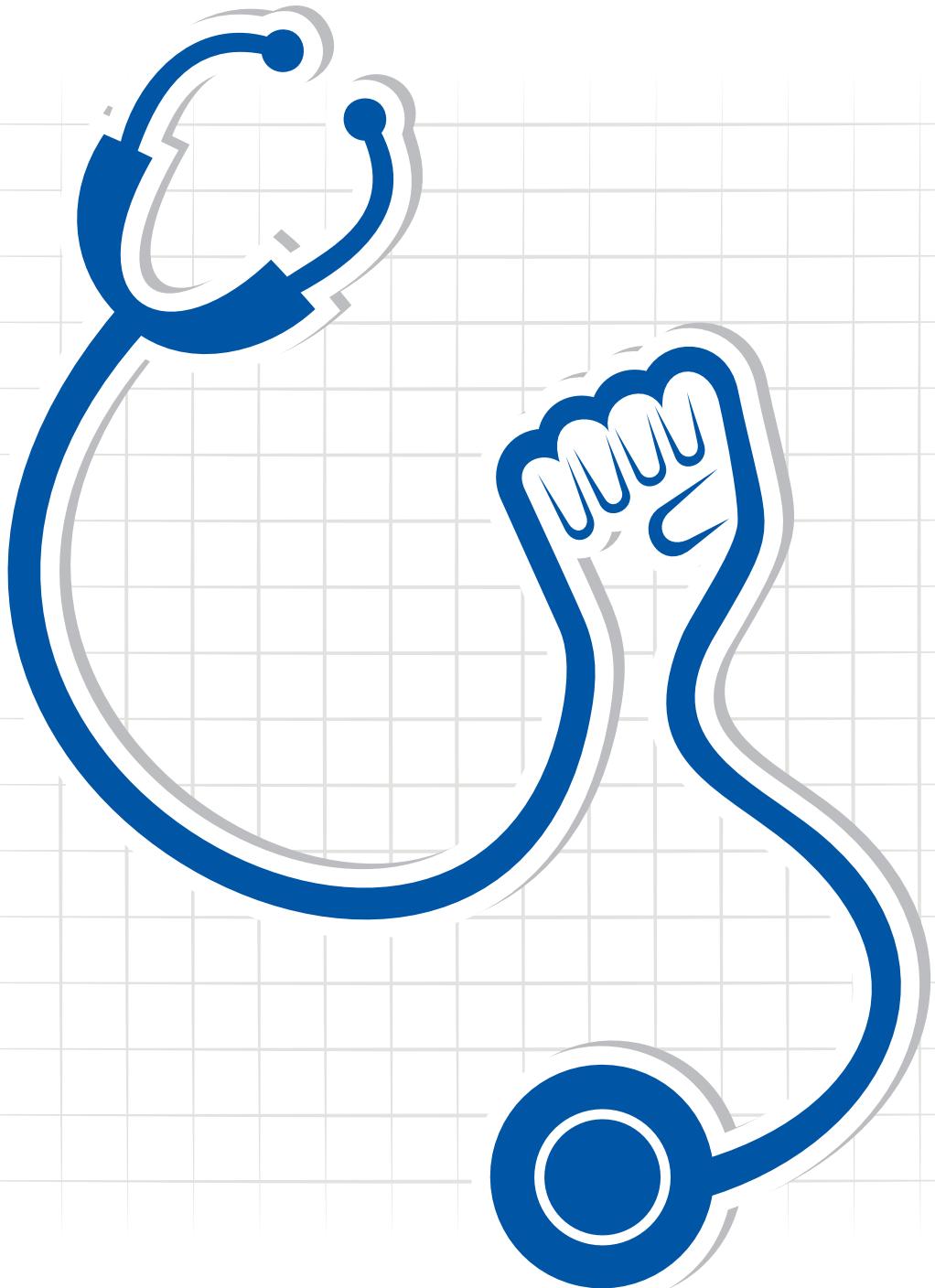


Australian Medical Association (South Australia) Inc.



Annual Report 2015



AMA(SA) Council

Membership of Council January – December 2015

Position on Council

President:.....

Vice President:.....

Immediate Past President:.....

Co-Chair:.....

Chair:.....

Dr Patricia Montanaro – to May 2015 (7)

Dr Janice Fletcher – from June 2015 (7)

Dr Janice Fletcher – to May 2015 (7)

Dr William Tam – from June 2015 (6)

Dr Peter Sharley – to May 2015 (1)

Dr Patricia Montanaro – from June 2015 (7)

Dr Janice Fletcher – to May 2017 (7)

Dr David Walsh (7)

Federal Councillors

State Nominee:.....

Dr Patricia Montanaro – to May 2015 (7)

Area Nominee SA/NT:.....

Dr Janice Fletcher – from June 2015 (7)

Craft Group Nominee: Surgeons:.....

Dr Christopher Moy (7)

Dr Susan Neuhaus – ex officio

Specialty Group Representatives

Anaesthetists:.....

Dr Margaret Cowling (8)

Emergency Medicine:.....

Dr Hendrika Meyer-Jones (7)

General Practitioners:.....

Dr Christopher Clohesy – to February 2015 (1)

Obstetricians and Gynaecologists:.....

Dr Penelope Need – from June (5)

Orthopaedic Surgeons:.....

Dr Stephen Lane – to May 2015 (2)

Pathologists:.....

Dr Jane Zhang – from June 2015 (4)

Physicians:.....

Dr Jeganath Krishnan – from Nov 2015 (1)

Psychiatrists:.....

Dr Heather Cain (5)

Radiologists:.....

Dr William Tam – to May 2015 (6)

Surgeons:.....

Dr Nimit Singhal – from June 2015 (5)

Paediatricians:.....

Dr Michelle Atchison (5)

Doctors in Training Representatives

Dr Nicholas Rice (5)

Medical Students' Representatives

Dr David Walsh (7)

Adelaide:.....

Dr Andrew Kelly – to May 2015 (1)

Flinders:.....

Dr Patrick Quinn – from September 2015 (2)

Ordinary Members of Council

Dr Thomas Crowhurst (6)

Regional Representatives

Mr James Johnston (6)

Northern:.....

Ms Anna Elias (6)

Southern:.....

Dr Tarun Bastampillai – (6)

Salaried Medical Officers' Representative

Dr Matthew McConnell – (6)

AMA(SA) Office

Dr Christopher Moy – (7)

Chief Executive Officer:.....

Dr Clair Pridmore – (8)

Minute Secretary:.....

Dr Emma Rischbieth – to July 2015 (2)

NB:Numbers indicate total attendance at the AMA(SA) Council Meetings February - December 2015 (a total of 8 meetings)

Dr David Sainsbury – from May 2015 (3)

Dr David Scrimgeour – (4)

Prof Paul Worley – (4)

Dr Peter Tait (0)

Dr Nigel Stewart – in absentia by agreement (0)

Dr John Williams (3)

Dr Trevor Hodson (5)

Dr Peter Tait (0)

Dr Andrew Russell (7)

Mr Joe Hooper (8)

Ms Claudia Baccanello (7)



From the President

Janice Fletcher
President, AMA(SA)

No year is without its upheavals in the health sector, but 2015 had more than its share.

