



# AIDA

The Australian Indigenous Doctors' Association Ltd

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## ANNUAL GENERAL MEETING 2015



16 September  
Stamford Grand Adelaide, Glenelg

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



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

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## Attachment A

- AIDA 2015 Proxy Voting Form
- How to complete the Proxy Voting Form

## Attachment B

- AIDA Governance Survey 2015



# 2015 Annual General Meeting: Agenda

<b>Meeting date</b>	<b>Wednesday 16 September 2015</b>		
<b>Time</b>	<b>1.45 pm</b>		
<b>Venue</b>	<b>Stamford Grand Adelaide, Glenelg, South Australia</b>		
<b>Chair</b>	<b>Dr Tammy Kimpton</b>		
1.45 pm		Sign In	
2.00 pm	<b>1.</b>	<b>Opening and Welcome</b>	President
2.05 pm	<b>2.</b>	<b>Welcome to Country</b>	Dr Rigney
2.15 pm	<b>3.</b>	<b>Confirmation of Minutes and Returning Officer's Report</b>	President
2.20 pm	<b>4.</b>	<b>Finance</b>	Hardwicks Accountants
	4.1	Finance Report	
	4.2	Adoption of Annual Financial Statements	
	4.3	Acceptance of the Auditor's Report	
	4.4	Appointment of Auditor for 2015/16	
2.40 pm	<b>5.</b>	<b>Chief Executive Officer's Report</b>	Ms Kate Thomann
2.50 pm	<b>6.</b>	<b>Reports for Noting</b>	
	6.1	President	
	6.2	Vice President	
	6.3	Directors	
3.00 pm	<b>7.</b>	<b>Elections</b>	Returning Officer
	7.1	President	
	7.2	Vice President	
	7.3	Directors	
	7.4	Director (Student)	
		(Votes will be counted during this time. Members are requested to complete the Governance Survey attached with this document)	
3.30 pm	<b>8.</b>	<b>Announcement of new Directors and Acknowledgements</b>	President Returning Officer
	8.1	Directors stepping down	
	8.2	Presentation of new Board	
3.40 pm	<b>9.</b>	<b>Other Business</b>	
	<b>10.</b>	<b>Governance Survey</b>	Hand in to sign in area
4.00 pm		<b>Close of AGM and Afternoon Tea</b>	
4.20 – 6.00 pm		<b>Men's and Women's Yarning Circles</b>	



# 2014 Annual General Meeting: Minutes

Meeting date	Wednesday 1 October 2014
Time	2.25 – 4.15 pm
Venue	Aitken Hill Conference Centre, Melbourne
Chair	Dr Tammy Kimpton
In attendance	61 members (7 Directors, 16 Indigenous Doctors, 31 Indigenous Students, and 7 Associate Members)

## Directors

Dr Danielle Arabena (Director)  
 Mr Benjamin Armstrong (Director Student)  
 Dr Angela Forrest (Director)  
 Dr Kali Hayward (Vice President)  
 Dr Tammy Kimpton (President and Chair)  
 Dr Tanya Schramm (Director)  
 Dr Sean White (Director)

Mr Guy Dennis  
 Mr Benjamin Doyle  
 Miss Cassandra Geeman  
 Mr Matthew Hanzel-Fuller  
 Mr Darren Hartnett  
 Mr Thomas Hatch  
 Mr Timothy Haynes  
 Mr Ethan Johnson  
 Mr Ian Lee  
 Mr Jamee McBride  
 Miss Patricia Murphy  
 Mrs Kylie Parry  
 Mrs Nicole Payne  
 Mr Bodie Rodman  
 Miss Jade Ryan  
 Miss Ashleigh Schramm  
 Mr Gary Sit  
 Mr Artiene Tatian  
 Mr Sean Westbury  
 Mrs Rebecca Whitehead  
 Mr Daniel Zweck

## Elder

Mr Alex Kerr

## Indigenous Doctors

Dr David Brockman  
 Dr Kiarna Brown  
 Dr Ryan Dashwood  
 Dr Keith Gleeson  
 Dr Catherine Henderson  
 Miss Gemma Johnston  
 Dr Angela La Macchia  
 Dr Tamara Mackean  
 Dr Cody Morris  
 Dr Dasha Newington  
 Associate Professor Peter O'Mara  
 Dr Louis Peachey  
 Dr Dana Slape  
 Dr Stephanie Trust  
 Dr Alicia Veasey  
 Dr Anita Watts

## Associate Members

Mrs Kym Bryce  
 Mrs Dianna Burgell  
 Mr Robert Burgell  
 Mr Stephen Corporal  
 Ms Gaye Doolan  
 Miss Jenelle Hammond  
 Ms Beth Wilson

## Indigenous Medical Students

Miss Kayla Arabena-Byrnes  
 Miss Kersandra Begley  
 Ms Selena Blackwell  
 Miss Ngaree Blow  
 Mr Lucas Booth  
 Mrs Sarah Bormann  
 Ms Natahlia Buitendyk  
 Mr Justin Cain  
 Ms Melissa Carroll  
 Miss Jay Dargan

## Staff

Ms Kate Thomann (Chief Executive Officer)  
 Ms Susan Granger (Corporate Services Manager)

## Apologies

Sir William Deane AC KBE QC  
 Dr Lowitja O'Donoghue AC CBE DSG  
 Dr Catherine Engelke

1.	Open and Welcome	The 2014 AGM was declared open at 2:25 pm on 1 October 2014 following a Smoking Ceremony and Welcome to Country provided by Mr Alex Kerr. AIDA President Dr Tammy Kimpton acknowledged the Traditional Owners, Elders past and present, and thanked Mr Kerr for his warm welcome. Members present were welcomed and thanked for their attendance. Members in attendance were informed that photographer, Mr James Henry, would be taking photographs throughout the meeting. Those wishing to not be photographed were requested to inform AIDA staff or Mr Henry. Formal apologies were then recorded (see Attendance List on previous page)
2.	Confirmation of 2013 Minutes and Returning Officers Report	<p>The Minutes, inclusive of the Returning Officer's Report from the 2013 AGM, were read and accepted as a true and accurate record. Dr Kimpton proposed the motion to accept these Minutes. The motion was moved by Dr Danielle Arabena and seconded by Dr Louis Peachey. Members present supported the motion with a show of hands.</p> <p>The motion to accept the Returning Officer's Report was moved by Dr Danielle Arabena and seconded by Dr Louis Peachey. Members present supported this motion with a show of hands.</p>
3.	Finance	<p>Dr Kimpton provided background information about Hardwicks. Included in her introduction was information regarding the outsourcing of AIDA bookkeeping.</p> <p><b>3.1 Finance Report</b> Mr Andrew Snaidero from Hardwicks presented the Finance report.</p> <p><b>3.2 Adoption of Annual Financial Statements</b> A motion to adopt the Annual Financial Statements was moved by Dr Keith Gleeson and seconded by Dr Louis Peachey. Members present supported this motion with a show of hands.</p> <p><b>3.3 Acceptance of the Auditor's Report</b> A motion to accept the Auditor's report was moved by Ms Kayla Arabena-Byrnes and seconded by Dr Anita Watts. Members present supported this motion with a show of hands.</p>
4.	General Business	<p><b>4.1 CEO's Report</b> AIDA CEO Ms Kate Thomann gave a verbal report. She thanked Mr Alex Kerr for the Smoking Ceremony and Welcome to Country, stating that it was a wonderful way to start proceedings. Ms Thomann provided some brief background on herself and gave a report on AIDA's activities.</p> <p><b>4.2 Members' Online Forum</b> Dr Kimpton invited AIDA Vice President Dr Kali Hayward to talk about the Online Members' Forum. Dr Hayward discussed the functionality of the Members' Online Forum and its name change from the <i>AIDA Mentoring Forum</i> to the <i>Members' Online Forum</i>.</p> <p><b>4.3 Acknowledgement, Recognition and Awards guidelines</b> Dr Kimpton invited Board Member Dr Stephanie Trust to discuss AIDA's Acknowledgement, Recognition and Awards guidelines. Dr Trust informed the membership of the new guidelines and flagged the new AIDA Awards initiative.</p> <p><b>4.4 2014 Student Project</b> Dr Kimpton invited Student Director Mr Benjamin Armstrong to discuss the 2014 AIDA Student Project. Mr Armstrong provided a brief update on the progress of the Indigenous Medical Students' Guide to Medical School.</p>

5.	Reports for Noting	<p>The following reports were tabled and taken as read:</p> <p><b>5.1 President's Report</b></p> <p><b>5.2 Vice President's Report</b></p> <p><b>5.3 Directors' Reports</b></p> <p><b>5.4 Graduate Report</b></p> <p><b>5.5 Student Report</b></p>
6.	Elections	<p>Dr Kimpton introduced AIDA's Returning Officer for the 2014 election process, Mr Justin Bernau, lawyer from Clayton Utz, Canberra. Refer to Returning Officer's Report (page 8) for election process and outcomes.</p>
7.	Announcement of new Directors and acknowledgements	<p><b>7.1 Directors stepping down</b></p> <p>Dr Kimpton acknowledged the following Directors who stepped down from the Board. These Directors were thanked for their commitment and dedication to AIDA during their tenure on the Board:</p> <p>Dr Catherine Engelke Dr Tanya Schramm Mr Ben Armstrong</p> <p><b>7.2 New Directors</b></p> <p>Dr Kimpton acknowledged the following new Directors:</p> <p>Dr Kiarna Brown Dr Dana Slape Mr Artiene Tatian</p> <p><b>7.3 Other acknowledgments</b></p> <p>Dr Kimpton thanked Mrs Di Burgell and Mr Bob Burgell for their work with organising the conference, and Mr Greg Phillips for his work on the Associate Members' workshop.</p> <p>Dr Kimpton also acknowledged the AIDA staff for their continued hard work and dedication.</p>
8.	Close of AGM	<p>With no further business, Dr Kimpton closed the meeting. Meeting closed at 4.15 pm.</p>



# 2014 Returning Officer's Report

## Background

1. I acted as Returning Officer for the election of Office Bearers and Directors at AIDA's 2014 AGM, held at Aitken Hill Conference Centre, Yuroke, Victoria on Wednesday 1 October 2014.
2. In a Special General Meeting held immediately prior to the AGM, AIDA's members passed a special resolution adopting a new constitution (**Constitution**) with immediate effect.

## Composition of the Board before the 2014 AGM

3. Before the 2014 AGM, the AIDA Board comprised:

Board of Directors			Term ends
1	President	Dr Tammy Kimpton	2014
2	Vice President	Dr Kali Hayward	2014
3	Secretary	Dr Sean White	2015
4	Treasurer	Dr Tanya Schramm	2014
5	Director	Dr Danielle Arabena	2015
6	Director	Dr Catherine Engelke	2014
7	Director	Dr Angela Forrest	2015
8	Director	Dr Stephanie Trust	2014
9	Director	Dr Alicia Veasey	2014
10	Director	Vacant	2014
11	Director (Student)	Mr Ben Armstrong	2014

## Composition of the Board under the new Constitution

4. In accordance with the Constitution, the Board comprises up to 10 Directors (reduced from the previous maximum of 11) as follows:
  - up to eight Indigenous (including the Torres Strait Islands) medical graduate members resident in Australia, including the Office Holders;
  - one Director (Student); and
  - may include one additional Director appointed by and at the discretion of the Board. This Director must have an appropriate mix of skills and may or may not be a member.

