

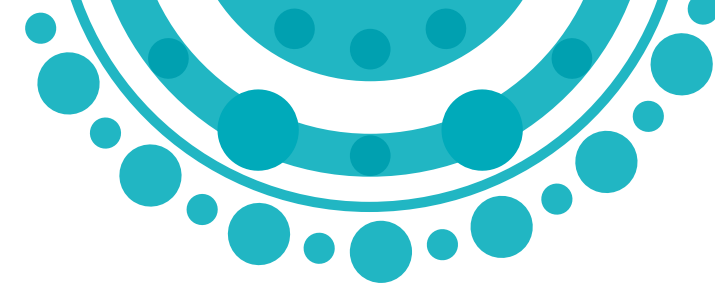


AIDA

Australian Indigenous Doctors' Association Ltd

ANNUAL GENERAL MEETING 2017

20 September
Oaks Cypress Lakes Resort, Pokolbin



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 **Australian Government**
Department of Health

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



2017 Annual General Meeting: Agenda

Meeting date	Wednesday 20 September 2017		
Time	1.00 pm		
Venue	Oaks Cypress Lakes Resort, Pokolbin, New South Wales		
Chair	Dr Kali Hayward		
1.00 pm		Sign in	
1.15 pm		Welcome, apologies and declaration of proxies	President
	1.	Confirmation of minutes and Returning Officer's Report	President
	2.	Chief Executive Officer's Report	Mr Craig Dukes
	3.	Finance Report <ul style="list-style-type: none">Finance reportPresentation of audited financial statementsAppointment of auditor for 2017/18 financial yearQuestions	Mr Mark Murray
	4.	Reports for noting <ul style="list-style-type: none">President's reportVice President's reportDirector's reports	
	5.	Conferral of life membership – Dr Tammy Kimpton	President
	6.	Directors stepping down	President
	7.	Board elections <ul style="list-style-type: none">PresidentVice PresidentDirectors (x 4)Director (Student)	
	8.	Presentation of the 2017/18 Board	President
	9.	Governance survey	
Time		Close and afternoon tea	



2016 Annual General Meeting: Minutes

Meeting date	14 September 2016
Time	1.15 – 2.35 pm
Venue	Shangri-La Hotel, Cairns
Chair	Dr Kali Hayward
Company Secretary	Dr Jonathan Newchurch

Directors (6)

Dr Kali Hayward (President)
Dr Sean White (Vice President)
Dr Jonathan Newchurch (Company Secretary)
Dr Benjamin Armstrong
Dr Tammy Kimpton
Dr Dana Slape

Indigenous medical graduate members (17)

Dr Danielle Arabena
Dr Jessica Beinke
Dr Ngaree Blow
Dr Louise Bourke
Dr Hannah Fyfe
Dr Catherine Henderson
Dr Olivia O'Donoghue
Associate Professor Peter O'Mara
Dr Louis Peachey
Dr Kristopher Rallah-Baker
Dr Blair Rasmussen
Dr Simone Raye
Dr Bodie Rodman
Associate Professor Shannon Springer
Dr Artiene Tatian
Dr Alicia Veasey
Dr Jeanette Wimbus

Associate members (3)

Mr Stephen Corporal
Ms Gaye Doolan
Dr Elizabeth Mowatt

Student members (31)

Mr Wayne Ah-Sam
Mr Hamish Albany
Miss Kayla Arabena-Byrnes
Ms Selena Blackwell
Mrs Sarah Bormann
Ms Sarah-Rebekah Clark
Mr Riley Court Bennett
Miss Danielle Dries
Mr Mitchell Flori
Miss Narawi Foley Boscott
Ms Brylie Frost
Mr Kiri Gates
Mr Callan Gibbs
Miss Rachel Hatfield
Mr Blake Jones
Mr Ian Lee
Miss Emily Mason
Mr Michael McLean
Mr Shayne Miller
Miss Ellie Moore
Mr Ryan Pieters
Mrs Natalie Pink
Ms Destiny Powell
Miss Kayla Ramires
Mr Clancy Read
Mrs Louise Richardson
Mr Jason Sines
Mr Gary Sit
Ms Hannah Tilling
Mr Joshua Tobin
Mr Corey Williams

Pending student members (4)

Miss Brooke Cooper
Miss Kimberley Dejong
Miss Jasmin Hammond
Mr Jay Neville

Staff (11)

Mr Craig Dukes
Ms Anita Mills
Mr Mark Murray
Ms Jules Jauregui
Mr Ludger Dinkler
Mr Wal Dorrington
Ms Heid Sagerud
Ms Lara Cole
Ms Natasha Little
Ms Raegina Taylor
Ms Siddhi Doshi

Apologies

Dr Lowitja O'Donogue
Sir William Dean
Dr Kiarna Brown
Miss Kersandra Begley

1.	Opening and welcome	<p>Dr Hayward opened the meeting and paid respects to the Traditional Owners, the Djabugay, Yirrijandji and Gimuy Yidinji peoples and their Elders and Ancestors, past and present.</p> <p>Dr Hayward passed on the apologies of AIDA patrons Aunty Lowitja O’Donoghue and Sir William Dean and acknowledged AIDA’s past presidents in attendance, Associate Professor Peter O’Mara, Dr Louis Peachey and Dr Tamara McKean.</p> <p>Dr Hayward thanked Dr Tammy Kimpton, the immediate past president of AIDA and retiring Board member for her service to the organisation and the AIDA Directors in attendance for their ongoing service.</p> <p>Dr Hayward indicated that the agenda was full and made the following announcements with respect to the efficient running of the AGM to manage time:</p> <ul style="list-style-type: none"> • No proxy nominations were received by the secretariat • Reports indicated for noting will not be spoken to • No questions from members had been received by the Secretariat prior to the AGM • No additional items of “other business” were raised in advance of the meeting <p>Dr Hayward reminded the members about the annual governance survey and asked that they take the time to provide their feedback to the Board and Secretariat and that the results of the 2015 governance survey were available to members at the reception desk.</p>
2.	Confirmation of 2015 minutes and Returning Officer’s report	<p>The minutes of the 2015 meeting and the 2015 Returning Officer’s Report, having been circulated were considered as read and the motion to confirm the minutes and report was proposed by Dr Hayward:</p> <p><i>The minutes and Returning Officer’s report from the 2015 AGM are confirmed as a true and accurate record.</i></p> <p>The motion was moved by Dr Alicia Veasey, seconded by Dr Artiene Tatian and resolved by a show of hands.</p>
3.	Finance Report	<p>Mark Murray, AIDA Corporate Services Manager, presented the financial report for the 2015/16 financial year, noting that the final result was a surplus, that financial position of the Association is sound and that the financial statements had been audited and an unqualified audit opinion received. Mr Murray provided a brief update on the budget for the 2016/17 financial year, indicating that a surplus result is expected.</p> <p>On conclusion of the report, Associate Professor Peter O’Mara asked a question of the Board in relation to non-government income sources, noting that this had been a long-standing challenge for AIDA. Dr Hayward responded on behalf of the Board and explained current work on the project to commercialise a cultural safety training program and how this is intended to be developed to an income source.</p> <p>Dr Hayward indicated that no motion was required to accept the finance report.</p> <p>Dr Hayward then proposed the motion to appoint the auditor and set their remuneration for the 2016/17 financial year:</p> <p><i>The membership of AIDA resolves to re-appoint Bellchambers Barrett as Auditor for 2015/16 and to fix the auditor’s remuneration to be not more than \$10,000.</i></p> <p>The motion was moved by Miss Kayla Arabena-Byrnes, seconded by Mr Gary Sit and resolved by a show of hands.</p>

4.	Chief Executive Report	<p>In his report to the members, Craig Dukes, highlighted the importance of AIDA in its role of representing Aboriginal and Torres Strait Islander doctors and medical students and the respect that is afforded to it within the wider medical and health sectors.</p> <p>Mr Dukes highlighted AIDA’s role in influencing health policy through the National Health Leadership Forum, the Aboriginal and Torres Strait Islander Health Workforce Working Group, the Close the Gap Campaign Steering Committee, the AMA Taskforce on Indigenous Health and the National Medical Training Advisory Network.</p> <p>Mr Dukes also recognised the work and advocacy of the AIDA SRC this year and commended its work on the 2016 SRC project as a valuable resource for Aboriginal and Torres Strait Islander medical students.</p> <p>Mr Dukes commended the Royal Australasian College of Surgeons on the development of its first Reconciliation Action Plan and noted the support of the specialist medical colleges, both financial and in-kind, in contributing to the success of AIDA 2016. The importance of collaborating with the specialist medical colleges and other external stakeholders to support the work towards population parity of Indigenous doctors within the medical profession and a culturally safe health system that is free of racism was noted.</p> <p>The financial support provided by the Australian Government to AIDA and the imperative to secure this funding beyond 2018 was noted.</p> <p>Mr Dukes thanked previous CEO Kate Thomann for her hard work and dedication during her time at AIDA and acknowledged that AIDA is well positioned and well respected within the medical community as a result.</p> <p>Mr Dukes introduced the secretariat staff to the members and thanked them for their efforts, in particular, the work in organising AIDA 2016.</p>
5.	Reports for noting	<p>The following reports had been circulated and were considered to have been read:</p> <ul style="list-style-type: none"> • President’s report • Vice President’s report • Company Secretary’s report • Directors’ Reports
6.	Announcement of new Directors and acknowledgements	<p>Dr Hayward acknowledged and thanked the outgoing Directors:</p> <ul style="list-style-type: none"> • Miss Kersandra Begley – end of term • Dr Kiarna Brown – end of term • Dr Dana Slape – end of term • Dr Tammy Kimpton – resigned <p>Dr Hayward noted that three Director and the Director (Student) positions were now vacant. The number of nominations for each position was equal to the number of vacancies and in accordance with Article 47(b)(i), no elections were required to be held and the nominees were deemed to be elected. Dr Hayward welcomed the new Directors to the AIDA Board:</p> <ul style="list-style-type: none"> • Dr Kristopher Rallah-Baker; • Dr Dana Slape; • Dr Artiene Tatian; and • Student Director, Mr Ian Lee
7.	Other Business	No other business was raised
8.	Close of AGM	Dr Hayward thanks the members for their attendance and closed the meeting at 2:35pm



2016 Returning Officer’s Report

Background

I acted as returning officer for the election of Directors at AIDA’s Annual General Meeting (AGM), held at the Shangri-La Hotel, Cairns on Wednesday, 14 September 2016.

