



The Australian Indigenous Doctors' Association Ltd Annual General Meeting

2013



Friday 4 October 2013

Members Dining Room
Old Parliament House, Canberra

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



Australian Government

Department of Health and Ageing

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Australian Indigenous Doctors' Association Ltd (AIDA)
Annual General Meeting Report - 2013
ABN: 84 131 668 936

Graphic Design: Mr Glen Carswell
Compiled by: Ms Susan Granger
Photography: Mr Leon Mead, Mr Romlie Mokak and Mr Glen Carswell



Story of the 2013 Symposium Painting From Matilda House

This painting represents the story of our blood, our culture, our mother creator and how we survive. The bogong moth is the feature of this painting as they have provided us with a rich food source for thousands of years, especially during the warmer months when the moths arrive and we celebrate the running feast.

Mulligan the wedge tail eagle is also important in this story as the wedge tail eagle is the keeper of our land. This is represented by the feathers. Then there is the river, which is called the Murrumbidgee and this river runs through our country. This painting represents our connection with the land, the water and the sky and keeps us strong in our culture.

AGENDA

FRIDAY 4 OCTOBER 2013 - 2:00pm to 4:40pm

Members Dining Room, Old Parliament House, Canberra

Chair: Dr Tammy Kimpton

1:45pm	<i>Members arrive, sign in and Smoking Ceremony</i>		
2:00pm	Welcome by President		
2:15pm	1 Open		Dr Tammy Kimpton
2:20pm	2 Confirmation of Minutes & Returning Officer's Report		Dr Tammy Kimpton
2:30pm	3 Finance		
	3.1 Treasurer's Report		Dr Tanya Schramm
	3.2 Adoption of Annual Financial Statements		
	3.3 Acceptance of the Auditor's Report		
	3.4 Appointment of Auditor for 2013/2014		
2:45pm	4 General Business		
	4.1 Organisational Review	Dr Tammy Kimpton & Mr Romlie Mokak	
	4.2 Cultural Safety	Dr Tammy Kimpton	
	4.3 Mentoring	Dr Danielle Arabena	
3:30pm	5 Reports for Noting		
	5.1 President	Dr Tammy Kimpton	
	5.2 Vice President	Dr Kali Hayward	
	5.3 Secretary	Dr Sean White	
	5.4 Director's Reports	AIDA Directors	
	5.5 CEO's Report	Mr Romlie Mokak	
	5.6 Graduate Report	Dr Catherine Engelke	
	5.7 Student Report	Mr Robert James	
	5.8 Membership	Mr Romlie Mokak	
3:45pm	6 Elections		
	6.1 Election of Directors		Returning Officer
	6.2 Election of Director (Student)		
3:55pm to 4:15pm	Afternoon Tea		
	<i>Votes will be counted during this break & members requested to complete the Governance Survey located on page 85</i>		
4:15pm	7 Announcement of new Directors & Acknowledgements		
	7.1 Directors stepping down	Dr Tammy Kimpton	
	7.2 Presentation of new Board	Returning Officer	
	7.3 University Representatives (2012/13)	Mr Rob James	
	7.4 Staff	Dr Tammy Kimpton	
4:35pm	8 Other Business		
	9 Governance Survey		Mr Romlie Mokak
4:40pm	10 Close		
4:45pm to 5:15pm	Post AGM Catch-up		
5:15pm to 5:45pm	Members Tour of Secretariat & Tent Embassy		
	Directors photographs in front of OPH & OPH Gardens		
6:00pm	Return to Hyatt		
6:30pm	Symposium Welcome Dinner to commence in the Federation Ballroom at the Hyatt		

2012 MINUTES

WEDNESDAY 3 OCTOBER 2012 - 9:30am to 12:30pm

Venue: Desert Park, Alice Springs Northern Territory

Chair: Associate Professor Peter O'Mara

In Attendance: 69 members

Directors

Associate Professor Peter O'Mara (President & Chair)
Dr Tammy Kimpton (Vice President)
Dr Ray Warner (Secretary)
Dr Latisha Petterson (Treasurer)
Dr Danielle Arabena (Director)
Dr Kali Hayward (Director)
Dr Catherine Henderson (Director)
Dr Tanya Schramm (Director)
Dr Sean White (Director)
Ms Dana Slape (Director Student)

10 Directors

Students

Ms Cassie Anderson
Mr Benjamin Armstrong
Ms Ngaree Blow
Mr Frank Bobongie
Ms Annabelle Celloe
Ms Sarah-Rebekah Clark
Mr Jay Dargan
Mr Benjamin Doyle
Ms Sheree Enderby
Ms Sarah Goddard
Ms Rebecca Gough
Ms Crystal Grant (nee Williams)
Ms Kellyann Grayson
Mr Luke Hamlin
Ms Gemma Hayman
Ms Bianca Howard
Mr Robert James
Mr Ethan Johnson
Ms India Latimore
Mr Ian Lee
Ms Kelly Needham
Mr Blair Rasmussen
Ms Amanda Richards
Mr Artiene Tatian
Ms Jessica Wade
Ms Rebecca Whitehead
Ms Nicole Whitson

27 Students

Graduates

Dr Raymond Blackman
Dr Tatum Bond
Professor Ngiare Brown
Dr Christine Clinch
Dr Aaron Davis
Dr Anysia Den
Dr Paula Edgill
Dr Jamie Fernando
Dr Shirley Godwin
Dr Robert Grant
Dr Kim Isaacs
Associate Professor Kelvin Kong
Dr Angela La Macchia
Associate Professor Bradley Murphy
Dr Louis Peachey
Dr Shannon Price
Dr Simone Raye
Dr Greg Spice
Dr Stephanie Trust
Dr Anita Watts

19 Graduates

Associates

Mr Craig Allen
Ms Lorraine Anderson
Ms Kayla Arabena-Byrnes
Ms Barbara Bauert
Ms Diana Burgell
Mr Robert Burgell
Ms Tamsin Cockayne
Mr Stephen Corporal
Ms Gaye Doolan
Mr Timothy Haynes
Mr Paul Johanson
Mr Douglas McManus
Ms Lauren Cordwell

13 Associates

Staff

Mr Romlie Mokak (Chief Executive Officer)
 Ms Susan Granger (Corporate Services Manager)
 Mr Bernie Pearce (Policy & Programs Manager)
 Ms Sorrell Ashby (Career Development Officer)
 Ms Kym Bryce (Co-ordination Officer)
 Mr Glen Carswell (Information Technology Officer)
 Mr Billy Collins (Administrative Assistant)
 Ms Jasmin Hunter (Medical Education Officer)
 Ms Jian Li (Finance Officer)
 Ms Alyce Merritt (Medical Workforce Officer)
 Ms Leila Smith (Senior Policy Officer)
 Ms Laura Wong (Membership Officer)

Apologies

Professor Helen Milroy
 Professor Mark Wenitong
 Associate Professor Noel Hayman
 Dr Alicia Veasey
 Dr Catherine Engelke
 Professor Michael Kidd
 Dr Casey Kalsi
 Dr John Kramer
 Mr Justin Gladman

1	Open & Welcome	The 2012 AIDA AGM was declared open at 9:25am on Wednesday 3 October 2012. President, Associate Professor Peter O'Mara welcomed members present and thanked everyone for travelling such long distances to attend this important event. He acknowledged the traditional owners, Elders past and present and thanked Aunty Elaine Kngwarraye Peckham for her warm Welcome to Country. 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	<p>The Minutes from the 2011 AGM were read and accepted as a true and accurate record. Associate Professor Peter O'Mara proposed the motion to accept these Minutes. This motion was moved by Dr Danielle Arabena and seconded by Associate Professor Bradley Murphy. Members present supported this motion. The five (5) action items carried forward from the 2011 AGM were noted as being completed and/or ongoing.</p> <p>The motion to accept the Returning Officer's Report was moved by Dr Tammy Kimpton and seconded by Dr Sean White. Members present supported this motion.</p>
3	Finance	<p>3.1 Treasurer's Report</p> <p>AIDA's Treasurer, Dr Latisha Petterson provided the 2011/12 Treasurer's Report. AIDA's Accountant, Ms Kerri Dickman and Hardwicks Accountants were acknowledged for their continued support and guidance in the area of finance.</p> <p>In Summary, no management points (issues or problems) were reported and the auditor was once again very impressed with AIDA's financial management.</p> <p>3.2 Adoption of Annual Financial Statements and the Auditor's Report</p> <p>The motion to adopt the annual financial statements as tabled was moved by Dr Danielle Arabena and seconded by Dr Catherine Henderson. Members present supported this motion.</p>

		<h3>3.3 Appointment of Auditor</h3> <p>The motion to appoint Hardwicke’s Accountants as AIDA’s auditor for the 2012/2013 FY was moved by Dr Catherine Henderson and seconded by Dr Tammy Kimpton. Members present supported this motion.</p>																				
4	General Business	<h4>4.1 Values & Code of Conduct</h4> <p>Dr Ray Warner provided some background on the development of AIDA’s Values & Code of Conduct, including the membership consultation process. The Values & Code of Conduct was then officially launched.</p> <h4>4.2 Graduate Strategy</h4> <p>Dr Kali Hayward provided some background on the evaluation process of the 2009-11 Graduate Strategy, including the membership consultation process and the development of AIDA’s new 2013-15 Graduate Strategy. The 2013-15 Graduate Strategy was then officially launched.</p> <h4>4.3 Mentoring Framework</h4> <p>Dr Danielle Arabena and Ms Dana Slape provided some background on the development of AIDA’s new Mentoring Framework before the document was officially launched.</p> <p>Copies of the Values & Code of Conduct, 2013-15 Graduate Strategy and the Mentoring Framework were included in the 2012 AGM publication which was circulated to every AIDA member.</p> <h4>4.4 PRIDoC 2012</h4> <p>Mr Romlie Mokak provided a summary of PRIDoC 2012, including a breakdown of the extensive program, including the AIDA specific events that will take place over the next few days between 3 & 6 October 2012 in Alice Springs. Special mention was extended to the Local Planning Committee and the AIDA staff for co-ordinating this event in house.</p>																				
5	Director’s Reports	<p>The following written reports were tabled and were taken as read:</p> <table><tr><td>President</td><td>Associate Professor Peter O’Mara</td></tr><tr><td>Vice President</td><td>Dr Tammy Kimpton</td></tr><tr><td>Secretary</td><td>Dr Ray Warner</td></tr><tr><td>Treasurer</td><td>Dr Latisha Petterson</td></tr><tr><td>Director</td><td>Dr Danielle Arabena</td></tr><tr><td>Director</td><td>Dr Kali Hayward</td></tr><tr><td>Director</td><td>Dr Catherine Henderson</td></tr><tr><td>Director</td><td>Dr Tanya Schramm</td></tr><tr><td>Director</td><td>Dr Sean White</td></tr><tr><td>Director (Student)</td><td>Ms Dana Slape</td></tr></table> <p>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.</p>	President	Associate Professor Peter O’Mara	Vice President	Dr Tammy Kimpton	Secretary	Dr Ray Warner	Treasurer	Dr Latisha Petterson	Director	Dr Danielle Arabena	Director	Dr Kali Hayward	Director	Dr Catherine Henderson	Director	Dr Tanya Schramm	Director	Dr Sean White	Director (Student)	Ms Dana Slape
President	Associate Professor Peter O’Mara																					
Vice President	Dr Tammy Kimpton																					
Secretary	Dr Ray Warner																					
Treasurer	Dr Latisha Petterson																					
Director	Dr Danielle Arabena																					
Director	Dr Kali Hayward																					
Director	Dr Catherine Henderson																					
Director	Dr Tanya Schramm																					
Director	Dr Sean White																					
Director (Student)	Ms Dana Slape																					
6	CEO’s Report	<p>Mr Romlie Mokak’s written report was tabled and was taken as read.</p>																				

7

Organisational Achievements

A summary of AIDA's achievements over the past twelve months was provided by Mr Romlie Mokak. He invited members present to peruse the relevant documentation which was on display at the AGM. Key pieces of work included:

PRIDoC

Project Chaired by Professor Ngiare Brown.

