



Annual General Meeting 2020

Australian Indigenous Doctors' Association Ltd



Australian Government
Department of Health

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

Australian Indigenous Doctors' Association Ltd (AIDA)

AGM Report, 2020

ABN: 84 131 668 936

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2020 Annual General Meeting: Agenda

Date: 31 October 2020

Time: 1:00 pm AEDT

Chairperson: Assoc. Professor Kristopher Rallah-Baker

1 Welcome, apologies

2 Acceptance of previous minutes

To receive, and if thought fit, pass the following resolution:

That the previous minutes and returning officer's report be accepted as a true and accurate reflection of the previous AGM

3 Operations Report

4 Finance Report

To receive and consider the financial report of the company and the reports of the directors and auditor for the year ended 30 June 2020 and if thought fit to pass the following resolution:

That the financial report of the company be accepted

5 Remuneration Pool

To receive and consider, and if thought fit to pass the following resolution:

That the Directors Remuneration Pool be accepted

6 Appointment of Auditor

To consider, and if thought fit, pass the following resolution:

That Nexia Australia (ABN 38 008 665 316), being qualified to act and having consented to do so, be appointed as the auditor of the company for the next three financial years

7 Reports for noting

- a. Chief Executive Officer's report
 - b. President's report
 - c. Vice President's report
 - d. Directors' reports
-

8 Directors stepping down

9 Board Elections: presentation of Board nominees and results

- a. President
 - b. Vice President
 - c. Directors
 - d. Director (Student)
-

10 Presentation of 2020-2021 Board

2019 Annual General Meeting: Minutes

Date: 2 October 2019

Chairperson: Dr Kristopher Rallah-Baker

Time: 12:50 – 1.44 pm ACST

Company Secretary: Ms Monica Barolits-McCabe

Venue: Darwin Convention Centre, Northern Territory

Board members (7)

Dr Kristopher Rallah-Baker
(President)

Assoc. Prof Shannon Springer
(Vice President)

Dr Artiene Tatian

Dr Jonathan Newchurch

Dr Keith Gleeson

Dr Sarah Jane McEwan

Mr Ben Jones (Director Student)

Indigenous medical doctor members (44)

Dr Angela Dos Santos

Dr Anita Watts

Dr Bekkie Lee

Dr Brenton Earl

Dr Dana Slape

Dr Danielle Arabena

Dr Danielle Dries

Dr Darren Hartnett

Dr Dennis Bonney

Dr Dirk Arentz

Dr Elkie Hull

Dr Emma Adams

Dr Gary John Wood

Dr Glenn Harrison

Dr Heather-Lynn Kessariss

Dr Janelle Trees

Dr Jessica King

Dr John Towney

Dr Justin Cain

Dr Kali Hayward

Assoc. Prof Kelvin Kong

Dr Kiarna Brown

Dr Kiri Gates

Dr Kirsty Jennings

Dr Kym Bowman

Dr Louise Bourke

Dr Lucas Booth

Dr Mangatjay McGregor

Dr Marshall Watson

Dr Nathan Luies

Dr Ngaree Blow

Dr Nicole Payne

Dr Olivia O'Donoghue

Dr Peter O'Mara

Dr Rebecca Davison

Dr Ryan Dashwood

Dr Samantha O'Connor

Dr Samara McNeil

Dr Sarah Goddard

Dr Sarah-Rebekah Clark

Dr Simone Raye

Assoc. Prof Tamara Mackean

Dr Tanya Schramm

Dr Trish Murphy

Indigenous student members (57)

Mr Aaron Scolyer	Ms Jordan Amos
Mr Brandon Kober-Brown	Mr Joshua Tobin
Miss Brioney Keats	Miss Julia-Rose Satre
Miss Cassandra Geeman	Miss Kadisha Haynes
Mr Chris Henry	Miss Karlie James
Ms Christen Richardson	Miss Kate Aistrophe
Miss Claire Whiteway	Miss Keisha Nash
Mr Clancy Read	Miss Kimberley Dejong
Miss Courtney Houston	Ms Lilly May Backshell
Miss Danielle (Letina) Hutchison	Ms Megan Kent
Miss Demi J Cheetham	Ms Megan Shuttleworth
Miss Destiny Kynuna	Ms Melissa Rosas
Miss Destiny Powell	Mr Michael McLean
Miss Ella Ceolin	Miss Myora Kruger
Miss Emily Mason	Ms Nada Powell
Miss Georgia Pace	Miss Oceania Henry
Mr Hamish Albany	Miss Rebecca Fatnowna
Miss Hannah Cochrane	Mr Riley Court Bennett
Miss Hannah Shorten	Mr Robert Blackley
Ms Hannah Tilling	Mr Ryan Pieters
Miss Holly Reynolds	Ms Sarita Richards
Ms India Kinsey	Miss Sherice Ansell
Mr Jake West	Miss Sophie Heath
Mr James Eather	Ms Tamika Ponton
Miss Jasmin Hammond	Ms Taslena Tapim
Mr Jay Neville	Mr Thomas Mylne
Miss Joan Cassimatis	Miss Tia Gordon
Mrs Joanne Amos	Miss Tionne Seden
Mrs Johanna Caulfield	

Associate members (12)

Dr Buddhika Weerasundera
Dr Elizabeth Mowatt
Dr Francesca Garnett
Ms Karin Oldfield
Ms Kelly-Anne Browne
Mr Kurt Morton
Dr Lewis Campbell
Dr Lorraine Anderson
Dr Nicole Liesis
Dr Philip Truskett
Dr Susie Lord
Mr Walter Dorrington

Secretariat Staff (15)

Ms Monica Barolits-McCabe (CEO)
Ms Mary Guthrie (DCEO)
Ms Angela Shima
Ms Chris Hardie
Mr Daniel Branik
Ms Dianne Blair
Ms Joanna Chalker
Ms Karla Jones
Ms Lara Cole
Ms Layla Phillips
Mr Ludger Dinkler
Ms Siddhi Doshi
Ms Tina Ellis
Ms Alana Daly
Ms Siani Igewski

Apologies (3)

Sir William Deane
Auntie Lowitja O'Donoghue
Dr Jordan Cory

1 Welcome and attendance

The meeting was declared open at 12:50 pm ACST. Dr Rallah-Baker thanked and acknowledged the Welcome to Country by Dr Aleeta Fejo.

Dr Rallah-Baker acknowledged AIDA patrons Dr Philip Truskett, who was present and Ms Nova Peris OAM who would join the conference in due course. Dr Rallah-Baker passed on the apologies of AIDA patrons Auntie Lowitja O'Donoghue and Sir William Deane, who were unable to attend the meeting. Dr Rallah-Baker also acknowledged past AIDA presidents in attendance, Dr Mark Wenitong, Dr Tamara Mackean, Professor Peter O' Mara and Dr Kali Hayward.

Dr Rallah-Baker made the following announcements with respect to the efficient running of the meeting:

- » Members in possession of proxy nominations were asked to present the proxy assignments to the Chair. Dr Rallah-Baker noted that one proxy assignment 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.

Members were requested to take some time to complete the governance survey to provide feedback to the Board and Secretariat.

Student Members were also requested to complete the voting slips and put into the ballot box for Student Director (Election)

2 Minutes of previous meeting and Returning Officer report for the 2018 AGM

The minutes and Returning Officer's report from the 2018 AGM are confirmed as a true and accurate record.

Moved	Dr Patricia Murphy
Seconded	Dr Glenn Harrison
Motion	Carried

3 Operations Report

Dr Rallah-Baker invited A/ Prof Shannon Springer to address the membership. A/ Prof Springer paid respect to the Traditional Owners of the land on which the meeting was being held, the Larrakia people, and their elders and ancestors, past and present.

A/ Prof Springer thanked staff and organising committee for their work on AIDA 2019.

4 Financial Report

Dr Rallah-Baker invited Ms Angela Shima, Corporate Services Manager to present financial report.

Ms Shima drew the Members attention to the audited financial statements and presented a brief overview of the financial performance and position for the financial year ended 30 June 2019. She also noted that the Auditors had provided an unmodified audit report.

It was noted that the operating result was a deficit of \$40k and that the financial position at 30 June 2019 was sound. Ms Shima advised the membership that under the new funding agreement with the Commonwealth Department of Health (DoH), AIDA had been has received \$ 2.33 million and income from other sources being income from James Cook University for Stronger Futures Project, DoH under NMTAN Project and income earned from Aboriginal and Torres Strait Islander from Clinical Health Practice. Government sourced funds continue to make up AIDA's main income stream.

Ms Shima gave an overview about the expenditure incurred by AIDA towards restructure, legal advice and staff costs relating to Aboriginal and Torres Strait Islander Health in Clinical Practice.

Ms Shima advised the financial position being sound asset level of 2.2 million and liability of 6.40 and an investment of 1 million in long term investments.

All the statutory obligations were met during the year.

Mr Jamie Glenn, principal at Bellchambers Barrett (AIDA auditors) dialled in to provide the members an overview of the audit process and was available to answer members' queries.

That the financial report of the company be accepted

Moved	Dr Gary Wood
Seconded	Dr Patricia Murphy
Motion	Carried

5 Appointment of Auditors

That Bellchambers Barrett (ABN 32 600 351 648), being qualified to act and having consented to do so, be re-appointed as the auditor of the company

Moved	Dr Glenn Harrison
Seconded	Dr Jessica King
Motion	Carried

6 Remuneration Report

Due to conflict of interest, Dr Rallah-Baker invited Ms Monica Barolits – McCabe to present the remuneration report to membership. Ms McCabe presented the Director's remuneration pool and explained that the matter of director's remuneration needs to be approved by members as per legislation. There has been a CPI increase of 2.4% and any payment including increase in remuneration must be approved by members.

The Directors' Remuneration comprises payment made to President and Vice President in form of salary and superannuation, loss of income to other directors for costs associated with attending meetings on behalf of AIDA and travel allowance to those who are attending and/or representing AIDA.

That the Directors' Remuneration Pool be accepted

Moved	Assoc. Professor Kelvin Kong
Seconded	Dr Sarah Goddard
Motion	Carried

7 Reports for noting

The Directors' and A/g CEO's reports were circulated to members prior to the meeting and were taken as read.

8 Conferral of Life Membership – Dr Kali Hayward

Dr Rallah-Baker announced that Dr Kali Hayward, having met the criteria specified in the AIDA Constitution, had been conferred with Life Membership of AIDA by the Board. Dr Rallah-Baker read out a summary of Dr Hayward's service to AIDA and thanked her for her contribution to the Association over her nine years' service on the Board and presented her with a gift.

9 Directors stepping Down

Dr Rallah-Baker acknowledged and thanked the four outgoing directors for their contribution:

Directors

- » Dr Jonathan Newchurch – end of term
- » Dr Jordan Cory – end of term (was an apology due to her exams)
- » Dr Melissa Carroll – Resigned in August 2019

Director (Student)

- » Mr Ben Jones – end of term

10 Board Elections

Three Director and the one Director (Student) positions were declared vacant for which one and two nominations were received respectively.

The number of eligible nominations received in accordance with the AIDA Constitution and the notice of election was equal to or less than the number of vacancies for the Director Vacancies. In accordance with Article 47(b) of the Constitution, the nominees for these positions shall be deemed to be elected. One nomination was received for the office of Director and, in accordance with Article 47(b)(i), Dr Ngaree Blow was deemed to be elected.

Two valid nominations were received for the Director (Student) vacancy to be filled:

- » Mr Tom Mylne
- » Ms Emily Mason

A ballot was held in accordance with Article 47(c) of the Constitution. Mr Greg Hibble (Returning officer) and his Assistant from Northern Territory Electoral Commission counted the votes and Mr Tom Mylne was declared winner.

Dr Rallah-Baker welcomed the two new Directors to the Board..

11 Presentation of 2019 Board

President	Dr Kristopher Rallah-Baker
Vice President	Assoc. Professor Shannon Springer
Director	Dr Sarah-Jane McEwan
	Dr Keith Gleeson
	Dr Artiene Tatian
	Dr Ngaree Blow
Director (Student)	Mr Tom Mylne

12 Other Business

Governance survey:

Dr Rallah-Baker reminded members to complete the governance survey and to hand the survey in to a member of the Secretariat.

No other business was raised.

13 Close meeting

The meeting closed at 1.44 pm ACST

2019 Returning Officer's Report

Background

Mr Greg Hibble, of Northern Territory Electoral Commission, acted as returning officer for the election of Directors at AIDA's Annual General Meeting (AGM), held at the Darwin Convention Centre, Northern Territory on Wednesday, 02 October, 2019.

