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Meeting Date:	Friday 21st October 2011
Time:	2:00 pm to 4:00 pm
Venue:	Sam Male Room, Cable Beach Club Resort, Broome
Chair:	Associate Professor Peter O'Mara

1. Welcome & Opening of Meeting Associate Professor Peter O'Mara

2. Confirmation of Minutes

- | | |
|--------------------------------------------------|----------------------------------|
| 2.1 Minutes from the 2010 Annual General Meeting | Associate Professor Peter O'Mara |
| 2.2 Report from Independent Returning Officer | Ms Kerri Dickman |

3. Finance

- | | |
|---------------------------------------------|----------------------|
| 3.1 Treasurer's Report | Dr Latisha Petterson |
| 3.2 Adoption of Annual Financial Statements | |
| 3.3 Acceptance of the Auditor's Report | |
| 3.4 Appointment of Auditor for 2011/2012 | |

4. Reports

- | | |
|---------------------------------|----------------------------------|
| 4.1 President | Associate Professor Peter O'Mara |
| 4.2 Vice President | Dr David Brockman |
| 4.3 Secretary | Dr Tammy Kimpton |
| 4.4 Directors | AIDA Directors |
| 4.5 Chief Executive Officer | Mr Romlie Mokak |
| 4.6 Organisational Achievements | Associate Professor Peter O'Mara |
| 4.7 Graduate Report | Dr Tanya Schramm |
| 4.8 Student Report | Ms Alicia Veasey |

5. General Business

- | | |
|-----------------------|----------------------------------|
| 5.1 PRIDoC 2012 | Associate Professor Peter O'Mara |
| 5.2 Membership Update | Mr Romlie Mokak |
| 5.3 Activities Update | Mr Romlie Mokak |

6. Elections

- | | |
|----------------------------------------------------------|------------------|
| 6.1 Election of Directors (Indigenous Medical Graduates) | Ms Kerri Dickman |
| 6.2 Election of Director (Student) | Ms Kerri Dickman |

7. Acknowledgements

- | | |
|------------------------------------------------|----------------------------------|
| 7.1 Acknowledgement of Directors stepping down | Associate Professor Peter O'Mara |
| 7.2 Presentation of new Board | Ms Kerri Dickman |
| 7.3 University Representatives (2010/11) | Ms Alicia Veasey |
| 7.4 Staff | Associate Professor Peter O'Mara |

8. Governance Survey Mr Romlie Mokak

9. Close of AGM

- | | |
|--------|-----------------------------------------------------------------------------------------|
| 4pm | Afternoon Tea |
| 5.30pm | Meet at reception for transport to Members' Cultural Evening. Members' families welcome |

2010 AGM Minutes

Meeting Date: Friday 1st October 2010 at 2:00 pm
Venue: Donegal Room, Country Club Villas, Launceston Tasmania
Present **Total Members Present: 73**

Directors

A/Prof. Peter O'Mara - President & Chairperson	Dr Marlene Kong - Director
Dr David Brockman - Vice President	Dr Stephanie Trust - Director
Dr Tammy Kimpton - Secretary	Dr Ray Warner - Director
Dr Latisha Petterson - Treasurer	Mr Sean White - Director (Student)
Dr Kali Hayward - Director	

Graduates

Dr Emma Adams
Dr Danielle Arabena
Dr Christine Clinch
Dr Ryan Dashwood
Dr Aaron Davis
Dr Jamie Fernando
Dr Keith Gleeson
Dr Catherine Henderson
Dr Casey Kalsi
Dr Beth Kervin
Dr Kelvin Kong
Prof. Helen Milroy
Dr Louis Peachey
Dr Tanya Schramm
Dr Nino Scuderi
Dr Greg Spice
Dr Chantelle Stubna
Dr Leila Usher
Dr Anita Watts
Dr Mark Wenitong
Dr Della Yarnold
29 Graduates (incl. Board)

Associates

Mr Stephen Corporal
Ms Gaye Doolan
Ms Denise Emmerson
Mr Luke Halvorsen
Mr Matthew Westley

5 Associates

Returning Officer

Ms Kerri Dickman

Students

Ms Cassie Anderson	Mr Jamee McBride
Ms Marissa Barker	Mr Zaynam Middleton
Ms Tatum Bond	Mr Jonathan Newchurch
Ms Glenda Brown	Ms Dasha Newington
Ms Annabelle Celloe	Ms Tamika Pontin
Mr Luke Davies	Mr Shannon Price
Ms Stacey Deshong	Mr Trent Price
Mr Ryen Diggle	Ms Kiara Roberts
Ms Sheree Enderby	Mr Bodie Rodman
Ms Hannah Fyfe	Ms Rosemary Ross
Mr Tim Gilbey	Mr Andrew Sampson
Ms Sarah Goddard	Ms Haylee Solomons
Mr Robert Grant	Ms Lauren Sperring
Ms Josie Guyer	Mr Martin Taylor
Mr Murray Haar	Ms Carli Westmore
Mr Justin Halliday	Mr Roland Wilson
Mr Luke Hamlin	39 Students
Ms Gemma Hayman	(incl. Director Student)
Mr Rob James	
Ms Kirsty Jennings	
Mr Ethan Johnson	
Ms Angela La Macchia	

Secretariat Staff

Mr Romlie Mokak (Chief Executive Officer)
Ms Mary Guthrie (Policy and Projects Manager)
Ms Susan Granger (Corporate Services Manager)
Ms Kym Bryce (Coordination Officer)
Mr Glen Carswell (IT Officer)
Ms Jian Li (Finance Officer)
Ms Leila Smith (Medical Education Officer)
Ms Laura Wong (Membership Officer)
Ms Dewi Zulkefli (Public Affairs Officer)
Ms Helen Kehoe (Health Workforce Officer)

Apologies

Dr Dennis Bonney (Director)	Dr Paul Bauert
Dr Olivia O'Donoghue (Director)	Dr Barbara Bauert
Dr Marilyn Clarke	Dr Tamara Mackean
Dr Angela Forrest	

1 Welcome

The 2010 AIDA AGM was declared open at 2:17 pm on Friday 1st October 2010

A/Prof. Peter O'Mara welcomed members present and thanked everyone for travelling such long distances to attend this important event. He acknowledged the traditional owners of the Letteremairrener country upon which the meeting was held. He also acknowledged and welcomed Dr Lowitja O'Donoghue, Mr Rupert Peter and Mr Toby Ginger to the meeting and thanked them for continuously supporting AIDA. Members were informed that photographer, Ms Belinda Pratten was present and would be taking photographs throughout the meeting and requested that members who would prefer not to have their photograph taken, inform one of the AIDA staff or Ms Pratten in person. Formal apologies were then recorded.

2 Confirmation of previous Minutes

The Minutes from the 2009 AGM were read and accepted as a true and accurate record. A/Prof. O'Mara proposed the motion to accept these Minutes. This motion was moved by Mr Shannon Price and seconded by Ms Kiara Adams. There were no action items carried forward from the 2009 AGM.

3 Reports

The motion to accept the Returning Officer's Report was moved by Dr Anita Watts, seconded by Dr Keith Gleeson. Members present supported this motion.

The following written reports were tabled and were taken as read:

3.1	Returning Officer	Ms Kerri Dickman
3.2	President	A/Prof. Peter O'Mara
3.3	Vice President	Dr David Brockman
3.4	Secretary	Dr Tammy Kimpton
3.5	Treasurer	Dr Latisha Petterson
3.6	Director	Dr Dennis Bonney
3.7	Director	Dr Marlene Kong
3.8	Director	Dr Kali Hayward
3.9	Director	Dr Ray Warner
3.10	Director (Student)	Mr Sean White
3.11	Chief Executive Officer	Mr Romlie Mokak

Dr Stephanie Trust provided members with a verbal report including work carried out on the AMA scholarship, Medical Journal of Australia (MJA) and participation at AIDA's Commemorative Ceremony at Old Parliament House. Dr Trust thanked the Board for their support over the past two years during her time on the Board. She particularly thanked the Board, Mr Romlie Mokak and his staff and AIDA members for the wonderful support she has received during the past eight months which have been particularly challenging for her. She encouraged AIDA members to become more involved with the work that AIDA does, especially the students, as AIDA provides incredible opportunities and satisfaction.

A/Prof. Peter O'Mara and Dr Ray Warner acknowledged the work Dr Trust had contributed to AIDA over the years and reinforced AIDA's support to Dr Trust and her family.

4 Finance

4.1 Treasurer's Report

Dr Latisha Petterson, AIDA's Treasurer provided the 2009/10 Treasurer's Report. Dr Petterson acknowledged the traditional owners and acknowledged AIDA's Finance Officer Ms Jian Li for her efficiency and expertise in managing AIDA's finances. Ms Kerri Dickman, AIDA's Accountant and Hardwicks Accountants were also acknowledged for their continued support and guidance in the area of finance.

Dr Petterson provided a brief background on AIDA as a Company Limited by Guarantee, including details and budgetary information for the FY 2009/10. Information on income sources was also provided, particularly in relation to AIDA's three year funding agreement with the Department of Health and Ageing (DoHA) which ends on 30th June 2011. She reported that negotiations in relation to the next three year funding agreement (2011/12 to 2013/14) will commence in early in 2011. Quarterly Finance Meetings have continued between the Treasurer, Ms Jian Li (Finance Officer) and Ms Susan Granger (Corporate Services Manager). Dr Petterson explained that the AIDA budget was divided into four main areas; A=Operational= Human Resources, C=Policy and D=Short Term Projects. A,B & C are funded by DoHA through the current funding agreement. Accordingly, AIDA provides detailed reports back to DoHA and for members interested, copies of these reports for the FY 2009/10 are provided at the AGM. There are also copies of AIDA's policies and procedures, Fact Sheets, general governance documents and reports relating to some of AIDA's Short Term Projects, including the USA Trip & HIA Project provided at the AGM.

Overall, the funding received from DoHA (Operational, Human Resources & Policy) was under spent by 7.95%. This under spend will be rolled over into next year's budget FY 2010/11 and has already been allocated to particular projects by the Board. It is envisaged that the 2010/11 DoHA budget will be fully spent by the 30th June 2011.

Dr Petterson reported that due to new reporting requirements from the auditor; the financial statements were longer than in previous years. The main item to note from the Auditor's report was that there were no management points to report.

Dr Petterson then summarized the Balance Sheet which provided a snapshot of AIDA's financial situation as at the 30th June 2010. In summary:

- Assets minus Liabilities = Equity
- \$1,151,590 - \$721,445 = \$430,144

Total equity as at 30 June 2010 was \$430,144. This is made up of:

- 1 month's safety net for operational expenses \$190,000
- Non Cash Items, lease & credit card Security \$229,237
- Other \$ 10,907

Dr Petterson finished with a brief verbal report of AIDA's participation in the Pacific Regions Indigenous Doctors Congress (PRIDoC) which took place in Whistler, Canada during August 2010.

Ms Kerri Dickman acknowledged the importance of AIDA not having any management points to report. This demonstrates AIDA's commitment to best practice governance and financial practice. A/Prof. Peter O'Mara reiterated the importance of having excellent financial management, including positive feedback from the Auditor and acknowledgement and confidence from AIDA's Accountant, Ms Kerri Dickman.

4.2 Adoption of Annual Financial Statements

The motion to adopt the annual financial statements as tabled was moved by Ms Carli Westmore and seconded by Dr Louis Peachey. Members present supported this motion.

4.3 Acceptance of Auditor's Report

Dr Latisha Petterson proposed the motion to accept the auditor's report as tabled. This motion was moved by Dr Catherine Henderson and seconded by Dr Louis Peachey. Members present supported this motion.

4.4 Appointment of Auditor

A/Prof. Peter O'Mara proposed the motion to appoint Hardwickes Accountants as AIDA's Auditor for the 2010/2011 FY. This motion was moved by Mr Robert James and Seconded by Mr Jamee McBride. Members present supported this motion.

5 Elections

A/Prof. O'Mara proposed the motion that Ms Kerri Dickman act as AIDA's Independent Returning Officer at the 2010 AGM. This motion was moved by Mr Shannon Price and seconded by Dr Danielle Arabena. Members present supported this motion.

Ms Dickman reported that the following Directors' tenure had expired and these positions will be up for election at the 2010 AGM.

- | | |
|------------------------|--------------------|
| • Dr Latisha Petterson | Treasurer |
| • Dr Dennis Bonney | Director |
| • Dr Stephanie Trust | Director |
| • Mr Sean White | Director (Student) |

A/Prof. Peter O'Mara acknowledged the retiring Directors with a gift and asked each one if they would like to say a few words.

It was noted that Dr Bonney was an apology for the AGM. Dr Petterson spoke on the highlights of the year which included the AIDA Secretariat relocating to Old Parliament House (OPH) and being part of the wonderful Commemorative Ceremony that took place on the front steps of OPH, including the Smoking Ceremony carried out by Auntie Matilda House and Cleansing Ceremony carried out by the Ngangkari.

The Board visit to Broken Hill and Wilcannia was also a highlight, along with AIDA making the final eight in the Australian Indigenous Governance Awards. AIDA's continued participation at PRIDoC and the continued professionalism and personal support that AIDA brings its members has been exceptional.

