



The Australian Indigenous Doctors' Association Ltd
Annual General Meeting

2014



Wednesday 1 October 2014

Aitken Hill Conference Centre, Melbourne

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



Australian Government

Department of Health

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AGENDA

WEDNESDAY 1 OCTOBER 2014 - 2:15pm to 4:30pm

Aitken Hill Conference Centre, Melbourne

Chair: Dr Tammy Kimpton

2:15pm	1 Opening and Welcome	Dr Tammy Kimpton
2:20pm	2 Confirmation of Minutes and Returning Officer's Report	Dr Tammy Kimpton
2:25pm	3 Finance 3.1 Finance Report 3.2 Adoption of Annual Financial Statements 3.3 Acceptance of the Auditor's Report 3.4 Appointment of Auditor for 2014/2015	Hardwicks Accountants
2:45pm	4 General Business 4.1 CEO's Report 4.2 Online Members Forum 4.3 Acknowledgement, Recognition and Awards 4.4 2014 Student Project	Ms Kate Thomann Dr Kali Hayward Dr Stephanie Trust Mr Ben Armstrong
3:15pm	5 Reports for Noting 5.1 President 5.2 Vice President 5.3 Directors 5.4 Graduate Report 5.5 Student Report	
3:20pm	6 Elections 6.1 Election of Directors 6.2 Election of Director (Student) <i>Votes will be counted during this time. Members are requested to complete the Governance Survey located on page 77.</i>	Returning Officer
3:40pm	7 Announcement of new Directors and Acknowledgements 7.1 Directors stepping down 7.2 Presentation of new Board	Dr Tammy Kimpton Returning Officer
3:55pm	8 Other Business 9 Governance Survey – Hand in to sign in area	
4:15pm	10 Close of AGM and Afternoon Tea	
4:30pm to 6:00pm	Men's and Women's Yarning Circles	

7:00pm	Members' Dinner	
	Acknowledgements University Representatives (2013/14) Staff	Mr Ben Armstrong Dr Tammy Kimpton

2013 MINUTES

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

Venue: Members Dining Room, Old Parliament House, Canberra

Chair: Dr Tammy Kimpton

In Attendance: 64 members (9 Directors, 12 Indigenous Graduates, 33 Indigenous Students and 10 Associates)

Directors

Dr Tammy Kimpton (President and Chair)
Dr Kali Hayward (Vice President)
Dr Sean White (Secretary)
Dr Tanya Schramm (Treasurer)
Dr Danielle Arabena (Director)
Dr Catherine Engelke (Director)
Dr Catherine Henderson (Director)
Dr Stephanie Trust (Director)
Mr Rob James (Director Student)

9 Directors

Patron

Sir William Deane AC KBE QC

Elder

Aunty Matilda House

Graduate Members

Dr Kiarna Brown
Dr Ryan Dashwood
Dr Jodie Eatt
Dr Aleeta Fejo
Dr Angela Forrest
Dr Shirley Godwin
Dr Olivia O'Donoghue
Associate Professor Peter O'Mara
Dr Louis Peachey
Dr Anthony Murray
Dr Dasha Newington
Dr Rosemary Ross

12 Graduate Members

Staff

Mr Romlie Mokak (Chief Executive Officer)
Dr Ray Warner (Medical Officer)
Ms Susan Granger (Corporate Services Manager)
Ms Sam Crossman (A/g Policy and Programs Manager)
Mr Glen Carswell (Information Technology Officer)
Ms Jian Li (Finance Officer)
Ms Jasmin Hunter (Pathways Officer)
Mr Justin Cain (Medical Education Officer)
Ms Laura Wong (Membership Officer)
Ms Louise Cooke (A/g Medical Workforce Officer)
Mr Stephen Clarke (Administration Assistant)

Apologies

Dr Emma Adams
Associate Professor Noel Hayman
Dr Yvonne Luxford
Professor Helen Milroy
Dr Lowitja O'Donoghue AC CBE DSG
Dr Alicia Veasey
Associate Professor Mark Wenitong

Student Members

Ms Cassandra Anderson
Ms Kayla Arabena-Byrnes
Mr Ben Armstrong
Ms Marissa Barker
Ms Kersandra Begley
Ms Ngaree Blow
Ms Kym Bowman
Ms Annabelle Celloe
Ms Sarah-Rebekah Clark
Ms Mikayla Couch
Ms Dana Slape
Ms Jay Dargan
Mr Guy Dennis
Mr Ben Doyle
Ms Danielle Dries
Ms Charmaine Earnshaw
Ms Rebecca Gough
Ms Josephine Guyer
Mr Murray Haar
Mr Timothy Haynes
Mr Ethan Johnson
Mr Jamee McBride
Mr Stuart Milne
Ms Patricia Murphy
Ms Kelly Needham
Ms Kylie Parry
Mr Blair Rasmussen
Ms Rhiannon Ross
Mr Artiene Tatian
Ms Melissa Von Senden
Ms Rebecca Whitehead
Ms Jeanette Wimbus
Mr Gary Wood

33 Student Members

Associate Members

Ms Diana Burgell
Mr Robert Burgell
Mr Shane Cameron
Mr Stephen Corporal
Ms Gaye Doolan
Ms Francesca Garnett
Ms Vicki Holliday
Ms Stephanie May
Ms Reagan O'Neill
Mr Gregory Phillips

10 Associate Members

1	Open and Welcome	<p>The 2013 AIDA AGM was declared open at 2:20pm on Friday 4 October 2013 following a Smoking Ceremony and Welcome to Country provided by Aunty Matilda House, Ngambri Elder. AIDA President Dr Tammy Kimpton acknowledged the Traditional Owners, Elders past and present and thanked Aunty Matilda for her warm welcome. Dr Kimpton also welcomed and acknowledged AIDA's Patron, Sir William Deane, to the meeting. Members present were also welcomed and thanked for travelling such long distances to attend the AGM. This included a special acknowledgement to past presidents, Associate Professor Peter O'Mara and Dr Louis Peachey for their attendance at this meeting. Members were informed that a photographer, Ms Belinda Pratten, was present and would be taking photographs throughout the meeting. Members who would prefer not to have their photograph taken were requested to inform one of the AIDA staff members or Ms Pratten in person. Formal apologies were then recorded.</p>
2	Confirmation of previous Minutes	<p>The minutes, inclusive of the Returning Officer's Report from the 2012 AGM, were read and accepted as a true and accurate record. Dr Kimpton proposed the motion to accept these minutes. This motion was moved by Dr Peachey and seconded by Mr Robert James. Members present supported this motion with a show of hands. The three action items carried forward from the 2012 AGM were noted with the following outcomes:</p> <div data-bbox="512 1081 1469 1346"> <p>ACTION 1</p> <p>AIDA to carryout an Organisational Review as outlined in the Strategic Plan.</p> <p>Outcome: Refer to Item 4.1 of the General Business Section of these minutes.</p> </div> <div data-bbox="512 1357 1469 1621"> <p>ACTION 2</p> <p>Cultural Safety to be workshopped further by the AIDA Board in consultation with the AIDA Membership.</p> <p>Outcome: Refer to Item 4.2 of the General Business Section of these minutes.</p> </div> <div data-bbox="512 1632 1469 1933"> <p>ACTION 3</p> <p>Consider setting up a Facebook Group in the Future.</p> <p>Outcome: AIDA now has in place a Facebook page https://www.facebook.com/Indigenousdoctors An AIDA Members Forum is currently being considered by the Secretariat.</p> </div> <p>The motion to accept the Returning Officer's Report was moved by Dr Kimpton and seconded by Dr Sean White. Members present supported this motion with a show of hands.</p>

3	Finance	<p>3.1 Treasurer's Report</p> <p>AIDA's Treasurer, Dr Tanya Schramm provided the 2012/13 Treasurer's Report. 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 Treasurer's Report and Annual Financial Statements</p> <p>The motion to adopt the annual financial statements as tabled was moved by Ms Patricia Murphy and seconded by Mr Artiene Tatian. Members present supported this motion with a show of hands.</p> <p>3.3 Adoption of the Auditor's Report</p> <p>The motion to adopt the Auditor's Report as tabled was moved by Ms Annabelle Celloe and seconded by Ms Cassandra Anderson. Members present supported this motion with a show of hands.</p>
4	General Business	<p>4.1 Organisational Review</p> <p>Dr Kimpton provided an overview of the Organisational Review which is currently being conducted by Sironis Health. The review includes comprehensive surveys of AIDA members and key stakeholders, as well as interviews with past and present Directors, current management staff and AIDA's core funding body, the Department of Health.</p> <p>A draft report has been recently provided to the Board and this will be considered at the December 2013 Board Meeting. Once the report is finalised, it will be circulated to the membership.</p> <p>Dr Kimpton reported that overall AIDA is in good shape, however there are some areas that require focus over the short and long term as AIDA continues to grow and stay strong as a peak Indigenous organisation. These are summarised within the recommendations of the report and include:</p> <ul style="list-style-type: none"> • review and simplify the Strategic Plan; • develop a Communications Strategy; • apply risk assessment processes to AIDA's work; • strengthen succession planning; • diversify funding and philanthropic opportunities; • increase membership fees and review annually; and • expand relationships with stakeholders, including our Associate membership base. <p>Mr Romlie Mokak added that the report was very positive.</p> <div data-bbox="512 1892 1468 2078"> <p>ACTION</p> <p>1. AIDA's Organisational Review Report to be circulated to the AIDA Membership once it has been finalised.</p> </div>

4.2 Cultural Safety Position Paper

Dr Kimpton provided background information on the development of AIDA's Cultural Safety Position Paper. The development of this paper came from an action at the 2012 AGM and included extensive consultation with AIDA's membership. An internal discussion paper on cultural safety was drafted in February 2013, followed by the convening of a cultural safety round table in July 2013. A draft Position Paper was tabled at the August 2013 Board meeting, circulated to the membership in September 2013 and then tabled for consideration at the 2013 AGM.

Dr Kimpton added that this was a very timely piece of work and acknowledged members and staff for their contribution towards what has been a significant piece of work throughout the year.

Members were then invited to ask any questions and/or provide further comments. The motion to endorse the Cultural Safety Position Paper was moved by Dr Peachey and seconded by Ms Ngaree Blow. Members present supported this motion with a show of hands.

4.3 Research Agenda Paper

AIDA's Research Agenda was tabled for consideration by the membership. Dr Kimpton provided details on the development of this paper, including its alignment with AIDA's 2011-15 Strategic Plan and its aim to set out research principles, priorities and directions to articulate a consistent approach for responding to external research requests in the future. It will also identify areas of opportunity to contribute to building the research capacity of Indigenous medical student and graduate members. The motion to endorse the Research Agenda was moved by Ms Kayla Arabena-Byrnes and seconded by Dr Rosemary Ross. Members present supported this motion with a show of hands.

AIDA members were provided a copy of the *Building a Research Agenda* survey and were invited to complete the survey during the AGM, and place in the box at the front of the room. Mr Mokak provided details around the purpose of the survey and reported that AIDA is partnering with Professor Alex Brown on this agenda. With regards to the survey, the aim is to receive 100 responses from AIDA's membership, including the ones completed here at the AGM. Members were requested to complete the survey and return to the Secretariat at the end of the AGM.

4.4 Mentoring

Dr Danielle Arabena provided a verbal report on mentoring. This included:

- the planned development of an online mentoring forum for students and graduates with the aim of going live in 2014;
- mentoring is a key activity under the AIDA/Committee of Presidents of Medical Colleges (CPMC) Collaboration Agreement;
- AIDA and the Royal Australian College of General Practitioners (RACGP) are progressing the development of a joint mentoring initiative to support Indigenous medical graduates. The long term aim is to facilitate the opportunity for all Indigenous registrars to have access to mentors; and
- mentoring to be incorporated into AIDA's events, including membership gatherings, workshops and the annual conference.

ACTION

2. Development of online mentoring forum for students and graduates with the aim of going live in 2014.

5 Reports

5.1 Directors Reports

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

President	Dr Tammy Kimpton
Vice President	Dr Kali Hayward
Secretary	Dr Sean White
Treasurer	Dr Tanya Schramm
Director	Dr Danielle Arabena
Director	Dr Catherine Engelke
Director	Dr Catherine Henderson
Director	Dr Stephanie Trust
Director	Dr Alicia Veasey
Director (Student)	Mr Robert James
CEO	Mr Romlie Mokak

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.

5.2 Graduate Report

Dr Catherine Engelke provided both a written and verbal report on graduate initiatives, activities and engagement over the past twelve (12) months which included engagement with:

- Australian Medical Council (AMC);
- Confederation of Postgraduate Medical Education Councils (CPMEC);
- Committee of Presidents of Medical Colleges (CPMC); and
- Medical Colleges.