Composition of the Board before the 2019 AGM

Before the 2019 AGM, the AIDA Board comprised:

AIDA Directors prior to the AGM			Term ends
1	President	Dr Kristopher Rallah-Baker	2020
2	Vice President	Assoc. Professor Shannon Springer	2020
3	Director	Dr Keith Gleeson	2020
4	Director	Dr Sarah-Jane McEwan	2020
5	Director	Dr Artiene Tatian	2020
6	Director	Dr Jordan Cory	2019
7	Director	Dr Melissa Carroll ¹	2019
8	Director (Company Secretary)	Dr Jonathan Newchurch	2019
9	Director (Student)	Mr Ben Jones	2019

1. Dr Melissa Carroll resigned on 30 August 2019

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

The following Directors are eligible to continue in their current roles until the end of their tenure at the 2020 AGM.

- » Dr Kristopher Rallah-Baker
- » Assoc. Professor Shannon Springer
- » Dr Keith Gleeson
- » Dr Sarah-Jane McEwan
- » Dr Artiene Tatian

Directors declared elected

Article 47(b)(i) 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 Ngaree Blow is elected as Director (no other valid nominations were received for the position of Director)

Ballot for Director (Student)

Two valid nominations were received for the one Director (Student) vacancies to be filled:

- » Mr Tom Mylne
- » Ms Emily Mason

One Director (Student) position to be filled at each AGM.

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 Hibble (Returning officer) and NTEC Staff members counted the votes. An NTEC staff member acted as an independent observer to oversee the election process.

Following were declared to be elected as Director (Student) at 2019 AGM:

- » Mr Tom Mylne

New Board

The AIDA Board of Directors following the 2019 AGM is:

President	Dr Kristopher Rallah-Baker
Vice President	Assoc. Professor Shannon Springer
Director	Dr Keith Gleeson
Director	Dr Sarah-Jane McEwan
Director	Dr Artiene Tatian
Director	Dr Ngaree Blow
Director	Mr Tom Mylne (Student)

Monica Barolits-McCabe

Company Secretary

CEO's Report

It gives me great pleasure to present the Chief Executive Officer's report for AIDA's 2020 AGM. The 2020 year has proven to be a little more challenging than I had expected for my first year in the position, however, AIDA has pivoted well, and we have still made some great achievements.



Ms Monica Barolits-McCabe

B.Com

Kungarakan

During the first half of the reporting period AIDA held several successful member events in Melbourne, Canebrarra and Adelaide as well as our flagship event, the annual conference, which was held in Darwin. The AIDA 2019 Conference had a record number of registered delegates and included some new sessions which were very well received.

In February 2020, the Student Representative Committee come together in Canberra for their face-to-face meeting. This year the program was extended by two days and included "Cultural Responsiveness" delivered by IAHA and "Indigenous leadership" delivered by AILC. During the four-day meeting, the SRC was joined by Ms. Nova Peris OAM (AIDA Patron), Adjunct Associate Professor Kris Rallah-Baker (President, AIDA) and Mr Daniel Zou, (President, Australian Medical Students Association). Adjunct Associate Professor Rallah-Baker and Mr Daniel Zou signed an MOU between AMSA and AIDA, confirming our commitment to work together to support Aboriginal and Torres Strait Islander medical students.

This year's student project has had to make some changes, with the final project, due for release in November, being one that will be remembered for some time. It has been a privilege and pleasure to work with the current student Director Mr Tom Mylne and SRC members and I look forward to working with the incoming SRC.

The arrival of COVID-19 saw a comprehensive response from AIDA. In early March 2020, the Commonwealth Department of Health invited AIDA to join the Aboriginal and Torres Strait Islander COVID-19 Taskforce. AIDA established an internal COVID-19 Advisory group from our membership to advise on the management plan and various other documents developed by the COVID-19 Task Force.

We also commenced peer support forums providing members with the opportunity to connect with other members and share their concerns as well as innovations being implemented in their communities and workplace. Over 80 members engaged in the forums which were held twice weekly and ran from March through to July 2020. A COVID-19 resource page was established and uploaded to our website, providing links to up-to-date information well as valuable resources.

In order to support both past and current members during the pandemic crisis, AIDA waived all outstanding membership fees in 2020. Members were able to opt out, however, over 99% of non-financial members have continued with their renewed membership bringing the total number of Indigenous members to 539.

As part of our response to COVID-19, AIDA invited members to participate in a messaging campaign and members responded creating great videos with key messages such as handwashing, social distancing and supporting our elders.

During the peer support sessions, we had a number of special guests, including Dr Mark Wenitong and Dr Glen Harrison who shared their COVID-19 experience. The forums concluded with a series of presentations from several college presidents.

AIDA continued to strengthen our relationship with NATSIHWA, IAHA and CATSINaM collaborating on several projects, including a webinar series covering selfcare, dealing with racism in the workplace and other topics. In addition, the workforce peaks jointly produced the "COVID-19 Resources for Aboriginal and Torres Strait Islander Professions" which has been widely distributed.

During the reporting period AIDA has also strengthened our relationship with the New South Wales Rural Doctors Network (NSWRDN). The NSWRDN were a major supporter of the webinar series, providing the platform and technical support. NSWRDN also provided funds to the peaks to establish scholarships to support students working from home during the pandemic.



I am pleased to advise AIDA's role as a founding member of the recently established organisation Gayaa Dhuwi (Proud Spirit) Australia. Gayaa Dhuwi is the national Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention leadership body. It is governed and controlled by Indigenous experts and peak bodies working in these areas, promoting collective excellence in mental health care.

Throughout the year, AIDA has continued to influence policy and advocate for our members and for the health and wellbeing of Aboriginal and Torres Strait Islander people through our involvement in the National Health Leadership Forum, Coalition of the Peaks, CTG Indigenous Leadership Group and Ahpra's Aboriginal and Torres Strait Islander Strategy Group. AIDA is also represented on Medical Workforce Reform Advisory Committee and Steering Group and the Partnership Working Group for the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan.

We reaffirmed our relationship with Medical Deans of Australian and New Zealand (MDANZ), signing a new three-year MOU. AIDA has also continued to work with the Council of Presidents of Medical Colleges (CPMC) as well as individual colleges. This year saw the release of the first "growing the number of Aboriginal and Torres Strait Islander medical specialists" report which includes self-assessments by specialist colleges against minimum and best practice standards developed through the NMTAN project.

During the reporting period, AIDA farewelled several staff members, however, I am pleased to advise that we have been successful in filling all vacant positions within the Secretariat. I thank the Secretariat team for their ongoing support, commitment and perseverance during these challenging times.

I take this opportunity to acknowledge the funding support from the Australian government which supports the important work we do.

Finally, I would like to thank Adjunct Associate Professor Kris Rallah-Baker and Associate Professor Shannon Springer for their encouragement and ongoing support as well as the Board for their support during this past year. I also acknowledge Adjunct Associate Professor Kris Rallah-Baker, Associate Professor Shannon Springer, Dr Artiene Tatian, Mr Tom Mylne who are leaving the Board, as well as Dr Sarah McEwan (resigned 23 August 2020) for their leadership, service and commitment to AIDA during their tenure as AIDA Directors.

I am looking forward to a busy and productive year ahead, especially looking forward to the AIDA20-21 Conference on the Gold Coast, where we will all be able to come together and celebrate the strong voice of AIDA.

I would like to thank members for their warm welcome, and particularly for their overwhelming support of AIDA.

President's Report

With my term as President of AIDA coming to a close, it is with great pride and humility that I reflect on the incredible achievements of our Organisation and the invaluable contributions of our members over the past two years.



Assoc. Professor Kristopher Rallah-Baker

BMed, AMA(M), MAICD, FRANZCO

Descendent of the Yuggera People of the Brisbane and Bay Region, Warangu Peoples of North Queensland and the Wiradjuri People of Central NSW

Our AIDA family has demonstrated an unparalleled dedication and skill in serving our communities and acting as a source of knowledge, expertise and strength throughout the most trying of times. As an organisation we have made impressive advancements as our membership body forged new ways of connecting, communicating and working.

As 2020 comes to a close, we acknowledge the enormous impact of the many devastating events that we have faced, including the COVID-19 pandemic which created a level of global turmoil not experienced in our lifetimes. Whilst we have faced unparalleled circumstances, AIDA has succeeded in continuing and expanding our work through our decisive and responsive activities to increase support to our members, achieve project milestones and provide expert advice at the highest levels.

I am very proud that our organisation has continued our growth as a respected and trusted voice in Aboriginal and Torres Strait Islander health.

Despite the many challenges, my term as AIDA President has been highly rewarding and I extend my gratitude to our members for entrusting me with this important role.

I am deeply grateful for the hard work and commitment of my fellow Board members throughout my term and I extend a special thanks to Associate Professor Shannon Springer, who has been a tremendous support throughout his term as Vice President. I am endlessly thankful for his tenacity, wisdom and commitment to the work of AIDA.

I extend my sincere appreciation to our Chief Executive Officer Ms Monica Barolits-McCabe for her stewardship of our operations throughout the past year and for achieving exceptional outcomes through one of most uncertain times workplaces around the world have faced. The remarkable achievements of the Secretariat can be credited to her leadership and the skilled team she has put together.

Following the organisational restructure of the Secretariat in 2019 and the appointments of our permanent CEO and our first Deputy CEO, new operational processes were rolled out to support the important work of our

organisation. Throughout this year we have achieved and maintained a fully staffed Secretariat and we have solidified our status as an employer of choice for skilled and talented staff, especially our growing pool of talented First Nations employees.

A priority of the Board over the past two years has been to undertake foundational work in refining and improving our governance frameworks and processes to build a stronger AIDA. This work has already resulted in Board activities that are more efficient and have enabled us to remain agile in rapidly changing environments. The Board has also worked extensively on developing a new strategic plan, completing the first stages of a full review of the AIDA constitution and additional work to diversify AIDA's income – all of which will future proof our organisation in ever changing circumstances over the coming years and decades.

Our work to reduce our organisation's reliance on government funding has been very effective and I am pleased to report the continuation and enhancement of AIDA's investment strategy. We have also continued to grow our opportunities for income diversity by continuing the development of programs that can generate income for AIDA, including our cultural safety program.

As part of our governance improvements we have introduced accountability measures, including the development of key performance indicators for the CEO and for all Board members. We have also created robust terms of reference for our inaugural Indigenous Knowledge Advisory Council and our Members' Advisory Council, which are now in the recruitment phase.

As part of our responsive governance practice, this year we held our first online Board meetings which were hugely productive, and we are – of course – holding AIDA's first ever online Annual General Meeting.

This year has brought unprecedented challenges and we should all be proud at how we have strengthened connections throughout our membership and how we have all come together to support each other in the wake of the pandemic.



The COVID-19 pandemic created a global crisis that affected all countries, communities, workplaces and individuals in various ways. While unifying in some respects, as an organisation we recognised immediately that it would inevitably highlight and amplify the many social and health disparities that exist for our mob. As an organisation we were highly responsive to the emerging health crisis and this allowed us to advocate for our members and their communities at the highest levels.

We assembled a team of First Nations experts in epidemiology, virology and public health to gather advice to provide to the federal government's COVID-19 taskforce. This team operated in exceptionally short timeframes, especially in the early stages of the pandemic where the scope of risk to our people was immense.

Importantly, we also recognised the need to directly support our members through what has proven to be ongoing uncertainty. Early in the year we commenced regular online forums for our members to discuss emerging issues in education, training and the workforce so we could ensure the wellbeing needs of our members were being supported. As the year progressed, we developed new online forums, including many in which we partnered with Indigenous national peak bodies to deliver tailored seminars on self-care, resilience and dealing with racism. We also delivered forums to serve the specific needs of member cohorts, including our students and registrars, with many of these sessions supported through collaborations with presidents of medical colleges. We engaged with new types of technology to deliver these sessions and have continued to develop our work with these platforms so we can deliver high quality online engagement with our members into the future.

AIDA took a public position regarding pandemic responses that would affect our communities. This included advocating for the early release of prisoners who were at high-risk for contracting COVID-19. We also publicly discussed the issue of racism in the health sector and the threat it posed to public health response for our people and communities, specifically the racism directed at

our people from health care providers including denying testing of our mob, based on appearance. Further, we actively supported the #keepourmob safe campaign at a community level by promoting health practices with the help of our members. Once again, I again thank all who contributed extraordinary efforts during this tumultuous period.

To support our members each year, AIDA administers a number of scholarships that are available exclusively to our membership. These scholarships are delivered in partnership with key organisations including the Avant Foundation, the Rural Doctors Association of Australia and the NSW Rural Doctors Network who this year provided a responsive scholarship to help students transition to virtual learning during the pandemic.

I must acknowledge the high-quality outputs that we achieved during this time, especially regarding our ongoing project work.

