

ANNUAL REPORT 2024



AIDA

AUSTRALIAN INDIGENOUS
DOCTORS' ASSOCIATION



Acknowledgement

AIDA acknowledges and pays respect to the Traditional Owners of the lands across Australia on which our members live and work, and to their Elders and ancestors, past and present.

Australian Indigenous Doctors' Association (AIDA) Ltd.

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Our Organisation

The Australian Indigenous Doctors' Association (AIDA) is the **peak professional body for Aboriginal and Torres Strait Islander doctors and medical students.**

AIDA's purpose is to **strengthen the Aboriginal and Torres Strait Islander medical workforce, from students to specialists, through advocacy, leadership, and cultural mentorship.**

We also continue to work towards and advocate for a **culturally safe Australian healthcare system, free from racism, and with accountability measures in place.**

Our vision is that **Aboriginal and Torres Strait Islander people have self-determination and equitable health and life outcomes in a culturally safe health system.**

A Message from our President

Dear Members,

Well, what a whirlwind two years it has been. It has been an honour and a privilege to have been the AIDA President during this period where it's been very hard going at times while also rewarding and challenging. With the result of the referendum last year, I want to reiterate we are strong, proud, resilient people who have achieved many great things in the face of adversity, and we will continue to do so.

I would like to start by congratulating our CEO, Ms Donna Burns, and the AIDA secretariat team for their incredible work over the last year. There is so much that goes on behind the scenes in different departments to ensure we continue to build on the success and legacy of AIDA's history. I also congratulate and remember all the members, be they students or graduates, who are working tirelessly to improve Aboriginal and Torres Strait Islander health through their various roles. We each make a difference.



An example of the success of the organisation is the incredible news that our Specialist Trainee Support Program (STSP) secured \$4 million in funding to be used over the next four years in the 2024–25 Federal budget. This is testament to the wonderful work of the STSP team in contributing to increasing the numbers of Aboriginal and Torres Strait Islander non-GP specialists nationally. We know the impact that will be felt from this work for generations to come. Having had the privilege of attending some of the workshops with the trainees as well as the Cross College meetings with the STSP team I would like to thank and congratulate the team for all of the hard work they are doing and achieving.

Our cultural safety program has continued to go from strength to strength. 233 people attended a cultural safety workshop, with 48 attending the individual bookable workshops and 185 group bookings.

Workshops were delivered to 6 medical colleges and 8 other organisations. There's been 1,321 enrolments for our online cultural awareness course, and we have started the process of delivering cultural awareness training and cultural safety workshop to their AHAPRA registered clinicians in our partnership with the AFL. We also continue to refine our unique program to remain at the forefront of cultural safety. With every person who participates in our training, we know we are making moves towards improved healthcare for all.

In May 2024 AIDA supported the Igilyawa - 'Custodians of Life' 2024, with a delegation of 20 Torres Strait Islander students and doctors on a weeklong program of celebration, connection and culture in the Torres Strait Islands following an invitation by Community Elders. The name "Igilyawa" was gifted to AIDA by local Elders in 2003 which was the first time AIDA took a group of Indigenous doctors to the Torres Strait.

This term was regifted to AIDA on this occasion as a wonderful strong connection to the first visit. Igilyawa is a celebration that aims to create an opportunity for reciprocity through cultural exchange and clinical leadership and I am looking forward to hearing the presentations at conference this year from some of the delegates who participated on what they gained from the experience. I was very fortunate to be able to attend the welcome day with the Honourable Malarndirri McCarthy and other dignitaries, where we celebrated that there are 127 Ahpra registered doctors across Australia who identify as Torres Strait Islander. Thank you to the the Steering Committee for your hard work in putting together the program for the weeklong trip, as well as the secretariat staff who provided support and ensured it went smoothly.

Our outreach work didn't stop there, as, with a lot of forward planning, we were able to fund a small AIDA delegation to attend the 2024 Garma Festival on Yolngu Land this August. This was the first time AIDA attended and it was felt by the board to be an

important opportunity for the organisation, especially following on from the unsuccessful referendum last year, to be able to connect with other Indigenous organisations in such a unique place. It served as an unforgettable time for those in attendance and I am hoping that AIDA will continue to have the opportunity to participate in such culturally and spiritually enriching experiences like this in the future.

We made efforts to ensure diverse representation at this event, which included two members who won our social media competition Dr Ngaree Blow and AIDA Medical Student Allysha Jensen, and Board Directors Dr Jean Pepperill, Dr Natalie Pink and Jessica Storrar, urged Student Director - all representing AIDA with pride and purpose. Dr Ngaree Blow wrote about her experience stating, "Events like Garma show us that it is important to create spaces to take time out to celebrate, share, learn and advocate to continue the rich legacy of our ancestors and the unique beauty of our Countries across the First Nations."

They were accompanied by four members of the AIDA secretariat including Chief Executive Officer (CEO), Donna Burns and Chief Operating Officer (COO), Jaylene Chevalier. Jaylene painted the picture perfectly in the September edition of WardRound stating: "Around the fire, we shared stories, belly laughs, and forged connections that strengthened our relationships and reaffirmed our mission. These moments of unity and reflection not only filled my heart but also deepened our collective resolve to advocate for a healthcare system that honours our ways of knowing, being, and doing."

Our presence was felt not only through our AIDA members and staff but also with the AIDA stall, where our colouring-in was a real hit for kids along with our iconic AIDA merch! The team also enjoyed the opportunity to once again hear from Senator Malarndirri McCarthy and Prime Minister Anthony Albanese.

The strength and resilience experienced at Garma was vital, especially after the outcome of the referendum the previous year, and the team left embodying the theme; Fire, Strength, and Renewal.

As disappointed as I was to be unable to attend Garma, I had already committed to attending the AMA National Conference where I co facilitated a session with the convenor, Dr Hashim Abdeen to introduce the amazing keynote speaker, the inaugural Commissioner for Aboriginal and Torres Strait Islander Children and Young People in the ACT, Vanessa Turnbull-Robert's. Commissioner Turnbull-Roberts is a highly accomplished professional with a strong background in advocating for human rights and holds qualifications in Law, Social Work, and First Class Honours. From her experiences in Out of Home Care and facing injustices to becoming a Commissioner, Vanessa has devoted her life to empowering

Indigenous self-determination and fighting for justice. Amongst the powerful work she does she has also managed to write her first book 'Long Yarn Short' which has recently been released.

I was also fortunate enough to co present the AMA Indigenous Scholarship award to Kealey Griffiths with AMA President Professor Steve Robson. Following on from our Inaugural MoU with AMA earlier this financial year I am looking forward to seeing the work we do with AMA continue to grow and flourish. The MOU cemented a shared commitment to tackle serious health inequities affecting Aboriginal and Torres Strait Islander peoples, as well as empowering Australia's future Aboriginal and Torres Strait Islander doctors. We applaud the AMA on the release of their Anti-Racism Position Statement.

As well as our work with AMA, AIDA has continued to be represented at a number of different tables and

have our voice heard, from the CPMC Stakeholders Forum, AMC, Ahpra, MDANZ, various DoHAC review committees etc. There is a slightly more comprehensive list on page 21.

Reading through the financials I hope you have all noted the board have started to invest in AIDA's future with creating a Vanguard Investment account and adding a percentage of the Cultural Safety Workshop profits to build on it. I hope we can continue to watch this investment portfolio grow and flourish into the future, helping to create that sustainability arm for AIDA we, as an organisation, have talked about in past AGM's.

At the time of writing, we are a couple months away from hosting PRIDoC on Kurna Country, with our theme centering on our mission towards a healthier future for all our communities; Ngadluku Warra, Ngadluku Tapa Purruna, Ngadluku Purruna (Our Language, Our Culture, Our Health).



Kealey Griffiths receives AMA Indigenous Medical Scholarship

We look forward to the opportunity for us to once again fill our cultural cup with our Indigenous colleagues from across the Pacific. Further details will be reported on PRIDoC in next year's annual report.

In the year of reporting, we have had a 16.23% increase in membership, from 682 members at the end of June 2023 to 776 members by June this year. Indigenous medical students continue to make up the highest cohort, followed by Indigenous Doctors – non fellow, and then Associate Individual. The continued growth of our membership is testament to the importance and relevance of our work in a landscape where our voice is as important as ever.

Behind the scenes the board has worked hard with the secretariat staff to improve the Governance of the organisation with a total re-do of the underlying policies and Terms of Reference for the various

committees and reference groups to ensure clarity around the 'what, how and why' we do the things we do. With the ever-growing numbers of members, especially student members, AIDA as an organisation has had to change the way it delivers so that we can create a better, safer space for the incoming members. Our Code of Conduct centres on kindness towards one another as we know the importance of looking after our own wellbeing and the wellbeing of those around us.

AIDA secretariat staff continue to work from home whilst we are still looking for a new office that suits our new growing needs.

I am proud to have worked closely with AIDA staff and members to facilitate what will hopefully be a historic change in our constitution which is an important part of AIDA's evolution. The proposed changes include a new objects clause to better reflect the vision, mission and activities of AIDA;

changes to membership including life members & associate members; changes to board composition and electronic ballot. We believe these vital changes will help to future proof our organisation as we continue to go from strength to strength.

Thank you to all our AIDA members for making AIDA what it is today, from our founding members to our students and future members, you are part of the solution to making our healthcare system more culturally safe. It has been an honour to serve as President with our members always at the heart of what we do, thank you for the privilege.

Kind Regards,

Dr Simone Raye MBBS FRACGP
President

"The continued growth of our membership is testament to the importance and relevance of our work in a landscape where our voice is as important as ever."

