



AIDA

Australian Indigenous Doctors' Association Ltd

ANNUAL GENERAL MEETING 2018

26 September
Crown Perth, Perth



Australian Government
Department of Health

The Australian Indigenous Doctors' Association receives funding
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Contents

2018 Annual General Meeting: Agenda	1
2017 Annual General Meeting: Minutes	2
2017 Returning Officer's Report	5
Acting Chief Executive Officer's Report	7
President's Report	9
Vice President's Report	11
Directors' Reports.....	13
Board of Directors Election.....	21
Current Status of the Board	21
Nominations Received	22
Voting Process.....	23
Proxies.....	23
Candidate Profiles	24
Financial Statements and Auditor's Report.....	31



2018 Annual General Meeting: Agenda

Meeting date	Wednesday 26 September 2018
Time	1.00 pm
Venue	Crown Perth in Western Australia
Chair	Dr Kali Hayward

Time 1:00 pm		Sign in	
Time 1:15 pm		Welcome, apologies and declaration of proxies	President
	1.	Confirmation of minutes and Returning Officer's Report	President
	2.	Operational report	Dr Kris Rallah-Baker
	3.	Finance Report <ul style="list-style-type: none"> Finance report Presentation of audited financial statements Questions 	Mr Mark Murray
	4.	Reports for noting <ul style="list-style-type: none"> President's report Vice President's report Acting Chief Executive Officer's report Director's reports 	
	5.	Directors stepping down	President
	6.	Board elections <ul style="list-style-type: none"> President Vice President Directors (x 3) Director (Student) 	
	7.	Presentation of the 2018/19 Board	Dr Kali Hayward/President Elect
	8.	Governance survey	
Time 2:30 pm		Close and afternoon tea	



2017 Annual General Meeting: Minutes

Meeting date	20 September 2017
Time	1.15 – 2.00 pm
Venue	The Oaks Cypress Lakes Resort, Pokolbin NSW
Chairperson	Dr Kali Hayward
Company Secretary	Dr Jonathan Newchurch

Board Members (6)

Dr Kali Hayward (*President*)
 Dr Kris Rallah-Baker
 (*Vice President*)
 Dr Jonathan Newchurch
 (*Company Secretary*)
 Dr Ben Armstrong
 Dr Dana Slape
 Dr Artiene Tatian

Indigenous medical doctor members (42)

Dr Jodie Adams-Brinkley
 Dr Vinka Barunga
 Dr Kersandra Begley
 Dr Kristy Bell
 Dr Selena Blackwell
 Dr Ngaree Blow
 Dr Tatum Bond
 Dr Dennis Bonney
 Dr Erika Chapman-Burgess
 Dr Sarah-Rebekah Clark
 Dr Jordan Cory
 Dr Mikayla Couch
 Dr Ryan Dashwood
 Dr Rebecca Davison
 Dr Guy Dennis
 Dr Danielle Dries
 Dr Sheree Enderby
 Dr Hannah Fyfe
 Dr Keith Gleeson
 Dr Bianca Howard
 Dr Jessica James
 Dr Tammy Kimpton
 Assoc. Prof. Kelvin Kong
 Dr Riagan Liddle
 Dr Sarah Jane McEwan
 Professor Helen Milroy
 Dr Patricia Murphy
 Dr Olivia O'Donoghue

Dr Kylie Parry
 Dr Claudia Paul
 Dr Louis Peachey
 Dr Madison Pullen
 Dr Simone Raye
 Dr Louise Richardson
 Dr Daniela Sabbioni
 Dr Tanya Schramm
 Assoc. Prof. Shannon Springer
 Dr Mitchell Sutton
 Dr Jessica Wade
 Dr Anita Watts
 Dr Mark Wenitong
 Dr Sean Westbury

Indigenous student members (62)

Mr Hamish Albany
 Miss Kelleigh Allport
 Mrs Joanne Amos
 Miss Sherice Ansell
 Ms Kayla Arabena-Byrnes
 Mr Isaiah Attkins
 Ms Lilly May Backshell
 Miss Ellouise Brown
 Mr Alex Buxton
 Mr Riley Court Bennett
 Ms Kathryn Dalmer
 Miss Kimberley Dejong
 Mr Brenton Earl
 Mr James Eather
 Mr Mitchell Flori
 Miss Narawi Foley Boscott
 Miss Cassandra Geeman
 Miss Makayla Guest
 Mrs Rebecca Hall
 Miss Jasmin Hammond
 Miss Kadisha Haynes
 Mr Bailey Hibbit
 Mr Steven Hobday

Mrs Anastasia Jensen
 Mr Benjamin Jones
 Mr Blake Jones
 Ms Brioney Keats
 Ms Megan Kent
 Ms Heather-lynn Kessariss
 Tamisha King
 Miss Myora Kruger
 Miss Destiny Kynuna
 Miss Sara Lai
 Ms Yasmin Manahan
 Miss Emily Mason
 Miss Elki McIntyre
 Mr Michael McLean
 Ms Samara McNeil
 Mr James Murchie
 Thomas Mylne
 Mr Jay Neville
 Mrs Sarah O'Brien
 Ms Reagan O'Neill
 Mr Corey O'Shaughnessy
 Mrs Nicole Payne
 Miss Gabrielle Perry
 Mrs Natalie Pink
 Miss Destiny Powell
 Ms Nada Powell
 Miss Rachel Pugh
 Miss Kayla Ramires
 Mr Clancy Read
 Miss Mailaab Rind
 Mr Jordan Savage
 Miss Ashleigh Schramm
 Mr Aaron Scolyer
 Ms Jordana Stanford
 Mr Russell Thompson
 Miss Cheyenne Rain Travis
 Mrs Belinda Washington
 Ms Rebecca Whitehead
 Miss Nicole Whitson

Secretariat Staff (22)

Mr Craig Dukes (CEO)
 Ms Diane Blair
 Ms Amy Brown
 Ms Lara Cole
 Mr Ludger Dinkler
 Ms Siddhi Doshi
 Mr Paul Gibson
 Ms Siani Iglewski
 Ms Karla Jones
 Ms Anita Mills
 Mr Mark Murray
 Ms Heidi Sagerud

Associate members (7)

Ms Raelene Baker
 Dr Gary Bourke
 Ms Kelly-Anne Browne
 Dr Francesca Garnett
 Dr Natasha Martin
 Ms Karin Oldfield
 Dr Victor Pilay

Apologies (10)

Dr Emma Adams
 Dr Raymond Blackman
 Mr Stephen Corporal
 Sir William Deane
 Prof. Lisa Jackson-Pulver
 Prof. Michael Kidd
 Mr Ian Lee
 Aunty Lowitja O'Donoghue
 Ms Nova Peris
 Mr Ryan Pieters

1.	Opening and welcome	<p>Dr Hayward opened the meeting and paid respects to the Traditional Owners of the land on which the meeting was being held, the Wonnarua People, and their elders and ancestors, past and present. Dr Hayward also acknowledged the ancestors of the delegates present at the meeting</p> <p>Dr Hayward acknowledged AIDA patron Dr Philip Truskett, who was present and passed on the apologies of AIDA patrons Aunty Lowitja O'Donoghue and Sir William Deane, who were unable to attend the meeting. Dr Hayward also acknowledged past AIDA presidents in attendance, Dr Louis Peachey, Dr Mark Wenitong and Dr Tammy Kimpton.</p> <p>Dr Hayward announced that the meeting's agenda was quite full and made the following announcements with respect to the efficient running of the meeting:</p> <ul style="list-style-type: none"> • Members in possession of proxy nominations were asked to present the proxy assignments to the Chair. Dr Hayward noted that 2 proxy assignments had been received prior to the meeting; • Reports indicated for noting would not be spoken to; • No questions from Members were received in advance of the meeting; and • No additional items of "other business" were raised in advance of the meeting for inclusion on the agenda. <p>Members were asked to take some time to complete the annual governance survey to provide feedback to the Board and Secretariat.</p>
2.	Confirmation of the minutes and Returning Officer's report for the 2016 AGM	<p>The minutes of the 2015 AGM and the Returning Officer's report, having been circulated to members in advance of the meeting were taken as read and the motion to confirm the minutes and report was proposed by Dr Hayward:</p> <p><i>The minutes and Returning Officer's report from the 2015 AGM are confirmed as a true and accurate record.</i></p> <p>The motion was moved by Miss Kayla Arabena-Byrnes and seconded by Dr Danielle Arabena and was carried.</p>
3.	Chief Executive Officer's report	<p>Mr Craig Dukes provided an overview of his report, which was provided with the meeting papers including an outline of the highlights of the past year for AIDA. In particular, Mr Dukes highlighted AIDA's increasing reputation within its stakeholder network including government, the medical colleges and universities. Mr Dukes thanked the President, Dr Hayward, and the Board of AIDA for their support throughout the preceding year.</p>
4.	Finance report	<p>Mr Mark Murray, Corporate Services Manager, presented a brief overview of the 2016/17 financial year. The full year result was a small surplus and the financial position of the Association was sound as at the end of the financial year. The financial statements were audited by Bellchambers Barrett Chartered Accountant and an unmodified opinion had been received. Mr Murray also provided a brief overview of the financial governance arrangements in place at AIDA that are overseen by the Board's Finance Risk and Audit Committee.</p> <p>On conclusion of the report, Dr Danielle Arabena asked what the "miscellaneous income" line relates to. Mr Murray indicated that this line is typically comprised of low volume and low value transactions not otherwise reported and provided sale of hoodies as an example.</p> <p>Dr Hayward proposed a motion to reappoint Bellchambers Barrett as the auditor for the 2018 financial year:</p> <p><i>The members of AIDA resolve to appoint Bellchambers Barrett to audit the financial statements for the 2018 financial year</i></p> <p>The motions was moved by Dr Keith Gleeson and seconded by Dr Simone Raye and was carried.</p>

5.	Reports for noting	The Director's reports were circulated to members prior to the meeting and were taken as read.
6.	Conferral of Life Membership to Dr Tammy Kimpton	Dr Hayward announced that Dr Tammy Kimpton, having met the criteria specified in the AIDA Constitution, had been conferred with Life membership of AIDA by the Board. Dr Hayward read out a summary of Dr Kimpton's service to AIDA and thanked her for her contribution to the Association over her eight years' service on the Board.
7.	Acknowledgement of Retiring Directors	<p>Dr Hayward acknowledged and thanks the outgoing Directors:</p> <ul style="list-style-type: none"> • Dr Ben Armstrong – end of term; • Dr Raymond Blackman – end of term; • Dr Jonathan Newchurch – end of term; • Mr Ian Lee – end of term; and • Dr Sean White – resigned May 2017. <p>Dr Hayward also completed her term as president, Dr Rallah-Baker addressed the meeting to thank and acknowledge Dr Hayward's work during the Presidential term.</p> <p>The nominations for the vacant positions of President, Vice President and Directors were less than the vacant positions and the nominees were deemed to be elected.</p> <p>Two nominations were received for the vacant position of Director (Student) and a ballot was held, of which, Mr Russell Thompson was declared the winner by Returning Officer, Mr Michael Nevin.</p> <p>As at the conclusion of the AGM, the AIDA Board was composed as follows:</p> <p>President: Dr Kali Hayward</p> <p>Vice President: Dr Kris Rallah-Baker</p> <p>Director (Student): Mr Russell Thompson</p> <p>Directors: Dr Melissa Carroll Dr Jordan Cory Dr Jonathan Newchurch Dr Dana Slape Dr Artien Tatian</p>
8.	Other business	Dr Hayward reminded members to complete the governance survey
9.	Meeting closed	2.00 pm



2017 Returning Officer's Report

Background

Mr Michael Nevin, of Election Solutions NSW, acted as returning officer for the election of Directors at AIDA's Annual General Meeting (AGM), held at the Oaks Cypress Lakes Resort, Pokolbin, New South Wales on Wednesday, 20 September 2017.

Composition of the Board before the 2017 AGM

Before the 2017 AGM, the AIDA Board comprised:

AIDA Directors prior to the AGM			Term ends
1.	President	Dr Kali Hayward	2017
2.	Vice President	Dr Kristopher Rallah-Baker *	2017
3.	Director	Dr Benjamin Armstrong	2017
4.	Director (Student)	Mr Ian Lee	2017
5.	Director	Dr Raymond Blackman	2017
6.	Director / Secretary	Dr Jonathan Newchurch	2017
7.	Director	Dr Artiene Tatian	2018
8.	Director	Dr Dana Slape	2018
9.	Director	Vacant *	

* Dr Sean White resigned as Vice President and from the Board on 31 May 2017 and Dr Kristopher Rallah- Baker was appointed by the Board to fill the casual vacancy in the office of Vice President in accordance with Article 64(c) of the AIDA Constitution, leaving the position of Director vacant.