The State Government continued its 'Transforming Health' process – a reform and reconfiguration of hospital services under the promise of delivering better care, but driven by the budget imperative of reduced federal government funding.

The AMA(SA) maintains that reform is needed and better care can sometimes also be cheaper – but whether the ambitious proposed reforms will deliver on their objectives remains an open question.

The AMA(SA) has sought to provide reasoned comment in uncertain times. The lack of detail about the actual plans has been an ongoing issue, together with a lack of satisfactory consultation. We have highlighted the gaps, asked the tough questions, and held the government to account. But we remain unconvinced, and so do our members.

The Transforming Health proposals are very much focussed on major metropolitan hospitals, and hospital services, not the complex web that is our actual health system.

Teaching, research, country hospitals, private health, and of course community health care and general practice, are all crucial elements of

the big picture. Success in one area requires understanding the others, and the complex interrelationships at play.

Meanwhile, the new Royal Adelaide Hospital has been another focus of attention and activity. It is clear that a number of significant concerns have not been fully addressed, and with this in view, in 2015 we partnered with the RAH Medical Staff Society to produce a joint paper outlining some of the key concerns, in particular clinical research space, outpatient services, medical workforce and training.

Closely associated with the new RAH has been the delayed introduction of the EPAS (Enterprise Patient Administration System) – upon which the new RAH depends, but which has had a troubled introduction so far in smaller hospitals. We remain vigilant on this issue, concerned at the extent to which members' concerns appear not to have been addressed.

Rural health and workforce concerns have kept the AMA (SA) busy, with more work in 2015 on rural GP and specialist contracts, culminating in a flurry of activity around Christmas as we sought to provide surety for the Mount Gambier community as orthopaedic surgery contracts remained in limbo. It was a highlight to visit Penola, where we experienced the local hospitality at an AMA(SA) gathering to meet and speak with local doctors.

One win in 2015 was the promise to provide five full-time equivalent procedural GP registrar training positions, as part of the new GP service agreements – disappointingly, so far Country Health has yet to deliver on this promise. We worked hard again on the latest rural GP contracts in a tough bargaining climate. Although we would have liked to achieve more, there were some notable gains. We continue to raise the need for better service and workforce planning in rural SA.

Medical training and workforce remain significant issues across the state, in particular the training of our specialists of tomorrow. The AMA(SA)'s Doctors in Training Committee has highlighted this issue, and once again, key questions remain unanswered. The Transforming Health changes place an added layer of uncertainty into the future of our junior doctors, in terms of who can access what training, and where.

We will keep highlighting what is needed and pointing out the blind spots, as training impacts are too often overlooked by government and administrations. We have highlighted the significant impact of the loss of the Commonwealth-funded PGPPP training positions that have placed South Australian interns in country centres to broaden their experience. Visiting medical specialist contracts and poor HR processes have also been

in the spotlight, with the AMA(SA) intervening as matters became critical for some CALHN surgical contracts.

A happy development in 2015 was a win for mental health patients, with increased acute mental health beds – decimated following the *Stepping Up* move towards intermediate care beds. This has long been an area of AMA(SA) advocacy so this development was very welcome – but there is more work to do.

National advocacy highlights included defeating the flawed co-payment model, sticking up for Medicare, and fighting the MBS freeze. The AMA fought the rhetoric about costs and waste in our health system – which overstated the costs of health and failed to recognise the efficiency and quality of our system against international comparisons.

The AMA also spoke out on the Calvary-Medibank impasse – of particular relevance in SA. Family violence was the subject of state and national advocacy by the AMA, with AMA(SA) providing information to support SA doctors to better support their patients facing violence at home or from those close to them. This work is to continue in 2016.

Local highlights of a lighter nature included the AMA(SA) Gala Dinner and conferral of awards, Melbourne Cup Lunch, and the inaugural women in medicine high tea, with guest speaker the Hon Kelly Vincent MLC, of Dignity for Disability. We raised funds for the Sammy D Foundation and Legacy.

It was a particular honour for me as president to be able to confer awards to Prof Michael Kidd (President's Medical Leader Award), Dr Roger Sexton (Medical Educator Award), and A/Prof Julian White (AMA(SA) Award).

Thanks to the AMA(SA) Historical Committee we were delighted to publish and launch a very special memento, *Heroism, Humanity and Sacrifice*, a book commemorating wartime doctors and medical students. This very special historical project was the result of painstaking work from dedicated members.

A lowlight was winning the 'Dirty Ashtray' award at the AMA national conference as the state that has done the least in the past 12 months towards smoking cessation. We drew this to the Minister's attention and made a strong submission to the state's new Tobacco Control strategy. Together with the Heart Foundation and Asthma Foundation we jointly submitted to a state parliament select committee, calling for a ban on e-cigarettes, in the absence of TGA approval based on proven health benefits.

The AMA(SA) extends its thanks to the dedicated State Councillors and committee members who have helped to guide and inform our advocacy, as well as of course our Executive Board, and the AMA(SA)'s hard-working staff team.

I would like to give my particular thanks to Dr William Tam, for his hard work and support as vice president; Dr Patricia Montanaro, who held the role of president up to May 2015; Board Chair Dr Trevor Mudge, for his counsel and leadership; and our CEO, Joe Hooper, for his ongoing commitment and vision for the AMA(SA) in support of the profession and our patients. Last but not least, I thank our members, without whom we would not be here. Your commitment to our shared endeavours makes it all possible.



From the Chief Executive Officer

Joe Hooper
AMA(SA) CEO

The AMA(SA) has taken the path of steady pressure and negotiation in 2015 – a year of challenge, change and opportunity.

The AMA(SA) has continued to pursue its agenda of increasing our recognition of members' needs from their Association. Whilst we have always given a strong priority to our advocacy activities, it is true to say that all members of the profession benefit from our wins regardless of membership of the AMA(SA). For this reason, advocacy is often undervalued by the medical profession and does not necessarily transfer into direct support for the Association.

Whilst we are eternally grateful for those of the profession who do actively support the AMA(SA) with their membership, we must do more for them and look closer at our members' wants and needs.

To this end we have broadened our focus over the past few years to increase our value offerings for members. Without diluting our advocacy commitment, we have increased our investment in providing education, support and advice services to our members. Whilst advocacy remains the number one reason our members

join, they are also seeking more support in improving their career advancement opportunities through access to career counselling/advice, practical help with CVs and interview skills, and additional opportunities to broaden their knowledge in areas of business development, leadership and commercial acumen.

Whilst we are eternally grateful for those of the profession who do actively support the AMA(SA) with their membership, we must do more for them and look closer at our members' wants and needs.

