



AMA QUEENSLAND Annual Report 2022

*Leading Queensland Doctors
Creating Better Health*







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Memorial Roll

1 January to 31 December 2022

Dr Arthur Bruce Biggs

MBBS QLD 1952
General Practitioner
Member for 67 years

Dr Christopher Brown

MBBS QLD 1962
General Practitioner
Member for 57 years

Dr Frank John Stanwell Buckley

MBBS SYD 1948
Physician
Member for 68 years

Dr Barbara Elizabeth Craig

MBBS QLD 1970
General Practitioner
Member for 49 years

Dr Eugene George Galea

MBBS QLD 1949
Physician
Member for 58 years

Dr Jerzy Edward Gornacz

MBBS 1974
Radiologist
Member for 20 years

A/Prof Leo Hartley

MBBS JCU 2011
General Practitioner
Member for 6 years

Dr Philip Alan Hilford

MBBS QLD 1980
General Practitioner
Member for 40 years

Dr Geoffrey Byford Ilett

MBBS QLD 1952
General Practitioner
Member for 67 years

Dr John Fitzroy Jones

MBBS QLD 1973
Pathologist
Member for 48 years

**Dr Piyooash Karsondas Hansraj
Kotecha**

MBChB 1973
Physician
Member for 41 years

Dr Bruce Kynaston

MBBS QLD 1954
Radiologist
Member for 65 years

Dr John Michael Joseph Lynch

FRCPA 1969
Pathologist
Member for 60 years

Dr Robert Hugo Mackay

MBBS MELB 1955
Radiologist
Member for 65 years

Dr Dominic Marsland

DM GRIFF 2016
Doctor in Training
Member for 5 years

Dr Francis Arthur McDonnell

DCH 1952
Paediatrician
Member for 72 years

Dr Sean Alan Mitchell

BMBS QLD 2011
General Practitioner
Member for 3 years

Dr Ahalya Rao

DipBact 1952
Pathologist
Member for 69 years

**Dr William Ernest Martin
Renton-Power**

MBBS 1961
Surgeon
Member for 57 years

Dr Duncan Robertson

MBBS QLD 1953
General Practitioner
Member for 66 years

Dr Charles Terence Russell

MBBS QLD 1963
General Practitioner
Member for 13 years

Dr Harold Paul Spiro

DO 1954
Ophthalmologist
Member for 70 years

Dr Geoffrey James Stuart

MBBS QLD 1952
General Practitioner
Member for 67 years

Dr Albert Thomas Thomason

MBChB 1954
Anaesthetist
Member for 61 years

Dr Michael John Thompson

MBBS NSW 1981
Physician
Member for 34 years

Dr John Howard Wilfred Wagner

MBBS QLD 1951
General Practitioner
Member for 68 years

Dr William Bernard Watts

MBBS WA 1966
Physician
Member for 51 years

Dr Walter Wood

BSc(Med) QLD 1966
General Practitioner
Member for 58 years

Dr Thomas Guy Wright

MBBS QLD 1974
Obstetrician and Gynaecologist
Member for 20 years



Dr Maria Boulton
President

President's Report

As the pandemic cycled into its third year, 2022 proved another bruising one for our members, for the community, for patients, for doctors and for all healthcare workers. It was heartening to know AMA Queensland was there with its members on the front line during every COVID crisis of 2022, just as we were together on the front line of battles to: prevent dangerous pharmacy prescribing experiments from harming more people; stop the state government taxing patients for federally funded health services; support our regional workforce to maintain vital services like obstetrics; and drive legislation that prioritises the health and wellbeing of hospital staff. This report outlines our 2022 achievements proudly leading Queensland doctors and creating better health outcomes for Queenslanders.

Every Queenslanders who interacts with the healthcare system – professional or patient – is already reaping the benefits of just some of our 2022 activities. We are member led and patient centred. Rest assured your peak body is already building on 2022's momentum as we enter post-pandemic 2023.

COVID-19

By the close of 2022 we had lost more than 2,600 Australians to COVID. As doctors, we know this pandemic is not over and Queenslanders will feel its impact on our health system for years to come. Yet the public and political mood changed as the year progressed. Public health mandates, measures and reporting mechanisms were systematically dismantled by governments nationwide, transferring all responsibility for containing the spread onto individuals – even as our hospital system and exhausted staff buckled under the weight of the winter wave.

AMA Queensland led policy and advocacy activities throughout the year to support our members and their patients. We participated in state and federal stakeholder meetings to ensure our members were kept up to date and provided feedback on issues affecting our members and the community. The following are some of the issues we pushed for on behalf of members:



- ▶ Secured dedicated pathways for GPs to access PPE supplies.
- ▶ Demanded certainty around protocols for treating COVID patients in the community.
- ▶ Ensured improvements in referral pathways for patients.
- ▶ Arranged priority COVID PCR testing for private practice doctors, staff and their families when Queensland Health refused our request to do the same. Thank you to the private pathology companies who answered our call and provided this service.
- ▶ Advocated for the provision of quantitative fit testing for staff working in private practice, resulting in some PHNs and Metro North providing this service.
- ▶ Supplied constant, near real-time updates to members on government public health notifications.
- ▶ Advocated for Medicare rebates for COVID telehealth services to be extended, and for a new Medicare item for antiviral management.
- ▶ Prevented legislative changes that would have allowed pharmacists to prescribe COVID antivirals.
- ▶ Advocated for COVID antivirals to be added to the doctor's bag.
- ▶ Convinced the federal government to reinstate pandemic leave from mid-July for casual workers who might otherwise have gone to work, and, with ASMOFQ, persuaded Queensland Health to allow employees to access pandemic leave immediately.
- ▶ Delivered COVID Care Packages to 1,000 doctors in public hospitals and 19 private practices to thank members across the state for their tireless efforts during the pandemic.

Into 2023, we will continue to advocate for the strongest protections possible for doctors, healthcare workers and the community as we move into a new phase of the pandemic.

Advocacy

As a proud doctor-led and patient-centred member organisation, AMA Queensland promotes a compassionate, trusted and evidence-based approach to healthcare provision throughout the state. We actively engage with the Queensland Government on proposed changes to law, health budget, and policy affecting medical practitioners and patients.

Our Policy Team canvasses members' perspectives to develop submissions and other content that reflects the views of our members. We collect feedback via numerous channels including committee and working group meetings, surveys, our online member platform Queensland Doctors' Community, member and local medical association networking events and individual meetings. Listening to our members' concerns has always been the cornerstone of our advocacy efforts. It ensures we effectively reflect and champion your views.

In 2022, AMA Queensland undertook an extensive array of advocacy initiatives to address diverse and complex health matters:



- ▶ 35 submissions in response to government inquiries, legislative amendments and surveys
- ▶ 340 advocacy activities on behalf of members including ministerial correspondence and stakeholder meetings.

We are proud to present this overview of our advocacy in 2022 to achieve the best possible healthcare outcomes for all Queenslanders. Explore our activities in detail in the Advocacy section of our website.

Payroll tax

For many of our GP members, 2022 ended with the threat of payroll tax bills backdated five years, a consequence of the Queensland Revenue Office (QRO) changing the way it interprets GP tenancy agreements for payroll tax purposes.

It followed the 2021 *Thomas and Naaz* ruling in the New South Wales Civil and Administrative Tribunal. Under taxation harmonisation agreements, other states including Queensland adopted the interpretation that GP tenants working under room service agreements are liable for payroll tax under relevant contracts.

Even before the finalisation of *Thomas and Naaz*, the Queensland government began auditing practices and issuing backdated bills going back five years. This was a blatantly unfair state tax grab on federally funded healthcare services; a tax grab on our patients who would bear the cost of this because GP clinics cannot absorb another expense.

AMA Queensland had been seeking a meeting with the Treasurer since November 2021, advocating for a payroll tax exemption for medical practices. We instigated many meetings and correspondence with the QRO throughout 2022 to seek clarity for our members. We also held meetings with stakeholders, the Queensland Health Minister and other politicians.

After more than a year of advocating behind the scenes, we took our patient tax campaign public in November, with the first of several Parliament House press conferences I shared with courageous AMA Queensland members like Dr Aaron Chambers willing to share their harrowing stories about the risk of clinic closure.

In a significant win for affected members in December 2022, the QRO agreed to limit audit activities to after 1 July 2021, the year of the NSW tribunal ruling. The QRO's decision came as a direct result of AMA Queensland advocacy. It means the difference between some practices closing altogether and being able to remain open.

Following AMA Queensland's increased advocacy efforts, in February 2023 the Queensland Premier announced a payroll tax amnesty for eligible GP practices. Queensland is the only state or territory that has stepped up to show some relief for GP patients from payroll tax. However, the amnesty does not cover new practices and ends in 2025. Payroll tax will have to be passed on to patients, and it will disproportionately affect our most vulnerable Queenslanders – the elderly, chronically ill, the homeless and people experiencing financial distress. It will also lead to more pressure on our stretched emergency departments as GP care becomes less accessible.

Our unrelenting advocacy for payroll tax exemption continues in 2023 and our fierce media presence in January and February have fuelled the Queensland Government's recent efforts to collaborate with AMA Queensland on a solution. Our work won't end until we have secured an exemption for private medical practices, just as the QRO exempts public hospitals and some private hospitals.

Pharmacy prescribing

We are continuing to fight against dangerous plans to allow pharmacists to autonomously diagnose and prescribe for medical conditions outside their current scope of practice. AMA Queensland was initially part of the North Queensland pilot's steering committee but quit early in 2022 when the full scope of the pilot became clear, with other medical bodies following our lead. Unfortunately, in October the urinary tract infection (UTI) pharmacy prescribing pilot became a permanent part of Queensland's health system, despite hundreds of cases of misdiagnoses and women needing further medical treatment. As we closed the year the Queensland Government was still erroneously claiming the UTI pilot as a resounding success and the basis for the wider North Queensland program. Disappointingly, other states are now following in Queensland's flawed footsteps with similar trials.

It took months of our sustained pressure for the government to release the UTI pilot's evaluation. Member and AMA Queensland Councillor Dr Stephanie Dawson-Smith analysed that evaluation and documented its many significant flaws in her comprehensive issues paper she submitted to the Office of Research Ethics and Integrity at QUT, which designed and evaluated the pilot. AMA Queensland ensured her issues paper was also delivered to Queensland Health's Director-General and Chief Medical Officer.

In February we surveyed 1300 doctors – both members and non-members – and the results were shocking:

- ▶ 96 per cent of respondents believed the pilot was dangerous to patients and should not go ahead.
- ▶ Almost 20 per cent reported treating at least one patient for serious complications that were either missed or misdiagnosed under the UTI pilot – more than 240 patients in total.

Outgoing federal AMA President Dr Omar Khorshid spent his last week in the role joining AMA Queensland in Cairns midyear to meet with local doctors who treated women

harmed in the UTI pilot. He also visited the Aboriginal community of Yarrabah – one of the communities targeted to take part in this pilot, despite having a highly successful collaborative healthcare clinic with its own pharmacist. Our visit generated intense media interest and encouraged Far North Queensland doctors who were fighting against the pilot to join our organisation.

We fought for and secured a clear pathway for doctors to report patient complications from the UTI pilot, and we provided members with updates, correspondence, information and letter templates for engaging their local politicians. Through our advocacy, we have been able to delay the wider North Queensland pharmacy prescribing pilot's commencement and to reduce the number of serious medical conditions covered from 23 to 17.

We continue to advocate fiercely against this pilot, spearheading a national campaign with our state and federal AMA colleagues as we enter 2023. At the same time we continue to advocate for state and federal governments to fund sustainable, long-term solutions that will ensure patients have access to their GP.

QScript

AMA Queensland together with ASMOFQ were actively involved in the Queensland Government's ongoing QScript rollout throughout 2022. We recognise the important role of QScript in minimising harm from dangerous medicines and we are aware the program is already helping achieve that goal. However, this system remained a cause of frustration for members throughout the year.

