

# AIDA

Australian Indigenous Doctors' Association Ltd

ANNUAL GENERAL MEETING | 2019

AGM - 2 October 2019

Darwin Convention Centre, Darwin NT



**Australian Government**  
**Department of Health**

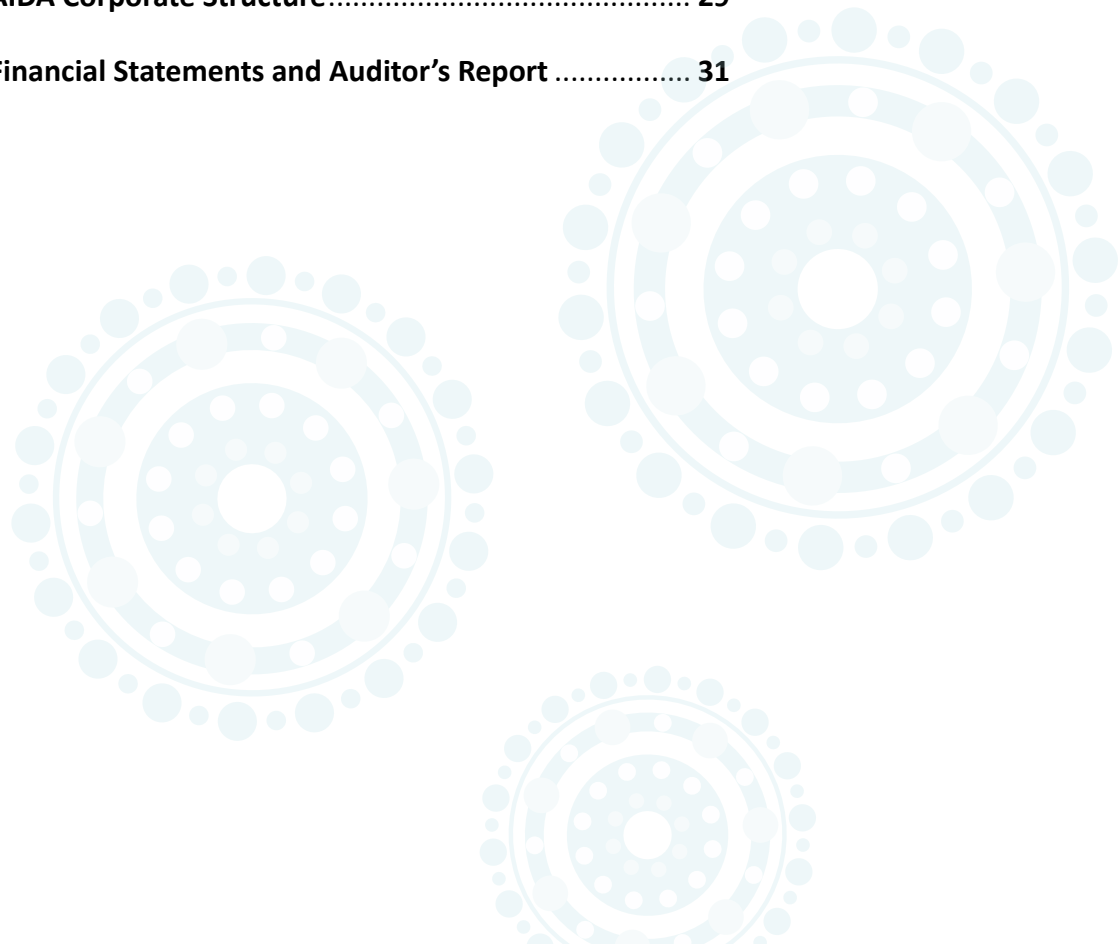
The Australian Indigenous Doctors' Association Ltd receives funding from  
the Australian Government Department of Health

Australian Indigenous Doctors' Association Ltd (AIDA)  
AGM Report – 2019

ABN: 84 131 668 936

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# 2019 Annual General Meeting: Agenda

Meeting date	Wednesday 2 October 2019
Time	12:30 pm CST
Venue	Darwin Convention Centre in Darwin, Northern Territory
Chairperson	Dr Kristopher Rallah-Baker

- Time 12:30 pm**
- 1. Welcome, apologies and declaration of proxies**
  - 2. Confirmation of Previous Minutes and Returning Officer's Report**
  - 3. Finance Report**
    - Presentation of audited financial statements
    - Appointment of Auditor for 2020 external audit
  - 4 Remuneration Report**

2020 Proposed Remuneration
  - 5. Reports for noting**
    - Chief Executive Officer's report
    - President's report
    - Vice President's report
    - Director's reports
  - 6. Conferral of life membership – Dr Kali Hayward**
  - 7. Directors stepping down**
  - 8. Presentation of Board Nominees**
  - 9. Board elections**
    - Directors
    - Director (Student)
  - 10. Presentation of the 2020 Board**
  - 11. Close and afternoon tea**

# 2018 Annual General Meeting: Minutes

Meeting date	26 September 2018
Time	1.15 – 2.00 pm
Venue	Crown Perth, Western Australia
Chairperson	Dr Kali Hayward
Company Secretary	Dr Jonathan Newchurch

## Board members (8)

Dr Kali Hayward (President)

Dr Kristopher Rallah-Baker  
(Vice President)

Dr Jonathan Newchurch  
(Company Secretary)

Associate Professor Shannon Springer

Dr Dana Slape

Dr Artiene Tatian

Dr Melissa Carroll

Dr Jordan Cory

Dr Olivia O'Donoghue

Mr Russell Thompson

## Indigenous medical doctor members (45)

Dr Cassandra Anderson

Dr Danielle Arabena

Dr Kayla Arabena-Byrnes

Dr Tegan Archibald

Dr Benjamin Armstrong

Dr Tah-Leah Bakker

Dr Vinka Barunga

Dr Ngaree Blow

Dr Sarah Bormann

Dr Christine Clinch

Dr Danielle Dries

Dr Brenton Earl

Dr Paula Edgill

Dr Catherine Engelke

Dr Hannah Fyfe

Dr Keith Gleeson

Dr Sarah Goddard

Dr Robert Grant

Dr Murray Haar

Dr Glenn Harrison

Dr Rhiannon Hein

Dr Elkie Hull

Dr Kirsty Jennings

Dr Monique Lucas

Dr Tamara Mackean

Dr Sarah Jane McEwan

Dr Samara McNeil

Dr Rebecca Molyneux

Dr Patricia Murphy

Dr Reagan O'Neill

Dr Peter O'Mara

Dr Simone Raye

Dr Louise Richardson

Dr Rosemary Ross

Dr Tanya Schramm

Dr Declan Scott

Dr Lorus Swift

Dr Beimop Tapim

Dr Emma Tapim

Dr Jade Walley

Dr Belinda Washington

Dr Marshall Watson

Dr Mark Wenitong

Dr Nicole Whitson

Dr Corey Williams

## Indigenous student members (70)

Mr Hamish Albany

Mrs Joanne Amos

Ms Jordan Amos

Miss Roanna Antonie

Mr Dirk Arentz

Ms Lilly May Backshell

Miss Elisabeth Barrass

Miss Chloe Bell

Mr Robert Blackley

Miss Lacey Briggs- Wordsworth

Mr Ryan Bulger

Mrs Angela Campbell

Miss Tahnee Carter

Mr James Chapman

Mr Julian Conboy

Mr Riley Court Bennett

Ms Linda Cresdee

Miss Summer-Lee Cresdee

Mr Corey Dalton

Mr James Eather

Miss Macayla Flood

Miss Narawi Foley Boscott

Mr Kiri Gates

Ms Yaritji Green

Miss Shanice Griffen  
Miss Jasmin Hammond  
Miss Mikaela Hartley  
Mr Darren Hartnett  
Mr Steen Hobday  
Miss Kate Jeffery  
Mrs Anastasia Jensen  
Mr Benjamin Jones  
Mr Blake Jones  
Ms Megan Kent  
Miss India Kinsey  
Mr Brandon Kober-Brown  
Miss Sara Lai  
Mr Tristan Marino  
Mr Luke Martin  
Miss Emily Mason  
Miss Elki McIntyre  
Mr Shayne Miller  
Mr James Murchie  
Mr Thomas Mylne  
Mr Jay Neville  
Miss Georgia Pace  
Ms Marlee Paterson  
Mr Joshua Paulson  
Mrs Nicole Payne  
Ms Jean Pepperill  
Mr Ryan Pieters  
Mr Matthew Pipe  
Miss Tamika Ponton  
Miss Nada Powell  
Miss Rachel Pugh  
Mr Clancy Read  
Mr Shamir Rind  
Mr Pirpantji Rive-Nelson  
Miss Julia-Rose Satre  
Mr Jordan Savage  
Miss Tionne Seden  
Mrs Katelin Smith  
Ms Hannah Tilling

Mr Joshua Tobin  
Miss Cheyenne Travis  
Mr Gary Wallace  
Mr Jake West  
Miss Elle Westbury  
Miss Claire Whiteway  
Mr Daniel Zweck

## Secretariat staff (10)

Mr Mark Murray  
Ms Lara Cole  
Mr Ludger Dinkler  
Ms Siddhi Doshi  
Ms Diane Blair  
Mr Paul Gibson  
Ms Tina Ellis  
Ms Lorane Gaborit  
Ms Rosie Marie Irving  
Mr Howard Pickrell

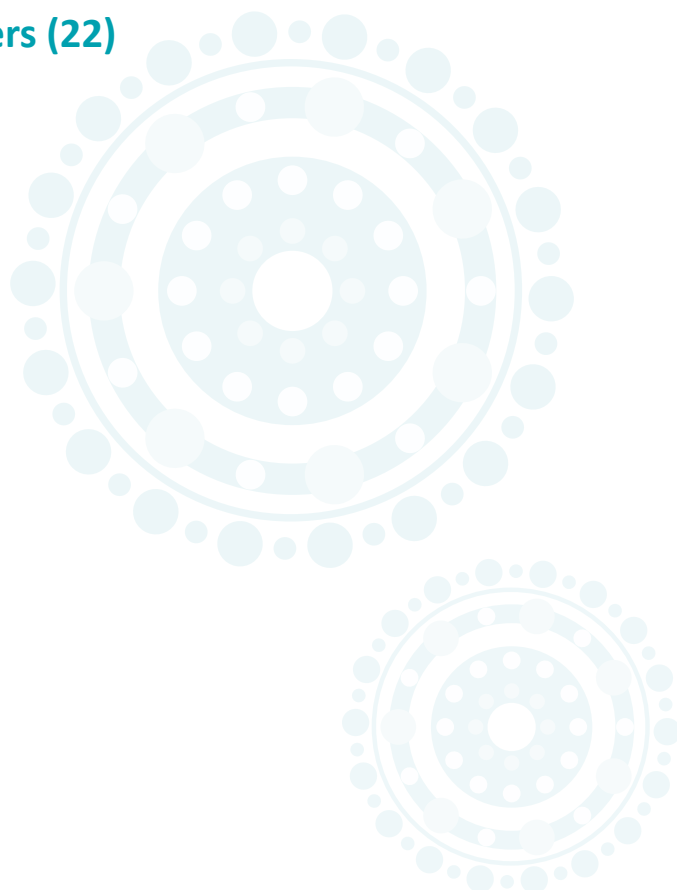
## Associate members (22)

Ms Satya Hallewas  
Mr Mitchell Smith  
Dr Kym Jenkins  
Ms Christen Richardson  
Ms Janice Bell Wagpet  
Mr Martin Richardson  
Ms Gaye Doolan  
Ms Imogen Atkins  
Ms Joanna Neal  
Ms Rebekah Ledingham  
Ms Helen Craig  
Ms Zeta Welch  
Ms Veronica McClintic  
Ms Karin Oldfield  
Ms Kelly-Anne Browne  
Ms Stephanie May

Ms Elizabeth Mowatt  
Ms Joleen Ryan  
Ms Barb Bavert  
Dr Lewis Campbell  
Ms Alexandra Farrell  
Dr Buddhika Weerasundera  
Mr Phil Truskett

## Apologies (2)

Sir William Deane  
Aunty Lowitja O'Donoghue



## 1. Opening and welcome

The meeting was declared open at 1:15pm AWST, Dr Hayward paid respect to the Traditional Owners of the land on which the meeting was being held, the Nyungar People, and their elders and ancestors, past and present. Dr Hayward also acknowledged the ancestors of the delegates present at the meeting.

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

Dr Hayward 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 Hayward noted that five proxy assignments had been received prior to the meeting;
- Reports indicated for noting would not be spoken to;
- No questions from Members were received in advance of the meeting; and
- No additional items of "other business" were raised in advance of the meeting for inclusion on the agenda.

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

## 2. Confirmation of the minutes and Returning Officer's report for the 2017 AGM

The Previous Minutes and Returning Officer's report from the 2017 AGM are confirmed as a true and accurate record.

