

# ANNUAL REPORT 2025



# 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

Pirku-alya (Dear members)

**As a proud Kurna and Narungga man, it is with deep humility and cultural responsibility that I present this President's Report for 2024–25. I begin by acknowledging the sovereign custodians of the lands on which we live and work, and I pay my respects to Elders past and present. I honour the wisdom that guides us and the legacy that strengthens our purpose.**

It has been a profound honour to step into this role and serve our membership during a time of growth, renewal, and reconnection. I acknowledge the leadership of Dr Simone Raye, whose dedication and integrity helped to build a strong foundation for AIDA to thrive. This year has reaffirmed the strength of our Community and the deep value of Aboriginal and Torres Strait Islander leadership in medicine and health systems.

In 2024, we marked a major governance milestone with the adoption of AIDA's new Constitution. This significant reform embeds our cultural values into our governing framework, strengthens our processes,

and sets us up for long-term sustainability. It reflects who we are, not just as a medical association, but as a collective of cultural, political, and professional leaders.

We have revitalised our Board Sub-Committees, ensuring a deeper focus on governance, succession, and member voice. Our commitment to cultural governance remains firm. We continue to centre Aboriginal and Torres Strait Islander ways of knowing, being, and leading across our Board practices, strategic engagement, and internal culture.

AIDA's advocacy footprint has grown significantly. We've strengthened our partnerships with the AMA, specialist medical colleges, peak bodies, and the Department of Health, Disability and Ageing (formerly DoHAC). Our engagement with the Transforming First Nations Health partnership, along with our collaboration in the Aboriginal and Torres Strait Islander Health Professional Organisations evaluation, reflects our commitment to sector-wide impact through collective voice.

These relationships are not just strategic, they are built on cultural alignment and trust. We are increasingly recognised as a national leader in workforce development, policy reform, and systemic change. Our presence is not only felt in Canberra but across Communities and institutions where decisions are being shaped about our health and futures.

We proudly hosted PRIDoC 2024 on Kurna Country, an event that brought together over 787 Indigenous doctors, students, and allies from around the world. It was a cultural, political, and organisational triumph, reaffirming AIDA's international leadership.

We also secured the transition of the LIME Network into AIDA, ensuring the future of culturally safe medical education remains guided by First Nations leadership. This marks a pivotal achievement in our journey to lead across the continuum — from pipeline to profession.



Our Cultural Safety workshops continue to expand across sectors, driven by demand for meaningful change and AIDA's trusted reputation. These workshops honour lived experience, confront systemic racism, and create safer spaces for future practitioners and Communities.

Our members continue to inspire and lead across clinical, academic, and cultural domains. Their resilience and brilliance are the heart of AIDA's strength.

We proudly acknowledge Dr Daniel Hunt, who was awarded AIDA Doctor of the Year in 2024 and honoured as the 2025 National NAIDOC Person of the Year. Dr Hunt's leadership, advocacy, and unwavering commitment to Community health exemplify the excellence, cultural strength, and impact of our members. His recognition is a celebration of

our collective journey and a powerful reminder of the transformative role Aboriginal and Torres Strait Islander doctors play across this country.

This year, we have taken important steps to strengthen connection, through Community events, cultural gatherings, and more responsive support systems for our members. The revitalisation of the Student Representative Committee (SRC) has brought new energy and visibility to our emerging leaders. Our student members are shaping the future with confidence, culture, and purpose.

We are also refining how we listen to and elevate member voices, ensuring they continue to shape the direction and priorities of our organisation.

Looking ahead, we have begun our strategic planning process in 2025. This will be a time to co-create our future direction,

grounded in culture, driven by our members, and aligned to the long-term change we seek.

We will continue to invest in sustainable growth, national advocacy, and strengthening the cultural and professional pipeline for our mob in medicine. Indigenous health leadership is not a future aspiration, it is our present strength.

I extend my deep gratitude to our members, Board, CEO Donna Burns, COO Jaylene Chevalier, and the Secretariat for their dedication, wisdom, and excellence. Your commitment allows AIDA to remain bold, visionary, and grounded in Community.

Together, we walk forward with strength — grounded in culture, lifted by legacy, and united in purpose.

Ngaityalya (kind regards)

**Jonathan Newchurch**  
President

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*We continue to centre  
Aboriginal and Torres  
Strait Islander ways  
of knowing, being,  
and leading across  
our Board practices,  
strategic engagement,  
and internal culture.*

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AIDA President, Dr Jonathan Newchurch, at PRIDoC 2024

## A Message from our CEO

**It is with great pride and respect that I present the 2025 Annual Report for the Australian Indigenous Doctors' Association (AIDA). As I reflect on my third and final year in this role, I am deeply moved by the progress we made together.**

This past year has been one of extraordinary momentum and achievement. In 2024, we hosted the largest Pacific Region Indigenous Doctors' Congress (PRIDoC) in history, welcoming 783 delegates to Kaurna Country / Adelaide. The Congress was a powerful celebration of Indigenous excellence in medicine, culture, and collaboration. We exceeded every target — abstract submissions, sponsorships, and exhibition engagement — demonstrating the growing

influence and unity of First Nations medical professionals across the Pacific.

We also launched a significant new partnership with Cancer Australia, a three-year initiative to grow the Aboriginal and Torres Strait Islander workforce in cancer care. This collaboration reflects our ongoing commitment to ensuring culturally safe, equitable care across all areas of health. This was in addition to a continually growing Cultural Safety offering with 26 workshops delivered to 431 clinical and non-clinical fellows, registrars and executive staff in the last financial year, in

addition to having 1,747 people enroll in the online Cultural Awareness: Introduction to Cultural Safety course

In a step toward long-term sustainability, AIDA has also begun reinvesting 10% percent of Cultural Safety Workshop profits into a Vanguard investment portfolio, ensuring that our growth is both strategic, future-focused, along with being ethically sound.

AIDA's presence at Garma 2024 was another significant milestone. Attending Garma was personally transformative — an experience of profound cultural learning,





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*AIDA has actively contributed to national conversations on workforce reform, including advocating for increased Indigenous entry into Specialist Colleges and strengthening our collaboration with the AMA through the Taskforce on Indigenous Health.*

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reflection, and connection. To stand on Yolu Country, with Elders, leaders, and changemakers, was to witness the strength and wisdom of First Nations voices in action. AIDA's participation reaffirmed our commitment to cultural integrity and self-determination, and strengthened our relationships with partners working toward a shared vision of equity in health.

Our policy and advocacy work continues to gain traction. AIDA has actively contributed to national conversations on workforce reform, including advocating for increased Indigenous entry into

Specialist Colleges and strengthening our collaboration with the AMA through the Taskforce on Indigenous Health. These efforts are grounded in our unwavering vision: that Aboriginal and Torres Strait Islanders have self-determination and equitable health and life outcomes in a culturally safe health system.

Internally, we've laid strong foundations for the future. Our strategic relationships with Government and government departments, is strong and we are the 'go to' of many change makers and policy leaders.

As we look ahead to the 2025 AIDA Conference on Gadigal Country / Sydney, we do so with renewed energy and purpose. Our work is far from done — AIDA can lead the change needed to transform the health system, and there is no time to waste.

Thank you for walking this path with us, it's been a pleasure.

