AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED

AMA
(ACT) LIMITED

Annual Report 2019

... supporting doctors serving their communities

Annual Report

of the

Australian Medical Association (ACT) Limited

(ACN 008 665 718)

... supporting doctors serving their communities

31 December 2019

AMA
(ACT) LIMITED

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AMA (ACT) LTD OFFICE BEARERS

Directors

President:
Dr Antonio Di Dio

President-elect:
Dr Suzanne Davey

Hon Secretary:
Prof Stephen Robson

Hon Treasurer:
A/Prof Andrew Miller AM

Other Directors:
Dr Iain Dunlop AM
A/Prof Rashmi Sharma OAM
A/Prof Jeffrey Looi
Adj. A/Prof Balaji Bikshandi

Advisory Council

Chair:
A/Prof Rashmi Sharma OAM

Members:
Dr Mark Healsmith
Ms Katriana Milne
Dr Elizabeth Gallagher
Dr David Tridgell
Dr Michael Rosier
Dr Wayne Chou
Dr Antonio Di Dio – (AMA (ACT) President)
Dr Suzanne Davey – (AMA Council of General Practice)
Dr Rebeka Stepto – (AMA Council of Doctors in Training)

AMA (ACT) LTD COMMITTEES

Council of Doctors in Training

Co-Chair:
Dr Jacqueline Ho
Dr Jade Stewart

Members:
Dr Geoff Balean
Dr Yi Deng
Dr Kieran Neill
Dr Rebeka Stepto
Dr Mike Van Alphen

General Practice Forum

Chair:
Dr Suzanne Davey

Members:
Dr Ian Brown
Dr Karen Flegg
Dr Martin Liedvogel
Dr Mike Seah
A/Prof Rashmi Sharma OAM
Dr Nadeem Siddiqui
Dr Tuan Tran
Dr Antonio Di Dio (ex officio)

REPRESENTATIVES TO FEDERAL AMA

AMA Federal Council

Federal Councillor:

Dr Antonio Di Dio

AMA Board

AMA (ACT) Appointee:

Dr Iain Dunlop AM

AMA Council of Doctors in Training

AMA (ACT) Representatives:

Dr Jade Stewart

AMA Council of General Practice

AMA (ACT) Representative:

Dr Antonio Di Dio

AMA Health Financing and Economics Committee

AMA (ACT) Representative:

A/Prof Andrew Miller AM

AMA Indigenous Health Task Force

AMA (ACT) Representative:

Dr Nadeem Siddiqui

AMA National Conference

AMA (ACT) Delegates:

Dr Iain Dunlop AM
Dr Antonio Di Dio

Official Observer:

Mr Peter Somerville

AMA Medical Practice Committee

AMA (ACT) Representatives:

A/Prof Andrew Miller AM
Dr Antonio Di Dio

AMA Council of Private Specialist Practice

AMA (ACT) Representatives:

Prof Stephen Robson
A/Prof Andrew Miller AM

AMA Ethics and Medico Legal Committee

AMA (ACT) Representatives:

Dr Antonio Di Dio
Prof Stephen Robson

PRIZE WINNERS

President's Prize

Prof Michael Levy – 2011
Mr Robert Hunt – 2012
Dr Jo-Anne Benson – 2013
Dr Iain Dunlop AM – 2014
Dr Peggy Brown – 2015
Dr Martin Liedvogel – 2016
Dr Ailene Fitzgerald – 2017
Dr Michael Rosier – 2018

Student Prize for Leadership

Mr James McCracken – 2011
Mr Mark Russell – 2012
Mr Justin Rheese – 2013
Dr Kerrie Aust – 2014
Ms Lauren O'Rourke – 2015
Mr Christopher Wilder – 2016
Mr Ian McConnell-Whalan – 2017
Ms Cathryn Youings – 2019

AMA ROLL OF HONOUR

Presidents – ACT Branch of the Australian Medical Association Limited

- Dr Brian Richards
- Dr John Donovan
- Dr Grahame Bates
- Dr Robert Allan
- Dr Mark Hurwitz
- Dr Grahame Bates
- Dr Deborah McKay
- Dr Colin Andrews
- Prof Peter Herdson
- Dr Robert Allan
- Dr Ian Pryor
- Dr Charles Howse
- Dr Andrew Foote

Presidents – Australian Medical Association (ACT) Limited

- Dr Paul Jones
- Dr Iain Dunlop AM
- A/Prof Andrew Miller AM
- Dr Elizabeth Gallagher
- Prof Stephen Robson
- Dr Antonio Di Dio

AMA Fellows

- Dr Robert Allan
- Dr Grahame Bates
- Dr John J Connors
- Dr Raymond Cook
- Dr William Coote
- Dr Stanley Doumani
- Dr Iain Dunlop AM
- Dr John Eather
- Dr Gerald Flynn
- Dr Elizabeth Gallagher
- Dr Robert Green
- Dr Anthony Griffin
- Dr Charles Howse
- Dr Peter Hughes
- Dr Gary Jones
- Dr Paul Jones
- Dr David McNicol
- A/Prof Andrew Miller AM
- Dr Ian Pryor
- Dr Brian Richards
- Dr Susan Richardson
- Dr Alastair Robson

50 Year Members

- Dr Peter Black
- Dr Peter Brown
- Dr David Coles
- Dr Graham Dawson
- Dr John Donovan
- Dr Michael Flynn
- Dr Peter Giffard
- Dr Kenneth Goard
- Dr Tony Griffin
- Dr Valerie Hill
- Dr Ann Hosking
- Dr Mary Hoyle
- Dr Peter Hughes
- Dr Heather Lopert
- Dr Angus McIntosh
- Dr David McNicol
- Dr Douglas Rogers
- Dr Andrzej Rososinski
- Dr Selwyn Peter Trenerry
- Dr Robert Vance
- Dr Peter H Wilson
- Dr Jenson Wong-See

Vale

- Dr Roma Bedford
- Dr Peter Dawson
- Dr Tom Faunce
- Dr Stephen Lloyd
- Dr Helen Wiles

REPORT FROM THE PRESIDENT

Dr Antonio Di Dio

It is my pleasure to present the AMA (ACT) President's report for 2019.

2019 was again a busy year and we hit the ground running when the Final report of the Independent Review of Workplace Culture was handed down in early March and the ongoing battle to get a new salary deal for our hospital doctors. We were able to achieve an excellent outcome and, as ever, I am immensely grateful to our team for their tenacious and intelligent efforts in this regard.

On the membership side, we have a shown a steady increase in our member numbers, particularly with young doctors. This is a trend that needs to continue and it's important we encourage our senior colleagues to join too.

To that end, this year, I've been gratified that many very high quality and experienced doctors have taken the step to join us. The only way those people will continue to join our group is for them to see what we can do - what we can do for the profession, what we can do for the community, and what enjoyment and reward we get ourselves.

The people I've dragged into the organisation this year have arrived with a new-found view of what this wonderful group does for their profession, not what it can do for them personally, and it is as individuals, doctor to doctor, that we grow this group.

Independent Review of ACT Public Healthcare Workplace Culture

In March last year, the Independent Review of Workplace Culture handed down its final report.

The Review Panel received almost 400 submissions from individuals and organisations and almost 2000 responses to a staff survey.