Mr Sean White talked about his busy, but very rewarding year in the role of Director (Student). He thanked the students for their support and increased participation, especially on the Student Representative Committee (SRC), face to face meeting in Canberra and participation in monthly teleconferences. He also thanked the many students that have travelled far and wide to attend the Launceston Symposium, AGM and adjacent events. Mr White then reflected on Dr Petterson's comments above, especially the Board visit to Broken Hill and Wilcannia. Wilcannia is Mr White's mother's country and the visit to Wilcannia Central School and the Wilcannia Health Service were particularly memorable and rich experiences for him. Mr White also acknowledged Mr Tim Bromley from the Australian Medical Students Association (AMSA) who has worked hard with AIDA to develop a strong relationship for the future. He congratulated Ms Alicia Veasey and looked forward to working with AIDA in the future. Ms Leila Smith was also acknowledged for her work as the Medical Education Officer.

Ms Dickman then explained the election process to the membership, including conveying who had been nominated for specific vacant positions on the Board. It was noted that Dr Kiarna Brown and Dr Catherine Engelke had been previously nominated, however decided to withdraw their nomination before the AGM. Accordingly, a summary of the current and valid nominations received was as follows:

Position	Nominations Received
Treasurer	Dr Latisha Petterson
Director (2 positions vacant)	Dr Danielle Arabena Dr Aaron Davis Dr Tanya Schramm Dr Della Yarnold
Director (Student)	Ms Alicia Veasey

Ms Dickman reported that as only one (1) valid nomination for each of the positions of Treasurer and Director (Student) were received, no vote was required. Accordingly:

- Dr Latisha Petterson was declared elected to the position of Treasurer;
- Ms Alicia Veasey was declared elected to the position of Director(Student)

Four(4) nominations for the two(2) Director positions vacant had been received. Accordingly a vote was required. Ms Dickman invited each candidate to say a few words before the voting process took place.

AIDA Aboriginal and Torres Strait Islander Medical Graduate and Student members were then asked to complete the voting slip in accordance to the instructions provided. Completed voting slips were collected by Ms Dickman and Ms Jian Li, including any valid proxy forms. Following the count of the voting slips, Ms Dickman announced the following:

- Dr Della Yarnold had won the vote to become an AIDA Director for a two year period. Ms Dickman proposed the motion to the AIDA Membership to declare Dr Yarnold elected as an AIDA Director. The members present supported this motion. Dr Yarnold was invited to take her seat at the Board table.
- With regards to the second vacant Director position, a tie vote was recorded between Dr Danielle Arabena and Dr Tanya Schramm.

Accordingly, and following discussion with the members, a new voting slip was formally printed by Ms Dickman. AIDA Aboriginal and Torres Strait Islander Medical Graduate and Student members were then asked to vote again in accordance to the instructions provided. Completed voting slips were collected by Ms Dickman and Ms Jian Li, including any valid proxy forms. Following the count of the voting slips, Ms Dickman announced the following:

- Dr Tanya Schramm had won the vote to become an AIDA Director for a two year period. Ms Dickman proposed the motion to the AIDA Membership to declare Dr Schramm elected as an AIDA Director. The members present supported this motion. Dr Schramm was invited to take her seat at the Board table.

6 Acknowledgements

Ms Kerri Dickman was acknowledged by A/Prof. O'Mara with an AIDA gift in regard to her services as AIDA's Returning Officer at the 2010 AGM.

A/Prof. O'Mara also presented Dr Della Yarnold and Dr Tanya Schramm with an AIDA scarf in recognition of their election to the AIDA Board. It is noted that Ms Alicia Veasey will receive her scarf at the November Board Meeting.

Mr Sean White acknowledged the hard work of the 2009/10 SRC and presented the following members of this group with an AIDA gift: Mr Jonathan Newchurch, Mr Rob James, Ms Kiara Adams, Mr Murray Haar, Ms Angela LaMacchia, Ms Dasha Newington. Absent were: Mr Daniel Hunt, Mr Kevin Toby, Ms Alicia Veasey, Ms Angela Wood, Mr Anthony Murray, Mr Justin Gladman. Mr Sean White then acknowledged Ms Leila Smith with a special gift for her work in the role of Medical Education Officer.

A/Prof. O'Mara then acknowledged the AIDA staff for their continued hard work and dedication toward the AIDA organisation. Each of the following staff members were presented with an AIDA gift; Mr Romlie Mokak, Ms Mary Guthrie, Ms Susan Granger, Ms Kym Bryce, Ms Dewi Zulkefli, Ms Jian Li, Ms Laura Wong, Ms Leila Smith, Mr Glen Carswell, Ms Helen Kehoe and Ms Colleen Bateman.

Dr David Brockman acknowledged A/Prof. O'Mara for his recent Deadly Award in the category of Outstanding Contribution to Aboriginal Torres Strait Islander Health. The membership applauded A/Prof. O'Mara for this great achievement. It was noted that A/Prof. O'Mara would be formally acknowledged during the 2010 Symposium on Saturday 2nd October 2010. A/Prof. O'Mara responded and said that he was really humbled to be nominated for this award and totally proud to receive it.

Dr Christine Clinch acknowledged Dr James Lambert who scored the highest mark in the Western Australian Cardiology Training program recently and accordingly he has been accepted into this program.

7 General Business

7.1 Appointment of the Auditor

Dr Keith Gleeson asked if there was a formal procurement process in place to appoint AIDA's auditor. Ms Kerri Dickman explained AIDA's process whereby three quotes are obtained from service providers. However Ms Dickman explained that due to the shortage of experienced auditors in the Australian Capital Territory, when trying to obtain three quotes it was very difficult and only one auditor submitted a quote; Hardwicks Accountants. Fortunately, Hardwicks came to AIDA with an excellent reputation and strong references. Ms Dickman provided some background on Hardwicks Accountants and reported that they were building a team of auditing professionals and were very well known for quality service provision.

7.2 Strategic Plan 2011-2015

Mr Romlie Mokak provided background information on the development of AIDA's new Strategic Plan 2011-2015 which was tabled at the AGM for endorsement by the members. The development of the Strategic Plan included a full day workshop with the AIDA Board and senior management, facilitated by consultant Mr Chris Morley.

Following drafting, the document was then circulated to AIDA members for feedback and comment. Three positive responses were received. Mr Tim Gilbey asked if there were any initiatives around financial income other than government funding. Mr Mokak agreed that AIDA needs to diversify its income base so that it is not solely derived from the one area and reported that one of the objectives within the new Strategic Plan was to consolidate AIDA's financial sustainability, including the development of a Corporate and Philanthropy Strategy. Mr Mokak invited further questions and then sought endorsement of the Strategic Plan 2011-2015. This motion was moved by Dr Louis Peachey, seconded by Dr Greg Spice. The members present supported this motion.

7.3 Membership Update

Mr Romlie Mokak reported on AIDA's membership, including a recorded growth in member numbers during the last financial year. There was a significant number of new student members, which is a testament to Mr Sean White's work and the work of the SRC.

Strong associate membership is also reported, including some of the Associate members being some of the country's health leaders as well as people working at the coal face. Membership dinners have continued to provide collegiate support along with information sharing. Approximately five membership dinners are held every year.

7.4 Aboriginal Medical Services (AMS)

Dr Keith Gleeson reported that there is an issue for AMS's at the moment whereby the government, through the General Practice Divisions are transferring funds through the Medicare process, making it difficult for AMS to operate effectively. Dr Gleeson explained that there will be potential governance issues arising from these decisions. Accordingly, Dr Gleeson called for AIDA, as an organisation known for its good governance, to take a lead on this. A/Prof. Peter O'Mara invited Dr Gleeson to provide a one page document summarising his concerns so that the Board can consider this at the next meeting in November.

Dr Aaron Davis also reported that Aboriginal and Torres Strait Islander doctors who work in an AMS are disadvantaged in regard to salary and also there are issues around Indigenous Registrars working in AMS during their training. Accordingly, Dr Davis called upon AIDA to play a role in changing this situation through lobbying activity. Furthermore, Dr Davis felt that there is a lack of AIDA support for Indigenous Graduates. A/Prof. O'Mara explained AIDA's role and the fact that AIDA engages in many processes including meetings in relation to these types of issues. Dr Latisha Petterson also explained that AIDA regularly meets with organisations such as National Aboriginal Community Controlled Health Organisation (NACCHO), including meeting with the Chair Mr Justin Mohamed.

A/Prof. O'Mara and Dr Petterson explained that addressing these issues takes time. A/Prof. O'Mara added that Mr Mokak and himself will be meeting with the CEO of General Practice Education and Training (GPET) and the President of the Royal Australian College of General Practice (RACGP). The issues are complex and need to be tackled at a number of levels. Dr Louis Peachey and Dr Mark Wenitong provided some background information on this issue and that it is a long game, not a short game.

Mr Romlie Mokak added that the sustainability of AIDA is about the active involvement of its members. There are important issues and its about how we as an organisation go about tackling them. The important issue here is to properly identify the target, he said. As CEO of AIDA he would like to open up this discussion and whatever the mechanism is, to engage with the people who are experiencing the issues. Mr Mokak reported that both A/Prof. O'Mara and himself as AIDA representatives had attended an Indigenous General Practice Registrars Network meeting last Wednesday to discuss these matters with the group.

Mr Mokak invited Dr Davis as Chair of the IGPRN to assist the IGPRN to target relevant issues to the relevant bodies.

7.5 PRIDoC 2012

A/Prof. Peter O'Mara provided the members with a report on PRIDoC 2010 which was held in Whistler, Canada in August 2010.

7.6 Lucky Door Prize

The lucky door prize was drawn by Dr Tanya Schramm and was won by Ms Kirsty Jennings.

8 Close of AGM

With no further questions, A/Prof. Peter O'Mara officially closed the meeting and invited all AIDA members and staff to the AIDA Bonfire.

Meeting Closed at 5:05 pm

AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION LIMITED

2010 Annual General Meeting

Launceston - 1st October 2010

1. I acted as Returning Officer for the election of Office Bearers and Directors at this Annual General Meeting.
2. In accordance with Paragraph 49 of the Constitution, each member of the Board shall hold office for 2 consecutive years. Accordingly, the following members were due to retire from the Board:
 - a) Latisha Petterson Treasurer
 - b) Dennis Bonney Director
 - c) Stephanie Trust Director
3. In accordance with Paragraph 49 of the Constitution, the Director (Student) must retire from office at each AGM. Accordingly, the following Director (Student) member was due to retire from the Board:
 - a) Sean White Director (Student)
4. No other resignations were received.
5. Accordingly, I declared that the following positions were up for election:
 - a) 3 Directors including for the position of Treasurer
 - b) Director (Student)
6. In accordance with Article 49, the Notices of the AGM, and following the retirements of the Treasurer, only one valid nomination was received for the position of Treasurer. This Nomination was from outgoing Treasurer, Latisha Petterson. As a result, Latisha Petterson was duly appointed Treasurer.
7. In accordance with Articles 47 and 49 and the Notices of the AGM, four valid nominations were received for the two remaining Director positions. Nominations were received from:
 - a) Danielle Arabena
 - b) Aaron Davis
 - c) Tanya Schramm
 - d) Della Yarnold

An additional 2 nominations were received, but were withdrawn prior to holding of the AGM.

As there were only 2 positions vacant, an election was undertaken with a silent voting process. There was a tied vote for the 2nd position on the Board, and a subsequent silent vote was undertaken with new voting slips.

The result of both voting processes was the appointment of Tanya Schramm and Della Yarnold.

8. In accordance with Article 47 and the Notices of the AGM, only one valid nomination was received for the position of Director (Student).

Accordingly, Alicia Veasey, was duly appointed Director (Student).

Returning Officer (2010 AGM)

The AIDA Board of Directors, following the 2010 AGM is therefore:

Office Bearers (Articles 63, 64, 65, and 66)	President: Peter O'MARA Vice-President: David BROCKMAN Secretary: Tammy KIMPTON Treasurer: Latisha PETTERSON
Directors (Articles 47)	Marlene KONG Kali HAYWARD Olivia O'DONOGHUE Ray WARNER Tanya SCHRAMM Della YARNOLD
Student Member (Article 67)	Alicia VEASEY

9. Thank you for the opportunity to act as the Independent Returning Officer for the 2010 AGM.

I would like to also take this opportunity to let the Board know that I am available to fulfill this role again next year should my services be required.

Yours sincerely,

KERRI DICKMAN & CO



Mrs Kerri Dickman CPA



Associate Professor Peter O'Mara

B Med, FRACGP, FARGP,
Grad Dip Rural GP (Aboriginal Health)

People

Wiradjuri People of central New South Wales

Current Place of Work

Tobwabba Aboriginal Medical Service, Forster, NSW
University of Newcastle Medical School, NSW

As we approach the 2011 Symposium, AGM and adjacent events in Broome, our theme this year *Our Doctors Making a Difference* prompts me to reflect on the work we have done, our progress towards improving Aboriginal and Torres Strait Islander health in this country and our commitment to encouraging and supporting Aboriginal and Torres Strait Islander people to work in medicine

and associated fields. As I reflect on this and the objectives within our Strategic Plan, I am constantly filled with pride in the knowledge that as an organisation we are making a difference.