Working Party Chairs included:

Professor Ngiare Brown	Scientific Working Party
Professor Alex Brown	Cultural Working Party
Mr Romlie Mokak	Sponsorship Working Party
Ms Susan Granger	Operations Working Party
Dr Tammy Kimpton	Social Working Party(Co-Chair)
Dr Latisha Petterson	Social Working Party(Co-Chair)

Values & Code of Conduct

Project Chaired by Dr Ray Warner
Co-ordinated by Ms Leila Smith

Graduate Strategy

Project Chaired by Dr Kali Hayward
Co-ordinated by Ms Alyce Merritt

Mentoring Framework

Project Chaired by Dr Danielle Arabena & Ms Dana Slape
Co-ordinated by Ms Jasmin Hunter

It was noted that membership response rates to calls for feedback and consultation for various pieces of work was poor.

Following on from communication issues raised at the 2011 AGM, Mr Romlie Mokak reported that the following pieces of work had been undertaken throughout the year and acknowledged his staff for all their work:

- AIDA website had undergone review with membership login and access now simplified;
- Members Login Area reviewed with a large increase in information and tools to support our members;
- Facebook and Twitter introduced;
- Agreements reached along the medical education and training continuum with the 3rd agreement signed. It was noted that there is variability in training in teaching and also a question around seeing through and supporting people with their graduation;
- Confederation of Postgraduate Medical Councils (CPMEC) agreement reached with Mentoring being the 'first cab off the rank';
- AIDA is in the process of developing agreements with the Presidents of Medical Colleges. Special mention was extended to Associate Professor Kelvin Kong and Associate Professor Bradley Murphy for their work in this area. Dr Maria Tomasic in her final term as President of the College of Psychiatrists wants to imbed this at the national level;

		<ul style="list-style-type: none"> Following two years of negotiations with the Department of Education, Employment and Workplace Relations (DEEWR), AIDA has been provided with funding to coordinate a national Careers Development Program in Canberra. Ms Sorrell Ashby has been employed to manage this project. Senior high school students who are interested in a career in health will come to Canberra during January 2013 to participate.
		<p style="text-align: center;">ACTION</p> <p>1. AIDA to look at ways to achieve improved member engagement.</p>
8	Membership Update	<p>Mr Romlie Mokak then provided a brief membership update, reporting an increase in member numbers, a snapshot of membership dinners held throughout the year and the importance of keeping our members engaged, including our important associate members. In conclusion, Mr Mokak informed the AIDA membership that he had recently signed a further three (3) year employment contract which included ten (10) days of professional practice leave, similar to that of clinical/academic leave to allow him to pursue his community work as Indigenous Patron of Winnunga Nimmityjah Aboriginal Medical Service in Canberra and other community work and the development of his consultancy business.</p> <p>Associate Professor Peter O'Mara acknowledged Mr Romlie Mokak's work and reported that under Mr Mokak's leadership, the AIDA Secretariat 'punches above their weight'.</p>
9	Elections	<p>Election Process & Outcomes</p> <p>Associate Professor Peter O'Mara then introduced AIDA's Returning Officer for the 2012 election process, Mr Garry Buckland. Refer to Returning Officer's Report (Page 14) for election process and outcomes.</p>
10	Acknowledgements	<p>10.1 Directors stepping down</p> <p>AIDA's new President, Dr Tammy Kimpton, accompanied by Ngangkari, Mr Andy Tjilari, acknowledged the following Directors who had stepped down from the Board. These Directors were thanked for their commitment and dedication to AIDA during their tenure on the Board:</p> <ul style="list-style-type: none"> Associate Professor Peter O'Mara Dr Latisha Petterson Ms Dana Slape <p>10.2 New Directors</p> <p>Dr Tammy Kimpton then presented an AIDA scarf or tie to the following new Directors in recognition of their election to the AIDA Board:</p> <ul style="list-style-type: none"> Dr Catherine Engelke Dr Stephanie Trust Dr Alicia Veasey Mr Robert James

10.3 Student Representative Committee 2011/12

Ms Dana Slape acknowledged the hard work of the 2011/12 AIDA Student Representative Committee (SRC) and presented the following members of this group with an AIDA gift:

- Mr Robert James
- Ms Cassandra Anderson
- Mr Ben Armstrong
- Ms Sheree Enderby
- Ms Yaritji Green
- Mr Ian Lee
- Ms Dasha Newington
- Ms Tamika Ponton
- Ms Jacinta Power
- Mr Bodie Rodman
- Mr Gene Slockee
- Ms Lauren Sperring
- Ms Jessica Wade
- Mr Joel Wright

10.4 New Graduates

Associate Professor Peter O'Mara acknowledged the following new graduates and presented those present with a painted stethoscope, certificate and AIDA gold pin:

- Dr Tatum Bond
- Dr Danielle Carter
- Dr Annalyse Crane
- Dr Michelle Fraser
- Dr Timothy Gilbey
- Dr Robert Grant
- Dr Kirsty Jennings
- Dr Josef McDonald
- Dr Johnathan Newchurch
- Dr Daniela Sabbioni
- Dr Karen Taylor
- Dr Ben Tisdell
- Dr Alicia Veasey
- Dr Angela Wood

New graduates that were not present will receive their award via post.

10.5 AIDA Staff

Associate Professor Peter 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
- Professor Ngiare Brown
- Ms Susan Granger
- Mr Bernie Pearce
- Ms Kym Bryce
- Mr Glen Carswell
- Mr Billy Collins
- Ms Jasmin Hunter
- Ms Jian Li
- Ms Alyce Merritt
- Ms Leila Smith
- Ms Laura Wong

11	Governance Survey	Dr Tammy Kimpton invited members present to complete the 2012 Governance Survey during the course of the AGM. Members who completed a survey were provided with a ticket and entered into a 'lucky member draw'.
12	Announcement of Lucky Draw Winners	<p>Ngangkari, Mr Andy Tjilari was invited to draw out the winning ticket relating to each of the following draws:</p> <ul style="list-style-type: none"> • Governance Survey • Graduate Strategy Draw • Student Strategy Draw
13	Other Business	<p>13.1 Dr Louis Peachey encouraged more men to put their hand up for positions on the AIDA Board in the future. Dr Tammy Kimpton extended an invitation to all members to chat to her or any of the Directors, past or present about becoming an AIDA Director.</p> <p>13.2 Associate Professor Kelvin Kong congratulated the past and current Board on their current work and the achievements so far. AIDA's financial resources were then discussed in the context of diversification and risk. Mr Romlie Mokak reported that in 2013, AIDA will be undergoing an organisational review with an important element of this being around risk management.</p> <div style="background-color: #4b2c82; color: white; padding: 10px; text-align: center;"> <p>ACTION</p> <p>2. AIDA to carryout an organisational review as outlined in the Strategic Plan.</p> </div> <p>13.3 Dr Aaron Davis sought clarification on cultural awareness and cultural safety in the context of AIDA's Values & Code of Conduct and how it applies to employees. Dr Ray Warner confirmed that AIDA's Values & Code of Conduct applied to both AIDA members and staff and that it was developed in full consultation with the membership and staff. Discussion on this item ensued with Dr Tammy Kimpton reiterating the importance of this issue being discussed by the membership and how these types of discussions have power. Dr Kimpton added that cultural safety will be workshopped further in the future and the Board accepted this as a priority. Members were reminded that it is important to participate during consultation phases and provide feedback on these important pieces of work. Further discussion took place on ways to improve member engagement and communication between the Secretariat and members.</p> <p>Dr Tammy Kimpton and Dr Kali Hayward reminded members that if they cannot attend specific AIDA events, any member could forward feedback through to the Secretariat via email, fax or online through the membership login area and that this type of feedback would be greatly appreciated.</p> <p>Dr Louis Peachey stated that it is important to have these conversations.</p> <div style="background-color: #4b2c82; color: white; padding: 10px; text-align: center;"> <p>ACTION</p> <p>3. Cultural Safety to be workshopped further by the AIDA Board in consultation with the AIDA membership.</p> </div>

13.4 Mr Luke Hamlin (Indigenous Medical Student) suggested that AIDA set up a Facebook group. Dr Tammy Kimpton responded, stating that this will be considered by the Board in the near future.

ACTION

4. Consider setting up a Facebook Group in the future.

Close of AGM

With no further business, Dr Tammy Kimpton officially closed the meeting.



*The 2012/2013 AIDA Board in Alice Springs - From L to R - Mr Robert James, Dr Tanya Schramm, Dr Kali Hayward, Dr Stephanie Trust, Dr Tammy Kimpton, Dr Danielle Arabena, Dr Ray Warner, Dr Sean White and Dr Catherine Henderson
(Absent - Dr Catherine Engelke and Dr Alicia Veasey)*

2012 RETURNING OFFICER'S REPORT

1. I acted as Returning Officer for the election of Office Bearers and Directors at this AGM.
2. In accordance with AIDA's Constitution:
 - a. There will be a minimum of eight (8) and a maximum of eleven (11) Directors
 - b. Term of Office will be two (2) years
 - c. Under section 201E of the Corporations Act, Directors will be elected separately
3. Before the 2012 AGM, the status of the AIDA Board was as follows

Current AIDA Board of Directors			Term Ends	Reason for Election
1	President	Associate Professor Peter O'Mara	2013	Retiring at the 2012 AGM
2	Vice President	Dr Tammy Kimpton	2013	Nominated for President at 2012 AGM
3	Secretary	Dr Ray Warner	2013	Continuing on the Board
4	Treasurer	Dr Latisha Petterson	2012	Tenure expired
5	Director	Dr Danielle Arabena	2013	Continuing on the Board
6	Director	Dr Kali Hayward	2013	Nominated for Vice President at 2012 AGM
7	Director	Dr Sean White	2013	Continuing on the Board
8	Director	Dr Tanya Schramm	2012	Nominated for Treasurer at 2012 AGM
9	Director	Dr Catherine Henderson	2013	Continuing on the Board
10	Director	Currently Vacant	2012	Vacant
11	Director (Student)	Ms Dana Slape	2012	Tenure expired

4. Accordingly, I declared that the following positions were up for election:
 - a. President
 - b. Vice President
 - c. Treasurer
 - d. Directors x three (3)
 - e. Director (Student)
5. As only one (1) valid nomination for the position of President was received, no vote was required. Accordingly, Dr Tammy Kimpton was appointed to the position of President at the 2012 AGM.
6. As only one (1) valid nomination for the position of Vice President was received, no vote was required. Accordingly, Dr Kali Hayward was appointed to the position of Vice President at the 2012 AGM.
7. As only one (1) valid nomination for the position of Treasurer was received, no vote was required. Accordingly, Dr Tanya Schramm was appointed to the position of Treasurer at the 2012 AGM.
8. Four valid nominations were received for the three (3) remaining Director positions; however, Associate Professor Bradley Murphy withdrew his nomination before the AGM. Accordingly, three (3) valid nominations remained for the three (3) vacant positions. Accordingly, the following nominees were appointed to the position of Director:
 - a. Dr Catherine Engelke
 - b. Dr Stephanie Trust
 - c. Dr Alicia Veasey

9. Two valid nominations were received for the position of Director (Student). These came from Mr Robert James and Mr Justin Gladman. The Indigenous Medical Student members were invited to vote. I collected the votes and counted them. Following the count, Mr Robert James was announced as the successful candidate. I then requested the AIDA membership to accept the decision of the Indigenous Medical Student members by a show of hands. Accordingly, Mr Robert James was appointed to the position of Director (Student) by general resolution.

10. The AIDA Board of Directors, following the 2012 AGM is therefore:

Office Bearers (Articles 63, 64, 65, and 66)	President: Dr Tammy KIMPTON Vice-President: Dr Kali HAYWARD Secretary: Dr Ray WARNER Treasurer: Dr Tanya SCHRAMM
Directors (Article 47)	Dr Danielle ARABENA Dr Catherine ENGELKE Dr Catherine HENDERSON Dr Stephanie TRUST Dr Sean WHITE Dr Alicia VEASEY
Student Member (Article 67)	Mr Robert JAMES

11. Thank you for the opportunity to act as the Independent Returning Officer for the 2012 AGM.

Gary Buckland

Sales & Marketing Manager

Alice Springs Desert Park
Parks and Wildlife Commission
Northern Territory Government
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Phone: (08) 8951 8707
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Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Financial Statements

For the Year Ended 30 June 2013

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For the Year Ended 30 June 2013

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Directors' Report

30 June 2013

Your directors present their report on Australian Indigenous Doctors' Association Limited for the financial year ended 30 June 2013.