The Review Panel did a good job identifying the underlying issues, from bullying not being addressed to inefficient processes and complaints management, non-supportive leadership and inappropriate recruitment.

One of the more disturbing, but unsurprising findings in both the Interim and Final Reports was that relatively few medical practitioners engaged with the Review and that this was symptomatic of a general disengagement from the management of the hospitals and health services. It was a matter of pride that the AMA submission was one of the most carefully considered and referred to by the inquiry. Our call for the inquiry cost us in terms of popularity with government, but that is the nature of advocacy, and if it is respectful and fuelled by good will, not self-interest, as this was, respect is never lost, and relationships quickly return.

Recommendations

The recommendations include a range of actions that dealt with clinical engagement, cultural change, better integration with the university and non-government sectors, opportunities for junior staff to broaden their experience, training leaders and preparing the next generation of those leaders, better human resource practices including in recruitment and, crucially, implementation of the recommendations.

Implementation

One of the key recommendations was that representative organisations, including AMA (ACT), be included as part of a Culture Review Implementation Group to oversight the implementation of the Review's recommendations. This process continued over the course of 2019 and continues even now.

While there's been considerable goodwill and hard work undertaken to implement the Review's recommendations, the optimal outcome for our members, the local profession and Canberra's patients requires that we test and question the information provided to the CROG.

For the CROG to work effectively, the organisations represented on it need to play their part and engage constructively, give their feedback and take the opportunity to ensure the implementation process leads to the positive cultural change we all want to see.

One of my goals for the CROG was for it to include other doctor organisations, and at the very first meeting the Minister invited the ACT VMO Association and the Australian Salaried Medical Officers Federation to join. Similarly, the Dean of the ANU College of Health and Medicine and the Executive Dean, Faculty of Health, University of Canberra were also added – with our support.

This was a key theme for me this year, learning that, however much the AMA means to me, we are not a lone voice, and collaboration with other groups is the right way to go.

Hospital Doctors Enterprise Bargaining

As I write this, Fair Work Australia is deciding on the approval of the new Hospital Doctors Enterprise Agreement. While I won't attempt to describe the twists and turns, the delays and dashed hopes, let me say it's been an almighty effort by our Council of Doctors in Training and, more specifically, AMA (ACT)'s Manager of Workplace Relations, Tony Chase, to get the enterprise agreement to the finish line.

While good salary increases are part of the new agreement, I think we should be particularly proud of the work done to get our JMOs a new fortnightly education allowance that replaces and improves the current reimbursement scheme.

The new education allowance has come about due to AMA (ACT)'s advocacy on behalf of junior doctors and the willingness of Canberra Health Services to engage in a constructive negotiation on the educational and other needs of the junior doctor workforce. In that regard, I acknowledge the role played by senior CHS executives in finalising the negotiations.

Family Doctor Week

Once again this year we held a Family Doctor Week dinner and were fortunate to have AMA President, Dr Tony Bartone as the guest of honour.

Family Doctor Week is an opportunity to focus on the work of our general practitioners and to thank them for all that they do in Canberra and around the country. While sometimes the work of the AMA seems to be all about hospitals, it's easy to forget that every single day, most of the doctors in this and every town, are in general practice. As are most medical premises, and the vast majority of patient encounters.

And, to my relentlessly jaundiced GP's eye, so is the toughest work, the most generalised presentations, the sharpest required focus, and the greatest fulfilment and reward.

I know that at the national level the AMA has a real understanding of the issues that beset us daily. The demand grows, the patients themselves ask for more complexity at each encounter, other professionals and agencies seek out the parts of our work that they can easily do without seeking the tough parts, and cost pressures never abate.

Thanks to work from our Federal counterparts, we've had our input listened to in the MBS review debate, and during the year had the first rebate increase of significance for years. More importantly, the Federal AMA has successfully lobbied to have indexation into these rebates for our patients, and I'm proud to have seen the immense efforts that AMA put into that effort start to pay off.

Unfortunately, despite all the work and success, it is painfully obvious to those of us in general practice that the extraordinary increases in health expenditure every year in Australia are not evenly distributed – such is the complexity of the system that it would be foolish to attempt it – but the payment made to general practitioners being frozen for much of the last decade demonstrates eloquently just how much value for money the army of GPs in Australia are to the system.

Resignation of Health Minister

In late June, Health Minister Meegan Fitzharris announced her resignation from both the ACT Ministry and the Legislative Assembly. On 1 July she stood down as Health Minister and on 5 July departed the Legislative Assembly. From my point of view, the Minister's decision to resign came as a surprise. While the Independent Review and the events that led up to it had caused significant disruption, portfolio matters had settled down.

Ultimately, Ms Fitzharris carried a very heavy ministerial burden and with the completing of the light rail and the final report of the Independent Review handed down, I can certainly understand her decision to resign in order to spend more time with her young family.

I'd like to thank her for her efforts and work in the health portfolio. She was a pleasure to work with and I wish her all the best.

Federal Council and committees

This past year, I've served on three Federal, Council committees – the AMA Council of General Practice, the Medical Practice Committee and the Medicolegal and Ethics Committee. The workload is significant, and every moment of reading submissions to government, Medicare or other agencies is a privilege, and particularly demonstrates to me the incredible hard work of so many AMA Federal Councillors, as well as our amazing secretariat team.

IHAP

For much of this year, as a consequence of an AMA nomination, I served on the International Health Assessment Panel, or IHAP, as its chair, helping to determine which detainees on Manus and Nauru were allowed for medical purposes into Australia. In this small panel, including Dr Brendan Murphy and Dr Paul Kelly, I learned a great deal about refugee medicine, and the extraordinary time pressures and time demands were difficult but, again, an amazing privilege. This will be written about, perhaps, at a later time.

The Bushfires

Thirty-two Australian lives were lost in the tragic fires that started the annus horribilis of 2020. The AMA (ACT) served closely, with daily media, and almost daily interconnection with ACT Health, via Minister and Canberra Health Services chiefs, to assist with the co–ordination of the local response and to volunteer some of our own practices and staff. The response was impressive from our local services, and the compassion and enthusiasm to contribute, in daily messages of support from doctors in the ACT, was very much what I have come to expect from this marvellous group of people.

COVID

This has been left to last because, being COVID, it starts and ends almost all public health discussion and debate in this critical time. And I will keep this brief – so much will be later written. The crisis has been met and handled to date, in my opinion, with a responsiveness, intelligence and foresight by our Federal and state leaders, that I did not dare to expect. The listening to experts, doctors and economists, has been great. The collaboration, such as a national cabinet, has been to my naïve and Pollyanna eye, a joy to behold.

I'd like to thank Dr Kerryn Coleman, Dr Vanessa Johnson and the team at ACT Health. I'd like to thank Bernadette McDonald and Prof Imogen Mitchell for their taking on new roles and their powerful presence. I'd like to thank Vivien Bevan, our chief pharmacist, for her efforts in co–ordinating a huge task in medication access during the crisis, and Dr Anne-Marie Svoboda, Dr Michelle Barrett, and Prof Kirsty Douglas, whose respective roles in their contributions to general practice policy in this crisis have been greatly appreciated.

