



AUSTRALIAN MEDICAL ASSOCIATION (SOUTH AUSTRALIA) INC.



ANNUAL REPORT 2019



The future of the AMA(SA) - junior doctors at the AMA(SA) 2019 Gala Dinner

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Cover photo: Dr Chris Moy speaking with AMA(SA) junior doctors Dr Megan Meredith, Dr Brendan May, Dr Mekha John and Dr Brian Gue at the Royal Adelaide Hospital



DR JOHN NELSON
AMA(SA) CHAIR

FROM THE CHAIR

OVERVIEW

As detailed in last year's report, there was an unsettling start to 2019 following the decision by the South Australian Postgraduate Medical Association (sapmea) to terminate the Labour Hire Services Agreement with the AMA(SA), and the subsequent departure of the AMA(SA) chief executive officer. A major role of the Board in the first half of 2019 was therefore to oversee the stabilisation of AMA(SA), and particularly the Secretariat. I would like to acknowledge the timely input of the Board members, particularly the tireless efforts of A/Prof William Tam and Dr Chris Moy (assisted greatly by the Council Chair, Dr David Walsh) and the invaluable accounting guidance from Mr Andy Brown. I would also like to express once again the Board's gratitude to Dr John Woodall, who stepped into the role of Acting CEO.

The Board prioritised recruiting a new CEO, and after reviewing applications from many excellent candidates, with subsequent interviews of the short-listed applicants, in August appointed (with Council's approval) Dr Samantha Mead. I would like to commend Dr Mead for her impressive achievements in the short time she has been in the position.

Below I will expand on some of the key areas that the Board is charged with overseeing.

BOARD OBJECTIVES AND CHANGES IN BOARD MEMBERSHIP

The Board oversees AMA(SA) finances (including all sources of income) and the Secretariat and, together with Council, is responsible for governance. The Board is specifically responsible for corporate governance. The governance review by an AMA(SA) subcommittee is ongoing. Two Board positions became vacant following the departure in January 2019 of Dr Peter Sharley and Mr John McLaren. Subsequently Dr Michelle Atchison was automatically appointed to the Board due her incoming role as Vice President, and A/Prof Tam - having relinquished his Board position on completion of his Presidency - was re-appointed to fill one of the vacancies. The Board is well advanced in the process of filling the remaining vacancy. I was appointed Chair in May 2019 and I would like to take this opportunity to thank the Board members for their support.

FINANCES

Our 2019 income (calendar year) was \$1,753,494, a fall of about 4 per cent from 2018. The major variations from budget were a significant increase in income from AMA Skills Training and reductions in income from membership subscriptions and rent. Total expenditure was \$2,085,257, about 13 per cent more than in 2018. However, it should be noted there were significant 'one off' expenses following the Labour Hire Services Agreement termination. In addition, it was decided to include in 2019 expenditure staff superannuation liability of almost \$65,000. These combined income and expenditure changes produced an operating loss of about \$330,000. This would have been more than compensated for by an increase in the value of AMA(SA)-owned property according to valuations in 2019. But then came COVID-19. Given the



Dr Chris Moy and A/Prof William Tam

significant uncertainty regarding property, the Board felt it prudent to take a more conservative approach to the property valuations and leave these unchanged. Total equity as of 31 December 2019 was approximately \$3.82 million, down from \$4.15 million.

And so to 2020. The hopes for a trouble-free year of consolidation and gradual improvement in cash flow through increasing membership and non-membership income, coupled with belt tightening on expenditure, have been dashed by COVID-19. As I write this, we have been handed the cherry on top of this disaster, the AMA House fire on 6 May 2020. The budget has been re-written and re-written again as a consequence of the impact of COVID-19 on membership and rental income and the various avenues of governmental financial support potentially available to AMA(SA), some of which have already been realised. It is too early to say to what degree the fire will also affect income and expenditure: there are potential ramifications on rental income and there is some damage to the AMA(SA) offices but, somewhat fortuitously, AMA(SA) staff were working from home due to COVID-19 restrictions.

However, the Board is comfortable there are contingencies in place to cover any short-term deficit in the cash flow. Regarding rental income, it has been previously noted that in relation to investment income, and again highlighted by recent events, the AMA(SA) is heavily, in fact almost exclusively, invested in property. The Board is looking towards broadening its investments, a key component of which will be re-evaluating the current real estate ownership. Any move in this direction will clearly be influenced by market conditions.

MEMBERSHIP

The AMA(SA) is prioritising time and resources to assessing and meeting the needs of membership. There has been a recent stabilisation of membership numbers reflecting the efforts to connect with members.

The dual focus of the AMA is to improve the health and wellbeing of our community and to preserve and promote the

professional and social interests of its members. During the current pandemic, the AMA at state and national levels must demonstrate its ability and willingness to perform these roles. It is vital now more than ever for the AMA to lead a unified medical profession.

AMA SKILLS TRAINING

The registered training organisation (RTO) continues to attract high enrolments. At the time of this report, student numbers are fractionally higher than at the same time last year and income is significantly higher than budget. While the AMA(SA) backing is seen as an enormous positive, it is the relevance of the courses offered and the professionalism of the staff involved that have built the reputation of this RTO.

Finally, I would like to thank Dr Mead and the AMA(SA) staff for their hard work in 'running' the AMA, the Council for its support and guidance, and, once again, my fellow Board members and particularly the efforts of our President, Dr Chris Moy, and Immediate Past President, Associate Professor William Tam.



