



# AIDA

AUSTRALIAN INDIGENOUS  
DOCTORS' ASSOCIATION

## Annual General Meeting 2021

Australian Indigenous Doctors'  
Association Ltd





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

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

Australian Indigenous Doctors' Association Ltd (AIDA)

AGM Report, 2021

ABN: 84 131 668 936

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# 2021 Annual General Meeting: Agenda

**Date:** 6 November 2021

**Time:** 2.00pm AEDT

**Chairperson:** Dr Tanya Schramm

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## 1 Welcome, apologies

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## 2 Acceptance of previous minutes

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

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

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## 3 Operations Report

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## 4 Finance Report

To receive and consider the financial report of the company and the reports of the directors and auditor for the year ended 30 June 2021 and if thought fit to pass the following resolution:

*That the financial report of the company be accepted.*

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## 5 Remuneration Pool

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

*That the Directors Remuneration Pool be accepted.*

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## 6 Appointment of Auditor

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

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

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## 7 Reports for noting

- a. Chief Executive Officer's report
  - b. President's report
  - c. Vice President's report
  - d. Director's reports
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## 8 Directors stepping down

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## 9 Board Elections: presentation of Board nominees and results

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

## 10 Presentation of 2021-2022 Board

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# 2020 Annual General Meeting: Minutes

**Date:** 31 October 2020

**Chairperson:** Associate Professor Kristopher Rallah-Baker

**Time:** 13:00 – 14:26 AEDT

**Company Secretary:** Ms Monica Barolits-McCabe

**Venue:** Online through Vero Voting site

## Attendees

### Board members (8)

Assoc. Prof. Kristopher Rallah-Baker (President)  
Assoc. Prof. Shannon Springer (Vice President)  
Dr Artiene Tatian  
Dr Keith Gleeson  
Dr Ngaree Blow  
Dr Tanya Schramm  
Mr Tom Mylne (Director Student)  
Dr Sarah Jane-McEwan (resigned prior to meeting)

### Indigenous medical doctor members (21)

Dr Alicia Veasey  
Dr Annalyse Crane  
Dr Benjamin Armstrong  
Dr Brylie Frost  
Dr Dana Slape  
Dr Dirk Arentz  
Prof Ian Anderson  
Assoc. Prof. Jaqui Hughes  
Dr Jonathan Newchurch  
Dr Josephine Guyer  
Dr Kali Hayward  
Prof Kelvin Kong  
Dr Matthew Pipe  
Dr Nathan Luies  
Dr Olivia O'Donoghue  
Dr Robert Blackley  
Dr Samara McNeil  
Dr Sarah-Rebekah Clark  
Dr Simone Raye  
Dr Tom Kural  
Dr Vinka Barunga

### Indigenous medical student members (11)

Mr Benjamin Jones  
Mr Cameron Debney  
Mr Daniel Curran  
Ms Destiny Kynuna  
Ms Ellouise Brown  
Ms Gabriella Ceolin  
Ms Jade Abernethy  
Ms Joanne Amos  
Ms Megan Shuttleworth  
Ms Oceania Henry  
Mr Thomas Mylne

### Associate members (10)

Dr Brendon Lee  
Ms Diana Burgell  
Assoc. Prof. Hasantha Gunasekera  
Dr James Griffiths  
Dr Karyn Matterson  
Dr Natasha Martin  
Dr Nicole Liesis  
Mr Robert Clifton-Steele  
Mr Stephen Corporal  
Mr Walter Dorrington

### Non-members (2)

Ms Vanessa Beavis  
Ms Marjorie Cross

### Secretariat Staff (7)

Ms Monica Barolits-McCabe (CEO and Company Secretary)  
Ms Mary Guthrie (Deputy CEO)  
Dr Melodie Bat  
Ms Siani Iglewski  
Ms Emily Do-Quang  
Ms Siddhi Doshi  
Mr Alasdair Young

## 1 Welcome and attendance

The meeting was declared open at 1:00 pm AEDT. Assoc. Professor Kris Rallah-Baker acknowledged and paid respect to Traditional Owners and Elders past, present and emerging and acknowledged the lands on which the meeting was being held, right across the continent.

Assoc. Professor Kris Rallah-Baker acknowledged and passed on the apologies of AIDA patrons, Auntie Lowitja O'Donoghue, Sir William Deane, Dr Jeff McMullen, and Dr Phil Truskett who were unable to attend the meeting. Assoc. Professor Kris Rallah-Baker also acknowledged past AIDA presidents in attendance and acknowledged their work in bringing AIDA to its current position. Assoc. Professor Kris Rallah-Baker acknowledged and thanked past Directors for their governance, and acknowledged members in attendance at the first virtual AGM for AIDA.

Assoc. Professor Kris Rallah-Baker made the following announcements with respect to the efficient running of the meeting:

- » Should there be any technical glitches, the Chair of the meeting would shift to his proxy.
- » One proxy nomination has been received by Vero Voting.
- » Reports for noting are for noting only, and will be taken as read.
- » The annual Governance Survey which builds on previous years' surveys to be sent following the meeting. Members were asked to complete this survey as it informs continuous improvement practices for the organisation.
- » Members were advised that as it was a tight agenda, with a lot of business to get through, time management would be a focus.
- » People were thanked for submitting any written questions ahead of the meeting. These would be either be addressed at the appropriate point in the agenda or taken on notice by the Board. Any new questions were to be submitted via the VeroVoting portal and these were to be monitored and managed throughout the meeting. Where possible, these would be answered during the meeting – otherwise they would be taken on notice.

### Patrons:

- » Dr Lowitja O'Donoghue
- » Sir William Deane
- » Dr Jeff McMullen
- » Dr Phil Truskett

### Doctor members:

- » Janelle Trees
- » Dr Nicole Payne

### Student members:

- » Ms Jordana Stanford (proxy given to President)
- » Mr James Eather
- » Associate members:
- » Assoc. Professor Martin Richardson
- » Dr Adam Castricum

## Voting and motions on the portal

Assoc. Professor Kris Rallah-Baker talked the meeting through the process of seconding and voting on motions.

## 2 Minutes of previous meeting and Returning Officer report for the 2019 AGM

*Resolution: The previous minutes and Returning Officer's report be accepted as a true and accurate reflection of the previous AGM.*

Assoc. Professor Kris Rallah-Baker called for questions from the meeting. No questions were raised.

**Moved** Assoc. Professor Kris Rallah-Baker

**Seconded** Mr Thomas Mylne

**Motion** Carried

## 3 Operations Report

Assoc. Professor Kris Rallah-Baker invited Assoc. Professor Shannon Springer to address the membership.

Assoc. Professor Springer addressed the membership, and paid his respects to Elders past and present and to everyone's Traditional Custodians from the lands on which they were calling in.

Assoc. Professor Springer introduced and thanked the CEO, Monica Barolits-McCabe and Mary Guthrie who were present in the online meeting; Melodie Bat, Emily Do-Quang and Siddhi Doshi who were working behind the scenes, and the rest of the staff who were online watching the AGM: Blake Edwards, Cara Smith, Alasdair Young, Chris Hardie, Siani Iglewski, Dianne Blair, Joanna Chalker, Karla Jones, Ludger Dinkler, Layla Phillips, Kate Wallis, Raegina Taylor and Katie Monk.

Assoc. Professor Springer introduced Ms Monica Barolits-McCabe to provide an overview of AIDA operations. Ms Barolits-McCabe acknowledged the Ngannuwal and Ngambri people on whose lands the secretariat office sits and paid her respects to their Elders past and present; and to any Elders present in the meeting; and to all First Nations members.

Ms Barolits-McCabe presented the major highlights of the year as follows:

- » COVID-19 has presented challenges which the organisation has met well.
- » Conference held in October 2019 attracted record numbers.
- » MDANZ and AIDA signed new MOU.
- » Collaborations and partnerships with LIME, NACHHO, IAHA, CATSINAM, NATSIWIP, Lowitja.
- » Key representations: NHLF, Medical Workforce Reform Advisory Committee, National Aboriginal and Torres Strait Islander Health Workforce Plan Partnership



Working Group; Colation of the Peaks; Closing the Gap campaign; AMA and its committees; AMSA (new MOU signed).

- » Membership support has been through a combination of face to face and online peer support sessions.
- » Membership of the National Aboriginal and Torres Strait Islander Advisory Committee on COVID-19.
- » Support to the Member on the National COVID-19 Taskforce.
- » Universities reached parity on enrolment – reaching parity on graduations remains a focus.
- » SRC meeting was extended to include an Indigenous leadership component and a cultural leadership workshop for students.
- » Amnesty on membership fees allowed a number of members to re-engage with member benefits and with other members.

Ms Barolits-McCabe thanked her team in the secretariat for their efforts in response to the pandemic, providing seamless operations to the association.

Ms Barolits-McCabe thanked Assoc. Professor Kris Rallah-Baker and Assoc. Professor Shannon Springer; and the Board members for their support throughout the year.

Assoc. Professor Kris Rallah-Baker noted the capacity and breadth of the organisation, acknowledging the achievements of the organisation, noting the major highlights of the year as follows:

- » AIDA providing ongoing provision of advice to organisations, departments, peak organisations, medical colleges, universities.
- » Improved relationship with AMA through AIDA President now sitting on federal council and members sitting on AMA committees. Assoc. Professor Kris Rallah-Baker acknowledged the work of AMA President, Dr Tony Bartoni.
- » Universities achieving enrolment parity is a significant achievement to be celebrated.
- » The College training space and completion rates are now a focus for the organisation, noting the support of CPMC with this work. The NMTAN project has been part of this work, establishing a collaborative agreement between the Colleges on benchmarking standards.
- » Workforce continues to be an active space with committee work, including AMRAC.
- » Constitutional Review work commenced by the Board will continue with the next Board.
- » Strategic Plan will be renewed by the next Board.
- » Governance Review has been completed and established a Governance Committee.
- » Cultural Safety Program has now been established as a new business development strategy aimed to reduce financial dependence on any singular entity.
- » Founding member of Gayaa Dhuwi Proud Spirit Australia

Assoc. Professor Kris Rallah-Baker acknowledged the work and leadership of Ms Monica Barolits-McCabe, particularly in meeting the extra challenges of the year.

Assoc. Professor Kris Rallah-Baker discussed the importance of the work AIDA is doing to protect remote and rural communities during the pandemic.

Assoc. Professor Kris Rallah-Baker noted that more meetings will now be held online, and that this may assist more members to engage in meetings.

Assoc. Professor Kris Rallah-Baker called for questions from the meeting. No questions were raised.

#### 4 Financial Report

Assoc. Professor Kris Rallah-Baker noted the presence of the Auditors in the meeting to answer any questions in relation to the Audited financial report or Audit process and invited Ms Monica Barolits-McCabe to provide the finance report for the 2019-20 financial year.

Ms Monica Barolits-McCabe, 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 2020. She noted that the Auditors had provided an unqualified audit report.

It was noted that the operating result was a surplus of \$214,529, significantly more than the originally budgeted deficit and that the Financial Position at 30 June 2020 was sound. Key factors to this were noted as including reduced staffing costs due to unfilled positions; reduced events, travel and accommodation expenditure due to COVID-19 restrictions, which necessitated the cancellation of many events as well as the 2020 conference.