After sustained AMA Queensland and ASMOFQ pressure in 2021, Queensland Health confirmed in January it would launch a review of the current regulations governing the use of QScript. By March, we had shared so many of our member concerns that the QScript Management Unit committed to providing six-monthly reports on the implementation, including current status, usage and activity. It also agreed to survey QScript users to identify potential improvements and how the unit can better support health practitioners to use the system.



Following months of advocacy, by September Queensland Health had acknowledged the high levels of concern among doctors, echoed in its post-implementation survey. That survey recorded concerns about issues including about legal liability and dissatisfaction with QScript's performance and responsiveness, prompting Queensland Health to consider policy changes that may require legislative amendment. This decision meant extending the current arrangements for a further 12 months, with Queensland Health monitoring, educating and encouraging (but not mandating) doctors to use QScript. Queensland Health has confirmed AMA Queensland will be consulted on the proposed policy and legislative changes after this period.

Public hospitals

Many of our members were impacted by Queensland Health's lurching from one public hospital crisis to the next throughout the year. According to the World Health Organization, we are facing a global shortfall of 15 million healthcare workers by 2030. It is clear we need real action in Queensland – including significant investment in healthcare services and staff, particularly those working in regional and remote healthcare facilities.

The 2022 *AMA Public Hospital Report Card* showed that one in three Queenslanders who needed urgent emergency department care in 2020-21 were not seen within the recommended 30 minutes. Queenslanders also waited longer than other Australians for elective surgery, with a median 42 days wait compared to Victoria's 28 days. This is no reflection on our hardworking doctors, nurses and other health care staff, who continue to do their best under the most challenging circumstances. It shows the need for a better, more sustainable funding model for our public hospitals.

We continue to call for the state government to develop a statewide workforce plan to assess our current and future workforce needs. This plan must encompass all aspects of health including public and private hospitals, primary care, aged care, NDIS and community care.

Ambulance ramping

After releasing the AMA Queensland's five-point Ramping Roundtable Action Plan in December 2021, we campaigned throughout the year for the Queensland Government to implement our recommendations and resolve the problems plaguing the public hospital system. The action plan called for:

- ▶ adding 1,500 more hospital beds across the state
- ▶ employing and training enough staff to keep acute hospitals fully functional seven days a week, with extended hours
- ▶ keeping hospitals operating at below 90 per cent capacity to allow for surges
- ▶ detailed analysis of patient flow within hospitals, and
- ▶ supporting alternative ways for patients to enter hospitals instead of through emergency departments (EDs).

ED staff spent much of the year stretched to breaking point. Hospitals had no capacity to handle any surges triggered by COVID waves, natural disasters or other emergencies. Their lived experience was echoed by successive reports describing a hospital system in crisis:



The data are not a reflection on paramedic or ED staff – they're a reflection of a broken system. I visited many hospitals in regional and metro areas during 2022 and had the opportunity to speak to doctors on the ground and listen to their concerns. I thank all those members for sharing your often traumatic experiences with me; I appreciate the trust you place in our membership organisation. It is clear that our health system is reliant on the altruism and tremendous effort from healthcare workers.

Sadly, we have seen little sign of improvement and will continue to pursue our Ramping Roundtable's five-point action plan to reduce stress on all areas of our hospitals. While the Queensland Government committed to implementing our Ramping Roundtable recommendations – including a budget promise to deliver 2,500 new hospital beds – those promises haven't translated into actions. Many of these beds will not be online for several years when, realistically, they were needed yesterday.



Resident Hospital Health Check

Our seventh annual *Resident Hospital Health Check* found Queensland's junior doctors were increasingly concerned that overwork and fatigue may lead to them making medical mistakes. Almost 60 per cent reported concerned about making a clinical error due to fatigue caused by hours worked, up from 51 per cent last year and 48 per cent in 2020.

A total of 719 junior doctors responded to the annual survey from AMA Queensland's Committee of Doctors in Training (CDT) and ASMOFQ, which compares the junior doctor experience and staff wellbeing in public hospitals around the state.

The survey attracted wide media interest across the state and nationally, and we took the results to the Queensland Health Workforce Summit on 27 September. CDT Chair Dr Rob Nayer's frank and fearless press conference performance convinced the Queensland Government to make room for CDT representation at the exclusive summit. We continue to fight for Queensland Health to offer support and quality training opportunities to junior doctors.



Mental health and wellbeing

In 2022, AMA Queensland achieved an important outcome in our long-running battle to better protect our doctors' mental health and wellbeing. The Queensland Government committed to amending the *Hospital and Health Boards Act 2011* to make Hospital and Health Services and their boards responsible for staff wellbeing and for promoting a culture that supports health, safety and wellbeing.

We have advocated strongly for these changes, which are similar to laws introduced in South Australia. Health Minister Yvette D'Ath flagged her intention to introduce these amendments at the November Health Workforce Mental Health and Wellbeing Summit, which was held as a result of AMA Queensland advocacy, particularly our Committee of Doctors in Training.

Regional maternity services

We spent the second half of the year raising concerns about obstetrics and gynaecology services, particularly in Central Queensland where the Gladstone and Biloela maternity units had been on bypass for months, and those flow-on effects at Rockhampton and other hospitals around the state.

In October I travelled to Rockhampton and Gladstone to hear firsthand from doctors and patients about the strained medical system in Central Queensland. Families and their healthcare teams are rightly fearful of women in labour being forced to drive more than an hour to deliver their baby in Rockhampton.

The patient stories were shocking – a family with a woman in labour who drove from Biloela to Gladstone, only to be told to keep driving to Rockhampton; a new mother who was given the option of a 90-minute ambulance trip without her baby to wait in the Rockhampton ED to have perineal sutures, or wait until 7am when the suturing-qualified midwife came on shift.

The staff stories were just as disturbing – not enough staff, consultants and residents doing the work of two to three people while also being on call, working 30-hour shifts with a four-hour break, no locums, no respite. Our international medical graduates feel abandoned and Australian-trained doctors warn they will walk away.





The phased reopening of the maternity unit, beginning with elective caesareans from mid-October, was a welcomed result of our advocacy but it did nothing to resolve the ongoing issues facing patients, doctors, nurses and midwives in Capricornia – or in the many other regional Queensland communities where maternity services are hanging on by a thread.

We warned back in 2018 when Queensland Health purchased the Mater Private Hospital in Gladstone that it would lead to the end of private obstetrics in the region. Sadly, we were right.

It is clear that Queensland Health must do more to support healthcare workers in regional Queensland:

- ▶ remove locum restrictions
- ▶ implement statewide accreditation
- ▶ increase supports to maternity units that remain open
- ▶ support obstetricians, anaesthetists, paediatricians and GPs with extended skills in obstetrics and anaesthetics.

These are just some of the many recommendations that need urgent action.

Redland Hospital

As the year closed we called for urgent action to address major concerns at our hospitals, including Redland Hospital, the only metropolitan Queensland Health hospital without an intensive care unit/critical care unit, 24/7 general surgical services and inpatient orthopaedic services.

State budget and government

As the state's peak body for the medical profession, we focus much of our advocacy resources on the state government to achieve outcomes for our members and their patients.

Ahead of each state budget, we lodge a comprehensive submission outlining key health priorities and initiatives the Queensland Government should adopt to respond to current issues while growing a strong healthcare sector. Recognising the health system's capacity, design and funding have failed to keep pace with state's growing and ageing population,

in 2022 we called for an urgent injection of more than \$2.34 billion into the health system to deliver five priority actions in the state budget:

- ▶ Implement the Ramping Roundtable Action Plan, starting with 1,500 more hospital beds across the state (>\$1.2 billion).
- ▶ Fill fundamental gaps in mental health (\$700 million).
- ▶ Address unmet need in palliative care (\$120.35 million).
- ▶ Make medical workplaces safe and healthy (\$1.67 million).
- ▶ Fix digital healthcare technologies (\$313 million).

As doctors, we know the long-term benefits of a healthier population pay for themselves over time, with fewer hospitalisations, reduced pressure on our ambulances and emergency departments and better mental health. Sadly, the Queensland Government was far more short-sighted. The budget's so-called 'record' health investment was a step in the right direction but the 5.6 per cent increase wasn't even enough to keep pace with inflation.

We were pleased the government listened to our demand for urgent action to address hospital access block and ambulance ramping, committing to 2,500 new beds. However, its plans to have only 290 of those online in the second half of 2023 was blatantly unacceptable – every Queensland hospital needed their beds yesterday, not in six years as some communities were earmarked to wait.

The Queensland parliament's inquiry in March into the state health system focused too heavily on federal responsibilities and was a missed opportunity to address real issues at the state level. We were disappointed that of the 40 recommendations from the committee, only four of them related to state government responsibilities. AMA Queensland engaged with the inquiry, including a submission and giving evidence, thinking it was an opportunity for us to really consider what Queenslanders need from their healthcare system and a chance to look at real ways to fix hospital ramping, surgical wait lists and hospital bed block. However, the final report appeared to be more about blame shifting on the eve of a federal election than finding real solutions.



Likewise, September's Queensland Health Workforce Summit provided no real solutions to the state's medical workforce crisis. A whole-of-healthcare system approach was needed: Instead, the summit focused on Queensland Health and ignored general practice, aged care and disability care. We are calling for a workforce plan to ensure we have enough healthcare workers to staff those beds and ensure other areas of the health system don't become further strained. Queensland must be the employer of choice to attract healthcare workers to our state. Queensland Health must do more to retain doctors currently working in public hospitals.

Spearheaded by our CDT, our relentless advocacy for better mental health support directly led to the government's November Health Workforce Mental Health and Wellbeing Summit. The event was largely the first step in Queensland Health identifying the scope of mental health issues in its workforce and much more still needs to be done. However, we're pleased our efforts led to the legislative changes I outlined in the above section on public hospitals.

Federal budget and election

2022 brought a federal election campaign and, disappointingly, neither side of politics committed to our call for the federal government to increase public hospital funding from 45 to 50 per cent alongside state funding for our public hospitals. That extra 5 per cent from the Commonwealth would inject an extra \$1.5 billion a year, enough to pay for the 1,500 extra beds Queensland needed.

As part of the AMA Clear the Hospital Logjam and Modernise Medicare campaigns, we held a virtual town hall meeting on 12 May for doctors and patients to share their experiences of the Queensland health system. We invited a range of political candidates and representatives to hear stories and explain their party's policies. Politicians who took part included Labor Senator Nita Green, Greens Senate candidate Penny Allman-Payne, Socialist Alliance Senate candidate Dr Kamala Emanuel and Independent candidate for Herbert, Dr Angela Egan (an AMA Queensland member). The federal LNP was unable to supply a candidate.

After the election and along with our federal colleagues, in May we committed to holding the new Labor Government to its promised \$750 million to support implementation of the Primary Care Plan, plus \$220 million in GP infrastructure grants. Labor also committed to a \$146 million investment to target regional, rural and remote communities with immediate health workforce needs, and had previously supported proposals to expand both the John Flynn Prevocational Doctor Program and the single employer model trial for GP registrars. These are practical policies that will help support the rural workforce. We are yet to see the funding reach where it is needed, and we continue calling for more as what has been committed thus far is not enough to support Queenslanders have ongoing access to their GP.

We were disappointed the October federal budget missed the opportunity for urgent and significant investment across the four pillars of preventive health, primary care, public hospitals, and private healthcare. The Medicare and hospital funding amounted to little more than usual recurrent spending and planned growth, not the new injection of funds our health system desperately needs.