Kind regards,

**Donna Burns**  
Chief Executive Officer

## A Message from our Student Director

**Gurumba Bigi from Meanjin, the beautiful land on which I study. I begin by paying my respects to Elders past, present, and emerging. It has been an honour to serve as Student Director over the past year and to help shape the future of Indigenous medical students. This journey began with the transition from the previous Director, Jessica Storrar, at last year's PRIDoC. Witnessing what she accomplished with the team, and how it brought together so many First Nations medical students, inspired me to continue building that sense of Community.**

Every year AIDA grows stronger and its voice more powerful; in this growth, it is vital to reaffirm the importance of student voices within our governance.

This past year, the Student Representative Council (SRC) underwent one of its most significant restructures. We moved from a two-tiered Director –

Uni Rep model to a three-tiered Director – Regional Lead – Uni Rep model. This has created stronger lines of communication, improved support for our medical students, and cultivated the collective family AIDA has always sought to foster. Our meetings have been highly productive, showcasing the diverse and inspiring work of Indigenous medical students across the country. With the integration of the LIME program, we also look forward to the return of an annual in-person meeting, which will provide an opportunity to set direction, build capacity, and strengthen support for students in

the year ahead. Although a few universities remain without representation, the restructure has laid a strong foundation for growth. My vision for the SRC has been to ensure that Indigenous medical students are seen as capable, approachable, and well-supported leaders in their Communities; and I believe we have taken important steps toward realising that vision.

Over the past year, we explored and developed new avenues of support for AIDA's student members. Initiatives have focused on increasing access to study

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*My vision for the SRC has been to ensure that Indigenous medical students are seen as capable, approachable, and well-supported leaders in their Communities; and I believe we have taken important steps toward realising that vision.*

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resources, reducing the financial burden of essential tools and equipment, and creating opportunities for students to connect with culture and Community. A particular highlight has been the strengthened partnerships through the LIME program, which has delivered significant benefits and opportunities for our students. This collaboration has already proven to be one of the most impactful arrangements for connecting First Nations students nationally.

My tenure as Student Director has been filled with experiences that would, on their own, be highlights of a year. Among these, PRIDoC in Adelaide stands out as truly unforgettable. To see Indigenous cultures from across the world come together to share knowledge and tradition was both awe-inspiring and unifying.

It was powerful to hear that many of the challenges faced by our mob are shared by other First Nations Communities globally. While on a smaller scale, I am equally excited for this year's AIDA Conference. These gatherings remain at the heart of our mission; to connect, support, and empower Indigenous medical students.

The SRC that exists today is one of the strongest in AIDA's history. Although some universities remain without representatives and there is more work to do in building strategic partnerships, these are challenges that I am confident the SRC will overcome. As I graduate at the end of this year, it is bittersweet to step away from this role; yet when I look to our Regional Leads and university representatives, I see a depth of leadership that assures me AIDA will continue to thrive. I remember attending my

first AIDA Conference in 2023. Though I had already completed two years of medical school, it was in Hobart that I truly felt like an Indigenous medical student. The family I found, the advocacy I witnessed, and the voice I regained would not have been possible without AIDA; or without the student representative who encouraged me to attend. To the Board, Secretariat, associates, and above all, to our student members; thank you. To the incoming Student Director and SRC, I wish you the very best. Look after yourselves, pass your exams, and continue the legacy of building a strong, connected, and proud Community of Indigenous medical students.

Sincerely,

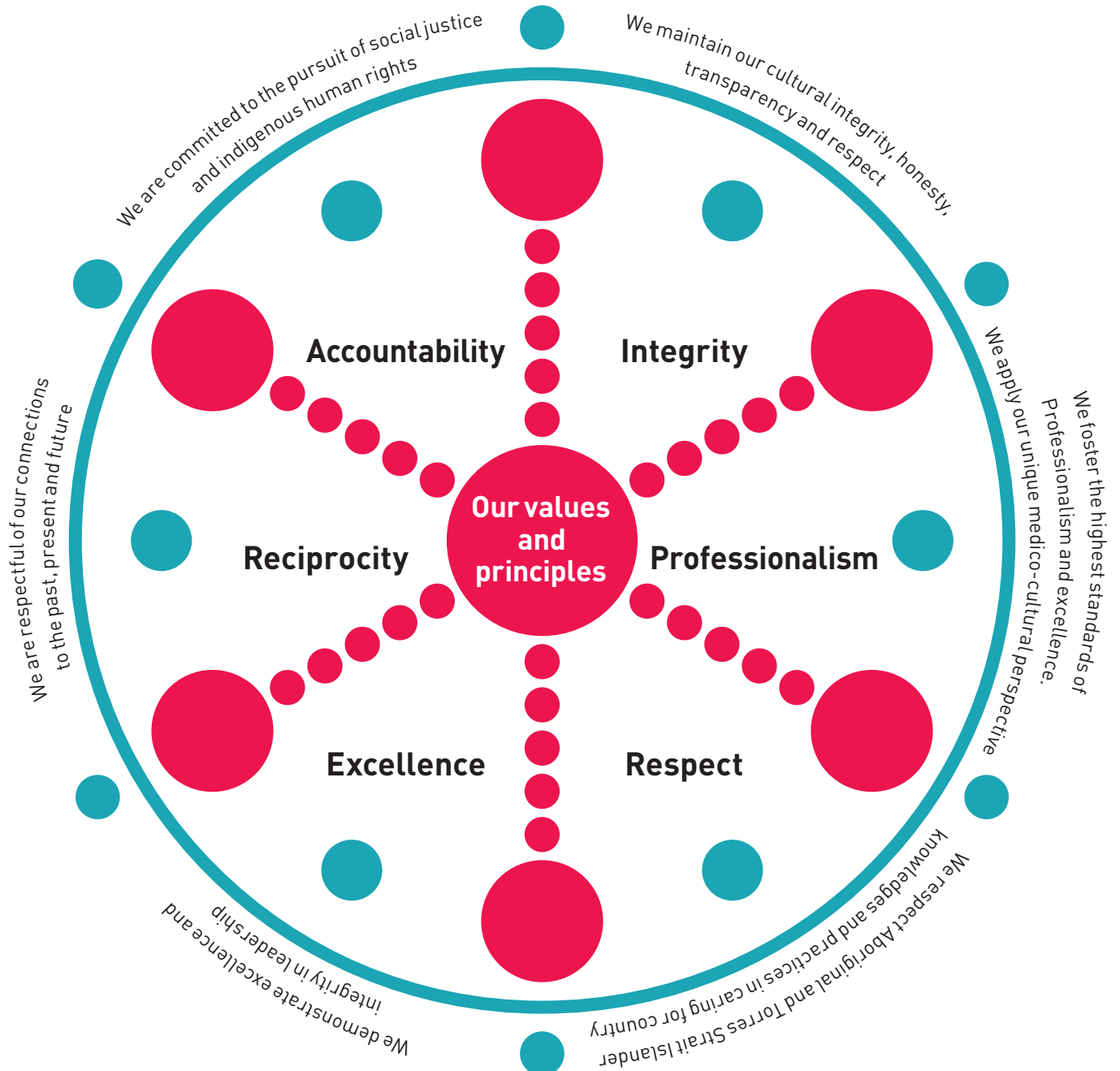
**Brodie Jack Seymour**  
Student Director



AIDA Student Director, Mr Brodie Seymour, at PRIDoC 2024



## 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.



DEM MOB performance during PRIDoC 2024 Gala Dinner

## Our Board

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### President – Dr Jonathan Newchurch

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

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

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

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

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

Currently, he channels his experience and knowledge as a Medical Educator with the Joint College Training Services, and as a Principal Investigator in Clinical Trials.