As a result, the AMA(SA) Executive Board has committed resources to provide development of these services. The AMA(SA) Training division has included a diploma of management and leadership in its scope of qualifications, AMA career advisory services have commenced, and we are providing increased opportunities for members to receive information that will assist them to choose their career path.

Personally directed services that assist AMA(SA) members in professional development and advancement, as well as security that the major medical political body

will support them when times get tough, is critical for our members to understand. To this end we shall be further developing these parts of our member services in 2016.

Membership has shown good growth over the 2015 period, especially in the younger doctor demographic (doctors in training). However, this is a very difficult demographic to retain as young doctors mainly work in the public system and we face competition for their membership due to SASMOA being the industrial representative. The call from this group for some conjoint membership arrangement is growing, and a way forward in bringing this into reality is something the AMA(SA) has sought previously, but not yet achieved.

Strategic planning

The Board held a strategic planning day on 17 October 2015. The plan, which is being finalised with staff to cover the implementation strategy, will be provided to members once finalised. The core areas of membership, governance, advocacy, services, and AMA(SA)/federal AMA relationships are covered in the plan.

AMA(SA) Training

Our investment over the past three years into AMA(SA) Training has been difficult, but we are finally seeing a return on our investment,

and have faith in the belief that AMA(SA) should provide national quality education to support our members, and their staffing needs. Currently we have partnerships with AMA Tasmania and AMA Northern Territory and interest from other states. We have been successful in obtaining interstate and local government recognition for education support grants.

Advocacy

There has been no shortage of matters to fill our monthly agenda for our meetings with the Minister for Health. Transforming Health, EPAS, the Repatriation General Hospital, Glenside, the PTSD Unit, visiting medical specialist contracts, rural hospital specialist services, internship numbers, lack of clinical research space in the new Royal Adelaide Hospital – and, of course, the new RAH itself.



The disruption in the health system has seen our membership, and most doctors who have anything to do with the public system, express their views. The AMA(SA) has taken the path of steady pressure and negotiation. As the professional association, we must respond to the facts, listen to our members' views and negotiate the right result on behalf of our members and the community. The lack of detail on clinical service configuration,

medical workforce planning, and clinical service capacity before and after Transforming Health has been frustrating and disappointing to say the least. As the process heats up in 2016, the AMA(SA) will need to be closely connected to our membership to support your views and advocate for the best possible outcomes for you and your patients.

Appreciation

I would like to acknowledge the hard work of Dr Janice Fletcher who has been AMA(SA) president since May 2015. Janice has provided a level head, sensible stewardship and quickly imbued herself with staff and our key stakeholders. Her support for the organisation and willingness to represent the AMA(SA) when required is greatly appreciated and acknowledged.

In addition, I acknowledge the support of vice-president Dr William Tam, who has made himself available whenever needed and who provides a reliable support for the president.

Thanks also to the members of the AMA(SA) Executive Board, who all work so hard and diligently to provide governance oversight; to chair Dr Trevor Mudge; and to John McLaren, our non-medical board member, who has made an important contribution to our discussions.

Lastly I wish to acknowledge the wonderful staff in the secretariat who put in the hours and effort to maintain our small but busy office. It is often surprising to visitors that we have such a small staff contingent, but this makes it all the more remarkable given the volume of productivity we produce every week. Thank you to each and every one!

Highlights | 2015

Student medal winners

The AMA(SA) awards two Student Medals each year: one to a graduating medical student at the University of Adelaide and one to a graduating medical student at Flinders University. The medals acknowledge both academic excellence and contributions to the School of Medicine through representing the interests of students, and involvement in student life, the university or general community. In 2015 we were delighted to present Student Medals to Shane Selvanderan from the University of Adelaide and Leah Fox from Flinders University. Both have made significant contributions among students and in their schools, in addition to their academic achievements.

AMA(SA) Awards

One of the highlights of each year is the opportunity to confer a number of prestigious awards at the AMA(SA) annual Charity Gala Dinner. In 2015, the Medical Educator award was conferred on Dr Roger Sexton, while the AMA(SA) Award for an outstanding contribution to medicine went to Associate Professor Julian White and the President's Medical Leader Award to Professor Michael Kidd.

Life Members

Each year the AMA(SA) is proud and privileged to accord life membership of the Association to members who have supported the AMA(SA) through 50 years of membership. Without the support of such dedicated members we would not be where we are today.

Nine long-term AMA(SA) members were made life members of the Association at the start of 2015. Our sincere thanks go to Dr David King, Dr Peter Mitchell, Dr Graham Sinclair, Dr

Douglas Townsend, Dr Graham West, Emeritus Professor Derek Frewin, Dr Gregory Holland, Dr Roberta Steele and Dr David Oaten for their support of the Association, as well as their service to patients and support of colleagues.

AMA(SA) preferred providers

The AMA (SA) thanks our preferred providers for their contribution in 2015: Hood Sweeney, Commonwealth Bank, Norman Waterhouse Lawyers and GP Payroll, with benefits also offered through Goodlife Health Club, the BMW Corporate Program and Thesinger and Turner Travel Associates.

The inaugural AMA(SA) Women in Medicine High Tea took place on 23 August at the Hilton Hotel Adelaide, with guest speaker parliamentarian Kelly Vincent, the first Australian to be elected on the platform of disability rights.

Events and charity support

The AMA(SA)'s annual black tie charity Gala Dinner at the Hilton International Adelaide on 9 May was again a great success, providing a chance to catch up with colleagues.

The 2015 dinner supported Legacy, which has supported the families of deceased and incapacitated veterans for over 90 years. The AMA(SA) donated \$10,000 to Legacy, with a further \$1,829 raised on the night.

The inaugural AMA(SA) Women in Medicine High Tea took place on 23 August at the Hilton Hotel Adelaide, with guest speaker parliamentarian Kelly Vincent, the first Australian

to be elected on the platform of disability rights.

Another highlight of the year for members and their guests was the Melbourne Cup Lunch, held on Tuesday 3 November at the Adelaide Oval Cathedral Room, Eastern Stand. The luncheon was held in conjunction with the Law Society of South Australia and Chartered Accountants Australia and New Zealand. The event was a fundraiser with over \$14,500 raised for the Sammy D Foundation, Alzheimer's Australia, and SIDS and Kids.

Retired and life members of the AMA(SA) also joined past presidents of the Association for the ever popular AMA(SA) special annual luncheon at the Adelaide Oval on 9 November.

Last but not least, the annual Christmas party held jointly on 20 November with the RACGP SA&NT again proved a great family-friendly event, enjoyed by members of both organisations, and the annual President's Breakfast on 1 December provided an important opportunity to say thank you to all those who help and work with the AMA(SA) throughout the year.