The budget delivered little to address the issues affecting Queensland – ambulance ramping, bed access block, elective surgery wait lists and the woeful Medicare rebates for patients to access medical services. While the Health portfolio was spared funding cuts, the federal government's focus on cost of living overlooked quality of life, particularly for the thousands of Australians languishing on hospital waiting lists. Even worse, the budget cut \$2.4 billion nationally over the next four years from public hospital funding based on state forecasts of fewer hospital services to be delivered in that time.

By year's end, both the federal and state governments had stopped communicating the option of a 50-50 funding split with the states on COVID-related public hospital costs. However, we continue to advocate fiercely for this into 2023.

Medicare reform

The year saw a steady stream of attacks on general practice, predicated by decades of neglect from successive federal governments intent on eroding Medicare rebates to patients. AMA Queensland and our state and national counterparts spent 2022 actively engaging with governments at all levels to drive whole-of-healthcare reform for primary care, particularly Medicare rebate reform to ensure patients continue to have access to a robust and thriving general practice.

We took our *Modernise Medicare* to the profession, politicians and public. AMA Queensland has long said Medicare rebates are no longer fit for purpose and GPs cannot continue to subsidise patient access. We also successfully called on AMA Federal to review the AMA-recommended fees for GP consultation items so they better reflect the rising costs of providing the services.

We fought against the unfounded claims that were made on the media. Medicare rebates remain a key focus for 2023.

Drug law reform

In July 2021, AMA Queensland assembled a multi-disciplinary team of experts to collaborate in the AMA Queensland Drug Law Reform Roundtable. Experts from medicine, the legal profession, law enforcement, corrective services, health and community services, and people with lived experience of drug use, all came together to review the evidence. There was overwhelming consensus that Queensland's legal settings inhibit health outcomes.

Informed and emboldened by the wisdom of these experts, throughout 2022 AMA Queensland called for urgent and practical action to treat drug use as a health issue – action to address the underlying causes of substance misuse, encourage help-seeking behaviours, and increase drug users' contact with the health system. The reforms we're seeking don't change repercussions for supply and distribution of drugs, or contemporaneous offending related to drug purchasing or use. We anticipate a government decision in 2023.

Meanwhile, at July's AMA National Conference I reluctantly accepted the AMA-ACOSH Dirty Ashtray Award on behalf of the Queensland Government for its failure to protect children from the dangers of smoking and nicotine. We put the dubious award on display at Cancer Council Queensland's health expo at Parliament House in September.

Voluntary assisted dying

AMA Queensland has been engaging with our members about Queensland's Voluntary Assisted Dying (VAD) Scheme since 2020 when we first surveyed doctors for advice and input into the proposed legislation. The VAD Scheme became operational on 1 January 2023.

AMA Queensland worked closely with the state government throughout 2022 to ensure doctors were informed and prepared for the scheme's implementation, including their obligations under the legislation. Doctors still have many questions about how the VAD scheme will operate, eligibility criteria and practitioner applications. We published a suite of up-to-date resources on our website.





National Law changes

On my first official day as AMA Queensland President in June, I fronted a Queensland Parliamentary committee along with AMA Federal President Dr Omar Khorshid to argue against some of the proposed amendments to the National Law. Queensland was the jurisdiction tasked with leading the National Law changes and I told the committee the amendment enabling a public statement to be made about a practitioner before a complaint has been substantiated exacts a cruel psychological threat over a profession already under incredible stress. It robs practitioners of natural justice. “Does the government want the blood of doctors on its hands, because that is what it will lead to?” I asked the committee.

Omar and I both emphasised that our organisations absolutely support the principle of holding doctors to account for their conduct - but the existing safeguards against rogue practitioners are sufficient. We also called for a ban on cosmetic surgeons using online reviews to promote their services.

While the Queensland Parliament passed the National Law changes in October, we have not let this issue rest. In February 2023 we made submissions to Ahpra’s targeted consultation around implementation of the controversial new ‘naming and shaming’ provisions in the National Law. We repeated our denouncement of the laws as a gross violation of practitioners’ rights to natural justice and called for their immediate abandonment and repeal. Submissions were also made to mitigate, as much as possible, the catastrophic impacts for health practitioners wrongfully named under the provisions.

Vaping

A 2022 Cancer Council survey showed Queenslanders share AMA Queensland’s concerns about vaping, with almost 70 per cent saying they thought e-cigarettes are highly addictive, and 80 per cent felt that they should be banned in pubs, restaurants and on public transport.

Events

After two years of pandemic, 2022 saw the triumphant return of responsibly managed in-person events at AMA Queensland. Highly conscious of the tyranny of distance caused by Queensland sheer size, we created opportunities for regionally based members to come together. Thanks to every one of the 2184 attendees who took the time to connect with colleagues through our 39 events, many of them sell-outs. This report outlines some highlights.



Junior Doctor Conference – Cairns, Gold Coast

We took our Junior Doctor Conference to two regional communities in 2022, Cairns in July and Gold Coast in October. More than 200 attendees mingled with exhibitors, learnt from amazing speakers, and left feeling informed, inspired, and more confident on ways to be a better doctor.

Women in Medicine Breakfast – Townsville, Brisbane

Perhaps our fastest-selling events, the AMA Queensland Women in Medicine Breakfasts are as fun as they are informative, with plenty of time for catching up with old friends as well building networks of new colleagues. I was honoured to be invited to speak at October's breakfast in Brisbane, sharing the stage with AMA Queensland members Drs Eleanor Chew, Natasha Abeysekera, Fiona Raciti and Associate Professor Beverley Rowbotham.

Inaugural Senior Active Doctors Conference

AMA Queensland partnered with the Australian Senior Active Doctors Association (ASADA) to present August's highly successful inaugural Senior Active Doctors Conference in Redcliffe. Nearly 100 attendees and speakers came together to explore a range of issues facing senior doctors as they move to encore careers, change their practice focus, or transition to reduced practice. The conference drew considerable media interest and was reported on by the ABC, Channel 9, 4BC, and *The Courier-Mail*.

Private Practice Seminar Series – Toowoomba, Sunshine Coast, Gold Coast, Brisbane

Knowing how difficult it is for GP specialists and consultant specialists to take time out for professional development – particularly during a pandemic – in 2022 we took our Private Practice Seminar Series events to communities across South East Queensland. The fifth event was held online to ensure all our private practice members could gain quality business and practice advice from our corporate partners.





Medical Careers Expo – Brisbane

Back by popular demand, we relaunched our Medical Careers Expo in March and it proved a huge success in helping more than 200 Queensland medical students and junior doctors plot a career path to their dream job. Delegates received advice from panellists and speakers as well as a trade floor full of colleagues, hospital representatives and private operators.



Annual Conference – Northern Territory

It was a case of third time lucky for our AMA Queensland Annual Conference with several reschedules due to COVID. It was well worth the wait as the week-long conference in the Northern Territory was an outstanding success. More than 150 delegates enjoyed an informative and insightful conference program with speakers and panel sessions covering a myriad of issues including leadership, mental health, Indigenous healthcare, voluntary assisted dying, addiction medicine and more. Once again the conference was the perfect combination of professional development and tourism with delegates enjoying unforgettable natural and cultural experiences at Uluru and Alice Springs.



Dinner for the Profession – Brisbane

It was a pleasure to see so many members and their partners at our Dinner for the Profession in July. It was a career highlight for me to be inaugurated as President and I thank outgoing President Professor Chris Perry for his outstanding leadership of our membership organisation. After years of battling a pandemic, this was a particularly special occasion to recognise the extraordinary work of doctors and others devoted to improving community health. Former Army doctor and Brisbane GP Dr Bob Brown was awarded the *AMA Queensland Gold Medal*, our highest award for outstanding service to the community and the practice of medicine. Mackay paediatrician and telehealth pioneer Dr Michael Williams was awarded the *AMA Queensland Rural Health Medal* for outstanding health and advocacy services to rural communities. Professor Cindy Shannon was awarded the *AMA Queensland Excellence in Health Care Medal* for leading major reforms in Indigenous health.



AMA Queensland events 2022

Event	Type	Date
Workplace Relations Covid #5	Online	February
Medical Careers Expo	In person	March
WR Webinar Series 1: The Great Resignation	Online	April
WR Private Practice Seminar Series – Brisbane	Online	May
WR Private Practice Seminar Series – Brisbane	Online	May
Foundation Charity Event	In person	May
AMA Queensland AGM	In person	May
Women in Medicine – TSV	In person	June
WR Webinar Series 2: Performance Appraisals	Online	May
Virtual Town Hall – federal election	Online	May
Dinner for the Profession	In person	June
Annual conference NT	In person	June-July
Junior Doctor Conference Cairns	In person	July
WR Webinar Series 3: Recruitment	Online	July
Intern lunches x 8	In person	
WR Private Practice Seminar Series – Toowoomba	In person	August
Senior Active Doctors Conference	In person	August
Resident Hospital Health Check hospital visits x 3	In person	August
WR Webinar Series 4: Fundamentals of Leadership	Online	September
Junior Doctor Conference Gold Coast	In person	October
WR Private Practice Seminar Series – Gold Coast	In person	October
Women in Medicine Breakfast – Brisbane	In person	October
WR Private Practice Seminar Series – Sunshine Coast	In person	November
WR Webinar Series 5: Employment Statuses	Online	November

Event	Type	Date
Membership Milestone	In person	November
Intern Readiness Workshop Brisbane	In person	December
Private Practice Seminar Series Webinar	Online	December
Intern Readiness Workshop Gold Coast	In person	December
Intern Readiness Workshop Townsville	In person	December
Brisbane wine tasting and networking	In person	December

AMA Queensland isn't an entity – it's a collective of people passionate about improving our profession. I'd like to take this opportunity to thank you all for contributing your support, expertise and time including: our Board, Council, committee, round table and working group members; those who shared information on local issues through our events, media activities and stakeholder engagement; the AMA Queensland staff who provide secretariat, policy and other vital support; and all members who contributed to our profession and community during 2022.

You are the people who make it possible for us to achieve change. I am honoured to represent you.



Dr Maria Boulton
President





Dr Brett Dale
Chief Executive Officer

CEO Report

2022 was the year our membership organisation drove the national agenda on some of our profession's biggest issues including pharmacy prescribing and payroll tax. The sustained efforts of both members and staff throughout 2022 have forced National Cabinet to listen and convinced our federal and state counterparts to collaborate on combined campaigns. These are just two examples of the extent of the impact of Queensland's peak body for the medical profession. They are testaments to our strong strategic direction.

AMA Queensland Strategic Plan 2021-2023

Our vision is to be the most trusted, influential and engaged medical professional body in Queensland. Our mission is to deliver strong medical leadership through health advocacy that supports the medical profession and achieves better health outcomes for all Queenslanders.

Underpinning our success is a team of professionals who for two years now have been singularly focused on implementing AMA's Queensland's Strategic Plan 2021-2023, which guides our activities. We regularly measure our performance against the seven strategies comprising the strategic plan:

- ▶ service excellence
- ▶ corporate culture
- ▶ advocacy and policy
- ▶ engagement and communication
- ▶ innovation and technology
- ▶ growth and agility
- ▶ equity and diversity.

Our performance metrics are shared with the AMA Queensland Board and published on our website as quarterly and annual scorecards.

Scorecard

Our scorecard results in 2022 are outstanding.

We welcomed more than 575 new members to AMA Queensland and conducted more than 9,500 member engagements, handling inquiries, providing advice and supporting doctors in all career stages and specialties across the state. We conducted 427 key stakeholder meetings with Ministers, Directors General, government department heads and other medical groups, as well as consumer and patient groups. This stakeholder engagement also informed our advocacy, which focuses on influencing government policy and achieving the best possible working environment for doctors to deliver high-quality healthcare for Queenslanders. Our policy team delivered 340 advocacy items, an 81 per cent increase on 2021, ranging from ministerial correspondence and formal submissions to parliamentary inquiries, advice to government, feedback to members and responses to the public.