Composition of the Board before the 2016 AGM

Before the 2016 AGM, the AIDA Board comprised:

AIDA Directors prior to the AGM			Term ends
1	President	Dr Kali Hayward	2017
2	Vice President	Dr Sean White	2017
3	Director	Dr Benjamin Armstrong	2017
4	Director (student)	Miss Kersandra Begley	2016
5	Director	Dr Raymond Blackman	2017
6	Director	Dr Kiarna Brown	2016
7	Director	Dr Tammy Kimpton	Resigned
8	Director / Secretary	Dr Jonathan Newchurch	2017
9	Director	Dr Dana Slape	2016

Composition of the Board under the Constitution

In accordance with the Constitution, the Board comprises up to 10 Directors as follows:

- up to 8 Indigenous medical graduate members resident in Australia (including the Torres Strait Islands), including the Office Holders;
- 1 Director (Student); and
- may include 1 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

- Dr Kali Hayward, Dr Sean White, Dr Benjamin Armstrong, Dr Raymond Blackman and Dr Jonathan Newchurch continue as Directors because their terms do not end until the 2017 AGM.
- Dr Tammy Kimpton resigned from her position as Director.

Directors declared elected

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

Three valid nominations were received for the three Director vacancies to be filled and the following were declared to be elected as Directors:

- Dr Kristopher Rallah-Baker;
- Dr Dana Slape; and
- Dr Artiene Tatian (no other valid nominations were received for the position of Director).

Director (Student) declared elected

There is one Director (Student) position to be filled at each AGM.

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

One valid nomination was received and Mr Ian Lee was elected as Director (Student) (no other valid nominations were received for the position of Director (Student)).

New Board

The AIDA Board of Directors, following the 2016 AGM is:

President	Dr Kali Hayward
Vice President	Dr Sean White
Directors	Dr Benjamin Armstrong
	Dr Raymond Blackman
	Mr Ian Lee (Student)
	Dr Jonathan Newchurch
	Dr Kristopher Rallah-Baker
	Dr Dana Slape
	Dr Artiene Tatian

Appointment of additional Director by the Board

Following the 2016 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.

Mark Murray
Corporate Services Manager
Australian Indigenous Doctors’ Association Ltd



Chief Executive Officer’s Report

Mr Craig Dukes

Qualifications: BSc Conservation of Cultural Materials
People: Mara/Jingili

The past year has been one of building on the successes of AIDA and has seen a number of significant achievements.

As I noted in my report to the Annual General Meeting in 2016, I was committed to increasing our engagement with university medical schools and with Aboriginal and Torres Strait Islander students. I am very pleased to report that during the period AIDA has visited sixteen medical schools. At these visits AIDA staff spoke to students, Deans and staff in Indigenous support units about AIDA’s work and concerns that students may have. There are still a few universities that we need to visit and this will be done over the coming months.

We have also seen our membership grow to over 500 members, which is broken down as follows:

Membership Category	June 2017
Indigenous Medical Doctor Members	162
Indigenous Medical Student Members	148
Associate Members	132
Student Associate Members	18
Life Members	10
Honorary Associate Members	6
Total individual members	476
Associate Organisations	46
Total active members	522

Much of this is due to the hard work of the Secretariat and with our increased student engagement. This is a significant milestone, particularly as we approach the 20th anniversary of our unique organisation.

I have made some adjustments to our staffing structure which includes an increased focus on government relations. The AIDA Secretariat now has a dedicated position to undertake this role, with a strong focus on positioning AIDA to be sustainable in the long term and building constructive relationships across all sides of government. This work is also underpinned by our commitment to influencing national policy to ensure that Australia closes the gap and delivers equitable health outcomes for Aboriginal and Torres Strait Islander Peoples. Our Policy and Research team is continuing to work on delivering a number of significant projects such as AIDA’s cultural safety training program, supporting the SRC deliver its annual project each year, and undertaking research into specialist pathways across all medical colleges.

AIDA is also continuing to make relevant submissions on policy matters concerning health and workforce and releases a number of policy statements each year on priority matters. It is my hope that the next 12 months will see AIDA develop opportunities to implement our research agenda through a targeted focus on research areas, supporting Indigenous knowledge, and building strategic partnerships across the sector.

The focus on government relations and political engagement will build on the work that we have done with key Ministers over the past 12 months, such as the Hon Ken Wyatt, Minister for Indigenous Health, the Hon Nigel Scullion, Minister for Indigenous Affairs, the Hon Greg Hunt, Minister for Health and the Hon David Gillespie, Assistant Minister for Rural Health. It will also enable AIDA to engage with key opposition spokespeople, which is particularly important coming in to a possible election year. Minster Wyatt and Leader of the Australian Greens Party, Senator Richard Di Natale have both agreed to speak at the AIDA Conference 2017.

This year has also seen a closer working relationship with the Council of Presidents of Medical Colleges (CPMC) and this has resulted in the signing of a collaborative agreement between AIDA, NACCHO, CPMC and Ministers Hunt, Wyatt and Gillespie. All parties have agreed to work in partnership to deliver on the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and be active partners in the current revision of the Implementation Plan. There is also a shared collective focus between the signatories on redressing racism in the health system and ensuring the patient journey for Aboriginal and Torres Strait Islander Peoples is culturally safe and responsive to individual needs.

AIDA’s corporate governance remains very strong, with sound accounting systems and financial controls in place and being rigorously maintained. The coming months will see further streamlining of workflows that will realise significant savings and efficiencies in how we do business.

In the broader health workforce, AIDA continues to maintain strong relationships with other Indigenous health workforce bodies, such as the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Indigenous Allied Health Australia and the National Aboriginal and Torres Strait Islander Health Worker Association. We continue to take an active role in the National Health Leadership Forum, the Close the Gap Campaign Steering Committee and the Aboriginal and Torres Strait Islander Health Workforce Working Group, which I co-chaired.

CPMC provides AIDA with an opportunity to update the presidents of medical colleges on the work of AIDA but – more importantly – it provides AIDA with an opportunity to speak one-on-one with the presidents about concerns raised by our members regarding their training pathway and colleges.

For the first time AIDA, through our President, has been invited to be an observer at the AMA Federal Council meeting. It is anticipated that this appointment will be ongoing and that AIDA can continue to advocate to increase the Aboriginal and Torres Strait Islander medical workforce.

The relationship between AIDA’s CEO, President and Board is an important one. I would like to acknowledge the work of President, Dr Kali Hayward, for her leadership of AIDA and the significant contribution that she has made over the last 12 months, as well as the contributions made by the Board in my first year as CEO. I would also like to acknowledge the hard work and dedication of the Secretariat for their individual and collective contributions over the past 12 months.

Finally, I would again like acknowledge the funding support from the Australian Government that supports the work that we do.

Craig Dukes



President's Report Dr Kali Hayward

Qualifications: MBBS, FRACGP

People: Warnman from the Great Sandy Desert, WA

Workplace: GP at Nunkuwarrin Yunti and Medical Educator for GPEx, SA

Celebrating AIDA's 20th anniversary has given me an opportunity to reflect on the growth and achievements of this amazing organisation. I remember attending my first AIDA symposium in 2000 on Stradbroke Island, it was the first time I had experienced the benefits of being amongst Aboriginal and Torres Strait Islander Doctors and Medical Students. I was in the majority instead of the minority in medicine. Over the years I have gained experience and achieved several milestones and AIDA has done the same. There has been an increase in medical student and graduate numbers as well as increasing the organisation's influence within Universities and Medical Colleges.

In 2017 AIDA's membership numbers increased to a record 500 which included a significant increase in associate organisation membership. AIDA2017 will see the largest number of delegate registrations ever with strong support from Universities and Medical Colleges.

AIDA has continued to work with the Council of Presidents of Medical Colleges (CPMC) and together with NACCHO, signed an MOU making a commitment to work together on measurable targets to increase Aboriginal Torres Strait Islander medical workforce numbers.

The set goals are to:

- Reduce the barriers to accessing health care due to cost, remoteness or cultural safety reasons
- Enable earlier access to antenatal care
- Integrate mental health care
- Increase access to prescription medicines
- Train more Aboriginal and Torres Strait Islander Peoples in the health workforce including medicine, nursing, allied health and Aboriginal Health workers, and
- For medicine, enhance mentorship support to enable career pathways through to advanced specialism.

CPMC provides AIDA with an opportunity to update the Presidents of Medical Colleges on the work of AIDA but, more importantly, it provides AIDA with an opportunity to speak one on one with the Presidents about concerns raised by our members regarding their training pathway and their college.

During this meeting, we also receive updates from the Medical Board of Australia, AHPRA, the Commonwealth Chief Medical Officer, Australian Medical Council, NHMRC, Australian Commission on Safety & Quality in Healthcare, AMA, Medical Deans of Australia & New Zealand and CPMEC.

AIDA has increased its political engagement throughout 2017 by meeting with Minister Ken Wyatt, Minister Greg Hunt, Senator Richard Di Natale and Senator Rachel Seiwert. This led to an invitation for Minister Wyatt to attend AIDA2017. Issues raised with the Ministers covered a variety of issues such as the incarceration rates of Aboriginal and Torres Strait Islander Peoples, ear health, racism in the health system, ongoing funding for salary support for GP Aboriginal health training posts and increasing our Aboriginal and Torres Strait Islander workforce.

AIDA remains involved in NMTAN (National Medical Training Advisory Network) which is chaired by the Commonwealth Chief Medical Officer Professor Brendan Murphy. AIDA was delighted to host Professor Murphy during the June community board visit with Professor Murphy accompanying the board on their visit to Nyangatjatjara College and Mutitjulu. This provided the board with the unique opportunity to discuss Aboriginal and Torres Strait Islander health issues with the Chief Medical Officer as well as providing him an opportunity to learn directly from community members.

