The Australian Indigenous Doctors' Association Ltd

Annual General Meeting 2012

Wednesday 3 October 2012

Desert Park, Alice Springs

Contents

2012 AGM Agenda 5

2011 AGM Minutes 7

2011 Returning Officer's Report 17

Financial Statements and Auditor's Report (FY 2011/12) 19

AIDA Values & Code of Conduct 51

AIDA Graduate Strategy 2013 - 2015 53

AIDA Mentoring Framework 57

Reports 63

- President's Report 63
- Vice President's Report 66
- Secretary's Report 67
- Treasurer's Report 68
- Director Reports 69
- Chief Executive Officer's Report 75

Strategic Plan 2011 - 2015 78

Organisational Structure 81

Current Status of the Board 82

The Annual General Meeting Process 83

Nominations Received 84

Voting 84

Proxies 85

Notes 86

Proxy Voting Form 91

How to Complete a Proxy Form 92

Governance Survey 2012 93

2012 AGM Agenda

Meeting Date: Wednesday 3rd October 2012
Time: 8:30am to 1:00pm
Venue: Desert Park, Alice Springs
Chair: A/Prof. Peter O'Mara

8:30am		*Members arrive at Desert Park and make their way to the Theatre*	
8:45am		**Welcome to Country**	*Traditional Owners*
9:00am		**Cultural Film**	
9:15am	1	**Opening of AGM**	*A/Prof. Peter O'Mara*
9:20am	2	**Confirmation of Minutes**	A/Prof. Peter O'Mara
		2.1 Minutes from the 2011 AGM	
		2.2 Report from Independent Returning Officer	
9:30am	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 2012/13	
9:50am	4	**General Business**	
		4.1 Launch of Values & Code of Conduct	*A/Prof. Peter O'Mara*
		4.2 Launch of Graduate Strategy 2013-15	*A/Prof. Peter O'Mara*
		4.3 Launch of Mentoring Framework	*A/Prof. Peter O'Mara*
		4.4 PRIDoC 2012	*Prof. Ngiare Brown*
		4.5 Organisational Achievements	*Mr Romlie Mokak*
		4.6 Membership Update	*Mr Romlie Mokak*
10:45 to 11:00am		*Morning Tea*	
11:05am	5	**Reports for Noting**	
		5.1 President	*A/Prof. Peter O'Mara*
		5.2 Vice President	*Dr Tammy Kimpton*
		5.3 Secretary	*Dr Ray Warner*
		5.4 Director's Reports	*AIDA Directors*
		5.5 CEO's Report	*Mr Romlie Mokak*
		5.6 Graduate Report	*Dr Kali Hayward*
		5.7 Student Report	*Ms Dana Slape*
11:10am	6	**Elections**	
		6.1 Election of Directors	*Returning Officer*
		6.2 Election of Director (Student)	
11:30am	7	**Acknowledgements**	
		9.1 Directors stepping down	*New President*
		9.2 Presentation of new Board	*Returning Officer*
		9.3 University Representatives (2011/12)	*Ms Dana Slape*
		9.4 New Graduates	*A/Prof. Peter O'Mara*
		9.5 New Fellows	*A/Prof. Peter O'Mara*
		9.6 Staff	*A/Prof. Peter O'Mara*
11:50am	8	**Governance Survey**	*Mr Romlie Mokak*
11:55am	9	**Close of AGM**	
12:00pm to 12:15pm		Ross Ingram Award Presentations	
12:15pm to 12.55pm		Post AGM Catchup	
1:00pm		*Members depart Desert Park - arrive at Convention Centre for PRIDoC Welcome Lunch*	

2011 AGM Minutes

Meeting Date: Friday 21st October 2011
Venue: Sam Male Room, Cable Beach Club Resort, Broome, Western Australia
Chair: A/Prof. Peter O'Mara
In Attendance: 89 members **(9 Directors, 25 Indigenous Medical Graduates, 45 Indigenous Medical Students and 10 Associates)**

Directors

A/Prof. Peter O'Mara (President & Chair)
Dr David Brockman (Vice President)
Dr Tammy Kimpton (Secretary)
Dr Latisha Petterson (Treasurer)
Dr Kali Hayward (Director)
Dr Tanya Schramm (Director)
Prof. Della Yarnold (Director)
Dr Ray Warner (Director)
Ms Alicia Veasey (Director Student)

9 Directors

Graduates

Dr Danielle Arabena
Dr Kiarna Brown
Dr Louise Bourke
Dr Casey Kalsi
Dr Christine Clinch
Dr Aaron Davis
Dr Aleeta Fejo
Dr Jamie Fernando
Dr Keith Gleeson
Dr Shirley Godwin
Dr Catherine Henderson
Dr Jason King
Dr Angela La Macchia
Dr Sarah-Jane McEwan
Prof. Helen Milroy
Dr Cody Morris
A/Prof. Bradley Murphy
Dr Marjad Page
Dr Louis Peachey
Dr Simone Raye
Dr Nino Scuderi
Dr Janelle Trees
Dr Marshall Watson
A/Prof. Mark Wenitong
Dr Sean White

25 Graduates

Students

Ms Cassandra Anderson
Mr Ben Armstrong
Ms Marissa Barker
Ms Norma Benger
Mr Frank Bobongie
Ms Tatum Bond
Ms Amber Broome
Ms Danielle Carter
Ms Annabelle Celloe
Ms Annalyse Crane
Ms Jaye Dargan
Ms Anysia Den
Ms Sheree Enderby
Ms Hannah Fyfe
Mr Tim Gilbey
Ms Sarah Goddard
Mr Murray Haar
Ms Gemma Hayman
Mr Stephen Henry
Ms Bianca Howard
Ms Kirsty Jennings
Mr Ethan Johnson
Ms Shani Lavender
Mr Ian Lee
Mr Zaynam Middleton
Mr Jonathan Newchurch
Ms Dasha Newington
Ms Tamika Ponton
Ms Brooke Riley
Ms Kiara Roberts
Mr Bodie Rodman
Mr Andrew Sampson
Ms Dana Slape
Ms Haylee Solomons
Ms Lauren Sperring
Mr Artiene Tatian
Ms Karen Taylor
Ms Jessica Wade
Ms Crystal Williams
Ms Jane Wilson
Mr Roland Wilson
Ms Angela Wood
Mr Joel Wright
Mr Shane Venable
Ms Melissa Von Senden

45 Students

Associates

Mr Justin Cain-Bloxsome
Mr James Charles
Dr Tamsin Cockayne
Ms Gaye Doolan
Prof. Marlene Drysdale
Ms Denise Emmerson
Ms Francesca Garnett
Mr Luke Halvorsen
Mr Douglas McManus
Mr Greg Phillips

10 Associates

Secretariat Staff

Mr Romlie Mokak (Chief Executive Officer)
Prof. Ngiare Brown (Medical Officer)
Ms Susan Granger (Corporate Services Manager)
Ms Jian Li (Finance Officer)
Mr Glen Carswell (Information Technology Officer)
Ms Jasmin Hunter (Medical Education Officer)
Ms Laura Wong (Membership Officer)
Ms Kym Bryce (Coordination Officer)
Ms Colleen Bateman (Administrative Assistant)
Mr Greg Harris (Project Officer)

Returning Officer

Ms Kerri Dickman

Apologies

Dr Stephanie Trust
A/Prof. Kelvin Kong
Dr Marilyn Clarke
Dr Marlene Kong
Prof. Jeanette Ward

1 Open & Welcome

The 2011 AIDA AGM was declared open at 2.14 pm on Friday 21st October 2011.

President, A/Prof. Peter O'Mara welcomed members present and thanked everyone for travelling such long distances to attend this important event. He acknowledged the Yawuru People, Native Title Holders of the country upon which the meeting was held. Members were informed that photographer, Mr Leon Mead 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 members or Mr Mead in person. Formal apologies were then recorded.

2 Confirmation of previous Minutes

The Minutes from the 2010 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 Dr Keith Gleeson and seconded by Dr Louis Peachey. There were no action items carried forward from the 2010 AGM.

The motion to accept the Returning Officer's Report was moved by Dr Louis Peachey and seconded by Dr Danielle Arabena. Members present supported this motion.

3 Finance

3.1 Treasurer's Report

AIDA's Treasurer, Dr Latisha Petterson provided the 2010/11 Treasurer's Report. Traditional owners, ancestors past and present, elders and community people who had helped with AIDA events in Broome were acknowledged, along with AIDA's Finance Officer, Ms Jian Li for her efficiency and expertise in managing AIDA's finances. AIDA's Accountant, Ms Kerri Dickman and Hardwickes Accountants were also acknowledged for their continued support and guidance in the area of finance.

A brief background on AIDA as a Company Limited by Guarantee was provided, including details and budgetary information for the FY 2010/11. Information on income sources was provided, including a summary of AIDA's core funding from the Department of Health and Ageing (DoHA). Dr Petterson also reported that AIDA's three year funding agreement ended on the 30th June 2011 and that AIDA currently has a one year funding agreement with DoHA, ending on the 30th June 2012. Following DoHA's review of the training package from which AIDA is funded from, it is expected that a new three year funding agreement will be entered into, commencing on the 1st July 2013. Members were invited to review AIDA's revenue and other income sources on page 57 of the Annual General Meeting Report, where the total revenue reported for the FY2010/11 was $2,200,931(GST Exclusive).

Dr Petterson reported that quarterly Finance Meetings have continued between the Treasurer, Finance Officer and Corporate Services Manager. An explanation of AIDA's budget was provided, including the five main elements of the budget; Operational, Human Resources (HR), Policy, Short Term Projects and Retained Funds. The Operational, HR and Policy elements of the budget are funded by DoHA through the current funding agreement and totalled $2,036,102 for the FY 2010/11. Short Term Projects can be funded from other sources, depending on the individual project, whilst Retained Funds is money that the Board has allocated to specific projects. At each Board Meeting, the Treasurer provides a detailed report on each of the five elements of the budget. Furthermore, AIDA provides detailed reports back to DoHA in accordance to the reporting schedule as outlined in the funding agreement. The Treasurer informed members that copies of these reports were provided at each AGM for perusal by the membership, along with copies of AIDA's policies and procedures, Fact Sheets, general governance documents, short term project reports such as Pacific Regions Indigenous Doctors' Congress (PRIDoC) 2010 and National Indigenous Health Equality Council (NIHEC).

With regards to the FY 2010/11 budget, Dr Petterson reported that the DoHA Budget, covering Operations, HR and Policy was under spent by 11.364% ($231,385.00). This underspend has been rolled over into this year's Retained Funds budget (FY2011/12) and allocated to projects like AIDA's Safety Net, 2012 PRIDoC and contract Media Officer. The Short Term Projects Budget was finalised during the FY2010/11 and came in on track. A Financial Acquittal Report has been completed by Ms Kerri Dickman and Company.

Dr Petterson requested members to refer to AIDA's Statement of Financial Position on page 37 of the AGM report. This statement provided a snapshot of AIDA's financial situation as at the 30th June 2011. In summary:

Assets minus Liabilities = Equity

$1,958,498 - $1,371,117 = $587,381

Total equity as at 30 June 2011 was $587,381. This is made up of:

- 1 month's safety net for operational expenses $200,000
- Non Cash Items, lease & credit card Security $240,144
- Other Projects as allocated by the Board $147,237

In Summary, no management points (issues or problems) were reported and the Auditor was very impressed with AIDA's financial management.

An explanation on the large reduction in Government Expenses on the Statement of Comprehensive Income from $344,011 in 2010 to $2,638 in 2011 was provided by Ms Kerri Dickman in consultation with AIDA's Finance Officer. The reason for this reduction was that AIDA's Health Impact Assessment Project (HIA) was included in the 2010 total, whilst in 2011, no project was included.

3.2 Adoption of Annual Financial Statements

The motion to adopt the annual financial statements as tabled was moved by Dr Keith Gleeson and seconded by Dr Janelle Trees. Members present supported this motion.

3.3 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.

3.4 Appointment of Auditor

The President proposed the motion to appoint Hardwicke's Accountants as AIDA's Auditor for the 2011/2012 FY. This motion was moved by Dr Catherine Henderson and seconded by Mr Jonathan Newchurch. Members present supported this motion.

4 Reports

4.1 Directors' Reports

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

President	A/Prof. Peter O'Mara
Vice President	Dr David Brockman
Secretary	Dr Tammy Kimpton
Treasurer	Dr Latisha Petterson
Director	Dr Danielle Arabena
Director	Dr Kali Hayward
Director	Dr Marlene Kong
Director	Dr Tanya Schramm
Director	Dr Ray Warner
Director	Prof. Della Yarnold
Director (Student)	Ms Alicia Veasey
Chief Executive Officer	Mr Romlie Mokak

An additional verbal report was provided Prof. Della Yarnold on cadetship opportunities in New South Wales, especially for post graduate students.

Directors thanked the membership for the opportunity to represent them and encouraged members to consider nominating for a position on the Board in the future.

4.2 Graduate Report

Director, Dr Tanya Schramm provided AIDA's Graduate Report, which included the following items:

JUNIOR DOCTORS

Confederation of Postgraduate Medical Education Councils

- Negotiating the Collaboration Framework with CPMEC which AIDA aims to sign in the next few months
- Indigenous panel, along with Te ORA at the upcoming annual meeting

Clinical Education and Training Institute, NSW

- Trialling an approach to intern placement which takes account of Aboriginal and Torres Strait Islander medical graduate cultural and family connection
- Aim is to evaluate and consider whether this is worth applying across the country

VOCATIONAL TRAINING

Committee of Presidents of Medical Colleges(CPMC)

- AIDA President sits alongside all Presidents
- Co-Chairs the Indigenous Health Sub-Committee
- 2 year funded project to develop Indigenous health content in train and increase the numbers of Aboriginal and Torres Strait Islander fellows
- CPMC and AIDA will develop a Collaboration Agreement building on the experience of AIDA – Medical Deans

Medical Colleges

- Representation on a number of College structures including Royal Australian College of General Practitioners (RACGP), The Royal Australasian College of Physicians (RACP), The Royal Australasian College of Surgeons (RACS), Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- AIDA President has met with President of Australian College of Rural and Remote (ACCRM) and RACGP
- Building on Surgeons Workshop last year, we have the College of Psychiatrists running a workshop on Sunday titled Hearing our Stories

General Practice Training

- Multi-party meetings between General Practice Education & Training (GPET), AIDA, National Aboriginal Community Controlled Health Organisation (NACCHO), General Practice Registrars Association (GPRA) and the Indigenous General Practice Registrars Network (IGPRN)
- Aims of these meetings have been to organisations respective roles in supporting Indigenous GP Registrars, work on issues of concern including remuneration (GPRA are leading the process of developing a paper with NACCHO and AIDA), a space for discussion and developing solutions together
- AIDA co-chairs the GPET Aboriginal and Torres Strait Islander Advisory Committee
- AIDA has participated in both IGPRN workshops this year with the CEO addressing the Brisbane workshop and the President and CEO presented at the workshop on Wednesday.