AMA(SA) Council | Changes

Changes to the AMA(SA) Council during the year 2015

Retiring Councillors

- Dr Christopher Clohesy retired from the position of Specialty Group Representative for General Practitioners, a position he has held since 2010.
- Dr Andrew Kelly retired from the position of Specialty Group Representative for Paediatricians, a position he has held since 2013.
- Dr Stephen Lane retired from the position of Specialty Group Representative for Obstetricians and Gynaecologists, a position he has held since 2010.
- Dr David Sainsbury retired from the position of Ordinary Member, a position he has held since 2014.
- Dr William Tam retired from his position of Specialty Group Representative for Physicians, a position he has held since 2013.
- Dr Emma Rischbieth retired from her position of Ordinary Member, a position she has held since 2013.
- Dr Peter Sharley ceased to hold the position of Immediate Past President, a position he has held since 2013.

Resignation of Councillors

- Dr Margaret Cowling resigned from her position of Specialty Group Representative for Anaesthetists, a position she has held since 2009.
- Dr Thomas Crowhurst resigned from his position of Doctors in Training Representative, a position he has held since 2014.

Appointment of Specialty Group Representatives

- **Specialty Group Representative for Anaesthetists -** Dr Perry Fabian was appointed to this Casual Vacancy position by AMA(SA) Council.
- **Doctors in Training (DiT) Representative -** Dr Karthik Venkataraman was appointed to this position by AMA(SA) Council.
- **Specialty Group Representative for General Practitioners -** There being no nomination received by the AGM, Dr Penny Need was appointed to this position by AMA(SA) Council.
- **Specialty Group Representative for Obstetricians and Gynaecologists -** There being no nomination received by the AGM, Dr Jane Zhang was appointed to this position by AMA(SA) Council.
- **Specialty Group Representative for Orthopaedic Surgeons -** Dr Jegan Krishnan was appointed to this position by AMA(SA) Council.
- **Specialty Group Representative for Paediatricians -** There being no nomination received by the AGM, Dr Patrick Quinn was appointed to this position by AMA(SA) Council.

Appointment of Ordinary Members

- Dr John Woodall was appointed to this Casual Vacancy position by AMA(SA) Council.

Federal Councillors:

- Dr Janice Fletcher was appointed to the office of State Nominee.

Election of Office Bearers

- Dr Janice Fletcher was elected to the office of President.
- Dr William Tam was elected to the office of Vice President.

Election of Specialty Group Representatives and Other Representatives

- **Specialty Group Representative for Anaesthetists -** Dr Margaret Cowling was re-elected to this position by AMA(SA) Council.
- **Specialty Group Representative for Emergency Medicine -** Dr Hendrika Meyer-Jones was re-elected to this position by AMA(SA) Council.
- **Specialty Group Representative for Pathologists -** Dr Heather Cain was re-elected to this position by AMA(SA) Council.
- **Specialty Group Representative for Physicians -** Dr Nimit Singhal was elected to this position by AMA(SA) Council.
- **Specialty Group Representative for Psychiatrists -** Dr Michelle Atchison was re-elected to this position by AMA(SA) Council.
- **Specialty Group Representative for Radiologists -** Dr Nicholas Rice was re-elected to this position by AMA(SA) Council.
- **Specialty Group Representative for Surgeons -** Dr David Walsh was re-elected to this position by AMA(SA) Council.
- **Salaried Medical Officers' Representative -** Dr Andrew Russell was re-elected to this position by AMA(SA) Council.
- **Doctors in Training Representative -** Dr Thomas Crowhurst was re-elected to this position by AMA(SA) Council.

Other Council Changes

- Dr Patricia Montanaro ceased to hold the office of President and assumed the role of Immediate Past President.

AMA(SA) Standing Committees

January - December 2015

Doctors in Training Committee

Chair: Dr Thomas Crowhurst

Immediate Past Chair: Dr Andrew Shepherd

Deputy Chair: Dr Sam Kirchner

Secretariat: Mr Joe Hooper, Ms Tracey DiBartolo

Members: Drs Alyssa Fitzpatrick, Ben Finlay, Brian Chui, Candice Houda, Cassandra Chaptini, Edward Gibson, Karthik Venkataraman, Katherine Watson, Kyra Sierakowski, Lachlan McMichael, Oscar Russel, Patrick Tam, Sam Fitzgerald, Sean Jolly, Sumudu Welikumbura, Tony Farfus and Victoria Cox

Student Medical School Representatives: Mr Nick Stock, Mr James Johnston, Ms Anna Elias and Mr Shane Selvanderan

Reference Group Members: Drs Adam Nelson, Alison Edgecomb, Alyssa Parsons, Andrew Shepherd, Angela Chang, Ben Finlay, Branimir Rajcic, Sam Kirchner, Tom Crowhurst, Edward Gibson, Emma Rischbieth, Karthik Venkataraman, Katherine Watson, Kirsten Crowhurst, Kyra Sierakowski, Lachie Farmer, Lachlan McMichael, Lara Hughes, Minh Nguyen, Morven Crane, Oscar Russell, Patrick Tam, Prashan Kuruppa, Rick Fielke, Ross Roberts-Thomson, Sam Fitzgerald, Sean Jolly, Sophie Thoo, Sudheendra Krishna, Sumudu Welikumbura, Tom Paxton, Tony Farfus and Victoria Cox

Council of General Practice

Chair: Dr Chris Clohesy, Dr Patricia Montanaro

Secretariat: Mr Joe Hooper, Ms Tracey DiBartolo, Ms Eva O'Driscoll

Members: Drs Michael Beckoff, Janice Fletcher, Richard Heah, Andrew Kellie, Chris Moy, Penny Need, Annette Newson, Cathy Sanders, Roger Sexton, Peter Tait, Karthik Venkataraman, Chris Wagner, Kamal Wellalagodage, and John Williams.

Communications Committee

Chair: Dr Philip Harding

Secretariat: Mr Joe Hooper, Ms Eva O'Driscoll and Ms Heather Millar

Members: Drs William Heddle, Robert Menz, Michael Rice, Janice Fletcher, Patricia Montanaro, Christopher Moy, Melissa Sandercock

Road Safety Committee

Chair: Dr William Heddle

Secretariat: Mr Joe Hooper and Ms Bernadette Kuhar

Members: A/Prof Robert Atkinson, Drs Nicholas Antic, Janice Fletcher, Philip Harding, Stephen Holmes, Patricia Montanaro and Monika Moy

Historical Committee

Chair: Dr Trevor Pickering

Secretariat: Mr Joe Hooper and Ms Bernadette Kuhar

Members: Drs Dorothea Limmer, Jeanette Linn, Tom Turner and Peter Kreminski

AMA(SA) Executive Board

Chair: Dr Trevor Mudge

Secretariat: Mr Joe Hooper and Ms Claudia Baccanello

Members: Drs Margaret Cowling, Janice Fletcher, Patricia Montanaro, Christopher Moy, Peter Sharley, William Tam and Mr John McLaren

Federal AMA Committees AMA(SA) Members

January – December 2015

Federal Council

Dr Christopher Moy

Dr Patricia Montanaro

A/Prof Susan Neuhaus (Surgeons)

Dr Janice Fletcher

Ethics and Medico Legal Committee

Dr Christopher Moy

Health Financing and Economics

Dr Janice Fletcher

A/Prof Susan Neuhaus

AMA Rural Medical Committee

Dr Nigel Stewart

AMA Council of Salaried Doctors

Dr Andrew Russell

Taskforce on Indigenous Health

Dr David Scrimgeour

AMA Council of Doctors-in-Training

Dr Thomas Crowhurst

AMA Council of General Practice

Dr Patricia Montanaro

Dr Annette Newson

AMA Defence Health Working Group

A/Prof Susan Neuhaus

Medical Practice

Dr Christopher Moy

Dr Patricia Montanaro

Corporate Governance

The affairs relating to issues affecting members of the Association and public policy of the Association are controlled by the Council.

