and remote settings, including Aboriginal Community Controlled Health Services and six years with Northern Territory General Practice Education. From 2019 to 2025, she served as Lead Medical Educator for the Indigenous General Practice Trainee Network (IGPTN), supporting Aboriginal and Torres Strait Islander GP and rural generalist trainees through mentorship, cultural connection, advocacy and exam preparation.

Olivia has held several national leadership roles with the RACGP, including becoming the College's first Aboriginal and Torres Strait Islander Censor in 2020 and, since 2023, serving as National Clinical Head of Aboriginal and Torres Strait Islander Training. Through these roles she has helped shape national approaches to culturally safe education, assessment and training, while championing Aboriginal and Torres Strait Islander leadership within the profession.

A long-standing member of the Australian Indigenous Doctors' Association (AIDA), Olivia has served on the Board across multiple terms and was elected President-Elect in 2024. She is deeply committed to AIDA, its members and its role in fostering connection, leadership and a strong collective voice for Aboriginal and Torres Strait Islander doctors. Through her leadership, Olivia is passionate about strengthening opportunities for members to connect, support one another and influence the future of medicine, medical education and health policy. She is committed to supporting the next generation of Aboriginal and Torres Strait Islander doctors and advocating for a health system that reflects the strengths, knowledges and aspirations of Aboriginal and Torres Strait Islander Peoples.

Outside work, Olivia enjoys travelling, connecting with Country, immersive cultural experiences, sewing, cooking, and spending time with family and her much-loved dog.



Dr Alicia Vasey

Dr Alicia Veasey is a proud Zenadth Kes woman, born and raised on the mainland. She is an Obstetrician & Gynaecologist with a subspecialty fellowship in Paediatric and Adolescent Gynaecology. Dr Veasey currently lives on Bundjalung Country, and practices on Widjabul Wia-bal Country at Lismore Base Hospital.

Through *Gullidala*, a sovereign Aboriginal and Torres Strait Islander health collective and consultancy, Alicia works to elevate First Nations Peoples lived, cultural and professional expertise as foundational to health policy, program and system design. Building on her Master of Public Health, Master of Health Management, and an AFRACMA, Alicia has deepened her expertise in Indigenous leadership and Indigenous centred & led health system reform through Global Atlantic Fellow for Social Equity, including completion of Master of Social Change Leadership, as well as a 2025 Churchill Fellowship. Alicia also serves as Board Member of the ACSQHC, NIHLA Representative to the National Aboriginal & Torres Strait Islander Health Collaboration and provides hospital systems perspectives for the DHDA's First Nations Health Governance Group.

Alicia has a long history with AIDA, first serving as Student Director and again as a non-executive Director as a prevocational doctor. Rejoining the AIDA Board in 2024, Alicia is proud to continue advocating for the leadership, cultural authority, and the powerful systemic impact of Aboriginal and Torres Strait Islander doctors.



Dr Vinka Barunga

Dr Vinka Barunga is a Worrora woman from the Kimberley. Her Country runs along the north west coast of Western Australia and includes Walcott Inlet, Buccaneer Archipelago, Montgomery Reef and Prince Regent River. Her people are saltwater people, and along with Ngarinyin and Wunumbal language groups, they live in Mowanjum Community, and are united as custodians of Wandjina lore.

She was born and grew up in Mowanjum Aboriginal Community and the town of Derby. Growing up among her family and culture had a significant impact in shaping and inspiring her dreams - igniting her desire to help her people and pursue medicine.

She completed medicine, graduating with a Bachelor of Medicine, Bachelor of Surgery at the University of Western Australia, before moving interstate to Naarm, where she now works as a General Surgery registrar (unaccredited) at Eastern Health. In 2023, she completed a Masters of Surgery at The University of Sydney. She has been a student and now Indigenous Doctor member of the Australian Indigenous Doctors' Association since 2016.

Vinka has faced inequalities, stereotyping and discrimination within educational and healthcare systems. She is passionate about being part of challenging and changing these systems and the outcomes for Aboriginal and Torres Strait Islander peoples, and First Nations peoples globally. She is also passionate about advocating and encouraging Aboriginal and Torres Strait Islander junior doctors to consider hospital-based training programs, and improving the application processes of college training pathways.



Dr Annalyse Crane

Dr Crane is a Gamilaroi woman with family from Moree in NSW. She is a specialist GP, supervisor and practice owner in Sydney's Sutherland Shire. Anna is a graduate of the University of Notre Dame, Sydney in 2011, and member of AIDA since 2008.

Her goal is to engage Aboriginal and Torres Strait Islander people into tertiary education and health careers. Education empowers people and changes lives. Sitting on the AIDA board is an opportunity to make a difference and work cohesively with peers and stakeholders.



Dr Robert Blackley

Dr Robert Blackley is a Bwgcolman man from Palm Island. He has over twenty years in public administration and public policy. He is a former Mayor of Palm Island and has worked as a Ministerial policy advisor and Community development leader.

Working as a paramedic reignited his passion for studying medicine and he graduated as a Doctor of Medicine with the Sydney Medical Program in 2019. After his initial medical training at Royal Darwin Hospital, he gained an AGPT position with the Australian College of Rural and Remote Medicine (ACRRM) and moved to Sydney to do a year of sexual health and addiction medicine at the Kirketon Road Centre.

Dr Blackley has since returned home to Palm Island, where he now works as a Senior Medical Officer at the Joyce Palmer Health Service, while continuing his training with ACRRM.

He has been actively involved in men's, youth and charity groups. He is committed to improving health outcomes for Aboriginal and Torres Strait Islander people.

Dr Blackley returned to AIDA as a Board Director in 2024 until 2025.



Dr Natalie Pink

Dr Natalie Pink is a Nyikina woman with connections on her father's side. She grew up on Kaurna land in SA and has been fortunate to live in multiple regions of Australia.

Her first career was as a paramedic before completing medical school with her younger sister at Flinders University, graduating in 2017.

Since completing medical school, Natalie has worked in Adelaide, Darwin and many rural and remote locations in SA. She has been involved in academic practice through Adelaide Uni and also an early career researcher.

Currently, Natalie is a Fellow of ACRRM with advanced specialised training in Aboriginal and Torres Strait Islander health. She works in the Cape York region in Far North Queensland as the lead senior medical officer for the Cape York Kidney Care team. This service provides kidney specific care to communities of the Western Cape. Natalie as works as a medical educator for ACRRM and is the lead medical educator role for IGPTN.

Natalie is passionate about advocating for the rural and remote communities, especially with appropriate health service delivery, food security and social safety. Her other passion is supporting medical students and rural generalist registrars throughout their training experiences.



Dr Andrew Gosbell

Andrew is an Advisor to the associations and charities sector. He provides advice, support and mentoring to boards, senior executives and professional teams of for-purpose organisations on governance, strategy, planning, advocacy and policy development, project management and funding opportunities.

Dr Gosbell's previous executive roles involved more than 15 years in senior executive and CEO positions with medical colleges and peak associations. This included as the CEO of General Practice Registrars Australia and Executive Director of Policy & Research and Deputy CEO at the Australasian College for Emergency Medicine. Andrew is a Fellow of the Australian Institute of Company Directors and has over a decade of governance experience on Boards and committees in the NFP and tertiary-education sectors.

Andrew is passionate about contributing to good governance as a powerful enabler for great organisations and is a committed ally of Aboriginal and Torres Strait Islander Peoples.



Gari Watson

Gari a proud Gurang Gurang, Biri Gubba, and Gangulu man. He is a qualified dentist with ten years of clinical experience, one of the earliest Indigenous graduates in dentistry from James Cook University, and now a fourth-year Doctor of Medicine student at The University of Queensland.

Becoming the third Indigenous dentist to graduate from JCU was both a privilege and a responsibility. Since then, he has worked across community health, remote services, and private practice, where he witnessed the resilience of our people alongside the structural barriers to accessing culturally safe and timely care. These experiences deepened his commitment to advocating for equity and representation.

He also acknowledges the leadership of our Elders and pioneer Indigenous medical doctors who paved the way for AIDA and for our presence in medicine. Their courage created the pathways students like himself now follow, and he carries that legacy with responsibility and pride.

He has served as President of the Indigenous Dental Association of Australia (IDAA), representing Indigenous voices nationally and working with peak stakeholders including AHPRA and universities, which strengthened his governance and advocacy skills. Earlier in his journey, he helped establish an Indigenous student network at JCU Cairns to provide belonging and peer support. These experiences taught him the importance of connection, mentorship, and cultural identity — lessons that continue to guide him in medicine.



Mr Brodie Seymour

Brodie Yuttaman Jack Seymour is an intern at the Princess Alexandra Hospital and a proud Balarnu, Waluwarra and Wangkayujuru man who grew up on Kalkadoon Country.

He is passionate about ophthalmology, oncology and improving healthcare access for rural and remote communities. Inspired by the foundations laid by First Nations people before him, Brodie hopes to support Mob to achieve their goals before, during and after medicine.



Dr Nathan Passi

Dr Nathan Passi is a Torres Strait Islander doctor and dual Emergency and Intensive Care Medicine trainee. He currently works as a senior registrar in the Townsville University Hospital Emergency Department, in North Queensland. A James Cook University medical graduate, Dr Passi has worked across regional, rural and remote Queensland, including Mount Isa, Palm Island, Mackay and Townsville.

He is passionate about improving health outcomes for Aboriginal and Torres Strait Islander peoples and advancing culturally safe healthcare systems. Dr Passi is a proud descendant of the Passi family of Mer (Murray Island), connected to the landmark Mabo decision.