AMA(SA) Council Chair Dr David Walsh thanks Acting CEO Dr John Woodall for his service



DR CHRIS MOY
AMA(SA) PRESIDENT

FROM THE PRESIDENT

'What doesn't kill you makes you stronger' paraphrases an aphorism of the 19th-century German philosopher Friedrich Nietzsche. This sentiment was never truer than for the AMA's South Australian office in 2019. Our office underwent a major internal reset in the early months of the year, yet by the year's end had re-emerged as a beacon of hope and truth in increasingly fraught times.

Along the way, we farewelled team members and welcomed new ones. We became an epicentre for a community thirsty for knowledge and support amid a major health challenge, natural disasters and emergencies. And after starting with an internal overhaul that was financially and emotionally costly for everyone involved, by the end of the year the organisation was on a much more stable, secure and genuinely more positive track.

In January, former chief executive officer (CEO) Joe Hooper left the AMA(SA), and several staff members left at the same time or soon after. This was a time of major upheaval, and the ramifications continue to affect our administration and financial operations.

The AMA(SA) was so fortunate to have Associate Professor William Tam as President and the support of a wise Board to lead us through this tumultuous time. I am indebted to Will, incoming Vice-President Dr Michelle Atchison, all Board members and our Council for their work as we steered the ship towards smoother waters. I am also appreciative of the commitment of our staff members, some of whom experienced the instability and who have been invaluable in their efforts this year.

We were also fortunate that our invitation to then-AMA(SA) Council member Dr John Woodall to step in as interim CEO was accepted. John's six-month period of stewardship was critical in allowing operations to continue as the Board explored the best path to stability. On behalf of the Board, Council and staff, I thank John for his service in coming to the aid of the AMA(SA) at our time of need, especially considering his own health issues at the time.

With John at the helm, the Board was able to undergo the necessary steps to recruit a permanent CEO. Former Australian Dental Association (SA) CEO Dr Samantha Mead joined us in August, and has since demonstrated the calm, decisive, people-focused leadership we sought in transforming the culture of the organisation to the more modern, positive one I have advocated for in all health workplaces. Sam's experience in leading a membership organisation will also be crucial as we continue to proactively build our membership base.

As I have told several audiences during my time as president, a strong membership base is vital if we are to continue to have credibility in representing our profession to government, partners and the community. Our members are the foundation upon which our status in the community and privileged place in advocacy is based. They give us the credibility that makes us the 'go to' source of information and guidance about health-related matters in this state. It is this status that in 2019 led



Dr Samantha Mead, Dr Chris Moy and Dr John Williams at Port Lincoln during Dr Moy and Dr Mead's visit to Eyre Peninsula

to the AMA(SA) being asked to appear before Parliamentary committees, to meet with Ministers about our views on possible abortion law reform and end-of-life legislation, and to be asked to contribute our feedback to significant health system proposals.

It was at a hearing of the Parliamentary Inquiry into Workplace Fatigue and Bullying that I first publicly referred to the AMA(SA)'s plans to stage a 'bullying summit'. The evidence captured in the AMA(SA) Doctors in Training Committee's first South Australian-based Hospital Health Check clearly demonstrated the need for changes to systems, processes and culture that we know lead to bullying in health workplaces. In December we announced that the AMA(SA) Culture and Bullying Summit would be staged on 29 February 2020. This will be the focus of significant campaigning, among doctors and the wider health community, in 2020 and beyond.

The President of the AMA(SA) visits at least one regional area each year. The challenges facing rural doctors have never been more pressing, and in 2019 Sam and I arranged to visit Port Lincoln and other Eyre Peninsula towns where stark challenges are creating more issues than possibly anywhere else in Australia. We found doctors forced to work around the clock, virtually 365 days a year, because they don't have back-up. Junior doctors and students don't want to move go to



Dr Chris Moy with 2019 AMA(SA) Student Medal and Prize winners Tom Gransbury of the University of Adelaide (left) and Jarrod Hulme-Jones of Flinders University



Incoming AMA(SA) Vice President Dr Michelle Atchison and AMA(SA) President Dr Chris Moy after their elections in May

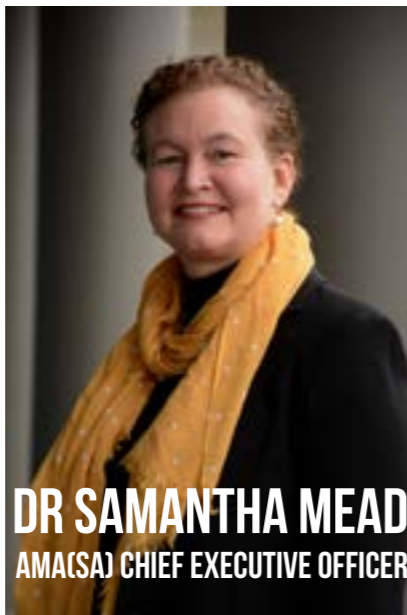
areas where relentless work pressures are compounded by pay discrepancies and 'lifestyle' disadvantages they don't find in metropolitan and near-city regions. The AMA(SA) has placed increased funding for rural health services – not just doctors – at the top of our priority list for funding in the 2020-21 State Budget, provided to the Minister for Health and Wellbeing in December, and we will be campaigning strongly for this in the months ahead.

It was clear from our short trip to the West Coast that one of the reasons South Australia's rural communities are suffering is the prolonged drought. Only weeks later after our trip, much of the state was ablaze. As the year ended, residents of the Adelaide Hills and Kangaroo Island were or had been suffering devastating damage to their properties, their lives and their health. The AMA(SA) offered counselling and advice to communities and to many of our members as they faced the long process of recovery.