I'd especially like to praise Rachel Stephen-Smith, our health minister, who has put up with my daily messages with patience and kindness, and a great deal of competence and collaboration, and understands health as well as any minster I've ever met. Vicki Dunne, the Opposition health spokesperson, has also been passionate in her involvement and desire to contribute.

Every death is a sadness that need to be acknowledged and remembered and learned from, but we must do two things today, nearing the end of May 2020.

Firstly, at a local level, I wish to thank the almost a hundred doctors I've personally spoken to who have put self-interest aside for the good of profession and community in this crisis – surgeons, obstetricians, radiologists, pathologists, physicians and in particular GPs have been kind and generous, thoughtful and fair minded. For every one who has acted in fear and self-interest, I know ten who put their hand up and asked how they could help.

Secondly, I urge you all not to consider that the first wave completion and the first lock down completed as the sign that we are in a post-COVID time. Leave that to the young and the foolish, and educate them if you can. We will be talking COVID next year, but hopefully doing so living in a place where deaths and morbidity have been avoided, while the economy thrives well enough to pay for all the services and social supports that need it. That will have been an extraordinary achievement

Acknowledgement and Thanks

Once again, I'd like to acknowledge and thank the Federal AMA for their support and assistance during the year. There's no doubt that one of our key strengths here in the ACT, is the ready access we get to the expertise, knowledge and assistance of our colleagues in the Federal office. In addition, we receive significant financial assistance from the Federal AMA for which we are also grateful.

I would like to again acknowledge and thank the AMA (ACT) Board for their support and guidance through 2019; without the advice, encouragement and support of my colleagues on the Board, my work as President would be that much more difficult.

I'd also like to thank the many members who have been in touch to lend their support, give me their insights and simply to let me know how we're going.

A further thanks to someone who did not renominate for this Board after 10 years of service - Dr Suzanne Davey. And after 10 years that's completely understandable!

I'd like to thank Suzanne formally for her membership and contribution for many years to the AMA Council of General Practice, for her tireless advocacy of general practice in the ACT, and for pitching in in many other ways. In particular, I'd like to say that Suzanne's warmth, intelligence, passion and compassionate articulation of GP issues at our meetings will be missed. Well, they would be missed if she stopped coming to board meetings. But she won't, on account of Bartone and I will get our relatives of dubious heritage and morality to drag her along to every meeting we can get her to, for as long as we can plead her to come. Thank you, Suzanne!

In closing, I'd like to add my thanks to our secretariat staff, to our AMA members, and all the many non-member doctors who have approached me many times during the year for support, requests, offers of help and all else. We are a broad, disparate group, and federally number many thousands. We are, as ever, a family – big, loud, clever, occasionally dysfunctional, surgically precise and drawing together when the chips are down, and I'm, as ever, humbled and proud to be here.

I'd finally like to thank my families – my work family led, by my dear friends Ruchi Jyoti and Jenny Ross, who put up with me being absent for half a full time volunteer job every week, and my scary family ruled by Cath and populated by the most wonderful kids any grumpy middle aged man could wish for. It is an honour to serve you, and an organisation that so wonderfully combines care within its membership, looking inward, while spending so much time looking out, it focus firmly on public health and safety, happiness and, at its core, lives lived well for all. Thank you so much.

REPORT FROM THE TREASURER

A/Prof Andrew Miller AM

Dear Members

The AMA (ACT)'s financial statements for the 2019 financial year are attached. These have been prepared and audited in accordance with company law.

This year has seen a significant turn-around in the Company's finances, returning a surplus of $19,949. This reflects the outcome of a steady process of restructuring over the last 3 years.

Total AMA (ACT) revenue for 2019 increased to $616,831, a continuation of the steady increases seen from $578,689 in 2016. Membership revenues have increased by $ 24,513 to $268,343. This increase is well ahead of CPI and reflects our membership growth. Sponsorship revenue has continued to decline, reflecting changing conditions in the financial services market following the Hayne Royal Commission. Our relationship with our sponsors remained strong through the year with a shift to direct funding of events. Sundry revenue from activities has also declined to $ 8,908. Commission revenue has remained stable. This revenue segment has shown a decline and the Board has formed the view that a planned diversification of income sources should continue; particularly in view of the substantial and seemingly long term structural changes in the financial services industry.

Canberra Doctor revenue has improved to $110,634, an increase of more than three times CPI. This has been accompanied with a further reduction in reduction in publication costs, cementing a sound margin on publication of 72%. The net return in 2019 was $79,938. Income from the Specialist and Allied Health Directory has increased to $ 30,540 somewhat offset by an increase in publication costs to $ 11,322 but nevertheless returning a margin of 63%, marginally up on the result for 2018.

Company expenses have been pegged back to $596,882. Efficiency savings continue to support the bottom line, whilst the focus on enhancing membership services and support continues to drive the Board's strategy ensuring that the Company continues to return value to its members.

Members' equity at the end of the year stood at $375,719, reflecting the surplus returned this year. The Company's current liabilities attributable to deferred revenue from prepayment of membership subscriptions and advertising have increased by over 6% to $ 101,059. The balance sheet also shows new entries reflecting the altered accounting treatment of the Company's lease arrangements with AMA Ltd, which appear in both the current and non-current liabilities sections. Due to these changed treatments the current ratio has declined to 1.25 from 1.43 in 2018. This apparently paradoxical outcome given the improved cash flow performance is attributable to these changes in the accounting practices and does not reflect a decline in liquidity from 2018. The company remains able to meet its liabilities as and when they fall due.

The MOU between AMA (ACT) and AMA Ltd continues to provide substantial support for the Companies activities and its capacity to return value to members. The Board is aware that AMA Ltd is undergoing a significant internal restructuring and review of activities; and continues to monitor these and any implications for our own structure and activities. We remain confident that our accumulated equity and sound income stream will support any future changes in the nature of the relationship between the two organisations.

The only significant reportable event since the preparation of the Financial Statements has been the coronavirus COVID-19 pandemic. The financial performance to date for the 2020 year remains sound and ahead of budget. The Board is aware that members may encounter financial, personal and professional difficulties through this crisis and has set member support as its top priority. We are confident that that sound financial state of the Company will allow it to adapt to any changes of operating environment that flow from this crisis whilst continuing to provide support for our members.

I would like to acknowledge Tanya Smith, the Company Accountant for her support and advice throughout the year; and note that the Company Auditors continue to remark positively on the high professional standards the Company maintains. The secretariat of AMA (ACT) continue to be our greatest asset, and with their hard work and loyalty they serve to keep our organisation active and responsive to the needs of our members.
I would also like to give special mention to Peter Somerville, the Company CEO, whose strategic insights and long hours at work have proven invaluable. The Board continues to apply careful and critical deliberation to its work and my fellow directors have been a source of support and clear advice through the year.

AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED

FINANCIAL REPORT

FOR YEAR ENDED 31 DECEMBER 2019

DIRECTORS' REPORT

Your Directors submit their report for the year ended 31 December 2019.

Directors

The names and details of the Company's Directors in office during the financial year and until the date of this report are as follows. Directors were in office for this entire period unless otherwise stated.