In recent years, AIDA has undertaken significant work to increase the number of Aboriginal and Torres Strait Islander doctors completing specialist training in the future. We undertook a research project in collaboration with James Cook University aimed at understanding the experiences of doctors who had, for various reasons, not completed training – with a view to applying these learnings to help improve career options and fellowship opportunities. We published *Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Medical Graduates* in 2019, a report which underpins our advocacy and project work to inform key stakeholders on how to improve practices to support Indigenous doctors throughout specialist training.

One such venture is AIDA's landmark project, *Specialist Trainees in the Medical Workforce*, which has accomplished some remarkable milestones in the past year. I'm pleased to advise that we secured funding from the Department of Health's Medical Workforce Reform Advisory Committee (MWRAC) to continue our work to embed and monitor minimum and best practice standards within all specialist medical colleges. Working closely with the Council of

Presidents of Medical Colleges (CPMC), our work in 2019 saw the successful negotiation of 15 standards to guide all medical colleges in practical and achievable ways to increase to increase the recruitment and retention of Aboriginal and Torres Strait Islander doctors across all specialities. This year, we published the first report under the project, which tracks the progress of all medical colleges as they work to implement the standards. The *'Growing the number of Aboriginal and Torres Strait Islander medical specialists'* report is now featured in the websites of AIDA, MWRAC and the CPMC. We provide ongoing support to colleges to improve cross-college communication about effective strategies to embed cultural safety and otherwise improve the training experience for Aboriginal and Torres Strait Islander doctors. We are building on all this work to conceptualise a support network for Aboriginal and Torres Strait Islander registrars. We also continue our work with MWRAC and the affiliated National Medical Workforce Strategy (NMWS) Steering Committee to ensure that Aboriginal and Torres Strait Islander perspectives and workforce issues are considered and represented in the drafting of the NMWS.

After a successful rollout of our cultural safety training program throughout 2019 – including training deliveries to several medical colleges and the CPMC – this year we have had to adapt to suit the current environment. Due to gathering restrictions our face-to-face training has been postponed to later in the year and in the meantime, we have commenced work to develop additional training modules that can be delivered online and will support the journey of critical self-reflection undertaken by participants. We have also established a partnership with Medibank to deliver training with additional funding allocated for further development of the program. This training program has been in development for several years and I extend my sincere thanks to all our members who contributed their knowledge and guidance to support its finalisation.

Over the past two years we have released a number of publications and papers, including a paper addressing the importance of First Nations identification in healthcare, a paper on ethics in clinical triage frameworks and the second edition of *Journeys into Medicine*, which celebrates and promotes pathways and careers in medicine for Aboriginal and Torres Strait Islander people. We have also responded to the Productivity Commission's draft Indigenous Evaluation Strategy and contributed to a National Health Leadership Forum submission to the Council of Attorney's General on raising the age of criminal responsibility.

We further collaborated as a partner and steering committee member of the #raiseetheage campaign to support efforts to reform laws that disproportionately affect our children and communities.

I am delighted to announce that we have also commenced work on the AIDA history project, which will immortalise the AIDA story and our legacy of notable accomplishments since our humble beginnings at Salamander Bay in 1997.

Our annual conference is the premier event on our calendar and I must acknowledge the successes of our conferences over the years. Our 2019 conference was our most successful to date, with record attendances, representation, and sponsorships from our valued partners. Themed *'Disruptive Innovations in Healthcare'*, and held in Darwin, this was a superb event with many inaugural activities, including the first AIDA President's breakfast and student project excursion, which will both now continue to be a standard feature of future conference programs. Our deepest thanks are extended to the Larrakia People for graciously hosting us on their Country and for supporting our conference and its many key events. Thank you also to our conference committee and to the AIDA Secretariat for planning and delivering another outstanding event.

Although we were unable to meet in person this year, I greatly look forward to seeing you all at 'AIDA20-21' scheduled for mid-2021, at the Gold Coast. Themed *'Powerful Voice'*, we expect that this will be a phenomenal event that will bring us all together after a very challenging period. I am sure you will all enjoy the opportunity to once again connect with each other as much as I will.

I am pleased that as an organisation we have continued to grow our relationships with key partners. One successful collaborative effort occurred during COVID-19, when members from Western NSW reported institutional racism at the Emergency Department level of care. We raised the issue with the Australian College of Emergency Medicine and the CPMC, with both organisations taking steps to address racism affecting patients in the healthcare system – we thank our colleagues in those organisations. We further collaborated with the CPMC through our project work and our activities to address the needs of our members throughout the pandemic. These activities were in addition to our contributions as a partner of the Coalition of Peaks to redesign the Closing the Gap frameworks, which was recently released Nationally.

We have significantly increased our representation with the AMA. I was honoured to serve as AIDA's representative in our new permanent seat on the AMA Federal Council as a full Federal Councillor, as well as being honoured by serving in that capacity as a full Federal Councillor on the AMA's Indigenous, Equity and Diversity Committee and the AMA Public Health Committee. Throughout these representative activities AIDA has continued to advocate for cultural safety and increased investment in Indigenous health and we have been well supported by our colleagues at the AMA. I would like to thank the ongoing support of our partners at the AMA and their tireless work to improve the health and wellbeing of Aboriginal and Torres Strait Islander Peoples and pay regard to the many close and endearing friendships made between the organisations. AIDA continues to be represented on approximately 40 health and medical committees, and I sincerely thank those AIDA members who undertake this representational work for the organisation.

Many of our achievements throughout this period have been supported by our growing media profile, which has expanded significantly during my term as President. We are now sought as a go-to organisation for comment on issues of national importance. AIDA's strategic framework which underpins our expanding mainstream media profile, supports our increasing public messaging on issues affecting Indigenous health whilst strengthening our sphere of influence. Over the past two years, our media engagement has included numerous pre-recorded and live appearances in print, radio and visual media and for the first time ever an appearance on live-cross International television, with my appearance as AIDA President on the BBC via their London Bureau at the height of COVID-19. We continue to build our social media presence.

In my professional capacity I have achieved a number of milestones, including my commencement in private practice, purchase of my own consulting rooms and my appointment to the position of Adjunct Associate Professor. In my private life I have purchased a farm and in my post-AIDA life will continue to pursue my interest in fine furniture manufacture, refining my skill on the piano and painting. As a long-term AIDA member, I find myself reflecting on my many accomplishments and what a significant role AIDA and our incredible members have had on my journey to date.

There is no denying that this has been an unprecedented period for all of us. I am grateful to have worked alongside so many motivated, dedicated, and passionate people. I am filled with a sense of excitement for the future of our organisation and I believe we have equipped our incoming Board to carry the important work of AIDA into the future. I wish the incoming Board and new leadership team the best for the future and am confident they will continue to prosecute AIDA's agenda and work towards the improvement in health care for our Peoples.

Vice President's Report

Hello everyone! What a year! 2020 has been challenging both professionally and personally. AIDA, like all other organisations, has had to quickly adapt to working in a pandemic environment while providing support and advocacy for our members and communities.



Assoc. Professor Shannon Springer

BAppSciPHC; MBBS; FRACGP

Mackay

We have tried to accomplish this through an organisational restructure, supporting and developing a new leading CEO, engaging in a constitutional review process, developing a new business strategy, and undertaking an external governance review. Despite focusing a lot of attention and effort internally to re-orientate and set the organisation up for the next 5-year growth and development cycle, we have endeavored to maintain our presence and advocacy across multiple institutions. Undertaking this internal work has been a priority for the exiting leadership. These areas of work undertaken by the current directorship, will provide the foundation and framework for new and fresh board of directors to build and strengthen a stronger and more outlook AIDA in the next 5 years.

It is my expectation that the constitutional review will begin its consultation process and robust discussion with the members at this coming AGM, with a special meeting to follow. How the changes are adopted will depend on the consultation process of all our members and the direction of the new board. As the demands on our graduates increase, AIDA itself needs to become more effective and efficient in how it uses our membership to respond to community and membership need. This means maintaining and strengthening the principles and values that the organisation was built upon, but also, refining along the way, how we utilise our growing graduate membership to drive disruptive innovation into the various institutions and systems where our communities interact and where our doctors are embedded. This can be done by developing stronger and more dynamic boards, increasing our diverse membership representation, and having a consistent turnover of directors while maintaining corporate knowledge. While the constitutional changes may assist this, the organisational changes and the governance overhaul will also play adjuvants to being more responsive and efficient. The culmination of all this work on top of maintaining the organisation's operations has been significant and I personally would like to thank our President, our directors and CEO.

During the last year, one of my personal portfolio responsibilities was engaging with the Committee of Presidents of Specialist Medical Colleges (CPMC). An important output of this role was the biennial publication of what each specialist medical college is planning and achieving towards recruiting and developing Aboriginal and Torres Strait Islander specialists. This is a logical progression of work for our members that builds upon the outcomes AIDA had undertaken in this space with Australian and New Zealand Medical Schools to graduate more Indigenous doctors. This biennial report from the CPMC couples appropriately with the many recommendations that came from the *Stronger Futures Report 2019*, which AIDA had published last year around increasing the Indigenous specialist workforce by identifying the barriers to success. Colleges are now better able to work transparently with each other and share resources and learnings about how they increase our Indigenous specialist workforce and develop a more culturally safe and responsive health care systems for all our mobs! I look forward to seeing some innovative and dynamic work that is to follow to attract our junior doctors and develop our future leaders.

Another important output for AIDA was the publication of an ethics paper in collaboration with our leading Indigenous and non-indigenous academics and researchers on access to supportive ventilation care for Aboriginal and Torres Strait Islander peoples with COVID-19. This body of work is one example of how AIDA was gearing up to prepare our communities and health systems for a pandemic and their capacity to respond. Mitigating the impact of a COVID-19 outbreak in our communities remains a critical goal given our existing high prevalence of morbidity and mortality. Many of our remote communities have given up so much to stop community transmission of COVID-19 affecting their communities. AIDA spent a lot of time and energy engaging with communities, governments, and professional body groups in preparation for a potential COVID-19 outbreak among our communities.

AIDA also developed several online support and information meetings for members together with the other National Peak Indigenous organisations. AIDA also engaged the presidents of specialist training colleges to provide context to COVID-19 and provide assistance to our trainees in each of the colleges during a very disconnected period in their medical education journeys.

During this pandemic reality, we also witnessed the rise of the '*Black Lives Matter*' #BLM movement. This worldly unprecedented attention on racism has been an opportunity to shine the light on the hundreds of deaths in custody for our mobs here in Australia. AIDA was thrust into the spotlight during this time by not supporting the second protest in Sydney in the context of an emerging unknown community transmission of COVID-19. If the opportunity presented again, we probably could have done more to work with event organisers and the families involved that continue to be deeply affected by the ongoing trauma and injustices. Many families continue the fight for justice and more can be done to support.

There is a perception, that not supporting the second #BLM protest in Sydney in July was removing 'race' from the table. Protecting our communities from COVID-19 has never been about taking 'race' off the table. It is because of 'race' that we must protect our communities. It is because of 'race' we are the most vulnerable people in Australia to COVID-19. It is because of 'race' we are wanting to march in a 1-in-100-year pandemic. Racism is always on the table and it is a part of my reality as a black person every day. Systemic racism and its effects cannot be separated from any other health decision we make as patients and doctors. As a 'black doctor' treating a 'black patient' – I think about the impacts of systemic racism all the time as part of my decision-making processes. How are we going to treat COVID-19 when we already have poor access to healthcare, racist ICU's admission criteria, unaffordable medicines, decreased access to diagnostic investigations etc. – who was asking themselves these questions? As 'a' (n=1) black doctor, I was, because this is how institutional racism operates on a daily basis. Asking people to make informed decisions about protesting during an unknown and emerging community transmission of COVID-19 was not about 'turning on our own,' rather it was 'for our own' that this needed to be raised. Racism cannot be refined to a simple binary situation or moment. Activism has always and will always have a place—and it is because of activism and people power we have got to where we are, and where we are, is that this is not the "only" answer to engage in systemic reform. We are knowledgeable and sophisticated peoples that will continue to dismantle systemic racism, but subjecting our own peoples to a second pandemic when we are already the most vulnerable group in Australia is not the way, well at least not in my personal

view. We must use our energy to continue the momentum of BLM without subjecting our people more trauma, more pain, and more funerals—I am sure we are capable of that. If we were there as an organisation at the start of the protest organisation, these would have been the questions I would have posed, perhaps I would have even discussed having protests in places where there were not community transmissions of COVID-19. However, we were not there and yet felt the need for our communities to know what we think and feel as black doctors. Do our people not deserve to be informed by black doctors and black people instead of just mainstream white media? Do we not deserve the respect to be given 'all the information' to make informed decisions for ourselves? Isn't that what self-determination is all about? We are given the platform to speak on black matters in mainstream media—why not use that? Yes, the white extremist views will position us against each other, but that is what racists do, as they are unprincipled. We cannot only speak out when it serves one agenda, we have views on a number of topics (all topics). In saying all of this, nothing really made the decision or the communication any easier to deliver around this.