Our media impact was the most powerful in more than a decade. We issued 97 per cent more media releases than the previous year, fielded 39 per cent more media inquiries, achieved a 46 per cent jump in mentions and reached an accumulated audience of 97.6 million, a 62 per cent increase compared to 2021's audience. We have become the health spokesperson of choice for Queensland journalists and we have leveraged those opportunities to ensure our members' views are represented as often in regional news coverage as we are in statewide and national coverage. During 2022 our media voice didn't just lead Queensland's public conversation for our profession, our voice shaped the public debate on issues including COVID-19, ambulance ramping, the state government's proposed patient tax, regional maternity services, pharmacy prescribing, Medicare reform and mental health and wellbeing.

Representation with our industrial relations partner ASMOFQ is a key aspect of membership for our public hospital doctors. This year ASMOFQ undertook thousands of member engagements dealing with matters such as pay queries, leave allowances, disputes, rosters and breaks. The Doctors' Union worked tirelessly all year to keep Queensland Health and Mater accountable during respective MOCA 6 and Mater negotiations. The team's persistence resulted in ASMOFQ's in-principle agreement to Queensland Health's both revised MOCA 6 and VMO offers, signed in February 2023.

AMA Queensland's Workplace Relations (WR) team helped private practices with 222 employment contracts. The team also conducted more than 1,200 member engagements providing expertise and advice including onboarding employees, managing performance, handling disputes and various vaccine mandates affecting private practices. Our WR Support service is a key benefit of membership for our private practice members. Our subscriber WR Toolkit service provided up-to-date resources and templates, webinars, manuals and newsletters created by our workplace relations specialists. These are also available as individual purchases. Our specialist WR Consultancy product has now been in the market for more than year, offering bespoke advice and support for more complex matters. WR Consultancy offers expert WR and human resources services from developing and implementing new policies and procedures through to handling disputes and claims.



AMA QUEENSLAND
2022 OVERALL SCORECARD

MEDIA

+97% **79** MEDIA RELEASES & TRANSCRIPTS



+46% **1,986** MENTIONS
+39% **778** INQUIRIES

+62% **97.6M** ACCUMULATED MEDIA AUDIENCE

+11% **575** NEW MEMBERS

+5.7% **9,574** MEMBER ENGAGEMENTS



427 MINISTERIAL, GOVERNMENT AND KEY STAKEHOLDER MEETINGS

WORKPLACE RELATIONS



+11.6% **222** NEW EMPLOYMENT CONTRACTS
-35.5% **1,240** MEMBER ENGAGEMENTS

+81% **340** ADVOCACY



POLICY

BUSINESS SUPPORT SERVICES
110 MEETINGS AND MINUTES



EVENTS



+288% **31** IN PERSON | +60% **8** ONLINE
+141% **2,184** TOTAL ATTENDEES

This year the WR team delivered targeted workplace webinars on: the Great Resignation; performance appraisals; recruitment; leadership; and employment status. As the payroll tax threat increased, our WR team worked closely with our corporate partners and policy team to ensure affected practices were kept up to date and informed. The team was also on standby during the February floods. Natural disasters have implications for doctors, their businesses, patients and staff, and our WR team collated an overview of issues members may encounter following the floods including workers' compensation coverage, patient records, temporary closures, leave entitlements and counselling.

Our events team was back in force in 2022, ushering us into a 'COVID-normal' year of exciting in-person and online events reaching members no matter where they live in Queensland. We held 31 in-person events, a 288 per cent increase on 2021's pandemic-affected numbers. It was a pleasure to offer our members an interstate experience for our annual conference – the Northern Territory event was a highlight of the year. In all, more than 2,000 attendees participated in 39 opportunities to connect with colleagues, friends and experts through AMA Queensland events.

Our Business Support Services (BSS) team is the quiet achiever of our organisation, providing expert financial services for AMA Queensland as well as secretariat support to the Board, Council and our various committees and external clients. Our BSS services represent a strong income stream for AMA Queensland. The team managed 13 external clients and 110 meetings this year including all coordination, papers, agendas, minutes and actions, a tremendous feat requiring careful collaboration, coordination and attention to detail.

Our scorecard results for 2022 show we have a diversified business, agile workforce and strategic direction that is meeting member needs, strengthening our business and supporting the profession. As an organisation we are now reaping the tangible rewards of our strategic plan.

I'd like to take this opportunity acknowledge the tireless effort of the entire staff. Their dedication and contributions supporting the medical profession have been commendable.

Board, Council, committees and working groups

AMA Queensland achieves impressive results for our members because we are guided by you, Queensland's community of doctors from all crafts and career stages. The views you express through committees and working groups are prioritised and actioned by our dedicated Board and Council.

Prof Chris Perry's final term as President ended with May's Dinner for the Profession. I thoroughly enjoyed Chris's selfless and engaging leadership and I thank him for guiding us through two of the most tumultuous years in living memory for Queensland's medical profession. Chris passed the responsibility of presidency to Dr Maria Boulton who has proved a powerful force. I am deeply impressed with her commitment to improving our healthcare system for doctors and their patients. Maria's compassionate, fair and direct delivery ensures prime ministers, premiers, ministers and media all listen to her advice, even when they don't like it.





This year we welcomed new Council Chair and Vice President Dr Nick Yim, a Hervey Bay GP at the forefront of our ongoing battle against dangerous initiatives to allow inadequately trained community pharmacists to autonomously diagnose, prescribe and treat patients. Nick's approachable style is appreciated by journalists looking for a local angle for national health issues. He has become the face of AMA Queensland on TVs across our regional communities, helping doctors, patients and the public understand what those big health issues health mean for them.

AMA Queensland is grateful for the guidance and support of a highly qualified and committed Board led by one of the profession's most respected leaders, Dr Eleanor Chew. I thank the Chair and the Board for generously committing their expertise. Likewise, I thank our AMA Council Chair and members, who are the engine room for the remarkable volume of policy development and advocacy activities we undertake for members.

In 2022 we established new opportunities for members to participate in policy development. Our newly formed International Medical Graduate (IMG) Working Group conducted Queensland's first survey of IMGs to gather reliable data on the unique barriers and challenges they face. That data underpins the working group's current policy development activities to support our IMG members. We also established the inaugural Committee of Consultant Specialists to more fully reflect the views of these members. Our multidisciplinary Opioid Stewardship Roundtable was formed in response to poor medical and community outcomes from prescription opioids in private hospitals. We established the Payroll Tax Technical Advisory Group to ensure our members were armed with up-to-date information and advice about rapidly changing developments.

Members can be assured the profession has been safeguarded because of the individual and collective contributions of colleagues who serve our organisation in a formal capacity. I am delighted with their collective achievements in 2022.





AMA Queensland Foundation

AMA Queensland Foundation is part of our organisational DNA, with a long history of helping Queenslanders in need who have fallen through the cracks in Queensland's health system. The Foundation stands independently as a separate entity with its own Board and governance, with AMA Queensland providing the administrative support.

The Foundation by far exceeded its 2022 fundraising target of \$25,000 for Youngcare's At Home Care and Home Support Grants, securing more than \$75,000 through its charity dinner and mid-year tax appeal. And when flooding devastated Queensland communities, the Foundation offered immediate Flood Assistance Grants of up to \$5,000 for members of the public, doctors and medical practices who had suffered significant hardship as well as to help doctors and practices restore medical services in their communities while they waited for government assistance and insurance claims to be settled.

Corporate partners

We are delighted to bring our members a suite of targeted corporate partners with expertise, benefits and services for the Queensland medical profession spanning core needs such as financial planning, investments, wealth management, accounting and various insurance needs including private health and business, medico-legal representation and indemnity. In addition, we offer the extras of travel, wine and various lifestyle partnerships. Every year we carefully curate these partnerships, benefits and deals to ensure we are continually meeting our members' needs. In 2022 we added our AMA Queensland Member Benefits Program and its 1,500+ discounts and special offers to our existing catalogue of membership advantages.

A formidable force

I am deeply grateful to our directors, councillors, members, executive, staff and partners for helping make our organisation Queensland's most trusted, authoritative voice for healthcare. And I am extremely proud to be part of the AMA Queensland community where collectively we help lead Queensland doctors and create better health outcomes for our community. Supporting our community through the pandemic has honed our flexibility, agility and ingenuity as a membership organisation. I am confident AMA Queensland is in its strongest position yet to meet every challenge that arises.

A handwritten signature in black ink, appearing to read "Brett Dale".

Dr Brett Dale
Chief Executive Officer





Directors' Report

Your Directors present their report on the company for the financial year ended 31 December 2022.

Directors

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

Director	Responsibility
Mr Craig Allen*	Skilled Director 2022-24
Dr Maria Boulton*	Director 2021-2023 President 2022-23
Dr Eleanor Chew OAM*	Chair of Board 2022-23
Dr Sarah Coll*	Director 2019-23
Mrs Ann Fordyce	Skilled Director 2019-22
Prof Geoffrey Hawson*	Director 2022-2024
Dr Peter Isdale AM*	Skilled Director 2019-23
Dr Bavahuna Manoharan	Vice President 2020-22
Prof Christopher Perry OAM	President 2020-22
Prof Owen Ung*	Director 2022-2023
Dr Nicholas Yim*	Director 2020-22

* Indicates the current Board of Directors



Directors 2022

Details of Directors' experience and qualifications are as follows:



Craig Allen

Board Director 2022, Chair AMA Queensland Finance, Risk and Audit Committee.

Qualifications: MBA, B Comm., L.L.B., GAICD, SF Fin, CA, CCBI, GSFP, GradDipAppFin.

Experience: Current: Founder & CEO Infini Green, Director Boson Australia
Previous: Director and Group Chief Financial Officer Calibre Group.



Dr Maria Boulton

Dr Maria Boulton is the current AMA Queensland President, an industry leader, GP specialist, company director, media commentator and public speaker.

Current AMA Queensland President, Board Director (since 2021), Councillor (since 2019), Chair Committee of General Practice (2020-2022) and Member Governance Committee. AMA Federal Councillor (current), member AMA Fed MPC/CPSP/MHC, CGP (2021-2022).

Qualifications: MBBS (The University of Qld), FRACGP, GAICD, BSc (The University of Qld), Cert Clin Occ Med (Monash).

Experience: Vice President Queensland Medical Womens' Society (2021-2023), Director Australian GP Alliance (2019-2022), Director GPSA, Member RACGP REC Funding and Health System Reform Committee, Member RACGP Business Sustainability Working Group, Member RACGP Private Practice Owners Conference Steering Group, Rep RACGP Qld Council (2019-2020), Rep MDA Qld State Advisory Committee (2021-2022), Director-Family Doctors Plus, Plus Med, Corporate Doctors Plus, Healthtalks. Supervisor of Medical Students-The University of Qld and James Cook University, Supervisor of GP Registrars GPTQ/RACGP. 2 decades of experience working as a GP. GP Practice Owner. Supervising/registered doctor Resources Safety and Health Qld and NSW Coal Services.



Dr Eleanor Chew OAM

Chair of Board and Council 2020/21/22. Chair of Board 2022/23. Member, AMA Queensland Council, Governance Committee; Committee of General Practice, Finance, Risk and Audit Committee and Nominations Committee.

Qualifications: MBBS, FRACGP, MMed(GP), FAICD.

Experience: Director and Chair, General Practice Training Queensland; Member, RACGP Queensland Education Committee; Member, Medical Services Advisory Committee, Member, Diagnostic Imaging Accreditation Scheme Advisory Committee; Member, Diagnostic Imaging Advisory Committee; Panel Member, Professional Services Review Scheme; Assessor, Queensland Civil and Administrative Tribunal; Member, MBA Performance and Professional Standards Panel; Member, Avant Queensland Medical Experts Panel; Member, General Practice Mental Health Standards Collaboration; Independent GP, Ningi Doctors.