Central to activities undertaken during 2012/2013 was the involvement from the AIDA membership as follows:

- General Practice Training, including:
 - multi party meetings between AIDA, the National Aboriginal Community Controlled Health Organisation (NACCHO), General Practice Education and Training (GPET), General Practice Registrars (GPRA) and the Indigenous General Practice Registrars Network (IGPRN). The aim of these meetings is to share information on respective organisations roles in supporting Indigenous GP registrars;
 - AIDA co-chairs the GPET Aboriginal and Torres Strait Islander Advisory Committee; and
 - AIDA participated in both IGPRN workshops this year.
- AIDA Academic Training Post
 - AIDA is in the process of establishing an academic GP training post to provide professional development opportunities for an Aboriginal and Torres Strait Islander GP registrar in primary care, research and academia. It is anticipated that this training post will commence in 2014 with expressions of interest being sought in October 2013.
- Graduate involvement in the development of AIDA's Cultural Safety Position Paper (Refer to 4.2 above);
- AIDA research agenda (Refer to 4.3 above);
- seven (7) membership gatherings held during 2013;
- AIDA has completed five (5) submissions which can be accessed on the AIDA website;
- mentoring (Refer to 4.4 above); and
- representation and engagement
 - an overview of AIDA committee representation was provided to the membership, which included an outline of over forty (40) Committees;
 - AIDA continues to work with colleges to sponsor students and junior doctors to attend their annual events; and
 - regular membership communications including Friday Flyer, Blackchat, tweets and Facebook.

5.3 Student Report

Mr Rob James provided both a written and verbal report in relation to student activities throughout the past twelve (12) months. Key areas of focus included work around health and safety, mentoring, developing and enhancing networks, academic work and student representation. A summary of student activities was provided and included:

- continued work through the Student Representative Committee (SRC) which meets monthly. A face to face meeting was held in March 2013;
- continued implementation of the AIDA Student Strategy 2013-15;
- the 2012/2013 student project - *A guide to Internships for AIDA Indigenous medical student members*. This document will become an online resource for senior/final year medical student members when applying for intern positions;
- student participation in the *Murra Mullangari - Pathways Alive and Well* program, which was a national Aboriginal and Torres Strait Islander health career development initiative. AIDA coordinated this amazing program, which saw thirty (30) Indigenous high school students travel to Canberra to attend a residential workshop. These students came from across Australia. Students' awareness of health careers was increased and they had the opportunity to connect with current Indigenous professionals working in the health sector. Four (4) AIDA medical students supported this program including providing presentations and group leader responsibilities. A further six (6) AIDA medical students are now mentors for the students as part of the mentoring component;
- continued engagement with Australian Medical Students Association (AMSA);
- continued engagement with the Rural Health Students Network; and
- twenty four (24) students attending LIME Connection V - Leaders in Medical Education (LIME), with five (5) students presenting at this forum.

Mr James highlighted that mentoring has been a priority amongst students this year. One approach which has been further discussed by the SRC is the future development of an online mentoring forum which was an action that came out of the 2012 AGM. It is envisaged that this will go live in 2014.

Mr James then acknowledged the hard work of the SRC and the support of the entire student membership. He also thanked Ms Jasmin Hunter and Mr Justin Cain for their continued support in their role as Medical Education Officers.

5.4 Membership Report

Mr Mokak provided a written membership report that was noted by the members. Mr Mokak added that the key message is that AIDA's membership continues to grow. The challenge in the future is how we effectively service and support our graduate members.

5.5 Medical Officer's Report

Dr Ray Warner provided a verbal report as AIDA's Medical Officer. Dr Warner welcomed AIDA's special guest to the AGM, Dr Ole Mathis Hetta who had travelled all the way from Norway to attend and present as keynote at AIDA's Conference on Saturday 5 October 2013. Dr Warner reported that he commenced in the position of Medical Officer in June 2013 after stepping down from the Board after eighteen (18) months. Dr Warner reported that the position has been very satisfying and he is looking forward to applying his support to the AIDA Academic Training Post in the future. He acknowledged the fact that AIDA provides a culturally safe space for our graduates and students to develop professionally, whilst at the same time respecting our cultural needs and personal commitments.

6 Other Business

6.1 AIDA's Achievements

Evidence of AIDA's achievements over the past twelve (12) months was provided at the AGM. Mr Mokak invited members to peruse the relevant documentation which was on display at the side of the room.

6.2 Australian College of Rural and Remote Medicine (ACRRM) - Scholarships

Dr Peachey advised the membership that following lengthy negotiations with ACRRM, fifteen (15) scholarships to attend ACRRM's events, valued at \$2000 each, are currently available to Aboriginal and Torres Strait Islander students and graduates. Dr Peachey encouraged members to apply as soon as possible.

6.3 Membership

A question was raised in regard to the possibility to pay membership fees in advance. Dr Kimpton responded saying that when AIDA was first established, membership fees were payable every three (3) years. However this resulted in decreased engagement with members, including loss of contact information. During the Constitutional Review this issue was reconsidered by the membership and as a result annual membership was introduced as part of the revised Constitution. This meant at the very minimum members would engage with the Secretariat once a year to confirm details and renew their membership.

Dr Crystal Grant acknowledged and appreciated the work of Ms Laura Wong, AIDA's Membership Officer in regards to following up members when it was time to renew.

Dr Peachey asked if membership could be completed online. Dr Kimpton reported that this facility is available for both new applications and renewals.

7	Elections	<p>Election Process and Outcomes</p> <p>Dr Kimpton then introduced AIDA's Returning Officer for the 2013 election process, Mr Justin Bernau, lawyer from Clayton Utz, Canberra. Refer to Returning Officer's Report (page 16) for election process and outcomes.</p> <p>Whilst the votes were being counted, Dr Kimpton requested members complete the 2013 membership survey and place in the box at the front of the room. Each member who completed the survey was provided with a ticket for entry into a lucky draw which would be carried out at the end of the AGM.</p>
8	Acknowledgements	<p>8.1 Directors stepping down</p> <p>Dr Kimpton then 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"> • Dr Catherine Henderson; and • Mr James. <p>Dr Henderson thanked the membership and the Board for the opportunity to be on the AIDA Board and encouraged other members to consider nominating as a Director of AIDA. She also thanked Dr Kimpton for her leadership.</p> <p>Mr James also expressed his gratitude on being part of the AIDA Board and AIDA as an organisation. Mr James also stated that it has been an absolute pleasure to be a Director.</p>
		<p>8.2 New Directors</p> <p>Dr Kimpton then acknowledged AIDA's new Director, Dr Angela Forrest and Mr Ben Armstrong.</p>
		<p>8.3 Student Representative Committee 2012/2013</p> <p>Mr James then acknowledged the hard work of the 2012/2013 SRC and presented the following members of this group with an AIDA gift:</p> <ul style="list-style-type: none"> • Ms Cassie Anderson • Mr Ben Armstrong • Ms Ngaree Blow • Mr Ben Doyle • Mr Stuart Milne • Ms Annabelle Celloe • Mr Ethan Johnson • Ms Sheree Enderby • Mr Lorus Swift • Mr Ian Lee • Ms Rebecca Hutchens • Mr Nigel Beetson • Ms Gemma Hayman • Mr Gene Slockee

		<p>Mr Armstrong then acknowledged Mr James for his amazing leadership of the SRC during the past twelve (12) months.</p> <p>8.4 AIDA Staff</p> <p>Dr Kimpton also acknowledged the AIDA staff for their continued hard work and dedication. Each of the following staff members were presented with an AIDA gift; Mr Mokak, Dr Warner, Ms Susan Granger, Ms Sam Crossman, Ms Kym Bryce, Ms Jian Li, Ms Laura Wong, Mr Glen Carswell, Ms Jasmin Hunter, Mr Justin Cain, Ms Alyce Merritt, Mr Stephen Clarke and Ms Louise Cooke.</p>
9	Announcement of Lucky Draw Winners	The winners of the lucky draw in relation to completion of the 2013 Governance Survey were Ms Diana Burgell and Ms Josie Guyer. The winner of the lucky draw in relation to the Research survey was Dr Shirley Godwin.
10	Close of AGM	<p>With no further business, Dr Kimpton officially closed the meeting.</p> <p>Meeting Closed at 4:35pm.</p>



2013/2014 AIDA Board (L-to-R) : Mr Ben Armstrong, Dr Kali Hayward, Dr Tanya Schramm, Dr Stephanie Trust, Dr Angela Forrest, Dr Catherine Engelke, Dr Sean White, Dr Danielle Arabena and Dr Tammy Kimpton Absent: Dr Alicia Veasey

2013 RETURNING OFFICER'S REPORT

1. I acted as Returning Officer for the election of Office Bearers and Directors at AIDA's 2013 AGM, held at Old Parliament House, Canberra on Friday 4 October 2013.
2. In accordance with AIDA's Constitution and the *Corporations Act*:
 - (a) there will be a minimum of eight (8) and a maximum of eleven (11) Directors (Article 46);
 - (b) term of office is two (2) years for all Office Bearers and Directors, except the Director (Student) who is appointed for a one (1) year term (Article 49); and
 - (c) Directors must be elected separately (section 201E of the Corporations Act).
3. Before the 2013 AGM, the status of the AIDA Board was as follows:

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

4. Accordingly, I declared that the following positions were up for election:
 - (a) the Director who will also be appointed as Secretary;
 - (b) Directors x two (2); and
 - (c) the Director (Student).
5. As only one (1) valid nomination for the position of Director (Secretary) (i.e. the Director who is also intended to be appointed as Secretary by the Board) was received, no election was required. Accordingly, Dr Sean White was appointed to the position of Director (Secretary) at the 2013 AGM by an ordinary resolution of the members.
6. Two (2) valid nominations were received for the two (2) remaining Director positions. Accordingly, the following nominees were appointed to the position of Director by two (2) separate ordinary resolutions of the members:
 - (a) Dr Danielle Arabena; and
 - (b) Dr Angela Forrest.

Two (2) valid nominations were received for the position of Director (Student). These came from Mr Benjamin Armstrong and Miss Ngaree Blow. The Indigenous Medical Student members were invited to vote. I collected the votes and counted them. Following the count, Mr Benjamin Armstrong was announced as the successful candidate. I then requested the AIDA membership as a whole to confirm the decision of the Indigenous Medical Student Members by an ordinary resolution which was passed. Accordingly, Mr Benjamin Armstrong was appointed to the position of Director (Student).

7. The AIDA Board of Directors, following the 2013 AGM is therefore:

Office Bearers	President: Vice-President: Secretary: Treasurer:	Dr Tammy KIMPTON Dr Kali HAYWARD Dr Sean WHITE Dr Tanya SCHRAMM
Directors	Dr Danielle ARABENA Dr Catherine ENGELKE Dr Angela FORREST Dr Stephanie TRUST Dr Sean WHITE Dr Alicia VEASEY Mr Benjamin ARMSTRONG [Director (Student)]	

8. Thank you for the opportunity to act as the Independent Returning Officer for the 2013 AGM.

Mr Justin Bernau
Special Counsel

Clayton Utz
Level 10, 2 Phillip Law Street
Canberra ACT 2601

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

Financial Statements

For the Year Ended 30 June 2014

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For the Year Ended 30 June 2014

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Directors' Report

30 June 2014

Your directors present their report on Australian Indigenous Doctors' Association Limited for the financial year ended 30 June 2014.

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:

Dr Tammy Kimpton	Continuing
Dr Kali Hayward	Continuing
Dr Sean White	Continuing
Dr Tanya Schramm	Continuing
Dr Danielle Arabena	Continuing
Dr Catherine Engelke	Continuing
Dr Stephanie Trust	Continuing
Dr Alcia Veasey	Continuing
Dr Catherine Henderson	Resigned: 4 October 2013
Mr Robert James	Resigned: 4 October 2013
Dr Angela Forrest	Appointed: 4 October 2013
Mr Benjamin Armstrong	Appointed: 4 October 2013

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; and
- 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; and
- Promotion of AIDA and our members work.

Directors' Report

30 June 2014

1. General information continued

Objectives and strategies continued

- 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.

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 and transparency;
- Manage identified risk; and
- Strengthen AIDAs quality improvement process.

Medical and cultural knowledge

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

Directors' Report

30 June 2014

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 member 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

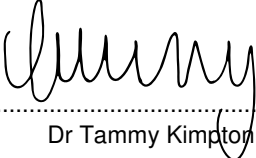
During the financial year, four (4) meetings of directors were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Dr Tammy Kimpton	4	4
Dr Kali Hayward	4	4
Dr Sean White	4	4
Dr Tanya Schramm	4	3
Dr Danielle Arabena	4	4
Dr Catherine Engelke	4	3
Dr Stephanie Trust	4	4
Dr Alcia Veasey	4	3
Dr Catherine Henderson	1	1
Mr Robert James	1	1
Dr Angela Forrest	3	3
Mr Benjamin Armstrong	3	3

Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001*, for the year ended 30 June 2014 has been received and can be found on page 4 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 5 day of September 2014

Australian Indigenous Doctors' Association Limited

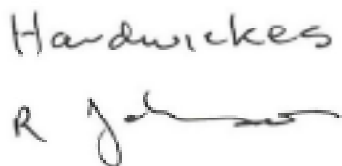
ABN 84 131 668 936

**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 2014, 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
5 September 2014

Canberra, ACT

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2014

	Note	2014	2013
		\$	\$
Income	2	2,857,752	2,969,065
Administrative expenses		(200,922)	(208,723)
Governance		(210,429)	(225,604)
Policy		(233,725)	(248,058)
PRIDoC - AIDA's commitment to administration		(3,377)	(3,998)
HIA		-	(2,067)
Staff		(1,229,099)	(1,108,375)
CEO study tour		-	(10,733)
DEEWR		(63,504)	(230,877)
PRIDoC / Symposium		(245,748)	(464,931)
Other expenses		(278,927)	(176,626)
Surplus from continuing operations		392,021	289,073
Surplus for the period		392,021	289,073
Total comprehensive income for the period		392,021	289,073

The accompanying notes form part of these financial statements.