<b>Moved</b>	Dr Patricia Murphy
<b>Seconded</b>	Dr Kayla Arabena-Byrnes
<b>Motion</b>	Carried

## 3. Operational report

Dr Rallah-Baker provided an overview of AIDA operations with major highlight being as follows:

- CAN Collaboration (CPMC – AIDA – NACCHO) agreement with Minister Wyatt;
- NMTAN project has commenced and well underway;
- AIDA - JCU collaborative research project;
- AIDA's seat on AMA Federal Council;
- Investment programme will be commenced shortly, to reduce the dependency on government funding;
- Looking forward to commercialising the *Aboriginal and Torres Strait Island Health in Clinical Practice Programme*.

Dr Rallah-Baker mentioned that Mr Craig Dukes had resigned as the AIDA CEO and thanked him for his contribution and welcomed Ms Anita Mills to AIDA as the Interim CEO for the next 12 months.

Dr Rallah-Baker advised the membership that Mr Mark Murray had given his letter of resignation and thanked Mr Murray for his contribution to AIDA over last few years and leading the organisation as the Acting CEO for the past few weeks, wishing him all the best for his future endeavours and presented him a gift.

Dr Rallah-Baker also thanked Ms Lara Cole for her outstanding contribution for AIDA 2018 and presented her with a gift.



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## 4. Finance report

Mr Mark Murray, Acting CEO, 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 2018. He noted that the Auditors had provided an unqualified audit report.

It was noted that the operating result was a surplus of \$219.9k and that the financial position at 30 June 2018 was sound. Income had increased by 13% over last year and at the end of the financial year all the grant funds were fully acquitted. Mr Murray advised the membership that the new funding agreement between the Australian Government's Department of Health (DoH) and AIDA for the financial years 2019 to 2022 had been executed in August 2018. Government sourced funds continue to make up AIDA's main income stream.

The execution of the funding agreement with DoH guarantees support of \$2.33 million per year, plus annual escalations contracted through to 30 June 2022, with focus on improving member support, income diversification and facilitating member participation in research.

A proposed investment strategy will maintain the future value of AIDA's cash assets.

Mr Murray also provided a brief overview of the financial governance arrangements in place at AIDA that are overseen by the Board's Finance Risk and Audit Committee.

No questions were raised by the members.

The Members of AIDA resolved to accept the Financial Statements.

The Members of AIDA resolved to appoint Bellchambers Barrett as auditors of the financial statements for the 2019 financial year.

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## 5. Reports for noting

The Director's and Acting CEO's reports were circulated to members prior to the meeting and were taken as read.

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## 6. Board Elections

### **President:**

Dr Hayward advised the membership, that following her resignation, only one valid nomination had been received for the position of President, that being from Dr Rallah-Baker. There being only one valid nomination for the position of President, Dr Rallah-Baker was declared President.

### **Vice President:**

Dr Rallah-Baker advised the membership that as a consequence of Dr Rallah-Baker's appointment to the role of President, the position of Vice President had become vacant. There being only one valid nomination for the position of Vice President, that being Assoc. Prof. Shannon Springer, Assoc. Prof. Shannon Springer was declared Vice President.

### **Dr Rallah-Baker acknowledged and thanked the 4 outgoing Directors:**

#### **Directors**

Dr Dana Slape – end of term

Dr Artiene Tatian – end of term, but standing for re-election

Dr Olivia O'Donoghue – end of term, but standing for re-election

Mr Russell Thompson – end of term

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## 6. Board Elections

Noting that Dr Hayward had completed her term as President, Dr Rallah-Baker, the incoming President addressed the meeting and offered his thanks and acknowledged Dr Hayward for her work during her tenure on the Board for last nine years and her outstanding contribution to AIDA.

Dr Hayward received a standing ovation from the membership for her contribution to AIDA.

Three Director and the one Director (Student) positions were declared vacant. Six valid nominations were received for the three Director vacancies:

Dr Sarah Jane McEwan

Dr Olivia O'Donoghue

Dr Sarah Bormann

Dr Keith Gleeson

Dr Artiene Tatian

Dr Tanya Schramm

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

Ms Megan Kent

Mr Ben Jones

A ballot was held in accordance with Article 47(c) of the Constitution. Mr Payne (Returning officer) and Western Australian Electoral Commission staff member Zubin Ardeshir counted the votes. Professor Peter O'Mara was an independent observer to oversee the election process.

Following were declared to be elected at the 2018 AGM:

Dr Sarah Jane McEwan (Director)

Dr Keith Gleeson (Director)

Dr Artiene Tatian (Director)

Mr Ben Jones (Director Student)

Dr Rallah-Baker welcomed the four new Directors to the Board:

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## 7. Presentation of the 2019 Board

At the conclusion of the 2018 AGM, the AIDA Board was composed as follows;

President	Dr Kristopher Rallah-Baker
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Vice President	Associate Professor Shannon Springer
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Director	Dr Melissa Carroll
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	Dr Jordan Cory
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	Dr Jonathan Newchurch (Company Secretary)
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	Dr Sarah-Jane McEwan
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	Dr Keith Gleeson
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Director (Student)	Mr Ben Jones
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## 8. 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.

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## 9. Meeting closed

The meeting closed at 2:10pm AWST.

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# 2018 Returning Officer's Report

## Background

Mr David Payne, of the Western Australian Electoral Commission (WAEC), acted as the Returning Officer for the election of Directors at AIDA's 2018 Annual General Meeting (AGM), held at the Crowne Perth, Western Australia on Wednesday, 26 September 2018.

## Composition of the Board before the 2018 AGM

Before the 2018 AGM, the AIDA Board comprised:

AIDA Directors prior to the AGM		Term ends
1. President	Dr Kali Hayward	2018 (Resigned) <sup>1</sup>
2. Vice President	Dr Kristopher Rallah-Baker	2018 <sup>2</sup>
3. Director	Dr Dana Slape	2018
4. Director	Dr Artiene Tatian	2018
5. Director	Dr Olivia O'Donoghue	2018 <sup>3</sup>
6. Director (Student)	Mr Russell Thompson	2018
7. Director	Associate Professor Shannon Springer	2018 <sup>3 &amp; 4</sup>
8. Director / Company Secretary	Dr Jonathan Newchurch	2019
9. Director	Dr Melissa Carroll	2019
10. Director	Dr Jordan Cory	2019

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

2 Dr Kristopher Rallah-Baker was the sole candidate for the office of the President and will relinquish the office of the Vice President upon being declared President.

3 Dr Olivia O'Donoghue and Associate Professor Shannon Springer were appointed as Directors of AIDA per Articles 48 & 46 (e)(v) of the Constitution on 10 Oct 2017

4 Associate Professor Shannon Springer was the sole candidate for the office of the Vice President and will relinquish the office of director upon being declared Vice President.

## Composition of the Board under the Constitution

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

- 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 2019 AGM

- Dr Jonathan Newchurch
- Dr Melissa Carroll
- Dr Jordan Cory

## 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 Kristopher Rallah-Baker is elected as President at the 2018 AGM (no other valid nominations were received for the position of President)
- Associate Professor Shannon Springer is elected as Vice President at the 2018 AGM (no other valid nominations were received for the position of Vice President).

## Ballot for Director and Director (Student)

Six valid nominations were received for the three Director vacancies to be filled:

- Dr Sarah-Jane McEwan
- Dr Sarah Bormann
- Dr Keith Gleeson
- Dr Artiene Tatian
- Dr Olivia O'Donoghue
- Dr Tanya Schramm

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

- Ms Megan Kent
- Mr Ben Jones

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 Payne (Returning Officer) and WAEC staff member, Zubin Ardeshir counted the votes. Professor Peter O'Mara was an independent observer overseeing the election process.

The following were declared to be elected to the position of Director and Director (Student);

- Dr Sarah-Jane McEwan (Director)
- Dr Keith Gleeson (Director)
- Dr Artiene Tatian (Director)
- Mr Ben Jones (Director Student)

## New Board

The AIDA Board of Directors, following the 2018 AGM is:

President	Dr Kristopher Rallah-Baker
Vice President	Associate Professor Shannon Springer
Directors	Dr Melissa Carroll
	Dr Jordan Cory
	Dr Keith Gleeson
Directors	Dr Jonathan Newchurch (Company Secretary)
	Dr Sarah Jane McEwan
	Dr Artiene Tatian
Director (Student)	Mr Ben Jones

Angela Shima  
**Corporate Services Manager**

# Acting Chief Executive Officer's Report



**Ms Mary Guthrie**

Dear AIDA members and friends,

**Thank you for the opportunity to provide the CEO's report for the period July 2018 to June 2019. AIDA has seen significant change over the last twelve months. Ms Anita Mills commenced as Interim CEO in October 2018. An important part of her role was to oversee an organisational restructure for AIDA. This included the establishment of a deputy CEO position, to which I was appointed in February 2019.**

The purpose of the Interim CEO appointment was to oversee the new structure, which came into effect on 1 February 2019, and to allow sufficient time to advertise and recruit an Aboriginal or Torres Strait Islander CEO in the first six months of 2019. Ms Mills was offered and accepted a position at Department of Prime Minister and Cabinet in July 2019 which meant that I acted in the role of CEO from July until August 2019. AIDA was very pleased to announce the appointment of Ms Monica Barolits-McCabe as CEO effective from 12 August 2019.

It was busy year for the board and the secretariat during the reporting period. AIDA held another highly successful AIDA Conference in Perth in September 2018. Of course, no sooner do we wrap up one conference and then begin the work for the following year's conference. We are very much looking forward to the Darwin Conference in October later this year – with the theme Disruptive Innovations in Health Care.

We have continued to influence national policy through our work with the National Health Leadership Forum, and the Close the Gap Committee. AIDA signed up to the Coalition of the Peaks (Coalition) in early 2019. This is an important initiative whereby the Coalition has formed a joint partnership with the Council of Australian Governments (COAG) in order to collaborate on the Closing the Gap Refresh process. This is the first time that Aboriginal and Torres Strait Islander voices have not only been invited to the table but have also been empowered with shared decision-making responsibilities, and AIDA is very pleased to be a part of this initiative.

We continued our work with the AMA on forums such as Federal Council and the Indigenous Health Taskforce, as well as other AMA forums; with the Council of Presidents of Medical Colleges (CPMC), Medical Deans of Australia and New Zealand (MDANZ), as well as a wide range of other

medical and health committees.

AIDA continued its work on the health workforce project - Specialist Trainees in the Medical Workforce which was funded by the Department of Health. The work has resulted in the NMTAN Minimum and Best Practice Standards which were endorsed by the CPMC in May this year. We are hopeful of further departmental funding to support the implementation of the standards.

Another major project during this reporting period is the Strong Futures project. The Strong Futures: Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Graduates was a joint research project between AIDA and James Cook University (JCU) which aimed to explore the journeys and improve career and fellowship opportunities of some doctors who have not completed specialist training, and to inform key stakeholders on practices to better support Indigenous trainees in specialist training. The work has resulted in a policy brief that is available on the AIDA website. Further, the issue of availability of Medicare provider numbers for non-vocationally registered doctors working in Aboriginal and Torres Strait Islander health has emerged from this work, and AIDA has written to Ministers and other key stakeholders with a view to having these issues considered.

The Aboriginal and Torres Strait Islander Health in Clinical Practice Project has undergone a year of development. Work during the reporting period included development of training content, with a pilot training held in early 2019 at GP Training Queensland. Since then, we delivered the training to the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and will deliver it to the CPMC in August, with two more sessions scheduled for late 2019.

We have worked toward the engagement of a Project Officer to commence work on the establishment of a pool of course facilitators, with the aim of ten scheduled programs to be rolled out over 2020. 2019 also saw the engagement of a Membership Advisor. The development of a membership strategy will be a priority for this role.

I take this opportunity to acknowledge the funding support that we receive from the Australian Government which supports the highly valuable work that we undertake.

Finally, I would like to thank the board, the previous Interim CEO Ms Anita Mills, and secretariat staff for the support, hard work and dedication to working toward increasing the numbers of Aboriginal and Torres Strait Islander doctors, which ultimately will help us achieve better health for our First Nations Peoples.



Mary Guthrie  
***Acting Chief Executive Officer***





### Dr Kristopher Rallah-Baker

**Qualifications:** BMed MAICD FRANZCO

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

**My first year as AIDA President has been immensely enjoyable and I thank the membership for the opportunity to serve in the position. Historically a very demanding role, well served by my predecessors, my tenure to date has been overlaid with the additional workload of a full organisational restructure, establishment of two Advisory Councils, delivery of research and workforce projects, recruitment of a new CEO, development of a new strategic direction, increasing AIDA's national media presence, establishment of new business and funding models and the commencement of a full constitutional review, to be presented to the membership at the 2020 AGM.**

These changes will place us in good stead for the forthcoming years and decades. It is a reality that associations face mounting challenges not traditionally known to them and it is incumbent for modern associations' boards and leadership to innovate and plan in order to future proof as best as possible. I have been fortunate to be supported by a board of individuals of outstanding talent who have worked tirelessly in the service of our membership over the past 12 months and would specifically like to thank Vice President Associate Professor Shannon Springer for his leadership and unwavering wise council. I can also proudly say that our secretariat is once again fully recruited and in a strong position going forwards – I thank them for their tireless work also.