Balance Sheet evidence a strong position with financial reserves of \$1,009,184.

Liabilities remain low.

Some increase in IT expenditure is evidence of the move to more virtual platforms for events, and equipping staff to be able to work seamlessly as required.

Ms Monica Barolits-McCabe called for questions.

Assoc. Professor Kris Rallah-Baker noted that AIDA was working towards a reduced reliance on single funding sources.

#### Question from Dr Dana Slape:

***Following on from last years' AGM, is there a plan for utilisation of surplus funds?***

Assoc. Professor Kris Rallah-Baker noted the Board's careful management of the surplus, including:

- » Surplus funds are held in Board-determined investments.

- » Surplus funds provide contingency funds for a break or gap in funding.
- » Some surplus funds are allocated to developing income generating activities such as the Cultural Safety Program.

**Comment from Dr Jaqui Hughes:**

*Thanks for a clear and well-presented finance report.*

**Question from Dr Dana Slape:**

*It would be good for an update on the Cultural Safety Program.*

Assoc. Professor Kris Rallah-Baker noted the Board's strategic objective is to generate income, and passed to Ms Monica Barolits-McCabe to respond on the operations of the program.

Ms Monica Barolits-McCabe noted key achievements of the Cultural Safety Program, including:

- » Video created with Assoc. Professor Shannon Springer around Cultural Safety and Telehealth.
- » Face to face workshops have been on hold due to COVID-19 restrictions, and will resume in November.
- » Members are encouraged to become facilitators.
- » The program will be expanded to include a pre-workshop cultural awareness program delivered online.

Ms Monica Barolits-McCabe responded to a question from Assoc. Professor Kris Rallah-Baker to note that AIDA is 87% government funded.

Assoc. Professor Kris Rallah-Baker noted that there were no questions for the Auditors.

Ms Monica Barolits-McCabe thanked Shane Bellchambers and Bellchambers Barrett for their work as Auditors for AIDA for the past five years.

*Resolution: That the financial report of the company be accepted.*

**Moved** Assoc. Professor Kris Rallah-Baker

**Seconded** Dr Jaquelyne Hughes

**Motion** Carried

## 5 Remuneration pool

Assoc. Professor Shannon Springer spoke to the remuneration pool paper, noting that:

- » Previous pools have been approved to cover stipends for President and Vice President.
- » Board is looking to draw on strengths of whole Board.
- » Governance Review conducted by Conscious Governance recommended remunerating all Board members.
- » The distribution of the pool of \$200,000 would be determined by the Board through the Governance Committee.
- » This represents an increase of \$84,296.

Assoc. Professor Shannon Springer called for questions.

**Question from Kelvin Kong:**

*Thanks Shannon, great idea and support. How do you know how much to increase if the distribution is not worked out? Will this be enough?*

Assoc. Professor Shannon Springer responded that the Board will determine how the pool is distributed. If this is not sufficient, then the Board will make a request through the next AGM to change the pool.

**Questions from Olivia O'Donoghue:**

*Does the remuneration include remuneration for the Student director too?*

Assoc. Professor Shannon Springer responded that yes, this will include the Student Director, as they carry the same responsibilities as the rest of the Board.

**Question from Dr Jaquelyne Hughes:**

*What does higher remuneration pool ACTUALLY look like? What processes have been agreed to, have the Board forecast this?*

Assoc. Professor Shannon Springer responded that the current pool only pays the President and Vice President. Moving forward, the increased pool will provide remuneration for the total Board. The Board have established a Governance Committee that will oversee the process of distribution of the pool. The appointment of an Independent Director on the Board will also help to ensure transparency.

**Question from Dr Dana Slape:**

*Does the proposed amount come from govt funds or the surplus?*

Assoc. Professor Shannon Springer responded that the remuneration pool is drawn through government funding.

Ms Monica Barolits-McCabe responded that this will only change if there is a change in AIDA's funding agreement.

**Question from Dr Dana Slape:**

*What do other Indigenous organisations do, such as IAHA?*



Ms Monica Barolits-McCabe responded that other organisations such as IAHA remunerate their President or Chair, noting that they are also responsible for most of the representational work, whereas with AIDA, it is not unusual for all the Board members to have high level representational requirements.

Assoc. Professor Shannon Springer noted that distributing the work amongst the Board members will work to build and strengthen the collective leadership of the Board.

**Comment from Dr Sarah Jane McEwan:**

*As a recent director knowing the workload required this is a commendable approach.*

**Comment from Dr Olivia O'Donoghue:**

*Thank you for this. I agree this is a good approach and values all the work that the executive and directors input into AIDA.*

**Comment from Dr Sarah Jane McEwan:**

*For those that don't want payment - there is an ability to donate this back to the organisation which might be how some prefer to proceed as a gift in kind*

*Resolution: That the Directors Remuneration pool be accepted.*

<b>Moved</b>	Assoc. Professor Kris Rallah-Baker
<b>Seconded</b>	Professor Ian Anderson
<b>Motion</b>	Carried

## 6 Appointment of Auditor

Assoc. Professor Kris Rallah-Baker noted the paper as presented and called for questions. No questions were raised.

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

<b>Moved</b>	Assoc. Professor Kris Rallah-Baker
<b>Seconded</b>	Dr Glenn Harrison
<b>Motion</b>	Carried

## 7 Reports for noting

Assoc. Professor Kris Rallah-Baker noted the following reports as having been circulated to members prior to the meeting and were taken as read.

- » President's report
- » Vice President's report
- » Directors' reports
- » Chief Executive Officer's report

Assoc. Professor Kris Rallah-Baker called for questions. No questions were raised.

## 8 Directors stepping Down

### Outgoing President

Assoc. Professor Kris Rallah-Baker noted the privilege and responsibility of holding the position as a member of the AIDA Board.

Assoc. Professor Kris Rallah-Baker acknowledged and celebrated that previous Board member, Mr Ben Jones, has won a Rhodes Scholarship.

Assoc. Professor Kris Rallah-Baker acknowledged the work of the work of outgoing Vice President Assoc. Professor Shannon Springer and thanked the AIDA Board for their commitment to the membership, their service and hard work.

Assoc. Professor Kris Rallah-Baker thanked the CEO, Deputy CEO and the Secretariat for their tireless work in supporting the Board and membership.

### Outgoing Vice President

Assoc. Professor Shannon Springer thanked Assoc. Professor Kris Rallah-Baker on behalf of the Board for his leadership and achievements.

### Outgoing Directors

Assoc. Professor Kris Rallah-Baker acknowledged the work of the outgoing Directors not standing for re-election, being Dr Artiene Tatian for his diligence and longer service; Mr Thomas Mylne as Chair of SRC; and Dr Sarah-Jane McEwan for her invaluable insights.

### Outgoing Student Director

Mr Thomas Mylne thanked the SRC members for their support and acknowledged their achievements, noting the support of Raegina Taylor and Cara Smith within Secretariat.

Assoc. Professor Kris Rallah-Baker handed the Chair of the meeting to continuing director, Dr Ngaree Blow.

## 9 Board Elections

Dr Ngaree Blow acknowledged the Wiradjuri and Bunurong people and paid respects to their Elders and ancestors and to acknowledge all of the Aboriginal lands that people are meeting on, and called for the results of the elections.

Returning Officer, Mr Greg Mitchell, from Vero Voting presented the election report, noting that the exact number of nominations were received for vacancies, no election was required, and the following nominees are deemed to be elected.

**President** Dr Tanya Schramm

**Vice President** Dr Simone Raye

**5 Ordinary Director positions** Dr Robert Blackley

Dr Keith Gleeson

Dr Glenn Harrison

Dr Jaquelyne Hughes

Dr Nathan Luies

**Student Director** Ms Gabriella Ceolin

Dr Ngaree Blow handed the Chair of the meeting to Dr Tanya Schramm, as the President of AIDA.

## 10 Presentation of 2020/2021 Board

Dr Schramm acknowledged the new Board, thanking the membership for their faith and trust.

Dr Schramm acknowledged the Merripan people, as a Palawa woman, on whose lands she was meeting from, and also the lands on which everyone was gathered and the ongoing connection to land and culture, and paid her respects to Elders past, present and emerging and to those who were not with us long enough to reach Elder status.

Dr Schramm presented the new Board to the membership, and made a commitment to the membership to stay connected and engaged. Dr Schramm thanked the outgoing President, Vice President and outgoing Directors for their work. Dr Schramm thanked Ms Barolits-MCCabe for her leadership and the Secretariat for their hard work during such a trying year.

At the conclusion of the 2020 AGM, the AIDA Board was composed as follows:

**President** Dr Tanya Schramm

**Vice President** Dr Simone Raye

**Director** Dr Ngaree Blow (Continuing)

Dr Robert Blackley

Dr Keith Gleeson

Dr Glenn Harrison

Dr Jaquelyne Hughes

Dr Nathan Luies

**Director (Student)** Ms Gabriella Ceolin

## 11 Close meeting

The meeting closed at 2.26pm AEDT.

# 2020 Returning Officer's Report

## DECLARATION OF RESULTS

Nominations for Australian Indigenous Doctors' Association Ltd



### 1. Nominations Result

The call for nominations for the 2020 election for the Australian Indigenous Doctors' Association Ltd closed at 12pm on Friday 2 October 2020. Those members whose nominations were received and accepted in accordance with the AIDA Constitution are;

**President Nomination:**

Tanya Schramm

**Vice-President Nomination:**

Simone Raye

**Ordinary Board Member Nominations:**

Glenn Harrison

Jaquelyne Hughes

Keith Gleeson

Nathan Luies

Robert Blackley

**Student Director Nomination:**

Gabriella Ceolin

*Final Nominations Audit: 2 October 2020 12:10 PM AEST*

As all vacancies are filled for each position, an election is not required. These nominees are deemed elected.

### 2. Vero Voting Independence Declaration

The Nominations for Australian Indigenous Doctors' Association Ltd has been managed and declared independent of *Australian Indigenous Doctors' Association*.

The Nomination result has been audited and the declared result is assured.

Regards,

A handwritten signature in blue ink, appearing to read "Greg Mitchel", written over a horizontal line.

Greg Mitchel  
Director, Vero Engagement and Voting Solutions Pty Ltd



Suite 5, 100 Railway Road, Subiaco, WA 6008 P: 08 6500 0810

# CEO's Report

AIDA has continued its important work in contributing to a more culturally safe health care system, to better health outcomes for our people, to strengthening the journey for our medical students and doctors, and supporting our members.



Ms Monica Barolits-McCabe

The 2020-2021 year has been a very challenging time for AIDA, as it has been for everyone. It has meant that we haven't been able to see our members nearly as much as we would like to, to provide the networking, support, and collegiality that we would otherwise have been able to do. While we have been able to offer online forums such as Growing our Fellows, coaching sessions for students, trainees and registrars, support and networking sessions for our members, we know its not the same.

We did have a hiatus from the pandemic for some months, and thankfully we were able to conduct events in a few locations such as Darwin, Newcastle, Cairns and Canberra.

In October 2020 AIDA held its first ever virtual AGM, which was very successful and received positive feedback. However, feedback also told us that members would prefer a face-to-face AGM, unfortunately, the 2021 AGM will also be held virtually.