Dr Balaji Bikshandi

MB BS, FCICM,Grad.Cert.Echo, AMA(M)

Dr Suzanne Davey

BSc (Hons), MB BS, DCH, DRCOG

Dr Antonio Di Dio

MB BS, DipRACOG, FRACGP

Dr Iain Dunlop

MB BS (Hons) FRANZCO, FRACS

Dr Jeffrey Looi

MB BS, MD, DMedSc, FRANZCP, AFRACMA

Dr Andrew Miller

MB BS, BSc(Med) FACD

Dr Stephen Robson
MB BS, FRANZCOG

Dr Rashmi Sharma
BSc, MB BS, DRANZCOG, FRACGP, Grad Cert in Higher Education, GAICD

All Directors are members of the Australian Medical Association (ACT) Limited.

Company Secretary Peter Somerville

Peter Somerville has been the Company Secretary of the Australian Medical Association (ACT) Limited since August 2015.

Dividends

Under the Constitution of the Company, no distribution is available to members.

Principal Activity

The principal activity of the Company was to promote and safeguard the provision of high quality medical services to the community.

For the Association

- Ensure financial viability
- Maintain and enhance governance capabilities
- Ensure seamless transition from one Board and Advisory Council to the next
- Publish "Canberra Doctor" and other periodic publications as required
- Grow membership

For the Membership

- Lead, represent, inform and serve the profession
- Develop member benefits
- Promote ethical standards
- Promote the profession as an asset to the community
- Influence government and set the agenda in relation to public health
- Develop relationships with other health professionals and other stakeholders
- Maintain and enhance communication with ACT government, hospital administrators and other relevant parties in regard to hospital/patient services

For the Community

- Promote good health and health care
- Lobby and advise government on public and community health issues
- Act as a patient advocate
- Influence the community to improve health outcomes

Performance Measurement

The Board and Management monitor the Company's overall performance throughout the year, by consideration and observation of a number of quantitative and qualitative performance indicators. These are summarised below.

- Financial Management accounts are prepared prior to board meetings and at least 4 times annually and compared with the annual budget, revised projections and prior year figures. These accounts measure the financial viability of the Company and demonstrate the level of growth in membership subscriptions from year to year as well as other commercial and semi-commercial arrangements.
- Risk management strategies across the organisation are documented and reviewed bi-annually.
- Reports on growth in membership numbers and trends by category, are generated throughout the year.
- The value of member benefits available is largely quantifiable and reviewed annually.
- The Board assesses, as an ongoing process, the value, expenditure and income of new members' benefits and initiatives before offering products and services to the members.
- The volume, quality, size and regularity, and expenditure and income of publication, of "Canberra Doctor" and other publications is also compared throughout the year and annually.
- Feedback from the medical profession, other health professionals, related councils and entities, hospitals, politicians and bureaucrats, and the community is constantly monitored by management and reported to the Board for consideration and action if required.
- The volume of requests for AMA (ACT) input/ advice from the medical profession, other health professionals, related councils and entities, hospitals, politicians and bureaucrats, and the community, and the quality and timeliness of the AMA ACT response is also constantly monitored by management and reported to the Board for consideration and action if required.

Operating Results

Net surplus for the year ended 31 December 2019 after income tax is $19,949. (2018: deficit of $15,636).

Performance

Financial

This year income has increased by approximately 1.8% on 2018. Expenses were lower in 2019, having decreased by 3.9% on last year. The focus this year has been on growing member numbers. The effect of all aspects of operations on the financial performance and viability of the Company is monitored closely throughout the year.

Membership Growth

During the year the Company experienced steady growth in membership numbers.

Canberra Doctor

The *Canberra Doctor* newspaper continues to be a popular and widely read publication within the medical community. The newspaper was published 7 times during the year and provides a regular source of up-to-date information on the political landscape and other issues relevant to the medical profession and the patients they treat. *Canberra Doctor* also continues to be the vehicle by which practitioners promote their professional services to colleagues.

AMA ACT Advocacy

The Advisory Council and the Board continued during the year to engage with politicians across the party-political divide and with senior departmental employees, and with other related organisations and mainstream media on issues of concern to the members locally. Canberra Doctor was utilised to inform the profession of the activities undertaken on their behalf.

Significant Changes in the State of Affairs

No significant changes in the state of the affairs of the Company occurred during the year.

Significant Events After the Balance Date

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

Likely Developments and Expected Results
The likely developments in the operation of the Company involve the continued pursuit of its principal activities.

Environmental Regulation and Performance
The Company is not subject to any particular or significant environmental regulations.

Membership Obligations
The Company is a public company limited by guarantee by the members. Pursuant to the Constitution, each member of the Company undertakes to contribute to the property of the Company in the event of it being wound up. The maximum contribution per member in accordance with the guarantee is $10.

Indemnification and Insurance of Directors
During the year, the Company has paid premiums in respect of a contract insuring all the Directors of the Australian Medical Association (ACT) Limited against any liability incurred in their role as Directors of the company, except where:

(a) the liability arises out of conduct involving a wilful breach of duty; or

(b) there has been a contravention of Section 232(5) or (6) of the Corporations Act 2001.

The total amount of insurance contract premiums paid in 2019 was $1,815 (2018: $1,815).

Directors' Remuneration

No Directors' remuneration was paid during the year.

Directors' Meetings

During the year 6 board meetings were held.

The number of meetings of Directors held during the year and the number of meetings attended by each director were as follows:

	Number of meetings held while in office	Number of meetings attended
Dr Balaji Bikshandi	6	4
Dr Suzanne Davey	6	6
Dr Antonio Di Dio	6	6
Dr Iain Dunlop	6	5
Dr Jeffrey Looi	6	3
Dr Andrew Miller	6	5
Dr Stephen Robson	6	4
Dr Rashmi Sharma	6	4

Auditor's Independence Declaration

The Directors have received a declaration of independence from the auditor and this is attached. The Directors are satisfied that the nature and scope of non-audit services has not compromised the auditor's independence.
Signed in accordance with a resolution of the Directors.

Director - Dr Antonio Di Dio

Director - Dr Andrew Miller

Canberra
8 April 2020

Nexia Australia

Auditor's Independence Declaration
Under Section 307c of the Corporations Act 2001 to the Directors of Australian Medical Association (ACT) Limited

I declare that, to the best of my knowledge and beliefs, during the year ended 31 December 2019 there have been:

i. no contraventions of the independence requirements of the Corporations Act 2001 in relation to the audit; and

ii. no contraventions of any applicable code of professional conduct in relation to the audit

Nexia Duesburys

R Scott

Nexia Duesburys (Audit)
Canberra, 8 April 2020

R C Scott
Partner

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Nexia Australia

Independent Auditor's Report
To the Members of Australian Medical Association (ACT) Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Australian Medical Association (ACT) Limited (the Company), which comprises the statement of financial position as at 31 December 2019, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Australian Medical Association (ACT) 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 2019 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements 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 responsibility for the audit of the financial report section of our report. We are independent of the Company in accordance with the auditor independence requirements of 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 (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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

The directors are responsible for the other information. The other information comprises the information in the Company's Directors' Report for the year ended 31 December 2019 but does not include the financial report and the auditor's report thereon.

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

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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, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

Directors' responsibility for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements 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 have no realistic alternative but to do so.