As already mentioned, the AIDA board has had an enormous year, focussing on streamlining governance systems and reforming financial opportunities. Our flagship event, the AIDA Conference was held in Perth in 2018 and was yet again a huge success on all levels – thanks to Dr. Dana Slape as Chair of the 2018 Conference Committee for her contribution. Many of our wonderful partners and supporters from medical colleges, universities and peak bodies were in attendance. Our annual conference remains financially independent and is the premier event on our annual calendar. Darwin will prove itself to be a wonderful first conference for our new CEO Ms. Monica Barolits-McCabe, who moved from the Top End to Canberra to take on the position of CEO. I ask members to make her feel welcome and encourage you all to introduce yourselves to her. Our expectations are that the 2019 conference will be at least as successful as 2018 and continue in the proud history of our conferences, building year on year.

I hope that as we continue to grow in size as an organisation that all individuals, both new and returning to AIDA, can join a welcoming environment that lives up to our philosophy of the "AIDA Family". The board feels strongly about fostering an open and respectful environment of support for each other, whatever our backgrounds and free of division, consistent with the original philosophy of our founders at Salamanca Bay in 1997.

On operational matters, a major undertaking for this reporting period has been the establishment of a new organisational structure for the secretariat. Due to unexpected circumstances in late 2018 the board and secretariat engaged as a singular unit to establish a robust and visionary structure. For the first time the role of Deputy CEO was established and on 18th February 2019 we welcomed Ms. Mary Guthrie back to AIDA, after a period with the Lowitja Institute. Mary brings to AIDA an enviable wealth of experience and reputation in the sector, an interest and experience in growing organisational research arms and exemplary management experience and ability. It has been wonderful having Mary back at AIDA – welcome Mary. Other new roles established in the organisation structure include a Membership Advisor to support and continue to grow our membership at both the graduate and undergraduate levels, a Partnerships Advisor to grow our commercial partnerships aligned with the board's strategic desire to establish more diversified income streams and a Human Resources Advisor to assist with staffing and compliance matters.

Other changes include the sub-contracting of select services to outside partners to improve staffing efficiencies, such as graphic design work. Full recruitment to the restructured secretariat was completed in the first half of 2019.

For the Office of CEO, Ms Anita Mills returned to AIDA after a short period with the Australian Human Rights Commission to serve as Interim CEO. Ms Mills' service to AIDA during our restructure and realignment period was unparalleled in its demand and complexity. Ms Mills, as always, dedicated herself with a professionalism and ability second to none and guided AIDA through a complex change management process with minimal disruption to staff, members or services. Due to constitutional requirements restricting the permanent appointment of a CEO to an individual of Aboriginal or Torres Strait Islander descent, Ms Mills elected to tender her resignation on 14th June 2019, with an effective completion



date of her term on 14th July 2019. This allowed a smooth transition of the Office of CEO to its permanent appointee by providing the incoming CEO time to establish themselves within the organisation before our peak events, the conference and AGM.

Many thanks to Ms. Mary Guthrie for supporting the secretariat as Acting CEO for the transition period between 14th July 2019 to 12th August 2019 as we awaited the commencement of Ms. Monica Barolits-McCabe. It was a great privilege to work alongside Ms Mills through a complex period and I thank her on behalf of all AIDA's membership for her time with AIDA both as Interim CEO and in her previous role, Executive Manager – Government Relations.

Congratulations to Ms Mills for her appointment at a senior executive level within the Department of Prime Minister and Cabinet – a key position in keeping with her outstanding ability. Her presence in AIDA will be missed.

Two advisory councils to the board have been established under our new organisation structure, designed to operate at a high strategic level to guide and advise the board as appropriate and as required. This structure marries modern western legislative requirements with ancient systems of knowledge exchange and sharing. It is envisaged the experience within our diverse and capable membership be better utilised through AIDA's leadership structure to deliver the best possible outcomes for AIDA – ancient systems and modern knowledge working together.

These advisory councils, the Indigenous Knowledge Advisory Council and the Members Advisory Council exist in an advisory capacity to the board and do not have any of the powers vested in the board under the Corporations Act. Each has a separate role and composition, with the Indigenous Knowledge Advisory Council consisting of senior and experienced voices supporting the board by providing corporate knowledge and experience gained over years.

Formal business plan finalisation and the operationalisation of AIDA's *Aboriginal and Torres Strait Islander Health in Clinical Practice Programme* was a priority for the board following the 2018 AGM and launch of the product. Associate Professor Shannon Springer has been the lead for this project and responsible for the oversight and direct development of course materials and pilot delivery. The first successful pilot course was conducted at General Practice Training Queensland in March 2019, attended by eight GPs and fully accredited for continuing professional development with the Royal Australian College of General Practitioners.

The second pilot was delivered to the full board and senior management of the Royal Australian and New Zealand College of Ophthalmologists by Associate Professor Shannon Springer and I in May in Sydney and was very well received. Programme delivery to the full Council of Presidents of Medical Colleges occurred in August, again led by Associate Professor Shannon Springer. There is scheduling for further course delivery by the end of 2019 to the Royal Australian and New Zealand College of Obstetrics and Gynaecology and the Royal Australasian College of Surgeons.

Consistent with the programme's business plan, AIDA is now moving into phase two of the project's delivery in 2020 with increased course scheduling and the commencement of training trainers. Graduate members interested in becoming a trainer are encouraged to contact the secretariat.

A major piece of research work delivered in 2019 was *Strong Futures : Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Graduates* – a joint research project between AIDA and James Cook University. The aim of the project was to explore and inform key stakeholders on practices to better support Indigenous trainees on specialist training pathways, explore Indigenous-specific barriers to fellowship, determine practical tools to combat identified training barriers and deliver pathways to improve career and fellowship opportunities. In partnership with James Cook University, a planning retreat was conducted on the Sunshine Coast in Queensland in February 2019 with the research team and research participants following data examination and finalisation of initial conclusions. The aims of the retreat were to report back the findings of the research to participants, identify any gaps in the data, support affected individual, ensure appropriate and deliverable practical recommendation form the basis of the project report and most importantly support individuals in their career and fellowship endeavours through the development of personalised plans. The report and final policy brief was delivered to the board on 15th August 2019.

Work continues on practical pathways forward to support affected individual graduate doctors with ongoing communication with Ministers Wyatt and Hunt, the Federal Council of the Australian Medical Association, individual colleges, the Council of Presidents of Medical Colleges and the National Medical Workforce Reform Advisory Committee. Special thanks and mention go to AIDA consultant advisor Ms. Steph May, Prof. Richard Murray, Dr. Paula Edgill, Ms Jacinta Elston, Dr. Phil Truscott and Associate Professor Shannon Springer.

AIDA maintains a series of significant agreements with key organisations, several of which have recently been re-signed. These include:

- The AIDA/Australian Medical Students Association MOU – recently re-signed
- The AIDA/Medical Deans of Australia and New Zealand (including LIME) MOU – recently re-signed
- Minister Wyatt's AIDA/CPMC/NACCHO Agreement – ongoing

In late 2018/early 2019 AIDA and the Indigenous General Practice Registrars Network (IGPRN) underwent a process of negotiation in good faith exploring the opportunity to transfer the auspicing of IGPRN from General Practice Registrars Australia (GRPA) to AIDA. It was decided by the IGPRN membership that continued auspicing by GRPA was their preferred option – a decision fully respected by the board. AIDA continues to unequivocally support IGPRN and its work. The board believe IGPRN's leadership in training and fellowship outcomes for general practice registrars is critical



# President's Report

to the ongoing shared goal of growing and strengthening the Indigenous general practice workforce. Should IGPRN require a re-opening of auspicing negotiations the board would both support and welcome that opportunity. AIDA and IGPRN retain close professional ties, with the IGPRN Chair being recently invited to speak at the AIDA August board meeting. AIDA and IGPRN look forward to many more years of productive work together supporting our general practice registrars. As our non-GP workforce grows it would be desirable to explore registrar network options for other specialties similar to the path IGPRN have forged with the possibility of using the IGPRN structure and experiences as a template.

On 7th June 2019 I delivered the finalised National Medical Training Advisory Network Project Recommendations (NMTAN – now transitioned to the Medical Workforce Reform Advisory Committee, known as MWRAC). This project set minimum standards and definitions around Indigenous health and cultural safety for Australian medical colleges to align and report against. The standards were accepted and adopted by CPMC earlier in 2019 with MWRAC approval at the June 2019 meeting. This has been a significant achievement as it provides not only standards for colleges to align against in growing the Indigenous medical workforce but also allowed all colleges to work collaboratively on standards to address issues of inequity. All colleges agreed to collaborate by sharing activities, successes and challenges to date and have committed to work collaboratively through the AIDA/CPMC partnership. There will be bi-annual reporting against the standards and progress made to AIDA, CPMC and MWRAC.

The board were able to sign off the long-awaited Journeys Into Medicine II at the May 2019 board meeting. This project has long been in the pipeline and the high quality of the final result is reflective of the significant effort put into its production. The time taken in production has demonstrated its worth. The board determined that both hard and soft copies would be produced and in the interest of promoting the success stories of our Indigenous medical workforce in Australia a free soft copy would be available through the AIDA website.

AIDA continue to be represented on a number of bodies and advisory committees including:

- The Federal Council of the Australian Medical Association (AMA)
- Australian Medical Association committees including the Equity, Diversity and Inclusion Committee
- Council of Presidents of Medical Colleges (CPMC)
- National Health Leadership Forum (NHLF)
- Coalition of the Peaks: a new representative body comprised of around forty Aboriginal and Torres Strait Islander peak organisations representing a collective voice on issues in relation to the Closing the Gap Refresh process
- Close the Gap Committee (CTG)
- Medical Deans of Australia and New Zealand (MDANZ)
- Government committees including and not exclusive to

- o Australian Health Practitioner Regulation Agency (AHPRA)
- o Australian Medical Council (including active participation in Medical School and College accreditations)
- o Australian Institute of Health and Welfare
- o Department of Health
- o Commonwealth Health's Medical Workforce Reform Advisory Committee (chaired by the Federal Chief Medical Officer Professor Brendan Murphy)
- o Medical Workforce Reform Advisory Committee Steering Committee (chaired by the Federal Chief Medical Officer Professor Brendan Murphy)
- Colleges including the Royal Australian and New Zealand College of Psychiatrists, Royal Australian College of General Practitioners, the Royal Australian College of Physicians and the Royal Australasian College of Surgeons
- Leaders in Indigenous Medical Education (LIME)
- Pacific Region Indigenous Doctors Congress (PRIDoC)
- National Rural Health Alliance

AIDA has continued its work with medical schools, medical colleges and government agencies in reiterating and progressing its key messages developed since our inception. If there ever was any doubt of the work our organisation undertakes through the board and secretariat then this list surely reassures members that their interests are well represented and supported at a very high-level nationally.

As President I have represented AIDA at the National and International level on:

- AMA Federal Council
- AMA Taskforce on Indigenous Health
- AMA Equity inclusion and Diversity Committee
- CPMC
- The Department of Health Medical Workforce Advisory Committee
- The Department of Health National Medical Workforce Strategy Steering Committee
- RANZCP Aboriginal and Torres Strait Islander Mental Health Committee
- PRIDoC Organising Committee

Internally I sit on AIDA's Conference Committee and AIDA's Finance, Risk and Audit Committee. Additionally, I was Chair of the Strong Futures Project Steering Committee for the duration of the project.

As AIDA's membership and influence grow, an expected and predictable increase in public interest in our activities has occurred. This has presented itself as an opportunity for the promotion of AIDA messaging more widely and has been actively encouraged under my Presidency. At AIDA's May

board meeting the board underwent media training and it is foreseen that this will be the first of a number of capacity-building activities.

We have had a number of members appear in the media in 2019 and the secretariat have had the opportunity to provide support to those individuals. The secretariat have also provided me with support engaging the wider public and media by assisting me with the following:

- Keynote address to the Faculty of Radiation Oncology addressing institutionalised racism and cultural safety in Canberra, October 2018
- Keynote address to the Poche/LIME National Conference on Indigenous Health Workforce Leadership in Brisbane, November 2018
- Keynote at NACCHO National Members Conference in Brisbane, November 2018
- Radio appearance on “The Wire” radio, November 2018
- Television appearance on “The Point” SBS/NITV in Sydney, February 2019
- Represented AIDA at the Cranlana Programme in Melbourne, February 2019
- Represented AIDA in IndigenousX medical student video teaching material for the University of Sydney Medical School in Sydney, February 2019
- Keynote address to the Close the Gap Vision 2020 Conference in Alice Springs, March 2019
- Television appearance on ABC National’s “The Drum” to mark Close the Gap Day in Alice Springs, March 2019
- Radio appearance on Central Australian Aboriginal Media Association (CAAMA) in Alice Springs, March 2019
- Radio appearance on ABC’s “Radio National” with Dr. Sarah-Jane McEwan discussing cultural safety and institutionalised racism in the workplace, April 2019
- Keynote speaker at the University of Newcastle Alumni Event in Brisbane, April 2019
- Radio appearance via live radio interview on National Indigenous Radio Service from Brisbane (Cairns Bumma Bippa Media 98.7), April 2019
- Represented AIDA in the University of Newcastle promotional video on Indigenous Health in Brisbane, April 2019
- Keynote address to the Australian Medical Students National Conference in Hobart, May 2019
- Radio appearance discussing Constitutional change and AIDA’s success on ABC Radio National Breakfast with Geraldine Doogue, July 2019

As a founding member of AIDA it is with great pride that I lead our organisation. We have a lot to be proud of – at our initial meeting at Salamanda Bay, just North of Newcastle in 1997 our Indigenous brothers and sisters from across the Pacific came

to assist us with the establishment of what became AIDA. AIDA now sits alongside the biggest of those organisations, helping our smaller regional organisations grow through sharing knowledge across the Pacific to better the lives and workforces of Indigenous Peoples.