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### President-Elect – Dr Olivia O'Donoghue

Dr Olivia O'Donoghue is a descendant of the Yankunytjatjara and Narungga Nations. She is a Fellow of the RACGP and currently lives and works on Kurna Country.

Olivia has built a career that bridges medicine, education, and cultural advocacy. She has lived and worked across both urban and remote Northern Territory, including time in Aboriginal Community Controlled Health Services, and since 2014 has combined her clinical practice with her role as a Cultural and Medical Educator in general practice training. This included six years with Northern Territory General Practice Education (NTGPE).

Between 2019 and 2025, Olivia served as the lead Medical Educator for the Indigenous General Practice Trainee Network (IGPTN), a national initiative supporting Aboriginal and Torres Strait Islander GPs and RGs in training through mentorship, cultural connection, exam preparation and advocacy.

In 2020, Olivia became the first Aboriginal and Torres Strait Islander Censor for the RACGP, representing the National Faculty of Aboriginal and Torres Strait Islander Health and contributing to the quality and fairness of education, training and assessment processes. In 2023, she took on the role of National Clinical Head of Aboriginal and Torres Strait Islander Training, continuing her commitment to ensuring culturally safe and supportive pathways for future GPs and RGs.

Olivia also contributes at the national level through her work with the Australian Indigenous Doctors' Association (AIDA). She has previously served on the Board in 2009 and 2017, returning again in 2022, and was appointed President Elect at the 2024 AGM.

Outside of her professional life, Olivia enjoys travelling, camping, sewing, cooking, and spending time with her family and her much-loved dog.

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### 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.



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### 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 as the lead senior medical officer for the Cape York Kidney Care team. This service provides kidney specific care to Communities of the Western Cape.

Natalie also works as a medical educator for ACRRM and newly appointed to the lead medical educator role for IGPTN.

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 is currently living on Jawoyn Country in Katherine where she works as a rural generalist trainee. 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 rural generalist training with ACRRM.

Dr Jean Pepperill is passionate about Aboriginal and Torres Strait Islander health and rural health with no plans to leave her home in the Northern Territory. In her spare time Dr Jean Pepperill is a passionate photographer and painter.

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### Dr Alicia Vasey

Dr Alicia Veasey is a proud Zenadth Kes woman, born and raised on the mainland. She is an Obstetrician and Gynaecologist with a subspecialty Fellowship in Paediatric and Adolescent Gynaecology. Dr Veasey currently lives on Bundjalung Country, and practices on Widjabul Wia-bal Country at Lismore Base Hospital.

Alicia is Co-Founder and Managing Director of *Gullidala*, a sovereign Aboriginal and Torres Strait Islander health collective and consultancy dedicated to transforming health systems through the elevation of First Nations Peoples' lived expertise and Indigenous knowledge translation. She has a Master of Public Health, Master of Health Management, and is an AFRACMA. She is also a Global Atlantic Fellow for Social Equity, having completed a Master of Social Change Leadership. Alicia currently serves as a Board Director of the ACSQHC, an Advisory Board member for the Australian Health Review Journal, and sits on multiple national advisory committees.

Alicia has a long history with AIDA, first serving as Student Director and again as a non-executive Director as a prevocational doctor. She rejoined the AIDA Board in 2024, continuing her unwavering advocacy for the leadership, cultural authority, and the powerful systemic impact of Aboriginal and Torres Strait Islander doctors.

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### Dr Robert Blackley

Dr Robert Blackley is a Bwgcolman man from Palm Island. He has over twenty years in public administration and public policy. He is a former Mayor of Palm Island and has worked as a Ministerial policy advisor and Community development leader.

Working as a paramedic reignited his passion for studying medicine and he graduated as a Doctor of Medicine with the Sydney Medical Program in 2019. After his initial medical training at Royal Darwin Hospital, he gained an AGPT position with the Australian College of Rural and Remote Medicine (ACRRM) and moved to Sydney to do a year of sexual health and addiction medicine at the Kirketon Road Centre.

Dr Blackley has since returned home to Palm Island, where he now works as a Senior Medical Officer at the Joyce Palmer Health Service, while continuing his training with ACRRM.

He has been actively involved in men's, youth and charity groups. He is committed to improving health outcomes for Aboriginal and Torres Strait Islander people.

Dr Blackley returned to AIDA as a Board Director in 2024.



### Dr Vinka Barunga

Dr Vinka Barunga is a Worrora woman from the Kimberley. Her Country runs along the north west coast of Western Australia and includes Walcott Inlet, Buccaneer Archipelago, Montgomery Reef and Prince Regent River. Her people are saltwater people, and along with Ngarinyin and Wunumbal language groups, they live in Mowanjum Community, and are united as custodians of Wandjina lore.

She was born and grew up in Mowanjum Aboriginal Community and the town of Derby. Growing up among her family and culture had a significant impact in shaping and inspiring her dreams — igniting her desire to help her people and pursue medicine.

She completed medicine, graduating with a Bachelor of Medicine, Bachelor of Surgery at the University of Western Australia, before moving interstate to Naarm, where she now works as a General Surgery registrar (unaccredited) at Western Health. In 2023, she completed a Masters of Surgery at The University of Sydney. She has been a student and now Indigenous doctor member of the Australian Indigenous Doctors' Association since 2016, and this is her first time serving on the board.

Vinka has faced inequalities, stereotyping and discrimination within educational and healthcare systems. She is passionate about being part of challenging and changing these systems and the outcomes for Aboriginal and Torres Strait Islander peoples, and First Nations peoples globally. She is also passionate about advocating and encouraging Aboriginal and Torres Strait Islander junior doctors to consider hospital-based training programs, and improving the application processes of college training pathways.

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### **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 & Research and Deputy CEO at the Australasian College for Emergency Medicine. Andrew is a Fellow of the Australian Institute of Company Directors and has over a decade of governance experience on Boards and committees in the NFP 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.



### **Mr Brodie Seymour**

Brodie is a final-year medical student at Griffith University and currently serves as the Student Director for the Australian Indigenous Doctors' Association (AIDA). He grew up on Kalkadoon Country in Mount Isa and is a proud Balarnu man. Staying connected to Country and learning how mob celebrate culture has always been central to who he is.

As he prepares for internship, he is deeply committed to rural and remote healthcare, with particular interests in oncology and ophthalmology. His goal is to use his medical training to improve health outcomes for Communities most in need, while continuing to uphold and celebrate the strength of First Nations knowledge, sovereignty and resilience.

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# 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.**

### Leaders in Indigenous Medical Education (LIME) Program

In February 2025, AIDA was proud to announce our successful application to lead the Leaders in Indigenous Medical Education (LIME) program. This milestone marked a significant step in AIDA's strategic commitment to growing the Aboriginal and Torres Strait

Islander medical workforce and embedding cultural safety across the health system.

The LIME program, funded by the Commonwealth Department of Health, Disability and Ageing (DoHDA), aligns with AIDA's strategic priorities by strengthening culturally safe medical education and collaborating with medical

schools to strengthen recruitment, retention, and success of Aboriginal and Torres Strait Islander medical students. Transitioning the program to AIDA this financial year involved establishing new relationships, communicating program changes, and refocusing efforts on student support and outcomes — core to AIDA's work over decades.