A Message from our CEO

I am proud to provide you all with my second Annual Report update in the role of Chief Executive Officer at the Australian Indigenous Doctors' Association (AIDA).



We have had some outstanding wins over the past year, including securing \$4 million funding over four years for our Specialist Trainee Support Program (STSP) in the 2024-25 Federal budget. This funding will help strengthen the Aboriginal and Torres Strait Islander medical workforce, in particular to support and encourage First Nations non-GP specialists.

In November 2023, we welcomed 400 delegates to nipaluna / Hobart to attend our highly celebrated AIDA Conference. We are excited to be the host nation and organisation for Pacific Region Indigenous Doctors' Congress (PRIDoC). We deeply acknowledge the privilege of welcoming Indigenous doctors and Elders from across the Pacific region to Kaurua Country.

AIDA is proud to chair this legacy Congress once again in close collaboration with PRIDoC Council. You can find out all about it in next year's report.

Following a culturally significant invitation by Community and Elders, AIDA supported a delegation of 20 Torres Strait Islander students and doctors on a weeklong program of celebration, connection and culture in the Torres Strait Islands. The purpose of this experience was for doctors & students to undertake the cultural protocol of exchanging knowledge known as Sibwana/ Omar. The program was gifted the name Igilyawa - 'Custodians of Life' 2024 and marked 21 years since the AIDA symposium of the same name was held in 2003.

In the last financial year, AIDA delivered 14 cultural safety workshops to a total of 233 clinical and non-clinical participants - fellows, registrars, executive staff and board members, and had 1,321 people enrol in the online Cultural Awareness: Introduction to Cultural Safety course. This crucial work was continued into 2024 with Aboriginal and Torres Strait Islander doctors delivering the Cultural Safety program around Australia. The breadth of organisations who want to work alongside AIDA to improve outcomes for Aboriginal and Torres Strait Islander people is encouraging, as we stay aligned to the integrity of our unique Cultural Safety program.

“We thank you for being part of AIDA’s incredible journey as we proudly continue our work towards making the healthcare system safe for all; you, your families, your Communities.”

The Indigenous medical workforce is continuing to grow in numbers and impact. Making our voices heard among the key decision makers helps us to influence the overall experience for students and doctors, through advocating for safer, culturally sound environments, to deliver care. I am proud to represent AIDA on various committees, such as, the National Medical Workforce Advisory Collaboration (MWAC), National Indigenous Health Leadership Alliance [formerly Partnership for Justice in Health (P4JH)]. I am actively involved in policy conversations always underpinned by our vision that Aboriginal and Torres Strait Islander people have

self-determination and equitable health and life outcomes in a culturally safe health system.

Importantly, during my tenure, I am proud of the stability, structures and commitment of the AIDA team. We have a solid foundation to enhance our focus on the member experience. Our recent member survey told us that members want to see AIDA bring them and their peers together, both more often and locally. As a response AIDA will, in the year ahead, develop and implement a new Member Experience Strategy.

Our work continues, and we have many other exciting projects and initiatives coming up in the next 12 months, with planning already underway for our 2025 AIDA

conference in Gadigal, Sydney. We thank you for being part of AIDA’s incredible journey as we proudly continue our work towards making the healthcare system safe for all; you, your families, your Communities.

Kindness,

Donna Burns
CEO

A Message from our Student Director

It is my honour to deliver the AIDA Student Director report. I commenced in the role of Student Director at the end of the financial year, in June 2024, after taking over the role from the previous Director, Kyle Ryan. Within this role I have had the pleasure of chairing the AIDA Student Representative Council which this year is comprised of representatives from a total of 22 universities: acting as a tremendous reflection on the ever-growing amount of Aboriginal and Torres Strait Islander medical students.



The SRC is a vital part of AIDA and serves to present advice and ideas that will be of benefit to Indigenous Medical Students at all universities. The SRC aims to provide advice to the AIDA board regarding medical curriculum, Indigenous medical student support, research and cultural safety and has the intent to provide input into policy and advocacy work. The SRC members also represent AIDA at their universities, within their Communities and on a national level.

This year the SRC had numerous fruitful discussions regarding issues such as better supporting Indigenous medical students throughout their degrees and enhancing cultural safety within medical schools.

Going forward, we aim to strengthen the governance of the SRC and provide it with a structure that better facilitates the advocacy of Aboriginal and Torres Strait Islander medical students from all universities. To achieve this the SRC will

“Going forward, we aim to strengthen the governance of the SRC and provide it with a structure that better facilitates the advocacy of Aboriginal and Torres Strait Islander medical students from all universities.”

undergo a formal restructure in 2024. I trust that the remodelled SRC and a new student sub-committee will continue to improve students supports and outcomes for Aboriginal and Torres Strait Islander medical students from across the country. There will be more information to share about this process in next year's report.

A particular highlight of my short term so far, outside of the scope of the SRC, was being granted the opportunity to attend the 2024 Garma Festival on Yolngu Land. This served as an incredible experience for myself, other Board members and members of our Secretariat team.

Here we were able to strengthen connections within the organisation as well as with the broader Indigenous community; medical or otherwise. It was a truly remarkable experience to see so many Indigenous people come together on Yolngu country and be immersed in their culture.

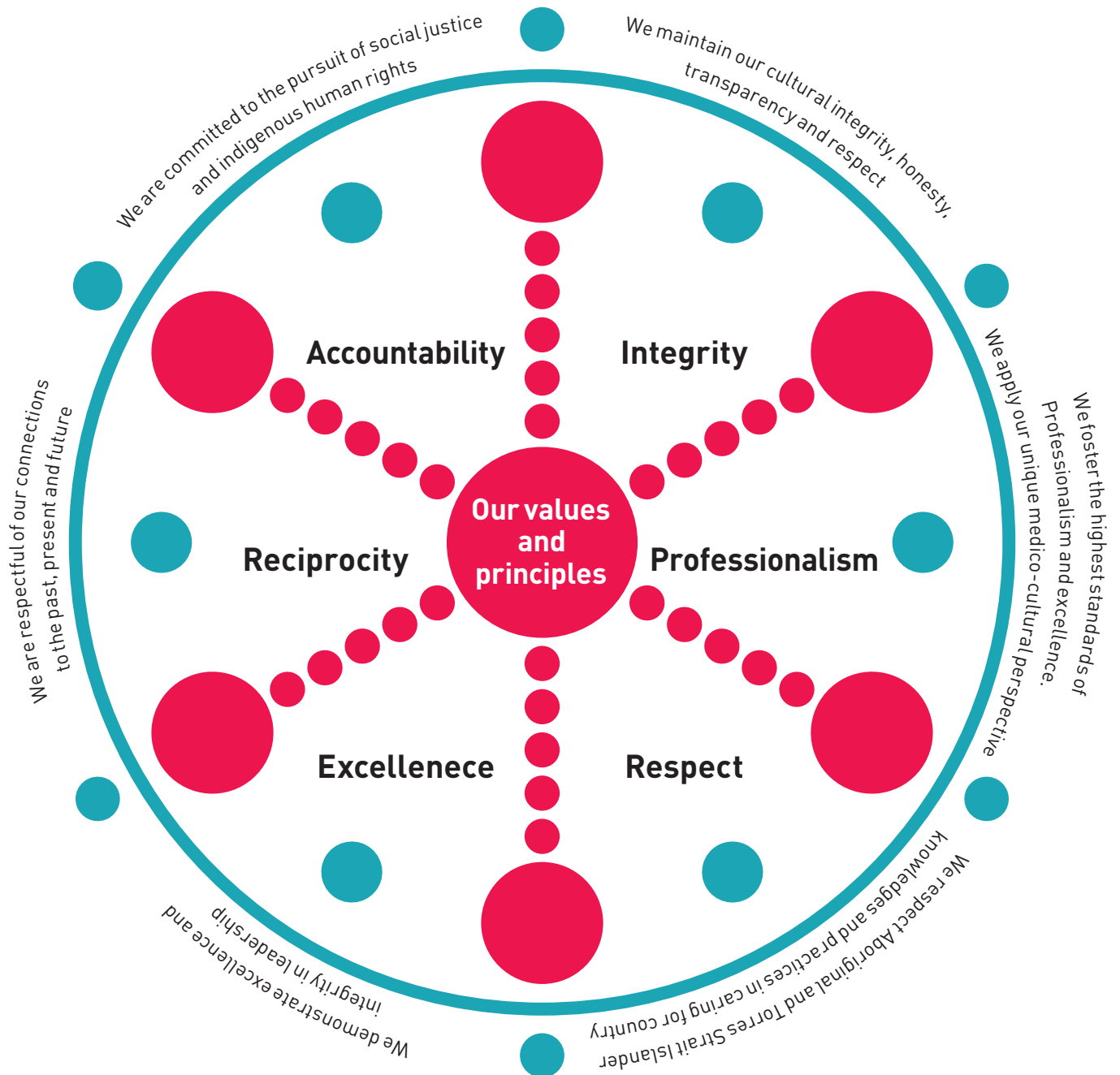
On a professional level it was also eye-opening to be exposed to the healthcare disparities that are present within East Arnhem Land and witness how this differs not only to the metropolitan areas but also the rural regions of Queensland in which I have worked. For me this served as a timely reminder, prior to my graduation, of the significant

healthcare disparities our people face and the need to evoke change to improve outcomes for our people.

As I enter my internship, I wish the incoming Student Director(s), new student sub-committee and SRC all the best with their new positions and am excited to hear about the fantastic changes being set in motion.