I would like to thank the board and the secretariat for their commitment and dedication to working with me towards achieving AIDA’s vision – without them our organisation’s success would not be what it is.

I would also like to thank my family for assisting me in maintaining my busy schedule and keeping me grounded. It is true that in addition to my AIDA duties I serve on the Federal Board of the Royal Flying Doctors Service, undertake regular outreach services in ophthalmology to rural and remote Australia, run two private ophthalmology practices, sit on a number of RANZCO Committees and the College’s Selection Board, undertake regular registrar teaching, work as a clinical consultant to and advise the Fred Hollows Foundation and was recently awarded the Newcastle Alumni Indigenous Excellence Award – without enormous support this would be impossible.

I look forward to another year of success ahead for AIDA and am committed to continue working tirelessly to fulfil the requirements of me as AIDA President. Our vision for a stronger workforce and improved health for our Peoples is being achieved.





### Associate Professor Shannon Springer

**Qualifications:** MBBS FRACGP

**People:** Yuibera

Occupying the role as the Vice President has been an interesting learning curve. The challenge for me over the last year (outside of my personal life changing circumstances), has been the competing investment of energy towards strengthening and the re-orientation of AIDA to be more responsive and innovative for our members and investing in developing culturally safe health systems through our Aboriginal and Torres Strait Islander in Clinical Health Practice Programme and our Strong Futures action research work.

As you may read from the other directors reports, AIDA's board has overseen a significant organisational re-structure. This process required redefining the purpose and processes of the organisation and how it responds to the unique needs of our members, our communities and the health/ political workforce demands. We are currently at the stage of consolidating these processes and are yet to see this restructure operate at its full capacity and efficiently. It is my personal goal that such changes, while not evident on the ground to our members yet, will result in a developing a dynamic organisation that can take us into the next 5 years.

A very central point to the overall redesign phase has been finding a new CEO to lead and execute the strategy of the board and its members. We are very lucky to see Ms Monica Barolitis-McCabe accept this role and I look forward to working with her and her staff in the years to come.

As a strategic adjunct to the changes, we are pleased that we have acquired the assistance of Conscious Governance to strengthen existing governance procedures and develop new strategies that align with best practice and to compliment the new structural fit out. Bringing Conscious Governance on board now in the midst of the restructure and acquiring a new CEO seems opportune. I anticipate that once the CEO continues to implement the restructure to its full capacity envisioned by the board – AIDA will look to its members next year to consider constitutional changes to grow the membership, further develop its business acumen to be increasingly vigorous and agile in a fast political climate. Once the organisation is operating at full capacity, we will conduct a member's survey to engage more meaningfully to respond to the needs on the ground.

Much change over the last 1 to 2 years has required professional engagement, especially legal advice. This has been made possible by our partners that provide pro bono work for AIDA and I thank those partners and look forward to their ongoing support and networks.

AIDA has been working with the Indigenous Allied Health Association (IAHA), our sister organization to assist AIDA in a

number of areas - I would personally like to thank Ms Donna Murray the CEO of IAHA for her assistance and recognise the valuable work of IAHA and the other peak Aboriginal and Torres Strait Islander bodies. I also at this time would like to acknowledge Ms Anita Mills who was the Interim CEO of AIDA during a challenging time.

Since the time of our first Presidents - AIDA has held the expectation that we need to value 'Our Knowledges' that we hold and so often provide freely to improve the health system. Over the last 4 years AIDA has had plans to increase its ability to generate an income for the organisation. One initiative of this critical area was the development of the Aboriginal and Torres Strait Islander in Clinical Health Practice Programme. This programme has been officially launched and was conducted by Dr Danielle Arabena and myself at the start of 2019. By the time of the AGM – this program will have run 4 times.

Overseeing the delivery and refining the content personally, this programme is yet to determine if it has or will have an impact. I have put many hours of work in both its redevelopment and application and look forward to its success. The current business models suggest that we look to make a profit in 2 years. We are looking to our members to be facilitators of this programme once the programme is 'on point' to be delivered to a very diverse target group.

The other aspect of our business development is to put a monetary value on providing written advice and direction to organisations requiring advice pertaining to Aboriginal and Torres Strait Islander health and workforce development. This is still being considered, given that we are largely funded by the Australian government to provide such advice and guidance in the area.

One area of work that I have held very close to my heart is the Strong Futures: Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Graduates. This project was presented to the conference last year and targeted our doctors who by choice or circumstance were not able to finish their fellowship and were at risk of not continuing their work.

This project as presented last year was a joint research project between AIDA and James Cook University (JCU) that aimed to explore the journeys of these individuals to improve their career and fellowship opportunities and to inform key stakeholders on practices to better support Indigenous trainees in specialist training. The investigative body of work has been completed.

We know the issues and we are now in the process of delivering outcomes for participants and those who were not participants – their emotional and social wellbeing depend on this project and I am acutely aware that we cannot fail here. We identified a number of key themes that expectantly were similar to issues affecting Aboriginal and Torres Strait Islander students at medical schools. The themes included – social and cultural considerations; support networks; structural barriers; and personal factors/influences.

There have been an enormous number of important recommendations that have been identified to relevant key stakeholders. A written policy brief is available for people and organisations to consider – however to maintain the confidentiality of our participants – there will be no publication of the project details. The recommendations that are relevant to AIDA, that I personally look forward to implementing include:

1. Establish a system to monitor and support Members' transitions throughout their career.
2. Support trainees to appeal specialist training colleges examination outcomes. These should include both financial and emotional assistance.
3. Establish an internal referral process to provide immediate support to Members in crisis.
4. Investigate what makes training posts more culturally safe for Indigenous trainees and explore preferential application for Indigenous registrars in those areas.
5. Consider the rationale and explore the feasibility of establishing an Aboriginal and Torres Strait Islander Health Specialty and College.
6. Establish opportunities to strengthen collegiate support for all non-vocationally registered doctors.
7. Establish a network for registrars across non-GP specialities.
8. Support connection to country for Members.
9. Consider strategies to ensure all Members are valued regardless of their vocational registration status.
10. Support other stakeholders to address these recommendations.

In conclusion, the 3 key domains I have been working with our board and secretariat have both short and long term strategies. Having come out of a very difficult year personally, socially and emotionally – my constant concern for my Peoples posterity in a suffocating climate has kept me going and I am ready to continue the fight taken up by most of our Peoples everywhere (including our non- Indigenous allies) and our ancestors.





### Dr Melissa Carroll

**Qualifications:** BN MPH MBBS

**People:** Wiradjuri

I would like to thank the AIDA members for the opportunity to represent our People over the last two years, in this evolving environment. I genuinely look forward to the future successes of the organisation and our individual colleagues. I have truly gained an appreciation for the efforts undertaken to advance the organisation to its current position and feel much pride in my own dedication and commitment to acting always on behalf of the membership.

I would like to recognise Ms Anita Mills for her hard work in managing the organisation in her role as Interim CEO, and of course welcome our new CEO, Ms Monica Barolits-McCabe and deputy CEO, Ms Mary Guthrie – who have already demonstrated their commitment to moving with AIDA through new times ahead.

AIDA has continued to achieve outstanding successes, representing members across an expansive platform. The year has not been without its challenges, but these moments continue to provide opportunity to reflect as an organisation and consider purpose, values and vision for the future. As a board we actively engage in our development through regular educational and training opportunities and have been successful in delivering exceptional achievements throughout 2019.

In August 2019, I welcomed members at the AIDA Member Networking Event in Melbourne alongside other directors and secretariat representation. This was well attended by members and associates and provided an interactive platform for attendees. I have found these events to be a wonderful opportunity for us to remain humble, share thoughts and experiences, and to learn from our members about their needs and priorities. I would encourage everyone to attend these events, to be social and make new friends along the way.

Over this last year, I continued to maintain AIDA's seat on the Aboriginal and Torres Strait Islander Health Committee (ATSIHC) for the Royal Australian college of Physicians (RACP) and am pleased to see the college develop and strengthen its commitment to Aboriginal and Torres Strait Islander trainees and fellows by providing excellent opportunities, scholarships and sponsorship. I genuinely hope to continue this role with the college moving forward.

On a personal note, I am progressing my own journey through Basic Physician Training with RACP and am due to sit my exams in 2020. I am working as a Medical Registrar at the Royal Darwin Hospital and am progressing a number of research projects. I am growing my links to education by engaging with Flinders NT and

providing tutoring and mentoring to local Indigenous medical students. This has always been a major focus and passion of mine and something I find extremely valuable, both personally and professionally.

AIDA is still at a pivotal phase with its future direction a key priority. The organisation continues to work on strengthening its culture and structure, pioneering change and ensuring sustainable outcomes. I am honoured to have been able to sit on the AIDA board and I look forward to meeting many more members in 2020 and beyond.



## Director's Report



### Dr Jordan Cory

**Qualifications:** BSc MBBs

**People:** Gamiliraay

**AIDA and the board have had another successful year in 2018/2019 under the leadership of our President, Dr Kristopher Rallah-Baker, and our Vice-President Associate Professor Shannon Springer. We welcome our incoming CEO, Ms Monica Barolits-McCabe from Darwin with demonstrated expertise in Indigenous health, education, and workforce. I would like to thank Ms Anita Mills, our outgoing Interim CEO, for her leadership of a significant organisational restructure for AIDA, and firm commitment to strengthening our strategy and culture, so that we can better serve our purpose.**

This year, beyond board meetings, I have continued my work with the Finance, Risk and Audit Committee to ensure the strong financial position of AIDA is maintained in order to continue our important activities.

In terms of representation, I attended the Council of Presidents of Medical Colleges (CPMC) meeting in Sydney as a presidential proxy. In May, I attended and presented at the Royal Australasian College of Surgeons (RACS) Annual Scientific Congress. Over the last year, I have worked closely with RACS through their Indigenous Health Committee with regular meetings and correspondence.

In January, I attended the Australian Physiotherapy Association (APA) Medical Roundtable. I thoroughly enjoyed attending AIDA member networking events in both Brisbane and Melbourne, which continues to be prioritised as opportunities for fostering organic mentor and mentee relationships. AIDA looks forward to ensuring these events venture further west next year.

Clinically, I continued my work as a pre-SET Surgical Trainee in Melbourne as well as participating in outreach Ear, Nose and Throat surgery services in the East Kimberley region in Western Australia. Outside of my clinical and AIDA work, I continue to be engaged in Aboriginal and Torres Strait Islander health and surgical research, as well as working closely with the University of Melbourne Poche Centre of Indigenous Health.

AIDA, with Director (Student) Mr Ben Jones and the Student Representative Council have continued to support Aboriginal and Torres Strait Islander medical students throughout the country, to feel safe, supported and connected with the best chances of success.

Supporting and increasing our fellows, has seen our relationships with the fifteen specialist medical colleges continue to strengthen. In 2019, with James Cook University, AIDA has delivered the *Strong Futures: Strengthening the Path to Fellowship for Aboriginal and Torres Strait Islander Graduates* project to primarily support, but also learn from, the cohort of Aboriginal and Torres Strait Islander medical graduates, who by

choice or necessity, have not completed specialist training and are non-vocationally registered. This body of work will inform improved support for our Doctors-in-Training by both AIDA and medical colleges. AIDA continues to demand our health system provide accessible, best-practice, culturally-safe care for our families and communities.

This year, we have seen this most palpably in the launch of our *Aboriginal and Torres Strait Islander Health in Clinical Practice Programme*, which has been delivered to a number of college boards and the Council of Presidents of Medical Colleges (CPMC) by the time of the AIDA AGM. We have progressed our close relationship with other peak Indigenous bodies on our mutual priorities. AIDA has also continued to work closely with people in positions of influence; including within the Australian Medical Association (AMA) and the Australian Government.

Much of the success AIDA delivers is owing to the relationships, with Indigenous and non-Indigenous individuals and organisations alike, strengthened over many years by current and past board members, staff and, of course, membership. Conference gives us the opportunity to come together and celebrate these milestones, successes and the rich history of our organisation, as well as to continue to grow and support each other.