From a policy perspective, the past twelve months proved to be an extremely busy period as we move through a period of significant policy reform. This included increased political engagement activities, given the Federal election in August 2010, Cabinet being announced and the Government back in business. In February I met with Prime Minister Julia Gillard following her delivery of the Close the Gap Speech. During this meeting I presented the Prime Minister with one of our framed stethoscopes.

It is impossible to capture all of our commitments on paper, but in short, some of our major policy commitments, included presentations and meetings with:

- National Indigenous Health Equality Council (NIHEC);
- Department of Health and Ageing (DoHA);
- The Committee of Presidents of Medical Colleges (CPMC) Indigenous Health Subcommittee;
- Medical Deans conference in Fremantle;
- General Practice Education and Training (GPET);
- Australian College of Rural and Remote Medicine (ACRRM);
- Royal Australian College of General Practitioners (RACGP);
- Pacific Regions Indigenous Doctors Congress (PRIDoC), including Council meetings and planning meetings for PRIDoC 2012;
- Mental Health Forum;
- National Aboriginal Community Controlled Health Organisation (NACCHO);
- Indigenous General Practitioner Registrars Network (IGPRN);
- General Practice Registrars Australia (GPRA);
- Australian Medical Association (AMA), including Launch of the Report card.

On this note, I am also pleased to report that in 2010, AIDA received around 500 Activity Requests. These included requests to provide representatives on committees, presenters at conferences, written responses, submissions, general feedback, advice on a range of issues relating to Indigenous health, workforce and medical education, participation in forums and external events. Since the 1st January 2011, we have

already received around 400 requests. On average, AIDA is receiving two requests per day. As each request is received it is now processed by our Secretariat through AIDA's new Management Database system which was launched in December 2010.

Our membership dinners continue to provide us with an informal setting to meet and catch up between major events such as Symposiums. During the last twelve months, AIDA has held five membership gatherings in Melbourne, Adelaide, Cairns, Perth and Darwin. This year, our approach to these gatherings was to provide our members with a more detailed presentation on some of our latest activities to increase awareness of the good work AIDA is doing and also suggest ways for our members to become more involved. Examples of this included a policy overview and also the introduction of AIDA's new Members Login area within the AIDA website. Aligning with our Strategic Plan, Graduate and Student strategies, this site is a member only resource and provides members with a platform to view up to date information on membership issues, activities, processes, events, photographs and governance resources. I encourage all members to explore this service.

Catching up with the Student Representative Committee (SRC) in March at their annual face to face meeting was also a great opportunity to touch base with our future leaders. This proactive group of Aboriginal and Torres Strait Islander medical students do a lot of work behind the scenes and play an essential role in strengthening our organisation, especially with collegiate support at the university level. It was an inspiring weekend and I feel very privileged to have attended.

We have held four Board meetings over the past twelve months and these have been very productive, inspiring and enjoyable. It is always great to catch up with my co Board members and I am continually amazed and proud of the level of commitment and dedication that our Board have toward Aboriginal and Torres Strait Islander people and the AIDA organisation. It has been an absolute honor to work with them during the past twelve months.

Community engagement has been a large part of activities adjacent to our Board meetings. At the November 2010 and March 2011 Board meetings, the Board and staff met with and visited Winnunga Nimmityjah Health Service in Canberra. As part of AIDA's commitment to building the aspirations and educational outcomes of Aboriginal and Torres Strait Islander students, AIDA & Winnunga jointly coordinated a BBQ in March with over 100 community people in attendance, including Aboriginal and Torres Strait Islander high school students who are thinking on studying medicine in the future. This was a great opportunity to engage with and strengthen AIDA's relationship with leaders from Canberra's Aboriginal Health Service and local community.

Holding our June 2011 Board Meeting in Zenadth Kes (Torres Strait Islands) was one of the highlights of the year and really reminded us of the importance of maintaining connection with community and country. Mayor Pedro Stephen and Shire Council Chief Executive Officer, Phillip Mills, warmly welcomed the Board to their beautiful Islands. Both the Mayor and Phillip spoke of the importance of the AIDA Board coming to the Islands, meeting with the community, visiting the schools and health service and of the special relationship AIDA has with the community and leaders of that region. During the three school visits, close to 200 students participated in an interactive and fun program, with the key message being *You Can Do It!*

As AIDA continues to grow, this year we welcomed five new staff to the Secretariat, Trudi Ridge (Policy & Projects Manager), Jasmin Hunter (Medical Education Officer), Jessica Jeeves (Media Officer) and Colleen Bateman (Administration Assistant). A Special welcome to Ngiare Brown as AIDA's new Medical Officer. It

is a privilege to have Ngiare take on this important position. I would also like to acknowledge the work of Mary Guthrie and Dewi Zulkefli who have both recently left AIDA after around four years of service. To our valued CEO, Romlie Mokak who continues to lead our amazing Secretariat and implement our Strategic Plan in the most effective way – a big thank you. Romlie's expertise in the policy and governance arenas is invaluable. To the Secretariat team in general a big thank you for your continued work and commitment to our cause.

In closing, I would like thank DoHA for its continued funding and commitment to AIDA. Furthermore a sincere thank you is also extended to those organisations who continue to support us through sponsorship of significant events such as PRIDoC and our Symposiums.

I would like to once again thank the AIDA Board for all their hard work and time over the past twelve months and into the future. A special thank you is extended to those Directors who will be stepping down at the 2011 AGM. And finally, after such a fantastic event in Launceston last October, I am really looking forward to catching up with our members and colleagues in Broome. Although the agenda is a busy one, I look forward to spending quality time with my brothers and sisters in that special part of the world. A special mention to my beautiful family who have continued to support me during my time as the AIDA President.

Peter O'Mara



Phillip Mills (CEO Torres Strait Council), Peter O'Mara, Mayor Pedro Stephen (Mayor Torres Strait Council) and Romlie Mokak with the helmet shell presented to AIDA by Mayor Pedro Stephen.



Dr David Brockman

B Med, FRACGP, MPH

People

Nughi of Minjerribah and Morgumpin Islands near Brisbane

Current Place of Work

Urapuntja Health Service, Utopia, Northern Territory

This past year has been a busy but exciting year. Our first Symposium in Tasmania was a great success and again a tribute to the hard work by the Secretariat, the Board and members. Our June Board meeting at Thursday Island was greatly enjoyable and inspirational.

In October I traveled to Sydney for the Australian Society for HIV Medicine Aboriginal and Torres Strait Islander Expert Advisory Group. I also attended the Close the Gap Steering Committee for Indigenous Health Equality, where discussion was aimed at how to have the greatest traction in the new political environment since the election. I also attended a meeting for the Royal Australasian College of Physicians Aboriginal and Torres Strait Islander Expert Advisory Group.

I have moved from Alice Springs to Utopia to work at the Urapuntja Health Service. Having recently worked in the Northern Territory Department of Health and then for a successful independent community, has provided new insight. From beguiling bureaucracy to pragmatic simplicity, I'll call it. Recently, I was on Solitary Retreat near Thames in Aotearoa. I have since returned to Urapuntja Health Service and living at Amengternereh, Utopia Community.

I have represented AIDA on several committees over the past year, including:

- Close the Gap Steering Committee for Indigenous Health Equality;
- Royal Australasian College of Physicians Educational Research & Evaluation Reference Group;
- Beyond Blue Expert Reference Group on doctor's mental health;
- Australian Society for HIV Medicine Aboriginal and Torres Strait Islander Expert Reference Group;
- Antimicrobial Resistance Advisory Committee.

I would like to thank all of my colleagues for their support throughout my time on the Board. It has been a privilege to serve as AIDA Vice President for the past two years. I am looking forward to the Symposium in Broome and catching up with everyone.



Dr Tammy Kimpton
B Med

People
Tasmanian Aboriginal

Current Place of Work
Scone Medical Practice, New South Wales

It has been my great pleasure to hold the position of AIDA Secretary for the past two years. The twelve months since our last AGM has been very busy both personally, and for AIDA. While I feel enriched after every gathering of our membership, I was particularly delighted to be able to head back to Tasmania for our 2010 AGM and Symposium. My gorgeous shell necklaces have proven to be a talking point in Scone and anywhere else that I have worn them.

Throughout the year I have continued to work as a GP Registrar at Scone Medical Practice. I'm hoping to complete my fellowship next year, allowing me to focus more time on AIDA as we work towards PRIDoC 2012. My children are growing very quickly, and I am constantly delighted by their strong, independent personalities. We have finally moved into our new house in Scone, and are gradually turning it into a home.

Throughout the past twelve months the AIDA Board have had community visits in Canberra and the Torres Strait, which it was my great privilege to participate in. I am always encouraged that the future is in very safe hands when I have the opportunity to meet with our school children across the country.

I have had the honour of representing AIDA in a number of forums in the past year. I have continued in my role as Co-Chair of General Practice Education & Training's (GPET) Aboriginal and Torres Strait Islander Advisory Group. This group has provided advice to GPET on a number of issues, including the Indigenous General Practice Registrar Network and Liaison Officer Position. I have also had the opportunity to Co-Chair the Steering Committee to review the Indigenous Health Curriculum Framework and Healthy Futures Review. Representing AIDA on the GPET Academic Careers Working Group has allowed me to reflect on the large proportion of AIDA Fellows who end up in research and teaching roles. Hopefully a framework will be able to be developed to provide our members with the skills which will be required for these future careers.



Dr Latisha Petterson

B Med

People

Wardaman People of the Northern Territory and Mudburra, Jinjli, Gurindji and Wagadidam Peoples of the Western Torres Strait

Current Place of Work

Stuart Park Surgery, Northern Territory

During the past twelve months I have been working with AIDA on both a national and international level. This has involved my co-presentation with Dr Della Yarnold at the Pacific Region Indigenous Doctor's Congress (PRIDoC) in Whistler, British Columbia on journeys and pathways into medicine both at an undergraduate & post-graduate level.

In terms of my position as the Treasurer, I have been working with the Secretariat to monitor the budget and finances of our organisation which is going extremely well. AIDA continues on its path achieving excellence in governance, and the management of finances is vital in this regard. We continue to have quarterly finance meetings to discuss budgets and financial reporting and I would like to acknowledge Jian Li, AIDA's Finance Officer and Susan Granger, Corporate Services Manager, for their support and assistance in this regard.

At present I am currently involved with the National Congress of Australia's First Peoples, and the Australian National Workforce Development Committee. I have also been involved with lecturing at the Northern Territory Flinders' Medical University in cultural safety issues pertaining to Medical students.

Lastly, I would like to acknowledge and thank the AIDA Board, and our President, Peter O'Mara, who has contributed immensely to our organisation. I would also like to thank and acknowledge Romlie Mokak for his management of the Secretariat and his wonderful staff who have also supported me throughout the year and contributed to our organisation through their diligence and commitment to the wellbeing of Aboriginal & Torres Strait Islander Peoples.



Dr Danielle Arabena

MBBS

People

Merimam People, Torres Strait Islands

Current Place of Work

Redcliffe Hospital, Queensland

It was with much pleasure I was able to join the AIDA Board this year after Olivia O'Donoghue stepped down due to family and work commitments.

Given the support I have received from Redcliffe Hospital, I have been able to represent our membership at the Board Meeting and community visits on Waiben (Thursday Island) in the Torres Strait. I really cannot express the often overwhelming emotions

I experienced there – I truly had the sense of coming home. This feeling seemed stronger for me than my last visit there - perhaps it was due to the fact I had achieved my dream of becoming a doctor. It was wonderful to visit the children at various schools with my “boyfriend” Bonesy the skeleton. One of the highlights of the community visits was when a young girl in year 3 came forward in her little island dress and shyly told me she wanted to be a doctor. After this declaration, we broke into our discussion groups where she further explored the pathway of becoming a doctor. After a while, her teacher approached and this young girl paused whilst she was checking for a pulse on another student, and she proudly told her teacher she was going to BE a doctor. I gave her my stethoscope and her eyes lit up – I truly hope to see her amongst the AIDA membership one day.

Another exciting project I have been involved with is the formulation of mentoring strategies for the AIDA membership as a member of the Mentoring Working Party. Mentoring has been addressed by AIDA previously via the SOLID project (joint project between RACP and AIDA) and is a key area for development in the Graduate Strategy. Having been the past Student Director and now a junior doctor I can see the value of setting up mentoring in both formal and informal settings. As a working party, we have reviewed our previous successes and what AIDA could further develop in an effort to provide the best opportunity for a successful mentoring program (notably flexibility in workshops/meeting times and social media/online technology to best suit membership).

Finally, I would like to acknowledge the loss of Kelvin Kong of his beloved wife Sarah. I was honoured to attend the funeral with Romlie Mokak to represent the AIDA Board, Secretariat, and the membership whilst paying our respects to Kelvin and his family during this very sad time.

After a very busy year for myself and my family, I am looking forward to catching up and seeing everyone at the Broome Symposium and Annual General Meeting!



Dr Kali Hayward

MBBS, FRACGP

People

Warnman People of the Martu language group, Western Australia

Current Place of Work

Nunkuwarrin Yunti, Adelaide Road Clinic and Adelaide Outback program

This past year has been a busy but exciting year. I was privileged to be involved in many different activities. One of the highlights was the June Board meeting which was held on Thursday Island. We were welcomed into this beautiful community by Mayor Pedro Stephen and visited three different schools on the Island. The children were a blessing and great advocates for the Torres Strait.