Issues discussed at NMTAN include;

- The distribution of the medical workforce and medical training.
- The volume of doctors at each stage of medical training, in particular the 'lost generation' of prevocational doctors.
- The importance of linking medical training requirements to community demand, rather than the service models of hospitals.
- Recognising the fiscal environment and the relative value of medical services.
- Digitisation and the links to training and medical practice.
- Improving diversity in the medical workforce, especially for female and Aboriginal and Torres Strait Islander doctors.
- The culture of training, particularly with regard to bullying and harassment.
- Scientific changes and how they relate to medical practice.
- The balance between generalist and specialist.

AIDA and NMTAN have received grant funding from the Department of Health to work on the National Medical

Training Advisory Network Specialist trainees in the Medical Workforce project. This working group will be led by AIDA and will address the underrepresentation of Aboriginal and Torres Strait Islander doctors across all medical colleges.

This year AIDA was invited to be an observer at the AMA Federal Council meeting and attended the meeting held in Canberra. This was the first time the AMA Federal Council had Aboriginal and Torres Strait Islander representation in this capacity and AIDA has received reassurance that this appointment will be ongoing. AIDA provided the council with an update on our organisation and encouraged the council to work with AIDA to increase the Aboriginal and Torres Strait Islander workforce. AIDA discussed the recent member survey on racism, our position paper on cultural safety and best practice in student support. The AMA council was encouraged to view the AIDA SRC 2016 project debunking the myths on YouTube.

During this meeting, the ALP Leader the Hon Mr Bill Shorten MP joined the council for a discussion time. This provided me the opportunity to ask the ALP leader about his commitment to ongoing support for our Aboriginal and Torres Strait Islander workforce. Mr Shorten committed to working with AIDA on increasing the number of scholarships for our medical students. This is something that AIDA will continue to pursue now that the commitment has been made.

AIDA is continuing to show leadership in governance and is strongly committed progressing it's Cultural Safety Program.

I would like to take this opportunity to thank the board, and in particular those board members who have completed their term, for their commitment to the work of AIDA. I would like to acknowledge the strong leadership of our CEO, Mr Craig Dukes, and the tireless work of our secretariat without whom we could not achieve all that we have.

I hope that you will enjoy AIDA2017 and I encourage everyone to make the most of our 20th anniversary celebrations.

Dr Kali Hayward



Vice President's Report Dr Kristopher Rallah-Baker

Qualifications: BMed

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

Workplace: Fred Hollows Foundation, Alice Springs

This being our 20th anniversary year, it is time to reflect on where we have come from and where we are going. It is a time for introspection and acknowledgement.

I was there at the start in 1997, one of a small but energetic group of individuals who came together for the first time ever as Aboriginal Torres Strait Islander medical graduates and undergraduates at the dated 1960s styled Salamander Shores in Nelson Bay. We were brought together through the efforts of the University of Newcastle and the Indigenous Support Unit within the Newcastle Medical School, under the direction of Ms. Gail Garvey. Denise Emmerson performed the required administrative support. The meeting was to allow us to talk about the challenges we faced as the first front of Western trained Indigenous medical students and doctors in Australia and how best to support each other. It was not an extravagant event and there was no place for self-aggrandisement - we were there to do a job. A total of no more than fifty individuals were present, consisting of a handful of medical graduates, a small group of medical students, community representatives, Puggy Hunter from NACCHO and Indigenous medical doctors from Hawaii, Canada and New Zealand. We learnt of the long and proud history of Indigenous Western trained medical doctors from our brothers and sisters from across the seas and wondered if we could do the same. We were stepping into the unknown, aware of the challenges that awaited us but buoyed by the courage of our forebears. We walked away having formed the Australian Indigenous Doctors Association.

Fast forward twenty years and we have become a large and well respected organisation, whose opinion is sought by Universities, the Australian Medical Council, State and Commonwealth Governments of Australia, the Medical Colleges and numerous other organisations. We have seen similar organisations develop in our wake – including the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives and Indigenous Allied Health Australia.

It has been a great privilege to serve on the AIDA Board over the past 12 months and since June as the Vice President. As an organisation, AIDA continues to build credibility in our areas of influence, and we are increasingly becoming a key element of medical workforce planning in Australia.

Our CEO, Mr. Craig Dukes has done an outstanding job engaging Parliamentarians and Departmental staff up “on the Hill” in Canberra, as well as undertaking extensive engagement with affiliated organisations across the Country.

He is backed by a stable and dedicated Secretariat who work tirelessly to support our membership and the direction of the Board.

Through my day to day work with the Fred Hollows Foundation in Alice Springs I have been kept well aware of the health disparities suffered by our People. Day to day awareness of these disparities has driven my work on the Board and following my election to the Board in 2016 I worked to represent AIDA in the following capacity:

- I have been kept busy in my role as a Director and more recently as Vice President.
- I have sat on the Conference Committee and helped plan our 20th Anniversary event in the Hunter Valley, our biggest and most profitable Conference to date.
- As Chair of the Membership Committee I have helped continued to ensure that new members are both legitimate and appropriate and have personally worked on refining our Terms of Reference to minimise risk to the Organisation. As we move towards parity across the medical workforce AIDA must work towards ensuring our brand credibility is maintained.
- I have sat on the Finance Committee. AIDA's finances remain in a strong operation position, with a surplus banked and new income streams being developed. I see a priority for AIDA as increasing non-Government funding and reducing our reliance on Department of Health income and will continue to work in this sphere with the Committee and Board.
- I sit on the Cultural Safety Committee and we continue to work towards developing a cross cultural training package. We have recently secured additional funding streams to assist us with the development of these programs.
- On 11 august 2017, I was involved with meeting the Council of President of Medical Colleges (CPMC) to address the Directive from Minister Ken Wyatt requiring collaboration between CRPM, AIDA and NACCHO in working towards Closing the Gap. AIDA's priority was to address parity of Indigenous doctors across all specialities. This was a highly successful meeting and together we formulated and agreed on a Charter regarding Indigenous Health, including but not exclusive to working towards achieving parity across Colleges of Indigenous workforce (both Fellows and College staff), enshrining cultural competency training in College training compliant with AMC requirements and working towards including cross cultural training in CPD requirements.

- AIDA Representative on Cancer Australia's Expert Working Group for an Optimal Care Pathway for Aboriginal and Torres Strait Islander Peoples
- Committee of Presidents of Medical Colleges (CPMC) AIDA and CPMC Indigenous Health Subcommittee Representative,
- National Medical Training Advisory Network [NMTAN] Health Workforce Working Group
- National Medical Training Advisory Network (NMTAN) Chronic Disease Subcommittee
- National Congress of Australia's First Peoples
- National Rural Health Alliance (NRHA) Council
- Pacific Region Indigenous Doctors Congress (PRIDoC) Council
- Royal Australasian College of Surgeons (RACS) Indigenous Health Committee, who are developing and strengthening access into and progress through surgical training programs
- Brien Holden Vision Institute, Public Health Project Reference Group : Provision of Eye Health Equipment & Training
- AIDA recently successfully released our Bullying/ Harassment/Racism survey results and as Acting President I issued the National release of the results on National Indigenous TV
- AIDA Awards Committee

We continue to work at high levels in Government and at our Yulara Board Meeting and associated Mutujulu Community visit the Board had the opportunity to not only spend two days with the Commonwealth Chief Medical Officer, Dr Brendan Murphy, but also take him on his first ever Community visit. Dr Murphy learnt much during his time with the AIDA Board and agreed to take policy priorities back to the Department of Health in Canberra.

AIDA has much work left to do but we build on a strong legacy developed over the past twenty years. Since our last AGM it has been exciting to see our number of registrars grow, both in general practice and within the sub-speciality training programs and the CPMC have now agreed to work towards parity of Fellows. Whilst some Colleges remain without their first Indigenous trainee, all are keen to continue pursuing the recruitment and graduation of Indigenous Fellows. An area to be reviewed by the CPMC is the area of “time elapsed” registrars, where either the temporal or examination limits of a training program have been reached by an individual without successful graduation. We also need to continue engaging with Medical Schools to maintain the recruitment and support of Indigenous medical students to attain our target of 3% of the medical workforce population being Indigenous.

We are maturing as an organisation and in the coming years will see our Membership cohort change from a majority medical student membership to a majority graduate membership. While continuing to work toward workforce parity, we must now also turn our attention towards our graduate members in ways not demanded of us previously. This is a problem we should all be happy to have. I look forward to the forthcoming year as Vice President and working with the Secretariat for the benefit of our Members and Community. I would like to continue work on continuing to broaden AIDA's income streams, continue to strengthen our links with CPMC to work towards parity of Fellows across all specialties, continue to work with the Medical Schools to maintain the recruitment, retention and support of our students and importantly, work towards building the public profile and awareness of AIDA.



Director's Report Dr Benjamin Armstrong

Qualifications: MBBS, BBioMedSci

People: Lia Pootah-Pinterrairer Tasmanian Aboriginal

Workplace: Douglass Hanly Moir Pathology, Sydney

This AGM marks a special occasion for AIDA, as we turn 20 and we take time out together to look back to where we began and at what we have achieved, but also to look forward to the future.

This year has been one of building strong foundations for the future for AIDA, and your board and secretariat have been working hard to make AIDA an even greater and more influential organisation at a national level. The year ahead promises to be both exciting and productive for AIDA, as we move forward in many ways.

Since we last met 12 months ago in Cairns, I have personally begun on a new path as a registrar on the microbiology training program, with the Royal College of Pathologists of Australasia (RCPA). I am very fortunate to be working in an area of great personal interest and passion.

This year I have represented AIDA in many ways, including:

- Alongside directors Kris Rallah-Baker and Artiene Tatian, I attended and spoke on behalf of AIDA to the national Senate Inquiry into the medical complaints process in Australia, advocating for our members, and the inclusion of racism and racist bullying into their investigation of bullying and harassment in the medical profession.
- Represented AIDA to various external stakeholders, including the Australasian Society for HIV, Viral Hepatitis and HIV Medicine (ASHM), the Shalom Gamarada Indigenous Residential Scholarships Program, the Aurora Education Foundation, the NSW Health Education and Training Institute (HETI), the Puggy Hunter Memorial Scholarship Scheme (PHMSS), the national Department of Health Blood Borne Viruses and Sexually transmitted infections Standing committee (BBVSS).
- Spoken on behalf of AIDA to the Medical Deans of Australia and New Zealand (MDANZ), and the Australasian Society for HIV, Viral Hepatitis and HIV Medicine (ASHM).