AIDA MEMBERS/WORK

Graduate Survey

- Members were asked to refer to the results of this survey which were available at the AGM. This first survey can be considered a baseline survey;
- Surveys annually;
- 30 responses from 94;
- Two most important areas
  - fostering leadership for our graduates to be advocates for our people (63%)
  - supporting graduates by advocating at the institutional level to cut down the barriers and smooth the pathway for those to come (60%)

Graduate Workshops

- A direct response membership identifying their development needs:
  - Negotiating Contracts;
  - Medicare Claiming;
  - Community Controlled Workshop.

Primary Health Care Contact Group

- Chaired by Director Tanya Schramm;
- Intention was to use this as a pilot;
- Three Meetings held and this will continue for another 12 months.

Representation

- A range opportunities exist – committees, media, community engagement

Communications

- Board Communiqué
- Blackchat
- Website
- Friday Flyer
- AGM Report
- Annual Report

Following the Graduate Report, the following issues were raised:

- Concerns for graduates working in tertiary health settings verse graduates who work in the hospital and health care system.
- Clarification required on the type of support offered by AIDA
- Feedback to graduate members on past issues raised at forums like the AGM
- Effectiveness of AIDA's communication tools, including the Website and Friday Flyer
- Communication barriers, especially around access to members login area due to complex user names and passwords
- Lack of response to an email sent to the Secretariat
- Representation, especially issues around:
  - Members not knowing who they are representing at a specific events/ meetings
  - Providing graduates with opportunities to represent AIDA in their chosen area(s) of interest.
  - Members not providing feed back to the Secretariat following representational activities

The President and Directors responded to the issues raised, including providing the following information:

Communication
Following each Board meeting, a Board Communiqué, summarising issues discussed at the Board level, including representational outcomes, progress summaries on policy and projects and key decisions made by the Board, is sent to AIDA members through AIDA's weekly Friday Flyer and also placed within the Members Login area of the AIDA website.

The Graduate Report provided by Dr Schramm was another way the Board had been trying to feed back to members on progress against the Graduate Strategy. Furthermore, there is an enormous amount of information on the AIDA website, Blackchat, Friday Flyer and within the Members Login area for our Graduate members. AIDA's key reports to funders, capturing progress against our Strategic plan are available at each AGM for members to peruse and comment on.

The appointment of AIDA's Medical Officer in August 2011 will also enhance communication between the Secretariat, Board and Members.

AIDA's Medical Officer added that she would be happy to be contacted by graduates throughout the year via phone and/or email, to discuss any issues or concerns. Her contact details can be obtained through the AIDA Secretariat.

Representation
The Secretariat provides excellent information on representation, including Fact Sheets and detailed briefs. This information is also available within the Members Login Area on the AIDA website. With regards to the issue raised about who an AIDA member is representing, The President reinforced the position that if a member has taken up the role to represent AIDA, then their first priority was to represent AIDA's position and interests.

Discussion ensued on the issues raised, with the following suggestions provided:

- Members who would like to raise an issue or who are seeking clarification on an issue are requested to inform the AIDA Board and/or Secretariat via phone, email and/or fax. This way the Board and AIDA Management can register the issue, discuss, and consult with the members in the most appropriate and effective way in working toward a positive outcome.
- Simplify members' usernames and passwords, enhancing access to the members login area
- Consider an appropriate way of sharing members contact information, enabling members to contact each other in times of need
- Investigate ways to attract members to utilise AIDA's communication tools more effectively.
- Members encouraged to complete membership applications in full, including their professional interests.

The Board and Secretariat were congratulated on their prompt response to various student issues over the past twelve months and for their very effective communication.

Actions

1. When issues arise or clarification is sought, members are encouraged to inform the Board and/or the Secretariat via phone, email or fax. **Responsible: Members**
2. Simplify members' usernames and passwords, enhancing access to the members login area **Responsible: Secretariat**
3. Consider an appropriate way of sharing members contact information, enabling members to contact each other in times of need. **Responsible: Secretariat**
4. Investigate strategies to attract AIDA members to access the website and member login area. **Responsible: Board & Secretariat**
5. Members to complete membership applications in full, including the section pertaining to professional interests. **Responsible: Members**

4.3 Student Report

Student Director, Ms Alicia Veasey provided the Student Report. In summary, items included:

- The 2010/11 Student Representative Committee (SRC) has enjoyed an excellent and productive year.
- The SRC has now grown to 15 members and meet monthly via teleconference. Teleconferences are always well attended.
- The Main focus for the SRC this year was how to meet the needs of over 200 medical students in Australia.
- Over 50 students registered for this year's AGM and Symposium, which was the highest number of students recorded for these events.
- Work has progressed on the Student Project – The Indigenous Student Guide to Medical Schools. A big thank you was extended to Ms Dasha Newington for compiling this information which now appears on the AIDA website.
- The SRC has been considering the most effective way to communicate with students and have concluded that AIDA's Friday Flyer is an excellent communication tool.
- The two student workshops held in Broome: *Effective Advocacy* and *Confident Thinking* were well attended and excellent feedback has been received so far.

Ms Veasey expressed her pride in leading the AIDA student body during 2010/11 and looks forward to a strong and exciting future with AIDA.

Student representatives responded to the report and thanked Ms Veasey for her dedication, inspiration and hard work.

Following the Student Report, the following items were discussed:

- Remedial science course across campus
- Universities providing access to useful online resources for students
- Summer programs – experiences outside of university, including collegiate activities
- Bridging courses and HECS fees
- Mentoring programs and supervision of students in remote settings
- Students visiting Aboriginal Medical Services (AMS) to experience the environment and observe the work that is undertaken in these centres.

5 General Business

5.1 Pacific Regions Indigenous Doctors Congress (PRIDoC) 2012

The President provided an update on preparation for PRIDoC 2012, including:

- AIDA as host of PRIDoC 2012
- PRIDoC Council have confirmed Alice Springs as the location
- Dates have been confirmed - 3rd to 7th October 2012
- AIDA's AGM will be held either before or after PRIDoC
- PRIDoC will take the place of AIDA's Symposium in 2012
- AIDA has set up a Local Planning Committee (LPC), chaired by AIDA's Medical Officer and preparations have already commenced for this event

5.2 Membership Update

Mr Romlie Mokak, AIDA's Chief Executive Officer provided an update on AIDA's membership, including:

- Membership has grown in the past 12 months
    - An additional 10 graduate members joined AIDA as at September 2011, with a total number of 69 graduate members recorded.
    - The student membership has grown from 80 to 99 during the past 12 months.
    - Associate Membership has also grown and include some of the most senior practitioners/researchers in the country.
- The Board and Management continue to look at ways to locate all of our Indigenous medical graduates and Indigenous medical students so as to encourage them to join AIDA. Accordingly, current members were encouraged to spread the word to potential members.
- Membership gatherings took place in Perth, Adelaide, Melbourne, Cairns and Darwin during the 2011 year, with excellent feedback received.
- AIDA's website continues to be enhanced, especially within the Members Login area. Members were encouraged to visit this site and feedback to the Secretariat.
- A Graduate Survey was carried out with results available at the AGM for members to peruse and comment on.
- The Primary Health Care Contact Group was established
- The SRC continues to meet monthly and a face to face SRC meeting was held in March 2011.
- Several members' workshops have been scheduled in Broome, alongside this year's AGM and Symposium.

5.3 Activities Update

Mr Romlie Mokak provided an update on AIDA activities, including:

- Activities and representational requests are managed through AIDA's purpose built database, called the Management Database.
- The Secretariat continues to be extremely busy, registering on average 2.5 requests per day. This places a lot of pressure on our Board and our small membership to fulfill representational requests and obligations.
- Members were encouraged to inform the Secretariat of their representational interests through the membership application process and by contacting the Secretariat and discussing representational opportunities.

6 Elections

AIDA's Returning Officer, Ms Kerri Dickman reported that the following Directors' tenure had expired and these positions will be up for election at the 2011 AGM.

A/Prof. Peter O'Mara	President
Dr David Brockman	Vice President
Dr Tammy Kimpton	Secretary
Dr Danielle Arabena	Director
Dr Kali Hayward	Director
Dr Marlene Kong	Director
Dr Ray Warner	Director
Ms Alicia Veasey	Director Student

Ms Dickman then explained the election process to the membership, including conveying who had been nominated for specific vacant positions on the Board (as follows).

Position	Nominations Received
President	A/Prof. Peter O'Mara
Vice President	Dr Tammy Kimpton
Secretary	Dr Ray Warner
Director (4 positions vacant)	Dr Danielle Arabena Dr Kali Hayward Dr Catherine Henderson Dr Sean White
Director (Student)	Ms Dana Slape

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

- A/Prof. Peter O'Mara was declared elected to the position of President;
- Dr Tammy Kimpton was declared elected to the position of Vice President;
- Dr Ray Warner was declared elected to the position of Secretary;
- Ms Dana Slape was declared elected to the position of Director (Student)

As only four (4) nominations for the four (4) Director positions vacant had been received, the following nominees were declared elected as Directors:

- Dr Danielle Arabena
- Dr Kali Hayward
- Dr Catherine Henderson
- Dr Sean White

7 Acknowledgements

7.1 Directors stepping down

A/Prof. O'Mara acknowledged the following Directors who were stepping down from the Board. He thanked them for their commitment and dedication to AIDA during their tenure on the Board:

- Dr David Brockman
- Dr Marlene Kong
- Ms Alicia Veasey

7.2 Returning Officer

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 2011 AGM.

7.3 New Directors

A/Prof. O'Mara presented an AIDA scarf or tie to AIDA's new Directors in recognition of their election to the AIDA Board.

7.4 Student Representative Committee 2010/11

Ms Alicia Veasey acknowledged the hard work of the 2010/11 SRC and presented the following members of this group with an AIDA gift:

- Ms Dana Slape
- Ms Danielle Carter
- Ms Kiara Roberts
- Mr Rob James
- Ms Cassie Anderson
- Ms Lauren Sperring
- Mr Ben Armstrong
- Mr Ian Lee
- Ms Tamika Ponton
- Ms Haylee Solomons
- Ms Dasha Newington
- Ms Annalyse Crane
- Mr Zaynam Middleton
- Mr Roland Wilson
- Mr Kevin Toby

7.5 AIDA Staff

A/Prof. O'Mara then acknowledged the AIDA staff for their continued hard work and dedication. Each of the following staff members were presented with an AIDA gift; Mr Romlie Mokak, Prof. Ngiare Brown, Ms Susan Granger, Ms Kym Bryce, Ms Jian Li, Ms Laura Wong, Ms Leila Smith, Mr Glen Carswell, Ms Jasmin Hunter, Mr Greg Harris and Ms Colleen Bateman. Mr Romlie Mokak also acknowledged his staff.

Close of AGM

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

Meeting Closed at 4:05 pm

Endorsement of Minutes:

President's Signature: _____ Date: _____

A/Prof. Peter O'Mara

Noted by the Chief Executive Officer

Chief Executive Officer's Signature: _____ Date: _____

Mr Romlie Mokak

2011 Returning Officer's Report

AUSTRALIAN Indigenous DOCTORS' ASSOCIATION LIMITED

2011 Annual General Meeting

Broome WA - 21st October 2011

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/Prof. Peter O'Mara — President
   - Dr David Brockman — Vice President
   - Dr Tammy Kimpton — Secretary
   - Dr Danielle Arabena — Director
   - Dr Kali Hayward — Director
   - Dr Marlene Kong — Director
   - Dr Ray Warner — 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:

   - Ms Alicia Veasey — Director (Student)

4. No other resignations were received.

5. Accordingly, I declared that the following positions were up for election:

   - 7 Directors
   - Director (Student)

6. In accordance with Article 49, the Notices of the AGM, only one valid nomination was received for the position of President. This Nomination was from outgoing President, A/Prof. Peter O'Mara. As a result, A/Prof. Peter O'Mara was duly appointed President.

7. In accordance with Article 49, the Notices of the AGM, only one valid nomination was received for the position of Vice President. This Nomination was from outgoing Secretary, Dr Tammy Kimpton. As a result, Dr Tammy Kimpton was duly appointed Vice President.

8. In accordance with Article 49, the Notices of the AGM, only one valid nomination was received for the position of Secretary. This Nomination was from outgoing Director, Dr Ray Warner. As a result, Dr Ray Warner was duly appointed Secretary.

9. In accordance with Articles 47 and 49 and the Notices of the AGM, four valid nominations were received for the four remaining Director positions. Nominations were received from:

   - Dr Danielle Arabena
   - Dr Kali Hayward
   - Dr Catherine Henderson
   - Dr Sean White

   As there were 4 positions vacant, an election was not required. Accordingly, all four nominees were duly appointed Directors.

10. In accordance with Article 47 and the Notices of the AGM, only one valid nomination was received for the position of Director (Student). Accordingly, Ms Dana Slape, was duly appointed Director (Student).

The AIDA Board of Directors, following the 2011 AGM is therefore:

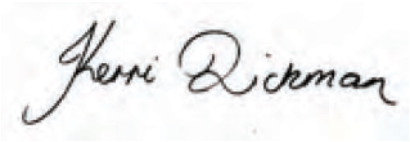
Office Bearers **(Articles 63, 64,65, and 66)**	President: Vice-President: Secretary: Treasurer:	A/Prof. Peter O'MARA Dr Tammy KIMPTON Dr Ray WARNER Dr Latisha PETTERSON
Directors **(Articles 47)**		Dr Tanya SCHRAMM Prof. Della YARNOLD Dr Danielle ARABENA Dr Kali HAYWARD Dr Catherine HENDERSON Dr Sean WHITE
Student Member (Article 67)		Ms Dana Slape

11. Thank you for the opportunity to act as the Independent Returning Officer for the 2011 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 FCPA

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Financial Statements

For the Year Ended 30 June 2012

Contents

For the Year Ended 30 June 2012

	Page
Financial Statements	
Directors' Report	
Auditors Independence Declaration under Section 307C of the Corporations Act 2001	25
Statement of Comprehensive Income	26
Statement of Financial Position	27
Statement of Changes in Equity	28
Cash Flow Statement	29
Notes to the Financial Statements	30
Directors' Declaration	48
Independent Audit Report	49

Page 20
The Australian Indigenous Doctors' Association Ltd

Directors' Report
30 June 2012

Your directors present their report on Australian Indigenous Doctors' Association Limited for the financial year ended 30 June 2012.