It is this role – information, support and leadership – and our insistence that our advice is calm, clear and reasoned, that lead the AMA(SA) to have an unparalleled place in the constant discourse regarding health in South Australia. As we battle the world-changing health events in our state and nation, I hope that your AMA(SA) will do you proud as a torch shining through the darkness.



Dr Chris Moy with 2019 AMA(SA) Student Medal and Prize winners Tom Gransbury of the University of Adelaide (left) and Jarrod Hulme-Jones of Flinders University



DR SAMANTHA MEAD
AMA(SA) CHIEF EXECUTIVE OFFICER

FROM THE CEO

At the time of writing the world is combatting one of the most significant 'disruptors' of recent times. How we are all coping with this (or not) made me try to think of a way to demonstrate how people often do not welcome change. I thought about a time in the 1980s when there was seemingly endless discussion over changes to our currency. At that time, it seemed like such a big deal to move from using one- and two-dollar notes to \$1 and \$2 coins. Looking at that now, it was nothing compared to the enormous changes and challenges we are undergoing at an almost daily rate while dealing with the COVID-19 global pandemic.

While the changes that occurred at AMA(SA) in 2019 pale in comparison to what is occurring globally in 2020 they were significant for our organisation. The separation from sapmea that started the year was a necessary one, and the result is that we have many new members in our team.

Karyn Hughes was appointed as our accountant in April 2019. Karyn has extensive experience and much of her work over the past year has focused on developing baseline financials for all aspects of our business and looking at ways to diversify our asset base. Karyn also sits with me and independent executive board member Andrew Brown on the newly formed Audit Risk and Investment Committee.

Karen Phillips was also appointed in April 2019, as Senior Policy, Media and Communications Advisor. Karen's work with the

Federal AMA and President Dr Chris Moy has been instrumental in increasing our media profile and ensuring AMA(SA) remains the peak body for all communications for health in our state. Rebecca Hayward accepted the role of Member Services Manager in October 2019. Rebecca has a difficult role as much of what she can do is governed by the limitations of our member database. Her focus over the next year will be to clean much of the outdated and irrelevant data to ensure we can provide tailored information to our members.

In AMA Skills Training we welcomed Trainer/Assessor Michelle Stanojevic and Administration Officer Kathryn Hilton. Their input and the growth in the number of students enrolled via AMA Skills Training highlight the excellent work in this area of our business, ensuring we remain a trusted brand for the provision of quality education.

The commitment and dedication of longer-serving staff in times of change cannot be overlooked and I thank Claudia Baccanello, Michelle Cockshell, Gail Hains and Heather Allanson for their ongoing and invaluable contributions.

As a Chief Executive Officer, any success can be achieved only through the support of Executive Board and Council. I thank the members of these bodies for their significant contributions. Dr Chris Moy continues to be a great asset to me and the AMA(SA), and both he and I acknowledge the excellent work of Executive Board Chair Dr John Nelson and Vice President Dr Michelle Atchison.

No doubt there will be many more changes in the year ahead, but, as always, any changes within the AMA(SA) and in our work will be to improve and strengthen the organisation for our valued members.

AMA(SA) COUNCIL & BOARD 2019

POSITION ON COUNCIL

PRESIDENT

A/Prof William Tam Jan to May 2019
Dr Chris Moy Jun to Dec 2019

VICE PRESIDENT

Dr Chris Moy Jan to May 2019
Dr Michelle Atchison Jun to Dec 2019

IMMEDIATE PAST PRESIDENT

Dr Janice Fletcher Jan to May 2019
A/Prof William Tam Jun to Dec 2019

CHAIR

Dr David Walsh Jan to Aug 2019
Dr Chris Moy Sep to Dec 2019

ORDINARY MEMBERS

Dr Michelle Atchison Jan to May 2019
Dr Daniel Byrne Jun to Dec 2019
Dr Matthew McConnell Jan to Dec 2019
Dr Penelope Need Jun to Dec 2019
Dr Clair Pridmore Jan to Dec 2019
Dr Rajaram Ramadoss Jan to Dec 2019
Dr David Walsh Jun to Dec 2019
Dr John Williams Jan to Dec 2019

FEDERAL COUNCILLORS

State Nominee A/Prof William Tam
Area Nominee SA/NT Dr Chris Moy
Specialty Group Nominee (Physician) Dr Matthew McConnell

REGIONAL REPRESENTATIVES

Dr Phillip Gribble - Northern Jan to Dec 2019
Dr Simon Lockwood - Northern Jun to Dec 2019