Regrettably, we were forced to cancel our 2021 Roadshow. Our intention to conduct local Roadshows was to reach our membership face-to-face, working within the confines of the pandemic. We thought it was important to aim to see our members, knowing how challenging it has been working and studying in these times. However, we were beaten by the virus. I would like to say thank you to everyone who engaged with our planned Roadshows - speakers, sponsors and those who registered to attend the Roadshows. We appreciate your commitment, and certainly look forward to seeing you all again in 2022.

Similarly, we were unable bring our new Student Representative Council (SRC) face-to-face meeting, which is really important for induction, leadership training, team building.

An important development for AIDA in 2021 has been the recruitment of Dr Karen Nicholls, to a new role in AIDA, Aboriginal and Torres Strait Islander Specialist Trainee Support Lead. Dr Nicholls will be responsible for developing and implementing AIDA's Specialist Trainee Support program supporting Aboriginal and Torres Strait Islander doctors who are looking to enter or undertake specialist training.

AIDA has continued our representation on forty-plus medical and health bodies and attended a range of consultation meetings throughout the reporting period. This has included representation on the Commonwealth Department of Health COVID-19 Advisory Committee, our work with the AMA, the AMC, CPMC, Medical Deans, medical colleges. AIDA is also an active member of the Coalition of the Peaks.

Our policy work in this period has included input into the National Medical Workforce Strategy, the National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan - both of which are critically important for the future of Indigenous doctors. We also issued a number of policy papers, media statements and contributed to a wide range of policy submission processes. AIDA also continued to support colleges in their implementation of the 15 agreed standards to grow the Aboriginal and Torres Strait Islander workforce and progress towards a culturally safe health system, and preparation for the publication of the second *'Growing the number of Aboriginal and Torres Strait Islander medical specialists'* report.

We continued our work on cultural safety. We did manage to conduct a small number of face-to-face courses with colleges during the year, but again, lockdowns thwarted our plans, sometimes at the very last minute. AIDA is strongly committed to delivering cultural safety courses when border restrictions permit that. During 2021 we have developed an online cultural awareness module which will be available at the end of October 2021.

I am pleased to advise that we have developed a new CRM, as well as a new AIDA website which includes a membership portal. The portal now allows members to update their details directly into the CRM, it is also a place for our members to view opportunities, connect with our members and develop mentoring relationships, I urge all full members and students to sign on and check it out.



I would like to extend my sincere thanks to the members who participated in the COVID-19 communications campaigns throughout the year. It is really important for Aboriginal and Torres Strait Islander people to see messages from Indigenous doctors about public health orders.

AIDA continued its engagement with local community throughout the year. We held a Board meeting in May in Alice Springs, at which we were able to engage with Directors from NPY Women's Council as well as local elders who shared insights into youth and other local programs. AIDA hosted a NAIDOC event in November, with local Elders, Aunty Matilda House and Mr Paul House, and local Canberra-based stakeholders.

Despite the ongoing challenges associated with the Covid-19 pandemic, AIDA has continued its important work in providing ongoing support to its member network and in promoting culturally safe medical practices aimed at improving health care outcomes for Aboriginal and Torres Strait Islander communities.

Finally, I would like to thank the Secretariat team for their ongoing support and commitment over the past 12 months, above and beyond in pursuit of our vision.



# President's Report

I am pleased to present this report of my first year as AIDA President. AIDA has certainly faced a testing time in 2020 and 2021 given the COVID-19 pandemic, but I'm confident that our work has progressed well in the face of those challenges.



In my role as AIDA President, I have participated at all AMA Federal council meetings and have Co-Chaired the AMA Indigenous Health Taskforce together with the AMA President. This has been the first time the AIDA President has been involved in this capacity and it's been a welcome and important initiative. The focus of this group has been cultural safety and has led to the AMA Federal Council making the decision to undertake our cultural safety training. They have also invited AIDA to work with them in putting together a Reconciliation Action Plan (RAP), one that shows true commitment. They have expressed a want and need to develop a RAP that does more than sit on a shelf. They wish to develop a document that is robust and allows for meaningful engagement with Aboriginal people, organisations and companies.

Cultural safety for Aboriginal and Torres Strait Islander patients remains a high priority for AIDA. Although we were slowed somewhat by COVID-19 restrictions, we delivered some face-to-face cultural safety workshops to specialist colleges, including one that I co-delivered with Professor Shannon Springer for RANZCP in Hobart. We have also developed a cultural awareness online module which is aimed at a broader audience, due for launch in October.

A significant initiative for AIDA this year has been the recruitment of Dr Karen Nichols who will be responsible for developing and implementing AIDA's Specialist Trainee Support program supporting Aboriginal and Torres Strait Islander doctors who are looking to enter or undertake specialist training. With welcoming Karen onboard, we hope to increase our number of doctors following with their chosen specialist college. Through this new role we will look to also support the colleges in developing strength-based curriculum for all registrars in training.

It was with some anguish that the Board took the decision to cancel the planned 2021 AIDA Roadshows events. The Board understands how important it is for our members to be together. We had planned to overcome border restrictions by meeting with our members in the capital cities but the outbreak of the Delta strain in 2021 meant that this became impossible.

I was fortunate to get to member events earlier this year, in Cairns and Newcastle, as well as the Canberra stakeholder event last December. We continued to be in touch with our members online over the year, with virtual Growing our Fellows workshops, coaching sessions and support forums.

AIDA has continued its important work in contributing to health and health workforce policy throughout the year. We continue to be represented on over 40 advisory bodies, we strive for a more culturally safe health care system, to better health outcomes for our people, to strengthening the journey for our medical students and doctors, and support our members. AIDA has continued to participate in the Department of Health's COVID-19 Advisory Committee, as well as participating in communications campaigns about public health orders and encouraging our people to get vaccinated.

I would like to acknowledge the work of our students and doctors, and their commitment to the health and life outcomes of Aboriginal and Torres Strait Islander people. I'm sure you will agree, it is a great privilege to contribute to a better health system for our people, especially in these challenging times.

Finally, I would like to thank our CEO Ms Monica Barolits McCabe for her leadership of the AIDA Secretariat, and also thank the Secretariat staff for their commitment to the work of AIDA over the past year.





# Vice President's Report

What a year it has been, having re-joined the AIDA board in 2020 as the Vice President in the midst of a pandemic. It has been such a challenging time with the ongoing Pandemic affecting all our lives in so many different ways.



Dr Simone Raye

It has been devastating to see the effects of the Delta variant of COVID-19 virus on the vulnerable Aboriginal communities in Western NSW with the mounting positive cases and deaths. In the initial phase of the Pandemic our communities did well in terms of keeping COVID out but the Delta variant has proven to be very infectious and hence dangerous for our vulnerable communities. The remoteness of our communities were beneficial in helping to keep them safe from the virus but it can also be a huge problem in terms of being able to access adequate health care if and when they do become affected.

As I write this update the vaccination rates among Aboriginal and Torres Strait Islander communities sits much lower than the non-Indigenous communities (roughly 20 percentage points lower). There have been a number of difficulties in accessing the vaccine with supply being one of the major hurdles, which is now hopefully being addressed with ACCHOs given priority to access more vaccines quickly when they run low.

There has also been a lot of misinformation around the vaccines which has been a huge contributing factor to a lot of uncertainty within a large number of communities around getting vaccinated. AIDA is working hard with the Coalition of the Peaks to try and help dispel a lot of the myths and misinformation so that we can get our communities to at minimum an 80% vaccination rate before the regions open up and we can "live with COVID". We would prefer a 90-95% vaccination rate (if not 100%) due to the high levels of burden of illness within not only the adult population but also within the children, who as yet, are unable to be vaccinated.


The situation in Western NSW is tragic and from talking with our members in those communities, we are learning very valuable lessons that we really need to ensure we employ proactive preventative measures in the rest of our communities, not just being reactive. This situation really shines a huge spotlight on the disparity that we all know exists in our communities but the vast majority of the rest of society chooses to ignore.

We really need to ensure vaccination is a major priority with Aboriginal lead teams and specific vaccine safety education, develop safe isolation facilities as a matter of urgency (before the community is affected not after), we need to ensure the contact tracing teams have local mob involved, we need the GPs and AMS's involved in the planning for their region and they need to know who is affected (either in isolation or quarantine) so that they can assist with other cares (food, supplies, medication etc).

We have continued to hosting events online and this will be our second online AGM. Our Growing our Fellows event, which I participated in hosting, was also online over two consecutive weekends and was reasonably well attended by our members. I will also be helping to host our Peer Support/Yarning Circle groups online to offer any support or just provide a way of staying strong and connected with others during these ongoing difficult times.

COVID has also affected a lot of the training and exams for not only our student members but, also our graduate trainees. Working with the GP registrars around their online exams I have witnessed the devastation of having an online exam crash and the turmoil or uncertainty of what next. Hopefully the colleges have managed to work out a way forward with exams and training so we can avoid any further instances like this in the future. With the employment of Dr Karen Nichols in the role of Specialist Training support AIDA can offer extra support and guidance for our trainees. We are also in the process of developing and signing MOUs with all of the training colleges to ensure we can work closely together in supporting our trainees.

At AIDA we were disappointed that we were unable to deliver on our AIDA Roadshow events but due to the unfolding COVID situation cancelling the events has proven to be a very wise decision. We could not in good conscious hold an event that could potentially put any of our members, staff or community members at risk.



We had hoped to have discussions with the membership around several important topics to help in the development of position papers:

- » Black Deaths in Custody,
- » Raise the Age, and
- » Uluru Statement from the Heart being the most pressing.

Hopefully next year we will all be able to get together and celebrate not only getting together but also our 25<sup>th</sup> anniversary!

### **AIDA representation and committees**

- » Proxy AMA Federal Council meetings
- » Proxy CPMC meetings
- » RACGP FATSIIH Council
- » RACMA Scholarship Committee
- » AFWM Bursary Committee
- » AIDA Membership Committee
- » AIDA Governance Committee
- » Hosted Growing our Fellows online sessions
- » Nationally Consistent AGPT Payments Workshop
- » Presented to the Woolworths Group Independent Panel Review (IPR) into Endeavour Group's proposal to develop a Dan Murphy's retail outlet in Darwin.
- » ABC, SBS and BBC media releases around COVID

### **External representation**

- » IGPRN – RACGP and ACRRM registrar exam support
- » NT Rural Generalist Program
- » RVTS Indigenous Health Training Reference Group



# Director's Report

The prevailing theme for most activities over the last 12 months since my appointment to the AIDA Board of Directors has had the shadow of COVID blocking our view, preventing our activities and thwarting our plans.



Dr Glenn Harrison

Our ability to engage with our membership of students and doctors, to meet up at our membership dinners, our annual conference and subsequently our roadshow events has challenged AIDA. Difficult decisions demand strong leadership and AIDA has exemplified the determination to adapt to circumstances and protect our medical workforce community. Our communities have done an amazing job to prevent infections despite a increasing list of limitations. My heartfelt condolences go out to those families and communities who have become infected and to those who have succumbed most recently.