1. General information

Information on directors

The names and positions of each person who has been a director during the year, including the date they were appointed and/or resigned are as follows:

Assoc Prof. Peter O'Mara Position	Resigned 03/10/2012 President
Dr Latisha Petterson Position	Resigned 03/10/2012 Treasurer
Dr Tammy Kimpton Position	Continuing President (03/10/2012)
Dr Kali Hayward Position	Continuing Vice President (03/10/2012)
Dr Ray Warner Position	Resigned 22/06/2013 Secretary
Dr Catherine Henderson Position	Continuing Director (21/10/2011)
Dr Sean White Position	Continuing Secretary (22/06/2013)
Ms Dana Slape Position	Resigned 03/10/2012 Director (Student)
Dr Tanya Schramm Position	Continuing Treasurer (03/10/2012)
Dr Danielle Arabena Position	Continuing Director (21/10/2011)
Dr Catherine Engelke Position	Appointed 03/10/2012 Director
Dr Stephanie Trust Position	Appointed 03/10/2012 Director
Dr Alicia Veasey Position	Appointed 03/10/2012 Director

Directors' Report

30 June 2013

1. General information continued

Information on directors continued

Mr Rob James	Appointed 03/10/2012
Position	Director (Student)

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 2013

1. General information continued

Objectives and strategies continued

Secure and sustainable resources

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

Sound governance

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

Medical and cultural knowledge

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

Directors' Report

30 June 2013

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

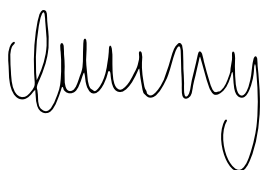
During the financial year, 5 meetings of directors were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Assoc Prof. Peter O'Mara	2	2
Dr Latisha Petterson	2	1
Dr Tammy Kimpton	5	5
Dr Kali Hayward	5	5
Dr Ray Warner	5	5
Dr Catherine Henderson	5	5
Dr Sean White	5	4
Ms Dana Slape	2	2
Dr Tanya Schramm	5	4
Dr Danielle Arabena	5	4
Dr Catherine Engelke	3	3
Dr Stephanie Trust	3	3
Dr Alicia Veasey	3	3
Mr Rob James	3	2

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 2013 has been received and can be found on page 5 of the financial report.

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



Director:

Dr Tammy Kimpton



Director:

Dr Kali Hayward

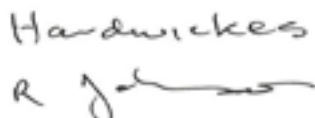
Dated this 2 day of September 2013

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 2013, 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
Chartered Accountants



Robert Johnson
Partner

2 September 2013

Canberra, ACT

Statement of Profit or Loss and Other Comprehensive Income
For the Year Ended 30 June 2013

	Note	2013 \$	2012 \$
Income	2	2,969,065	2,521,964
Administrative expense		(208,723)	(159,816)
Governance		(225,604)	(190,222)
Policy		(248,058)	(394,483)
PRIDoC - AIDA's commitment to administration		(3,998)	(4,068)
HIA		(2,067)	(3,225)
Staff		(1,108,375)	(1,239,707)
CEO study tour		(10,733)	(10,407)
DEEWR		(230,877)	-
NIHEC		-	(40,296)
PRIDoC / Symposium		(464,931)	(215,768)
Other expenses		(176,626)	(131,977)
Profit from continuing operations		289,073	131,995
Profit for the period		289,073	131,995
Total comprehensive income for the period		289,073	131,995

The accompanying notes form part of these financial statements.

Statement of Financial Position

As At 30 June 2013

	Note	2013 \$	2012 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,179,091	996,481
Accounts receivable and other debtors	5	219,628	333,717
Inventories	6	39,754	20,902
Other assets	7	291,125	251,856
TOTAL CURRENT ASSETS		1,729,598	1,602,956
NON-CURRENT ASSETS			
Plant and equipment	8	118,853	136,515
TOTAL NON-CURRENT ASSETS		118,853	136,515
TOTAL ASSETS		1,848,451	1,739,471
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and other payables	9	339,517	290,355
Lease Liabilities	12	9,411	9,411
Employee benefits	11(a)	36,119	-
Other liabilities	10	373,655	608,537
TOTAL CURRENT LIABILITIES		758,702	908,303
NON-CURRENT LIABILITIES			
Borrowings	12	32,779	42,190
Provision for employee benefits	11(a)	48,521	69,602
TOTAL NON-CURRENT LIABILITIES		81,300	111,792
TOTAL LIABILITIES		840,002	1,020,095
NET ASSETS		1,008,449	719,376
EQUITY			
Retained surplus		1,008,449	719,376
TOTAL EQUITY		1,008,449	719,376

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2013

2013

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2012	719,376	719,376
Surplus attributable to members of the entity	289,073	289,073
Balance at 30 June 2013	1,008,449	1,008,449

2012

	Retained Earnings	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

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the Year Ended 30 June 2013

Note	Parent	
	2013 \$	2012 \$
CASH FROM OPERATING ACTIVITIES:		
Receipts from donations and grants	3,092,794	2,462,662
Payments to suppliers and employees	(2,913,688)	(2,214,538)
Interest received	49,905	59,302
Net cash provided by (used in) operating activities	16 229,011	307,426
CASH FLOWS FROM INVESTING ACTIVITIES:		
Payment for plant and equipment	(26,280)	(70,092)
Payment for available-for-sale investments	(14,097)	(11,400)
Proceeds from sale of plant & equipment	3,388	42,766
Net cash used by investing activities	(36,989)	(38,726)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from borrowing on leases	(9,411)	12,685
Net cash used by financing activities	(9,411)	12,685
Net increase (decrease) in cash and cash equivalents held	182,611	281,385
Cash and cash equivalents at beginning of year	996,481	715,096
Cash and cash equivalents at end of financial year	4 1,179,092	996,481

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2013

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.

(b) Revenue

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

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

Donations and bequests are recognised as revenue when received

Interest Revenue

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

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

Notes to the Financial Statements

For the Year Ended 30 June 2013

1 Summary of Significant Accounting Policies continued

(c) Inventories on Hand

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.

(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.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of profit or loss and other 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 2013

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.

Notes to the Financial Statements

For the Year Ended 30 June 2013

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 occurred, 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 2013

1 Summary of Significant Accounting Policies continued

(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 profit or loss and other 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 Provisions

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 provisions 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 cash flows attributable to employee provisions.

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

(i) Cash on Hand

Cash on hand includes 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 Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts from government 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.

(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.

Notes to the Financial Statements

For the Year Ended 30 June 2013

1 Summary of Significant Accounting Policies continued

(k) Goods and Services Tax (GST) continued

Cash flows are presented in the statement of cash flows 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 2013

1 Summary of Significant Accounting Policies continued

(r) New accounting standards for application in future periods

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

Standard Name	Effective date for entity	Requirements	Impact
AASB 9 Financial Instruments and amending standards AASB 2009-11 / AASB 2010-7	30 June 2016	<ul style="list-style-type: none"> - Changes to the classification and measurement requirements for financial assets and financial liabilities. - New rules relating to derecognition of financial instruments. 	The impact of AASB 9 has not yet been determined as the entire standard has not been released
AASB 13 Fair Value Measurement. AASB 2011-8 - Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 & 132]	30 June 2014	<p>AASB 13 provides a precise definition of fair value and a single source of fair value measurement and disclosure requirements for use across Accounting Standards but does not change when fair value is required or permitted.</p> <p>There are a number of additional disclosure requirements.</p>	<p>Fair value estimates currently made by the entity will be revised and potential changes to reported values may be required.</p> <p>The entity has not yet determined the magnitude of any changes which may be needed.</p> <p>Some additional disclosures will be needed.</p>
AASB 2011 - 4 - Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124]	30 June 2014	Remove individual key management personnel disclosure requirements (i.e. components of remuneration) for disclosing entities.	Since the entity is a disclosing entity, the KMP remuneration note in the financial statements will not include individual components of remuneration.
AASB 2011-9 - Amendments to Australian Accounting Standards - Presentation of Items of Other Comprehensive Income.	30 June 2013	Entities will be required to group items presented in other comprehensive income on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments).	The items shown in other comprehensive income will be separated into two categories.
AASB 119 Employee Benefits (September 2011) AASB 2011-10 Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) and AASB 2011-11 Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements	30 June 2014	<p>The main changes in this standard relate to the accounting for defined benefit plans and are as follows:</p> <ul style="list-style-type: none"> - elimination of the option to defer the recognition of gains and losses (the 'corridor method'); - requiring remeasurements to be presented in other comprehensive income; and - enhancing the disclosure requirements. 	Since the entity does not have a defined benefit plan, the adoption of these standards will not have any impact.
AASB 2010-10	30 June 2014	Makes amendments to AASB 1	No impact since the entity is not a first-time adopter of IFRS.

Notes to the Financial Statements

For the Year Ended 30 June 2013

2 Revenue and Other Income

	2013	2012
	\$	\$
Income		
Other income	157,091	70,884
Membership	6,359	6,440
PRIDoC / Symposium	275,543	66,898
Interest Revenue	49,905	59,302
Non Government Funding	8,987	3,203
Government grants	2,471,180	2,315,237
	2,969,065	2,521,964

3 Surplus for the Year

(a) Expenses

	2013	2012
	\$	\$
Rental Expense		
Minimum payments	107,006	104,792
Total rent expense	107,006	104,792
Other Expenses:		
Bad and doubtful debts		
Bad debts	1,136	-
Total bad and doubtful debts	1,136	-
Auditor fees		
Audit services	7,670	6,960

4 Cash on Hand

	2013	2012
	\$	\$
Cash at bank and in hand	1,165,872	982,543
Other cash and cash equivalents	13,219	13,938
	1,179,091	996,481

Notes to the Financial Statements

For the Year Ended 30 June 2013

5 Accounts Receivable and Other Debtors

	2013 \$	2012 \$
CURRENT		
Accounts Receivable	23,763	274,325
Deposits	195,865	59,392
Total accounts receivable and other debtors	219,628	333,717

Credit risk

The Company has no significant concentration of credit risk exposure to any single receivable or group of receivables.

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.