## Continuing Directors

5. Dr Sean White, Dr Danielle Arabena and Dr Angela Forrest continue as Directors because their terms do not end until the 2015 AGM.

## Directors declared elected

6. Article 47(b) provides that if the number of nominations received for Director or Director (Student) is equal to the number of vacancies to be filled, the nominated persons shall be deemed to be elected.



7. Accordingly, I declared that:
- Dr Tammy Kimpton is elected as President at the 2014 AGM (no other valid nominations were received for the position of President);
  - Dr Kali Hayward is elected as Vice President at the 2014 AGM (no other valid nominations were received for the position of Vice President); and
  - Mr Artiene Tatian is elected as Director (Student) at the 2014 AGM (no other valid nominations were received for the position of Director (Student)).

## Ballot for remaining Director positions

8. Three further Director positions were open to be filled at the 2014 AGM.
9. Five valid nominations were received to fill these three positions:
- Dr Tanya Schramm;
  - Dr Catherine Engelke;
  - Dr Stephanie Trust;
  - Dr Kiarna Brown; and
  - Dr Dana Slape.
10. Article 47(b) provides that if the number of nominations received for Director exceeds the number of vacancies to be filled, a ballot should be held.
11. A ballot was held in accordance with Article 47(c) of the Constitution. I collected and counted the votes. The three successful candidates were:
- Dr Stephanie Trust;
  - Dr Kiarna Brown; and
  - Dr Dana Slape.
12. I declared that Dr Stephanie Trust, Dr Kiarna Brown and Dr Dana Slape were elected as Directors at the 2014 AGM.

## New Board

13. The AIDA Board of Directors, following the 2014 AGM is:

<b>President</b>	Dr Tammy Kimpton
<b>Vice President</b>	Dr Kali Hayward
<b>Directors</b>	Dr Danielle Arabena Dr Angela Forrest Dr Sean White (currently also the company secretary) Dr Stephanie Trust Dr Kiarna Brown Dr Dana Slape Mr Artiene Tatian [Director (Student)]

## Appointment of additional Director by the Board

14. Following the 2014 AGM, the Board at its discretion may appoint an additional Director with an appropriate mix of skills, who may or may not be a member.

Thank you for the opportunity to act as the Independent Returning Officer for the 2014 AGM.

### **Mr Justin Bernau**

Special Counsel

Clayton Utz

Level 10, 2 Phillip Law Street

Canberra ACT 2601



# Financial Statements

Australian Indigenous Doctors' Association Limited  
ABN 84 131 668 936

Financial Statements  
for the year ended 30 June 2015

Bellchambers Barrett were appointed as AIDA's auditors for the financial year 2014/2015. The final audit report was due to be delivered to AIDA on 21 August 2015. The signed audit report was not received by AIDA at the time the Annual General Meeting Report was sent to members (26 August 2015). The draft financial statements are included in the report for members reference. The approved financial statements and signed audit report will be provided to members once they are received from Bellchambers Barrett.

## **Contents**

**For the Year Ended 30 June 2015**

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## **Directors' Report**

**30 June 2015**

Your directors present their report on Australian Indigenous Doctors' Association Limited for the financial year ended 30 June 2015.

### **1. General information**

#### **Information on directors**

The names and positions of each person who has been a director during the year, including the date they were appointed and/or resigned are as follows:

<b>Dr Tammy Kimpton</b>	Continuing
<b>Dr Kali Hayward</b>	Continuing
<b>Dr Sean White</b>	Continuing
<b>Dr Tanya Schramm</b>	Resigned: September 2014
<b>Dr Danielle Arabena</b>	Continuing
<b>Dr Catherine Engelke</b>	Resigned: September 2014
<b>Dr Stephanie Trust</b>	Continuing
<b>Dr Alcicia Veasey</b>	Resigned: September 2014
<b>Dr Angela Forrest</b>	Continuing
<b>Dr Dana Slape</b>	Continuing
<b>Dr Kiarna Brown</b>	Continuing
<b>Mr Benjamin Armstrong</b>	Resigned: September 2014
<b>Dr Artiene Tatian</b>	Continuing

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

#### **Principal activities**

The principal activities of Australian Indigenous Doctors' Association Limited during the financial year were:

- to develop and maintain strong working partnerships with Australian medical schools, medical colleges and key health and education organisations; and

- to provide collegiate and professional support to Indigenous medical graduates and undergraduates.

No significant changes in the nature of the entity's activity occurred during the financial year.

#### **Objectives and strategies**

The company's objectives and strategies:

#### **National leader in health**

- Partnerships with Aboriginal and Torres Strait Islander communities;
- Relationships with government, organisations and individuals; and
- Promotion of AIDA and our members work.

## **Directors' Report**

**30 June 2015**

### **1. General information continued**

#### **Objectives and strategies continued**

- Provision of policy expertise; and
- Strengthen and develop AIDA's advocacy role.

#### **Strong and engaged membership**

- Engagement and participation of AIDA membership;
- Strengthen AIDA students;
- Strengthen AIDA graduates; and
- Strong connection with community and culture.

#### **Secure and sustainable resources**

- Consolidate AIDA's financial sustainability;
- Build AIDA's strategic human resource management;
- Establish a resource allocation framework;
- Consolidate organisational leadership; and
- Protect AIDA's reputation and value.

#### **Sound governance**

- Recognised as a national leader in good governance;
- Ensure accountability and transparency;
- Manage identified risk; and
- Strengthen AIDA's quality improvement process.

#### **Medical and cultural knowledge**

- Develop, articulate and communicate AIDA's medico-cultural knowledge;
- Strengthen a research agenda;
- Consolidate international Indigenous medical networks; and
- Maintain AIDA secretariat medical capacity.

**Directors' Report****30 June 2015****1. General information continued****Members guarantee**

Australian Indigenous Doctors' Association Limited 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 company who ceased to be a member in the year prior to the winding up, is limited to \$25.

**Meetings of directors**

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

	Directors' Meetings	
	Number eligible to attend	Number attended
Dr Tammy Kimpton	4	4
Dr Kali Hayward	4	4
Dr Sean White	4	2
Dr Tanya Schramm	1	1
Dr Danielle Arabena	4	4
Dr Catherine Engelke	1	1
Dr Stephanie Trust	4	2
Dr Alcicia Veasey	1	1
Dr Angela Forrest	4	3
Dr Dana Slape	4	2
Dr Kiarna Brown	4	-
Mr Benjamin Armstrong	1	1
Dr Artiene Tatian	4	3

**Auditor's independence declaration**

The lead auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001*, for the year ended 30 June 2015 has been received and can be found on page 4 of the financial report.

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

Director: .....  
Dr Tammy Kimpton

Director: .....  
Dr Kali Hayward

Dated 25th of August 2015

**Auditors Independence Declaration under Section 307C of the Corporations Act 2001 To the Directors of Australian Indigenous Doctors' Association Limited**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

5 September 2015

Canberra, ACT

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

**For the Year Ended 30 June 2015**

	<b>Note</b>	<b>2015</b>	<b>2014</b>
		<b>\$</b>	<b>\$</b>
Income	2	<b>2,527,568</b>	2,857,752
Operations		<b>(224,758)</b>	(202,648)
IT & telecommunications		<b>(66,184)</b>	(57,080)
Professional advice		<b>(173,200)</b>	(37,313)
Events		<b>(285,039)</b>	(351,040)
Governance		<b>(202,937)</b>	(288,284)
Membership		<b>(27,006)</b>	(56,624)
Staff costs		<b>(1,374,801)</b>	(1,224,518)
Engagement & advice		<b>(85,522)</b>	(101,585)
Student strategy		<b>(53,390)</b>	(49,680)
Graduate strategy		<b>(42,101)</b>	(27,608)
Communications		<b>(14,642)</b>	(18,439)
Other expenses		<b>(72,840)</b>	(50,912)
<b>Current year surplus before tax</b>		<b>(94,852)</b>	392,021
Income tax expense		-	-
<b>Net current year surplus/(deficit) attributable to members</b>		<b>(94,852)</b>	392,021

The accompanying notes form part of these financial statements.

## Statement of Financial Position

As At 30 June 2015

	Note	2015 \$	2014 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	4	1,063,671	1,054,917
Accounts receivable and other debtors	5	32,635	129,822
Inventories	6	-	45,780
Other financial assets		273,780	253,372
Other assets	8	40,467	30,386
<b>TOTAL CURRENT ASSETS</b>		<b>1,410,553</b>	<b>1,514,277</b>
NON-CURRENT ASSETS			
Property, plant and equipment	9	116,004	90,386
<b>TOTAL NON-CURRENT ASSETS</b>		<b>116,004</b>	<b>90,386</b>
<b>TOTAL ASSETS</b>		<b>1,526,557</b>	<b>1,604,663</b>
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Accounts payable and other payables	10	129,308	83,743
Lease Liabilities	13	-	32,779
Employee benefits	12	60,309	78,864
Other liabilities	11	26,073	4,545
<b>TOTAL CURRENT LIABILITIES</b>		<b>215,690</b>	<b>199,931</b>
NON-CURRENT LIABILITIES			
Provision for employee benefits	12	5,249	4,262
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>5,249</b>	<b>4,262</b>
<b>TOTAL LIABILITIES</b>		<b>220,939</b>	<b>204,193</b>
<b>NET ASSETS</b>		<b>1,305,618</b>	<b>1,400,470</b>
<b>EQUITY</b>			
Retained surplus		1,305,618	1,400,470
<b>TOTAL EQUITY</b>		<b>1,305,618</b>	<b>1,400,470</b>

The accompanying notes form part of these financial statements.

## **Statement of Changes in Equity**

**For the Year Ended 30 June 2015**

### **2014**

	<b>AIDA Safety Net</b>	<b>Retained Earnings</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2013</b>	<b>400,000</b>	<b>608,449</b>	<b>1,008,449</b>
Deficit attributable to members of the entity	-	<b>392,021</b>	<b>392,021</b>
<b>Balance at 30 June 2014</b>	<b>400,000</b>	<b>1,000,470</b>	<b>1,400,470</b>

### **2015**

	<b>AIDA Safety Net</b>	<b>Retained Earnings</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2014</b>	<b>400,000</b>	<b>1,000,470</b>	<b>1,400,470</b>
Surplus attributable to members of the entity	-	(94,852)	(94,852)
Reallocation of reserves to safety net	301,092	(301,092)	-
<b>Balance at 30 June 2015</b>	<b>701,092</b>	<b>604,526</b>	<b>1,305,618</b>

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The accompanying notes form part of these financial statements.