COVID has emphasised the inequities and disparities some of our most vulnerable community are exposed to. My experience over the last 12 months has enhanced my belief that AIDA is a leading national body that that not only is led with vision but is well placed to shape outcomes.

I expected a big learning curve when I took on the role, particularly with the Finance committee however the support and direction from Finance Chair Dr Keith Gleeson, our CEO Monica Barlotis-McAbe and Corporate Service Manager Dr Melodie Batt has made a potential difficulty so much easier to navigate. I am truly humbled by the amount of activity our board members engage in through AIDA and through their clinical activities, community activities and their own personal journeys, they are an inspiration to me and I am proud to be associated with AIDA.

I would like to acknowledge the leadership our board and CEO have shown in these difficult times and look forward to future activities with all our members.

## AIDA representation and committees

- » AIDA Board Director
- » Finance, Risk and Audit Committee member – subsequent Finance Committee
- » Constitutional review committee member

## External representation

- » Fellow Australasian College for Emergency Medicine
  - Co Chair of ACEM Indigenous Health Committee
  - Reconciliation Action Plan Committee member
- » Australian Medical Association Taskforce on Indigenous Health – member
- » Melbourne Academic Centre for Health – Indigenous Leadership Group member
- » Royal Melbourne Hospital Aboriginal & Torres Strait Islander Governance Committee member

- » Royal Melbourne Hospital Indigenous Internship Program Co-ordinator
- » Wyndham Peoples Advisory Panel community member

## Outcomes

I attend all scheduled meetings of the AIDA Board, Constitutional review committee and the Finance committee with exception of the 1<sup>st</sup> meeting due to a diary error.

As a member of the Finance committee, which originally commenced as the Finance Risk and Audit committee, saw our committee align our governance structure for financial reporting and management with other organisational structures by dissolving into 2 new committees – the Finance Committee and the Risk, Audit and Assurance Committee, with the drafting of new terms of reference and memberships for the 2 committees. Despite the setback of cancellations affecting our conferences and Cultural Safety Program our financial position remains safe with all statutory obligations met as we move into the back end of our current funding model.

Work on the AIDA Constitution review and progressing papers through to our Indigenous Knowledge Advisory Council on matters including Confirmation of Aboriginality were delivered with robust discussion and the difficulties individuals and some communities experience with Stolen Generations, dispossession and ongoing loss of cultural and community access at the forefront our decisions.

Opportunities to help draft a Cultural Safety position paper and be involved in the development of a future planned Reconciliation Action Plan with the AMA as part of its Taskforce on Indigenous Health were undertaken with other members of the AIDA board.

Conference planning for our Annual AIDA conference was derailed by COVID with a difficult decision to cancel the event to reduce any public health risk to our members and to minimise financial penalties for later cancellations, a Roadshow of state based events was earmarked but disappointingly these too have had to be cancelled. Additional conference activities with an Indigenous Health focus as session chair conveyer at the Australasian College for Emergency Medicine Annual Scientific Meeting were also cancelled – however plans for Indigenous Health content is underway for Developing Emergency Medicine 2022 (Darwin) and the International Conference in Emergency Medicine 2022 (Melbourne).

# Director's Report

I acknowledge the traditional custodians on the lands we meet – their elders past, present and future. I also acknowledge my fellow brothers and sisters and their connection to the land.



Dr Keith Gleeson

I have nothing to declare to members of the board that is a potential conflict of interest during this reportable period.

## General Report

The last 12 months have been a difficult period for the board given the challenges due to the Covid 19 pandemic. I would like to thank members and the secretariat for their understanding and patience during this time.

I would particularly like to thank Monica Barolits-McCabe for her leadership and guidance in reviewing AIDA's strategic plan and implementing what I would call fundamental cultural changes to the organisation for the future. Some examples include:

- » The establishment of the Indigenous Knowledge Advisory Committee
- » AIDA's Cultural safety training for colleges
- » Review of Board Performance Protocols
- » Implementation of AIDA's History Project

However, it is with a heavy heart that I have decided to step down from my position as a director in September this year. I have been in this position for 3 years now and am currently the longest serving member on the board. This was a decision I made earlier this year primarily to stagger the election of board members to ensure ongoing corporate knowledge.

I am deeply humbled and honoured that members have placed confidence in me to serve their interest. I have been extremely privileged to work with very talented colleagues and have learnt a lot about the importance of this organisation not only to its members but to the wider Aboriginal community in Australia. I have no doubt whoever replaces my position that they will bring new ideas to the team that will benefit AIDA members.

I would like to especially thank my former presidents Dr. Kris Rallah-Baker and Dr Tanya Schramm for their support during my service.

During my term as a board member, I have been actively involved in chairing the Finance, Risk and Audit committee (FRAC) which was recently broken down into two separate committees, the Finance Committee and the Audit Risk and Assurance Committee.

Additionally, to these commitments I have been heavily involved as an AIDA representative on other boards. These include; Andrology Australia, National Rural Health Alliance and General Practice Training Advisory Committee.

Finally, I strongly encourage those members who would like to serve on the board to seek advice from our team, to help facilitate your application in the future.



# Director's Report

I have had the privilege and honour of representing AIDA and our membership as a Board Director over the past 2 years.



Dr Ngaree Blow

During this reporting period I continue my advanced training in Public Health through the Australasian Faculty of Public Health Medicine (AFPHM) in my two registrar roles with the University of Melbourne as Senior Lecturer in the Medical School and with the Victorian Department of Health (DH) in the vaccination program. I have continued to work remotely to be closer to my family and my Father's Country up in Queensland. This has immensely improved my own personal wellbeing during the pandemic. I continue to advocate and represent AIDA across multiple committee memberships and advisory roles including: the Australian Medical Council (AMC) Aboriginal and Torres Strait Islander and Māori committee member, Commonwealth National COVID-19 Aboriginal and Torres Strait Islander committee, Leaders in Medical Education (LIME) reference group, AMA Trainee Forum committee representative for AIDA, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) General Practitioner (GP) workforce advisory group and advisory for the Baggarrook Yurrongi Research project.

Below is a breakdown of activities since the last reporting period:

## May-June 2021

- » Weekly attendance to the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 on behalf of AIDA CEO
- » Attended AMC Committee meetings and contributed to reviewing accreditation standards for International Medical Graduates (IMGs) and Colleges.
- » Presentation to the Melbourne Medical students during the annual student-led conference

## July 2021

- » Continual committee representation across the month including weekly attendance at the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 on behalf of AIDA CEO
- » Keynote presentation for the Council of Academic Public Health Institutions Australasia (CAPHIA) teaching and learning forum.

- » AMA trainee forum as AIDA representative July 28<sup>th</sup>
- » Media representation on abc radio and NITV r.e. COVID-19 vaccine roll out
- » Co-facilitated AIDA Cultural Safety training for RACS in Brisbane, QLD

## August 2021

- » Representation at the LIME network reference group and AMC fortnightly meetings to review accreditation standards for Colleges and IMGs
- » September 2021
- » Media representation for AIDA r.e. COVID outbreaks and vaccine rollout
- » Hosted 2x AIDA yarning circles

## Outcomes

This quarter I have been able to continue to develop my skills in public health medicine and build my confidence in media representation across diverse forums to advocate for First Nations communities affected by the COVID-19 pandemic and encourage vaccination and informed health decisions on the risks and benefits of the vaccines. I continue to work with my Koorie community and other communities across Victoria remotely and establish new connections with the Murri communities across Brisbane, Bundaberg and Minjerribah/Terangeri (North Stradbroke Island), as well as co-facilitated AIDA Cultural safety training in Brisbane. I remain committed to promoting AIDA's work through my various roles, as well as through external advocacy, always being guided by Elders and community mentors that are leading the way.



# Director's Report

I was elected to the AIDA Board of Directors late in 2020 and attended my first board meeting in Canberra in December.



Dr Nathan Luies

It was a very busy time as I finished up my clinical job in Canberra at Australian Institute of Sport and returned to WA to commence new clinical role in Perth at Perth Sports Medicine. This role includes regular Broome clinical visits.

I have continued my roles with the Australasian College of Sports and Exercise Physicians (ACSEP) Indigenous Health Advisory Committee and Rural Health Advisory Group. I have also commenced a second fellowship training in the ACRRM Independent pathway.

My work throughout the year covered:

» Ongoing input to pneumococcal and other vaccinations for Indigenous AFL and NRL players

- Discussed bespoke cultural training arrangement between AFL and AIDA at a meeting with AFL executives
- AFL have since rolled out their own education for vaccination of Indigenous players

» AIDA Director

- Attendance at AIDA Board Meetings
- Member of the AIDA Membership committee meetings
  - Review of membership applicants quarterly meeting
  - Planning and hosting meetings to review new applicants
  - Reviewed Confirmation of Aboriginality paperwork documents for members applications
- Board Effect Training

» Continued roles with Australasian College of Sports and Exercise Physicians (ACSEP) Indigenous Health Advisory Committee and Rural Health Advisory Group

- Meeting with ACSEP Scientific Conference Committee member, Dr Viran de Silva, for cultural involvement upcoming ACSEP conferences and held further discussions with ACSEP members doing AIDA cultural safety module with ACSEP Board members

- Meetings with ACSEP IHAC Dr Krishant Naidu and ACSEP staff member Tash Katu regarding meeting with AIDA CEO to further explore vaccine issues in sport and the vaccination of Indigenous athletes at ACSEP National conference
- Met with AIDA CEO Monica Barolits-McCabe and ACSEP IHAC members Dr Krishant Naidu and Tash Katu on two occasions to discuss joint statements from AIDA and ACSEP on vaccinations in sport
- Discussions with ACSEP board to push AFL/NRL CMO for answers re where pneumococcal vaccination push came from
- Initiated and provided ongoing input in Indigenous pneumococcal vaccinations to AFL/NRL players with IHAC members
- Discussed all ACSEP registrars doing AIDA cultural safety module
- ACSEP Indigenous Health Advisory Committee Meeting – discussed pneumococcal vaccines issue with committee and upcoming COVID-19 roll out
- » Attended AIDA Growing our Fellows session with new ACSEP President Dr Mark Fulcher
- » Visited Broome for clinics – met and discussed with past members Dr Kim Isaacs and Dr Gemma Johnson about increased AIDA member engagement for the Kimberley region. At present approximately 12-13 Indigenous doctors/medical students in Kimberley – suggested event to AIDA President, VP and CEO with detailed list of names.
- » Sports and Exercise Medicine clinics in Perth and monthly Kimberley visits to Broome with Perth Sports Medicine

# Director's Report

I was nominated and appointed to AIDA as a Board Director in 2020. This is my first time to serve on the Board, though I have advised AIDA previously.



Assoc. Professor Jaquelyne Hughes

As a Board Director, I have been able to support Aboriginal and Torres Strait Islander health and health policy, and support AIDA medical workforce.

I am based in Darwin, and the coronavirus pandemic impacted travel, and in person meetings, however had excellent local in person Board leadership collaboration from Vice President Dr Simone Raye and Board Director Dr Robert Blackley, and AIDA CEO` Ms Monica Barolits McCabe. While managing perceived conflict of interest, I've been proud to bring value to AIDA from my professional expertise as a Physician, who works in public health (as a researcher).