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	Continuing
Position	President
Dr David Brockman	Resigned 21/10/11
Position	Vice President
Dr Latisha Petterson	Continuing
Position	Treasurer
Dr Tammy Kimpton	Appointed 21/10/11
Position	Vice President
Dr Kali Hayward	Continuing
Position	Director
Dr Marlene Kong	Resigned 21/10/11
Position	Director
Dr Ray Warner	Appointed 21/10/11
Position	Secretary
Dr Catherine Henderson	Appointed 21/10/11
Position	Director
Dr Sean White	Appointed 21/10/11
Position	Director
Ms Dana Slape	Appointed 21/10/11
Position	Director (Student)
Dr Tanya Schramm	Continuing
Position	Director
Prof. Della Yarnold	Resigned 21/03/12
Position	Director
Ms Alicia Veasey	Resigned 21/10/11
Position	Director (Student)

Directors' Report
30 June 2012

1. General information continued

Information on directors continued

Dr Danielle Arabena	Continuing
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 activities 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;

Directors' Report
30 June 2012

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 Accountablity & Transparency;
- Manage identified risk;
- Strengthen AIDAs Quality Improvement process;

Medical and cultural knowledge

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

Directors' Report
30 June 2012

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 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	1	-
Dr Latisha Petterson	4	3
Dr Tammy Kimpton	4	4
Dr Kali Hayward	4	4
Dr Marlene Kong	1	-
Dr Ray Warner	4	4
Dr Catherine Henderson	3	3
Dr Sean White	3	3
Ms Dana Slape	3	3
Dr Tanya Schramm	4	4
Prof. Della Yarnold	2	1
Ms Alicia Veasey	1	1
Dr Danielle Arabena	3	3

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 2012 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: ..... Director: .....

Assoc Prof. Peter O'Mara Dr Tammy Kimpton

Dated this 5 day of September 2012

Hardwickes
more than accounting

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

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 2012, 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.

Hardwickes

R Johnson

5 September 2012

Canberra, ACT

Chartered Accountants

Australian Indigenous Doctors' Association Limited
ABN 84 131 668 936

Statement of Comprehensive Income
For the Year Ended 30 June 2012

	Note	2012 $	2011 $
Income	2	**2,521,964**	2,200,931
Administrative expense		**(159,816)**	141,013
Governance		**(190,222)**	(153,643)
Policy		**(394,483)**	(246,382)
PRIDoC		**(4,068)**	(110,237)
HIA		**(3,225)**	(2,638)
USA travel		**-**	(9,169)
Staff		**(1,239,707)**	(1,015,921)
CEO study tour		**(10,407)**	-
NIHEC		**(40,296)**	(59,912)
Symposium		**(215,768)**	(173,757)
Other expenses		**(131,977)**	131,022
Profit from continuing operations		**131,995**	701,307
Profit for the period		**131,995**	701,307
Total comprehensive income for the period		**131,995**	701,307

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 2012

	Note	2012 $	2011 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	**996,481**	715,096
Accounts receivable and other debtors	5	**333,717**	817,911
Inventories	6	**20,902**	6,583
Other assets	7	**251,856**	277,683
TOTAL CURRENT ASSETS		**1,602,956**	1,817,273
NON-CURRENT ASSETS			
Plant and equipment	8	**136,515**	141,225
TOTAL NON-CURRENT ASSETS		**136,515**	141,225
TOTAL ASSETS		**1,739,471**	1,958,498
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and other payables	9	**290,355**	230,288
Lease Liabilities	12	**9,411**	10,104
Other liabilities	10	**608,537**	1,043,107
TOTAL CURRENT LIABILITIES		**908,303**	1,283,499
NON-CURRENT LIABILITIES			
Borrowings	12	**42,190**	28,812
Provision for employee benefits	11	**69,602**	58,806
TOTAL NON-CURRENT LIABILITIES		**111,792**	87,618
TOTAL LIABILITIES		**1,020,095**	1,371,117
NET ASSETS		**719,376**	587,381
EQUITY			
Retained surplus		**719,376**	587,381
TOTAL EQUITY		**719,376**	587,381

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 2012

2012

	Retained Surplus $	Total $
Balance at 1 July 2011	**587,381**	**587,381**
Surplus attributable to members of the entity	**131,995**	**131,995**
Balance at 30 June 2012	**719,376**	**719,376**

2011

	Retained Surplus $	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

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 2012

	Note	2012 $	2011 $
CASH FROM OPERATING ACTIVITIES:			
Receipts from donations and grants		**2,462,662**	2,249,369
Payments to suppliers and employees		**(2,214,538)**	(2,252,641)
Interest received		**59,302**	53,721
Net cash provided by (used in) operating activities	16	**307,426**	50,449
CASH FLOWS FROM INVESTING ACTIVITIES:			
Payment for plant and equipment		**(70,092)**	(65,845)
Payment for available-for-sale investments		**(11,400)**	(220,000)
Proceeds from sale of plant & equipment		**42,766**	-
Net cash used by investing activities		**(38,726)**	(285,845)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Proceeds from borrowing on leases		**12,685**	-
Repayment of finance lease liabilities		**-**	(9,149)
Net cash used by financing activities		**12,685**	(9,149)
Net increase (decrease) in cash and cash equivalents held		**281,385**	(244,545)
Cash and cash equivalents at beginning of year		**715,096**	959,641
Cash and cash equivalents at end of financial year	4	**996,481**	715,096

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2012

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*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

The financial statements were authorised for issue on the 7 September 2012 by the directors of the company.

(b) 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 recognisd 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).

Notes to the Financial Statements
For the Year Ended 30 June 2012

1 Summary of Significant Accounting Policies continued

(c) Inventories

Inventories are measured at the lower of cost and current replacement cost.

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 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.

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	22.5%
Office Equipment	20-60%
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.

Notes to the Financial Statements
For the Year Ended 30 June 2012

1 Summary of Significant Accounting Policies continued

(e) 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.

(f) 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.

Amortised cost Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using effective interest method.

1 Summary of Significant Accounting Policies continued

(f) Financial instruments continued

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

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

(i) *Financial assets at fair value through profit 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.)

Impairment

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

In the case of available for sale financial instruments, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit and loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

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.

Notes to the Financial Statements
For the Year Ended 30 June 2012

1 Summary of Significant Accounting Policies continued

(f) Financial instruments continued

Derecognition continued

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

(g) Impairment of 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.

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.

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 an impairment loss on a revalued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

(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.

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

(i) 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.

(j) Accounts receiveable and other debtors

Accounts receivable and other debtors include amounts due from members as well as amounts from governments grants. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Notes to the Financial Statements
For the Year Ended 30 June 2012

1 Summary of Significant Accounting Policies continued

(k) 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.

(l) 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*.

(m) 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.

(n) 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.

(o) Accounts Payable and Other Payables

Accounts payable 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.

(p) 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.

(q) 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.

Notes to the Financial Statements
For the Year Ended 30 June 2012

1 Summary of Significant Accounting Policies continued

(r) 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.

(s) 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	- 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	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.

Notes to the Financial Statements
For the Year Ended 30 June 2012

2 Revenue and Other Income

	2012 $	2011 $
Income		
Other income	**70,884**	36,343
Membership	**6,440**	5,880
Symposium	**66,898**	38,511
Interest Revenue	**59,302**	53,721
Non Government Funding	**3,203**	5,352
Government grants	**2,315,237**	2,061,124
	2,521,964	2,200,931

3 Result for the Year

(a) Expenses

	2012 $	2011 $
Rental Expense		
minimum payments	**104,792**	102,721
Total rent expense	**104,792**	102,721
Other Expenses:		
Bad and doubtful debts		
Bad debts	**-**	444
Total bad and doubtful debts	**-**	444
Auditor fees		
Audit services	**6,960**	7,160

4 Cash and Cash Equivalents

	2012 $	2011 $
Cash at bank and in hand	**982,543**	701,896
Other cash and cash equivalents	**13,938**	13,200
	996,481	715,096

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:

	2012 $	2011 $
Cash and cash equivalents	**996,481**	715,096
Balance as per cash flow statement	**996,481**	715,096

Notes to the Financial Statements
For the Year Ended 30 June 2012

5 Accounts Receivable and Other Debtors

	2012 $	2011 $
CURRENT		
Accounts Receivable	**274,325**	711,786
Deposits	**59,392**	106,125
Total accounts receivable and other debtors	**333,717**	817,911

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.

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

			Past due but not impaired (days overdue)				
	Gross amount $	Past due and impaired $	< 30 $	31-60 $	61-90 $	> 90 $	Within initial trade terms $
2012							
Trade and term receivables	**333,717**	**-**	**-**	**-**	**-**	**-**	**333,717**
Total	**333,717**	**-**	**-**	**-**	**-**	**-**	**333,717**
2011							
Trade and term receivables	817,911	-	-	-	-	-	817,911
Total	817,911	-	-	-	-	-	817,911

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.

Notes to the Financial Statements
For the Year Ended 30 June 2012

6 Inventories

	2012 $	2011 $
CURRENT		
At cost:		
Merchandise	**20,902**	6,583
	20,902	6,583

7 Other Assets

	2012 $	2011 $
CURRENT		
Prepayments	**20,456**	57,683
Other financial assets	**231,400**	220,000
	251,856	277,683

8 Plant and Equipment

	2012 $	2011 $
PLANT AND EQUIPMENT		
Furniture, fixture and fittings		
At cost	**97,521**	93,893
Accumulated depreciation	**(43,493)**	(30,296)
Total furniture, fixture and fittings	**54,028**	63,597
Motor vehicles		
At cost	**50,037**	47,192
Accumulated depreciation	**(2,899)**	(10,680)
Total motor vehicles	**47,138**	36,512
Office equipment		
At cost	**108,548**	99,099
Accumulated depreciation	**(79,198)**	(62,968)
Total office equipment	**29,350**	36,131
Display equipment		
At cost	**8,117**	5,717
Accumulated depreciation	**(2,118)**	(732)
Total display equipment	**5,999**	4,985
Total plant and equipment	**136,515**	141,225

Notes to the Financial Statements
For the Year Ended 30 June 2012

(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	**63,597**	**36,512**	**36,131**	**4,985**	**141,225**
Additions	**5,053**	**50,037**	**12,602**	**2,400**	**70,092**
Disposals	**(1,425)**	**(47,192)**	**(3,153)**	**-**	**(51,770)**
Depreciation expense	**(13,197)**	**(9,043)**	**(16,230)**	**(1,386)**	**(39,856)**
Asset Adjustments	**-**	**16,824**	**-**	**-**	**16,824**
Balance at 30 June 2012	**54,028**	**47,138**	**29,350**	**5,999**	**136,515**
Balance at 30 June 2011					
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)	(8,425)	(15,722)	(965)	(37,580)
Balance at 30 June 2011	63,597	36,512	36,131	4,985	141,225

9 Accounts Payable and Other Payables

	2012 $	2011 $
CURRENT		
Accounts payable	**80,885**	56,526
Accrued wages	**42,922**	32,282
Accrued expense	**20,739**	7,130
GST payable	**37,489**	44,329
Annual leave	**64,375**	59,774
Other payables	**43,945**	30,247
	290,355	230,288

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

	Note	2012 $	2011 $
Accounts Payable and Other Payables			
Trade and other payables		**290,355**	230,288
Less:			
annual leave entitlements		**(64,375)**	(59,774)
Financial liabilities as accounts payable and other payables	17	**225,980**	170,514

Notes to the Financial Statements
For the Year Ended 30 June 2012

10 Other Liabilities

	2012 $	2011 $
CURRENT		
Other current liabilities	**599,059**	1,042,372
Short-term borrowings	**9,478**	735
	608,537	1,043,107

11 Provisions

	2012 $	2011 $
NON-CURRENT		
Long service leave	**69,602**	58,805
	69,602	58,805

12 Lease Liabilities

	Note	2012 $	2011 $
CURRENT			
Lease liability	13	**9,411**	10,104
NON-CURRENT			
Lease liability secured	13	**42,190**	28,812
Total lease liabilities		**51,601**	38,916

Leased liabilities are secured by the underlying leased assets.

13 Capital and Leasing Commitments

(a) Finance lease commitments

	Note	2012 $	2011 $
Payable - minimum lease payments:			
- no later than 1 year		**13,020**	13,691
- between 1 year and 5 years		**49,390**	30,361
Minimum lease payments		**62,410**	44,052
Less: finance changes		**(10,809)**	(5,136)
Present value of minimum lease payments	12	**51,601**	38,916

Finance leases are in place for a motor vehicle.

Notes to the Financial Statements
For the Year Ended 30 June 2012

14 Events after the end of the Reporting Period

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.

15 Related Party Transactions

(a) Key Management Personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key managment personnel.

	2012 $	2011 $
Short-term employee benefits	**277,177**	267,420
Post-employment benefits	**24,945**	24,067
	302,122	291,487

16 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:

	2012 $	2011 $
Profit for the year	**131,994**	157,237
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	**39,857**	37,580
- net gain (loss) on disposal of plant and equipment	**(7,821)**	-
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
- (increase)/decrease in trade and other receivables	**484,194**	(779,300)
- (increase)/decrease in prepayments	**37,227**	(26,306)
- (increase)/decrease in inventories	**(14,319)**	2,417
- increase/(decrease) in income in advance	**(443,313)**	606,764
- increase/(decrease) in payables and accruals	**68,810**	37,808
- increase/(decrease) in provisions	**10,797**	14,249
Cashflow from operations	**307,426**	50,449

17 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.

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	2012 $	2011 $
Financial Assets			
Cash and cash equivalents	4	**996,481**	715,096
Accounts receivable and other debtors	5	**333,716**	817,911
Total financial assets		**1,330,197**	1,533,007
Financial Liabilities			
Financial liabilities at amortised cost			
- Trade and other payables	9(a)	**225,980**	170,514
- Lease liabilities	12	**51,601**	38,916
Total financial liabilities		**277,581**	209,430

Financial risk management policies

The Board of Directors have 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:

Notes to the Financial Statements
For the Year Ended 30 June 2012

17 Financial Risk Management continued

(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

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.

The company has no significant concentration of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of Accounts receivable and other debtors are provided in Note 5.

Accounts receivable and other debtors that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed at Note 5.

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.