Composition of the Board under the Constitution

In accordance with the Constitution, the Board comprises up to ten Directors as follows:

- up to eight Indigenous medical graduate members resident in Australia (including the Torres Strait Islands), including the office holders
- one Director (Student); and
- may include one additional Director appointed by and at the discretion of the Board. This Director must have an appropriate mix of skills and may or may not be a member.

Continuing Directors

- Dr Dana Slape and Dr Artiene Tatian continued as Directors because their terms did not end until the 2018 AGM.
- Dr Kristopher Rallah-Baker was eligible to resume his position as Director until the conclusion of his elected term in 2018.

Directors declared elected

Article 47(b) provides that if the number of nominations received for Director or Director (Student) is less than or equal to the number of vacancies to be filled, the persons nominated shall be deemed to be elected.

- Dr Kali Hayward is elected as President at 2017 AGM (no other valid nominations were received for the position of President).
- Dr Kristopher Rallah-Baker is elected as Vice President at 2017 AGM (no other valid nominations were received for the position of Vice President).

Three valid nominations were received for the four Director vacancies to be filled and the following were declared to be elected as Directors:

- Dr Melissa Carroll
- Dr Jordan Cory; and
- Dr Jonathan Newchurch.

Ballot for Director (Student)

There is one Director (Student) position to be filled at each AGM.

Two valid nomination were received to fill this position:

- Ms Jean Pepperill; and
- Mr Russell Thompson.

Article 47(b)(ii) provides that if the number of nominations received for Director or Director (student) exceeds the number of vacancies to be filled, a ballot shall be held.

A ballot was held in accordance with Article 47(c) of the Constitution. Mr Nevin collected and counted the votes.

Mr Russell Thompson was elected as Director (Student) at the 2017 AGM.

New Board

The AIDA Board of Directors, following the 2017 AGM is:

President	Dr Kali Hayward
Vice President	Dr Kristopher Rallah-Baker
Directors	Dr Melissa Carroll
	Dr Jordan Cory
	Mr Russell Thompson (Director Student)
	Dr Jonathan Newchurch
	Dr Dana Slape
	Dr Artiene Tatian
	Vacant

Appointment of additional Director by the Board

Following the 2017 AGM, one vacancy existed on the Board for a Director. The board may appoint a Director to fill this casual vacancy.

The Board may also appoint an additional Director with an appropriate mix of skills, who may or may not be a member.

Mark Murray

Corporate Services Manager

Australian Indigenous Doctors' Association Ltd



Acting Chief Executive Officer's Report Mr Mark Murray

Qualifications: MBA CPA GAICD

I am delighted to provide the Chief Executive Officer's report for AIDA's 2018 AGM.

Throughout 2018, AIDA has been presented with increasing opportunities to represent to, and influence key stakeholders and peak bodies such as the Council of Australian Governments (COAG), the Council of Presidents of Medical Colleges (CPMC), the Australian Medical Association, and Medical Deans of Australia and New Zealand. It is evident that AIDA is becoming increasingly regarded as the leading authority on Indigenous health care by these key stakeholders.

2018 has delivered a number of highlights for AIDA, many of which reflect the increasing regard for AIDA's voice. Key among these is the invitation for an AIDA representative to be a full member of the AMA Federal Council, which is an extraordinary opportunity for AIDA to participate in this highly influential body. In addition, AIDA also has a representative on the AMA's NSW Council, as well as recently having been invited to sit on the Australian Medical Council. These are opportunities for AIDA to change the system from within to improve the opportunities for Aboriginal and Torres Strait Islander Peoples to pursue careers in medicine, in a system that is culturally safe and free of racism, and to create a culturally safe health care system.

In June of this year, we saw AIDA's Indigenous medical graduate members surpass the 200 mark for the first time. While this was a special milestone for AIDA, it represents roughly 50% of the total estimated number of Indigenous medical practitioners in Australia and the proportion of student members is estimated to be roughly similar. While this would be regarded as a pretty good market share by most associations with voluntary membership, we can still do more to attract and retain members. The Board and secretariat have been working on making sure that AIDA's work and its member value proposition are relevant and valued by members. In particular, the secretariat is committed to supporting members to negotiate the challenges of the medical education and training system and we are being increasingly turned to by our members who are experiencing difficulties in their training or work environments. We will be working on increasing our capability and capacity to ensure that our members are well supported throughout their training and careers.

In July 2018, AIDA executed a new four-year funding agreement valued at over \$9M. This agreement will guarantee funding of AIDA's core operations through to June 2022, providing a stable base to support our members and to continue our valuable representation and influencing work. Over the past 18 months, the AIDA Board has been focused on developing additional income sources to supplement the core funding source and to reduce reliance upon it. The development of AIDA's Cultural Safety Training Program has progressed significantly in recent months and will soon be ready to be commercialised as a social enterprise. This is an exciting opportunity for AIDA to diversify its income sources while contributing to culturally safe medical training and health care systems. We hope that this venture will also provide opportunities for AIDA's members to become involved as it develops over time.

In October 2017, the Board appointed Dr Shannon Springer as a Director to lead the development and implementation of AIDA's research agenda and he has demonstrated early progress. Dr Springer is leading the development of a research framework for Indigenous doctors engaging in research and is working on a collaborative model for AIDA to be involved in meaningful research. The Board is in the process of developing the terms of reference for its Research Committee, which will report to the Board and be comprised of AIDA members who are involved in research. The committee, to be chaired by Dr Springer, will guide AIDA's collaboration and participation in research and will be focused on supporting members to become involved in research.

AIDA has already committed to increasing its focus on research and has recently commenced a collaborative research project with James Cook University (JCU) that will engage with and support members who are not on a supported training pathway. The development of a research collaboration between AIDA, Bond University and the University of Queensland is also underway. These, and future collaborations, are expected to provide opportunities and support for AIDA's members looking to pursue or establish careers in research.

I would like to thank the Board of AIDA for their guidance and support over the past year. Their recent work on the next iteration of AIDA's corporate strategy is crystallising a vision of the future AIDA that is independent, relevant to its members and has lofty goals. I would like to acknowledge retiring President, Dr Kali Hayward, who has been an incredibly hard working and influential Director and President of AIDA. Dr Hayward's departure from the Board after nine years is a significant occasion. I would personally like to thank Dr Hayward for her effort, encouragement and support during the time that I have been with AIDA and I extend my best wishes for her future pursuits. I would also like to thank the Student Representative Committee members for their service to AIDA. The SRC is an important conduit between AIDA and the student member body and I am grateful for their collective and individual contributions to AIDA over the past year. The SRC members are AIDA's future leaders and they deserve recognition for their generous commitment in addition to their already demanding schedules.

Without the AIDA secretariat none of the above could have been achieved, literally. With AIDA's increasing recognition, influence and growing membership comes increasing demands on the secretariat; representing AIDA to stakeholders, preparing briefs and supporting Directors, booking travel and supporting our membership. The lead up to conference is always demanding and challenging for the secretariat and they always manage to deliver a bigger and better event for the delegates. This year will be no different.

I offer my sincerest thanks and respect to the secretariat staff for their hard work, dedication, professionalism, knowledge and attention to detail, all of which are reliably delivered with enthusiasm and good humour; thank you.



Mark Murray

Acting Chief Executive Officer



President's Report Dr Kali Hayward

Qualifications: MBBS, FRACGP

People: Warnman from the Great Sandy Desert, WA

As members would be aware, I am stepping down from the AIDA Presidency and the Board at the 2018 AGM. On reflection of my time as an AIDA member and Board Director, I have seen progressive growth in AIDA not only in membership numbers but also in influence and reputation. I recognise that while everything may not have been smooth sailing over the years, the gains that we have achieved have been significant. This year AIDA has once again been successful in receiving ongoing funding from the Department of Health. This was very welcome news and ensures that AIDA can continue its strong work to drive change within the colleges, medical schools and the health system, and to support its members.

We continue to work with CPMC and NACCHO on our CAN collaboration agreement with the following key visions for each organisation.

AIDA:

- Training more Aboriginal and Torres Strait Islander doctors.
- Training more health professionals in other professions – interdisciplinary.
- Improving pathways and systems into specialist training.
- Reducing barriers to health care access.
- Focusing on cultural safety and cultural awareness.
- Building relationships with medical colleges and universities.

NACCHO:

- Workforce – training more Aboriginal and Torres Strait Islander health professionals.
- Reducing barriers to access, for example, the liaison officer project.
- Improving the patient journey.
- Continuing the Workforce Project, increasing mentorship and pipeline.
- Focusing on better cultural safety support across the health system.

CPMC:

- Improving cultural awareness.
- General workforce – an advocate to discuss with other training groups, for example, MDANZ.
- Offering advocacy within its sphere of influence.

The work continues on AIDA's NMTAN project, which has a focus on specialist trainees in the medical workforce. We are reviewing minimum and best practice standards for colleges in regard to Aboriginal and Torres Strait Islander health training.

Some of the standards relate to:

- the development of a common definition for cultural awareness, competency and safety
- providing placements or experiences for trainees with Aboriginal and Torres Strait Islander health service providers; and
- the provision of professional and cultural mentoring and support.

AIDA continues to provide regular updates to CPMC, and this year AIDA was invited to speak with the College Presidents on racism. This was an opportunity to have a conversation about what the colleges were doing to address racism, increasing the number of Aboriginal and Torres Strait Islander Fellows and also to reflect on the colleges themselves in regard to increasing their Aboriginal and Torres Strait Islanders staff members.

This year AIDA coordinated and ran a very successful community visit in Bowraville, NSW. We collaborated with IAHA, NATSIHWA, CATSINAM and the Mid North Coast Local Health District to host over 150 students at the event. Following on from this, AIDA was awarded the Mid North Coast Local Health District Executive Close the Gap Award. Feedback from the community has been extremely supportive with reports that students are wanting to pursue further education in different health fields.

AIDA provided secretariat support for Ahahui o nā Kauka, the Association of Native Hawaiian Physicians, assisting them in their preparations for PRIDoC 2018, which was held in Hilo, Hawaii. The theme for the conference was 'Oi Ola Wai Honua: Life is better while the Earth has water'.

Prior to the start of the conference, AIDA's Vice President, CEO and I attended a PRIDoC Council meeting which focused on building strong and sustainable organisations. A decision was made by the Council for AIDA to take the lead on developing and hosting a PRIDoC website. It was recognised that the history of PRIDoC was not well documented and that those documents which exist are not accessible or located at a central base. It is hoped that a central website will improve this situation. It was also recognised that AIDA is in a very strong position compared to the rest of the Council members and we agreed to continue to provide secretariat support for the next PRIDoC host, the Indigenous Physicians Association of Canada (IPAC).

During this period I have been attending the AMA Federal Council meetings and at their last AGM, a motion to have a permanent position for an Aboriginal and Torres Strait Islander representative on the Federal Council was endorsed. This position will be filled by the AIDA President.

I would like to end by thanking everyone for their support over the years and I look forward to staying connected to AIDA in the future.



Dr Kali Hayward
President



Vice President's Report Dr Kristopher Rallah-Baker

Qualifications: BMed MAICD FRANZCO

People: Descendent of the Yuggera People, Brisbane and Juru/Warangu/Birigubba Peoples of North Queensland

2018 represents AIDA's twenty-first birthday – a time to look forward into the future and move boldly ahead. This is reflected in this year's AIDA conference theme, 'Vision into Action'.

The AIDA Board and secretariat have worked tirelessly again throughout 2018, often behind the scenes, to continue to build on our success. Our flagship event, the AIDA Conference, was in 2017 an outstanding success on all levels and it is expected that Perth 2018 will be at least equally successful. I take this opportunity to thank the Board and secretariat for their efforts over the past 12 months.

I have served a year holding the office of the Vice President and I take this opportunity to acknowledge our outgoing President, Dr Kali Hayward. Kali and I have maintained a productive working relationship for over a year and steered AIDA through the challenges and successes of 2018. At the time of writing I have nominated to succeed Kali in holding the office of the President of AIDA, and I hope that the membership grant me the opportunity to lead AIDA in that role. It has been a great privilege to serve on the Board, both as a Director and Vice President, and it would be an even greater privilege to serve AIDA as its President.

This being our twenty-first anniversary year, it is time to reflect on where we have come from and where we are going. It is a time for introspection and acknowledgement.