AIDA at Indigenous Health Conference hosted by ANU Rural Medicine Society



An early initiative, launched in partnership with the Medical Deans of Australia and New Zealand (MDANZ), aims to collect and analyse data on retention of Indigenous medical students across medical schools to inform future advocacy and retention and support activities. In 2025–2026, AIDA will work closely with our Student Representatives and the Student Representative Committee to host student gatherings, engage with university support staff, and collaborate with academics designing and delivering high-quality First Nations health education.

Through mentoring, curriculum development, and strengthened partnerships with medical schools, specialist medical colleges, and Aboriginal Community Controlled Health Organisations (ACCHOs), the LIME program will continue to deliver sector-wide impact and contribute meaningfully to AIDA's strategic goals.

### Specialist Trainee Support Program

In its third year, AIDA continued to grow the Aboriginal and Torres Strait Islander non-GP specialist medical workforce through the Specialist Trainee Support Program (STSP). Through the program AIDA works with trainees, doctors pursuing training and specialty medical colleges to strengthen retention, facilitate stronger recruitment into specialty training, and provide tailored support throughout non-GP specialty pathways.



Specialist Trainee Support Program (STSP) workshop at Port Stephens / Worimi Country

Quarterly cross-college meetings were held across Sydney and Melbourne throughout the financial year, maintaining and deepening strong relationships and engagement with colleges. These meetings promote collaboration, track progress, share good practices, and drive accountability and sustained engagement.

Two face-to-face workshops were delivered for trainees and future trainees — one on Kurna Country (Adelaide) and the other on Worimi Country (Port Stephens). These gatherings supported professional development, peer connection, mentorship, and the social and emotional wellbeing of

Aboriginal and Torres Strait Islander trainees pursuing specialist careers.

To further support retention and wellbeing, AIDA provided individual coaching and tailored assistance to STSP trainee doctors, including advocacy to colleges. This year, AIDA again celebrated the achievements of many doctors who successfully entered specialty training programs and passed their fellowship exams.

AIDA also played a strong advocacy role, addressing systemic barriers faced by trainees. This included pushing for improvements in training

programs and sites, appropriate exam support, alternative assessment pathways, and alleviation of the financial burden associated with training and assessment.

### Cancer Services Training Placement Program

The Cancer Services Training Placement Program (CSTPP) is a landmark collaboration between Cancer Australia and AIDA, designed to increase Aboriginal and Torres Strait Islander representation in cancer specialties. This initiative builds meaningful partnerships with leading cancer services to provide culturally safe clinical training opportunities for Indigenous medical students — encouraging exploration of careers in cancer care and contributing to a more representative and responsive future workforce.

CSTPP aligns with and strengthens AIDA's broader

efforts through STSP and the LIME program. It facilitates financially supported placement opportunities for students, delivers Cultural Safety training to host sites, and delivers AIDA training to cancer services to strengthen the cultural safety of cancer services for both patients and staff. The program also advances AIDA's LIME commitment to broker additional scholarships and involves close collaboration with medical schools and specialty colleges to ensure the program's success.

The partnership with Cancer Australia is grounded in a co-design approach, supported by regular monthly meetings to ensure shared success. AIDA is proud to be the first health workforce peak body to partner with Cancer Australia to deliver on the National Cancer Plan — marking a significant step forward in Aboriginal and Torres Strait Islander health equity.

In the first four months of the program, AIDA established robust program management systems, built strong relationships with key stakeholders, recruited new staff, and successfully developed the Project Plan — including outcome indicators and program guidelines. The delivery of the first annual report marked a significant milestone in the program's implementation and impact.

Through cultural advocacy, professional and cultural mentorship, and financial support, CSTPP will enable up to 10 student placements per year over the next two years. This program is a vital contribution to building a culturally safe and representative cancer care workforce and reflects AIDA's deep commitment to empowering the next generation of Aboriginal and Torres Strait Islander medical professionals.

## 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 – General Practice Training Advisory Committee
- Department of Health and Aged Care – First Nations General Practice Training Advisory Committee
- Department of Health and Aged Care – Scope of Practice Review
- Office of the National Rural Health Commissioner – National Rural Generalist Pathway (NRGP) Strategic Council
- RACGP Faculty of Aboriginal and Torres Strait Islander Health Council
- 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



Delegates in exhibitor space at PRIDoC 2024





Cross-College meeting on Gadigal Country / Sydney

- 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 – Federal Council
- Australian Medical Association – Council of Doctors in Training
- National Leadership Alliance for Drs4Drs

- Health Education and Training Institute (HETI)
- Pacific Region Indigenous Doctors Congress (PRIDoC) – Council
- Rural Doctors Association of Australia (RDAA)
- Medical Board Australia – Medical Trainee Survey
- Australian Institute of Health & Welfare – Primary Health Care Advisory Committee
- Lowitja Institute – National Aboriginal & Torres Strait Islander Ethics Leaderships Group

### MOU's

- Australian Medical Association – Taskforce for Indigenous Health

### Partnerships

- Cancer Australia
- National Rural Health Alliance (NRHA)
- Gayaa Dhuwi
- Partnership for Justice in Health
- Rural Doctors Network NSW



## 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 Program

AIDA's Cultural Safety Program is a cornerstone of our third strategic priority — providing a unique medico-cultural perspective to transform the healthcare system into one that is culturally safe and committed to improving health outcomes for all Australians.

Our face-to-face Cultural Safety training is a compelling and clinically grounded offering, shaped by lived experience, cultural knowledges, and clinical wisdom. It supports participants to deepen their understanding of Aboriginal and Torres Strait Islander histories

and cultures, and to reflect on how personal attitudes and values influence clinical practice. The training reinforces that cultural safety is clinical safety, and speaks directly to AIDA's purpose: driving equitable and just health outcomes for Aboriginal and Torres Strait Islander peoples in a healthcare system free of racism.

The program continues to grow in reach and impact. In 2024–25, AIDA delivered 26 workshops to 431 clinical and non-clinical professionals — an increase of 50% from the previous year. These included sector-specific sessions

for healthcare leaders, practitioners, and administrators: six bookable public workshops, six workshops delivered to medical colleges, and 14 to other organisations, including three for Queensland Health's Hospital and Health Services. Demand remains strong, with 16 workshops already booked for the 2025–26 financial year.

This growth has been made possible through the vital contribution of 14 highly skilled and passionate facilitators drawn from our membership, whose expertise and commitment have been central



Weaving workshop at PRIDoC 2024



Cultural Safety workshop delivered to the AFL

to the program's success. Their ability to bring cultural safety to life in clinical settings has created transformative learning experiences for participants across the country.

The program's strength has been further enhanced by the appointment of Senior Medical Educator Dr Danielle Arabena, whose expertise and innovation has elevated the program's clinical relevance and cultural depth. AIDA is excited to explore expanded offerings in the next financial year to support individuals and organisations in embedding cultural safety more deeply into practice.

Participant feedback consistently highlights a stronger understanding of cultural safety

and its direct link to clinical safety. Many participants expressed a desire for the training to be embedded across all healthcare education, with the majority reporting increased confidence in implementing culturally safe practices.

AIDA's partnership with Darling Downs and West Moreton Primary Health Network exemplifies innovation in culturally safe clinical education. This unique model integrates Community perspectives into the design and delivery of cultural safety and cultural awareness training for General Practitioners and Practice Managers. It includes pre-workshop Community yarns, face-to-face workshops, and online modules, with further delivery planned for 2026.

Our collaboration with the AFL has also flourished, with six workshops delivered to 75 AHPRA-registered clinicians and 129 clinicians enrolled in AIDA's online Cultural Awareness course. This partnership will continue into 2026, strengthening cultural safety across the AFL's health workforce.