## **Statement of Cash Flows**

### **For the Year Ended 30 June 2015**

	<b>Note</b>	<b>2015</b> <b>\$</b>	<b>2014</b> <b>\$</b>
<b>CASH FROM OPERATING ACTIVITIES:</b>			
Receipts from donations and grants		<b>2,870,946</b>	2,940,258
Payments to suppliers and employees		<b>(2,817,861)</b>	(3,080,521)
Interest received		<b>25,540</b>	40,487
Net cash provided by (used in) operating activities	17	<b>78,625</b>	(99,776)
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Payment for plant and equipment		<b>(77,430)</b>	(3,944)
Interest received from financial assets		<b>(20,407)</b>	-
Proceeds from sale of plant and equipment		<b>27,966</b>	-
Net cash used by investing activities		<b>(69,871)</b>	(3,944)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Proceeds from borrowing on leases		-	(9,411)
Net cash used by financing activities		-	(9,411)
Net increase (decrease) in cash and cash equivalents held		<b>8,754</b>	(113,131)
Cash and cash equivalents at beginning of year		<b>1,054,917</b>	1,168,048
Cash and cash equivalents at end of financial year	4	<b>1,063,671</b>	1,054,917

The accompanying notes form part of these financial statements.

## **Notes to the Financial Statements**

### **For the Year Ended 30 June 2015**

The financial statements cover Australian Indigenous Doctors' Association Limited as an individual entity, incorporated and domiciled in Australia. Australian Indigenous Doctors' Association Limited is a company limited by guarantee.

The financial statements were authorised for issue on the 25 August 2015 by the directors of the company.

#### **1 Summary of Significant Accounting Policies**

##### **(a) Basis of preparation**

These general purpose financial statements that have been prepared in accordance with the *Corporations Act 2001* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements except for the cash flow information have been prepared on an 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. The amounts presented in the financial statements have been rounded to the nearest dollar.

##### **(b) Revenue**

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

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

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

The company's core funding for the 2015 financial year was provided by Department of Human Services (DoH), Health Workforce Division. The current funding agreement ended on the 30th of June 2015. On the 17th of June 2015 AIDA had secured a 3 month funding variation with DoH to allow time to finalise the 3 year funding agreement.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

All revenue is stated net of the amount of goods and services tax.

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **1 Summary of Significant Accounting Policies continued**

#### **(c) Inventories on Hand**

Inventories are measured at the lower of cost and current replacement cost.

Inventories acquired at no cost, or for nominal consideration are measured at the current replacement cost as at the date of acquisition.

#### **(d) Plant and equipment**

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss in the financial period in which they are incurred.

Plant and equipment that have been contributed at no cost or for nominal cost are recognised at the fair value of the asset at the date it is acquired.

#### **Depreciation**

The depreciable amount of all fixed assets including capitalised leased assets is depreciated on a diminishing value basis over the asset's useful life to the company commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

#### **Class of Fixed Asset**

Furniture, Fixtures and Fittings	20%
At cost	22.5%
Office Equipment	20-60%
Other Property, Plant and Equipment	20%

The assets' residual values, depreciation methods and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

#### **(e) Leases**

Leases of property, plant and equipment, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the company are classified as finance leases.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 1 Summary of Significant Accounting Policies continued

#### (e) Leases continued

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

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the company will obtain ownership of the asset or over the term of the lease.

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred. The lease is not recognised in the statement of financial position.

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

#### (f) Financial instruments

##### Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is the equivalent to 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 are initially measured at fair value plus transactions 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.

##### Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method, or cost. *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.

*Amortised cost* Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using effective interest method.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

*Fair value* is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **1 Summary of Significant Accounting Policies continued**

#### **(f) Financial instruments continued**

##### *(i) Financial assets at fair value through profit or loss*

Financial assets are classified at 'fair value through profit or loss' when they are either held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

##### *(ii) Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

##### *(iii) Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the company's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

##### *(iv) Available-for-sale-assets*

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

##### *(v) Financial liabilities*

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

#### **Impairment**

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") that have occurred, which have an impact on the estimated future cash flows of the financial asset(s).



## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **1 Summary of Significant Accounting Policies continued**

#### **(f) Financial instruments continued Impairment continued**

In the case of available for sale financial instruments, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit and loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors, or a group of debtors, are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter into bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having undertaken all possible measures of recovery, if the management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

#### **Derecognition**

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

#### **(g) Impairment of assets**

At the end of each reporting year, 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. Value in use is either the discounted cash flows relating to the asset or depreciated replacement cost if the criteria in AASB 136 'Impairment of Assets' are met. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of profit or loss and other comprehensive income.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the company would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset. Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **1 Summary of Significant Accounting Policies continued**

#### **(h) Employee Provisions**

##### **Short-term employee provisions**

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligations is settled.

##### **Other Long-term employee provisions**

Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss as a part of employee benefits expense.

The company's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current provisions.

#### **(i) Cash on Hand**

Cash on hand includes cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

#### **(j) Accounts Receivable and Other Debtors**

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

#### **(k) Goods and Services Tax (GST)**

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

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

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **1 Summary of Significant Accounting Policies continued**

#### **(k) Goods and Services Tax (GST) continued**

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or 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) Income Tax**

No provision for income tax has been raised as the company is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

#### **(m) 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. Provisions are measured at the present value of management's best estimate of the outflow required to settle the obligation at the end of the reporting period.

#### **(n) Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Please note that due to a change in the chart of accounts in the company's accounting system, several comparatives in the statement of profit or loss have been reclassified to align with the DoH budgets and reports.

When the company retrospectively applies an accounting policy, makes a retrospective restatement or reclassifies items in its financial statements, a third statement of financial position as at the beginning of the preceding comparative period, in addition to the minimum comparative financial statements, must be disclosed.

#### **(o) Accounts Payable and Other Payables**

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

#### **(p) 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.

#### **(q) Economic dependence**

Australian Indigenous Doctors' Association Limited is dependent on the Federal Government for the majority of its revenue used to operate the business. The company's core funding for the 2015 financial year was provided by Department of Human Services (DoH), Health Workforce Division. The current funding agreement ended on the 30th of June 2015. On the 17th of June 2015 AIDA had secured a 3 month funding variation with DoH to allow time to finalise the 3 year funding agreement.

# Notes to the Financial Statements

For the Year Ended 30 June 2015

## 1 Summary of Significant Accounting Policies continued

### (r) New accounting standards for application in future periods

The AASB has issued a number of new and amended Accounting Standards that have mandatory application dates for future reporting periods, some of which are relevant to the company. The company has decided not to early adopt any of the new and amended pronouncements. The company's assessment of the new and amended pronouncements that are relevant to the company but applicable in future reporting periods is set out below:

AASB 9 Financial Instruments and amending standards AASB 2009-11 / AASB 2010-7	30 June 2016	<ul style="list-style-type: none"> <li>- Changes to the classification and measurement requirements for financial assets and financial liabilities.</li> <li>- New rules relating to derecognition of financial instruments.</li> </ul>	The impact of AASB 9 has not yet been determined as the entire standard has not been released
AASB 2014-4 Amendments to Australian Accounting Standards - Clarification of Acceptable Methods of Depreciation and Amortisation	1 January 2016	<p>This standard amends AASB 116 Property, Plant and Equipment and AASB 138 Intangible Assets to:</p> <ul style="list-style-type: none"> <li>a. establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset;</li> <li>b. clarify that the use of revenue-based methods to calculate the depreciation of an asset is not appropriate because revenue generated by an activity that includes the use of an asset generally reflects factors other than the consumption of the economic benefits embodied in the asset; and</li> <li>c. clarify that revenue is generally presumed to be an inappropriate basis for measuring the consumption of the economic benefits embodied in an intangible asset. This presumption, however, can be rebutted in certain limited circumstances.</li> </ul>	The entity has not yet determined the magnitude of any changes which may be needed.
AASB 2015-3 Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality.	1 July 2015	AASB 2015-3 makes amendments to particular Australian Accounting Standards to delete their references to AASB 1031 Materiality as each standard is amended for another purpose.	There is not expected to be any changes to the reported financial position, performance or cash flows of the entity.

## Notes to the Financial Statements

### For the Year Ended 30 June 2015

#### 2 Revenue and Other Income

	2015	2014
	\$	\$
Income		
Miscellaneous / Donations / Admin	24,855	58,068
Membership	24,318	25,305
PRIDoC / Symposium	101,620	76,044
Interest Revenue	25,540	40,487
Non-Government Reimbursements	60,480	7,993
Government grants	2,290,755	2,649,855
	<b>2,527,568</b>	<b>2,857,752</b>

#### 3 Surplus for the Year

##### (a) Expenses

	2015	2014
	\$	\$
Rental Expense		
Minimum payments	119,470	107,006
Total rent expense	<b>119,470</b>	<b>107,006</b>
<b>Other Expenses:</b>		
Bad and doubtful debts		
Auditor fees		
Audit services	7,500	7,500

#### 4 Cash on Hand

	2015	2014
	\$	\$
Cash at bank and in hand	1,060,358	1,040,372
Other cash and cash equivalents	3,313	14,545
	<b>1,063,671</b>	<b>1,054,917</b>

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 5 Accounts Receivable and Other Debtors

	2015	2014
	\$	\$
CURRENT		
Accounts Receivable	14,501	104,940
Accrued Income	8,354	11,044
GST refundable	9,780	13,838
<b>Total accounts receivable and other debtors</b>	<b>32,635</b>	<b>129,822</b>

The following table details the company's trade and other receivables exposure to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled, within the terms and conditions agreed between the company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there is objective evidence indicating that the debt may not be fully repaid to the company.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

		Past due but not impaired (days overdue)					Within initial trade terms
	Gross amount	Past due and impaired	< 30	31-60	61-90	> 90	
	\$	\$	\$	\$	\$	\$	\$
<b>2015</b>							
Trade and term receivables	14,501	-	-	-	-	-	14,501
Total	14,501	-	-	-	-	-	14,501
<b>2014</b>							
Trade and term receivables	104,940	-	-	-	-	-	104,940
Total	104,940	-	-	-	-	-	104,940

The company does not hold any financial assets with terms that have been renegotiated, but which would otherwise be past due or impaired.

The other classes of receivables do not contain impaired assets.

## Notes to the Financial Statements

### For the Year Ended 30 June 2015

#### 6 Inventories on Hand

	2015	2014
	\$	\$
CURRENT		
At cost:		
Merchandise	-	45,780
	<u>-</u>	<u>45,780</u>

#### (a) Writedowns

Write downs of inventories to net realisable value during the year were \$45,780.