PUBLIC HOSPITAL DOCTORS REPRESENTATIVE

Dr Andrew Russell Jan to May 2019
Dr Nimit Singhal Jun to Dec 2019

DOCTORS IN TRAINING

Dr Hannah Szewczyk Jan to Dec 2019

MEDICAL STUDENT REPRESENTATIVES

Ms Diana Hancock Jan to Dec 2019
Mr Patrick Kennewell Jan to Dec 2019

SPECIALTY GROUP REPRESENTATIVES

ANAESTHETISTS

Dr Perry Fabian Jan to May 2019
Dr Simon Macklin June to Dec 2019

DERMATOLOGISTS

Dr Jeffrey Wayte Jan to Mar 2019
Dr Patrick Walker Jun to Dec 2019

EMERGENCY MEDICINE

Dr Thiru Govindan Jan to Dec 2019

GENERAL PRACTITIONERS

Dr Bridget Sawyer Jan to Dec 2019

OBSTETRICIANS & GYNAECOLOGISTS

Dr Jane Zhang Jan to Dec 2019

OPHTHALMOLOGISTS

Dr Edward Greenrod Jun to Dec 2019

ORTHOPAEDIC SURGEONS

Dr Jeganath Krishnan Jan to Nov 2019

PAEDIATRICIANS

Dr Patrick Quinn Jan to Dec 2019

PATHOLOGISTS

Dr Shriram Nath Jan to Dec 2019

PHYSICIANS

Dr Nimit Singhal Jan to May 2019
Dr Andrew Russell Jun to Dec 2019

PSYCHIATRISTS

Dr Tarun Bastiampillai Jan to Dec 2019

RADIOLOGISTS

Dr Nicholas Rice Jan to Feb 2019
Dr Jill Robinson Jun to Dec 2019

SURGEONS

Dr David Walsh Jan to May 2019
Dr Peter Subramaniam Jun to Dec 2019

EXECUTIVE BOARD

CHAIR

Dr Chris Moy Jan to May 2019
Dr John Nelson Jun to Dec 2019

SECRETARIAT

Dr John Woodall Jan to Aug 2019
Dr Samantha Mead Sep to Dec 2019
Ms Claudia Baccanello Jan to Dec 2019

MEMBERS

Dr Michelle Atchison Jan to Dec 2019
Dr Guy Christie-Taylor Jan to Dec 2019
Dr Chris Moy Jun to Dec 2019
A/Prof William Tam Jan to Dec 2019
Dr Hannah Szewczyk (ex-officio) Jan to Dec 2019
Mr Andrew Brown Jan to Dec 2019
Dr John Nelson Jan to May 2019



OUR YEAR

AN ASTOUNDING NIGHT

Hundreds of doctors and guests flocked to the Adelaide Convention Centre on 11 May for the annual AMA(SA) Gala Dinner.

While some attendees were initially less than happy that the date overlapped with the Crows-Power Showdown over the river at Adelaide Oval, they ultimately agreed the event was a success.

Special guest MC Rob Mills led the on-stage entertainment, which included crowd favourites from recent musicals such as *Wicked*, *Aladdin* and *The Rocky Horror Picture Show*.

Attendees included Health and Wellbeing Minister Stephen Wade, Shadow Health Minister Chris Picton and the Federal President of the AMA, Dr Tony Bartone.

AMA(SA) acting chief executive Dr John Woodall presented a cheque for \$10,000 to the nominated charity, Foodbank SA.

The AMA(SA) is grateful for the support and contributions of its preferred partner Hood Sweeney and event sponsors MIGA, ACHA and Calvary Hospitals.

AMA(SA) 2019 AWARDS

The last formal act of Associate Professor William Tam as AMA(SA) President – before bestowing the President's Medal upon his successor Dr Chris Moy – was to announce the winners of the AMA(SA) Awards at the Gala Dinner.

Professor Edward (Ted) Mah was named as the recipient of the 2019 AMA(SA) Outstanding Service in Medicine Award. Dr Mah was recognised for his long-time commitment to teaching, research and the practice of orthopaedic surgery.

Former President **Dr Janice Fletcher** was presented with the AMA(SA) Medical Leader Award for her outstanding leadership over many years.

A paediatrician, geneticist and administrator, Dr Fletcher has done much to advance newborn screening, post-graduate medical training and the interface between laboratories and clinicians.

Another former President, GP **Dr Patricia Montanaro**, was named the AMA(SA) Medical Educator of 2019. Dr Montanaro has been in general practice for more than 25 years and has done much to advance community health outcomes, drug and alcohol treatments, and Indigenous health.

NEW LIFE MEMBERS

AMA(SA) President Dr Chris Moy acknowledged the commitment and dedication of South Australian doctors when he announced the 12 recipients of life membership at the Past Presidents' Lunch on 13 November.

Six new life members were present at the lunch at Adelaide Oval and received their certificates: **Dr John Combe**, **Dr David Tamblyn**, **Dr David Petchell**, **Dr Lyn Gardiner**, **Dr George Kokar** and **Dr Andrew Ramsay**.

A/Prof Robert Atkinson AM, **Dr Roy Francis**, **Dr Carl Kurlinkus**, **Dr Cresdon Magasdi**, **Dr Pamela Rendell** and **Dr Peter Joyner** were also named but were not present at the lunch.

NATIONAL HONOURS

Four AMA(SA) doctors received Australia Day Honours in January 2019.

- » **Dr Bronte Ayres AM**, for significant service to children's charities, and to medicine as a cardiologist
- » **Dr Penelope Briscoe AM**, for significant service to medicine and medical education, particularly to chronic pain management
- » **Dr Randall Sach AM**, for significant service to medicine as a plastic surgeon, to international relations, and to professional organisations
- » **Dr Robert Wight OAM**, for service to medicine through a range of roles.

South Australians **Dr Andrew Lavender** and **A/Prof Susan Neuhaus** were inducted

into the AMA Roll of Fellows at the AMA National Conference in Brisbane in May.

Anaesthetist and former AMA(SA) President Dr Lavender described his inclusion as 'a great honour' that acknowledged the time and effort he and others contributed to the AMA on behalf of members.

A/Prof Neuhaus is a highly respected senior surgeon and ex-Army officer, and an experienced Board Director and Chair.

