



**COVID-19**  
Vaccine

**AMA QUEENSLAND'S**

**ANNUAL REPORT**

**2021**

*Leading Queensland Doctors  
Creating Better Health*





*Leading Queensland Doctors  
Creating Better Health*

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REPORT

# MEMORIAL ROLL

1 JANUARY 2021 TO 31 DECEMBER 2021

**GALIB NUR ALI**

*MBBCh Fiji School of Medicine  
1979*  
Physician  
Member for 24 years

**JOHN MYLES BRADFIELD**

*MBBS QLD 1967*  
Physician  
Member for 52 years

**MERVYN CHEONG**

*MBBS QLD 1956*  
Physician  
Member for 62 years

**BRIAN SIDNEY COLE**

*MBBS QLD 1954*  
GP  
Member for 65 years

**JOHN ANTHONY  
COMERFORD**

*MBBS QLD 1957*  
Physician  
Member for 62 years

**DESMOND FREDERICK  
DANN**

*MBBS QLD 1963*  
GP  
Member for 55 Years

**WILLIAM (BILL) ALEXANDER  
CHARLES DOUGLAS**

*MBBS QLD 1956*  
Physician  
Member for 63 years

**RONALD (RON) ROBERSTON  
EWART**

*MBBCh University of Glasgow,  
Scotland 1971*  
GP  
Member for 39 years

**WYLIE DAVID GIBBONS**

*MBBS QLD 1951*  
Surgeon  
Member for 68 years

**LAWRENCE NEIL HAWES**

*MBBS QLD 1957*  
Category: General Practitioners  
Member for 62 years

**ERIC GRAHAM HOLMES**

*MBBS QLD 1962*  
Surgeon  
Member for 58 years

**KEVIN JAMES PATRICK  
HOURIGAN**

*MBBS QLD 1963*  
Physician  
Member for 57 years

**DAVID OLIVER JONES**

*MBBS QLD 1949*  
Radiologist  
Member for 70 years

**KINGSTON ALFRED KINDER**

*MBBS Sydney 1956*  
GP  
Member for 60 years

**MARY DEIRDRE MAHONEY**

*MBBS QLD 1963*  
GP  
Member for 56 years

**TIM JAMES MCGAHAN**

*MBBS QLD 1982*  
Surgeon  
Member for 36 years

**ANTHONY KEITH MONKS**

*MBBS University of London, UK  
1958*  
Physician  
Member for 21 Years

**JUSTIN FREDERICK NASSER**

*MBBS QLD 1991*  
Obstetrics and gynaecology  
Member for 9 years

**BRIAN SWAN PURSSEY**

*MBBS QLD 1951*  
Orthopaedic Surgeon  
Member for 68 years

**WILFRED DONALD  
RICHARDS**

*MBBS Sydney 1942*  
Psychiatrist  
Member for 67 years

**ANDREW JAMES SHEARER**

*MBBS QLD 1984*  
Physician  
Member for 19 years

**KATHARINE GEORGIANA  
SINCLAIR**

*MBBS NSW 1990*  
Physician  
Member for 3 years

**WILLIAM LAMAN THOMAS**

*MBBS QLD 1954*  
Orthopaedic Surgeon  
Member for 63 years

**MALCOLM JOHN WEST**

*MBBS Sydney 1967*  
Physician  
Member for 23 years

**REGINALD HASTINGS  
WILLIAMS**

*MBBS QLD 1955*  
Obstetrics and Gynaecology  
Member for 62 years

**STEPHEN JOHN WITHERS**

*MBBS QLD 1987*  
Paediatrician  
Member for 29 years



**PROF CHRISTOPHER  
PERRY OAM**  
PRESIDENT

# PRESIDENT'S REPORT

As I reflect on 2021, I can see it was again another incredibly busy year advocating for doctors to be able to deliver high quality health care for Queenslanders. Our leadership team solidified with CEO Dr Brett Dale at the helm and we worked tirelessly to achieve strong results for members and the community. It was a year full of zoom meetings, sudden lock downs, isolations, rescheduled events, Ministerial and government meetings, press conferences and countless media interviews, all focused on achieving the best possible outcomes for the Queensland medical profession. This is an overview of our 2021 achievements proudly leading Queensland doctors and creating better health outcomes for Queenslanders.

## COVID-19

It has been a tumultuous year in the management of COVID. At the start of 2021, we were embarking on the Australian COVID-19 vaccine program that was described as the biggest and most complex public health initiative ever undertaken

in the history of our state. The complex coordination of logistics, people and communication was on a scale never seen before and it most certainly had missteps along the way.

Throughout 2021, we were the leading voice for the vaccine rollout, even when it made us unpopular with some elements of the community, including a vocal and vexatious anti-vaccination contingent. We fought hard for GPs to be at the centre of the vaccine rollout, as they are the heart of primary care in our community. We ensured GPs were the backbone of the COVID-19 vaccine program and secured indemnity for those in the rollout, as well as fairer payments plus longer consultations and aged care visits.

During the various vaccination stages ranging from 1a through to 2b, we continued to lobby for better supply and access to vaccines for the most vulnerable in our community and frontline health care workers at COVID's coalface. We lobbied for strong vaccine protocols and controls in training, administration and storage. We have also fought for appropriate, fit-tested PPE for all doctors and health care workers, especially GPs.



There were many wins along the way with GPs able to access the federal stockpiles of emergency PPE through their PHNs and fit-testing programs at hospitals. However, these gains were hard fought and we must continue to be vigilant and stand up for the safety of all doctors in the public and private sectors and their staff. We also fought for telehealth provisions for areas impacted by outbreaks and lockdowns allowing patients and GPs to access appropriate Medicare supports.

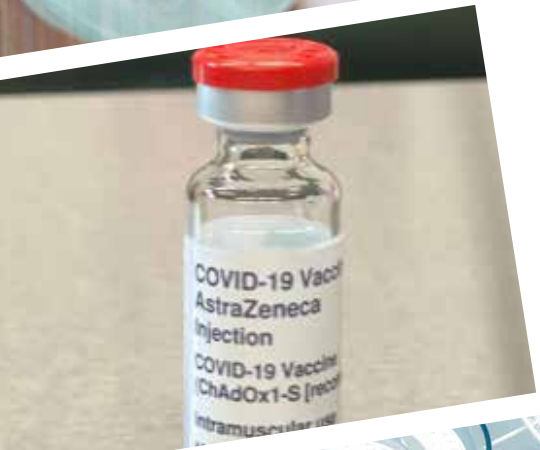
We successfully lobbied for mandatory vaccinations for all health care workers, not just Queensland Health employees. With our Workplace Relations Team, we helped small employers, including GPs and other specialists in private practice navigate the difficulties of requiring staff to be vaccinated and caring for unvaccinated patients. We also secured a border bubble and reclassification of all health care workers as essential workers when the state's hard border with NSW stretched the health workforce in the Gold Coast and Tweed to breaking point.

Throughout the year, it was clear the hotel quarantine program was not working as intended and we lobbied for purpose-built quarantine centres for returning Queenslanders and travellers to prevent COVID outbreaks in the community. The State Government's stand-alone Wellcamp facility was finally delivered, but it was well past the critical timing when it was needed most. It also failed to have consultation with the local medical workforce. We can only hope it is an insurance policy for the State Government to combat future challenges.

Something we believe the Queensland Government did handle well was elective surgeries. We saw elective surgeries pause for a time at the height of outbreaks and shut downs, and then recommence using the additional support of the private sector and programs such as Surgery Connect. This model and management has proven to be one of the best in the country and we acknowledge the Government's work here in appropriate elective surgery management with respect to COVID interruptions.

In the last quarter of 2021, it was clear a plan to help our state chart a course out of COVID was needed and we called on the Queensland Government to release a roadmap. The Government announced its timetable for reopening the borders, a week after AMA Queensland called for certainty, a clear demonstration of our advocacy in action.

In the very last days of 2021, we saw the commencement of the GP-led COVID programs caring for people who had contracted the virus. It was a challenging time for GPs with uncertainty on many fronts but we continued to be a strong voice seeking clarity and action on PPE, escalation pathways, resources, equipment and communication.



## ADVOCACY

AMA Queensland makes submissions to the State Government on proposed changes to law, health budgets and policy that affect medical practitioners and patients. We advocate for a compassionate, trusted and evidence-based approach to the provision of health care in Queensland.

Our Policy Team canvasses members' perspectives to develop content that reflects the views of our members. We collect feedback via numerous channels including committee and working group meetings, surveys, our online member platform Queensland Doctors' Community and individual meetings. Researching, understanding and reflecting members' views continues to be the cornerstone of our advocacy efforts.

In 2021, AMA Queensland prepared an extensive array of advocacy items including submissions to the Queensland Government and parliamentary inquiries, feedback on amendments to legislation, responses to State Government surveys, and Ministerial correspondence. This advocacy was across diverse and complex health matters affecting the medical profession and the health care of Queenslanders. This is an overview of the advocacy efforts in 2021.





- ▶ Ramping Roundtable Action Plan
- ▶ Inquiry into Provision of Primary Care and the Health System
- ▶ Interpretation of payroll taxes for medical practices
- ▶ 2021 Resident Hospital Health Check
- ▶ Skilled Migration Survey Questions
- ▶ Employer Attendance at Medical Consultations
- ▶ Health and Other Legislation Amendment Bill 2021
- ▶ Justice Legislation Amendment Bill 2021
- ▶ Guidance for workers' compensation terminal benefits
- ▶ Justice Legislation (COVID-19 Emergency Response – Permanency) Amendment Bill 2021
- ▶ Voluntary Assisted Dying Bill 2021
- ▶ Medicines and Poisons Regulation Submission
- ▶ AMA Queensland 2021-22 Budget Submission
- ▶ Mandatory Reporting Laws
- ▶ Ministerial correspondence - psychiatry as a specialty
- ▶ Debt Reduction and Savings (Medicines and Poisons) Submission
- ▶ Aged Care Quality and Safety Submission

## AMA QUEENSLAND STATE BUDGET SUBMISSION

Our \$1.65 billion state budget submission launched in Palliative Care Week in 2021. A highlight of our submission was the call for \$275 million per year for better funding of palliative care services in Queensland. This timing was important in light of the Voluntary Assisted Dying (VAD) legislation before parliament in 2021. Other budget priorities for patients included:

- ▶ fixing emergency health care and addressing access block (\$1 billion);
- ▶ fixing health in rural and remote communities (\$6.25 million);
- ▶ improving maternity and surgical services for Indigenous people (\$50.9 million); and
- ▶ boosting specialist care for regional maternity patients (\$4.05 million).