Auditor's responsibility 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 Australian Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Nexia Duesburys

R Scott

Nexia Duesburys (Audit)
Canberra, 8 April 2020

R C Scott
Partner

DIRECTORS' DECLARATION

In accordance with a resolution of the Directors of the Australian Medical Association (ACT) Limited, we state that:

In the opinion of the Directors:

(a) the financial statements and notes of the Company are 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 2019 and of its performance, as represented by the results of its operations and its cash flows, for the year ended on that date; and

   (ii) complying with Accounting Standards - Reduced Disclosure Requirements and Corporations Regulations 2001 and other authoritative pronouncements of the Australian Accounting Standards Board; and

(b) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

On behalf of the Board:

Director - Dr Antonio Di Dio

Director - Dr Andrew Miller

Canberra
8 April 2020

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2019

	Notes	2019	2018
		$	$
REVENUE FROM CONTINUING OPERATIONS	3	**616,831**	605,790
Salaries and employee benefits expense		**(342,888)**	(362,761)
Depreciation expense	4	**(11,184)**	(11,678)
Amortisation expense	5	**(62,159)**	-
Interest expense		**(12,243)**	-
Printing and postage expenses		**(6,367)**	(7,377)
Telephone and internet expense		**(2,779)**	(3,265)
Meeting and seminar expenses		**(24,481)**	(23,337)
Bank and credit card charges		**(2,392)**	(2,340)
Rates and body corporate		**(25,627)**	(23,742)
Rent expense		**(2,320)**	(71,260)
Legal expenses		**-**	(9,028)
Canberra Doctor expenses		**(30,696)**	(35,476)
Specialist Directory expenses		**(11,322)**	(10,828)
Other expenses from ordinary activities		**(62,424)**	(60,334)
SURPLUS/DEFICIT FROM CONTINUING OPERATIONS BEFORE INCOME TAX		**19,949**	(15,636)
INCOME TAX	6	**-**	-
NET SURPLUS/DEFICIT FOR THE YEAR		**19,949**	(15,636)
Other comprehensive income, net of tax		**-**	-
TOTAL COMPREHENSIVE SURPLUS/DEFICIT FOR THE YEAR		**19,949**	(15,636)

STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2019

	Notes	2019	2018
		$	$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	16	**316,418**	265,994
Trade and other receivables	7	**36,945**	31,937
Other current assets	8	**757**	1,666
Total Current Assets		**354,120**	299,597
NON-CURRENT ASSETS			
Plant and equipment	9	**2,459**	4,511
Right-of-use asset	5	**181,296**	
Investments	10	**251,120**	260,252
Total Non-Current Assets		**434,875**	264,763
TOTAL ASSETS		**788,995**	564,360
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	**92,695**	84,148
Lease liability	5	**59,301**	-
Deferred revenue	13	**101,059**	94,801
Borrowings	15	**-**	-
Provisions	14	**29,641**	29,641
Total Current Liabilities		**282,696**	208,590
NON-CURRENT LIABILITIES			
Lease Liability	5	**130,580**	-
Total Non-Current Liabilities		**130,580**	-
TOTAL LIABILITIES		**413,276**	208,590
NET ASSETS		**375,719**	355,770
MEMBER' FUNDS			
Retained earnings		**375,719**	355,770
TOTAL MEMBERS' FUNDS		**375,719**	355,770

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2019

	2019	2018
	$	$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from members and customers (inclusive of GST)	**668,148**	589,278
Payments to suppliers and employees (inclusive of GST)	**(556,205)**	(586,457)
Interest received	**4,297**	3,967
Interest paid	**(12,243)**	-
NET CASH FLOWS (USED IN)/FROM OPERATING ACTIVITIES	**103,997**	6,788
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of fixed assets	**-**	-
NET CASH FLOWS FROM INVESTING ACTIVITIES	**-**	-
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of lease liability	**(53,573)**	-
NET CASH FLOWS FROM FINANCING ACTIVITIES	**(53,573)**	-
NET (DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS	**50,424**	6,788
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	**265,994**	259,206
CASH AND CASH EQUIVALENTS AT END OF YEAR	**316,418**	265,994

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2019

	2019 $	2018 $
RETAINED EARNINGS		
At 1 January	**355,770**	371,406
Surplus for the year	**19,949**	(15,636)
Other comprehensive income	**-**	-
At 31 December	**375,719**	355,770

NOTES TO THE FINANCIAL STATEMENTS

31 December 2019

NOTE 1. CORPORATE INFORMATION

Australian Medical Association (ACT) Limited (the Company) is a not for profit public company limited by guarantee, incorporated in the Australian Capital Territory under the Corporations Act 2001. The financial statements cover the Company as an individual entity.

The nature of the operations and principal activities of the Company are described in the Directors' report.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

The Australian Medical Association (ACT) Limited has elected to adopt the Australian Accounting Standards–Reduced Disclosure Requirements.

The financial report is a general purpose financial report, which has been prepared in accordance with the requirements of the *Corporations Act 2001* and Australian Accounting Standards (Reduced Disclosure Requirements of the Australian Accounting Standards Board).

The financial statements have been prepared on an accruals basis and are based on historical costs modified by the revaluation of selected non-current assets, financial assets and financial liabilities for which the fair value basis of accounting has been applied.

The following is a summary of the material accounting policies adopted by the Company in the preparation of the financial statements. Unless otherwise stated, the accounting policies adopted are consistent with those of the previous year.

The financial report is presented in Australian dollars which is the Company's functional and presentation currency. The amounts presented in the financial report have been rounded to the nearest dollar.

(a) Plant and Equipment

Plant and equipment is stated at historical cost less accumulated depreciation and any accumulated impairment losses. Such cost includes the cost of replacing parts that are eligible for capitalisation when the cost of replacing the parts is incurred.

Depreciation is calculated on a straight-line basis over the estimated useful life of the assets as follows:

- Plant and equipment – over 3 to 12 years
- Fittings and fixtures – over 6 to 17 years

Impairment
The carrying values of plant and equipment are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable.

If any indication exists and where carrying values exceed the estimated recoverable amount, the assets are written down to their recoverable amount. The recoverable amount of plant and equipment is the greater of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset.

(b) Investment Property

Land and buildings are measured at cost including transaction costs and initial direct costs of negotiating operating leases less accumulated depreciation on buildings and initial direct operating lease costs and less any impairment losses recognised after the date of the revaluation.

Depreciation is calculated on a straight-line basis over the estimated useful life of the property as follows:

Investment property – over 50 years

Initial Direct Operating Lease costs – over the life of the lease

(c) Taxes

Income tax
Current tax assets and liabilities for the current and prior periods are measured at the amount expected to be recovered from, or paid to, the taxation authorities based on the current period's taxable income. The tax rates and tax laws used to compute the amount are those that are enacted or substantively enacted by the balance sheet date.

Deferred income tax is provided on all temporary differences at the balance sheet date between the tax bases of assets and liabilities and their carrying amounts for financial reporting purposes.

Goods and Services Tax
Revenues, expenses and assets are recognised net of the amount of GST except:

- where the GST incurred on a purchase of goods and services is not recoverable from the taxation authority, in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item as applicable; and
- receivables and payables are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the balance sheet.