AIDA has successfully negotiated the Federal Government's funding round and been granted another four year's support, one year more than the last round. This is particularly significant in the context of the current political climate, in which Indigenous affairs in Australia are arguably at their most difficult for over three decades.

Our presence within the medical community remains strong and our opinion is sought by universities, the Australian Medical Council, state and Commonwealth Governments of Australia, the medical colleges and numerous other organisations. Our sibling organisations continue to develop and move with us in strength – including the National Aboriginal and Torres Strait Islander Health Worker Association, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, and Indigenous Allied Health Australia. A demonstration of the bond between the organisations was the joint organisation community event in Bowraville earlier this year in which over 150 Aboriginal and Torres Strait Islander school students were availed the opportunity to discuss and explore career options at a health expo hosted by the four peak organisations. It was an outstanding event of which we should all be proud.

On a personal note, 2018 has been a year of great achievement, with numerous media engagements and invitations in response to the granting of my Fellowship with the Royal Australian and New Zealand College of Ophthalmologists on 9 July. This was a proud event for my family and community and I am the first Indigenous ophthalmologist in Australia's history, having survived a racist and brutal training programme. I now sit on the National Selection Board for the College and have been involved in designing a new selection process for the College, based on merit rather than personal connections, and am currently considering the College's offer for me to join their Indigenous Committee. I hope that one day we will achieve population parity in ophthalmology and have committed myself to work tirelessly against the tyranny that haunted me during my training for no other reason than my Aboriginality. My goal is to have at least another 29 Aboriginal and Torres Strait Islander ophthalmologists in the nation.

Through my day to day work with Lions Outback Vision in WA, the IDEAs Van and Inala Health Clinic in Queensland and the Alice Springs Hospital in the NT I have kept well aware of the health disparities suffered by our Peoples. Day to day awareness of these disparities has driven my work on the Board, and following my election to the Board in 2016, I worked to represent AIDA in the following capacities:

- I have been kept busy in my role as Vice President with regular strategic and planning meetings at a senior level of AIDA.
- I have tirelessly advocated for AIDA's financial independence from government funding and instigated a financial planning process to work towards the delivery of that goal.
- I was instrumental in driving the development of AIDA's Strategic Plan which is soon to be finalised and implemented.
- With Associate Professor Shannon Springer, I worked to develop and establish the AIDA Research Committee and research agenda to deliver improved outcomes in the training space for Indigenous registrars. This agenda will expand as more funding and researchers are attracted.
- I have sat on the AIDA Conference Committee and helped plan our twenty-first anniversary event in Perth. Many thanks to Dr Dana Slape for her unparalleled work and commitment as Chair of that Committee. Perth 2018 is promising to be as successful as Hunter Valley 2017, for which she was Chair as well and I thank her for her efforts. She is soon to be Australia's first Indigenous dermatologist and has balanced AIDA responsibilities with her specialty training with grace and style.

- As Chair of the AIDA Membership Committee, I have helped to ensure that new members are both legitimate and appropriate, and I have personally worked on refining and finalising our terms of reference to minimise risk to the organisation. As we move towards parity across the medical workforce, AIDA must work towards ensuring our brand credibility is maintained.
- I have sat on the AIDA Finance Committee. AIDA's finances remain in a strong operational position, with a surplus banked and new income streams being developed. I see a priority for AIDA as increasing non-government funding and reducing our reliance on Department of Health income, and will continue to work in this sphere with the Committee and Board.
- I sit on the AIDA Cultural Safety Committee and we continue to work towards developing a cross cultural training package. We have recently secured additional funding streams to assist us with the development of these programs.
- I remain an active participant on the Council of Presidents of Medical Colleges (CPMC). The CPMC understand the need for a diversification of workforce, improved Indigenous retention and success of our doctors across all training programmes and support the improvement of cultural competency throughout the entire Australian medical workforce. We have many dear friends within the Committee, including Dr Phil Truscott.
- I sit on the National Medical Training Advisory Network (NMTAN) Health Workforce Working Group, which meets several time per year with the Federal Chief Medical Officer in Melbourne.
- I sit on the National Medical Training Advisory Network (NMTAN) Chronic Disease Subcommittee.
- I have taken over as Chair of the National Medical Training Advisory Network's AIDA Steering Committee and recently achieved universal agreement with all but two of the Committee's terms of reference definitions – not an easy task.
- I sat on the Pacific Region Indigenous Doctors Congress (PRIDoC) Council and the Conference Organising Committee, representing AIDA's interests and assisting our secretariat to support the PRIDoC Conference Organising Committee based in Hilo, Hawaii.
- I attended the highly successful PRIDoC 2018 Conference in Hilo, Hawaii and represented AIDA in an official capacity as Vice President.
- I am Chair of the AIDA Awards Committee.

AIDA has built on the strengths of 2017 and consolidated its position in 2018. I foresee a need for structural reform over the next six months to align the organisation's goals with our revised Strategic Plan and to future proof the organisation. The second edition of Journeys into Medicine will be finalised in the coming six months and I am proud of AIDA's new Student Crisis Support Policy. I will work towards the extension of the Support Policy to include graduate doctors at all levels and would like to see the launch of AIDA's Cultural Competency Program.

We continue to see the number of our members grow across all categories and we currently have more members than ever before in our history. Our new membership terms of reference have proven a success and I would like to work towards reciprocal membership between the four peak bodies.

Our number of registrars continues to grow and most colleges now have at least one Indigenous trainee. On a personal note, I would like to see RANZCO recruit another Indigenous trainee, which they have failed to do since 2009, and I will work closely with them to encourage that achievement. We also need to continue engaging with medical schools to maintain the recruitment and support of Indigenous medical students to attain our target of 3% of the medical workforce population being Indigenous.

We have matured as an organisation over our 21-year history and have embraced the crossroads and challenges met with age. We must be prepared for reform to reinvigorate and establish our strength over the next twenty years and work towards responding to our changing membership cohort, which now has more graduates than medical students. Whilst growing and reforming we must maintain our focus on the AIDA family and support for each other, and resist the temptation of elitism. We are, always have been and always will be, modest Peoples and must never forget the humble beginnings from which we all came as colonised Nations. Finally, should the membership grant me the great privilege of holding the office of President for AIDA, I will commit myself to serving AIDA and its members with humility and determination, and build upon the incredible efforts and achievements made so far.



Dr Kris Rallah-Baker
Vice President



Director's Report Dr Melissa Carroll

Qualifications: BN MPH MBBS

People: Wiradjuri

As I reflect on the year I want to thank our members and the AIDA Board for the opportunity to be able to represent our people in this very dynamic environment and I genuinely look forward to the future successes of the organisation and our individual colleagues. Coming onto the AIDA Board on the back of a hugely successful 2017 conference and 20-year celebration has been especially rewarding. As a first year Board Director, I am privy to the dedication and commitment of the Board members and secretariat in achieving AIDA's goals and this exposure cements my own personal commitment and pride in representing our people. This has been a critical year for AIDA and its membership and I am grateful to have worked alongside so many motivated team members.

We have achieved outstanding success throughout 2018, with AIDA representing its members across an expansive platform. The year has not been without its challenges, but these moments have given us an opportunity to reflect as an organisation and consider our purpose, values and vision. We have been able to implement a strengths-based approach to achieving our goals while identifying opportunities for improvement. As a Board we have been able to execute new ideas and innovative focus for the organisation's direction.

Through our partnerships we continue our focus on research and members should be excited to know that this is a priority in redefining our organisational structure and vision.

We care about our members and their wellbeing. We continue to undertake work to ensure we have procedures in place to assist and advise members in this priority area. Our Mentoring Program will further provide our members with opportunities to connect and support each other through their individual journeys. I am personally invested in fostering growth and success through mentoring and look forward to progressing this area.

This has been a busy year for me in my role. I chaired the AIDA and National Medical Training Advisory Network (NMTAN) Specialist Trainees Project Steering Committee meeting held in Melbourne in March as well as attending a number of meetings in my role as Council Representative on the National Rural Health Alliance (NRHA). I now sit on the Royal Australian College of Physicians Aboriginal and Torres Strait Islander Health Committee (ATSIHC) and look forward to engaging with these committees ongoing.

In July, I co-chaired the AIDA Member Networking Event in Newcastle alongside Vice President Dr Kris Rallah-Baker. This was well attended by members and associates and provided an interactive platform for attendees. I have found these events to be a wonderful opportunity for us to remain humble, share thoughts and experiences and to learn from our members about their needs and priorities. I would encourage everyone to attend these events, to be social, to talk and to network with our respected colleagues.

On a personal note, I am continuing my journey through Basic Physician Training with my interest in infectious diseases strengthening. I am undertaking a number of research opportunities in this area and look forward to publishing in future. I am progressing my links to education by engaging with Deakin University and mentoring local Indigenous medical students. I continue to work with Barwon Health where I am on the Reconciliation Action Plan Working Group, developing the next phase of the Barwon Health RAP. I accepted an invitation to present as a panel member at this year's NAIDOC event where I had an opportunity to talk about important women in my family. This was truly a privileged moment for me.

Overall, we continue to advance our work with national stakeholders. This has been a productive year with new ideas, energetic thinking and innovative practice. With our financial position remaining positive and our funding secure for the next four years, we have assurance to enable consistency in our advocacy work across this space. This Government commitment reinforces the significance of the work that AIDA does, but more importantly, the value of each of us in achieving our goals.

AIDA is at a pivotal phase with our future direction a key priority. We are continuing to work on strengthening our culture and structure, pioneering change and ensuring sustainable outcomes. I am thrilled to be part of the AIDA Board, I look forward to meeting many more of our members in 2019 and am excited to be part of another successful year.

Director's Report

Dr Jordan Cory

Qualifications: BSc MBBS

People: Gamiliraay



I have been privileged and honoured to represent AIDA and our membership as a Board Director over the past year. The Board and our ever-passionate secretariat in 2017/2018 have delivered a strong period of growth for AIDA as the peak organisational body for Indigenous doctors and Indigenous health. AIDA has grown in our membership, our sphere of influence, our key relationships, our strategy and our core work. Our core work has continued to expand and the Board has overseen exciting developments in AIDA's Cultural Safety Training, expansion into research partnerships and generation of our member in crisis support framework. The Board continues to recognise and respect our history and the work of those before us, to guide our future directions, with membership support and engagement always a key priority.

In the past year:

- I have represented AIDA at local, state and national levels and maintained and strengthened key stakeholder relationships at the Australian Medical Students' Association (AMSA) Global Health Conference, on the Royal Australasian College of Surgeons (RACS) Indigenous Health Committee, via my RACS NAIDOC week celebration presentation and with the Rural Health Distribution Working Group.
- In April, I co-hosted with staff from our secretariat, the successful and small but intimate AIDA Hobart Member Networking Event. Our networking events are a great opportunity to connect members locally across specialities, pathways and levels of training, which is increasingly important as our family grows. In 2018/2019, we will increase our strategy around the location and timing of these events to ensure the greatest number of our members benefit.
- I have worked as a member of the AIDA Finance, Risk and Audit Committee (FRAC) to maintain AIDA's strong financial position this financial year. Our annual external audit was completed successfully with no areas of concern, a testament to the diligence of Mr Mark Murray, our Corporate Services Manager, and the FRAC.
- Through the tireless work of our secretariat and in recognition of the influence and importance of our organisation's work, AIDA has successfully secured another cycle of government funding. Moving forward, two key priority areas for me personally, for the FRAC and for the AIDA Board are astute investment of our assets and reducing AIDA's reliance on government funding by diversifying our income streams.

- In early 2018, I completed the Australian Institute of Company Directors (AICD) Foundations of Directorship: Finance for Directors course, which has built my capacity as a member of the FRAC.

Personally, I have continued work as a Surgical Resident at the Royal Melbourne Hospital. I also joined the Poche Indigenous Health Leadership Program at the University of Melbourne, and continue to engage with the local community on Wurundjeri country.

At this AGM, the Board says goodbye to two of our longest serving directors. I would like to celebrate and thank our President, Dr Kali Hayward, for her leadership over the past five years. I'd particularly like to thank her for welcoming me to the board this year and for her support and guidance in the process that comes with any new commitment and role. Dr Hayward's commitment to AIDA, our membership and our values is unwavering and her warm presence will be missed at Board meetings. We welcome Dr Kris Rallah-Baker to the presidency and Associate Professor Shannon Springer to the role of Vice President and I have every faith in their complementary leadership to shape AIDA for our future directions. I would also like to farewell and thank Dr Dana Slape for her service to the Board and our members. Her savvy and principled governance will be missed by all, particularly among the Conference Committee. I wish Dr Slape all the best with her upcoming fellowship exams.