The priorities for doctors include:

- ▶ better digital health care technologies (\$313 million);
- ▶ establishing new training in addiction medicine (\$2.32 million); and
- ▶ improving mental health and workplace safety (\$1.97 million).



AMA QUEENSLAND BUDGET SUBMISSION 2021-22



RAMPING ROUNDTABLE ACTION PLAN

## RESPONSE TO 2021-22 QUEENSLAND STATE BUDGET

The Queensland Government produced a lacklustre health budget in 2021 that was preoccupied with future bricks and mortar instead of better patient care now. We welcomed a \$2 billion hospital building fund and while future capital works are essential, they do not solve the urgent need to get public hospitals functioning properly.

We identified the need for at least 1,500 more hospital beds statewide and hundreds more staff in intensive care, mental health and general wards. It is true, we welcomed the prospect of more hospital floor space but the real funding need is for additional beds and health care workers to staff them. It was a frustrating budget with no new investment for areas in desperate need, including specialist maternity, mental health and pain management services in regional areas, as well as Indigenous health services, palliative care and training for addiction medicine specialists.

It was also disappointing there were no new measures or funding to support the wellbeing and mental health of our fatigued health workforce, exhausted after carrying the state through a pandemic and into economic recovery. This budget also steeled our commitment to offer solutions and coincided with the first AMA Queensland Ramping Roundtable meeting.

## RAMPING ROUNDTABLE ACTION PLAN

In 2021, increasing numbers of members were reporting unprecedented presentations in emergency departments and a worrying trend of ambulance ramping as very ill patients waited for a bed. AMA Queensland responded to this critical issue by forming a 10-member Ramping Roundtable comprised of emergency specialists, surgeons and doctors from across the state to develop a roadmap out of the emergency department ramping crisis.

All members worked on the frontline across the state including Cairns, Townsville, Rockhampton, Sunshine Coast, Brisbane and the Gold Coast. The group had a very clear view of how Queensland public hospitals were attempting to address the increasing rates of unsafe, overcrowded conditions in the middle of a pandemic. Our goal was to propose transformational ideas to help solve the chronic bed block in many public hospitals.

Emergency physician, Dr Kim Hansen, led the first meeting in June and continued to adeptly chair the roundtable meetings and spearhead media. We quickly identified the solution was twofold - innovation and investment. It was evident the roundtable had a myriad of ideas to fix inefficient hospital processes and systems but we needed leadership, funding and collaboration from Queensland Health to turn these ideas into reality.

The group continued to meet throughout the year and reviewed the latest data, current strategies and policy approaches to address the increasing rates of presentations and admissions to Queensland public hospitals. In December, we released the *AMA Queensland Ramping Roundtable Action Plan*, a set of recommended short, medium and long-term actions for the State Government and Queensland Health to implement to all areas of the state across regional and metropolitan hospitals. Three key strategies will improve the Queensland Health system including:

- ▶ strong effective leadership;
- ▶ system and procedural innovation; and
- ▶ appropriate investment by the State and Federal Governments.



The five actions required all levels of government to:

1. commit to ongoing investment in more beds;
2. ensure Hospital and Health Services (HHSs) provide fully operational acute hospitals that function seven days a week with extended hours;
3. ensure HHSs run hospitals at less than 90 per cent occupancy;
4. direct HHSs to conduct a detailed analysis of patient flow within the hospital and report against those; and
5. support alternative models of access to hospital care other than through the emergency department.

This is a major issue for every state and territory, and you can expect to see continued and coordinated action in 2022 with the *Clear the Hospital Logjam* campaign as we head into a federal election.

## VOLUNTARY ASSISTED DYING

We have been discussing VAD with members for many years and in 2021, we released the findings of a member survey that showed many strong trends.

- ▶ The majority of the respondents said VAD should be restricted to patients over 18 years who are residents of Queensland for at least 12 months, have an incurable disease and are experiencing intolerable suffering.
- ▶ There was broad agreement that patients in rural and remote areas should have equitable access to VAD, and that patients with disability and patients with a diagnosed mental illness should be able to access VAD.
- ▶ 70 per cent said VAD services should be funded by the State.
- ▶ Most respondents said two experienced doctors, independent of each other, with referral to a separate expert if those doctors cannot determine whether the patient is acting voluntarily, should assess eligibility.
- ▶ More than 70 per cent did not support nurse practitioners being able to assess a patient's eligibility.
- ▶ 98 per cent of doctors felt that palliative care should be offered at the same time or prior to assessment for VAD.
- ▶ Two-thirds of surveyed doctors felt their colleagues should have the right to conscientiously object and 74 per cent said that those who did not take part in VAD should refer the patient to another doctor.
- ▶ Patient autonomy was a key consideration, with 82 per cent of respondents believing that VAD patients should decide if the life-ending medication is self-administered.

We presented members' views at the parliamentary briefing that reviewed the draft legislation and our key feedback was to:

- ▶ ensure patients accessing the scheme were suffering incurable conditions;
- ▶ allow organisational conscientious objection;
- ▶ change Commonwealth telehealth laws to allow doctors to talk about VAD;
- ▶ ensure self-administration of VAD substances was not the default option but rather allow the decision to be patient-led;



- ▶ make VAD requests enduring;
- ▶ recommend VAD requests in Advanced Health Directives are followed even if the person loses capacity; and
- ▶ not require mandatory psychiatric assessment for participants.

The legislation passed in September and will come into effect in 2023. We are satisfied the law has sufficient checks and balances for patient choice and conscientious objection. However, members told us early career doctors should be exempt from participating in VAD, and we will continue to advocate for a minimum of five years post Fellowship experience for doctors taking part in the scheme.

## RESIDENT HOSPITAL HEALTH CHECK

This year's *Resident Hospital Health Check* – a collaboration between AMA Queensland's Committee of Doctors in Training (CDT) and ASMOFQ (Australian Salaried Medical Officers' Federation Queensland) – showed how COVID has contributed to fatigue and stress for junior doctors, with more than half fearing that exhaustion on the job will lead to them making medical mistakes.

The survey of more than 800 interns, house officers and other doctors in training found that 51 per cent cited fatigue due to working excessively long hours as a significant concern, up from 48 per cent in 2020 and 46 per cent in 2019.

The upward trend is a wakeup call for our hospital system, particularly as almost one in three survey respondents said they had felt unsafe at work this year, up from one in five two years ago. We also need to do much more to ensure that doctors in training are paid properly for all the hours they work without fearing that overtime claims could negatively affect their assessment. This was the sixth consecutive year for the survey and was designed to be similar to previous years so that results could be compared to previous years. Here is an overview of the key findings.



RESIDENT HOSPITAL HEALTH CHECK

**Leave** – 59 per cent were satisfied their leave preferences were taken into consideration, which was slightly lower than 2020 (62 per cent) and 2019 (64 per cent).

**Professional/career development** – 36 per cent had applied for professional development leave (PDL), an eight per cent increase in trainees applying for PDL compared with 2020 but similar to 2019 (38 per cent). For those who applied, leave was granted to 79 per cent of applicants, which appears to have been steadily growing from 77 per cent and 73 per cent in 2020 and 2019 respectively. Also, 52 per cent were satisfied that their clinical rotation preferences had been accommodated, and 32 per cent were satisfied with opportunities to be involved in research and auditing (this is compared with 51 per cent and 33 per cent respectively in 2020).

**Pay and overtime** – Among the full sample, 24 per cent of respondents reported not being fully paid for claimed overtime, which was steady when compared with 2020.

Further, 25 per cent reported that they had been advised not to claim overtime payment by an administrative officer or a more senior medical officer and 25 per cent also believed doing so would lead to a negative assessment (holding steady with 27 per cent on both questions in 2020).

**Wellbeing and workplace culture** – Importantly, 30 per cent of respondents reported that they had felt unsafe at work, which appears to be trending up from 27 per cent in 2020 and 22 per cent in 2019, and 51 per cent reported that they had been concerned about making a clinical error due to fatigue related to long work hours. Less than half of respondents were satisfied with the hospital facilities (43 per cent) and the quality of the teaching and training (46 per cent) on offer, with the former appearing to trend down from 47 per cent in 2020 and 57 per cent in 2019.

**Bullying, discrimination and harassment** – Overall, 34 per cent experienced bullying, discrimination or harassment, with a further 17 per cent witnessing one or more of these behaviours. This percentage in 2021 was steady with 2020 and 2019 (34 per cent and 33 per cent respectively). Only 34 per cent of respondents who reported these behaviours felt they had been addressed appropriately, which was much lower than 2020 (65 per cent) and 2019 (46 per cent), and 71 per cent were concerned that reporting the matter might lead to negative consequences (down from 77 per cent in 2020).

AMA Queensland and its CDT, in collaboration with ASMOFQ, will lobby for improvements to Resident Medical Officers' working conditions and entitlements in the upcoming Medical Officers' Certified Agreement 6 (MOCA 6) negotiations in 2022.

While the State Budget did not include the \$1.97 million we asked for to improve mental health and workplace safety, we called on the Government to review the case in light of these results and extend the program to doctors in 2-5 PGY. We also called for funding to expand the *Wellbeing at Work* program to all doctors in both the public and private sectors, to support doctors' mental health and wellbeing.

## SUPPORTING DOCTORS' MENTAL HEALTH AND WELLBEING

We know that doctors have faced unprecedented levels of mental and physical strain this year and we ran two campaigns, *Self-Care September* and *Every Dr needs a GP*. For interns in Queensland hospitals, we also ran the *Wellbeing at Work* program, including 54 sessions at 21 hospitals for 895 new doctors. Since the program began in 2017, it has helped and supported 4,188 interns develop robust resilience, healthier coping strategies, and a range of self-care skills, including mindfulness so they can better look after themselves and be able to deliver exemplary care for Queenslanders. This program has positively affected the lives of young doctors in Queensland with an outstanding 90 per cent of participants rating the program as positive. In addition, 83 per cent of participants rated the experience as good or excellent, a clear testament to the strength of the content. We are lobbying the State Government to expand this program to all doctors in the public and private sectors.

## INDUSTRIAL RELATIONS WINS

Our industrial relations partner, ASMOFQ, helped secure a five per cent pay rise for Queensland Health-employed doctors and achieved pay equity for Rural Generalists working in rural hospitals. In collaboration with ASMOFQ we have also achieved several outcomes for Visiting Medical Officers (VMOs), including reactivating the VMO committee, securing equitable pay rises for VMOs in line with other public hospital doctors, obtaining access to the Queensland Industrial Relations Commission and successfully lobbying for VMOs to be included in MOCA 6. We will continue to work in partnership with ASMOFQ during MOCA 6 negotiations in 2022 to secure and enhance the entitlements and conditions for doctors working in Queensland public hospitals.