Jessica Storrar
Student Director Report

Our Values and Principles



AIDA's purpose is to **grow ethical and professional Aboriginal and Torres Strait Islander doctors** who will lead and drive **equitable and just health outcomes** for all our peoples.

Our Vision

Aboriginal and Torres Strait Islander peoples have self-determination and equitable health and life outcomes in a culturally safe health system.

Our Principles

- We are respectful of our connections to the past, present and future.
- We maintain our cultural integrity, honesty, transparency and respect.
- We apply our unique medico-cultural perspective.
- We demonstrate excellence and integrity in leadership.
- We respect Aboriginal and Torres Strait Islander knowledges and practices in caring for country.
- We are committed to the pursuit of social justice and Indigenous human rights.
- We foster the highest standards of professionalism and excellence.

Our Board



President – Dr Simone Raye

Dr Simone Raye is a proud Bardi/Jabbir Jabbir woman whose family is from the Dampier Peninsula in the Kimberley. Simone has spent much of her life on Garamilla, the land of the Larrakia, working as a GP. She attended The University of Newcastle for her medical degree and helped out in the early days of founding AIDA, becoming a foundational member. Simone is passionate about increasing the numbers of our Indigenous medical workforce and believes providing a culturally safe space for them to learn and work in is imperative. This not only helps our workforce but also helps deliver culturally safe and caring healthcare to all our patients, be they Indigenous or non-Indigenous.

“Thank you to all our AIDA members for making AIDA what it is today, from our founding members to our students and future members, you are part of the solution to making our healthcare system more culturally safe.”



Vice President – Dr Jonathan Newchurch

Ngai nari Jonathan Warritya Newchurch, Ngai yaitya miyu Kurna Narungga anangu, Ngai Mikawomangga warni.

My name is Jonathan Second Born Male Newchurch, I am an Indigenous man of Kurna and Narungga. I was born on the Mika plains, now known as the suburb of Woodville.

I am a proud yaitya miyu (Indigenous man) of both Kurna and Narungga heritage. My roots run into the heart of Kurna Yarta (land), where I was raised in Tarntanyangga, known to many as Adelaide. My connection to this land and its traditions not only shapes my personal identity but greatly influences my professional journey in the medical field.

I hold a medical degree from Adelaide University. I went on to complete General Practice training, where my experiences took me across varied landscapes – from rural and remote clinics to the pivotal role in Aboriginal Medical Services. These diverse exposures enriched my perspective and solidified my commitment to providing holistic and culturally sensitive care.

Eager to expand my horizons further, I delved into training in GP Anaesthetics. The intricacies of this domain provided a fresh challenge and allowed me to refine my expertise. My thirst for knowledge then led me to the realm of Pain Medicine. Working in public and private pain clinics, I’ve witnessed the intricate relationship between physical pain and emotional well-being, fostering a deeper understanding and empathy towards those I serve.

Currently, I channel my experience and knowledge as a Principal Investigator in Clinical Trials. Here, I engage in research, striving to bridge the gaps in medical understanding and seeking novel solutions to health challenges.



Dr Glenn Harrison

Glenn is a proud Aboriginal man of the Wotjobaluk peoples (Wimmera region of western Victoria) and was born on Wathaurong lands.

He is married with three children and lives in the western suburbs of Naarm. Having been an AIDA Board Director for the last four years, Glenn is proud to have worked with an amazing group of highly respected, motivated and passionate people.

He has presided over the AIDA FRAC (Finance, Risk and Audit Committee) as its chair and is proud to promote AIDA growing financial growth and increasing independence.

Glenn has clinical appointments as a FACEM Emergency Physician at Royal Melbourne Hospital (RMH) in Naarm (Wurundjeri lands) and Epworth Hospital, Geelong (Wadawarrung lands).

Glenn holds a number of board director roles in addition to his board director role at the AIDA.

He is a board member of:

Australasian College for Emergency Medicine (ACEM)

Aboriginal Community Elders Service (ACES).

Other appointment and memberships include:

ACEM Indigenous Health Committee Co-Chair

ACEM RAP Committee

Royal Melbourne Hospital First Nations Health Unit

University of Melbourne - Wurru Wurru Health Unit

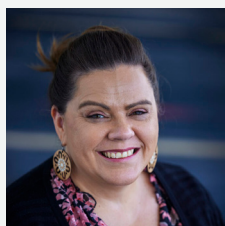
AIDA Cultural Safety Workshop provider

Glenn is passionate and determined to promote Indigenous excellence, increase our Indigenous medical workforce and improve quality outcomes for patients.

He is also a regular AIDA Cultural Safety Workshop provider and has provided Cultural Safety workshops to the Australian Football League, specialist training colleges and national organisations.

Glenn co-ordinates an Indigenous Intern program at Royal Melbourne Hospital, and has help develop and support young Indigenous students and doctors develop their clinical skills, professional development and specialist training opportunities.

Glenn's driving motivation is to develop more deadly doctors to support our peoples and their Communities.



Dr Olivia O'Donoghue

Dr Olivia O'Donoghue is descendant from the Yankunytjtjara and the Narungga Nations people. Olivia is an RACGP Fellow currently living and working in South Australia. Olivia has significant experience living and working in urban and remote Northern Territory, including Aboriginal Community Controlled Health Services. Olivia has worked as a Cultural and Medical Educator in the general practice training space since 2014, including six years with Northern Territory General Practice Education (NTGPE).

Olivia is the currently the Medical Educator for the Indigenous General Practice Trainee Network (IGPTN). IGPTN is a national network that provides clinical education, exam preparation support, mentorship, advocacy and cultural support to Aboriginal and Torres Strait Islander GPs in training.

Olivia is also currently the first Aboriginal and Torres Strait Islander Censor for the RACGP representing National Faculty of Aboriginal and Torres Strait Islander Health on matters pertaining to the quality assurance processes for education, training, policy and assessment. Including support and advocacy for Aboriginal and Torres Strait Islander doctors undertaking RACGP training.

Olivia has previously been on the board of AIDA in 2009 and 2017.



Dr Tammy Kimpton

Dr Tammy Kimpton is a Palawa woman from Tasmania. She is married and has three teenage children. She is a rural General Practitioner and Fellow of the Royal Australian College of General Practitioners.

Tammy is a supervisor and practice owner at Scone Medical Practice and has VMO rights to Scott Memorial hospital. She prides herself on providing care to many multigenerational Aboriginal families within the community.

Tammy is a director on the Australian Medical Council (AMC) and participates in the boarding finance risk and audit committee and governance committee. Tammy has been a previous AIDA Board Director, including a term as President.



Dr Crystal Williams

Dr Williams is a Wiradjuri woman, consultant dermatologist and co-founder of the First Nations Dermatology Clinic at Royal Melbourne Hospital located on the unceded land of the Wurundjeri people of the Kulin Nations designed to improve access to specialist care for First Nations communities in Victoria. She also provides a visiting specialist service to the Northern Territory on unceded Larrakia land and alongside other dermatologists, including Dr Dana Slape, provides outreach services to help increase regional and remote access to specialist care.

Crystal also sits on a number of committees as part of her ongoing board commitments including the PRIDOC Conference committee, 2025 AIDA Conference committee and the Finance, Risk and Audit (FRAC) committee. She has an interest the use of digital health to overcome barriers to specialist care and is committed to disruptive activism and speaking out against racism within medical and training institutions to create safer hospitals for our people.

She also has a special interest in our responsibilities as medical practitioners to create medical systems that advocate for the safety of women and their children. She is currently based in Victoria but travels regularly as part of her commitment to improve access for those who would not otherwise have been able to access specialist dermatologist care. She hopes to continue this ongoing commitment with a plan to reduce her private commitments in 2025 and increase her capacity to provide public specialist care to the community.



Dr Natalie Pink

Dr Natalie Pink is a Nyikina woman with connections on her father's side. She grew up on Kurna land in SA and has been fortunate to live in multiple regions of Australia.

Her first career was as a paramedic before completing medical school with her younger sister at Flinders University, graduating in 2017.

Since completing medical school, Natalie has worked in Adelaide, Darwin and many rural and remote locations in SA. She has been involved in academic practice through Adelaide Uni and also an early career researcher.

Currently, Natalie is a Fellow of ACRRM with advanced specialised training in Aboriginal and Torres Strait Islander health. She works in the Cape York region in Far North Queensland in the Weipa Integrative Health Service, provide outreach GP services to Napranum and Mapoon Communities as well as going to Pormpuraaw and Kowanyama with the Cape York Kidney Care team.

Natalie is passionate about advocating for the rural and remote Communities, especially with appropriate health service delivery, food security and social safety. Her other passion is supporting medical students and rural generalist registrars throughout their training experiences.



Dr Jean Pepperill

Dr Jean Pepperill is a Kaytetye woman from Barrow Creek in Central Australia. She has completed all her medical training in the Northern Territory. She currently living in Garramila (Darwin), on Larrakia country, where she has been teaching Aboriginal and Torres Strait Islander Health in the Flinders University Northern Territory Medical Program. As a previous trainee with the Royal Australian New Zealand College of Psychiatry, she has a passion for mental health and wellbeing and is now pursuing general practice training with RACGP.

Jean is passionate about Aboriginal and Torres Strait Islander health and rural health with no plans to leave her home in the Northern Territory. Outside of clinical work Dr Jean Pepperill serves on the Headspace First Nations Cultural Governance Committee and is the AIDA representative on the Gaaya Dhui board. She is also a Jilya Psychology Scholarship recipient for 2023 and studies a Graduate Diploma of Psychology at UTS. In her spare time Jean is a passionate photographer and painter.