AIDA's online course, Cultural Awareness: An Introduction to Cultural Safety, continues to see strong uptake, with 1,747 enrolments this financial year — up from 1,321 last year. We are also working with the Rural Workforce Agency Victoria to roll out cultural awareness training to rural doctors across their region, further extending our reach and impact.

## 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 remains deeply committed to connecting with our members and celebrating them through strategic communications that have grown significantly in reach and impact over the past year. This continued momentum has reinforced AIDA's role as a leading voice in advocating for Indigenous health and wellbeing. Our members consistently demonstrate strong engagement, with performance metrics across our communications channels surpassing national benchmarks.

Between 1 July 2024 and 30 June 2025, AIDA social media channels (Facebook, Instagram, and LinkedIn) continued to grow

and connect with more people. Together, our posts reached nearly 680,000 users, with increases on Facebook (+189.9%) and Instagram (+212.5%). We had over 17,000 interactions, including likes, comments, shares, and saves, and more than 13,800 link clicks. Our content focused on celebrating our members, sharing their stories, and highlighting career opportunities in healthcare for our Community.

The AIDA website had a staggering 278,000 page views, which marks an increase from 241,000 in the previous financial year. The number of active users

has also grown by 5,000 to reach 42,000 visitors. This shows that AIDA's efforts to update and increase the range of content on our website is resonating with our audiences who are finding value in our online content such as media statements, videos, member profile articles and webinars. AIDA's presence in the media landscape has grown substantially, with a potential audience reach of nearly 7 million and an Advertising Space Rate (ASR) equating to coverage worth approximately \$1.75 million in paid advertising. Our advocacy and communications efforts —



AIDA performers during Cultural Sharing Night at PRIDoC 2024



particularly during PRIDoC — garnered extensive national coverage across radio, print, and digital platforms. Looking ahead, we aim to strengthen our media relationships and continue expanding our visibility to amplify the voices of our members and our vision.

Our member series, *Let's Yarn* continues to grow and evolve with publication of new content celebrating the incredible achievements of our members including a video interview with medical student Mikayla Budda-Deen and a profile article about Dr Stephanie Trust. These pieces 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 over the last financial year.



Mikayla Budda-Deen

The number of people opening and reading AIDA's monthly newsletter WardRound has grown by 8.7% this year, and the engagement in the form of click-through rate (CTR = number of clicks on links) also continued to outperform the industry average. The monthly data



Dr Stephanie Trust

analysis of our content, along with efforts to maximise the impact of campaigns through compelling video and photos, have been key factors in continuing to strengthen the connection with members.



## 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.**

### Conference

The Pacific Region Indigenous Doctors Congress (PRIDoC) 2024 was held at the Adelaide Convention Centre (ACC) from 2–6 December 2024 on Kaurua Country / Adelaide. The congress was a five-day event brought together the foremost Indigenous doctors' member organisations from across the Pacific, including AIDA, 'Ahahui o nā Kauka, Association of American Indian Physicians (AAIP), Indigenous Physicians Association of Canada (IPAC), Medical Association for Indigenous People of Taiwan (MAIPT), and Te Ohu Rata O Aotearoa (Te ORA).

The event included:

- Sunday 1 Dec (pre-event) – PRIDoC Council Retreat and dinner
- Monday 2 Dec – Faculty Development Day, Student Track, Welcome Reception
- Tuesday 3 Dec – Plenary sessions, concurrent sessions and Banquet dinner
- Wednesday 4 Dec – Connection to Country Day
- Thursday 5 Dec – Plenary sessions, concurrent sessions and Cultural Sharing Night
- Friday 6 Dec – Plenary sessions, concurrent sessions and gift giving ceremony

The program included six keynote presentations, three panels, two The Quick and the Deadly sessions, six concurrent streams showcasing 116 Oral presentations, two poster sessions showcasing 41 poster boards, daily seated massages, morning yoga, and daily sound healing sessions in the wellness room.

The social program included entertainment by First Nations drag queens and acoustic artist Tilly Tjala Thomas at the Welcome Reception, and entertainment by DEM MOB and MCing by Aaron Pedersen at the PRIDoC Banquet.



Medical graduates receiving their AIDA stethoscopes



Fellows receiving their framed AIDA stethoscopes

Our sponsorship goal of \$200,000 was exceeded with \$591,500 worth of packages sold. \$250,000 of the sponsorship income was received for supporting the Student and JMO funding program, which enabled an additional 50 funded delegates to attend the event. The funding program supported the attendance of 67 student or JMO delegates in total.

The PRIDoC exhibition goal of was \$100,000 was also exceeded, bringing in \$122,500 worth of booth sales across 54 booth spaces utilised, with 39 exhibiting parties present, resulting in a sold-out hall. The exhibition hall also included a marketplace of up to 10 stalls daily, where local Kaurna artists and creators sold their pieces.

The combined sponsorship and exhibition goal was \$300,00; we achieved \$714,000 in sales total which is 238% of the initial target.

783 delegates registered to attend PRIDoC and surpassed the registration total of all historic PRIDoC's. The number of Australian registrants totalled 505, which would have marked the largest AIDA National Conference to date. The event was a sell-out.

The 783 registered delegates were from each of the partnering nations as follows:

- Taiwan – 39
- New Zealand – 116
- Canada – 70
- Australia – 505
- Hawaii – 24
- USA – 29

The theme of the conference was '*Ngadluku Warra, Ngadluku Tapa Purruna, Ngadluku Purruna (Our Language, Our Culture, Our Health)*'. The logo featured the artwork of local Kaurna artist, Tikana Telfer.

The program subthemes were:

- Language and Identity: A Pathway to Improved Health Outcomes
- Cultural Safety: Bridging Traditions and Modern Practices
- Next Generation Healthcare: Youth Health and Wellbeing
- Innovations in Rural Health: Overcoming Barriers and Enhancing Access
- Mind and Body: Integrating Mental Health into Holistic Care
- Climate-conscious Healthcare: Environmental Challenges for Better Health

A post-event survey, the photos from the event, a certificate of attendance and an attended session report per delegate (for CPD reporting) was released after the conclusion of the event.

The feedback received was fantastic:

- 71.05% of respondents rated their experience as excellent; the remaining 28.95% rated their experience as very good.
- 94.74% of survey respondents felt the event provided them with sufficient opportunities to connect with others with 92.11% of respondents agreeing PRIDoC was extremely useful or very useful for knowledge building, connecting with colleagues and creating opportunities for future collaborations. 73.69% of respondents said they are likely or very likely to attend PRIDoC 2026 in Taiwan.

## AIDA Membership

This year, we welcomed 54 new members, reflecting the continued relevance of AIDA's role

in providing connection, support, and representation for Aboriginal and Torres Strait Islander medical professionals and their allies. Our growing membership affirms the strength of our Community and the value members place on being part of a culturally strong, supportive network.

We are especially proud to support 328 Indigenous medical student members, representing approximately 66% of the 492 Aboriginal and Torres Strait Islander medical students identified by universities at the start of 2025. This strong engagement from students reflects AIDA's unique role in nurturing the next generation of doctors.

## Enhancing the Member Experience

In 2024–25, we focused on elevating the member experience. The launch of our new CRM system (iMIS) and the my.aida.org.au member portal has streamlined processes, improved data accuracy,

and made it easier for members to engage with AIDA. While we experienced a temporary dip in renewals during the transition, our 2025–26 renewal campaign launched in June 2025 is already reconnecting members with the new system.