During the last twelve months, I attended the South Australian Membership Dinner. This was a fantastic opportunity to catch up with the many AIDA members and Associate members in and around Adelaide. We were able to provide an update on AIDA's Strategic Plan as well as the progress of the Graduate Communications Strategy. It is always great to catch up with our student members and we welcomed three of the new Flinders University students to the AIDA family also.

In 2011 I took part in several media interviews;

- The Australian Doctor (April);
- The Medical Journal of Australia (May edition); and
- The Adelaide Advertiser (June).

I presented at the;

- National Rural Development Leadership Seminar (Victor Harbour, South Australia);
- Global Insight Seminar (University of Adelaide).

Represented AIDA on;

- Aboriginal and Torres Strait Islander Health Worker project reference group;
- Principals Australia Kids matter Primary Aboriginal and Torres Strait Islander Advisory Group;
- AIDAs Graduate Strategy working group.

I attended the annual Don Dunstan Foundation Lowitja O'Donoghue Oration. This year the oration was given by former Prime Minister, Paul Keating. Debra Cheetham opened the evening beautifully and the evening closed with the Centre for Aboriginal Studies in Music Choir.

I'd like to thank all the members of the Board for their support and commitment, also to the Secretariat of AIDA for their hard work throughout the year. I want to thank AIDA for the many opportunities that I have had this year. I have been able to share with my family and my community the knowledge and skills I have gained throughout my time on the Board.



Dr Marlene Kong

MBBS, FRACGP, DRANZCOG, MPH

People

Worimi, Port Stephens, New South Wales

Current Place of Work

Public Health Medicine Advanced Trainee

Health Promotion Population Health

NSW Department of Health, Wallsend New South Wales

I was elected to the AIDA Board at the 2009 AGM in Brisbane. Having had recent experience as the AIDA Medical Officer for 18 months, stepping onto the Board was a natural progression, and for me, a way to continue to contribute my accumulated knowledge, skills and expertise. I have represented AIDA on several committees over the years including:

- Workforce Expansion and Support External Technical Advisory Group – Indigenous Chronic Disease Package;
- Health Impact Assessment (HIA) Steering Committee of the Federal Government's Northern Territory Emergency Intervention – CHETRE (Centre for Health Equity Training Research and Evaluation) and AIDA;
- Maternal Services Advisory Group (MSAG) – Department of Health and Ageing (DoHA);
- Medical Deans of Australia and New Zealand (MDANZ)/Medical Schools Outcomes Database (MSOD) Stakeholder Group – research and Scientific Advisory Committee;
- Campaign Reference Group for Indigenising the Health Workforce – DoHA;
- Leaders in Medical Education (LIME) 4 Connection Committee and Bursary Committee.

In addition to the above committees, I also have roles on other committees as an individual. These have and continue to include:

- National Health and Medical Research Council (NHMRC) and Torres Strait Island Health Advisory Committee;
- NHMRC Prevention & Community Health;
- Royal Australian College of General Practitioners Membership Advisory Committee (MAC);
- Australian Community Consultative Committee of the Australian Alliance for Reconciliation through Medicine (AARM).

As a doctor who has worked overseas in South Sudan and Sierra Leone with an humanitarian organisation, I have also had the privilege of travelling to many parts of Australia, working in a broad number of Aboriginal Controlled Community Health Services, particularly remote communities. This has helped to further enhance my understanding of what is happening at the grass roots of primary health care in Indigenous communities. In particular I have been fortunate to revisit some of the communities affected by the controversial NT Emergency Intervention.

I would like to thank the AIDA Secretariat for all their support throughout the years. I would also like to thank my AIDA colleagues, both on the Board and others, for their friendship and continued collegial support. As an organisation, I have seen AIDA grow from strength to strength. As a Board Director and as an AIDA Graduate member, I am committed to continue to contribute to the growing organisation.

**Dr Tanya Schramm**

B Med, FRACGP

People

Palawa, Tasmania

Current Place of Work

Davey Street Medical Centre, Hobart

It's been a busy twelve months since stepping on to the Board at our last AGM in Launceston. I have found my first twelve months on the Board a valuable experience and I have enjoyed putting something back in to our amazing organisation.

The highlights for me this year have been:

- Our Symposium in Launceston. Being a Palawa woman, it was great to welcome everyone to my country, and share some of our culture with you all in our shell workshops;
- Our Board meeting in community on Thursday Island was a rewarding and uplifting experience. The community made us very welcome. I left Thursday Island feeling relaxed and empowered to continue with my work with the Board and general practice;
- The membership dinner in March was a great opportunity to catch up with everyone in an informal setting;
- In March I also attended a BBQ and community visit to Winnunga Nimmityjah Aboriginal Health Services and had a chance to meet with some local school children;
- My work with the Primary Health Care Group has been rewarding as I am passionate about graduate support and feel it will be even more important as we continue to grow in strength as an organisation.

Representations over the last twelve months:

- DoHA- Technical Reference Group on Clinical Guidelines Development, Chronic Disease Package (Closing the Gap);
- Indigenous Reference Group of National Centre for Immunisation Research and Surveillance of Vaccine Preventable Disease;
- The National Aboriginal Torres Strait Islander Immunisation Network;
- The Ross Ingram memorial essay prize;
- Chair of the Primary Health Care Group;
- Participant on the Mentoring Working Party.



Dr Ray Warner

B. Med., FRACGP, FARGP, B. Ed.
Graduate Diploma Epidemiology, Diploma Child Health

People

Barrungum of Chinchilla, Queensland

Current Place of Work

Senior Lecturer James Cook University;
General Practitioner Cairns West medical Centre & Omega Health
and Medical Centre, Cairns, Queensland

At the outset of this report I am happy to admit that being both a Director and Member of AIDA has been a most pleasant experience. As a Director I have had the pleasure of participating in some of the Board's most challenging initiatives and decisions undertaken and especially since the organisation's move to Old

Parliament House at Canberra in March 2010 where once was the seat of many adverse and important decisions ruled the future of Aboriginal and Torres Strait Islander people.

Thursday Island's June 2011 Board meeting provided us with a wonderful opportunity to relax in an environment that is convivial to a holiday destination. I am encouraged by the diversity of activities AIDA offers its Board members from travelling to rural and remote locations to meeting with key organisations necessary for the achievement and success of AIDA's goals. If our 'young' doctors have any interest in striving for a better outcome for Aboriginal and Torres Strait Islander people's health and social wellbeing then the Board seeks to encourage your interest at this level.

I am extremely pleased to be involved with a Secretariat who is committed to AIDA's portfolio. Serving the members in order to reach their personal goals as doctors and people who are proud of their heritage as Aboriginal & Torres Strait Islander people.

Australia hosts 2012 PRIDoC in Alice Springs Northern Territory and once again showcases our growing interest in International Indigenous Medical & Health issues.

Proudly 2011 has been for me the culmination of a personal journey. My term as Director comes to an end in 2011, however, my initial desire as a Board member was to have represented AIDA's membership at this level. If my participation on the Board has been ever so small then it has been worth the effort.

Finally, my appreciation for my fellow Board members is one of respect and gratitude during my term 2010 to 2011.



Dr Della Yarnold

B Med

People

Biripi, New South Wales

Current Place of Work

Flinders University, Darwin

It has been a very busy year with the opening of the Flinders NT medical school. We have welcomed 10 new Indigenous medical students in the Territory into the AIDA family. However, the down side of being the first year is the inevitable changes that go with refining a program to be the best it can be. I have been very proud of the way the Flinders NT Indigenous students have risen to this challenge, addressing often difficult situations with grace and professionalism.

We are progressing cadetships with Hunter New England rolling out the undergraduate cadetships and the NT rolling out post graduate cadetships. We are hoping this will be a template for other cadetships across Australia.

The Flinders NT team, including our Elder on Campus, Bilawara Lee, have been refining the Indigenous health curriculum for medical education and this work ties into the Medical Dean's work happening on a national level. Inclusive in this is the refinement of pathways for Indigenous people into the Post graduate medical program in a multi-strand supported manner.

I have enjoyed working with the AIDA Board over this year and am amazed at the amount and complexity of issues they provide input into on a weekly basis. I particularly enjoyed the visit to Thursday Island and interacting with the children.

**Ms Alicia Veasey**

Bachelor of Nursing

Currently in final year of MBBS

People

Murri, Torres Strait Islands

Current Place of Study

University of Queensland

The AIDA Student Director role has been a memorable and invaluable experience. It was such an honour and privilege to be apart of such a hardworking Board. A personal highlight for me this year was the June Board Meeting and school visits on Thursday Island, as it was my first trip to my grandfather's country.

The Student Representative Committee (SRC) expanded this year to being able to represent 15 universities. This growth has only added to the community essence that surrounds the SRC. It has been such a privilege to work with so many inspirational people, who are passionate about AIDA, their local communities and universities. The members of the SRC have participated in a range of activities throughout the year, including school and community visits, organised Aboriginal and Torres Strait Islander health events at their respective universities and of course representing AIDA when they can. I would like to acknowledge the work, time and enthusiasm the SRC have put in over the past 12 months.

Apart from the always cheery monthly teleconferences, the SRC also had their face to face meeting, where discussions were had around navigating Indigenous affairs, representing AIDA and mentoring. A thorough discussion surrounding the Medical Deans of Australia and New Zealand-AIDA National Indigenous Health Review entailed, as well as an important in depth look at the SRC's role with AIDA and within their local university communities. We were fortunate enough to be joined on the second day by Aunty Matilda House, who led us to a local sacred site where she shared some history of the area and it's significance.

The SRC decided to make a focused effort this year on improving AIDA's engagement with Aboriginal and Torres Strait Islander medical students, through focused membership recruitment, disseminating information about AIDA, and contributions towards AIDA's communication methods, like the Friday Flyer and social media outlets. The SRC have done a great job of this, as reflected in the record number of students attending this years Symposium.

The student project this year has been the compilation of the soon-to-be-launched, 'The Indigenous Student's Guide to Australian Medical Schools'. Many thanks must go to Dasha Newington who compiled the content of the guide and to Jasmin Hunter who worked tirelessly on putting it all together with the assistance of each student representative.

This year the student membership welcomed Jasmin Hunter from the Secretariat as the new Medical Education Officer, filling the huge shoes of Leila Smith after she went on maternity leave. Jasmin has been an excellent form of support for our student membership and took to the job running. A big thank you to Jasmin for her excellent work and for taking everything in her stride.

Once again, I would like to acknowledge the SRC for their hard work, enthusiasm and support. Thank you for giving me the opportunity to represent the student membership. I look forward to seeing these already capable and strong leaders becoming doctors and our future health leaders.



Mr Romlie Mokak

Bachelor Social Science

Post Grad Dip Special Education

People

Djugun, Broome WA

As always, I acknowledge the tireless work of AIDA President Peter O'Mara, the AIDA Board and Secretariat staff, as well as the many members who have been actively involved in AIDA's work over the past year. AIDA cannot have the results and impact it has without the level of commitment and hard work of so many.

The AIDA Strategic Plan 2011 – 2015 provides AIDA with our strategic and organisational direction for the next four years. In this report, though not exhaustive, I point to a number of initiatives as they relate to our objectives listed below.

National Leader in Health

- Member of Chamber One of National Congress of Australia's First peoples and the health forum which is being established within Congress;
- AIDA President, CEO and members - Ian Anderson and Alex Brown on the new National Aboriginal and Torres Strait Islander Health Equality Council which will provide expert advice on developing a new Indigenous Health Plan;
- Significant and continuing representation on a range of national committees and bodies;
- AIDA and members views highly sought-after in policy, programs and advocacy;
- Engagement with schools and Aboriginal and Torres Strait Islander children, including Winnunga Nimmityjah event, Canberra and Thursday Island, as well as members representing AIDA at a number of functions/events;
- Our work along the Medical Education and Training continuum includes:
 - a) Collaboration Agreement with Medical Deans which is widely recognised as an exemplar. Under this agreement we have achieved:
 - Indigenous Knowledge Initiative held in Sydney, with Deans and AIDA engaging with the NSW NACCHO Affiliate and two Aboriginal Community Controlled Health Services based in Western Sydney;
 - Two Projects underway – Building Medical Academic Leadership Capacity; and the Review of the Implementation of the Medical Deans Indigenous Health Curriculum Framework and AIDA's Healthy Futures, both jointly Chaired by an AIDA representative and a Medical Dean;
 - b) Collaboration Framework negotiated with Confederation of Post Graduate Medical Education Councils, for signing in early November;
 - c) Committee of Presidents of Medical Colleges successful in securing funding for a two year project on Indigenous health and medicine, with a commitment to work closely with AIDA - including negotiating a Collaboration Agreement;
- Our members being recognised by other organisations for their great work, including Kali Hayward, Helen Milroy, Mark Wenitong, Jaqui Hughes, Sarah McEwan and Alicia Veasey .