'Each of my roles has brought a richness that I value immensely, along with new experiences and learning,' A/Prof Neuhaus said.

'I hope those I have worked with over the years, particularly my colleagues, committee members and staff, will take as much pride in this as I do, as it is as much acknowledgment of their support and hard work as it is of mine.'

STUDENT MEDAL WINNERS

The AMA(SA) acknowledges and celebrates excellence among medical students with the awarding of a Student Medal to one member of the respective

graduating classes of the University of Adelaide and Flinders University.

The medals are awarded for both academic excellence and contributions to the School of Medicine through representing the interests of students, and involvement in student life, the university or general community.

In 2019 AMA(SA) President Dr Chris Moy had great pleasure in attending graduation ceremonies at both universities, and in presenting Student Medals to **Tom Gransbury** from the University of Adelaide and **Jarrod Hulme-Jones** from Flinders University.

Both have made striking contributions among their peers and in their schools, in addition to their academic work.

Dr Moy told graduates assembled at the ceremonies that graduation was an exciting transition between university study and the challenging life of doctors in training.

'I ask that you absorb the principles and ideals that you hold today and that are expressed in the oath you will take,

that you commit to them, and that you set yourself this challenge: that at the end of your careers, you may look back and honestly say that you held to those principles and ideals,' Dr Moy said.

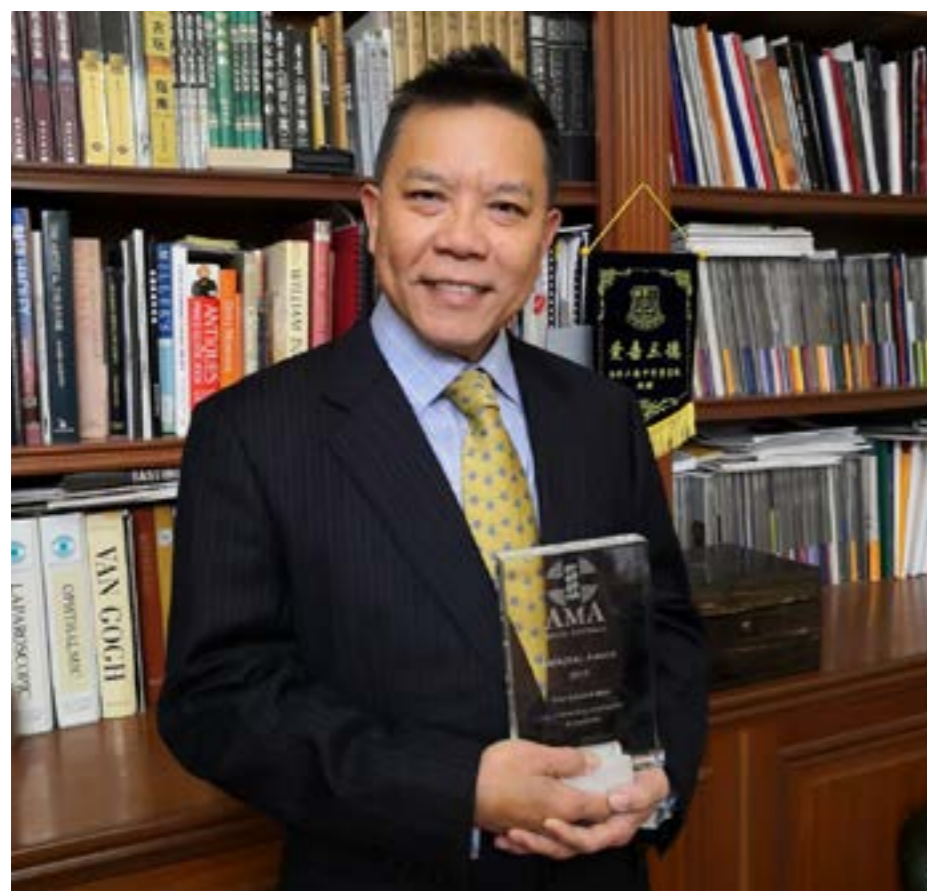
'Being able to do this will be your ultimate reward as a doctor.'

SPECIAL FRIENDS

The AMA(SA) relies on and is thankful for the support of many partners and sponsors, which allows it to continue advocating for and helping its members, their patients, and the wider community.

Hood Sweeney continued to provide its invaluable contribution as sponsor and preferred supplier of accounting and financial planning advice and services in 2019. Sponsor Norman Waterhouse also was always ready and available to help our members with their legal queries and concerns about professional issues.

Mercedes Benz Adelaide has also continued its sponsorship, in addition to offering members a range of generous benefits.



Professor Edward Mah, recipient of the 2019 AMA(SA) Outstanding Service in Medicine Award



New AMA(SA) life members present at the Past Presidents' Lunch were (from left) Dr David Tamblyn, Dr John Combe, Dr George Kokar, Dr David Petchell, Dr Lyn Gardiner, and Dr Andrew Ramsay pictured with President Dr Chris Moy (third from left)

OUR YEAR



A/Prof William Tam (fourth from left) relinquished the President's Medal to Dr Chris Moy (fifth from left) at the 2019 Gala Dinner. They are pictured with Dr Peter Joseph, Dr Phil Harding, former President Dr Janice Fletcher, AMA Federal President Dr Tony Bartone, former President Dr Patricia Montanaro, Dr Andrew Pesce, former President Dr Andrew J Lavender and former President Dr Peter Ford.