Statement of Financial Position

As At 30 June 2014

	Note	2014 \$	2013 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	1,065,961	1,179,091
Accounts receivable and other debtors	5	104,940	219,628
Inventories	6	45,780	39,754
Other assets	7	283,511	291,125
TOTAL CURRENT ASSETS		1,500,192	1,729,598
NON-CURRENT ASSETS			
Plant and equipment	8	90,386	118,853
TOTAL NON-CURRENT ASSETS		90,386	118,853
TOTAL ASSETS		1,590,578	1,848,451
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and other payables	9	69,904	274,037
Lease Liabilities	12	32,779	9,411
Employee benefits	11(a)	78,864	101,599
Other liabilities	10	4,299	373,655
TOTAL CURRENT LIABILITIES		185,846	758,702
NON-CURRENT LIABILITIES			
Borrowings	12	-	32,779
Provision for employee benefits	11(a)	4,262	48,521
TOTAL NON-CURRENT LIABILITIES		4,262	81,300
TOTAL LIABILITIES		190,108	840,002
NET ASSETS		1,400,470	1,008,449
EQUITY			
Retained surplus		1,400,470	1,008,449
TOTAL EQUITY		1,400,470	1,008,449

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2014

2014

	\$	\$
Balance at 1 July 2013	1,008,449	1,008,449
Surplus attributable to members of the entity	392,021	392,021
Balance at 30 June 2014	1,400,470	1,400,470

2013

	\$	\$
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

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the Year Ended 30 June 2014

	Note	2014 \$	2013 \$
CASH FROM OPERATING ACTIVITIES:			
Receipts from donations and grants		2,940,258	3,092,794
Payments to suppliers and employees		(3,080,521)	(2,913,688)
Interest received		40,487	49,905
Net cash provided by (used in) operating activities	16	<u>(99,776)</u>	<u>229,011</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Payment for plant and equipment		(3,944)	(26,280)
Payment for available-for-sale investments		-	(14,097)
Proceeds from sale of plant and equipment		-	3,388
Net cash used by investing activities		<u>(3,944)</u>	<u>(36,989)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:			
Proceeds from borrowing on leases		(9,411)	(9,411)
Net cash used by financing activities		<u>(9,411)</u>	<u>(9,411)</u>
Net increase (decrease) in cash and cash equivalents held		(113,131)	182,611
Cash and cash equivalents at beginning of year		1,179,092	996,481
Cash and cash equivalents at end of financial year	4	<u><u>1,065,961</u></u>	<u><u>1,179,092</u></u>

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2014

The financial statements cover 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.

The financial statements were authorised for issue on the 5 September 2014 by the directors of the company.

1 Summary of Significant Accounting Policies

(a) Basis of preparation

These general purpose financial statements that have been prepared in accordance with the *Corporations Act 2001* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

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).

(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.

Notes to the Financial Statements

For the Year Ended 30 June 2014

1 Summary of Significant Accounting Policies continued

(d) Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. Cost includes expenditure that is directly attributable to the asset. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in profit or loss during the financial period in which they are incurred.

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 profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

(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.

Notes to the Financial Statements

For the Year Ended 30 June 2014

1 Summary of Significant Accounting Policies continued

(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.

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.)

Notes to the Financial Statements

For the Year Ended 30 June 2014

1 Summary of Significant Accounting Policies continued

(f) Financial instruments continued

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.

(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

Short-term employee provisions

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligations is settled.

Notes to the Financial Statements

For the Year Ended 30 June 2014

1 Summary of Significant Accounting Policies continued

(h) Employee Provisions continued

Other Long-term employee provisions

Provision is made for employees' annual leave entitlements not expected to be settled wholly before 12 months after the end of the annual reporting period in which employees render related services. Other long-term employee benefits are measured at the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates approximating the terms of obligations. Any remeasurement of other long-term employee benefits obligations due to changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The company's obligations for long-term employee benefits are presented as non-current liabilities in the statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are presented as current liabilities.

(i) Cash on Hand

Cash on hand includes cash on hand, deposits held at call with banks.

(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.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2014

1 Summary of Significant Accounting Policies continued

(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 2014

1 Summary of Significant Accounting Policies continued

(r) New accounting standards for application in future periods

The Australian Accounting Standards Board 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:

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 does not include individual components of remuneration.
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 does 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 2014

2 Revenue and Other Income

	2014	2013
	\$	\$
Income		
Miscellaneous / Donations / Admin	58,068	157,091
Membership	25,305	6,359
PRIDoC / Symposium	76,044	275,543
Interest Revenue	40,487	49,905
Non-Government Reimbursements	7,993	8,987
Government grants	2,649,855	2,471,180
	2,857,752	2,969,065

3 Surplus for the Year

(a) Expenses

	2014	2013
	\$	\$
Rental Expense		
Minimum payments	107,006	107,006
Total rent expense	107,006	107,006
Other Expenses:		
Bad and doubtful debts		
Bad debts	-	1,136
Total bad and doubtful debts	-	1,136
Auditor fees		
Audit services	7,500	7,670

4 Cash on Hand

	2014	2013
	\$	\$
Cash at bank and in hand	1,054,917	1,165,872
Other cash and cash equivalents	11,044	13,219
	1,065,961	1,179,091

Notes to the Financial Statements

For the Year Ended 30 June 2014

5 Accounts Receivable and Other Debtors

	2014 \$	2013 \$
CURRENT		
Accounts Receivable	2,500	23,763
Deposits	102,440	195,865
Total accounts receivable and other debtors	104,940	219,628

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

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

		Past due but not impaired (days overdue)					Within initial trade terms \$
	Gross amount \$	Past due and impaired \$	< 30 \$	31-60 \$	61-90 \$	> 90 \$	
2014							
Trade and term receivables	104,940	-	-	-	-	-	104,940
Total	104,940	-	-	-	-	-	104,940
2013							
Trade and term receivables	219,628	-	-	-	-	-	219,628
Total	219,628	-	-	-	-	-	219,628

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 2014

6 Inventories on Hand

	2014	2013
	\$	\$
CURRENT		
At cost:		
Merchandise	45,780	39,754
	<u>45,780</u>	<u>39,754</u>

7 Other Current Assets

	2014	2013
	\$	\$
CURRENT		
Prepayments	30,386	45,628
Other financial assets	253,125	245,497
	<u>283,511</u>	<u>291,125</u>

8 Plant and Equipment

	2014	2013
	\$	\$
PLANT AND EQUIPMENT		
Furniture, fixture and fittings		
At cost	101,122	101,122
Accumulated depreciation	(60,941)	(50,897)
Total furniture, fixture and fittings	<u>40,181</u>	<u>50,225</u>
Motor vehicles		
At cost	50,037	50,037
Accumulated depreciation	(21,725)	(13,505)
Total motor vehicles	<u>28,312</u>	<u>36,532</u>
Office equipment		
At cost	86,205	86,205
Accumulated depreciation	(72,339)	(59,423)
Total office equipment	<u>13,866</u>	<u>26,782</u>
Display equipment		
At cost	12,623	8,679
Accumulated depreciation	(4,596)	(3,365)
Total display equipment	<u>8,027</u>	<u>5,314</u>
Total Plant and Equipment	<u>90,386</u>	<u>118,853</u>

Notes to the Financial Statements

For the Year Ended 30 June 2014

(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 2013	50,225	36,532	26,782	5,314	118,853
Additions	-	-	-	3,944	3,944
Depreciation expense	(10,044)	(8,220)	(12,916)	(1,231)	(32,411)
Balance at 30 June 2014	40,181	28,312	13,866	8,027	90,386
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

9 Accounts Payable and Other Payables

	2014	2013
	\$	\$
CURRENT		
Accounts payable	11,102	195,231
Accrued wages	2,444	41,861
Accrued expense	7,643	9,001
GST payable	(13,838)	(5,655)
Other payables	62,553	33,599
	69,904	274,037

10 Other Liabilities

	2014	2013
	\$	\$
CURRENT		
Other current liabilities	4,545	393,538
Short-term borrowings	(246)	(19,883)
	4,299	373,655

Notes to the Financial Statements

For the Year Ended 30 June 2014

11 Employee Provisions

	\$
Opening balance 1 July 2013	150,121
Additional Provisions raised during the year	38,995
Amounts used	<u>(105,990)</u>
Balance at 30 June 2014	<u><u>83,126</u></u>

(a) Analysis of Employee Provisions

	2014 \$	2013 \$
Current		
Long service leave	32,583	36,119
Annual Leave	<u>46,281</u>	<u>65,480</u>
	<u>78,864</u>	<u>101,599</u>
Non Current		
Long Service Leave	<u>4,262</u>	<u>48,521</u>
Total employee provisions	<u><u>83,126</u></u>	<u><u>150,120</u></u>

Employee Provisions represent amount accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave to be settled within the next 12 months. However the amount must be classified as a current liability because the company does not have a unconditional right to defer the settlement of the amounts in the event employees wish to use their leave entitlements.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

12 Lease Liabilities

	2014 \$	2013 \$
CURRENT		
Lease liability secured	32,779	9,411
NON-CURRENT		
Lease liability secured	<u>-</u>	<u>32,779</u>
Total lease liabilities	<u><u>32,779</u></u>	<u><u>42,190</u></u>

Leased liabilities are secured by the underlying leased assets.

Notes to the Financial Statements

For the Year Ended 30 June 2014

13 Capital and Leasing Commitments

(a) Finance lease commitments

	2014	2013
	\$	\$
Payable - minimum lease payments:		
- no later than 1 year	34,521	13,020
- between 1 year and 5 years	-	36,370
Minimum lease payments	34,521	49,390
Less: finance charges	(1,742)	(7,200)
Present value of minimum lease payments	32,779	42,190

Finance leases are in place for a motor vehicle.

14 Events after the end of the Reporting Period

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

15 Related Party Transactions

(a) Key Management Personnel

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

	2014	2013
	\$	\$
Short-term employee benefits	454,264	396,060
Post-employment benefits	43,048	35,645
	497,312	431,705

Notes to the Financial Statements

For the Year Ended 30 June 2014

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:

	2014	2013
	\$	\$
Profit for the year	392,021	289,073
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	32,411	40,554
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
- (increase)/decrease in trade and other receivables	114,688	114,089
- (increase)/decrease in prepayments	7,614	(25,172)
- (increase)/decrease in inventories	(6,026)	(18,852)
- increase/(decrease) in income in advance	(369,356)	(205,521)
- increase/(decrease) in payables and accruals	(204,133)	19,801
- increase/(decrease) in provisions	(66,995)	15,039
Cash flow from operations	<u>(99,776)</u>	<u>229,011</u>

Notes to the Financial Statements

For the Year Ended 30 June 2014

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	2014 \$	2013 \$
Financial Assets			
Cash and cash equivalents	4	1,065,961	1,179,091
Accounts receivable and other debtors	5	104,940	219,628
Total financial assets		1,170,901	1,398,719
Financial Liabilities			
Financial liabilities at amortised cost			
- Trade and other payables	9	69,904	274,037
- Lease liabilities	12	32,779	42,190
Total financial liabilities		102,683	316,227

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.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2014

17 Financial Risk Management continued

Financial risk management policies continued

Mitigation strategies for specific risks faced are described below:

(a) Credit risk

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

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

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

Credit risk exposures

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.

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

Notes to the Financial Statements

For the Year Ended 30 June 2014

17 Financial Risk Management continued

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

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

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

Financial liability maturity analysis - Non-derivative

	Within 1 Year		1 to 5 Years		Total	
	2014	2013	2014	2013	2014	2013
	\$	\$	\$	\$	\$	\$
Financial liabilities due for payment						
Accounts payable and other payables	69,904	274,037	-	-	69,904	274,037
Finance lease liabilities	32,779	9,408	-	32,779	32,779	42,187
Total expected outflows	102,683	283,445	-	32,779	102,683	316,224
Financial assets - cash flows realisable						
Cash and cash equivalents	1,065,961	1,179,091	-	-	1,065,961	1,179,091
Accounts receivable and other debtors	104,940	219,628	-	-	104,940	219,628
Other financial assets	253,125	245,497	-	-	253,125	245,497
Total anticipated inflows	1,424,026	1,644,216	-	-	1,424,026	1,644,216
Net (outflows)/inflow on financial instruments	1,321,343	1,360,771	-	(32,779)	1,321,343	1,327,992

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 2014

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.