	2012 $	2011 $
Cash and cash equivalents		
- AA rated	**1,227,381**	934,772
	1,227,381	934,772

(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;

Notes to the Financial Statements
For the Year Ended 30 June 2012

17 Financial Risk Management continued

(b) Liquidity risk continued

- maintaining a reputable credit profile;
- managing credit risk related to financial assets; and
- only investing surplus cash with major financial institutions

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	
	2012 $	2011 $	2012 $	2011 $	2012 $	2011 $
Financial liabilities due for payment						
Accounts payable and other payables (excluding estimated annual leave)	**225,980**	170,514	**-**	-	**225,980**	170,514
Finance lease liabilities	**9,408**	10,104	**42,190**	28,812	**51,598**	38,916
Total expected outflows	**235,388**	180,618	**42,190**	28,812	**277,578**	209,430
Financial assets - cash flows realisable						
Cash and cash equivalents	**996,481**	715,096	**-**	-	**996,481**	715,096
Accounts receivable and other debtors	**333,716**	817,911	**-**	-	**333,716**	817,911
Other financial assets	**231,400**	220,000	**-**	-	**231,400**	220,000
Total anticipated inflows	**1,561,597**	1,753,007	**-**	-	**1,561,597**	1,753,007
Net (outflows)/inflow on financial instruments	**1,326,209**	1,572,389	**(42,190)**	(28,812)	**1,284,019**	1,543,577

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

Notes to the Financial Statements
For the Year Ended 30 June 2012

17 Financial Risk Management continued

(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.

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 2012		
+/- 2% in interest rates	**24,558**	**24,558**

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

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.

Notes to the Financial Statements
For the Year Ended 30 June 2012

17 Financial Risk Management continued

	2012		2011	
	Net Carrying Value $	Net Fair value $	Net Carrying Value $	Net Fair value $
Financial assets				
Cash and cash equivalents	**996,481**	**996,481**	715,096	715,096
Accounts receivable and other debtors	**333,717**	**333,717**	817,911	817,911
Other financial assets	**231,400**	**231,400**	220,000	220,000
	231,400	**231,400**	220,000	220,000
Total financial assets	**1,561,598**	**1,561,598**	1,753,007	1,753,007
Financial liabilities				
Accounts payable and other payables	**225,980**	**225,980**	170,514	170,514
Lease liabilities	**51,601**	**51,601**	38,916	38,916
Total financial liabilities	**277,581**	**277,581**	209,430	209,430

18 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

19 Members' Guarantee

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of $ 25 each towards meeting any outstandings and obligations of the company. At 30 June 2012 the number of members was 280 (2011: 220).

Australian Indigenous Doctors' Association Limited
ABN 84 131 668 936

Directors' Declaration

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 3 to 23, 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 2012 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 Tammy Kimpton

Dated 5 September 2012

Hardwickes
more than accounting

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme
approved under Professional
Standards Legislation

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 2012, 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.

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.

Chartered Accountants

Hardwickes
more than accounting

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme
approved under Professional
Standards Legislation

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

Opinion

In our opinion 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 2012 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

Hardwickes

R Johnson

Canberra, ACT

5 September 2012

Chartered Accountants

AIDA Values & Code of Conduct

Respect Support Strengthen

Purpose

As The Australian Indigenous Doctors' Association (AIDA) continues to grow as an organisation, we need to be fully cognisant of our original objective to provide a supportive and culturally respectful environment for our members where we can keep our identity as Aboriginal and Torres Strait Islander doctors strong and healthy. Providing a culturally supportive space also strengthens our health and wellbeing and helps to protect us from health risks like anxiety, stress, and lateral violence.

At the time of the Salamander Bay Meeting in 1997 there were less than 15 Aboriginal and Torres Strait Islander doctors, today the number of Aboriginal and Torres Strait Islander medical graduates has increased ten-fold. With this growth comes the need to support and maintain the relationships that have contributed to our success as a national leader in health. This includes the relationships with each other as members, staff, with Aboriginal and Torres Strait Islander communities, and our stakeholders.

Under Article 13 of the AIDA Constitution, a person is eligible for membership if they are accepted by the Executive Committee as having a commitment to the aims, objectives and values of the Company. In this way members are constitutionally bound to ensure their conduct and the values this reflects, is in the best interests of the Organisation.

The sustainability of AIDA is founded on the strength of our membership. This means that when an AIDA member is engaged in an AIDA activity and/or is an AIDA representative and their conduct is both culturally and professionally appropriate, this serves to strengthen AIDA's reputation.

Values

The Australian Indigenous Doctors' Association:

- is respectful and reflective of our connections to the past, present and future;
- pursues social justice, Indigenous and human rights;
- maintains cultural integrity, honesty and transparency; and
- fosters the highest standards of professionalism and excellence.

Code of Conduct

All Australian Indigenous Doctors' Association members and employees must:

- at all times behave in a way that upholds the AIDA Values;
- treat everyone with respect, dignity, courtesy, sensitivity, and ensure that they do not become involved in or encourage discrimination or harassment;
- practice cultural safety and respect the diversity of experiences, expertises and opinions within the organisation;
- act professionally, with discretion, confidentiality and sound judgement;
- act with care and diligence in the course of AIDA membership/employment; and
- declare all involvements or interests that may be either perceived or actual conflicts and stand aside, as necessary, from decision making on these matters.

Context

The AIDA Values and Code of Conduct are intended as guiding principles, rather than deliberate actions, as it would not be possible to anticipate every scenario about professional conduct. Together, the Values & Code will cover most cases in both common and unusual circumstances. To help illustrate how these guidelines will apply practically, below are some specific examples of actions, behaviour and conduct that reflect, and in some cases do not reflect, our values.

The type of values and behaviour that protect and strengthen our relationships with members, stakeholders and communities include social factors like tolerance and acceptance, emotional factors like encouragement and praise, psychological factors like discretion and transparency, and spiritual factors like cultural respect and integrity.

Cultural respect is a cornerstone of AIDA's Values and Code. Cultural respect is about recognising, and protecting our rights, cultures and traditions as Aboriginal and Torres Strait Islander People. This is achieved when AIDA is a safe environment for Aboriginal and Torres Strait Islander people and where cultural differences are respected.

Conduct that creates a sense of division and/or fuels conflict such as lateral violence is in direct conflict with AIDA's aim to keep a strong and healthy identity as Aboriginal and Torres Strait Islander doctors. Lateral violence is a range of behaviours including gossiping, social exclusion, bullying, jealousy, and shaming. In circumstances of lateral violence, a weapon that is sometimes used is identity 'authenticity'. This undermines Aboriginal and Torres Strait Islander identity and threatens our cultural strength upon which AIDA was founded.

Application

AIDA members and staff are required to navigate a number of spheres and relationships when engaging in AIDA business, and different relationships often require a different emphasis in the Values and Code. When engaging with Aboriginal or Torres Strait Islander communities and community members for example, there may be a particular focus on being respectful and reflective of our connections to the past, present and future, and maintaining cultural integrity. Behaviour and actions that reflect and support this include acts of courtesy around elders, acknowledging country, culturally appropriate attire where necessary, and properly engaging with Aboriginal and Torres Strait Islander communities.

Professionalism, excellence, transparency, and cultural integrity are key for relationships within AIDA among members and staff. This includes safeguarding against harassment and bullying, and respecting the diversity of both culture and viewpoints (personally and professionally). AIDA will continue to assist members and employees to uphold the Values and Code by hosting 'scenario and strategies' type forums at gatherings and workshops.

Implementation

All AIDA members and staff are expected to be aware of and act consistently with the Values & Code and organisational leaders including Board members, Student Representative Committee members and the Secretariat Management Team are also expect to promote them. Members receiving financial benefit from AIDA, for example to attend an AIDA Symposium, will be expected to adhere to Values and Code as well as any additional terms and conditions associated with the financial support. A breach of the Values & Code of Conduct can result in consequences ranging from a warning to termination of membership or employment. The process for complaints and potential breaches is outlined in The AIDA Grievance Policy and Procedure (available on the AIDA Members Log-in Area).

When respected, culture is a source of strength, resilience, happiness, identity and confidence. AIDA's Values & Code are designed to protect and promote these positive elements while maintaining a safe and welcoming environment for our membership and staff.

AIDA Graduate Strategy 2013 - 2015

Objectives

To increase effective:

- Engagement with Indigenous Medical Graduates; *and*
- Support to Indigenous Medical Graduates.

Focus Areas

Six focus areas have been identified to guide our activities in working towards achieving the Graduate Strategy's objective. These are:

1. To engage with medical education and training organisations to advocate for improved outcomes for Indigenous Medical Graduates
2. To foster leadership and empower our Indigenous Medical Graduates
3. To increase the engagement of Indigenous Medical Graduates who are members of AIDA
4. To increase the number of AIDA's Indigenous Medical Graduates
5. To assist in guiding the career pathways for Indigenous Medical Graduates
6. To assist in increasing the number of Indigenous Fellows

This Graduate Strategy is embedded in AIDA's Strategic Plan and is linked to each of the Plan's objectives, particularly, the "Strong and Engaged Membership" objective.

Focus Area 1:	**To engage with medical education and training organisations to advocate for improved outcomes for Indigenous medical graduates**
Action	**Measure**
Partnership agreements developed with relevant medical education and training organisations, covering the breadth of the education continuum, with the view to improving outcomes for Indigenous medical graduates	Level of uptake by medical education and training organisations

Focus Area 2:	**To foster leadership and empower our Indigenous graduate members**	
	Actions	**Measure**
Professional Development	Facilitate professional development opportunities for Indigenous graduate members in conjunction with medical colleges and other organisations, such as:	
	• Inviting Indigenous graduate members to speak at conferences, forums, etc	The number of Indigenous graduate members presenting has increased by 5 per cent by the end of 2015
	• Indigenous graduate members are invited to present at AIDA Symposiums	Minimum of two Indigenous graduate members presenting at Symposiums
	• Workshops for Indigenous graduate members on topics of interest such as business development, leadership	The number of Indigenous graduate members attending workshops has increased by 5 per cent by the end of 2015
	• Support for preparing written publications such as journal articles	Support for written publications provided to Indigenous graduate members, as required

	Actions	Measure
Peer Support	Facilitate a debriefing space at annual Symposiums for Indigenous graduate members	At least a third of the Symposium's graduate delegation attends the debriefing session
	All Indigenous graduate members invited to attend AIDA's membership gatherings each year	The number of Indigenous medical graduates attending membership gatherings has increased by 5 per cent by the end of 2015
	Foster links between Indigenous Fellows, Trainees, Junior Medical Officers, Medical Students and Associate Members	Level of uptake by Indigenous Fellows, Trainees, Junior Medical Officers, Medical Students and Associate Members
Media and Communications Support	Media and communications support offered to Indigenous graduate members such as assistance with preparation of presentations	The number of Indigenous medical graduates representing AIDA has increased by 5 per cent by the end of 2015
	Facilitate workshops for Indigenous graduate members that focus on media training/support	At least a quarter of the entire Indigenous graduate member cohort attend media workshops

Focus Area 3:	To increase the engagement of our Indigenous medical graduate members	
	Actions	**Measure**
Communications	AIDA's weekly e-newsletter (Friday Flyer), which connects our members and includes information about relevant conferences, community events, member news, governance, etc, is distributed to all Indigenous graduate members.	AIDA's weekly e-newsletter distribution is maintained and reviewed annually
	Indigenous graduate members invited to be profiled in issues of Blackchat and Friday Flyer	At least one graduate member profiled in each issue of Blackchat, and at least one graduate member profiled in Friday Flyer (profile to be updated every second month).
	Facilitate an online platform, to provide an opportunity for Indigenous graduate members to interact and allow for peer support	Number of times AIDA's website, Member's Login Area, Facebook and Twitter pages are visited
	Conferences, community events, etc for Indigenous graduate members are promoted using social media platforms such as Facebook and Twitter	The number of times AIDA's Facebook and Twitter pages are visited increases over a period of three years
AIDA Representation	Better understand our Indigenous graduate member cohort by identifying individual membership renewal trends and individual members who have particular interests/ specialties	A record of individual membership renewal trends and Indigenous graduate members with specific interests/specialties is maintained
	Indigenous graduate members offered opportunities to represent AIDA on committees, panels and forums, etc	The number of Indigenous medical graduates representing AIDA has increased by 5 per cent by the end of 2015

	Actions	Measure
AIDA Membership Gatherings	Provide opportunities for peer support at membership gatherings, such as facilitating discussions on issues specific to Indigenous medical graduates, and inform members of AIDA's current activities	The number of Indigenous graduate members attending membership gatherings increases by 10 per cent by the end of 2015
	Acknowledge new Indigenous medical graduates at membership gatherings	The number of new Indigenous medical graduate members has increased by 10 per cent by the end of 2015
Annual Surveys	Confidential annual survey sent to Indigenous graduate members with membership renewals	At least 5 per cent of the surveys completed and returned to AIDA
	Results of the annual survey reported to the AIDA Board (at the March Board meeting) & Indigenous graduate members (via Friday Flyer)	A report on the annual survey results provided to the Board and Indigenous graduate members in March each year

Focus Area 4:	To increase the number of our Indigenous graduate members	
	Actions	Measure
Mentoring	AIDA to develop a joint mentoring initiative with the Confederation of Postgraduate Medical Education Councils (CPMEC), as outlined in the AIDA-CPMEC Collaboration Framework	A joint AIDA-CPMEC mentoring initiative implemented in 2013
	AIDA to develop a mentoring framework to help guide Medical colleges and other Medical education and training organisations develop mentoring programs for Indigenous medical graduates	The number of Medical colleges and other Medical education and training organisations that have developed and implemented mentoring programs for Indigenous medical graduates increases over a period of three years
	Identify the geographical distribution of Indigenous graduate members as a reference for potential mentoring relationships	A confidential and de-identified record showing the geographical distribution of Indigenous graduate members is developed and maintained
Promotion of AIDA	Distribute AIDA promotional material to potential Indigenous graduate members, (particularly at relevant conferences, community events, etc)	Promotional material distributed at relevant conferences where AIDA is represented
	Maintain information base and contact with new and previous Indigenous graduate members	Information base of and contact with new and previous Indigenous graduate members maintained

Focus Area 5:	To assist in guiding the career pathways of our Indigenous graduate members	
	Actions	**Measure**
Career Development	Strengthen pathways into specialty training through engagement and advocacy with the Committee of Presidents of Medical Colleges (CPMC), Medical Colleges, CPMEC and Postgraduate Medical Councils (PMCs)	Level of uptake by the CPMC, Medical Colleges, CPMEC and PMCs on Indigenous pathway initiatives
Exam Support	Advocate with the CPMC, General Practice Regional Australia (GPRA) and the Indigenous General Practice Registrars Network (IGPRN) to increase exam support for those wanting to sit their exams, such as holding exam preparation workshops	Level of uptake by the CPMC, GPRA and the IGPRN on providing increased exam support
	Create a bank of links to Medical College's exam preparation webpage (for those Colleges who have such a page)	The number of Indigenous graduates successfully completing their exams and obtaining Fellowship increases over a three year period
Building Research Capacity	Engage with organisations such as the Kanyini Vascular Collaboration to assist in building the research capacity of Indigenous medical graduates	Level of uptake by organisations on building the research capacity of Indigenous medical graduates
	Distribute information to graduate members about research scholarships through AIDA communication vehicles such as Friday Flyer	Information on research scholarships distributed to Indigenous graduate members on a regular basis
	Develop an AIDA Research Agenda to assist in building the research capacity of Indigenous graduate members	An AIDA research Agenda developed by December 2013
	Establish a GP Training Post at AIDA to provide an opportunity for Indigenous graduate members to strengthen their research skills.	GP Training Post established at AIDA by December 2013

Focus Area 6:	To assist in increasing the number of Indigenous fellows	
	Actions	**Measure**
Indigenous Fellows	Advocate with CPMEC for Indigenous-identified specialist trainee places	The number of Indigenous-identified training places has increased over a period of three years
	Advocate with Medical Colleges to develop initiatives focused on improving health outcomes for Indigenous Australians	Level of uptake by Medical Colleges
	Acknowledge Indigenous fellows at AIDA membership gatherings and Symposiums. Present new fellows with a glass-encased painted stethoscope at Symposiums	Number of Indigenous fellows recognised each year increases over a three year period

AIDA Mentoring Framework

Purpose

This framework aims to provide and promote strategies that will guide organisations to develop and implement sustainable mentoring programs that support Aboriginal and Torres Strait Islander medical students and doctors.