Health and Wellbeing Minister Stephen Wade and Immediate Past President A/Prof William Tam at the President's Breakfast



Attorney-General Vickie Chapman and AMA(SA) President Dr Chris Moy discussing protections for first responders



Dr Tom Turner and his wife Jan at the AMA(SA) Past Presidents' Lunch



Mr Greg Pattinson from Foodbank SA receiving a cheque donation from Dr Chris Moy at the AMA(SA) 2019 Gala Dinner



Mr Stephen Hodder (CEO) and Ms Amy Nikolovski (President) with Dr Chris Moy and Dr Samantha Mead at the Medico-Legal Dinner



Dr Patricia Montanaro and A/Prof William Tam at the Gala Dinner



AMA(SA) President A/Prof William Tam facing media questions



Dr Muazzam Rifat, Dr Chris Moy and Dr Rizwan Latif at the Pakistani Medical Association SA's eighth annual dinner



AMA(SA) representatives at the AMA National Conference in Brisbane in May: (from left) Dr Annette Newson, Dr Andrew Russell, A/Prof Susan Neuhaus, Dr Danny Byrne, A/Prof William Tam, Dr Michelle Atchison, Dr Chris Moy, Dr Hannah Szweczyk, Karen Phillips, Dr Matt McConnell, Dr Monika Moy and Dr Tarun Bastiampillai

COMMITTEE OF GENERAL PRACTICE

The AMA(SA) announced during Family Doctor Week in July that it would re-establish a committee to reinforce its commitment to general practice and family medicine.

AMA(SA) President Dr Chris Moy said that with most day-to-day health care occurring in the community, the AMA(SA) would formalise GPs' contribution by reintroducing the Committee of General Practice (CGP).

Dr Moy pointed to the 2018 Grattan Institute report, *Mapping primary care in Australia*, that found that 'primary care is the foundation of health care in the community' and that 'general practice is central to primary care'.

He also pointed to the '2016 AMA Position Statement on General Practice in Primary Health Care', which describes community-based services, including general practice, as 'the front line of the health care system'.

Dr Moy said the AMA(SA) Council sub-committee would enable the AMA(SA) to have a formal avenue through which GPs could highlight pressing concerns and decide on advocacy approaches on key health issues in South Australia.

After seeking nominations from members with expertise in general practice, the Committee was formed in November 2019. It proposed to meet three-monthly to:

- » identify and represent to State Council the views of the AMA(SA)'s General Practice (GP) Committee members (including GP trainees)
- » inform GP members of contemporary issues and represent their views to AMA(SA) Council and to the Federal AMA Council of General Practice
- » provide expert opinion to Council as requested
- » provide advice and make recommendations to AMA(SA) Council on policy decisions and appropriate GP initiatives and reforms
- » support GP organisations which promote the proper recognition, remuneration and integration of general practice.
- » submit nominations to AMA Council for consideration as representatives on outside bodies/organisations as requested.

During November and December 2019, the Committee worked to influence:

- » a review of the SA Health sitting fee policy
- » issues related to Medicare compliance

- » the costs of wound management to both patients and general practice
- » General Practice training programs and numbers
- » changes to residential aged care medication
- » changes to Medicare bulk-billing incentives
- » opportunities for research in general practice.

At a national level, the committee has contributed to input relating to the Minister for Health's 10-year plan for primary health care and the Royal Commission into Aged Care Quality and Safety.

CHAIR

Dr Bridget Sawyer

DEPUTY CHAIR

Dr Annette Newson

COMMITTEE MEMBERS

Dr Chris Bollen
 Dr Danny Byrne
 Dr Phil Gribble (Rural)
 Dr Lucy Haynes
 Dr Andrew Kellie
 Dr Johanna Kilmartin
 Dr Simon Lockwood (Rural)
 Dr Penny Need
 Dr Nick Tellis
 Dr John Williams (Rural)

DOCTORS IN TRAINING

The AMA(SA) Doctors in Training Committee provides a voice for Doctors in Training (DiTs) in South Australia. Its members act for junior doctors by delivering effective and balanced advocacy and leadership on relevant medical training and workplace issues.

GENDER EQUITY SUMMIT

The AMA staged a national Gender Equity Summit in Sydney in March 2019. Five members of the AMA(SA) DiT committee attended the Summit, which addressed gender inequity in medicine. The focus was on the under-representation of women in leadership positions and gender pay gaps, and how the current structure and cultural norms in medicine can have negative impacts on men and women, as well as those who are gender non-binary. The report is available on the AMA website and the key recommendations were presented to AMA(SA) Council.

2019 HOSPITAL HEALTH CHECK

The AMA(SA) Doctors in Training committee conducted the Hospital Health Check (HHC) survey in South Australia for the first time in March-April 2019. The survey's 239 DiT participants provided responses to questions about hours of work and overtime, workplace culture, access to leave and bullying and harassment in South Australia's teaching hospitals.

Enough data was collected to analyse the responses for the Royal Adelaide Hospital, Queen Elizabeth Hospital, Flinders Medical Centre and Lyell McEwin Hospital individually.

Comparison with other HHC data from across Australia demonstrated that bullying and harassment are more prevalent in South Australia than in other states.

Key results included:

- » high rates of unrostered overtime and the cultural issues underlying this, including being advised not to claim
- » high rates of concern about personal safety or making a clinical error due to fatigue

- » high rates of not feeling able to take sick leave when unwell
- » high rates of personal experiences of bullying or harassment, with a consultant often reported as the source
- » the RAH scoring worst on almost all measures
- » unaccredited registrars and RMOs rating worst in most survey domains.