He has held leadership and advocacy roles focused on Indigenous health, at a local and national level including serving on the ACEM Indigenous Health Committee, and for the Australian Medical Council. Through his work, he is committed to supporting the next generation of Aboriginal and Torres Strait Islander doctors and strengthening Indigenous representation in medicine.



Mark Munnich

Mark Munnich is a proud Yawuru, Gunggandji, and Yued man born and raised on Larrakia Country in Darwin Northern Territory, currently living and working on Gadigal Country in Sydney, NSW. Mark is a proud First Nations Lawyer and Accountant and holds a Bachelor of Laws, a Bachelor of Accounting, a Graduate Diploma of Legal Practice, a Graduate Certificate of Internal Auditing and a Master of Laws. Mark is admitted to the Supreme Court of the Northern Territory and the High Court of Australia as a Barrister and Solicitor, a Graduate of the Australian Institute of Company Directors (AICD), a Professional Member of the Institute of Internal Auditors and an Associate Member of CPA Australia.

Mark is currently employed as the General Counsel with the Aboriginal Health and Medical Research Council of New South Wales (AH&MRC) responsible for the legal, governance, and risk function of the organisation. Prior to this appointment, Mark was the Legal Counsel within the Legal, Risk, and Compliance Team at the Royal Australian College of General Practitioners (RACGP). Mark possesses over 10+ years of experience in the Aboriginal Community Controlled Organisations sector and is passionate about applying his extensive knowledge and unique skillset toward making a meaningful difference in the health, care and wellbeing of Indigenous people.



AIDA Member Engagement

Supporting our Members' Journey

- Cultural Safety workshops
- Student Gatherings
- Specialist Trainees Support Program (STSP)
- Conference
- Scholarships
- WardRound Newsletter
- Member Gatherings
- Competitions
- Letters of Support

Advocating for Our Members

- External Representation
- Media
- Policy Statements and Submissions
- Members' Policy Group

Accountability and Transparency

- Member Survey
- Annual Report
- Annual General Meeting (AGM)

Celebrating our Members

- Social Media
- Stethoscope presentations
- AIDA Awards
- Conference

Co-designing

- Member Policy Groups
- STSP Fellows Reference Group
- Membership Committee
- Student Representative Committee
- Finance, Risk and Audit Committee (FRAC)



Our Key Achievements

Strategic Priority 1: Grow Aboriginal and Torres Strait Islander Doctors

AIDA's first strategic priority involves promoting medicine as a career choice for Aboriginal and Torres Strait Islander doctors, developing and advocating for best practice recruitment, retention and support strategies to be implemented across the medical training continuum and supporting students and doctors.

Leaders in Indigenous Medical Education (LIME) Program

During the 2025–2026 reporting period, the Leaders in Indigenous Medical Education (LIME) Program continued to play a critical role in strengthening the pipeline of Aboriginal and Torres Strait Islander medical students while influencing system-level change across medical education.

AIDA demonstrated strong national engagement, working with all Australian medical schools to embed culturally safe approaches to student support and curriculum development. This coordinated engagement aims to shift from fragmented institutional approaches toward a more consistent, sector-wide model.

AIDA supported increased participation in culturally grounded professional development opportunities, including the AIDA Conference, student support gatherings, and national leadership forums. These activities strengthened peer connection, cultural identity, and access to mentoring, which are critical enablers of student progression and completion. National workforce data shows continued growth in the pipeline, with 492 Aboriginal and Torres Strait Islander medical students enrolled.

To strengthen long-term impact, AIDA established a new Senior Project Officer – Indigenous Medical Curriculum role in 2026. This position is leading the development of a national Indigenous Medical Curriculum Framework, supporting a more consistent and evidence-based approach to embedding First Nations knowledge, perspectives, and cultural safety across m edical education.

A key achievement was also the advancement of the AIDA–MDANZ Indigenous Student Progression Data Project, establishing a national, longitudinal evidence base to track enrolment, progression, and completion. This work is enabling more targeted, data-informed approaches to retention and curriculum design.

Together, these outcomes demonstrate how the LIME Program is contributing to both immediate student support and long-term system change, strengthening the foundation of the Indigenous medical workforce.



LIME student gathering on Awabakal Country / Newcastle

Specialist Trainee Support Program

In the 2025–2026 financial year, the Specialist Trainee Support Program (STSP) supported Aboriginal and Torres Strait Islander doctors to progress through specialist training while driving improvements in recruitment, retention, and cultural safety across the specialist training system.

STSP delivered impact at both individual and system levels. AIDA maintained active engagement with all 13 non-GP specialist medical colleges, strengthening national collaboration and supporting a more coordinated approach to workforce development.

A key area of impact was the strengthening of peer support and connection across the training pathway. The STSP online peer network grew from 61 to 72 members (an increase of approximately 18%), providing a culturally safe space for shared learning, mentoring, and connection. This was complemented by structured engagement through biannual check-in calls delivered to all known trainees, enabling AIDA to identify emerging needs, monitor wellbeing, and support progression through training.

STSP engaged approximately 72 doctors across the reporting period and delivered more than 86 hours of one-on-one culturally safe support in a targeted and responsive way, with feedback indicating strong alignment between program engagement and trainee needs.

At a system level, AIDA continued to advocate for improvements across specialist training environments. This included working with colleges to consider culturally safe assessment approaches, appropriate exam support, and financial barriers impacting trainee progression. AIDA also contributed to national discussions through the Medical Training Survey and the Australian Medical Council standards review, supporting expectations for culturally safe training environments.

These activities demonstrate a shift toward system-level influence, strengthening both trainee experience and the broader specialist training system.



Graphic recording on the leadership journey yarn at the STSP workshop

First Nations Oncology Experience Program

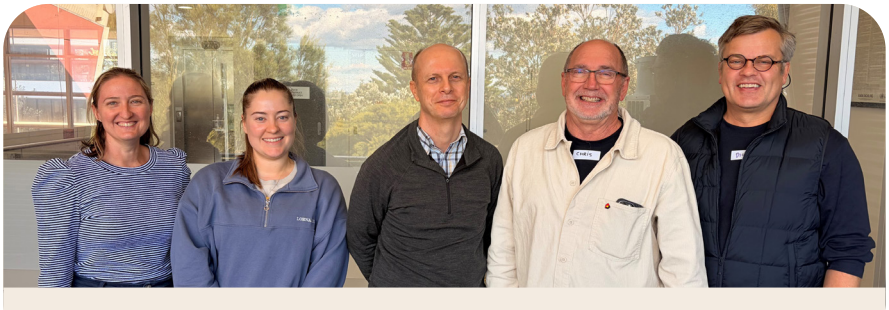
This financial year, the First Nations Oncology Experience Program (FNOEP) delivered in partnership with Cancer Australia, focused on establishing a new national pathway into oncology and cancer care for Aboriginal and Torres Strait Islander medical students. The initiative, previously named Cancer Services Training Placement Program, aims to address critical workforce gaps in this specialty area through tailored placement in cancer services.

Program activity prioritised planning, stakeholder engagement, and delivery with the first student placements occurring in June 2026. Despite being in its early phase, the program has already demonstrated strong reach and demand.

Across two application rounds, the program received 24 applications against a target of 20, exceeding expectations and indicating strong interest from Aboriginal and Torres Strait Islander medical students. Eighteen participants were selected, achieving 90% of the target cohort while maintaining appropriate eligibility standards.

The program has also successfully engaged the broader cancer care sector, with interest from 14 cancer services and five host sites selected for initial placements. Relationships have been established with medical schools, specialist colleges, and key stakeholders, building a strong foundation for delivery and future expansion.

A key component of program delivery was the development and delivery of a national Cultural Safety Workshop for participating oncologists and host sites. This workshop supported clinical and organisational capability to provide culturally safe care for Aboriginal and Torres Strait Islander patients, while strengthening the quality-of-care environments in which students are placed.



Hospital representatives gather at the FNOEP Cultural Safety Workshop

These early results demonstrate emerging system-level impact, including increased visibility of oncology pathways and strengthened partnerships to support culturally safe workforce development. As the program transitions to delivery, it is well-positioned to contribute to long-term improvements in representation within the cancer workforce.

Together, these programs demonstrate AIDA's end-to-end approach to workforce development across the medical training pipeline, supporting students through to specialist trainees while driving system-level change across education and training environments.

TESTIMONIALS:

"I was inspired by the spirit in the room. The Cultural Safety Workshop content and the professionalism and demeanour of the presenters were wonderful"
Associate Professor Chris Milross, Director of Mission at Chris O'Brien Lifehouse

"It was a pleasure and a privilege to be a member of the FNOEP Advisory Group. It brought together key members from diverse backgrounds who are all motivated to make this project successful. Part of that success comes from ensuring the structure of the program allows students to be matched according to their individual wishes around oncology subspecialty and connection to the host centre, whether it is a large metropolitan or smaller regional facility."
Dr Gerry Adams, Radiation Oncologist at GenesisCare.

"The workshop, without a doubt, was the best education I have received and has absolutely extended my knowledge about Aboriginal and Torres Strait Islander history and culture, and how attitudes and values can influence perceptions, assumptions and behaviors."
Emma Bosher, Patient Experience, Quality and Safety Manager

Strategic Priority 2: Shape Health Outcomes

AIDA's second strategic priority is to shape health outcomes – we do this by driving collaboration nationally and internationally to improve Indigenous health and life outcomes, fostering relationships with key national health and medical organisations and leading and influencing change across the healthcare system.