## AIDA Representation and Committees

Due to unplanned leave for the first Board member meeting, I have attended all other Board member meetings in 2021, several optional meetings with President and VP weekly meeting with the CEO, as an opportunity to sound issues or opportunities for AIDA. I have also supported out of session papers and urgent Board discussions. These were all online. A highlight was meeting the Board in person in Alice Springs in May 2021. We hosted a member and associate member event at the Desert Knowledges Centre, reconnected with APY Women's Council and Ngankaris, welcomed to Arrente Country by Elders, and a fireside learning with Alice Springs Grandmothers group. This all occurred as Melbourne locked down for COVID (delta).

As an RACP Fellow, my main External AIDA committee representation was to the Royal Australasian College of Physicians (RACP). These meetings were video conferences, again due to COVID travel restrictions, and with Monica Barolits McCabe (secretariat continuity), and Dawn Casey (who represents NACCHO).

In 2021, I was appointed to AMA Indigenous Health Committee, and have supported their policy on Cultural Safety and Prisoner Health. These are also two of AIDA Board priority issues. I worked closely with AIDA secretariat and AIDA Darwin-based Board Members to plan a COVID-safe local conference, and we approached the event with flexibility given rapidly changing COVID environment nationally and within the Top End during 2nd and 3rd quarter 2021. I was the main photographer for our Darwin member event, as secretariat could not travel with COVID border restrictions.

## External representation

I co-presented with Prof Kelvin Kong at RACP Congress

hybrid meeting in a session title 'Transforming the Specialist Workforce'. This was well received, and RACP ATSIHC did identify discussion points that were taken back to RACP Education committee.

I have advised RACP Policy and Advocacy Committee about a matter related to systemic bias in healthcare, and thus was supported by RACP President, and RACP did brief the Federal Health Minister.

I have enjoyed the opportunity to support AIDA in social media connections with members, about the changing environment for the AIDA RoadShow and supporting AIDA's position for a covid safe community, including Aboriginal and Torres Strait Islander communities. I've been proud to see AIDA work closely with Coalition of Health Peaks during the last 12 months. One example, though I was not a driver of this, was observing AIDA solidarity and support for community led health initiatives which opposed a commercial interest of an alcohol mega store in the Darwin area.

## Outcomes

In my role as AIDA Director, I have worked with RACP and nephrology community to support AIDA's priority of member support, workforce effectiveness and cultural safety.

RACP Aboriginal and Torres Strait Islander Health Committee asked me to speak at the RACP Indigenous Child Health Statement Launch (March 2021), which was a recorded webinar and educational forum for RACP members.

I also co-presented with Prof Kelvin Kong at RACP Congress in a session called 'Transforming the Specialist Workforce'. (May 2021), which was an important forum to recognise collaboration for fellows and fellows in training across Colleges. I facilitated an invitation for Dr Karen Nichols AIDA Specialist Trainee Support Lead, to present at DNT 2021 (Dialysis Nephrology and Transplantation) policy forum in Session 1 (Cultural Safety, Workforce and Research Advisory Committee). Recommendations from that meeting are found here: [www.nephrology.edu.au/210921%20E-News%20DNT%20themes%20summary.pdf](http://www.nephrology.edu.au/210921%20E-News%20DNT%20themes%20summary.pdf).

Most recently, AIDA VP Dr Simone RAYE led a covid-safe Darwin member event, which incorporated a smoking ceremony and lighting of lanterns, and a shared meal. It was good to be with members and connect. This is a key role of AIDA to support member engagement who are important and impactful health leaders.

# Director's Report

I am continuing to find my footing as a new director of AIDA whilst attempting to balance the role with work in Royal Darwin Hospital (now in Obstetrics and Gynaecology) and with family life.



Dr Robert Blackley

I've come to realise that I am never NOT an AIDA board member, and as such almost all of what I am doing is seen through that lens.

The current most pressing factor shaping my experience as a director is of course the ever-present situation with COVID. From snap Darwin lockdowns to the daily news of spread to NSW and Vic Aboriginal communities and the tragic deaths that have occurred, the pandemic permeates my life through news media, social media, and daily conversations. I find myself spending much of my time and energy trying to do what I can to learn more and help more in this space.

I'm about to embark on a trip to Ngukurr in Western Arnhem Land, a place I spent some of my childhood at, to spend time with elders and community leaders. I'm not sure how I will tackle this, but Ngukurr people are not getting vaccinated, and I will be there not only as the small boy they remember now grown, but as a doctor and as a director of AIDA.

To help prepare I've done the online training course for health care workers for COVID vaccine administration, which does contain some useful talking points to counter hesitancy. But I feel the real impact I can make is by listening quietly and trying to engender some modicum of trust in the health care system (a task burdened by all the failures of the past) I hope that at the very least I can use the opportunity to gain insight into what is actually happening in this part of the country, particularly in the light of the Commonwealth's ambitious plan to vaccinate 80% of Aboriginal people by October 31<sup>st</sup>. I will report on this at the coming meeting.

## AIDA representation and committees

Audit committee has not yet met and I have had no word from RANZCP about their Indigenous advisory committee on which I sit as AIDA director.

Other activities have been in planning for the now cancelled Darwin AIDA Roadshow, something which took up much time and could have been an excellent gathering if not for the risk of COVID related fallout.

Thank you to Simone, Jacqui, and secretariate who put in lots of work in the planning.

I have also been attending the various zoom meetings as time permitted to deal with general and emergent issues.

## External representation

To date I've had no formal instruction to represent the board externally other than to act as a media interface as needed for COVID related talk.

However, as mentioned above I feel that we all as directors of AIDA are always acting in our roles wherever and whatever we are doing.

For me, whether it's casual conversations with other clinicians or in the types of community discussions I will be having over the coming week in Ngukurr, I am (whilst I hold office) a board member of AIDA and as such need to represent the organisation professionally and respectfully.

## Outcomes

I feel that though disappointing it has been a positive outcome to have cancelled the Darwin Roadshow to minimise financial and reputational risk.

I have no other tangible outcome to claim other than to say that the knowledges I've gained since my last report has better prepared me for the job of AIDA director and I look forward to being able to make further contribution to realising our agenda.

# Director's Report

My most pressing work is the acceleration of COVID-19 Vaccination for Aboriginal and Torres Strait Islander Peoples nationally.



Dr Dawn Casey

This now involves weekly meetings with ACCHOs, Affiliates and with each state and the Northern Territory to plan, monitor, adapt and deal with vaccine roll out issues as they arise.

Also working in partnership with the Commonwealth Government in providing a range of assistance to facilitate vaccination roll out. Funding is being provided via NACCHO to respond to outbreaks and quick roll out of Point of Care Testing equipment. Grants are also being provided to our community to cover surge workforce, community engagement and associated costs

Vaccination rates are increasing but there remains some pockets of hesitancy.

# Director Student's Report

My time on the board as Student Director has been an incredible experience. In my role, I have had the privilege of meeting and working with amazing Indigenous doctors and medical students from around the country.



I have also had the privilege of getting to know the organisation's board members and secretariat, and have come out with a better appreciation of all the hard work that goes on behind the scenes. In a year filled with much turmoil due to the pandemic, I would like to especially give thanks to my predecessor Mr Tom Mylne and fellow board member Dr Ngaree Blow for their constant support and guidance in my role as Student Director.

This year I felt that the scope of which I could perform my role was greatly restricted due to the pandemic. Notably, the Student Representative Committee was unable to meet in person for our annual Face to Face Meeting which kickstarts our work together as a committee. Ultimately, there's no denying that COVID has had a major impact on the organisation and, nevertheless, I can say with an honest and truthful heart that I gave my everything to this role during my term.

Finally, a very big thank you to my fellow SRC members who persevered in their roles throughout a difficult year. Thank you for always stepping up to represent your universities and thank you for always advocating fiercely to benefit our mobs.

## AIDA representation and committees

- » SRC Representative Committee
- » Membership Committee
- » Constitutional Review Committee

## External representation

- » Represented AIDA at the AMSA National Councils
- » Represented AIDA on the 'LIME Student Support in 2021 and Beyond' panel discussion
- » Represented AIDA on social media campaigns to advertise the roadshows and vaccine awareness

## Outcomes

- » Maintained our organisation's close relationship with AMSA
- » Produced videos released through AIDA social medias
- » The SRC released a position statement, 'Importance of Indigenous Representation in University Medical Societies'
- » The SRC worked with MDANZ on an Indigenous medical education project
- » The SRC planned a video project to inspire young Aboriginal and Torres Strait Islander students to pursue careers in medicine

# 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 21 September, 2021, along with details of the nomination process for four vacancies on the AIDA Board arising at the 2021 annual general meeting (AGM). This notice was sent by Vero Voting, who are acting as the Returning Officers for this election.

The board positions, gazetted in the election notice as becoming vacant at the 2021 AGM, are as follows:

- » Up to three Director positions; and
- » 1 Director (student).

The election notice included details of the nomination process. The notice and accompanying information were distributed to current Indigenous Doctor and Medical student members by email, on AIDA's website and via Ward Round.

As per Article 47(a)(iii) of AIDA's constitution, Members interested in standing for election to the AIDA board were instructed to submit a nomination form via the Vero Voting system, containing:

- » the details and signature of two nominators
- » the details and consent (by signature) of the nominee to become a company director.

Nominations were required to be lodged with the AIDA secretariat by Friday 08 October at 12:00pm (AEDT).

## 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 2021 AGM, the status of the board is as set out in the table below, with eight four becoming vacant at the 2021 AGM (highlighted in grey).

Status of the Board as at the 2021 AGM		Term ends
<b>President</b>	Dr Tanya Schramm	2022
<b>Vice President</b>	Dr Simone Raye	2022
<b>Director</b>	Dr Ngaree Blow	2021
<b>Director</b>	Dr Keith Gleeson	2021
<b>Director</b>	Assoc. Prof. Jaquelyne Hughes	2021
<b>Director</b>	Dr Robert Blackley	2022
<b>Director</b>	Dr Nathan Luies	2022
<b>Director (Student)</b>	Ms Ella Ceolin	2021
<b>Director</b>	Dr Glenn Harrison	2022
<b>Director (Independent)</b>	Dr Dawn Casey	2022

## Nominations received

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

Position on the Board	Number of available positions	Number of valid nominations	Name of Nominees
<b>Director</b>	3	3	Dr Ngaree Blow Assoc. Prof. Jaquelyne Hughes Dr Corey Dalton
<b>Student Director</b>	1	0	Nil



## Continuing Board members

The following directors are eligible to continue in their current roles until the end of their tenure at the 2022 AGM:

- » Dr Tanya Schramm
- » Dr Simone Raye
- » Dr Robert Blackley
- » Dr Nathan Luies
- » Dr Glenn Harrison
- » Dr Dawn Casey

## Voting

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

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

Only Indigenous student Members are eligible to vote in a ballot for the election of the director (student).

## Election of directors

### Director

#### Vacant positions: three

End of Term: Dr Ngaree Blow; Dr Keith Gleeson; Ass Prof. Jaquelyne Hughes

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.