Many thanks to all for a great year with AIDA. In 2018/2019, I will continue to engage with, represent and transparently serve our organisation and membership, particularly our junior membership and doctors in training. I look forward to continuing to work with the AIDA Board and secretariat for our membership, shaping our organisation in light of our ever-evolving and bright future.



Director's Report Dr Olivia O'Donoghue

Qualifications: MBBS FRACGP

People: Descendant of the Yankunytjatjara and the Narungga Nations Peoples

In November 2017, due to AIDA having a number of Director vacancies on the Board, I was appointed to the Board by circular resolution, based on my broad set of skills in medical education and training and my commitment to cultural and educational support of our Aboriginal and Torres Strait Islander doctors, particularly in the Indigenous GP registrar space.

In the last ten months on the AIDA Board, I attended all the Board meetings face to face and by teleconference and contributed to all the interim discussions.

I am on the current AIDA Conference Committee and have attended the majority of teleconferences for this and helped plan for the 2018 AIDA Conference to be held in Perth from 26–28 September.

I am a member of AIDA's Cultural Safety and Training Committee, which is working towards designing a clinically relevant and next level cultural safety training package for all speciality training areas in medicine.

I have been the proxy representative for the GP Round Table and have responded to various correspondence related to this although have not had to go to any face to face meetings.

Outside of my core AIDA responsibilities, I continue to:

- work closely with the Indigenous GP Registrar Network (IGPRN) as medical education and exam preparation support and mentor
- work with Northern Territory General Practice Training (NTGPE) to implement cultural education and provide oversight of their Aboriginal and Torres Strait Islander health curriculum
- represent the Northern Territory on the RACGP Aboriginal and Torres Strait Islander Health Board
- support the RACGP Indigenous Fellowship Excellence Program, an intensive written exam support program, both as academic and mentor; and
- be a member of the Transplantation Society of Australia and New Zealand (TSANZ) Expert Panel, looking into access and equity issues around renal transplantation for Aboriginal and Torres Strait Islander patients in Australia.

I attended PRIDoC 2018 in Hawaii from 12–17 July, representing Flinders NT, NTGPE, IGPRN and AIDA. I presented an abstract with Dr Simone Raye, current Chair of IGPRN, on increasing Indigenous GP Fellows in Australia, barriers and enablers and the work IGPRN has been doing over the last ten years to support Indigenous doctors to successfully navigate and complete Fellowship training.

I wish to continue my work with AIDA and will be submitting a nomination for the AGM in September 2018 to continue as a Director on the AIDA Board.

Director's Report

Dr Jonathan Newchurch

Qualifications: MBBS FRACGP

People: Narungga



The year 2017/2018 has been a busy one for AIDA. We were coming to the end of our funding agreement and needed to put in a new submission to Government. This was, as it always is at these times, stressful for both the secretariat and Board with the unknown if AIDA would be funded again. I am glad to report that AIDA, through its hard work from everyone involved, has secured funding for another four years, which gives our organisation certainty and stability to continue the work we do in supporting our members and engaging with key stakeholders to improve Aboriginal and Torres Strait Islander People's health.

One of my roles as an AIDA Director is the Chair of the AIDA Finance, Risk and Audit Committee. Throughout this reporting period we have maintained a strong financial position with adequate provisions in the event of there being a funding issue. AIDA has completed its annual external audit of our finances, which I am happy to report we have passed with the auditor stating that AIDA is doing an excellent job with our accounts and transparency.

On a personal note, 2018 has been a year of great achievement for me. I completed my final examination and requirements which has allowed me to gain my RACGP Fellowship. I am eagerly looking forward to receiving my framed stethoscope this year at the AIDA Conference.

Finally, I would like to thank the Board and secretariat for their ongoing hard work and representation on behalf of AIDA and its members.

Outcomes

- I gained my RACGP Fellowship
- AIDA gained funding for another four years
- Finance Risk and Audit Committee – good financial position
- Financial audit completed with no issues
- I attended AIDA Member Networking Events



Director's Report Dr Dana Slape

Qualifications: MBBS

People: Larrakia

The Board of Directors have had a busy and successful year in 2017/2018 under the leadership of our President, Dr Kali Hayward, and our Vice President, Dr Kris Rallah-Baker. I would like to take this opportunity to thank Kali for her leadership and dedication to AIDA over many years. In 2018 I have had the pleasure of chairing the coordination of the AIDA 2018 Conference. It has been a busy but enjoyable experience working with a dynamic team of Board members and secretariat staff putting together an academic and social program that I hope you all enjoy. The work that goes into such an event cannot be underestimated and I would like to extend my gratitude to those who I was fortunate enough to work with this year. We hope you are able to come and learn, be nurtured, and have fun amongst the brightest and best in the Indigenous health space.

In terms of other duties, I have been involved with representing AIDA at the Health and Education Training Institute (HETI) with regards to selection of Indigenous junior doctors into the NSW health system. Recruitment programs such as these foster important mentoring relationships and serve to progress the careers of the Indigenous medical workforce as these stellar people transition from student to junior doctors and beyond. Additionally, the Australian Medical Association (NSW) welcomed me onto their Council this year as their first AIDA representative. The creation of this position speaks volumes for the commitment to the health of our Peoples and to the further development of the Indigenous medical workforce. Progressing AIDA business alongside my role as an advance trainee of dermatology has been all-consuming this year.

All of the progress made by AIDA over the last year could not have been achieved without the dedication of my colleagues on the Board, volunteering their time to progress the work of AIDA. We continue to strive for improved access to training programs for our members and support through to fellowship. We want our Fellow numbers to continue to grow so that those who are beyond training are supported by a larger peer group. We continue to advocate for our students' rights to a learning environment that is safe and supported. We continue to demand our health system cares for Indigenous Peoples better in a system that is often confronting, racist and challenging to navigate. We continue to engage with those who are in positions of influence to help change this. And above all we continue to provide opportunities, such as Conference, for the development of organic mentoring relationships so that we can continue to be the tight knit family-like organisation we always have been, nurturing more and more people to realise their dream of becoming a proud AIDA doctor.

Director's Report

Associate Professor Shannon Springer

Qualifications: MBBS FRACGP

People: Yuibera



It has been a great privilege being asked to join the AIDA Board after the AGM last year, to contribute to the ongoing successes of our organisation. AIDA is in a unique period of its existence, where the number of Indigenous doctors has had a significant upturn in the last three years and the interest from specialist training colleges to develop culturally competent doctors and increase Indigenous specialists is at an all-time high. The culmination of both the Indigenous doctor number (n ≈450) and the receptiveness of medical colleges is reflective of the significant efforts of key stakeholders over a long period of time – both Indigenous and non-Indigenous alike. AIDA has been a significant driver in this, and I would like to thank the efforts of those that have worked hard to assist in getting us to this critical 'tipping point.'

Having recognised where we are placed, there have been two areas in which I have focused my efforts. The first area of critical importance is enhanced engagement and support of our Aboriginal and Torres Strait Islander graduates, particularly those that are currently no longer on a supported training pathway and are practicing medicine in areas of need with little or no support. Often doctors in this situation are practicing in difficult areas of medicine in remote or rural AMS settings where excellence in health care is needed the most. The second area is assisting in developing cultural awareness and Aboriginal and Torres Strait Islander health education for our specialist training colleges.

In terms of the first initiative, it is a pleasure to announce that James Cook University (JCU) has partnered with AIDA to undertake a specific project that aims to identify, engage, understand and support our Aboriginal and Torres Strait Islander doctors who by choice or condition have not been able to continue with Fellowship training. This project, called 'Strong Futures: Strengthening the path to Fellowship for Aboriginal and Torres Strait Islander graduates,' will begin soon after the conference. It is important if you or anyone else you know, is in this situation, please let us know!

Understanding the needs of our graduates and responding appropriately through the 'Strong Futures' project, is only part of the new initiatives to support and engage our members. The second area which AIDA is keen to launch is its research agenda. AIDA has wanted to develop a research agenda for some time now. Undertaking meaningful research will assist in supporting, responding and advocating for our members by understanding their needs and the needs of the communities and health facilities in which they are embedded. It can also assist in developing opportunities for members to undertake their own research in a supervised and structured way to improve their own professional development and college eligibility. AIDA is in the process of forming a research partnership

with the University of Queensland Poche Centre and Bond University to kick off this initiative. This partnership is not limited to these institutions and once the framework is finalised, we are hoping to develop further partnerships with other universities where our doctors and their needs are. The AIDA Research Committee, which has been newly established, wants to engage with experienced Indigenous researchers to assist in the final stages of setting up the framework.

In summary, I look forward to consolidating our meaningful engagement with our members to understand their needs and develop and strengthen how AIDA can assist them and their communities. I am also hopeful that we can bring together some meaningful resources that are appropriately pitched towards our specialist training colleges to develop culturally safe and responsive specialists that are effective in working and partnering with their Indigenous patients.

Outcomes

1. Launch of the Australian College of Sport and Exercise Physicians RAP on 11 February at the Marriott Hotel on the Gold Coast with a presentation.
2. AIDA Member Networking Event – Townsville, 28 February 2018.
3. AIDA Member Networking Event – Brisbane, 30 May 2018.
4. AIDA presentation to Norton Rose Fulbright (who are AIDA's pro bono law partners) during their NAIDOC week celebrations. The staff across the country of this multi-national law firm were very respectful, receptive and interested in AIDA's work. In particular, they were very receptive to the role of our Traditional Healers and the continuation of knowledge and healing in Aboriginal and Torres Strait Islander health care.
5. Assisting in the subcommittee for developing postgraduate cultural awareness and Indigenous health education resources for market in late 2018 or early 2019.
6. Assisted in the development of the JCU and AIDA partnership, looking at how to assist our graduates who are not on a supportive training program, through the 'Strong Futures: Strengthening the path to Fellowship for Aboriginal and Torres Strait Islander graduates' project.
7. Assisted in the development of the Bond, UQ Poche and AIDA research partnership to be launched in late 2018 – early 2019.



Director's Report Dr Artiene Tatian

Qualifications: MBBS BSc (Adv) MIndigHlth

People: Arrernte

It has been a tremendous privilege and honour to be a Director of AIDA for 2017/2018 and to serve and represent the AIDA membership and family. During the reporting period, I hope to have not only listened, but represented you well and advocated for important and much needed changes on your behalf.

The preceding 12 months have been a time where AIDA has continued to establish itself as the peak organisation for Indigenous doctors and Australian Indigenous health in both advocacy and support capacities. In 2018, AIDA has made strong connections and relationships with specialist medical colleges and other peak Australian medical organisations.

I have actively represented and advocated for the AIDA membership at several local, state and national events and committees during my 12 months as a Director, including:

- representing AIDA and actively participating in the Royal Australasian College of Surgeons Indigenous Health Committee as a voting member, to which consistent advocacy of the needs of our members has contributed to the establishment of identified surgical training positions
- continuing to be an active member of the Membership Committee for AIDA, including updating the terms of reference for the Committee to ensure transparency and alignment with best practice for confirmation of Aboriginality of members
- participating in the Australasian College for Emergency Medicine (ACEM) Indigenous Health Subcommittee as a voting member, and providing consultancy and direction into College and emergency departments future planning, events and specialist training pathways
- listening to members' desires and preparing a male genital dermatological talk at this year's conference as a result of discussion at the 2017 Men's Yarning Circle
- representing AIDA at the Royal Australasian College of Surgeons Indigenous Health Breakfast and in doing so also supporting AIDA members who received scholarships
- representing AIDA and presenting on pertinent issues facing Indigenous junior doctors at the HETI NSW Aboriginal Trainee Doctor's Forum, as well as leading open discussions on audience members' issues and feeding back to AIDA

- presenting at the Royal Australasian College of Surgeons Annual Scientific Meeting in Sydney as a Panel member on the topic, 'Towards Cultural Competency'
- attending the AIDA community visit to Bowraville to promote a career in medicine to school aged children, including running a heart dissection workshop with the children; and
- representing AIDA at the 2016 Aurora Indigenous Scholars International Study Tour Reception and continuing to build on the AIDA and Aurora relationship.

Outside of my Director role at AIDA, I have continued to participate as an active member on the Australian Medical Council (AMC) Prevocational Assessment Committee and the Aboriginal, Torres Strait Islander and Māori Strategy Group. I also continue to interact closely with my local Aboriginal community and support and represent them as a Board member of Gandangara Local Aboriginal Land Council.