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

(d) Financial Instruments

Initial recognition and measurement
Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the Company commits itself to either the purchase or sale of the asset (ie 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 components or if the practical expedient was applied as specified in AASB 15.63 .

Classification and subsequent measurement
Financial instruments are subsequently measured at either fair value or amortised cost using the effective interest rate method. The subsequent measurement depends on the classification of the financial instrument as described below.

Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- the amount at which the financial asset or financial liability is measured at initial recognition;

- less principal repayments;
- plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and
- less any reduction for impairment.

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.

Financial assets
All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Financial assets that meet the following conditions are subsequently measured at amortised cost:

- the financial asset is held within a business model whose objective is to hold financial assets in order to collect contractual cash flows; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial assets that meet the following conditions are subsequently measured at fair value through other comprehensive income (FVTOCI):

- the financial asset is held within a business model whose objective is achieved by both collecting contractual cash flows and selling the financial assets; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

By default, all other financial assets are subsequently measured at fair value through profit or loss (FVTPL).

Despite the above, the entity may make the following irrevocable election/designation at initial recognition of a financial asset:

- the entity may irrevocably elect to present subsequent changes in fair value of an equity instrument in other comprehensive income if certain criteria are met; and
- the entity may irrevocably designate a financial asset that meets the amortised cost or FVTOCI criteria as measured at FVTPL if doing so eliminates or significantly reduces an accounting mismatch.

Financial liabilities
All financial liabilities are subsequently measured at amortised cost using the effective interest method or at FVTPL.

Financial liabilities are classified as at FVTPL when the financial liability is contingent consideration of an acquirer in a business combination, held for trading, or it is designated as at FVTPL.

Borrowings are classified as current liabilities unless the entity has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

(e) Employee Benefits

Wages, Salaries and Annual Leave
Liabilities for wages, salaries and annual leave expected to be settled within 12 months of the reporting date are recognised in respect of employee's service up to the reporting date. They are measured at the amounts expected to be paid when the liabilities are settled, plus related on-costs.

Long Service Leave
All other employee benefit liabilities are measured at the present value of the estimated future

cash outflows to be made in respect of services provided by employees up to the reporting date. In determining the present value of future cash outflows, the interest rates attaching to government guaranteed securities which have terms to maturity approximating the terms of the related liability are used.

(f) Cash and Cash Equivalents

Cash and cash equivalents in the balance sheet comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

For the purposes of the statement of cash flows, cash and cash equivalents consist of cash and cash equivalents as defined above, net of outstanding bank overdrafts. Bank overdrafts are included within interest-bearing loans and borrowings in current liabilities on the balance sheet.

(g) Receivables

Trade receivables are recognised and carried at original invoice amount less an allowance for impairment.

Collectibility of trade receivables is reviewed on an ongoing basis. Individual debts that are known to be uncollectible are written off when identified. An impairment provision is recognised when there is objective evidence that the company will not be able to collect the receivable.

(h) Investments

Unlisted shares and investment property are carried at cost.

(i) Leases

At inception of a contract, the entity assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows the entity the right to control the use of an identified asset over a period of time in return for consideration.

Where a contract or arrangement contains a lease, the entity recognises a right-of-use asset and a lease liability at the commencement date of the lease.

A right-of-use asset is initially measured at cost, which is the present value of future lease payments adjusted for any lease payments made at or before the commencement date, plus any make-good obligations and initial direct costs incurred. Lease assets are depreciated using the straight-line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re-measurements of the lease liabilities and for impairment losses.

Lease liabilities are initially measured at the present value of future minimum lease payments, discounted using the entity's incremental borrowing rate if the rate implicit in the lease cannot be readily determined, and are subsequently measured at amortised cost using the effective interest rate. Minimum lease payments include fixed payments, amounts expected to be paid under a residual value guarantee, the exercise price of purchase options for which the Company is reasonably certain to exercise and incorporate the Company's expectations of lease extension options.

The lease liability is remeasured when there are changes in future lease payments arising from a change in rates, index or lease terms from exercising an extension or termination option. A corresponding adjustment is made to the carrying amount of the lease assets.

Short term leases (lease terms of 12 months or less) and leases of low value assets ($5,000 or less) are recognised as incurred as an expense in the income statement. Low value assets comprise car parking.

(j) Payables

Trade payables and other payables are carried at amortised cost and represent liabilities for goods and services provided to the Company prior to the end of the financial year that are unpaid and arise when the Company becomes obliged to make future payment in respect of the purchase of these goods and services.

(k) Borrowings

All loans and borrowings are initially recognised at the fair value of the consideration received less directly attributable transaction costs.

After initial recognition, interest bearing loans and borrowings are subsequently measured at amortised cost using the effective interest method.

Borrowings are classified as current liabilities unless the Company has an unconditional right to defer settlement of the liability for at least 12 months after the balance sheet date.

Interest is charged as an expense as it accrues.

(l) Revenue Recognition

In the previous financial year, revenue recognised in accordance with AASB 118 *Revenue* was measured at the fair value of the consideration received or receivable. The Company recognised revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the Company and specific criteria have been met for each of the Company's activities.

Revenue recognised under AASB 15 is measured at the amount which the Company expects to receive in consideration for satisfying performance obligations to a customer. A performance obligation is the distinct good or service defined within the contract with a customer. The transaction price is allocated to one or more performance obligations contained within the contract, with revenue being recognised as or when the performance obligation is satisfied.

Timing of Revenue Recognition
Revenue is recognised either at a point in time or over time, when (or as) the entity satisfies performance obligations by transferring the promised goods or services to its customers.

If the Company satisfies a performance obligation before it receives the consideration, the Company recognises either a contract asset or a receivable in its statement of financial position, depending on whether something other than the passage of time is required before the consideration is due.

ACT Subscription Fees
Subscription fees are recognised in the period in which the provision of membership benefits relate ie. the subscription period. Fees received in advance for the following year are disclosed as a liability.

Canberra Doctor and Specialist Directory Income
Revenue is recognised when the service is rendered and there has been a transfer of risks and rewards to the customer.

Commissions
Revenue is recognised when the service is rendered or when the fee in respect of the service is receivable.

Interest
Revenue is recognised as the interest accrues (using the effective interest method, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial instrument) to the net carrying amount of the financial asset.

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

(m) Comparatives

Where necessary, comparatives have been reclassified for consistency.

(n) Critical Accounting Estimates and Judgements

The directors evaluate 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 the Company.

The directors do not believe that there were any key estimates or key judgements used in the development of the financial statements that give rise to a significant risk of material adjustment in future.

(o) New and Amended Accounting Policies Adopted by the Company

The Company has adopted all of the new, revised or amended accounting standards and interpretations issued by the Australian Accounting Standards Board that are mandatory for the current reporting period. The adoption of these Accounting Standards and Interpretations did not have any material impact on the financial performance or position of the Company in either the current or prior financial reporting periods.

For the year ended 31 December 2019, the entity has adopted the following new Accounting Standards (and their relevant amending standards issued by the AASB):

- AASB 15 *Revenue from Contracts with Customers*
- AASB 1058 *Income of Not-for-Profit Entities*
- AASB 16 *Leases*

AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities

The mandatory date of adoption for AASB 15 and AASB 1058 was 1 January 2019. The Company has elected to apply the simplified approach allowable under the Standard, reflecting the cumulative impact arising from adoption (if any) as an adjustment to opening accumulated surplus at 1 January 2019. As a result, comparative financial information has not been restated.