I commenced my report by saying that it has been a challenging time over the last year, and this is notwithstanding my own personal circumstances. During my directorship I am now a single dad, have started a new relationship and have a new role at Griffith University – all of which require a significant amount of time, energy, and respect. The Vice President and President roles are significant. It is these learnings that have contextualised the organisational changes I see for AIDA. I made no hidden agenda in saying it has always been my ambition to become the president of this great organisation. I have served under many great AIDA presidents since the beginning, and I am still inspired by their legacy and their leadership today. Being in a leadership role in AIDA, however, requires people to have their own social and emotional wellbeing in a healthy standing to be effective rather than reactive. It is not in AIDA's best interest that I take such responsibility on right now. In saying this, I sincerely wish the new board, the CEO the absolute best and look forward to seeing great things come out of AIDA in the years to come. Having just learned that UNSW will graduate the greatest number of Indigenous doctors in one year in history is evidence that our future is in good hands. I will continue to work with AIDA to promote it and protect it and assist in all its programs of work should it require any help or assistance.

Director's Report

I was welcomed back to the AIDA board at the invitation of fellow board members in late December 2019, attending my first board meeting in March 2020. I have enjoyed my return to the board and the opportunity to engage with membership especially with our current COVID-19 situation.



Dr Tanya Schramm

B Med FRACGP

Palawa

It has been a difficult time for all of us as we have adapted to changes necessary within our workplaces and Universities whilst also supporting our families and communities. For me there has been significant change from working from home and delivering student support and teaching via zoom, as well as facilitating the necessary changes within clinic to keep staff and patients safe. The most important lesson learned through this was the importance of self-care as we often forget that we need to prioritise ourselves in these situations. I was very proud to facilitate the AIDA self-care webinar.

AIDA representation and committees

- » Panellist for Reconciliation Week: In This Together RACGP, topic: Racism and Health care
- » Facilitation COVID-19 Selfcare – looking after yourself, family and community during crisis. Staying safe, strong and connected webinar with Dr Helen Milroy and Dr Emma Adams
- » RACGP AIDA representative: continued representation at RAP committee RACGP meetings attended via zoom
- » Proxy CPMC and AMA taskforce meetings
- » Membership Committee
- » Attendance at membership engagement meetings

External representation

- » LIME representative UTAS
- » RACGP/NACCHO chair: Prevention and Identification of COVID-19 in Aboriginal and Torres Strait Islander People
- » RACGP Aboriginal and Torres Strait Islander Faculty Education Committee
- » Cancer Australia Aboriginal and Torres Strait Islander Representative: Investigating symptoms of lung cancer for general Practitioners and roundtable discussions RE COVID-19

Outcomes

There is no understating this difficult period as we continue to be affected by COVID-19, Victoria is now struggling through the strictest restrictions seen in the country, we must continue to remain connected and strong through this time as we will see our colleagues, communities and families struggle with the mental strain of this pandemic as it continues to affect every aspect of our lives. We must stay safe, connected and strong.

My personal challenge during this time has been to improve my engagement on many levels with online communication. I have learnt to not only connect with family and community in an online space but chair and participate in meetings, teach, and present in the online world, especially over zoom. I see that this experience will be invaluable, and my expertise continues to grow. This skill will be invaluable as we move into the post COVID-19 space where I feel we as an organisation and community will utilise online communication to participate in board meetings and engage as an organisation and community.

In returning to the board I have challenged myself to improve my public speaking skills and have embraced the opportunities provided, participating in both live radio and recorded TV interview. I have also presented as a panellist on racism and health care, and facilitated a live-streamed webinar for AIDA on self-care for members.

I feel I have embraced my return to the AIDA board and have welcomed the challenge of the times we are in and hope I have helped to support my fellow board members and CEO in making sure we stay strong and connected in these unprecedented times.

Director's Report

I can say without hesitation that my two years' participation and contribution to the AIDA board of members has gone by with speed, but not without significant challenges for the organisation, as you would all agree.



Dr Keith Gleeson

FRACGP, B. MED, B. App. Sci.

Biripi/Daingutti

The fact that we are having an online Annual General Meeting (AGM) with the cancellation of our yearly conference is testimony to that fact.

The Australian Indigenous Doctors' Association AGM for the first time in the organisation's 24 years history has gone digital and may be a potential test pilot for future meetings if all goes well, and if members support the overall concept. There were potential constitutional barriers that the board had to clarify to ensure compliance with the legal obligations to run the AGM, which reinforces the importance to incoming board members to review and update the organisation's constitution as a key priority.

AIDA representation and committees

- » FRAC Committee (missed one meeting due to communication issues).
- » AIDA COVID-19 Peer Support Committee.
- » AIDA Peer Support Forum.
- » AIDA Scheduled board meeting
- » AIDA Constitutional review.
- » AIDA CEO Performance Appraisal Discussion.

External representation

- » Healthy Male also known as Andrology Australia.
- » Natural Rural Health Alliance Meetings.

No doubt the COVID-19 pandemic has changed all our lives in the way we do our business, work and play. I can verify as a board member that my productivity through attending online meetings has substantially increased with significant cost saving for the organisation and likely to be the norm in the future. I will not sugar coat the role of a board member and will say to those candidates intending to nominate that you will need to make this decision carefully. I would strongly suggest you talk to an existing board member on their duties and roles.

I am deeply saddened to see a large departure from the sitting board. I would like to recognise their valuable contribution and work during their time on the board and will be seeking their ongoing advice and counsel given their knowledge and expertise if I am re-elected.

A particular acknowledgement to:

- » Assoc. Prof. Kris Rallah-Baker's strong leadership & contribution as President during a difficult period of AIDA's corporate history. I have valued his leadership with acknowledgement to his strength in the use of public media to raise the corporate footprint of AIDA during the COVID-19 pandemic.
- » Dr Artiene Tatian for his dedicated service to AIDA. He will be sadly missed on the board. I wish him well in his preparation for his Fellowship Examination and thank him for his very valued contribution.
- » Dr Sarah McEwan's drive and work to ensure good corporate governance on the AIDA board.
- » Mr Tom Mylne's representation of student issues and strong advocacy work as Student Director.
- » Dr Tanya Schramm. I wish her well in applying for the leadership as President.

Unfortunately, given the large turnover of board members there is a potential corporate risk to AIDA and I have decided to renominate to ensure those new board members are supported in their roles. It takes at least 12 months to find your feet as a board member, particularly if you have had no experience or corporate governance training or have held a position like this previously.

I believe I have demonstrated my commitment to the organisation and the members that I am more than capable to meet the demands required as a board member. However, I will make one caveat to you all that I will not be pursuing any aspiration to a nomination for President.

I would like to acknowledge the good work of the Secretariat particularly Ms Monica Barolits-McCabe for her contribution as Chief Executive Officer during what can only be described as challenging times for the organisation. The AIDA team in Canberra have done an amazing job in a time of COVID-19, staff turnovers and the cancellation of our premier event and in preparing this unique AGM.

Director's Report

I am honoured and humbled for the opportunity to be a Director of AIDA for 2019/2020. I am grateful to have served and represented the AIDA membership and family during this time and to have now completed my 5th year as a board member.



Dr Artiene Tatian

BSc (Adv) MBBS MIndigHlth GAICD

Arrernte, Gadigal

This past year has been a challenging environment for us all with COVID-19 and the enduring changes. I hope to have continued to listen to the views of all members and have represented and advocated for important and much needed changes on your behalf. Much of my work this year has heavily focused on our trainees, students and JMOs. I have continued to advocate strongly with the AMA DIT committee to ensure safe work environments and continued training and examinations during the COVID-19 pandemic.

The preceding twelve months have been a challenging time for AIDA with a shifting internal environment and I hope to have been a stable foundation. I have always strived to ensure best practice governance and risk management strategies are incorporated into AIDA. I leave behind a strong agenda and significant process change that I look forward to seeing the newly elected board continue to incorporate. During my time on the AIDA board I have helped shape and create the environment and training pathways available to our medical student and junior doctors of which I am immensely proud. I continue to actively support and advocate closely with Medical Deans Australia and New Zealand (MDANZ) to ensure recruitment and retention of medical students and training environments free of racism.

AIDA representation and committees

- » Continued to provide board oversight into governance and strategy.
- » Provided oversight and input as a board member on the AIDA Finance Risk and Audit Committee.
- » Provided oversight and input as a board member on the AIDA Membership committee.
- » Established relationships and subsequently represented AIDA on the Australian Medical Association Doctors in Training Committee (AMA DIT).
- » Attended multiple AIDA member events and webinars to connect and communicate with our members and their needs.
- » Provided strategic and regular input into the AIDA governance and constructional review.
- » Continued to provide organisation knowledge and skills into the new AIDA strategic plan.
- » Provided the AIDA voice on the AHPRA medical training survey to ensure useful and meaningful data is collected, stored safely and accessible to assist in AIDA and our members work.

External representation

- » Australian Medical Council (AMC) Prevocational Assessment Committee
- » Australian Medical Council (AMC) Aboriginal, Torres Strait Islander & Māori strategy group.
- » I also continue to interact closely with my local Aboriginal community and support and represent them as a most recently, a board member of Gandangara Local Aboriginal Land Council (2015 – 2019).

It has been an honour and a pleasure to serve you on the board. I am now taking some time away and stepping off the board to complete my upcoming Dermatology Fellowship examinations. I am always here to support and assist in any way that I can even outside of my AIDA work. If I can be of any assistance to any member in the future, please do not hesitate to get in contact with me.



Director's Report

I have had the privilege and honour of representing AIDA and our membership as a Board Director over the past year. I am proud of the work our CEO, secretariat and board have accomplished in what has been a challenging and unique time for everyone through a new and ever evolving pandemic.



Dr Ngaree Blow
MD/MPH/DCH/BSc

Noonuccal, Goreng-Goreng, Yorta-Yorta

AIDA was swift in their response to the 2019 novel coronavirus (COVID-19) pandemic advocating for our members as well as our communities more broadly across the Nations. AIDA recognised the need to support our membership through what was to be an ongoing period of uncertainty and lead peer and trainee support forums to facilitate resilience and wellbeing. Our core work has continued to evolve, however our focus throughout this 2019/2020 period has been on the emerging health crisis and how it has affected our First Nations communities. AIDA has worked alongside the National Aboriginal Community Controlled Health Organisation (NACCHO) to ensure and advocate for culturally safe healthcare. Representation from AIDA was both at a systemic level, in particular addressing racism for ethical and equitable testing and treatment of COVID-19, as well as at a community level by promoting health practices via the health promotion #keepourmobsafe campaign. The Board continues to recognise and respect the resilience of AIDA and its membership and thank those that have worked hard and put in the extra efforts during this tumultuous time. It has been an unprecedented year and I am grateful to have worked alongside so many motivated and passionate team members.

AIDA representation and committees

- » In the past year I have actively represented AIDA by maintaining and strengthening key stakeholder relationships, albeit limited to virtual engagement for most of 2020 due to COVID-19 restrictions, with the Australian Medical Council (AMC) through the Aboriginal and Torres Strait Islander and Māori committee, the Leaders in Medical Education (LIME) on their reference group, the Royal Australian College of General Practitioners (RACGP) via my presentations during Reconciliation week and for the virtual GP20 annual conference, and through my invitation onto the Joint COVID-19 Aboriginal Community Taskforce run by the Victorian Department of Premier and Cabinet (DPC).
- » I have attended and presented at the Leaders in Indigenous Medical Education (LIME) VIII conference in Christchurch, New Zealand in November 2019, in both my role as an academic at the University of Melbourne (UoM) as well as AIDA representative for LIME.
- » Have been actively involved in AIDA's Cultural Safety program by attending the Facilitators' Workshop for AIDA's Cultural Safety Training in February 2020 and committing to co-facilitating the program with Dr Chris Bourke, for the RANZCOG 2020 Regional Fellows Scientific Meeting, originally planned for April 2020, now postponed to April 2021.
- » Had the pleasure of attending and hearing from members in the online peer support forums through the year and hosting one of the online trainee support forums, due to being unable to host AIDA member networking events in person as a result of the restrictions on travel and large gatherings.
- » Continued to support the work of AIDA by passionately advocating for public health responses for Indigenous communities throughout the COVID-19 pandemic both through being a representative participant in the health promotion videos for the #keepourmobsafe campaign run by AIDA and IndigenousX on twitter and various social media platforms, as well as through external representation in podcast interviews and through written articles in the Medical Journal of Australia (MJA) Insight+.