Objectives

The objective of this framework is to provide mentorship opportunities to Aboriginal and Torres Strait Islander medical students and doctors. The framework aims to ensure that;

- Aboriginal and Torres Strait Islander medical students and doctors are stronger in their profession drawing on their cultural strength,
- Medical education and training organisations (medical schools, postgraduate medical councils and medical colleges) are provided with guidance that will assist in the establishment and delivery of mentoring programs that support Aboriginal and Torres Strait Islander medical students and doctors and;
- All Aboriginal and Torres Strait Islander medical students and doctors are provided access to mentoring opportunities.

Scope

AIDA offers its members collegiate support to assist them in their careers. This framework provides guidance to medical schools, postgraduate medical councils, medical colleges and other organisations to establish, maintain and evaluate sustainable and culturally safe mentoring programs to support Aboriginal and Torres Strait Islander medical students and doctors.

AIDA has ensured that mentoring is a key feature in supporting Aboriginal and Torres Strait Islander medical students and doctors across the education continuum, and this has been articulated in our Collaboration Agreements with Medical Deans of Australia and New Zealand and Confederation of Postgraduate Medical Education Councils.

Mentoring

For the purpose of this framework, mentoring is defined as a dynamic and mutually-beneficial engagement between an advanced incumbent (mentor) and a less experienced person (mentee), to facilitate professional growth by sharing knowledge and skills in a confidential, non-judgemental and culturally safe environment.

Peer, or collegiate, support, which involves interacting with peers of like experience, is seen as important to the professional development of Aboriginal and Torres Strait Islander medical students and doctors. However, it important to note that peer support differs to mentoring, as mentoring is often a formal arrangement, where an experienced person shares knowledge and skills in order to help develop a less experienced person.

Principles of the Mentoring Framework

1. Mutual respect and understanding are essential to the mentoring relationship.
2. Both the mentee and the mentor are genuinely committed to the mentoring relationship
3. The cultural needs of Aboriginal and Torres Strait Islander medical students and doctors are embedded within mentoring programs.

Roles and Responsibilities

AIDA

As a peak national body for supporting Aboriginal and Torres Strait Islander medical students and doctors, AIDA represents its members and advocates with other organisations to develop and implement sustainable mentoring programs for Aboriginal and Torres Strait Islander medical students and doctors.

Medical schools

Medical schools may facilitate mentoring opportunities for Aboriginal and Torres Strait Islander medical students, to contribute to the retention and graduation of Aboriginal and Torres Strait Islander medical students and to strengthen pathways along the medical education continuum.

Postgraduate Medical Councils

Postgraduate Medical Councils may articulate their commitment to mentoring Aboriginal and Torres Strait Islander prevocational doctors to contribute to the career progression of Junior Doctors.

Medical colleges

Medical colleges may articulate their commitment to mentoring opportunities for Registrars and Fellows to progress their career.

Roles and Responsibilities of Mentors and Mentees

To help guide the success of the mentoring relationship, the role of a mentor and mentee are outlined below.

The role of a mentor includes:

- Assisting the mentee to identify their needs, issues, concerns and aspirations
- Sharing knowledge and wisdom and;
- Facilitating growth and development of the mentee.

The role of a mentee includes:

- Identifying the needs, issues, concerns and aspirations relevant to career goals
- Being open to advice and constructive feedback and;
- Accepting responsibility for their development.

The responsibilities of mentors and mentees are; Commitment to the mentoring arrangement Maintaining an open and honest form of communication Agreement to maintain confidentiality

Strategies

Clinical/Professional Mentoring

1. Medical Education and Training Institutions develop mentoring programs to benefit Aboriginal and Torres Strait Islander medical students and doctors.

2. Medical Education and Training Institutions articulate their commitment to strengthening pathways and outcomes for Aboriginal and Torres Strait Islander students and doctors.

3. Medical Education and Training Institutions develop respectful relationships with local Elders and Aboriginal and Torres Strait Islander organisations, such as Aboriginal Medical Services and local Land Councils.

4. Medical Education and Training Institutions identify and commit resources to the mentoring program.

5. Evaluation processes developed and implemented to determine the success of the mentoring program
6. Strategies are developed and implemented for when the mentoring process does not meet expectations of the mentor or mentee.

Cultural Mentoring

1. Medical Education and Training Institutions develop respectful relationships with local Elders and Aboriginal and Torres Strait Islander organisations, such as Aboriginal Medical Services and local Land Councils.
2. Cultural workshops held to provide a culturally safe place for Aboriginal and Torres Strait Islander medical students and doctors to meet with local Elders and share life experiences.
3. AIDA's key role in articulating the unique medico-cultural perspective of Aboriginal and Torres Strait Islander medical students and doctors provides for a range of support opportunities.

Evaluation of the Mentoring Framework

This Mentoring Framework will be evaluated by AIDA on an annual basis. The evaluation will help us determine:

- the Framework's effectiveness in guiding organisations to develop mentoring programs;
- the number of colleges who have developed mentoring programs through implementing the Framework;
- the numbers of Aboriginal and Torres Strait Islander medical students and doctors participating in mentoring programs;
- and the value that Aboriginal and Torres Strait Islander medical students and doctors place on peer/collegiate support as a contributing factor to professional development.

Within the mentoring programs themselves, there may be a continuous review of the mentoring process and relationship.

Attachments

A. Glossary of terms

B. Roles and Responsibilities of Mentors and Mentees

C. The Mentoring Process

Attachment A - Glossary

Types of Mentoring

Clinical/Professional mentoring

The provision of teaching, coaching and mentoring by a relevant registered health professional (this must be an experienced competent practitioner) to support the student to integrate their postgraduate learning into the practice setting.

Cultural mentoring

A supporting role by an Aboriginal or Torres Strait Islander person providing advice and support to another Aboriginal or Torres Strait Islander person in relation to cultural needs. A cultural mentor does not need to have a medical background, however assumed knowledge of the medical career progression would be beneficial.

Methods of Mentoring

Distance mentoring

A mentoring relationship where the mentor and mentee are separated by a distance reducing the amount of 'face-to-face' contact and relying upon other methods – for example email and videoconferencing – to support the mentoring relationship.

Peer support

Support which occurs, either informally or formally with a peer, or colleague of similar position and experience. This can take shape in various forms, such as sharing resources or de-briefing.

Formal mentoring

A well-structured program where a mentor is linked with a mentee by common interests or career aspirations. A formal mentoring program is well resourced and often accompanied by tools, such as mentoring agreements, mentoring plans (action plans), and an ongoing formal evaluation process.

Formal mentoring programs may be time limited depending upon availability of the mentor and resources.

Informal mentoring

Informal mentoring is a supportive relationship that develops spontaneously or informally without assistance from a formal mentoring program. The relationship may occur naturally or be initiated by the mentor or mentee.

Attachment B – Roles and Responsibilities

For a mentoring relationship to be successful, a mentor and mentee should be aware of their role and responsibilities to maximise the mentoring relationship.

The Mentor

Providing a mentorship role allows for a mentor to develop their own leadership skills and provides an opportunity to contribute to the professional development of another.

Key attributes of a mentors' role is to;

- Listen to the mentee, with no judgement and maintain confidentiality
- Share lessons learnt and mistakes made
- Create a safe and confidential place for discussion
- Open doors to new experiences and professional contacts
- Possess excellent self management skills

The Mentee

Engaging in a mentoring program is highly beneficial to a mentee and allows for advice in career direction, professional development and an increase of confidence and self-awareness. A mentee is also able to gain skills and knowledge, which may not be providing in a clinical or classroom setting.

Key attributes of a mentees' role is to

- Listen to the mentor, with no judgement and maintain confidentiality
- Take responsibility for their professional and personal development
- Identify and set goals
- Consider advice and reflect on what is learnt

Mentoring Exclusions

A mentoring role is not a training or teaching role. These roles are often short term and focused on specific outcomes and goals.

A mentoring role is not a counselling role and a mentor does not attempt to resolve issues that are underlying within a mentee. A mentor role is one that is mutually beneficial, to the mentor and mentee and assists with the provision of practical advice to assist the mentee in setting goals and navigating barriers that exist in their career pathways.

When Mentoring does not meet Expectations

If the mentoring relationship fails to meet the expectations of either the mentor or mentee, the relationship and the mentoring process would need to be evaluated.

Remediation strategies should be in place when mentoring programs are not meeting the expectations of mentors or mentees.

Attachment C – Mentoring Process

The following outlines a suggested approach to mentoring (Deakin University 2012 [1]).

Establishing a mentoring agreement

In the early stages of establishing a mentoring agreement, discussions around the expectations and roles of mentors and mentees can contribute to the success of the mentoring program.

Establishing a mentoring agreement involves the mentee and mentor; Discussing and determining the purpose of the mentoring relationship. Determining the length of relationship, mentoring styles, frequency of mentoring sessions, confidentiality, roles and responsibilities Discussing and clarifying expectations for both parties

Developing the Mentoring Process

When developing the mentoring process, the following can assist in achieving maximum benefits for both the mentor and mentee;

- Using effective communication styles to develop trust, confidence and rapport
- A mentor showing genuine concern for mentee's welfare and career aspirations.

Provision of Mentoring

The mentor can provide support to the mentee by:

- Helping the mentee to identify areas for learning, growth or change
- Establishing a set of goals to address identified areas for mentoring
- Helping mentee identify barriers and challenges and;
- Monitoring the progress of the mentee.

Management of the Mentoring Process

The mentoring process can be managed by;

- The mentee regularly reporting on progress toward achievement of goals
- The mentor identifying barriers to progress and assist mentee to identify strategies to address these
- Keeping the mentoring session on track by focusing on strategies and achievement of agreed goals.
- Constructive criticism provided to the mentee.

Evaluation of the Mentoring Process

Evaluating the mentoring process is important to determine its effectiveness. If a mentoring process is deemed as not meeting or exceeding the mentors or mentees expectations, the process will need to be reviewed.

The effectiveness of the mentoring process can be evaluated by;

- Regular open communication about the mentoring relationship including strengths and weaknesses
- The mentor seeking feedback from mentee on mentoring effectiveness

[1] *Deakin University 2012 Support For Mentors http://www.deakin.edu.au/hr/assets/support-for-mentors.doc*

President's Report

A/Prof. Peter O'Mara

Qualifications
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.

I am writing my last President's Report, indeed my last Director's report, as I am stepping down after 8 years as a Board member, including the last three of these as President. We have seen AIDA grow in prominence, reputation and credibility as a highly regarded Aboriginal and Torres Strait Islander peak organisation; both advocating and supporting current and future Indigenous doctors, as well as pressing for improvements for all Aboriginal and Torres Strait Islander people.

In 2012 we lost two great leaders and mentors of AIDA; Pitjantjatjara Ngangkari, Mr Peter and one of our Patrons, Dr Jimmy Little. We remember both of these elders with fondness, joy and thank them for their guidance to AIDA and its members from the very beginning. I also want to remember those we have lost these past 12 months whose lives were cut all too short. I'm always moved to tears when I think about the loss for them, their families and our society as a whole.

This year marked the 40th Anniversary of the Tent Embassy in Canberra. AIDA provided medical support to this event and I subsequently wrote The Medical Journal of Australia, editorial in July on "the spirit of the Tent Embassy: 40 years on". In this editorial I said that "along with what the Tent Embassy stands for, AIDA also wants to confront and reverse the negative impacts of colonisation, discrimination and cultural suffocation. In other words we want self-determination."

Your Board, our Board, has all been very busy with AIDA work and representation during these past 12 months and this prompts me to reflect on the work we have all done. Of the requests we receive at the Secretariat, on average 2 per day, over 1 in 3 of these is for AIDA to be represented at a meeting, with the next most often request being for AIDA to provide written information and advice to other organisations. These requests, over 560 received in 2011, all need to be serviced in a timely way and I can advise you that your Board and Secretariat strive to do this every day.

We have held four Board meetings over the past twelve months and these have been very productive, inspiring and enjoyable. The most memorable was held in Alice Spring in March to coincide with the memorial service for Mr Peter. We finished the visit in Alice Springs with a Board meeting and community engagement activity at Yipirinya School.

A/Prof. Peter O'Mara and Prof. Helen Milroy visit Fregon. March 2012.

In June, Romlie and I had the pleasure of attending the launch of Walk/Ride Widders at Armidale by Mr Tim Mathieson, the Prime Ministers' partner. This was a great community event as will be the walk itself, to be led by Mr Steve Widders and Dr Mick Adams (from 10th the 24th October) by encouraging all to note issues surrounding Male Health which leads to better family and community health.

Our membership dinners continue to provide us with an informal setting to meet and catch up between major events such as Symposiums and this year PRIDoC. In 2012, AIDA held five membership gatherings in Townsville, Perth, Darwin, Sydney and Newcastle.

This year we held our student gatherings on the same day as the membership dinners. We felt this provided the greater opportunity to linkup our members new and old. As you will see further down in my report, we also added a 'working' feel to the dinners by utilising our best resource, you, in assisting us in defining the new policies we developed this year. The Mentoring Framework, the Student and Graduate Strategies and Values and Code of Conduct were discussed directly with the members gathered.

In August we launched our Social Media platforms of Twitter and Facebook. Although it's too early to provide numbers that are meaningful, we have seen a large number of people follow our activities and are excited by the future possibilities of these media.

2012 has been an extremely productive time for placing AIDA firmly within the medical education architecture.