Advocacy and Collaboration

Over the past year, AIDA continued to strengthen its national advocacy and policy influence, working across government, Aboriginal and Torres Strait Islander health leadership, medical education, public health, workforce reform and anti-racism agendas. Our advocacy remained grounded in self-determination, cultural safety, Aboriginal and Torres Strait Islander medical leadership, and the need for structural reform across the health system.

AIDA contributed to a number of significant national forums and reform discussions, including attendance at the National Congenital Syphilis Roundtable and the National Diabetes Summit. Through these engagements, AIDA continued to advocate for stronger prevention, earlier access to culturally safe care, improved coordination across systems, and greater investment in Aboriginal and Torres Strait Islander health workforce solutions.

We also continued direct engagement with senior government and health system leaders. This included meeting with Health Minister, Hon Mark Butler MP, meeting with the National Chief Medical Officer, Professor Michael Kidd AO, and attending the state and territory Chief Medical Officers meeting. These engagements provided important opportunities to raise AIDA's priorities directly, including the need for stronger Aboriginal and Torres Strait Islander medical workforce investment, culturally safe mainstream health services, accountability for racism in health care, and reforms that support better outcomes for Aboriginal and Torres Strait Islander doctors, medical students and communities.

A strong public policy voice was maintained through submissions, statements and collaborative advocacy. AIDA worked closely with our Member Policy Group to develop a range of submissions and statements – ensuring Aboriginal and Torres Strait Islander doctors voices are amplified directly across all our advocacy. This included a submission to the Parliamentary Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people, which reinforced that racism is a determinant of health and must be addressed through system-wide accountability, culturally safe reporting pathways, and Aboriginal and Torres Strait Islander leadership. AIDA also led key partners in developing a joint statement calling for implementation of the Australian Human Rights Commission's National Anti-Racism Framework, with a focus on moving anti-racism commitments into practical, measurable action across health, justice, education, workplaces, media and data systems, which was picked up in the media.



AIDA executive members meet with Health Minister's staff in Canberra

Collaboration remained central to AIDA's work. Throughout the year, AIDA continued to work with key partners across the Aboriginal and Torres Strait Islander health sector, medical education, specialist colleges, regulators, government agencies and national reform bodies. This ongoing advocacy supported shared priorities including cultural safety, anti-racism, Closing the Gap implementation, medical workforce pathways, hospital reform, Aboriginal and Torres Strait Islander data governance, and stronger accountability across mainstream health systems. The success of this collaboration was very evident when AIDA, the Australasian College for Emergency Medicine (ACEM) and the Royal Australasian College of Physicians (RACP) made a united stand for equity in healthcare. AIDA led the development of a joint media statement supporting St Vincent's Hospital Melbourne commitment to prioritising triage for all First Nations patients presenting to the Emergency Department (ED) when it came under attack. This statement received a large amount of coverage across multiple media outlets, highlighting the power in collaboration.

Together, this work strengthened our voice and ensured that Aboriginal and Torres Strait Islander doctors, medical students and communities were represented in major national policy conversations. It also reinforced AIDA's ongoing commitment to building a health system where Aboriginal and Torres Strait Islander medical leadership is recognised, resourced and embedded in decisions that affect our people.

AIDA's representation has included, but is not limited to:

- National Indigenous Health Leadership Alliance (formerly National Health Leadership Forum)
- Coalition of the Peaks
- Department of Health and Aged Care - Medical Workforce Advisory Committee (MWAC)
- Department of Health and Aged Care - Strengthening Medicare Implementation Oversight Committee
- Department of Health and Aged Care – General Practice Training Advisory Committee
- Department of Health and Aged Care – First Nations General Practice Training Advisory Committee
- Office of the National Rural Health Commissioner - National Rural Generalist Pathway (NRGP) Strategic Council
- RACGP Faculty of Aboriginal and Torres Strait Islander Health Council
- Closing The Gap Steering Committee
- Australian Health Practitioner Regulation Agency (AHPRA) - Aboriginal and Torres Strait Islander Health Strategy Group
- Australian Medical Council (AMC)- Aboriginal & Torres Strait Islander and Māori Committee
- Australian Commission on Safety and Quality in Health Care (ACSQHC)
- Council of Presidents of Medical Colleges (CPMC) Stakeholder Forum
- Medical Deans Australia and New Zealand (MDANZ)
- Australian Medical Association - Federal Council
- Australian Medical Association - Council of Doctors in Training
- Health Education and Training Institute (HETI)
- Pacific Region Indigenous Doctors Congress (PRIDoC) - Council
- Rural Doctors Association of Australia (RDAA)
- Medical Board Australia - Medical Trainee Survey
- Australian Institute of Health & Welfare – Primary Health Care Advisory Committee
- Lowitja Institute - National Aboriginal & Torres Strait Islander Ethics Leaderships Group

MOU's

- Australian Medical Association - Taskforce for Indigenous Health

Partnerships

- Cancer Australia
- National Rural Health Alliance (NRHA)
- Gayaa Dhuwi
- Partnership for Justice in Health
- Rural Doctors Network NSW

Strategic Priority 3: Best Practice Care and Cultural Perspective

AIDA's third strategic priority entails providing our unique medico-cultural perspective, promoting the transformation of the healthcare system to be culturally safe, promoting the significant contribution of traditional knowledge, medicines and practices, while contributing to improved health outcomes for all Australians.

Cultural Safety Program

AIDA's Cultural Safety Program is a cornerstone of our third strategic priority providing a unique medico-cultural perspective to transform the healthcare system into one that is culturally safe and committed to improving health outcomes for all Australians.

During 2025–2026, the Cultural Safety Program continued to strengthen its national leadership in culturally safe, clinically relevant education for the healthcare system. Grounded in Aboriginal and Torres Strait Islander medical leadership, the program remained focused on improving health outcomes through training that supports practical, strengths based, reflective and culturally safe clinical practice.

In 2026, AIDA marks a decade of leadership and cultural authority in culturally safe healthcare education. Over this period, the program has been shaped by the expertise of 14 Aboriginal and Torres Strait Islander doctors from across Australia, strengthening its credibility, clinical relevance and responsiveness to the evolving needs of the health system.

Over the past year, demand for AIDA's training remained strong across specialist medical colleges, universities, primary health networks, health services and national organisations. AIDA delivered 28 workshops and tailored educational training sessions across Australia, with more than 1,000 participants now having undertaken the Cultural Safety Workshops, reinforcing sector-wide recognition of cultural safety as essential to high-quality, equitable healthcare.

AIDA also advanced its collaboration with the Royal Australasian College of Physicians (RACP) to deliver targeted training on bias and racism for College examiners, supervisors, Directors of Physician Education and accreditors. Co-delivered with partners in Aotearoa New Zealand, this first-of-its-kind project for AIDA included six webinars and four face-to-face sessions, engaging more than 600 participants and contributing to improved cultural safety capability across the specialist medical training sector.

AIDA's broader training suite also continued to grow, with the Cultural Awareness course recording 1,734 enrolments. This reflects sustained demand for accessible, Aboriginal and Torres Strait Islander-led learning and demonstrates the program's capacity to support scalable education while maintaining cultural integrity and quality.

Central to the program's success is its distinctive delivery model, which brings together lived experience, clinical expertise and culturally grounded knowledge. Facilitated by Aboriginal and Torres Strait Islander doctors and cultural educators, the training supports participants to recognise and address racism, reflect on their own practice, and implement culturally safe approaches within their workplaces.



Celebrating AIDA's 1,000th cultural safety workshop participant Joanne Garlick with Dr Kirsty Jennings and Vicki Cosgrove

Feedback and engagement across the year continued to demonstrate the program's reach and impact. One participant described the AIDA Cultural Safety Workshop as "a must do for clinicians and managers to better understand the complexities of Aboriginal culture in relation to health, wellbeing, service provision and community engagement, investment in knowledge and understanding is an important starting point for change and supporting future generations".

Looking ahead, AIDA is well positioned to build on this momentum through continued investment in partnerships and program development.

The Cultural Safety Program will continue to expand its reach and influence, supporting the embedding of cultural safety across Australia's healthcare system and advancing AIDA's vision of health equity for Aboriginal and Torres Strait Islander peoples.

TESTIMONIAL:

"I wish to commend AIDA for creating and delivering such an educative course that I sense has empowered me to commit to change how I interact with Indigenous Australians in my practice. I will be recommending it to my colleagues"

"The workshop, without a doubt, was the best education I have received and has absolutely extended my knowledge about Aboriginal and Torres Strait Islander history and culture, and how attitudes and values can influence perceptions, assumptions and behaviours. I feel more able to use my learnings in any setting, not just clinical and I have definitely taken my super-power on board"

Strategic Priority 4: Communicate and Celebrate

AIDA aims to share our knowledge and expertise, celebrate our achievements and strengthen our connection to community through our communication.

AIDA has strengthened our connection with members over the past year be delivering a coordinated and consistent communications approach, focused on elevating member voices and showcasing the impact of our work. Through enhanced digital and media activity, plus increased visibility of our programs and partnerships, AIDA has continued to expand our national presence. These efforts have supported stronger engagement with members, stakeholders and the broader community, reinforcing our position as trusted leaders in Aboriginal and Torres Strait Islander health.