External representation

- » I continue to work as a Public Health Registrar in my new role with the Public Health Command of the Victorian Department of Health and Human Services (DHHS) in government as a Medical Lead in COVID-19 media, communication and public information initially in April and then on the COVID-19 Case, Contact and Outbreak Management (CCOM) team since May 2020.
- » I work closely with the Australasian Faculty of Public Health Medicine (AFPHM) contributing to national trainee webinars on Indigenous health.
- » I continue to engage with the many Nations that make up my local community, including the local Wurundjeri and Bunurong peoples of the area, to advise on the curriculum I co-ordinate and deliver to the medical students at UoM, as well as seek guidance on the COVID-19 response in Melbourne.
- » I have also been working as an associate investigator and advise on various research related to local Indigenous health projects, including the 'Baggarrook Yurrongi' research project, the 'Healing the Past by Nurturing the Future' project and 'Developing a culturally responsive trauma-informed public health emergency response framework for First Nations families and communities during COVID-19' research.

Outcomes

- » Presented with the Faculty of Medicine, Dentistry and Health Sciences (MDHS) staff excellence award at the UoM for excellence in Indigenous health education; transforming the way Indigenous health is taught to medical students, in keeping with AIDA commitment to work with AMC to ensure culturally safe medical graduates.
- » Successfully set up a specific outbreak management team dedicated to priority communities in Victoria, including Indigenous communities, refugee and asylum seeker communities and multicultural and faith communities requiring extra support during the COVID-19 response, in line with the advocacy and self-determination work of AIDA.

Many thanks to all for a great first year on the AIDA Board over 2019/2020, I will continue to engage with and represent the membership and the organisation to the best of my ability with integrity, transparency and dedication, with a particular focus on our junior membership and doctors in training. I am grateful to be a part of the extraordinary AIDA family and I look forward to continuing to work with the AIDA board and secretariat for our membership.

Director Student's Report

Despite a year of challenges that no one could have expected, I have never been prouder to stand beside my AIDA colleagues in 2020.



Mr Tom Mylne


Gangulu

My time on the Board has been invaluable to my personal development and I have had the privilege of working with an incredibly inspiring group of colleagues and friends as the Student Director for the SRC.

I also want to acknowledge the amazing work of our secretariat in supporting us and helping us navigate this year. I am extremely grateful to Ms Raegina Taylor who after many years has moved on from the position of Senior Advisor Education. Her contribution to student support was admirable and I have no doubt she will be equally amazing in her new role as Senior Policy Officer. I am confident the student membership will continue to be well supported in the very capable hand of Ms Cara Smith who has stepped into the role and is already doing fantastic work.

The SRC has continued to deliver valuable and meaningful achievements for our membership over the last 12 months and it is exciting to see the growth of our future leaders in this group. Some of the SRCs achievements during this period include:

- » Improving the agenda of the annual face-to-face meeting in Canberra. Historically, this 2-day meeting has focussed on getting to know each other and planning for each year's SRC project. This year, with the much-appreciated support of our CEO, we extended the meeting by 2 days to include leadership and cultural development training for the group. This addition to the program and the extra time spent together saw a solid bond form in the group that has been incredibly supportive throughout the year.
- » Revised the Roles and Responsibilities and Terms of Reference for the SRC role to accurately reflect the significance of the role; increase accountability through introducing a feedback reporting system allowing the ability to formally report the amazing work done by SRC members back to their universities to ensure they are given due credit for their role.
- » Our 2020 project has taken many twists and turns as we remained flexible and adaptive to the constantly changing pandemic environment. We are now nearing completion of our project to commission AIDA's first ever scrub tops. I am incredibly grateful for all the hard work everyone has put in to get us to this point. I also want to acknowledge the amazing talent in our membership with all submission for artwork being sought internally. I am looking forward to the final product being delivered and equally impressed by the outstanding work submitted by the membership. I am hopeful that we can continue to internally source artwork where possible to further demonstrate the amazing multitalented and diverse members we have
- » The SRC produced two videos of support released through AIDA social media to support the membership during the COVID-19 pandemic. The group's connectedness and passion shone through in these videos and it was a great way to be visible and connect to our membership during a year that kept us physically distanced.
- » We introduced student forums every second month. These are chaired by the Student Director with the support of the whole SRC and aim to continue the conversations and connections formed from conference yarning circles and socialising. The SRC identified this would be a great initiative to keep our mob connected in-between conferences and has proven to be a great addition to the AIDA schedule in the current pandemic. I am excited to see how these continue to evolve and grow.
- » We have maintained our close connection with AMSA, with representation at each AMSA council and the annual signing of the Memorandum of Understanding. We are incredibly proud of the work done in AMSA by one of our passionate members, Cheyenne Rain along with Katie Aistrophe who previously sat on the SRC.

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- » We have worked closely with the AMSA Indigenous Health in developing policy on Medical Student Association Recruitment of an Identified Indigenous Representative, ensuring our students have leadership opportunities and are appropriately represented
 - » Continued to support the good work of the National Rural Health Student Network

Whilst this isn't an exhaustive list, it is demonstrative of the increased tempo that the last 12 months has involved. I am very grateful to have been part of the board over the last 12 months. It has been incredibly challenging at times because of the unexpected hurdles we faced, however every member provided unique and valuable perspectives and I look up to them all as great mentors. Again, thank you to the secretariat for your hard work, I am privileged to have been student director under a CEO with a real passion for our student members and this has been incredibly supportive. Thank you to the membership for entrusting me with this role, I can only hope I served you well. This will be my last year on the SRC after representing the University of Melbourne for the last three. In that time, I have met so many incredible people and I am confident as I step away that it is being left in very good hands. Finally, thank you to the 2020 SRC. What an amazing bunch you are! You are fierce, you are not afraid of challenge and you are passionate about achieving nothing but the best for our members and our mob. I could not have asked for a better team this year—you are leaders, you are the future and I'm so proud of you all. AIDA has a bright future ahead.

Board of Directors Election

The election notice and call for nominations for vacant positions on the AIDA Board of Directors was sent to all eligible voting Members of AIDA on 14 September, 2020, along with details of the nomination process for eight vacancies on the AIDA Board arising at the 2020 annual general meeting (AGM). This notice was sent by Vero Voting, who are acting as the Returning Officers for this election.

The board positions, gazetted in the election notice as becoming vacant at the 2020 AGM, are as follows:

- » President
- » Vice President
- » up to five Director positions; and
- » one 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 via the Vero Voting system, containing:

- » the details and signature of two nominators
- » 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 Friday 02 October at 12:00pm (AEST).

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 2020 AGM, the status of the board is as set out in the table below, with eight positions becoming vacant at the 2020 AGM (highlighted in grey).

Status of the Board as at the 2020 AGM		Term ends
President	Assoc. Professor Kristopher Rallah-Baker	2020
Vice President	Assoc. Professor Shannon Springer	2020
Director	Dr Ngaree Blow	2021
Director	Dr Keith Gleeson	2020
Director	Dr Sarah-Jane McEwan ¹	2020
Director	Dr Artiene Tatian	2020
Director	Dr Tanya Schramm ²	2020
Director (Student)	Mr Tom Mylne	2020
Director	Vacant	
Director (Independent)	To be appointed	

1. Dr Sarah-Jane McEwan resigned from the Board on 23 August 2020.

2. Dr Tanya Schramm was appointed to a casual vacancy on the Board on 6 March 2020 following the AGM.

Nominations received

Nominations for vacant positions on the AIDA board are summarised in the following table and a brief profile of each candidate follows. Candidates may have submitted a video in support of their nomination. This can be found on the AIDA website.

Position on the Board	Number of available positions	Number of valid nominations	Name of Nominees
President	1	1	Dr Tanya Schramm
Vice President	1	1	Dr Simone Raye
Director	5	5	Dr Robert Blackley Dr Keith Gleeson Dr Glenn Harrison Dr Jaquelyne Hughes Dr Nathan Luies
Student Director	1	1	Ms Gabriella Ceolin

Continuing Board members

The following directors are eligible to continue in their current roles until the end of their tenure at the 2021 AGM:

» Dr Ngaree Blow

Voting

Indigenous medical graduate, Indigenous medical student Members and life Members who 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

End of term: Assoc. Professor Kristopher Rallah-Baker

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 Tanya Schramm shall be deemed to be elected.

Vice President

Vacant positions: One

End of term: Assoc. Professor Shannon Springer

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 Simone Raye shall be deemed to be elected.

Director

Vacant positions: Five

End of Term: Dr Artiene Tatian; Dr Keith Gleeson; Dr Tanya Schramm and Dr Sarah-Jane McEwan

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.

Five valid nominations were received for five vacancies. In accordance with Article 47(b)(i), the nominees being : Dr Robert Blackley, Dr Keith Gleeson, Dr Glenn Harrison, Dr Jaquelyne Hughes and Dr Nathan Luies, shall be deemed to be elected.

Director (student)

Vacant positions: One

End of term: Mr Tom Mylne

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.

One valid nomination was received for the single vacancy. In accordance with Article 47(b)(i), the nominees being Ms Gabriella Ceolin shall be deemed to be elected.

Voting process

The process to elect Directors is as follows:

1. Voting is conducted through the online Vero Voting System
2. Where more than one nomination has been received for a vacant position, the names will be presented in a random order
3. All voting members who are appointing a Proxy must complete an AIDA Proxy Form via the Vero Voting portal. This form must be lodged no later than 48 hours prior to the AGM.
4. Only Student Members will be able to vote for the Student Director position.
5. Instructions on how to use the Vero Voting system will be emailed to all members prior to the AGM. Further information will be available through the AIDA website.
6. A ballot will be declared by the Chairperson of the AGM and voting members will place their vote electronically before 1.00pm AEDT on the 31 October 2020.
7. The Returning Officer will collect the votes 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 President, Vice President, Director(s) and Student Director.
8. 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 absent 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 by Vero Voting 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 Tanya Schramm

I am a current board member, currently working for UTAS as a senior lecturer in Aboriginal and Torres Strait Islander Health and as a General Practitioner. I have been a long-standing member of AIDA and have previously spent 4 years on the board. I continue to work with the RACGP being a member of the Aboriginal and Torres Strait Islander education committee, and RAP working and advisory groups. During the pandemic I have chaired a working group developing guidelines for the prevention and identification of COVID-19 for Aboriginal and Torres Strait Islander people, this is a collaboration between NACCHO and the RACGP.

I believe my long-standing membership of AIDA and roles allow me to understand the issues faced by our membership students, registrars and fellows.

I continue to work in Aboriginal Health and hope to continue to break down barriers for our people and make change leading to improved health outcomes. COVID-19 has thrown us a huge challenge and we have been leaders in managing the risk for our peoples, I will keep our voice a strong Aboriginal voice at the table to continue to make change as we move through this pandemic. I believe we need to support each other and stay strong and connected through this period and accept this as my challenge.



Nominations for Vice President

Dr Simone Raye

Dr Simone Raye is a proud Bardi Jabbir Jabbir woman from the Kimberley.

Simone intimately understands the barriers and challenges of medical training having deferred from medical school initially (University of Newcastle) and returning in 1995 to go on completing her degree, and then on to her Fellowship.

Simone was heavily involved with the initial meetings that lead to the formation of AIDA, playing an integral part in bringing together current and former medical students for those initial meetings. Simone also travelled to Canada to learn from the Native Physicians Association about their experience in setting up a similar model for AIDA.

Simone has previous experience as an AIDA board member and as a Native Title Director on a Native Title Trust Board in WA. She has undertaken considerable governance and financial training which supported her board positions.

Simone is currently working as a GP in Darwin, a Medical/Cultural Educator with NTGPE and for the last 4.5 years has been the National Chair for the Indigenous GP Registrar Network (IGPRN).

As IGPRN Chair she has gained a lot of experience in dealing with the Department of Health around funding proposals and support for registrars, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine and other support services for our GP registrars. She has established networks with various training organisations and learnt a lot about how to support graduates towards achieving Fellowship.

If Simone's nomination for the AIDA board is successful, she will use her experience and connections to provide support for all of our students and our medical graduates. In particular to strengthen relationships with the specialty colleges to provide equitable access to training and more effective support, no matter the specialty, to achieve Fellowship and be leaders within their chosen field.



Nominations for Director

Dr Robert Blackley

Dear colleagues and friends,

For those who don't know me my name is Rob Blackley, I'm a 44 year old Bwgcolman man from the tragically beautiful Palm Island. My mother's family are Kaurareg, Kalkadoon and Birri Gubba and my father is a white Australian of Scottish, Romani and English decent. I'm the second of 6 children and a father of 4, and I write to you today (tired from a long day and dreading another early start tomorrow) to ask you to consider my nomination to the AIDA board.