Internally, I have worked dutifully for our members, including in the following ways:

- Driven the important work of the AIDA Membership Committee as meeting chair.
- Lead the composition and implementation of the new AIDA awards framework.
- Been a member of the AIDA Cultural Safety Working Group.

At this AGM, as my two-year term comes to a close, I will be stepping down from your board to focus on my studies and training. Being able to represent our members is incredibly special for me, and I am so grateful for the experience and also the trust and belief you have placed in me. I would like to thank you all for allowing me to represent you on the board of the organisation that represents you; I hope to do so again in the future. Looking into 2018, I would encourage all of our members to become more involved in the AIDA family in the coming year; I cannot express enough how rewarding it is to work on behalf of our people at a national level.



Director's Report Dr Jonathan Newchurch

Qualifications: MBBS

People: Narungga

Workplace: Lyell McEwin Hospital

The year 2016/2017 has been a big one for me. I am in the final stage of my General Practice Training, having passed two exams and awaiting the results of the final one, which will then allow me to apply for my Fellowship. This year I am undertaking a year of advanced skills in Anaesthetics at the Lyell McEwin Hospital in SA to complement my GP Training.

One of my roles as a Director is being the chair of the Finance, Risk and Audit Committee. Throughout this reporting period we have maintained a strong financial position with adequate provisions in the event of any funding problems. AIDA has completed its yearly external Audit, with the feedback from the Auditors stating they are happy with how we are conducting ourselves and keeping proper and accurate records.

AIDA organises regular member networking events throughout the calendar. I was able to attend the Perth and Adelaide events. It was great catching up with old friends, meeting new members, hearing from inspirational people from both areas. If an event is being held in your area I strongly encourage you to go along.

AIDA farewelled a long serving board member and Vice President Dr Sean White. I would like to take this opportunity to thank Sean for his contribution to AIDA and wish him all the best in the future. Dr Kris Rallah-Baker will fulfill the VP role until the AGM. Also, a big congratulation to Kris for earning his Ophthalmology Fellowship.

With AIDA being in a strong financial position we could send some of the board member to undertake the Company Directors Course through the Australian Institute of Company Directors. I was one of those board members, and found the course challenging and very worthwhile. I learnt a great deal more about directorships, board functions, increased my financial literacy and confidence in my abilities as an AIDA Board member.

I attended this year's National NAIDOC Ball which was held in Cairns at their Convention Centre. It was a wonderful night, filled with inspiration award winners. The room was amazingly decorated to look like the rainforest, and in keeping with this year's theme of 'Our Language Matters', projected on the walls was the languages of Australia's First Peoples. The entertainment was spectacular once again with local cultural dances, vocal groups, live bands and the one and only Isaiah Firebrace.

Finally I would like to thank the board and secretariat for their ongoing hard work and representation on behalf of AIDA and its Members.

Outcomes

- Passed two GP Fellowship Exams, awaiting result of final exam
- FRAC – good financial position
- Financial Audit completed with no issues
- Attended Perth and Adelaide AIDA Member Networking Events
- Farewell to Vice President Dr Sean White
- Congratulations to Director Dr Kris Rallah-Baker on earning his Ophthalmology Fellowship and taking up the Vice President position
- Completed AICD Company Director's Course
- NAIDOC Ball 2017 in Cairns



Director's Report Dr Dana Slape

Qualifications: MBBS

People: Larrakia

Workplace: College of Dermatology, Liverpool Hospital, NSW

The Australian Indigenous Doctors' Association has been incredibly productive this year under the strong and enigmatic leadership of Dr Kali Hayward and Dr Kris Rallah-Baker. I have been honoured to be a part of it all with my other board colleagues and thank them for their collegiate and professional dedication to our work as a team. I would also like to acknowledge that we have had the privilege of the support and leadership of Craig Dukes and the AIDA secretariat.

I have had the pleasure of chairing the conference committee and look forward to an academically enriching program and the opportunity to network with our members and key stakeholders. We are delighted to have several influential and inspiring people join us to celebrate our twentieth anniversary.

Sydney and Melbourne networking events have been a highlight for me for 2017. Being able to catch up with long-term members and meet with new members and stakeholders has been an important part of our work as a board and continues to be. It is networking meetings such as these that are critical for gaining a grassroots perspective of issues that impact on our membership and allows the board to then develop an advocacy strategy for. I find it inspiring to hear about the different pathways our members are keen to pursue and are already embarking on. Due to AIDA's advocacy, we continue to grow our numbers across different Colleges and this remains core business for AIDA moving forward and discussing this at networking meetings is critical to our organisation strategy. In a similar vein, we have reignited energy towards AIDA's mentoring work and I have been engaged with supporting the secretariat as a liaison point given my involvement in the prior mentoring working party. I encourage all our members to continue to prioritise these meetings and programs and continue to engage with AIDA to allow us to progress causes that impact us and our work. These activities all tie together elegantly to improve the work of growing the Indigenous medical workforce.

The Australian Medical Association has been increasingly supportive of our agenda and I have been engaged with a number of activities with this important partner. I was engaged with speaking at the Council of Doctors In Training meeting on growing our Indigenous specialist workforce, attending the AMA Doctor Wellbeing and Mental Health Forum, and sitting at the AMA Indigenous Peoples' Scholarship selection panel. I have also joined the New South Wales AMA Council in addition to my role in the AMA Taskforce on Indigenous Health as the Doctor In Training Member.

Additionally, I have been engaged with ongoing research in Indigenous skin health and remote outreach dermatology clinics in the context of my role as a dermatology registrar with the Australasian College of Dermatologists. Given that our numbers within dermatology are small, it is important to have an active voice in showcasing Indigenous skin disease as an area of critical importance in improving the chasm of health outcomes for Indigenous Peoples. I am also engaged with the Australasian College of Dermatologists Reconciliation Action Plan and Aboriginal and Torres Strait Islander Affairs Committee which has been important work to participate in. In addition to this relationship I have also been busy nurturing ongoing relationships with Western Sydney University, the Aurora Education Foundation, the LIME Connection, and the Local Health District.

Many thanks to all for a great year and I look forward to celebrating the twentieth anniversary of AIDA with you all!



Director's Report Dr Artiene Tatian

Qualifications: Bachelor of Science (Advanced); Bachelor of Medicine/Bachelor of Surgery; Masters of Indigenous Health

People: Arrernte

Workplace: Royal Prince Alfred Hospital, Sydney

I have been both privileged and honoured to be a Director of AIDA for 2016/2017. The preceding twelve months have been a time where AIDA has established ourselves as the peak organisation for Indigenous Doctors and Australian Indigenous health on both an advocacy and support level. AIDA in 2017 has also developed many key political relationships to establish the networks to ensure we meet our key outcomes as defined by our membership.

I have continued to actively represent and advocate for the AIDA membership on several local, state and national events/committees during my 12months as a director. Some of these include:

- Advocated on behalf of the AIDA membership at the Australian Senate Inquiry on racism, bullying and harassment in the medical field. Data obtained from the AIDA membership was presented to the senatorial enquiry highlighting the current issues and the need for change.
- Actively participated in the Royal Australasian College of Surgeons Indigenous Health Committee as a voting member.
- Participated in the College of Emergency Medicine (ACEM) Indigenous Health Subcommittee as a voting member. Provided advocacy and input into college and emergency departments future planning, events and specialist training pathway.
- Presented at the Commonwealth of Australia Blood Borne Viruses and Sexually Transmissible Infections Standing Committee. Informed the committee of AIDA and formed a relationship to ensure culturally safe health care delivery and appropriate allocation of funding.
- Presented 2 x workshops at the Australian Medical Student's Association (AMSA):
 - National Leadership Development Seminar. Titled: "How to be a Non-Indigenous Leader in Indigenous Health", the workshops focused on practical skills, knowledge and advice on being an Indigenous health champion.
 - Participated as one of four panellists for the topic: "Being a leader in the face of adversity" at the Australian Medical Student's Association (AMSA) – National Leadership Development Seminar

- Co-hosted the Sydney membership dinner with Dr Dana Slape. The theme of the evening was mentoring with two amazing key-note addresses from Professor Brad Frankum, President of the NSW AMA and Professor Jenny Reath, Peter Brennan Chair of General Practice at the University of Western Sydney. Both speakers shared their insight into mentoring and its effect on their own personal journey
- Attended the HETI NSW Aboriginal Junior Doctor's Forum. At this forum, I discussed and heard about issues faced by Indigenous Junior doctors to guide advocacy and priorities in my role as a Director of AIDA.
- Represented AIDA at the 2016 Aurora Indigenous Scholars International Study Tour Reception and continued to build on the AIDA and Aurora relationship.
- I had the pleasure of attending the Melbourne networking dinner attached to the LIME (VII) conference this year.

Personally, I continue to act as a member on the Australian Medical Council (AMC) Prevocational Assessment Committee. I also continue to interact closely with my local Aboriginal community and support them as a board member of Gandangara Local Aboriginal Land Council.

I look forward to the coming 12months as a Director and continuing to transparently serve and advocate for the AIDA membership.



Director Student’s Report

Mr Ian Lee

People: Larrakia/Karajarri

As the 2017 Student Director I was part of a number of committees including the Chair of the Student Representative Committee (SRC), the Membership Committee, the Conference Committee and the AIDA Board.

I would like to reflect on a number of highlights that my term has afforded me over the past year.

The AIDA Board

The AIDA Board was very welcoming and very supportive to me as a new board member. I was privileged to gain a deeper understanding of the many and varied tasks and projects that the Board takes part in, which many of our members may not hear or know about. There are so many organisations, committees, government departments and medical colleges that request advice and representation from AIDA due to our ever expanding reputation.

SRC

I was privileged to work with a great SRC team whose experience ranged from first time members to members that have been active for a number of years. One of the achievements I am most proud of is the formalisation of the relationship between the Australian Medical Student Association (AMSA) and AIDA by signing a Memorandum of Understanding (MoU) between the two organisations. This is the culmination of the MoU with AMSA that started with the 2015 Student Director, Dr Artiene Tatian, and continued by the 2016 Student Director, Dr Kersandra Begley.