It is the duty of Council to carry out the purpose and objects of the Association as laid down by members in accordance with the AMA(SA) Rules, statutes, and the Constitution of the Federal AMA; and to preserve, maintain, promote and advance the interests of Members.

The affairs of the Association that relate directly to the internal corporate governance of the Association and as may be prescribed in the bylaws shall be managed by the Executive Board of Management ('the Executive Board').

The roles of the Executive Board include:

- overseeing the existence and maintenance of internal controls and accounting systems;
- development of the annual budget and operating plan;
- review of the Association's monthly financial statements and performance against budget;

- review of annual statutory financial statements and recommendations for approval by the Council;
- review of major capital expenditure and finance arrangements;
- participation in the review of the remuneration of the Chief Executive Officer;
- provision of general financial advice to the Association; and
- review of the external audit arrangements.

Both Council and the Executive Board may delegate powers to committees or the Chief Executive Officer for the purposes of meeting their obligations as described under the Rules and By-laws of the Association.

Membership of Council and the Executive Board is determined in accordance with the Rules of the Association.

The position of Chief Executive Officer is a full-time salaried position which reports to the Board and to Council. The Chief Executive Officer is delegated with the day-to-day management of the Association.



From the Chair of the AMA(SA) Executive Board

Dr Trevor Mudge

The Executive Board has now completed its third full year of operations.

The Board provides advice to Council on fiduciary matters only and does not engage in policy or strategic discussion. Council retains its governance responsibility for the affairs of the AMA(SA).

I believe that your Board is functioning effectively and collectively. Amongst our principal strategic objectives is preservation of the members' financial assets, corporate governance over the business affairs of the Association, improving membership growth and developing alternate income streams to keep fees as low as possible whilst maintaining a range of membership services.

Financial report

The 2015 financial report is presented from page 13. We remain in a stable financial position and continue to record satisfactory results in containing our expenditure where possible. We remain confident that our investment in medical and professional education will bring further income opportunities, but also other benefits for the AMA(SA) in the future.

Building

Newland House does not meet a number of occupational health and safety requirements. Options for

modernisation, redevelopment or sale have been examined in detail over the past 12 months. The Board will be providing Council advice on options for the future accommodation for the AMA(SA) shortly. It has been important that the Board undertake a careful and detailed review of our needs and our capacity to remain in Newland House as it presently stands, or to seek alternate accommodation to meet occupational safety requirements and future growth needs.

Registered Training Organisation

AMA(SA) Training Services achieved national accreditation in 2014 and has made slow but steady progress in the delivery of VET education. We have developed commercial partnerships with AMA(NT) and AMA(Tasmania) with other interstate partnerships under negotiation. We have over 80 fee paying students and expect this number to increase significantly over the coming months in 2016. Recent media about reputed malfeasance in this industry reinforces our continued emphasis on high quality in this endeavor.

Membership

In a membership organisation, membership is clearly of primary importance. We have a focus on recruitment of both doctors in training and GPs, as well as on retention of

existing members. The Board has appointed the chair of the Doctors in Training Committee to the Board ex officio, and we continue to work closely with this group to be as responsive as possible to their needs. This is an area of ongoing challenge and we have focused on membership growth significantly in our strategic review. One important activity was the use of a commissioned survey which showed the public believe their doctors are AMA members. We have reported this finding in *medicSA* and shall be highlighting these findings to alert the profession that AMA membership, where visible, provides a measure of public approval and expectation. The Board will be further highlighting this fact for the profession over 2016 and providing means for members to display their membership to their patients.

Acknowledgement

Finally, I would like to thank my fellow Board members for their commitment and diligence in undertaking the Board's work and providing the Association with confidence that the Board will continue to undertake its governance obligations conscientiously to provide the best use of our modest resources.

Moore Stephens Assurance Adelaide Pty Ltd

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

Report on the Financial Report

We have audited the accompanying financial report of Australian Medical Association (SA) Inc., which comprises the statement of financial position as at 31 December 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the period then ended, notes comprising a summary of significant accounting policies and other explanatory information and the statement by officers of the association.

Council's Responsibility for the Financial Report

The Council of the association are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements (including Australian Accounting Interpretations) and the Associations Incorporation Act (SA) 1985 and for such internal control as the Council determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Independence

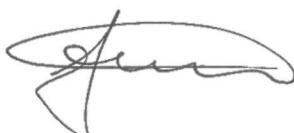
In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Opinion

In our opinion, the financial report of Australian Medical Association (SA) Inc. is in accordance with the Associations Incorporations Act (SA) 1985, including:

- a) giving a true and fair view of the association's financial position as at 31 December 2015 and of its performance for the period ended on that date; and
- b) complying with Australian Accounting Standards – Reduced Disclosure Requirements (including Australian Accounting Interpretations) and the Associations Incorporations Act (SA) 1985.

MOORE STEPHENS ASSURANCE ADELAIDE PTY LTD



JIM GOUSKOS
DIRECTOR
ADELAIDE
Dated, this 4th day of April 2016

Financial Report | AMA(SA) Inc

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2015	Note	2015 \$	2014 \$
Revenue	2	1,529,326	1,460,811
Fair value gains/(losses) on revaluation		-	210,000
Total income		1,529,326	1,670,811
Employee benefits expense		(800,730)	(669,696)
Depreciation and amortisation expenses		(28,512)	(24,529)
Rates and taxes		(103,547)	(103,537)
Presidential allowance		(53,220)	(53,220)
Printing and stationery		(7,247)	(7,342)
Insurance		(9,844)	(10,416)
Postage		(3,294)	(4,176)
Repairs and maintenance		(24,666)	(18,981)
Strata Levy		(74,416)	(67,486)
Telephone		(12,624)	(13,130)
Other expenses from ordinary activities	3	(348,617)	(292,312)
Legal fees		(3,162)	(7,353)
Donation		(10,000)	(10,675)
Gala Dinner expense		(61,072)	(65,941)
RTO consulting expense		(55,393)	(99,015)
Prizes/Awards		(400)	(400)
Profit before income tax		(67,418)	222,602
Income tax expense / benefit	4	(18,437)	(63,567)
Profit for the year		(85,855)	159,035
Other comprehensive income		-	-
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income attributable to members of the entity		(85,855)	159,035
STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2015	Note	2015 \$	2014 \$
ASSETS			
Current assets			
Cash and cash equivalents	6	738,737	720,700
Trade and other receivables	7	62,596	49,994
Other current assets	8	9,714	48,481
Total Current Assets		811,047	819,175
Non-current assets			
Plant and equipment	9	146,138	158,973
Investment Properties	10	4,120,000	4,120,000
Deferred tax assets	13	219,778	249,641
Total Non-Current Assets		4,485,916	4,528,614
TOTAL ASSETS		5,296,963	5,347,789
LIABILITIES			
Current liabilities			
Trade and other payables	11	766,032	717,553
Finance Lease liabilities	12	-	2,021
Total Current Liabilities		766,032	719,574
Non-current liabilities			
Deferred tax liabilities	13	350,310	361,736
Total Non-Current Liabilities		350,310	361,736
TOTAL LIABILITIES		1,116,342	1,081,310
NET ASSETS		4,180,621	4,266,479
EQUITY			
Reserves	15	989,905	990,305
Retained earnings		3,190,719	3,276,174
TOTAL EQUITY		4,180,624	4,266,479