This year marks the completion of my two-year term on the Board. I hope that I have served my people and community well and I am grateful to be a part of this amazing AIDA family. If there is any way I can help any member in the future, please do not hesitate to contact me.

Director Student's Report

Mr Russell Thompson

People: Kamilaroi



This year has been a trialling year for me personally; however, serving on the AIDA board as Student Director has been an enjoyable experience. I worked with student representatives from various universities throughout the country for the past 12 months and it has been a privilege to work with such a proactive and intelligent Student Representative Committee (SRC).

I am proud to say the SRC have strengthened our bond with the Australian Medical Students' Association throughout 2018 with a re-signing of the AIDA/AMSA Memorandum of Understanding (MOU). This MOU has helped in strengthening our relationship with AMSA over the past few years; however, this year, several positive additions have occurred. Firstly, a position has been created on AMSA Council for the AIDA Student Director to attend in an ex-officio position. Secondly, AMSA are working closer with us at our annual conference to get information from our students on how to better move forward into the future.

Each year the AIDA SRC are asked to complete a group project to benefit AIDA. This year we noticed a gap in our university medical societies' understandings of how to engage with Aboriginal and Torres Strait Islander students. We therefore decided to create a framework to help guide medical societies. This framework provides detailed information on areas of concern for our students. Further to the framework, an online reflection tool was created to give different medical societies a platform for reporting their understanding and current involvement in Indigenous engagement. This platform will be managed by AMSA and the universities will report their reflections and discuss how better to engage with our students.

I am grateful to the membership for the opportunity to serve as the AIDA Student Director. It has been a life changing experience that has taught me many leadership and organisational skills that I will use throughout my career. I would further like to thank the Board and secretariat for their ongoing support, and finally a big thank you to the 2018 AIDA SRC. You are all amazing and I am proud to be a part of this journey with you.



Board of Directors Election

The Election Notice and call for nominations for vacant positions on the AIDA Board of Directors were sent

to all eligible voting members of AIDA on 31 July 2018, along with details of the nomination process for six vacancies on the AIDA Board arising at the 2018 Annual General Meeting (AGM).

The Board positions, gazetted in the Election Notice as becoming vacant at the 2018 AGM, are as follows:

- President
- Vice President
- Up to three Director positions; and
- Director (Student).

The Election Notice included details of the nomination process and links to information about obligations and responsibilities of becoming a Director. The Notice and accompanying information were distributed to current members by email, on AIDA's website and via Ward Round.

As per Article 47(a)(iii) of AIDA's Constitution, members interested in standing for election to the AIDA Board were instructed to submit a nomination form containing:

- the details and signature of two nominators; and
- the details and consent (by signature) of the nominee to become a Company Director.

Nominations were required to be lodged with the AIDA secretariat by Tuesday 28 August 2018 at 5.00 pm (AEST) sharp.

Current status of the Board

The number of Directors on the AIDA Board will be not less than seven or more than ten. At the commencement of the 2018 AGM, the status of the Board is as set out in the table below, with six positions becoming vacant at the 2018 AGM (highlighted in blue).

On 10 October 2017, Dr Olivia O' Donoghue and Dr Shannon Springer were unanimously appointed as Directors of AIDA in accordance with Article 48 and 46(e)(v) of the Constitution.

In June 2018, Dr Kali Hayward advised the AIDA Board of her intention to step down from the Board at the 2018 AGM.

Status of the Board as at the 2018 AGM			Term ends
1	President	Dr Kali Hayward	2018 (resigned)
2	Vice President	Dr Kristopher Rallah-Baker	2018 ¹
3	Director	Dr Dana Slape	2018
4	Director	Dr Artiene Tatian	2018
5	Director	Dr Olivia O' Donoghue	2018
6	Director (Student)	Mr Russell Thompson	2018
7	Director	Dr Shannon Springer	2018
8	Director/Company Secretary	Dr Jonathan Newchurch	2019
9	Director	Dr Melissa Carroll	2019
10	Director	Dr Jordan Cory	2019

1. Dr Kris Rallah-Baker is the sole candidate for the office of President and will relinquish the office of Vice President upon being declared President.

Nominations Received

Nominations for vacant positions on the AIDA Board are summarised in the following table and a brief profile of each candidate follows.

Position on the Board	Number of available positions	Number of valid nominations	Name of Nominees
President	One	One	Dr Kristopher Rallah-Baker
Vice President	One	One	Dr Shannon Springer
Director (Graduate)	Three	Six	Dr Sarah Bormann Dr Keith Gleeson Dr Sarah Jane McEwan Dr Olivia O'Donoghue Dr Tanya Schramm Dr Artiene Tatian
Director (Student)	One	Two	Ms Megan Kent Mr Ben Jones

Continuing Board Members

The following Directors are eligible to continue in their current roles until the end of their tenure at the 2019 AGM:

- Dr Jonathan Newchurch (Director/Company Secretary)
- Dr Melissa Carroll (Director); and
- Dr Jordan Cory (Director)

Voting

Indigenous medical graduate, Indigenous medical student members and life members that are current members of AIDA are entitled to attend and vote at meetings of members, including the AGM. Associate members of AIDA may attend meetings of members as observers but have no voting or speaking rights at such meetings.

Each member entitled to vote may cast the number of votes equal to the number of vacancies, provided that no person voting may cast more than one vote in favour of each candidate.

Only Indigenous student members are eligible to vote in a ballot for the election of the Director (Student).

Election of Directors

President

Vacant Positions: One

Resigned: Dr Kali Hayward

Except where no person wishing to be President meets the criteria, the President must be a Director who has served at least two (2) consecutive years on the Board of AIDA at any time since its inception as a corporate entity.

One valid nomination was received for the single vacancy. In accordance with Article 47(b)(i), the nominee being Dr Kristopher Rallah-Baker shall be deemed to be elected.

Vice President

Vacant Positions: One

Dr Kristopher Rallah-Baker will vacate this position as he will be declared President at the 2018 AGM.

Except where no person wishing to be Vice President meets the criteria, the Vice President must be a Director who has served at least two (2) consecutive years on the Board of AIDA at any time since its inception as a corporate entity.

One valid nomination was received for the single vacancy. In accordance with Article 47(b)(i), the nominee being Dr Shannon Springer shall be deemed to be elected.

Director (Graduate)

Vacant positions: Three

End of Term: Dr Dana Slape, Dr Artiene Tatian and Dr Olivia O'Donoghue

A Director must be a current Indigenous medical graduate member who has been a member for at least 18 consecutive months prior to the nomination as a Director.

Six valid nominations were received for three vacancies. In accordance with Article 47(b)(ii), a ballot shall be held.

Indigenous medical graduate and Indigenous medical student members will be issued with a voting slip listing the candidates for the three vacant Director (Graduate) positions.

Director (Student)

Vacant positions: One

End of Term: Mr Russell Thompson

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.

Two valid nominations were received for the single vacancy. In accordance with Article 47(b)(ii), a ballot shall be held.

Indigenous medical student members will be issued with a voting slip listing the candidates for the vacant Director (Student) position.

Voting process

The process to elect Directors is as follows:

1. Ballot slips listing the candidates' names are prepared with the order of names on the ballot slip in order drawn by lot.
2. All voting members who are appointing a Proxy must complete an AIDA Proxy Form. This form must be received at the AIDA Secretariat no later than 48 hours prior to the AGM.
3. All eligible Indigenous medical student members will be issued with a voting slip listing the candidates for the vacant Director (Student) position.
4. Instructions on how to complete the voting slip will be provided at the meeting and are printed on the back of the voting slips.
5. A ballot will be declared by the Chair of the AGM and voting members will place their completed voting slip in the ballot box.
6. The Returning Officer will collect the ballot box and proxy votes, count the votes and then notify the members of the outcome of the ballot, i.e. who has been appointed to the position(s) of Director(s).

The Company will then formalise (or 'ratify') the outcome of the ballot by resolution in accordance with Article 47 of the Constitution.

Proxies

In accordance with Article 41 of AIDA's Constitution, 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. In respect of any one Meeting of Members, a person may not be appointed as a proxy for more than two members, other than the Chairperson who may be appointed as proxy for any number of members.

If a member is appointing a proxy, a Proxy Form must be completed and received at the secretariat **no later than 48 hours prior to the AGM** in accordance with the AIDA Constitution and the instructions provided on the Proxy Form.

Nominations for President

Dr. Kris. Rallah-Baker

Qualifications: B. Med, AMA(M), MAICD, FRANZCO

I am a Yuggera/Warangu/Birrigubba/Juru man from Brisbane and graduate of the University of Newcastle Medical School. My involvement with AIDA extends back to 1997 when I was a founding member and have maintained an active membership since. I was elected to the AIDA Board in 2016 as a Director and have held the Office of Vice President for 18 months. Recently I was granted my Fellowship with the Royal Australian and New Zealand of Ophthalmologists and have nominated for the Office of President of AIDA, bringing a broad experience working within numerous companies, committees and boards over many years.

My vision for AIDA is to build on our Strategic Plan, continue to grow our membership, undertake structural reform to reflect our organisational objectives and align with our Strategic Plan, further develop and implement AIDA business models and work towards the financial independence of the organisation. Maintenance of our focus on the AIDA Family, humble beginnings and support for each other are key to who we are as an organisation. I look forward to serving AIDA as President should the Membership grant me that privilege.



Nominations for Vice President

Associate Professor Shannon Springer

Qualifications: MBBS FRACGP

Shannon is the Associate Professor and the Discipline lead for Aboriginal and Torres Strait Islander Health at Bond University on the Gold Coast. He was one of the first two Aboriginal graduates to come through James Cook University in 2005 and won the overall Outstanding Alumni Award in 2016. Historically his connections are linked to Yuibera (Mackay) Country. His traditionally connections come from Georgetown and is Australian South Sea Islands on his mother's side.

Shannon is a GP and Fellowed with the Royal Australian College of General Practitioners in 2011, and is practice owner with a passion for Indigenous Primary Health Care, Medical Education and Community Development. He has spent 6 years working as GP and adviser in Aboriginal Medical Services in Queensland. In his spare time, he flies to Charleville Aboriginal Medical Service as a GP. He currently sits on the board of the Australian Indigenous Doctors Association, is a LIME reference group member, and was the recent Queensland representative of the Royal Australian College of General Practitioners National Faculty for Aboriginal and Torres Strait Islander Health. Shannon is the father of 2 beautiful girls Sophia and Misha.



Nominations for Director (Graduate)



Dr Sarah Bormann

Qualifications: MD

I am a Nyikina woman from the remote area of Derby, Western Australia. I am a PGY2 surgical RMO at Flinders Medical Centre in Adelaide. I graduated from Flinders University, Adelaide and completed my internship at Royal Adelaide Hospital in 2017.

I was Flinders University's AIDA SRC representative from 2014-2016. After attending my first AIDA conference I realised the value of it helping sustain my drive through my medical degree. These conferences gave me the opportunity to establish mentors with Indigenous doctors and foster strong bonds with my Indigenous medical student peers.

AIDA's support was vital with imparting me with confidence. It gave me a strong network to help me through medical school. AIDA is the organisation I want to grow my medical career in. AIDA is the organisation where I want to look behind me and help those Indigenous medical students and doctors junior to me, to achieve and become the doctors or surgeons they want to be.

I am nominating for an AIDA director position this year. I want to be a part of the process that helps improve Indigenous health by providing culturally safe health services and mentoring Indigenous students as they go through medical school.

My chosen career pathway is to become a rural general surgeon. I want to give back to the community I grew up in, to my grandfather who lived to see me become a doctor before he passed away. It will be the culturally safe space for people who may need or will undergo invasive procedures. My skill sets as a Nyikina female doctor, makes me approachable to community and yet can maintain clinical professionalism amongst my peers. As an AIDA director I can continue my growth in leadership and yet be the mentor to those following on their own medical journey.

Dr Keith Gleeson

Qualifications: BMed FRACGP

I am a Biripi / Daingutti man from Taree, NSW

I have decided to nominate for the Australian Indigenous Doctors Association board of directors which will be held on the 27th September 2018 and look forward to formal endorsement by members. I have not made this decision to run for the AIDA board with haste and have weighed up the gravity of the task required.

I strongly believe that I have the skill set and experience to perform the duties of a director and a vision for future growth and development within the organisation. I have been a member of the Australian Indigenous Doctors Association since 2000 and watched it flourish.

I am keen to ensure that the hard work which has been tirelessly done by our previous board members is in safe hands and that my focus will be on good clinical governance, ensuring the security of the organization is paramount and that AIDA members voices will be heard.