In the last financial year, AIDA social media channels (Facebook, Instagram and LinkedIn) continued to engage with our members and connect with more people. Combined, our posts accumulated nearly 1,119,760 views and over 20,798 interactions (~22% increase YoY),



Cultural performance at the AIDA 2025 Conference

including likes, comments, shares, and saves, and more than 17,476 link clicks (~26% increase YoY). Our consistently growing metrics reflect a strong interest in AIDA's content, centred on celebrating our members and showcasing career and development opportunities in healthcare for our Community.
A Let's Yarn feature article and video with Dr Marilyn Clarke became the best performing organic social media post of 2025, achieving 54 shares, 65,000+ views and 40,000+ reach - significantly outperforming typical organic content.

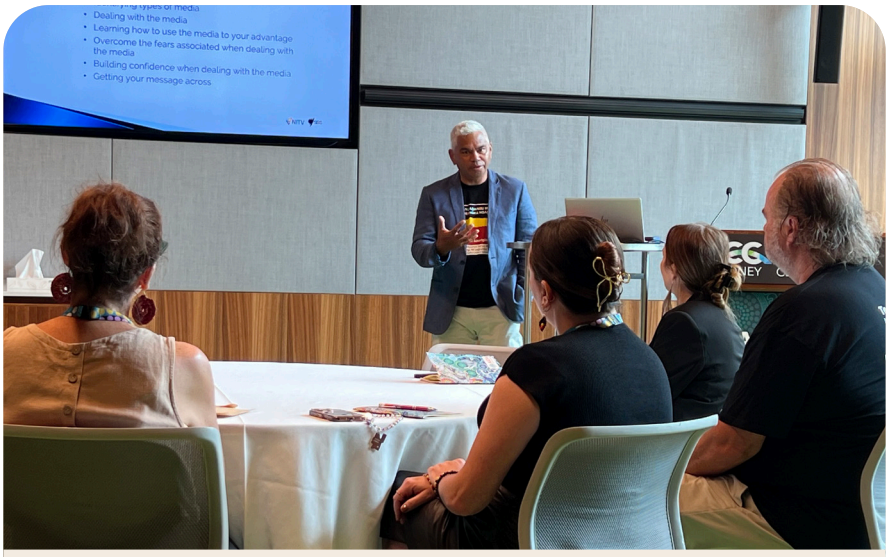
The AIDA website recorded a strong 355,065 page views this year, representing a significant increase of 77,065 from 278,000 in the previous financial year. The number of active users also continued to grow, rising from 42,000 to 43,785 visitors. These results highlight the ongoing impact of AIDA's commitment to delivering relevant and engaging content that resonates with our audiences, including media statements, member profiles, resources and events and industry opportunities. This year also marked the launch of our new website, designed to better reflect our purpose, strengthen our identity, and align with our evolving strategic direction, ensuring we continue to meet the needs of our members and broader community.

Our member communications continued to play a key role in connecting with our community during the financial year. During the 2025–26 financial year, AIDA sent 56,962 email communications to members, partners and stakeholders, achieving an average open rate of 29.5% and an average click rate of 2.6%. These communications included media statements, invitations to member events and cultural safety workshops, as well as information on scholarships, support services and industry opportunities.

Our monthly newsletter, WardRound, has also remained a valuable and well-received channel, with an average open rate of 25.9% and an engagement rate of 2.9% click-through rates (CTR). WardRound is designed to inform, educate and support our members through CEO updates, member stories including our Let's Yarn series, and key organisational, program and conference updates. Together, these efforts have strengthened our ability to engage meaningfully with members and deliver timely, relevant information across our network.

AIDA's presence in the media landscape has experienced significant year-on-year growth, with 682 media mentions reaching a potential audience of 19.43 million and delivering an Advertising Space Rate (ASR) equivalent of approximately $8.5 million in paid coverage value. This represents a substantial increase from the previous year, where AIDA achieved a potential reach of nearly 7 million and an ASR of approximately $1.75 million - demonstrating a step-change in both visibility and value of coverage.

Our advocacy and communications efforts drove strong national visibility across radio, print and digital platforms, with a notable spike in November 2025 following a joint media initiative with RACP and ACEM that generated extensive national coverage. This activity reinforced AIDA's role as a leading voice in Aboriginal and Torres Strait Islander health, as well as demonstrating the power in collaborative advocacy communications to deliver audience reach and impact.



Members attend media training with JP Janke at the conference

Strategic Priority 5: Our Members

AIDA's fifth strategic priority focuses on our members by demonstrating professional advocacy and support, providing leadership and development opportunities, connecting with and supporting our members.

Conference

The AIDA 2025 Conference was held at the International Convention Centre Sydney (ICC Sydney) from 26–29 November on Gadigal Country / Sydney. The conference was a four-day event that brought together 514 Aboriginal and Torres Strait Islander doctors, medical students and health professionals from across Australia. The 2025 theme was *Evoking Sovereignty, Honouring Country, Nurturing Community*.

The event included:

- Wednesday 26 Nov (pre-event) – Student Night and Welcome Reception
- Thursday 27 Nov – Members Day including Welcome to Country, keynote presentation, Members Forum, Student Support Workshop, storytelling sessions and yarning circles
- Friday 28 Nov – Plenary sessions, concurrent sessions and poster presentations
- Saturday 29 Nov – Plenary sessions, concurrent sessions and Gala Dinner

The program included four keynote presentations, two plenary panels and concurrent sessions delivered across multiple streams, as well as poster presentations and a total of 89 programmed hours. The program also included storytelling sessions, yarning circles, clinical and educational workshops, morning yoga and cultural performances.

The Welcome Reception included entertainment by Dyagula, accompanied by Jack Hickey. The rest of the social program included Student Night, a Welcome Reception and Gala Dinner which was held at Luna Park. The event included a Smoking Ceremony by Raymond Weatherall, MCing by JP Janke, a dance performance by the Kebi Kub Dance Team, DJ Latifa Tee and a headline performance by Mi kaisha, alongside the Stethoscope Presentations and Awards Night.



Fellows receive framed stethoscope at the AIDA 2025 Conference

Our combined sponsorship and exhibition (SponEx) target was $403,000 – this was exceeded with $673,800 achieved in sales total. This included $455,000 in sponsorship and exhibition revenue, with a further $218,800 received to support the Student and JMO funding program which supported the attendance of 80 student / JMO delegates (up from 67 in 2024 and 38 in 2023) to attend the event.

A total of 71 sponsorship packages were sold across 27 sponsors. The exhibition component included 34 exhibitors (sold out), with the exhibition hall also including a marketplace of 8 stalls.

The event feedback received was very strong with an impressive overall rating of 4.6 out of 5 in our post-conference survey.

TESTIMONIAL:

"My first AIDA conference and it was fantastic! I had an amazing time, loved connecting with other medical students and doctors, very inspiring and lots of interesting topics of discussion, and the functions were all very enjoyable! The conference venue was fantastic!"

AIDA Membership

Over the past 12 months, AIDA has continued to strengthen meaningful, member-led engagement across the organisation, with a clear focus on connection, cultural safety, and community.

Member feedback continues to strongly affirm the value of this work. Results from the 2025 Member Survey showed 100% overall satisfaction with the AIDA membership experience, an increase from 84% in the previous year. Satisfaction was consistently high across key areas including policy and advocacy (89%), member support and advocacy (89%), member engagement and events (96%), communication (93%) and cultural safety training (79%).

Members highlighted AIDA's advocacy, culturally safe support, and strong sense of community as key strengths with programs such as STSP, the AIDA Conference and networking opportunities frequently identified as highlights. Feedback emphasised the importance of increasing localised events, strengthening networking and connection opportunities, enhancing support for hospital-based doctors, and expanding mentorship pathways. Members also noted the importance of maintaining AIDA's strong sense of community and "family feel" as the organisation grows.

Looking ahead, the launch of AIDA's new Strategic Plan in June 2026 marked an important step in strengthening a coordinated, organisation wide focus on membership engagement. This included a renewed commitment to creating culturally safe accessible and meaningful opportunities for members to connect both locally and nationally. Planned state-based member gatherings will continue to build on this momentum. These gatherings reflect AIDA's ongoing commitment to bringing members together in ways that feel welcoming, inclusive, and grounded in culture.



The Gala Dinner is one of the AIDA conference highlights for members

Enhancing the Member Experience

Individualised member support has continued as part of AIDA's approach. Throughout the year, culturally safe, tailored, one on one coaching has continued to be provided to medical student and doctor members. This tailored support responds directly to member needs across areas such as performance anxiety, exam preparation, study planning, CV building, career mapping, and interview preparation. These opportunities reflect AIDA's commitment to holistic, strengths-based support
that centres each member's unique pathway through their medical career.

Our Program Coordinator – Membership attended the Specialist Trainee Support Program (STSP) workshop in Brisbane in May, where she facilitated sessions for prevocational trainees. These sessions created a space for connection, reflection, and practical support, reinforcing AIDA's commitment to walking alongside members at every stage of their journey.

Strengthening Student Representation

The AIDA Student Representative Committee (SRC) serves as a sub-committee of the AIDA Board, embodying a collective voice for Aboriginal and Torres Strait Islander medical students across Australia. The SRC was formed to create a structured, collaborative platform where nominated student representatives from various regional states and territories can unite. This formation ensures that the diverse perspectives and experiences of Aboriginal and Torres Strait Islander medical students are brought together to influence national discourse. Six Regional Leads and up to two Student Board member(s) represent Aboriginal and Torres Strait Islander Medical Student members of AIDA on the SRC.

The SRC represent Aboriginal and Torres Strait Islander medical students from across Australia by presenting and discussing matters in relation to their experiences at medical school, including advice on issues, challenges and successes, to inform the AIDA Board.