Dr Sarah Coll

Board Director 2018/19/20/21/22/23. Committee of Consultant Specialists Member. Past Councillor 5 years; Chair, AMA Queensland Nominations Committee.

Qualifications: MBBS, FRACS, FAOA, GAICD.

Experience: Specialist Orthopaedic Surgeon. 13 years working for Queensland Health and 16 years in private practice. Councillor, Royal Australasian College of Surgeons. AMA Fees List Committee Member.



Mrs Ann Fordyce

Skilled Board Director 2019/20/21/22. Member, AMA Queensland Finance, Risk and Audit Committee 2020/21/22.

Qualifications: BFinAdmin, MBA, FCA, GAICD.

Experience: Restructuring and turnaround specialist. Over 30 years in private practice within Chartered Accounting firms.



Associate Professor Geoffrey Hawson (UQ)

Board Director 2022/23; Member Nominations Committee; Senior Doctor Craft Group Representative (Council) (2016-); Chair Senior Doctor Working Group (2020/21/22); Member End of Life Working Group (2020/21/22) and iEMR Working Group (2018/19/20/21/22).

Qualifications: MBBS (1969) FRACP (1980) FACHPM (2000) FRCPA (1976), MAICD (2022), GIA (Affiliated) (2022), Certificate in Governance (Not-for-Profit) (GIA), Certificate in Health Economics (Monash), Certificate Financial Markets (SIA), Diploma Technical Analysis (ATAA); Intermediate Reserve Command Staff College Graduate, Major (1990).

Positions held: Eminent Specialist with Queensland Health (10 years) and medical specialist for over 45 years. Responsible for establishing and/or developing oncology, haematology and palliative care services at Nambour, Redcliffe and Caboolture Hospitals, and The Prince Charles Hospital (TPCH) as founding Director. Extensive experience in research, clinical trials, and pathology services.

Experience: Board Director, The Compass Institute, Sunshine Coast (2021-) President, Australian Senior Active Doctors Association Inc. (2019-); Past President and Secretary, Redcliffe and District Medical Association (RDMA). Past positions include Chair, Medical Advisory Board, Riverside Private Hospital; Chair, Institutional Ethics Committee, TPCH; Hospital Board Staff Observer, TPCH; Chair, Lung Group of Clinical Oncology Society of Australia; FRACP Representative, Pathology Committee, Australian Digital Health Agency; Member, The Australasian Lung cancer Trials Group (ALTG) Medical Advisory Committee; Chair, Pain Subcommittee of the Multinational Association of Supportive Care in Cancer; Member, Qld Health Oncology Services Advisory Committee; Member Qld Health Palliative Care Advisory Committee; Medical Oncology Group Australia Representative, Medicines Australia; Medical Advisor, Management Committee, Sunshine Coast Cancer Support Centre; Member, Qld Executive, Royal Australasian College Medical Administrators; Operational Commander, Medical Company 7 BASBY ; Board Director, Northside Christian Family Church; Member, Red Cross Blood Transfusion Service Committee; Member, Research Grant Clinical Assessment Panel for Queensland Cancer Fund; Member, Palliative Care Theme Map Group, UQ.



Dr Peter Isdale AM

Skilled Board Director 2017/18/19/20/21/22/23; Chair, Governance Committee 2018/19/20/21/22/23.

Qualifications: PhD JCU., Hon DSc JCU., FQA, MAICD.

Experience: Current: Chair, The Wetlands and Grasslands Foundation, Australia; Non-Executive Director and Chair of Governance Committee, Suncare Community Services Ltd; Chair, Medical Engineering Research Facility (MERF) Advisory Board QUT/ RPCH; Adjunct Professor, School of Mechanical, Medical and Process Engineering QUT; Adjunct Professor in Science and Technology, Commercialisation, School of Science, Technology and Engineering, University of the Sunshine Coast. Fellow, Queensland Academy of Arts and Sciences. Previous appointments include: Chair/Deputy, Non-Executive Director of 30+ companies since 1989 including Chair, Innovation Centre Sunshine Coast Pty Ltd; Non-Executive Director and Chair of Research Evaluation Panel, Emergency Medicine Foundation Ltd, Australia; Commercialisation Strategy Advisor, Office of Research University of the Sunshine Coast; CEO QUT Bluebox Pty Ltd; Group GM Research and Innovation, Transpacific Industries Group (ASX200); CEO, IMBcom Pty Ltd UQ; Executive Director Business and Finance, Australian Institute of Marine Science; Principal Research Scientist, Australian Institute of Marine Science.





Dr Bavahuna Manoharan

Vice President 2020/21/22. Executive General Manager August – November 2020. Board Director 2014/15/16/17/18/19/20/21/22. Councillor 11 years. Treasurer 2014/15/16/17. Member, AMA Queensland Council; Finance, Risk & Audit Committee; Governance Committee; Nominations and Remuneration Committee; Scope of Practice Working Group; and VMO Committee.

Qualifications: MBBS, MPH, BSc, GAICD, CHIA.

Experience: Deputy Executive Director Medical Services, Clinical Governance & Research, Gold Coast Health & Hospital Service (current); State Clinical Lead, Voluntary Assisted Dying Implementation Taskforce; State Clinical Director, Queensland Health COVID-19 Vaccination Taskforce; Member, TGA Advisory Committee on Medicines (ACM); Digital Health Advisor, Australian Digital Health Agency (current); Medical Assessor, Queensland Civil & Administrative Tribunal (current); State Advisory Committee, MDA National (current), Director AMA Ltd (current).



Professor Christopher Perry OAM

Past President (2020/21/22). Vice President 2019/20. Board Director 2019/20/21/22. Councillor 3 years. Member, AMA Queensland VMO Committee. Vice President, AMA Queensland Foundation 2020/21.

Qualifications: MBBS, DTM&H (Liverpool), FRACS, MAICD, Professor University of Queensland.

Experience: Councillor and Director, Royal Australian College of Surgeons (RACS) Council; Past President, Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS); Previous Chair, State Committee of the Royal Australasian College of Surgeons, Queensland; Chairman, Combined Multidisciplinary Head and Neck Cancer Clinic, Princess Alexandra Hospital. Consultant in Otolaryngology Head and Neck Surgery at Princess Alexandra Hospital and Queensland Children's Hospital. Consultant surgeon with 34 years' experience. Previously held training Fellowships at St Mary's Hospital London, The Royal Marsden National Cancer Hospital and the University of Virginia. Country GP experience in 1981 and worked in a rural hospital in West Africa in 1980. Examiner in Otolaryngology for the College of Surgeon Fellowship examinations. Chair, College of Surgeons Grants and Scholarships Committee. Previous examiner and visiting Professor in Papua New Guinea, Malaysia and the USA. Previously an Examiner in Otolaryngology for the College of Surgeons.



Owen Ung

Board Director 2022/23.

Qualifications: MB BS (University of Queensland) FRACS FAICD.

Experience: Local: Director MNHHS Comprehensive Breast Cancer Institute; Breast Program Clinical and Research Lead – Herston Bio-fabrication Institute; Professor of Surgery (UQ 2015). Visiting surgeon: Royal Brisbane and Women’s Hospital; Surgical Treatment and Rehabilitation Service (STARS). National: Federal Councillor RACS – Royal Australasian College of Surgeons; Member RACS Court of Examiners in General Surgery (2008); Member Academy of Surgical Educators (2013); Member Breast SurgANZ; Member, Endocrine Section RACS; Member, Australian and New Zealand Breast Cancer Trials Group; Member, Australasian Society for Breast Disease; Member GSA – General Surgeons Australia; Member, Clinical Oncology Society of Australia (COSA). International: Member ISS – International Surgical Society; Member IEAS – International Endocrine Association of Surgeons; President – Breast Surgery International (BSI); Panel Member ‘Best Doctors’ Australia and New Zealand, Global Network. Directorships: Director/Board – MIA – Medical Insurance Australia; Claims Committee – Chair; Clinical Risk Committee; Director/Board – MDASA – Medical Defence Association of South Australia; Director/Board – Specialist Services Medical Group; Director/Council member – Royal Australasian College of Surgeons; Office Holder – Chair of Audit; Finance Audit & Risk Committee (FARM); Governance Committee; Health Policy and Advocacy Committee (HPAC) – Deputy Chair; CPD Committee; Professional Services and Advocacy Committee (PSAC); Director/Board – AMA Queensland.



Dr Nicholas Yim

Board Director 2020/21/22. Vice President and Chair of AMA Queensland Council. Councillor 6 years. Member, AMA Queensland Council of General Practice; Governance Committee, Finance, Risk and Audit Committee. Member, AMA Council of General Practice; Chair of AMA Federal Medical Practice Committee.

Qualifications: BPharm MBBS FRACGP.

Experience: Immediate Past President, Fraser Coast Local Medical Association; GP Clinical Lead, UQ Rural Clinical School, Hervey Bay; Director, Red Star Medical Pty Ltd.





Role of the Board of Directors

The AMA Queensland Board of Directors sets and monitors the strategic direction and policies of the Company and delegates the administration and operation of the affairs of the Company to the CEO.

AMA Queensland Directors carry out their duties and their responsibilities under the Corporations Act, the Company's constitution and by-laws.

Role of the Council

The Council is responsible for:

- ▶ determining questions and matters of policy for the Association;
- ▶ making recommendations to the Board about representing the Association on all matters of policy with government or other bodies or persons;
- ▶ reviewing the Association's existing health policies to ensure they remain relevant; and
- ▶ assisting to ensure that the Association's health policies represent the views of members.

Board meetings attended while a Board Director

1 January 2022 to 31 December 2022

Name	Meetings		Change of office
	held	Attendance	
Mr C Allen	2	2	Appointed 28 July 2022
Dr M Boulton	5	5	Appointed 27 May 2022
Dr E Chew	7	6	
Dr S Coll	7	7	
Ms A Fordyce	2	2	Resigned 27 May 2022
A/Prof Geoffrey Hawson	5	5	Appointed 27 May 2022
Dr P Isdale	7	7	
Dr B Manoharan	2	1	Resigned 27 May 2022
Prof C Perry	2	2	Resigned 27 May 2022
Prof O Ung	2	2	Appointed 28 July 2022
Dr N Yim	7	7	

Council meetings attended while a Councillor

1 January 2022 to 31 December 2022

Name	Meetings held	Attendance	Change of office
Dr H Abdeen	2	2	Appointed 27 May 2022
Dr A Attokaran	2	2	Appointed 27 May 2022
Dr S Bandi	4	3	
Dr V Bhamidi	2	2	Appointed 28 July 2022
Dr K Bondeson	4	4	
Dr M Boulton	4	4	
Dr E Chew	4	3	Ex officio as of 27 May 2022
Dr M Clements	2	0	Retired 27 May 2022
Dr S Coll	0	0	Resigned 23 February 2022
Dr A Cronin	4	3	
Dr E Dauway	4	2	
Dr S Dawson-Smith	2	2	Appointed 27 May 2022
Dr D Dhupelia	2	2	Retired 27 May 2022
Dr D Ekanayake	4	3	
Dr H Ellepola	2	2	Appointed 28 July 2022
Dr L Fraser	2	2	Appointed 28 July 2022
Dr E Gannon	4	4	
A/Prof G Hawson	4	3	
Dr L Jones	2	2	Appointed 27 May 2022
Dr S Kelly	2	2	Ex officio as of 7 July 2022
Dr A Kothari	2	2	Appointed 27 May 2022
Dr B Manoharan	2	2	Retired 27 May 2022
Dr V Moudgil	4	4	Retired 27 May 2022; appointed 28 July 2022
Dr R Nayer	3	3	

Name	Meetings held	Attendance	Change of office
A/Prof C Nydam	4	3	
Dr R O'Rourke	4	3	
Prof C Perry	4	4	
Dr F Raciti	4	4	
Prof T Rahman	2	1	Retired 27 May 2022
Dr L Robinson	2	0	Retired 27 May 2022
Dr S Senthuran	4	3	
Dr E Shao	2	1	Retired 27 May 2022
Dr D Shepherd	4	3	
Mr S Singh	4	1	
Dr M Taylor	2	1	Retired 27 May 2022
Dr B Wakefield	4	3	
Dr I Williams	2	2	Retired 27 May 2022
Dr N Yim	4	4	





Principal Activity

The principal activity of the company during the financial year was to support, promote and advocate for the medical profession in Queensland.