At the 2019 AGM, my two-year term as a director will end. Unfortunately, due to examination commitments, I am unable to attend the 2019 AIDA conference in Darwin. I would like to welcome the incoming directors and formally farewell and thank those leaving. I also warmly thank the AIDA membership for allowing me the opportunity to serve my community and people over the past two years. It has been an honour to work with a committed board and secretariat, towards growing and supporting proud Aboriginal and Torres Strait Islander medical students and doctors to fellowship and beyond. I look forward to continuing my connection with the AIDA family in the coming years. Should any AIDA member ever wish to seek my advice or assistance please don't hesitate to contact me.



## Dr Keith Gleeson

**Qualifications:** BMed FRACGP B.App. Sci (Parks and Heritage)

**People:** Biripi/Daingutti

**I would like to acknowledge the elders past, present and future for all Aboriginal communities across the country and to all our first nation members in the AIDA family.**

As a new director to the board I have found the last 12 months extremely challenging. Serving on the AIDA board is not for the fool hardy and I strongly encourage those considering a role as a director on the board to consider the high expectation placed upon you to perform as a team player with limited resources. It has been a rather difficult year with staff turnover within the organization that has significantly hampered our capacity to take on new ventures or opportunities.

A major reason for this slow start was some changes in senior personnel within AIDA. This has since been finalised and I would like to take this opportunity to welcome our new CEO, Ms Monica Barolits-McCabe to this position. She now has the opportunity to introduce a new management style into the organisation. Additionally, I would like to pay my respect to the Interim CEO – Ms Anita Mills who did a remarkable job under difficult circumstances. I wish her well in her new role as a senior advisor to the Department of Prime Minister and Cabinet and thank her for her dedication and support of AIDA in a time of need.

I would also like to take this opportunity to thank the board for their oversight to ensure AIDA financial and operational capacity remains sound and strong. I have had the privilege of working with an experienced group of directors and will miss those directors stepping away at the AGM.

However, the future looks bright amid these changes and I am keen to continue my work to ensure that AIDA has a strong future. A particular focus for me in the next 12 months will be to continue my work in the following areas:

- Ensuring the work around tightening up corporate governance for AIDA directors is maintained.
- Ensuring the success of AIDA culture programmes namely *Aboriginal and Torres Strait Islander Health in Clinical Practice*.
- Continue to provide collegial support for our membership.

- Supporting our CEO to improve the AIDA's capacity to meet our organisational obligations.
- Undertake director training to improve my capacity in the role.
- To maintain a strong commitment to support all the peak bodies I represent as a director of AIDA.
- To ensure a constitutional review is undertaken in the next 12 months given the changing landscape of the AIDA organisation.

I believe it is also incumbent on me to bring to your attention the fantastic work and dedication our President Dr Kristopher Rallah-Baker and Vice President Associate Professor Shannon Springer have given to AIDA in the last 12 months. They both worked tirelessly, resulting in enormous personal sacrifices and I am proud of their commitment and dedication to their roles. I strongly support any remuneration for these positions given the financial loss they have incurred to undertake these roles.

Most of my time during the last year has been taken up with the support for our non-vocationally registered doctors in General Practice Training who face a very real prospect of not completing a post graduate fellowship in any vocation. This work is still ongoing and is most likely to continue on to the next year.



## Director's Report



### Dr Jonathan Newchurch

**Qualifications:** MBBS FRACGP

**People:** Narungga

**It has been a great privilege to be a part of the board and represent AIDA over the last year. As an organisation we are growing in numbers, representation and influence, to effect change in the health of our People. This could not be possible without the dedication of the members, directors, and especially our secretariat.**

I would like to welcome our new CEO Ms Monica Barolits-McCabe, who brings her experience working in Aboriginal and Torres Strait Islander health, health workforce and education. Monica follows our Interim CEO Ms Anita Mills who has done a fantastic job helping AIDA while we were recruiting.

Through my role as Finance, Risk and Audit Committee (FRAC) Chairperson, I have been part of overseeing AIDA's financials. I am happy to say that we continue to be in a good financial position. Our latest audit has been completed without any concerns. I would like to acknowledge and thank, Mr Andrew Snaidero who has worked with AIDA in various capacities over an extended period of time but more recently as the independent member of the FRAC committee. Andrew brought a wealth of knowledge with him to the committee and he will be missed in this role. The committee will now turn its focus towards recruiting an independent committee member for the new financial year.

I was fortunate enough to be awarded a scholarship by the Australian Institute of Company Directors, to attend their 'Advanced Not-For-Profit Governance' course. Moving forward, a key strategic goal will be to diversify our income streams, so that we are able to be more independent.

In January I attended the Te Aora Hui-A-Tau, where I was welcomed by our Māori brothers and sisters. I updated the members on what AIDA has been doing. I listened to their members and heard inspirational stories from their leaders. I was also lucky to be able to experience some of their traditional healing while at the conference.

I continue to represent AIDA on the Australasian College for Emergency Medicine (ACEM) Indigenous Health Committee as well as the Remote Vocational Training Scheme (RVTS) Committee, to maintain AIDA's presence and voice in these crucial areas.

Finally, I would like to thank the membership for the continued support you have shown me, and I hope to continue to represent you and AIDA in the future.







### Dr Sarah McEwan

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

**People:** Wiradjuri

**It has been a privilege to be a director for AIDA over the past twelve months. I look forward with anticipation for the next twelve months which will see out my term as an AIDA director.**

For me personally, the past year has been challenging on many levels, I have had to reflect on how I remain physically, emotionally, spiritually and culturally healthy over this time whilst balancing the requirements of my professional life being a rural generalist, embarking on research and being a director with AIDA. I would like to give my fellow directors, the secretariat and Indigenous colleagues a huge shout out of thanks for their support over this personally challenging time, I am truly blessed to be part of an organisation that values its members and their personal circumstances and offers support where needed.

AIDA has undergone an organisational restructure over the past year which is an intimidating task under the best of circumstances. This however was made more challenging with an Interim CEO at the helm. A vote of thanks and praise goes out to Ms Anita Mills who embraced this task with ease and grace.

The restructure has come about as a way of continuously improving the way AIDA operates to maximise our success. During such transitional changes, it required the board to re-evaluate its goals and purpose. I have been able to draw on my Australian Institute of Company Director's (AICD) knowledge and my personal interest areas of strategy, finance and risk management/mitigation to assist to drive the organisation. We have an emerging strategy that aims to align our policy and governance structures to the strategic priority areas. My personal aim is to make us a more contemporary and a more congruent organisation moving into the future.

AIDA is a growing organisation that is evolving. With such growth and evolution comes a need for refocus to ensure that we are maintaining a strategy that is encompassing of 'all' of its members within the organisation.

We continue to engage with our members throughout the year, and are working towards development of a membership engagement strategy. We meet with our members in the capital cities in which we undertake our board meetings the evening preceding our scheduled meetings to strategically allow for as many directors present to network, engage and to seek feedback from our members who attend.

It has been through such feedback channels to the board that we have become acutely aware that not all members understand the work that AIDA does or how AIDA benefits them, especially those in the post-graduation years. As a director this has been an important driver for me to emphasise the need for a strategy that does not only focus on the student members but rather recognised and consider the needs and opportunities for graduate members.

The driving force of AIDA's strategy will always link back to our Peoples and how we can improve the health and wellbeing of 'our mob', whilst also ensuring that our own health and wellbeing as individuals is kept at the forefront of our attention as an organisation.

The following key areas are where I believe our current strategic focus should be placed:

- Aboriginal and Torres Strait Islander Health Workforce
- Transforming the health system to become culturally safe
- Reciprocity
- Business Development and Industry
- Improving leadership capabilities
- Membership
- Contributing to social determinants and Closing the Gap
- Caring for country

Focussing on ensuring that the organisational strategy is the priority of the board is one of my strengths. I believe that our strategy should be embedded into every one of our board meetings to remain contemporary as an organisation, responsive to our member's needs and future focussed with an eye focussed on the end game of health and wellbeing improvements for our communities.

Financial security is an important focus for AIDA and for its successful, independent future. At present, we are predominantly government funded. We, as an organisation need to value our own personal cultural knowledges and put value on that for the future. I believe the direction in which AIDA is going with an independent, future focus of financial

sustainability outside of government funding is testimony to the forward thinking and entrepreneurial board we presently have.

*Our Aboriginal and Torres Strait Islander Health in Clinical Practice Programme* that we are delivering to colleges that have been embedded into the AMC standards is an example of how we are trying to encompass 'our knowledges', while remaining true to our overall mission and purpose, that is the health and well-being of our communities.

We as an organisation represent the breadth of health. We need to ask ourselves the question, why do we continue to do this representation in an unbalanced, non-reciprocal manner? It's time we enforced reciprocity as an organisation.

Another area of focus I feel I bring to the board, drawing from the knowledge I have gained from courses such as the AICD and the Masters of Health Administration is the emphasis of industry standards around risk mitigation, policy and governance development.

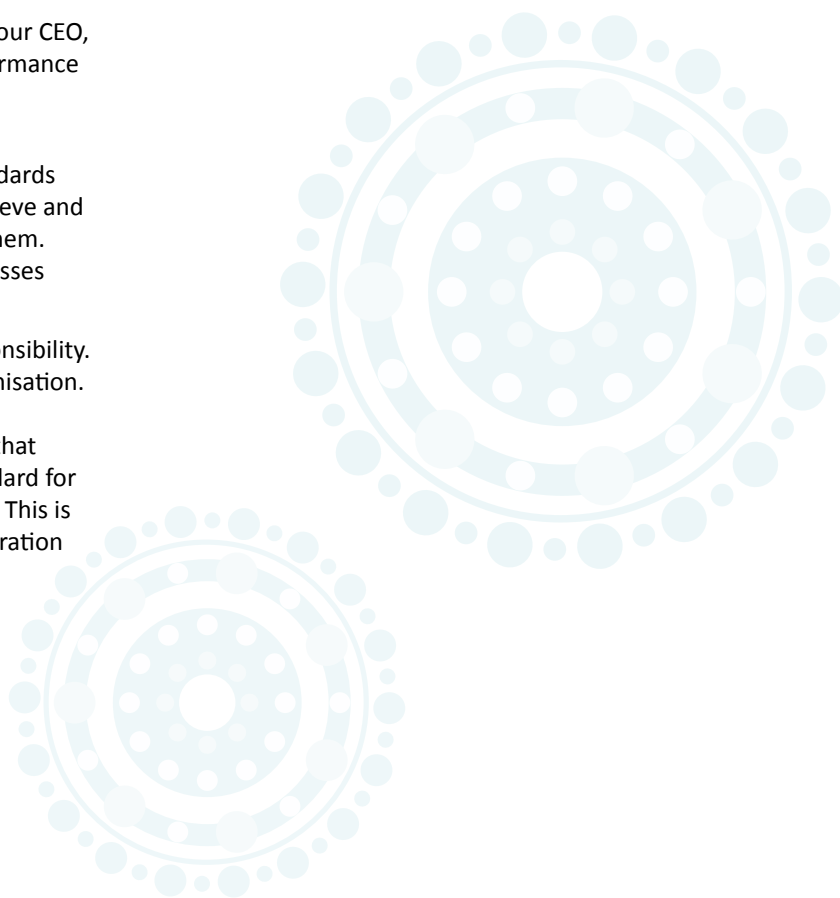
Like evidence-based medicine, we as a board, charged with the responsibility of oversight of the organisation, need to be able to measure our outcomes be they successes or failures. To this end, we must continue to focus on and improve our systems, policies and governance structures.

We need measurable key performance indicators, for our CEO, for our board and for our secretariat so that our performance can be measured and standardised.

We are maturing as an organisation and we must be accountable to our members. To do this we need standards of practice in place, we need measurable goals to achieve and we need evaluation processes to ensure we achieve them. It has been a personal goal of mine to see those processes instilled into this organisation.

As a director we are charged with a plenitude of responsibility. This responsibility is increasing as we grow as an organisation. Such responsibilities cuts into a lot of personal and professional time and I also feel that moving forward that directors should be remunerated as per industry standard for their time and effort and risk they put into this space. This is another plight I have brought to the board for consideration this year.

We are becoming more sophisticated, we are growing, we have standards to uphold, and we have risks we bear and need to mitigate. We are accountable to each other, to our members and ultimately to our communities. I feel we need to strive to gain up to date 'best practice' industry knowledge on how to be the best board we can be but also remunerated for the work in which we do. This motion will no doubt be passed to the members for consideration moving into the future. Please consider the personal sacrifices in which are made to reach and maintain the standards discussed. I feel the hard work that is put in by all directors should be acknowledged, respected and remunerated accordingly.





### Dr Artiene Tatian

**Qualifications:** BSc (Adv) MBBS MIndigHlth GAICD

**People:** Arrernte

I am honoured and grateful for the opportunity to be a Director of AIDA for 2018/2019. I am grateful to serve and represent the AIDA membership and family during this time on the board. This year has been a significant year of growth and required the board to focus on governance and strategy to move AIDA to the future. I hope I have continued to listen to the views of members to represent you well and advocated for important and much needed changes on your behalf. If you ever have any issues or concerns, please feel free to get in contact with me. I would like to thank Ms Anita Mills and Dr Kristopher Rallah-Baker for their leadership over this time.