Three valid nominations were received for three vacancies. In accordance with Article 47(b)(i), the nominees being: Dr Corey Dalton, Dr Ngaree Blow and Assoc. Prof. Jaquelyne Hughes, shall be deemed to be elected.

### Director (student)

#### Vacant positions: one

End of term: Ms Ella Ceolin

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.

No valid nominations were received for the position of Student Director therefore, in accordance with Article 47(b)(iii) the position is vacant. The 2022 Board can fill the vacant Student Director position, in accordance with Article 48(a).

## Voting process

The process to elect Directors is as follows:

1. Voting is conducted through the online Vero Voting System
2. Where more than one nomination has been received for a vacant position, the names will be presented in a random order
3. Only Student Members will be able to vote for the Student Director position.
4. Instructions on how to use the Vero Voting system will be emailed to all members prior to the AGM. Further information will be available through the AIDA website.
5. A ballot will be declared by the Chairperson of the AGM and voting members will place their vote electronically before 2.15pm on the 6th November 2021
6. The Returning Officer will collect the votes and proxy votes, count the votes and then notify the members of the outcome of the ballot, i.e. who has been appointed to the position(s) of President, Vice President, Director(s) and Student Director.
7. The Company will then formalise (or 'ratify') the outcome of the ballot by resolution in accordance with Article 47 of the Constitution.

## Proxies

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

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

## Nominations for Director

### Jaquelyne Hughes

I am a Torres Strait Islander woman (Wagadagam), living on Larrakia Country (Darwin). I am a clinician (nephrologist) and a health researcher. I joined the AIDA Board for a 1-year term in late 2020, to support Board renewal, and have represented AIDA in external committees with the Royal Australasian College of Physicians, the AMA Indigenous Health Committee, and AIDA's internal AIDA leadership business and policy. My leadership experience in health systems innovations is grounded by my expertise in Indigenous Data Governance, and my ability to work collaboratively supporting community - health system partnerships.

I am a supervisor of junior doctors in the hospital system, and a peer mentor. This experience, in addition to my personal values of integrity, honesty, transparency and accountability to improving Aboriginal and Torres Strait Islander health, are a great fit for AIDA's key values to support a strong and growing Aboriginal and Torres Strait Islander medical workforce, in all areas of Australia's health.



### Dr Corey Dalton

I am an Arrernte man currently living and working in Western Australia as a Resident Medical Officer in the northern suburbs of Perth. I commenced working within the Aboriginal Medical Service (AMS) in 2022 as a GP Registrar where I intend to further my knowledge and skills in Indigenous health. I have a keen focus on ear health and working towards not only closing the gap for health outcomes, moreover, I have a background and interest in employment and education.

Previously to medicine I worked in the field of Indigenous education and employment with a passion to ensure regional and metropolitan mobs were aware of and had defined pathways that could offer employment and training. Now working as a Doctor in the AMS I hope to further this work combining this together within the community to promote overall wellbeing.

I am experienced as a mature age Doctor graduating in 2019 with a background working in the corporate arena for five years in Human Resources, Employee Relations and Contract Management. Added to this I was a Police Officer for 11 years and Senior Public Servant for three years. During my careers I have always endeavored to work in positions that serve the community.



My experience as a Board member is also coupled with my board memberships in both the Department of Justice Prisoner Review Board for three years and more recently I am a Board Member for the Department of Education in an Independent School.

### Dr Ngaree Blow

Yura (hello), my name is Ngaree Blow, I am a proud Noonuccal and Yorta-Yorta woman with connections to Goreng-Goreng and Taribelang countries as well. I am currently a Public Health advanced trainee of the Royal Australasian College of Physicians (RACP).



I am reapplying for a Director position on the board to continue my work in advocating for Aboriginal and Torres Strait Islander doctors as well as the health of our extended families and communities, particularly in relation to the COVID-19 pandemic and the roles I've been involved in as part of the Public health response. I am currently working as a registrar with both the Victorian Department of Health on the COVID-19 Vaccination program as well as with University of Melbourne as the Senior Lecturer in the Melbourne Medical School teaching First Nations health.

I am passionate about health promotion and prevention and empowering our communities with knowledge to make informed health decisions and promote self-determination. I also strive to actively work against institutionalised racism and systemic biases by working within these historically problematic institutions. I am currently PGY 6 and have been a member of the Australian Indigenous Doctors Association (AIDA) since starting my medical degree and have served the last 2 years as a board Director. AIDA has been a significant support network for me, and I believe AIDA is an organisation with strong influence.

If I am re-elected, I will continue to strongly advocate for our communities' wellbeing during the pandemic utilising the skills I have acquired through my experience being involved as both a medical lead in the outbreak response and as a policy and communications officer in the COVID-19 vaccination campaign. I would also like to continue to bring a trainee voice and perspective onto the board to advocate for our junior doctors in training.

**Vero Engagement and Voting Services Pty Limited**

ABN 34 628 512 523

Unit 5 / 100 Railway Road Daglish Perth

Western Australia 6008 Australia

Telephone 61 8 6500 0810

[www.verovoting.com.au](http://www.verovoting.com.au)Saturday 9<sup>th</sup> October 2021**By Email**

Tony Varnes,  
Australian Indigenous Doctors' Association (AIDA)  
PO Box 3497  
Manuka ACT 2603

Dear Tony,

Nominations for AIDA Board Members 2021

As an independent returning officer appointed by the Australian Indigenous Doctors' Association, I confirm as follows;

The call for nominations for the 2021 Election closed at 12pm on Friday 8<sup>th</sup> October 2021. Those members whose nominations were received and accepted in accordance with the Australian Indigenous Doctors' Association Constitution are;

**Directors:**

Jaquelyne Hughes  
Corey Dalton  
Ngaree Blow

As there are three (3) positions vacant, and I have received nominations from three (3) eligible members, no election is required.

**Director (Student):**

N/A

As there are one (1) positions vacant, and we have received no nominations from eligible members, no election is required.

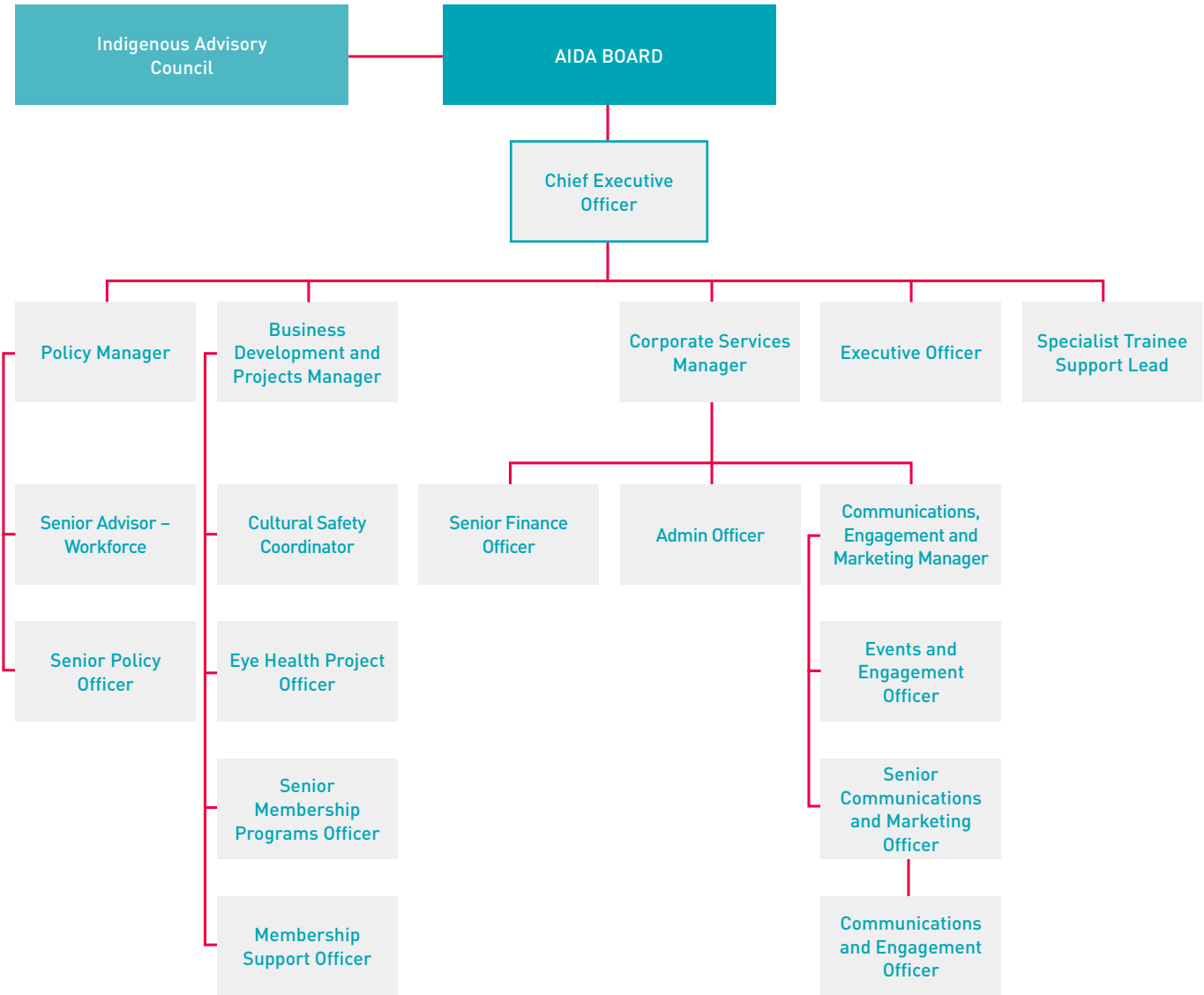
If you require anything further, please do not hesitate to contact me. We look forward to an opportunity to work with you and your team again in the future.

Yours sincerely,



Greg Mitchell  
Independent Returning Officer  
Vero Voting

# AIDA Corporate Structure



# Financial Statements

For the Year Ended 30 June 2021

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## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Directors' Report For the Year Ended 30 June 2021

The directors present their report on Australian Indigenous Doctors' Association Ltd for the financial year ended 30 June 2021.