Objectives and strategy, review of operations

The objects for which the Company is established are:

- (a) to promote, protect and advance the medical and associated sciences in Queensland;
- (b) to maintain the honour and interests of the medical profession;
- (c) to form a fellowship among members of the medical profession in Queensland and a medium through which their opinions can be ascertained or expressed;
- (d) to advance the general and social interests of the medical profession;
- (e) to settle disputed points of practice and to decide questions of professional usage and courtesy;
- (f) to maintain the tradition and integrity of the medical profession;
- (g) to consider originate and promote improvements in laws relating to the medical profession or to the medical or associated sciences and to support oppose or petition Parliament about those laws and to take steps and proceedings as may be necessary; and
- (h) to do any other lawful things that are incidental to and conducive of promoting, protecting and advancing the interests of the medical profession, including providing for innovation and flexibility

To achieve these objectives, the company has adopted a Strategic Plan including various strategies and measures available at the following link: ama.com.au/qld/strategic-plan

The financial position of the company decreased with total equity of \$5,509,053 at year end, after a loss in the year of \$145,369. The result was based on total revenue of \$4,375,709 including \$3,196,229 from member based activities. The Directors are satisfied with the financial performance of the company in the current economic and medical professional environment.

The company will continue with its objectives and strategies in the new financial year. The impact on the company of current changes in the Australian and global economies is difficult to predict, however there has been changes reflective of general market declines in the value of the financial investments portfolio. The company has entered into Access, Indemnity and Insurance Deeds with all Directors and the Company Secretary.

Information on company secretary

The role of Company Secretary was performed by:

- ▶ Dr Brett Dale: 11 December 2020 – current

Members liability

The company is a public company limited by guarantee incorporated under the Corporations Act 2001. There is a liability of \$10 per member in the event of winding up the company. As at 31 December 2022 the number of members was 5,636 (2021: 5,617).

Auditor's independence declaration

A copy of the auditor's declaration as required under section 307C of the Corporations Act 2001 is set out on page 33.

Signed in accordance with a resolution of Directors.

Dr Maria Boulton
President

Dated at Brisbane on 27th April 2023

Auditor's Independence Declaration



Tel: +61 7 3237 5999
Fax: +61 7 3221 9227
www.bdo.com.au

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Brisbane QLD 4000
GPO Box 457 Brisbane QLD 4001
Australia

DECLARATION OF INDEPENDENCE BY CAMERON HENRY TO THE DIRECTORS OF AMA QUEENSLAND LIMITED

As lead auditor of AMA Queensland Limited for the year ended 31 December 2022, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'C. Henry', written in a cursive style.

Cameron Henry
Director

BDO Audit Pty Ltd

Brisbane, 27 April 2023

Statement of Profit or Loss and Other Comprehensive Income for the year ended 31 December 2022

	Notes	2022 \$	2021 \$
REVENUE	2	4,375,709	4,200,039
EXPENSES			
- Council, President and Executive Support		(762,246)	(747,282)
- Membership, Marketing, Public Relations and Media		(1,294,685)	(1,188,368)
- Workplace Relations and Policy		(738,308)	(708,322)
- Corporate Services		<u>(1,521,578)</u>	<u>(1,596,618)</u>
PROFIT/(LOSS) BEFORE INCOME TAX EXPENSE	3	<u>58,892</u>	<u>(40,551)</u>
INCOME TAX (EXPENSE)/BENEFIT	4	<u>(71,192)</u>	<u>-</u>
PROFIT/(LOSS) FOR THE YEAR		<u>(12,300)</u>	<u>(40,551)</u>
OTHER COMPREHENSIVE INCOME			
Items that may be reclassified subsequently to profit or loss:			
Fair value gains/(losses) on revaluation of financial assets	10	(133,069)	88,944
OTHER COMPREHENSIVE INCOME FOR THE YEAR		<u>(133,069)</u>	<u>88,944</u>
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE YEAR		<u>(145,369)</u>	<u>48,393</u>
Total comprehensive income/(loss) attributable to members of the entity		<u>(145,369)</u>	<u>48,393</u>

The accompanying notes form part of the financial statements

Statement of Financial Position for the year ended 31 December 2022

	Notes	2022 \$	2021 \$
CURRENT ASSETS			
Cash and Cash Equivalents	6	1,477,917	2,119,118
Trade and Other Receivables	7	84,202	159,708
Other Assets	9	231,251	196,126
TOTAL CURRENT ASSETS		1,793,370	2,474,952
NON-CURRENT ASSETS			
Deferred Tax Assets	8	-	73,292
Financial Assets	10	1,864,064	1,799,003
Investment Property	11	2,577,419	2,205,958
Property, Plant and Equipment	12	1,418,362	1,526,826
TOTAL NON-CURRENT ASSETS		5,859,845	5,605,079
TOTAL ASSETS		7,653,215	8,080,031
CURRENT LIABILITIES			
Trade and Other Payables	13	1,591,093	1,816,723
Borrowings	14	97,309	86,300
Provisions	15	156,212	117,571
TOTAL CURRENT LIABILITIES		1,844,614	2,020,594
NON-CURRENT LIABILITIES			
Trade and Other Payables	13	1,454	19,860
Borrowings	14	298,094	383,055
Deferred Tax Liabilities	8	-	2,100
TOTAL NON-CURRENT LIABILITIES		299,548	405,015
TOTAL LIABILITIES		2,144,162	2,425,609
NET ASSETS		5,509,053	5,654,422
MEMBERS' EQUITY			
Reserves	16	(59,480)	127,991
Retained Earnings		5,568,533	5,526,431
TOTAL MEMBERS' EQUITY		5,509,053	5,654,422

The accompanying notes form part of these financial statements

Statement of Cash Flows

for the year ended 31 December 2022

	Notes	2022 \$	2021 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Subscription Receipts from Members		3,077,795	3,186,271
Other Receipts		947,278	1,138,372
Payments to Suppliers and Employees		(4,320,410)	(4,625,269)
Interest Received		6,713	8,017
Dividends received		58,691	44,578
Interest Paid		(16,088)	(17,163)
Net Cash Provided by (used in) Operating Activities	20(a)	<u>(246,021)</u>	<u>(265,194)</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Purchase of Property, Plant and Equipment		(41,132)	(294,770)
Purchase of Investment Property		(67,364)	(11,601)
Proceeds from sale of Financial Assets		926,863	1,065,927
Purchase of Financial Assets		(1,139,595)	(965,618)
Net Cash Provided by (used in) Investing Activities		<u>(321,228)</u>	<u>(206,062)</u>
CASH FLOW FROM FINANCING ACTIVITIES			
Repayment of borrowings		(73,952)	(69,631)
Net Cash Provided by Financing Activities		<u>(73,952)</u>	<u>(69,631)</u>
Net Increase/(decrease) in Cash Held		(641,201)	(540,887)
Cash and cash equivalents at the Beginning of Year		2,119,118	2,660,005
Cash and cash equivalents at the End of Year	20(b)	<u>1,477,917</u>	<u>2,119,118</u>

The accompanying notes form part of these financial statements

Statement of Changes in Equity for the year ended 31 December 2022

	Financial Assets Reserve \$ (Note 16)	Retained Earnings \$	Total \$
Balance at 1 January 2021	39,047	5,566,982	5,606,029
Profit/(Loss) for the Year	-	(40,551)	(40,551)
Other comprehensive income	88,944	-	88,944
Balance at 31 December 2021	<u>127,991</u>	<u>5,526,431</u>	<u>5,654,422</u>
Profit/(Loss) for the Year	-	(12,300)	(12,300)
Other comprehensive income	(133,069)	-	(133,069)
Transfer of gain/(loss) on sale of financial assets at fair value through other comprehensive income to retained earnings	(54,402)	54,402	-
Total Comprehensive Income	<u>(187,471)</u>	<u>42,102</u>	<u>(145,369)</u>
Balance at 31 December 2022	<u>(59,480)</u>	<u>5,568,533</u>	<u>5,509,053</u>

The accompanying notes form part of these financial statements

Notes to Financial Statements for the year ended 31 December 2022

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report covers the Australian Medical Association Queensland Limited (AMA Queensland or the Company). AMA Queensland is a public company limited by guarantee, incorporated and domiciled in Australia.

The financial statements were authorised for issue on the same date as signing of the Directors Declaration by the directors of the Company.

New or amended Accounting Standards and Interpretations adopted

The Company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Company.

The following Accounting Standards and Interpretations are most relevant to the Company:

Conceptual Framework for Financial Reporting (Conceptual Framework)

The Company has adopted the revised Conceptual Framework from 1 January 2022. The Conceptual Framework contains new definition and recognition criteria as well as new guidance on measurement that affects several Accounting Standards, but it has not had a material impact on the Foundation's financial statements.

AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The Company has adopted AASB 1060 from 1 January 2022. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel and related parties.

Basis of Preparation

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the AASB and the Corporations Act 2001, as appropriate for for-profit oriented entities.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below. They have been consistently applied unless stated otherwise.

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

Accounting Policies

(a) Income Tax

AMA Queensland adopts the "principle of mutuality" for taxation purposes, where assessable income consists only of moneys derived from external (non-member) sources.

The income tax expense (benefit) for the year comprises current income tax expense (benefit) and deferred tax expense (benefit).

Current income tax expense charged to profit and loss is the tax payable on taxable income for the current period. Current tax liabilities (assets) are measured at the amounts expected to be paid to (recovered from) the relevant taxation authority using tax rates (and tax laws) that have been enacted or substantially enacted by the end of the reporting period.

Deferred income tax expense reflects movements in deferred tax asset and deferred tax liability balances during the year as well as unused tax losses.

Current and deferred income tax expense (benefit) is charged or credited outside profit or loss when the tax relates to items that are recognised outside profit or loss.

Except for business combinations, no deferred income tax is recognised from the initial recognition of an asset or liability where there is no effect on accounting or taxable profit or loss.

Deferred tax assets and liabilities are calculated at the tax rates that are expected to apply to the period when the asset is realised or the liability is settled and their measurement also reflects the manner in which management expects to recover or settle the carrying amount of the related asset or liability.

Deferred tax assets relating to temporary differences and unused tax losses are recognised only to the extent that it is probable that future taxable profit will be available against which the benefits of the deferred tax asset can be utilised.

Where temporary differences exist in relation to investments in subsidiaries, branches, associates, and joint ventures, deferred tax assets and liabilities are not recognised where the timing of the reversal of the temporary difference can be controlled and it is not probable that the reversal will occur in the foreseeable future.

Current tax assets and liabilities are offset where a legally enforceable right of set-off exists and it is intended that net settlement or simultaneous realisation and settlement of the respective asset and liability will occur. Deferred tax assets and liabilities are offset where a legally enforceable right of set-off exists, the deferred tax assets and liabilities relate to income taxes levied by the same taxation authority on either the same taxable entity or different taxable entities where it is intended that net settlement or simultaneous realisation and settlement of the respective asset and liability will occur in future periods in which significant amounts of deferred tax assets or liabilities are expected to be recovered or settled.

(b) Property, Plant and Equipment

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

Property

Freehold land and buildings are measured on the cost basis. The carrying amount of freehold land and buildings is reviewed annually by the Directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amount.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount

Notes to Financial Statements for the year ended 31 December 2022

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer Note 1(f)) for details of impairment).