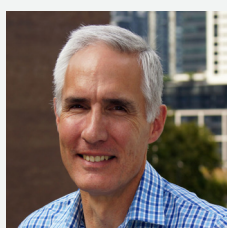
Ms Jessica Storrar

Jessica Storrar is a Yuin woman currently based on Kuku Yalanji land in Far North Queensland.

She is in her sixth and final year of medicine at James Cook University (JCU). Jessica has served as both JCU's SRC representative as well as her medical student association's Indigenous representative throughout her time at university.

Jessica hopes to enact change within the medical education sector to improve education pertaining to Aboriginal and Torres Strait Islander health as well as advocate for the needs of her peers within medical schools and as junior doctors.

Jessica's career goals focus on pursuing a career in Paediatric Emergency Medicine where she can improve health outcomes within an acute setting for both Aboriginal and/or Torres Strait Islander children as well as the broader Australian community.



Dr Andrew Gosbell PhD, GAICD, BAppSc

Andrew is an Advisor to the associations and charities sector. He provides advice, support and mentoring to boards, senior executives and professional teams of for-purpose organisations on governance, strategy, planning, advocacy and policy development, project management and funding opportunities.

Dr Gosbell's previous executive roles involved more than 15 years in senior executive and CEO positions with medical colleges and peak associations. This included as the CEO of General Practice Registrars Australia and Executive Director of Policy and Research and Deputy CEO at the Australasian College for Emergency Medicine. He has over 9 years governance experience on Boards and committees in the NFP health and tertiary-education sectors.

Andrew is passionate about contributing to good governance as a powerful enabler for great organisations and is a committed ally of Aboriginal and Torres Strait Islander peoples.

Our Key Achievements

Strategic Priority 1: Grow Aboriginal and Torres Strait Islander Doctors

AIDA's first strategic priority involves promoting medicine as a career choice for Aboriginal and Torres Strait Islander doctors, developing and advocating for best practice recruitment, retention and support strategies to be implemented across the medical training continuum and supporting students and doctors.

Indigenous Medical Student Support Program (IMSS)

AIDA has historically provided individualised support to First Nations students. With 491 Aboriginal and Torres Strait Islander medical students enrolled at university in 2024, a more strategic approach has been adopted to ensure consistent quality support for students across the 22 medical schools. The IMSS program continues our core work in student support through advocacy and networking among university medical schools and key stakeholders, with a renewed focus on influencing structural and systemic change through policy and curriculum development. This work is done in collaboration with partners in the university, medical education and workforce sector. Over the last year this has included university medical schools, Medical Deans Australia and New Zealand (MDANZ), Australian Medical Council (AMC) and other relevant stakeholders.

In April, AIDA was pleased to partner with the Victorian Aboriginal Community Controlled Health Organisation and deliver a networking and skills event for



Students at the Indigenous Medical Student Support Program

Aboriginal and Torres Strait Islander medical students from the three medical schools across Victoria.

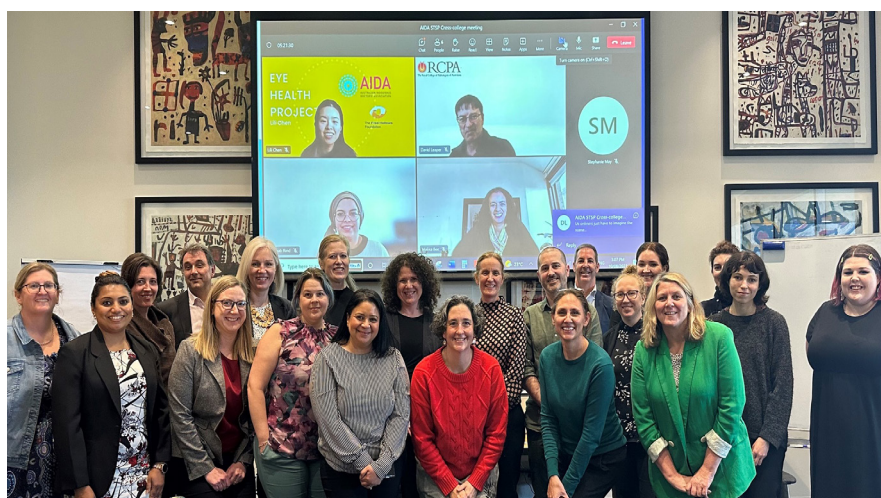
AIDA and MDANZ are jointly committed to improving health outcomes for Aboriginal and Torres Strait Islander peoples by growing the Indigenous medical workforce. The two organisations have worked in collaboration for over a decade to support this goal. Over the past year this work has also aimed at developing the IMSS program into a comprehensive, evidence-based area of work engaging medical school leaders, Indigenous Student Support Staff and AIDA's Student Representative Council.

In February 2024, AIDA and MDANZ CEOs, Donna Burns and Helen Craig travelled to Canberra to promote the need for funding for dedicated sustainable programs of support for Indigenous medical students to help increase the percentage of Aboriginal and Torres Strait Islander medical students progressing through to graduation and into the medical workforce.

Specialist Trainee Support Program (STSP)

AIDA's Specialist Trainee Support Program (STSP) is a key initiative in delivering against our priority to grow Aboriginal and Torres Strait Islander doctors. Through STSP, AIDA supports the growth of the Aboriginal and Torres Strait Islander non-GP specialist workforce by providing direct support to trainees and doctors wishing to pursue training and collaboration with the 13 non-GP specialist colleges. Within this work, AIDA supports improved recruitment, retention and college support of Aboriginal and Torres Strait Islander doctors in non-GP training. Throughout the year we have facilitated:

- Four cross-college meetings to enable colleges to share their activities and learn from each other and from AIDA's guidance. Colleges reported an increase of 14 identified Aboriginal and/or Torres Strait Islander trainees from 136 in March 2023 to 150 in June of 2024, equivalent of approximately a 10% increase.
- A range of culturally tailored support for trainees and doctors pursuing specialty training including two face-to-face workshops. In total, 29 trainees and 5 prevocational trainees registered for the two workshops from a range of non-GP colleges including: ACEM, ACSEP, CICM, RACP, RANZCO, RANZCOG, RANZCP, RANZCR.



Attendees at the Cross College Specialist Training Support program

- Online opportunities such as online forums including two Yarn Ups. Attendees at online forums decreased over the year and trainees reported that they preferred and valued in person opportunities rather than online forums. In response, AIDA trailed a local dinner in Newcastle which was well attended with 30 participants including trainees, fellows and AIDA staff.
- Individual support including performance coaching, advocacy to colleges and general advice. We provided approximately 170 hours of culturally appropriate support to 38 doctors (8 trainees, 30 prevocational trainees) contributing directly to improved recruitment and retention into specialty training.

AIDA has created a WhatsApp group for trainees and prevocational doctors pursuing training to connect, reduce isolation and strengthen cultural peer support and communication.

This includes sharing successes, challenges, resources and opportunities. This has been an active forum growing to 52 participants over the last year including trainees, prevocational trainees and some doctors who have very recently achieved Fellowship and proven a worthwhile tool for AIDA members.

AIDA undertook an evaluation of STSP to inform future funding bids and identify areas of program growth opportunity. Consultation was undertaken with 10 trainees and 5 prevocational trainees in addition to AIDA Program staff and President, college representatives from the cross-college consortia and Department of Health and Aged Care staff. The evaluation report is available on the AIDA website.

In 2024, we were delighted to receive the announcement of a further four years of funding for AIDA to continue STSP to 30 June 2028. The evaluation findings and recommendations will be used to inform how AIDA continue and expand the program.

Strategic Priority 2: Shape Health Outcomes

AIDA's second strategic priority is to shape health outcomes – we do this by driving collaboration nationally and internationally to improve Indigenous health and life outcomes, fostering relationships with key national health and medical organisations and leading and influencing change across the healthcare system.

AIDA's representation has included, but is not limited to:

- National Indigenous Health Leadership Alliance (formerly National Health Leadership Forum)
- Coalition of the Peaks
- Department of Health and Aged Care - Medical Workforce Advisory Committee (MWAC)
- Department of Health and Aged Care - Strengthening Medicare Implementation Oversight Committee
- Department of Health and Aged Care – Scope of Practice Review
- Closing The Gap Steering Committee
- Australian Health Practitioner Regulation Agency (AHPRA) - Aboriginal and Torres Strait Islander Health Strategy Group
- Australian Medical Council (AMC)- Aboriginal & Torres Strait Islander and Māori Committee
- Australian Commission on Safety and Quality in Health Care (ACSQHC)
- Council of Presidents of Medical Colleges (CPMC) Stakeholder Forum
- Medical Deans Australia and New Zealand (MDANZ)
- Australian Medical Association - Taskforce for Indigenous Health



Best practice care

- Australian Medical Association - Federal Council
- Australian Medical Association - Council of Doctors in Training
- National Leadership Alliance for Drs4Drs
- Health Education and Training Institute (HETI)
- National Rural Health Alliance (NRHA)
- Pacific Region Indigenous Doctors Congress (PRIDoC)
- Rural Doctors Association of Australia (RDAA)
- Cancer Australia
- Medical Board Australia - Medical Trainee Survey.

AIDA presented at the Medical Board of Australia forum, and NTPHN keynote, as well as other events like the Medical Workforce Advisory Committee

(previously MWRAC), World Organisation of Family Doctors (WONCA) Conference, College of Intensive Care Medicine to discuss cultural safety, specialist trainee support and opportunities and barriers to growing the Aboriginal and Torres Strait Islander medical workforce.

Leading and Influencing Change in the Healthcare System

AIDA is a member of the Coalition of the Peaks, the key body that the Federal government is engaging with post referendum.