## SENIOR DOCTORS

In 2021, AMA Queensland's Senior Doctor Craft Group Representative, Associate Professor Geoff Hawson, led a proposal for a new step down registration category for senior doctors as they move towards retirement. This may provide a 'ready reserve' workforce to support our health system in times of crisis, as has been the case overseas. We will urge the State Government to consider the benefits of this proposal given the high levels of fatigue experienced by the health care workforce.

## QSCRIPT

QScript, the Queensland Government's real-time prescription monitoring system, went live at the end of September. We support QScript as a strategy to reduce harm caused by monitored medicines but we know members were incredibly frustrated with the rollout and the plethora of technical issues that plagued the system. In addition, we were not satisfied the compliance requirement for doctors was reasonable or fair, particularly in light of the technical failings of the system. We raised these issues with Queensland Health, advocated for improvements and lobbied for an extension to the non-penalty period.

In response to our ongoing advocacy, Queensland Health confirmed they would commence a review of the current regulations that govern the use of QScript in early 2022. We recognise the intention of QScript to minimise harm from dangerous medicines but this can only be achieved with an appropriate technical platform that is simple and effective for doctors to use and supports patient safety. We will continue to keep members informed of the progress on this matter in 2022.

## TELEHEALTH FRAMEWORK

The Medicare-funded trial of telehealth during COVID was widely embraced by the community and medical profession. Nationally, we had successfully lobbied for the permanent introduction of Medicare-funded telehealth and expected the framework to be rolled out in the 2021 Federal Budget. However, the devil was in the detail with emphasis on higher bulk billing rates for video consultation rather than telephone, the requirement for patients to have an existing relationship with a practice and doctor, and variances between GPs and non-GP specialist rates.

It was good to see relaxations on some of these rules for communities experiencing COVID outbreaks but there continues to be issues and illogical technicalities with the framework. Telehealth is the biggest reform to Medicare since its introduction and we will continue to lobby for the changes needed to ensure the framework is right so Queensland doctors can deliver quality health care for patients.

## OFFICE OF HOSPITAL SUSTAINABILITY

This year, in response to our calls for environmental sustainability in health care, Queensland Health created an Office of Hospital Sustainability (OHS). Research shows the health care sector is responsible for at least seven per cent of emissions, with:

- ▶ GP clinics contributing four per cent; and
- ▶ hospitals contributing 44 per cent of total emissions.

We advocated for a consistent approach to sustainability mitigation activities and the setting of benchmarks and targets in all public hospitals and health care settings. AMA Queensland outlined the need for an OHS to provide advice to the Health Minister, Director-General and health services on how to best improve the health system's performance on sustainability and climate change objectives. The OHS will:

- ▶ set benchmarks and targets for sustainability in health services;
- ▶ develop a plan to invest in green/sustainable infrastructure for hospitals;
- ▶ establish a terms of reference for a review of procurement policies and practice;





- ▶ provide advice and support on managing the effects of climate change on Queensland’s health care system; and
- ▶ establish an engagement strategy for clinicians, managers and other staff.

The OHS will start by implementing a \$30 million solar panel and energy efficiency program to install solar panels at 50 hospital sites. We are immensely proud to have achieved this advocacy win that is important to so many of our members and will benefit our community.

## QUEENSLAND PARLIAMENTARY INQUIRY INTO HEALTH CARE

The Honourable Yvette D’Ath MP, Minister for Health and Ambulance Services announced the Health and Environment Committee inquiry on 17 November, with a reporting date of 31 March 2022. The focus is on Medicare rebates, Commonwealth Distribution Priority Areas, and the availability of medical training places. At the time, we welcomed this review of the health system, but wanted to ensure it looked at the system as a whole, including problems in Queensland’s health care system and state funding, not just areas of Commonwealth responsibility. Our submission will focus on the problems with state funding over the past 30 years, as well as federal responsibilities. We are tired of the blame game and finger pointing from successive governments at all levels and will advocate for fair and shared funding responsibilities that give doctors the support they need to put patients’ needs first.



## EVENTS

Despite a few false starts and rescheduled events due to COVID, we were able to come together as medical professionals to learn new skills, share ideas and celebrate achievements in 2021.



### DINNER FOR THE PROFESSION

Three health care heroes were recognised at AMA Queensland’s annual black-tie event, *Dinner for the Profession*, in Brisbane on 20 August. Brisbane physician Dr Ellen Burkett was awarded the prestigious AMA Queensland Gold Medal, for outstanding service to the community and the practice of medicine. Dr Burkett is a senior emergency staff specialist at Brisbane’s Princess Alexandra Hospital and clinical lead of residential aged care facility acute care support services with Clinical Excellence Queensland, which aims to improve the quality and safety of medical care for aged care residents. Emerald GP Dr Ewen McPhee received the AMA Queensland Rural Health Medal in appreciation of more than three decades’ exceptional service to rural and remote communities. Townsville social services champion Mrs Dushy Thangiah won the AMA Queensland Excellence in Health Care Medal for her outstanding work in the housing and homelessness sector.

### JUNIOR DOCTOR CONFERENCE

The AMA Queensland *Junior Doctor Conference* was held at James Cook University, Townsville, on 28-29 August, with the state’s best and brightest doctors in training coming together to discuss the trials of starting out in medicine in the midst of a pandemic. Conference speakers included the 2021 Queensland Australian of the Year, Dr Dinesh Palipana OAM, who delivered the keynote address. Dr Palipana focused on the social responsibility of doctors to shape, support and speak about global social issues such as climate change, modern slavery and human rights. Sincere thanks to all





our speakers including Board member Dr Sarah Coll; Council members Drs David Shepherd, Siva Senthuran and Maddison Taylor; and Committee of Doctors in Training Co-Chairs Drs Natasha Abeysekera and Rob Nayer.

## WOMEN IN MEDICINE BREAKFAST

We held our 12th annual *Women in Medicine Breakfast* in October to a sold-out audience. Three distinguished female leaders in our profession discussed the theme *Reality Bites – everyday leadership, advocacy and impact*. Associate Professor Rhea Liang, Dr Alex Markwell and Dr Mellissa Naidoo shared personal experiences and advice that was both motivating and uplifting.

## MEMBER MILESTONE

On 1 December, we celebrated members who had reached significant membership milestones including 50, 45, 40, 35, 30 and 25 years. Our members' unwavering support has helped us to advocate for the best interests of the medical profession and health system – and ultimately the wider community here in Queensland. Our strong membership base supports our vital work and ensures we can continue to represent our members into the future. We thank all of our members for their ongoing commitment to AMA Queensland. Your loyalty is invaluable.

## AROUND THE STATE

It was wonderful to be able to travel again this year, even though it was sporadic. It was a pleasure to speak at events and attend many Local Medical Associations' (LMAs) events where I met members and doctors across our vast state. June marked the start of greater freedom of movement and we met with members of the Fraser Coast LMA including Board member Dr Nick Yim and Deputy Mayor Fraser Coast, Cr Darren Everard. It was also an honour to attend the Indian Medical Association Annual Dinner in June and reflect on the harrowing experiences for many during the deadly COVID outbreak in India in 2021. I also spoke at the Rural Doctors Association Queensland Conference on the Gold Coast in this month.

We visited Rockhampton in July meeting with members in the hospitals as well as attending the Central Queensland LMA dinner and talking with the media on key issues for the region. In October, we attended the Toowoomba and Darling Downs Medical Association AGM and spoke with members about our work across many policy areas such as VAD legislation, the Wellcamp quarantine facility, indexation for GPs and our Ramping Roundtable. I was fortunate to be working in Mt Isa in October when I met final year medical student Isaac O'Dempsey from James Cook University. Isaac is one of the 2021 AMA Queensland Foundation Scholarship recipients and was on placement at the Mt Isa Hospital. It was wonderful to share tips with Isaac as he is considering a future in ENT. In December, we attended the Redcliffe LMA Christmas party where I was able to recap on our year of advocacy for the profession.

I am incredibly proud to have been able to lead AMA Queensland as President for a second year in 2021. Once again, COVID-19 dominated the attention of our community and profession, but 2021 also presented light on the horizon with the start of vaccinations. The Australian vaccination program was by no means smooth sailing but it did mark the start of where we are now, living with COVID, which is indeed a long way from where we began at the start of this pandemic with sudden lock downs, breaches in hotel quarantine, hard border closures and uncertainty at every turn. We continue to settle into this new normal and need to maintain our resilience and vigilance as we all experience a degree of COVID fatigue.

It has been a long road but now that our borders are open and we are living in the new COVID normal, we can be proud of our achievements. We have continued to be an apolitical, bipartisan player, working with the State Government and opposition to deliver the best outcomes for Queenslanders and our health system. Queensland still has one of the lowest COVID death rates in the world, and one of the highest vaccination rates. There is much to be proud of and AMA Queensland has worked hard with all stakeholders to deliver the best possible outcomes in protecting our community and representing our members in the face of a



global pandemic. COVID will continue to be very much a part of our lives and AMA Queensland will remain resilient, vigilant and responsive to the changing needs for our community and members.

Advocacy and influencing policy is the engine room of AMA Queensland. Our relationships on all sides of government underpin our effective advocacy and enable us to shape policies and health-funding priorities. We actively engage with the government and opposition to negotiate the best outcomes for our members and amplify our voice in the media and public conversation.

This year, VAD was a key issue that was incredibly important to me both personally and professionally. I thank all our members who contributed to our survey that helped shape our submissions to the State Government and guided our advocacy. We come from all backgrounds, religions, specialties, and levels of experience but this diversity is our strength. Members' views have informed every submission, conversation and public comment we have made about VAD over the past two years and I thank everyone for your valuable input.



I am incredibly proud of the work we have performed in 2021 and acknowledge this level of output requires a strong and focused expert team. I thank Brett, the AMA Queensland secretariat and entire team for their diligence and expertise across governance, policy, media, social media, events, graphic design, membership, finance and workplace relations. The pace of this role is frenetic and I speak with Brett and the team most days of the week. Brett's commitment to AMA Queensland and the health of Queensland people is unwavering. I know there have been challenges for many staff at AMA Queensland this year, particularly in response to vexatious anti-vaxxers like so many of our members too. I thank the AMA Queensland team for their professionalism and commend their resilience in the face of this vitriol.