We expanded our membership team which has enhanced our responsiveness to member enquiries, ensuring strong and consistent email and phone communication — especially important in our remote working environment.

Our August 2024 member survey showed that 84% of respondents were satisfied with their membership, highlighting the value of networking, support, and the strong sense of Community AIDA facilitates.

Membership Category	2021–22	2022–23	2023–24	2024–25
Indigenous Medical Student	234	283	291	328
Indigenous Doctor – non Fellow	167	176	199	102
Indigenous Doctor – Fellow	55	64	83	43
Associate Individual	83	100	143	52
Associate Organisation	40	43	43	25
Aboriginal and Torres Strait Islander Organisation	0	4	5	5
Life Member	11	12	12	12



## Strengthening Student Representation

In late 2024, AIDA undertook a review of the Student Representative Committee (SRC) structure to strengthen student leadership and align it more closely with Board governance. The revised model includes:

- Student Representatives from each medical school campus
- A restructured SRC comprising up to eight members: six Regional Leads appointed by the Board and up to two Student Directors
- An expression of interest process in March 2025 led to the appointment of 13 Student Representatives. AIDA congratulates all appointees and looks forward to their contributions over their 18-month terms.

A full list of 2025 Student Representatives and Regional Leads is available in the appendix.

## Connecting Members

We continued to explore new ways to engage members, recognising the demands on their time and the importance of flexible, meaningful connection:

**WA Member Gatherings:** In partnership with Prof Helen Milroy, AIDA hosted a gathering at Bilya Marlee (UWA) in March 2025. Attended by six AIDA members and additional guests, the event provided a valuable space for connection and discussion about forming a WA AIDA Chapter.

**Gold Coast Member and Board Dinner:** In June, 23 people gathered at Kirra Beach for a relaxed member and Board dinner giving attendees the opportunity to connect, share

stories, connect and strengthen relationships in an open and informal way.

**Webinars:** We were pleased to try a new model of engagement with webinars and delivered a pre-recorded webinar with Torres and Cape Hospital and Health Service, following our successful Igilyawa program visit to the Torres Strait. Presented by Dr Natalie Pink and Dr Ineke Weaver, the session explored work opportunities in the region and is now available on the AIDA website.

AIDA attended/contributed to the following events:

- NAIDOC Awards Night on Kauria Country, supported a group of 10 board / staff / members to attend, 6 July 2024
- Garma 2024, supported a group of 10 board / staff / members to attend, 1–6 August 2024



First Nations Drag Queens performing at PRIDoC 2024



- OMOZ 2024, attended and exhibited, 27–30 August 2024
- Constitution Webinar #1, hosted a webinar forum for members ahead of the AIDA constitution change, 28 August 2024
- Constitution Webinar #2, hosted a webinar forum for members ahead of the AIDA constitution change, 6 September 2024
- 2024 NAATSIHWP National Conference, AIDA attended and sponsored the name tag package, 2–4 September 2024
- HETI Aboriginal Doctors Forums, AIDA continued our long-standing partnership with HETI in NSW through development of the program and participation in the October 2024 and April 2025 forums
- Rural Medicine Australia (RMA24), attended and exhibited, 23–26 October 2024
- PRIDoC 2024, hosted the 11th biannual congress, 2–6 December 2024
- 'Strong Mob, Strong Doctors: Surviving and thriving in internship', webinar to support members, 29 January 2025
- WA Meet Greet and Yarn event, a space for members to come together, 27 March 2025
- Kimberley Meet Greet and Yarn event, a space for members to come together, 9 April 2025
- RANZCOG 2025 Regional Symposium, CEO attended as a keynote speaker, 12–13 April 2025



Garma 2025 performance captured by AIDA Member Dr Julia-Rose Satre

- IGPTN Conference, AIDA sponsored the Gala Dinner, 2–5 May 2025
- JCU Central Queensland Centre for Rural and Remote Health Exhibition, AIDA sent merchandise packs to 20x First Nations high school students who attended, 20 May 2025
- Board and Members Social Dinner at Kirra Beach House, 28 June 2025
- 4th International Indigenous Health and Wellbeing Conference 2025 (Lowitja Institute), AIDA sponsored the Wellness Space, 16–19 June 2025

## Looking Ahead

Our annual conference remains a key opportunity for member engagement, and we are excited to continue building on the momentum of 2024–25. With new systems in place and renewed energy in state-based engagement, AIDA is well-positioned to continue delivering a strong, connected, and culturally safe member experience.

## 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.**

AIDA has strengthened its foundations for long-term sustainability through financial stewardship, governance reform, workforce growth, and strategic partnerships.

We continued to diversify and future-proof AIDA's income through Vanguard investments and term deposits, while also expanding revenue from our growing Cultural Safety Program, which delivered 26 workshops to 431 professionals, this was up 50% from the previous year. These efforts ensure that cultural safety not only drives systemic

change but underpins our financial sustainability.

AIDA secured two significant partnerships aligned with our sustainability and workforce priorities:

- Leaders in Indigenous Medical Education (LIME) Network – Transitioned to AIDA stewardship in February 2025, expanding our leadership in culturally safe medical education and reinforcing our role as a key partner to medical schools, specialist colleges, and government.

- Cancer Services Training Placement Program (CSTPP) – Launched in partnership with Cancer Australia to deliver culturally safe pathways in cancer specialties, including up to 10 student placements annually.

Both programs enhance AIDA's influence, attract funding, and strengthen our role in shaping an equitable health system.

A significant achievement was the adoption of a revised Constitution at our Special General Meeting in



Connection to Country Day during PRIDoC 2024

October 2024. This milestone modernised our governance framework, making it fit for purpose. Key changes included:

- Expanded Board size: up to 12 directors, providing greater capacity and diversity.
- Introduction of the President-Elect role: ensuring strong succession planning for AIDA's Presidency.
- Flexibility through Appointed Directors: enabling the Board to bring in specialist skills and perspectives.

These changes lay the foundation for better leadership continuity, stronger governance capability, and broader representation.

Work commenced on developing AIDA's new Strategic Plan, with consultation underway to capture input from members, past Presidents, and the Board to guide the next chapter of AIDA's work.

Our workforce continues to grow in response to increased demand, with 68% Indigenous representation across the organisation, alongside 100% Indigenous leadership at the executive level.

AIDA remains a remote-first workforce, bringing teams together for national gatherings to foster connection and collaboration. Staff have been supported with ongoing professional development

opportunities to build capability and ensure long-term organisational strength.

Behind the scenes, investments in digital infrastructure, including CRM implementation, SharePoint refresh, and cybersecurity enhancements, position AIDA for efficiency, security, and scalability.

Sustainability for AIDA it is about building governance strength, securing partnerships that expand our impact, investing in our organisational capacity and empowering our members. As we progress towards launching our new Strategic Plan, sustainability will continue to shape our priorities, ensuring long-term stability and enduring impact.