Depreciation

Buildings are depreciated using the straight line basis, all other fixed assets, but excluding freehold land are depreciated on a straight-line basis, over their useful lives to the company commencing from when the asset is held ready for use.

The useful lives used for each class of depreciable assets are:
Class of Fixed Asset Useful Lives

- ▶ Buildings – 40 years
- ▶ Motor vehicles – 8 years
- ▶ Equipment and furniture – 4–20 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each financial year.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise.

(c) Investment Property

Investment property comprising freehold office complexes is held to generate long term rental yields. All tenant leases are on an arm's length basis. Investment property is measured on the cost basis, less depreciation and impairment losses.

Investment property consists of the portion of land and buildings owned by the company which are leased to other entities. The cost of the land and buildings is split between Investment Properties and Property, Plant and Equipment based on the floor space.

The buildings have been depreciated using the straight line basis, over their useful lives to the company commencing from when held ready for use.

The useful lives of the buildings are 40 years.

(d) Leases

The Company as lessee

At inception of contract, the Company assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Company. However, all contracts that are classified as short-term leases (i.e. a lease with a remaining lease term of 12 months or less) and leases of low-value assets are recognized as an operating expense on a straight line basis over the term of the lease.

The Company as lessor

The Company leases office space in its buildings to external parties.

Upon entering into each contract as a lessor, the Company assesses if the lease is a finance or operating lease.

The contract is classified as a finance lease when the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases not within this definition are classified as operating leases.

Rental income received from operating leases is recognized on a straight-line basis over the term of the specific lease.

Initial direct costs incurred in entering into an operating lease (for example legal cost, cost to setup) are included in the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

(e) Financial Instruments

Initial recognition and measurement

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

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component.

Classification and subsequent measurement

Financial liabilities

All of the company's financial liabilities are subsequently measured at amortised cost using the effective interest method.

Financial assets

Financial assets are subsequently measured at:

- ▶ amortised cost; or
- ▶ fair value through other comprehensive income.

A financial asset is subsequently measured at amortised cost when it meets the following conditions:

- ▶ the financial asset is managed solely to collect contractual cash flows; and
- ▶ the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset is subsequently measured at fair value through other comprehensive income when it meets the following conditions:

- ▶ the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and
- ▶ the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

Equity instruments (financial assets)

On initial recognition, as long as the equity instrument is not held for trading, the entity made an irrevocable election to measure the equity instruments in other comprehensive income, while the dividend revenue received on underlying equity instruments investment will still be recognised in profit and loss.

Notes to Financial Statements for the year ended 31 December 2022

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires).

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All of the following criteria need to be satisfied for derecognition of financial asset:

- ▶ the right to receive cash flows from the asset has expired
- ▶ or been transferred;
- ▶ all risk and rewards of ownership of the asset have been substantially transferred; and
- ▶ the entity no longer controls the asset (i.e. it has no practical ability to make unilateral decisions to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of an investment in equity which was elected to be classified under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investments revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings.

Impairment

The entity recognises a loss allowance for expected credit losses on:

- ▶ financial assets that are measured at amortised cost or fair value through other comprehensive income;

Loss allowance is not recognised for:

- ▶ equity instruments measured at fair value through other comprehensive income.

There are no expected credit losses in the entity's financial assets.

(f) Impairment of Assets

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

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

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

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

(g) Employee Benefits

Short-term employee benefits

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

Other long-term employee benefits

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

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

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

(h) Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured using best estimate of the amounts required to settle the obligation at reporting date.

(i) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less.

(j) Revenue recognition

The Company has a wide range of revenue sources including membership subscriptions, advisory services, partnership/ sponsorship services, events, property rental income and investment income. This revenue is earned from members, other customers and from investments.

Notes to Financial Statements for the year ended 31 December 2022

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

When the Company receives this revenue it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Company:

- ▶ identifies each performance obligation relating to the revenue
- ▶ recognises a contract liability for its obligations under the agreement
- ▶ recognises revenue as it satisfies its performance obligations (usually at time of delivery)

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

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

If a contract liability is recognised as a related amount above, the Company recognises income in profit or loss when or as it satisfies its obligations under the contract. Revenue is recognised at the price stipulated in the sales contract, and a receivable is raised. There is minimal return of services.

Revenue from financial investments comprises interest, dividends and profits/losses realised on sale of investments.

Interest income is recognised using the effective interest method.

The Company recognises dividends in profit or loss only when the Company's right to receive payment of the dividend is established.

Profits/losses realised on sale of investments are recognized at the time of disposal. Unrealised profits/losses arising from market value movements are recognised in other comprehensive income.

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

(k) Accounts Receivable and Other Debtors

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

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(f) for further discussion on the determination of impairment losses.

(l) Goods and Services Tax (GST)

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

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

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

(m) Comparative Figures

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

(n) Critical Accounting Estimates and Judgements

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

Key judgements taken in preparation of the financial report are the determination member activities for tax calculations (note 4), the use of fair value for financial assets (note 10) and cost for property (notes 11 and 12).

(o) Fair Value of Assets and Liabilities

The Company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the Company would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability.

The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets.

Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

Notes to Financial Statements for the year ended 31 December 2022

2 REVENUE

	Notes	2022 \$	2021 \$
Council, President and Executive Support		28,638	33,895
Membership, Marketing, Public Relations and Media		3,196,229	3,009,072
Workplace Relations and Policy		191,683	265,487
Corporate Services		893,755	838,990
Interest - unrelated parties		6,713	8,017
Dividends received - unrelated parties		58,691	44,578
		<u>4,375,709</u>	<u>4,200,039</u>

3 SURPLUS FOR THE YEAR

Profit before income tax includes the following specific items of revenue and expense:

- Revenue			
Net profit/(loss) on sale of listed investments		(14,602)	76,693
Donations and bequests		-	886
- Expenses			
Auditors' Remuneration	5	20,700	19,230
Depreciation			
- Investment Property		82,622	76,964
- Buildings		75,356	67,496
- Motor Vehicle		4,890	5,583
- Plant and Equipment		67,877	76,940
Total Depreciation		<u>230,745</u>	<u>226,983</u>
Finance costs		16,088	17,163
Short term leases		23,122	2,939
Employee Benefits			
- Wages		2,147,545	2,277,803
- Superannuation		209,380	217,176
Total Employee Benefits		<u>2,356,925</u>	<u>2,494,979</u>
Impairment Reversal			
- Investment Property (Note 11)		(386,719)	-

Notes to Financial Statements for the year ended 31 December 2022

4 INCOME TAX EXPENSE/(BENEFIT)

	Notes	2022 \$	2021 \$
(a) The components of tax expense (benefit) comprise			
Current tax		-	-
Deferred tax		71,192	-
		<u>71,192</u>	<u>-</u>

(b) The prima facie tax on profit from ordinary activities before income tax is reconciled to the income tax expense as follows:

Prima facie tax payable/(refund) on profit/(loss) from ordinary activities before income tax at 25% (2021:26%)		<u>(3,075)</u>	<u>(10,543)</u>
Add (Less) Tax effect of:			
- deferred tax assets not recognised		118,823	(14,175)
- non-deductible items		3,219	2,403
- non-taxable/(deductible) items		(96,680)	-
- utilisation of prior period tax losses		-	25,016
- profit/(loss) attributed to member activities		(22,287)	(2,701)
- assessable capital gains		9,394	20,115
- utilisation of prior period capital losses		(9,394)	(20,115)
- reversal of previously recognised deferred tax assets		71,192	-
Income tax attributable to the entity		<u>71,192</u>	<u>-</u>

The estimated current income tax losses not booked of \$1,227,137 (2021: \$632,169) are available to be recouped from future non-mutual income i.e. taxable income from external sources. The company also has an unbooked capital tax loss of \$73,574 (2021: \$111,149) available to be recouped against future assessable gains.

5 AUDITORS' REMUNERATION

Auditing the Financial Report	17,200	16,000
Taxation	3,500	3,230
	<u>20,700</u>	<u>19,230</u>

6 CASH ASSETS

Cash at Bank	1,477,317	2,118,518
Cash on Hand	600	600
	<u>1,477,917</u>	<u>2,119,118</u>

7 TRADE AND OTHER RECEIVABLES

CURRENT		
Trade and Sundry Receivables	84,202	159,708
Less Loss allowance	-	-
	<u>84,202</u>	<u>159,708</u>

Notes to Financial Statements for the year ended 31 December 2022

8 TAX

	Notes	2022 \$	2021 \$
(a) Liabilities			
NON CURRENT			
Deferred tax liability comprises temporary differences		-	2,100
		<u>-</u>	<u>2,100</u>
(b) Assets			
NON CURRENT			
Deferred tax assets comprises temporary differences		-	73,292
		<u>-</u>	<u>73,292</u>
(c) Reconciliations			
(i) Gross Movements			
The overall movement in the deferred tax accounts is as follows:			
Opening balance		71,192	71,192
Charge/(Credit) to statement of comprehensive income		(71,192)	-
Closing balance		<u>-</u>	<u>71,192</u>
(c) Reconciliations continued			
(ii) Deferred Tax Liability			
The movement in deferred tax liability for temporary differences during the year is as follows:			
Opening balance		2,100	2,100
Charge/(Credit) to the statement of comprehensive income		(2,100)	-
Closing balance		<u>-</u>	<u>2,100</u>
(iii) Deferred Tax Assets			
The movement in deferred tax assets for temporary differences during the year is as follows:			
Opening balance		73,292	73,292
Charge/(Credit) to the statement of comprehensive income		(73,292)	-
Closing balance		<u>-</u>	<u>73,292</u>

Notes to Financial Statements for the year ended 31 December 2022

9 OTHER ASSETS

	Notes	2022 \$	2021 \$
CURRENT			
Prepayments		231,251	196,126
		<u>231,251</u>	<u>196,126</u>

10 FINANCIAL ASSETS

NON CURRENT			
Investments in equity instruments designated at fair value through other comprehensive income:			
Listed Investments		1,864,064	1,799,003
Total		<u>1,864,064</u>	<u>1,799,003</u>
Movement in the year is:			
Balance at beginning of year		1,799,003	1,733,675
Additions		1,139,595	965,618
Proceeds of disposals		(941,465)	(989,234)
Fair Value Measurement Gain/(Loss)		<u>(133,069)</u>	<u>88,944</u>
		<u>1,864,064</u>	<u>1,799,003</u>

Investments in equity instruments are held for medium- to long- term planned purposes and are not held for trading. The entity elected to designate investments in equity instruments above at fair value through other comprehensive income, on the basis that recognising current shorter-term fluctuations in these investments' fair value in profit or loss would not be in line with the entity's plan to keep this over a longer term.

Overall performance of the investment portfolio is summarised as:

Recognised in profit and loss			
- Dividends		58,691	44,578
- Interest		6,717	8,017
- Profit/(Loss) on sale		<u>(14,602)</u>	<u>76,693</u>
		50,806	129,288
Recognised in other comprehensive income:			
- Fair value gain/(loss)		<u>(133,069)</u>	<u>88,944</u>
Total Performance		<u>(82,263)</u>	<u>218,232</u>

Notes to Financial Statements for the year ended 31 December 2022

11 INVESTMENT PROPERTY

	Notes	2022 \$	2021 \$
Land and Building - Hunstanton and Toowoomba (at cost)		3,067,245	2,735,709
Less Accumulated Depreciation		<u>(489,826)</u>	<u>(529,751)</u>
		<u>2,577,419</u>	<u>2,205,958</u>
 (a) Movements in carrying amounts			
Balance at the Beginning of Year		2,205,958	2,271,321
Additions		67,364	11,601
Depreciation Expense		(82,622)	(76,964)
Reversal of impairment		<u>386,719</u>	<u>-</u>
		<u>2,577,419</u>	<u>2,205,958</u>

Investment property is depreciated using the straight line basis over its useful life to the company, of 40 years.