#### 7 Other financial assets

	2015	2014
	\$	\$
CBA term deposits	261,269	253,125
Credit cards	12,511	247
Total financial assets	<u>273,780</u>	<u>253,372</u>

#### 8 Other Current Assets

	2015	2014
	\$	\$
CURRENT		
Prepayments	40,467	30,386
	<u>40,467</u>	<u>30,386</u>

# Notes to the Financial Statements

For the Year Ended 30 June 2015

## 9 Plant and Equipment

	2015 \$	2014 \$
PLANT AND EQUIPMENT		
Furniture, fixture and fittings		
At cost	101,122	101,122
Accumulated depreciation	(68,977)	(60,941)
Total furniture, fixture and fittings	32,145	40,181
Motor vehicles		
At cost	-	50,037
Accumulated depreciation	-	(21,725)
Total motor vehicles	-	28,312
Office equipment		
At cost	152,546	86,205
Accumulated depreciation	(75,014)	(72,338)
Total office equipment	77,532	13,867
Display equipment		
At cost	12,623	12,623
	(6,296)	(4,597)
Total display equipment	6,327	8,026
<b>Property, plant and equipment</b>	<b>116,004</b>	<b>90,386</b>

### (a) 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	At cost	Office Equipment	Display Equipment	Total
	\$	\$	\$	\$	\$
Balance at 1 July 2014	50,225	36,532	26,783	5,313	118,853
Additions	-	-	-	3,944	3,944
Depreciation expense	(10,044)	(8,220)	(12,916)	(1,231)	(32,411)
Balance at 30 June 2014	40,181	28,312	13,867	8,026	90,386
Balance at 1 July 2014	40,181	28,312	13,867	8,026	90,386
Additions	-	-	77,430	-	77,430
Disposals	-	(27,230)	(736)	-	(27,966)
Depreciation expense	(8,036)	(1,082)	(13,029)	(1,699)	(23,846)
Balance at 30 June 2015	32,145	-	77,532	6,327	116,004



## Notes to the Financial Statements

### For the Year Ended 30 June 2015

#### 10 Accounts Payable and Other Payables

	2015	2014
	\$	\$
CURRENT		
Accounts payable	51,893	11,103
Accrued expenses	26,181	10,087
PAYG Withholding	42,723	50,715
Superannuation payable	10,113	10,224
FBT payable	(1,602)	1,614
	<u>129,308</u>	<u>83,743</u>

#### 11 Other Liabilities

	2015	2014
	\$	\$
CURRENT		
Unearned revenue	26,073	4,545
	<u>26,073</u>	<u>4,545</u>

#### 12 Employee Provisions

	\$
Opening balance 1 July 2014	83,126
Additional Provisions raised during the year	32,245
Amounts used	(49,813)
Balance at 30 June 2015	<u>65,558</u>

##### (a) Analysis of Employee Provisions

	2015	2014
	\$	\$
<b>Current</b>		
Long service leave	8,045	32,583
Annual Leave	52,264	46,281
	<u>60,309</u>	<u>78,864</u>
<b>Non Current</b>		
Long Service Leave	5,249	4,262
Total employee provisions	<u>65,558</u>	<u>83,126</u>

Employee Provisions represent amount accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave to be settled within the next 12 months. However the amount must be classified as a current liability because the company does not have a unconditional right to defer the settlement of the amounts in the event

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **12 Employee Provisions continued**

- (a) **Analysis of Employee Provisions continued**  
employees wish to use their leave entitlements.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

### **13 Lease Liabilities**

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
CURRENT		
Lease liability secured	-	32,779
NON-CURRENT		
<b>Total lease liabilities</b>	<b>-</b>	<b>32,779</b>

Leased liabilities are secured by the underlying leased assets.

### **14 Capital and Leasing Commitments**

- (a) **Finance lease commitments**

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
Payable - minimum lease payments:		
- no later than 1 year	-	34,521
Minimum lease payments	-	34,521
Less: finance changes	-	(1,742)
Present value of minimum lease payments	-	32,779

Finance leases are in place for a motor vehicle.

### **15 Events after the end of the Reporting Period**

As per note 1, the current funding agreement for AIDA ended on the 30th of June 2015. On the 17th of June 2015 AIDA had secured a 3 month funding variation with DoH to allow time to finalise the 3 year funding agreement.

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.

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **16 Related Party Transactions**

#### **(a) Key Management Personnel**

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
Short-term employee benefits	<b>462,375</b>	454,264
Post-employment benefits	<b>73,301</b>	43,048
	<b>535,676</b>	<b>497,312</b>

### **17 Cash Flow Information**

#### **(a) Reconciliation of result for the year to cash flows from operating activities**

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

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
Profit for the year	<b>(94,852)</b>	392,021
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	<b>23,846</b>	32,411
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
- (increase)/decrease in trade and other receivables	<b>97,186</b>	114,688
- (increase)/decrease in prepayments	<b>(10,081)</b>	7,614
- (increase)/decrease in inventories	<b>45,780</b>	(6,026)
- increase/(decrease) in income in advance	<b>21,528</b>	(369,356)
- increase/(decrease) in payables and accruals	<b>45,565</b>	(204,133)
- increase/(decrease) in leases	<b>(32,779)</b>	-
- increase/(decrease) in provisions	<b>(17,568)</b>	(66,995)
Cash flow from operations	<b>78,625</b>	<b>(99,776)</b>

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **18 Financial Risk Management**

The main risks Australian Indigenous Doctors' Association Limited is exposed to through its financial instruments are credit risk, liquidity risk and market risk consisting of interest rate risk.

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, and accounts receivable and payable.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	<b>Note</b>	<b>2015 \$</b>	<b>2014 \$</b>
<b>Financial Assets</b>			
	4	<b>1,063,671</b>	1,054,917
Accounts receivable and other debtors	5	<b>32,635</b>	129,822
<b>Total financial assets</b>		<b>1,096,306</b>	1,184,739
<b>Financial Liabilities</b>			
Financial liabilities at amortised cost			
- Trade and other payables	10	<b>129,308</b>	83,743
- Lease liabilities	13	-	32,779
<b>Total financial liabilities</b>		<b>129,308</b>	116,522

#### **Financial risk management policies**

The Board of Directors have overall responsibility for the establishment of Australian Indigenous Doctors' Association Limited's financial risk management framework.

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

The day-to-day risk management is carried out by Australian Indigenous Doctors' Association Limited's finance function under policies and objectives which have been approved by the Board of Directors. The Chief Executive Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and assessment of market forecasts for interest rate.

Australian Indigenous Doctors' Association Limited does not actively engage in the trading of financial assets for speculative purposes nor does it write options.

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **18 Financial Risk Management continued**

#### **Financial risk management policies continued**

Mitigation strategies for specific risks faced are described below:

##### **(a) Credit risk**

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to Australian Indigenous Doctors' Association Limited and arises principally from Australian Indigenous Doctors' Association Limited's receivables.

It is Australian Indigenous Doctors' Association Limited's policy that all customers who wish to trade on credit terms undergo a credit assessment process which takes into account the customer's financial position, past experience and other factors. Credit limits are then set based on ratings in accordance with the limits set by the Board, these limits are reviewed on a regular basis.

Goods are sold subject to retention of title clauses, so that in the event of non-payment Australian Indigenous Doctors' Association Limited may have a secured claim.

##### *Credit risk exposures*

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period, excluding the value of any collateral or other security held, is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

The company has no significant concentration of credit risk with any single counterparty or group of counterparties. Details with respect to credit risk of Accounts receivable and other debtors are provided in Note 5.

Accounts receivable and other debtors that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed at Note 5.

##### **(b) Liquidity risk**

Liquidity risk arises from the possibility that Australian Indigenous Doctors' Association Limited might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The company manages this risk through the following mechanisms:

- preparing forward-looking cash flow analysis in relation to its operational, investing and financial activities which are monitored on a monthly basis; and
- maintaining a reputable credit profile;
- managing credit risk related to financial assets; and
- only investing surplus cash with major financial institutions.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 18 Financial Risk Management continued

The tables below reflect an undiscounted contractual maturity analysis for financial liabilities.

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

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

*Financial liability maturity analysis - Non-derivative*

	Within 1 Year		1 to 5 Years		Total	
	2015	2014	2015	2014	2015	2014
	\$	\$	\$	\$	\$	\$
<b>Financial liabilities due for payment</b>						
Accounts payable and other payables	129,308	83,743	-	-	129,308	83,743
Finance lease liabilities	-	32,779	-	-	-	32,779
Total expected outflows	129,308	116,522	-	-	129,308	116,522
<b>Financial assets - cash flows realisable</b>						
Cash and cash equivalents	1,063,671	1,054,917	-	-	1,063,671	1,054,917
Accounts receivable and other debtors	32,635	129,822	-	-	32,635	129,822
Other financial assets	273,778	253,372	-	-	273,778	253,372
Total anticipated inflows	1,370,084	1,438,111	-	-	1,370,084	1,438,111
Net (outflows)/inflow on financial instruments	1,240,776	1,321,589	-	-	1,240,776	1,321,589

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

## **Notes to the Financial Statements**

**For the Year Ended 30 June 2015**

### **18 Financial Risk Management continued**

#### **(c) Market risk**

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices.

##### *Interest rate risk*

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

##### *Sensitivity analysis*

The following table illustrates sensitivities to Australian Indigenous Doctors' Association Limited's exposures to changes in the interest rate. The table indicates the impact on how profit and equity values reported at the end of the reporting year would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

	<b>Profit</b>	<b>Equity</b>
	<b>\$</b>	<b>\$</b>
<b>Year ended 30 June 2015</b>		
+/- 2% in interest rates	<b>26,433</b>	<b>26,433</b>
	<b>Profit</b>	<b>Equity</b>
	<b>\$</b>	<b>\$</b>
<b>Year ended 30 June 2014</b>		
+/- 2% in interest rates	<b>26,649</b>	<b>26,649</b>

Surplus for the year would increase/(decrease) as a result of gains/loss on investments classified as fair value through profit and loss.

Equity movements are the result of movements in available-for-sale investments.

#### **Net fair values**

##### **Fair value estimation**

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgment, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgment and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices. Where securities are unlisted and no market quotes are available, fair value is obtained using discounted cash flow analysis and other valuation techniques commonly used by market participants.

## Notes to the Financial Statements

For the Year Ended 30 June 2015

### 18 Financial Risk Management continued

	2015		2014	
	Net Carrying Value	Net Fair value	Net Carrying Value	Net Fair value
	\$	\$	\$	\$
<b>Financial assets</b>				
Cash and cash equivalents	1,063,671	1,063,671	1,054,917	1,054,917
Accounts receivable and other debtors	32,635	32,635	129,822	129,822
Other financial assets	273,780	273,780	253,372	253,372
<b>Total financial assets</b>	<b>1,370,086</b>	<b>1,370,086</b>	<b>1,438,111</b>	<b>1,438,111</b>
<b>Financial liabilities</b>				
Accounts payable and other payables	129,308	129,308	83,743	83,743
Lease liabilities	-	-	32,779	32,779
<b>Total financial liabilities</b>	<b>129,308</b>	<b>129,308</b>	<b>116,522</b>	<b>116,522</b>

### 19 Company Details

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

Australian Indigenous Doctors' Association Limited  
 Old Parliament House  
 18 King George Terrace  
 Parkes ACT 2600

### 20 Members' Guarantee

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$25 each towards meeting any outstanding's and obligations of the company. At 30 June 2015 the number of members was 273 (2014: 255).



## **Directors' Declaration**

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 5 to 28, are in accordance with the *Corporations Act 2001* and:
  - (a) comply with Australian Accounting Standards; and
  - (b) give a true and fair view of the financial position as at 30 June 2015 and of the performance for the year ended on that date of the entity.
2. In the directors' opinion, there are reasonable grounds to believe that the entity 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.

Director .....

Dr Tammy Kimpton

Director .....

Dr Kali Hayward

Dated 25 August 2015

## **Independent Audit Report to the members of Australian Indigenous Doctors' Association Limited**

### **Report on the Financial Report**

We have audited the accompanying financial report of Australian Indigenous Doctors' Association Limited, which comprises the statement of financial position as at 30 June 2015, the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

#### *Directors' Responsibility for the Financial Report*

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Independence*

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of Australian Indigenous Doctors' Association Limited, would be in the same terms if given to the directors as at the time of this auditor's report.