514 members and partners gather at the AIDA 2025 Conference

Connecting Members

One highlight of the year was the Newcastle Member Gathering held on Awabakal Country in March 2026. This grassroots style BBQ brought together members, their families, and local stakeholders in a space grounded in connection. With shared food, children playing and time for unstructured yarning, the gathering created a strong sense of belonging, and community. Members described the event as feeling like a "family reunion", reflecting the strength of relationships across the AIDA community. The presence of local health leadership also supported ongoing conversations about strengthening opportunities and culturally safe environments for Aboriginal and Torres Strait Islander students and doctors.

In May 2026, AIDA facilitated a face-to-face Student Representative Committee (SRC) and AIDA University Representative gathering in Burleigh Heads. This provided an opportunity for emerging leaders to connect, build peer networks, and strengthen their engagement with AIDA in a relaxed and culturally safe setting whilst yarning with the CEO and President of AIDA. A member gathering was held alongside the student gathering where members were able to relax with some games of barefoot bowls and shared conversations.

Together, these initiatives reflect a strong and growing foundation for member engagement one that is led by members, responsive to their voices, and grounded in connection, care, and community.

AIDA attended/contributed to the following events:

- CATSINaM Regional Conference 2025, sponsored, 2-4 July 2025
- AMSA National Convention, funded students to attend, 2-6 July 2025
- NAIDOC Awards Night on Whadjuk Country, supported member competition to attend, 5 July 2025
- ANU Rural Medicine Society Indigenous Health Conference, attended and exhibited, 26 July 2025
- Garma 2025, supported a group of 10 board and staff members to attend, 1–4 August 2025
- MDANZ Annual Conference 2025, AIDA CEO attended, 4-5 September 2025
- RACMA 2025, sponsored the conference app, 13-16 October 2025
- RMA25, sponsored the ACRRM and RDAA conference, 22-25 October 2025
- GP25, attended and exhibited, 14-16 November 2025
- Indigenous Allied Health Australia 2025 National Conference (IAHA), sponsored, 24-26 November 2025
- NACCHO 2025 Members' Conference, attended and exhibited, 8-10 December 2025
- AIDA member event on Awabakal Country / Newcastle, 6 March 2026
- HETI NSW Aboriginal Trainee Doctors Forum, attended and facilitated, 27 March 2026
- SRC / University Representatives gathering on Yugambeh Country / Gold Coast, 2 May 2026
- STSP workshop on Meanjin Country / Brisbane, 22-24 May 2026
- Member gathering and launch of AIDA Strategic Plan 2026-2030 on Gimuy Country / Cairns, 12 June 2026

Looking ahead

Our annual conference remains a key opportunity for member engagement, and we are excited to continue building on the momentum of 2025–26.

With new systems in place and renewed energy in state-based engagement, AIDA is well positioned to continue delivering a strong, connected, and culturally safe member experience.

TESTIMONIALS:

"The members BBQ in Newcastle was like one big family reunion. New faces and old. Family in tow checking in with one another. What better way to spend a warm summer evening than bringing Mob together for a yarn and feed."

"On Friday I had the absolute pleasure to join AIDA , meeting our Aboriginal medical staff in Hunter New England. It was a privilege to spend time with committed, motivated, kind and considerate medical staff, who spoke of their individual journeys and the impact of working in the HNE community. Thank you to those who shared personal stories and those who helped me further understand the challenges we face in improving health care for patients, friends and families across this wonderful LHD and beyond. I was inspired by people who are driven to "make a difference" and truly create a positive impact on healthcare for Aboriginal people moving forward.

Listening to their stories made me reflect on how lucky I have been on my journey of being a Doctor in Hunter New England and together,

I know, we can have such a huge impact. I look forward to meeting again, continuing our conversations of creating better opportunities and support locally for Aboriginal staff across our region.

Thank you for sharing such a special evening."



Bringing Mob together at our member gathering on Awabakal Country

Strategic Priority 6: Sustainability

AIDA's sixth strategic priority centres on sustainability. We aim to do this by demonstrating best practice governance and management, Care for Country, and investing in AIDA's future.

AIDA has strengthened its foundations for long-term viability through a business sustainability plan, governance reform, workforce growth and strategic partnerships.

AIDA has revamped its organisational model through the establishment of a dedicated Corporate Services portfolio, bringing Cultural Safety into this area and positioning it as a growing commercial arm of the organisation. The expanded Cultural Safety offering delivered 28 program activities reaching over 850 professionals —an increase of 50% in participants from the previous year— demonstrating both strong demand and the scalability of this work. Together, these initiatives support AIDA's financial sustainability while advancing culturally safe practice across the health sector.

Alongside this structural shift, AIDA has created a business sustainability plan to ensure the organisation remains financially sustainable. Financial goals include growing the consultancy arm, to bring in new revenue, and investing in more robust programs and services.

AIDA secured significant partnerships aligned with our sustainability and workforce priorities:

- Cancer Australia and AIDA have partnered to deliver the First Nations Oncology Experience Program (FNOEP), supporting First Nations medical students to explore pathways into oncology and cancer care.



AIDA Strategic Plan 2026-2030 launch on Gimuy Country / Cairns in June 2026

- AIDA CEO is appointed Chair of National Indigenous Health Leadership Alliance (NIHLA) and Co-Chair of the First Nations Health Governance Group within the Department of Health, Disability and Ageing.

Both programs enhance AIDA's influence, attract funding, and strengthen our role in shaping an equitable health system.

The finance function of AIDA in partnership with Fortune Advisory Services Pty Ltd continues to prove successful as evident by the evolution of robust finance processes, policies, and procedures. AIDA has also obtained positive external audit unqualified opinions, and this is a credit to the AIDA executive, leadership, finance team and all staff. Key highlights from the 2025 audited financial statements:

- Overall surplus of $334,136 achieved for the financial year.
- Net assets and total equity position continues to increase on a yearly basis. As of 30th June 2025, the net assets were recorded at $3,173,084 (2024 : $2,838,948)
- Investments in Vanguard and term deposits continue to yield healthy returns.
- A very healthy cultural safety income recorded at $905,443 (2024: $464,734)
- A solid focus on the financial sustainability of AIDA where the plan is to tap into unrestricted sources of funding as we continue to evolve.

Towards the end of the financial year, the CEO and Board unveiled the new AIDA Strategic Plan 2026-2030 alongside members and stakeholders at an event in Cairns. A roadmap for the next five years grounded in culture, mob and collective leadership.

The new strategic direction aims to drive structural health sector reforms needed to uphold and strengthen a skilled, dynamic, sustainable Aboriginal and Torres Strait Islander medical workforce.

AIDA remains a remote-first workforce, bringing teams together for national gatherings to foster connection and collaboration. The organisation has grown its team through targeted new hires to support the delivery of priority program areas. AIDA has also continued to invest in its secretariat through targeted professional development initiatives, including dedicated project planning training. Alongside these opportunities, staff have been supported to build capability, develop individual skills and to contribute to long-term organisational resilience and effectiveness.

Behind the scenes, investments in digital infrastructure, including strengthening CRM support and cybersecurity enhancements, position AIDA for efficiency, security, and scalability.

Sustainability for AIDA it is about building cultural governance, securing partnerships that expand our impact, investing in our organisational capacity to support our members.

Stakeholder Acknowledgement


















































































LOWITJA
INSTITUTE


MACQUARIE
University
SYDNEY·AUSTRALIA


Medical Board
Ahpra


Medical Deans
AUSTRALIA AND NEW ZEALAND


MONASH
University


NAATSIHWP
National Association of Aboriginal and Torres
Strait Islander Health Workers and Practitioners


NACCHO
National Aboriginal Community
Controlled Health Organisation


National
Rural Health
Alliance


National Centre
of Excellence in
Intellectual
Disability Health


NHMRC


NIHLA
National Indigenous Health Leadership Alliance


NThealth


OCHRe


Partnership for
JUSTICE IN HEALTH


PEARLY
WHITES
DENTISTRY


pmcv


RACGP


RACMA
Transforming
Health Leadership


RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE


Royal Australasian
College of Surgeons


RANZCOG
Excellence in Women's Health


RANZCO
The Royal Australian
and New Zealand
College of Ophthalmologists
THE LEADERS IN COLLABORATIVE EYE CARE