The preceding twelve months have been a time where AIDA has internally reflected on the way our membership is growing and evolving whilst also externally ensuring we remain recognised as the peak organisation for Aboriginal and Torres Strait Islander Doctors and Australian Indigenous health in both advocacy and support capacities. AIDA continues to maintain strong connections and relationships with specialist medical colleges and other peak Australian medical organisations including the Australian Medical Council.

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

- Taken on the position of chair of the AIDA conference committee to deliver you the 2019 AIDA conference – Disruptive Innovations in Health Care. I would like to thank my predecessor Dr Dana Slape for her amazing work over the years as conference chair and the incredible conference standard she has set.
- Completed and graduated from the Australian Institute of Company Directors Course (the nationally recognised peak course for Directors of Boards) to ensure that I have the skillset and strategy to be an effective board director for the membership and AIDA.
- Represent AIDA at the 'Be The Change' Career expo advocating and informing Aboriginal and Torres Strait Islander school students that a career in medicine is possible and the multiple pathways to enter and complete a career in medicine.
- Continue to provide board oversight into governance and strategy.

- Attended multiple AIDA member networking events to connect and communicate with our members and their needs.
- Provide 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.

Outside of my Director role at AIDA, I have continued to participate as an active member on the the Australian Medical Council (AMC) Prevocational Assessment Committee and the 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 board member of Gandangara Local Aboriginal Land Council.

I look forward to the year ahead and serving the AIDA family as a Board Director.



# Director Student's Report



**Mr Ben Jones**

**People:** Murrawarri

**It has been an absolute pleasure and honour to have been the Director (Student) on the AIDA board over the past 12 months. I am very grateful to the AIDA membership to be given the opportunity to work with the Student Representative Council (SRC), board, and secretariat for the past year. I would like to thank the board for their guidance, initiative and fervent passion for AIDA and the secretariat for their tireless work and support in furthering AIDA's mission and direction.**

As an SRC we have worked on some very exciting developments and achieved some great outcomes for our members this year. I'm very happy to provide this brief overview to the membership of our success this past year.

The year began with a productive face-to-face SRC meeting in Canberra. At this meeting it was fantastic to see an attendance of 20 student representatives. This allowed us to have meaningful and representative discussions on topics such as the 2019 SRC project and the support that AIDA can provide for Aboriginal and Torres Strait Islander medical students.

During the SRC meeting we developed and voted on the 2019 SRC project. This year's project was to develop a wellbeing event for students to ground themselves and get to know one another before conference kicks off. We recognised that this was particularly important for those students who do not have as many colleagues from their own university attending, with the aim of providing, particularly these students, with a platform to form some relationships early in the conference proceedings.

Other work has included the signing of the Memorandum of Understanding with the Australian Medical Students Association (AMSA) for another consecutive year. We are continuing to build upon the strong relationship established by previous SRCs.

Launching the 2018 AIDA SRC's project the 'Engaging Aboriginal and Torres Strait Islander Medical Students' survey for university medical student societies to fill out concerning how well they engage their Aboriginal and Torres Strait Islander medical students.

Assisting to finalise the Australian Medical Students Association (AMSA) Indigenous Health Project team which was inaugurated this year with one of the AIDA's SRC members, Ms Katie Aistrophe, elected chair of this committee.

With the assistance of the AIDA secretariat team, we have edited the AMSA Indigenous Medical Student Retention Rate Policy.

The SRC worked with the outgoing and incoming AMSA president to finalise the outcomes from the 2018 AIDA conference AMSA session.

We also plan to establish a relationship with the National Rural Health Student Network between the time of writing this report and the AGM.

To those who have preceded me in this role, and all previous SRC members, thank you for continuing to demonstrate the strength of Aboriginal and Torres Strait Islander medical students. And finally, to the 2019 SRC, thank you for being such a clever, deadly bunch. I leave the role 100% confident that with Aboriginal and Torres Strait Islander medical students like you and all your peers coming through the ranks we are going to continue to kick many goals for our mob.

# 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 23 July 2019, along with details of the nomination process for four vacancies on the AIDA Board arising at the 2019 Annual General Meeting (AGM).

The Board positions, gazetted in the Election Notice as becoming vacant at the 2019 AGM, are as follows:

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

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

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

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

Nominations were required to be lodged with the AIDA secretariat by Friday 23 August 2018 at 5.00 pm (AEST) sharp.

## Current status of the Board

The number of Directors on the AIDA Board will be not less than seven or more than ten. At the commencement of the 2019 AGM, the status of the Board is as set out in the table below, with four positions becoming vacant at the 2019 AGM (highlighted in grey).

Status of the Board as at the 2019 AGM		Term ends
1 President	Dr Kristopher Rallah-Baker	2020
2 Vice President	Associate Professor Shannon Springer	2020
3 Director	Dr Keith Gleeson	2020
4 Director	Dr Sarah McEwan	2020
5 Director	Dr Artiene Tatian	2020
6 Director	Dr Jordan Cory	2019
7 Director	Dr Melissa Carroll	2019
8 Director/Company Secretary	Dr Jonathan Newchurch	2019
9 Director (Student)	Mr Ben Jones	2019
10. Director	Dr Jordan Cory	2019

## Nominations Received

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

Position on the Board	Number of available positions	Number of valid nominations	Name of Nominees
Director (Graduate)	Three	One	Dr Ngaree Blow
Director (Student)	One	Two	Mr Tom Mylne Ms Emily Mason

## Continuing Board Members

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 (President);
- Associate Professor Shannon Springer (Vice President);
- Dr Keith Gleeson (Director);
- Dr Sarah McEwan (Director); and
- Dr Artiene Tatian (Director)

## Voting

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

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

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

## Election of Directors

### Director

#### Vacant positions: Three

End of Term: Dr Jordan Cory, Dr Melissa Carroll and Dr Jonathan Newchurch

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.

#### **One valid nomination was received for three vacancies.**

In accordance with Article 47(b)(i), the nominee being Dr Ngaree Blow shall be deemed to be elected.

### Director (Student)

#### Vacant positions: One

End of Term: Mr Ben Jones

Except where no person wishing to be the Director (Student) meets the criteria, the company must only elect a person as Director (Student) if that person has acted as a University Representative for at least one (1) year.

#### **Two valid nominations were received for the single vacancy.**

In accordance with Article 47(b)(ii), a ballot shall be held. Indigenous medical student members will be issued with a voting slip listing the candidates for the vacant Director (Student) position.

## Voting process

The process to elect Directors is as follows:

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

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

## Proxies

In accordance with Article 41 of AIDA's Constitution, a member who is entitled to attend and vote at a Meeting of Members may appoint another member entitled to attend and vote at that Meeting of Members, as a proxy to attend and vote for the member in accordance to the Corporations Act. In respect of any one Meeting of Members, a person may not be appointed as a proxy for more than two members, other than the Chairperson who may be appointed as proxy for any number of members.

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





### Dr Ngaree Blow

**Qualifications:** MD MPH BSc

**People:** Bangerang Noonuccal

I am nominating for one of the Director roles of the Australian Indigenous Doctors Association (AIDA) board because I am passionate about advocating for our Aboriginal and Torres Strait Islander doctors community, as well as the health and wellbeing of our extended families and communities.

My name is Ngaree Blow, I am a proud Yorta-Yorta and Quandamooka woman (mother and father's peoples respectively) with connections to Noonuccal and Goreng-Goreng countries, living on Wurundjeri country in Melbourne/Narrm. I am currently in Public Health physician training and I am working as the Director of First Nations Health at the University of Melbourne and as a researcher at the Murdoch Children's Research Institute (MCRI). I am now joining my two passions in public health and paediatric medicine and am passionate about improving the outcomes for our young people and their families through education and public health initiatives. I have been a member of AIDA since 2011 and am very grateful for the ongoing support AIDA has provided me and continue to be amazed at what AIDA as an organisation has achieved.

If I am elected as a director I would like to continue to advocate for our Peoples' health and the Indigenous doctors' community, by bringing together the skills I have acquired through my experience in teaching and research, with that of my passion for public health and paediatrics to contribute to the ground breaking work AIDA is already undertaking. I am also prepared to speak out against challenging topics such as institutionalised racism and stand with AIDA on important matters, as well as continue to advocate for the voice of doctors in training.

## Nominations for Director (Student)



**Mr Tom Mylne**

**People:** Gangalu

Tom is a passionate member of the current AIDA SRC, having represented The University of Melbourne since 2017. A proud Gangalu man from Gladstone Queensland, Tom studied Pharmacy at The University of Queensland. Whilst studying pharmacy Tom filled both treasurer and social convenor roles for the Queensland Pharmacy Students Association. After graduating, Tom worked for the RPA Hospital in Sydney, followed by 5 years with the Royal Australian Air Force predominantly based in the Northern Territory. During this time, he served as an Indigenous and LGBTIQ+ representative. He also worked as an equity advisor and trained with the National Critical Care Trauma Response Centre based at the Royal Darwin Hospital. He is currently in his 3rd year of medicine at Melbourne and will undertake his Master of Public Health in 2020 graduating with the dual MD/MPH in 2021.

Tom believes extracurricular activities keep him grounded and will make him a more well-rounded clinician in the future. He was an Academic Convenor for the Medical Doctorate Student Conference, composing a day on Indigenous Culture and Health to aid in the education of his colleagues. He mentors first year students at the university Indigenous academy and is on the committee for the Wilderness Medical Student's Society.

Tom is passionate about Indigenous, regional and rural health care. He hopes to return to the tropics to work, escaping Melbourne winters. This is reflected in his rural electives, recently working in remote communities in the Kimberley over summer. Tom is undertaking a project with the Menzies School of Health Research focussed on scabies, hoping to make a difference for those affected by this condition. A regular AIDA conference attendee and having also represented at PRIDoC 2018, Tom would be honoured to lead the SRC as director for 2019/2020. Tom hopes to put his experience, organisational knowledge, commitment to AIDA and passion for work-life balance to good use, being a voice and advocating for his fellow students and colleagues.



**Ms Emily Mason**

**People:** Kamilaroi

My name is Emily Mason and I'm a current fourth year medical student at University of Newcastle. I'm a proud Kamilaroi woman whose mob originally comes from north-west NSW, but I was raised on the mid-north coast of NSW. Medicine became a dream of mine when I was young as I saw the inequities and challenges our People faced in health, and I wanted to become a part of the Indigenous medical force making a difference in closing these gaps. I am strong believer that we should all endeavour to support and assist each other as we progress through our respective careers.

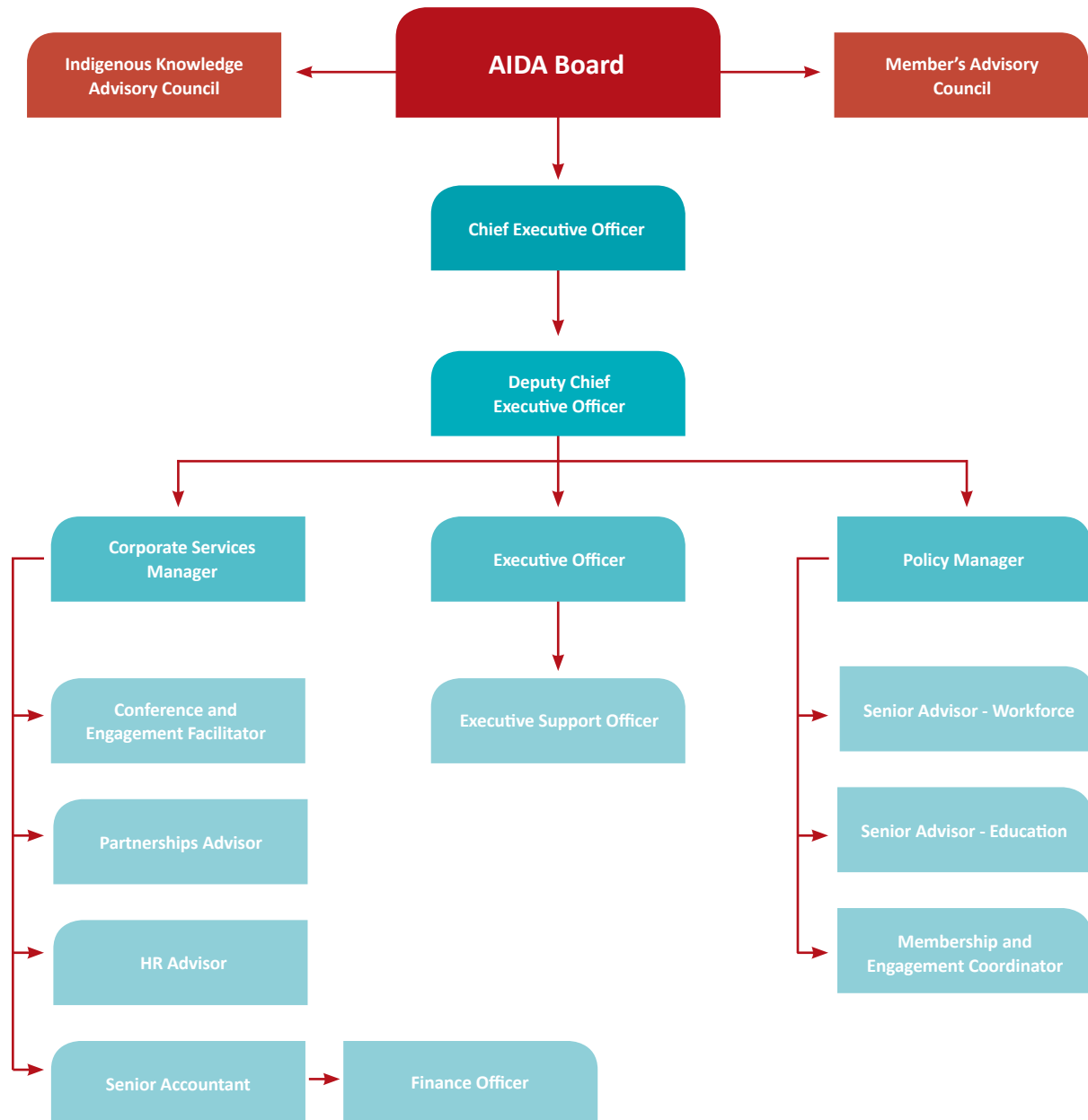
A passionate and well supported Indigenous health workforce creates a strong voice that pushes boundaries and advocates for each other and our wider communities. I was the AIDA Newcastle SRC representative in the 2017/18 election year. I found this experience to be both challenging and exciting in being able to help shape the future direction and support of medical studies for fellow Indigenous medical students. I have been an active committee member of the University of Newcastle Medical Society as the Indigenous Representative. I am also a current tutor and mentor for first year Indigenous medical students, this role has allowed me to give back and help develop future health professionals.