I am also incredibly grateful for the support from our Board and Council and from Chair, Dr Eleanor Chew. In addition, Vice President, Dr Bav Manoharan and Dr Maria Boulton, Chair of the Committee of General Practice and immediate Past President Dr Dilip Dhupelia.

Thank you to all AMA Queensland members who have given me the honour of representing them for the last two years and for the support and understanding when I sometimes get things wrong. I am ready to hand the baton to the next President in 2022. I will most certainly continue to support from the sidelines where I can make a difference and urge all members to continue to be part of the conversation with AMA Queensland as together we can make a positive impact for our profession and patients.



**Prof Christopher Perry OAM**  
President



**DR BRETT DALE**  
CHIEF EXECUTIVE OFFICER



AMA QUEENSLAND'S STRATEGIC PLAN 2021-2023

# CEO'S REPORT

In 2021, we continued to cement our reputation as the state's peak professional association for Queensland doctors. November marked my one-year anniversary as CEO and I am proud of our team's achievements in such a short time that have benefited the Queensland community and the medical profession. Our first priority was to develop and commence implementing *AMA Queensland's Strategic Plan 2021-2023*. The Board led the development of this strategic plan working with the AMA Queensland team to guide our work, priorities and actions for the next three years.

## AMA QUEENSLAND'S STRATEGIC PLAN 2021-2023

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

Our **core values** drive the way we lead, work and behave. We are committed to nurturing respectful relationships with our valued members, employees and stakeholders that harness our unique and collective strengths. Exemplary standards of governance, environmental and sustainable practices underpin our business activities and operations. We have a long history of supporting the profession and our leadership is driven by a bold and influential approach that encompasses high ethical standards.

The Board determined that we could achieve our vision through the following strategies.

- ▶ Service Excellence
- ▶ Corporate Culture
- ▶ Advocacy and Policy
- ▶ Engagement and Communication
- ▶ Innovation and Technology
- ▶ Growth and Agility
- ▶ Equity and Diversity

AMA QUEENSLAND  
2021 OVERALL SCORECARD

**MEDIA**  
37 RELEASES



60.3M ACCUMULATED MEDIA AUDIENCE  
1,356 MENTIONS | 561 INQUIRIES

**203.1K**



**WEBSITE PAGE VIEWS**

9,054 MEMBER  
ENGAGEMENTS



**518 NEW MEMBERS**

**721 KEY STAKEHOLDER MEETINGS**



199 NEW EMPLOYMENT CONTRACTS  
1,923 MEMBER ENGAGEMENTS



**WORKPLACE  
RELATIONS**

WELLBEING  
AT WORK



**895 ATTENDEES**

53 SESSIONS  
20 HOSPITALS

**POLICY ADVOCACY**



**188**

INDUSTRIAL  
RELATIONS



7 APPEARANCES BEFORE THE COMMISSION  
8,120 MEMBER ENGAGEMENTS

**BUSINESS SUPPORT SERVICES**



110 MEETINGS AND MINUTES

13 EVENTS ONLINE AND IN PERSON  
905 ATTENDEES ONLINE AND IN PERSON



**EVENTS**



## SCORECARD

We released our quarterly scorecard this year to quantify and measure our success and implementation of the strategic plan. Our outstanding results demonstrate a strong record of accomplishment in 2021.

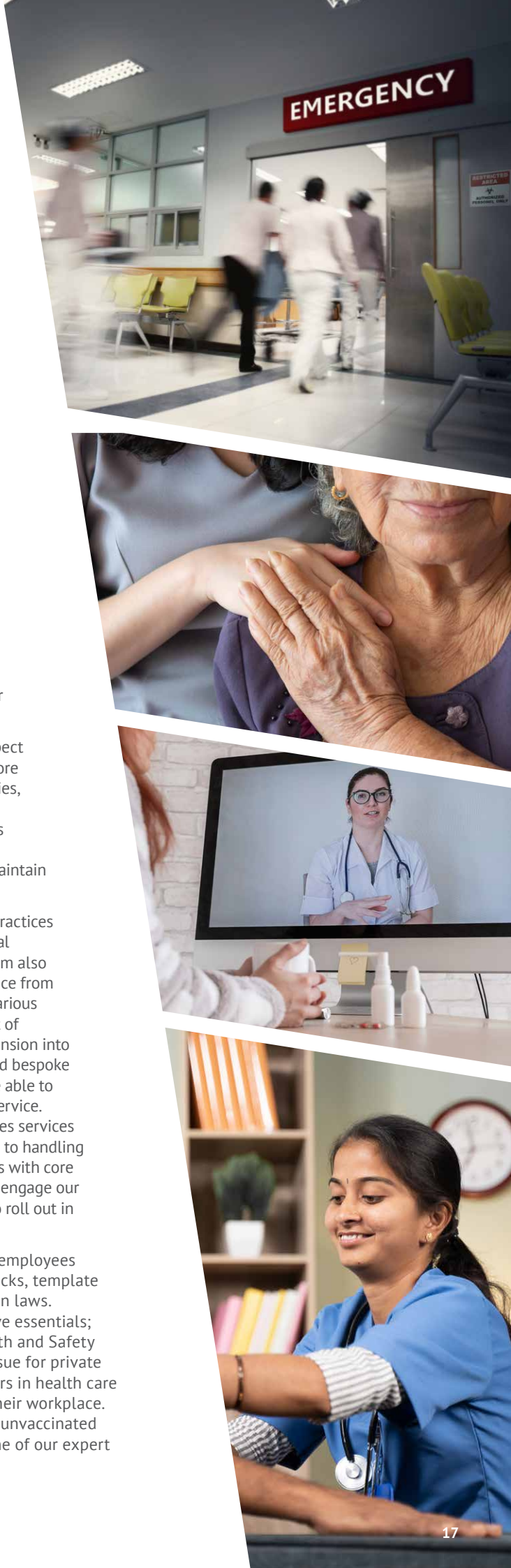
We welcomed more than 515 new members to AMA Queensland and conducted more than 9,000 member engagements in 2021, handling inquires, providing advice and supporting doctors at all career stages and specialties across the state. We conducted more than 700 key stakeholder meeting with Ministers, Directors-General, government department heads, other medical groups, unions as well as consumer and patient groups. This stakeholder engagement also informs our advocacy that focuses on influencing government policy and achieving the best possible working environment for doctors to deliver high quality health care for Queenslanders. Our policy team delivered close to 200 advocacy items this year ranging from Ministerial correspondence, formal submissions to parliamentary inquiries, advice to government, feedback to members and responses to the public.

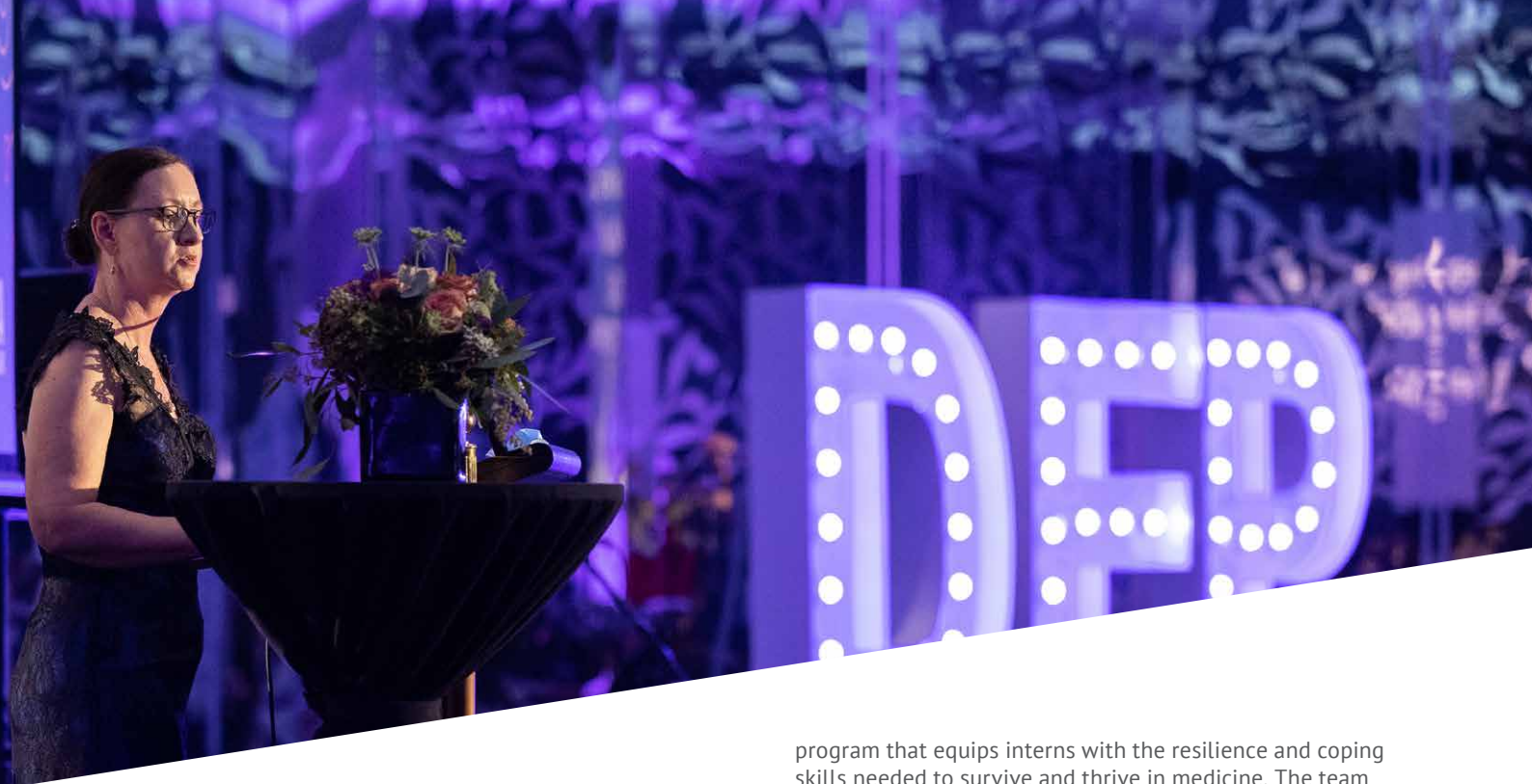
Our strong media voice leads the public conversation and supports our policy positions. This year we issued 37 media releases, fielded more than 560 media inquiries, achieved more than 1,300 mentions, and reached an accumulated audience of 60 million. We are a leading voice in public health in Queensland, especially on COVID. While this media footprint may reduce as we learn to live with COVID and attention on the pandemic wanes, we intend to use this reputation for targeted campaigns and influence in 2022.