I am currently representing AIDA interests on a number of government and non-government boards which I have held for many years and happy to continue to do so regardless of the outcome in the Annual General Meeting. I believe the time is right for me to put my hand forward now since I have completed my Fellowship and have some flexibility around my family and work life.

I have no illusion about the workload required to undertake the position and I don't underestimate the expectation members would consider important for someone taking on the role. I acknowledge that I will have big shoes to fill given my predecessors who have come before me but believe I am up to the task.

My previous experience as the Chairperson for the Indigenous Doctors Association has taught me valuable skills that I can bring to the AIDA board. Similarly, I am very open to advice from elders within the AIDA organisation who I would encourage to provide me with mentoring and advice should I be elected as your representative.





Dr Sarah McEwan

Qualifications: B.Med DCH FRACGP FARGP Adv.DRANZCOG FACRRM DipClinEd GAICD

Throughout her career, 36 year old Sarah, has achieved some outstanding accolades. In 2009, Sarah was named the National Rural Faculty's Rural Registrar of the Year by the Royal Australian College of General Practitioners, and in 2010 was the Australian College of Rural and Remote Medicine's Registrar of the year.

Since this time Sarah has worked in Port Hedland, in rural Western Australia as a rural generalist. Her skill set includes obstetrics, emergency medicine and medical administration.

Sarah's zest for continued learning and skill acquisition is evidenced by the numerous post-graduate qualifications she holds and her current enrollment in a Masters Health Administration with the view to fellowship through the Royal Australian College of Medical Administration which she is currently working towards.

Sarah has previously served on the General Practice Education and Training (GPET) Board as a director before it was dissolved in 2014. She has also being a RACGP National Rural Faculty WA board member from 2010 - 2012. Sarah has also represented on numerous other committees over the past 14 years since graduating in 2004. Sarah is a graduate of the Australian Institute of Company Directors and continues to hold GAICD post nominals.

Sarah wishes to bring to the AIDA board her collective experience of working as a director of a national board and her wealth of medical administration experience she has collated over the past 5 years of continued education in this space. Sarah is looking forward to the opportunity of representing AIDA as a director should the opportunity be afforded her.

Dr Olivia O'Donoghue

Qualifications: MBBS FRACGP

I am a descendant of the Yankunytjatjara and the Narungga Nations people. I have lived in the NT most of my life, I grew up in Alice Springs and been living in the top end for the last 12 years. I gained Fellowship with RACGP in 2012. I have worked predominantly in Aboriginal Community Controlled Health in the Northern Territory, both urban and remote. I am currently working in a Darwin as a GP in a mainstream practice, as a Medical and Cultural Educator for Northern Territory General Practice Education(NTGPE), training and supporting GP trainees and mentoring Indigenous GP trainees.

I am passionate about Aboriginal and Torres Strait Islander health and making a difference to individuals, communities and societies. I have particular interests in maternal, child and adolescent health and have led programs in this field within the community controlled sector. I have represented my colleagues and organisations on clinical governance and health systems committees. I sit on the reconciliation action plan committee for NTGPE.

I am passionate about contributing to building capacity in the Aboriginal and Torres Strait Islander health workforce and over the last few years have been heavily involved with the Indigenous GP Registrar Network(IGPRN). I offer medical educator support, academic teaching and exam preparation support for our Aboriginal and Torres Strait Islander GP registrars. For the last two years I have helped facilitate the Indigenous Fellowship Excellence Program(IFEP) run by the RACGP Aboriginal and Torres Strait Islander Health Faculty. I am currently the NT representative on the RACGP Aboriginal and Torres Strait Islander health board.

Recently I was appointed as the Medical Director for the NT Regional Training hub which looks at post graduate medical training opportunities and retention of an appropriately skilled and sustainable workforce for the NT, in particular our regional and remote locations.

In November 2017, due to AIDA having a number of board director vacancies I was appointed to the AIDA board by circular resolution, based on my broad set of skills and commitment to education and cultural training. In the last 12 months on the AIDA board I have attended all the Board meetings and contributed to all the interim discussions, I am on the current conference committee and the cultural safety and training committee and have been proxy for the GP round table.

I believe my background, interests, skills in medical education, previous committee and board experience plus motivation to work alongside our people to institute change, in order to improve the health outcomes and workforce needs of our Peoples will continue to be an asset to the AIDA board. I look forward to being able to continue my journey with AIDA in this capacity.





Dr Tanya Schramm

Qualifications: BMed, FRACGP

I am a Palawa woman, raised within the Tasmanian Aboriginal Community. I graduated from Newcastle University in 1996 and completed my GP Fellowship in 2002 as the first Palawa Doctor.

I have a strong interest in giving back to my community by:

- Improving the delivery of health services to my local Aboriginal and Torres Strait Islander community;
- improving health outcomes for Aboriginal and Torres Strait Islander people especially here in Tasmania;
- improving participation of Aboriginal and Torres Strait islander students at a tertiary level locally and nationally; and
- increasing the number of Aboriginal and Torres Strait Islander people entering and graduating from Medicine locally and nationally.

I have pursued these goals through my involvement with AIDA (Australian Indigenous Doctors Association) as a founding member and previous Board representative.

I was involved in the development of the Faculty of Aboriginal and Torres Strait Islander Health, within the RACGP, through my representation as a Board member. This has involved advocating for and supporting Aboriginal and Torres Strait Islander Students and Registrars. Developing online cultural awareness training for General Practitioners. The development of assessment tools for the RACGP for use in the fellowship exams to assess cultural competency and knowledge of Aboriginal and Torres Strait Islander Health.

I continue to work within my community as a General Practitioner 3 days a week, with a special interest in Mental health and Women's health. I currently also work two days a week with UTAS as Senior Lecturer in Aboriginal and Torres Strait Islander Health, where I support our current Aboriginal Students through their Medical journey and am in the process of redeveloping our Aboriginal Health Curriculum.

Dr Artiene (Artie) Tatian

Qualifications: MBBS, BSc (Adv), MIndigHlth

I am a proud Arrernte man, from Central Australia and a Dermatology Trainee at Liverpool Hospital, NSW. I attained my MBBS from Western Sydney University and completed a concurrent Advanced Science degree and a Master of Indigenous Health. I am heavily involved and actively engaged with my current geographical local Aboriginal community of Western Sydney. As such, I am honoured to represent my local Aboriginal community and am a current Director of Gandangara Local Aboriginal Land Council.

I have served as a Director of Australian Indigenous Doctors Association (AIDA) for the past 2 years and previously served as the AIDA Student Director. During my time on the board, I have been an advocate for Indigenous doctors, training and our members. I have served as the AIDA representative for the Royal Australasian College of Surgeons and am part of the Indigenous committee which has established Indigenous identified specialist surgical training positions. I have also served as the AIDA representative for the Australasian College of Emergency Medicine, helping to advocate on Indigenous issue in the new training format.

I have been a member of the AIDA family since the beginning of my degree and have been receptive of all feedback and members issues. This includes giving a men's health talk at this year's conference as a request from last years men's yarning circle. I am also a member of the Australian Medical Council (AMC) PreVac committee and continue to make change for Aboriginal and Torres Strait Islander junior doctors and patients. With your vote, I would be honoured to continue to advocate and represent the AIDA membership on the board and make real change for our members and AIDA family.



Nominations for Director (Student)

Mr Ben Jones



My name is Ben and I am a proud Murrawarri man. Aboriginal and Torres Strait Islander health is my absolute passion. It is my hope to contribute to closing the health gap for our mob throughout my lifetime. I see being a part of the AIDA Board as the Student Director as both an opportunity to learn, and, to give back to a wonderful community.

Two things that I would be particularly keen to do as Student Director are:

1. Ensure students who don't have as much support within their university feel valued as an integral part of the AIDA student body.
2. Develop a program that allows us to continue our cultural learning whilst at uni.

I also really believe that us Indigenous medical students have such an important role to play in how Australia is going to approach Indigenous health in the future. Over the past year on the AIDA SRC I have seen a bunch of passionate and committed students work together to improve the experience that we have at medical school. For me, this experience demonstrated the importance of having an Indigenous student body voice in organisational discussions.

Further to being a part of the AIDA SRC team I have also been fortunate to gain experience on a few other boards which I believe would help transitioning onto the AIDA Board. The UNSW Medicine Faculty Board, The UNSW Academic Board, and the UNSW Student Board have all been experiences that have allowed me to develop my skills in strategic thinking as well as teamwork and managing interests of stakeholders.

Overall, this is an opportunity that I would be grateful for. And, as with anything I do, it is gratefulness, combined with my willingness to learn that motivates me to work my hardest in any role.



Ms Megan Kent

Megan Kent is a proud Wirangu woman currently studying year 3B student at Monash University. She has been proud to serve as the AIDA Student Representative for Monash for the past 2 years, and looks forward to a chance to continue that work as leader of the committee.

Outside her responsibilities as AIDA SRC Rep, Megan has spent time on various committees, including Red Party Victoria and the organising committee for the Australian Medical Student Association (AMSA) 2018 Global Health Intensive. As well as this Megan has written publications for Monash's Medical Student publication The Auricle, and assisted in policy writing for the International Federation of Medical Student Association (IFMSA). Most recently she has been honoured to moderate a panel on "the Gap" in Indigenous health at AMSA Global Health Conference in August 2018.

Outside of her studies, Megan has worked in various occupations requiring managerial experience and team leading, as well as her satisfying job as a Ward Clerk at the Alfred Hospital in Melbourne. Over university breaks, Meg also has pursued research at the Walter And Eliza Hall Institute of Medical Research (WEHI) through her participation in the Career Trackers program.

If selected for Student Director, Megan would like to direct attention to the discrepancy in graduation rates between Indigenous and Non-indigenous students, as well as formulating study resources that address different learning styles of Medical Students.



Financial Statements

Australian Indigenous Doctors' Association Limited
ABN 84 131 668 936

Financial Statements
for the year ended 30 June 2018

Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

Contents

For the Year Ended 30 June 2018

	Page
Financial Statements	
Directors' Report	1
Auditor's Independence Declaration under Section 307C of the Corporations Act 2001	4
Statement of Profit or Loss and Other Comprehensive Income	5
Statement of Financial Position	6
Statement of Changes in Equity	7
Statement of Cash Flows	8
Notes to the Financial Statements	9
Responsible Persons' Declaration	29
Independent Audit Report	30

Directors' Report

For the Year Ended 30 June 2018

The directors present their report on Australian Indigenous Doctors' Association Ltd for the financial year ended 30 June 2018.

General information

1. Directors

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

Names	Position	Appointed/Resigned
Dr Kali Hayward	President	Re appointed 20 September 2017
Dr Kristopher Rallah-baker	Vice President	Appointed as Vice president 20 September 2017
Dr Jonathan Newchurch	Company Secretary	Re appointed 20 September 2017
Dr Benjamin Armstrong	Membership Committee	Resigned 20 September 2017
Dr Raymond Blackman		Resigned 20 September 2017
Dr Melissa Carroll		Appointed 20 September 2017
Dr Jordan Cory	Finance Risk & Audit Committee	Appointed 20 September 2017
Dr Olivia O' Donoghue		Appointed 10 October 2017
Mr Ian Lee		Resigned 20 September 2017
Dr Dana Slape	2018 Conference Committee(Chair)	Re appointed 14 September 2016
Associate Professor Shannon Springer		Appointed 10 October 2017
Dr Artiene Tatian		Appointed 14 September 2016
Mr Russell Thompson	Student Director	Appointed 20 September 2017

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

2. Principal activities and significant changes in nature of activities

The principal activities of Australian Indigenous Doctors' Association Ltd during the financial year were directed towards the achievement of equitable health and life outcomes, and the cultural wellbeing of Indigenous Peoples, by reaching population parity of Indigenous medical students and doctors and supporting a culturally safe health care system.

To this end, AIDA's principal activities include:

- activities aimed at increasing Aboriginal and Torres Strait Islander participation at all levels in health;
- promoting collegiate support and improved outcomes for Aboriginal and Torres Strait Islander medical graduates and students;
- supporting the development of a high quality Aboriginal and Torres Strait Islander workforce including increasing the numbers of Aboriginal and Torres Strait Islander Peoples in the health and medical professions;
- projects that enhance the delivery of culturally safe health and medical services to Aboriginal and Torres Strait Islander Peoples and communities;
- projects to improve the evidence base, and promote the application of best practice for improving Aboriginal and Torres Strait Islander Peoples' health; and
- promoting effective pathways into health and medicine, including the strengthening of education and training outcomes for Aboriginal and Torres Strait Islander Peoples.