	Gross amount \$	Past due and impaired \$	Past due but not impaired (days overdue)				Within initial trade terms \$
			< 30 \$	31-60 \$	61-90 \$	> 90 \$	
2013							
Trade and term receivables	219,628	-	-	-	-	-	219,628
Total	219,628	-	-	-	-	-	219,628
2012							
Trade and term receivables	333,717	-	-	-	-	-	333,717
Total	333,717	-	-	-	-	-	333,717

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 2013

6 Inventories on Hand

	2013 \$	2012 \$
CURRENT		
At cost:		
Merchandise	39,754	20,902
	<u>39,754</u>	<u>20,902</u>

7 Other Current Assets

	2013 \$	2012 \$
CURRENT		
Prepayments	45,628	20,456
Other financial assets	245,497	231,400
	<u>291,125</u>	<u>251,856</u>

8 Plant and Equipment

	2013 \$	2012 \$
PLANT AND EQUIPMENT		
Furniture, fixture and fittings		
At cost	101,122	97,521
Accumulated depreciation	(50,897)	(43,493)
Total furniture, fixture and fittings	<u>50,225</u>	<u>54,028</u>
Motor vehicles		
At cost	50,037	50,037
Accumulated depreciation	(13,505)	(2,899)
Total motor vehicles	<u>36,532</u>	<u>47,138</u>
Office equipment		
At cost	86,205	108,548
Accumulated depreciation	(59,423)	(79,198)
Total office equipment	<u>26,782</u>	<u>29,350</u>
Display equipment		
At cost	8,679	8,117
Accumulated depreciation	(3,365)	(2,118)
Total display equipment	<u>5,314</u>	<u>5,999</u>
Total plant and equipment	<u>118,853</u>	<u>136,515</u>

Notes to the Financial Statements

For the Year Ended 30 June 2013

(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 1 July 2012	54,028	47,138	29,350	5,999	136,515
Additions	7,866	-	17,403	1,011	26,280
Disposals	(822)	-	(2,282)	(284)	(3,388)
Depreciation expense	(10,847)	(10,606)	(17,689)	(1,412)	(40,554)
Balance at 30 June 2013	50,225	36,532	26,782	5,314	118,853
Balance at 1 July 2011	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

9 Accounts Payable and Other Payables

	2013	2012
	\$	\$
CURRENT		
Accounts payable	195,231	80,885
Accrued wages	41,861	42,922
Accrued expense	9,001	20,739
GST payable	(5,655)	37,489
Annual leave	65,480	64,375
Other payables	33,599	43,945
	339,517	290,355

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

	Note	2013	2012
		\$	\$
Accounts Payable and Other Payables			
Trade and other payables		339,517	290,355
Less:			
annual leave entitlements		(65,480)	(64,375)
Financial liabilities as accounts payable and other payables	17	274,037	225,980

Notes to the Financial Statements

For the Year Ended 30 June 2013

10 Other Liabilities

	2013 \$	2012 \$
CURRENT		
Other current liabilities	393,538	599,059
Short-term borrowings	(19,883)	9,478
	<u>373,655</u>	<u>608,537</u>

11 Employee Provisions

		\$
CURRENT		
Opening balance 1 July 2012		69,602
Additional Provisions raised during the year		<u>15,039</u>
Balance at 30 June 2013		<u>84,641</u>

(a) Analysis of Employee Provisions

	2013 \$	2012 \$
Current		
Long service leave	36,119	-
Annual Leave	65,480	64,375
Non Current		
Long Service Leave	48,521	69,602
	<u>150,120</u>	<u>133,977</u>

12 Lease Liabilities

	2013 \$	2012 \$
CURRENT		
Lease liability	9,411	9,411
NON-CURRENT		
Lease liability secured	32,779	42,190
Total lease liabilities	<u>42,190</u>	<u>51,601</u>

Leased liabilities are secured by the underlying leased assets.

Notes to the Financial Statements

For the Year Ended 30 June 2013

13 Capital and Leasing Commitments

(a) Finance lease commitments

	2013 \$	2012 \$
Payable - minimum lease payments:		
- no later than 1 year	13,020	13,020
- between 1 year and 5 years	36,370	49,390
Minimum lease payments	49,390	62,410
Less: finance charges	(7,200)	(10,809)
Present value of minimum lease payments	42,190	51,601

Finance leases are in place for a motor vehicle.

14 Events after the end of the Reporting Period

On the 23 July the Company signed a Deed of Variation for their funding agreement with the Department of Health and Ageing to secure funding for the financial years 2013/2014 and 2014/2015.

Apart from the above 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 management personnel.

	2013 \$	2012 \$
Short-term employee benefits	396,060	277,177
Post-employment benefits	35,645	24,945
	431,705	302,122

Notes to the Financial Statements

For the Year Ended 30 June 2013

16 Cash Flow Information

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

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

	2013	2012
	\$	\$
Profit for the year	289,073	131,994
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	40,554	39,857
- 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	114,089	484,194
- (increase)/decrease in prepayments	(25,172)	37,227
- (increase)/decrease in inventories	(18,852)	(14,319)
- increase/(decrease) in income in advance	(205,521)	(443,313)
- increase/(decrease) in payables and accruals	19,801	68,810
- increase/(decrease) in provisions	15,039	10,797
Cash flow from operations	229,011	307,426

Notes to the Financial Statements

For the Year Ended 30 June 2013

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	2013 \$	2012 \$
Financial Assets			
Cash and cash equivalents	4	1,179,091	996,481
Accounts receivable and other debtors	5	219,628	333,716
Total financial assets		1,398,719	1,330,197
Financial Liabilities			
Financial liabilities at amortised cost			
- Trade and other payables	9(a)	274,037	225,980
- Lease liabilities	12	42,190	51,601
Total financial liabilities		316,227	277,581

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 Executive 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 2013

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.

	2013	2012
	\$	\$
Cash on Hand		
- AA rated	1,179,091	996,481
	1,179,091	996,481

(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 2013

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	
	2013	2012	2013	2012	2013	2012
	\$	\$	\$	\$	\$	\$
Financial liabilities due for payment						
Accounts payable and other payables (excluding estimated annual leave)	274,037	225,980	-	-	274,037	225,980
Finance lease liabilities	9,408	9,408	32,782	42,190	42,190	51,598
Total expected outflows	283,445	235,388	32,782	42,190	316,227	277,578
Financial assets - cash flows realisable						
Cash and cash equivalents	1,179,091	996,481	-	-	1,179,091	996,481
Accounts receivable and other debtors	219,628	333,716	-	-	219,628	333,716
Other financial assets	245,497	231,400	-	-	245,497	231,400
Total anticipated inflows	1,644,216	1,561,597	-	-	1,644,216	1,561,597
Net (outflows)/inflow on financial instruments	1,360,771	1,326,209	(32,782)	(42,190)	1,327,989	1,284,019

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

Notes to the Financial Statements

For the Year Ended 30 June 2013

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 2013		
+/- 2% in interest rates	28,176	28,176
	Profit	Equity
	\$	\$
Year ended 30 June 2012		
+/- 2% in interest rates	24,558	24,558

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 2013

17 Financial Risk Management continued

	2013		2012	
	Net Carrying Value	Net Fair value	Net Carrying Value	Net Fair value
	\$	\$	\$	\$
Financial assets				
Cash and cash equivalents	1,179,091	1,179,091	996,481	996,481
Accounts receivable and other debtors	219,628	219,629	333,717	333,717
Other financial assets	245,497	245,497	231,400	231,400
Total financial assets	1,644,216	1,644,217	1,561,598	1,561,598
Financial liabilities				
Accounts payable and other payables	274,037	274,037	225,980	225,980
Lease liabilities	42,190	42,190	51,601	51,601
Total financial liabilities	316,227	316,227	277,581	277,581

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

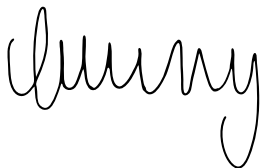
The Company is incorporated under the *Corporations Act 2001* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$ 25 each towards meeting any outstandings and obligations of the Company. At 30 June 2013 the number of members was 284 (2012: 280).

Directors' Declaration

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 7 to 28, 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 2013 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
Dr Tammy Kimpton



Director
Dr Kali Hayward

Dated 2 September 2013

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 2013, the statement of profit and loss and other 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.

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

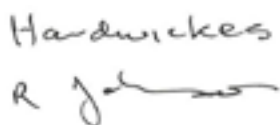
Independence

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. 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 2013 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

Hardwicks
Chartered Accountants



Robert Johnson
Partner

Canberra, ACT

2 September 2013

PRESIDENT'S REPORT

Qualifications

B Med

People

Tasmanian Aboriginal

Current Place of Work

Scone Medical Practice, NSW.



Dr Tammy Kimpton

It has been my pleasure to hold the position of President of AIDA for the past twelve months. I would like once again to express my gratitude to Associate Professor Peter O'Mara for his leadership. It was a great honour to be able to formally recognise his contribution to AIDA at the 2012 AGM.

The twelve months since our last AGM have been busy personally and professionally. I am absolutely delighted to share the news that I have now completed my Fellowship training with the Royal Australian College of General Practitioners (RACGP), thanks to support from within AIDA and most importantly to the support of my family. I am incredibly proud of the work which AIDA has produced in the last twelve months, including input into the development of the National Health plan, our Collaboration Agreement with the Committee of Presidents of Medical Colleges (CPMC), hosting Murra Mullangari and working towards the development of our cultural safety position paper. We have also commenced an organisational review, to further strengthen AIDA into the future.

As many of you will be aware, the AIDA Board made a decision to focus on cultural safety after concerns raised by the membership at the 2012 AGM. Consultation on cultural safety was continued at our membership dinners, and it was interesting to attend many of these dinners and hear the issues presented. AIDA also held a Cultural Safety Roundtable in July which further consolidated our position. I look forward to presenting our cultural safety position paper at the 2013 AGM.

In July, it was my great honour to join Professor Kate Leslie at The Royal Melbourne Hospital for the official launch of the AIDA CPMC Collaboration Agreement. This agreement formalises the relationship between AIDA and the CPMC as we work for increasing Fellowship numbers and provision of optimal health care to all Aboriginal and Torres Strait Islander patients. This important document means that AIDA has formal relationships across the spectrum of medical education, it also paves the way for further developing our relationships with individual colleges.

In April, AIDA, in association with other national Indigenous peak health medical bodies, hosted the inaugural Murra Mullangari – Pathways Alive and Well program. This intensive five day residential program saw high school students from around the country come to Canberra to gain insight and exposure into the wide variety of health careers which are open to them. It was wonderful to be involved with this program and meet these outstanding young people who will no doubt be future leaders in our communities. The feedback from the program has been amazing, and I look forward to meeting next year's participants.



AIDA President Dr Tammy Kimpton and AIDA Patron Sir William Deane AC KBE QC at the Murra Mullangari opening address.

The past year has seen the development and launch of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. I had the opportunity to participate in a community consultation meeting, as well as representing AIDA at the Cultural Models and Traditional Healing Roundtable. Through participation in the National Health Leadership Forum, AIDA has provided input to the Health plan at each stage in its development.

In the past year, I have represented AIDA at meetings of the CPMC, National Health Leadership Forum, Medical Deans Australia and New Zealand (MDANZ) Indigenous Health Subcommittee, CPMC Indigenous Health Subcommittee, the Program of Experience in the Palliative Approach (PEPA), multiparty meetings with the Indigenous General Practice Registrar's Network (IGPRN), and I have recently stepped down from my role as Co-Chair of General Practice Education and Training's (GPET) Aboriginal and Torres Strait Islander Advisory Group. Mr Romlie Mokak and I presented to the external review of the Australian Medical Council (AMC). We also provided a written submission.

Furthermore, I attended the inaugural Indigenous Allied Health Association (IAHA) National Conference, General Practice Registrars Australia (GPRA) Breathing New Life conference, RACGP Convention, the Royal

Australian and New Zealand College of Psychiatrists (RANZCP) Congress, Te ORA's Hui-a-Tau, Leaders in Indigenous Medical Education (LIME) Connection V and National Congress 2013. I have also attended meetings with presidents of several colleges, and intend to continue to meet with colleges over the next year.

In August, the AIDA Board had a community visit to Darwin and Bathurst Island. 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. Having participated in a medical student placement on Bathurst Island, it was very interesting and exciting to have the opportunity to return to this wonderful small community.

I would like to express my thanks to the entire AIDA Board and the hardworking staff at the Secretariat.



Dr Tammy Kimpton and Professor Kate Leslie at The Royal Melbourne Hospital for the official launch of the AIDA-CPMC Collaboration Agreement.

VICE PRESIDENT'S REPORT

Qualifications

MBBS, FRACGP

People

Warnman people, of the Martu language group of Western Australia

Current Place of Work

Nunkuwarrin Yunti; Adelaide To Outback's Aboriginal and Torres Strait Islander health training program, SA.



Dr Kali Hayward

As usual the year has been a busy one for AIDA and for me personally. Attending my first PRIDoC last year in Alice Springs was enriching.

I want to once again acknowledge the fantastic work of the PRIDoC organising committee in particular Professor Ngiare Brown and Professor Alex Brown. The tireless work that was done to put this event on was evident in the success of the conference.

Now I look forward to our AIDA Symposium in Canberra.

I have continued to attend the GPET Advisory group meetings and during this period I have taken over as Co-Chair from Dr Tammy Kimpton who has since stepped down from this committee to be replaced by Dr Catherine Engelke. We are focusing on improvements in Aboriginal and Torres Strait Islander training for GP registrars and supporting the need for other forms of assessment for Aboriginal and Torres Strait Islander Registrars.