Representation with our industrial relations partner ASMOFQ is a key aspect of membership for our public hospital doctors. This year ASMOFQ had more than 8,000 member engagements dealing with matters such as pay queries, leave allowances, disputes, rosters and breaks to name just a few. This year ASMOFQ and AMA Queensland worked hard on PPE safety measures for public hospital doctors and vaccine mandates. Next year will see the commencement of MOCA 6 negotiations and ASMOFQ will once again maintain and improve the working conditions and rights of Queensland doctors.

This year our Workplace Relations (WR) Team helped numerous private practices with 200 employment contracts. This shows the economic impact medical practices have as small business employers in their communities. The team also had more than 1,900 member engagements providing expertise and advice from onboarding employees, managing performance, handling disputes and various vaccine mandates affecting private practices. WR support is a key benefit of membership for our private practice members and this year saw our expansion into a new consultancy space. Our team saw the need to provide specialist and bespoke advice and support for more complex matters and we are delighted to be able to offer this new specialist service called the WR Consultancy, as a fee for service. AMA Queensland's WR Consultancy offers expert WR and human resources services from developing and implementing new policies and procedures through to handling disputes and claims. This model ensures we continue to provide members with core WR advice, tips and resources but members also have the opportunity to engage our team in a consultancy capacity when a task or project is more complex to roll out in their practice and requires more tailored support.

The WR team also worked with practices regarding the conversion of employees from casual to permanent contracts and assisted with compliance checks, template packs and instructions with the tools to navigate the casual conversion laws. The team delivered targeted workplace webinars on the topics of leave essentials; mental health in the workplace; employment termination; Work, Health and Safety requirements; and complaints and grievance management. A major issue for private practices this year was the mandating of COVID vaccines for all workers in health care and we supported practice owners to implement these mandates in their workplace. Many doctors were also concerned about the rules regarding treating unvaccinated patients in their practices and we were able to provide advice from one of our expert legal corporate partners.





Another valuable resource for our members in private practice was our annual pay summary that outlined the changes for employees covered by industry Modern Awards, such as the *Nurses Award 2010* and the *Health Professional and Support Services Award 2020*. In addition, our AMA fees list was once again a valuable guide for doctors to set appropriate fees according to rigorous industry standards.

We were able to hold events again in 2021 offering combination of in-person and online events as we continued to respond to unexpected lock downs and rescheduled dates. It was great to see the membership team out at hospitals again and conducting the intern workshops at the end of the year, a key event to help new doctors at the start of their careers. Our *Dinner for the Profession*, *Junior Doctor Conference* and the *Women in Medicine Breakfast* were once again outstanding opportunities for doctors to connect with each other, discuss key issues and celebrate achievements in the profession. Our *In Conversation* webinars also covered key issues for the medical profession. The high-profile speakers included: Dr Dinesh Palipana OAM, 2021 Queensland Australian of the Year; Dr Jeannette Young, former Queensland Chief Health Officer; Shyla Mills, CEO Palliative Care Queensland; Drs Ian Williams and Richard Kidd on aged care reforms; Drs Jennifer Schafer and Ira van der Steenstraten on doctors' health and wellbeing; and Simone Ryder from the Office of Hospital Sustainability. We held a total of 13 online and in person events and engaged a total audience of more than 900 people, an outstanding achievement for a challenging year for events at the mercy of COVID-19.

Our Business Support Services (BSS) team was the quiet achiever of our organisation, providing expert financial services for AMA Queensland as well as secretariat support to the Board, Council and our various committees and external clients. BSS provided outstanding support internally but also a strong income stream for AMA Queensland. The team managed 110 meetings this year including all coordination, papers, agendas, minutes and actions, a tremendous feat requiring careful collaboration, coordination and attention to detail. Another project the BSS team led was the coordination of the *Wellbeing at Work*

program that equips interns with the resilience and coping skills needed to survive and thrive in medicine. The team oversaw 53 sessions at 20 hospitals that connected with more than 895 interns across Queensland.

These results for 2021 show we have a diversified business, agile workforce and strategic direction that is meeting member needs, strengthening our business and supporting the profession. We are well on our way to realising the vision of our strategic plan.

## AMA QUEENSLAND FOUNDATION

AMA Queensland Foundation is part of our organisational DNA with a long history of helping Queenslanders in need who have fallen through the cracks in the health system. This year we decided to gift our administrative work to the Foundation. The Foundation certainly stands independently as a separate entity with its own Board and governance but we are proud to align the two brands more closely this year and going forward will amplify the Foundation's impact and ability to help people experiencing hardship.

## CORPORATE PARTNERS

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

## LOOKING TO 2022

We know that living with COVID will continue to bring challenges for our members, the health system, businesses and the community. We will plan ambitiously and factor in flexibility and agility to meet challenges as they arise. We will endeavour to deliver an ambitious event calendar with opportunities to meet with members throughout the state and pivot as needed as we have done throughout the pandemic. These events will be an opportunity for a new President to meet with members throughout Queensland.

I know that our President Prof Chris Perry's final term will end this year and I thank him sincerely for being a gracious, kind and engaged leader. Working with Chris was an incredible way to start my tenure as CEO and it was a pleasure to collaborate with such a good person whose every action was always motivated by the very best of intentions and a deep understanding of the Queensland medical profession. His strong links and history with so many of our members and AMA Queensland has given me valuable insights and perspective to be able to take the organisation forward. A truly selfless leader who has given so much over the past two years.

In addition to our President, AMA Queensland was supported by a highly qualified and committed Board led by one of the most respected leaders across the profession, Dr Eleanor Chew. Eleanor's contribution was remarkable both in quality and quantity and members should be reassured that her service to the profession has been nothing less than outstanding. I thank the Chair and the Board for their leadership, support and guidance throughout 2021. Likewise, the contribution of our elected Council has been remarkable and the volume of policy development and advocacy priorities has been incredible. Members can be assured that the profession has been safeguarded because of their individual and collective contributions, for which we are incredibly grateful.

I am delighted with our achievements in 2021 including strategic diversification, building an agile workforce and business, delivering expert industrial and workplace relations advice and support, targeted advocacy, and providing high-quality member benefits, services and events. As always, we will keep extended scope of practice in our sights and combat the pervasive attempts to water down the medical profession. As Queensland's peak medical professional body, we will continue to focus on supporting doctors to be able to do their jobs to the highest possible standards so they can deliver strong patient health outcomes.

In closing, I acknowledge the tireless effort of the entire staff. Their dedication and contribution to support the medical profession has been commendable, and through their efforts, we have achieved many positive outcomes for doctors. I am extremely proud to be part of the AMA Queensland community where collectively we aim to help lead Queensland doctors and create better health outcomes for our community.



**Dr Brett Dale**  
Chief Executive Officer





# DIRECTORS' REPORT

Your Directors present their report on the company for the financial year ended 31 December 2021.

## DIRECTORS

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

DIRECTOR	RESPONSIBILITY
Dr Eleanor Chew OAM*	Chair of Board and Council 2020-22
Dr Sarah Coll*	Director 2019-23
Mrs Ann Fordyce*	Skilled Director 2019-22
Dr Peter Isdale AM*	Skilled Director 2019-23
Dr Bavahuna Manoharan*	Vice President 2020-22
Dr Mellissa Naidoo	Director 2020-21
Prof Christopher Perry OAM*	President 2020-22
Dr Nicholas Yim*	Director 2020-22
Dr Maria Boulton*	Director 2021-2023

*\* Indicates the current Board of Directors*



## DIRECTORS 2021

Details of Directors' experience and qualifications are as follows:



### DR ELEANOR CHEW OAM

Chair of Board and Council 2020/21/22. Member, AMA Queensland Governance Committee; Council of General Practice.

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

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



### DR SARAH COLL

Board Director 2018/19/20/21/22/23. Councillor, Specialist Craft Group. Councillor 5 years; Member, AMA Queensland Nominations Committee; AMA Council.

**Qualifications:** MBBS, FRACS, FAOA, GAICD.

**Experience:** Specialist Orthopaedic Surgeon. 13 years working for Queensland Health and 18 years in private practice. Councillor, Royal Australasian College of Surgeons.



### MRS ANN FORDYCE

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

**Qualifications:** BFinAdmin, MBA, FCA, GAICD.

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



## DIRECTORS' REPORT (CONTINUED)



### DR PETER ISDALE AM

Skilled Board Director 2017-23; Chair, Governance Committee 2018-22.

**Qualifications:** BA (Hons), PhD, Hon DSc, FQA, MAICD.

**Experience:** Current: Chair, The Wetlands and Grasslands Foundation, Australia; Non-Executive Director and Chair of Governance Committee, Suncare Community Services Ltd; Chair, Medical Engineering Research Facility (MERF) Advisory Board QUT/ RPCH; Member; Adjunct Professor, School of Mechanical, Medical and Process Engineering QUT; Adjunct Professor in Science and Technology, Commercialisation, School of Science, Technology and Engineering.

Previous appointments include: Chair/Deputy, Non-Executive Director of 30+ companies since 1989 including Chair, Innovation Centre Sunshine Coast Pty Ltd; Non-Executive Director and Chair of Research Evaluation Panel, Emergency Medicine Foundation Ltd, Australia; Commercialisation Strategy Advisor, Office of Research University of the Sunshine Coast; CEO QUT Bluebox Pty Ltd; Group GM Research and Innovation, Transpacific Industries Group (ASX200); CEO, IMBcom Pty Ltd UQ; Executive Director Business and Finance, Australian Institute of Marine Science; Principal Research Scientist, Australian Institute of Marine Science.



### DR BAVAHUNA MANOHARAN

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

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

**Experience:** State Clinical Director, Queensland Health COVID-19 Vaccination Taskforce (current); Member, TGA Advisory Committee on Medicines (ACM); Clinical Reference Lead, Australian Digital Health Agency (current); Medical Assessor, Queensland Civil & Administrative Tribunal (current); State Advisory Committee, MDA National (current), Director AMA Ltd (current).

## DIRECTORS' REPORT (CONTINUED)



### DR MELLISSA NAIDOO

Board Director 2017/18/19; 20/21.