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 DECEMBER 2015	Retained Earnings \$	Reserves \$	Total \$
Balance at 1 January 2014	3,116,739	990,705	4,107,444
Total comprehensive income for the year	159,035	-	159,035
Profit attributable to members of the entity			
Transfer from reserves to retained earnings	400	(400)	-
Total other comprehensive income for the year	400	(400)	-
Total comprehensive income for the year	159,435	(400)	159,035
Balance at 31 December 2014	3,276,174	990,305	4,266,479
Balance at 1 January 2015	3,276,174	990,305	4,266,479
Total comprehensive income for the year	(85,855)	-	(85,855)
Profit attributable to members of the entity			
Other comprehensive income for the year			
Transfer from reserves to retained earnings	400	(400)	-
Total other comprehensive income for the year	400	(400)	-
Total comprehensive income for the year	(85,455)	(400)	(85,855)
Balance at 31 December 2015	3,190,719	989,905	4,180,624
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2015	Note	2015 \$	2014 \$
Cash flows from operating activities:			
Receipts from members, tenants and others		1,572,808	1,447,755
Payment to suppliers and employees		(1,529,631)	(1,538,674)
Interest received		6,686	11,433
Finance costs		(5,805)	(3,494)
Income tax paid		-	63,567
Net cash/ (used in) provided by operating activities		44,058	(19,413)
Cash flow from investing activities:			
Purchase of plant and equipment		(15,677)	(7,718)
Net cash/ (used in) investing activities		(15,677)	(7,718)
Cash flow from financing activities:			
Proceeds from borrowings		(10,344)	(6,064)
Net cash provided by financing activities		(10,344)	(6,064)
Net cash increase in cash held		18,037	(33,195)
Cash and cash equivalents at the beginning of the financial year		720,700	753,895
Cash and cash equivalents at the end of the financial year	6	738,737	720,700

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

The financial report covers Australian Medical Association (SA) Inc. as an individual entity. Australian Medical Association (SA) Inc. is an association incorporated in South Australia under the Associations Incorporation Act 1985.

NOTE 1 | STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

Australian Medical Association (SA) Inc has elected to early adopt the Australian Accounting Standards - Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Accounting Standards arising from Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board and the Associations Incorporation Reform Act 2012. The association is a not-for profit entity for financial reporting purposes under Australian Accounting Standard.

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 the financial statements are presented below and have been consistently applied unless stated otherwise.

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

liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

(a) Income Tax

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

The charge for current income tax expense is based on the profit for the year adjusted for any non-assessable or disallowed items. It is calculated using the tax rates that have been enacted or are substantially enacted by the balance date.

Deferred tax is accounted for using the balance sheet liability method in respect of temporary differences arising between the tax bases of assets and liabilities and their carrying amounts in the financial statements.

No deferred income tax will be recognised from the initial recognition of an asset or liability, excluding a business combination, where there is no effect on accounting or taxable profit or loss.

Deferred tax is calculated at the tax rates that are expected to apply to the period when the asset is realised or liability is settled. Deferred tax is credited in the income statement except where it relates to items that may be credited directly to equity, in which case the deferred tax is adjusted directly against equity.

Deferred tax assets relating to temporary differences and unused tax losses are recognised to the extent that it is probable that future tax profits will be available against which deductible temporary differences can be utilised.

(a) Income Tax (cont.)

The amount of benefits brought to account or which may be realised in the future is based on the assumption that no adverse change will occur in income taxation legislation and the anticipation that the association will derive sufficient future assessable income to enable the benefit to be realised and comply with the conditions of deductibility imposed by the law. Non-member income of the association is only assessable for tax, as member income is excluded under the principle of mutuality.

(b) 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.

The carrying amount of plant and equipment is reviewed annually by the committee 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 that 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 amounts.

The cost of fixed assets constructed within the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

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

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, is depreciated over their useful lives to the entity commencing from the time the asset is held ready for use.

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

Class of Fixed Asset	Depreciation Rates
Furniture and fittings	7.5-20%
Computer equipment	33%

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

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

(c) Investment Properties

Investment properties are properties held to earn rentals and/or for capital appreciation. Investment properties are initially measured at cost, including transaction costs. Subsequent to initial recognition, investment properties are measured at fair value based on valuations by independent valuers who hold recognised and relevant professional qualifications and have recent experience in the location and category of the investment property being valued. Gains and losses arising from changes in the fair value of investment properties are recognised in profit or loss in the period in which they arise.

(d) Leases

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

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

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

Lease income from operating leases where AMA SA is the lessor is recognised in income on a straight-line basis over the lease term (refer Note 12). The respective leased assets are included in the statement of financial position based on their nature.

(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 equivalent to the date that the association commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments 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 recognised immediately as expenses in profit or loss.

Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

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

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

The Association does not designate any interests in subsidiaries, associates or joint venture entities as being subject to the requirements of Accounting Standards specifically applicable to financial instruments.

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

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

(ii) Loans and receivables

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

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period, which will be classified as non-current assets.

(iii) Held-to-maturity investments

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

Held-to-maturity investments are included in non-current assets, except for those which are expected to mature within 12 months after the end of the reporting period, which will be classified as current assets.

If during the period the association sold or reclassified more than an insignificant amount of the held-to-maturity investments before maturity, the entire category of held-to-maturity investments would be tainted and would be reclassified as available-for-sale.

(iv) Available-for-sale investment

Available-for-sale investment are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of

other entities where there is neither a fixed maturity nor fixed or determinable payments.

Available-for-sale financial assets are classified as non-current assets when they are expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(v) Financial liabilities

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

Fair value

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

Impairment

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

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

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

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

Derecognition

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

(f) Impairment of Assets

At the end of each reporting period, the association assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (eg in accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

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

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where an impairment loss on a revalued 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

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred.

(h) 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.

(i) Accounts Receivable and Other Debtors

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

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

(j) Revenue

Revenue from the rendering of services is recognised upon the delivery of the service to the customers.

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

(k) Comparative Figures

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

(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.