I would like to thank all the members of the SRC for their support and commitment during the year, and I make special mention of the efforts of Kayla Arabena-Byrnes and Brylie Frost for representing me and AIDA at AMSA council meetings. Thank you also to Reagan O’Neill for volunteering to be AIDA’s student representative on AMSA’s policy team that revised their Aboriginal and Torres Strait Islander Health in the Medical Curricula policy.

The SRC understands the importance of mentoring relationships and their ability to assist Indigenous medical students through their studies. With this in mind the SRC piloted the new AIDA Mentoring Program which uses the MentorLoop application to introduce and connect mentees with mentors and facilitate ongoing communications between them. Through this program students are able to find a mentor within the AIDA membership or invite an external person to join the program. They are also able to start as mentees and then become mentors for junior students as they progress. I am very pleased with the result of the program so far and look forward to seeing its success develop.

Membership Committee

As a member of the Membership Committee, and in conjunction with the SRC, we have welcomed many new first time members into the AIDA family, and I hope to meet some of you at this year’s conference.

2017 was the year when, for the first time, the number of Indigenous doctor members exceeded the number of Indigenous medical student members. But I reckon there are still more Indigenous medical students then there are Indigenous doctors (for now anyway). From now on the number of Indigenous doctors will continue to grow and grow (a bit like a growth chart for Indigenous doctors and students).

AIDA’s membership has grown from 406 total active members at the end of June 2016 to 522 in June 2017. The number of Indigenous doctor members went from 108 to 162, Indigenous medical students from 118 to 148 and associate members from 105 to 132 between June 2016 and June 2017.

Conference Committee

Participating in the Conference Committee this year has instilled in me an appreciation of the amazing work that the AIDA Secretariat has done for this year’s conference, and all conferences past. If you have the opportunity, go up and say thank you and well done to any of the Secretariat that you see at conference. It has been my privilege to be part of the team that helps to organise the scientific, academic and cultural program for the AIDA Conference, and in 2017 celebrates 20 years since the inception of the Australian Indigenous Doctors’ Association.

It has been a great experience working with all Board members, with AIDA Chief Executive Officer, Craig Dukes and the AIDA Secretariat. I again would like to thank my Student Representative Committee members for their support and hard work during the year. I look forward to one day seeing each Indigenous medical student member receiving their painted stethoscope at an AIDA Conference upon graduation and their framed stethoscope once Fellowed.

Thank you and Mamuk (goodbye in Larrakia).



Board of Directors Election

The Election Notice and call for nominations for vacant positions on the AIDA Board of Directors were sent to all eligible voting members of AIDA on 19 July, along with details of the nomination process for six vacancies on the AIDA Board arising at the 2017 Annual General Meeting (AGM).

The Board positions, gazetted in the Election Notice as becoming vacant at the 2017 AGM, are as follows:

- President;
- Vice President
- Up to four Director positions; and
- Director (Student).

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

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

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

Nominations were required to be lodged with the AIDA secretariat by Wednesday 16 August 2017 at 5.00 pm (EST) sharp.

Current status of the Board

The number of Directors on the AIDA Board will be not less than seven or more than ten. At the commencement of the 2017 AGM, the status of the Board is as set out in the table below, with six positions becoming vacant at the 2017 AGM (highlighted in blue).

Dr Sean White resigned as Vice President and from the Board on 31 May 2017 and Dr Kristopher Rallah-Baker was appointed by the Board to fill the casual vacancy in the office of Vice President in accordance with Article 64(c) of the AIDA Constitution. Dr Rallah-Baker is required to retire from the office of Vice President on the conclusion of the 2017 AGM.

The position of Vice President is open for election at the 2017 AGM. Unless Dr Rallah-Baker is elected to the role of President or Vice President, he will resume his position as Director until the conclusion of his elected term in 2018. If a continuing Director is elected to the position of Vice President, there will be four vacant Director positions for election at the 2017 AGM.

Status of the Board as at the 2017 AGM			Term ends
1	President	Dr Kali Hayward	2017
2	Vice President	Dr Kristopher Rallah-Baker ¹	2017
3	Director	Dr Benjamin Armstrong	2017
4	Director	Raymond Blackman	2017
5	Director (Student)	Mr Ian Lee	2017
6	Director / Company Secretary	Dr Jonathan Newchurch	2017
7	Director	Dr Kristopher Rallah-Baker ¹	2018
8	Director	Dr Dana Slape	2018
9	Director	Dr Artiene Tatian	2018

^{1.} The position of Vice President is vacant as at the 2017 AGM, however Dr Rallah Baker’s term as Director ends in 2018.

Nominations Received

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

Position on the Board	Number of available positions	Number of valid nominations	Name of Nominees
President	One	One	Dr Kali Hayward
Vice President	One	One	Dr Kristopher Rallah-Baker
Director	Three / Four	Three	Dr Melissa Carroll Dr Jordan Cory Dr Jonathan Newchurch
Director (Student)	One	Two	Mr Russell Thomson Ms Jean Perpperill

Continuing Board Members

The following Directors are eligible to continue in their current roles until the end of their tenure at the 2018 AGM:

- Dr Kristopher Rallah-Baker (Director);
- Dr Dana Slape (Director); and
- Dr Artiene Tatian (Director)

Voting

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

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

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

Election of Directors

President

Vacant Positions: One

End of term: Dr Kali Hayward

Except where no person wishing to be President meets the criteria, the President must be a Director who has served at least two (2) consecutive years on the Board of AIDA at any time since its inception as a corporate entity.

One valid nomination was received for the single vacancy. In accordance with Article 47(b)(i), the nominee being Dr Kali Hayward shall be deemed to be elected.

Vice President

Vacant Positions: One

Retiring in accordance with Article 64(c): Dr Kristopher Rallah-Baker

Except where no person wishing to be Vice President meets the criteria, the Vice President must be a Director who has served at least two (2) consecutive years on the Board of AIDA at any time since its inception as a corporate entity.

One nomination was received for the single vacancy. No person meeting the criteria of having served at least two consecutive years on the Board of AIDA nominated for the position. The nomination of Dr Kristopher Rallah-Baker is thus accepted and, in accordance with Article 47(b)(i), Dr Rallah-Baker shall be deemed to be elected.

Director

Vacant positions: Four

End of Term: Dr Benjamin Armstrong, Dr Raymond Blackman and Dr Jonathan Newchurch

Vacancy arising due to election to Vice President: Dr Kristopher Rallah-Baker

A Director must be a current Indigenous medical graduate member who has been a member for at least 18 consecutive months prior to the nomination as a Director.

Three valid nominations were received, which is less than the number of vacancies. In accordance with Article 47(b)(iii), the nominees, being Dr Melissa Carroll; Dr Jordan Cory and Dr Jonathan Newchurch, shall be deemed to be elected.

Director (Student)

End of Term: Mr Ian Lee

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

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

Voting process

The process to elect Directors is as follows:

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

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

Proxies

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

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



The 2016/2017 AIDA Board

Back row (left to right): Craig Dukes - CEO, Dr Jonathan Newchurch, Dr Sean White - Vice President, Dr Benjamin Armstrong.
Front row (left to right): Ian Lee - Director Student, Dr Kristopher Rallah-Baker, Dr Kali Hayward - President, Dr Dana Slape, and Dr Artiene Tatian.
Absent: Dr Raymond Blackman.

Candidate Profiles

Dr Kali Hayward

Nominated for President

Dr Kali Hayward is descended from the Warnman people, of the Martu language group of Western Australia. Dr Hayward graduated from the University of Adelaide with an MBBS in 2005. In 2010 Dr Hayward obtained her Fellowship of the Royal Australian College of General Practitioners.

Dr Hayward is a GP/Supervisor at Nunkuwarrin Yunti, the largest Aboriginal Community Controlled Health Organisation in South Australia and as a Medical/Cultural Educator for GPEx the GP training provider in South Australia where she co-ordinates the Aboriginal and Torres Strait Islander health training program for GP registrars.

In 2011 Dr Hayward was awarded the national GPET OCHRE prize for Aboriginal and Torres Strait Islander training and the SA Premier's NAIDOC award in 2015.

Dr Hayward has been a member of AIDA since 2000 and an AIDA board member since 2009. She has represented AIDA on various committees during this time, including; The Council of Presidents of Medical Colleges, RANZCP Aboriginal and Torres Strait Islander mental health committee, AMA Federal Council, AMA Aboriginal and Torres Strait Islander taskforce committee, National Medical Training Advisory Network, as well as the RACGP Aboriginal and Torres Strait Islander Health board.

Dr Hayward has worked closely with three of AIDA's CEOs, Romalie Mokak, Kate Thomann and more recently Craig Dukes and has been President of AIDA since 2015.

She is married with four children and lives in Adelaide, South Australia.



Dr Kristopher Rallah-Baker

Nominated for Vice President

Dr Kris Rallah-Baker was born in Canberra and moved to Brisbane with his parents and brother at a young age to grow up in Brisbane. His family have been active members of the Brisbane Community for generations, with his late grandmother a well respected Elder and Australia's first Aboriginal arts curator and his mother widely known through the health sector across Australia.

He is a proud descendent of the Yuggera People of the Brisbane area as well as the Juru/Warangu/Birigubba Peoples of North Queensland.

After completing Year 12 in Brisbane, Kris entered medical school at the University of Newcastle. He undertook his Internship at the Gold Coast Hospital in 2003 and then his residency at the Princess Alexandra Hospital in Brisbane. Seeking to broaden his experience Kris then moved across to develop and manage the Indigenous Health Unit in the Logan-Beaudesert Health Service District. Kris then went on to work at the old Royal Childrens Hospital in Herston to develop the Deadly Ears Indigenous Hearing Health programme for State-wide expansion across Queensland for Queensland Health.

Following his policy development and management experience Kris was invited to apply to the ENT Training Programme but declined the offer to follow his interest in Ophthalmology. He returned to full time medicine to undertake two years of ophthalmic residency at the PA Eye Casualty and Mater Ophthalmology Departments, before being accepted to the QLD Ophthalmology Training Programme.