**Qualifications:** BSc (Hons I) BMBS DCH MHM FRACMA CHE FCHSM GAICD CHIA.

**Experience:** Specialist Medical Administrator; Group Executive & Chief Medical Officer, Nib Group; Royal Australasian College of Surgeons Education Board; Royal Australasian College of Medical Administrators Board; Chair State Advisory Committee & MDA National Board Director; Medicolegal Society of Queensland Committee; Queensland Doctors Health Program Board; Clinical Reference Lead Australian Digital Health Agency; Healthcare executive roles - private and public hospital sector; Queensland Medical Women's Society.



### PROF CHRISTOPHER PERRY OAM

President 2020/21/22. Vice President 2019/20. Board Director 2019/20/21/22. Councillor 2 years. Member, AMA Queensland VMO Committee. Vice President, AMA Queensland Foundation.

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

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



### DR NICHOLAS YIM

Board Director 2020/21/22. Councillor, General Practice Craft Group Representative. Councillor 5 years. Member, AMA Queensland Council of General Practice; Governance Committee. Member, AMA Council of General Practice; AMA Federal Medical Practice Committee.

**Qualifications:** BPharm MBBS FRACGP.

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



### DR MARIA BOULTON

Board Director 2021, Chair AMAQ Council of General Practice, AMAQ Council (Greater Brisbane Rep), AMAQ Governance Committee, AMAQ Committees and Working Groups Review Team, AMA Federal Council of General Practice Rep, AMAQ Rep on the Qld GP Alliance Group.

**Qualifications:** MBBS, FRACGP, BSc, GAICD, Clin Occ Medicine Short Course

**Experience:** Current: Director Family Doctors Plus and Corporate Doctors Plus, Director Australian GP Alliance, Vice President Qld Medical Women's Society, MDA National Qld State Advisory Committee Member, Australian Federation of Medical Women Qld Rep.

Previous: Director Healthtalks, RACGP Qld Council Member, RACGP REC-Funding and Health System Reform Member, RACGP Business Viability Working Group Member, RACGP Private Practice Owners Steering Group Member, GPSA Director, Supervisor of Medical Students (UQ) and GP registrars (GPTQ).



## DIRECTORS' REPORT (CONTINUED)

### ROLE OF THE BOARD OF DIRECTORS

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

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

### ROLE OF THE COUNCIL

The Council is responsible for:

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

### BOARD MEETINGS ATTENDED WHILE A BOARD DIRECTOR

1 January 2021 to 31 December 2021

NAME	MEETINGS HELD	ATTENDANCE	CHANGE OF OFFICE
Dr E Chew	5	5	
Dr S Coll	5	5	
Ms A Fordyce	5	5	
Dr P Isdale	5	5	
Dr B Manoharan	5	4	
Dr M Naidoo	2	2	Appointed 16/07/2020. Resigned 21/05/2021
Prof C Perry	5	5	
Dr N Yim	5	5	



## DIRECTORS' REPORT (CONTINUED)

### COUNCIL MEETINGS ATTENDED WHILE A COUNCILLOR

1 January 2021 to 31 December 2021

NAME	MEETINGS HELD	ATTENDANCE	CHANGE OF OFFICE
Dr S Bandi	4	4	
Dr K Bondeson	4	3	
Dr M Boulton	4	4	
Dr P Bryan	0	0	Retired 10/01/2021
Ms Z Byrne	1	0	Retired 21/05/21
Dr M Cannon	0	0	Retired 4/02/2021
Dr E Chew	4	4	
Dr M Clements	4	1	
Dr S Coll	4	2	
Mr L Crawford	1	0	Retired 21/05/21
Dr Andrew Cronin	3	2	Appointed 21/05/2021
Dr Emilia Dauway	3	3	Appointed 21/05/21
Dr D Dhupelia	4	4	
Dr D Ekanayake	3	3	Appointed 21/05/21
Dr H Ellepola	1	1	Retired 21/05/21
Dr E Gannon	4	4	
Dr M Giuseppin	1	1	Retired 21/05/21
Dr G Hawson	4	3	
Dr B Manoharan	4	3	
Dr V Moudgil	4	4	Appointed 18/03/21
Assoc Prof C Nydam	4	3	
Dr N Ognjenovits	1	0	Retired 21/05/21

NAME	MEETINGS HELD	ATTENDANCE	CHANGE OF OFFICE
Prof T Rahman	4	2	
Dr L Robinson	4	3	
Dr R O'Rourke	4	4	
Prof C Perry	4	4	
Dr F Raciti	4	4	
Dr S Senthuran	4	3	
Dr E Shao	4	3	
Dr D Shepherd	4	4	
Mr Shiven Singh	3	3	Appointed 21/05/2021
Dr M Taylor	4	3	
Dr Ben Wakefield	3	3	Appointed 21/05/2021
Dr I Williams	4	4	
Dr N Yim	4	4	



## DIRECTORS' REPORT (CONTINUED)

### PRINCIPAL ACTIVITY

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

### OBJECTIVES AND STRATEGY, REVIEW OF OPERATIONS

The objects for which the Company is established are:

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

- (h) to do any other lawful things that are incidental to and conducive of promoting, protecting and advancing the interests of the medical profession, including providing for innovation and flexibility

To achieve these objectives, the company has adopted a Strategic Plan including various strategies and measures available at the following link: [qld.ama.com.au/sites/qld/files/QLD/PDFs/2021\\_2023\\_AMAQ\\_Strategic%20Plan.pdf](http://qld.ama.com.au/sites/qld/files/QLD/PDFs/2021_2023_AMAQ_Strategic%20Plan.pdf)

The financial position of the company increased with total equity of \$5,654,422 at year end, after a small profit in the year of \$48,393. The result was based on total revenue of \$4,200,039 including \$3,009,072 from member based activities. The Directors are satisfied with the financial performance of the company in the current economic and medical professional environment.

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

### INFORMATION ON COMPANY SECRETARY

The role of Company Secretary was performed by:

- ▶ Dr Brett Dale: 11 December 2020 – current

### MEMBERS LIABILITY

The company is a public company limited by guarantee incorporated under the *Corporations Act 2001*. There is a liability of \$10 per member in the event of winding up the company. As at 31 December 2021 the number of members was 5,617 (2020: 5,806).

### AUDITOR'S INDEPENDENCE DECLARATION

A copy of the auditor's declaration as required under section 307C of the *Corporations Act 2001* is set out on page 27.

Signed in accordance with a resolution of Directors.

**Prof Christopher Perry OAM**  
President

**Dated at Brisbane on 28 April 2022**



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Fax: +61 7 3221 9227  
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Brisbane QLD 4000  
GPO Box 457 Brisbane QLD 4001  
Australia

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

As lead auditor of AMA Queensland Limited for the year ended 31 December 2021, I declare that, to the best of my knowledge and belief, there have been:

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

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

**Cameron Henry**  
Director

**BDO Audit Pty Ltd**

Brisbane, 28 April 2022

BDO Audit Pty Ltd ABN 33 134 022 870 is a member of a national association of independent entities which are all members of BDO Australia Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO Audit Pty Ltd and BDO Australia Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation.

# STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2021

	Notes	2021 \$	2020 \$
REVENUE	2	4,200,039	4,532,507
EXPENSES			
- Council, President and Executive Support		(747,282)	(893,197)
- Membership, Marketing, Public Relations and Media		(1,188,368)	(1,132,237)
- Workplace Relations and Policy		(708,322)	(619,902)
- Corporate Services		(1,596,618)	(1,569,321)
- Impairment Charge on Investment Property		-	(386,719)
LOSS BEFORE INCOME TAX EXPENSE	3	<u>(40,551)</u>	<u>(68,869)</u>
INCOME TAX EXPENSE	4	<u>-</u>	<u>-</u>
LOSS FOR THE YEAR		<u>(40,551)</u>	<u>(68,869)</u>
OTHER COMPREHENSIVE INCOME			
Items that may be reclassified subsequently to profit or loss:			
Fair value gains on revaluation of financial assets	10	88,944	63,344
OTHER COMPREHENSIVE INCOME FOR THE YEAR		<u>88,944</u>	<u>63,344</u>
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE YEAR		<u>48,393</u>	<u>(5,525)</u>
<b>Total comprehensive income/(loss) attributable to members of the entity</b>		<u>48,393</u>	<u>(5,525)</u>

*The accompanying notes form part of the financial statements*

# STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2021

	Notes	2021 \$	2020 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	6	2,119,118	2,660,005
Trade and Other Receivables	7	159,708	63,082
Other Assets	9	196,126	69,536
<b>TOTAL CURRENT ASSETS</b>		<b>2,474,952</b>	<b>2,792,623</b>
<b>NON-CURRENT ASSETS</b>			
Deferred Tax Assets	8	73,292	73,292
Financial Assets	10	1,799,003	1,733,675
Investment Property	11	2,205,958	2,271,321
Property, Plant and Equipment	12	1,526,826	1,382,075
<b>TOTAL NON-CURRENT ASSETS</b>		<b>5,605,079</b>	<b>5,460,363</b>
<b>TOTAL ASSETS</b>		<b>8,080,031</b>	<b>8,252,986</b>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	13	1,816,723	1,977,786
Borrowings	14	86,300	538,986
Provisions	15	117,571	108,225
<b>TOTAL CURRENT LIABILITIES</b>		<b>2,020,594</b>	<b>2,624,997</b>
<b>NON-CURRENT LIABILITIES</b>			
Trade and Other Payables	13	19,860	19,860
Borrowings	14	383,055	-
Deferred Tax Liabilities	8	2,100	2,100
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>405,015</b>	<b>21,960</b>
<b>TOTAL LIABILITIES</b>		<b>2,425,609</b>	<b>2,646,957</b>
<b>NET ASSETS</b>		<b>5,654,422</b>	<b>5,606,029</b>
<b>MEMBERS' EQUITY</b>			
Reserves	16	127,991	39,047
Retained Earnings		5,526,431	5,566,982
<b>TOTAL MEMBERS' EQUITY</b>		<b>5,654,422</b>	<b>5,606,029</b>

*The accompanying notes form part of the financial statements*

# STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2021

	Notes	2021 \$	2020 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Subscription Receipts from Members		3,186,271	3,364,489
Other Receipts		1,138,372	1,498,552
Payments to Suppliers and Employees		(4,625,269)	(4,307,485)
Interest Received		8,017	13,742
Dividends received		44,578	32,550
Interest Paid		(17,163)	(27,270)
Net Cash Provided by/(Used in) Operating Activities	20(a)	<u>(265,194)</u>	<u>574,578</u>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Purchase of Property, Plant and Equipment		(294,770)	(91,228)
Purchase of Investment Property		(11,601)	-
Proceeds from sale of Financial Assets		1,065,927	1,545,314
Purchase of Financial Assets		(965,618)	(1,607,448)
Net Cash used in Investing Activities		<u>(206,062)</u>	<u>(153,362)</u>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>			
Repayment of borrowings		(69,631)	(61,006)
Net Cash Used In Financing Activities		<u>(69,631)</u>	<u>(61,006)</u>
Net Increase/(decrease) in Cash Held		(540,887)	360,210
Cash and cash equivalents at the Beginning of Year		2,660,005	2,299,795
Cash and cash equivalents at the End of Year	20(b)	<u>2,119,118</u>	<u>2,660,005</u>