The National Agreements Key Priority Areas are as follows:

1. Formal partnerships and shared decision-making
2. Building the community-controlled sector
3. Transforming government organisations
4. Shared access to data and information at a regional level

Following the Productivity Commission's review of the National Agreement for Closing the Gap, AIDA strongly supported

the Productivity Commission's recommendations outlined in the Review of the National Agreement on Closing the Gap Final Report in February 2024.

National Indigenous Health Leadership Alliance (formerly National Health Leadership Forum) is another key leadership group that AIDA actively engages in, including attending the Aboriginal and Torres Strait Islander Health Ministers Roundtable and contributing to joint submissions. AIDA presented at AHPRA forums, CPMC forums, and other stakeholder events like the MDANZ Data Forum to discuss the opportunities and barriers to adequate data collection and reporting on the First Nations medical workforce.

AIDA continues to engage and build relationships with traditional healers and community leaders with cultural workshops being embedded into our annual AIDA conference. Cultural protocols guide the development of all programs and local activities including online forums and in-person events.

We have continued discussions with the AMC to ensure that AIDA is appropriately positioned to provide input into the review of accreditation standards for medical specialist colleges.



Attendees at the 2023 AIDA Conference.

Forging New Partnerships

AMA Memorandum of Understanding (MoU) – signed Aug 2023

AIDA President Dr Simone Raye and AMA President Professor Steve Robson signed an MoU in August 2023 with the aim to work together to embed cultural safety across the medical education and training pipeline to ensure Aboriginal and Torres Strait Islander medical students, trainee doctors and specialists succeed and thrive in their chosen career paths.

How we aim to achieve this:

1. Monitor and evaluate the implementation of the AMA Cultural Safety Position statement 2021
2. Pursue policy priorities of shared interest through the AMA-AIDA Taskforce on Indigenous Health
3. Celebrate and promote the success of policies and programs that advance the growth and reach of the Aboriginal and Torres Strait Islander medical workforce
4. Advocate for tangible measures that promote wellbeing, provide culturally safe health care, and eliminate racism in the Australian healthcare system.

doctors are fundamental in efforts to address the systemic health inequity and to eliminate the persisting health gap.

Through this Memorandum of Understanding, AIDA and AMSA reaffirm their commitment to support and advocate for Aboriginal and Torres Strait Islander medical students and build on the success of previous collaborations.

AMSA MoU – signed May 2024

AIDA and Australian Medical Student Association (AMSA) have a long-standing relationship in advocating for and supporting Aboriginal and Torres Strait Islander medical students. First Nations medical students and



Dr Simone Raye and AMA President Professor Steve Robson signed an MoU in August 2023

Partnerships

AIDA is a strategic partner with other health and legal organisations and individuals whose purpose is to improve Aboriginal and Torres Strait Islander health and justice outcomes through addressing racism at individual, institutional and systemic levels. AIDA has partnerships with the following organisations:

Partnership for Justice Health (P4JH) – signed Sept 2023

P4JH has three long term goals that it's working towards with its campaigns:

- Empower mob to understand and exercise their rights to self-determination and the freedom to live well according to their values and beliefs
- Create systemic change through providing research and evidence-based solutions to embed culturally safe and anti-racist approaches
- Advocate for and promote mechanisms that improve reporting and measuring racism and facilitate penalties for racism

Healthy Futures (Climate Change) – Dec 2023

As part of our engagement with the Climate and Health Alliance (CAHA), we have been working with Healthy Futures on their campaign to address carbon emissions within the health sector.

Rural Doctors Network (RDN) NSW – Dec 2023

AIDA and RDN NSW are working together to find ways to mutually support Aboriginal and Torres

Strait Islander doctors in training and facilitate professional development networks.

OCHRe Network

Following AIDA's Research Masterclass for non-GP specialist trainees delivered in March 2023 by the Our Collaboration in Health Research (OCHRe) Network, AIDA and OCHRe Network member 'Unlocking National Indigenous Translational Research Excellence' (UNITE) scoped a series of actions to progress the following overarching objectives:

- Enhance our relationship with OCHRE, building on our relationship with the UNITE Hub with the view to ensure trainees are culturally safe, not subjected to racism and fulfil their full potential as researchers as they contribute towards improving the health and wellbeing of Indigenous Australians. with the view to ensure trainees are culturally safe, not subjected to racism and fulfil their full potential as researchers as they contribute towards improving the health and wellbeing of Indigenous Australians.
- Strengthen the research capacity and capability of trainee researchers.
- Transform the medical research landscape so that it meets the needs of Aboriginal and Torres Strait Islander people.

Work will be undertaken in 2024–25 to map and pursue appropriate resourcing to progress the actions.

We published several media releases during the year, which included supporting the Voice to



Rural Doctors Network

Parliament and publishing a series of resources in light of the result of referendum where we stood in solidarity with our members and our Community alike.

We published a variety of media statements demonstrating our advocacy work and mission to drive equitable and just health outcomes for all Aboriginal & Torres Strait Islander peoples. We welcomed the release of the [Productivity Commission's report on Closing the Gap](#), noting that the report's findings reinforce the urgent need for transformative action within all levels of government. AIDA also welcomed the vaping reform bill noting its importance in ensuring that the recent downward trend continues in the percentage of young Aboriginal and Torres Strait Islander peoples taking up smoking. AIDA called for placement equity for medical students after the federal government announced [cost-of-living support for teaching, nursing and social work students](#).

Strategic Priority 3: Best Practice Care and Cultural Perspective

AIDA's third strategic priority entails providing our unique medico-cultural perspective, promoting the transformation of the healthcare system to be culturally safe, promoting the significant contribution of traditional knowledge, medicines and practices, while contributing to improved health outcomes for all Australians.

Cultural Safety Workshops and Cultural Awareness Online Training

AIDA's compelling Cultural Safety face-to-face training focuses on the clinical application of Cultural Safety and helps participants to extend their knowledge about Aboriginal and Torres Strait Islander history and culture and explore how attitudes and values can influence perceptions, assumptions and behaviours in a clinical setting. We also discuss specific ways to be more culturally safe, emphasising that cultural safety is clinical safety. This speaks to AIDA's purpose to drive equitable and just health outcomes for all Aboriginal & Torres Strait Islander peoples in a healthcare system free of racism.

AIDA has seen a significant increase in demand and delivery of our in-person Cultural Safety program, with the delivery of 14 Cultural Safety workshops to 225 participants, a 50% increase from the 2022-23 period. Six of the workshops were for medical colleges and eight were to other organisations. Demand for calendar year 2025 is increasing with 23 workshops already booked.

Meanwhile, demand for AIDA's online course 'Cultural Awareness: An introduction to Cultural Safety' has had a



Inaugural AFL/AIDA Cultural Safety Workshop

substantial increase with 1,321 enrolments for 2023-24 financial year, a notable increase from the 2022-23 financial year which saw 613 enrolments total enrolments.

Australian Football League (AFL)

This year, we cemented our partnership with the AFL to deliver a Cultural Awareness and Cultural Safety program to the AFL's AHPRA registered clinicians. Through the training, AFL clinicians develop knowledge and skills to improve engagement and health outcomes for Aboriginal and Torres Strait Islander athletes. Through developing a greater

understanding of Indigenous health perspectives and by undertaking a process of understanding their own perceptions, cultural safety participants undertake a process of critical self-reflection and can immediately embed and apply learnings into clinical practice.

Clinicians have commenced the online Cultural Awareness training: An Introduction to Cultural Safety and face to face Cultural Safety workshops will be delivered in the second half of 2024.

Strategic Priority 4: Communicate and Celebrate

AIDA aims to share our knowledge and expertise, celebrate our achievements and strengthen our connection to community through our communication.

AIDA continues to prioritise connecting with our members and celebrating their work through our strategic communications, all of which have seen significant growth and impact in the past year. This has maintained AIDA's position as a leader in advocating for Indigenous health and wellbeing. AIDA members are highly engaged with what we do, with our statistics repeatedly outperforming national averages across the spectrum of our strategic communications.

Our social media platforms achieved a consistent increase in reach and engagement. We achieved 562,175 audience interactions, up 136.50% for the previous financial year. Our engagement also rocketed, with 23,422 likes, comments, shares and saves (+168.80% year on year), as our Engagement Rate averaged 4.2% (+13.70% year on year). We intentionally focused on high-quality, high-impact video content which saw exponential growth too, leading to 63,695 views, a 1571.30% increase on the previous year.

We worked with AFL athletes, Charlie Cameron and Ally Anderson as well as Australian netballer, Donnell Wallam to share the importance of cultural safety in all spheres of life. This collaboration, showcased on social media helped us to reach new audiences and was part of our plan to increase engaging video content that speaks to our purpose and vision.



Attendees at the 2023 AIDA Conference

The AIDA website was visited 58,500 with the majority of those visits being new users. This means AIDA is continually reaching new audiences which echoes our aim to share our achievements, and those of our members far and wide.

Our work in the media landscape has been varied with coverage across all media platforms, from radio to newspaper coverage of our advocacy work and our Voice, with a total audience of 1,092,698. In the next financial year, we hope to continue to build on our relationships with the media and increase our presence in the media landscape.

Our new member series, Let's Yarn saw us publish videos celebrating the incredible

achievements of some of our members including Dr Tatum Bond and Dr Taslena Tapim. These videos were highly successful on AIDA social media and formed part of our monthly newsletter, WardRound. We sent 100% of WardRounds to our membership, in a timely and consistent manner.

AIDA's newsletters, including WardRound consistently outperformed the national average in click-through rate (CTR = clicks on links), a clear indication of the high level of engagement with AIDA. The successful strategic re-designs of our content, along with the regular addition of compelling video content for members, have been key factors in this ongoing growth.