To support my candidacy I put forward the following by way of qualifications:

I've over 20 years experience in public administration and public policy. During which time I've been a local government counsellor and Mayor, a Ministerial policy advisor and grass roots community development leader through active involvement in Men's, youth and charity groups. Given this experience I felt I should offer my skills to AIDA in the hope that my knowledge of political process, legal frameworks and my personal relationships with many of this country's political leaders could be used to help achieve some of the real change needed for our peoples.

I'm under no illusions as to the gravity of the tasks ahead of us but I've seen change in my lifetime and know that together we can make a real difference.

In closing you should know that choosing me means you don't just get the smooth talking articulate medical doctor, you also get the hard headed mission murri from the bush who will not back down from a fight. The fact is I can't and I won't back down because the stakes are too high, our graveyards are full of the proof of this.

Thank you for reading and I hope to see soon.



Dr Keith Gleeson

I am nominating for a second term as a Director of the Australian Indigenous Doctors' Association. I would hope that the work and contribution I have given the organisation in the last couple of years will be endorsed by members at the Annual General Meeting (AGM). The last couple of years has been extremely challenging for all board members. COVID-19 Pandemic, staffing shortages and the cancellation of our annual conference has been some of the issues we have had to navigate during the last 12 months. The fact that AIDA is doing an online Annual General Meeting to elect its board members is testimony to a changing landscape for the business.

A major reason for me staying on the board is to maintain a level of corporate knowledge particularly with the departure of a large number of our current board members. Additionally, I am keen to continue the valuable work of the previous boarding who had been working on the following issues:

- » Constitutional review
- » AIDA Strategic Plan
- » Review of the AIDA corporate governance structure

It will be important for the incumbent board to review, modify and complete this important work essential for the ongoing operation of the organisation.

I will however make a caveat with you all that I will not be re-contesting my role at the next AGM in 2 years, if members endorse my nomination to remain on the board for another two years in November 2020. I have no desire to hold any senior position on the board other than as an ordinary board member.

I have been with Australian Indigenous Doctors' Association since 2000 and have seen the organisation grow and develop during this time. We still have a lot of work to do and I am keen to help sculpt that future direction of the organisation for the next two years. I am amazed at the depth of talent of our membership and see an extremely bright future for the organisation.

I therefore commend my nomination for members endorsement at the AGM in November 2020 for an additional two years.



Nominations for Director (continued)

Dr Glenn Harrison

Please accept this application as a nomination for a position on the Board of Directors for the Australian Indigenous Doctors' Association.

I wish to further engage in the AIDA activities including roles in leadership, support, development, promoting and engaging with our medical students and graduates, and to assisting in furthering our existing policies, research and our future directions.

I am an active Indigenous doctor and work professionally as a specialist Emergency Physician.

I am a Wotjobaluk man from Western Victoria, I am passionate about developing our Indigenous workforce and specialty training opportunities and improving Indigenous health outcomes and equity.

I undertake clinical duties as a Senior Staff Specialist / Consultant in Emergency Medicine at Royal Melbourne Hospital (full-time) and Epworth Geelong (part-time).

I have appointments on a number of committees and am involved in activities including co-Chair Indigenous Health Committee and RAP Committee of the Australasian College for Emergency Medicine, RAP), I am a member of the Aboriginal & Torres Strait Islander Working Group and RAP committee for the Royal Melbourne Hospital (RMH) and I co-ordinate a successful Indigenous Intern program at the RMH.

I am involved in Cultural Immersion, the Indigenous Entry Stream and the Clinical Advisory Group at Deakin University School of Medicine and I am also a member of the Indigenous Leadership Group at the Melbourne Academic Centre for Health & a Senior Clinical lecturer (University of Melbourne).

I have been involved actively in AIDA conferences in providing workshops with the ACEM and Growing Our Fellows workshops.

I look forward to new opportunities as part of the AIDA Board of Directors.



Dr Jaquelyne Hughes

Associate Professor Jaqui Hughes BMed FRACP PhD, is a Torres Strait Islander Woman, with family connection to near west Torres Strait. She is based in Darwin, and practices as a specialist physician (nephrology), and a clinical researcher. Her clinical interest is in the prevention of chronic kidney disease (CKD), and reducing the impact of CKD on patients and families. Currently Dr Hughes is the Deputy Chairperson of the National Indigenous Kidney Transplant Taskforce (2019-2021), which aims to improve access to and outcomes of kidney transplantation for Aboriginal and Torres Strait Islander people. Dr Hughes has given expert advice to the Renal Health RoadMap (Minister Wyatt Roundtable 2018), and subsequent planning (advising Australian Health Ministers Advisory Council (2020-) and Indigenous Health Workforce Roundtable (Minister Wyatt, Jan 2019). If endorsed by election, as an AIDA Director, Dr Hughes would seek to represent AIDA with the Royal Australian College of Physicians Aboriginal and Torres Strait Islander Health Advisory Committee. As Dr Hughes is committed to good corporate governance, transparency in decision making, and collaborative and strategic work of AIDA, and will seek AIDA support to advance skills with Australian Institute of Company Directors coursework.



Nominations for Director (continued)

Dr Nathan Luies

My name is Nathan Luies, I am a proud Karajarri and Yawuru descendent. I completed my medical degree at the University of Western Australia after completing a physiotherapy degree from Curtin University in Perth. I have been an active member of AIDA since medical school in 2015.



In 2018 I was accepted onto the Australasian College of Sports and Exercise Physicians (ACSEP) training program as their first Indigenous Sports and Medicine registrar. I now currently live on Ngunnawal country in Canberra while I work at the Australian Institute of Sport. As a Sports and Exercise Medicine Physician I hope to utilise sport and exercise as a vehicle to promote and improve the health outcomes for our people and communities using physical activity for chronic disease as both prevention and treatment.

I have previously served as a Sports Medicine Australia Western Australian state council director and currently hold positions with the Australasian College of Sports and Exercise Physicians in their Indigenous Health advisory committee and Rural Capacity work group.

I am nominating for one of the Director roles for the Australian Indigenous Doctors' Association (AIDA) board because I am passionate about improving the health and well-being of Indigenous communities and advocating for our Indigenous doctors and AIDA members.

Nominations for Director (Student)

Ms Gabriella Ceolin

Djirri-Nyurra! My name is Ella Ceolin and I am a proud Murri woman (Yirrganydji/Djabuguy, Wulgurukaba).



Applying for 2021 Student Director, I bring a lot of leadership experience and 2 major goals to this position.

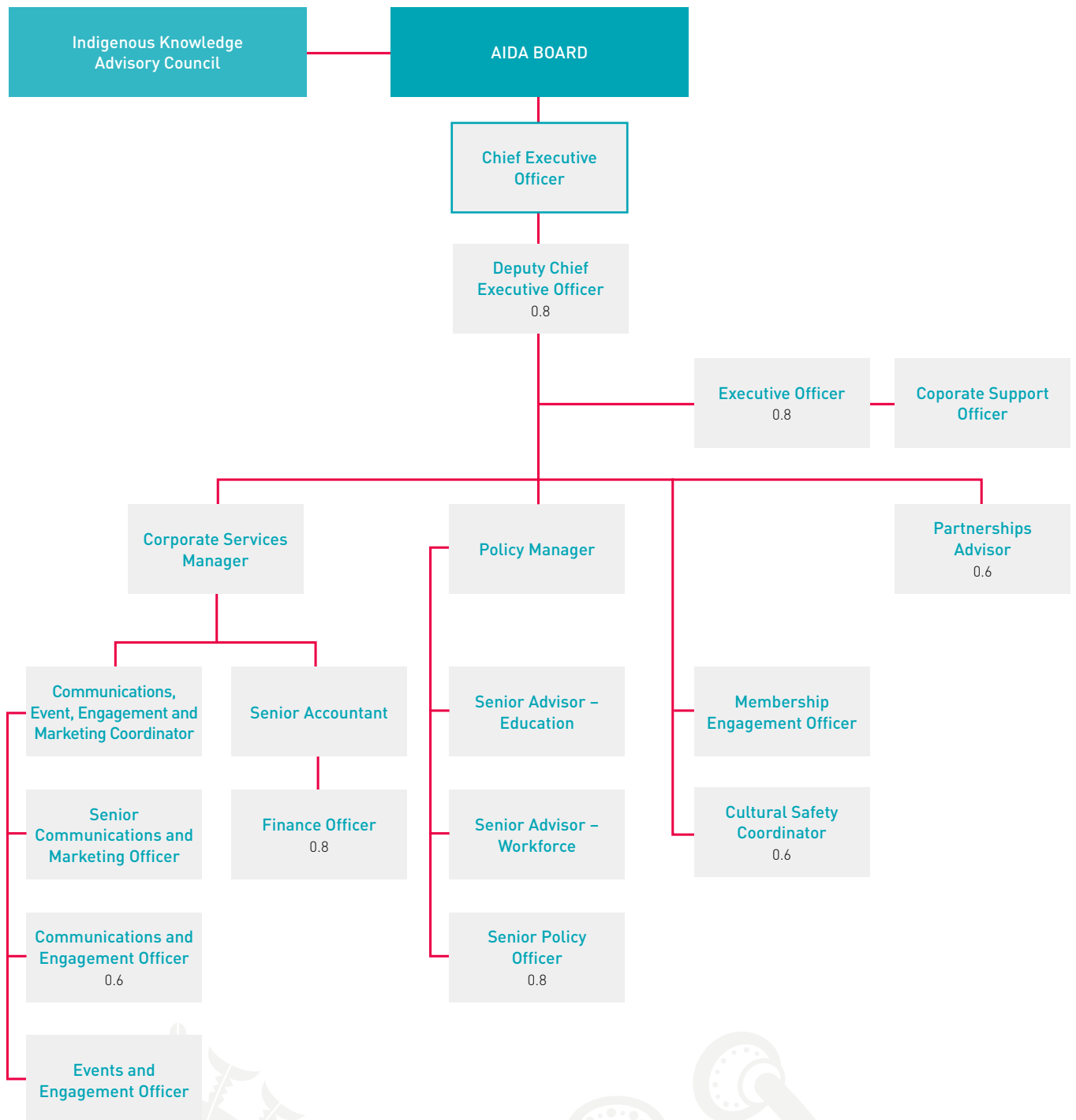
1) Increasing Student Networking

As Indigenous peoples, family and connection are everything. On a national scale, our major networking occurs at conference. However, I don't want AIDA to be a 'one-hit-wonder' where we meet up once a year. Throughout COVID-19 we saw the implementation of online, national AIDA student events. I'd like to continue this and lead discussions/workshops on topics voted for by student members (eg. 'How to Deal with Racism in the Health Workforce'). I also want to create more networking opportunity for us on a local scale. Some ideas of networking events: university specific, between local universities, state-wide, Indigenous interdisciplinary (e.g. AIDA & Indigenous allied health students, IAHA).

2) Increasing AIDA Outreach

When I was in high school, I didn't think there was a place for Indigenous people in western medicine, I thought it was only a thing for privileged settlers. I'd never heard of any Indigenous doctors and I never thought myself smart enough to do medicine. For me, a university Indigenous outreach program provided a pivotal turning point which led to me pursuing medicine. My life would be very different if it wasn't for that program and, as such, it deeply saddens me to hear that AIDA doesn't have outreach initiatives to schools. I would love to see the creation of such outreach programs, whereby AIDA students are supported on funded trips around Australia to visit young Indigenous students and show them that medicine is an option for mob. This would align with our organisational goal of achieving population parity between Indigenous and non-Indigenous doctors in the workforce.

AIDA Corporate Structure



Financial Statements

For the Year Ended 30 June 2020

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Directors' Report

The directors present their report on Australian Indigenous Doctors' Association Ltd for the financial year ended 30 June 2020.

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 Kristopher Rallah-Baker	President	Appointed as President 26 September 2018
Associate Professor Shannon Springer	Vice President	Appointed as Vice President 26 September 2018
Dr Artiene Tatian		Re appointed 26 September 2018
Dr Sarah-Jane McEwan		Appointed 26 September 2018
Dr Keith Gleeson		Appointed 26 September 2018
Dr Ngaree Blow		Appointed 2 October 2019
Mr Thomas Mylne		Appointed 2 October 2019
Dr Tanya Schramm		Appointed 23 January 2020
Dr Melissa Carroll		Resigned 30 August 2019
Dr Jordan Cory	Finance Risk & Audit Committee	Resigned 2 October 2019
Mr Ben Jones	Former Student Director	Resigned 2 October 2019
Dr Jonathan Newchurch	Former Company Secretary	Resigned 2 October 2019

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.