Where consideration comprises variable components, the amount recognised as revenue is constrained to that amount that would not result in a significant reversal of the cumulative revenue recognised when that uncertainty is resolved.

AASB 15 involves the use of a five-step recognition model for recognising revenue, the steps are:

- Step 1 – Identify the contract with the customer
- Step 2 – Identify the sufficiently specific performance obligations to be satisfied
- Step 3 – Measure the expected consideration
- Step 4 – Allocate that consideration to each of the performance obligations in the contract
- Step 5 – Recognise revenue

The Company has elected to adopt the practical expedient whereby contracts that are considered to be ‘complete’ (where revenue has been fully recognised in accordance with previous standards) are not adjusted upon the adoption of the new standards.

AASB 1058 measures income by reference to the fair value of the asset received. The asset received, which could be a financial or non-financial asset, is initially measured at fair value when the consideration paid for the asset is significantly less than fair value, and that difference is principally to enable the Company to further its objectives. Otherwise, assets acquired are recognised at cost.

Where the asset has been measured at fair value, AASB 1058 requires that elements of other Accounting Standards are identified before accounting for the residual component. These standards are:

- AASB 15 *Revenue from Contracts with Customers*
- AASB 16 *Leases*
- AASB 1004 *Contributions*
- AASB 137 *Provisions, Contingent Liabilities & Contingent Assets*
- AASB 9 *Financial Instruments*

A transfer that requires the Company to use those funds to acquire or construct a recognisable non-financial asset to identified specifications; does not require the Company to transfer the non-financial asset to the transferor or other parties; and occurs under an enforceable agreement is recognised as income when (or as) the Company satisfies its obligations under the transfer.

AASB 16 Leases

AASB 16 replaces AASB 117 *Leases* and has been applied for the first time from 1 January 2019. The accounting policy adopted by the Company from that date is described in Note 5. In the previous financial year, lease rentals payable on operating leases were recognised as an expense on a straight-line basis over the lease term.

On initial application of AASB 16, the Company has elected to adopt the simplified approach, whereby the lease liability is measured at the present value of the remaining lease payments, discounted using the Company's incremental borrowing rate at 1 January 2019. The Company's incremental borrowing rate was 5.73%. The right of use asset has been recognised at an amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments at the transition date. As a result, comparative financial information has not been restated.

Upon initial application of the Standard, the following amounts were recognised as at 1 January 2019:

Right-of-use Asset	**$243,455**
Lease Liability	**$243,455**

NOTE 3. REVENUE FROM CONTINUING OPERATIONS

	2019 $	2018 $
Subscriptions	**268,383**	243,870
Canberra Doctor	**110,634**	104,421
Specialist Directory	**30,540**	28,145
Federal AMA Rental and IT Contribution	**91,847**	95,555
Federal AMA Member Subsidy	**5,709**	5,146
Rental income from investment property	**78,895**	80,962
Commission	**3,551**	3,695
Sponsorship	**18,364**	30,227
Sundry (includes Function/Event and Fee for Service Income)	**8,908**	13,768
Total Revenue	**616,831**	605,790

The Federal AMA Rental Contribution is for reimbursement of rent and carpark expenses paid by AMA ACT to the lessor.

NOTE 4. EXPENSES AND LOSSES

	2019 $	2018 $
Depreciation		
Fittings and fixtures	**435**	874
Plant and equipment	**1,617**	1,672
Investment property	**9,132**	9,132
Total depreciation expense	**11,184**	11,678
Direct operating expenses of the investment property	**25,627**	23,742

NOTE 5. LEASE ASSET AND LIABILITY

	2019	2018
	$	$
RIGHT-OF-USE-ASSET		
Balance at beginning of year	243,455	-
Additions	-	-
Balance at end of year	243,455	-
Accumulated amortisation		
Balance at beginning of year	-	-
Amortisation for the year	(62,159)	-
Balance at end of year	(62,159)	-
Net book value – right-of-use asset	181,296	

	2019	2018
LEASE LIABILITY		
Current	59,301	-
Non-current	130,580	-
	189,881	

	2019	2018
MOVEMENT OF LEASE LIABILITY DURING THE YEAR		
Balance at beginning of year	243,455	-
Lease payments	(65,817)	-
Interest expense	12,243	-
Balance at end of year	189,881	-

NOTE 6. INCOME TAX

	2019	2018
	$	$
The prima facie tax on operating profit differs from the income tax provided in the accounts as follows:		
Prima facie tax payable on operating profit at 27.5%	**5,486**	(4,300)
Add/(less) tax effect of:		
- non-deductible expenses attributable to members	**83,616**	78,621
- non-assessable member income	**(93,475)**	(81,595)
- timing difference not brought to account	**2,296**	6,192
- other non-deductible expenses	**2,606**	2,592
- current year deficit/(surplus) not brought to account	**(529)**	(1,510)
Income tax (benefit)/expense attributable to operating result	**-**	-
Unrecognised deferred tax assets on temporary differences	**39,148**	30,798
Unrecognised deferred tax assets on losses carried forward	**65,696**	66,225

NOTE 7. TRADE AND OTHER RECEIVABLES

	2019	2018
	$	$
Trade debtors	**35,080**	27,937
Accrued Income	**1,865**	4,000
	36,945	31,937

Trade debtors are non-interest bearing and generally on 30 day terms.

NOTE 8. OTHER CURRENT ASSETS

	2019	2018
	$	$
Prepayments	**757**	1,666

NOTE 9. PLANT AND EQUIPMENT

	2019	2018
	$	$
Fixtures and fittings:		
At cost	37,382	37,382
Accumulated depreciation	(37,381)	(36,946)
	1	436
Plant and equipment:		
At cost	30,888	30,888
Accumulated depreciation	(28,430)	(26,813)
	2,458	4,075
Total plant and equipment	2,459	4,511
Total plant and equipment		
At cost	68,270	68,270
Accumulated depreciation	(65,811)	(63,759)
Total written down amount	2,459	4,511

Reconciliation of carrying amounts at beginning and end of the period

	2019	2018
Fixtures and fittings		
Balance at beginning of year	436	1,310
Depreciation expense	(435)	(874)
Additions	-	-
Disposals	-	-
Balance at end of year	1	436
Plant and equipment		
Balance at beginning of year	4,075	5,747
Depreciation expense	(1,617)	(1,672)
Additions	-	-
Disposals	-	-
Balance at end of year	2,458	4,075

NOTE 10. INVESTMENTS

	2019	2018
	$	$
Investments at cost comprise:		
Investment property	**456,587**	456,587
Direct initial operating lease costs	**9,783**	9,783
	466,370	466,370
Less: Accumulated depreciation	**(215,250)**	(206,118)
	251,120	260,252

The Directors' current estimate of the fair value of the investment property (Unit 6 and 7, 15 Napier Close, Deakin) is $750,000. This amount is based on an independent valuation performed by Egan National Valuers (ACT) as at 31 December 2018.