## **Independent Audit Report to the members of Australian Indigenous Doctors' Association Limited**

### *Opinion*

In our opinion the financial report of Australian Indigenous Doctors' Association Limited is in accordance with the *Corporations Act 2001*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

Canberra, ACT

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## Chief Executive Officer's Report Ms Kate Thomann

AIDA's achievements over the past year have been dynamic and plentiful. Our ultimate goal is to contribute to equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander people. A long-standing and ongoing priority for AIDA is the provision of collegiate support and the recruitment, retention and graduation of Aboriginal and Torres Strait Islander people in medicine. We continue to meet these objectives with enthusiasm and passion.

We developed our new strategic plan, *AIDA 2020*, which sets out the strategic direction of our organisation and identifies our strategic goals, strategies, impacts and targets over the next five years. *AIDA 2020* considers the cultural and professional values, principles, perspectives, and medical, health workforce and educational pathway perspectives, that we believe make AIDA as an organisation, and our members, a unique and valuable voice within the Australian health care system.

We also developed our inaugural business plan seeking core funding from the Australian Government in support of AIDA's operations from July 2015 to June 2018. The Commonwealth has provided ongoing funding to AIDA over this period and I would like to take this opportunity to celebrate this funding commitment. AIDA was also successful in securing funding under the Indigenous Advancement Strategy to further enhance and expand AIDA's mentoring program, especially to Indigenous medical students nationally.

I am pleased to report the following activities against AIDA's strategic plan, *AIDA 2020*, as outlined below.

### Grow Indigenous Doctors

Alongside other people working in the health sector, Indigenous doctors, wherever they work, make a major contribution to enhancing the cultural safety of the health care system and to improving patient care and health outcomes. Our members are front line in the provision of medical care and treatment – and we need to increase the number of Indigenous doctors including specialists so that we can continue to staff, and provide, culturally appropriate and accessible medical care that is high quality and reflective of need.

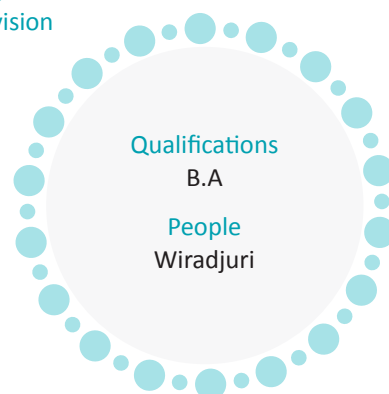
AIDA supports our members, and grows Indigenous doctors, through mentoring, advocacy, representation, collegiate support, and professional networking opportunities. We have continued our active engagement with a range of stakeholders to enhance the pathway into and through medicine for Aboriginal and Torres Strait Islander medical students and doctors.

Membership numbers continue to grow and the past year has seen significant growth in the organisational membership numbers from nine to 34. We now offer free membership to Indigenous medical students and first-year medical graduates and expect to see our membership numbers continue to increase.

This year has marked 10 years of our Collaboration Agreement with the Medical Deans Australia and New Zealand (Medical Deans). In August, we were proud to sign the fourth Collaboration Agreement (under this partnership) and we look forward to continuing to work with Medical Deans into the future.

This year we have also undertaken the largest survey of AIDA members on members' specialist training intentions. We have used this information to provide advice to the Commonwealth Department of Health to inform their decisions regarding their consideration of the Specialist Training Programme to support the development of the specialist medical workforce of the future. We will also use this information to continue our work with medical colleges to strengthen pathways into specialties for Aboriginal and Torres Strait Islander doctors.

This year we also finalised a mentoring agreement between the Royal Australian College of General Practitioners (RACGP) and AIDA. This agreement formalises how we will work together to deliver mentoring for AIDA members in the General Practitioner space.



## Shape health outcomes

AIDA engaged with a range of stakeholders across the medical education and training continuum, including through our collaboration agreements. AIDA is represented on 33 committees and bodies nationally. Through these forums we help to appropriately shape the Australian health care system through the provision of medical, clinical, health and policy advice. These include departmental advisory committees, specialist college groups, peak health organisations, and education organisations.

We continue to be an active partner on the Close the Gap Steering Committee and on the National Health Leadership Forum (NHLF), contributing to high level public policy. Through our membership of the NHLF we have been actively engaged in development of the Australian Government's *National Aboriginal and Torres Strait Islander Health Plan 2013-2023 Implementation Plan*. Writing this report in early August, we anticipate that this plan (which will help shape healthcare delivery) will be launched very soon.

Over the past year we provided the following policy advice on behalf of our members:

- submission and supplementary submission to the Senate Select Committee on Health Inquiry on Health Policy, Administration and Expenditure;
- submission to the Australian Medical Council (AMC) review of accreditation standards;
- submission to the AMC regarding the reaccreditation of the College of Intensive Care Medicine;
- submission to the RACGP General Practice Standards;
- submission to the National Registration and Accreditation Scheme for Health Professions; and
- consultation on the Rural Health Multidisciplinary Training Programme.

Our work in the policy space has also included advice on the development of two policy documents with the Australian Medical Students' Association, one on Indigenous Health and one on Indigenous medical student recruitment and retention.

This year also saw the commencement of the AIDA Academic Training Post. The research project of our inaugural candidate, Dr Aditya Mallik, is progressing well and will be presented at AIDA 2015. We thank our members for their support of this position through taking the time to respond to Dr Mallik's survey on electronic health records. It is anticipated that a new candidate will take up the post in February 2016.

## Communicate and celebrate

In 2015, we progressively implemented our first dedicated Communications Strategy, seeking to raise AIDA's public profile and enhance our engagement with our members and friends. In particular, we:

- rebranded AIDA's image to ensure we maintain a professional, contemporary and engaging public profile;
- commenced publishing our new fortnightly members' e-newsletter, *Ward Round*;
- launched our new *Friends of AIDA* fortnightly e-broadcast to share our members' success with our friends;
- planned the delivery of a new Australian Indigenous Doctor's Journal and a Wikipedia page due for publication in late 2015;
- grew our social media presence;
- launched our online forum to provide members with a culturally safe and supportive environment to discuss issues and share ideas;
- launched our new mobile-friendly website and phase one of our new online e-commerce facility; and
- delivered members' networking dinners in Sydney, Canberra, Townsville, Melbourne, Newcastle, Brisbane, Perth and Darwin.

## Culture and traditional knowledge

AIDA was proud to attend the 7th Pacific Region Indigenous Doctors' Congress Conference (PRIDoC) hosted by the Medical Association for Indigenous People of Taiwan.

AIDA looks forward to Te ORA, the Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association of Aotearoa), hosting PRIDoC in Auckland in December 2016.

AIDA was honoured to send a delegation to the memorial to celebrate the life and work of renowned Pitjantjatjara Ngangkari (traditional healer) and Elder Kunmanara Mr Tjilari. AIDA has a unique relationship with the Ngangkari and the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council and we hope to continue to build on this relationship into the future.

We delivered our second research master-class in partnership with the Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute (SAHMRI). This class has been designed to increase the medical research knowledge and expertise of AIDA's members. A video promoting the AIDA research master-class and launch at last year's Annual General Meeting (AGM) can be found on our YouTube channel.

## Best practice and sustainability

AIDA has been involved in the following continuous quality improvement and governance activities to strengthen our operations including:

- the unanimous endorsement of AIDA's new Constitution at last year's AGM;
- prepared for this year's AGM and AIDA 2015 while delivering on members' recommendations for workshops and securing corporate sponsorship;
- implemented the recommendations from the September 2013 Organisational Review;
- undertook a review of AIDA's Information Technology in December 2014 and an Organisational Review in March 2015;
- upgraded AIDA's information technology (hardware and software) and introduced a standard operating environment across the organisation;

- developed AIDA's inaugural risk assessment framework, communications strategy, privacy policy and social media policy;
- commenced a review of our suite of corporate and governance policies and procedures to align with best practice; and
- developed a Customer Relationship Manager (CRM) to support our relationships with members and friends.

## Secretariat Staffing

There have been some significant changes to AIDA's Secretariat staffing over the past year and a copy of AIDA's current organisational structure is available at page 58 and on our website at [www.aida.org.au](http://www.aida.org.au).

I take this opportunity to wish AIDA's former employees all the best with their future endeavours. I also thank the current Secretariat team for their contribution. Much of their work is done behind the scenes and their professionalism and commitment to the job at hand, and in progressing AIDA's strategic directions, is commendable.

I look forward to another exciting and challenging year ahead and to working with you on this rewarding journey.



## President's Report Dr Tammy Kimpton

One of my great pleasures as an AIDA member, and particularly my time spent on the AIDA Board, has been the opportunity to form relationships with Ngangkari. So it was with great sorrow that I heard the news of Uncle's passing. I'm sure that his loss has affected many of our members deeply, and we will feel the echoes of his passing reverberate for some time. It was my privilege to be part of the official AIDA delegation to attend Uncle's funeral in Fregon. It was a beautiful reflection on what has been an outstanding life, and it was delightful to see how much AIDA has been a part of this in recent years.

This year has been a time of significant change within AIDA. Following on from the successful constitutional change at a special general meeting which preceded last year's AGM, we have enacted a new structure and new governance methods. Our new committee structures appear to be serving the board well, and the inclusion of Dr Kali Hayward (as AIDA Vice President) in my regular catch up sessions with our CEO Ms Kate Thomann, has strengthened the leadership model for AIDA.

Reflecting on our 2014 annual conference, I am very proud of the calibre of the event we delivered. The highlights through the week were too numerous to list here but included meeting Senator Nash, attending the Student Representative Council dinner, successful constitutional change at the Special General Meeting (SGM), a successful AGM, including the election of two new directors and a new student director, the women's yarning circle, our membership dinner with five tonnes of firewood, and of course bringing all of our past Presidents together!

I was particularly proud to facilitate the Growing Our Fellows workshop at AIDA 2014. I introduced this session as inviting one group of friends along to meet another group, and I genuinely feel that this is the way that this session works. It allows our members to hear from a range of specialist training colleges in a safe, friendly environment. Also at the 2014 conference, AIDA held an associate members' workshop for the first time. I was very impressed by this forum, and will look forward to seeing this workshop develop over time.



This year we have held two board meetings in Canberra, and one in Alice Springs. In association with these meetings, the Board have participated in governance and finance training. I have had the opportunity to attend AIDA membership dinners in Canberra and Newcastle.