Strategic Priority 5: Our Members

AIDA's fifth strategic priority focuses on our members by demonstrating professional advocacy and support, providing leadership and development opportunities, connecting with and supporting our members.

AIDA Conference 2023

The AIDA Conference 2023 was held at the Hotel Grand Chancellor in November in nipaluna / Hobart. The conference was a three-day event which included a member only day, plenary sessions, breakout sessions, student night, welcome reception and a gala dinner. Nearly 400 delegates joined us to celebrate AIDA's culture, and the culture of nipaluna, the land of the muwinina people.

The theme of the conference was 'Our Sovereign Place in Health' and the logo featured the artwork of local Palawa artist, Reuben Oates.

The program included 37 concurrent sessions that were made up of 115 presentations (selected from the 129 abstracts submitted). The conference attracted 20 different partnering / sponsoring organisations, and included 34 exhibition booths.

The diverse three-day program ranged from 2-hour workshops, 1-hour workshops, 15-minute presentations, The Quick and the Deadly PechaKucha Style speed talks, across the following program themes:

- Old ways in the new world
- Place-based and holistic innovations in care
- Empowering intersectionality in health, education and training
- Self-determination for a determined workforce

Keynote presentations were made by Todd Fernando, Dr Kelvin Kong, Professor Ian Anderson, Tyson Mpetyane Carmody, and Lucinda Hyde & Dr Mirna Hunter in support of the Ngangkari Healers.

Dan Bouchier MCed our Gala Dinner, where we announced Shay-Lee Coulson as the Indigenous Medical Student of the Year and Dr Benjamin Armstrong as Indigenous Doctor of the Year.

We are proud to have hosted and attended a variety of events from NAIDOC ball in Adelaide to our own transformative visit to Waiben (Thursday) Island in the Torres Strait as well as the College of Intensive Care Medicine of Australia and New Zealand (CICM) Outback Health Conference in Alice Springs. This was in addition to a number of online

events including our celebration of 2024 International Women's Day with Associate Professor Tamara Mackean, Dr Tammy Kimpton and President, Dr Simone Raye presenting. The theme of the webinar was 'Count Her In: Invest in Women. Accelerate Progress'.

The Igilyawa: Custodians of Life event saw 17 Torres Strait Islander doctors and 3 medical students in attendance for this incredible experience on Thursday Island, which was focused on the following core elements :

- Celebration of a new Nationhood of Torres Strait Islander doctors
- Waken Wyan and Okadikes of cultural lead/professional identity as Torres Strait Islander doctors



Artist Reuben Oates at the 2023 AIDA Conference

- Consolidation, Leadership and Healing being home in your journey
- Sibwana/Omar - reciprocity of knowledge and gifts. Knowledge exchange with Elders, young people at schools and peers

Similarly, AIDA attended the NAIDOC Awards Night held at the Adelaide Convention Centre on 6 July on Kurna Country. “Keep the Fire Burning! Blak, Loud and Proud” was the theme which celebrated the unyielding spirit of our communities and invites all to stand in solidarity, amplifying the voices that have long been silenced – we felt this was particularly profound in light of the result of the referendum.

AIDA's Membership

The number of AIDA's members has continued to grow in the 2023-24 financial year. On 30 June 2023 AIDA had 682 members and by 30 June 2024 AIDA had 776 members with the Associate Individual Membership category seeing the largest increase, followed by Indigenous Doctor – Fellow, then Aboriginal and Torres Strait Islander Organisation.

We are proud that AIDA has 291 Indigenous Medical Student members of the 491 medical students who identified with their universities at the beginning of the 2024 calendar year (representing approximately 59% of all

Aboriginal and Torres Strait Islander medical students).

AIDA's Indigenous Doctor members across both Fellow and non-Fellow categories equate to 282 doctors of a possible 850 Aboriginal and Torres Strait Islander medical practitioners registered with Ahpra in January 2024. AIDA therefore estimates that potentially 33% of the Aboriginal and Torres Strait Islander medical workforce are AIDA members. A table showing growth of AIDA's membership over the last three years across various categories is included below:

Membership Category	2021-22	2022-23	2023-24
Indigenous Medical Student	234	283	291
Indigenous Doctor - non Fellow	167	176	199
Indigenous Doctor - Fellow	55	64	83
Associate Individual	83	100	143
Associate Organisation	40	43	43
Aboriginal and Torres Strait Islander Organisation	0	4	5
Life Member	11	12	12

AIDA encouraged members to provide feedback via the annual member survey with 84% of respondents have reported satisfaction with their membership experience. One of the key takeaway messages is the importance that members place on networking, being supported, and the sense of Community within AIDA.

We have worked to improve the member experience by overhauling our online member portal and introducing new software which is now available for members to use. Further information will be available on this in next year's report. We have also continued to increase our offerings from webinars, increased member engagement

through newsletters and other communication channels as well as by improving our conference year on year with AIDA 2023 being considered AIDA's most successful conference yet.

Strategic Priority 6: Sustainability

AIDA's sixth strategic priority centres on sustainability. We aim to do this by demonstrating best practice governance and management, Care for Country, and investing in AIDA's future.

In November 2023, the finance team was restructured with the introduction of a Chief Finance Officer (CFO) to future-proof and oversee AIDA's finances. Our subsequent robust investment strategy has accelerated AIDA's financial sustainability, that has seen the introduction of Vanguard investments, which have resulted in a significant return. Similarly, the Cultural Safety program continues to provide unprecedented revenue for AIDA.

We thank those who contributed to AIDA, with \$22,824.70 received in donations this year.

AIDA also restructured our IT, choosing to outsource to a new provider to increase organisational cybersecurity. This leaves AIDA with a more sustainable IT model moving forward.

Continued training and professional development have remained central to our work, with four AIDA board members attending Australian governance training with the Australian Institute of Company Directors. This ensures sustainable and best practice governance. Meanwhile, staff have been supported to continue their professional development through relevant courses to their roles and interests.



Attendees at the 2023 AIDA Conference

While we've moved to a virtual model of work and maintain a remote workforce, we actively focus on being one cohesive team and applying best practice principles in working from home. This sustainable model ensures connected, productive staff who are committed to AIDA's goals and vision, all while benefitting from a reduced day-to-day carbon footprint.

The Indigenous workforce in AIDA has grown to 58.8% within our organisation's total workforce, with 100% representation at the executive level.

In the upcoming year, AIDA's new strategic plan will be developed and will focus on sustainability. We look forward to reporting on this in the 2024-2025 annual report.

Australian Indigenous Doctors' Association Ltd

ABN : 84 131 668 936

Financial Statements

For the Year Ended 30 June 2024

Australian Indigenous Doctors' Association Ltd

ABN : 84 131 668 936

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For the Year Ended 30 June 2024

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Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

Directors' Report For the Year Ended 30 June 2024

The directors present their report on Australian Indigenous Doctors' Association Ltd for the financial year ended 30 June 2024.

Directors

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

Names	Position	Appointed	Resigned
Dr Simone Raye	President	31/10/2020	
Dr Jonathan Newchurch	Vice President	04/10/2022	
Dr Glenn Harrison	Director	31/10/2020	
Dr Tammy Kimpton	Director	04/10/2022	
Dr Olivia O'Donoghue	Director	04/10/2022	
Mr Kyle Ryan	Student Director	04/10/2022	30/05/2024
Dr Jean Pepperill	Director	14/11/2022	
Dr Crystal Williams	Director	14/11/2022	
Dr Natalie Pink	Director	14/11/2022	
Dr Andrew Gosbell	Director	14/12/2023	
Ms Jessica Storrar	Student Director	21/06/2024	

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

Principal activities and significant changes in nature of activities

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

To this end, AIDA's principal activities include:

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

Directors' Report

For the Year Ended 30 June 2024

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:

- **Board of Directors:** At the 2023 AGM, three Director positions and one Student Director position were up for nomination. The current Student Director was elected for another term and three existing Directors who were holding 'casual vacancies' were voted into Director roles for a two-year term.

The Board members are committed to:

- strengthening relationships with specialty colleges to help First Nations students and trainees achieve Fellowship and be leaders within their chosen field.
- developing the Indigenous workforce, expanding specialty training opportunities and improving Indigenous health outcomes and equity.
- supporting and advocating for Aboriginal and Torres Strait Islander doctors undertaking specialty training.
- creating medical systems that advocate for the safety of women and children.
- self-determination and better outcomes and representation for all Aboriginal and Torres Strait Islander people.

In December 2023, an "Independent Board Director" was appointed in a casual vacancy, in line with the AIDA Constitution.

In May 2024, the Student Director resigned, and the role was subsequently filled in June 2024, by a member of the Student Representative Committee, as a casual vacancy.

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

Directors' Report

For the Year Ended 30 June 2024

Objectives and strategies

The Company's objectives and strategies:

Grow Aboriginal and Torres Strait Islander Doctors

- Promote medicine as a career choice for Aboriginal and Torres Strait Islander doctors
- Develop and advocate for best practice recruitment, retention and support strategies to be implemented across the medical training continuum
- Support students and doctors

Shape Health Outcomes

- Drive collaboration nationally and internationally to improve indigenous health and life outcomes
- Foster relationships with key national and medical organisations
- Lead and influence change across the health care system

Best Practice Care and Cultural Perspective

- Provide unique medico-cultural perspective
- Promote transformation of the healthcare system to be culturally safe
- Promote the significant contribution of traditional knowledge, medicines and practice
- Contribute to improved health outcomes for all Australians

Communicate and Celebrate

- Share our knowledge and expertise
- Celebrate our achievements
- Strengthen connection to community

Our Members

- Demonstrate professional advocacy and support
- Provide leadership and development opportunities
- Connect with members
- Support our members

Sustainability

- Demonstrate best practice governance and management
- Care for country
- Invest in AIDA's future

Directors' Report
For the Year Ended 30 June 2024

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 2024 the collective liability of members was \$19,400 (2023: \$15,950).