Shares – unlisted (AMA Member Service Pty Limited)	**1**	1
	251,121	260,253

NOTE 11. MEMBERS' GUARANTEES

The Company is a public company limited by guarantee by the members. Pursuant to the Constitution, each member of the Company undertakes to contribute to the property of the Company in the event of it being wound up. The maximum contribution per member in accordance with the guarantee is $10.

NOTE 12. TRADE AND OTHER PAYABLES

	2019 $	2018 $
Federal AMA Subscriptions Payable – 2019 and 2020 subscriptions	**30,951**	36,999
Federal AMA GST Payable	**3,078**	3,683
JMOA Dues Payable	**4,990**	2,343
Sundry Creditors	**1,029**	15
GST Payable	**8,773**	7,188
PAYG Tax Payable	**5,979**	4,721
Superannuation Payable	**10,655**	8,738
Accruals – Other	**27,240**	20,461
	92,695	84,148

Terms and conditions

Terms and conditions relating to the above financial instruments:

(a) Trade creditors are non-interest bearing and are normally settled in 30 days.

(b) Federal AMA Subscriptions (related party) liabilities are non-interest bearing and are settled within one month of collection of the subscription fee. Further details are set out in Note 17.

(c) All other creditors are non-interest bearing and have an average term of 30 days.

NOTE 13. DEFERRED REVENUE

	2019 $	2018 $
Deferred Revenue – membership dues received in advance	**67,107**	60,728
Deferred Revenue – Canberra Doctor pre-paid advertising	**27,587**	34,073
Pre-paid Office Rental	**6,365**	-
	101,059	94,801

NOTE 14. PROVISIONS

	2019 $	2018 $
Current		
Employee benefits	**29,641**	29,641
Reconciliation of provision for employee benefits		
Annual leave		
Balance at beginning of year	**29,641**	14,837
Net movement in provision during the year	**-**	14,804
Balance at end of year	**29,641**	29,641
Long Service Leave		
Balance at beginning of year	**-**	-
Net movement in provision during the year	**-**	-
Balance at end of year	**-**	-
Total provision for employee benefits		
Balance at beginning of year	**29,641**	14,837
Net movement in provisions during the year	**-**	14,804
Balance at end of year	**29,641**	29,641

NOTE 15. BORROWINGS

	2019 $	2018 $
Financing facilities available		
At reporting date, the following financing facilities had been negotiated and were available:		
Total facilities		
– loan from related parties: AMA Federal	**50,000**	50,000
Facilities used at reporting date		
– loan from related parties: AMA Federal	**-**	-
Facilities unused at reporting date		
– loan from related parties: AMA Federal	**50,000**	50,000

NOTE 16. CASH AND CASH EQUIVALENTS

	2019	2018
	$	$
Cash balance comprises:		
– cash at bank	**316,193**	265,769
– petty cash	**225**	225
	316,418	265,994

NOTE 17. RELATED PARTY DISCLOSURES

	2019	2018
	$	$

Transactions with related parties

A proportion of subscription fees received by the Company relate to Federal AMA subscriptions. Federal AMA subscriptions (including GST) are received on behalf of and remitted to the Federal AMA on an arm's length basis.

	2019	2018
Federal AMA subscriptions owing at beginning of year	**40,683**	40,284
Federal AMA subscriptions received during the year	**231,899**	213,134
Subscriptions remitted to the Federal AMA during the year	**(238,551)**	(212,735)
Balance of subscriptions owing at end of year	**34,031**	40,683
Loan from Federal AMA owing at beginning of year	**-**	-
Loan received from /(repaid to) Federal AMA during the year	**-**	-
Balance of loan owing at end of year	**-**	-
Balance owing to Federal AMA at end of year	**34,031**	40,683

NOTE 18. KEY MANAGEMENT PERSONNEL

	2019	2018
	$	$

Key management personnel is defined by AASB 124 “Related Party Disclosures” as those persons having the authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director of the Company.

The aggregate remuneration paid to key management personnel during the financial year is as follows:

	2019	2018
Total key management personnel compensation	**127,592**	120,732

2019 figure includes Annual Leave cashed out during the year.

During the year, the Company paid premiums of $1,815 (2018: $1,815) to insure the directors and officers of the Company. None of the Directors received, or became entitled to receive, any other remuneration during the year. Directors are not reimbursed for their costs of attending meetings.

NOTE 19. COMMITMENTS

Leasing commitments

Operating lease commitments receivable – company as lessor

The Company has a commercial lease with an unrelated party at Napier Close, Deakin.

This lease has a remaining term of 7 months, expiring on 31 July 2020.

Future minimum rental receivable under this operating lease as at 31 December are as follows:

	2019	2018
	$	$
Within one year	**44,555**	40,704
Between one and three years	**-**	-
	44,555	40,704

Operating lease commitments payable — company as lessee

The Company has a non-cancellable commercial lease with an unrelated party for office space at Macquarie Street, Barton. This lease has a remaining term of 2 years and 11 months, expiring on 30 November 2022.

Future minimum rental receivable under this operating lease as at 31 December are as follows:

	2019	2018
	$	$
Within one year	**5,586**	71,215
Between one and three years	**11,765**	228,952
	17,351	300,167

NOTE 20. SEGMENT INFORMATION

The Company operates in one business and geographical segment, being to promote and safeguard the provision of high quality medical services to the community in Australia.

NOTE 21. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The Company's principal financial instruments comprise receivables, payables, cash and cash equivalents, short term investments and the unsecured loan. The main purpose of these financial instruments is to raise finance for the Company's operations.

The totals for each category of financial instruments, measure in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	2019	2018
	$	$
Financial Assets at amortised cost		
Cash and cash equivalents	**316,418**	265,994
Trade and other receivables	**36,946**	31,937
	353,364	297,931
Financial liabilities at amortised cost		
Trade and other payables	**92,694**	84,148
Borrowings	**-**	-
	92,694	84,148

Net fair values

Financial assets and financial liabilities are carried at their net fair value at the end of the reporting period. The carrying values of financial assets and financial liabilities approximate their net fair values due to their short term maturity or market interest rate. No financial assets or financial liabilities are traded on organised markets in standardised form.

NOTE 22. EVENTS AFTER THE REPORTING PERIOD

The financial statements were authorised for issue by the board of directors on the date of signing the attached Directors' Declaration. The directors have the right to amend the financial statements after they are issued.

There are no events after the reporting date that require amendment of, or further disclosure in, the financial statements.

Coronavirus (COVID-19)
First reported to the World Health Organisation as an unknown virus in late December 2019, developments throughout 2020 are causing great uncertainty for the global economy. Whilst the initial effects were being felt most by the travel industry and education providers, the impact is now considerably wider and is creating significant uncertainty for supply chains and the global economy. This uncertainty is creating risks that entities have not encountered before.

At the date of this report there is significant uncertainty as to the extent that COVID-19 will impact the Company and its financial performance and financial position in 2020 and future years. A forced shut down would have significant impacts for the economy generally. At 31 December 2019 the Company has substantial net assets and various unused finance facilities available. This places the Company in a good position to continue to operate during these difficult times.

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

NOTE 23. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

The Company has no contingent liabilities or assets at the end of the financial year.

NOTE 24. REGISTERED OFFICE AND PRINCIPAL PLACE OF BUSINESS

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