The results identified poor workplace culture, burnout and fatigue as common experiences, with many DiTs indicating they were afraid to raise their concerns due to the fear of negative consequences. This was especially relevant among the most vulnerable groups – the prevocational RMOs and unaccredited registrars who have finished internship but are yet to be accepted into an accredited training program. Interns tended to score well across most domains.

The AMA(SA) has determined to use the results to advocate for improved workplace culture and eradicating bullying and harassment in medicine. AMA(SA) President Dr Chris Moy and DiT Chair Dr Hannah Szewczyk announced in December that a 'bullying summit' would be staged in February 2020 to discuss the range of issues and to support the Committee's main advocacy goal for 2020: accreditation of all prevocational positions in South Australia.

MEDICAL TRAINING SURVEY

The Committee had significant input into the Medical Training Survey conducted by the Medical Board of Australia in September 2019. This survey examined the quality of medical training in Australia, including requesting feedback related to supervision, culture, workplace environments and issues that could impact patient safety. The Committee promoted the survey and there were 737 respondents from South Australia. The results will be available in February 2020 and will form the basis of the Committee's advocacy work.

CHAIR

Dr Hannah Szewczyk

DEPUTY CHAIRS

Dr Jemma Wohling
 Dr Samantha Jolly

COMMITTEE MEMBERS

Dr Hayley Adams
 Dr Momina Allahwala
 Dr Stefan Court-Kowalski
 Dr Carmen Chung
 Dr Annie Collinson
 Dr Alisha Evans
 Dr Annie Fraser
 Ms Diana Hancock
 Dr Lucy Haynes
 Dr Jarrad Hopkins
 Mr Patrick Kennewell
 Dr Thalisha Bala Krishnan
 Dr Mekha John
 Dr Sean Jolly
 Dr Riche Mohan



AMA(SA) CGP members Dr Chris Moy, Dr Penny Need, Dr Bridget Sawyer (Chair), Dr Chris Bollen, Dr Johanna Kilmartin, Dr Nick Tellis and Dr Andrew Kellie



AMA(SA) Doctors in Training Committee members Dr Hannah Szewczyk (Chair), Ms Diana Hancock (FUSA), Mr Patrick Kennewell (Adelaide University), Dr Chris Moy and Dr Jemma Wohling (Co- Deputy Chair)

ROAD SAFETY COMMITTEE

The 'AMA Position Statement on Road Safety – 2018' outlines how medical practitioners and other health workers 'frequently witness the tragic consequences of road trauma' and notes the \$27 billion annual cost of road crashes in Australia each year. In South Australia, the AMA(SA) Road Safety Committee provides a forum to represent and advocate for both improved road and vehicle safety in South Australia. The committee focus is determined at the direction of the AMA(SA) Council. This year, the Committee considered opportunities to influence a range of issues including speed limits for vehicles, government policy for high pedestrian areas, the adoption of new technologies such

as automatic braking, and quad bike laws to improve stability. The committee provides a mechanism to influence a range of policy measures to government, including those related to medical assessment/fitness to drive.

Relationships with individuals and organisations such as the Pedestrian Council of Australia, the Australasian Road Safety Centre within the University of Adelaide, and the Royal Australasian College of Surgeons Trauma Committee supported the Committee in its discussions of issues such as the influence of mobile phone and electronic scooters, the hazards of quad bikes, proposed changes to learner driver laws for motor vehicles and motor cycles, and problems associated with speed, alcohol, and road infrastructure that can contribute to road trauma.

The South Australian Government is developing a new road safety strategy to replace the one that ends in 2020.

The Road Safety Committee opinion is that South Australians need a new strategy – a stronger strategy with clear, measurable targets that can be monitored and enforced; that demonstrates how the latest science and technology innovations, such as collision avoidance and lane maintenance technology, will be used to achieve them; and a commitment from all parties to acting to achieve them. Preliminary crash data to end 2019 indicated that 492 people lost their lives and a further 3,482 people were seriously injured on South Australian roads in the past five-year period. The preliminary data indicated that 2019 recorded the highest number of annual deaths with 114 lives lost. The AMA(SA) Road Safety Committee is hopeful that measures adopted in the new South Australian Government Road Safety Strategy will have a substantial impact in reducing mortality and morbidity.

The Committee's external road safety expert, Australasian College of Road Safety President Mr Martin Small, has strongly recommended the Australian and South Australian adoption of 50 per cent reduction targets to 2030 for fatalities and serious injuries on the road. This target is guided by the Stockholm Declaration at the 3rd Global Ministerial Conference on Road Safety held in February 2020.

In that regard, the AMA(SA) Road safety committee continues to provide an important role to influence and improve road safety (including vehicles, cyclists, and pedestrians) in communities across South Australia.

CHAIR

Professor William Heddle

COMMITTEE MEMBERS

Dr Chris Moy (President)
A/ Prof Robert Atkinson
Dr Peter Ford
Dr Monika Moy
Dr Steven Holmes

BY INVITATION

Mr Martin Small (Independent Road Safety Expert)
Ms Mary-Lou Bishop (Local Government)

HISTORY COMMITTEE

The Committee met 10 times during 2019, starting in February. Minutes and agendas were recorded and are archived on the AMA State storage cloud, with copies backed up on an external drive kept by Dr Tom Turner at Fullarton.

The Committee Members for most of 2019 were David Fenwick, chairman; Tom Turner, secretary and webmaster; Thea Limmer, Peter Kreminski and David Evans (members).