The following significant changes in the nature of the principal activities occurred during the financial year:

COVID 19

The novel coronavirus (COVID-19) pandemic impacts have been wide and far reaching globally and for AIDA. Some of the impacts were:

- **Staff working remotely:** This involves the ongoing consideration of a number of issues including:
 - Addressing health and safety of team members to support staff morale and mental health;
 - Adequate resourcing to support offsite working, including purchase of equipment and use of online platforms; and
 - Ensuring effective cyber-security is in place.
- **Reduced Travel:** During the last quarter of the financial year, travel was significantly reduced as a result of the COVID-19 travel restrictions. The restrictions on travel have limited face to face meetings and planned events. However, AIDA has adapted by conducting business meetings via online platforms. This has resulted in reduced expenditure.
- **Reduced events:** During the last quarter of the financial year, a number of planned events needed to be cancelled due to COVID-19 restrictions. This has resulted in reduced expenditure.
- **Reduced operational expenditure:** During the last quarter of the financial year, there was a delay in scheduled recruitment activities due to COVID-19, which has resulted in a reduction in wages and salaries expenditure.
- **Overall impact:** AIDA has managed the response to COVID-19 by adapting programs to meet the requirements of restrictions in a flexible and innovative way. There will be minimal impact on the overall financial situation of the organisation. AIDA is in the second year of a 4-year funding agreement, which will extend beyond 30 June 2020.

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

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 2020 the collective liability of members was \$19,525 (2019:\$15,325).

5. Meetings of directors

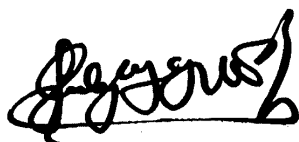
During the financial year, 4 meetings of directors were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Dr Kristopher Rallah-Baker	4	4
Associate Professor Shannon Springer	4	4
Dr Sarah-Jane McEwan	4	4
Dr Keith Gleeson	4	4
Dr Artiene Tatian	4	3
Dr Ngaree Blow	3	2
Mr Thomas Mylne	3	3
Dr Tanya Schramm	2	2
Dr Melissa Carroll	1	1
Dr Jordan Cory	1	1
Dr Jonathan Newchurch	1	-
Mr Ben Jones	1	1

6. 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 2020 has been received and can be found on page 5 of the financial report.

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



Prof Kristopher Rallah-Baker
President, Australian Indigenous Doctors' Association

Director:



Dr Shannon Springer
Vice President, Australian Indigenous Doctors' Association

Director:

Date: 25/08/2020
Date:

Auditor's Independence Declaration



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AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE AUSTRALIAN CHARITIES AND NOT- FOR-PROFITS COMMISSION ACT 2012 TO THE DIRECTORS OF AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION

As lead auditor of Australian Indigenous Doctors' Association, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'Shane Bellchambers'.

Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 25th day of August 2020

Statement of Profit or Loss and Other Comprehensive Income

		2020	2019
	Note	\$	\$
Revenue	5	3,064,980	3,116,810
Advertising and promotion		(31,924)	(51,303)
Building and property		(66,680)	(122,360)
Depreciation expense	12(a)	(32,641)	(60,278)
Depreciation expense - Right of use asset		(47,835)	-
Employee benefits expense		(1,610,910)	(1,658,679)
Finance costs		(8,694)	-
Gifts and donations		(12,879)	(6,826)
Governance and representation		(8,871)	(14,063)
IT and telecommunications		(93,226)	(80,735)
Meetings and events		(244,170)	(315,956)
Memberships and subscriptions		(8,193)	(13,254)
Operations		(54,145)	(54,500)
Other expenses		(40)	(556)
Professional services		(273,949)	(281,305)
Scholarships and bursaries		(13,862)	(8,000)
Travel and accommodation		(342,432)	(489,832)
Surplus/(Deficit) before income tax		214,529	(40,837)
Income tax expense	3(a)	-	-
Surplus/(Deficit) for the year		214,529	(40,837)
Other comprehensive income		-	-
Total comprehensive income for the year		214,529	(40,837)

Statement of Financial Position

	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	999,567	987,535
Trade and other receivables	7	59,071	8,582
Inventories	8	3,397	4,503
Other assets	10	154,154	127,731
TOTAL CURRENT ASSETS		1,216,189	1,128,351
NON-CURRENT ASSETS			
Other financial assets	9	1,009,184	1,011,510
Right of use assets	11	291,243	-
Plant and equipment	12	53,277	76,359
TOTAL NON-CURRENT ASSETS		1,353,704	1,087,869
TOTAL ASSETS		2,569,893	2,216,220
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	13	126,369	155,933
Lease Liabilities	14	107,483	-
Employee benefits	15	70,283	57,281
Contract liabilities	16	257,089	415,029
TOTAL CURRENT LIABILITIES		561,224	628,243
NON-CURRENT LIABILITIES			
Lease Liabilities	14	186,510	-
Employee benefits	15	34,737	14,976
TOTAL NON-CURRENT LIABILITIES		221,247	14,976
TOTAL LIABILITIES		782,471	643,219
NET ASSETS		1,787,422	1,573,001
EQUITY			
Reserves		701,092	701,092
Retained earnings		1,086,330	871,909
TOTAL EQUITY		1,787,422	1,573,001

Statement of Changes in Equity

2020

	Retained Earnings	AIDA Safety Net	Total
Note	\$	\$	\$
Balance at 1 July 2019	871,909	701,092	1,573,001
Restatement due to adoption of AASB 16	(108)	-	(108)
Balance as at 1 July 2019 restated	871,801	701,092	1,572,893
Surplus attributable to members of the entity	214,529	-	214,529
Balance at 30 June 2020	1,086,330	701,092	1,787,422

2019

	Retained Earnings	AIDA Safety Net	Total
	\$	\$	\$
Balance at 1 July 2018	912,746	701,092	1,613,838
(Deficit) attributable to members of the entity	(40,837)	-	(40,837)
Balance at 30 June 2019	871,909	701,092	1,573,001

Statement of Cash Flows

	2020	2019
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	3,134,850	3,437,185
Payments to suppliers and employees	(3,070,168)	(3,491,744)
Interest received	10,796	26,510
Net cash provided by / (used in) operating activities	23 75,478	(28,049)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of plant and equipment	12(a) (9,559)	(15,221)
(Purchase) of investment	-	(909,505)
Net cash (used in) investing activities	(9,559)	(924,726)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payment of lease liabilities	(53,887)	-
Net cash (used in) financing activities	(53,887)	-
Net increase / (decrease) in cash and cash equivalents held	12,032	(952,775)
Cash and cash equivalents at beginning of year	987,535	1,940,310
Cash and cash equivalents at end of financial year	6 999,567	987,535

Notes to the Financial Statements

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.

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 Change in Accounting Policy

Revenue from Contracts with Customers - Adoption of AASB 15

The Company has adopted AASB 15 *Revenue from Contracts with Customers* and AASB 1058 *Income of Not-for-Profit Entities* for the first time in the current year with a date of initial application of 1 July 2019.

The Company has applied AASB 15 and AASB 1058 using the cumulative effect method which means the comparative information has not been restated and continues to be reported under AASB 111, AASB 118, AASB 1004 and related interpretations. All adjustments on adoption of AASB 15 and AASB 1058 have been taken to retained earnings at 1 July 2019.

Leases - Adoption of AASB 16

The Company has adopted AASB 16 *Leases* using the modified retrospective (cumulative catch-up) method from 1 July 2019 and therefore the comparative information for the year ended 30 June 2019 has not been restated and has been prepared in accordance with AASB 117 *Leases* and associated Accounting Interpretations.

Impact of adoption of AASB 16

The impact of adopting AASB 16 is described below:

Company as a lessee

Under AASB 117, the Company assessed whether leases were operating or finance leases based on its assessment of whether the significant risks and rewards of ownership had been transferred to the Company or remained with the lessor. Under AASB 16, there is no differentiation between finance and operating leases for the lessee and therefore all leases which meet the definition of a lease are recognised on the statement of financial position (except for short-term leases and leases of low value assets).

2 Change in Accounting Policy (continued)

Leases - Adoption of AASB 16 (continued)

Impact of adoption of AASB 16 (continued)

The Company has elected to use the exception to lease accounting for short-term leases and leases of low value assets, and the lease expense relating to these leases are recognised in the statement of profit or loss on a straight line basis.

Practical expedients used on transition

AASB 16 includes a number of practical expedients which can be used on transition, the Company has used the following expedients:

- contracts which had previously been assessed as not containing leases under AASB 117 were not re-assessed on transition to AASB 16;
- lease liabilities have been discounted using the Company's incremental borrowing rate at 1 July 2019;
- right-of-use assets at 1 July 2019 have been measured at an amount equal to the lease liability adjusted by the amount of any prepaid or accrued lease payments;
- a single discount rate was applied to all leases with similar characteristics;
- the right-of-use asset was adjusted by the existing onerous lease provision (where relevant) at 30 June 2019 rather than perform impairment testing of the right-of-use asset;
- excluded leases with an expiry date prior to 30 June 2020 from the statement of financial position and lease expenses for these leases have been recorded on a straight-line basis over the remaining term;
- used hindsight when determining the lease term if the contract contains options to extend or terminate the lease;
- for leases which were classified as finance leases under AASB 117, the carrying amount of the right-of-use asset and the lease liability at 1 July 2019 are the same value as the leased asset and liability on 30 June 2019.

Financial statement impact of adoption of AASB 16

The following is a reconciliation of the financial statement line items from AASB 117 to AASB 16 at 1 July 2019:

	Carrying amount as at 30 June 2019	Remeasurement	Carrying amount as at 1 July 2019
	\$	\$	\$
Right to use	-	8,886	8,886
Lease Liabilities	-	(8,994)	(8,994)
Impact on Opening Retained Earnings	-	(108)	(108)

3 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

For comparative year

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.

For current year

At inception of a contract, the Company assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- The contract involves the use of an identified asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset.
- The Company has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- The Company has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

Right-of-use asset

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

3 Summary of Significant Accounting Policies (continued)

(b) Leases (continued)

Lease liability

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

Exceptions to lease accounting

The Company has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Company recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

(c) Revenue and other income

For comparative year

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.

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

Donations

Donations and bequests are recognised as revenue when received.

3 Summary of Significant Accounting Policies (continued)

(c) Revenue and other income (continued)

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.

Subscriptions

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial year.

Revenue from contracts with customers

For current year

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

3 Summary of Significant Accounting Policies (continued)

(c) Revenue and other income (continued)

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Company are:

Operating grants, donations and bequests

When the Company receives operating grant revenue, donations or bequests, it assess whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15:

When both these conditions are satisfied, the Company:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Company:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards;
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If the contract liability is recognised as a related amount above, the Company recognises income in profit or loss when or as it satisfies its obligations under the contract.

Interest income

Interest income is recognised using the effective interest method.

(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 payables 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.

3 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 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 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).

3 Summary of Significant Accounting Policies (continued)

(g) Financial Instruments (continued)

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL
- fair value through other comprehensive income - equity instrument (FVOCI - equity)

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The Company's financial assets measured at amortised cost comprise trade and other receivables, term deposits and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Fair value through other comprehensive income

Equity instruments

The Company has no investments in listed and unlisted entities.

3 Summary of Significant Accounting Policies (continued)

(g) Financial Instruments (continued)

Financial assets (continued)

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

The Company has no investments that fall under this category.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost

When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Company's historical experience and informed credit assessment and including forward looking information.

The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Company uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Company in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

3 Summary of Significant Accounting Policies (continued)

(g) Financial instruments (continued)

Financial assets (continued)

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Company comprise trade payables, bank and other loans and lease liabilities.

(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.

3 Summary of Significant Accounting Policies (continued)

(j) Employee benefits (continued)

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.

(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 2020 financial year was provided by Department of Health, Health Workforce Division. A 4-year funding agreement, with a total value of 9.32M was executed on 10th August 2018. The funding agreement runs from 1 July 2018 to 30 September 2022.

4 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.

5 Revenue and Other Income

	2020	2019
	\$	\$
Government grants		
- Indigenous Workforce funding	2,204,238	2,265,539
- NMTAN Specialist Trainees project	65,380	65,299
	<u>2,269,618</u>	<u>2,330,838</u>
Other income		
- Conference income	623,050	524,654
- Member subscriptions	23,337	23,587
- Interest received	29,733	39,438
- Miscellaneous other revenue	119,242	198,293
	<u>795,362</u>	<u>785,972</u>
Total Revenue and Other Income	<u>3,064,980</u>	<u>3,116,810</u>

6 Cash and Cash Equivalents

	2020	2019
Note	\$	\$
Cash at bank and in hand	999,567	987,535
18	<u>999,567</u>	<u>987,535</u>

7 Trade and Other Receivables

	2020	2019
Note	\$	\$
CURRENT		
Trade receivables	47,674	8,582
GST receivable	11,397	-
Total current trade and other receivables	<u>59,071</u>	<u>8,582</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.