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 2014		
+/- 2% in interest rates	26,649	26,649
	Profit	Equity
	\$	\$
Year ended 30 June 2013		
+/- 2% in interest rates	28,176	28,176

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 2014

17 Financial Risk Management continued

	2014		2013	
	Net Carrying Value	Net Fair value	Net Carrying Value	Net Fair value
	\$	\$	\$	\$
Financial assets				
Cash and cash equivalents	1,065,961	1,065,961	1,179,091	1,179,091
Accounts receivable and other debtors	104,940	104,940	219,628	219,629
Other financial assets	253,125	253,125	245,497	245,497
Total financial assets	1,424,026	1,424,026	1,644,216	1,644,217
Financial liabilities				
Accounts payable and other payables	69,904	69,904	274,037	274,037
Lease liabilities	32,779	32,779	42,190	42,190
Total financial liabilities	102,683	102,683	316,227	316,227

18 Company Details

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

Australian Indigenous Doctors' Association Limited

Old Parliament House

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 2014 the number of members was 255 (2013: 284).

Directors' Declaration

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 6 to 27, 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 2014 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 5 September 2014

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

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 2014, 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.

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.

Australian Indigenous Doctors' Association Limited

ABN 84 131 668 936

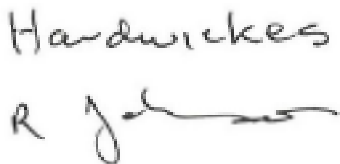
**Independent Audit Report to the members of Australian Indigenous
Doctors' Association Limited**

Opinion

In our opinion the financial report of Australian Indigenous Doctors' Association Limited is in accordance with the *Corporations Act 2001*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2014 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

5 September 2014

Canberra, ACT

CHIEF EXECUTIVE OFFICER'S REPORT

People

Wiradjuri

Commenced with AIDA

July 2014



Ms Kate Thomann

The Australian Indigenous Doctors' Association (AIDA) is a vibrant and professional organisation with a long track record of success. AIDA advocates for improvements in Indigenous health in Australia and encourages Aboriginal and Torres Strait Islander people to work in medicine by supporting Indigenous medical students and doctors. While I have only recently taken up the position of Chief Executive Officer (CEO) of AIDA, it is clear that AIDA has had a full and active year. I am pleased to report the following activities against the headlines outlined below.

National Leader in Health – AIDA Representation and Engagement

The views of AIDA and our members are highly sought-after in policy, programs and advocacy settings. Over the past twelve (12) months AIDA received a significant number of requests for member representatives to speak or present at various conferences, forums and meetings. In addition, AIDA is represented on approximately forty (40) committees and bodies nationally, providing medical, clinical and policy advice, including to: Government advisory committees; specialist college groups; peak health organisations; and education organisations.

We are active partners in the National Health Leadership Forum (NHLF) and the Closing the Gap Steering Committee working to close the life expectancy gap between Indigenous and non-Indigenous Australians.

Policy Development

AIDA was actively engaged in the following policy development:

- development of a range of submissions, representations and advocacy for AIDA and our members, as well as Aboriginal and Torres Strait Islander people and health services more broadly; and
- negotiations for the development of an implementation plan for the National Aboriginal and Torres Strait Islander Health Plan.

Medical and Cultural Knowledge and Connections

As an advocate and representative voice for Aboriginal and Torres Strait Islander doctors and medical students nationally, AIDA and our members have considerable medical, clinical and cultural knowledge and expertise. AIDA has:

- delivered the Research Master Class in partnership with the Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute (SAHMRI), designed to increase AIDA members medical research knowledge and expertise;
- continued our strong relationship with Ngangkari and staff from Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council; and
- continued our global relationships with other Pacific Region Indigenous Doctors including: Te ORA - Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association of Aotearoa); Ahahui o na Kauka (Association of Native Hawaiian Physicians); Indigenous Physicians Association of Canada; and Medical Association for Indigenous People of Taiwan.

Stakeholder Engagement

One of AIDA's strengths is our extensive and productive collaborative relationship with stakeholders. AIDA has:

- continued its active engagement with a range of Medical Colleges including a focus on strengthening pathways into specialties for Aboriginal and Torres Strait Islander doctors;
- held face to face meetings with the President and/or CEO with each of Australia's fifteen (15) Medical Colleges;
- co-hosted with the Health Education and Training Institute (HETI) an Aboriginal and Torres Strait Islander Junior Medical Officers Roundtable; and
- engaged with Western Australia, Australian Capital Territory and South Australian Aboriginal and Torres Strait Islander communities in preparation for AIDA's community Board Meetings.

The AIDA Board visited secondary schools in Kununurra to promote education and health workforce pathways to young, aspiring and inspiring, Aboriginal and Torres Strait Islander students.

Membership Engagement and Support

Membership activities included:

- preparations for our annual conference. This year's theme is *Science and Traditional Knowledge; Foundations for a Strong Future*. AIDA is exceptionally pleased that our Traditional healers, the Ngangkari, will be participating in our October 2014 Conference and Annual General Meeting (AGM);
- providing ongoing advice and information to our members through our website and Friday Flyer;
- hosting eight (8) membership gatherings across Australia. Most recently member gatherings were held in Hobart and Adelaide;
- from May to December 2013, mentoring thirty (30) Murra Mullangari program participants (Aboriginal and Torres Strait Islander students with an interest in health professions promoting pathways and the continuum of care);
- actively implementing the AIDA mentoring strategy. Secretariat staff contacted all potential mentors and mentees to match participants. AIDA is also developing an online forum to facilitate peer support and mentoring (to be launched in December 2014);
- negotiating a mentoring program with AIDA and the RACGP; and
- progression of the 'Knowing our Members' project designed to encourage AIDA staff to be more fully aware of our members' needs.

Governance

AIDA has been involved in the following continuous quality improvement and governance activities to strengthen our operations:

1. becoming an Accredited Activity Provider of the RACGP Quality Improvement and Continuous Professional Development (QI&CPD) program;
2. RACGP CPD accreditation of AIDA's Strategic Directions Workshop, Research Master Class and October 2014 Conference;

3. achievement of unqualified audit for the 2013-2014 financial year; and
4. prepared for AIDA's Special General Meeting (SGM) and AGM, including seeking members consideration of the revised Constitution - which will be tabled at the SGM on 1 October 2014 for endorsement.

In addition, AIDA undertook the following:

- Organisational Review (October 2013);
- Constitutional Review (October 2013 to October 2014);
- Financial Reporting Review (November 2013);
- AIDA Board workshop to discuss AIDA's Strategic vision for 2015-2018 (April 2014);
- Accounting Practices Review (February 2014).

Communication and Promotion

AIDA has been involved in the following communication and promotion activities:

- over 17,000 external views to the AIDA website;
- Friday Flyer – weekly electronic editions circulated to all AIDA Members;
- Blackchat magazine editions March and September 2014, distributed to over 1,700 stakeholders nationally; and
- Student Representative Committee meetings held monthly.

Secretariat

There have been some significant changes to AIDA's Secretariat staffing over the past year.

Mr Romlie Mokak left AIDA in July to take up the position of CEO of the Lowitja Institute. I would like to acknowledge Mr Mokak's leadership and stewardship as CEO of AIDA over the past nine years. Mr Mokak's legacy is evident throughout the operations of the organisation and by its sound reputation with stakeholders.

The following staff members also left the AIDA Secretariat: Ms Leila Smith (Policy and Programs Manager), Ms Kym Bryce (Coordination Officer) and Ms Jian Li (Finance Officer).

The following staff members joined the Secretariat team: Mr Nick Lines (Project Officer) and Ms Natasha Lieschke (Executive Officer).

The following enthusiastic and dynamic staff members form the current AIDA Secretariat team (many of you will already know as familiar AIDA employees): Ms Susan Granger (Corporate Services Manager), Mr Glen Carswell (IT Officer), Ms Sam Crossman (Policy and Programs Manager), Ms Louise Cooke (Senior Policy Officer), Ms Laura Wong (Membership Officer), Mr Stephen Clarke (Communications Officer) and Ms Jasmin Hunter (Pathways Officer).

A special congratulations must be made to Ms Granger, Ms Crossman and Ms Cooke who are now accredited as Education Activity Representatives (EAR) with the RACGP.

I would like to take this opportunity to thank the Secretariat team, past and present, for all of their hard work, dedication and commitment. They make AIDA a fabulous place to work. Thank you also for welcoming me so warmly into the organisation.

Future Directions

The next few months are shaping up to be very busy and exciting. I am certain that the next AGM reporting period from October 2014 to October 2015 will be just as productive. We are involved in the 7th Pacific Region Indigenous Doctors' Congress Conference (PRIDoC) in Taiwan. We are looking to deliver an enhanced focus on the implementation of the Collaboration Agreements established across the medical education and training continuum, including supporting and consolidating our existing work with these key partners. Through the NHLF, AIDA will be actively working with the Australian Government, and other national Indigenous health workforce peak bodies, to inform the development of the implementation plan for the National Aboriginal and Torres Strait Islander Health Plan.

We will also be focused on the ongoing delivery of our mentoring project, including effective engagement with our members. Other priorities include the development of an AIDA risk assessment plan, strategic plan, communications strategy, funding diversification strategy and a Reconciliation Action Plan (RAP).

I look forward to getting to know you and working with AIDA's many members over the next year.

ONLINE MEMBERS FORUM

In 2014 the AIDA Secretariat has developed the AIDA Online Forum which is currently with the AIDA Board for testing. We anticipate this forum will be launched in December 2014. The development of the AIDA Online Forum is in direct response to Members' stated desires at the 2013 AGM for a secure platform in which to connect with each other.

Developed in-house by the AIDA Secretariat to ensure the required functionality, and originally known as the AIDA Member's Forum, this platform is now known as the AIDA Online Forum. This reflects the ability of this platform to support both mentoring as well as peer-to-peer support.

The AIDA Online Forum will be contained within the AIDA Member Login Area. To access the AIDA online Forum you will need to:

1. Log in to the AIDA Members Login Area <https://www.aida.org.au/login> (There's a reset password feature if you need to do so).
2. Click 'Proceed to the Online Forums'.
3. Read the Guidelines. These guidelines will only appear the first time you log in, unless they are altered and need another acknowledgement from users.
4. You will see some forums, for General Chat, Graduates and Students.
5. Enter the forums and view threads and posts.

The AIDA Online Forum will only be as useful as we make it. Please take the time to get online and use the Forum. The AIDA Secretariat welcome feedback on ways to make this forum more useful, and other activities that it could support.

AIDA'S ACKNOWLEDGEMENT, RECOGNITION AND AWARD GUIDELINES

Patrons	<ul style="list-style-type: none"> Presented with an AIDA scarf or tie; acknowledged on the AIDA Website and in key governance documents; invited to attend AIDA's annual conference and AGM, with AIDA funding: <ul style="list-style-type: none"> full cost of flights; meals; and up to four (4) nights' accommodation.
Past Presidents	<ul style="list-style-type: none"> Life membership (<i>This will only apply if the revised Constitution is accepted by the membership and is in accordance to Article 13(d) of the revised Constitution</i>); photograph and biography will be placed on the Past President's wall within the AIDA Secretariat and on the AIDA website under 'AIDA History' tab; invited to attend AIDA's annual conference and AGM, with AIDA funding: <ul style="list-style-type: none"> full cost of flights; meals; and up to four (4) nights' accommodation. <p>This funding will be assessed by the Board of Directors at the August Board meeting each year.</p>
Founding Executive Members of AIDA who are Indigenous medical doctors	<ul style="list-style-type: none"> Life membership (<i>This will only apply if the revised Constitution is accepted by the membership and is in accordance to Article 13(d) of the revised Constitution</i>); It is noted that the Founding Executive Members of AIDA who are Indigenous medical doctors are as follows: Dr Louis Peachey, Associate Professor Mark Wenitong, Associate Professor Noel Hayman and Professor Ngiare Brown.
Directors	<ul style="list-style-type: none"> Presented with an AIDA scarf or tie at the AGM when elected; Qantas Club membership during tenure on Board; iPad and internet account during tenure on Board; access to loss of income payments when carrying out AIDA business when leave without pay is required; and travel and accommodation allowances when carrying out AIDA business.
President	<ul style="list-style-type: none"> <i>All of the above</i>; plus: <ul style="list-style-type: none"> President's recompense as determined by the Board on an annual basis; and corporate credit card.
Retiring Directors	<ul style="list-style-type: none"> <i>President</i>: presented with gift to the value of \$200 at the AGM; <i>Directors</i>: presented with a gift to the value of \$100 at the AGM; a special acknowledgement of long standing Directors will take part at the relevant AGM; and retiring Directors will receive a letter of acknowledgement summarizing their service to AIDA.
New and Renewing Members	<ul style="list-style-type: none"> Membership pack containing: <ul style="list-style-type: none"> membership certificate; access username and password to members login area; copies of AIDA's key governance documents; AIDA notebook; and special members' gift - in 2014 this was a flat USB card. regional collegiate activities including dinners, working groups, practical assistance and other social events; voting and speaking rights at the AGM (Indigenous medical graduate and student members only); access to AIDA resources and support from the AIDA Secretariat and representatives;