In November I attended the National Aboriginal and Torres Strait Islander Health Plan consultation session which was held at Tandanya in Adelaide and participated in an interview for the ABC 7:30 report on the NT Flinders Indigenous entry program. I also attended the systems roundtable discussion which is part of the broader National Health Plan.

In April I chaired a session at the National Rural Health Alliance (NRHA) conference. Dr Stephanie Trust gave an inspiring presentation about the ongoing work in the Kimberley region during this session.

One of the great initiatives commenced by AIDA this year was Murra Mullangari which brought together a group of confident and motivated young adults who wanted to learn more about pathways into health and further education. The program was facilitated by Mr Gregory Phillips who displayed strong leadership and had established a great connection with the group. I hope that this will be an ongoing program that encourages our students to think about completing year 12 and ongoing education.

I was able to take part in a presentation on Murra Mullangari at both the National Aboriginal Community Controlled Health Organisation (NACCHO) summit and at the LIME Connection V conference in Darwin. During the LIME presentation, I was joined by one of the Murra Mullangari students, Ms Jayde Hopkins, who gave a participants perspective on the program.

In May I represented AIDA at the Royal Australasian College of Surgeons (RACS) conference. I attended the Indigenous committee meeting and the inaugural Indigenous Health forum along with representatives from Te ORA. The session was well chaired by Associate Professor Kelvin Kong. RACS were happy to hear the positive feedback of their surgical bus at our Symposiums and are keen to present at future Symposiums.

In May, an AIDA membership dinner was held in Adelaide. We had approximately 20 members present including past Board member Dr Dennis Bonney and past President Dr Tamara Mackean.

In June I represented AIDA on the inaugural GP Roundtable which was chaired by the Chief Medical Officer, Professor Chris Baggoley.

I took part in AIDA's Cultural Safety Roundtable which was facilitated by Mr Gregory Phillips. This discussion was able to inform AIDA's cultural safety position paper.

I continue to work at Nunkuwarrin Yunti and Adelaide to Outback but have decided to stop my work at my private practice. This has allowed me to focus on a number of other committees as well as teaching and AIDA.

Thank you to the Secretariat for their support throughout the year. They work tirelessly in support of AIDA and its members. Thank you to Mr Romlie Mokak for his continued work and guidance and thanks also to our President and Board members for their leadership and strength throughout the year.

SECRETARY'S REPORT

Qualifications

B Med, FARGP, FRACGP

People

Awabakal and Kamilaroi

Current Place of Work

Medical Officer, Australian Indigenous Doctors' Association, Canberra
General Practitioner Mount Sheridan Medical Practice, Cairns



Dr Ray Warner

October 2012 - June 2013 (Secretary)

Firstly, I would like to take this opportunity to thank the Board for allowing me to work with them during my time as member and later as Secretary of AIDA from October 2009 to June 2013.

I would like to mention some very significant events that have impressed me as to why it is good to be on the Board. The highlights for me include AIDA's annual Symposiums 2010 & 2011; Community visits to Broken Hill 2010, Launceston 2011, and Broome 2012; PRIDoC 2012; and LIME Connection V 2013. Contributing to and participating in AIDA's broader agenda, which is to help grow and promote its membership to be successful Aboriginal and Torres Strait Islander doctors to serve their people to be healthier Australians, has been a rewarding experience.

Attending PRIDoC 2012 was probably the pinnacle of my association with AIDA as a Board member and member. Meeting Indigenous people from other nations with similar backgrounds and issues, seeking common goals and aspirations strengthened my resolve to help others make a difference.

Representing AIDA on the various committees was a challenge that I had to endure. If I was to overcome my 'fears' on entering a new committee or group, I immediately thought about why the group existed and realising it was developed for Aboriginal and Torres Strait Islander people's health and wellness into the future.

AIDA's association with significant Indigenous individuals and organisations continues to grow. Its reputation as a leader in education and health is gaining momentum and with a dedicated and active membership will be part of a healthier future for Aboriginal and Torres Strait Islander people of Australia.

Finally, I wish to thank the AIDA Secretariat and especially Mr Romlie Mokak (CEO) for their support without which my work as a Board member would not have been possible. I realise the detail and effort that went into 'making me look good' was wholly due to the Secretariat.

July 2013 - Present (AIDA Medical Officer)

On June 22, I resigned from the AIDA Board to take up the position of AIDA Medical Officer, based at the AIDA Secretariat.

On June 26, I attended the Te ORA Scientific Conference in Wellington, New Zealand. The conference is equivalent to AIDA's Symposium. Dr Tammy Kimpton accompanied me to the conference.

In July, I attended the Cultural Safety Roundtable in Sydney. The roundtable was developed from the need for AIDA's members to appropriately and sensitively interact with each other at the Board, membership and Secretariat levels. The issues raised at the roundtable are valuable and will form the basis for a progressive and well 'knit' Aboriginal and Torres Strait Islander community into the future, along with the development of AIDA's cultural safety position paper.

In August, Indigenous males from all over Australia met at Old Parliament House to have breakfast and talk about men's business. Central to the purpose of the meeting, which will hereafter be called Ochre Day, was creating healthier lives for men and ultimately benefiting women and children.

I attended the LIME Connection V conference in Darwin. Echoing is the phrase "The conditions are right" *LC Chong*, for me signals a future filled with hope and faith in our ability to make change. LIME Connection V was such a venue. Good work to Associate Professor Peter O'Mara who was rightfully (jointly) awarded the prestigious LIMELight Award for Individual achievement for his contribution to Indigenous health and education.

I was fortunate enough to be part of the Tiwi community visit with the AIDA Board and management team. Probably the highlight of my participation in the Tiwi schools program was when a primary school pupil asked me if he could listen to my heart. I gave him my stethoscope on the strength of his interest in the instrument. His teacher later told me how he had earlier that day asked about our visit and said to her that he could never be doctor. The teacher told him that he could be a doctor.

SECRETARY'S REPORT

Qualifications

B Med

People

Barkandji and Kamilaroi (Quirindi)

Current Place of Work

Resident at Orange Hospital, NSW.



Dr Sean White

October 2012 - June 2013 (Director)

July 2013 - October 2013 (Secretary)

This year's AGM will see the end of my two year term. I was happy to accept the role of Secretary following Dr Ray Warner's resignation from the Board in June 2013.

AIDA has succeeded over the past twelve months engaging with membership at key events such as PRIDoC, the AGM in Alice Springs and membership dinners. In regards to our engagement with the community, the Murra Mullangari workshop provided a large group of young adults from around Australia to participate in an exciting program targeted to convey information on pathways into health careers.

The Board had the opportunity for feedback on the organisational review at the June Board meeting in Canberra. AIDA's funding agreement ended in June of this year, however a further two years of funding has been confirmed from the Department of Health and Ageing (DoHA). AIDA's management team have worked tirelessly in regards to a budget review in order for us to continue to function efficiently in the future.

In July 2013, I participated in the Cultural Safety Roundtable to inform the development of an AIDA position on cultural safety. The workshop was held at the National Centre of Indigenous Excellence in Redfern, NSW. There was a good representation of members, from students to senior doctors. The facilitator was Mr Gregory Phillips. Feedback from member discussions was valued and will provide guidance for our cultural safety development.

The RANZCP continue to work in partnership with AIDA and supported four members (two students and two doctors) to attend the RANZCP Congress in Sydney. I attended the conference as a Psychiatry trainee through the NSW rural psychiatry project who sponsored my attendance. Mr Romlie Mokak and Dr Tammy Kimpton were in attendance to reinforce our partnership with the college Chief Executive Officer and incoming President.

I joined the Aboriginal and Torres Strait Islander

National Mental Health Committee that consisted of non-Indigenous doctors, Aboriginal and Torres Strait Islander community members and an AIDA representative. The committee works closely with the New Zealand counterpart of the Australian committee, who provide support to Indigenous and Maori trainees and provide guidance and advice to RANZCP training and cultural needs. The Aboriginal and Torres Strait Islander community members who work in mental health in their communities around Australia were pleased to learn about AIDA's vast membership and AIDA's positive relationship and support into future.

We continue to work closely with Medical Colleges and have representatives at the CPMC roundtable for discussion and development of Indigenous curriculum and training at all colleges. During August 2013, the CPMC National Aboriginal and Torres Strait Islander Medical Specialist framework project held an Indigenous health content workshop in Melbourne. Dr Tammy Kimpton, Dr Ray Warner, Ms Louise Cooke and I attended the workshop. I represented the RANZCP - Aboriginal and Torres Strait Islander Mental Health Committee and presented the RANZCP Indigenous curriculum content. The majority of Medical Colleges have zero to minimal Indigenous content within their curriculum. It appears some of the colleges have presented their broader cultural content as the Indigenous component within their curriculum.

Where it is foreseeable when numerous members of AIDA will be attending workshops or similar gatherings, I would suggest we include an opportunity to brief with other members prior to these gatherings. This will allow us to develop a common approach to meetings where key organisations and representatives are attending.

I am looking forward to catching up with our members at the 2013 AGM in Canberra. 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 to take the opportunity to support the organisation at a Board level.

TREASURER'S REPORT

Qualifications

B Med, FRACGP

People

Palawa, Tasmania

Current Place of Work

Davey Street Medical Centre, Hobart TAS,
Aboriginal Health Service Hobart TAS



Dr Tanya Schramm

It has been a very busy time for me since being appointed Treasurer at our AGM in October 2012.

PRIDoC exceeded my expectations and I have developed many new connections and have learnt a lot from our overseas colleagues. It was great to see a number of our members making valuable contributions as presenters, and chairs within the breakout sessions and assistants throughout the conference. Thank you to the Local Planning Committee for putting PRIDoC together from the venue to the social events and the day to day running of the event. PRIDoC will remain in my memory for some time to come yet, especially as we move forward to Taiwan 2014.

During October I attended GP12 as the AIDA member of the Faculty of Aboriginal and Torres Strait Islander health. I participated in the academic session and graduation ceremony and had the pleasure of wearing the new college gown which was launched at the event. Both the faculty and AIDA were involved in its new design. It consists of an Aboriginal and Torres Strait Islander design which is based on the Rainbow Serpent Dreamtime and carries designs representative of all regions of Australia. All Aboriginal and Torres Strait Islander Fellows also wear a yellow/brown or green/blue or both sash as well to celebrate their significant achievement. During GP12, I also ran a workshop with Dr Karen Nichols on 'What you Need to Know about Aboriginal Health'. We had 30 participants and it was well received.

I attended Indigenous Allied Health Australia's (IAHA) inaugural conference in Brisbane on the 22nd to 23rd November, and participated in a panel discussion on AIDA's behalf. It was great to see so many different allied health specialties represented, along with their enthusiasm and plans to increase the number of Aboriginal and Torres Strait Islander students within Universities. This also included supporting them to graduation and into their future careers. Congratulations to Mr Craig Dukes and the staff of IAHA on an amazing event.

I continue to represent AIDA on the Cancer Australia Intercollegiate Advisory Board.

I have hosted a membership dinner in Melbourne. It was great to catch up with members and hear everyone's thoughts on cultural safety and what it means to them.

I have continued to keep in contact with the University of Tasmania and make myself available to speak to school students who are interested in medicine and support them in their enrolment process. I was also invited to speak to the GP student focus group at the University of Tasmania regarding working in an Aboriginal Medical Service.

I was involved in the early childhood round table for the health plan in Melbourne in February.

During March I attended two meetings with Cancer Australia and am currently involved in developing some resources around lung cancer in Aboriginal and Torres Strait Islander people.

I am continuing on in my role as AIDA representative on the National Faculty of Aboriginal and Torres Strait Islander health and am continuing to work at the Aboriginal Health Service in Hobart and in private practice at the Davey street Medical Centre.

As Treasurer of AIDA, a key role is to work with AIDA's management team to effectively manage AIDA's finances. It was once again good news to receive an unqualified audit for the 2012/13 financial year and to also secure funding for the next two years. I look forward to hearing the results of our organisational review, especially in our quest to continually improve financial management.