Dr Rallah-Baker has completed his ophthalmology exit examinations after 4 years of vocational ophthalmology training and is currently working as the Fred Hollows Ophthalmology Fellow in Suva, Fiji. He will receive his post nominal letters and become Australia's first Indigenous ophthalmologist in less than a year.

Kris has published in the areas of neuro-ophthalmology and refractive surgery and is an associate lecturer with the University of Queensland.

He was recently nominated for the Chief Minister's Award for Excellence for his services as the inaugural Outreach Ophthalmology Fellow in the Top End of the Northern Territory in 2014 and has served on the Board of the Aboriginal and Torres Strait Islander Community Health Service in Brisbane, as both Director and Treasurer.

Outside of work Kris is an accomplished pianist, artist and cabinet maker.

Dr Melissa Carroll

Nominated for Director

My family are Wiradjuri from Central West NSW. I grew up in Newcastle on Awabakal and Worimi country, where I completed my Bachelor of Nursing degree. I spent 13 years caring for people in the acute and public health settings throughout Victoria before moving into medicine as a mature aged student.

I completed my medical studies in 2016 at the University of Queensland and now work as an intern at Geelong University Hospital in Victoria. I am excited to be working in my new career and look forward to continuing along my preferred pathway into physicians training and ultimately Infectious Diseases / Sexual Health medicine.

Throughout my four years at UQ I was actively involved with the Aboriginal & Torres Strait Islander Studies Unit where I strongly advocated for improved support and mentoring for our students. I was appointed the first role of Indigenous Officer for the University of Queensland Medical Society – liaising between the School of Medicine, the ATIS Unit and the Indigenous student cohort, enhancing our student profile and cementing our place within the School of Medicine.

I continue to maintain a strong link to education by engaging with Deakin University to provide support and counsel to local Indigenous Medical students while working closely with Barwon Health to attract and retain future Aboriginal and Torres Strait Islander people to the region.

It is my passion to encourage and support my colleagues in achieving their successes, through advocacy, expert education and representation. I am dedicated to ensuring our people have equal opportunity throughout their careers and know that as a member of the board I will have an opportunity to demonstrate this commitment.



Dr Jonathan Newchurch

Nominated for Director

Nha marni
Ngayidju midji Jonathan Newchurch
Ngayi Nharangga yardli
Ngayi graadidja
Nharangga warra wanggadja

Greetings
My name is Jonathan Newchurch
I am a Narungga man
I am proud
to be speaking Narungga language

I am a General Practice Registrar in Adelaide, at the end of my training. I hope to have my fellowship later this year after receiving the results of my last exam. I am nominating for re appointment to the AIDA board. I have been on the board since 2015 as both Director and Company Secretary. Through this time AIDA has grown its membership to record levels and also increased its reputation and standing in the country as the peak Indigenous Medical Body. AIDA engages its members, other health stakeholders and addresses high profile issues within the community when they arise. Being part of this has been amazing, working with a great board and extremely supportive secretariat. I would like to think my participation as a Board Member has contributed to this success. I would like to continue my contribution to the Board and represent the AIDA members into the future. I therefore humbly ask for your vote.



Dr Jordan Cory

Nominated for Director

Jordan is a junior doctor at the Royal Melbourne Hospital. She is a proud Gamilaraay woman who, as the eldest of 8 children, grew up in Atherton in North Queensland, completing her schooling in Brisbane. She earned her Bachelors of Science and medical degree at the University of Queensland where she was elected to her university college Students' Club Executive Committee.

Jordan has passion for global and public health particularly in relation to women, children and Indigenous populations. She has worked with the International Federation of Medical Students' Associations (IFMSA) to update their global Indigenous Health policy in 2016. She has enjoyed placements in a variety of resourced healthcare settings including Cambodia, Canada, the United States and remote, regional and urban Australia.

Jordan holds community-driven healthcare close to her heart, completing clinical obstetric audits with the local midwifery team whilst on placement in the Torres Strait. She has a history of research working to improve Indigenous children's educational outcomes with Institute of Urban Indigenous Health (IUIH) and the Poche Centre. Jordan sits on the Board of Directors for EastWeb; a youth-led philanthropic seed fund for community-driven projects to empower and improve the lives of local Victorian refugee, asylum-seeker and Indigenous communities.

In the future Jordan hopes to pursue clinical medicine with a focus on women's health partnering with Indigenous communities. She aims to complete a Masters of Public Health translating public health research and policy into the clinic.

As a nominee for AIDA Board of Directors, Jordan is interested in the governing of AIDA as the peak organization dedicated to improving recruitment, advocacy, training, and development of Indigenous doctors. She appreciates AIDA as a unique lobbying platform to address Indigenous health outcomes and as an educational resource for cultural empowerment and safety for the broader community and beyond. She believes she offers a fresh, youthful perspective to the Board.



Jean Pepperill

Nominated for Director (Student)

My name is Jean Pepperill, I am a Kaytetye woman and a second-year medical student with Flinders University Northern Territory Medical Program. I would like to nominate myself for the position of Student Director on the board of AIDA. As a second-year medical student, I have only begun my journey to become an Aboriginal Doctor, but through my experiences at university and through AIDA, I have many opportunities to improve the wellbeing of Aboriginal and Torres Strait Islander People.

Throughout my studies, I have actively been involved in student club and societies to immerse myself amongst the medical student cohort and the wider community. I am currently the president of Flinders NT rural health club and the pre-clinical years' representative for the GP club. My involvement has always been to ensure Aboriginal Health in the Top End and the rest of the NT has been a focus in these club's mission statements. I've done this by involving these clubs in events for Close the Gap, attending Aboriginal Festivals such as Barunga and Garma, and organising the local Aboriginal Medical Services to speak to medical students about their role in community. As I continue through my studies, I will continue to do the same.

Being a student member of AIDA and a current member of the SRC has been a rewarding experience which has enriched my studies. I bring a lot of passion to the position of Student Director and a lot of enthusiasm to work with my fellow medical students to support each other through our journey to become Doctors for our communities. AIDA provides a welcoming and supportive community for Aboriginal students studying medicine, and I look forward to representing my peers as the Student Director of AIDA.

Russell Thompson

Nominated for Director (Student)

Russell is a Kamilaroi man from the Tamworth region. He is currently studying medicine at the University of New South Wales and is in his 4th year. Russell has previously served on the AIDA SRC for two consecutive years under Dr Artiene Tatian and Dr Kersandra Begley. Working on the SRC under these great ex-student directors has inspired him to want to take a leadership role and lead a team of fellow students and make a positive change in Indigenous health in 2018.

Interests of mine include surgery, anatomy and Indigenous men's health. I hope to take up a career in Surgery in my home town upon graduation as a urologist. Upcoming research projects I am involved in are: 1) investigating the significance of isolated atrial amyloidosis in patients post cardiac surgeries. 2) Indigenous men's business in the Tamworth region.

I am an able leader, the skills that I can bring to the position of AIDA student director is six years of project management experience prior to joining medicine. I have a strong passion for Indigenous health and desire to make positive changes for our people. If elected in 2018 I would like to work with the SRC and if agreed upon focus our efforts on Indigenous issues that are underplayed in literature, such as, men's and women's business and how we can better communicate and normalise these things to achieve better health outcomes.



Financial Statements

Australian Indigenous Doctors’ Association Limited
ABN 84 131 668 936

Financial Statements
for the year ended 30 June 2017

Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

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Directors' Report
For the Year Ended 30 June 2017

The directors present their report on Australian Indigenous Doctors' Association Ltd for the financial year ended 30 June 2017.

General information

Directors

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

Names	Position	Appointed/Resigned
Dr Kali Hayward	President	Appointed 16 September 2015
Dr Kristopher Rallah-baker	Vice President	Appointed 14 September 2016
Dr Sean White	Former Vice President	Resigned 31 May 2017
Dr Benjamin Armstrong		Appointed 16 September 2015
Ms Kersandra Begley		Resigned 14 September 2016
Dr Raymond Blackman		Appointed 16 September 2015
Dr Kiarna Brown		Resigned 14 September 2016
Dr Tammy Kimpton		Resigned 14 September 2016
Mr Ian Lee		Appointed 14 September 2016
Dr Jonathan Newchurch		Appointed 16 September 2015
Dr Dana Slape		Appointed 14 September 2016
Mr Artiene Tatian		Appointed 14 September 2016

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

Principal activities and significant changes in nature of activities

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

To this end, AIDA's principal activities include:

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

Directors' Report
For the Year Ended 30 June 2017

General information

Principal activities and significant changes in nature of activities

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

Objectives and strategies

The Company's objectives and strategies:

Grow Indigenous Doctors

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

Shape Health Outcomes

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

Communicate and Celebrate

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

Cultural and Traditional Perspective

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

Directors' Report
For the Year Ended 30 June 2017

General information

Objectives and strategies

Best Practice and Sustainability

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

Members' guarantee

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

At 30 June 2017 the collective liability of members was \$ 13,050 (2016: \$10,150).

Meetings of directors

During the financial year, 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 Kali Hayward	4	4
Dr Sean White	3	3
Dr Benjamin Armstrong	4	4
Ms Kersandra Begley	1	1
Dr Raymond Blackman	4	2
Dr Kiarna Brown	1	1
Dr Tammy Kimpton	1	1
Mr Ian Lee	3	2
Dr Jonathan Newchurch	4	2
Dr Kristopher Rallah-baker	3	3
Dr Dana Slape	4	4
Mr Artiene Tatian	3	3

Directors' Report
For the Year Ended 30 June 2017

Auditor's Independence declaration

The auditor's independence declaration in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2017 has been received and can be found on page 5 of the financial report.

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

Director:  Director: 

Dated 26 August 2017



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AUDITOR'S INDEPENDENCE DECLARATION UNDER DIVISION 60 OF THE AUSTRALIAN CHARITIES AND NOT FOR PROFITS COMMISSION ACT 2012 TO THE DIRECTORS OF AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION LIMITED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2017 there have been no contraventions of:

- i. the auditor independence requirements as set out in Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.


Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 26th day of August 2017

Liability limited by a scheme approved under Professional Standards Legislation

Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2017

		2017	2016
	Note	\$	\$
Revenue	4	2,595,441	2,493,810
Advertising and promotion		(54,157)	(16,732)
Building & property		(119,632)	(104,475)
Depreciation expense	10(a)	(62,417)	(50,614)
Employee benefits expense		(1,469,097)	(1,561,129)
Gifts and donations		(13,597)	-
Governance and representation		(19,945)	-
IT & telecommunications		(59,533)	(72,589)
Meetings and events		(182,025)	(283,843)
Memberships & subscriptions		(16,106)	-
Operations		(33,842)	(76,241)
Other expenses		(3,715)	(12,313)
Professional services		(140,604)	(68,126)
Scholarships and bursaries		(10,000)	-
Travel and accommodation		(371,279)	(198,866)
Surplus before income tax		39,492	48,882
Income tax expense	2(a)	-	-
Surplus for the year		39,492	48,882
Other comprehensive income		-	-
Total comprehensive income for the year		39,492	48,882

The accompanying notes form part of these financial statements.

Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

Statement of Financial Position
As At 30 June 2017

	Note	2017 \$	2016 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	106,974	1,028,469
Trade and other receivables	6	3,657	13,644
Inventories	7	8,058	-
Other financial assets	8	1,547,041	268,901
Other assets	9	100,963	49,657
TOTAL CURRENT ASSETS		1,766,693	1,360,671
NON-CURRENT ASSETS			
Plant and equipment	10	104,963	135,978
TOTAL NON-CURRENT ASSETS		104,963	135,978
TOTAL ASSETS		1,871,656	1,496,649
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	129,256	69,193
Employee benefits	12	59,127	35,483
Other liabilities	13	283,979	36,699
TOTAL CURRENT LIABILITIES		472,362	141,375
NON-CURRENT LIABILITIES			
Employee benefits	12	5,302	774
TOTAL NON-CURRENT LIABILITIES		5,302	774
TOTAL LIABILITIES		477,664	142,149
NET ASSETS		1,393,992	1,354,500
EQUITY			
Reserves		701,092	701,092
Retained earnings		692,900	653,408
TOTAL EQUITY		1,393,992	1,354,500

The accompanying notes form part of these financial statements.

Australian Indigenous Doctors' Association Ltd

ABN 84 131 668 936

Statement of Changes in Equity
For the Year Ended 30 June 2017

2017	Retained Earnings \$	AIDA Safety Net \$	Total \$
Balance at 1 July 2016	653,408	701,092	1,354,500
Profit attributable to members of the entity	39,492	-	39,492
Balance at 30 June 2017	692,900	701,092	1,393,992
2016			
Balance at 1 July 2015	604,526	701,092	1,305,618
Profit attributable to members of the entity	48,882	-	48,882
Balance at 30 June 2016	653,408	701,092	1,354,500

The accompanying notes form part of these financial statements.

Statement of Cash Flows
For the Year Ended 30 June 2017

	Note	2017 \$	2016 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		3,088,196	2,497,046
Payments to suppliers and employees		(2,723,952)	(2,486,962)
Interest received		24,615	20,571
Net cash provided by operating activities	20	388,859	30,655
CASH FLOWS FROM INVESTING ACTIVITIES:			
Proceeds from sale of plant and equipment		-	4,026
Proceeds from sale of investment		-	4,879
Purchase of plant and equipment	10(a)	(32,215)	(74,762)
Purchase of investment		(1,278,139)	-
Net cash (used in) investing activities		(1,310,354)	(65,857)
Net (decrease) in cash and cash equivalents held		(921,495)	(35,202)
Cash and cash equivalents at beginning of year		1,028,469	1,063,671
Cash and cash equivalents at end of financial year	5	106,974	1,028,469

The accompanying notes form part of these financial statements.

Notes to the Financial Statements
For the Year Ended 30 June 2017

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

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

The financial report was authorised for issue by those charged with governance on 26 August 2017.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

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

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

2 Summary of Significant Accounting Policies

(a) Income Tax

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

(b) Leases

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

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

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

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

(c) Revenue and other income

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

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

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(c) Revenue and other income

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

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

When grant revenue is received whereby the 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 .

Donations

Donations and bequests are recognised as revenue when received.

Interest revenue

Interest is recognised using the effective interest method.

Rendering of services

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period.

If the outcome cannot be reliably estimated then revenue is recognised to the extent of expenses recognised that are recoverable.

(d) Goods and services tax (GST)

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

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position .

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

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(e) Inventories

Inventories acquired at no cost, or for nominal consideration are valued at the current replacement cost as at the date of acquisition, which is the deemed cost.

(f) Plant and equipment

Each class of plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Where the cost model is used, the asset is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

Plant and equipment, except computer software, is depreciated on a reducing balance basis over the asset's useful life to the Company, commencing when the asset is ready for use.

Computer software is depreciated on a straight line basis over the asset's useful life to the Company, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Furniture, Fixtures and Fittings	20%
Office Equipment	20-60%
Computer Software	50%
Display Equipment	20%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

(g) Financial instruments

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

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

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(g) Financial instruments

Financial Assets

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

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

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

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

Loans and receivables

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

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

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

Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

The amount of the impairment is the difference between the net carrying amount and the present value of the future expected cash flows associated with the impaired receivable.

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

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(g) Financial instruments

Financial assets at fair value through profit or loss

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

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

The Company has some derivatives which are designated as financial assets at fair value through profit or loss.

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

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

Held-to-maturity investments

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

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

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The Company's available-for-sale financial assets comprise listed securities.

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

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

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

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(g) Financial instruments

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

Impairment of financial assets

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

Financial assets at amortised cost

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

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

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

Available-for-sale financial assets

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

(h) Impairment of non-financial assets

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

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

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

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

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

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

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(i) Cash and cash equivalents

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

(j) Employee benefits

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

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

(k) Economic dependence

Australian Indigenous Doctors' Association Ltd is dependent on the Federal Government for the majority of its revenue used to operate the business. The company's core funding for the 2017 financial year was provided by Department of Health, Health Workforce Division. A 3 year funding agreement was signed and commenced on the 1st of October 2015; this agreement concludes on 30 June 2018.

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(I) New Accounting Standards and Interpretations

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

Standard Name	Effective date for entity	Requirements	Impact
AASB 9 Financial Instruments and amending standards AASB 2009 11 / AASB 2010 7	01 January 2018	The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments, and simplified requirements for hedge accounting. The key changes that may affect the company on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to the hedging of non financial items. Should the company elect to change its hedge policies in line with the new hedge accounting requirements of the Standard, the application of such accounting would be largely prospective.	Although the directors anticipate that the adoption of AASB 9 may have an impact on the company's financial instruments, it is impracticable at this stage to provide a reasonable estimate of such impact.

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(I) New Accounting Standards and Interpretations

Standard Name	Effective date for entity	Requirements	Impact
AASB 16: Leases	1 January 2019	When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases. The main changes introduced by the new Standard include: recognition of a right to use asset and liability for all leases (excluding short term leases with less than 12 months of tenure and leases relating to low value assets); depreciation of right to use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components; variable lease payments that depend on an index or a rate are included in the initial measurement of the lease liability using the index or rate at the commencement date; by applying a practical expedient, a lessee is permitted to elect not to separate non lease components and instead account for all components as a lease; and additional disclosure requirements. The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.	The entity has not yet determined the magnitude of any changes which may be needed.

Notes to the Financial Statements
For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(I) New Accounting Standards and Interpretations

Standard Name	Effective date for entity	Requirements	Impact
AASB 1058 : Income of Not-for-Profit Entities	1 January 2019	<p>This Standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations. The significant accounting requirements of AASB 1058 are as follows:</p> <p>-Income arising from an excess of the initial carrying amount of an asset over the related contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose, the assets, liabilities and revenue are to be measured in accordance with other applicable Standards.</p> <p>-Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable non-financial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. The liabilities must be amortised to profit or loss as income when the entity satisfies its obligations under the transfer.</p> <p>An entity may elect to recognise volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated. Recognised volunteer services should be measured at fair value and any excess over the related amounts (such as contributions by owners or revenue) immediately recognised as income in profit or loss. The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented in accordance with AASB 108 (subject to certain practical expedients); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. For this purpose, a completed contract is a contract or transaction for which the entity has recognised all of the income in accordance with AASB 1004 : Contributions .</p>	Although the directors anticipate that the adoption of AASB 1058 may have an impact on the company's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

Notes to the Financial Statements
For the Year Ended 30 June 2017

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - impairment of property, plant and equipment

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Key judgments

Employee benefits

For the purpose of measurement, AASB 119 : Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. The company expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

4 Revenue and Other Income

	2017	2016
	\$	\$
Revenue and Other Income		
- Government grants	2,292,881	2,353,754
- Conference income	209,563	96,164
- Member subscriptions	30,519	20,355
- Interest received	46,739	20,571
- Miscellaneous other revenue	15,739	2,966
Total Revenue and Other Income	2,595,441	2,493,810

5 Cash and Cash Equivalents

	2017	2016
	\$	\$
Cash at bank and in hand	106,974	1,028,469
	106,974	1,028,469

Notes to the Financial Statements
For the Year Ended 30 June 2017

6 Trade and Other Receivables

	2017	2016
	\$	\$
CURRENT		
Trade receivables	5,445	3,885
Provision for doubtful debts	(2,022)	(1,895)
	<u>3,423</u>	<u>1,990</u>
GST receivable	234	7,625
FBT payable	-	4,029
Total current trade and other receivables	<u><u>3,657</u></u>	<u><u>13,644</u></u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

7 Inventories

	2017	2016
	\$	\$
CURRENT		
At cost:		
Merchandise	8,058	-
	<u>8,058</u>	<u>-</u>

8 Other financial assets

	2017	2016
	\$	\$
CURRENT		
Term deposits	1,547,041	268,901
Total	<u><u>1,547,041</u></u>	<u><u>268,901</u></u>

9 Other Assets

	2017	2016
	\$	\$
CURRENT		
Prepayments	67,520	40,407
Airfares held in credit	2,683	1,305
Accrued income	30,069	7,945
Deposit / Bond	691	-
	<u>100,963</u>	<u>49,657</u>