	<ul style="list-style-type: none"> • Blackchat newsletter and weekly electronic Newsletter – Friday Flyer; • reduced registration for AIDA's conference; • opportunities for students to apply for financial assistance (scholarships) to attend AIDA conference and AGM; • medical school entry and support information for Indigenous medical students across all Australian universities; • collegiate and professional links with medical schools and university Indigenous [health] support units across Australia; • input into AIDA representation at local/State/Territory and Commonwealth levels on Aboriginal and Torres Strait Islander health, education and workforce issues; • mentoring, networking and career development opportunities; • links with international Indigenous doctors associations including Te ORA (Maori Physicians Association), A ha Hui o na Kauka (Native Hawaiian Physicians Association), Indigenous Physicians Association of Canada (IPAC) and the AAIP (Association of America Indian Physicians) and Taiwan (MAIPT); • access to loss of income payments when carrying out AIDA business; and • travel and accommodation allowances when carrying out AIDA business. This includes members on relevant committees, groups and presenters.
Retiring SRC Members	<ul style="list-style-type: none"> • Presented with gift to the value of \$30 at the AGM.
New Graduates	<ul style="list-style-type: none"> • Painted stethoscope, AIDA pin and framed certificate presented at AIDA's conference; • 50% of return flights to/from AIDA conference; and • four (4) nights' accommodation during the AIDA conference and AGM.
New Fellows	<ul style="list-style-type: none"> • Painted framed stethoscope presented.
AIDA Conference and PRIDoC Presenters	<ul style="list-style-type: none"> • Presented with gift to the value of \$80 following their presentation; and • flights and accommodation as determined by the relevant organising committee.
PRIDoC Member and Observer Countries	<ul style="list-style-type: none"> • Following each PRIDoC each member country presents the other member countries and the observer countries with a gift(s). It has been convention for AIDA to present the President of the other member and observer countries with a gift to the value of \$200.
Current Staff	<ul style="list-style-type: none"> • Classified as employees and acknowledged in accordance to the terms and conditions of their employment contracts and legislative requirements; and • all staff presented with gift to the value of \$30 at each AGM.
Departing Staff	<ul style="list-style-type: none"> • Presented with a gift to the value of between \$30 and \$200, depending on length of employment and upon the CEO's discretion. If the CEO is departing, the Board will determine the gift and its price.
Births	<ul style="list-style-type: none"> • Upon notice and/or photograph of a birth, AIDA may publish the photo and relevant information in Friday Flyer.
Deaths	<ul style="list-style-type: none"> • Upon notice of a death, the CEO in consultation with the Board will make a decision as to the appropriate action required. This will be considered on a case by case basis.

AIDA AWARDS – To commence in 2015

At the June 2014 Board meeting, the establishment of an AIDA Awards Committee in 2015 was endorsed. The Awards Committee will develop guidelines and parameters in relation to the following awards, of which will be presented for the first time during AIDA's 2015 conference:

- AIDA Graduate Award;
- AIDA Student Award; and
- AIDA Member Award.

The Board agreed that awards would be presented in the form of a certificate/gift or shield and not be of a monetary nature.

PRESIDENT'S REPORT

Qualifications

B Med, FRACGP

People

Tasmanian Aboriginal

Current Place of Work

Scone Medical Practice, NSW.



Dr Tammy Kimpton

The past year has been a time of change for AIDA. We have undertaken a process of Constitutional review, began the implementation of our Organisational Review and, perhaps most importantly, seen a change in CEO's.

After nearly nine years, Mr Romlie Mokak announced his resignation from AIDA. During that time, he has seen the organisation through a variety of significant changes and has strengthened the Secretariat team, encouraging staff in their professional development and forming new roles in line with AIDA's strategic plan. It has been an enormous pleasure to have the opportunity to work with, and learn from Mr Mokak during his time with AIDA. I would like to once again wish Mr Mokak every success in his new role with the Lowitja Institute.

Our new CEO, Ms Kate Thomann, brings an enthusiastic and energetic approach. After a long history working in the public service, Ms Thomann brings a broad range of skills into her new leadership role. I am looking forward to working with her as AIDA continues to implement the recommendations from our Organisational Review and through the development of a new strategic plan.

The 2013 AIDA Symposium in Canberra was a wonderful celebration and consideration of culture. It was a great pleasure to be joined by our international guests Dr Ole Mathis Hetta, Dr Terry Maresca and her partner Mike. The Symposium was, as always, a great opportunity to make new friends and to catch up with old ones.

Throughout the year, the AIDA Board have participated in governance training, financial training and undertaken a strategic directions workshop. We have revised the Constitution and commenced work on the recommendations from last years Organisational Review. We have held membership dinners in Canberra, Adelaide, Hobart, Townsville, Darwin, Sydney, Newcastle and Adelaide. We held our community Board meeting in Kununurra. Once again, I was particularly impressed by our school visits.

Representational Activities during this year include

- NHLF. This important forum has met regularly throughout the year. We attended the Close the Gap Launch at Parliament House, taking the opportunity to meet with politicians and other key stakeholders.
- CPMC Forum Sessions and representational activities with specific colleges by invitation.
- CPMC Indigenous Health Subcommittee Co-chair. This committee oversaw the development of the Inaugural CPMC-AIDA Indigenous Knowledge Initiative in November 2013. This committee also had input into the drafting of the CPMC Project Report and assessment of the project in relation to contract deliverables.
- 2013 IGPRN Workshop and Multiparty Meeting.
- RACGP Annual Conference GP 13. I attended to present an invited paper on how RACGP can support Aboriginal and Torres Strait Islander Registrars. The paper touched on our mentoring framework, our recent cultural safety paper and the need to work collaboratively.
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP) annual congress. I attended the annual President's dinner, and several of the Congress sessions. I represented AIDA at the Academic Session, where Dr Marshall Watson was awarded his Fellowship. Dr Maria Tomasic and I co-presented a session on increasing the number of Aboriginal and Torres Strait Islander psychiatrists.
- Auckland visit. Visit to Pasifika Medical Association and attendance at Medical Deans Australia and New Zealand Inc (Medical Deans) Annual Conference.
- Heath Workforce Australia National Medical Training Advisory Network executive group. Providing advice on workforce modelling and alternative scenarios. This important forum also provides a good opportunity for liaising with key stakeholders.

- National Health and Medical Research Council (NHMRC) capacity building forum. This was an excellent opportunity to share AIDA's research agenda and gather ideas for how we can continue to develop research capacity amongst our membership.
- Australian Medical Association (AMA) and Beyond Blue Mental Health round table. This round table was a response to last year's Beyond Blue report into mental health of Doctors and medical

students. The key points for discussion were how we can better support students and Doctors to be empowered in their mental health, to remain healthy and to recognise when their mental health is suffering.

Finally, I would like to thank my Board colleagues for their dedication throughout this very busy year, and the entire AIDA Secretariat for their commitment and excellent quality work.



AIDA Board members and students at St Joseph's primary School, Kununurra

VICE PRESIDENT'S REPORT

Qualifications

MBBS, FRACGP

People

Warnman people, of the Martu language group of Western Australia

Current Place of Work

Nunkuwarrin Yunti, SA.



Dr Kali Hayward

This year has been a year for review and change. As an organisation AIDA has undergone both an Organisational Review as well as a Financial Review. We have also undertaken a Constitutional Review. This will enable AIDA to remain strong and sound in its Governance in the future.

AIDA also said farewell to Mr Romlie Mokak who has been AIDA's CEO for the last nine years. His contribution to this organisation has been phenomenal. I would personally like to thank him for his hard work and dedication and for the support he has offered me during my time on the Board.

With the farewell of one CEO we welcomed another, Ms Kate Thomann. Her past experience will support our current work and enable us to continue to build on this work in the coming years.

During the year following on from our last AGM I continued to co-chair the GPET Aboriginal and Torres Strait Islander Health Training Advisory Group. Unfortunately with the work of GPET being transferred to the Department of Health (DoH) this role ended on 25 July 2014.

I was very honoured to be asked to attend the opening of parliament and witness the swearing in of Ms Nova Peris into the senate. Aunty Matilda House told Prime Minister Tony Abbott that she will be keeping an eye on him.

I also attended the NHMRC Indigenous Research Capacity forum which was held in Brisbane. AIDA completed its first research masterclass in August this year.

I presented at the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Indigenous Women's Health Meeting which was held in Adelaide in May. The presentation was on women's midlife health issues. The following day I gave a brief presentation to the Indigenous Women's Health Committee. The President of RANZCOG was also in attendance and there was a robust discussion about pathways into the college and barriers which impact on our graduates.

I also attended RANZCOG's RAP launch.

I presented at the National Aboriginal and Torres Strait Islander Academics in Teacher Education forum after AIDA received a request to provide a presentation discussing our journey as an organisation from conception to a company limited by guarantee. They are hoping to walk a similar journey.

On 10 July 2014, I attended the launch of GPET's second RAP as well as the launch of the second edition of "Give us a break", written by Aunty Val Dalstrom. This book is used in Aboriginal and Torres Strait Islander training within Regional Training Providers (RTP's).

I have taken part in teleconferences regarding PRIDoC, LIME and a teleconference with our President Dr Tammy Kimpton and the AMA President Dr Steve Hambleton in which we discussed the Personally Controlled Electronic Health Record (PCEHR). I also participated in the Executive teleconferences which have been held during the year.

I attended the Royal Australasian College of Physicians (RACP) Aboriginal and Torres Strait Islander Health Advisory Committee and the specialist access roundtable in August.

Recently Adelaide AIDA members attended a membership dinner. This was well represented by student, graduate and associate members. The membership dinners are usually the only way members get to gather outside of the AIDA conference.

Unfortunately I could not attend the community Board meeting in Kununurra due to a prior teaching commitment. From the feedback received from my fellow Board members it seemed that the visit was a success and much appreciated by the community.

I look forward to the upcoming conference in Melbourne and want to thank the Board for their continued work and the Secretariat for their on-going support.

SECRETARY'S REPORT

Qualifications

B Med

People

Barkandji and Kamilaroi (Quirindi)

Current Place of Work

Resident at Orange Hospital, NSW.



Dr Sean White

The Secretariat has seen some changes over the past twelve (12) months with the departure of Mr Romlie Mokak and Ms Leila Smith, both of whom had a wealth of knowledge and commitment to AIDA's growth and development. However we are very excited to welcome Ms Kate Thomann to the position of CEO, who will continue to work with what we know is a very effective Secretariat team.

Since the March Board meeting I have participated in monthly Executive teleconferences. The Executive continues to review new memberships with the majority of applications meeting the new criteria of membership. This includes Proof of Aboriginality and the new membership fee.

I was part of a selection committee for the Aboriginal Medical Workforce Health Education and Training Institute (HETI) Junior Medical Officer (JMO) placement in NSW for 2015. The program commenced in 2010 and has increased each year. Twenty (20) applications were received this year.

In August the HETI-AIDA round table was held in Redfern. Final year medical students are encouraged to use the selection program for their internship placement allocations. AIDA will continue to support and participate in this process.

I have been a member on RANZCP's Aboriginal and Torres Strait Islander Mental Health Committee and will unfortunately not be able to continue for another term. The Secretariat and I are currently seeking a Psychiatry Registrar to be part of this committee. The Secretariat continues to provide input to the RANZCP Board in regards to training modules and recruitment and support for Registrars and medical students.

I was unable to attend the National Indigenous Drug and Alcohol Committee meeting Adelaide 12-13 August 2014.

I am also an AIDA representative on the Heart Foundation Lighthouse Hospital Project Phase two External Advisory Group, and look forward to contributing to this group.

The Constitutional Review is progressing well with the Boards guidance and membership feedback. I believe we have a robust document, follow extensive review and member consultation.

I am looking forward to another exciting year with AIDA, particularly in the context of the Constitutional Review, a new strategic plan and catching up with everyone in Melbourne at our annual conference.



AIDA Board members and staff visit Kununurra

TREASURER'S REPORT

Qualifications

B Med, FRACGP

People

Palawa, TAS

Current Place of Work

Davey Street Medical Centre, Hobart TAS.



Dr Tanya Schramm

This has been a very busy twelve (12) months and we, as a Board, have been looking to the future strengthening our engagement with members and stakeholders. We have proposed many changes that will allow us and our membership to grow from strength to strength in the future. This is very important to me as my own daughter has left the fold to commence her own journey through medicine at the University of Newcastle. I am proud of her and her achievements.

I continue to divide my time between my family, my commitments to the AIDA Board, along with my work at the Aboriginal Health Service in Hobart and the Davey Street Medical Centre.

I have worn many hats over the last twelve (12) months and have been committed to the organisation leading us down the path of change, which will strengthen our organisation and ensure our future success.