Throughout my university experience I have completed both domestic and international Indigenous health placements, focusing on policies and government communication, developing my interest in health advocacy and leadership.

I see the opportunity to join the AIDA board as the director (student) as an opportunity to further the advocacy and policy direction of the organisation into continuing and growing our workforce. We need to continue to push, strive and advocate for what we can achieve and how we can remove the barriers for our communities to achieve health equity, and I believe I can help in this.



# AIDA Corporate Structure









# **Australian Indigenous Doctors' Association Ltd**

ABN 84 131 668 936

## **Financial Statements**

For the Year Ended 30 June 2019

# Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

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For the Year Ended 30 June 2019

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# Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Directors' Report For the Year Ended 30 June 2019

The directors present their report on Australian Indigenous Doctors' Association Ltd for the financial year ended 30 June 2019.

### 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 Jonathan Newchurch	Company Secretary	Re appointed 20 September 2017
Dr Jordan Cory	Finance Risk & Audit Committee	Appointed 20 September 2017
Mr Ben Jones	Student Director	Appointed 26 September 2018
Dr Melissa Carroll		Appointed 20 September 2017
Dr Artiene Tatian		Re appointed 26 September 2018
Dr Sarah-Jane McEwan		Appointed 26 September 2018
Dr Keith Gleeson		Appointed 26 September 2018
Dr Kali Hayward	Former President	Resigned 26 September 2018
Dr Dana Slape	2018 Conference Committee(Chair)	Resigned 26 September 2018
Mr Russell Thompson	Former Student Director	Resigned 26 September 2018
Dr Olivia O' Donoghue		Resigned 26 September 2018

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

#### 2. Principal activities and significant changes in nature of activities

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

To this end, AIDA's principal activities include:

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

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

## **Directors' Report**

**For the Year Ended 30 June 2019**

### **General information (continued)**

#### **3. Objectives and strategies**

The Company's objectives and strategies:

##### **Grow Indigenous Doctors**

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

##### **Shape Health Outcomes**

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

##### **Communicate and Celebrate**

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

##### **Cultural and Traditional Perspective**

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

##### **Best Practice and Sustainability**

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

#### **4. Members' guarantee**

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

At 30 June 2019 the collective liability of members was \$15,325 (2018: \$14,175).

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Directors' Report

For the Year Ended 30 June 2019

#### 5. Meetings of directors

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

	Directors' Meetings	
	Number eligible to attend	Number attended
Dr Kali Hayward	3	3
Dr Kristopher Rallah-Baker	5	5
Associate Professor Shannon Springer	5	5
Dr Jonathan Newchurch	5	4
Dr Melissa Carroll	5	5
Dr Sarah-Jane McEwan	3	3
Dr Jordan Cory	5	4
Dr Olivia O' Donoghue	3	3
Dr Keith Gleeson	3	3
Dr Dana Slape	3	3
Mr Ben Jones	3	3
Dr Artiene Tatian	5	5
Mr Russell Thompson	3	3

#### 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 2019 has been received and can be found on page 4 of the financial report.

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

Director: .....  
Dr Kristopher Rallah-Baker

Director: .....  
Associate Professor Shannon Springer

Dated 18 August 2019

## 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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 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.



Shane Bellchambers, FCA  
Registered Company Auditor  
BellchambersBarrett

Canberra, ACT  
Dated this 18<sup>th</sup> day of August 2019



# Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2019

		2019	2018
	Note	\$	\$
Revenue	5	3,116,810	2,928,010
Advertising and promotion		(51,303)	(56,040)
Building & property		(122,360)	(119,249)
Depreciation expense	11(a)	(60,278)	(53,387)
Employee benefits expense		(1,658,679)	(1,565,272)
Gifts and donations		(6,826)	(10,162)
Governance and representation		(14,063)	(16,922)
IT & telecommunications		(80,735)	(68,910)
Meetings and events		(315,956)	(247,863)
Memberships & subscriptions		(13,254)	(27,049)
Operations		(54,500)	(28,352)
Other expenses		(556)	(4,166)
Professional services		(281,305)	(135,063)
Scholarships and bursaries		(8,000)	(5,055)
Travel and accommodation		(489,832)	(370,674)
<b>(Deficit) / Surplus before income tax</b>		<b>(40,837)</b>	<b>219,846</b>
Income tax expense	3(a)	-	-
<b>(Deficit) / Surplus for the year</b>		<b>(40,837)</b>	<b>219,846</b>
Other comprehensive income		-	-
<b>Total comprehensive income for the year</b>		<b>(40,837)</b>	<b>219,846</b>

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

# Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Statement of Financial Position

As At 30 June 2019

	Note	2019 \$	2018 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	6	987,535	1,940,310
Trade and other receivables	7	8,582	3,822
Inventories	8	4,503	6,281
Other financial assets	9	-	102,005
Other assets	10	127,731	75,298
<b>TOTAL CURRENT ASSETS</b>		<b>1,128,351</b>	<b>2,127,716</b>
<b>NON-CURRENT ASSETS</b>			
Other financial assets	9	1,011,510	-
Plant and equipment	11	76,359	121,416
<b>TOTAL NON-CURRENT ASSETS</b>		<b>1,087,869</b>	<b>121,416</b>
<b>TOTAL ASSETS</b>		<b>2,216,220</b>	<b>2,249,132</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	155,933	221,111
Employee benefits	13	57,281	43,311
Other liabilities	14	415,029	360,814
<b>TOTAL CURRENT LIABILITIES</b>		<b>628,243</b>	<b>625,236</b>
<b>NON-CURRENT LIABILITIES</b>			
Employee benefits	13	14,976	10,058
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>14,976</b>	<b>10,058</b>
<b>TOTAL LIABILITIES</b>		<b>643,219</b>	<b>635,294</b>
<b>NET ASSETS</b>		<b>1,573,001</b>	<b>1,613,838</b>
<b>EQUITY</b>			
Reserves		701,092	701,092
Retained earnings		871,909	912,746
<b>TOTAL EQUITY</b>		<b>1,573,001</b>	<b>1,613,838</b>

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

The accompanying notes form part of these financial statements.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Statement of Changes in Equity

For the Year Ended 30 June 2019

#### 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

#### 2018

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

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Statement of Cash Flows For the Year Ended 30 June 2019

	Note	2019 \$	2018 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Receipts from customers		3,437,185	3,241,360
Payments to suppliers and employees		(3,491,744)	(2,854,727)
Interest received		26,510	73,678
Net cash provided by operating activities	22	(28,049)	460,311
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Purchase of plant and equipment	11(a)	(15,221)	(72,010)
Sale / (Purchase) of investment		(909,505)	1,445,036
Net cash provided by / (used in) investing activities		(924,726)	1,373,026
Net increase / (decrease) in cash and cash equivalents held		(952,775)	1,833,337
Cash and cash equivalents at beginning of year		1,940,310	106,973
Cash and cash equivalents at end of financial year	6	987,535	1,940,310

The accompanying notes form part of these financial statements.

# Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Notes to the Financial Statements For the Year Ended 30 June 2019

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

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

The financial report was authorised for issue by those charged with governance on 18 August 2019.

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

#### Financial Instruments - Adoption of AASB 9

The Company has adopted AASB 9 *Financial Instruments* for the first time in the current year with a date of initial adoption of 1 July 2018.

As part of the adoption of AASB 9, the Company adopted consequential amendments to other accounting standards arising from the issue of AASB 9 as follows:

- AASB 101 *Presentation of Financial Statements* requires the impairment of financial assets to be presented in a separate line item in the statement of profit or loss and other comprehensive income. In the comparative year, this information was presented as part of other expenses.
- AASB 7 *Financial Instruments: Disclosures* requires amended disclosures due to changes arising from AASB 9, this disclosures have been provided for the current year.

The key changes to the Company's accounting policy and the impact on these financial statements from applying AASB 9 are described below.

Changes in accounting policies resulting from the adoption of AASB 9 have been applied retrospectively except the Company has not restated any amounts relating to classification and measurement requirements including impairment which have been applied from 1 July 2018.

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 2 Change in Accounting Policy (continued)

#### Financial Instruments - Adoption of AASB 9 (continued)

##### Classification of financial assets

The financial assets of the Company have been reclassified into one of the following categories on adoption of AASB 9 based on primarily the business model in which a financial asset is managed and its contractual cash flow characteristics:

- Measured at amortised cost
- Fair value through profit or loss (FVTPL)
- Fair value through other comprehensive income - equity instruments (FVOCI - equity).

##### Impairment of financial assets

The incurred loss model from AASB 139 has been replaced with an expected credit loss model in AASB 9 for assets measured at amortised cost, contract assets and fair value through other comprehensive income. This has resulted in the earlier recognition of credit loss (bad debt provisions).

##### Classification of financial assets and financial liabilities

The table below illustrates the classification and measurement of financial assets and liabilities under AASB 9 and AASB 139 at the date of initial application.

	Classification under AASB 139	Classification under AASB 9	Carrying amount under AASB 139 \$	Carrying amount under AASB 9 \$
<b>Financial assets</b>				
Trade and other receivables	Loans and receivables	Amortised cost	3,822	3,822
Cash and cash equivalents	Loans and receivables	Amortised cost	1,940,310	1,940,310
Term deposits (i)	Held to maturity	Amortised cost	102,005	102,005
<b>Total financial assets</b>			<b>2,046,137</b>	<b>2,046,137</b>
<b>Financial liabilities</b>				
Trade payables	Other financial liabilities	Other financial liabilities	221,111	221,111
<b>Total financial liabilities</b>			<b>221,111</b>	<b>221,111</b>

Notes to the table:

(i) Reclassification from Held to Maturity to Amortised Cost

Term deposits that would previously have been classified as held to maturity are now classified at amortised cost. The Company intends to hold the assets to maturity to collect contractual cash flows and these cash flows consist solely of payments of principal and interest on the principal amount outstanding. There was no difference between the previous carrying amount and the revised carrying amount of these assets.



## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 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

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the Company are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

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

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

#### (c) Revenue and other income

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

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

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.

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

##### Donations

Donations and bequests are recognised as revenue when received.

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 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.

#### (d) Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

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

#### (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.

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 3 Summary of Significant Accounting Policies (continued)

#### (f) Plant and equipment (continued)

##### 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

##### *For current year*

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).

##### 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.

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 3 Summary of Significant Accounting Policies (continued)

#### (g) Financial instruments (continued)

##### Financial assets (continued)

###### *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 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, foreign exchange gains or losses 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.

###### Financial assets through profit or loss

The Company has no investments that falls 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:

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 3 Summary of Significant Accounting Policies (continued)

#### (g) Financial instruments (continued)

##### Financial assets (continued)

- 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.

##### *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 finance lease liabilities.

##### ***For comparative year***

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

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

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 3 Summary of Significant Accounting Policies (continued)

#### (g) Financial instruments (continued)

##### Financial assets

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

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

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

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

##### *Loans and receivables*

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

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

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

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

##### *Financial assets at fair value through profit or loss*

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

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

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



## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 3 Summary of Significant Accounting Policies (continued)

#### (g) Financial instruments (continued)

##### Financial assets (continued)

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

##### *Held-to-maturity investments*

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

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

##### *Available-for-sale financial assets*

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category.

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

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

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

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

##### **Financial liabilities**

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities depending on the purpose for which the liability was acquired.

The Company's financial liabilities include trade and other payables (including finance lease liabilities), which are measured at amortised cost using the effective interest rate method.