The accompanying notes form part of the financial statements

# STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 DECEMBER 2021

	Financial Assets Reserve \$ (Note 16)	Retained Earnings \$	Total \$
<b>Balance at 1 January 2020</b>	(24,297)	5,635,851	5,611,554
Loss for the Year	-	(68,869)	(68,869)
Other comprehensive income	63,344	-	63,344
<b>Balance at 31 December 2020</b>	<u>39,047</u>	<u>5,566,982</u>	<u>5,606,029</u>
Loss for the Year	-	(40,551)	(40,551)
Other comprehensive income	88,944	-	88,944
<b>Total Comprehensive Income</b>	<u>88,944</u>	<u>(40,551)</u>	<u>48,393</u>
<b>Balance at 31 December 2021</b>	<u>127,991</u>	<u>5,526,431</u>	<u>5,654,422</u>

The accompanying notes form part of the financial statements

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

## 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

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

### BASIS OF PREPARATION

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Corporations Act 2001. The Company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

### ACCOUNTING POLICIES

#### (a) Income Tax

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

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

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

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

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

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

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

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

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

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

#### (b) Property, Plant and Equipment

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

##### *Property*

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

##### *Plant and equipment*

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer Note 1(f)) for details of impairment).

##### *Depreciation*

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

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

- ▶ Buildings – 40 years
- ▶ Plant and equipment 4 – 20 years

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

## 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

### (c) Investment Property

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

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

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

The useful lives of the buildings are 40 years.

### (d) Leases

#### *The Company as lessee*

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

#### *The Company as lessor*

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

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

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

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

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

### (e) Financial Instruments

#### *Initial recognition and measurement*

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

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

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

#### *Classification and subsequent measurement*

##### *Financial liabilities*

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

##### *Financial assets*

Financial assets are subsequently measured at:

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

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

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

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

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

Equity instruments (financial assets)

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

##### *Derecognition of financial liabilities*

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

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



# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

## 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### **Derecognition of financial assets**

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

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

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

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

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

### **Impairment**

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

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

Loss allowance is not recognised for:

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

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

### **(f) Impairment of Assets**

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

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

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

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

### **(g) Employee Benefits**

#### **Short-term employee benefits**

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

#### **Other long-term employee benefits**

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

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

### **(h) Provisions**

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

### **(i) Cash and Cash Equivalents**

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

### **(j) Revenue recognition**

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

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

When both these conditions are satisfied, the Company:

- ▶ identifies each performance obligation relating to the revenue

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

## 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

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

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

Interest income is recognised using the effective interest method.

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

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

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

### (k) Accounts Receivable and Other Debtors

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

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

### (l) Goods and Services Tax (GST)

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

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

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

### (m) Comparative Figures

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

### (n) Critical Accounting Estimates and Judgements

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

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

### (o) Fair Value of Assets and Liabilities

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

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

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

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

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

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

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

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

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

2 REVENUE	Notes	2021 \$	2020 \$
Council, President and Executive Support		33,895	15,928
Membership, Marketing, Public Relations and Media		3,009,072	2,987,663
Workplace Relations and Policy		265,487	188,996
Corporate Services (a)		838,990	1,293,628
Interest – unrelated parties		8,017	13,742
Dividends received - unrelated parties		44,578	32,550
		<u>4,200,039</u>	<u>4,532,507</u>

(a) In 2020, this amount includes \$478,000 of government subsidies received on account of jobkeeper and cash flow boost payments.

## 3 SURPLUS FOR THE YEAR

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

Net profit/(loss) on sale of listed investments		<u>76,693</u>	<u>(62,493)</u>
Donations and bequests		<u>886</u>	<u>-</u>
Auditors' Remuneration	5	19,230	25,778
Depreciation			
- Investment Property		76,964	81,497
- Buildings		67,496	70,414
- Motor Vehicle		5,583	3,730
- Plant and Equipment		<u>76,940</u>	<u>96,429</u>
Total Depreciation		<u>226,983</u>	<u>252,070</u>
Finance costs		17,163	27,270
Bad and Doubtful Debts-Trade Receivable		-	3,199
Short term leases		2,939	2,590
Employee Benefits			
- Wages		2,277,803	2,266,946
- Superannuation		<u>217,176</u>	<u>199,940</u>
Total Employee Benefits		<u>2,494,979</u>	<u>2,466,886</u>
Impairment Charge			
- Investment Property (Note 11)		<u>-</u>	<u>386,719</u>

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

<b>4 INCOME TAX EXPENSE/(BENEFIT)</b>	<b>Notes</b>	<b>2021 \$</b>	<b>2020 \$</b>
(a) The components of tax expense (benefit) comprise			
Current tax		-	-
Deferred tax		-	-
Prior year over/underprovision		-	-
		<u>-</u>	<u>-</u>
(b) The prima facie tax on profit from ordinary activities before income tax is reconciled to the income tax expense as follows:			
 Prima facie tax payable on profit from ordinary activities before income tax at 26% (2020:27.5%)		<u>(10,543)</u>	<u>(18,939)</u>
 Add (Less) Tax effect of:			
- deferred tax assets not recognised		(14,175)	14,062
- non-deductible items		2,403	82,067
- utilised/(unrecognised) prior period tax losses		25,016	(64,448)
- profit (loss) attributed to member activities		(2,701)	(12,742)
- assessable capital gains		20,115	15,340
- utilisation of prior period capital losses		(20,115)	(15,340)
Income tax attributable to the entity		<u>-</u>	<u>-</u>

The estimated current income tax losses not booked of \$632,169 (2020: \$714,260) are available to be recouped from future non-mutual income. i.e. taxable income from external sources. The company also has an unbooked capital tax loss of \$111,149 (2020: \$76,956) available to be recouped against future assessable gains.

## 5 AUDITORS' REMUNERATION

Remuneration of the auditor for:			
Auditing the Financial Report		16,000	21,593
Taxation, Accounting and Other Services Provided by Related Practice of the Auditor		3,230	4,185
		<u>19,230</u>	<u>25,778</u>

## 6 CASH ASSETS

Cash at Bank		2,118,518	2,659,405
Cash on Hand		600	600
		<u>2,119,118</u>	<u>2,660,005</u>

## 7 TRADE AND OTHER RECEIVABLES

CURRENT			
Trade and Sundry Receivables		159,708	63,082
Less Provision for Impairment		-	-
		<u>159,708</u>	<u>63,082</u>

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

8 TAX	Notes	2021 \$	2020 \$
(a) Liabilities			
CURRENT			
Income Tax		-	-
NON CURRENT			
Deferred tax liability comprises temporary differences		2,100	2,100
		<u>2,100</u>	<u>2,100</u>
(b) Assets			
CURRENT			
Income tax receivable		-	-
NON CURRENT			
Deferred tax assets comprises temporary differences		73,292	73,292
		<u>73,292</u>	<u>73,292</u>
(c) Reconciliations			
(i) Gross Movements			
The overall movement in the deferred tax accounts is as follows:			
Opening balance		71,192	71,192
Charge/(Credit) to statement of comprehensive income		-	-
Closing balance		<u>71,192</u>	<u>71,192</u>
(ii) Deferred Tax Liability			
The movement in deferred tax liability for temporary differences during the year is as follows:			
Opening balance		2,100	2,100
Charge/(Credit) to the statement of comprehensive income		-	-
Closing balance		<u>2,100</u>	<u>2,100</u>
(iii) Deferred Tax Assets			
The movement in deferred tax assets for temporary differences during the year is as follows:			
Opening balance		73,292	73,292
Charge/(Credit) to the statement of comprehensive income		-	-
Closing balance		<u>73,292</u>	<u>73,292</u>
<b>9 OTHER ASSETS</b>			
CURRENT			
Prepayments		196,126	69,536
		<u>196,126</u>	<u>69,536</u>

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

10 FINANCIAL ASSETS	Notes	2021 \$	2020 \$
NON CURRENT			
Investments in equity instruments designated at fair value through other comprehensive income:			
Listed Investments		1,799,003	1,733,675
Total		<u>1,799,003</u>	<u>1,733,675</u>
Movement in the year is:			
Balance at beginning of year		1,733,675	1,670,690
Purchases		965,618	1,607,448
Disposals		(989,234)	(1,607,807)
Fair Value Measurement Gain/(Loss)		88,944	63,344
		<u>1,799,003</u>	<u>1,733,675</u>

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

Overall performance of the investment portfolio is summarised as:

Recognised in profit and loss			
- Dividends		44,578	32,550
- Interest		8,017	13,742
- Gain (Loss) on sale		76,693	(62,493)
		<u>129,288</u>	<u>(16,201)</u>
Recognised in other comprehensive income:			
- Fair value gains		88,944	63,344
Total Performance		<u>218,232</u>	<u>47,143</u>

## 11 INVESTMENT PROPERTY

Land and Building - Hunstanton and Toowoomba (at cost)		2,735,709	3,110,827
Less Accumulated Depreciation		(529,751)	(452,787)
Less Impairment Charge		-	(386,719)
		<u>2,205,958</u>	<u>2,271,321</u>
(a) Movements in carrying amounts			
Balance at the Beginning of Year		2,271,321	2,783,754
Transfer to Land and buildings		-	(44,217)
Additions		11,601	-
Disposals		-	-
Depreciation Expense		(76,964)	(81,497)
Impairment		-	(386,719)
Balance at End of Year		<u>2,205,958</u>	<u>2,271,321</u>

Investment property is depreciated using the straight line basis over its useful life to the company, estimate 40 years. An independent valuation of land and buildings at Kelvin Grove was undertaken on 10 December 2020 by Herron Todd White. The valuation was undertaken as part of the company's policy to obtain valuations of land and buildings every three years. The valuation indicated a market value of \$672,302 for the property still held. Book value of the property is \$395,960. An independent valuation of the Toowoomba property was undertaken on 7 December 2020 by Herron Todd White. The valuation indicated a market value of \$2,000,000. The book value of the property was \$2,386,719 and thus an impairment charge of \$386,719 was raised in 2020. The write-down to market value is considered conservative but prudent given current rental market conditions in Toowoomba. Rental income derived from both properties was \$300,500 (2020: \$382,929) and direct operating expenses were \$245,022 (2020: \$282,166). Refer also to subsequent events disclosure at Note 25.