An independent valuation of land and buildings at Kelvin Grove was undertaken on 10 December 2020 by Herron Todd White. The valuation was undertaken as part of the company's policy to obtain valuations of land and buildings every three years. The valuation indicated a total market value of \$2,910,000, for both the Investment Property and Property, Plant and Equipment located at Kelvin Grove. As at 31 December 2022, management is satisfied that the current market value is not lower than its carrying amount.

An independent valuation of the Toowoomba property was undertaken on 5 April 2022 by Herron Todd White. The valuation indicated a market value of \$2,475,000, while the book value of the property was \$1,945,202.

Based on this, the fair value of company's investment property had significantly increased since its last valuation which supported a reversal of previously recognised impairment loss on this asset, in accordance with the company's accounting policies.

The carrying amount of the investment property had no impairment loss been recognised, was compared by management to the investment properties' current written down value and based on this assessment, an impairment reversal of \$386,719 was recognised by the company through profit or loss. This amount was a reversal of the impairment loss recognised by the company in 2020.

Rental income derived from both properties was \$307,273 (2021: \$300,500) and direct operating expenses were \$233,113 (2021: \$245,022).

12 PROPERTY, PLANT AND EQUIPMENT

Land and buildings - AMA House & Hunstanton (at cost)	2,365,316	2,351,810
Less Accumulated Depreciation	<u>(1,131,149)</u>	<u>(1,055,547)</u>
	<u>1,234,167</u>	<u>1,296,263</u>
 Motor Vehicle (at cost)	 65,549	 65,549
Less Accumulated Depreciation	<u>(35,775)</u>	<u>(30,885)</u>
	<u>29,774</u>	<u>34,664</u>
 Equipment and Furniture (at cost)	 589,971	 650,370
Less Accumulated Depreciation	<u>(435,550)</u>	<u>(454,471)</u>
	<u>154,421</u>	<u>195,899</u>
	<u>1,418,362</u>	<u>1,526,826</u>

Notes to Financial Statements for the year ended 31 December 2022

12 PROPERTY, PLANT AND EQUIPMENT (continued)

(a) Movements in Carrying Amounts (2022 year)

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

	Land and Buildings \$	Motor Vehicle \$	Equipment & Furniture \$	Total \$
Balance at the Beginning of the Year	1,296,263	34,664	195,899	1,526,826
Additions	13,260	-	27,872	41,132
Disposals	-	-	(1,473)	(1,473)
Depreciation Expense	(75,356)	(4,890)	(67,877)	(148,123)
Carrying Amount at the End of the Year	1,234,167	29,774	154,421	1,418,362

(b) Movements in Carrying Amounts (2021 year)

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

Balance at the Beginning of the Year	1,173,808	4,453	203,814	1,382,075
Additions	189,951	35,794	69,025	294,770
Depreciation Expense	(67,496)	(5,583)	(76,940)	(150,019)
Carrying Amount at the End of the Year	1,296,263	34,664	195,899	1,526,826

See Note 11 Investment Property for discussion on market value of Kelvin Grove property.

Notes to Financial Statements for the year ended 31 December 2022

13 TRADE AND OTHER PAYABLES

	Notes	2022 \$	2021 \$
CURRENT UNSECURED LIABILITIES			
Trade Payables		288,341	264,128
Remittance due Federal Office, Australian Medical Association		558,072	691,025
Subscriptions Received in Advance (a)		624,119	677,326
Other Income Received in Advance (a)		79,691	144,918
GST Liability		40,870	39,326
		<u>1,591,093</u>	<u>1,816,723</u>

NON-CURRENT UNSECURED LIABILITIES

(a) These amounts represent contract liabilities arising when receipt of funds is greater than the revenue recognised to balance date (refer note 1 (j)).

Financial liabilities at amortised cost classified as trade and other payables

Trade and other payables:

Total Current		1,591,093	1,816,723
Total Non-current		1,454	19,860
		<u>1,592,547</u>	<u>1,836,583</u>
Less Subscriptions received in advance		(624,119)	(677,326)
Less Other income received in advance		(79,691)	(144,918)
Financial liabilities as trade and other payables	21	<u>888,737</u>	<u>1,014,339</u>

14 BORROWINGS

CURRENT

Bank Loan - secured (a)		<u>97,309</u>	<u>86,300</u>
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NON CURRENT

Bank loan - secured (a)		<u>298,094</u>	<u>383,055</u>
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Total Borrowings		<u>395,403</u>	<u>469,355</u>
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(a) The bank facilities are with BOQ Specialists and are secured by a registered mortgage over the Toowoomba Investment property. The facility commenced on 28th March 2021 for three years at a variable rate with a residual payment of \$298,652.

Notes to Financial Statements for the year ended 31 December 2022

15 PROVISIONS

	2022 \$	2021 \$
Employee Provisions		
Balance at the Beginning of the Year	117,571	108,225
Additional Provisions Raised During the Year	191,924	192,947
Amount Used	<u>(153,283)</u>	<u>(183,601)</u>
Carrying Amount at the End of the Year	<u>156,212</u>	<u>117,571</u>
Analysis of Total Provisions		
Current	<u>156,212</u>	<u>117,571</u>
	<u>156,212</u>	<u>117,571</u>
Number of Employees at Year End	20	23

Provision for employee benefits represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months.

However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

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

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria for employee benefits has been discussed in Note 1 (g).

16 RESERVES

Financial Assets Reserve

The Financial Assets Reserve records revaluation increments and decrements (that do not represent impairment write-downs) that relate to financial assets that are classified as available-for-sale.

17 CAPITAL AND LEASING COMMITMENTS

	2022 \$	2021 \$
Operating Lease Commitments-		
Non Cancellable operating leases contracted for but not capitalised in the financial statements.		
Payable - Minimum Lease Payment		
Due - Not Later than 1 year	23,122	2,939
Due - Later than 1 year but not Later than 5 years	<u>27,184</u>	<u>1,708</u>
	<u>50,306</u>	<u>4,647</u>

The non-cancellable operating lease is for office equipment for a 3 year period.

Notes to Financial Statements for the year ended 31 December 2022

18 KEY MANAGEMENT PERSONNEL COMPENSATION

2022
\$

2021
\$

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

The President received a stipend during the year of \$108,232 (2021: \$104,270).

No other councillors or directors received any remuneration (2021: Nil).

Compensation to other key management personnel (excluding the President)

Salaries and other benefits	774,127	786,541
Superannuation	69,945	72,793
	<u>844,072</u>	<u>859,334</u>

19 MEMBERS' LIABILITY

The Association is a public company limited by guarantee. There is a liability of \$10 per member in the event of the winding up of the Association.

At 31 December 2022 the number of members was 5,636 (2021: 5,617).

20 STATEMENT OF CASH FLOW INFORMATION

2022
\$

2021
\$

(a) Reconciliation of cash flow from operations with profit/(loss) after income tax

Profit/(loss) after Income Tax	(12,300)	(40,551)
Non Cash Flows in Profit/(loss)		
Depreciation	230,745	226,983
Net loss on disposal of PPE	1,473	-
Net loss on disposal financial asset	14,602	(76,693)
Deferred tax asset write-off	71,192	-
Impairment charge reversal	(386,719)	-
Changes in Assets (increase)/decrease in		
trade and other receivables	75,506	(96,626)
other assets	(35,125)	(126,590)
Changes in Liabilities increase/(decrease) in		
trade and other payables	(244,036)	(161,063)
provisions	38,641	9,346
NET CASH USED IN OPERATING ACTIVITIES	<u>(246,021)</u>	<u>(265,194)</u>

Notes to Financial Statements for the year ended 31 December 2022

20 STATEMENT OF CASH FLOW INFORMATION

(continued)	Notes	2022 \$	2021 \$
(b) Reconciliation of cash			
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments net of any outstanding overdrafts. Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:			
Cash at Bank		1,477,317	2,118,518
Cash on Hand		600	600
		1,477,917	2,119,118

(c) Non Cash Financing and investing activities

There were no non cash financing and investing activities during the year.

21 FINANCIAL RISK MANAGEMENT

The company's financial instruments consist mainly of deposits with banks, Investment in shares and units in listed entities, accounts receivable and payable, and borrowings. The totals for each category of financial instruments, measured in accordance with AASB 9 Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

Financial assets

Financial assets at amortised cost:

Cash and cash equivalents	6	1,477,917	2,119,119
Trade and other receivables	7	84,202	159,708
Investments in equity instruments designated at fair value through other comprehensive income			
Listed investments	10	1,864,064	1,799,003
Total financial assets		3,426,183	4,077,830

Financial liabilities

Financial liabilities at amortised cost:

- trade and other payables (excl revenue received in advance)	13	887,737	1,014,339
- borrowings	14	395,403	469,355
Total financial liabilities		1,282,686	1,483,694

Refer to Note 22 for detailed disclosures regarding the fair value measurement of the company's financial assets.

Notes to Financial Statements for the year ended 31 December 2022

22 FAIR VALUE MEASUREMENT

2022
\$

2021
\$

The Australian Medical Association Queensland Limited has the following assets, measured at fair value on a recurring basis after their initial recognition.

The Company has no assets that are measured at fair value on a non-recurring basis.

Recurring fair value measurements

Financial assets

Financial assets at fair value through other comprehensive income

- Investment in Listed Securities

1,864,064	1,799,003
<u>1,864,064</u>	<u>1,799,003</u>

For investments in listed securities, the fair values have been determined based on closing quoted bid prices at the end of the reporting period.

23 RELATED PARTY TRANSACTIONS

During the year Australian Medical Association Queensland Limited provided staff and office services to AMA Queensland Foundation free of charge (2021: \$45,950).

The company acted as agent for Australian Medical Association Ltd (AMA) and collected subscriptions on their behalf from AMA Queensland members and remitted those amounts to AMA. The balance of those amounts owing to AMA at balance date was \$558,072 (2021: \$691,025). The company earned an administrative fee of \$56,720 (2021: \$57,995) from AMA for providing this service. AMA is a related party as Dr Bavahuna Manoharan is a director of both entities.

Directors of the company pay member subscriptions to the company in the ordinary course of business.

24 ASSOCIATION DETAILS

The registered office and principal place of business is Australian Medical Association Queensland Limited, 88 L'Estrange Terrace, Kelvin Grove, Queensland 4059.

25 EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 31 December 2022 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the company's state of affairs in future financial years.

Directors' Declaration

The Directors of the Australian Medical Association Queensland Limited declare that:

1. the financial statements and notes, as set out on pages 34 to 52 are in accordance with the *Corporations Act 2001* including:
 - (a) complying with Australian Accounting Standards – Simplified Disclosures, the *Corporations Regulations 2001* and other mandatory professional reporting requirements; and
 - (b) giving a true and fair view of the financial position of the Company as at 31 December 2022 and of its performance for the year ended on that date.
2. in the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



Dr Maria Boulton
President

Dated at Brisbane on 27th April 2023

INDEPENDENT AUDITOR'S REPORT

To the members of AMA Queensland Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of AMA Queensland Limited (the Company), which comprises the statement of financial position as at 31 December 2022, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the accompanying financial report of AMA Queensland Limited is in accordance with the *Corporations Act 2001*, including:

- (i) Giving a true and fair view of the Company's financial position as at 31 December 2022 and of its financial performance for the year ended on that date; and
- (ii) Complying with Australian Accounting Standards - Simplified Disclosures and the *Corporations Regulations 2001*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the Company in accordance with the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Other information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the director's report, but does not include the financial report and our auditor's report thereon.

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

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors 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 - Simplified Disclosures and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

BDO Audit Pty Ltd



Cameron Henry
Director

Brisbane, 27 April 2023



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