Strong and Engaged Membership

- Members numbers have increased over the past year:

<u>Category</u>	<u>Sept 2010</u>	<u>Sept 2011</u>
Indigenous Medical Graduates	59	69
Indigenous Medical Students	80	99
Associates	81	93
- Membership gatherings held in Perth, Adelaide, Melbourne, Cairns, Darwin with total attendance of 62;
- Positive feedback from members on AIDA's Friday Flyer;
- Updated website, with enhancements to our members login sections;
- June Board meeting held on Thursday Island, which was especially special given the current AIDA Board has three Torres Strait Islander members;
- Graduate survey conducted with results to be available at the AGM;
- Primary Health Care Contact group established;
- Student Representative Committee has met regularly by teleconference and one face to face meeting in Canberra;
- Much on offer to members in Broome with our workshops, AGM and Symposium as well pre and post meetings of the Indigenous GP Registrars Network and the Australian Medical Association Taskforce on Indigenous Health.

Secure and Sustainable Resources

- As the Australian Government is conducting a review of the National Aboriginal and Torres Strait Islander Training Package, within which AIDA's funding sits, we have had our funding extended for 12 months. The aim is to negotiate a new 3 year Funding Agreement to cover 2012/13 onwards;
- Continuing to advocate for the Department of Education, Employment and Workplace Relations support for AIDA;
- Early discussions with colleagues who work in the philanthropic field.

Sound Governance

- Unqualified audit achieved;
- Board meetings held according to Governance timetable, with succession planning considered within the context of Board deliberations;
- Governance and organisational resources shared with other new and emerging Aboriginal and Torres Strait Islander health organisations;
- Continued access to governance training and advice from national corporate legal firm;
- Annual governance survey conducted.

Medical and Cultural Knowledge

- Ngiare Brown commenced as AIDA's Medical Officer and will lead the development of an AIDA Research Agenda and chairs AIDA's PRIDoC 2012 Planning Committee;
- AIDA Values/Code of Conduct work commenced;
- AIDA President chairs PRIDoC Council and CEO chairs CEOs' group;
- Discussions and negotiations commenced with GPET to establish a GP Training Post.

Chief Executive Officer

At the Secretariat we have farewelled two longstanding team members in Mary Guthrie and Dewi Zulkefli and welcomed Trudi Ridge (Policy and Projects Manager), Jasmin Hunter (Medical Education Officer), Ngiare Brown (Medical Officer) and Jessica Jeeves (Media Officer). Leila Smith has been on maternity leave for the second half of the year and will return in November into the Policy and Communications position. With the ceasing of the National Indigenous Health Equality Council project position on 30 September, Greg Harris will continue on under a fixed term contract.

I look forward to seeing many of you in Broome this year, the traditional lands of my people and resting place of my great grandmother and ancestors.

To PRIDoC 2012 and beyond.



Romlie Mokak, Ray Warner, Marissa Woodburn and Louis Peachey at the Cairns AIDA Gathering

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Financial Statements

For the Year Ended 30 June 2011

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Directors' Report

30 June 2011

Your directors present their report on Australian Indigenous Doctors' Association Limited for the financial year ended 30 June 2011.

1. General information

Information on directors

The names, qualifications, experience and special responsibilities of each person who has been a director during the year and to the date of this report are:

Assoc Prof. Peter O'Mara Position	Continuing President
Dr David Brockman Position	Continuing Vice President
Dr Latisha Petterson Position	Continuing Treasurer
Dr Tammy Kimpton Position	Continuing Secretary
Dr Kali Hayward Position	Continuing Director
Dr Marlene Kong Position	Continuing Director
Dr Ray Warner Position	Continuing Director
Mr Sean White Position	Resigned 01/10/10 Director Student
Dr Stephanie Trust Position	Resigned 01/10/10 Director
Dr Dennis Bonney Position	Resigned 01/10/10 Director
Dr Olivia O'Donoghue Position	Resigned 25/03/11 Director
Dr Tanya Schramm Position	Appointed 01/10/10 Director
Dr Della Yarnold Position	Appointed 01/10/10 Director

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Directors' Report

30 June 2011

1. General information continued

Information on directors continued

Ms Alicia Veasey	Appointed 01/10/10
Position	Director Student

Dr Danielle Arabena	Appointed 25/03/11
Position	Director

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

Principal activities

The principal activity of Australian Indigenous Doctors' Association Limited during the financial year were:

- To develop and maintain strong working partnerships with Australian medical schools, medical colleges and key health and education organisations.

- To provide collegiate and professional support to Indigenous medical graduates and undergraduates.

No significant changes in the nature of the entity's activity occurred during the financial year.

Objectives and strategies

The company's objectives and strategies:

National Leader in Health

- Partnerships with Aboriginal and Torres Strait Islander communities;
- Relationships with government, organisations and individuals;
- Promotion of AIDA and our members work;
- Provision of policy expertise; and
- Strengthen and develop AIDA's advocacy role;

Strong and engaged membership

- Engagement and participation of AIDA membership;
- Strengthen AIDA Students
- Strengthen AIDA Graduates; and
- Strong connection with community and culture;

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Directors' Report

30 June 2011

1. General information continued

Objectives and strategies continued

Secure and sustainable resources

- Consolidate AIDA's financial sustainability;
- Build AIDA's Strategic Human Resource Management;
- Establish a resource allocation framework;
- Consolidate Organisational Leadership; and
- Protect AIDA's reputation and value;

Sound governance

- Recognised as a national leader in good governance;
- Ensure Accountability & Transparency;
- Manage identified risk;
- Strengthen AIDAs Quality Improvement process;

Medical and cultural knowledge

- Develop, articulate and communicate AIDA's medico-cultural knowledge;
- Strengthen a research agenda;
- Consolidate International Indigenous medical networks; and
- Maintain AIDA secretariat medical capacity

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Directors' Report

30 June 2011

1. General information continued Members guarantee

Australian Indigenous Doctors' Association Limited 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 members and any person or company who ceased to be a member in the year prior to the winding up, is limited to \$ 25

Meetings of directors

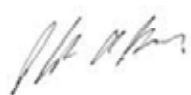
During the financial year, 4 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Assoc Prof. Peter O'Mara	4	4
Dr David Brockman	4	3
Dr Latisha Petterson	4	1
Dr Tammy Kimpton	4	4
Dr Kali Hayward	4	4
Dr Marlene Kong	4	4
Dr Ray Warner	4	4
Mr Sean White	1	1
Dr Stephanie Trust	1	-
Dr Dennis Bonney	1	-
Dr Olivia O'Donoghue	3	-
Dr Tanya Schramm	3	3
Dr Della Yarnold	3	2
Ms Alicia Veasey	3	3
Dr Danielle Arabena	1	1

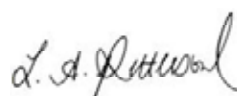
Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001*, for the year ended 30 June 2011 has been received and can be found on page 1 of the financial report.

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



Director:
Assoc Prof. Peter O'Mara



Director:
Dr Latisha Petterson

Dated this 8 day of September 2011



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Chartered Accountants
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Hardwickses Pty Ltd
ABN 21 124 567 102

Chartered Accountants
17 Phillip Street, Canberra ACT 2600
17 Phillip Street, Canberra ACT 2600

Australian Indigenous Doctors' Association Limited
ABN 84 131 558 935

Auditors Independence Declaration under Section 307C of the Corporations Act 2001 To the Directors of Australian Indigenous Doctors' Association Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011, there have been:

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

Hardwickses
Chartered Accountants

Hardwickses
R Johnson

Robert Johnson FCA
Partner

8 September 2011

Canberra, ACT



Australian Indigenous Doctors' Association Limited
ABN 84 131 668 936

Statement of Comprehensive Income For the Year Ended 30 June 2011

	Note	2011 \$	2010 \$
Income	14	2,200,931	2,250,383
Administrative expense		(141,013)	(191,746)
Governance		(153,643)	(133,665)
Policy		(246,382)	(267,690)
PRIDoC		(110,237)	(20,761)
Government expenses		(2,638)	(344,011)
USA travel		(9,169)	(32,292)
Staff		(1,015,921)	(1,002,123)
NIHEC		(59,912)	-
Symposium		(173,757)	(153,842)
Other expenses		(131,022)	(78,998)
Profit from continuing operations		157,237	25,255
Profit for the period		157,237	25,255
Total comprehensive income for the period		157,237	25,255

The accompanying notes form part of these financial statements.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Statement of Financial Position

As At 30 June 2011

	Note	2011 \$	2010 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	715,096	959,641
Trade and other receivables	3	817,911	38,611
Inventories	4	6,583	9,000
Other assets	5	277,683	31,377
TOTAL CURRENT ASSETS		1,817,273	1,038,629
NON-CURRENT ASSETS			
Plant and equipment	6	141,225	112,960
TOTAL NON-CURRENT ASSETS		141,225	112,960
TOTAL ASSETS		1,958,498	1,151,589
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	230,288	192,480
Borrowings	10	10,104	13,691
Other liabilities	8	1,043,107	437,424
TOTAL CURRENT LIABILITIES		1,283,499	643,595
NON-CURRENT LIABILITIES			
Borrowings	10	28,812	33,293
Long-term provisions	9	58,806	44,557
TOTAL NON-CURRENT LIABILITIES		87,618	77,850
TOTAL LIABILITIES		1,371,117	721,445
NET ASSETS		587,381	430,144
EQUITY			
Retained earnings		587,381	430,144
TOTAL EQUITY		587,381	430,144

The accompanying notes form part of these financial statements.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Statement of Changes in Equity

For the Year Ended 30 June 2011

2011

	Note	Retained Earnings \$	Total \$
Balance at 1 July 2010		430,144	430,144
Surplus attributable to members of the entity		157,237	157,237
Balance at 30 June 2011		587,381	587,381

2010

	Note	Retained Earnings \$	Total \$
Balance at 1 July 2009		404,889	404,889
Surplus attributable to members of the entity		25,255	25,255
Balance at 30 June 2010		430,144	430,144

The accompanying notes form part of these financial statements.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Cash Flow Statement

For the Year Ended 30 June 2011

	Note	2011 \$	2010 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		2,249,369	2,603,918
Payments to suppliers and employees		(2,252,641)	(2,389,063)
Interest received		53,721	28,948
Net cash provided by (used in) operating activities	17	50,449	243,803
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of plant and equipment		(65,845)	(19,134)
Investment in financial assets		(220,000)	-
Net cash provided by (used in) investing activities		(285,845)	(19,134)
CASH FLOWS FROM FINANCING ACTIVITIES			
Proceeds/(repayments) from borrowings		(9,149)	14,687
Net cash provided by (used in) financing activities		(9,149)	14,687
Net increase (decrease) in cash and cash equivalents held		(244,545)	239,356
Cash and cash equivalents at beginning of financial year		959,641	720,285
Cash and cash equivalents at end of financial year	2	715,096	959,641

The accompanying notes form part of these financial statements.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

The financial statements are for Australian Indigenous Doctors' Association Limited as an individual entity, incorporated and domiciled in Australia. Australian Indigenous Doctors' Association Limited is a company limited by guarantee.

1 Summary of Significant Accounting Policies

(a) Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Corporations Act 2001*.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

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.

(b) Comparative figures

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

When the company applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period will be presented.

(c) Inventories

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

Inventories acquired at no cost, or for nominal consideration are valued at the current replacement cost as at the date of acquisition, which is the deemed cost.

Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and selling expenses.

(d) Plant and equipment

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

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. Cost includes expenditure that is directly attributable to the asset.

Plant and equipment that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

1 Summary of Significant Accounting Policies continued

(d) Plant and equipment continued

Depreciation

The depreciable amount of all fixed assets including capitalised leased assets is depreciated on a diminishing value basis over the asset's useful life to the company commencing from the time the asset is held ready for use.

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

Class of Fixed Asset

Furniture, Fixtures and Fittings	20%
Motor Vehicles	18.75%
Office Equipment	20-50%
Other Property, Plant and Equipment	20%

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

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

(e) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is the equivalent to 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 are initially measured at fair value plus transactions costs, except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method, or cost. *Fair value* represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties 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.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

1 Summary of Significant Accounting Policies continued

(e) Financial instruments continued

Amortised cost is calculated as:

- (a) the amount at which the financial asset or financial liability is measured at initial recognition;
- (b) less principal repayments;
- (c) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the *effective interest method*; and
- (d) less any reduction for impairment.

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

The classification of financial instruments depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and at the end of each reporting period for held-to-maturity assets.

The company does not designate any interest as being subject to the requirements of accounting standards specifically applicable to financial instruments.

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

Financial assets are classified at 'fair value through profit or loss' when they are either held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period. (All other loans and receivables are classified as non current assets.)

Australian Indigenous Doctors' Association Limited

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Notes to the Financial Statements

For the Year Ended 30 June 2011

1 Summary of Significant Accounting Policies continued

(e) Financial instruments continued Impairment

Objective evidence that a financial asset is impaired includes default by a debtor, evidence that the debtor is likely to enter bankruptcy or adverse economic conditions in the stock exchange. At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired through the occurrence of a loss event. In the case of available-for-sale financial instruments, a significant or prolonged decline in the value of the instrument is considered to indicate that an impairment has arisen.

Where a subsequent event causes the amount of the impairment loss to decrease (e.g. payment received), the reduction in the allowance account (provision for impairment of receivables) is taken through profit and loss.

However, any reversal in the value of an impaired available for sale asset is taken through other comprehensive income rather than profit and loss.

Impairment losses are recognised through an allowance account for loans and receivables in the statement of comprehensive income.