Representational activities during the year included:

- regular attendance at Committee of Presidents of Medical Colleges (CPMC) Meeting Stakeholder Session;
- AIDA South Australian Health and Medical Research Institute (SAHMRI) Research Master Class;
- Medical Deans Annual Conference at Deakin University – including AIDA Medical Deans Indigenous Knowledge Initiative;
- After Hours Health Care Review teleconference with Prof Jackson;
- National Medical Training Advisory Network Executive Meetings;
- Australian Institute of Company Directors Course;



- presentation to Independent Expert Panel on the General Practice Rural Incentives Programme (GPRIP) and Junior Doctor training;
- review of Royal Australian and New Zealand College of Ophthalmologists' (RANZCO) Curriculum statement;
- launch of AIDA Royal Australian College of General Practitioners (RACGP) Mentoring Program;
- Closing the Gap event at Parliament House;
- Senate Enquiry into health;
- AIDA 2015 Event Committee;
- Pacific Region Indigenous Doctors Conference (PRIDOC) 2014;
- World Organisation of Family Doctors (WONCA) Asia Pacific Conference – participation in Indigenous and Minority health Working party Workshop;
- RACGP Governance Review;
- Indigenous GP Registrar Network Meeting;
- Australian Medical Council (AMC) Indigenous Planning Advisory Group;
- presentation to Royal Australian and New Zealand College of Psychiatrists (RANZCP) and meeting with College President;
- attendance at Royal Australasian College of Surgeons (RACS) Indigenous Health Subcommittee and Maori Health Hui; and
- Leaders of Indigenous Medical Education (LIME) VI.

As you will know, this is my last AGM as AIDA President. It has been an incredible honour to serve AIDA in this role. I would like to thank each of the Boards that I have served with for making my time on the Board so pleasurable, and also our deadly Secretariat for their hard work and dedication to AIDA.



The Growing our Fellows workshop at AIDA 2014





## Vice President's/Secretary's Report

### Dr Kali Hayward

This year was a busy one. I continued in my role as AIDA's Vice President as well as in my clinical work at Nunkuwarrin Yunti and in my Medical Educator role at Adelaide to Outback.

We also experienced a significant loss with the passing of Mr Tjilari. He leaves behind a strong legacy. Mr Tjilari worked tirelessly as a Ngangkari and freely shared his knowledge with us during our annual conferences and at PRIDoC. Personally I have many beautiful memories from time shared with him.

AIDA continues to strengthen relationships with the Medical Deans and Medical Colleges and we saw an increase in AIDA membership amongst these organisations.

I have represented AIDA at:

- General Practice Education and Training (GPET) Aboriginal and Torres Strait Islander Advisory Group;
- Royal Australasian College of Physicians (RACP);
- Committee of Presidents of Medical Colleges (CPMC);
- CPMC Indigenous health sub-committee meeting;
- Australian Society for Otolaryngology Head and Neck Surgery (ASOHNS);
- Australian Medical Council (AMC) Indigenous Planning Advisory Group;
- Australian National University (ANU) Close the Gap day; and
- Royal Australian and New Zealand College of Psychiatrists (RANZCP) Congress.

In November 2014, Dr Tammy Kimpton and I completed the Australian Institute of Company Directors' course. This was further enhanced with finance and governance training received during the December Board meeting.

Throughout the year I have taken part in several teleconferences fulfilling my role as Chair of the AIDA 2015 Event Committee and Chair of the Membership Committee. I also participated in weekly catch up meetings with our CEO and President.

I have completed several media requests for interviews throughout this reporting period.

AIDA has gone through some changes within the secretariat and I would like to express my gratitude to those members that have moved on to other areas and to those that are currently progressing the work of AIDA.





## Director's Report Dr Danielle Arabena

Our December 2014 Board meeting saw us both welcoming and briefing our new Board members, and undertaking governance training, discussions around our funding and possible funding diversification; and finance training with Hardwicks accountancy firm.

During the year, I held the position of Chair for the inaugural AIDA financial subcommittee, which to date has held one teleconference. For more information regarding AIDA's financial position, please see the Finance section of this AGM Report at page 11. During the December Board meeting I accepted the following AIDA representative duties:

- Royal Australian College of Surgeons (RACS) Indigenous Health Committee; and
- Royal Australian College of Surgeons Indigenous Health and Cultural Online Portal Steering Committee.

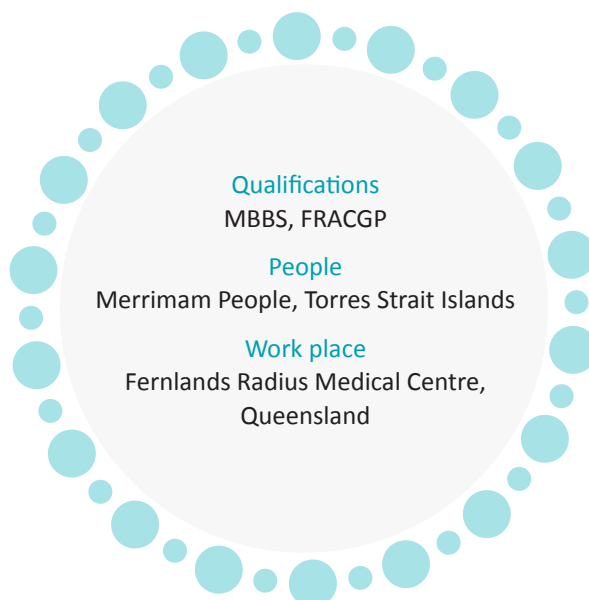
To date, I have attended a teleconference for RACS Indigenous Health Committee and have attended a face-to-face meeting in Perth in May 2015. As part of my representation at the Royal College of Surgeons Conference I attended:

- the Derbarl Yerrigan Health Service – meeting with staff and key stakeholders in local Indigenous community;
- Indigenous Doctors' Breakfast – officiated by Associate Professor Kelvin Kong and Professor Kingsley Faulkner (Chair Foundation for Surgery Board); and
- Indigenous Health Session, including the presentation of Annual Scientific Congress (ASC) medals by president.

During the previous year AIDA has undergone significant transitions with secretariat staffing changes, IT updates, and tendering for financial support for the next three years. I would like to extend my appreciation to our CEO Kate Thomann and her senior management team, who have lead AIDA through this period.

In my capacity as a Medical Educator for General Practice Training Queensland (GPTQ), I provide additional to AIDA GP registrars (academic and cultural support) as they move towards gaining fellowship. In June 2015, I co-facilitated the Fellowship of Excellence workshop with Dr Tammy Kimpton, Dr Kali Hayward and, for the Royal Australian College of General Practitioners (RACGP), Dr Tim Senior, and developed a model for reframing a registrar's experience of the exam process through 'the hero's journey'.

It is with a very heavy heart that I acknowledge the loss of Ngangkari Elder Kunmanara Mr Tjilari. I join with AIDA in mourning this deep loss. We at AIDA have been privileged to spend time with Mr Tjilari and Mr Peters and I have some very special memories and teachings from my time spent with them. I encourage all of our members to engage with the Ngangkari who come and share their teachings with us.





## Director's Report Dr Dana Slape

Over the past twelve months, I have continued to work at Westmead Hospital as a Resident Medical Officer while progressing my individual career aspirations and those of the students I support. In relation to my commitment to Indigenous health, workforce development, and medical education, I have participated in the following events representing AIDA:

- Australian Medical Association Indigenous Health Taskforce meeting – Discussions about national policies on Indigenous health, workforce, and medical education;
- Intern Review Stakeholder meetings – Represented the voices of prevocational doctors and medical students from the perspective of an Aboriginal junior doctor in the Hospital context;
- AIDA Sydney and Canberra Membership dinner – Networking with student, graduate, and associate members;
- Health Education Training Institute (HETI) Indigenous Junior Medical Officers (JMO) forum – The second meeting of its kind, the HETI Indigenous JMO forum provides opportunities for networking and personal and professional development for those navigating the prevocational space; and
- HETI JMO forum – Inaugural position representing Aboriginal and Torres Strait Islander doctors in the prevocational space, particularly in relation to areas of mandatory curriculum, advocacy, and research development. There are two representatives (one each from Post Graduate Years 1 and 2) per network, and prior to this, no identified position for Indigenous representation.

In representation of another organisation, I gave a two-hour lecture for general practice education on skin diseases in Indigenous communities in the Top End with a focus on clinical presentations, treatments, and public health challenges. This work has been submitted for review for presentation at the 2015 Symposium.

I continue to be engaged with medical education of medical students and doctors by engaging with the Indigenous Tutorial Assistance Scheme (ITAS) and developing an online learning module on cultural safety with Indigenous patients with the Australasian College of Dermatologists.

As always, I remain grateful to the Indigenous communities and Elders, Kate Thomann and the AIDA secretariat, fellow Board members, affiliate organisations we work with, and the student, graduate, and associate members of AIDA for their ongoing support, inspiration, and dedication to progressing the improvement of Indigenous health, Indigenous medical workforce, and medical education in Australia.





## Director's Report Dr Kiarna Brown

I have been a Member of AIDA since my first year of Medical School, more than 15 years ago. I returned to the Board last year after being Student Director 10 years ago! AIDA is constantly growing and evolving, and for me, it's really exciting to be back on the Board.

It has certainly been a busy year. One of the biggest challenges we face is to secure Government funding with the release of the new Federal Government Budget. It is becoming ever more pressing for our organisation to find innovative ways to secure funding to ensure our projects and activities can continue.

The beginning of this year saw much progress on our new Strategic Plan, *AIDA 2020*. The new Strategic Plan exemplifies our uniqueness as an organisation and gives us great direction for the next five years.

Excitingly, we got a bit of a face lift this year! With the appointment of a new communications team, we have seen AIDA's branding modify, giving us a sleek and modern new look. I have also enjoyed seeing our expansion on social media.

I must also acknowledge our CEO, Kate Thomann on the hard work she has put in over the last 12 months. Kate's strong leadership of AIDA's secretariat has been inspiring to witness.

On a more personal note, a few highlights of my representational activities for the year, are as follows:

- Royal College of Obstetricians and Gynaecologists (RCOG) World Congress, 12-15 April – This was a joint conference hosted by both the RCOG (UK) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). There were over 2000 delegates from around the world. The programme included a session on 'Reproductive Aboriginal and Torres Strait Islander Health' during which I presented on current maternal health and progress on the Closing the Gap campaign. Encouragingly, the RANZCOG President attended the session.

- Senate Select Committee on Health, 27 April – Public hearings to inquire into and report on health policy, administration and expenditure have been occurring around the country. As an AIDA Director, I was invited to give a statement for the Inquiry in Darwin. This was a completely new experience for me. There were certainly some challenging questions but important points were raised.
- The International Federation of Obstetricians and Gynaecologists (FIGO) Executive Board Meeting, 29 May – Finally FIGO's Executive Board meet in Melbourne in May. I was asked to address the Board and the RANZCOG Executive, on behalf of Dr Marilyn Clarke who could not attend. I gave a presentation on current Indigenous maternal health and directions forward.

For the coming year I would particularly like to see further expansion of our mentoring program and continued relationships with medical colleges. In the meantime, I look forward to catching up with friends, both old and new, in Adelaide for AIDA 2015.





## Director's Report Dr Angela Forrest

### Qualifications

BMed, FRACGP

### People

Galamai peoples from WA

### Work place

O clinic, North Sydney

The 12 months since our last Annual General Meeting have been a busy time for AIDA and at times have been challenging, but with the strength and dedication of our President, Vice President, Board members, CEO and Secretariat the transitions have occurred with a minimum of disruption and the organisation is growing stronger and stronger. There have been a number of secretariat changes. We welcomed Cathy Peisley as our temporary Manager of Corporate Services (pending permanent recruitment). She replaced Susan Granger, who during her extensive time with AIDA saw AIDA grow, and has been an integral part of the organisation. Susan will be sadly missed and I wish her every success in her new ventures. We welcomed Communications Manager Kathleen Denigan, and many members would have noticed how AIDA now has a stronger presence on Facebook and Twitter.