In June, I signed the AIDA - Confederation of Postgraduate Medical Councils (CPMEC) Collaboration Framework with Prof. Simon Willcock, Chair of CPMEC. In August, I signed a new Collaboration Agreement with Medical Deans of Australia and New Zealand, President Prof. Justin Beilby. Currently the Secretariat, under the guidance of the Executive, is negotiating an agreement with the Committee of Presidents of Medical Colleges (CPMC). Once executed AIDA will have agreements across the Medical Education Training Continuum, an outstanding achievement for us all.

AIDA President, A/Prof. Peter O'Mara and MDANZ President, Prof. Justin Beilby signing the Collaboration Agreement, 21 August 2012

We approach the 2012 AGM, welcoming our PRIDoC friends and wider partners in Indigenous Health to Alice Springs, under the conference theme of Connectedness. I am really looking forward to catching up and spending quality time with my brothers and sisters, with our members and colleagues in Alice Springs, facilitated by such a comprehensive program on offer by the PRIDoC Local Planning Committee, under the stewardship of Prof. Ngiare Brown.

At the AGM I will be very pleased, along with the Board to launch three major pieces of work that the Board and Secretariat have developed over the past 12 months:

- AIDA's Mentoring Framework (led by Dr Danielle Arabena and Ms Dana Slape)
- AIDA's Graduate Strategy: 2013 – 2015. (led by Dr Kali Hayward)
- AIDA's Values and Code of Conduct (led by Dr Ray Warner)

These were developed in consultation with the membership via direct discussion at membership and student gatherings, teleconferences with working group members, membership wide emails, targeted emails and multiple discussions at the AIDA Board and Executive. I commend these to you. All are found contained in the AGM package and the Board and Secretariat look forward to working with the full membership in their implementation. If you have any queries please do not hesitate to contact a Board members or relevant staff.

PRIDoC Council members are all enthusiastic as October 3 approaches. I will Chair PRIDoC this year and look forward to hosting our colleagues from across the Pacific at this important, professional and cultural event in the centre of Australia. The location of which is not lost on me, as the Northern Territory is the place where the Federal intervention was implemented, which has now evolved to become Stronger Futures.

The PRIDoC Local Planning Committee, led by Prof. Ngiare Brown and teams has put together a fantastic Program, both cultural and scientific, and with registration numbers around 250, we can expect a great PRIDoC this year. It's with thanks to the

various committees, especially the Local Planning Committee, we can all be confident that all will be delivered on time with possibly the best PRIDoC ever.

I would like thank the Hon Warren Snowdon MP, the Minister for Indigenous Health and the Department of Health and Ageing for their continued funding and commitment to AIDA; not only for our core funding, but also for being our major sponsor for PRIDoC. Furthermore a sincere thank you is also extended to those organisations that continue to support us through sponsorship of significant events such as PRIDoC and our Symposiums.

This year we welcomed four new staff to the Secretariat; Mr Bernie Pearce (Policy & Programs Manager), Ms Alyce Merritt (Medical Workforce Officer), Ms Sorrell Ashby (Careers Development Program Project Officer) and Mr Billy Collins (Administration Assistant). I would also like to acknowledge the work of Ms Colleen Bateman and Mr Greg Harris who have moved on from AIDA to other opportunities. I especially wish to thank Prof. Ngiare Brown who leaves AIDA to pursue her clinical and academic research work.

To Mr Romlie Mokak, our most valued CEO, who continues to lead the outstanding Secretariat to implement our Strategic Plan. I will miss working on a daily basis with Romlie, but know that the support he provides the new President and Board will be keep AIDA moving forward. The year we have had in negotiating two new agreements and a third on the way, yet again shows us Romlie's expertise in the policy, governance and relationship arenas. The Board was very pleased when we recently secured Romlie's services for a further three years. To the Secretariat team in general a big thank you for your continued work and commitment to our organisation, members and people.

I would like to once again thank the current AIDA Board for all their hard work and time over the past twelve months and into the future. I want to recognise and thank all of my colleagues, especially the past Presidents who have served with me on the Board over the past 8 years for their support, leadership and drive to achieve AIDA's goals. A special thank you is extended to those Directors who will be stepping down at the 2012 AGM.

I want to wish the incoming Board all the best of luck with their very important role over the next 12 months and beyond, especially with new policy development and implementation.

And finally, but by no means least, to my beautiful family who have continued to support me during my time as the AIDA President and as a Board member, these past 8 years. While the AIDA Board has been such a feature of my life, I do look forward to being home more often now and this fills me with much joy and happiness.

A/Prof. Peter O'Mara
surrounded by the AIDA Board, August 2012

Vice President's Report

Dr Tammy Kimpton

Qualifications
B Med

People
Tasmanian Aboriginal

Current Place of Work
Scone Medical Practice, NSW.

I would like to begin by acknowledging the passing of two men of great importance to our members, our organisation and our country - Mr Peter and Uncle Jimmy Little. Sorrow will no doubt echo throughout the organisation and membership for some time.

It was a great privilege to visit Uncle's Country, and served as a reminder of how far our Ngangkari Uncles have travelled to support AIDA. I was deeply blessed to feel so welcomed onto his Country.

It has been my pleasure to hold the position of AIDA Vice President for the past twelve months. The twelve months since our last AGM have been emotional and busy. I am incredibly proud of the work which AIDA has produced in the last twelve months, and welcome the opportunity to share some of this work with the membership at the AGM.

Throughout the past twelve months the AIDA Board has conducted a community visit to Alice Springs, 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 look forward to returning to Alice Springs for the AGM and PRIDoC.

In the past year, I have represented AIDA on the Medical Training Review Panel, and at meetings of the Committee of Presidents of Medical Colleges (CPMC). Building strong relationships with the CPMC is essential for continuing to develop AIDA's Graduate Strategy. I have continued in my role as Co-Chair of General Practice Education and 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 GP 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.

I would like to express my thanks to the entire AIDA Board, and the hardworking staff at the Secretariat. I am particularly grateful to A/Prof. Peter O'Mara for his wonderful leadership.

Alice Springs, March 2012

Secretary's Report

Dr Ray Warner

Qualifications
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, QLD.

At the 2011 AGM, I was appointed to the Board for a second term. I was pleased to continue as a Director of AIDA's Board for a further 2 years and hopefully represent students and graduates alike for better health and wellness outcomes for Australia's Aboriginal and Torres Islander people.

I realized the value and importance of the Broome trip when I think of the difference it has made to our young doctors. On reflection, the Broome trip offered graduates and medical students alike with the energy and motivation to "make a difference".

As AIDA's representative of Leaders in Indigenous Medical Education (LIME), the importance of the organisation's role was showcased in New Zealand and overwhelmingly impressed both participants and attendees.

Significantly the passing of Uncle Jimmy Little, patron and mentor of AIDA has left a huge 'emptiness' in many of our hearts and minds. Impressively and well-appreciated memorial service was held at the Opera House in Sydney to celebrate both his songs and life as 'a living legend'. My memory of Uncle Jimmy Little is when a 14 year old listened to his most renowned song 'Telephone to Glory' on the hotel's juke-box in St George, Queensland.

A three-week locum at Gurriny Yaelamucka, Yarrabah: I was impressed with the community-controlled medical centre's role and their attempt to own their 'own' health. A concerted effort to 'Close-the-Gap' is the organisation's primary function and with the enthusiasm of its workers are well on the way to making it happen.

I am pleased to hear that Romlie Mokak is staying on as CEO of AIDA. Romlie's contribution to AIDA and more importantly its members provides a feeling of confidence in that we have such a dedicated leader at the helm.

As a participant of AIDA Values & Code of Conduct Working Party, I express my heartfelt thanks to Leila Smith for the effort in putting together a draft of the Values & Code of Conduct. The document is an essential part of the future of AIDA. The National Health and Medical Research Council (NHMRC) affirmed the importance the document and congratulated AIDA in its development.

The Royal Australasian College of Physicians (RACP) and RACP Health Advisory Committee endeavors to place its Aboriginal and Torres Strait Islander partners at the forefront of new developments and initiatives. Tamara Mackean is its Chair, Noel Hayman and an AIDA representative hold key positions on the committee, and, now recently appointed to the RACP Board is Prof. Shane Houston.

The RACP Health Advisory Committee recently submitted its NSW Aboriginal Health Plan for discussion and comment. This document is an important blueprint for Aboriginal and Torres Strait Islander Health and Wellbeing into the future. The RACP Health Advisory Committee is determined to promote its involvement with AIDA's graduate membership, and invited Aboriginal and Torres Islander graduates to attend PRIDoC.

Sadly but gloriously Mr Peter's passing was both mourned and celebrated.

PRIDoC is certain to take centre stage and the breadth and enormity of the conference and its 'situation' in Australia will be realized by the quality of its participants. All Australians will know the state of 'ill-health' in its original inhabitants and what 'we' are doing to fix it.

PRIDoC will showcase what Australia's Indigenous doctors and its heath professionals have to offer our Indigenous colleagues of the world. I look forward to seeing you all there.

Treasurer's Report

Dr Latisha Petterson

Qualifications
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
Wurli Health Service, Katherine NT.

I have maintained the position on the AIDA Board as the Treasurer and I have worked closely with Mrs Jian Li (Finance Officer) and Mrs Susan Granger (Corporate Services Manager).

The financial report explicitly outlines five key areas of the AIDA budget which are:

- Operational budget
- Human Resources budget
- Policy Budget
- Short Term Projects Budget
- Retained Funds Budget

A detailed finance report of the AIDA 2012 - 2013 budget is provided in the AGM report booklet.

AIDA has secured funding from the Department of Health & Ageing (DoHA) for another twelve month financial year.

During this term I have been involved as an AIDA representative at the celebration of the 40th Anniversary of the Tent Embassy.

To commemorate this significant milestone in Australian history, several AIDA Board members and staff worked collaboratively with the Winnunga Nimmityjah Aboriginal Health Service to provide comprehensive primary health care to delegates, Community members and their families attending the celebration.

I have also maintained a position on the "Review of the Torres Model of Care Steering Committee", which has involved numerous teleconferences and discussions on the delivery of Primary Health Care in the Torres Strait.

Lastly, I have been involved with the PRIDoC 2012 Local Planning Committee, focussing on the social and cultural activities during the conference.

At this point I would like to extend my gratitude and appreciation to our President A/Prof. Peter O'Mara for his leadership within AIDA, and the other Board members who have demonstrated commitment, passion and strength to our broader membership, staff and to our Aboriginal & Torres Strait Islander Communities.

Esso Mr Romlie Mokak and the AIDA Secretariat for their dedication to our organisation. It has been a truly rewarding and amazing professional and personal journey for me representing AIDA and working within the organisation during the past decade.

Mina big Esso

Yawo & Murnduch

Director's Report

Dr Danielle Arabena

Qualifications
MBBS

People
Merimam People, Torres Strait Islands

Current Place of Work
Majellan Medical Centre, Scarborough QLD.

One of the main focuses for this year is the formulation of the Mentoring Framework. This paper works on a broad basis and aims to engage the Medical Colleges and Medical Schools into formalising mentoring agreements with the AIDA membership. The importance of both formal and informal mentoring was an issue raised at our membership engagement dinners this year. The AIDA Mentoring Working Party felt it was important to deliver a paper which has the best opportunity to work in the current environment. As many members will be aware AIDA has looked at a mentoring program before with the " SOLID" program and some of the issues with this was trying to bring both the mentors and the mentees into the same space.

After much research and discussion amongst the Working Party, we now have a terms of reference, a background paper and mentoring framework. It is envisioned these documents will be used to provide structure and guidelines for our interactions with Colleges and key stakeholders. Additionally members from the working party met with the Royal Australian College of General Practitioners (RACGP) at a mentoring workshop in Canberra (July 26th) to explore how a collaborative agreement for mentoring could be formalised. It is envisioned that we will be able to engage other colleges in a similarly positive manner. After consultation with AIDA members we have delivered the framework and the working party has now disbanded. It is expected AIDA will be evaluating the process/ success of the mentoring framework next year. As I am staying on as a Director for another year, this will be something I will follow up on.

On another note - I would like to honour the passing of our beloved Uncle, Mr Peter. I know his passing has been felt acutely by the AIDA members and his teachings and humor will continue on in our heart. I travelled with some other AIDA Board members out to Uncle's Country at Fregon for his funeral and was really humbled how far he travelled to be with us. It was a moving ceremony and would like to acknowledge the hard work done by the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council in conducting the ceremony in both Fregon and Alice Springs.

Further to Uncle's passing and PRIDoC being held in Alice Springs, we decided as a Board to do our community engagement in Alice Springs to coincide with Uncle's memorial service. As always the highlight of the trip was the school visits. I am constantly overwhelmed by the adversity that some schools have had to overcome and the dedication shown by the school community to ensure our Indigenous children have access to education. I was impressed that Yipirinya School has the teachers wearing microphones and the rooms are designed to optimise the acoustics to overcome hearing deficits secondary to chronic Otitis Media with Effusion (OME).

I think this year highlights the need for, and importance of, strong leaders. Someone who can be there to support another - whether it is a mentor, a teacher or an Elder. I think we can achieve great things if we have those who believe we can. I think we have the opportunity to be inspired and to inspire others around us. I would ask the membership to continue to engage with a positive mindset and know that each step forward in our journey through medicine will help remove obstacles for the generations that follow us.

Director's Report

Dr Kali Hayward

Qualifications
MBBS, FRACGP

People
Warnman people, of the Martu language group of Western Australia

Current Place of Work
Nunkuwarrin Yunti; Adelaide Road Clinic; Adelaide To Outback's Aboriginal and Torres Strait Islander health training program, SA.

I would firstly like to acknowledge the loss of our friend, teacher and mentor Mr Peter. His passing has been widely felt, not only by the AIDA membership, but by many worldwide. Several members of the AIDA Board along with myself, Mr Romlie Mokak and Prof. Helen Milroy travelled to Fregon in the Anangu Pitjantjatjara Yankunytjatjara (APY) lands to attend the funeral. We were welcomed by the family and were privileged to be allowed to camp in the sorry camp. The memorial service and funeral was well attended with hundreds of family and friends making the journey to Fregon. I would like to make special mention of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council and the work done by Ms Angela Lynch. They worked tirelessly to organise the funeral and memorial service while still taking the time to ensure we were settled in.

After the AIDA Symposium in Broome, I attended the Leaders in Indigenous Medical Education (LIME) conference in Auckland. We were warmly welcomed by Te Ohu Rata o Aotearoa. The LIME conference provided a fantastic opportunity for delegates to learn and explore the many ways in which Indigenous health is being taught in medical schools in Australia but also throughout the world.

In January I presented at the inaugural Royal Australian College of General Practitioners (RACGP) exam preparation workshop for our Indigenous GP registrars. This was attended by 9 registrars from across Australia as well as their mentors. Prof. John Murtagh was also in attendance and offered his thoughts and wisdom about exam preparation.