I remain committed to advancing the mentoring project and have been involved in mentoring for the RACGP exams. I continue to represent the Board at the RACGP Faculty of Aboriginal and Torres Strait Islander Health. I was very proud to be in attendance in this role at GP 13 and watched with pride the Welcome to Country provided by one of our new Fellows, Dr Aleeta Fejo and to then witness the seven (7) proud Indigenous Fellows receive their Fellowship in the new college sashes.

I have also continued to be involved with Cancer Australia over the last year. During this time I have been involved with the development of an educational resource on lung cancer for use in Aboriginal and Torres Strait Islander communities. This resource is designed for use by Aboriginal Health Workers, to run community based small group education sessions on this topic, to raise awareness and improve outcomes for our people. This has followed on from a successful resource on

breast cancer and women's health a couple of years ago. This has also seen the first Aboriginal and Torres Strait Islander cancer specific forum held in Brisbane in May.

The University of Tasmania has continued to allow me to be involved with their medical science taster days, where students from years 9/10 and 11/12 attend the University for the day and look at the different career options, from medicine to paramedics to research. The future looks bright as we have a few students considering medical careers. This year has also seen the first membership dinner in Hobart. With Mr Ben Armstrong, our Director (Student) residing in Hobart, this gave us an amazing opportunity to link up with two members in Launceston working at the hospital, along with our University of Tasmania students who relished the opportunity to meet other Aboriginal doctors. Our future lies in continuing to support all our student members, graduate members and Fellows.

We ventured to Kununurra for our Board meeting in community this year. This was an amazing experience especially for this southerner. The children were bright and enthusiastic and I enjoyed the chance to tour the dialysis unit at the Kimberley Aboriginal Medical Services Council (KAMSC).

Sadly, I note the resignation of our long-standing CEO Mr Romlie Mokak and would like to acknowledge his amazing contribution to our organisation. I acknowledge the great support of his family as well and thank his lovely wife and children for supporting his long-standing commitment to our organisation. I wish him every success in his future endeavours. We will miss Mr Mokak greatly. I welcome Ms Kate Thomann to the position of CEO and look forward to working alongside her.

DIRECTOR'S REPORT

Qualifications

MBBS, FRACGP

People

Merimam People, Torres Strait Islands

Current Place of Work

Fernlands Radius Medical Centre, QLD.



Dr Danielle Arabena

At the December 2013 Board meeting we welcomed our new Board members, undertook governance training, held discussions around our future strategic directions and attended finance training with Hardwicks accounts. From these discussions, it was agreed we would undertake a strategic directions workshop in April.

From this work, AIDA's Board reviewed the current Constitution to both strengthen and maintain AIDA's future, particularly around areas of membership and governance structures. To help with this process, the AIDA Board consulted with Mr Geoff Carter who has extensive experience with strategic governance, along with Lawyers from Clayton Utz. We consulted with our membership and sought feedback on our draft constitution, and will be holding a SGM prior to the AGM seeking endorsement of this document.

On a personal note, I am very happy to announce that after eighteen (18) months of study I will be following this year. I would like to thank my fellow Board members for their support and mentoring during this period. Given my study workload as I moved towards achieving my RACGP Fellowship, I was a proxy representative for a couple committees and to date I have not had to attend any representative committee meetings.

Additionally I have been mentoring and running study groups for our Indigenous GP registers through my role as a GP Medical Educator to assist with exam preparation. I have also been maintaining an active role in the IGPRN, in the role as mentor and educator. I will be facilitating a mock Objective Structured Clinical Examination (OSCE) examination at the upcoming IGPRN workshop in Brisbane and I will also be running a workshop on Mindfulness Meditation for GP registrars.

I think it is very important professionally, spiritually and culturally, that we gather regularly during the year to support each other. One of the annual highlights for our mob is the AIDA conference.

I have been a member of the 2014 AIDA Conference Committee: *Science and Traditional Knowledge: Foundations for a Stronger Future*. This is shaping up to be an excellent program with breakout sessions and opportunities to spend time immersed in culture through dance and spending time with the Ngangkari. Again as always, I would like to acknowledge all the hard work done by our Secretariat who continually set a high benchmark of excellence which allows AIDA to continually perform at a high standard on the domestic and international stage.

Finally, I would like to acknowledge the transitions in AIDA. As we know change and transition can be a difficult and challenging time for an organisation, but we should be mindful that change of any type is inevitable.

For some, change may signify the end of something, for others it is a new beginning. Change just is. It is with a great sadness in my heart that we say goodbye to Mr Romlie Mokak as he starts with his new role as CEO of the Lowitja Institute. I would like to personally thank him for the inspirational and inspired work he has done for AIDA over the last nine (9) years. I would like to welcome Ms Kate Thomann as the CEO and very much look forward to working with her for my remaining time on the Board. Additionally, I would like to thank both Dr Tammy Kimpton and Dr Kali Hayward for staying on in their current roles, assisting with the transition by providing strong and stable leadership for the organisation.

DIRECTOR'S REPORT

Qualifications

MBBS, Diploma in Child Health, FRACGP

People

Kitja, WA

Current Place of Work

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



Dr Catherine Engelke

At the completion of my first two year term on the AIDA Board, I feel very privileged to have had this opportunity. I continue to live and work in Kununurra. My time is spent working as a District Medical Officer (DMO) at the Kununurra District Hospital (KDH) in general practice, emergency medicine, on-call and remote medicine conducting Royal Flying Doctor Service (RFDS) clinics to Warmun and as a medical educator for the University of Western Australia (UWA). I have three fifth (5th) year medical students who are permanently studying and reside in Kununurra for the year. In addition, two (2) to three (3) medical students from around the country are completing rural clinical placements of varying durations in Kununurra, at either the AMS or KDH.

In April, the Board undertook a Strategic Directions Workshop in Canberra, which was facilitated by Mr Geoff Carter. I found this workshop to be extremely worthwhile, as it examined the process of formulation and implementation of a Strategic Plan and provided the Board the opportunity to review AIDA's Constitution and its current Strategic Plan.

AIDA has again undertaken a number of large works this year, namely the organisation review, the financial reporting and accounting practices review, the completion of the Murra Mullangari project and the Constitutional review.

Following the recommendations from AIDA's 2013 Organisation Review, the AIDA Board, CEO and the Corporate Services Manager were involved in a review of AIDA's Constitution. The proposed changes to the Constitution have been circulated to the membership for consideration and comment, and the final draft will be considered further by the AIDA members at the up and coming SGM in Melbourne in October 2014.

In May I attended the AIDA membership dinner held in Perth. It was a great night, as I had the opportunity to catch-up with old friends and make new ones. It also provided our members the opportunity to share issues and achievements, and this sparked some

good conversations. It was great to meet a number of "Countrymen" who are nearing the completion of their medical training and who indicated their intention to return home to the Kimberley to work as Doctors.

A highlight of the year was the community visit to Kununurra. It was fantastic to have the opportunity to welcome the Board to my home. The visit to the school generated much talk amongst the children at the two schools we attended, and great reports filtered home via my daughter as to the success of the day. It was debatable as to who had the most fun, the school children or the members of the Board. The message "dreams can be achieved with hard work and a lot of determination" was well received by the students who attended our workshops.

I have also had the opportunity to Chair the AIDA 2014 Conference Committee. This committee has solely been responsible for the planning and development of the program for the AIDA conference in Melbourne in October 2014. The original Chair was Mr Romlie Mokak, and I took this position prior to his resignation. The Conference Committee has worked tirelessly to ensure that this event is exceptional. I also chaired the Abstract Committee for the conference. A priority of this committee was to promote the research theme: *Science and Traditional Knowledge: Foundations for a Stronger Future*. Unfortunately, I am unable to attend the conference and AGM as I will be overseas, but will certainly be in Melbourne in spirit.

AIDA has undertaken many changes this year none more than the resignation of Mr Romlie Mokak and the appointment of Ms Kate Thomann as CEO of AIDA. I would like to take this opportunity to say an enormous thank you to Mr Mokak for his commitment, vision and drive over the last nine (9) years as CEO of AIDA. He will be sadly missed and I thank him for leaving AIDA in a stronger place than when he arrived.

I would also like to extend a warm welcome to Ms Kate Thomann as CEO of AIDA.

DIRECTOR'S REPORT

Qualifications

B Science, B Med, FRACGP

People

Nyoongar, WA

Current Place of Work

General Practice, Sydney, NSW.



Dr Angela Forrest

It has been a pleasure and honour to be a part of AIDA's Board over the last twelve (12) months. This has been my first (1st) year on the Board and it is great to work with such a wonderful group of doctors and representatives who are so dynamic and inspirational. It has been a busy and productive year and as usual AIDA has produced lots of great work.

Over the last year the Board has had governance training lead by Mr Geoff Carter, which provided a good overview of the roles of Directors and organisations, and provided good guidance and assistance with the formation of our strategic direction.

The Board has spent the last year reviewing the Constitution with the aim of strengthening the sustainability of our organisation and looking ahead as the association grows and becomes even more influential. Ways of maintaining best practice governance particularly around the structure and membership categories, have been clarified. This will be discussed and voted on by AIDA members at a SGM in Melbourne in October 2014.

AIDA has been a part of the Remote Vocational Training Scheme Reference Group and I have been the representative on this group. This involves supporting ten (10) general practice registrars mainly working in Aboriginal Community Controlled Health Organisations. There is a lot of support provided to the registrars including workshops, a comprehensive orientation program, webinars, and also a supervisor, medical educator and a cultural mentor appointed to each registrar.

The RACGP Indigenous Fellowship Excellence Program continues and AIDA continues to be involved. I attended the January meeting where GP Registrars were matched with an RACGP fellow for mentoring. Discussions around study, exam techniques and 'typical' exam questions occurred.

AIDA also has a mentoring program and have appointed a temporary Project Officer to facilitate this. Mr Nick Lines and Ms Louise Cooke have been focusing on writing an AIDA mentoring handbook. Mr Lines is keen to get in contact with more interested people who

would like to be a mentor, or to be mentored, so as to expand this program.

Mr Romlie Mokak, who has been a cornerstone of AIDA for the last nine (9) years, has left AIDA. His dedication, vision and hard work alongside his calm and competent manner has inspired and been admired by many - and will be sorely missed. Fortunately he is still a part of AIDA and is attending the AIDA conference in Melbourne. We wish him all the best at the Lowitja Institute. Ms Kate Thomann, AIDA's new CEO, is very enthusiastic and insightful and we look forward to her working and staying with AIDA for a long time as it grows and matures.

I have changed my representation on the National Faculty of Aboriginal and Torres Strait Islander Health Board for the RACGP from the Tasmanian Representative to the AIDA representative, as I no longer live in Tasmania. Dr Tanya Schramm is now the Tasmanian Representative on this Board. This Board has been active in providing feedback to various groups and organisations including providing feedback regarding the governments proposal of a co-payment for GP visits, in particular how it will affect Aboriginal and Torres Strait Islander patients and community controlled health services.

It was a great privilege to visit Kununurra in June where the Board conducted a community visit. The June Board meeting was held in this amazing part of the country and one could see why people from this area are so passionate about it.

I want to thank the AIDA Secretariat for all their support during the year. They work so hard in support of AIDA and all of the members. I would also like to thank all the Board members for their continual enthusiasm and support and in particular our President Dr Tammy Kimpton for her seemingly tireless leadership, sensitivity and strength. Previous AIDA events have always been a great time to catch up with friends and colleagues from afar in both distance and time, and to meet new AIDA members. To all the AIDA members I look forward to another challenging and wonderful year representing this great organisation that is AIDA!

DIRECTOR'S REPORT

Qualifications

MBBS, FRACGP

People

Kitja, WA

Current Place of Work

Medical Director – Kimberley Aboriginal Medical Services Council, WA.



Dr Stephanie Trust

My role as Medical Director at KAMSC continues to be very busy. We have been expanding renal services, improving our population health management and remote services, and consolidating our training within the organisation. Over the last eight (8) months we have also been focusing on improving clinical and cultural governance within the Kimberley.

In addition, my position enables me to maintain a solid understanding of the regional, state and federal political landscape which, I feel, allows me to contribute to the strategic planning within AIDA.

Face to Face Board Meetings

I enjoy attending our face to face Board meetings and contributing to the healthy and robust debates and discussions that help steer the future direction of AIDA.

Last year, I enjoyed the AIDA school visit to the Tiwi Islands and a particular highlight was in June this year when we hosted the AIDA Board in Kununurra and had the opportunity to talk to our local school children, many of who I am related to.

We have had many challenges this year and the two that have had the most impact include the resignation of our long time CEO Mr Romlie Mokak, and the AIDA Constitutional Review. I think we have risen to these challenges as a Board, under the guidance of our President Dr Tammy Kimpton, and the fantastic staff at the Secretariat. Testament to this is our recruitment of Ms Kate Thomann and the changes to the revised Constitution that are up for consideration by the membership at the SGM in October 2014.

Representation

- Puggy Hunter Memorial Scholarships Scheme Working Group;
- Acute Care Working Group for Better Cardiac Care for Aboriginal and Torres Strait Islander People Forum;
- Membership of the Lowitja Institute;
- Royal Australasian College of Physicians Aboriginal and Torres Strait Islander Health Expert Advisory Committee;
- Aboriginal and Torres Strait Islander Health Advisory Committee (ATSIHAC) Specialist Access Roundtable; and
- Royal Australasian College of Physicians Indigenous Trauma Symposium - conference presentation.