Throughout the year the AIDA Board have participated in governance training, financial training and been a part of the rebranding of AIDA. While it was sad to see some parts of the old logo go, it was time to make way for a revised logo which I hope everyone appreciates and likes. The new strategic plan was completed and sent to AIDA members. AIDA has developed two new cultural safety resources to provide extra support to its members. These include a cultural safety factsheet, which outlines some practical actions that can be implemented to strengthen cultural safety for Aboriginal and Torres Strait Islander people. A dynamic cultural safety toolkit has been developed to be an evolving resource base that underpins cultural safety issues, with members accessing it and providing relevant suggestions and resources.

Membership dinners have been held in every state and territory over the last 12 months. It has been my pleasure to attend two of these gatherings. The Sydney membership dinner, which was held in February this year, and the one in Canberra. It is most enjoyable reacquainting with old friends and meeting new members and new medical students. The membership dinners are a great opportunity to meet with members and to discuss current issues in an informal way.

I represented AIDA at the Remote Vocational Training Scheme (RVTS) meetings. The RVTS continues to provide support for GP registrars in the scheme, including weekly webinars, training, highly experienced and committed supervisors and cultural awareness training, as well as an individual cultural mentor. The RVTS is becoming an established presence for GP vocational training in Aboriginal Community Controlled Health Services (ACCHS).

I have represented AIDA and taken part in teleconferences and a face-to-face meeting for the RACGP Faculty of Aboriginal and Torres Strait Islander Board, whose new vision is that all Aboriginal and Torres Strait Islander people are able to enjoy healthy lives and improved longevity and receive optimal primary health care.

In June I attended a Research Masterclass which was run by Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute, which was informative and invaluable for parties interested in undertaking research into Aboriginal and Torres Strait Islander health.

I was also a part of the Finance, Risk and Audit Committee for AIDA and the Limelight awards committee. The LIME conference this year was held in Townsville in August. I did not attend, but a lot of well-deserved awards were granted to hardworking individuals.

AIDA 2015 has been much anticipated by me and many others as it is always great to meet up with friends and make new ones and to attend interesting workshops and presentations. It is a wonderful space for members to get together and share professional and cultural experiences and gain renewed energy and inspiration.

I acknowledge the fantastic work of the secretariat and their ongoing support and hard work as they support AIDA and its members. It has been my pleasure and honour to be a Director on the AIDA Board and I would like to thank all the Board members for their continued enthusiasm and support and in particular Dr Tammy Kimpton and Dr Kali Haywood, who have provided a stable and inspiring leadership with unerring vision and commitment for AIDA.





## Director's Report Dr Sean White

At the December 2014 Board Meeting the establishment of the AIDA Membership Committee was endorsed by the Board. The responsibilities of the committee are to assess and approve membership applications, as well as coordinate the annual membership awards which will be run for the first time in 2015. I was appointed to the committee at the December Board Meeting and have subsequently been involved in committee meetings conducted via teleconference over the past eight months. The majority of applications continue to meet the membership criteria. The application process has also been assisted by the implementation of an alternative option allowing applicants to submit a statutory declaration in place of proof of Aboriginality where a valid reason has been provided to the Membership Committee.

As part of my responsibilities on the Membership Committee, I sat on the selection panel for the inaugural AIDA awards. We are pleased to have selected three worthy candidates to be the first recipients of the awards. I look forward to seeing the awards flourish over the coming years.

I was also a part of the selection committee for the Health Education and Training Institute's (HETI) Aboriginal Medical Workforce Junior Medical Officer (JMO) placement in NSW for 2016. The program commenced in 2010 and has increased each year (applications for JMO placements in NSW). Final year medical students are encouraged to use the selection program for their internship placement allocations. AIDA will continue to support and participate in the selection process.

I was also AIDA's representative on the Heart Foundation Lighthouse Hospital Project Phase 2 External Advisory Group until it was decided that AIDA would stand down from this committee.

As a general reflection I would also like to note that men have been underrepresented on the AIDA Board over the past few years and the current Board are hoping this year to receive more male nominations for the Director positions becoming available.





## Director's Report Dr Stephanie Trust

My role as General Practitioner in Kununurra continues to be very busy. I have recently returned home to East Kimberley to take up a position as principal GP working for Wunan at Kununurra Medical. Wunan is an Aboriginal run organisation based on the ethos of empowering Aboriginal people through improving housing, employment and education. Wunan has recently moved into the space of improving access to quality primary health care in Kununurra.

The AIDA face-to-face board meetings have always been challenging and enjoyable as they provide a unique opportunity to contribute to the healthy and robust debates and discussions that help steer the future direction of AIDA.

I recognise the importance of engaging with our youth and have on a number of occasions taken the opportunity to speak with local, regional and state groups about the role of AIDA and the importance of education opportunities in achieving our dreams.

There have been many challenges this year, which have strengthened both the organisation and the Board. I have also faced a number of personal changes, with the loss of my dad being the greatest.

Our successful work to enhance AIDA's standing in the Australian health landscape and determine our future direction shows that we have risen to these challenges as a Board under the guidance of our President Dr Tammy Kimpton and the fantastic staff at the secretariat. I take this opportunity to thank Susan Granger for her dedication and commitment to AIDA over the last seven years. Susan resigned this year from her position as Corporate Services Manager.

I have represented AIDA at:

- Puggy Hunter Memorial Scholarships Scheme Working Group;
- Acute Care Working Group for Better Cardiac Care for Aboriginal and Torres Strait Islander People Forum;
- Membership of the Lowitja Institute;
- Royal College of Physicians – Aboriginal and Torres Strait Islander Health Expert Advisory Committee;
- Aboriginal and Torres Strait Islander Health Advisory Committee (ATSIHAC) Specialist Access Roundtable;
- Royal Australasian College of Surgeons (RACS) Indigenous Trauma Symposium – Darwin, August 2014;
- Cultural Responsiveness Workshop – Darwin, May 2015; and
- Keynote Address at the National Rural Health Alliance Conference – Darwin, May 2015.





## Director Student's Report Mr Artiene Tatian

I have been both privileged and honoured to be the Student Director of AIDA for 2014/15. This term I have also been fortunate enough to be elected as the first Indigenous person to be an Australian Medical Society President for the University of Western Sydney Medical Society. This has allowed me to foster greater relationships at university levels and with such a strong Student Representative Council (SRC) team, we have accomplished so much this year. It has been a pleasure to represent AIDA's core values and members, and to upskill and learn from the amazing AIDA Board of Directors and Secretariat.

This year has been an incredible year for AIDA with the Board working very hard improve the AIDA brand and develop the AIDA 2020 strategic plan. After feedback from myself, students and junior doctors, the first Board meeting decided to alter the current cost of membership. Free membership in 2015 was subsequently determined for all students and interns. With the amazing success and the increase of membership numbers this is likely to continue into the future. It was a pleasure to not only see first year students joining for the first time but also students further along in the medical school journey now joining the AIDA family.

The year also saw the departure of a number of long-term staff at the AIDA Secretariat. I wish them all the best in their future endeavours and would like to acknowledge all their hard work and dedication to AIDA over the years. A special thank you goes to Ms Jasmin Hunter for all her hard work over the years, and her personal support this year as Pathways Officer. The achievements of this year were made possible by her skills and she will surely be missed by the AIDA student body.

A special thank you must also be extended to Ms Susan Granger who too has departed the AIDA family after many years of dedication. Susan's corporate skills leave behind a legacy that has positioned AIDA as a peak national body. I also thank and commend Ms Kate Thomann for her outstanding leadership and continued support to both the Board and the SRC.

It has been an absolute pleasure to chair the SRC this year. The SRC had fifteen universities represented, equalling the number of last year. The strong team saw the return of some SRC members for another term and some new members joining the SRC for the first time. The SRC functioned well and has been a dedicated, enthusiastic



and passionate team and a pleasure to work with. The SRC has kept me personally motivated and members have provided each other with a new set of skills we will carry into the future. As our Indigenous student cohort continues to grow, the SRC remains the bridge across the country. We are a strong family, who despite our geographical distance provide support and a family to turn to, as we have faced the same obstacles through our medical training journey. My work with the SRC this year has affirmed that the future of AIDA is in strong and capable hands.

This year the SRC's project was to build and develop relationships with the Australian Medical Students Associations (AMSA). The SRC welcomed Mr James Lawler (AMSA President 2015) to AIDA's SRC meeting in Canberra where he listened to students' experiences and feedback, and provided an update on AMSA. I was also fortunate to attend AMSA's First and Second Council and provided a presentation on AIDA and plans for the future. Our work in 2015 with AMSA also saw the development of five guaranteed registrations for AMSA's annual Global Health Conference, commencing in 2015 and continuing to future years. All five of these guaranteed registrations for 2015 went to Indigenous Medical Students from across Australia. The number of registrations will be reviewed annually in light of the number of Indigenous Medical Students. The success of this discussion and interest from students also allowed for the development of at least five guaranteed registrations to AMSA's National Convention, commencing in 2016 and continuing.



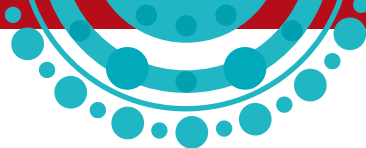
AIDA's engagement with AMSA also highlighted the need for engagement and training of future Indigenous leaders. The AMSA Board of Directors provided three fully funded positions to the Australian Medical Student Association National Leadership Development seminar. In 2015, all of these very competitive and sought after scholarships went to AIDA members.

In 2015 the AIDA SRC liaised with Medical Student Societies (MedSocs) across Australia to ensure greater representation of Indigenous health, issues and students. As a result, a number of MedSocs will be adding an Indigenous Student Representative to their structure, or improve their engagement with AIDA SRC representatives. All Medical Societies committed to engage more and better with Indigenous students and AIDA Student representatives when creating their reports for the Australian Medical Council. This success has highlighted the increased collaboration with and engagement of our non-Indigenous colleagues and AIDA and AMSA have developed a memorandum of understanding to ensure this relationship continues into the future.