Operating results

The surplus of the Company amounted to \$ 655,955 (2023: \$ 327,336)

Meetings of directors

During the financial year, 6 meetings of directors were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Dr Simone Raye	6	6
Dr Jonathan Newchurch	6	5
Dr Glenn Harrison	6	5
Dr Tammy Kimpton	6	5
Dr Olivia O'Donoghue	6	4
Mr Kyle Ryan	5	2
Dr Jean Pepperill	6	6
Dr Crystal Williams	6	6
Dr Natalie Pink	6	6
Dr Andrew Gosbell	3	3
Ms Jessica Storrar	1	1

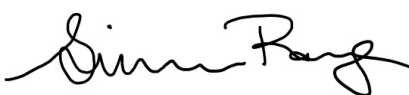
Directors' Report
For the Year Ended 30 June 2024

Auditor's independence declaration

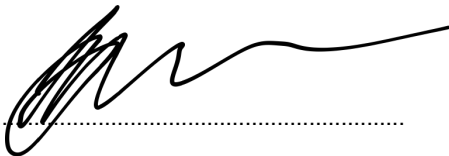
The auditor's independence declaration in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2024 has been received and can be found on page 6 of the financial report.

Sign off information

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



Director:



Director:

Date: 24 October 2024

**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 Ltd**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024 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.



Nexia Duesburys (Audit)
Canberra, 24 October 2024



G J Murphy
Partner

Audit. Tax. Advisory.

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 2024

	Note	2024 \$	2023 \$
Revenue			
Revenue from contracts with customers	2	4,765,407	4,754,940
Other income	2	157,234	68,044
		<u>4,922,641</u>	<u>4,822,984</u>
Expenses			
Advertising		25,014	70,377
Amortisation on leased asset		-	65,685
Depreciation and amortisation		43,865	97,578
Gifts and donations		1,930	3,194
Governance		2,623	18,826
Interest on lease liabilities		-	1,584
IT and telecommunications		40,056	81,312
Meetings and events		175,322	473,263
Memberships and subscriptions		61,908	28,805
Operations		47,743	94,486
Other		2,119	15,619
Payroll		2,239,962	2,196,270
Professional services		677,429	291,898
Rental		48,141	61,840
Superannuation		318,304	260,443
Travel		582,270	734,468
		<u>4,266,686</u>	<u>4,495,648</u>
Surplus before income tax		655,955	327,336
Income tax expense	1(a)	-	-
Surplus for the year		<u>655,955</u>	<u>327,336</u>
Total comprehensive income for the year		<u>655,955</u>	<u>327,336</u>

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 2024

	Note	2024 \$	2023 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	2,599,239	2,260,511
Trade and other receivables	5	126,053	234,923
Other assets	6	211,291	111,008
TOTAL CURRENT ASSETS		2,936,583	2,606,442
NON-CURRENT ASSETS			
Other financial assets	4	503,391	281,794
Property, plant and equipment	7	21,495	33,725
Intangible assets	8	84,500	9,439
TOTAL NON-CURRENT ASSETS		609,386	324,958
TOTAL ASSETS		3,545,969	2,931,400
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	339,723	347,728
Employee benefits	11	91,962	76,930
Other liabilities	10	264,746	314,512
TOTAL CURRENT LIABILITIES		696,431	739,170
NON-CURRENT LIABILITIES			
Employee benefits	11	10,590	9,237
TOTAL NON-CURRENT LIABILITIES		10,590	9,237
TOTAL LIABILITIES		707,021	748,407
NET ASSETS		2,838,948	2,182,993
EQUITY			
Reserves		701,092	701,092
Retained surplus		2,137,856	1,481,901
TOTAL EQUITY		2,838,948	2,182,993

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 2024

2024

	Retained Surplus \$	AIDA Safety Net \$	Total \$
Balance at 1 July 2023	1,481,901	701,092	2,182,993
Surplus for the year	655,955	-	655,955
Balance at 30 June 2024	2,137,856	701,092	2,838,948

2023

	Retained Surplus \$	AIDA Safety Net \$	Total \$
Balance at 1 July 2022	1,154,565	701,092	1,855,657
Surplus for the year	327,336	-	327,336
Balance at 30 June 2023	1,481,901	701,092	2,182,993

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 2024

	2024	2023
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	5,357,324	4,429,049
Payments to suppliers and employees	(4,820,678)	(4,675,356)
Interest received	107,269	34,307
Interest paid on lease liabilities	-	(1,584)
Net cash provided by/(used in) operating activities	643,915	(213,584)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from sale of plant and equipment	-	455
Payment for intangible asset	(84,500)	-
Payments for property, plant and equipment	(22,196)	(20,517)
Payment for investments	(198,491)	750,000
Net cash provided by/(used in) investing activities	(305,187)	729,938
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal payments of lease liabilities	-	(72,008)
Net cash provided by/(used in) financing activities	-	(72,008)
Net increase/(decrease) in cash and cash equivalents held	338,728	444,346
Cash and cash equivalents at beginning of year	2,260,511	1,816,165
Cash and cash equivalents at end of financial year	3 2,599,239	2,260,511

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 2024

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

Basis of Preparation

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

The functional and presentation currency of the Company is Australian dollars. The amounts presented in the financial statements have been rounded to the nearest dollar. The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

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

The following is a summary of the material accounting policies adopted by the Company in the preparation of the financial statements. The accounting policies have been consistently applied, unless otherwise stated.

1 Material Accounting Policy Information

(a) Income tax

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

(b) Property, plant and equipment

Each class of property, 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.

Depreciation

Property, plant and equipment is depreciated on a reducing balance 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	2% - 100%
Office Equipment	13% - 100%
Display Equipment	20% - 40%

Purchases of plant and equipment less than \$500 are immediately written off to the statement of profit or loss and other comprehensive income.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

1 Material Accounting Policy Information continued

(c) Intangible assets

Software

Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses.

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.

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

Intangibles	Amortisation rate
Software	40% - 50%

(d) Leases

At inception of a contract, the Company assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows the Company the right to control the use of an identified asset over a period of time in return for consideration.

Where a contract or arrangement contains a lease, the Company recognises a right-of-use asset and a lease liability at the commencement date of the lease.

A right-of-use asset is initially measured at cost, which is the present value of future lease payments adjusted for any lease payments made at or before the commencement date, plus any make-good obligations and initial direct costs incurred. Lease assets are depreciated using the straight-line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re-measurements of the lease liabilities and for impairment losses.

Lease liabilities are initially measured at the present value of the future minimum lease payments, discounted using the Company's incremental borrowing rate if the rate implicit in the lease cannot be readily determined, and are subsequently measured at amortised cost using the effective interest rate. Minimum lease payments include fixed payments, amounts expected to be paid under a residual value guarantee, the exercise price of purchase options for which the Company is reasonably certain to exercise and incorporate the Company's expectations of lease extension options.

The lease liability is remeasured when there are changes in future lease payments arising from a change in rates, index or lease terms from exercising an extension or termination option. A corresponding adjustment is made to the carrying amount of the lease assets.

Short term leases (lease term of 12 months or less) and leases of low value assets (\$10,000 or less) are recognised as incurred as an expense in the statement of profit or loss and other comprehensive income.

Notes to the Financial Statements

For the Year Ended 30 June 2024

1 Material Accounting Policy Information continued

(e) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the Company commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. In most circumstances trade receivables are initially measured at the transaction price.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value or amortised cost using the effective interest rate method. The subsequent measurement depends on the classification of the financial instrument as described below.

Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

The effective interest method is used to allocate interest income or interest expense over the relevant period.

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.

Financial assets that meet the following conditions are subsequently measured at amortised cost:

- the financial asset is held within a business model whose objective is to hold financial assets in order to collect contractual cash flows; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial assets that meet the following conditions are subsequently measured at fair value through other comprehensive income (FVTOCI):

- the financial asset is held within a business model whose objective is achieved by both collecting contractual cash flows and selling the financial assets; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

By default, all other financial assets are subsequently measured at fair value through profit or loss (FVTPL).

Notes to the Financial Statements

For the Year Ended 30 June 2024

1 Material Accounting Policy Information continued

(e) Financial instruments continued

Despite the above, the Company may make the following irrevocable election/designation at initial recognition of a financial asset:

- the Company may irrevocably elect to present subsequent changes in fair value of an equity instrument in other comprehensive if certain criteria are met; and
- the Company may irrevocably designate a financial asset that meets the amortised cost or FVTOCI criteria as measured at FVTPL if doing so eliminates or significantly reduces an accounting mismatch.

Financial liabilities

All financial liabilities are subsequently measured at amortised cost using the effective interest method or at FVTPL.

Impairment of financial assets

The Company recognises a loss allowance for expected credit losses on financial assets that are measured at amortised cost or at FVTOCI. No impairment loss is recognised for investments in equity instruments. The amount of expected credit losses is updated at each reporting date to reflect changes in credit risk since initial recognition of the respective financial asset.

The Company recognises lifetime expected credit losses for trade receivables. The expected credit losses on these financial assets are estimated based on the Company's historical credit loss experience adjusted for factors that are specific to the debtors, general economic conditions and an assessment of both the current as well as the future direction of conditions at the reporting date, including time value of money where appropriate.