(m) Accounts Payable and Other Payables

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

(n) Critical Accounting Estimates and Judgements

Management evaluates estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within AMA SA.

Key Estimates – Impairment

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

The financial statements were authorised for issue on 14 April 2016 by the Association.

(o) Reclassification of property

During the reporting period, the Association reclassified its investments in Newland House and AMA House as investment properties. The properties were previously incorrectly classified as property under AASB 116: Property, Plant and Equipment. Consistent with AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors, the reclassification was treated as a prior period error and applied retrospectively.

As both reclassified properties were being carried at fair value, the reclassification had no impact on the entity's statement of financial position. In contrast to the treatment of fair value remeasurements of property, the fair value remeasurements of investment property are recognised in profit or loss in the period in which they arise. Since \$210,000 fair value remeasurement was recognised in respect of Newland House and AMA House during the 2014 reporting period, the reclassification resulted in totalling \$210,000 increase in profit and loss. Overall, the reclassification had an impact of totalling \$210,000 increase on the entity's statement of comprehensive income.

NOTE 2 | REVENUE

	2015 \$	2014 \$
Operating Revenue		
- interest	6,686	11,433
- rent	331,324	314,793
- advertising (medical review)	160,287	155,794
- member subscriptions	727,451	722,046
- sundry revenue	214,728	162,695
- gala dinner income	88,850	94,050
Total revenue	<u>1,529,326</u>	<u>1,460,811</u>

NOTE 3 | PROFIT FOR THE YEAR

Expenses		
- finance costs	5,805	3,494
Other expenses		
- bad debts	200	200

NOTE 4 | INCOME TAX EXPENSE

a. The components of tax expense comprise:		
Current tax	18,437	63,567
b. The prima facie tax on profit before income tax is reconciled to the income tax as follows:		
Prima facie tax payable on profit before income tax at 30% (2013: 30%)	27,156	3,781
Less:		
Tax effect of:		
- other non-temporary differences	(8,719)	15,300
- Revaluation of buildings	-	44,486
Income tax attributable to the association	<u>18,437</u>	<u>63,567</u>

c. Tax effect relating to other comprehensive income

Current tax	-	-
Deferred tax	-	-

NOTE 5 | KEY MANAGEMENT PERSONNEL COMPENSATION

The totals of remuneration paid to key management personnel (KMP) of the association during the year are as follows:

Key management personnel compensation	292,220	317,720
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Other KMP transactions

For details of other transactions with KMP, refer to Note 16: Related Party Transactions.

NOTE 6 | CASH AND CASH EQUIVALENTS

Cash on hand	300	300
Cash at bank	<u>738,437</u>	<u>720,400</u>
	<u>738,737</u>	<u>720,700</u>

Reconciliation of cash

Cash at the end of the financial year as shown in the Statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash and cash equivalents	738,737	720,700
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NOTE 7 | TRADE AND OTHER RECEIVABLES

Trade receivables	64,596	51,994
Less: Provision for doubtful debts 7a	(2,000)	(2,000)
	<u>62,596</u>	<u>49,994</u>

7a. Provision for doubtful debts

Movement in the provision for doubtful debts is as follows:

	Opening balance \$	Charge for the year \$	Amounts written off \$	Closing balance \$
1 Jan 2014				31 Dec 2014
Current trade receivables	2,000	-	-	2,000
Opening balance \$ 1 Jan 2015	2,000	Charge for the year \$	Amounts written off \$	Closing balance \$
				31 Dec 2015
Current trade receivables	2,000	-	-	2,000

7b. Financial assets classified as loans and receivables

	2015 \$	2014 \$
Trade and other receivables		
- Total current	62,596	49,994
- Total non-current	-	-
	<u>62,596</u>	<u>49,994</u>
Financial assets	17	62,596
	<u>62,596</u>	<u>49,994</u>

NOTE 8 | OTHER CURRENT ASSETS

Prepayments	9,714	14,785
Other - Rent income withheld by real estate agent	-	33,696
	<u>9,714</u>	<u>48,481</u>

NOTE 9 | PLANT AND EQUIPMENT

Furniture and Equipment		
Branch - at cost	220,774	224,543
less: Accumulated Depreciation	(138,734)	(130,592)
	<u>82,040</u>	<u>93,951</u>
AMA - at cost	7,342	7,342
less: Accumulated Depreciation	(6,973)	(6,049)
	<u>369</u>	<u>1,293</u>
Antiques and Paintings - At Valuation	64,539	64,539
less: Accumulated Depreciation	(810)	(810)
	<u>63,729</u>	<u>63,729</u>
Total Furniture and Equipment	146,138	158,973
Total plant and equipment	<u>146,138</u>	<u>158,973</u>

Furniture and Equipment		Total
Balance at 1 January 2015	158,973	158,973
Additions	15,677	15,677
Disposals	(19,447)	(19,447)
Depreciation expense	(9,065)	(9,065)
Revaluation increments	-	-
Carrying amount at 31 December 2015	<u>146,138</u>	<u>146,138</u>

NOTE 10 | INVESTMENT PROPERTIES

	2015 \$	2014 \$
Newland House		
Opening balance - 1 January	1,600,000	1,480,000
Gains/(losses) on fair value revaluations	-	120,000
Closing balance - 31 December	<u>1,600,000</u>	<u>1,600,000</u>
AMA House		
Opening balance - 1 January	2,520,000	2,430,000
Gains/(losses) on fair value revaluations	-	90,000
Closing balance - 31 December	<u>2,520,000</u>	<u>2,520,000</u>
Total Investment Properties	<u>4,120,000</u>	<u>4,120,000</u>

Newland House is located at 80 Brougham Place North Adelaide and comprises predominantly leased medical and consulting offices.
AMA House is located at 161 Ward Street, North Adelaide and comprises predominantly leased medical and consulting offices.

NOTE 10 | TRADE AND OTHER PAYABLES

CURRENT		
Trade payables	39,615	36,254
Subscription in advance	594,255	635,135
Sundry creditors and accruals	132,159	46,164
	<u>766,029</u>	<u>717,553</u>

a. Financial liabilities at amortised cost classified as trade and other payables

Trade and other payables	766,029	717,553
- Total current	-	-
- Total non-current	-	-
	<u>766,029</u>	<u>717,553</u>
Less subscriptions in advance	(594,255)	(635,135)
Less employee benefits	-	-
Financial liabilities as trade and other payables	17	171,774
	<u>17</u>	<u>82,418</u>
Collateral pledged		
No collateral has been pledged for any of the trade and other payable balances.		