Financial guarantees

Where material, financial guarantees issued, which require the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payment when due, are recognised as a financial liability at fair value on initial recognition. The guarantee is subsequently measured at the higher of the best estimate of the obligation and the amount initially recognised less, when appropriate, cumulative amortisation in accordance with AASB 118: Revenue. Where the company gives guarantees in exchange for a fee, revenue is recognised under AASB 118.

Derecognition

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

When available-for-sale investments are sold, the accumulated fair value adjustments recognised in other comprehensive income are reclassified to profit or loss.

(f) Impairment of non-financial assets

At the end of each reporting year, 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. Value in use is either the discounted cash flows relating to the asset or depreciated replacement cost if the criteria in AASB 136 'Impairment of Assets' are met. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

Australian Indigenous Doctors' Association Limited

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Notes to the Financial Statements

For the Year Ended 30 June 2011

1 Summary of Significant Accounting Policies continued

(f) Impairment of non-financial assets continued

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

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the company would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Assets, other than goodwill that have an allocated impairment loss are reviewed for reversal indicators at the end of each reporting period. After recognition of an impairment loss, the amortisation charge for the asset is adjusted in future periods to allocate the asset's revised carrying amount on a systematic basis over its remaining useful life.

Impairment losses are recognised as an expense immediately, unless the relevant asset is property, plant and equipment held at fair value (other than investment property carried at a revalued amount) in which case the impairment loss is treated as a revaluation decrease as described in the accounting policy for property, plant and equipment.

(g) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less which are convertible to a known amount of cash and subject to an insignificant risk of change in value, and bank overdrafts.

(h) 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.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Those cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows.

(i) Provisions

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

Provisions are measured at the present value of management's best estimate of the outflow required to settle the obligation at the end of the reporting period. The discount rate used is a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the unwinding of the discount is taken to finance costs in the statement of comprehensive income.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

1 Summary of Significant Accounting Policies continued

(j) Trade and other payables

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

(k) Income tax

No provision for income tax has been raised as the company is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

(l) Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the company are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the company will obtain ownership of the asset or over the term of the lease.

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred. The lease is not recognised in the statement of financial position.

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

(m) Revenue

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received

Interest Revenue

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets, is the rate inherent in the instrument.

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

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

1 Summary of Significant Accounting Policies continued

(n) Goods and services tax (GST)

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

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

(o) 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.

(p) Economic dependence

Australian Indigenous Doctors' Association Limited is dependent on the Federal Government for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the Federal Government will not continue to support Australian Indigenous Doctors' Association Limited.

(q) Adoption of new and revised accounting standards

During the current year, the company adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

The adoption of these Standards has impacted the recognition, measurement and disclosure of certain transactions. The following is an explanation of the impact the adoption of these Standards and Interpretations has had on the financial statements of Australian Indigenous Doctors' Association Limited.

Standard Name	Impact
AASB 2009-9 Amendments to Australian Accounting Standards – Additional Exemption for First-time Adopters / AASB 2010-1 Limited exemption from comparative AASB 7 disclosures for first-time adopters	No impact since the entity is not a first-time adopter of IFRS.

Australian Indigenous Doctors' Association Limited

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Notes to the Financial Statements

For the Year Ended 30 June 2011

1 Summary of Significant Accounting Policies continued

(r) New accounting standards for application in future periods

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these Standards. The following table summarises those future requirements, and their impact on the company:

Standard name	Effective date for entity	Requirements	Impact
AASB 9 Financial Instruments and amending standards AASB 2009-11 / AASB 2010-7	30 June 2014	<ul style="list-style-type: none"> - Changes to the classification and measurement requirements for financial assets and financial liabilities. - New rules relating to derecognition of financial instruments. 	The impact of AASB 9 has not yet been determined.
AASB 2010-4 / 2010-5 Amendments and further amendments to Australian Accounting Standards arising from the Annual Improvements Project	30 June 2012	<ul style="list-style-type: none"> - Makes changes to a number of standards / interpretations including: - Clarification of the content of the statement of changes in equity - Financial instrument disclosures - Fair value of award credits 	No impact expected.
AASB 2010-9 / 2010-10 Amendment to Australian Accounting Standards – Severe hyperinflation and removal of fixed dates for first-time adopters	30 June 2012	Makes amendments to AASB 1	No impact since the entity is not a first-time adopter of IFRS.
AASB 1054 Additional Australian disclosures / AASB 2011-1 Amendments to Australian Accounting Standards arising from Trans-Tasman convergence	30 June 2012	Collates the Australian specific disclosures into one Accounting Standard rather than including them within a number of different standards.	No impact since the disclosures required by AASB 1054 are already included within the financial statements.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

2 Cash and Cash Equivalents

	2011	2010
Note	\$	\$
Cash at bank and in hand	701,896	959,641
Other cash and cash equivalents	13,200	-
	715,096	959,641

Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the statement of financial position as follows:

	2011	2010
Note	\$	\$
Cash and cash equivalents	715,096	959,641
Balance as per cash flow statement	715,096	959,641

3 Trade and Other Receivables

	2011	2010
Note	\$	\$
CURRENT		
Trade receivables	711,786	13,798
Deposits	106,125	24,813
Total current trade and other receivables	817,911	38,611

Credit risk

The company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties. The class of assets described as 'trade and other receivables' is considered to be the main source of credit risk related to the company.

The following table details the company's trade and other receivables exposure to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled, within the terms and conditions agreed between the company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there is objective evidence indicating that the debt may not be fully repaid to the company.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

3 Trade and Other Receivables continued

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

	Gross amount \$	Past due and impaired \$	Past due but not impaired (days overdue)				Within initial trade terms \$
			< 30 \$	31-60 \$	61-90 \$	> 90 \$	
2011							
Trade and term receivables	817,911	-	-	-	-	-	817,911
Total	817,911	-	-	-	-	-	817,911
2010							
Trade and term receivables	38,611	-	-	-	-	-	38,611
Total	38,611	-	-	-	-	-	38,611

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

The other classes of receivables do not contain impaired assets.

4 Inventories

	Note	2011 \$	2010 \$
CURRENT			
At cost:			
Merchandise		6,583	9,000
		<u>6,583</u>	<u>9,000</u>

5 Other Assets

	2011 \$	2010 \$
CURRENT		
Prepayments	57,683	31,377
Other financial assets	220,000	-
	<u>277,683</u>	<u>31,377</u>

Australian Indigenous Doctors' Association Limited
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Notes to the Financial Statements For the Year Ended 30 June 2011

6 Plant and Equipment

	2011 \$	2010 \$
PLANT AND EQUIPMENT		
Furniture, fixture and fittings		
At cost	93,893	50,893
Accumulated depreciation	(30,296)	(20,263)
Total furniture, fixture and fittings	63,597	30,630
Motor vehicles		
At cost	47,192	47,192
Accumulated depreciation	(10,680)	(2,255)
Total motor vehicles	36,512	44,937
Office equipment		
At cost	99,099	98,141
Accumulated depreciation	(62,968)	(62,190)
Total office equipment	36,131	35,951
Display equipment		
At cost	5,717	3,440
Accumulated depreciation	(732)	(1,998)
Total display equipment	4,985	1,442
Total plant and equipment	141,225	112,960

(a) 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 \$	Motor Vehicles \$	Office Equipment \$	Display Equipment \$	Total \$
Balance at the beginning of year	30,630	44,937	35,951	1,442	112,960
Additions	46,558	-	18,033	5,661	70,252
Disposals	(1,123)	-	(2,131)	(1,153)	(4,407)
Depreciation expense	(12,468)	(8,426)	(15,722)	(964)	(37,580)
Balance at 30 June 2011	63,597	36,511	36,131	4,986	141,225

Balance at 30 June 2010

Balance at the beginning of year	55,878	28,386	38,669	1,802	124,735
Additions	15,895	47,192	24,914	-	88,001
Disposals	(31,821)	(24,420)	(8,199)	-	(64,440)
Depreciation expense	(9,322)	(6,221)	(19,433)	(360)	(35,336)
Balance at 30 June 2010	30,630	44,937	35,951	1,442	112,960

Australian Indigenous Doctors' Association Limited
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Notes to the Financial Statements For the Year Ended 30 June 2011

7 Trade and Other Payables

	Note	2011 \$	2010 \$
CURRENT			
Trade payables		56,526	47,005
Accrued wages		32,282	28,270
Accrued expense		7,130	6,161
GST payable		44,329	24,246
Annual leave		59,774	60,984
Other payables		30,247	25,814
		<u>230,288</u>	<u>192,480</u>

(a) Financial liabilities at amortised cost classified as trade and other payables

	Note	2011 \$	2010 \$
Trade and other payables:			
- total current		<u>230,288</u>	<u>192,479</u>
Less:			
annual leave entitlements		<u>(59,774)</u>	<u>(60,984)</u>
Financial liabilities as trade and other payables	12	<u>170,514</u>	<u>131,495</u>

8 Other Liabilities

	2011 \$	2010 \$
CURRENT		
Other current liabilities	1,042,372	435,608
Short-term borrowings	735	1,816
	<u>1,043,107</u>	<u>437,424</u>

9 Provisions

	2011 \$	2010 \$
NON-CURRENT		
Long service leave	58,805	44,557
	<u>58,805</u>	<u>44,557</u>

Australian Indigenous Doctors' Association Limited
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Notes to the Financial Statements For the Year Ended 30 June 2011

10 Borrowings

	Note	2011 \$	2010 \$
CURRENT			
Lease liability	11	10,104	13,691
Total current borrowings		<u>10,104</u>	<u>13,691</u>
NON-CURRENT			
Lease liability secured	11	28,812	33,293
Total non-current borrowings		<u>28,812</u>	<u>33,293</u>
Total borrowings		<u>38,916</u>	<u>46,984</u>

Leased liabilities are secured by the underlying leased assets.

11 Capital and Leasing Commitments

(a) Finance lease commitments

	Note	2011 \$	2010 \$
Payable - minimum lease payments:			
- no later than 1 year		13,691	13,691
- between 1 year and 5 years		30,361	44,052
Minimum lease payments		<u>44,052</u>	<u>57,743</u>
Less: finance charges		<u>(5,136)</u>	<u>(10,759)</u>
Present value of minimum lease payments		<u>38,916</u>	<u>46,984</u>

Finance leases are in place for a motor vehicle.

12 Financial Risk Management

The main risks Australian Indigenous Doctors' Association Limited is exposed to through its financial instruments are credit risk, liquidity risk and market risk consisting of interest rate risk.

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

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

12 Financial Risk Management continued

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2011 \$	2010 \$
Financial Assets			
Cash and cash equivalents		715,096	959,641
Total financial assets		715,096	959,641
Financial Liabilities			
Financial liabilities at amortised cost			
- Trade and other payables	7(a)	170,514	131,495
- Borrowings		38,917	46,984
Total financial liabilities		209,431	178,479

Financial risk management policies

The Board of Directors has overall responsibility for the establishment of Australian Indigenous Doctors' Association Limited's financial risk management framework. This includes the development of policies covering specific areas such as interest rate risk and credit risk.

Risk management policies and systems are reviewed regularly to reflect changes in market conditions and Australian Indigenous Doctors' Association Limited's activities.

The day-to-day risk management is carried out by Australian Indigenous Doctors' Association Limited's finance function under policies and objectives which have been approved by the Board of Directors. The Chief Financial Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and assessment of market forecasts for interest rate.

Australian Indigenous Doctors' Association Limited does not actively engage in the trading of financial assets for speculative purposes nor does it write options.

Mitigation strategies for specific risks faced are described below:

(a) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to Australian Indigenous Doctors' Association Limited and arises principally from Australian Indigenous Doctors' Association Limited's receivables.

It is Australian Indigenous Doctors' Association Limited's policy that all customers who wish to trade on credit terms undergo a credit assessment process which takes into account the customer's financial position, past experience and other factors. Credit limits are then set based on ratings in accordance with the limits set by the Board, these limits are reviewed on a regular basis.

Goods are sold subject to retention of title clauses, so that in the event of non-payment Australian Indigenous Doctors' Association Limited may have a secured claim.

Credit risk exposures

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

12 Financial Risk Management continued

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period, excluding the value of any collateral or other security held, is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

Collateral held by Australian Indigenous Doctors' Association Limited securing receivables are detailed in Note 3.

The company has no significant concentration of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of Trade and Other Receivables are provided in Note 3.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed at Note 3.

Credit risk related to balances with banks and other financial institutions is managed by a policy requiring that surplus funds are only invested with counterparties with a Standard and Poor's rating of at least AA-. The following table provides information regarding credit risk relating to cash and money market securities based on Standard & Poor's counter party credit ratings.

	Note	2011 \$	2010 \$
Cash and cash equivalents			
- AA rated		934,772	959,130
		<u>934,772</u>	<u>959,130</u>

(b) Liquidity risk

Liquidity risk arises from the possibility that Australian Indigenous Doctors' Association Limited might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The company manages this risk through the following mechanisms:

- preparing forward-looking cash flow analysis in relation to its operational, investing and financial activities which are monitored on a monthly basis;
- obtaining funding from a variety of sources;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets; and
- only investing surplus cash with major financial institutions

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

12 Financial Risk Management continued

The tables below reflect an undiscounted contractual maturity analysis for financial liabilities.

Financial guarantee liabilities are treated as payable on demand since Australian Indigenous Doctors' Association Limited has no control over the timing of any potential settlement of the liabilities.