#### 1. Directors

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

Names	Position	Appointed	End of term
Associate Professor Kristopher Rallah-Baker	President	2/10/2019	31/10/2020
Dr Tanya Schramm	President	31/10/2020	
Associate Professor Shannon Springer	Vice President	26/09/2018	31/10/2020
Dr Simone Raye	Vice President	31/10/2020	
Dr Keith Gleeson	Director	26/09/2018	
Dr Ngaree Blow	Director	2/10/2019	
Dr Dawn Casey	Director	31/10/2020	
Dr Robert Blackley	Director	31/10/2020	
Associate Professor Jaquelyne Hughes	Director	31/10/2020	
Dr Nathan Luies	Director	31/10/2020	
Dr Glenn Harrison	Director	31/10/2020	
Ms Gabriella Ceolin	Student Director	31/10/2020	
Dr Artiene Tatian	Director	14/09/2016	31/10/2020
Mr Thomas Mylne	Student Director	2/10/2019	31/10/2020
Dr Sarah Jane McEwan	Director	26/09/2018	Resigned 23/08/2020

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 People in the health and medical professions;
- projects that enhance the delivery of culturally safe health and medical services to Aboriginal and Torres Strait Islander People 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 People.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Directors' Report For the Year Ended 30 June 2021

### 2. Principal activities and significant changes in nature of activities (continued)

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

#### COVID 19

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

- **Staff working remotely:** This involves the ongoing consideration of a number of issues including:
  - Addressing health and safety of team members to support staff morale and mental health;
  - Adequate resourcing to support offsite working, including purchase of equipment and use of online platforms; and
  - Ensuring effective cyber-security is in place.
- **Reduced Travel:** Throughout the year, travel was significantly reduced as a result of the COVID-19 travel restrictions. The restrictions on travel have limited face to face meetings and planned events. However, AIDA has adapted by conducting business meetings via online platforms.
- **Reduced events:** During the financial year, a number of planned events needed to be cancelled due to COVID-19 restrictions.
- **Changes in operational expenditure:** AIDA has worked to respond to the challenges of the pandemic through adapting programs, and through modifying work practices and member engagements. The development of new ICT infrastructure and capability has been a significant expenditure during the year.
- **Overall impact:** AIDA has managed the response to COVID-19 by adapting programs to meet the requirements of restrictions in a flexible and innovative way. There will be minimal impact on the overall financial situation of the organisation. AIDA is in the third year of a 4-year funding agreement, which will extend beyond 30 June 2021.

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

### 3. Objectives and strategies

The Company's objectives and strategies:

Grow Indigenous Doctors

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

Shape Health Outcomes

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

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Directors' Report For the Year Ended 30 June 2021

#### 3. Objectives and strategies (continued)

##### 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 medico cultural 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 2021 the collective liability of members was \$19,425 (2020:\$19,525).

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Directors' Report For the Year Ended 30 June 2021

#### 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
Associate Professor Kristopher Rallah-Baker	2	2
Dr Tanya Schramm	5	5
Associate Professor Shannon Springer	2	2
Dr Simone Raye	3	3
Dr Keith Gleeson	5	5
Dr Ngaree Blow	5	5
Dr Dawn Casey	3	3
Dr Robert Blackley	3	3
Associate Professor Jaquelyne Hughes	3	2
Dr Nathan Luies	3	2
Dr Glenn Harrison	3	3
Ms Gabriella Ceolin	3	3
Dr Artiene Tatian	2	2
Mr Thomas Mylne	2	2
Dr Sarah Jane McEwan	1	1

#### 6. Auditor's independence declaration

The auditor's independence declaration in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2021 has been received and can be found on page 5 of the financial report.

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

  
Director: .....  
Dr. Tanya Schramm

  
Director: .....  
Dr. Simone Raye

Date:.....6/10/2021.....



**Auditor's Independence Declaration  
Under Subdivision 60 - 40 of the Australian Charities and Not-for-profits  
Commission Act 2012 to the Directors of Australian Indigenous Doctors'  
Association Limited**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2021 there have been no contraventions of the auditor independence requirements as set out in any applicable code of professional conduct in relation to the audit.

A handwritten signature in grey ink, appearing to read 'Nexia Duesburys (Audit)'.

**Nexia Duesburys (Audit)**  
Canberra, 6 October 2021

A handwritten signature in grey ink, appearing to read 'G J Murphy'.

**G J Murphy**  
Partner

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## 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 2021

	Note	2021 \$	2020 \$
Revenue and other income	4	2,819,766	3,064,980
Advertising and promotion		(29,456)	(31,924)
Building and property		(4,799)	(66,680)
Depreciation and amortisation expense	11(a), 12	(29,283)	(32,641)
Depreciation expense - Right of use asset	10	(112,039)	(47,835)
Employee benefits expense		(1,890,803)	(1,610,910)
Finance costs		(15,277)	(8,694)
Gifts and donations		(8,975)	(12,879)
Governance and representation		(943)	(8,871)
IT and telecommunications		(62,903)	(93,226)
Meetings and events		(48,468)	(244,170)
Memberships and subscriptions		(5,230)	(8,193)
Operations		(104,723)	(54,145)
Other expenses		(17,195)	(40)
Professional services		(231,601)	(273,949)
Scholarships and bursaries		-	(13,862)
Travel and accommodation		(74,595)	(342,432)
<b>Surplus before income tax</b>		<b>183,476</b>	<b>214,529</b>
Income tax expense	2(a).	-	-
<b>Surplus for the year</b>		<b>183,476</b>	<b>214,529</b>
Other comprehensive income		-	-
<b>Total comprehensive income for the year</b>		<b>183,476</b>	<b>214,529</b>

The accompanying notes form part of these financial statements.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Statement of Financial Position As At 30 June 2021

	Note	2021 \$	2020 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	5	1,478,243	999,567
Trade and other receivables	6	31,394	59,071
Inventories	7	-	3,397
Other financial assets	8	750,000	750,000
Other assets	9	173,244	154,154
TOTAL CURRENT ASSETS		2,432,881	1,966,189
NON-CURRENT ASSETS			
Other financial assets	8	283,914	1,009,184
Right of use assets	10	179,204	291,243
Plant and equipment	11	84,167	52,917
Intangible assets	12	49,025	360
TOTAL NON-CURRENT ASSETS		596,310	1,353,704
TOTAL ASSETS		3,029,191	3,319,893
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	13	322,080	126,369
Lease liabilities	14	114,353	107,483
Employee benefits	15	58,230	70,283
Contract liabilities	16	446,862	257,089
TOTAL CURRENT LIABILITIES		941,525	561,224
NON-CURRENT LIABILITIES			
Lease liabilities	14	72,157	186,510
Employee benefits	15	44,611	34,737
TOTAL NON-CURRENT LIABILITIES		116,768	221,247
TOTAL LIABILITIES		1,058,293	782,471
NET ASSETS		1,970,898	2,537,422
<b>EQUITY</b>			
Reserves		701,092	701,092
Retained earnings		1,269,806	1,086,330
TOTAL EQUITY		1,970,898	1,787,422

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 2021

#### 2021

	Retained Earnings	AIDA Safety Net	Total
	\$	\$	\$
<b>Balance at 1 July 2020</b>	<b>1,086,330</b>	<b>701,092</b>	<b>1,787,422</b>
Surplus for the year	183,476	-	183,476
<b>Balance at 30 June 2021</b>	<b>1,269,806</b>	<b>701,092</b>	<b>1,970,898</b>

#### 2020

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

The accompanying notes form part of these financial statements.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Statement of Cash Flows For the Year Ended 30 June 2021

		2021	2020
	Note	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Receipts from customers		3,291,807	3,112,865
Payments to suppliers and employees		(2,609,755)	(3,072,494)
Interest and distributions received		53,312	32,781
Interest on lease liabilities		(15,277)	(8,694)
Net cash provided by operating activities	23	<u>720,087</u>	<u>64,458</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Purchase of plant and equipment	11(a)	(60,173)	(9,559)
Payments for capitalised development costs	12	(49,025)	-
Net (reinvestment in)/redemption of other financial assets		<u>(24,730)</u>	<u>2,326</u>
Net cash (used in) investing activities		<u>(133,928)</u>	<u>(7,233)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Principal payments of lease liabilities	10	<u>(107,483)</u>	<u>(45,193)</u>
Net cash (used in) financing activities		<u>(107,483)</u>	<u>(45,193)</u>
Net increase in cash and cash equivalents held		478,676	12,032
Cash and cash equivalents at beginning of year		<u>999,567</u>	<u>987,535</u>
Cash and cash equivalents at end of financial year	5	<u>1,478,243</u>	<u>999,567</u>

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 2021

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

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

Comparatives are consistent with prior years, unless otherwise stated.

### 1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

A number of new or revised Australian Accounting Standards are effective for the first time in the current financial year. The standards have had no material impact on the Company.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

### 2 Summary of Significant Accounting Policies

#### (a) Income Tax

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

#### (b) Revenue and other income

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

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

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

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



## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

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

##### (b). Revenue and other income (continued)

###### Operating Grants and Donations

When the Association receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Company:

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

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

- Recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138);
- Recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- Recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

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

###### Interest 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.

###### Membership subscriptions

When the Company receives membership subscription income it records the revenue in the subscription year the income relates to in accordance with AASB 15. The subscription year goes from 1 July to 30 June. If income is received before 30 June relating to the next subscription year, the deferred income is recognised as a liability in the financial statements.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

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

##### (c). Goods and services tax (GST)

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

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.

##### (d). Inventories

Inventories are stated at the lower of cost and net realisable value. Cost comprises direct materials and, where applicable, direct labour costs and those overheads that have been incurred in bringing the inventories to their present location and condition. Cost is calculated using the weighted average cost method. Net realisable value represents the estimated selling price less all estimated costs of completion and costs to be incurred in marketing, selling and distribution.

##### (e). Leases

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

This involves an assessment of whether:

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

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

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

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

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

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

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

##### (e). Leases (continued)

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

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

##### *Exceptions to lease accounting*

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

##### (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 are measured using the cost model.

##### **Depreciation**

Plant and equipment is depreciated on a diminishing value 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%
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). Intangible assets

##### **Amortisation**

Amortisation is recognised in profit or loss on a straight-line basis over the estimated useful lives of intangible assets, from the date that they are available for use.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

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

##### (g). Intangible assets (continued)

###### Amortisation (continued)

Amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

Intangibles	Amortisation rate
Computer software	50%

###### Software

Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of between one and three years.

##### (h). Financial instruments

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

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

###### 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.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

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

##### (h). 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 that are solely payments of principal and interest on the principal amount outstanding.

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

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

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

###### *Fair value through other comprehensive income*

###### Equity instruments

The Company has no investments in listed and unlisted entities.

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

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

The Company has an investment in a wholesale index fund 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 asset has increased significantly 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.



## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

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

##### (h). Financial instruments (continued)

###### Financial assets (continued)

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

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

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

###### *Trade receivables*

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

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

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

###### *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 and lease liabilities.

##### (i). Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is any 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.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Notes to the Financial Statements

For the Year Ended 30 June 2021

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

#### (i). Impairment of non-financial assets (continued)

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.

#### (j). 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.

#### (k). 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.

#### (l). 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 2021 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.

### 3 Critical Accounting Estimates and Judgements

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.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### 3 Critical Accounting Estimates and Judgements (continued)

#### 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 judgements - useful lives of depreciable assets

The Company determines estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

#### 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 judgements- 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.