The Royal
Australian &
New Zealand
College of
Psychiatrists


The Royal Australian
and New Zealand
College of Radiologists


RCPA
The Royal College of Pathologists of Australasia


RURAL DOCTORS
ASSOCIATION
OF AUSTRALIA


RURAL DOCTORS NETWORK


RURAL
MEDICAL
EDUCATION
Australia


RWAV
RURAL WORKFORCE
AGENCY VICTORIA


SA
MET
SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING


phn
SOUTH WESTERN
SYDNEY
An Australian Government Initiative


THE UNIVERSITY OF
MELBOURNE


UNE
UNIVERSITY OF
NEW ENGLAND


UNIVERSITY OF
NEWCASTLE


THE UNIVERSITY OF
NOTRE DAME
AUSTRALIA


THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA


THE UNIVERSITY OF
SYDNEY


UNIVERSITY of
TASMANIA


THE UNIVERSITY OF
WESTERN
AUSTRALIA


UNIVERSITY
OF WOLLONGONG
AUSTRALIA

UNSW
SYDNEY

VACCHO

Appendix – AIDA's 2026 Student Representatives

Medical School	Student Representative	Regional Lead and SRC Member
WA Region		
University of Western Australia	Vacant	**Ally Jensen**
Curtin University	Vacant	
Notre Dame University Freemantle	Vacant	
Edith Cowan University	Vacant	
NT/SA Region		
Charles Darwin University	Vacant	**Sophie L'Estrange**
Flinders University NT	Sophie L'Estrange	
Flinders University SA	India Shackleford	
University of Adelaide	Lauren Fawcett	
QLD Region		
University of Queensland	Aiden Wu	**Jennifer Gulson**
James Cook University	Jennifer Gulson	
Griffith University	Gia Lowry	
Bond University	Vacant	
NSW/ACT Region		
University of New England	Vacant	**Kristy Darnell**
University of Newcastle	Tynan Flood (Young)	
Australian National University	Vacant	
Charles Sturt University	Mikayla Budda-Dean	
SYD Region		
Western Sydney University	Jessica Jeffery	**Kaleisha Cowan-Roberts**
University of Sydney	Zamri Burns	
University of NSW	Zac De Boeck	
University of Wollongong	Vacant	
Notre Dame University (Sydney)	Samuel Holland	
Macquarie University	Vacant	
VIC/TAS Region		
University of Tasmania	Aleda Bayley	**Cody Logan**
University of Melbourne	Vacant	
Monash University	Vacant	
Deakin University	Vacant	

Financial Statements

For the Year Ending 30 June 2026

Contents

Director's Report	36
Auditor's Independence Declaration	41
Statement of Profit or Loss and Other Comprehensive Income	42
Statement of Financial Position	43
Statement of Changes in Equity	44
Statement of Cash Flows	45
Notes to the Financial Statements	46
Directors' Declaration	57
Independent Auditor's Report	58

Directors' Report

For the Year Ended 30 June 2026

The Directors present their report on Australian Indigenous Doctors' Association Ltd for the financial year ended 30 June 2026.

Directors

The names of the directors in office at any time during, or since the end of the year are:

Names	Position	Appointed	Resigned
Dr Jonathan Newchurch	President	17/11/2024	
Dr Olivia O'Donoghue	President-Elect	17/11/2024	
Dr Jean Pepperill	Director	14/11/2022	08/10/2025
Dr Crystal Williams	Director	14/11/2022	08/10/2025
Dr Natalie Pink	Director	14/11/2022	15/04/2026
Dr Annalyse Crane	Director	08/10/2025	
Dr Andrew Gosbell	Director	14/12/2023	
Dr Robert Blackley	Director	17/11/2024	26/02/2026
Dr Alicia Veasey	Director	17/11/2024	
Dr Vinka Barunga	Director	17/11/2024	
Dr Brodie Seymour	Student Director	17/11/2024	
Dr Nathan Passi	Director	12/03/2026	
Dr Gari Watson	Student Director	08/10/2025	
Mr Mark Munnich	Director	10/03/2026	

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

Principal activities and significant changes in nature of activities

The principal activities of the Australian Indigenous Doctors' Association Ltd (AIDA) during the financial year continued to focus on achieving equitable health and life outcomes for Aboriginal and Torres Strait Islander Peoples through growing and supporting the Indigenous medical workforce and advocating for culturally safe healthcare systems and services.

To achieve these objectives, AIDA undertook activities including:

- promoting medicine and health careers to Aboriginal and Torres Strait Islander Peoples;
- supporting Aboriginal and Torres Strait Islander medical students, doctors and trainees throughout the medical training continuum;
- delivering programs and initiatives that strengthen recruitment, retention and career progression within the Indigenous medical workforce;
- advocating for culturally safe healthcare systems, services, education and policy reforms;
- fostering strategic partnerships with governments, medical colleges, universities, health organisations and community stakeholders to improve Indigenous health outcomes;
- supporting the development of Indigenous leadership within medicine and across the broader health sector;
- contributing Indigenous medical expertise and cultural perspectives to national health policy and reform initiatives; and
- promoting evidence-informed approaches that improve health outcomes and healthcare access for Aboriginal and Torres Strait Islander Peoples.

Directors' Report
For the Year Ended 30 June 2026

Principal activities and significant changes in nature of activities (continued)

The following significant changes in the nature of the principal activities occurred during the financial year:

Significant changes in the nature of activities

During the financial year, AIDA continued to strengthen its governance arrangements, leadership structures and member representation to support the organisation's long-term strategic objectives. Significant developments included:

Strategic Plan

During FY2025/26, AIDA launched its 2026-2030 Strategic Plan, establishing a new framework to guide the organisation's priorities, advocacy and program delivery. The Strategic Plan is centred on five strategic goals: culturally grounded membership at the core of AIDA's work; a thriving Aboriginal and Torres Strait Islander medical workforce; health system reforms for Aboriginal and Torres Strait Islander Peoples; culturally grounded governance through relationships, respect, accountability and sovereignty; and sustainable systems, technology and funding. The Plan strengthens AIDA's commitment to supporting members, advancing workforce growth and leadership, driving culturally safe health system reform, and ensuring the long-term sustainability and impact of the organisation.

Board composition and succession

Following the adoption of the new Constitution, Board elections were conducted at the 2025 Annual General Meeting. All vacancies were successfully filled, including the election of the President, President-Elect, Directors and Student Director positions in accordance with the revised constitutional arrangements. During the year, the Board also undertook a number of governance and succession planning initiatives, including the reappointment of a Board-Appointed Independent Director for a further two-year term, the appointment of a Board-Appointed Student Director for a one-year term, the appointment of an additional Board-Appointed Director to strengthen Board capability and representation, and the filling of a casual vacancy.

Strategic workforce and member advocacy

Throughout FY2025/26, AIDA continued to strengthen its focus on supporting Aboriginal and Torres Strait Islander medical students, trainees and doctors, with particular emphasis on specialist training pathways, medical leadership, workforce development and advocacy for culturally safe healthcare systems. The Board remained committed to improving Indigenous health outcomes, increasing Indigenous medical workforce participation and strengthening representation across all areas of medicine.

There were no other significant changes in the nature of the Company's principal activities during the financial year.

Directors' Report

For the Year Ended 30 June 2026

Objectives and strategies

The Company's objectives and strategies are guided by the AIDA Strategic Plan 2026-2030, which provides the framework for advancing Aboriginal and Torres Strait Islander health equity, strengthening the Indigenous medical workforce and ensuring the long-term sustainability of the organisation. The Strategic Plan is structured around five strategic goals:

Culturally Grounded Membership is at our Core

- Provide a culturally safe, inclusive and connected professional home for members.
- Strengthen opportunities for member participation, leadership, mentoring and peer support.
- Celebrate the achievements, contributions and leadership of Aboriginal and Torres Strait Islander medical students and doctors.
- Support the social, emotional and cultural wellbeing of members across all stages of their careers.

Thriving Aboriginal and Torres Strait Islander Medical Workforce

- Advocate for culturally safe and racism-free education, training and health systems.
- Support the recruitment, retention, progression and success of Aboriginal and Torres Strait Islander medical students, trainees and doctors.
- Strengthen pathways to leadership, specialist training and professional development.
- Partner with medical schools, specialist colleges and health organisations to achieve sustainable workforce growth and reform.

Health System Reforms for Aboriginal and Torres Strait Islander Peoples

- Drive health system reform through advocacy, leadership and strategic partnerships.
- Promote culturally safe, equitable and rights-based healthcare systems.
- Influence national policy and public discourse on priority health issues affecting Aboriginal and Torres Strait Islander Peoples.
- Strengthen collaboration with Aboriginal and Torres Strait Islander organisations, communities and global First Nations partners.

Steadfast and Sovereign Through Relationships, Respect, Accountability and Cultural Governance

- Embed Aboriginal and Torres Strait Islander sovereignty, cultural integrity and knowledges across governance and operations.
- Strengthen cultural governance and culturally aligned decision-making practices.
- Support leadership development, succession planning and effective governance.
- Foster respectful, accountable and culturally grounded relationships throughout the organisation.

Sustainable Systems, Technology and Funding

- Maintain strong governance, financial management and organisational sustainability.
- Invest in technology, systems and infrastructure that support members, staff and organisational growth.
- Strengthen communications, evaluation and organisational capability.
- Diversify revenue sources and maintain effective risk management to support long-term resilience and impact.

Directors' Report
For the Year Ended 30 June 2026

Members' guarantee

Australian Indigenous Doctors' Association Ltd is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each member and any person or association who ceased to be a member in the year prior to the winding up, is limited to $25 for members, subject to the provisions of the company's constitution.

At 30 June 2026 the collective liability of members was $14,925 (2025: $15,925).

Operating results

The surplus of the Company amounted to $218,446 (2025: $334,136)

Meetings of directors

During the financial year, 5 meetings of directors were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Dr Jonathan Newchurch	4	1
Dr Olivia O'Donoghue	5	5
Dr Jean Pepperill	1	1
Dr Crystal Williams	1	1
Dr Natalie Pink	4	3
Dr Annalyse Crane	4	4
Dr Andrew Gosbell	5	5
Dr Robert Blackley	4	2
Dr Alicia Veasey	5	4
Dr Vinka Barunga	5	4
Dr Brodie Seymour	5	5
Dr Nathan Passi	1	1
Dr Gari Watson	4	4
Mr Mark Munnich	1	1

Directors' Report

For the Year Ended 30 June 2026

Auditor's independence declaration

The auditor's independence declaration in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2026 has been received and can be found on page 6 of the financial report.

Sign off information

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

Director: ..... Director : .....