The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates and does not reflect management's expectations that banking facilities will be rolled forward. The amounts disclosed in the table are the undiscounted contracted cash flows and therefore the balances in the table may not equal the balances in the statement of financial position due to the effect of discounting.

Financial liability maturity analysis - Non-derivative

	Within 1 Year		1 to 5 Years		Total	
	2011	2010	2011	2010	2011	2010
	\$	\$	\$	\$	\$	\$
Financial liabilities due for payment						
Trade and other payables (excluding estimated annual leave)	170,514	131,496	-	-	170,514	131,496
Total contractual outflows	170,514	131,496	-	-	170,514	131,496

The timing of expected outflows is not expected to be materially different from contracted cashflows.

(c) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices.

i. Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period, whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments. The company is also exposed to earnings volatility on floating rate instruments.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

12 Financial Risk Management continued

Sensitivity analysis

The following table illustrates sensitivities to Australian Indigenous Doctors' Association Limited's exposures to changes in the interest rate. The table indicates the impact on how profit and equity values reported at the end of the reporting year would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

	Profit	Equity
	\$	\$
Year ended 30 June 2011		
+/- 2% in interest rates	18,702	18,702
	Profit	Equity
	\$	\$
Year ended 30 June 2010		
+/- 2% in interest rates	19,193	19,193

Surplus for the year would increase/(decrease) as a result of gains/loss on investments classified as fair value through profit and loss.

Equity movements are the result of movements in available-for-sale investments.

Net fair values

Fair value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgment, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgment and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices. Where securities are unlisted and no market quotes are available, fair value is obtained using discounted cash flow analysis and other valuation techniques commonly used by market participants.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

12 Financial Risk Management continued

	2011		2010	
	Net Carrying Value	Net Fair value	Net Carrying Value	Net Fair value
	\$	\$	\$	\$
Financial assets				
Cash and cash equivalents	715,096	715,096	959,641	959,641
Trade and other receivables	817,911	817,911	38,611	38,611
Other financial assets	220,000	220,000	-	-
	220,000	220,000	-	-
Total financial assets	1,753,007	1,753,007	998,252	998,252
Financial liabilities				
Trade and other payables	170,514	170,514	131,496	131,496
Total financial liabilities	170,514	170,514	131,496	131,496

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 \$ 10 each towards meeting any outstandings and obligations of the company. At 30 June 2011 the number of members was 220 (2010: 183).

14 Revenue and Other Income

	Note	2011 \$	2010 \$
Income			
Other income		36,343	9,085
Membership		5,880	4,750
Symposium		38,511	13,791
Interest Revenue		53,721	28,948
Non Government Funding		5,352	11,171
Government grants		2,061,124	2,182,638
		2,200,931	2,250,383
Total Revenue and Other Income		2,200,931	2,250,383

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

15 Interests of Key Management Personnel

The totals of remuneration paid to the key management personnel of Australian Indigenous Doctors' Association Limited during the year are as follows:

	2011	2010
	\$	\$
Short-term employee benefits	267,420	248,146
	267,420	248,146

16 Related Party Transactions

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

17 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2011	2010
	\$	\$
Profit for the year	157,237	25,255
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	37,580	35,336
- net gain on disposal of plant and equipment	-	(4,426)
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
- (increase)/decrease in trade and other receivables	(779,300)	(12,501)
- (increase)/decrease in prepayments	(26,306)	8,413
- (increase)/decrease in inventories	2,417	2,245
- increase/(decrease) in income in advance	606,764	161,429
- increase/(decrease) in payables and accruals	37,808	1,869
- increase/(decrease) in provisions	14,249	26,183
Cashflow from operations	50,449	243,803

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Notes to the Financial Statements

For the Year Ended 30 June 2011

18 Events after the end of the Reporting Period

The financial statements were authorised for issue on

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 Company Details

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

Australian Indigenous Doctors' Association Limited
Old Parliament House
No 18 King George Terrace
Parkes ACT 2600

Australian Indigenous Doctors' Association Limited

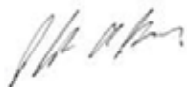
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Directors' Declaration

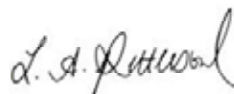
The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 3 to 25, are in accordance with the *Corporations Act 2001* and:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2011 and of the performance for the year ended on that date of the entity.
2. In the directors' opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

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



Director
Assoc Prof. Peter O'Mara



Director
Dr Latisha Petterson

Dated 8 September 2011



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F 07 4222 0000
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www.hardwickes.com.au

ABN 94 131 588 835

Chartered Accountants
MEMBERSHIP NO. 1000000000

Chartered Accountants
MEMBERSHIP NO. 1000000000

Australian Indigenous Doctors' Association Limited

ABN 94 131 588 835

Independent Audit Report to the members of Australian Indigenous Doctors' Association Limited

Report on the Financial Report

We have audited the accompanying financial report of Australian Indigenous Doctors' Association Limited, which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In Note 1, the directors also state, in accordance with Accounting Standard AASB 101 *Presentation of Financial Statements*, that the financial statements comply with *International Financial Reporting Standards*.

Auditor's Responsibility

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

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

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

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of Australian Indigenous Doctors' Association Limited, would be in the same terms if given to the directors as at the time of this auditor's report.





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1. *Intergovernmental relations*
 2. *Local government*
 3. *Public administration*

Australian Indigenous Doctors' Association Limited

ABN 64 131 688 936

Independent Audit Report to the members of Australian Indigenous Doctors' Association Limited

Quintan

In our opinion

- (a) the financial report of Australian Indigenous Doctors' Association Limited is in accordance with the *Corporations Act 2001*, including:
- (i) giving a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*; and
- (b) the financial report also complies with International Financial Reporting Standards as disclosed in Note 1.

Hardwickes
Chartered Accountants

Handwicks
R. J. [unclear]

Robert Johnson FCA
Partner

Canberra, ACT

8 September 2011



Vision - Aboriginal and Torres Strait Islander people have equitable health and life outcomes

We do this by:

- providing a unique medical and cultural perspective on Aboriginal and Torres Strait Islander health
- maintaining links between traditional and contemporary medicine
- growing and supporting current and future Aboriginal and Torres Strait Islander doctors

Values - Our work is underpinned by the:

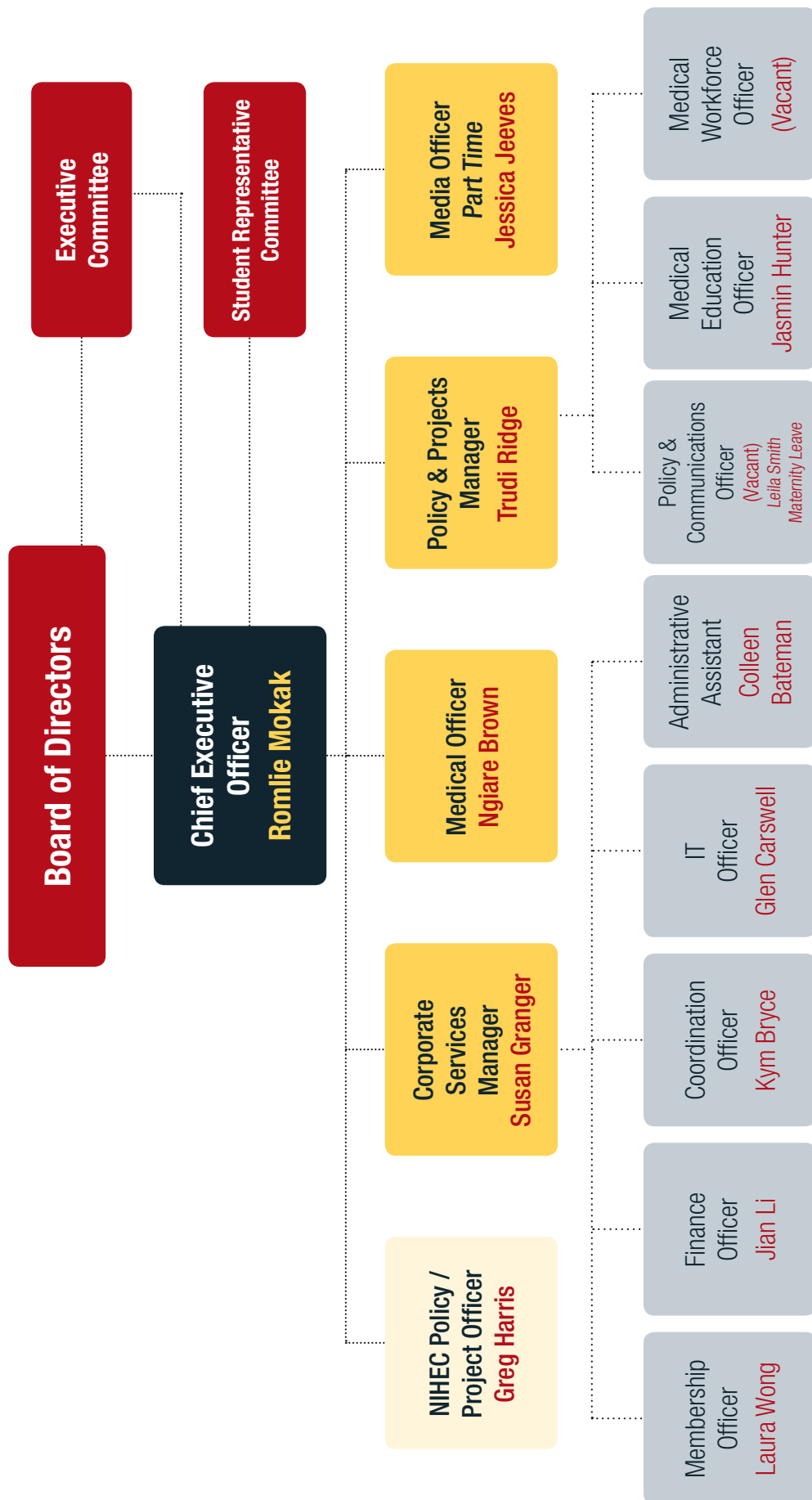
- need to be respectful and reflective of our connections to the past, present and future
- pursuit of social justice, Indigenous and human rights
- maintenance of cultural integrity, honesty and transparency
- highest standards of professionalism and excellence

Objective	Strategy	Performance
National Leader in Health	Partnerships with Aboriginal and Torres Strait Islander communities	Engage with Aboriginal and Torres Strait Islander young people in relation to careers in health by visiting twelve schools each year Engage with Aboriginal and Torres Strait Islander communities by following Indigenous protocols, with a focus on events of community significance (Sorry Day, Mabo Day, NAIDOC Week)
	Relationships with government, organisations and individuals	Continue to build and maintain AIDA's networks across Governments Continue to contribute to the national campaigns and partnerships for Indigenous health and wellbeing including the Close the Gap Indigenous Health Equality Campaign Make contact with five key organisations and/or individuals about AIDA's work annually
	Promotion of AIDA and our members work	Develop and implement an AIDA Communications Strategy by December 2011 Continue to develop and implement an effective website, including the establishment of a young people's space on the website by December 2010 Annual AIDA Symposium held in October each year Publish AIDA Annual Report (yearly) and Blackchat (four times each year)
	Provision of policy expertise	AIDA content in Aboriginal and Torres Strait Islander issue of the Medical Journal of Australia in May each year AIDA work is referenced in policy and advocacy documents Two policy papers completed each year
	Strengthen and develop AIDA's advocacy role	Build current and new partnerships for Aboriginal and Torres Strait Islander health Continue to foster collaborative arrangements with Aboriginal and Torres Strait Islander organisations, both in Australia and abroad

Objective	Strategy	Performance
Strong and engaged membership	Engagement and participation of AIDA membership	<p>Increase in Aboriginal and Torres Strait Islander Medical Graduate & Student members by 10% each year from 2011 – 2015</p> <p>The proportion of Aboriginal and Torres Strait Islander Medical Graduate and Student members registered for the AIDA Annual General Meeting and Symposium increases by 10% each year from 2011 - 2015</p> <p>Four AIDA gatherings held each year with at least 50% of Aboriginal and Torres Strait Islander members from that location in attendance</p>
	Strengthen AIDA Students	<p>Implement Student Strategy by December 2013</p> <p>Evaluate Student Strategy by December 2014</p>
	Strengthen AIDA Graduates	<p>Implement Graduate Strategy by December 2014</p> <p>Evaluate Graduate Strategy by December 2015</p>
	Strong connection with community and culture	<p>AIDA Board visiting Aboriginal and Torres Strait Islander communities twice each year</p> <p>Establishing cultural spaces and expression within AIDA through:</p> <ul style="list-style-type: none"> time with traditional healers and elders (at least once each year) space for story, song and dance (at least once each year)
Secure and sustainable resources	Consolidate AIDA's financial sustainability	<p>Three year Commonwealth Funding Agreement agreed by June 2011</p> <p>Develop and implement Corporate and Philanthropy Strategy by June 2013</p> <p>Lodge submission for funding support to Commonwealth Education and Employment portfolio agency by June 2011</p>
	Build AIDA's Strategic Human Resource Management	Develop and implement Human Resource Management Strategy by June 2013
	Establish a Resource Allocation Framework	Develop and implement AIDA Resource Allocation Framework by December 2011
	Consolidate Organisational Leadership	<p>Articulate AIDA's approach to Succession Planning by December 2011</p> <p>Identify and develop future AIDA leaders through assisting at least 3 Aboriginal and Torres Strait Islander Medical Graduate and Student members to access leadership development activities each year</p>
	Protect AIDA's reputation and value	Develop and implement an approach to optimise AIDA's intellectual property and brand by June 2012