(f) Impairment of non-financial assets

At the end of each reporting period, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, the recoverable amount of the cash-generating unit to which the asset belongs is estimated.

(g) 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 settled within one year have been measured at the amounts expected to be paid when the liability is settled plus related on-costs and are disclosed as current liabilities.

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.

Contributions are made to employee superannuation funds and are charged as expenses when incurred.

Notes to the Financial Statements

For the Year Ended 30 June 2024

1 Material Accounting Policy Information continued

(h) Provisions

Provisions are recognised when the Company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

(i) Cash and cash equivalents

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

(j) Revenue and other income

Revenue recognised under AASB 15 is measured at the amount which the Company expects to receive in consideration for satisfying performance obligations to a customer. A performance obligation is the distinct good or service defined within the contract with a customer. The transaction price is allocated to one or more performance obligations contained within the contract, with revenue being recognised as or when the performance obligation is satisfied.

Timing of Revenue Recognition

Revenue is recognised either at a point in time or over time, when (or as) the Company satisfies performance obligations by transferring the promised goods or services to its customers.

If the Company satisfies a performance obligation before it receives the consideration, the Company recognises either a contract asset or a receivable in its statement of financial position, depending on whether something other than the passage of time is required before the consideration is due.

Grants

Grant funding that contains specific performance obligations on the use of those funds is recognised as and when the Company satisfies its performance obligations stated within the funding agreement. A contract liability is recognised where grant funds have been received but the Company has not yet satisfied its obligation under the funding agreement. A financial liability is recognised for unspent grant funds for which a refund obligation exists in relation to the funding period. General grants that do not impose specific performance obligations on the Company are recognised as income when the Company obtains control of those funds, which is usually on receipt.

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.

Notes to the Financial Statements

For the Year Ended 30 June 2024

1 Material Accounting Policy Information continued

(j) Revenue and other income continued

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 contract liability in the financial statements.

Conference income

Conference income is recognised at the time the conference is held. Registration and sponsorship is received in advance and included as a contract liability until the conference is held.

Interest Income

Interest income is recognised using the effective interest method.

(k) Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

(l) Comparative figures

Comparative figures have been adjusted, where necessary to conform to changes in presentation for the current financial year.

Critical Accounting Estimates and Judgments

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Company.

The directors do not believe that there were any key estimates or key judgments used in the development of the financial statements that give rise to a significant risk of material adjustment in the future.

Australian Indigenous Doctors' Association Ltd

ABN : 84 131 668 936

Notes to the Financial Statements For the Year Ended 30 June 2024

2 Revenue and Other Income

	2024	2023
	\$	\$
Revenue from contracts with customers		
Government grants	3,857,284	3,582,910
Conference and events income	274,211	641,200
Non-government grant	112,524	125,668
Membership	56,654	64,880
Other revenue	464,734	340,282
	<u>4,765,407</u>	<u>4,754,940</u>
 Represented by:		
Revenue recognised at a point in time	274,211	641,200
Revenue recognised over time	4,491,196	4,113,740
	<u>4,765,407</u>	<u>4,754,940</u>
 Other income		
Miscellaneous other revenue	23,205	29,410
Fair value gain/(loss) on investments	23,106	(1,225)
Interest	110,923	39,859
	<u>157,234</u>	<u>68,044</u>

3 Cash and Cash Equivalents

	2024	2023
	\$	\$
Cash at bank	1,549,239	2,260,511
Short-term deposits	1,050,000	-
	<u>2,599,239</u>	<u>2,260,511</u>

4 Other financial Assets

	2024	2023
	\$	\$
NON-CURRENT		
Financial assets at fair value through profit or loss	503,391	281,794

Australian Indigenous Doctors' Association Ltd

ABN : 84 131 668 936

Notes to the Financial Statements For the Year Ended 30 June 2024

5 Trade and Other Receivables

	2024	2023
	\$	\$
Trade receivables	66,057	-
Accrued income	3,654	177,702
GST receivables	56,342	57,221
	<u>126,053</u>	<u>234,923</u>

6 Other Assets

	2024	2023
	\$	\$
Prepayments	204,771	75,897
Other assets	6,520	35,111
	<u>211,291</u>	<u>111,008</u>

7 Property, Plant and Equipment

	2024	2023
	\$	\$
Furniture, fixtures and fittings		
At cost	19,961	19,262
Accumulated depreciation	(18,793)	(16,663)
	<u>1,168</u>	<u>2,599</u>
Office equipment		
At cost	109,244	87,747
Accumulated depreciation	(88,917)	(57,588)
	<u>20,327</u>	<u>30,159</u>
Display equipment		
At cost	11,823	11,823
Accumulated depreciation	(11,823)	(10,856)
	<u>-</u>	<u>967</u>
	<u>21,495</u>	<u>33,725</u>

Notes to the Financial Statements

For the Year Ended 30 June 2024

7 Property, Plant and Equipment continued

Movements in carrying amounts

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

	Furniture, fixtures and fittings	Office equipment	Display equipment	Total
	\$	\$	\$	\$
Year ended 30 June 2024				
Balance at the beginning of year	2,599	30,159	967	33,725
Additions	699	21,497	-	22,196
Depreciation expense	(2,130)	(31,329)	(967)	(34,426)
Balance at the end of the year	1,168	20,327	-	21,495

8 Intangible Assets

	2024	2023
	\$	\$
Software		
At cost	255,710	171,210
Accumulated amortisation	(171,210)	(161,771)
	84,500	9,439

Movements in carrying amounts of intangible assets

	Software	Total
	\$	\$
Year ended 30 June 2024		
Balance at the beginning of the year	9,439	9,439
Additions	84,500	84,500
Amortisation	(9,439)	(9,439)
Balance at the end of the year	84,500	84,500

9 Trade and Other Payables

	2024	2023
	\$	\$
Trade creditors	89,857	-
Unspent scholarship funds	30,000	35,000
Accrued expenses and other payables	219,866	312,728
	339,723	347,728

Notes to the Financial Statements

For the Year Ended 30 June 2024

10 Contract Liabilities

	2024	2023
	\$	\$
Income in advance	32,046	18,206
Unspent grants	232,700	296,306
	<u>264,746</u>	<u>314,512</u>

11 Employee Benefits

	2024	2023
	\$	\$
CURRENT		
Provision for annual leave	91,962	76,930
NON-CURRENT		
Provision for long service leave	10,590	9,237

12 Financial Instruments

The Company's financial instruments consist mainly of cash at bank, investments, accounts receivable and payable.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

	Note	2024	2023
		\$	\$
Financial assets			
<i>Financial assets at amortised cost</i>			
Cash and cash equivalents	3	2,599,239	2,260,511
Trade and other receivables	5	69,711	177,702
<i>Financial assets at fair value through profit or loss</i>			
Other financial assets	4	503,391	281,794
Total financial assets		<u>3,172,341</u>	<u>2,720,007</u>
Financial liabilities			
<i>Financial liabilities at amortised cost</i>			
Trade and other payables	9	339,723	347,728
Total financial liabilities		<u>339,723</u>	<u>347,728</u>

13 Members' Guarantee

The Company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$25 each towards meeting any outstanding obligations of the Company. At 30 June 2024 the number of members was 776 (2023: 638).

Notes to the Financial Statements

For the Year Ended 30 June 2024

14 Key Management Personnel Remuneration

Key management personnel is defined by AASB 124: Related Party Disclosures as those persons having authority and responsibility for planning, directing and controlling the activities of the Company, directly or indirectly, including any Board member of the Company.

The total of remuneration paid to the key management personnel of the Company during the year is as follows:

	2024	2023
	\$	\$
Total key management personnel compensation	657,413	527,069

15 Related Party Transactions

Other than the compensation of key management personnel which is separately disclosed in Note 14, the only other related party transactions that took place with key management personnel were payments totalling \$6,600 to Board members for facilitating cultural safety workshops during the financial year.

16 Auditor's Remuneration

	2024	2023
	\$	\$
Auditing or reviewing the financial statements	10,609	10,506

17 Contingent Assets and Contingent Liabilities

In the opinion of those charged with governance, the Company did not have any contingent assets or contingent liabilities at 30 June 2024 (30 June 2023: None).

18 Events After the End of the Reporting Period

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

19 Statutory Information

The registered office and principal place of the Company is:

Australian Indigenous Doctors' Association Ltd
Level 1, 33 Allara Street
CANBERRA ACT 2601

Directors' Declaration

The directors of the Company declare that:

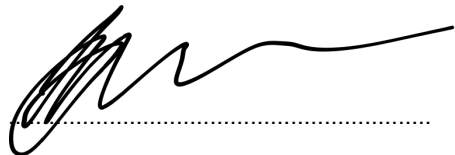
- 1. The financial statements comprising the statement of profit or loss and other comprehensive income, statement of financial position, statement of changes in equity, statement of cash flows and notes to the financial statements satisfy the requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, and;
 - a. comply with Australian Accounting Standards - Simplified Disclosures; and
 - b. give a true and fair view of the financial position as at 30 June 2024 and performance for the year ended on that date of the Company.
- 2. In the directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

On behalf of the directors:



Director:



Director:

Dated 24 October 2024

Independent Auditor's Report To the Members of Australian Indigenous Doctors' Association Ltd

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Australian Indigenous Doctors' Association Ltd (the Company) which comprise the statement of financial position as at 30 June 2024, 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 material accounting policy information, and the directors' 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 2024 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

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 2024, 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.

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 – Simplified Disclosures 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. This description forms part of our auditor's report.



Nexia Duesburys (Audit)
Canberra, 24 October 2024



G J Murphy
Partner