Date: 25 August 2026

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Canberra ACT 2601

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Auditor's Independence Declaration Under Subdivision 60 - 40 of the Australian Charities and Not-for-profits Commission Act 2012 to the Directors of Australian Indigenous Doctors' Association Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2026 there have been no contraventions of the auditor independence requirements as set out in any applicable code of professional conduct in relation to the audit.





Nexia Duesburys (Audit)
Canberra, 25 August 2026

G J Murphy
Partner

Advisory. Tax. Audit.

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Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2026

	Note	2026 $	2025 $
Revenue			
Revenue from contracts with customers	2	**6,067,239**	5,474,108
Other income	2	**140,321**	274,345
		6,207,560	5,748,453
Expenses			
Advertising		**26,926**	31,738
Depreciation and amortisation		**70,842**	59,648
Employee expenses		**3,132,467**	2,738,342
Gifts and donations		**1,156**	3,272
Governance		**28,273**	12,313
IT and telecommunications		**123,631**	106,453
Meetings and events		**304,725**	286,996
Memberships and subscriptions		**58,433**	60,295
Operations		**57,975**	67,625
Other		**95**	-
Professional services		**1,162,438**	929,144
Rental		**4,699**	3,521
Sponsorship		**10,000**	38,223
Superannuation		**415,337**	383,202
Travel		**592,117**	693,545
		5,989,114	5,414,317
Surplus before income tax		**218,446**	334,136
Income tax expense	1(a)	**-**	-
Surplus for the year		**218,446**	334,136
Total comprehensive income for the year		**218,446**	334,136

Statement of Financial Position
As At 30 June 2026

	Note	2026 $	2025 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	**2,974,376**	3,138,354
Trade and other receivables	5	**129,002**	4,515
Other assets	6	**439,768**	260,382
TOTAL CURRENT ASSETS		**3,543,146**	3,403,251
NON-CURRENT ASSETS			
Other financial assets	4	**939,161**	786,325
Property, plant and equipment	7	**54,178**	60,503
Intangible assets	8	**22,868**	47,038
TOTAL NON-CURRENT ASSETS		**1,016,207**	893,866
TOTAL ASSETS		**4,559,353**	4,297,117
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	**258,467**	213,176
Other liabilities	10	**705,716**	734,749
Employee benefits	11	**169,811**	150,017
TOTAL CURRENT LIABILITIES		**1,133,994**	1,097,942
NON-CURRENT LIABILITIES			
Employee benefits	11	**33,829**	26,091
TOTAL NON-CURRENT LIABILITIES		**33,829**	26,091
TOTAL LIABILITIES		**1,167,823**	1,124,033
NET ASSETS		**3,391,530**	3,173,084
EQUITY			
Reserves		**701,092**	701,092
Retained surplus		**2,690,438**	2,471,992
TOTAL EQUITY		**3,391,530**	3,173,084

Statement of Changes in Equity
For the Year Ended 30 June 2026

2026

	Retained Surplus	AIDA Safety Net *	Total
	$	$	$
Balance at 1 July 2025	**2,471,992**	**701,092**	**3,173,084**
Surplus for the year	**218,446**	**-**	**218,446**
Balance at 30 June 2026	**2,690,438**	**701,092**	**3,391,530**

2025

	Retained Surplus	AIDA Safety Net *	Total
	$	$	$
Balance at 1 July 2024	2,137,856	701,092	2,838,948
Surplus for the year	334,136	-	334,136
Balance at 30 June 2025	2,471,992	701,092	3,173,084

* The AIDA Safety Net reserve sets aside funds to assist with future capital management

Statement of Cash Flows
For the Year Ended 30 June 2026

	Note	2026 $	2025 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		**6,594,844**	6,810,023
Payments to suppliers and employees		**(6,673,337)**	(6,141,954)
Interest received		**115,411**	117,633
Net cash provided by/(used in) operating activities		**36,918**	785,702
CASH FLOWS FROM INVESTING ACTIVITIES:			
Payment for intangible asset		**(21,000)**	(2,340)
Payments for property, plant and equipment		**(19,347)**	(58,854)
Payment for investments		**(160,549)**	(185,393)
Net cash provided by/(used in) investing activities		**(200,896)**	(246,587)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net cash provided by/(used in) financing activities		**-**	-
Net increase/(decrease) in cash and cash equivalents held		**(163,978)**	539,115
Cash and cash equivalents at beginning of year		**3,138,354**	2,599,239
Cash and cash equivalents at end of financial year	3	**2,974,376**	3,138,354

Notes to the Financial Statements
For the Year Ended 30 June 2026

The financial report covers Australian Indigenous Doctors' Association Ltd (the Company) as an individual entity. Australian Indigenous Doctors' Association Ltd is a not-for-profit company, registered and domiciled in Australia.

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012.*

The functional and presentation currency of the Company is Australian dollars. The amounts presented in the financial statements have been rounded to the nearest dollar. The financial statements 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.

A number of new or revised Australian Accounting Standards are effective for the first time in the current financial year. These standards have had no material impact on the Company.

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

1 Material Accounting Policy Information

(a) Income tax

The Company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(b) Property, plant and equipment

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

Where the cost model is used, the asset is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

Depreciation

Property, plant and equipment is depreciated on a reducing balance basis over the asset's useful life to the Company, commencing when the asset is ready for use.

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

Fixed asset class	Depreciation rate
Furniture, Fixtures and Fittings	2% - 100%
Office Equipment	13% - 100%
Display Equipment	20% - 40%

Purchases of plant and equipment less than $500 are immediately written off to the statement of profit or loss and other comprehensive income.

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

Notes to the Financial Statements
For the Year Ended 30 June 2026

1 Material Accounting Policy Information (continued)

(c) Intangible assets

Software

Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses.

Amortisation is recognised in profit or loss on a straight-line basis over the estimated useful lives of intangible assets, from the date that they are available for use.

Amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

Intangibles	Amortisation rate
Software	40% - 50%

(d) Leases

At inception of a contract, the Company assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows the Company the right to control the use of an identified asset over a period of time in return for consideration.

Where a contract or arrangement contains a lease, the Company recognises a right-of-use asset and a lease liability at the commencement date of the lease.

A right-of-use asset is initially measured at cost, which is the present value of future lease payments adjusted for any lease payments made at or before the commencement date, plus any make-good obligations and initial direct costs incurred. Lease assets are depreciated using the straight-line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re-measurements of the lease liabilities and for impairment losses.

Lease liabilities are initially measured at the present value of the future minimum lease payments, discounted using the Company's incremental borrowing rate if the rate implicit in the lease cannot be readily determined, and are subsequently measured at amortised cost using the effective interest rate. Minimum lease payments include fixed payments, amounts expected to be paid under a residual value guarantee, the exercise price of purchase options for which the Company is reasonably certain to exercise and incorporate the Company's expectations of lease extension options.

The lease liability is remeasured when there are changes in future lease payments arising from a change in rates, index or lease terms from exercising an extension or termination option. A corresponding adjustment is made to the carrying amount of the lease assets.

Short term leases (lease term of 12 months or less) and leases of low value assets ($10,000 or less) are recognised as incurred as an expense in the statement of profit or loss and other comprehensive income.

1 Material Accounting Policy Information (continued)

(e) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the Company commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction 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. In most circumstances trade receivables are initially measured at the transaction price.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value or amortised cost using the effective interest rate method. The subsequent measurement depends on the classification of the financial instrument as described below.

Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

The effective interest method is used to allocate interest income or interest expense over the relevant period.

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Financial assets that meet the following conditions are subsequently measured at amortised cost:

- the financial asset is held within a business model whose objective is to hold financial assets in order to collect contractual cash flows; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial assets that meet the following conditions are subsequently measured at fair value through other comprehensive income (FVTOCI):

- the financial asset is held within a business model whose objective is achieved by both collecting contractual cash flows and selling the financial assets; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

By default, all other financial assets are subsequently measured at fair value through profit or loss (FVTPL).

1 Material Accounting Policy Information (continued)

(e) Financial instruments (continued)

Despite the above, the Company may make the following irrevocable election/designation at initial recognition of a financial asset:

- the Company may irrevocably elect to present subsequent changes in fair value of an equity instrument in other comprehensive if certain criteria are met; and
- the Company may irrevocably designate a financial asset that meets the amortised cost or FVTOCI criteria as measured at FVTPL if doing so eliminates or significantly reduces an accounting mismatch.

Financial liabilities

All financial liabilities are subsequently measured at amortised cost using the effective interest method or at FVTPL.

Impairment of financial assets

The Company recognises a loss allowance for expected credit losses on financial assets that are measured at amortised cost or at FVTOCI. No impairment loss is recognised for investments in equity instruments. The amount of expected credit losses is updated at each reporting date to reflect changes in credit risk since initial recognition of the respective financial asset.

The Company recognises lifetime expected credit losses for trade receivables. The expected credit losses on these financial assets are estimated based on the Company's historical credit loss experience adjusted for factors that are specific to the debtors, general economic conditions and an assessment of both the current as well as the future direction of conditions at the reporting date, including time value of money where appropriate.

(f) Impairment of non-financial assets

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

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

(g) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. 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 related on-costs and are disclosed as current liabilities.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Changes in the measurement of the liability are recognised in profit or loss.

Contributions are made to employee superannuation funds and are charged as expenses when incurred.