Objective	Strategy	Performance
Sound Governance	Recognised as a national leader in good governance	AIDA is a finalist in the National Indigenous Governance Awards by June 2011 Become accredited under a relevant agency by June 2014
	Ensure Accountability & Transparency	Continue to implement a process of policy and procedure development and review to ensure compliance with AIDA's Constitution
	Manage identified risk	Develop Risk Management Strategy by December 2012 Implement Risk Management Strategy by December 2013
	Strengthen AIDAs Quality Improvement processes	Develop and implement an approach to evaluate organisational performance by December 2011 Develop an approach for the Board to review its performance by December 2012
Medical and Cultural Knowledge	Develop, articulate and communicate AIDA's medico-cultural knowledge	Establish an approach for knowledge development, using the foundation of the unique medico-cultural perspective of Aboriginal and Torres Strait Islander doctors by June 2012 Establish an AIDA Fellowship, issued biennially, to support an Aboriginal or Torres Strait Islander Medical Graduate to pursue further study in an area aligned to AIDA's priorities
	Strengthen a research agenda	Develop and implement AIDA Research Agenda by December 2011
	Consolidate International Indigenous medical networks	Continue to participate in the Pacific Region Indigenous Doctors Congress (PRIDoC) Hold a PRIDoC Conference in Australia by 2015
	Maintain AIDA Secretariat medical capacity	AIDA Medical Officer position vacancy period kept to a minimum Establish AIDA as a General Practice Training post by December 2011 Investigate potential for AIDA as Public Health Training Post by December 2011

Organisational Structure



Current Status of the Board

The current Status of the Board of Directors is as follows:

Current AIDA Board of Directors		Term Ends
President	Peter O'Mara	2011
Vice President	David Brockman	2011
Secretary	Tammy Kimpton	2011
Treasurer	Latisha Petterson	2012
Director	Danielle Arabena	2011
Director	Kali Hayward	2011
Director	Marlene Kong	2011
Director	Tanya Schramm	2012
Director	Della Yarnold	2012
Director	Ray Warner	2011
Director (Student)	Alicia Veasey	2011

As indicated above, the following eight (8) Directors will have completed their term on the AIDA Board as at the 2011 AGM. Accordingly, their positions will be open for nominations from suitably eligible candidates:

President	Peter O'Mara
Vice President	David Brockman
Secretary	Tammy Kimpton
Director	Danielle Arabena
Director	Kali Hayward
Director	Marlene Kong
Director	Ray Warner
Director (Student)	Alicia Veasey

In accordance with AIDA's Constitution:

- There will be a minimum of 8 and a maximum of 11 Directors
- Term of Office will be two years
- Under section 201E of the Corporations Act, Directors will be elected separately

The Annual General Meeting Process

A formal Notice of the Annual General Meeting (AGM) and Call for Nominations for vacant positions on the AIDA Board of Directors went out to the AIDA Membership on the 29th July 2011. On that date the membership was informed that eight (8) Directors' positions would become vacant at the 2011 AGM; President, Vice President, Secretary, Directors (4 positions) and Director (Student).

The formal Notice and Call for Nominations included details of the nomination process, voting and proxies. Included in the package was the nomination form and links to several fact sheets for AIDA members interested in becoming a Director. The information was distributed electronically and via hard copy mail out through Australia Post. The notification was also placed on the AIDA website and appeared in the AIDA Friday Flyer between the 29th July and 23rd September 2011. Nominations closed on the 22nd September.

In accordance with Article 49(e) of the Constitution and a resolution passed by the AIDA Board on 19th August 2008, a nomination form containing:

- the details and signature of two (2) Nominators; and
- the details and consent (by signature) of the Nominee to become a Company Director

must have been received at the AIDA Secretariat no less than 28 days before the date of the scheduled meeting. In 2011, this date was Friday 22nd September 2011.

On Friday 30th September, 2011 (21 days before the 2011 AGM), AIDA members received a soft copy of the following:

- 2011 AGM Agenda
- 2010 AGM Minutes
- Financial Statements
- Strategic Plan (2011-2015)
- Organisational Structure
- Status of the Board of directors
- The AGM Process
- Nominations Received for Directors Positions
- Voting
- Proxies
- Proxy Form (Detachable)
- Instructions on how to complete the proxy form

Nominations Received

The following valid nominations for positions on the AIDA Board of Directors were received in accordance to the nomination process.

For the position of:	Nominations Received
President	Peter O'Mara
Vice President	Tammy Kimpton
Secretary	Ray Warner
Director Positions (4 positions vacant)	Danielle Arabena Kali Hayward Catherine Henderson Sean White
Director (Student)	Dana Slape

Voting

In Accordance to Article 14 of AIDA's Constitution, Indigenous Medical Graduates and Indigenous Medical Students who are current financial members of AIDA are entitled to attend a Meeting of Members, including the Annual General Meeting. Associate Members of AIDA can attend a Meeting of Members; however only have observer rights only.

In Accordance to Article 37(c) of AIDA's Constitution, Indigenous Medical Graduates and Indigenous Medical Students have the right to cast one (1) vote on each resolution.

Only Indigenous Graduate Members and Indigenous Student Members of AIDA have full voting and speaking rights at Members' Meetings. Associate Members only have observer rights.

It is noted that Indigenous Graduate members who are eligible to vote can vote on all resolutions except for the election of the Director (Student). Indigenous student members who are eligible to vote can vote on all resolutions, including the appointment of the Director (Student).

The AIDA Board appoints an Independent Returning Officer to coordinate the voting process at the AGM. At the 2011 AGM this person will be Mrs Kerri Dickman.

Article 37(c) of AIDA's Constitution states that a resolution put to the vote at a Meeting of Members must be decided on a show of hands. A resolution can also be passed by circulating a document and having all the members entitled to vote sign a statement on the document that they are in favour of the resolution. The resolution is passed when the last member signs. It is noted that a 'circulating resolution' cannot be applied to a resolution to remove an auditor. At a face to face Meeting of Members, it is also accepted practice to hold a silent vote so that confidentiality and anonymity is maintained. A silent vote also allows for votes to be counted accurately by the Returning Officer. It is AIDA's practice to use a show of hands for some general resolutions such as accepting the Minutes from the previous meeting or accepting the Annual Financial Statements. However for the election of Office Bearers, a silent vote is preferred.

Voting

AIDA's process to elect Directors is as follows:

1. Voting members, who are appointing a Proxy, must complete an AIDA Proxy Form. This form must be received at the AIDA Secretariat no later than 48 hours prior to the AGM i.e. Wednesday 19th October 2011 at 2 pm. A proxy form can be found at the back of this package or can be obtained on the AIDA Website within the Members' Login section. Please enter your Username and Password to enter this area. If you do not know your username or password, please contact Glen Carswell on glenc@aida.org.au.
2. All Voting members who are attending the AGM in person will receive a voting slip upon signing the Attendance Register. The voting slip will list eligible candidates for vacant positions on the AIDA Board {except for the Director (Student) position}.
3. Voting student members will be issued with a second voting slip listing the candidates for the vacant Director (Student) position. Accordingly, Indigenous Medical Students will submit two voting slips; the first for Director positions and the second for the Director(Student) position.
4. Instructions on how to complete the voting slip(s) will be provided at the meeting.
5. When it is time to cast a vote(s), voting members will place their completed voting slip(s) in the voting box.
6. The Returning Officer and AIDA's Finance Officer will collect the voting slips, count them and then notify the general body of members of the outcome i.e. who has been appointed to the position(s) of Director(s).
7. In the situation where there is a tied vote, the voting process will be conducted again commencing at 2 above. Proxy votes will also be counted within this second round of voting.

The Company will then formalise (or 'ratifies') the decision of the Indigenous Medical Student members, by formally appointing the person the student members have chosen to be the Director (Student), as the Director (Student) by resolution in accordance with Article 47(b) of AIDA's Constitution.

Proxies

In accordance to Article 41 of the Constitution

- (a) A Member who is entitled to attend and vote at a Meeting of Members may appoint another Member entitled to attend and vote at that Meeting of Members, as a proxy to attend and vote for the Member in accordance to the Corporations Act but not otherwise. In Respect of any one Meeting of Members, a person may not be appointed as a proxy for more than two Members.

If a Member is appointing a Proxy, the attached Proxy form must be completed and received at the Secretariat no later than **2 pm on Wednesday 19th October 2011 in accordance with the instructions provided on the Proxy Form.**

Proxy Voting Form

Section 1: I, being a member of the Australian Indigenous Doctors' Association Limited (AIDA) and entitled to attend and vote at the 2011 Annual General Meeting (AGM), appoint:

AIDA Chairperson ☐

or

Print Full Name & address of the person you are appointing as your proxy

If the person I have named above fails to attend the AGM at 2 p.m. on Friday 21st October 2011 in the Sam Male Room, Cable Beach Club Resort, Broome, Western Australia, or if no person is named above, the Chairperson of the meeting will be appointed as my proxy to act generally at this meeting and at any adjournment of this meeting, and to vote on my behalf in accordance with the following directions, or where no directions have been given, as the proxy sees fit.

Section 2: Please indicate your vote with a tick (✓) in the appropriate box. If you mark the "Abstain" column, you are directing your proxy not to vote on your behalf and your votes will not be counted.

Item	For	Against	Abstain
That Kerri Dickman is accepted as the Independent Returning Officer at the 2011 AGM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the Minutes of AIDA's 2010 AGM be accepted as presented and are a true and accurate record of that meeting. If you were not present at the 2010 AGM, tick the "Abstain" column.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the 2010 Independent Returning Officer's Report be accepted as a true and accurate record of that Meeting. If you were not present at the 2010 AGM, tick the "Abstain" column.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the Directors' Reports be accepted as presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the Annual Financial Statements be accepted as presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That Hardwickes Chartered Accountants are appointed to audit AIDA's financials for the FY 11/12 in accordance with the AIDA Board's recommendation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As only one (1) valid nomination for the position of President was received, no vote is required. Accordingly Peter O'Mara will be declared elected to the position of President at the 2011 AGM.			
As only one (1) valid nomination for the position of Vice President was received, no vote is required. Accordingly Tammy Kimpton will be declared elected to the position of Vice President at the 2011 AGM.			
As only one (1) valid nomination for the position of Secretary was received, no vote is required. Accordingly Ray Warner will be declared elected to the position of Secretary at the 2011 AGM.			
There will be four (4) vacant Director positions on the AIDA Board as at the 21st October 2011. Four (4) valid nominations were received for these positions. Therefore, no vote is required. Accordingly the following people will be declared elected to the position of Director at the 2011 AGM:			
<ul style="list-style-type: none"> Danielle Arabena Kali Hayward Catherine Henderson Sean White 			
As only one (1) valid nomination for the position of Director (Student) was received, no vote is required. Accordingly Dana Slape will be declared elected to the position of Director(Student) at the 2011 AGM			

Section 3: This section **must** be completed in accordance with the instructions overleaf.

Your Full Name :

Your Address :

Your Signature :

Date:

For your appointment of Proxy to be valid, this form must be received by the AIDA Secretariat no later than 2:00 pm on Wednesday 19th October 2011

How to Complete a Proxy Form

1. **Appointment of Proxy** (Section 1)

If you wish to appoint the Chairperson of the AGM as your proxy, tick the "AIDA Chairperson" box. If the person you wish to appoint as your proxy is someone other than the Chairperson of the AGM, please write the name and address of that person in the box provided. If you leave this box blank, or if your named proxy does not attend the meeting, the Chairperson of the AGM will be appointed as your proxy.

2. **Votes on Items of Business** (Section 2)

You may direct your proxy to vote by placing a tick in one of the boxes opposite each item of business. If you do not mark any of the boxes on a given item, your proxy may vote as he or she chooses. If you mark more than one box on an item your vote on that item will be invalid.

3. **Your Name and Address** (Section 3)

This is your name and address as it appears on AIDA's member register. If you are unsure, please contact the Secretariat to confirm.

4. **Signing** (Section 3)

You must sign where it states "Your Signature". Please date your signature.

If you are signing this document as attorney on behalf of an AIDA member, you must also include a certified copy of your authority to sign this document on behalf of that member when lodging the proxy form. Further information about signing as attorney can be found by referring to AIDA's Constitution and the Corporations Act 2001.

5. **Lodgement**

Proxy forms must be lodged by either post, hand delivered, faxed or scanned & emailed to:

**Attention: Corporate Services Manager
Australian Indigenous Doctors' Association
PO BOX 3497 MANUKA ACT 2603**

Or

**18 King George Terrace, Old Parliament House, PARKES ACT
Ph: 02 6273 5013 Fax: 02 6273 5014
Email: susan@aida.org.au**

Proxy forms must be received by the AIDA Secretariat **no later than 2:00 pm on Wednesday 19th October 2011.**

For further information on proxies:

- contact the AIDA Secretariat
- refer to section 41 of the AIDA Constitution –a copy of which can be downloaded from <http://www.aida.org.au>
- refer to the Corporations Act 2001