I would like to continue to build on the solid policy work and strategic direction that we have been working on over the last couple of years.

I believe that because of my current position and previous experience I bring a level of expertise, especially within a rural and remote context, to the Director position on the AIDA Board.

I believe in the vision and values of AIDA and I want our people to have equitable health and life outcomes. I think that AIDA has gained a solid reputation as a professional organisation that maintains strong cultural integrity.

DIRECTOR'S REPORT

Qualifications

MBBS

People

Torres Strait Islander Descent

Current Place of Work

Hervey Bay and Maryborough Hospitals, QLD.



Dr Alicia Veasey

It has been a pleasure to complete my first term as a graduate member on AIDA's Board. It has been a productive past year, with the organisation undergoing major personnel changes and a Constitutional Review.

My husband and I made a coastal move to Hervey Bay this year where I currently work as an Obstetrics and Gynaecology Principal House Officer. I have been fortunate to receive an offer for RANZCOG training, so will commence training as an Obstetrics and Gynaecology registrar in 2015. I am also continuing to study towards a Masters of Public Health and Masters of Health Management through the University of New South Wales. Unfortunately, with so many commitments, I am unable to continue on the AIDA Board.

Over the past two years 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. The college has a number of strategies and projects that they are implementing to assist our mob. Of note, the RACS Indigenous Health Committee together with the Trauma Committee and the Provincial Surgeons of Australia (PSA) collaborated on a joint symposium 'Injury in Indigenous Populations - Learning from each other' in August, 2014.

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. The NICHE Portal is an initiative of the Australian Specialist Medical Colleges of Australia. It aims to provide a central information point for medical specialists seeking information as well

as access to accredited learning modules, activities and resources in Aboriginal and Torres Strait Islander health. The portal was launched late last year and continues to go from strength to strength as further resources and activities are added.

As always, a real highlight of the past year has been the community visit. This year we were honoured to be invited into the Miriwoong Gajerrong community in Kununurra, Western Australia. It was fun and rewarding to spend the day with the school children, talking about careers in health and teaching a bit of basic suturing. It was also interesting to meet with community members and to hear about the challenges they face and the success that they have achieved, especially in regards to the obtainment and running of a local dialysis unit.

I wish to congratulate Ms Leila Smith, recent AIDA Policy and Programs Manager, for the completion of her Masters at Cambridge University this year and her new position as Consultant at Nous Group.

It was with a heavy heart that AIDA farewelled our beloved CEO, Mr Romlie Mokak, who has taken up the well deserved position of CEO at the Lowitja Institute. Mr Mokak's tireless commitment to AIDA over the past near decade is greatly appreciated and his smiling face will be missed. He played an integral role in my personal and professional development from a timid medical student to a confident doctor in training, and I know that he will continue to make improvements for all our mob into the future.

Needless to say, our organisation has been left in capable hands with Ms Kate Thomann, who has boldly stepped into the AIDA CEO position and has hit the ground running. I am positive AIDA will continue to grow and maintain our leadership in Aboriginal and Torres Strait Islander health and wellbeing.

DIRECTOR (STUDENT) REPORT

Qualifications

B Biomedical Science, MBBS (Final Year)

People

Tasmanian Aboriginal

Current Place of Study

University of Wollongong, NSW.



Mr Ben Armstrong

This year has been both very busy and exciting for me, with plenty going on at university, and with AIDA. It's been an absolute pleasure to represent AIDA's members, and to be able to spend time with and learn from the other Directors.

This has been a huge year for change at AIDA, with the Board working very hard towards a new, updated Constitution, and the year also saw the departure of a number of long-term staff from the Secretariat.

I would like to acknowledge and thank all the staff at the AIDA Secretariat, and in particular, those that have been with us long-term, but have moved on this year. Your efforts and dedication have made my term a smooth and pleasant journey, and collectively, you've all been a part of making AIDA what it is today. A special thank you must also go to Ms Jasmin Hunter, our Medical Education Officer - the year would not have been what it was without her support and assistance. Her dedication and organisational skills were the secret ingredients for a successful year for me. I must also thank Mr Romlie Mokak for his outstanding leadership and support during my time on the Board and SRC.

This year we also gladly welcomed our new CEO, Ms Kate Thomann to the AIDA family. Ms Thomann seems to have already settled into the Secretariat and her role, and I am confident that she will propel AIDA into new and exciting directions.

One of the most pleasurable aspects of my role as Student Director has been in my capacity as the chair of the SRC. This year's SRC was the biggest I've been a member of, with fifteen (15) universities represented, and was composed of many fresh faces,

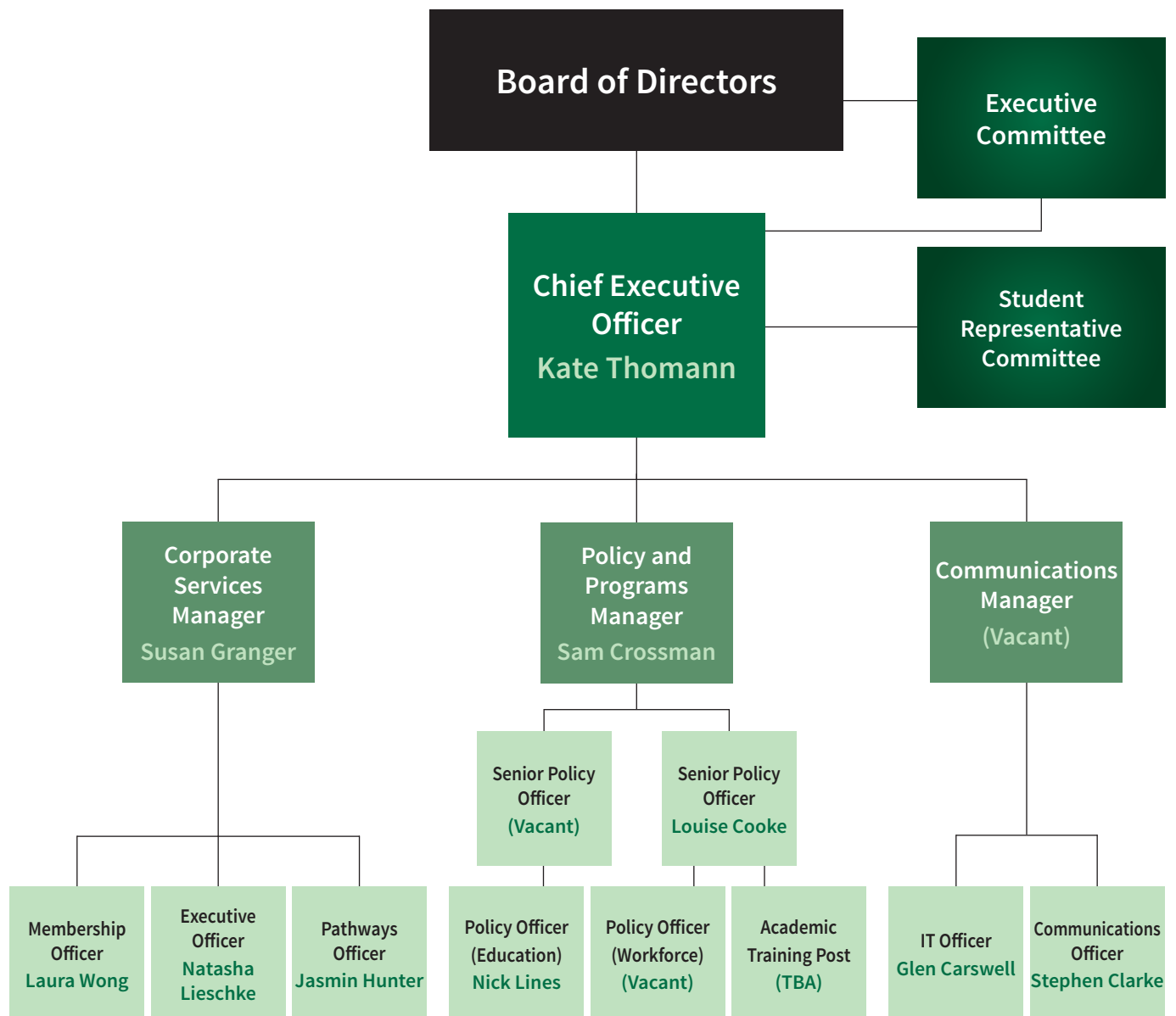
as well as a couple of old hands. From the get-go, your student reps have been positively bursting with dedication, energy and enthusiasm - and it has been my utmost pleasure to work with them. As our student membership grows larger with each passing year, our SRC representatives become increasingly important in maintaining the connection between the AIDA company, and our student members. After working with this year's SRC, I can confidently say that AIDA is in safe hands for the future.

Each year the SRC puts together an annual project, and this year have chosen to create the Indigenous Medical Students Guide to Medical School. Your representatives have worked incredibly hard towards putting this together, and I believe it will prove to be a valuable resource for all our students.

This year, with the SRC behind me, I have also spent some time engaging with other non-Indigenous, student-based medical organisations. In the next year, in the hands of a new Student Director, hopefully we will see continued and increasing collaborative engagement with our non-Indigenous colleagues.

Within my medical school journey I have now completed my barrier examinations and I am absolutely relishing my final six (6) months of electives. Thanks to being on an elective, I was privileged recently to attend my first AIDA event on my home Country in the form of the Hobart membership dinner - a very special night for me. The AIDA membership has been one of the greatest forms of support throughout my medical schooling. I would like to thank the whole AIDA family for their ongoing assistance and companionship over the last four (4) years.

ORGANISATIONAL STRUCTURE



Vision - For Aboriginal and Torres Strait Islander people to 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; and
- 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; and
- highest standards of professionalism and excellence.

Objective	Strategy	Performance
National Leader in Health	Partnerships with Aboriginal and Torres Strait Islander communities	<ul style="list-style-type: none"> • Engage with Aboriginal and Torres Strait Islander youth in relation to careers in health by visiting twelve (12) schools each year; and • 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	<ul style="list-style-type: none"> • 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; and • make contact with five (5) key organisations and/or individuals about AIDA's work annually.
	Promotion of AIDA and our members work	<ul style="list-style-type: none"> • 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 conference held in October each year; and • publish AIDA Annual Report (yearly) and Blackchat (four [4] times each year).
	Provision of policy expertise	<ul style="list-style-type: none"> • 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; and • two (2) policy papers completed each year.
	Strengthen and develop AIDA's advocacy role	<ul style="list-style-type: none"> • Build current and new partnerships for Aboriginal and Torres Strait Islander health; and • 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	<ul style="list-style-type: none"> • Increase in Aboriginal and Torres Strait Islander medical graduate and 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 conference increases by 10% each year from 2011 - 2015; and • four (4) AIDA gatherings held each year with at least 50% of Aboriginal and Torres Strait Islander members from that location in attendance.
	Strengthen AIDA Students	<ul style="list-style-type: none"> • Implement Student Strategy by December 2013; and • evaluate Student Strategy by December 2014.
	Strengthen AIDA Graduates	<ul style="list-style-type: none"> • Implement Graduate Strategy by December 2014; and • evaluate Graduate Strategy by December 2015.
	Strong connection with community and culture	<ul style="list-style-type: none"> • 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); and ◦ space for story, song and dance (at least once each year).
Secure and sustainable resources	Consolidate AIDA's financial sustainability	<ul style="list-style-type: none"> • Three year Commonwealth funding agreement agreed by June 2011; • develop and implement Corporate and Philanthropy Strategy by June 2013; and • lodge submission for funding support to Commonwealth Education and Employment portfolio agency by June 2011.
	Build AIDA's Strategic Human Resource Management	<ul style="list-style-type: none"> • Develop and implement Human Resource Management Strategy by June 2013.
	Establish a Resource Allocation Framework	<ul style="list-style-type: none"> • Develop and implement AIDA Resource Allocation Framework by December 2011.
	Consolidate Organisational Leadership	<ul style="list-style-type: none"> • Articulate AIDA's approach to succession planning by December 2011; and • identify and develop future AIDA leaders through assisting at least three (3) Aboriginal and Torres Strait Islander medical graduate and student members to access leadership development activities each year.
	Protect AIDA's reputation and value	<ul style="list-style-type: none"> • Develop and implement an approach to optimise AIDA's intellectual property and brand by June 2012.