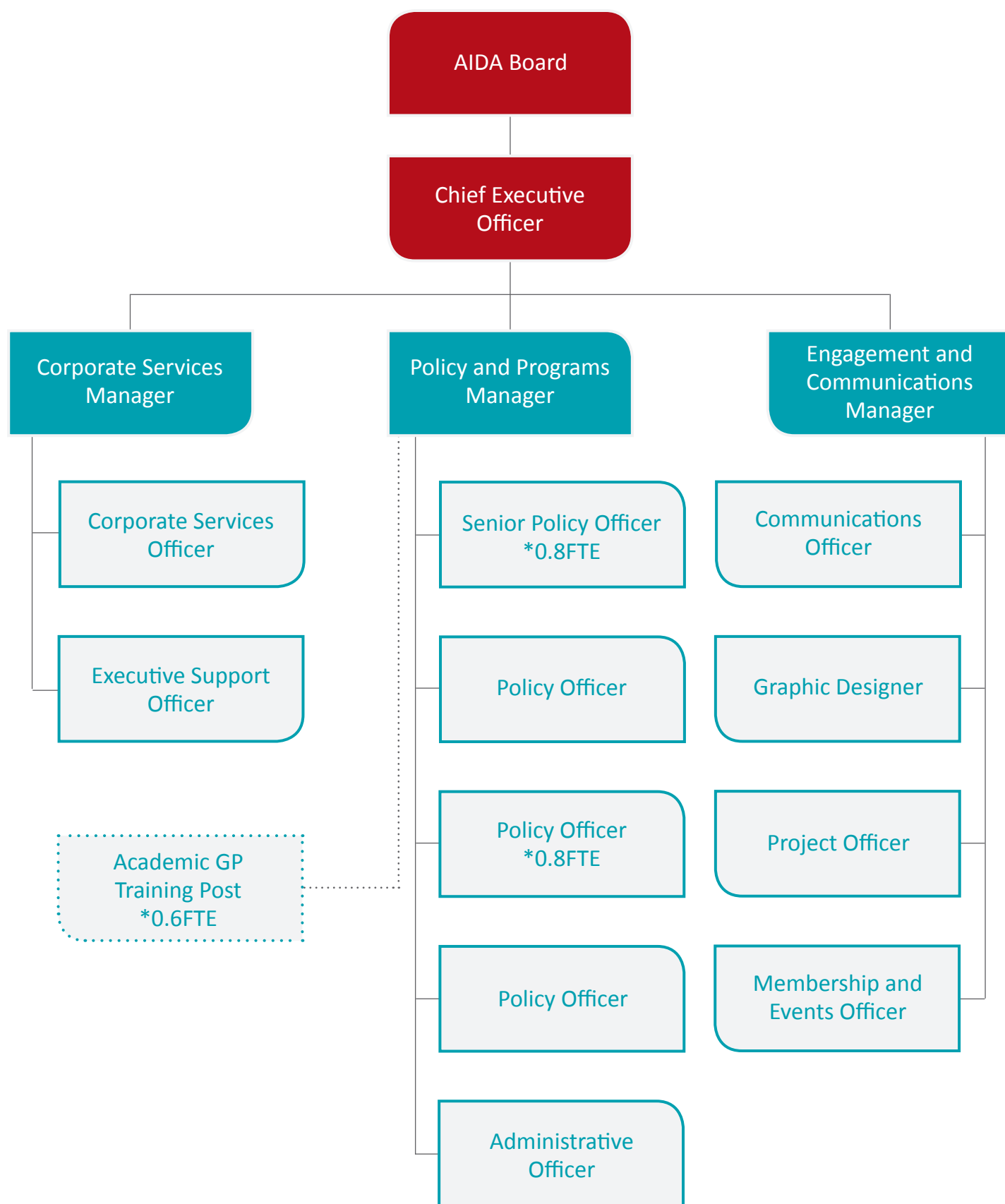
I have now completed my barrier and final examinations for medical school and will be completing my final rotations in the coming weeks. I have enjoyed my medical school journey and it has been an honour and pleasure to be the AIDA Student Director for 2014/15. I hope I have fulfilled my election promises and made the AIDA members proud of this amazing organisation. I may be stepping off the Board, but I promise to continue to be an ongoing member of this AIDA family that has supported me over the last five years and to whom I am forever grateful.



AIDA's Student Representative Committee (SRC) gathered in Canberra in March this year for their annual face-to-face meeting



## AIDA Organisational Structure





## Electing a Board of Directors

A formal Notice of the AGM and Call for Nominations for vacant positions on the AIDA Board of Directors were sent out on 21 July 2015 to all members, past and present, along with details of the nomination process for up to six positions. On 19 August 2015 Dr Stephanie Trust advised her intention to step down as Director at the 2015 AGM. As a result, there are now seven vacant positions:

- President;
- Vice President;
- Four Directors; and
- Director (Student).

The formal Notice and Call for Nominations included details of the nomination process and links to information about obligations and responsibilities of becoming a Director. The information was distributed electronically via email, AIDA's website and *Ward Round*.

In accordance with Article 47(a)(iii) of AIDA's Constitution, a nomination form containing:

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

must have been received at the AIDA Secretariat no less than 28 days before the date of the scheduled meeting. In 2015, this date was Wednesday 19 August 2015 at 5.00 pm EST.

On Wednesday 26 August 2015, 21 days before the 2015 AGM, AIDA members received a soft copy of this AGM report.

### Current Status of the Board

In accordance with Article 46(d) of AIDA's Constitution, the number of Directors on the AIDA Board will not be less than seven or more than 10. The current status of the Board is as follows with potential seven positions being up for election at the 2015 AGM as highlighted in blue below.

On 26 July 2015 Dr Tammy Kimpton tendered her resignation as President on the AIDA Board effective at the 2015 AGM.

Current Status of the Board			Term ends
1	President	Dr Tammy Kimpton	2016
2	Vice President	Dr Kali Hayward	2016
3	Director	Dr Danielle Arabena	2015
4	Director	Dr Angela Forrest	2015
5	Director	Dr Sean White	2015
6	Director	Dr Stephanie Trust	resigned
7	Director (Student)	Mr Artiene Tatian	2015
8	Director	Dr Kiarna Brown	2016
9	Director	Dr Dana Slape	2016

## Nominations Received

Seven valid nominations have been received to fill the potential six Director positions on the AIDA board. Three valid nominations have been received to fill the one Director Student position on the AIDA board. These include:

Position on the Board	Number of available positions	Number of valid nominations	Name of Nominees
President	One	One	Dr Kali Hayward
Vice President	One	One	Dr Sean White
Director	Four	Five	Dr Benjamin Armstrong
			Dr Raymond Blackman
			Dr Tammy Kimpton
			Dr Jonathan Newchurch
			Dr Blair Rasmussen
Director Student	One	Three	Miss Kersandra Begley
			Ms Natahlia Buitendyk
			Miss Danielle Dries

## Continuing Board Members

The following Board Members will continue in their current roles since their tenure does not end until the 2016 AGM:

- Dr Kiarna Brown (Director); and
- Dr Dana Slape (Director).

## Voting

In accordance with Article 14 of AIDA's Constitution, Indigenous medical graduates (doctors) and Indigenous medical students who are current financial members of AIDA, are entitled to attend a Meeting of Members, including the AGM. Associate members of AIDA can attend a meeting of members; however they only have observer rights. Life members have the same rights as an Indigenous medical graduate member.

In accordance with Article 37(c) of AIDA's Constitution, each attending member having the right to vote has one vote on each resolution.

It is noted that Indigenous doctor members and life members who are eligible to vote can vote once on all resolutions except for the election of the Director (Student). Indigenous student members who are eligible to vote can vote on all resolutions, including the appointment of the Director (Student).

## President

The President must be a current Indigenous medical graduate member and must be a Director who has served at least two consecutive years on the Board of AIDA at any time since its inception as a corporate entity.

- Dr Tammy Kimpton has resigned from her position as President and has nominated for the position of Director.
- Only one valid nomination for the position of President was received, meaning a vote is not required. Accordingly, Dr Kali Hayward will be declared elected to the position of President at the 2015 AGM.



## Vice President

The Vice President must be a current Indigenous medical graduate member and must be a Director who has served at least two consecutive years on the Board of AIDA at any time since its inception as a corporate entity.

- Dr Kali Hayward will vacate this position as she will be declared President at the 2015 AGM.
- Only one valid nomination for the position of Vice President was received, meaning a vote is not required. Accordingly, Dr Sean White will be declared elected to the position of Vice President at the 2015 AGM.

## Director

### Vacant positions: Four

Resigned: Dr Stephanie Trust

End of Term: Dr Danielle Arabena, Dr Angela Forrest and Dr Sean White

A Director must be a current Indigenous medical graduate member who has been a member for at least 18 consecutive months prior to the nomination as a Director. Directors are voted at an Annual General Meeting of members and all voting members will be issued with a voting slip listing the candidates for the vacant Director positions.

**Since five valid nominations were received for four Director positions**, all voting members will be asked to cast their votes and the four candidates with the highest numbers of votes will be elected as Directors to the Board of AIDA.

## Director (Student)

The Director (Student) must be a current Indigenous medical student member and should have represented Indigenous medical student members from a particular university in their dealings with AIDA for at least one year. Only voting Indigenous medical student members will be issued with a voting slip listing the candidates for the vacant Director (Student) position.

**Since three valid nominations were received for one Director (Student) position**, all voting Indigenous medical student members will be asked to cast their votes and the candidate with the highest number of votes will be elected as Director (Student) to the Board of AIDA.



The 2014/2015 AIDA Board

## Voting Process

The AIDA Board appoints an Independent Returning Officer to coordinate the voting process at the AGM.

Article 37(c) of AIDA's Constitution states that a resolution put to the vote at a Meeting of Members must be decided on a show of hands. A resolution can also be passed by circulating a document and having all the members entitled to vote sign a statement on the document that they are in favour of the resolution. The resolution is passed when the last member signs. It is noted that a 'circulating resolution' cannot be applied to a resolution to remove an auditor. At a face-to-face Meeting of Members, it is also accepted practice to hold a silent vote so that confidentiality and anonymity is maintained. A silent vote also allows for votes to be counted accurately by the Returning Officer. It is AIDA's practice to use a show of hands for some general resolutions such as accepting the minutes from the previous meeting or accepting the annual financial statements. However, for the election of Office Bearers, a silent vote is preferred.

AIDA's process to elect Directors is as follows:

1. Voting members, who are appointing a Proxy, must complete an AIDA Proxy Form. This form must be received at the AIDA Secretariat no later than 48 hours prior to the AGM, i.e. Monday 14 September 2015 at 1.45 pm. A proxy form is attached to this package or can be obtained on the AIDA website within the Members' area. Please enter your username and password to enter this area. If you do not know your username or password, please email us at [aida@aida.org.au](mailto:aida@aida.org.au) or phone 1800 190 498 (Freecall) during business hours.
2. All voting Indigenous medical doctor and Indigenous medical student members, and life members who are attending the AGM in person will receive a voting slip upon signing the Attendance Register. The voting slip will list eligible candidates for vacant positions on the AIDA Board, except for the Director (Student) position.
3. All voting Indigenous medical student members will be issued with a second voting slip listing the candidates for the vacant Director (Student) position. Accordingly, Indigenous medical students will submit two voting slips; the first for Director positions and the second for the Director (Student) position.
4. Instructions on how to complete the voting slip(s) will be provided at the meeting and are printed on the back of the voting slips.
5. When it is time to cast a vote(s), voting members will place their completed voting slip(s) in the ballot box.
6. The Returning Officer will collect the ballot box, count the votes and then notify the general body of members of the outcome, i.e. who has been appointed to the position(s) of Director(s).

The Company will then formalise (or 'ratify') the decision of the Indigenous medical student members, by formally appointing the person the Indigenous medical student members have chosen to be the Director (Student), as the Director (Student) by resolution in accordance with Article 47(a) of AIDA's Constitution.

## Proxies

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

If a member is appointing a proxy, a Proxy Form must be completed and received at the Secretariat **no later than 1.45 pm on Monday 14 September 2015** in accordance with the instructions provided on the Proxy Form.



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