Notes to the Financial Statements
For the Year Ended 30 June 2017

10 Plant and equipment

	2017	2016
	\$	\$
PLANT AND EQUIPMENT		
Furniture, fixtures and fittings		
At cost	129,556	123,584
Accumulated depreciation	(88,651)	(79,582)
Total furniture, fixtures and fittings	<u><u>40,905</u></u>	<u><u>44,002</u></u>
Office equipment		
At cost	148,638	148,226
Accumulated depreciation	(117,058)	(103,372)
Total office equipment	<u><u>31,580</u></u>	<u><u>44,854</u></u>
Computer software		
At cost	72,100	52,300
Accumulated depreciation	(43,590)	(10,182)
Total computer software	<u><u>28,510</u></u>	<u><u>42,118</u></u>
Display equipment		
At cost	12,623	12,623
Accumulated depreciation	(8,655)	(7,619)
Total display equipment	<u><u>3,968</u></u>	<u><u>5,004</u></u>
Total property, plant and equipment	<u><u>104,963</u></u>	<u><u>135,978</u></u>

Notes to the Financial Statements
For the Year Ended 30 June 2017

10 Plant and equipment

(a) Movements in carrying amounts of plant and equipment

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

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Computer Software \$	Display Equipment \$	Total \$
Year ended 30 June 2017					
Balance at the beginning of year	44,002	44,854	42,118	5,004	135,978
Additions	5,972	6,443	19,800	-	32,215
Disposals	-	(813)	-	-	(813)
Depreciation expense	(9,069)	(18,904)	(33,408)	(1,036)	(62,417)
Balance at the end of the year	40,905	31,580	28,510	3,968	104,963

	Furniture, Fixtures and Fittings \$	Office Equipment \$	Computer Software \$	Display Equipment \$	Total \$
Year ended 30 June 2016					
Balance at the beginning of year	32,145	77,532	-	6,326	116,003
Additions	22,462	-	52,300	-	74,762
Disposals	-	(4,173)	-	-	(4,173)
Depreciation expense	(10,605)	(28,505)	(10,182)	(1,322)	(50,614)
Balance at the end of the year	44,002	44,854	42,118	5,004	135,978

Australian Indigenous Doctors' Association Ltd

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Notes to the Financial Statements
For the Year Ended 30 June 2017

11 Trade and Other Payables

	2017 \$	2016 \$
Current		
Trade payables	29,427	14,027
Accrued expenses	63,691	28,754
Superannuation payable	11,110	8,660
Salary sacrifice payable	1,462	675
PAYG withholding	21,865	17,027
Other payables	1,701	50
15	129,256	69,193

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying amounts are considered to be a reasonable approximation of fair value.

12 Employee Benefits

	2017 \$	2016 \$
Current liabilities		
Annual leave provision	59,127	35,483
	59,127	35,483

	2017 \$	2016 \$
Non-current liabilities		
Long service leave	5,302	774
	5,302	774

13 Other liabilities

	2017 \$	2016 \$
CURRENT		
Conference income in advance	126,256	-
Grant in advance	140,873	-
Other unearned revenue	10,000	32,363
Membership Receipts in Advance	6,850	4,336
Total	283,979	36,699

Notes to the Financial Statements
For the Year Ended 30 June 2017

14 Members' Guarantee

The Company is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$ 25 each towards meeting any outstandings and obligations of the Company. At 30 June 2017 the number of members was 522 (2016: 406).

15 Financial Risk Management

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

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

The Company does not speculate in financial assets.

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

Specific risks

- Liquidity risk
- Credit risk
- Market risk - interest rate risk

Financial instruments used

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

- Trade receivables
- Cash at bank
- Investments in term deposits
- Trade and other payables

		2017	2016
		\$	\$
Financial Assets			
Cash and cash equivalents	5	106,973	1,028,469
Term deposits	8	1,547,041	268,901
Trade and other receivables	6	3,657	13,644
Total financial assets		1,657,671	1,311,014
Financial Liabilities			
Trade and other payables	11	129,256	69,193
Total financial liabilities		129,256	69,193

Notes to the Financial Statements
For the Year Ended 30 June 2017

15 Financial Risk Management

Objectives, policies and processes

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

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

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

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

Mitigation strategies for specific risks faced are described below:

Liquidity risk

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

The Company's policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities as and when they fall due. The Company maintains cash and marketable securities to meet its liquidity requirements for up to 30-day periods.

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

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

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

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

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

Notes to the Financial Statements
For the Year Ended 30 June 2017

15 Financial Risk Management

Liquidity risk

Financial assets / liability maturity analysis - Non-derivative

	Within 1 Year		1 to 5 Years		Total	
	2017	2016	2017	2016	2017	2016
	\$	\$	\$	\$	\$	\$
Financial liabilities due for payment						
Trade and other payables (excluding estimated annual leave)	129,256	69,193	-	-	129,256	69,193
Total expected outflows	129,256	69,193	-	-	129,256	69,193
Financial assets - cash flows realisable						
Cash and cash equivalents	106,973	1,028,469	-	-	106,973	1,028,469
Trade and other receivables	3,657	13,644	-	-	3,657	13,644
Term deposits	1,547,041	268,901	-	-	1,547,041	268,901
Total anticipated inflows	1,657,671	1,311,014	-	-	1,657,671	1,311,014
Net (outflow) / inflow on financial instruments	1,528,415	1,241,821	-	-	1,528,415	1,241,821

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

Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the Company.

Credit risk arises from cash and cash equivalents, derivative financial instruments and deposits with banks and financial institutions, as well as credit exposure to wholesale and retail customers, including outstanding receivables and committed transactions.

The Company has adopted a policy of only dealing with creditworthy counterparties as a means of mitigating the risk of financial loss from defaults. The utilisation of credit limits by customers is regularly monitored by line management. Customers who subsequently fail to meet their credit terms are required to make purchases on a prepayment basis until creditworthiness can be re-established.

Trade receivables consist of a large number of customers, spread across diverse industries and geographical areas. Ongoing credit evaluation is performed on the financial condition of accounts receivable.

Those charged with governance receives monthly reports summarising the turnover, trade receivables balance and aging profile of each of the key customers individually and the Company's other customers analysed by industry sector as well as a list of customers currently transacting on a prepayment basis or who have balances in excess of their credit limits.

Management considers that all the financial assets that are not impaired for each of the reporting dates under review are of good credit quality, including those that are past due.

The credit risk for liquid funds and other short-term financial assets is considered negligible, since the counterparties are reputable banks with high quality external credit ratings.

Notes to the Financial Statements
For the Year Ended 30 June 2017

15 Financial Risk Management

Credit risk

The Company has no significant concentration of credit risk with respect to any single counterparty or group of counterparties.

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)					
	Gross amount	Past due and impaired	< 30	31-60	61-90	> 90
	\$	\$	\$	\$	\$	\$
2017						
Trade and term receivables	5,679	2,022	234	-	240	3,183
Total	5,679	2,022	234	-	240	3,183
2016						
Trade and term receivables	3,885	1,895	1,990	-	-	-
Total	3,885	1,895	1,990	-	-	-

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

The other classes of receivables do not contain impaired assets.

Market risk

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

(i) Interest rate risk

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

Notes to the Financial Statements
For the Year Ended 30 June 2017

16 Capital and Leasing Commitments

Operating Leases	2017	2016
	\$	\$
Minimum lease payments under non-cancellable operating leases:		
- not later than one year	64,209	107,625
- between one year and five years	1,501	65,782
	<u>65,710</u>	<u>173,407</u>

Operating leases are in place for office premises rental and a mulitfunction photocopier.

17 Auditors' Remuneration

	2017	2016
	\$	\$
Remuneration of the auditor Bellchambers Barrett, for:		
- auditing or reviewing the financial statements	8,900	8,900
Total	<u>8,900</u>	<u>8,900</u>

18 Key Management Personnel Remuneration

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

	2017	2016
	\$	\$
Short-term employee benefits	565,163	576,418
Post-employment benefits	53,357	49,949
	<u>618,520</u>	<u>626,367</u>

19 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2017 (30 June 2016:None).

Notes to the Financial Statements
For the Year Ended 30 June 2017

20 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities	2017	2016
Reconciliation of net income to net cash provided by operating activities:	\$	\$
Profit for the year	39,492	48,882
Non-cash flows in profit:		
- depreciation	62,417	50,614
- net loss on disposal of plant and equipment	813	147
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	9,987	(21,819)
- (increase)/decrease in other assets	(22,124)	408
- (increase)/decrease in prepayments	(29,183)	242
- (increase)/decrease in inventories	(8,058)	-
- increase/(decrease) in income in advance	248,430	45,626
- increase/(decrease) in trade and other payables	58,913	(64,144)
- increase/(decrease) in employee benefits	28,172	(29,301)
Cashflows from operations	<u>388,859</u>	<u>30,655</u>

21 Events after the end of the Reporting Period

The financial report was authorised for issue on 26 August 2017 by those charged with governance.

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

22 Statutory Information

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

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

Australian Indigenous Doctors' Association Ltd


ABN 84 131 668 936

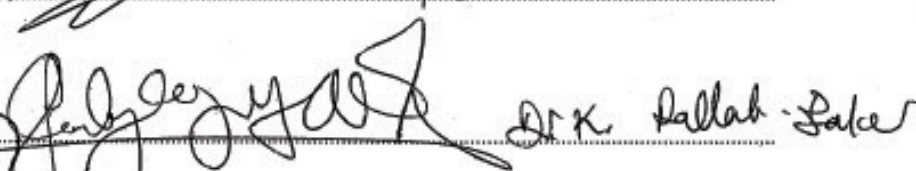
Responsible Persons' Declaration

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

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

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

Responsible person 

Responsible person 

Dated this 26 day of August 2017



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INDEPENDENT AUDITOR'S 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 (the company), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, 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 Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that 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 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 judgment, 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 association'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 committee, 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 Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.

Liability limited by a scheme approved under Professional Standards Legislation

INDEPENDENT AUDITOR'S 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 Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2017 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*.



Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 26th day of August 2017

Australian Indigenous Doctors' Association Ltd

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Australian Indigenous Doctors' Association