DIRECTOR'S REPORT

Qualifications

MBBS

People

Merimam People, Torres Strait Islands

Current Place of Work

Majellan Medical Centre, Scarborough QLD



Dr Danielle Arabena

Attending PRIDoC in Alice Springs was almost like coming full circle, as the AIDA Alice Springs Symposium was the first I attended as a medical student. It has been such a blessing to watch our students and support our students on their journey into medicine. I wholeheartedly agree with the theme of PRIDoC - *Connectedness* - acknowledging the many interpersonal and professional bonds we all have. We were able to connect to country through our excursions and activities.

PRIDoC was a special time for me as my daughter who is also starting her journey in medicine was able to attend and meet our Ngangkari.

In December 2012 I represented AIDA at the Brisbane Community meeting for the Aboriginal and Torres Strait Islander National Health Plan. The Health Plan formalises Government's agenda to Close The Gap in life expectancy and child mortality between Aboriginal and Torres Strait Islander people and the broader population. It was important for AIDA to be involved in the community meetings, as the Health Plan will guide efforts to improve Aboriginal and Torres Strait Islander health and achieve the Closing the Gap targets through focusing on the key areas that will make the most impact on improving Aboriginal and Torres Strait Islander people's health and wellbeing outcomes.

I was very happy to attend the RACGP Indigenous Fellowship Excellence Program, General Practice Registrars workshop in January, run by RACGP facilitated by Dr Tim Senior. This program was developed in its current form, after discussions between AIDA and RACGP under the AIDA Mentoring Framework which was launched 2012. The workshop was well attended and provided not only an insight into how to successfully pass the RACGP examinations, but an opportunity for the forming of mentor/mentee relationships between our registrars and interested Fellows. I have attended both the workshops this year and personally found them very useful and was humbled by spending some time with Professor John Murtagh.

To illustrate this partnership with our colleagues and stakeholders, AIDA had an abstract accepted for LIME 2013 regarding the Mentoring Framework and its

application to the colleges and medical schools. Both Dr Tim Senior and I delivered the presentation, stating whilst it is a program that is based on helping our registrars become Fellows, it is also about the formation of relationships between mentors and mentees, and between organisations like the CPMC and AIDA.

I have also been engaged in the IGPRN run in conjunction with GPRA. We as a group have made many positive steps forward with the assistance of the team at GPRA. We have regular workshops (2 face to face), teleconferences and weekly/fortnightly online study groups. GPRA has also allowed a space for GP registrars to express any concerns they may have whilst undertaking General Practice training, with actions being discussed and followed up. These concerns can potentially act as roadblocks in our registrars successfully completing their training programs - so it has been useful to express concerns, receive assistance, review and problem solve any concerns of the groups.

With regards to social media, we have a closed group Facebook group where we can discuss interesting cases or exam tips. I am very heartened by the supportive environment of the group as evidenced by the nation wide celebration of Dr Aleeta Fejo becoming Fellowed under the Practice Based Assessment format.

Additionally, I was involved in the LIMELight awards committee which involved reading through the applications and a teleconference. It was very difficult to make some decisions on the awards. There were so many inspiring people who work in medical education! It was very heartening to see our past President, Associate Professor Peter O'Mara win the LIMELight award for his outstanding work in our community.

As I have been studying for my Fellowship examinations this year, I have been a proxy representative on the following committees which to date have not required me to fill in as a representative:

- DoHA General Practice Roundtable
- GPET Aboriginal and Torres Strait Islander Health Training Advisory Group
- RACS Indigenous Health and Cultural Competency Online Portal Steering Committee
- RACS Indigenous Health Committee.

DIRECTOR'S REPORT

Qualifications

MBBS, Diploma in Child Health, completing a FRACGP

People

Kija People, WA

Current Place of Work

Kununurra District Hospital, RFDS clinic to Warmun Community and Kimberley Aboriginal Medical Service Council (KAMSC)



Dr Catherine Engelke

I was unable to attend PRIDoC in Alice Spring in October 2012 as I was preparing for the GP Fellowship exam. However, I am looking forward to attending PRIDoC in Taiwan in 2014, in addition to the AIDA Symposium in Canberra in 2013.

Following my RACGP exam, I attended the annual RACGP Conference: 'GP12' in October, where I was awarded the RACGP General Practice Registrar of the Year Award for 2012. The award was certainly unexpected and a great honour. Being recognised for striving to provide holistic primary health care in the communities I live and work, and for my countrymen, was a highlight. However, I am not unique and the continued pursuit to provide both culturally safe and specific health care is a goal shared by Indigenous doctors working within various areas of medicine and health care services, nationally and internationally.

In May 2013, I presented at the Federation of Rural Australian Medical Educators (FRAME) conference held in Broome. I participated in a panel discussing 'Medical Education in Aboriginal Health', in particular examining cultural competence in clinical practice. FRAME is the key academic body advising DoHA on rural medical school funding. The conference provided a fantastic opportunity for delegates to explore cultural competence in clinical practice, in addition to what can and needs to be done to ensure medical students progress from being culturally naive to culturally competent. Delegates included DoHA representatives and the Medical Deans of the relevant Australian universities.

I have also been elected the Western Australian Representative on the National Rural Faculty (NRF) of the RACGP. In addition to the regular teleconferences, I am on a working party preparing for the NRF Rural Hospital Forum workshop at GP13 in Darwin in October.

I recently have taken over the AIDA position on the GPET Aboriginal and Torres Strait Islander Advisory Group. AIDA is well represented, as Dr Kali Hayward is also a member on this group. I look forward to the continued representation of AIDA's members in this forum, and addressing issues such as assessment methods/tools.

I have certainly enjoyed my first year as a director on the AIDA Board. I would like to make special mention to my Fellow Board members who have made significant contributions both personally and professionally in their roles as directors, and in the tireless way they continue to strive to represent the members of AIDA in both state and national forums.

I would also like to say a huge thank you to the AIDA Secretariat for their continued support and sound work ethic. Their hard work is truly appreciated.

To the AIDA membership, I look forward to another challenging year representing our organisation and you, as Indigenous doctors, Indigenous medical students and associate members. I strongly encourage our Associate members to become involved with AIDA and/or representing AIDA if the opportunity arises. It is certainly life changing.

DIRECTOR'S REPORT

Qualifications

MBBS, FRACGP

People

Kamilaroi

Current Place of Work

Helensvale Medical Centre, QLD



Dr Catherine Henderson

The last year has been busy with plenty of work occurring. I continue to work as a clinical GP supervisor at Homeworld Helensvale Medical Centre, Gold Coast and as GP Registrar supervisor. I also continue to work with the GP Registrar training consortium Central and Southern Queensland Training Consortium (CSQTC) on the Kab-Bai committee for Indigenous health. I have also commenced training in Opioid Prescribing and Drug and Alcohol Dependency Medicine with Queensland Health.

Three of the 2012/2013 face-to-face AIDA Board meetings have been held in Canberra and the last one held in Darwin, coinciding with an AIDA members dinner and community visit to Tiwi islands. Dr Ray Warner stepped down from the position of Secretary and was replaced by Dr Sean White. Dr Warner has taken up the position of AIDA's Medical Officer.

Requests for AIDA representation, committee duties and organisational forward planning has been well maintained. Staff changes in the Secretariat have been smooth and without event.

PRIDoC in Alice Springs was a great opportunity to network, learn and share experiences. The next PRIDoC gathering will be held in Taiwan in 2014. The AIDA Board recommends that two persons from the executive committee should be our AIDA representatives at this event.

I am the AIDA representative on the steering committee for the newly proposed Sexually Transmissible Infections (STI) National Guidelines. As there are currently no national Australian guidelines for the treatment and management of STI's, this committee is formulating clinical guidelines. The Australasian Sexual Health & HIV Nurses Association (ASHHNA) and the Australasian Society for HIV Medicine (ASHM) are the hosting bodies. It is envisaged that this will be at least a two-year process. We have bi-monthly teleconferences and one face to face meeting per year. The Terms of References have been accepted, clinical editors have been invited, the disease states, syndromes and special population groups have been selected and the internet interface has been constructed.

I am also the AIDA representative on the National Aboriginal and Torres Straight Islander Immunisation Network (NATSIIN) committee. We are recommending changes to the National Immunisation Guidelines for Aboriginal and Torres Straight Islander people. The current focus is on HepA for infants and access to free Fluvax for 6-14 year olds and also getting the states to accept Australian wide standards for who can administer a vaccination. Currently, Aboriginal health workers are only able to give vaccinations without supervision in the NT and some remote Queensland regions. All national stakeholders have to agree and then provide extra training and support for health workers and enrolled nurses to administer vaccinations, so it is an ongoing concern.

As proxy for Dr Ray Warner, I have not had to provide any input into the DoHA Expert Advisory Panel on Aboriginal and Torres Strait Islander Medicines Group. Additionally, I have not received any requests for input with the Therapeutic Goods Administration (TGA) Advisory Group for Indigenous Medicines.

Recently, I was a member of the accreditation team for the AMC's visit to the University of Western Australia's incoming Doctor of Medicine (MD) course. I represented rural and remote health, general practice and Indigenous health. I have done this type of representation several times now and each AMC medical school visit has been educational and enlightening. This is a great opportunity for members interested in medical education.

As this will be my final director's report, I thank the AIDA executive, directors, members and Secretariat for a fantastic opportunity to represent our leading Indigenous health organisation. I thank my family and the Kamilaroi mob for their never ending support. I have enjoyed my two year term and have learnt much. The financial training has been particularly insightful and I urge all AIDA members to consider putting their hand up for a term on the AIDA Board. I am saddened to leave, but I make way for others to have a similar quality life experience. As an Indigenous person who, against the odds, became a doctor, I hope to continue to inspire our people to follow their dreams. I leave the Board in good hands and wish you all well.

DIRECTOR'S REPORT

Qualifications

MBBS, FRACGP

People

Gidja people of the East Kimberley in Western Australia

Current Place of Work

Medical Director – Kimberley Aboriginal Medical Services Council



Dr Stephanie Trust

Along with being appointed to the AIDA Board at the 2012 AGM, I started my new position as Medical Director at the Kimberley Aboriginal Medical Services Council in March 2013. Consequently, life has been particularly busy during the past twelve months.

In March 2013 I attended the Mental Health Roundtable that was held in Perth. These roundtable discussions helped to inform the National Aboriginal and Torres Strait Islander Health Plan. Professor Helen Milroy and Dr Marshall Watson were also among the participants.

I also represented AIDA at the Rural Health Conference in April 2013, giving a presentation on our ongoing work in the Kimberleys. This session was chaired by an inspiring and entertaining Dr Kali Hayward.

I presented at the recent FRAME conference held in Broome on the 9th May 2013 and I also participated in a panel discussing 'Medical Education and its practical application in Aboriginal Health'. FRAME is the key academic body advising DoHA on rural medical school funding. DoHA representatives were present at this conference, as was all the Medical Deans of relevant Australian universities.

In June, I attended the Remote Medical Education Conference (RMEC13) in Brisbane. I delivered a keynote address about Indigenous health training and a concurrent session discussing a practical approach to cultural safety in the work place.

In July I attended the Cultural Safety Roundtable for the development of an AIDA position on cultural safety. This paper had been distributed to our membership for discussion.

I am also a Board Member of the Kimberley Pilbara Medicare Local and Chair their Clinical Governance Group. I have found this to be a challenging role, however I believe that if we can build a strong foundation, this will have a lasting positive impact on Aboriginal and Torres Strait Islander health in the region.

I attended all face to face AIDA Board meetings throughout the year and this has been a rewarding experience, contributing to healthy and robust debates and discussions that contribute to the future direction of AIDA.

Representation:

- Puggy Hunter Memorial Scholarships Scheme Working Group.
- Centre for Obesity Management and Prevention Research Excellence in Primary Health Care (COMPARE-PHC) Advisory Committee – Proxy.

I look forward to the 2013 Symposium in Canberra and will be presenting at this event on our work in the Kimberleys.