#### Key judgements - COVID-19

Judgement has been exercised in considering the impacts that the Coronavirus (COVID-19) pandemic has had, or may have, on the Company based on known information. This consideration extends to the nature of the products and services offered, members, supply chain, staffing and geographic regions in which the Company operates. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions which may impact the Company unfavourably as at the reporting date or subsequently as a result of the Coronavirus (COVID-19) pandemic.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

#### 4 Revenue and Other Income

	2021 \$	2020 \$
Government grants		
- Indigenous Workforce funding	2,529,112	2,204,238
- NMTAN Specialist Trainees project	57,415	65,380
	<u>2,586,527</u>	<u>2,269,618</u>
Other income		
- Conference income	3,009	623,050
- Member subscriptions	3,209	23,337
- Interest and distributions received	52,740	29,733
- Miscellaneous other revenue	174,281	119,242
	<u>233,239</u>	<u>795,362</u>
<b>Total revenue and other income</b>	<u><b>2,819,766</b></u>	<u><b>3,064,980</b></u>

#### 5 Cash and Cash Equivalents

	2021 \$	2020 \$
Cash at bank and in hand	1,477,738	999,567
Other cash and cash equivalents	505	-
<b>Total cash and cash equivalents</b>	<u><b>1,478,243</b></u>	<u><b>999,567</b></u>

#### 6 Trade and Other Receivables

	2021 \$	2020 \$
CURRENT		
Trade receivables	15,345	47,674
GST receivable	16,049	11,397
<b>Total current trade and other receivables</b>	<u><b>31,394</b></u>	<u><b>59,071</b></u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances. The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

#### 7 Inventories

	2021 \$	2020 \$
CURRENT		
At cost:		
Merchandise	-	3,397
<b>Total inventories</b>	<u><b>-</b></u>	<u><b>3,397</b></u>

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

#### 8 Other Financial Assets

	2021	2020
	\$	\$
CURRENT		
Term deposits	750,000	750,000
NON-CURRENT		
Term deposits		
-Wholesale investments funds	283,914	259,184
<b>Total other financial assets</b>	<b>1,033,914</b>	<b>1,009,184</b>

#### 9 Other Assets

	2021	2020
	\$	\$
CURRENT		
Prepayments	69,462	108,863
Airfares held in credit	15,594	7,596
Accrued income	88,188	38,071
Deposit / Bond	-	(376)
<b>Total other assets</b>	<b>173,244</b>	<b>154,154</b>

#### 10 Right of Use Asset

	2021	2020
	\$	\$
Right of use asset - Ricoh printer	8,886	8,886
Accumulated depreciation	(3,950)	(1,975)
	<b>4,936</b>	<b>6,911</b>
Right of use asset - Office premises	330,192	330,192
Accumulated depreciation	(155,924)	(45,860)
	<b>174,268</b>	<b>284,332</b>
<b>Total right of use assets</b>	<b>179,204</b>	<b>291,243</b>

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

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

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

#### 10 Right of Use Asset (continued)

##### Statement of Profit or Loss and Other Comprehensive Income

The amounts recognised in the statement of profit or loss and other comprehensive income relating to leases where the Company is a lessee are shown below:

	2021	2020
	\$	\$
Interest expense on lease liabilities	(15,277)	(8,694)
Depreciation of right-of-use assets	(112,039)	(47,835)

##### Statement of Cash Flows

	2021	2020
	\$	\$
Principal payments of leases liabilities	(107,483)	(45,193)
Interest on lease liabilities	(15,277)	(8,694)

#### 11 Plant and Equipment

	2021	2020
	\$	\$
PLANT AND EQUIPMENT		
Furniture, fixtures and fittings		
At cost	117,636	117,636
Accumulated depreciation	(100,979)	(97,011)
Total furniture, fixtures and fittings	16,657	20,625
Office equipment		
At cost	261,505	201,332
Accumulated depreciation	(195,592)	(171,041)
Total office equipment	65,913	30,291
Display equipment		
At cost	12,623	12,623
Accumulated depreciation	(11,026)	(10,622)
Total display equipment	1,597	2,001
<b>Total plant and equipment</b>	<b>84,167</b>	<b>52,917</b>



## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements

For the Year Ended 30 June 2021

#### 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	Display Equipment	Total
	\$	\$	\$	\$
<b>Year ended 30 June 2021</b>				
Balance at the beginning of year	20,625	30,291	2,001	52,917
Additions	-	60,173	-	60,173
Depreciation expense	(3,968)	(24,551)	(404)	(28,923)
<b>Balance at the end of the year</b>	<b>16,657</b>	<b>65,913</b>	<b>1,597</b>	<b>84,167</b>

	Furniture, Fixtures and Fittings	Office Equipment	Display Equipment	Total
	\$	\$	\$	\$
<b>Year ended 30 June 2020</b>				
Balance at the beginning of year	25,576	38,102	2,511	66,189
Additions	-	9,559	-	9,559
Depreciation expense	(4,951)	(17,370)	(510)	(22,831)
<b>Balance at the end of the year</b>	<b>20,625</b>	<b>30,291</b>	<b>2,001</b>	<b>52,917</b>

#### 12 Intangible Assets

	2021	2020
	\$	\$
Computer software		
Cost	39,420	91,720
Accumulated amortisation	(39,420)	(91,360)
<b>Net carrying value</b>	<b>-</b>	<b>360</b>
Intangible assets under development		
Cost	49,025	-
<b>Total intangible assets</b>	<b>49,025</b>	<b>360</b>

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

#### 13 Trade and Other Payables

	2021	2020
	\$	\$
CURRENT		
Trade payables	189,892	36,321
Accrued expenses	85,441	52,266
Superannuation payable	16,711	9,942
PAYG withholding	22,536	18,905
Other payables	7,500	8,935
<b>Total trade and other payables</b>	<b>322,080</b>	<b>126,369</b>

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

#### 14 Lease Liabilities

	2021	2020
	\$	\$
CURRENT		
Lease liability	114,353	107,483
	<b>114,353</b>	<b>107,483</b>
NON-CURRENT		
Lease liability	72,157	186,510
	<b>72,157</b>	<b>186,510</b>

#### 15 Employee Benefits

	2021	2020
	\$	\$
CURRENT		
Annual leave provision	58,230	70,283
	<b>58,230</b>	<b>70,283</b>
NON-CURRENT		
Long service leave	44,611	34,737
	<b>44,611</b>	<b>34,737</b>

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

#### 16 Contract Liabilities

	2021	2020
	\$	\$
CURRENT		
Conference income in advance	300,982	-
Other unearned revenue	23,130	19,415
Grants in advance	122,750	237,674
<b>Total contract liabilities</b>	<b>446,862</b>	<b>257,089</b>

#### 17 Members' Guarantee

The Company is incorporated under the *Corporations Act 2001* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$25 each towards meeting any outstandings and obligations of the Company. At 30 June 2021 the number of members was 777 (2020: 781).

#### 18 Financial Risk Management

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

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

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

##### Specific risks

- Liquidity risk
- Credit risk
- Market risk - interest rate risk and pricing risk

##### Financial instruments used

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

- Trade receivables
- Cash at bank
- Term deposits
- Wholesale investments funds
- Trade and other payables
- Lease liabilities

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

#### 18 Financial Risk Management (continued)

	Note	2021 \$	2020 \$
<b>Financial assets</b>			
At amortised cost			
Cash and cash equivalents	5	1,478,243	999,567
Trade and other receivables	6	15,345	47,674
Term deposits	8	750,000	750,000
Fair value through profit or loss (FVTPL)			
Wholesale investment funds	8	283,918	259,184
<b>Total financial assets</b>		<b>2,527,506</b>	<b>2,056,425</b>
<b>Financial liabilities</b>			
At amortised cost			
Trade and other payables	13	322,080	126,369
Lease liabilities	14	186,510	293,993
<b>Total financial liabilities</b>		<b>508,590</b>	<b>420,362</b>

#### 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 finance committee 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 rates and assessment of market forecasts for interest rate movements.

Mitigation strategies for specific risks faced are described below:

#### Liquidity risks

The Company is not exposed to any significant liquidity risks.

#### 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 financial institutions with high quality external credit ratings.

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

#### 18 Financial Risk Management (continued)

##### Credit risk (continued)

###### Trade receivables

Trade receivables consist of a large number of customers with low value debts owing

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>2021</b>						
Trade receivables	15,345	-	13,875	1,470	-	-
Total	15,345	-	13,875	1,470	-	-
<b>2020</b>						
Trade receivables	47,674	-	44,385	-	-	3,289
Total	47,674	-	44,385	-	-	3,289

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) Price risk

The Company has some exposure to price risk in relation to its investments in wholesale investment funds. The Company manages this risk by investing in conservative index funds

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### 18 Financial Risk Management (continued)

#### (ii) Interest rate risk

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

### 19 Related Parties

Key management personnel - refer to Note 20.

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

#### Transactions with related parties

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

### 20 Key Management Personnel Remuneration

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

	2021	2020
	\$	\$
<b>KMP - CEO, D/CEO and CSM</b>		
Short-term employee benefits	423,233	521,034
Post-employment benefits	40,184	48,385
	<u>463,417</u>	<u>569,419</u>
	2021	2020
	\$	\$
<b>KMP - Directors</b>		
Short-term employee benefits	136,495	119,673
Post-employment benefits	12,967	11,369
<b>Total</b>	<u>149,462</u>	<u>131,042</u>

### 21 Auditors' Remuneration

	2021	2020
	\$	\$
Remuneration of the auditor:		
- auditing or reviewing the financial statements	10,925	9,000
<b>Total</b>	<u>10,925</u>	<u>9,000</u>



## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Notes to the Financial Statements For the Year Ended 30 June 2021

#### 22 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2021 (30 June 2020: None).

#### 23 Cash Flow Information

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

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

	2021	2020
	\$	\$
Surplus for the year	183,476	214,529
Non-cash flows in profit:		
- amortisation	360	-
- depreciation	140,962	80,476
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	27,677	(50,489)
- (increase)/decrease in other assets	(19,090)	(26,423)
- (increase)/decrease in inventories	3,397	1,106
- increase/(decrease) in income in advance	189,773	(157,940)
- increase/(decrease) in trade and other payables	195,711	(29,564)
- increase/(decrease) in employee benefits	(2,179)	32,763
Cashflows from operations	<u>720,087</u>	<u>64,458</u>

#### 24 Events after the reporting period

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

#### 25 Statutory Information

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

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

## Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

### Responsible Persons' Declaration

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

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:
  - a) comply with Australian Accounting Standards; and
  - b) give a true and fair view of the financial position of the registered entity as at 30 June 2021 and of its performance for the year ended on that date.

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

Responsible person: Dr Tanya Schramm, President of the Board



Responsible person: Dr Simone Raye, Vice-President of the Board



Dated: 6/10/2021



## **Independent Auditor's Report To the Members of Australian Indigenous Doctors' Association Limited**

### **Report on the Audit of the Financial Statements**

#### **Opinion**

We have audited the financial statements of Australian Indigenous Doctors' Association Limited (the Company) which comprise the statement of financial position as at 30 June 2021, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible persons' declaration.

In our opinion, the accompanying financial statements of the Company, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards 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 statements section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial statements 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.

#### **Other information**

The directors are responsible for the other information. The other information comprises the information in the Company's directors' report for the year ended 30 June 2021, but does not include the financial statements and the auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements 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 the other information we are required to report that fact. We have nothing to report in this regard.

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Liability limited by a scheme approved under Professional Standards Legislation.

### **Directors' responsibility for the financial statements**

The directors of the Company are responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards 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 statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

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

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

### **Auditor's responsibility for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are 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 the financial statements.

A further description of our responsibilities for the audit of the financial statements is located at The Australian Auditing and Assurance Standards Board website at:  
[http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.



**Nexia Duesburys (Audit)**  
Canberra, 6 October 2021



**G J Murphy**  
Partner





Australian Indigenous Doctors' Association

## Australian Indigenous Doctors' Association Ltd

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