The workshop was held over two days and it was fantastic to witness the growing confidence of these registrars they left the workshop with a real belief in their ability to pass the Fellowship exams.

I also presented at the RACGP SA exam preparation workshop which is held prior to the Fellowship exam. The need for consistent Aboriginal and Torres Strait Islander health training across all Rural Teaching Programs is still evident.

I have participated in the Primary Health Care Group teleconferences as well as the Mentoring Group teleconferences. It is heartening to see that more and more of our members are participating in these working groups. I would encourage everyone to take part as each opportunity presents.

I took over the AIDA position on the General Practice Education and Training (GPET) Aboriginal and Torres Strait Islander Advisory Group. The new GPET Aboriginal and Torres Strait Islander health training strategy has been discussed and both Dr Tammy Kimpton and myself presented at the GPET conference in Melbourne.

Throughout this year I have worked closely with Ms Alyce Merritt from the Secretariat on the Graduate Strategy which will be launched at the AGM. The Graduate Strategy was completed after feedback was obtained from the wider membership through a survey, teleconferences and membership dinners. The previous Graduate Strategy has also been evaluated. The new Graduate Strategy will cover the 2013-2015 period.

I look forward to PRIDoC in Alice Springs and the coming year. I would like to thank the AIDA Secretariat for their continued hard work and support. Thank you to my fellow Board members and a special thank you to our President A/Prof. Peter O'Mara for his leadership and strength, it has been a privilege working with you, you truly are an inspiration.

Director's Report

Dr Catherine Henderson

Qualifications
MBBS, FRACGP

People
Kamilaroi

Current Place of Work
Helensvale Medical Centre, QLD.

I have been settling into the varied AIDA Board functions as a new Director. This last year has been a busy time for me both professionally and personally, but I continue to find the AIDA Secretariat and other Board members very helpful and supportive. The Board training sessions that occurred in conjunction with my initial Board meetings in December 2011, were productive and constructive. The good governance refresher was particularly useful for me.

The March face-to-face Board meeting was held in Alice Springs, in order to coincide with the memorial service for Mr Peter. The service was beautiful and appropriate. We will miss him dearly. The Board meeting went well and the community school visits were a highlight for me. It was also good to get a feel for the enthusiasm and availability of the local community venues. The June Board meeting was equally constructive, but as AIDA is hosting PRIDoC this year, a Board teleconference was also held prior to the August face-to-face Board Meeting. PRIDoC details were finalized and we signed off on a number of completed projects to be launched at PRIDoC in October.

The plans for PRIDoC have come along well and I am excited at the opportunity to host and showcase our beautiful red centre. The Scientific Working Party developed a framework, had teleconferences and assessed the influx of abstracts submitted for appraisal. The quality of work appears to be of a high standard and we are on track for presenting an impressive line-up of speakers.

The Primary Health Care Contact Group teleconferences have been productive are now complete and the review is currently under way.

I am the AIDA representative on the Therapeutic Goods Administration (TGA) Advisor Group for Indigenous Medicines. I am also proxy for Dr Ray Warner, for the DoHA Expert Advisory Panel on Aboriginal and Torres Straight Islander Medicines Group and proxy for Dr Latisha Petterson, as the National Centre for Immunisation Research & Surveillance (NCIRS) AIDA representative.

On a personal note, I am still living on the Gold Coast and am currently working as GP supervisor at the Helensvale Medical Centre and I am also commencing training for GP registrars. I am enjoying the role of AIDA Board Director and am looking forward my second year of term.

Director's Report

Dr Tanya Schramm

Qualifications
B Med, FRACGP

People
Palawa, Tasmania

Current Place of Work
Davey Street Medical Centre, Hobart TAS
Aboriginal Health Service Hobart TAS.

It has been a rewarding experience to hold the position of Director for the last 2 years. I have grown professionally and personally over this time. I have enjoyed being able to give something back to an organisation which has supported me for such a long time. I continue to work as a General Practitioner at the Davey Street Medical Service and have recommenced work at the Aboriginal Health Service in Hobart, Tasmania. It has been rewarding to return to work with my own community.

Over the last twelve months we have all been saddened by the loss of Uncle and Elder Mr Peter. It was a privilege to attend the memorial service of such an amazing man as part of the Board visit in Alice Springs in March of this year. During our visit it was uplifting to travel to a few local schools and connect with the children and talk to them about going to university and considering medicine as a future career option. I have also enjoyed attending the University of Tasmania taster days talking with Aboriginal and Torres Strait Islander students who have an interest in medicine and other health related careers.

I have chaired the Primary Health Care Group which has now concluded and continue to participate in the Mentoring Group. I have represented AIDA on the Royal Australian College of General Practitioners (RACGP) National Faculty of Aboriginal and Torres Strait Islander Health , and the Inercollegiate Board of the Cancer Council. I look forward to participating in panel discussions at both GP12 and the inaugural Indigenous Allied Health conference.

Director's Report

Dr Sean White

Qualifications
B Med

People
Barkandji and Kamilaroi (Quirindi)

Current Place of Work
Resident at Orange Hospital, NSW.

Over the past 12 months, PRIDoC has been our main focus. The AIDA Secretariat and PRIDoC working party have worked hard to organize what is expected to be another successful event where our members and brothers and sisters from the Pacific come together again.

During the year, the passing of Ngangkari Mr Peter was significant and affected us all individually and as an organisation. As Directors on the AIDA Board, we attended a very special memorial service for Mr Peter in Alice Springs.

The community Board meeting this year was also held in Alice Springs and gave the opportunity for local Aboriginal school students to get a snap shot of AIDA as an organisation and what we have to offer students interested in a medical career. Student from Yirara College and Yipirinya school had a positive interaction with our group. Once again, it is great to spread the word 'You can Do it' to the next generation.

In January 2012, I was part of the AIDA representation at the Aboriginal Tent embassy 40 years celebrations. This was a very positive activity whereby our doctors, some medical students and staff provided medical support to the event in partnership with Winnunga Aboriginal Medical Service. Congratulations to the organizers of this event as it was great to be involved.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) and AIDA continue to work together and supported AIDA members to attend the congress in Hobart.

I am looking forward to catching up with our members at the 2012 AGM at Desert Park. These meetings are a great opportunity to showcase AIDA's work. I also look forward to welcoming new Board members at this meeting and encourage our members take the opportunity to support the organisation at a Board level.

Director (Student)'s Report

Ms Dana Slape

Qualifications
MBBS (4th Year)

People
Larrakia people of Darwin, NT.

Current Place of Study
University of Western Sydney, NSW.

In the Student Director position, I have been humbled by working with the student members of AIDA, the Student Representative Committee (SRC), the Board and the Secretariat. I have had the fortune of meeting a great number of students, graduates and associate members from all over at AIDA membership dinners and AIDA affiliated events and have learned a lot from working with everyone. Catching up and sharing experiences is what makes AIDA special. Knowing that your experiences, your culture, your challenges and your victories are understood and similar to those we share our journey with makes us remember where we are from as we move into our careers.

This year, through co-chairing the Mentoring Working Party, with Dr Danielle Arabena and the other members, the Mentoring Framework for AIDA has been developed. There has been extensive consultation with AIDA members as well as revision of the evidence base around current and previous mentoring programs that have worked. This along with new and innovative ideas have formed the basis for the framework and I hope it provides students, junior doctors and those in training with the support, skills and guidance they need.

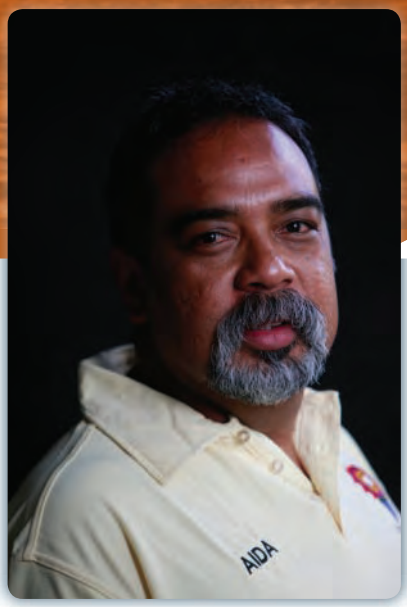
Working with organisations external to AIDA that are particularly relevant to students and junior doctors was also important this year. As Indigenous people starting out in the medical field, we rely heavily on the cultural and spiritual support as well as mentoring, collegiate relationships, career advice and advocacy shared with us by AIDA. It is important that we also align ourselves with organisations that are well placed to support those who are coming through their medical studies including Universities, Colleges and other student organisations. Increasing awareness and helping external organisations to know how to offer the right supports will improve our students' and junior doctors' access to a variety development opportunities.

The most important job of the Student Director is to be a voice for the Aboriginal and Torres Strait Islander medical students and members of AIDA. This work is reliant on the deadly Student Representative Committee. At the end of a big year we celebrate that enrolments for Aboriginal and Torres Strait Islander medical students are on par with the population percentage. With the continuing growth of Aboriginal and Torres Strait Islander medical student numbers, the work of the SRC becomes more and more crucial to connecting with our members at the local level. Through being engaged at the local university level and the national level through AIDA while also juggling medical studies and an array of other commitments, the leadership and advocacy skills of the group were developed. Chairing the SRC was an absolute pleasure, with their enthusiasm, skills, commitment, and general brilliance, our future workforce of Aboriginal and Torres Strait Islander doctors is in great hands.

I extend my utmost gratitude to the Board and the Secretariat for being so supportive through my journey as Student Director and inspiring me to try to work as hard as they do. Their contribution to the communities they work in as well as the shaping of Aboriginal and Torres Strait Islander health and medical education is phenomenal. The journey of juggling my medical studies as well as being an active member of the Board and the representation opportunities that came with that has certainly kept me busy and I am incredibly grateful for the experience, the friendships and the learning opportunities.

Chief Executive Officer's Report

Mr Romlie Mokak



Qualifications
Bachelor Social Science
Post Grad Dip Special Education

People
Djugun, Broome WA.

The AIDA Strategic Plan 2011 – 2015 provides AIDA with our strategic and organisational direction for the next four years. In my CEO's report, I highlight areas of work that contribute to the implementation and realisation of AIDA's objectives.

National Leader in Health

- Hosting PRIDoC 2012 will consolidate AIDA's role as an important organisation in Australia, not only in health and Aboriginal and Torres Strait Islander affairs, but in highlighting the strengths, capabilities and know-how of Aboriginal and Torres Strait Islander people and organisations more broadly;
- Social media – Facebook and Twitter platforms launched;
- Significant and continuing representation on a range of national committees and bodies;
- AIDA and members perspective highly sought-after in policy, programs and advocacy;
- Policy work included: Foetal Alcohol Spectrum Disorder (FASD) submission; Anti-Racism Campaign submission; response to review of Australian Medical Council (AMC) Standards;
- Member of National Congress of Australia's First peoples and the National Health Leadership Forum within Congress;
- AIDA President, CEO and members on the new National Aboriginal and Torres Strait Islander Health Equality Council;
- As individuals, AIDA members on the National Health and Medical Research Council (NHMRC) and Principal Committees, and numerous other bodies;
- Medical Education and Training continuum work consolidates including:

Medical Deans Australia and New Zealand

- new Collaboration Agreement jointly signed, workplan under development;
- co-auspice the LIME Connection in Auckland;
- completion of two projects : Building Indigenous Medical Academic Leadership and Medical Deans – AIDA National Medical Education Review;
- joint work including representations to the Australian Medical Council, media releases and engagement re: Aboriginal and Torres Strait Islander enrolment numbers.

Confederation of Post Graduate Medical Education Councils

- Collaboration Framework jointly signed and workplan agreed;
- Developing a mentoring program for junior doctors is a priority.

Committee of Presidents of Medical Colleges

- Collaboration Agreement under development;
- Stronger engagement and joint activity with a number of individual colleges

Strong and Engaged Membership

- Membership numbers over the past year are below:

Category	Sept 2011	Sept 2012
Indigenous Medical Graduate	69	66
Indigenous Medical Student	99	110
Associate	93	106
Total	**261**	**282**

- **Broome Symposium and workshops, 2011**
  - 226 delegates;
  - 11 Indigenous Medical Graduate and Student presentations;
  - Excellent feedback through evaluations recieved.

- **Graduate meetings and workshops included:**
  - Indigenous GP registrars Network meeting/ workshop;
  - AIDA Primary Health Care Contact Group meeting;
  - Business Skills & Negotiating Contracts workshop;
  - Medicare Claiming Workshop.

- **Student meetings and workshops included:**
  - Student Representative Meeting;
  - Effective Advocacy Workshop;
  - Confident Thinking Workshop.

- **Membership Workshops included:**
  - Working in Community Control; developing health & community leadership;
  - Royal Australian and New Zealand College of Psychiatrists (RANZCP) Workshop : *Hearing Stories: How Psychiatry makes a difference*;
  - AIDA Dance Workshop.

- AIDA membership dinners held in Darwin, Perth, Sydney, Townsville & Newcastle;
- Graduate Strategy reviewed and new Graduate Strategy endorsed by the AIDA Board;
- AIDA Values and Code of Conduct developed and endorsed by the AIDA Board;
- AIDA Mentoring Framework developed and endorsed by AIDA Board;
- Primary Health Care Contact group meetings held;
- Positive feedback from members on AIDA's Friday Flyer ;
- Updated website, with enhancements to our members login sections;
- March Board Meeting held on Alice Springs, including engagement with several local schools;
- Student Representative Committee has met regularly by teleconference and one face to face meeting in Canberra;
- While a number of mechanisms have been put in place, more members engaging in AIDA's work is still to be achieved.

Secure and Sustainable Resources

- The Commonwealth Government, during the 2012 Budget, announced a Health Workforce Programs Review. A consequence of this is AIDA's funding has been extended for only 1 year. Negotiating a new 3 year Funding Agreement has not been an option within this context;
- The Department of Education, Employment and Workplace Relations has funded AIDA's proposal, for which we advocated for 2 years, for a Health Careers Development Program for Aboriginal and Torres Strait Islander senior high school students. The commitment is only for a pilot at this point
- The Commonwealth Government has provided principal sponsorship support for PRIDoC 2012
- A number of organisations, including many medical colleges, have provided sponsorship for PRIDoC 2012

Sound Governance

- AIDA received 3 nominations for the Indigenous Governance Awards 2012;
- 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, as well as PRIDoC peer organisations;
- Continued access to governance training and advice from national corporate legal firm;
- Organisational policies, procedures and systems continuously developed and reviewed;
- Annual governance survey conducted with excellent results from 2011 governance survey;
- CEO and AIDA Board have agreed a new three year term, incorporating Professional Practice Leave;
- Stable, high performing Secretariat;
- Organisational Review earmarked as a priority in 2013.