## Appendix – AIDA's 2025 Student Representatives

Medical School	Student Representative	Regional Lead
WA Region		
University of Western Australia	Vacant	Ally Jensen
Curtin University	Vacant	
Notre Dame University Freemantle	Vacant	
Edith Cowan University	Vacant	
NT/SA Region		
Charles Darwin University	Vacant	Sophie L'Estrange
Flinders University NT	Sophie L'Estrange	
Flinders University SA	Vacant	
University of Adelaide	Vacant	
QLD Region		
University of Queensland	Aiden Wu	Jennifer Gulson
James Cook University	Jennifer Gulson	
Griffith University	Vacant	
Bond University	Juliette Levinge	
NSW/ACT Region		
University of New England	Vacant	Tanika Ridgeway
University of Newcastle	Tanika Ridgeway	
Australian National University	Vacant	
Charles Sturt University	Mikayla Budda-Dean	
SYD Region		
Western Sydney University	Jessica Jeffery	Emma Thompson
University of Sydney	Zamri Burns	
University of NSW	Emma Thompson	
University of Wollongong	Vacant	
Notre Dame University (Sydney)	Samuel Holland	
Macquarie University	Vacant	
VIC/TAS Region		
University of Tasmania	Aleda Bayley	Benjamin Crook
University of Melbourne	Rachel McKellar	
Monash University	Benjamin Crook	
Deakin University	Vacant	



# Financial Statements

For the Year Ending 30 June 2025

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## Directors' Report

### For the Year Ended 30 June 2025

The Directors present their report on Australian Indigenous Doctors' Association Ltd for the financial year ended 30 June 2025.

#### Directors

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

<b>Names</b>	<b>Position</b>	<b>Appointed</b>	<b>Resigned</b>
Dr Simone Raye	President	31/10/2020	17/11/2024
Dr Glenn Harrison	Director	31/10/2020	17/11/2024
Dr Tammy Kimpton	Director	04/10/2022	17/11/2024
Ms Jessica Storrar	Student Director	21/06/2024	17/11/2024
Dr Jonathan Newchurch	President	17/11/2024	
Dr Olivia O'Donoghue	President-Elect	17/11/2024	
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	
Dr Robert Blackley	Director	17/11/2024	
Dr Alicia Veasey	Director	17/11/2024	
Dr Vinka Barunga	Director	17/11/2024	
Mr Brodie Seymour	Student Director	17/11/2024	

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 2025

## 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:

**Constitutional changes:** In August 2024, AIDA members endorsed a new Constitution. Key amendments included:

- Renaming the Vice President role to President-Elect, with the President-Elect to succeed the President to support leadership continuity and succession planning.
- Clarifying Board terms, with all Director positions held for two years and the Student Director position held for one year.
- Introducing provision for up to three Independent Committee Members, including one position designated as an additional Student Director to enhance student voice and representation.
- Removing term limits for Directors, allowing eligible individuals to serve consecutive terms without restriction.
- Refining membership classes and voting rights to strengthen governance clarity.
- Retaining the \$25 member guarantee in the event of winding up, consistent with previous arrangements.
- Including transitional arrangements to ensure a smooth implementation of the new governance model.

**Board appointment:** In September 2024, the Board reappointed an Independent Committee Member for a further one-year term.

**Board Elections:** At the 2024 AGM, the President position, President-Elect (previously Vice President), three Director positions, and one Student Director position were up for nomination. All Board Director positions were successfully filled in accordance with the updated Constitution. This included the election of the President and President-Elect (formerly Vice President) for two-year terms, three Director positions for two-year terms, and the Student Director position for a one-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.

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 2025

### 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 2025

### 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 2025 the collective liability of members was \$15,925 (2024: \$19,400).

### Operating results

The surplus of the Company amounted to \$ 334,136 (2024: \$ 655,955)

### Meetings of directors

During the financial year, 7 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	3	3
Dr Glenn Harrison	3	3
Dr Tammy Kimpton	3	1
Ms Jessica Storrar	3	2
Dr Jonathan Newchurch	7	6
Dr Olivia O'Donoghue	7	7
Dr Jean Pepperill	7	7
Dr Crystal Williams	7	7
Dr Natalie Pink	7	5
Dr Andrew Gosbell	7	6
Dr Robert Blackley	4	4
Dr Alicia Veasey	4	4
Dr Vinka Barunga	4	3
Mr Brodie Seymour	4	4

## Directors' Report

For the Year Ended 30 June 2025

### 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 2025 has been received and can be found on page 6 of the financial report.

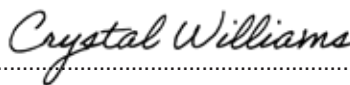
### Sign off information

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

Director: .....



Director: .....



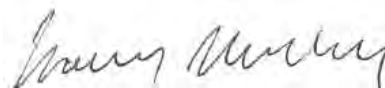
Date: 17/09/2025 .....

**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 2025 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, 17 September 2025



**G J Murphy**  
**Partner**

**Audit. Tax. Advisory.**

Nexia Duesburys (Audit) (ABN 21 841 510 270) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see [www.nexia.com.au/legal](http://www.nexia.com.au/legal). Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.

## Statement of Profit or Loss and Other Comprehensive Income

### For the Year Ended 30 June 2025

	Note	2025 \$	2024 \$
<b>Revenue</b>			
Revenue from contracts with customers	2	5,474,108	4,765,407
Other income	2	274,345	157,234
		<b>5,748,453</b>	<b>4,922,641</b>
<b>Expenses</b>			
Advertising		31,738	25,014
Depreciation and amortisation		59,648	43,865
Gifts and donations		3,272	1,930
Governance		12,313	2,623
IT and telecommunications		106,453	40,056
Meetings and events		286,996	175,322
Memberships and subscriptions		60,295	61,908
Operations		67,625	47,743
Other		-	2,119
Payroll		2,738,342	2,239,962
Professional services		929,144	677,429
Rental		3,521	48,141
Sponsorship		38,223	-
Superannuation		383,202	318,304
Travel		693,545	582,270
		<b>5,414,317</b>	<b>4,266,686</b>
<b>Surplus before income tax</b>		<b>334,136</b>	<b>655,955</b>
Income tax expense	1(a)	-	-
<b>Surplus for the year</b>		<b>334,136</b>	<b>655,955</b>
<b>Total comprehensive income for the year</b>		<b>334,136</b>	<b>655,955</b>



## Statement of Financial Position

As At 30 June 2025

	Note	2025 \$	2024 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	3,138,354	2,599,239
Trade and other receivables	5	4,515	126,053
Other assets	6	260,382	211,291
<b>TOTAL CURRENT ASSETS</b>		<b>3,403,251</b>	<b>2,936,583</b>
<b>NON-CURRENT ASSETS</b>			
Other financial assets	4	786,325	503,391
Property, plant and equipment	7	60,503	21,495
Intangible assets	8	47,038	84,500
<b>TOTAL NON-CURRENT ASSETS</b>		<b>893,866</b>	<b>609,386</b>
<b>TOTAL ASSETS</b>		<b>4,297,117</b>	<b>3,545,969</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	9	213,176	339,723
Other liabilities	10	734,749	264,746
Employee benefits	11	150,017	91,962
<b>TOTAL CURRENT LIABILITIES</b>		<b>1,097,942</b>	<b>696,431</b>
<b>NON-CURRENT LIABILITIES</b>			
Employee benefits	11	26,091	10,590
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>26,091</b>	<b>10,590</b>
<b>TOTAL LIABILITIES</b>		<b>1,124,033</b>	<b>707,021</b>
<b>NET ASSETS</b>		<b>3,173,084</b>	<b>2,838,948</b>
<b>EQUITY</b>			
Reserves		701,092	701,092
Retained surplus		2,471,992	2,137,856
<b>TOTAL EQUITY</b>		<b>3,173,084</b>	<b>2,838,948</b>