There were no significant changes in the nature of Australian Indigenous Doctors' Association Ltd's principal activities during the financial year.

Directors' Report

For the Year Ended 30 June 2018

General information (continued)

3. Objectives and strategies

The Company's objectives and strategies:

Grow Indigenous Doctors

- Promote pathways through medicine;
- Support students and doctors
- Provide leadership and development opportunities
- Promote collegiate support

Shape Health Outcomes

- Be a national leader in health policy
- Foster relationships with key national medical and health organisations
- Collaborate nationally and internationally to improve Indigenous health and life outcomes

Communicate and Celebrate

- Share our knowledge and aspirations
- Grow our support base
- Engage with our members
- Celebrate our achievements

Cultural and Traditional Perspective

- Provide a unique medicocultural perspective
- Shape the healthcare system to be culturally safe
- Contribute to improved health and life outcomes for all Australians
- Promote the significant contribution of traditional medicine, knowledge and practice

Best Practice and Sustainability

- Demonstrate professionalism and excellence
- Deliver best practice management
- Achieve revenue growth, diversification and sustainability

4. Members' guarantee

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

At 30 June 2018 the collective liability of members was \$ 14,175 (2017: \$13,050).

Directors' Report

For the Year Ended 30 June 2018

5. Meetings of directors

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

Dr Kali Hayward
Dr Kristopher Rallah-baker
Dr Jonathan Newchurch
Dr Benjamin Armstrong
Dr Raymond Blackman
Dr Melissa Carroll
Dr Jordan Cory
Dr Olivia O' Donoghue
Mr Ian Lee
Dr Dana Slape
Associate Professor Shannon Springer
Dr Artiene Tatian
Mr Russell Thompson

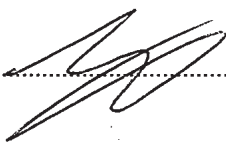
Directors' Meetings	
Number eligible to attend	Number attended
4	4
4	4
4	3
1	1
1	1
3	3
3	3
3	3
1	1
4	3
3	2
4	3
3	3

Auditor's independence declaration

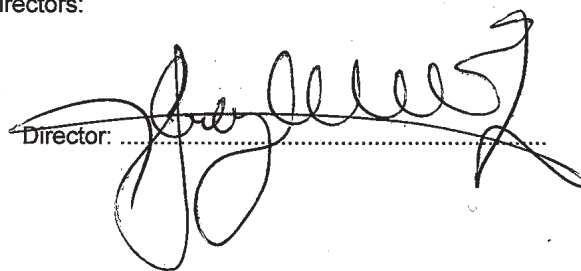
The auditor's independence declaration in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2018 has been received and can be found on page 4 of the financial report.

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

Director:



Director:



Dated 25 August 2018

AUDITOR'S INDEPENDENCE DECLARATION UNDER S307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION LTD

As auditor for the audit of Australian Indigenous Doctors' Association Ltd, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.



Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 25th day of August 2018



Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2018

		2018	2017
	Note	\$	\$
Revenue	4	2,927,062	2,595,441
Advertising and promotion		(56,040)	(54,157)
Building & property		(119,249)	(119,632)
Depreciation expense	10(a)	(53,387)	(62,417)
Employee benefits expense		(1,565,272)	(1,469,097)
Gifts and donations		(10,162)	(13,597)
Governance and representation		(16,922)	(19,945)
IT & telecommunications		(68,910)	(59,533)
Meetings and events		(247,863)	(182,025)
Memberships & subscriptions		(27,049)	(16,106)
Operations		(28,352)	(33,842)
Other expenses		(3,218)	(3,715)
Professional services		(135,063)	(140,604)
Scholarships and bursaries		(5,055)	(10,000)
Travel and accommodation		(370,674)	(371,279)
Surplus before income tax		219,846	39,492
Income tax expense	2(a)	-	-
Surplus for the year		219,846	39,492
Other comprehensive income		-	-
Total comprehensive income for the year		219,846	39,492

The accompanying notes form part of these financial statements.

Statement of Financial Position

As At 30 June 2018

	Note	2018 \$	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	1,940,310	106,974
Trade and other receivables	6	3,822	3,657
Inventories	7	6,281	8,058
Other financial assets	8	102,005	1,547,041
Other assets	9	75,298	100,963
TOTAL CURRENT ASSETS		2,127,716	1,766,693
NON-CURRENT ASSETS			
Plant and equipment	10	121,416	104,963
TOTAL NON-CURRENT ASSETS		121,416	104,963
TOTAL ASSETS		2,249,132	1,871,656
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	221,111	129,256
Employee benefits	12	43,311	59,127
Other liabilities	13	360,814	283,979
TOTAL CURRENT LIABILITIES		625,236	472,362
NON-CURRENT LIABILITIES			
Employee benefits	12	10,058	5,302
TOTAL NON-CURRENT LIABILITIES		10,058	5,302
TOTAL LIABILITIES		635,294	477,664
NET ASSETS		1,613,838	1,393,992
EQUITY			
Reserves		701,092	701,092
Retained surplus		912,746	692,900
TOTAL EQUITY		1,613,838	1,393,992

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2018

2018

	Retained Surplus	AIDA Safety Net	Total
	\$	\$	\$
Balance at 1 July 2017	692,900	701,092	1,393,992
Surplus attributable to members of the entity	219,846	-	219,846
Balance at 30 June 2018	912,746	701,092	1,613,838

2017

	Retained Surplus	AIDA Safety Net	Total
	\$	\$	\$
Balance at 1 July 2016	653,408	701,092	1,354,500
Surplus attributable to members of the entity	39,492	-	39,492
Balance at 30 June 2017	692,900	701,092	1,393,992

The accompanying notes form part of these financial statements.

Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

Statement of Cash Flows For the Year Ended 30 June 2018

	2018	2017
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	3,241,360	3,088,196
Payments to suppliers and employees	(2,854,727)	(2,723,952)
Interest received	73,678	24,615
Net cash provided by operating activities	20 460,311	388,859
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of plant and equipment	10(a) (72,010)	(32,215)
Sale / (Purchase) of investment	1,445,036	(1,278,139)
Net cash provided by / (used in) investing activities	1,373,026	(1,310,354)
Net increase / (decrease) in cash and cash equivalents held	1,833,337	(921,495)
Cash and cash equivalents at beginning of year	106,973	1,028,469
Cash and cash equivalents at end of financial year	5 1,940,310	106,974

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2018

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

The functional and presentation currency of Australian Indigenous Doctors' Association Ltd is Australian dollars.

The financial report was authorised for issue by those charged with governance on 25 August 2018.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

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

2 Summary of Significant Accounting Policies

(a) Income Tax

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

(b) 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 at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

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

(c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies (continued)

(c) Revenue and other income (continued)

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

Grant 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.

Australian Indigenous Doctors' Association Ltd receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income .

Donations

Donations and bequests are recognised as revenue when received.

Interest revenue

Interest is recognised using the effective interest method.

Rendering of services

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

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

(d) Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies (continued)

(e) Inventories

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.

(f) Plant and equipment

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

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

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

Plant and equipment, except computer software, is depreciated on a straight-line basis over the asset's useful life to the Company, commencing when the asset is ready for use.

Computer software is depreciated on a straight line basis over the asset's useful life to the Company, commencing when the asset is ready for use.

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

Fixed asset class	Depreciation rate
Furniture, Fixtures and Fittings	20%
Office Equipment	20-60%
Computer Software	50%
Display Equipment	20%

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

(g) Financial instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies (continued)

(g) Financial instruments (continued)

Financial Assets

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables;
- financial assets at fair value through profit or loss;
- available-for-sale financial assets; and
- held-to-maturity investments.

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Company's trade and other receivables fall into this category of financial instruments.

In some circumstances, the Company renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the Company does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets:

- acquired principally for the purpose of selling in the near future
- designated by the entity to be carried at fair value through profit or loss upon initial recognition or
- which are derivatives not qualifying for hedge accounting.

Assets included within this category are carried in the statement of financial position at fair value with changes in fair value recognised in finance income or expenses in profit or loss.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies (continued)

(g) Financial instruments (continued)

Any gain or loss arising from derivative financial instruments is based on changes in fair value, which is determined by direct reference to active market transactions or using a valuation technique where no active market exists.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Company's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis. In addition, if there is objective evidence that the investment has been impaired, the financial asset is measured at the present value of estimated cash flows. Any changes to the carrying amount of the investment are recognised in profit or loss.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The Company's available-for-sale financial assets comprise listed securities.

All available-for-sale financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired.

In the case of impairment or sale, any gain or loss previously recognised in equity is transferred to the profit or loss.

Losses recognised in the prior period statement of profit or loss and other comprehensive income resulting from the impairment of debt securities are reversed through the statement of profit or loss and other comprehensive income, if the subsequent increase can be objectively related to an event occurring after the impairment loss was recognised in profit or loss.

Impairment of financial assets

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance account, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies (continued)

(g) Financial instruments (continued)

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

Available-for-sale financial assets

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

(h) Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

(i) Cash and cash equivalents

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

(j) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled .

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

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies (continued)

(k) Economic dependence

Australian Indigenous Doctors' Association Ltd is dependent on the Federal Government for the majority of its revenue used to operate the business. The company's core funding for the 2017 financial year was provided by Department of Health, Health Workforce Division. A 3-year funding agreement was signed and commenced on the 1st of October 2015; this agreement concluded on 30 June 2018.

A new funding agreement, with a total value of \$9.32M over four years, is currently in the process of being executed.

(l) New Accounting Standards and Interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Company has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Company where the standard is relevant:

Standard Name	Effective date for entity	Requirements	Impact
AASB 9 Financial Instruments and amending standards AASB 2009 11 / AASB 2010 7	01 January 2018	The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting. The key changes that may affect the company on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to the hedging of non financial items. Should the company elect to change its hedge policies in line with the new hedge accounting requirements of the Standard, the application of such accounting would be largely prospective.	The entity is yet to undertake a detailed assessment of the impact of AASB 9. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2019.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies (continued)

(I) New Accounting Standards and Interpretations (continued)

Standard Name	Effective date for entity	Requirements	Impact
AASB 16: Leases	1 January 2019	When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases. The main changes introduced by the new Standard include: recognition of a right to use asset and liability for all leases (excluding short term leases with less than 12 months of tenure and leases relating to low value assets); depreciation of right to use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components; variable lease payments that depend on an index or a rate are included in the initial measurement of the lease liability using the index or rate at the commencement date; by applying a practical expedient, a lessee is permitted to elect not to separate non lease components and instead account for all components as a lease; and additional disclosure requirements. The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.	It is expected that the main effect of this standard will be to recognise a right to use asset in relation to the office premises lease described in note 16 of the accounts.