Medical and Cultural Knowledge

- Board, senior staff and AIDA members attended Mr Peter's funeral and memorial service;
- Dr Jimmy Little's state memorial service attended by AIDA CEO, Medical Officer and some members;
- Prof. Ngiare Brown as AIDA's Medical Officer for the past year, has Chaired AIDA's PRIDoC 2012 Local Planning Committee, developing AIDA GP Registrar training post process and an AIDA Research Agenda and represented the organisation on numerous occasions;

- AIDA Values & Code of Conduct endorsed by the AIDA Board
- AIDA President chairs PRIDoC Council and CEO chairs CEO's group
- Traditional healers forum/space at upcoming PRIDoC 2012

Secretariat

During the past year we farewelled Ms Colleen Bateman (Administration Assistant) and Mr Greg Harris (Project Officer).

We welcomed Ms Alyce Merritt (Medical Workforce Officer), Mr Bernie Pearce (Policy and Programs Manager) and Mr Billy Collins (Administrative Assistant). Ms Leila Smith has also been appointed to the newly created Senior Policy Officer position (formerly the Policy and Communications position).

I also want to flag other staff movements that are imminent. Prof. Ngiare Brown will be leaving the AIDA Medical Officer position on Friday 21 September to concentrate on her clinical and research work and to finalise her PhD.

Ms Sorrell Ashby will commence work in the Career Development Program Project Officer on Monday 1 October. Sorrell joins us from her current position as Policy Officer at the National Congress of Australia's First Peoples.

In closing

I pay tribute to Mr Peter and Uncle Jimmy, who gifted us with the limitless power of humility, quiet teaching and goodness of heart.

I want to recognise the enormous contribution made by two long-standing Board members – President, A/Prof. Peter O'Mara and Treasurer, Dr Latisha Petterson. It's been a great privilege working with them over the past 7 years.

Thank you to Board members for their work, often at the expense of time with family, and their commitment to AIDA's future wellbeing.

Thanks to Prof. Ngiare Brown for her stewardship of PRIDoC 2012 and the very best with her future research and clinical work.

I acknowledge each and every one of our staff for their unswerving commitment to our organisation and our members, and for keeping the big picture in focus at times of high demand and limited capacity.

To the incoming Board and Executive Committee, I look forward to our work together over the next year to achieve the very best for AIDA, our members and our Aboriginal and Torres Strait Islander family right across this land.

AIDA/RACGP Mentoring Workshop at the Old Parliament House (26 July)
From L: Ms Alyce Merritt, Ms Jasmin Hunter, Ms Dana Slape, Ms Lauren Cordwell, Mr Romlie Mokak, Ms Leah Austin, Prof. Ngiare Brown, Dr Tim Senior and Mr Bernie Pearce

Strategic Plan 2011 - 2015

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:

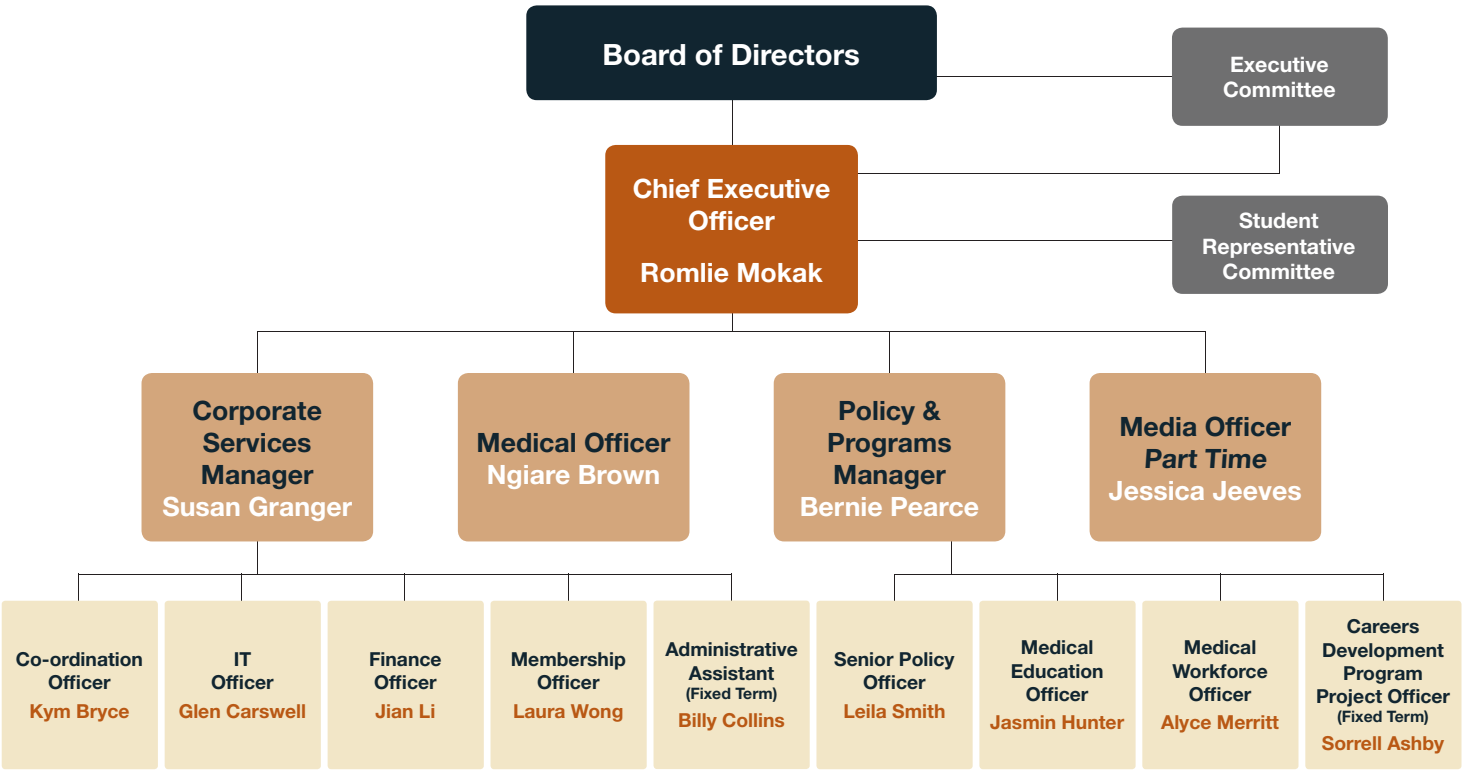
- need to be respectful and reflective of our connections to the past, present and future
- pursuit of social justice, Indigenous and human rights
- maintenance of cultural integrity, honesty and transparency
- highest standards of professionalism and excellence

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	Increase in Aboriginal and Torres Strait Islander Medical Graduate & Student members by 10% each year from 2011 – 2015 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 Four AIDA gatherings held each year with at least 50% of Aboriginal and Torres Strait Islander members from that location in attendance
	Strengthen AIDA Students	Implement Student Strategy by December 2013 Evaluate Student Strategy by December 2014
	Strengthen AIDA Graduates	Implement Graduate Strategy by December 2014 Evaluate Graduate Strategy by December 2015
	Strong connection with community and culture	AIDA Board visiting Aboriginal and Torres Strait Islander communities twice each year Establishing cultural spaces and expression within AIDA through: • 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	Three year Commonwealth Funding Agreement agreed by June 2011 Develop and implement Corporate and Philanthropy Strategy by June 2013 Lodge submission for funding support to Commonwealth Education and Employment portfolio agency by June 2011
	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	Articulate AIDA's approach to Succession Planning by December 2011 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
	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 AIDA's 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	Reason for Election
President	Peter O'Mara	2013	Retiring at the 2012 AGM
Vice President	Tammy Kimpton	2013	Nominated for President at 2012 AGM
Secretary	Ray Warner	2013	*Continuing on the Board*
Treasurer	Latisha Petterson	2012	Tenure expired
Director	Danielle Arabena	2013	*Continuing on the Board*
Director	Kali Hayward	2013	Nominated for Vice President at 2012 AGM
Director	Catherine Henderson	2013	*Continuing on the Board*
Director	Tanya Schramm	2012	Nominated for Treasurer at 2012 AGM
Director	Sean White	2013	*Continuing on the Board*
Director	Currently Vacant	2012	Vacant
Director (Student)	Dana Slape	2012	Tenure expired

Accordingly, the following 7 Directors positions are up for election at the 2012 AGM as follows:

- President
- Vice President
- Treasurer
- Directors x 3
- Director (Student)

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 in June 2012. The membership was informed that there would be potentially (7) Directors' positions vacant at the 2012 AGM;

- President
- Vice President
- Treasurer
- Directors x 3
- 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 30th June and 3rd September 2010. Nominations closed on the 3rd September, 2012 at 5pm EST.

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 2012, this date was Monday 3rd September 2012.

On Tuesday 11th September, 2012 (21 days before the 2012 AGM), AIDA members received a soft copy of the AGM package, including:

- 2012 AGM Agenda
- Draft 2011 AGM Minutes
- 2011/12 Financial Statements
- Directors Reports
- Strategic Plan (2011 – 2015)
- Current Organisational Structure
- The AGM Process
- Status of the Board of Directors
- Nominations Received for Directors Positions
- Voting information
- Proxies
- Proxy Form (Detachable)
- Instructions on how to complete the proxy form
- Other Business, including:
    - AIDA Values & Code of Conduct
    - AIDA Graduate Strategy 2012-2015
    - AIDA Mentoring Framework
- 2012 Governance Survey (Detachable)

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	Tammy Kimpton
Vice President	Kali Hayward
Treasurer	Tanya Schramm
Director Positions (3 positions vacant)	Catherine Engelke Bradley Murphy Stephanie Trust Alicia Veasey
Director (Student)	Justin Gladman Robert James

Voting

In Accordance to Article 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.

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.

AIDA's process to elect Directors is as follows:

1.1 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. Monday 1st October 2012 at 8.30am. 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.

1.2 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}.

1.3 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.

1.4 Instructions on how to complete the voting slip(s) will be provided at the meeting.

1.5 When it is time to cast a vote(s), voting members will place their completed voting slip(s) in the voting box.

1.6 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).

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 **8:30am on Monday 1st October 2012 in accordance with the instructions provided on the Proxy Form (page 91).**

Notes

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 2012 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 8:30am on Wednesday 3rd October 2012 in the Theatre, Desert Park, Alice Springs, Northern Territory, 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 the Minutes of AIDA's 2011 AGM be accepted as presented and are a true and accurate record of that meeting. **If you were not present at the 2011 AGM, tick the "Abstain" column.**	☐	☐	☐
That the 2011 Independent Returning Officer's Report be accepted as a true and accurate record of that Meeting. **If you were not present at the 2011 AGM, tick the "Abstain" column.**	☐	☐	☐
That the Directors' Reports be accepted as presented.	☐	☐	☐
That the Annual Financial Statements be accepted as presented.	☐	☐	☐
That the Auditors' Report be accepted as presented.	☐	☐	☐
That Hardwickes Chartered Accountants are appointed to audit AIDA's financials for the FY 12/13 in accordance with the AIDA Board's recommendation.	☐	☐	☐
As only one (1) valid nomination for the position of President was received, no vote is required. Accordingly **Dr Tammy Kimpton will be declared elected to the position of President at the 2012 AGM.**			
As only one (1) valid nomination for the position of Vice President was received, no vote is required. Accordingly **Dr Kali Hayward will be declared elected to the position of Vice President at the 2012 AGM.**			
As only one (1) valid nomination for the position of Treasurer was received, no vote is required. Accordingly **Dr Tanya Schramm will be declared elected to the position of Treasurer at the 2012 AGM.**			

There will be three (3) vacant Director positions on the AIDA Board as at the 3rd October 2012. Four (4) valid nominations were received for these positions. Accordingly the three people I vote to be AIDA Directors as at the 2012 AGM (marked with a ✓). **Only tick three boxes:**

☐ **Dr Catherine Engelke** ☐ **Dr Bradley Murphy**

☐ **Dr Stephanie Trust** ☐ **Dr Alicia Veasey**

For the one (1) Director (Student) position on the AIDA Board, two (2) valid nominations were received as follows: Mr Justin Gladman & Mr Robert James.

NOTE: ONLY CURRENT Indigenous MEDICAL STUDENTS ARE ENTITLED TO VOTE FOR THE Director (STUDENT).

Accordingly, as an Indigenous Medical Student member of AIDA, the person I vote to be AIDA Director (Student) as at the 2012 AGM is (marked with a ✓). **Only tick one box:**

☐ **Mr Justin Gladman** ☐ **Mr Robert James**

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 8:30am on Monday 1st October 2012

How to Complete a Proxy Form

For your appointment of Proxy to be valid, this form must be received by the AIDA Secretariat no later than 8:30am on Monday 1st October 2012

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 Ltd
   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 8:30am on Monday 1st October 2012.**

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

Governance Survey 2012

information collected will remain anonymous

Please tick your responses ✓.

How well does AIDA deliver on the Following:

1. Our Vision

AIDA's Vision statement can be found in the AGM Package within the Strategic Plan

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

2. Our Values

AIDA's Values Statement can be found in the AGM Package within the Strategic Plan

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

3. Our Strategies

AIDA's Strategic Plan can be found in the AGM Package within the Strategic Plan

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

4. Annual General Meetings

Including Notice of Meetings, Call for Nominations, Voting, format of meeting & Venue

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

5. Continuous Quality Improvement

Provides the tools to help enhance AIDA's work, improve effectiveness, foster a collaborative environment, and tap the expertise of the membership, staff and other stakeholders.

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

6. Engagement with Members

Including consultation, networking, support, communication, representation opportunities, cultural activities and sharing information.

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

7. Provide information to Members

Include Website, Blackchat, Friday Flyer, membership renewal, Annual Report & publications

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

8. Provide Collegiate Support

Including providing time and space for members who share a common purpose, ideas, unique culture and profession to yarn, network, debrief plan and share experiences and knowledge.

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

9. Governance

Accountability, Transparency, Decision Making, Reporting

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

10. Developing future leaders

Providing professional development, mentoring & representational opportunities to members

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

11. Your Member Category

Please indicate your AIDA Membership Category

☐ Indigenous Medical Graduate ☐ Indigenous Medical Student ☐ Associate ☐ Associate (Student)

If you have any further comments, please provide below

Thank you for completing this survey. **Date: / /**

Australian Indigenous Doctors' Association Ltd

Old Parliament House
18 King George Terrace
Parkes ACT 2600

PO Box 3497
Manuka ACT 2603
Australia

Phone 02 6273 5013
Fax 02 6273 5014
Freecall 1800 190 498
Email aida@aida.org.au
Web www.aida.org.au

ABN: 84 131 668 936

The Australian Indigenous Doctors' Association receives funding from the Australian Government Department of Health and Ageing

Australian Government
Department of Health and Ageing