NOTE 12 LEASE LIABILITIES	2015	2014
CURRENT		
HP Lease liability	<u>-</u>	<u>2,021</u>
	<u>-</u>	<u>2,021</u>

NOTE 13 | TAX

	Opening Balance	Charge Directly to Equity	Recognised in Income	Closing Balance
	\$	\$	\$	\$
NON-CURRENT				
Deferred tax liability				
Fair value gain	317,250	0	44,486.00	361,736
Balance at 31 December 2014	<u>317,250</u>	<u>0</u>	<u>44,486.00</u>	<u>361,736</u>
Fair value gain	361,736	-	0	361,736
Building Improvement	0	-	(11,873)	(11,873)
Prepayment	0	-	447	447
Balance at 31 December 2015	<u>361,736</u>	<u>-</u>	<u>(11,426)</u>	<u>350,310</u>
Deferred tax assets				
Provisions	13,870	-	(13,270)	600
Deferred expenditure	1,952	-	1,624	3,576
Carried forward tax losses	252,900	-	(7,435)	245,465
Balance at 31 December 2014	<u>268,722</u>	<u>-</u>	<u>(19,081)</u>	<u>249,641</u>
Provisions	600	-	-	600
Deferred expenditure	3,576	-	(2,708)	868
Carried forward tax losses	245,465	-	(27,155)	218,310
Balance at 31 December 2015	<u>249,641</u>	<u>-</u>	<u>(29,863)</u>	<u>219,778</u>

NOTE 14 | CAPITAL AND LEASING COMMITMENTS

	2015	2014
a. Finance lease Commitments		
Payable - minimum lease payments		
- no later than 12 months	-	2,223
- between 12 months and five years	-	-
- later than five years	-	-
	<u>-</u>	<u>2,223</u>
Minimum lease payments	-	2,223
Less future finance charges	-	(202)
Present value of minimum lease payments	<u>-</u>	<u>2,021</u>
b. Operating Lease Commitments		
Leases as Lessor		
Minimum lease payments under non-cancellable operating leases of property held (see Note 9) not recognised in the financial statements are receivable as follows:		
within one year	341,390	287,828
between 1 and 5 years	<u>591,946</u>	<u>625,431</u>
	<u>933,336</u>	<u>913,259</u>

NOTE 15 | RESERVES

Asset Revaluation Reserve	(a)	950,950	950,950
De Crespigny Memorial Fund	(b)	3,068	3,268
Listerian Oration Fund	(c)	3,662	3,662
Frank S Hone Memorial Fund	(d)	12,516	12,716
Southern Suburbs Medical Association	(e)	<u>19,709</u>	<u>19,709</u>
		<u>989,905</u>	<u>990,305</u>
(a) Asset Revaluation Reserve			
Movements during the financial year:			
Opening balance		950,950	950,950
Revaluation of building		<u>-</u>	<u>-</u>
Closing Balance		<u>950,950</u>	<u>950,950</u>

The asset revaluation reserve records revaluations of non-current assets

(b) De Crespigny Memorial Fund			
Movements during the financial year:			
Opening balance		3,268	3,468
University of Adelaide - Awards 2013		<u>(200)</u>	<u>(200)</u>
Closing Balance		<u>3,068</u>	<u>3,268</u>

The De Crespigny Memorial Fund records funds held for the annual provision of a prize award to the student at The University of Adelaide who, at the final examination for the degrees of Bachelor of Medicine and Bachelor of Surgery, gains the highest marks in the clinical section of the subject medicine.

	2015	2014
(c) Listerian Oration Fund	\$	\$
Movements during the financial year:		
Opening balance	<u>3,662</u>	<u>3,662</u>
Closing Balance	<u>3,662</u>	<u>3,662</u>

The Listerian Oration Fund records funds held for the Listerian Oration.

	2015	2014
(d) Frank S Hone Memorial Fund	\$	\$
Movements during the financial year:		
Opening balance	<u>12,716</u>	<u>12,916</u>
University of Adelaide - Awards 2013	<u>(200)</u>	<u>(200)</u>
Closing Balance	<u>12,516</u>	<u>12,716</u>

The Frank S Hone Memorial Fund records funds held for the annual provision of a prize award to the candidate at The University of Adelaide who, in passing the final examination for the degrees of Bachelor of Medicine and Bachelor of Surgery, attains the highest marks in that section which relates to the subject Medicine.

	2015	2014
(e) Association Reserve		
Movements during the financial year:		
Opening balance	<u>19,709</u>	<u>19,709</u>
Closing Balance	<u>19,709</u>	<u>19,709</u>

Purpose: Funds specially set aside to assist other medical associations.

NOTE 16 | RELATED PARTY TRANSACTIONS

Transactions between related parties are on normal commercial terms and conditions and no more favourable than those available to other parties unless otherwise stated.

NOTE 17 | FINANCIAL RISK MANAGEMENT

Australian Medical Association (SA) Inc.'s financial instruments consist mainly of deposits with banks, local money market instruments and loans.

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

Financial assets		
Cash and cash equivalents		720,700
Loans and receivables	<u>62,596</u>	<u>49,994</u>
Total financial assets	<u>801,333</u>	<u>770,694</u>

Financial liabilities		
Financial liabilities at amortised cost:		
- trade and other payables	171,774	82,418
- borrowings (lease liabilities)	-	2,021
Total financial liabilities	<u>171,774</u>	<u>84,439</u>

NOTE 18 | EVENTS AFTER THE REPORTING PERIOD

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

NOTE 19 | CONTINGENT LIABILITIES

There were no contingent liabilities for Australian Medical Association (SA) Inc. at balance date.

NOTE 20 | ASSOCIATION DETAILS

The principal place of business is:
Australian Medical Association (SA) Inc.
80 Brougham Place
NORTH ADELAIDE SA 5006

Report of the Councillors

In accordance with section 35(5) of the Associations Incorporation Act, (SA) 1985, the Council of Australian Medical Association (SA) Inc hereby states that during the financial year ended 31 December 2015:-

- (a) (1) no officer of Australian Medical Association (SA) Inc.
- (2) no firm of which an officer is a member; and
- (3) no body corporate in which an officer has a substantial financial interest,

has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and Australian Medical Association (SA) Inc. except for the following:

- The Presidents of the Australian Medical Association (SA) Inc. received an allowance of, \$17,740 for P Montanaro and \$35,480 for J Fletcher, in carrying out duties on behalf of the Association.
- The Australian Medical Association (SA) Inc. engaged McLaren Consulting Pty Ltd on normal commercial terms and conditions during the year for \$4,500 for professional services relating to branding and communication strategy development. Mr John McLaren is a Director and shareholder of McLaren Consulting Pty Ltd and also a Council member of the Australian Medical Association (SA) Inc.
- (b) no officer of the Australian Medical Association (SA) Inc. has received directly or indirectly from the Association any payment or other benefit of a pecuniary value.

Statement by Officers of the Association

In the opinion of the Executive Board, on behalf of the Councillors of the association, the financial report as set out on pages 13 to 18:

- (a) Presents a true and fair view of the financial position of Australian Medical Association (SA) Inc. as at 31 December 2015 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
- (b) At the date of this statement there are reasonable grounds to believe that Australian Medical Association (SA) Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Executive Board on behalf of the Council and is signed for and on behalf of the Council by:

President: 

Board Member: 

Dated this 14 April 2016



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(South Australia) Inc.

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