8 Inventories

	2020	2019
	\$	\$
CURRENT		
At cost:		
Merchandise	3,397	4,503
	<u>3,397</u>	<u>4,503</u>

9 Other financial assets

	2020	2019
Note	\$	\$
NON-CURRENT		
Term deposits	1,009,184	1,011,510
Total	1,009,184	1,011,510

10 Other Assets

	2020	2019
	\$	\$
CURRENT		
Prepayments	108,863	107,693
Airfares held in credit	7,596	2,542
Accrued income	38,071	16,808
Deposit / Bond	(376)	688
	154,154	127,731

11 Right of use asset

	2020	2019
	\$	\$
Right of use asset - Ricoh printer	8,886	-
Accumulated depreciation	(1,975)	-
	6,911	-
Right of use asset - Office premises	330,192	-
Accumulated depreciation	(45,860)	-
	284,332	-
Total right of use assets	291,243	-

Operating leases are in place for office premises rental and a multifunction photocopier. On 30 January 2020, the Board exercised a new three year lease over the office premises at Old Parliament House through to 26 January 2023.

Multifunction photocopier lease is for a period of 5 years ending on 31 December 2023.

12 Plant and equipment

	2020 \$	2019 \$
PLANT AND EQUIPMENT		
Furniture, fixtures and fittings		
At cost	117,636	117,636
Accumulated depreciation	(97,011)	(92,060)
Total furniture, fixtures and fittings	20,625	25,576
Office equipment		
At cost	201,332	191,773
Accumulated depreciation	(171,041)	(153,671)
Total office equipment	30,291	38,102
Computer software		
At cost	91,720	91,720
Accumulated depreciation	(91,360)	(81,550)
Total computer software	360	10,170
Display equipment		
At cost	12,623	12,623
Accumulated depreciation	(10,622)	(10,112)
Total display equipment	2,001	2,511
Total plant and equipment	53,277	76,359

(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 2020					
Balance at the beginning of year	25,576	38,102	10,170	2,511	76,359
Additions	-	9,559	-	-	9,559
Depreciation expense	(4,951)	(17,370)	(9,810)	(510)	(32,641)
Balance at the end of the year	20,625	30,291	360	2,001	53,277

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Computer Software \$	Display Equipment \$	Total \$
Year ended 30 June 2019					
Balance at the beginning of year	30,838	70,889	16,535	3,154	121,416
Additions	909	8,732	5,580	-	15,221
Depreciation expense	(6,171)	(41,519)	(11,945)	(643)	(60,278)
Balance at the end of the year	25,576	38,102	10,170	2,511	76,359

13 Trade and Other Payables

	2020	2019
Note	\$	\$
Current		
Trade payables	36,321	60,643
GST payable	-	233
Accrued expenses	52,266	53,945
Superannuation payable	9,942	12,912
Salary sacrifice payable	-	4,436
PAYG withholding	18,905	23,645
Other payables	8,935	119
18	<u>126,369</u>	<u>155,933</u>

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.

14 Lease Liabilities

	2020	2019
	\$	\$
CURRENT		
Lease liability	107,483	-
	<u>107,483</u>	<u>-</u>
NON-CURRENT		
Lease liability	186,510	-
	<u>186,510</u>	<u>-</u>

15 Employee Benefits

	2020	2019
	\$	\$
Current liabilities		
Annual leave provision	70,283	57,281
	<u>70,283</u>	<u>57,281</u>
Non-current liabilities		
Long service leave	34,737	14,976
	<u>34,737</u>	<u>14,976</u>

16 Contract liabilities

	2020	2019
	\$	\$
CURRENT		
Conference income in advance	-	261,868
Other unearned revenue	19,415	48,030
Grant in advance	237,674	105,131
Total	257,089	415,029

17 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 2020 the number of members was 781 (2019: 613).

18 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

	Note	2020	2019
		\$	\$
Financial assets			
Held at amortised cost			
Cash and cash equivalents	6	999,567	987,535
Trade and other receivables	7	47,674	8,582
Term deposits	9	1,009,184	1,011,510
Total financial assets		2,056,425	2,007,627
Financial liabilities			
Financial liabilities at amortised cost	13	126,369	155,933
Total financial liabilities		126,369	155,933

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 assessment of market forecasts for interest rate 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.

Liquidity Risk - Asset maturity analysis

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

	Within 1 Year		Total	
	2020	2019	2020	2019
	\$	\$	\$	\$
Financial assets - cash flows realisable				
Cash and cash equivalents	999,567	987,535	999,567	987,535
Trade, term and loans receivables	47,674	8,582	47,674	8,582
Term deposits	1,009,184	1,011,510	1,009,184	1,011,510
Total anticipated outflows	2,056,425	2,007,627	2,056,425	2,007,627

Liquidity Risk - Financial liability maturity analysis

The table below reflects the undiscounted contractual maturity analysis for financial liabilities.

Financial liability maturity analysis - Non-derivative

	Within 1 Year		Total	
	2020	2019	2020	2019
	\$	\$	\$	\$
Financial liabilities due for payment				
Trade and other payables (excluding estimated annual leave)	126,369	155,933	126,369	155,933
Total contractual outflows	126,369	155,933	126,369	155,933

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 and deposits with banks and financial institutions, as well as credit exposure to customers, including outstanding receivables and committed transactions.

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.

Trade receivables

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.

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 risk management committee has established a credit policy under which each new customer is analysed individually for creditworthiness before the Company's standard payment and delivery terms and conditions are offered. The Company review includes external ratings, if they are available, financial statements, credit agency information and industry information. Credit limits are established for each customer and 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.

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.

The Company's exposure to credit risk is influenced mainly by the individual characteristics of each customer. However, management also considers the factors that may influence the credit risk of its customer base, including the default risk associated with the industry and country in which the customers operate.

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

18 Financial Risk Management (continued)

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.

	Gross amount	Past due and impaired	Past due but not impaired (days overdue)			
			< 30	31-60	61-90	> 90
	\$	\$	\$	\$	\$	\$
2020						
Trade receivables	47,674	-	44,385	-	-	3,289
Total	47,674	-	44,385	-	-	3,289
2019						
Trade receivables	8,582	-	5,950	100	-	2,532
Total	8,582	-	5,950	100	-	2,532

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.

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.

19 Related Parties

Key management personnel - refer to Note 20.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

Transactions with related parties

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

Cultural Safety Training Workshop is a one-day clinically focused Training program entitled *Aboriginal and Torres Strait Islander Health in Clinical Practice*. This training will assist Registrars and Fellows in any specialty to integrate cultural safety into their everyday practice. Delivered by Aboriginal and Torres Strait Islander doctors to their peers in medicine, the training will enable participants to effectively and appropriately respond to the needs of Aboriginal and Torres Strait Islander People through interactive and experiential learning, and to develop the necessary knowledge and skills to provide improved patient engagement and health care outcomes for Aboriginal and Torres Strait Islander patients. The training features unique insights of AIDA members accompanied by a range of clinical case studies that are based on first-hand experiences of Aboriginal and Torres Strait Islander doctors.

The Vice President prepared and facilitated two training workshops in FY 2019-2020. The AIDA Board, in considering all risks, approved the appointment of the facilitator and the associated payment for services at a commercially reasonable rate. The Board approved all resultant contractual arrangements for AIDA. The related party declared an interest and removed themselves from the meeting for the related agenda item.

20 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:

	2020	2019
	\$	\$
KMP - CEO, D/CEO, CSM and PM		
Short-term employee benefits	521,034	380,118
Post-employment benefits	48,385	35,000
	<u>569,419</u>	<u>415,118</u>
	2020	2019
	\$	\$
KMP - Directors		
Short-term employee benefits	119,673	127,944
Post-employment benefits	11,369	12,154
Total	<u>131,042</u>	<u>140,098</u>

21 Auditors' Remuneration

	2020	2019
	\$	\$
Remuneration of the auditor Belchambers Barrett, for:		
- auditing or reviewing the financial statements	9,000	8,720
Total	<u>9,000</u>	<u>8,720</u>

22 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2020 (30 June 2019: None).

23 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:

	2020	2019
	\$	\$
Surplus/(Deficit) for the year	214,529	(40,837)
- Finance costs on lease liability	8,694	-
Non-cash flows in profit:		
- depreciation	80,476	60,278
- fair value movements on investments	2,326	-
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(50,489)	(45,410)
- (increase)/decrease in other assets	(26,423)	(52,433)
- (increase)/decrease in inventories	1,106	1,778
- increase/(decrease) in income in advance	(157,940)	94,865
- increase/(decrease) in trade and other payables	(29,564)	(65,178)
- increase/(decrease) in employee benefits	32,763	18,888
Cashflows from operations	<u>75,478</u>	<u>(28,049)</u>

24 Impact of COVID 19

The COVID-19 outbreak has impacted the way of life in Australia. This has affected the ability of AIDA to continue operations as usual and has impacted on its operating results. In accordance with national guidelines, the Company has implemented remote working arrangements in response to government requirements and to ensure the wellbeing and safety of all employees and visitors.

Due to travel restrictions placed upon states there has been a decrease in expenditure as a result of a reduction in travel and events. This has had an impact on the 2020 financial results and is likely to continue to limit AIDA's ability to travel and organise events into the 2021 financial year. Due to COVID-19, the AIDA conference has been postponed from October 2020 to June - July 2021.

The Company has determined that there are no going concern risks arising from the impact of the COVID-19 outbreak. The Directors have determined that the Company remains in a healthy cash position and retained stable membership numbers for the 2021 financial year and ongoing Department of Health funding (DoH).

It is not possible to reliably estimate the duration and severity of the impact of COVID-19, as well as the impact on the financial position and results of the Company for future periods. However, based on analysis of the financial performance and position the financial statements have been prepared on a going concern basis. The Company believes at this point in time that there is no significant doubt about the entity's ability to continue as a going concern.

25 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 Person's Declaration

Australian Indigenous Doctors' Association Ltd

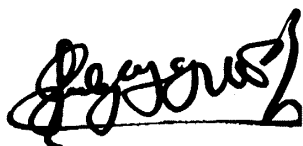
ABN 84 131 668 936

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*.



Prof Kristopher Rallah-Baker
President, Australian Indigenous Doctors' Association

Responsible person



Dr Shannon Springer
Vice President, Australian Indigenous Doctors' Association

Responsible person

Dated 25/08/2020

Independent Auditor's Report



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

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Australian Indigenous Doctors' Association (the company), which comprises the statement of financial position as at 30 June 2020, 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 is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2020 and of its performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

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 registered entity in accordance with the ACNC Act and 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter

We draw attention to Note 24 of the financial report which notes the outbreak of COVID-19 as a global pandemic and how this has been considered by the directors in the preparation of the financial report. The impact of COVID-19 is an unprecedented event, which continues to cause a high level of uncertainty and volatility. As set out in the financial statements, no adjustments have been made to financial statements as at 30 June 2020 for the impacts of COVID-19. Our opinion is not modified in respect of this matter.

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 2020 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.

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

Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the registered entity 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 registered entity or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the registered entity's financial reporting process.

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 2020

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Appointment of Auditor

Background

Under the ACNC reporting requirements, AIDA is classified as a large charity as it has annual revenue more than \$1M. Large charities are required to submit a financial report to the ACNC that has been audited.

In addition to being an ACNC reporting requirement, within a company's system of internal control, the external audit represents one of the most indispensable corporate governance checks and balances that help to monitor company management activities and thereby increasing transparency. It is important for external auditors to be independent and to be independent of management and the organisation.

Bell Chambers Barrett have been the independent auditor for AIDA since 2015. The 2020 audit was the sixth consecutive audit conducted for AIDA. There is a legislated requirement for an individual auditor to not play a significant role in an audit for any more than 5 out of 7 successive financial years for listed companies. AIDA is not a listed company and as a charity under the ACNC act, the rules on auditor rotation are less prescriptive. However, it is still considered to be good practice to ensure that the external auditor is changed on a regular basis.

The appointment of the auditor is a process that is completed at the AIDA Annual General Meeting each year.

AIDA approached four accounting firms in June 2020 to submit a quote for services as Independent Auditor for a term of 3 years from 2020 -2021 to 2022-2023, for consideration by the Finance, Risk and Audit Committee and endorsed by the AIDA Board to submit to the AGM for approval.

Through this process, **Nexia Australia** were chosen as the preferred auditors, based on their experience with audits with other organisations of a similar nature and size to AIDA. Their reputation is exceptional, and they have been highly recommended by our Accountants (Hardwickes).

Their quoted price was competitive, at \$10,000/year with a 3% p.a. increase per annum.

Proposed resolution

That Nexia Australia (ABN 38 008 665 316), being qualified to act and having consented to do so, be appointed as the auditor of the company for the next three financial years



Australian Indigenous Doctors' Association

Australian Indigenous Doctors' Association Ltd

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