Objective	Strategy	Performance
Sound Governance	Recognised as a national leader in good governance	<ul style="list-style-type: none"> • AIDA is a finalist in the National Indigenous Governance Awards by June 2011; and • become accredited under a relevant agency by June 2014.
	Ensure Accountability and Transparency	<ul style="list-style-type: none"> • Continue to implement a process of policy and procedure development and review to ensure compliance with AIDA's Constitution.
	Manage identified risk	<ul style="list-style-type: none"> • Develop Risk Management Strategy by December 2012; and • implement Risk Management Strategy by December 2013.
	Strengthen AIDA's Quality Improvement processes	<ul style="list-style-type: none"> • Develop and implement an approach to evaluate organisational performance by December 2011; and • develop an approach for the Board to review its performance by December 2012.
Medical and Cultural Knowledge	Develop, articulate and communicate AIDA's medico-cultural knowledge	<ul style="list-style-type: none"> • 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; and • 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	<ul style="list-style-type: none"> • Develop and implement AIDA Research Agenda by December 2011.
	Consolidate International Indigenous medical networks	<ul style="list-style-type: none"> • Continue to participate in the Pacific Region Indigenous Doctors Congress (PRIDoC); and • hold a PRIDoC Conference in Australia by 2015.
	Maintain AIDA Secretariat medical capacity	<ul style="list-style-type: none"> • AIDA Medical Officer position vacancy period kept to a minimum; • establish AIDA as a general practice training post by December 2011; and • investigate potential for AIDA as public health training post by December 2011.

THE ANNUAL GENERAL MEETING PROCESS

AIDA's AGM will be held on Wednesday 1 October 2014 at the Aitken Hill Conference Centre, Melbourne, Victoria between 2:15pm and 4:30pm. This meeting will immediately follow the SGM which will commence at 1:30pm.

A formal Notice of the AGM and Call for Nominations for vacant positions on the AIDA Board of Directors were sent out to all members, past and present, along with details of the nomination process for up to eight (8) Directors:

- President;
- Vice President;
- Treasurer;
- Directors x four (4); and
- Director (Student).

This notice included the process to be followed at the AGM if the revised Constitution is accepted by the members. These were distributed in July 2014 via email, Friday Flyer and AIDA's web site (<http://www.aida.org.au/noticeagm.aspx>).

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 twenty eight (28) days before the date of the scheduled meeting. In 2014, this date was Tuesday 2 September 2014. Accordingly nominations closed on 2 September, 2014 at 5:00pm EST.

If the revised Constitution is not approved at the SGM, the current Constitution will guide the appointment and election of Directors.

If the revised Constitution is approved, the only changes at the AGM will be:

- the process pertaining to the election of the Treasurer; and
- the minimum and maximum numbers of Directors required on the Board.

In this scenario, nominations for the position of Treasurer will still proceed as per Article 49(e) of the current Constitution, but will revert to a nomination for a Director and the appointment shall proceed as per the process for appointment of all other Directors (pursuant to relevant clauses Article 47 of the new Constitution). It is further noted that Director Dr Sean White, who is currently appointed as AIDA's Secretary will stay as Secretary until such time as the Board appoints a new Secretary in accordance to article 65 of the new Constitution. If a new Secretary is appointed during Dr White's tenure (2014/15), he will automatically resume his place as a Director on the Board until his tenure expires or he resigns from the Board.

If there is any confusion or dispute as to the process herein, the Chairperson may adopt and employ their powers conferred under the new Constitution at Article 33 "Conduct of Meetings of Members" to resolve the issue.

On Tuesday 9 September, 2014 (twenty one [21] days before the 2014 AGM), AIDA members received a soft copy of this AGM report.

CURRENT STATUS OF THE BOARD

The current status of the Board is as follows with a potential eight (8) positions being up for election at the 2014 AGM under the current Constitution (as highlighted in light green below):

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	2015
4	Treasurer	Dr Tanya Schramm	2014
5	Director	Dr Danielle Arabena	2015
6	Director	Dr Catherine Engelke	2014
7	Director	Dr Angela Forrest	2015
8	Director	Dr Stephanie Trust	2014
9	Director	Dr Alicia Veasey	2014
10	Director	Currently Vacant	2014
11	Director (Student)	Mr Ben Armstrong	2014

NOMINATIONS RECEIVED

Eight (8) valid nominations have been received to fill the potential eight (8) Director positions on the Board (under the current Constitution). These include:

Position on Board	Number of nominations received
President	1 (Dr Tammy Kimpton)
Vice President	1 (Dr Kali Hayward)
Treasurer	1 (Dr Tanya Schramm)
Director x four (4)	4 (Dr Catherine Engelke, Dr Stephanie Trust, Dr Kiarna Brown and Dr Dana Slape)
Director (Student)	1 (Mr Artiene Tatian)

Under the current Constitution a vote would not be required.

However, under the revised Constitution a vote will be required as the number of Directors on the AIDA Board would reduce to ten (10), as per article 46(d) and there would be no Executive Committee. This is in accordance to Article 46(e) which states the Board may include:

- iii. up to **eight (8) Indigenous Medical Graduate Members** resident in Australia (including the Torres Strait Islands). This would include the President and Vice President;
- iv. **one (1) Director (Student)**; and
- v. may include **one (1) person**, who may or may not be a Member, with an appropriate mix of skills who may be appointed by, and at the discretion of the Board.

Accordingly, under the revised Constitution, the AIDA Board would look as follows in accordance to the nominations received:

Position on Board under revised Constitution		
1	President	Dr Tammy Kimpton
2	Vice President	Dr Kali Hayward
3	Director	Dr Sean White
4	Director	Dr Danielle Arabena
5	Director	Dr Angela Forrest
6	Director	<i>Five (5) valid nominations have been received to fill three (3) positions. These are Dr Tanya Schramm, Dr Catherine Engelke, Dr Stephanie Trust, Dr Kiarna Brown and Dr Dana Slape. Therefore there will be a vote by the members with the three (3) nominees receiving the most votes elected onto the Board.</i>
7	Director	
8	Director	
9	Director (Student)	1 (Mr Artiene Tatian)
10	One more person as appointed by the Board	To be considered by the new Board following the AGM <i>Article 46(e)(ii)</i>

It is further noted that Mr Artiene Tatian has not served on AIDA's SRC for a twelve (12) month period as articulated in the revised Constitution. However, Article 47(c)(ii) states:

Except where no person wishing to be the Director (Student) meets the criteria, the Company must only elect a person as Director (Student) if that person has acted as a University Representative for at least one (1) year. For the purposes of this Article 47(c)(ii), a "University Representative" is a person elected or agreed to by the Indigenous Medical Student Members from a particular University.

Accordingly, Mr Tatian will be elected the position unopposed as only one (1) nomination for this position was received.

Mr Justin Bernau, Lawyer from Clayton Utz, has agreed to be AIDA's Returning Officer for the 2014 AGM. Mr Bernau has performed this duty before and will also be available to answer questions around the Constitution at the SGM.

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.

It is noted that Indigenous graduate members who are eligible to vote can vote once 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 forty-eight (48) hours prior to the AGM i.e. Monday 29 September 2014 at 2:15pm. A proxy form can be found at the back of this package or can be obtained on the AIDA web site within the Members' login area. Please enter your username and password to enter this area. If you do not know your username or password, please us at aida@aida.org.au or phone 1800 190 498 (Freecall) during business hours.
- 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 (2nd) voting slip listing the candidates for the vacant Director (Student) position. Accordingly, Indigenous medical students will submit two (2) voting slips; the first (1st) for Director positions and the second (2nd) 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 to Article 41 of the Constitution

- (a) A member who is entitled to attend and vote at a Meeting of Members may appoint another member entitled to attend and vote at that Meeting of Members, as a proxy to attend and vote for the member in accordance to the Corporations Act but not otherwise. In respect of any one (1) Meeting of Members, a person may not be appointed as a proxy for more than two (2) members.

If a member is appointing a proxy, the attached Proxy Form must be completed and received at the Secretariat no later than **2:15pm on Monday 29 September 2014 in accordance with the instructions provided on the Proxy Form.**

2014 PROXY VOTING FORM

Section 1: I, being a financial member of the Australian Indigenous Doctors' Association Limited (AIDA) and entitled to attend and vote at the 2014 Annual General Meeting (AGM), appoint:

AIDA Chairperson ☐

or

Print Full Name and Address of the person you are appointing as your proxy

If the person I have named above fails to attend the AGM at 2:15pm on Wednesday 1 October 2014 at the Aitken Hill Conference Centre, Melbourne, 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 2013 AGM be accepted as presented and are a true and accurate record of that meeting. If you were not present at the 2013 AGM, tick the "Abstain" column.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the 2013 Independent Returning Officer's Report be accepted as a true and accurate record of that Meeting. If you were not present at the 2013 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 Bellchambers Barrett are appointed as AIDA's auditors for the financial year 2014/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As only one (1) valid nomination for the position of President was received, no vote is required. Accordingly Dr Tammy Kimpton will be declared elected to the position of President at the 2014 AGM.			
As only one (1) valid nomination for the position of Vice President was received, no vote is required. Accordingly Dr Kali Hayward will be declared elected to the position of Vice President at the 2014 AGM.			

In the event of the acceptance of AIDA's revised Constitution, there will be three (3) vacant Director positions on the AIDA Board as at 1 October 2014. Five (5) valid nominations were received for these positions, therefore a vote is required. Please refer to page 70 of this report for further details.

ONLY CURRENT INDIGENOUS MEDICAL GRADUATES AND CURRENT INDIGENOUS MEDICAL STUDENTS ARE ENTITLED TO VOTE FOR THE THREE (3) DIRECTOR POSITIONS.

Accordingly, as an Indigenous medical graduate/student member of AIDA, the people I vote to be AIDA Director as at the 2014 AGM are (marked with a ✓). **Only tick three(3) boxes:**

☐

Dr Kiarna Brown

☐

Dr Catherine Engelke

☐

Dr Tanya Schramm

☐

Dr Dana Slape

☐

Dr Stephanie Trust

In the event of AIDA's current Constitution remaining, there will be four (4) vacant Director positions on the AIDA Board as at 1 October 2014. As only four (4) valid nominations were received for these positions, no vote is required. Accordingly, **Dr Catherine Engelke, Dr Stephanie Trust, Dr Kiarna Brown and Dr Dana Slape will be declared elected to the position of Director at the 2014 AGM.**

As only one (1) valid nomination for the position of Director (Student) was received, no vote is required. Accordingly **Mr Artiene Tatian will be declared elected to the position of Director (Student) at the 2014 AGM.**

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

Your Full Name: _____

Your Address: _____

Your Signature: _____ Date: _____

For your appointment of Proxy to be valid, this form must be received by the AIDA Secretariat no later than 2:15pm on Monday 29 September 2014

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 2:15pm on Monday 29 September 2014

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 (1) 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 (1) 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 and emailed to:

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

Or

6. **Old Parliament House
18 King George Terrace
PARKES ACT 2600**

**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 **2:15pm on Monday 29 September 2014**

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; and
- 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 67](#))

☐ 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 67](#))

☐ 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 67](#))

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

4. Annual General Meetings

Including Notice of Meetings, Call for Nominations, Voting, format of meeting and 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 and 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 and representational opportunities to members

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unsure

Comment:

11. Your Membership

Please indicate your AIDA membership category

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

Please indicate your AIDA membership type

☐ Individual ☐ Organisation

If you have any further comments, please provide below

Thank you for completing this survey.

Date:

/ /

Black Dingo Story – A Story about Healing

The Black Dingo story was given to AIDA in 2004 by Professor Helen Milroy's mother, Ms Gladys Milroy. The story was given freely to AIDA as a way of demonstrating the gift of healing. The story also conveys the importance and place of Indigenous doctors.

There was an old Lawman and he had a big black Dingo. They were inseparable and had been together all their lives. One day one of the old ladies in the camp was very sick. Everyone was upset as they didn't want to lose her. The old Lawman came to her that night, and placed a precious gift in her hand. He had cut off some hair from the Black Dingo. He said "This is to make you feel better, but I don't want you to tell anyone."

In the morning everyone was very excited as the old lady was better. "How did this happen?" they said - and the old lady told them about the dream she had. When she opened her hand and saw Black Dingo's hair, she realised it wasn't a dream, but it was too late, everyone knew what she wasn't supposed to tell.

Now the old Lawman noticed that Black Dingo was losing all his hair - big tufts of hair had been pulled out. Black Dingo was sad and very cold. The old man realised everyone knew, but when he asked who'd stolen the hair, no one owned up. He became very angry and left the camp with Black Dingo.

After he'd left people began to get sick and the hair they had stolen didn't help. They soon realised what they had done was wrong. So the women gathered all the hair and wove it into a blanket and went looking for the old man. When they found him they wrapped the blanket they'd woven around Black Dingo crying how sorry they were. In the morning when the old man took the blanket off, Black Dingo's hair had all grown back. But now it was all a silver grey just like the old man's. The silver was the salt from the women's tears.

Meaning

Healing is a gift, it can't be stolen and it also must be freely given. The people were only looking at what they could see - the black hair, not beyond the surface. They couldn't see that it was the love and trust between the old man and the Dingo that made the healing work. It was the power of the relationship that was important – the sacred relationship.

Indigenous doctors have a special calling – it is the trust and care of their relationships with their own families and communities, that gives them their deep healing gifts. And it is the trust and care they take with their relationship to their profession that helps them to give the right advice and work with doctors and other professions to help Indigenous people.

Australian Indigenous Doctors' Association Ltd

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