Notes to the Financial Statements
For the Year Ended 30 June 2026

1 Material Accounting Policy Information (continued)

(h) Provisions

Provisions are recognised when the Company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

(i) Cash and cash equivalents

Cash and cash equivalents comprise cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(j) Revenue and other income

Revenue recognised under AASB 15 is measured at the amount which the Company expects to receive in consideration for satisfying performance obligations to a customer. A performance obligation is the distinct good or service defined within the contract with a customer. The transaction price is allocated to one or more performance obligations contained within the contract, with revenue being recognised as or when the performance obligation is satisfied.

Timing of Revenue Recognition

Revenue is recognised either at a point in time or over time, when (or as) the Company satisfies performance obligations by transferring the promised goods or services to its customers.

If the Company satisfies a performance obligation before it receives the consideration, the Company recognises either a contract asset or a receivable in its statement of financial position, depending on whether something other than the passage of time is required before the consideration is due.

Grants

Grant funding that contains specific performance obligations on the use of those funds is recognised as and when the Company satisfies its performance obligations stated within the funding agreement. A contract liability is recognised where grant funds have been received but the Company has not yet satisfied its obligations under the funding agreement. A financial liability is recognised for unspent grant funds for which a refund obligation exists in relation to the funding period. General grants that do not impose specific performance obligations on the Company are recognised as income when the Company obtains control of those funds, which is usually on receipt.

Rendering of services

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period.

If the outcome cannot be reliably estimated then revenue is recognised to the extent of expenses recognised that are recoverable.

Notes to the Financial Statements
For the Year Ended 30 June 2026

1 Material Accounting Policy Information (continued)

(j) Revenue and other income (continued)

Membership subscriptions

When the Company receives membership subscription income it records the revenue in the subscription year the income relates to in accordance with AASB 15. The subscription year goes from 1 July to 30 June. If income is received before 30 June relating to the next subscription year, the deferred income is recognised as a contract liability in the financial statements.

Conference income

Conference income is recognised at the time the conference is held. Registration and sponsorship is received in advance and included as a contract liability until the conference is held.

Interest income

Interest income is recognised using the effective interest method.

(k) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

(l) Comparative figures

Comparative figures have been adjusted, where necessary to conform to changes in presentation for the current financial year.

Critical Accounting Estimates and Judgments

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Company.

The directors do not believe that there were any key estimates or key judgments used in the development of the financial statements that give rise to a significant risk of material adjustment in the future.

Notes to the Financial Statements
For the Year Ended 30 June 2026

2 Revenue and Other Income

	2026 $	2025 $
Revenue from contracts with customers		
Government grants	**5,260,742**	4,246,760
Conference and events income (net)	**43,166**	271,382
Membership	**73,294**	50,523
Cultural safety income	**690,037**	905,443
	6,067,239	5,474,108
Represented by:		
Revenue recognised at a point in time	**43,166**	271,382
Revenue recognised over time	**6,024,073**	5,202,726
	6,067,239	5,474,108
Other income		
Donations	**11,141**	42,160
Fair value gain/(loss) on investments	**(31,318)**	81,500
Interest	**127,893**	122,511
Miscellaneous	**9,000**	12,133
Distribution income	**23,605**	16,041
	140,321	274,345

3 Cash and Cash Equivalents

	2026 $	2025 $
Cash at bank	**909,204**	2,088,354
Short-term deposits	**2,065,172**	1,050,000
	2,974,376	3,138,354

4 Other Financial Assets

	2026 $	2025 $
NON-CURRENT		
Financial assets at fair value through profit or loss - shares fund	**939,161**	786,325

Notes to the Financial Statements
For the Year Ended 30 June 2026

5 Trade and Other Receivables

	2026 $	2025 $
Trade receivables	**78,810**	11,946
Accrued income	**21,014**	8,532
GST receivable/(payable)	**29,178**	(15,963)
	129,002	4,515

6 Other Assets

	2026 $	2025 $
Prepayments	**434,122**	250,684
Other assets	**5,646**	9,698
	439,768	260,382

7 Property, Plant and Equipment

	2026 $	2025 $
Furniture, fixtures and fittings		
At cost	**1,398**	19,961
Accumulated depreciation	**(810)**	(19,093)
	588	868
Office equipment		
At cost	**111,150**	168,098
Accumulated depreciation	**(57,560)**	(108,463)
	53,590	59,635
Display equipment		
At cost	**-**	11,823
Accumulated depreciation	**-**	(11,823)
	-	-
	54,178	60,503

Notes to the Financial Statements
For the Year Ended 30 June 2026

7 Property, Plant and Equipment (continued)

Movements in carrying amounts

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

	Furniture, fixtures and fittings	Office equipment	Total
	$	$	$
Year ended 30 June 2026			
Balance at the beginning of year	**868**	**59,635**	**60,503**
Additions	**-**	**19,347**	**19,347**
Depreciation expense	**(280)**	**(25,392)**	**(25,672)**
Balance at the end of the year	**588**	**53,590**	**54,178**

8 Intangible Assets

	2026	2025
	$	$
Software		
At cost	**107,840**	258,050
Accumulated amortisation	**(84,972)**	(211,012)
	22,868	47,038

Movements in carrying amounts of intangible assets

	Software	Total
	$	$
Year ended 30 June 2026		
Balance at the beginning of the year	**47,038**	**47,038**
Additions	**21,000**	**21,000**
Amortisation	**(45,170)**	**(45,170)**
Balance at the end of the year	**22,868**	**22,868**

9 Trade and Other Payables

	2026	2025
	$	$
Trade creditors	**143,722**	64,228
Unspent scholarship funds	**49,818**	15,500
Accrued expenses and other payables	**64,927**	133,448
	258,467	213,176

Notes to the Financial Statements
For the Year Ended 30 June 2026

10 Contract Liabilities

	2026	2025
	$	$
Income in advance	**39,721**	27,286
Unspent grants	**665,995**	707,463
	705,716	734,749

11 Employee Benefits

	2026	2025
	$	$
CURRENT		
Provision for annual leave	**151,492**	144,538
Provision for time in lieu	**18,319**	5,479
	169,811	150,017
NON-CURRENT		
Provision for long service leave	**33,829**	26,091

12 Financial Instruments

The Company's financial instruments consist mainly of cash at bank, investments, accounts receivable and payable.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

	Note	2026	2025
		$	$
Financial assets			
Financial assets at amortised cost			
Cash and cash equivalents	3	**2,974,376**	3,138,354
Trade and other receivables	5	**99,824**	20,478
Financial assets at fair value through profit or loss			
Other financial assets	4	**939,161**	786,325
Total financial assets		**4,013,361**	3,945,157
Financial liabilities			
Financial liabilities at amortised cost			
Trade and other payables	9	**258,467**	213,176
Total financial liabilities		**258,467**	213,176

13 Members' Guarantee

The Company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $25 each towards meeting any outstanding obligations of the Company.

Notes to the Financial Statements
For the Year Ended 30 June 2026

14 Key Management Personnel Remuneration

Key management personnel is defined by AASB 124: Related Party Disclosures as those persons having authority and responsibility for planning, directing and controlling the activities of the Company, directly or indirectly, including any Board member of the Company.

The total of remuneration paid to the key management personnel of the Company during the year is as follows:

	2026	2025
	$	$
Total key management personnel compensation	**856,332**	667,492

15 Related Party Transactions

Other than the compensation of key management personnel which is separately disclosed, there were no other related party transactions during the financial year (2025: $nil).

16 Auditor's Remuneration

	2026	2025
	$	$
Auditing or reviewing the financial statements	**15,000**	13,000
Other services - preparation of financial statements and acquittal audit	**3,925**	3,750
	18,925	16,750

17 Contingent Assets and Contingent Liabilities

In the opinion of those charged with governance, the Company did not have any contingent assets or contingent liabilities at 30 June 2026 (30 June 2025: None).

18 Events After the End of the Reporting Period

The financial statements were authorised for issue by the board of directors on the date of signing the attached Directors' Declaration. The directors have the right to amend and reissue the financial statements after they are issued.

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

19 Statutory Information

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

Australian Indigenous Doctors' Association Ltd
Level 1, 33 Allara Street
CANBERRA ACT 2601

Directors' Declaration

The directors of the Company declare that:

1. The financial statements comprising the statement of profit or loss and other comprehensive income, statement of financial position, statement of changes in equity, statement of cash flows and notes to the financial statements satisfy the requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, and;

    a. comply with Australian Accounting Standards - Simplified Disclosures; and

    b. give a true and fair view of the financial position as at 30 June 2026 and 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.

On behalf of the directors:

Director: .....

Director: .....

Dated: 25 August 2026

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Independent Auditor's Report
To the Members of Australian Indigenous Doctors' Association Ltd

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Australian Indigenous Doctors' Association Ltd (the Company) which comprise the statement of financial position as at 30 June 2026, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the directors' declaration.

In our opinion, the accompanying financial statements of the Company, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) giving a true and fair view of the Company's financial position as at 30 June 2026 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

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 responsibility for the audit of the financial statements section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial statements in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other information

The directors are responsible for the other information. The other information comprises the information in the Company's directors' report for the year ended 30 June 2026, but does not include the financial statements and the auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

Advisory. Tax. Audit.

Nexia Duesburys (Audit) (ABN 21 841 510 270) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see www.nexia.com.au/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.

Directors' responsibility for the financial statements

The directors of the Company are responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Company's ability 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 entity or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for overseeing the entity's financial reporting process.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are 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 the 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 the financial statements.

A further description of our responsibilities for the audit of the financial statements is located at The Australian Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

Nexia Duesburys (Audit)
Canberra, 25 August 2026

G J Murphy
Partner


AIDA