## Statement of Changes in Equity

### For the Year Ended 30 June 2025

2025

	Retained Surplus \$	AIDA Safety Net \$	Total \$
Balance at 1 July 2024	2,137,856	701,092	2,838,948
Surplus for the year	334,136	-	334,136
Balance at 30 June 2025	2,471,992	701,092	3,173,084

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

## Statement of Cash Flows

### For the Year Ended 30 June 2025

	2025	2024
Note	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Receipts from customers	6,810,023	5,357,324
Payments to suppliers and employees	(6,141,954)	(4,820,678)
Interest received	117,633	107,269
Net cash provided by/(used in) operating activities	785,702	643,915
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Payment for intangible asset	(2,340)	(84,500)
Payments for property, plant and equipment	(58,854)	(22,196)
Payment for investments	(185,393)	(198,491)
Net cash provided by/(used in) investing activities	(246,587)	(305,187)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Net cash provided by/(used in) financing activities	-	-
Net increase/(decrease) in cash and cash equivalents held	539,115	338,728
Cash and cash equivalents at beginning of year	2,599,239	2,260,511
Cash and cash equivalents at end of financial year	3,138,354	2,599,239

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# Notes to the Financial Statements

## For the Year Ended 30 June 2025

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 2025

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 2025

### 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 2025

### 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 2025

### 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 2025

### 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.

## Notes to the Financial Statements

### For the Year Ended 30 June 2025

#### 2 Revenue and Other Income

	2025	2024
	\$	\$
<b>Revenue from contracts with customers</b>		
Government grants	4,246,760	3,857,284
Conference and events income	271,382	274,211
Non-government grant	-	112,524
Membership	50,523	56,654
Cultural safety income	905,443	464,734
	<b>5,474,108</b>	<b>4,765,407</b>
Represented by:		
Revenue recognised at a point in time	271,382	274,211
Revenue recognised over time	5,202,726	4,491,196
	<b>5,474,108</b>	<b>4,765,407</b>
<b>Other income</b>		
Donations	42,160	23,205
Fair value gain/(loss) on investments	81,500	23,106
Interest	122,511	110,923
Miscellaneous	12,133	-
Distribution income	16,041	-
	<b>274,345</b>	<b>157,234</b>

#### 3 Cash and Cash Equivalents

	2025	2024
	\$	\$
Cash at bank	2,088,354	1,549,239
Short-term deposits	1,050,000	1,050,000
	<b>3,138,354</b>	<b>2,599,239</b>

#### 4 Other financial Assets

	2025	2024
	\$	\$
<b>NON-CURRENT</b>		
Financial assets at fair value through profit or loss - shares fund	786,325	503,391

## Notes to the Financial Statements

### For the Year Ended 30 June 2025

#### 5 Trade and Other Receivables

	2025	2024
	\$	\$
Trade receivables	11,946	66,057
Accrued income	8,532	3,654
GST receivable/(payable)	(15,963)	56,342
	<u>4,515</u>	<u>126,053</u>

#### 6 Other Assets

	2025	2024
	\$	\$
Prepayments	250,684	204,771
Other assets	9,698	6,520
	<u>260,382</u>	<u>211,291</u>

#### 7 Property, Plant and Equipment

	2025	2024
	\$	\$
Furniture, fixtures and fittings		
At cost	19,961	19,961
Accumulated depreciation	(19,093)	(18,793)
	<u>868</u>	<u>1,168</u>
Office equipment		
At cost	168,098	109,244
Accumulated depreciation	(108,463)	(88,917)
	<u>59,635</u>	<u>20,327</u>
Display equipment		
At cost	11,823	11,823
Accumulated depreciation	(11,823)	(11,823)
	<u>-</u>	<u>-</u>
	<u>60,503</u>	<u>21,495</u>

## Notes to the Financial Statements

### For the Year Ended 30 June 2025

#### 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 \$	Total \$
<b>Year ended 30 June 2025</b>			
Balance at the beginning of year	1,168	20,327	21,495
Additions	-	58,854	58,854
Depreciation expense	(300)	(19,546)	(19,846)
<b>Balance at the end of the year</b>	<b>868</b>	<b>59,635</b>	<b>60,503</b>

#### 8 Intangible Assets

	2025 \$	2024 \$
Software		
At cost	258,050	255,710
Accumulated amortisation	(211,012)	(171,210)
	<b>47,038</b>	<b>84,500</b>

##### Movements in carrying amounts of intangible assets

	Software \$	Total \$
<b>Year ended 30 June 2025</b>		
Balance at the beginning of the year	84,500	84,500
Additions	2,340	2,340
Amortisation	(39,802)	(39,802)
<b>Balance at the end of the year</b>	<b>47,038</b>	<b>47,038</b>

#### 9 Trade and Other Payables

	2025 \$	2024 \$
Trade creditors	64,228	89,857
Unspent scholarship funds	15,500	30,000
Accrued expenses and other payables	133,448	219,866
	<b>213,176</b>	<b>339,723</b>



## Notes to the Financial Statements

### For the Year Ended 30 June 2025

#### 10 Contract Liabilities

	2025	2024
	\$	\$
Income in advance	27,286	32,046
Unspent grants	707,463	232,700
	<u>734,749</u>	<u>264,746</u>

#### 11 Employee Benefits

	2025	2024
	\$	\$
CURRENT		
Provision for annual leave	144,538	91,962
Provision for time in lieu	5,479	-
	<u>150,017</u>	<u>91,962</u>
NON-CURRENT		
Provision for long service leave	26,091	10,590

#### 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	2025	2024
		\$	\$
<b>Financial assets</b>			
<i>Financial assets at amortised cost</i>			
Cash and cash equivalents	3	3,138,354	2,599,239
Trade and other receivables	5	20,478	69,711
<i>Financial assets at fair value through profit or loss</i>			
Other financial assets	4	786,325	503,391
<b>Total financial assets</b>		<u>3,945,157</u>	<u>3,172,341</u>
<b>Financial liabilities</b>			
<i>Financial liabilities at amortised cost</i>			
Trade and other payables	9	213,176	339,723
<b>Total financial liabilities</b>		<u>213,176</u>	<u>339,723</u>

#### 13 Members' Guarantee

The Company is registered with the Australian Charities and Not-for-profits Commission 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 2025 the number of members was 637 (2024: 776).

# Notes to the Financial Statements

## For the Year Ended 30 June 2025

### 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:

	2025	2024
	\$	\$
Total key management personnel compensation	<u>667,492</u>	<u>657,413</u>

### 15 Related Party Transactions

Other than the compensation of key management personnel which is separately disclosed, there were no other related party transactions during the financial year (2024: \$6,600).

### 16 Auditor's Remuneration

	2025	2024
	\$	\$
Auditing or reviewing the financial statements	13,000	10,609
Other services - preparation of financial statements and acquittal audit	<u>3,750</u>	<u>-</u>
	<u>16,750</u>	<u>10,609</u>

### 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 2025 (30 June 2024: 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 2025 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 17/09/2025

## **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 2025, 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 2025 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 responsibility 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 2025, 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.

#### **Audit. Tax. Advisory.**

Nexia Duesbury's (Audit) (ABN 21 841 510 270) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see [www.nexia.com.au/legal](http://www.nexia.com.au/legal). Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.





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

The directors of the Company are responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards – 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](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

A handwritten signature in dark ink, appearing to read 'Nexia Duesburys'.

**Nexia Duesburys (Audit)**  
Canberra, 17 September 2025

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

**G J Murphy**  
Partner