DIRECTOR'S REPORT

Qualifications

MBBS

People

Torres Strait Islander Descent

Current Place of Work

Mater Health Services, Brisbane QLD



Dr Alicia Veasey

I have thoroughly enjoyed my first year back on the AIDA Board and have been fortunate to be able to attend all of the Board meetings in the past 12 months. I am currently working as a Junior House Officer at Mater Health Services in Brisbane and am enjoying gaining a wide range of experiences. I commenced a Masters of Public Health and Masters of Health Management this year at the University of New South Wales and have found it insightful, especially in regards to the work at AIDA. I have also continued my work as Program Co-ordinator with DreamTrack, an Indigenous youth mentoring program. This program remains a challenging and rewarding experience.

It has been a big year for AIDA with the signing of the Committee of Presidents of Medical Colleges Collaboration Agreement, Murra Mullangari and the development of the Cultural Safety Framework and Research Agenda. The Secretariat have done a marvellous job of bringing all these projects to fruition and they are to be congratulated.

I have had the opportunity to sit on the RACS Indigenous Health Committee under the leadership of Associate Professor Kelvin Kong. It has been heartening to see genuine commitment from a college towards closing the gap in our peoples health and assisting with the success of our people. As part of my role on the RACS Indigenous Health Committee, I have also participated in the Network for Indigenous Cultural and Health Education (NICHE) project and the Indigenous Health and Cultural Competency Portal Steering Committee, which is to be launched in September. The portal is a collaborative project between RACS, Royal Australasian College of Physicians (RACP) and the Australian College of Dermatologists. It aims to be a one-stop reference point for medical specialists seeking information and access to accredited learning modules, activities and resources in Aboriginal and Torres Strait Islander health.

On Close The Gap Day, I was given the opportunity to meet with the General Practice Education and Training staff in Canberra. We discussed pathways into medicine and general practice and the barriers junior doctors face.

Brisbane Indigenous Media Association (BIMA) have a great radio program called Stayin' Strong that is aired on the Murri Station 98.9fm. During the year I did an interview for a segment on alcohol and it's effect on our communities.

AIDA has held an increased number of membership dinners this year. I attended the Brisbane and Darwin membership dinners and enjoyed catching up with old friends and making new friends. The membership dinners are a great opportunity for members to provide informal feed back to AIDA about issues close to their heart. As a Board member, it is encouraging to hear members passionate about their organisation.

In August, I was fortunate to be able to attend the LIME Connection V conference and participated on a panel with student's and recent graduates. The panel shared their stories and answered questions from the audience about our views on alternative pathways, university supports, why we need Indigenous doctors and where Indigenous doctors should work.

As always, a real highlight of the past year has been the community visit. This year we were honoured to be invited into the Wurrumiyanga community, in the Tiwi Islands. It was fun and rewarding to spend the day with the school children, talking about careers in health and teaching a bit of plastering and suturing. It was also inspiring to meet with the local health service and to hear about the good work they are doing in their remote community.

I wish to acknowledge Ms Leila Smith, who has stepped up to the Policy Manager role with ease and has worked tirelessly on AIDA's developments this year. Leila has taken study leave to obtain her Masters from Cambridge University in the United Kingdom. She will be missed dearly, but we look forward to her return to AIDA with her new found knowledge and skills.

On a personal note, I am unable to attend the Symposium and AGM this year because I am getting married the same weekend. I wish to pass on a sincere thank you to the entire Board for welcoming me back to the Board and I look forward to another year of progress and growth of our AIDA community.

DIRECTOR (STUDENT) REPORT

Qualifications

BAppSc (Biotech, Micro), MBBS (Final Year)

People

Torres Strait Islander

Current Place of Study

The University of Melbourne



Mr Robert James

Over the past year, I have had many opportunities to connect with the culturally strong and diverse members of our local and international Indigenous communities. In October 2012, I attended PRIDoC. The cultural exchange through dance, song and storytelling was outstanding as was the quality of events and workshops at the conference.

Following PRIDoC, I travelled to Waiben (Thursday Island) and Poruma (Coconut Island) in the Torres Strait to conduct a three-week medical placement for my Rural Health Module. This was an enriching experience where I gained a unique insight into many of the challenges faced by Torres Strait Islanders, both by way of isolation and cultural barriers as well as the negative influence of westernisation on Indigenous health outcomes. I completed a research project investigating the prevalence of metabolic syndrome and type 2 diabetes in the Torres Strait Islander population.

In December 2012, I travelled to Milne Bay Province in Papua New Guinea to complete a 4 week medical elective. There were many opportunities to see patients in remote clinics, and to get involved in procedural work. Having recently come off my rural placement in the Torres Strait prior to this, it was clear that Papua New Guinea is a place of the have-nots, with very few resources available to address care needs and high rates of maternal and child mortality rates as a result.

I have represented AIDA at a number of student health meetings over the year including the National Rural Health Student Network's (NRHSN) face-to-face meeting in Melbourne in March. Following this I attended the Future Health Leaders forum in Adelaide where delegates discussed cultural respect and appropriate delivery of Indigenous health into medical curriculum. Over the course of the year, I also

met with the Australian Medical Students' Association (AMSA) and allied health club representatives, where I reinforced the need for ongoing engagement with AIDA for partnerships to be significant.

The SRC endorsed the Student Strategy for 2013-2015 at the March face-to-face meeting and the topic of mentoring has been a major focus area within the membership. After the success of the Murra Mullangari program, I am glad that high school participant mentoring is now underway. The student project this year will also provide a resource for members seeking information on applying for internship places and resume preparation tips with the aim of complementing other resources such as the AMSA Internship and Residency Guide.

In July 2013, I attended the Cultural Safety Roundtable discussion facilitated by Mr Gregory Phillips at the National Centre of Indigenous Excellence in Redfern. Some of the key points for me involved respect for cultural identity as an individual amongst the diversity of our Indigenous nations and clan groups. Solidifying our stance on cultural safety as an organisation is fundamental in protecting the integrity of AIDA and our members through the various stages of medical training and putting forward an expectation of respect and dignity in our work environment.

I recently attended LIME Connection V in Darwin, which further reinforced the importance of improving medical programs to be culturally respectful and inclusive and this was demonstrated by the success of Indigenous students studying in other countries. I would like to acknowledge the hard work of the SRC and Secretariat over the past year and the successes we continue to enjoy through our participation with AIDA.

CHIEF EXECUTIVE OFFICER'S REPORT

Qualifications

Bachelor Social Science
Post Grad Dip Special Education

People

Djugun



Mr Romlie Mokak

In providing my report to the AIDA membership, within the overarching framework of AIDA's Strategic Plan 2011-2015, I would like to highlight some key areas of work undertaken over the past year to service AIDA's objectives.

National Leader in Health

- Held the Murra Mullangari : Pathways Alive and Well Program, in partnership with other national health peak bodies
 - Member of National Congress of Australia's First peoples and the National Health Leadership Forum within Congress
 - Participation in the development of the National Aboriginal and Torres Strait Islander Health Plan
 - With the Aboriginal and Torres Strait Islander Healing Foundation, co-hosted a roundtable on cultural models and traditional healing, to inform the Health Plan
 - With Medical Deans and Te ORA, AIDA co-auspiced the LIME Connection V in Darwin
 - Signed and launched of the Collaboration Agreement with the CPMC
 - For the first time, Collaboration Agreements are in place along the medical education and training continuum
 - Working with the CPMC and a number of Medical Colleges on the implementation of the Collaboration Agreement including supporting and consolidating existing work
 - A range of submissions, representations and advocacy for AIDA and our members, Aboriginal and Torres Strait Islander people and services more widely
 - AIDA representation on a range of committees and bodies
 - Significant number of requests for AIDA representatives to speak or present at conferences, forums and meetings
- AIDA and our members perspectives are highly sought-after in policy, programs and advocacy settings
 - Increased social media presence
 - As individuals, AIDA members and CEO are on the National Aboriginal and Torres Strait Islander Health Equality Council
 - As individuals, AIDA members on NHMRC Council and Principal Committees



AIDA hosted a meeting of the National Health Leadership Forum at the AIDA Secretariat, Old Parliament House.

Strong and Engaged Membership

- Membership numbers over the past year are below:

Category	Sept 2012	Sept 2013
Indigenous Medical Graduate	65	79
Indigenous Medical Student	110	128
Associate	106	112
Total	281	319

- AIDA member gatherings were held in Sydney, Newcastle, Adelaide, Brisbane Melbourne, Broome, and Darwin (to coincide with the Board meeting)
- Focus on Cultural Safety, with discussions at member gatherings, a Cultural Safety Roundtable held in Sydney, circulation of a discussion paper, roundtable report and draft position paper

- Engagement of members in strategy and policy development, engagement, advice and advocacy
 - Submissions have included: National Aboriginal and Torres Strait Islander Health Plan; AMC's External Review; AMC Reviews of RACGP and RANZCOG; RACGP Practice Based Assessments; RACP Guidelines for Ethical Relationships between Health Professionals and Industry
 - Engagement with and profiling of members in Blackchat and Friday Flyer
 - Call for abstracts from members for the AIDA Symposium and member involvement in the facilitating the overall program of events – workshops, functions, Symposium
 - AIDA presence and presentations at the LIME Connection V in Darwin
 - Student Strategy reviewed and new Student Strategy endorsed by the AIDA Board
 - Student Representative Committee annual meeting held in Canberra as well as monthly teleconferences
 - Updated website, with enhancements to members login sections
 - Communication with members through a range of mechanisms including Friday Flyer, social media, email and website
 - Timely Secretariat response to member queries
- AIDA President Dr Tammy Kimpton and Dr Netra Khadka*



present at LIME Connection V in Darwin

Secure and Sustainable Resources

- Principal sponsorship support from the Commonwealth Government for PRIDoC 2012
- New 2 year Funding Agreement secured with the Commonwealth Department of Health and Ageing
- Funding received for the pilot Murra Mullangari : Pathways Alice and Well Program from the Commonwealth Department of Education, Employment and Workplace Relations
- A number of sponsorships secured for AIDA Symposium 2013 in Canberra
- AIDA members participated in a Board discussion on securing our future resources to inform further strategies and activity
- Modest increase in annual membership fees after almost a decade of nil increase
- Increase in Symposium and adjacent events fees, however these activities remain heavily subsidised by AIDA

Sound Governance

- AIDA Organisational Review currently being undertaken by Sironis Health with a comprehensive survey to members conducted
- Achievement of an unqualified audit
- Board governance and finance training
- 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
- CEO participated in the Australian Institute of Company Directors course
- Organisational policies, procedures and systems developed and continuously reviewed
- Annual governance survey conducted
- High performing Secretariat

Medical and Cultural Knowledge

- Undertake Study Tour to Norway, United States of America and Canada
- Indigenous medico-cultural knowledge showcased at PRIDoC 2012
- AIDA representatives attended the Te ORA Annual General Meeting and Scientific Conference
- Visit by the Board and staff to local schools and the health service in Wurrumiyanga, Tiwi Islands
- Traditional healers participating in 2013 AGM and Symposium

- Cultural safety position paper currently under development
- Dr Ray Warner taken up the role of AIDA Medical Officer
- Lead editorial by the AIDA President in the Medical Journal of Australia's Indigenous focused issue
- Negotiated the establishment of the AIDA GP Training Post with GPET and arrangements being finalised with partners the Winnunga Nimmityjah Aboriginal Health Service; the Australian National University; Coast City Country Regional Training Provider
- Developing an AIDA Research Masterclass with Professor Alex Brown from the SA Health and Medical Research Institute
- Symposium theme is *Beyond Cultural Awareness*, with keynote speakers Dr Ole Mathis Hetta from Norway, Professor Kerry Arabena and Mr Gregory Phillips

Secretariat

The past year has seen Mr Bernie Pearce and Ms Sorrell Ashby move on from AIDA and Mr Billy Collins take temporary leave to pursue his rugby league career on the Gold Coast.

As a result of these changes, other staff have taken the opportunity to move into the vacant positions for a temporary period. Ms Leila Smith has acted as the Manager, Policy and Programs; Ms Alyce Merritt acted as the Senior Policy Officer and Ms Jasmin Hunter acted as the Pathways Officer.