##### **Impairment of Financial Assets**

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

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 3 Summary of Significant Accounting Policies (continued)

#### (g) Financial instruments (continued)

##### Impairment of Financial Assets (continued)

###### *Financial assets at amortised cost*

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

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

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

###### *Available-for-sale financial assets*

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

#### (h) Impairment of non-financial assets

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

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

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

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

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

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

#### (i) Cash and cash equivalents

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

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements

For the Year Ended 30 June 2019

#### 3 Summary of Significant Accounting Policies (continued)

##### (j) Employee benefits

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

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

##### (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 2019 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.

##### (l) New Accounting Standards and Interpretations

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

Standard Name	Effective date for entity	Requirements	Impact
AASB 2016-8 Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities	1 July 2019	AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for-profit (NFP) entities into AASB 9 Financial Instruments (2014) and AASB 15 Revenue from Contracts with Customers. This guidance will assist not-for-profit entities in applying those Standards. NFP entities will generally apply AASB 15 where an agreement creates enforceable rights and obligations and includes sufficiently specific promises to transfer goods or services to the customer or third party beneficiaries.	Refer to the section on AASB 1058 below.

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 3 Summary of Significant Accounting Policies (continued)

#### (I) New Accounting Standards and Interpretations (continued)

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

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 3 Summary of Significant Accounting Policies (continued)

#### (I) New Accounting Standards and Interpretations (continued)

Standard Name	Effective date for entity	Requirements	Impact
AASB 16: Leases	1 July 2019	When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases. The main changes introduced by the new Standard include: recognition of a right to use asset and liability for all leases (excluding short term leases with less than 12 months of tenure and leases relating to low value assets); depreciation of right to use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components; variable lease payments that depend on an index or a rate are included in the initial measurement of the lease liability using the index or rate at the commencement date; by applying a practical expedient, a lessee is permitted to elect not to separate non lease components and instead account for all components as a lease; and additional disclosure requirements. The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.	The entity is yet to undertake a detailed assessment of the impact of AASB 16. However, based on the entity's preliminary assessment, the likely impact on the first time adoption of the Standard for the year ending 30 June 2020 includes: - there will be a significant increase in lease assets and financial liabilities recognised on the balance sheet - the reported equity will reduce as the carrying amount of lease assets will reduce more quickly than the carrying amount of lease liabilities - EBIT in the statement of profit or loss and other comprehensive income will be higher as the implicit interest in lease payments for former off balance sheet leases will be presented as part of finance costs rather than being included in operating expenses - operating cash outflows will be lower and financing cash flows will be higher in the statement of cash flows as principal repayments on all lease liabilities will now be included in financing activities rather than operating activities. Interest can also be included within financing activities

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 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

	2019	2018
	\$	\$
Government grants		
- Indigenous Workforce funding	2,265,539	2,351,627
- Indigenous Advancement Strategy	-	32,000
- NMTAN Specialist Trainees project	65,299	68,999
	<u>2,330,838</u>	<u>2,452,626</u>
Other income		
- Conference income	524,654	391,104
- Member subscriptions	23,587	29,526
- Interest received	39,438	47,489
- Miscellaneous other revenue	198,293	7,265
	<u>785,972</u>	<u>475,384</u>
<b>Total Revenue and Other Income</b>	<u><b>3,116,810</b></u>	<u><b>2,928,010</b></u>



# Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 6 Cash and Cash Equivalents

	2019	2018
	\$	\$
Cash at bank and in hand	987,535	1,940,310
16	<u>987,535</u>	<u>1,940,310</u>

### 7 Trade and Other Receivables

	2019	2018
	\$	\$
CURRENT		
Trade receivables	8,582	2,088
GST receivable	-	1,734
16	<u>8,582</u>	<u>3,822</u>
<b>Total current trade and other receivables</b>	<b>8,582</b>	<b>3,822</b>

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

	2019	2018
	\$	\$
CURRENT		
At cost:		
Merchandise	4,503	6,281
	<u>4,503</u>	<u>6,281</u>

### 9 Other financial assets

	2019	2018
	\$	\$
CURRENT		
Term deposits	-	102,005
	<u>-</u>	<u>102,005</u>
NON-CURRENT		
Term deposits	1,011,510	-
	<u>1,011,510</u>	<u>-</u>
16	<u>1,011,510</u>	<u>102,005</u>
<b>Total</b>	<b>1,011,510</b>	<b>102,005</b>

## Australian Indigenous Doctors' Association Ltd

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### Notes to the Financial Statements

For the Year Ended 30 June 2019

#### 10 Other Assets

	2019	2018
	\$	\$
CURRENT		
Prepayments	107,693	66,594
Airfares held in credit	2,542	3,221
Accrued income	16,808	3,880
Deposit / Bond	688	1,603
	<u>127,731</u>	<u>75,298</u>

#### 11 Plant and equipment

	2019	2018
	\$	\$
PLANT AND EQUIPMENT		
Furniture, fixtures and fittings		
At cost	117,636	116,727
Accumulated depreciation	(92,060)	(85,889)
Total furniture, fixtures and fittings	<u>25,576</u>	<u>30,838</u>
Office equipment		
At cost	191,773	183,041
Accumulated depreciation	(153,671)	(112,152)
Total office equipment	<u>38,102</u>	<u>70,889</u>
Computer software		
At cost	91,720	86,140
Accumulated depreciation	(81,550)	(69,605)
Total computer software	<u>10,170</u>	<u>16,535</u>
Display equipment		
At cost	12,623	12,623
Accumulated depreciation	(10,112)	(9,469)
Total display equipment	<u>2,511</u>	<u>3,154</u>
Total plant and equipment	<u>76,359</u>	<u>121,416</u>

## Notes to the Financial Statements

### For the Year Ended 30 June 2019

#### 11 Plant and equipment (continued)

##### (a) Movements in carrying amounts of plant and equipment

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

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Computer Software \$	Display Equipment \$	Total \$
<b>Year ended 30 June 2019</b>					
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)
<b>Balance at the end of the year</b>	<b>25,576</b>	<b>38,102</b>	<b>10,170</b>	<b>2,511</b>	<b>76,359</b>

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

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 12 Trade and Other Payables

	2019	2018
Note	\$	\$
Current		
Trade payables	60,643	122,094
GST payable	233	-
Accrued expenses	53,945	55,524
Superannuation payable	12,912	11,353
Salary sacrifice payable	4,436	1,194
PAYG withholding	23,645	22,229
Other payables	119	8,717
16	<u>155,933</u>	<u>221,111</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.

### 13 Employee Benefits

	2019	2018
	\$	\$
Current liabilities		
Annual leave provision	57,281	43,311
	<u>57,281</u>	<u>43,311</u>
Non-current liabilities		
Long service leave	14,976	10,058
	<u>14,976</u>	<u>10,058</u>

### 14 Other liabilities

	2019	2018
	\$	\$
CURRENT		
Conference income in advance	261,868	262,781
Other unearned revenue	48,030	25,486
Grant in advance	105,131	72,547
Total	<u>415,029</u>	<u>360,814</u>

### 15 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 2019 the number of members was 613 (2018: 567).

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements

For the Year Ended 30 June 2019

#### 16 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

		2019 \$	2018 \$
<b>Financial assets</b>			
Cash and cash equivalents	6	-	1,940,310
Term deposits	9	-	102,005
Trade and other receivables	7	-	3,822
Held at amortised cost			
Cash and cash equivalents	6	987,535	-
Trade and other receivables	7	8,582	-
Term deposits	9	1,011,510	-
<b>Total financial assets</b>		<b>2,007,627</b>	<b>2,046,137</b>
<b>Financial liabilities</b>			
Financial liabilities at amortised cost	12	155,933	221,110
<b>Total financial liabilities</b>		<b>155,933</b>	<b>221,110</b>

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 16 Financial Risk Management (continued)

#### Objectives, policies and processes

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

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

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

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

Mitigation strategies for specific risks faced are described below:

#### Liquidity risk

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

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

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

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

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

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

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

#### Liquidity Risk - Asset maturity analysis

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



## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements

For the Year Ended 30 June 2019

#### 16 Financial Risk Management (continued)

##### Liquidity Risk - Asset maturity analysis (continued)

	Within 1 Year		Total	
	2019	2018	2019	2018
	\$	\$	\$	\$
<b>Financial assets - cash flows realisable</b>				
Cash and cash equivalents	987,535	1,940,310	987,535	1,940,310
Trade, term and loans receivables	8,582	3,822	8,582	3,822
Term deposits	1,011,510	102,005	1,011,510	102,005
Total anticipated outflows	<u>2,007,627</u>	<u>2,046,137</u>	<u>2,007,627</u>	<u>2,046,137</u>

##### 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	
	2019	2018	2019	2018
	\$	\$	\$	\$
<b>Financial liabilities due for payment</b>				
Trade and other payables (excluding estimated annual leave)	155,933	221,111	155,933	221,111
Total contractual outflows	<u>155,933</u>	<u>221,111</u>	<u>155,933</u>	<u>221,111</u>

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

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 16 Financial Risk Management (continued)

#### 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.

## Notes to the Financial Statements

For the Year Ended 30 June 2019

### 16 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
			\$	\$	\$	\$
<b>2019</b>						
Trade receivables	8,582	-	5,950	100	-	2,532
Total	8,582	-	5,950	100	-	2,532
<b>2018</b>						
Trade receivables	2,088	-	2,088	-	-	-
Total	2,088	-	2,088	-	-	-

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.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements

For the Year Ended 30 June 2019

#### 17 Capital and Leasing Commitments

	2019	2018
	\$	\$
- not later than one year	66,648	108,400
- between one year and five years	8,159	62,533
	<u>74,807</u>	<u>170,933</u>

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

#### 18 Related Parties

Key management personnel - refer to Note 19.

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

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.

This program has been in the pilot stage for 2019. AIDA will appoint a Project Manager during 2020 to commence operations to fully commercialise this program and its delivery.

During the pilot stage of the program, the President and Vice President prepared and facilitated the Training workshops in 2019. The AIDA Board was responsible for approving the appointment of these two facilitators and the associated payment for services with the related parties declaring an interest and removing themselves from the meeting for the agenda item. The Board approved all contractual arrangements for AIDA, with any directors with a conflict of interest declaring such and removing themselves from the meeting for the agenda item.

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

## Notes to the Financial Statements

### For the Year Ended 30 June 2019

#### 18 Key Management Personnel Remuneration

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

	2019	2018
	\$	\$
<b>KMP -</b>		
Short-term employee benefits	508,062	565,164
Post-employment benefits	47,154	58,085
	<u>555,216</u>	<u>623,249</u>

#### 20 Auditors' Remuneration

	2019	2018
	\$	\$
Remuneration of the auditor Bellchambers Barrett, for:		
- auditing or reviewing the financial statements	8,720	8,500
<b>Total</b>	<u>8,720</u>	<u>8,500</u>

#### 21 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2019 (30 June 2018: None).

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements

For the Year Ended 30 June 2019

#### 22 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:

	2019	2018
	\$	\$
(Deficit) / Surplus for the year	(40,837)	219,846
Non-cash flows in profit:		
- depreciation	60,278	53,387
- net loss on disposal of property, plant and equipment	-	2,171
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(4,760)	(165)
- (increase)/decrease in other assets	(52,433)	25,665
- (increase)/decrease in inventories	1,778	1,777
- increase/(decrease) in income in advance	54,215	76,835
- increase/(decrease) in trade and other payables	(65,178)	91,855
- increase/(decrease) in employee benefits	18,888	(11,060)
Cashflows from operations	<u>(28,049)</u>	<u>460,311</u>

#### 23 Events after the end of the Reporting Period

The financial report was authorised for issue on 18 August 2019 by those charged with governance.

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

#### 24 Statutory Information

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

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

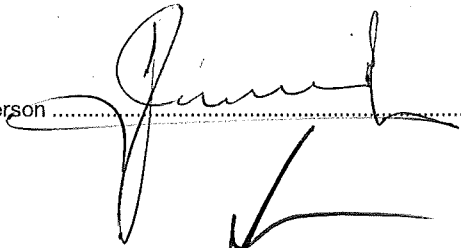


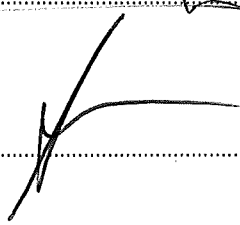
## Responsible Persons' Declaration

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

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

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

Responsible person  .....

Responsible person  .....

Dated

18/08/19

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

## Report on the Audit of the Financial Report

### Opinion

We have audited the accompanying financial report of Australian Indigenous Doctors' Association Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of Australian Indigenous Doctors' Association Ltd has been prepared 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 registered entity's financial position as at 30 June 2019 and of its financial 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.

### 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 2019 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of the Directors for the Financial Report

The directors of the 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.

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

In preparing the financial report, the directors are responsible for assessing the 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 registered entity'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 registered entity'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 registered entity 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 18<sup>th</sup> day August of 2019





Australian Indigenous Doctors' Association Ltd

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ABN 84 131 668 936



**Australian Indigenous Doctors' Association**