Notes to the Financial Statements

For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies (continued)

(I) New Accounting Standards and Interpretations (continued)

Standard Name	Effective date for entity	Requirements	Impact
AASB 1058 : Income of Not-for-Profit Entities	1 January 2019	<p>This Standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations. The significant accounting requirements of AASB 1058 are as follows:</p> <ul style="list-style-type: none"> -Income arising from an excess of the initial carrying amount of an asset over the related contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose, the assets, liabilities and revenue are to be measured in accordance with other applicable Standards. -Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable non-financial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. The liabilities must be amortised to profit or loss as income when the entity satisfies its obligations under the transfer. <p>An entity may elect to recognise volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated. Recognised volunteer services should be measured at fair value and any excess over the related amounts (such as contributions by owners or revenue) immediately recognised as income in profit or loss. The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented in accordance with AASB 108 (subject to certain practical expedients); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. For this purpose, a completed contract is a contract or transaction for which the entity has recognised all of the income in accordance with AASB 1004 : Contributions .</p>	<p>The entity is yet to undertake a detailed assessment of the impact of AASB 1058. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2020.</p>

Notes to the Financial Statements

For the Year Ended 30 June 2018

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - impairment of property, plant and equipment

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Key judgments

Employee benefits

For the purpose of measurement, AASB 119 : Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. The company expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

4 Revenue and Other Income

	2018	2017
	\$	\$
Government grants		
- Indigenous Workforce funding	2,351,627	2,229,881
- Indigenous Advancement Strategy	32,000	63,000
- NMTAN Specialist Trainees project	68,999	-
	2,452,626	2,292,881
Other income		
- Conference income	391,104	209,563
- Member subscriptions	29,526	30,519
- Interest received	47,489	46,739
- Miscellaneous other revenue	6,317	15,739
	474,436	302,560
Total Revenue and Other Income	2,927,062	2,595,441

Notes to the Financial Statements

For the Year Ended 30 June 2018

5 Cash and Cash Equivalents

	2018	2017
	\$	\$
Cash at bank and in hand	1,940,310	106,974
	<u>1,940,310</u>	<u>106,974</u>

6 Trade and Other Receivables

	2018	2017
	\$	\$
CURRENT		
Trade receivables	2,088	5,445
Provision for doubtful debts	-	(2,022)
	<u>2,088</u>	<u>3,423</u>
GST receivable	1,734	234
Total current trade and other receivables	<u>15 3,822</u>	<u>3,657</u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

7 Inventories

	2018	2017
	\$	\$
CURRENT		
At cost:		
Merchandise	6,281	8,058
	<u>6,281</u>	<u>8,058</u>

8 Other financial assets

	2018	2017
	\$	\$
CURRENT		
Term deposits	102,005	1,547,041
Total	<u>102,005</u>	<u>1,547,041</u>

Notes to the Financial Statements

For the Year Ended 30 June 2018

9 Other Assets

	2018	2017
	\$	\$
CURRENT		
Prepayments	66,594	67,520
Airfares held in credit	3,221	2,683
Accrued income	3,880	30,069
Deposit / Bond	1,603	691
	75,298	100,963

10 Plant and equipment

	2018	2017
	\$	\$
PLANT AND EQUIPMENT		
Furniture, fixtures and fittings		
At cost	116,727	129,556
Accumulated depreciation	(85,889)	(88,651)
Total furniture, fixtures and fittings	30,838	40,905
Office equipment		
At cost	183,041	148,638
Accumulated depreciation	(112,152)	(117,058)
Total office equipment	70,889	31,580
Computer software		
At cost	86,140	72,100
Accumulated depreciation	(69,605)	(43,590)
Total computer software	16,535	28,510
Display equipment		
At cost	12,623	12,623
Accumulated depreciation	(9,469)	(8,655)
Total display equipment	3,154	3,968
Total plant and equipment	121,416	104,963

Notes to the Financial Statements

For the Year Ended 30 June 2018

10 Plant and equipment (continued)

(a) Movements in carrying amounts of plant and equipment

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

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Computer Software \$	Display Equipment \$	Total \$
Year ended 30 June 2018					
Balance at the beginning of year	40,905	31,580	28,510	3,968	104,963
Additions	4,119	53,851	14,040	-	72,010
Disposals	(1,883)	(287)	-	-	(2,170)
Depreciation expense	(12,303)	(14,255)	(26,015)	(814)	(53,387)
Balance at the end of the year	30,838	70,889	16,535	3,154	121,416

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Computer Software \$	Display Equipment \$	Total \$
Year ended 30 June 2017					
Balance at the beginning of year	44,002	44,854	42,118	5,004	135,978
Additions	5,972	6,443	19,800	-	32,215
Disposals	-	(813)	-	-	(813)
Depreciation expense	(9,069)	(18,904)	(33,408)	(1,036)	(62,417)
Balance at the end of the year	40,905	31,580	28,510	3,968	104,963

Notes to the Financial Statements

For the Year Ended 30 June 2018

11 Trade and Other Payables

	2018	2017
Note	\$	\$
Current		
Trade payables	122,094	29,427
Accrued expenses	55,524	63,691
Superannuation payable	11,353	11,110
Salary sacrifice payable	1,194	1,462
PAYG withholding	22,229	21,865
Other payables	8,717	1,701
	<u>221,111</u>	<u>129,256</u>
15		

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

12 Employee Benefits

	2018	2017
	\$	\$
Current liabilities		
Annual leave provision	43,311	59,127
	<u>43,311</u>	<u>59,127</u>

	2018	2017
	\$	\$
Non-current liabilities		
Long service leave	10,058	5,302
	<u>10,058</u>	<u>5,302</u>

13 Other liabilities

	2018	2017
	\$	\$
CURRENT		
Conference income in advance	262,781	126,256
Grant in advance	72,547	140,873
Other unearned revenue	20,000	10,000
Membership receipts in advance	5,486	6,850
Total	<u>360,814</u>	<u>283,979</u>

Notes to the Financial Statements

For the Year Ended 30 June 2018

14 Members' Guarantee

The Company is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* 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 2018 the number of members was 567 (2017: 522).

15 Financial Risk Management

The Company is exposed to a variety of financial risks through its use of financial instruments.

The Company's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The most significant financial risks to which the Company is exposed to are described below:

Specific risks

- Liquidity risk
- Credit risk
- Market risk - interest rate risk

Financial instruments used

The principal categories of financial instrument used by the Company are:

- Trade receivables
- Cash at bank
- Trade and other payables

		2018 \$	2017 \$
Financial Assets			
Cash and cash equivalents	5	1,940,310	106,973
Term deposits	8	102,005	1,547,041
Trade and other receivables	6	3,822	3,657
Total financial assets		2,046,137	1,657,671
Financial Liabilities			
Trade and other payables	11	221,111	129,256
Total financial liabilities		221,111	129,256

Notes to the Financial Statements

For the Year Ended 30 June 2018

15 Financial Risk Management (continued)

Objectives, policies and processes

Those charged with governance have overall responsibility for the establishment of Australian Indigenous Doctors' Association Ltd's financial risk management framework. This includes the development of policies covering specific areas such as interest rate risk and credit risk.

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

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

Those charged with governance receives monthly reports which provide details of the effectiveness of the processes and policies in place.

Mitigation strategies for specific risks faced are described below:

Liquidity risk

Liquidity risk arises from the Company's management of working capital and the finance charges and principal repayments on its debt instruments. It is the risk that the Company will encounter difficulty in meeting its financial obligations as they fall due.

The Company's policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities as and when they fall due. The Company maintains cash and marketable securities to meet its liquidity requirements for up to 30-day periods. Funding for long-term liquidity needs is additionally secured by an adequate amount of committed credit facilities and the ability to sell long-term financial assets.

The Company manages its liquidity needs by carefully monitoring scheduled debt servicing payments for long-term financial liabilities as well as cash-outflows due in day-to-day business.

Liquidity needs are monitored in various time bands, on a day-to-day and week-to-week basis, as well as on the basis of a rolling 30-day projection. Long-term liquidity needs for a 180-day and a 360-day period are identified monthly.

At the reporting date, these reports indicate that the Company expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances and will not need to draw down any of the financing facilities.

Financial guarantee liabilities are treated as payable on demand since Australian Indigenous Doctors' Association Ltd 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.

The Company's liabilities have contractual maturities which are summarised below:

The table/s below reflect maturity analysis for financial assets.

Notes to the Financial Statements

For the Year Ended 30 June 2018

15 Financial Risk Management (continued)

	Within 1 Year		1 to 5 Years		Total	
	2018	2017	2018	2017	2018	2017
	\$	\$	\$	\$	\$	\$
Financial assets - cash flows realisable						
Cash and cash equivalents	1,940,310	106,973	-	-	1,940,310	106,973
Trade, term and loans receivables	3,822	3,657	-	-	3,822	3,657
Term deposits	102,005	1,547,041	-	-	102,005	1,547,041
Total anticipated outflows	2,046,137	1,657,671	-	-	2,046,137	1,657,671

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

Financial liability maturity analysis - Non-derivative

	Within 1 Year		1 to 5 Years		Total	
	2018	2017	2018	2017	2018	2017
	\$	\$	\$	\$	\$	\$
Financial liabilities due for payment						
Trade and other payables (excluding estimated annual leave)	221,111	129,253	-	-	221,111	129,253
Total contractual outflows	221,111	129,253	-	-	221,111	129,253

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

Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the Company.

Credit risk arises from cash and cash equivalents, derivative financial instruments and deposits with banks and financial institutions, as well as credit exposure to wholesale and retail customers, including outstanding receivables and committed transactions.

The Company has adopted a policy of only dealing with creditworthy counterparties as a means of mitigating the risk of financial loss from defaults. The utilisation of credit limits by customers is regularly monitored by line management. Customers who subsequently fail to meet their credit terms are required to make purchases on a prepayment basis until creditworthiness can be re-established.

Trade receivables consist of a large number of customers, spread across diverse industries and geographical areas. Ongoing credit evaluation is performed on the financial condition of accounts receivable.

Those charged with governance receives monthly reports summarising the turnover, trade receivables balance and aging profile of each of the key customers individually and the Company's other customers analysed by industry sector as well as a list of customers currently transacting on a prepayment basis or who have balances in excess of their credit limits.

Notes to the Financial Statements

For the Year Ended 30 June 2018

15 Financial Risk Management (continued)

Credit risk (continued)

Management considers that all the financial assets that are not impaired for each of the reporting dates under review are of good credit quality, including those that are past due.

The credit risk for liquid funds and other short-term financial assets is considered negligible, since the counterparties are reputable banks with high quality external credit ratings.

The Company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties.

Credit risk - Trade and Other Receivables

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

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

	Past due but not impaired (days overdue)						Within initial trade terms
	Gross amount \$	Past due and impaired \$	< 30 \$	31-60 \$	61-90 \$	> 90 \$	
2018							
Trade receivables	2,088	-	2,088	-	-	-	-
Total	2,088	-	2,088	-	-	-	-
2017							
Trade receivables	5,679	2,022	234	-	240	3,183	-
Total	5,679	2,022	234	-	240	3,183	-

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 2018

15 Financial Risk Management (continued)

Market risk

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

(i) Interest rate risk

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

16 Capital and Leasing Commitments

Operating Leases

Minimum lease payments under non-cancellable operating leases:

- not later than one year

- between one year and five years

2018	2017
\$	\$
108,400	64,209
62,533	1,501
170,933	65,710

Operating leases are in place for office premises rental and a multifunction photocopier. On January 26 2018, on conclusion of the first term of the lease over the office premises at Old Parliament House, the Board exercised its option to extend the lease for a further two-year term through to 25 January 2020.

17 Auditors' Remuneration

Remuneration of the auditor Bellchambers Barrett, for:

- auditing or reviewing the financial statements

Total

2018	2017
\$	\$
8,500	8,300
8,500	8,300

18 Key Management Personnel Remuneration

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

	2018	2017
	\$	\$
Short-term employee benefits	769,444	565,163
Post-employment benefits	77,491	53,357
	846,935	618,520

Notes to the Financial Statements

For the Year Ended 30 June 2018

19 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2018 (30 June 2017:None).

20 Cash Flow Information

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

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

	2018	2017
	\$	\$
Surplus for the year	219,846	39,492
Non-cash flows in profit:		
- depreciation	53,387	62,417
- net loss on disposal of plant and equipment	2,171	813
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(165)	9,987
- (increase)/decrease in other assets	26,189	(22,124)
- (increase)/decrease in prepayments	(524)	(29,183)
- (increase)/decrease in inventories	1,777	(8,058)
- increase/(decrease) in income in advance	76,835	248,430
- increase/(decrease) in trade and other payables	91,855	58,913
- increase/(decrease) in employee benefits	(11,060)	28,172
Cashflows from operations	460,311	388,859

21 Events after the end of the Reporting Period

The financial report was authorised for issue on 25 August 2018 by those charged with governance.

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.

22 Statutory Information

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

Australian Indigenous Doctors' Association Ltd
Old Parliament House
18 King George Tce
Parkes ACT 2600

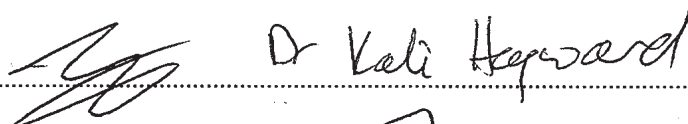
Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

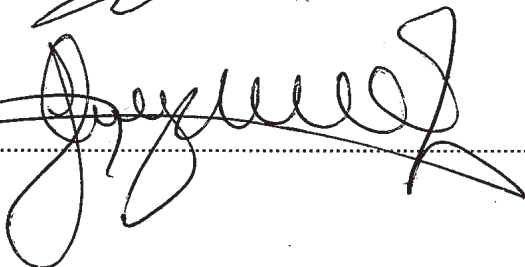
- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Responsible person

 Dr Kali Hayward

Responsible person



Dated 25 August 2018

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION LTD

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Australian Indigenous Doctors' Association Ltd (the company), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the financial report of Australian Indigenous Doctors' Association Ltd 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 2018 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the company in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of Australian Indigenous Doctors' Association Ltd, would be in the same terms if given to the directors as at the time of this auditor's report.

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2018 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors 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.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION LTD

In preparing the financial report, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 25th day of August 2018

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