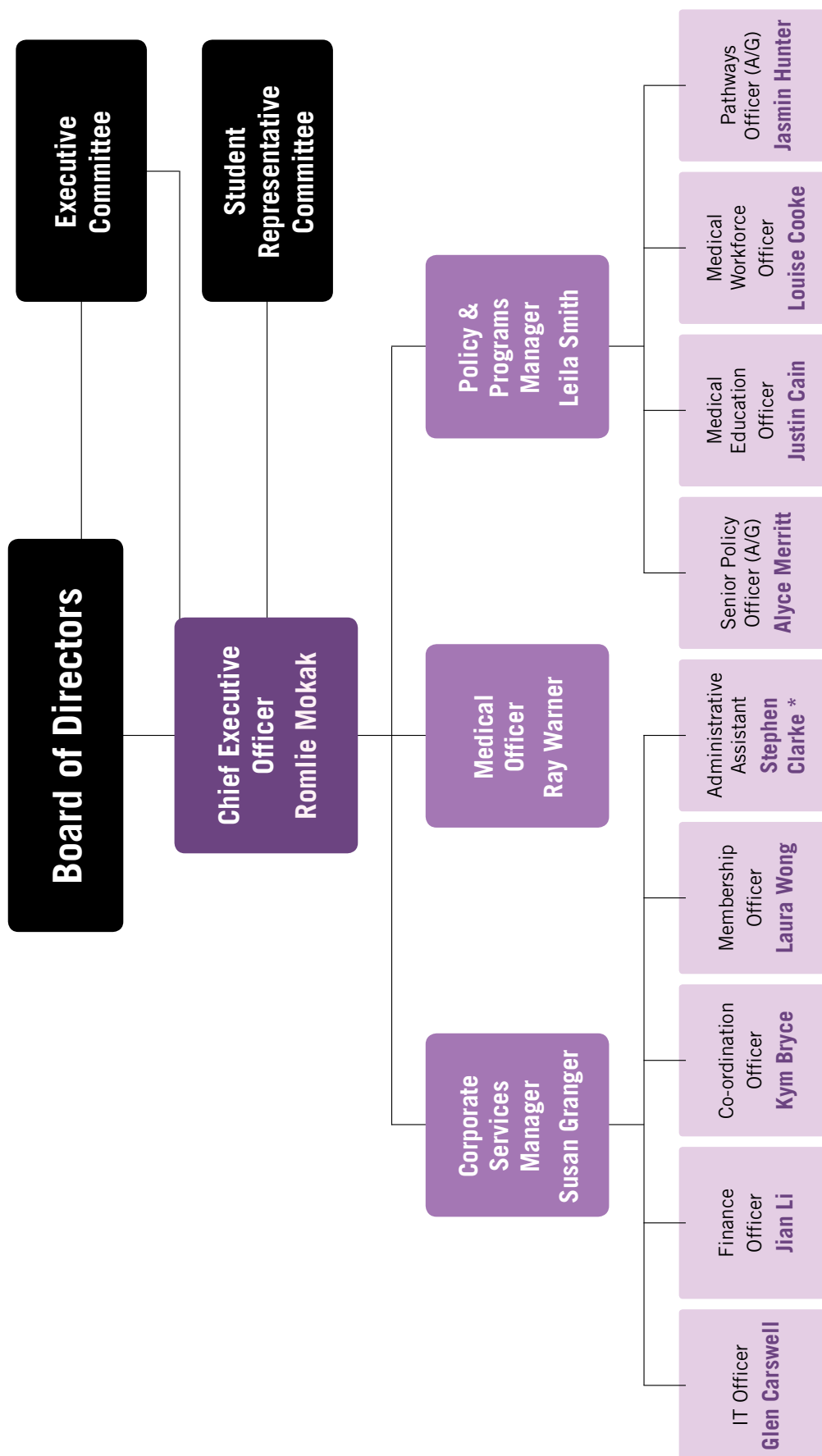
Staff new to AIDA Secretariat are: Dr Ray Warner in the Medical Officer position; Mr Stephen Clarke (Administrative Assistant); Mr Justin Cain (Medical Education Officer) and Ms Louise Cooke (Medical Workforce Officer).

While recognising the great work of all of the whole team, I want to particularly congratulate Ms Leila Smith on her recent appointment as the Manager, Policy and Programs and wish her well as commences ten months leave to undertake a Masters in Public Policy at Cambridge University as a Charles Perkins Scholar. I will be seeking to fill the Manager, Policy and Programs to cover this period in the near future.



The AIDA Secretariat at PRIDoC 2012

ORGANISATIONAL STRUCTURE



¹ (Billy Collins 6 months LWOP)

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: <ul style="list-style-type: none"> time with traditional healers and elders (at least once each year) space for story, song and dance (at least once each year)
Secure and sustainable resources	Consolidate AIDA's financial sustainability	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
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

Objective	Strategy	Performance
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



Participants at Murra Mullangari 2013

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, expertise 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 expected 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 Login 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.

CURRENT STATUS OF THE BOARD

In accordance with Article 46 of the Constitution, the number of Directors on the AIDA Board will not be less than 8 and not more than 11.

On the 22nd June 2013 AIDA's Secretary, Dr Ray Warner, tendered his resignation from the AIDA Board and took up the Medical Officer position within the AIDA Secretariat. Dr Sean White was appointed to the position of Secretary by the AIDA Board by general resolution for the period 22nd June 2013 to 4th October 2013.

Accordingly, the current Status of AIDA's Board of Directors as is as follows with five (5) positions up for election at the 2013 AGM (as highlighted in mauve):

Current AIDA Board of Directors			Term Ends
1	President	Dr Tammy Kimpton	2014
2	Vice President	Dr Kali Hayward	2014
3	Secretary	Dr Sean White	2013
4	Treasurer	Dr Tanya Schramm	2014
5	Director	Dr Danielle Arabena	2013
6	Director	Dr Catherine Engelke	2014
7	Director	Dr Catherine Henderson	2013
8	Director	Dr Stephanie Trust	2014
9	Director	Dr Alicia Veasey	2014
10	Director	Currently Vacant	
11	Director (Student)	Mr Robert James	2013

At the 2013 AGM, five (5) Directors positions will become vacant:

- Secretary
- Directors x 3
- Director (Student)

Accordingly, these positions were open for nominations from eligible candidates in accordance to AIDA's Constitution and Articles 46, 65 & 67 during the months of July, August and September

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 2013. The membership was informed that there would be five (5) Directors' positions vacant at the 2013 AGM;

- Secretary
- 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 via email, AIDA's web site, Friday Flyer and through Blackchat. Nominations closed on 2 September, 2013 at 5:00pm EST.

In accordance with Article 49(e) of the Constitution and a resolution passed by the AIDA Board on 19 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 2013, this date was Monday 2 September 2013.

On Friday 13 September, 2013 (21 days before the 2013 AGM), AIDA members received a soft copy of this AGM report.

NOMINATIONS RECEIVED

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

Secretary	Dr Sean White
Directors (3 positions)	Dr Danielle Arabena, Dr Angela Forrest
Director (Student)	Mr Benjamin Armstrong, Miss Ngaree Blow

VOTING

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

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. Wednesday 2nd October 2013 at 2:00pm. A proxy form can be found at page 83 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 Mr Glen Carswell on glenc@aida.org.au.
- 1.2 All voting Indigenous Medical Graduate and Indigenous Medical Student 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 All voting Indigenous Medical 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 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 Indigenous Medical 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 with Article 41 of the Constitution

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

If a member is appointing a proxy, the attached Proxy Form must be completed and received at the Secretariat no later than **2:00pm on Wednesday 2 October 2013 in accordance with the instructions provided on the Proxy Form.**

ACRONYMS

AGM	Annual General Meeting
AIDA	The Australian Indigenous Doctors; Association Ltd
AMC	The Australian Medical Council
AMSA	Australian Medical Students' Association
ASHHNA	Australasian Sexual Health & HIV Nurses Association
ASHM	Australasian Society for HIV Medicine
BIMA	Brisbane Indigenous Media Association
COMPaRE-PHC	Centre for Obesity Management and Prevention Research Excellence in Primary Health Care
CPMC	Committee of Presidents of Medical Colleges (Australia)
CPMEC	Confederation of Postgraduate Medical Councils
CSQTC	Central and Southern Queensland Training Consortium
DEEWR	Department of Education, Employment and Workplace Relations
DoHA	Department of Health and Ageing
FRAME	Federation of Rural Australian Medical Educators
GPET	General Practice Education and Training
GPRA	General Practice Registrars Australia
IAHA	Indigenous Allied Health Australia
IFEP	Indigenous Fellowship Excellence Program
IGPRN	Indigenous General Practice Registrar's Network
KAMSC	Kimberley Aboriginal Medical Services Council
LIME	Leaders in Indigenous Medical Education
MD	Doctor of Medicine
MDANZ	Medical Deans Australia and New Zealand
NACCHO	National Aboriginal Community Controlled Health Organisation
NAIDOC	National Aborigines and Islanders Day Observance Committee
NATSIIN	National Aboriginal and Torres Strait Islander Immunisation Network
NICHE	Network for Indigenous Cultural and Health Education
NRF	National Rural Faculty of the Royal Australian College of General Practitioners
NRHA	National Rural Health Alliance
NRHSN	National Rural Health Student Network
OPH	Old Parliament House, Canberra
PEPA	Program of Experience in the Palliative Approach
PMC	Postgraduate Medical Councils
PRIDoC	Pacific Region Indigenous Doctors Congress
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RFDS	Royal Flying Doctor Service
SRC	AIDA Student Representative Committee
STI	Sexually Transmissible Infections
TGA	Therapeutic Goods Administration
Te ORA	Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association)

2013 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 2013 Annual General Meeting (AGM), appoint:

AIDA Chairperson <input type="checkbox"/>	or	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Print Full Name & Address of the person you are appointing as your proxy
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If the person I have named above fails to attend the AGM at 2:00pm on Friday 4 October 2013 in the Members Dining Room of Old Parliament House, 18 King George Terrace, Parkes, ACT, 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 2012 AGM be accepted as presented and are a true and accurate record of that meeting. If you were not present at the 2012 AGM, tick the "Abstain" column.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the 2012 Independent Returning Officer's Report be accepted as a true and accurate record of that Meeting. If you were not present at the 2012 AGM, tick the "Abstain" column.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the Directors' Reports be accepted as presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the Annual Financial Statements be accepted as presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the Auditors' Report be accepted as presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That Hardwickes Chartered Accountants are appointed to audit AIDA's financials for the FY 13/14 in accordance with the AIDA Board's recommendation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As only one (1) valid nomination for the position of Secretary was received, no vote is required. Accordingly Dr Sean White will be declared elected to the position of Secretary at the 2013 AGM.			
There will be three (3) vacant Director positions on the AIDA Board as at 4 October 2013. As only two (2) valid nominations were received for these positions, no vote is required. Accordingly, Dr Danielle Arabena, and Dr Angela Forrest will be declared elected to the position of Director at the 2013 AGM.			
For the one (1) Director (Student) position on the AIDA Board, two (2) valid nominations were received as follows: Mr Benjamin Armstrong & Miss Ngaree Blow.			
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 2013 AGM is (marked with a ✓). Only tick one box:			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Mr Benjamin Armstrong </div> <div style="text-align: center;"> <input type="checkbox"/> Miss Ngaree Blow </div> </div>			

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

Your Full Name: _____

Your Address: _____

Your Signature: _____ Date: _____

For your appointment of Proxy to be valid, this form must be received by the AIDA Secretariat no later than 2:00pm on Wednesday 2 October 2013

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 2:00pm on Wednesday 2 October 2013

1. Appointment of Proxy (Section 1)

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

2. Votes on Items of Business (Section 2)

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

3. Your Name and Address (Section 3)

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

4. Signing (Section 3)

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

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

5. Lodgement

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

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

Or

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

Proxy forms must be received by the AIDA Secretariat no later than **2:00pm on Wednesday 2 October 2013**

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 www.aida.org.au
- refer to the Corporations Act 2001.



GOVERNANCE SURVEY

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 *(Page 65)*

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

2. Our Values

AIDA's Values Statement can be found in the AGM Package within the Strategic Plan *(Page 65)*

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

3. Our Strategies

AIDA's Strategic Plan can be found in the AGM Package within the Strategic Plan *(Page 65)*

☐ 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

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