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

12 PROPERTY, PLANT AND EQUIPMENT	Notes	2021 \$	2020 \$
Land and buildings – AMA House & Hunstanton (at cost)		2,351,810	2,161,859
Less Accumulated Depreciation		(1,055,547)	(988,051)
		1,296,263	1,173,808
Motor Vehicle (at cost)		65,549	29,755
Less Accumulated Depreciation		(30,885)	(25,302)
		34,664	4,453
Equipment and Furniture (at cost)		650,370	597,356
Less Accumulated Depreciation		(454,471)	(393,542)
		195,899	203,814
		1,526,826	1,382,075

	Land and Buildings \$	Motor Vehicle \$	Equipment & Furniture \$	Total \$
<b>(a) Movements in Carrying Amounts (2021 year)</b>				
Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year				
Balance at the Beginning of the Year	1,173,808	4,453	203,814	1,382,075
Additions	189,951	35,794	69,025	294,770
Disposals	-	-	-	-
Depreciation Expense	(67,496)	(5,583)	(76,940)	(150,019)
Transfer from investment property	-	-	-	-
	1,296,263	34,664	195,899	1,526,826
Carrying Amount at the End of the Year	1,296,263	34,664	195,899	1,526,826
<b>(b) Movements in Carrying Amounts (2020 year)</b>				
Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year				
Balance at the Beginning of the Year	1,200,005	8,183	209,015	1,417,203
Additions	-	-	91,228	91,228
Disposals	-	-	-	-
Depreciation Expense	(70,414)	(3,730)	(96,429)	(170,573)
Transfer from investment property	44,217	-	-	44,217
	1,173,808	4,453	203,814	1,382,075
Carrying Amount at the End of the Year	1,173,808	4,453	203,814	1,382,075

An independent valuation of land and buildings was undertaken on 10 December 2020 by Herron Todd White. The valuation was undertaken as part of the company policy to obtain valuations of land and buildings every three years, based on the current market values. The valuation indicated a market value of \$2,237,698.

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

<b>13 TRADE AND OTHER PAYABLES</b>	<b>Notes</b>	<b>2021 \$</b>	<b>2020 \$</b>
CURRENT UNSECURED LIABILITIES			
Trade Payables		264,128	317,619
Remittance due Federal Office, Australian Medical Association		691,025	769,602
Subscriptions Received in Advance (a)		677,326	755,630
Other Income Received in Advance (a)		144,918	82,450
GST Liability		39,326	52,485
		<u>1,816,723</u>	<u>1,977,786</u>

## NON-CURRENT UNSECURED LIABILITIES

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

### Financial liabilities at amortised cost classified as trade and other payables

Trade and other payables:			
Total Current		1,816,723	1,977,786
Total Non-current		<u>19,860</u>	<u>19,860</u>
		<u>1,836,583</u>	<u>1,997,646</u>
Less Subscriptions received in advance		(677,326)	(755,630)
Less Other income received in advance		(144,918)	(82,450)
Financial liabilities as trade and other payables	21	<u>1,014,339</u>	<u>1,159,566</u>

## 14 BORROWINGS

### CURRENT

Bank Loan - secured (a)		<u>86,300</u>	<u>538,986</u>
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### NON CURRENT

Bank loan - secured (a)		<u>383,055</u>	<u>-</u>
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Total Borrowings		<u>469,355</u>	<u>538,986</u>
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(a) The bank facilities are with BOQ Specialists and are secured by a registered mortgage over the Toowoomba Investment property. The facility was extended on 28 March 2021 and matures after three years.



# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

<b>15 PROVISIONS</b>	<b>Notes</b>	<b>2021 \$</b>	<b>2020 \$</b>
Employee Provisions			
Balance at the Beginning of the Year		108,225	168,499
Additional Provisions Raised During the Year		192,947	172,500
Amount Used		<u>(183,601)</u>	<u>(232,774)</u>
Carrying Amount at the End of the Year		<u>117,571</u>	<u>108,225</u>
Analysis of Total Provisions			
Current		117,571	108,225
Non-current		<u>-</u>	<u>-</u>
		<u>117,571</u>	<u>108,225</u>
Number of Employees at Year End		23	23

Provision for employee benefits represents amounts accrued for annual leave and long service leave. The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

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

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

## 16 RESERVES

### Financial Assets Reserve

The Financial Assets Reserve records revaluation increments and decrements (that do not represent impairment write-downs) that relate to financial assets that are classified as Fair Value through Other Comprehensive Income.

## 17 CAPITAL AND LEASING COMMITMENTS

### Operating Lease Commitments-

Non Cancellable operating leases contracted for but not capitalised in the financial statements.

### Payable - Minimum Lease Payment

Due - Not Later than 1 year	2,939	2,590
Due - Later than 1 year but not Later than 5 years	<u>1,708</u>	<u>-</u>
	<u>4,647</u>	<u>2,590</u>

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

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

## 18 KEY MANAGEMENT PERSONNEL COMPENSATION

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

The President received a stipend during the year of \$104,270 (2020: \$103,545).

Director Dr Bavahuna Manorahan received remuneration of \$51,866 while employed as Executive General Manager from 25/8/2020 to 3/12/2020. No other councillors or directors received any remuneration (2020: Nil).

	2021 \$	2020 \$
Compensation to other key management personnel (excluding the President)		
Salaries and other benefits	786,541	623,625
Superannuation	72,793	47,174
	<u>859,334</u>	<u>670,799</u>

## 19 MEMBERS' LIABILITY

The Company is a public company limited by guarantee. There is a liability of \$10 per member in the event of the winding up of the Company. At 31 December 2021 the number of members was 5,617 (2020: 6,038).

## 20 STATEMENT OF CASH FLOW INFORMATION

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

Profit/(loss) after Income Tax	(40,551)	(68,869)
Non Cash Flows in Profit/(loss)		
Depreciation	226,983	252,070
(Gain)/loss on disposal of financial assets	(76,693)	62,493
Bad debts	-	3,199
Impairment charge	-	386,719
Changes in Assets (increase)/decrease		
Trade and other receivables	(96,626)	131,967
Other Assets - Current	(126,590)	26,253
Changes in Liabilities increase/(decrease)		
Trade and other payables	(161,063)	(158,980)
Provisions - Short and long term	9,346	(60,274)
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>(265,194)</u>	<u>574,578</u>

### (b) Reconciliation of cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments net of any outstanding overdrafts. Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

Cash at bank	2,118,518	2,659,405
Cash on Hand	600	600
	<u>2,119,118</u>	<u>2,660,005</u>

### (c) Non Cash Financing and investing activities

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

# NOTES TO FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

## 21 FINANCIAL RISK MANAGEMENT

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

	Notes	2021 \$	2020 \$
<b>Financial assets</b>			
Financial assets at amortised cost:			
- Cash and cash equivalents	6	2,119,119	2,660,005
- Trade and other receivables	7	159,708	63,082
- Investments in equity instruments designated at fair value through other comprehensive income			
- Listed investments	10	<u>1,799,003</u>	<u>1,733,675</u>
Total financial assets		<u>4,077,830</u>	<u>4,456,762</u>
<b>Financial liabilities</b>			
Financial liabilities at amortised cost:			
- Trade and other payables (excl revenue received in advance)	13	1,014,339	1,159,566
- Borrowings	14	<u>469,355</u>	<u>538,986</u>
Total financial liabilities		<u>1,483,694</u>	<u>1,698,552</u>

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

## 22 FAIR VALUE MEASUREMENT

The Company has the following assets, measured at fair value on a recurring basis after their initial recognition.

Recurring fair value measurements

Financial assets

Financial assets at fair value through other comprehensive income

- Investment in Listed Securities	<u>1,799,003</u>	<u>1,733,675</u>
	<u>1,799,003</u>	<u>1,733,675</u>

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

## 23 RELATED PARTY TRANSACTIONS

During the year the Company invoiced and received payments from AMAQ Foundation for the provision of staff and office services \$45,950 (2020: \$24,788). The amount received from AMAQ Foundation in 2021 was \$45,950 (2020: \$24,788). The services charged were under normal commercial terms.

The Company acts as agent for Australian Medical Association Ltd (AMA) and collects subscriptions on their behalf from AMAQ members and remits those amounts to AMA. The balance of those amounts owing to AMA at balance date was \$691,025 (2020: \$769,601). The Company earned a fee of \$57,995 (2020: \$61,658) from AMA for providing this service. AMA is a related party as Dr Bavahuna Manoharan is a director of both entities.

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

## 24 ASSOCIATION DETAILS

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

## 25 EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 31 December 2021 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the company's state of affairs in future financial years.

An independent valuation of the investment property in Toowoomba dated 12 April 2022 indicated that as at 5 April 2022 (date of inspection), the property's fair value was \$2.475 million. The subsequent changes in the fair value of the investment property are not reflected in the financial statements as at 31 December 2021.

# DIRECTORS' DECLARATION

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

1. the financial statements and notes, as set out on pages 28 to 43 are in accordance with the *Corporations Act 2001* and:
  - (a) comply with Accounting Standards – Reduced Disclosure Requirements; and
  - (b) give a true and fair view of the financial position of the Company as at 31 December 2021 and of its performance for the year ended on that date.
2. in the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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



**Prof Christopher Perry OAM**  
President

**Dated at Brisbane on 28 April 2022**

## INDEPENDENT AUDITOR'S REPORT

To the members of AMA Queensland Limited

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of AMA Queensland Limited (the Company), which comprises the statement of financial position as at 31 December 2021, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

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

- (i) Giving a true and fair view of the Company's financial position as at 31 December 2021 and of its financial performance for the year ended on that date; 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 responsibilities for the audit of the Financial Report* section of our report. We are independent of the Company in accordance with the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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

#### Other information

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

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

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

BDO Audit Pty Ltd ABN 33 134 022 870 is a member of a national association of independent entities which are all members of BDO Australia Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO Audit Pty Ltd and BDO Australia Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation.

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

#### **Responsibilities of the directors for the Financial Report**

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

#### **Auditor's responsibilities for the audit of the Financial Report**

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

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

[http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf)

This description forms part of our auditor's report.

**BDO Audit Pty Ltd**



**Cameron Henry**  
Director

Brisbane, 28 April 2022



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