The first meeting of 2019 offered the opportunity to record thanks for the support of the several retirees which took place, as recorded in the 2018 report.

The Committee had helped categorise material before the AMA's move from Newland House in 2018 and arranged for items to be removed to the State Library. These inventories have since been uploaded to the History Committee site. The Committee was fully supported by Acting CEO Dr John Woodall, who helped ensure appropriate display of historical artefacts in the new AMA(SA) offices in AMA House in Ward St.

The Committee Chairman, Dr David Fenwick, was forced to resign in August through ill health, and shortly after Dr John Crowhurst took his place but was able to continue only until November. Both have agreed to remain available for consultation on relevant matters.

In September, Dr David Evans arranged for archival material to be stored at

A selection of historical artefacts



AMA(SA) History Committee member, Dr Tom Turner and Past Presidents Dr Peter Ford, and Dr Michael Rice

the Living Choice Apartments in Fisher Street, Fullarton, at a rental of \$30 per month, paid by him and reimbursed through the State Branch accountant. The physical work of transporting the material was undertaken by Dr Woodall and Committee members.

In November, Dr Turner presented an overview of the website at a meeting of the South Australian Medical Heritage Society (SAMHS) held at Living Choice. The talk was well received and helped in maintaining a close relationship with that organisation.

November marked the death of former Historical Committee member and past president Dr Jenny Linn and the change of name of the Committee from the AMA(SA) Historical Committee to the AMA(SA) History Committee.

During the year contacts were made with a number of other bodies, including the Lyceum Club and the alumni officers of Flinders University and the University of Adelaide, to further the aims of the Committee. The outcome of those actions are to be found within the Committee website.

The major achievement of the year was the development of the website, bringing together the strands which form the raison d'être of the Committee. The website can be viewed at www.amasahistoricalcommittee.wordpress.com. The Committee is grateful to Ms Charlie-Helen Robinson for the initial idea and her guidance in setting up the site, as well as to Mr Nick Turner in digitising historic papers. Most, but not all, of the branch publications from 1970 are now archived and available on request.

COMMITTEE MEMBERS

Dr David Fenwick
Dr Tom Turner (Secretary & Webmaster)
Dr Thea Limmer
Dr Peter Kreminski
Dr David Evans
Dr Samantha Mead (CEO)

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC
Level 2, 161 Ward St, North Adelaide SA 5006
www.ama.sa.org.au Phone: (08) 8361 0100

MEDIA RELEASE

AMA(SA) calls for immediate action on road toll

The Australian Medical Association in South Australia (AMA(SA)) has called for 'overdue and urgent' government action to halt South Australia's shocking road toll.

On the eve of the 2019 Australasian Road Safety Conference, AMA(SA) President Dr Chris Moy said road safety and unsafe road conditions were health issues with immediate and ongoing impacts on South Australian road users and their families and friends.

'The most recent Australian Bureau of Statistics statistics show road crashes involving motor vehicles and motorcycles to be the second-highest cause of death for South Australians aged five to 24 years, and third-highest for those aged 25 to 34,' Dr Moy said.

'In addition to those who die on our roads, there are the hundreds of people who incur major injuries and ongoing concerns with devastating effects on their physical and mental health, their employment opportunities and their relationships.

'We have already had 82 people die in road crashes in this state this year, and 446 people incur serious injuries from crashes. In comparison, 80 people died in road crashes in the entire 12 months of 2018.'

Dr Moy said it was time the South Australian Government announced it was developing a new road safety strategy to replace the one that ends in 2020.

'The "Towards Zero Together – South Australia's Road Safety Strategy 2020" ends next year, but there has been no indication from the government that an updated strategy is being developed,' Dr Moy said.

'There has been as yet no invitation to the AMA in South Australia – the only state that has a dedicated Road Safety Committee within its Council – to help develop a strategy that will provide a valuable and target-driven path to address the road toll.'

Dr Moy pointed to the 'AMA Position Statement on Road Safety – 2018', which outlines how medical practitioners and other health workers 'frequently witness the tragic consequences of road trauma', and notes the \$27 billion annual cost of road crashes in Australia each year. He said the Road Safety Conference, to be staged at the Adelaide Convention Centre from 25-27 September, would demonstrate how specialists in a range of fields can work together to improve safety.

'South Australians need a new strategy – a stronger strategy with clear, measurable targets that can be monitored and enforced; a demonstration of how the latest science and technology innovations, such as collision avoidance and lane maintenance technology, will be used to achieve them; and a commitment from all parties to acting to achieve them,' Dr Moy said.

'The success of seat-belt policy and legislation has shown what can be done to reduce the road toll when politicians, doctors and industry work together.'

24 September 2019

MEDIA RELEASE

Contact: Senior Policy, Media and Communications Advisor Karen Phillips on 8361 0106

The status of the AMA(SA) as an advocate for patient and community health and wellbeing was demonstrated time and again in 2019, with governments, partners, and national and local media seeking advice and commentary from the AMA(SA) on a broad range of issues.

Under the leadership of A/Prof William Tam and Dr Chris Moy, the input of the AMA(SA) was sought on topics ranging from the risks associated with medical mesh to the organisational structure of SA Health and its bodies. The AMA(SA) is clearly seen as a body that offers a calm, reasoned, evidence-based response, whether a query comes from a patient, carer, health provider or decision maker – or from media representatives who want to better understand the announcements from a source that has the trust of patients for putting their interests first.

Positions derived from AMA(SA) Council, the true heart of the AMA(SA), were acted upon by A/Prof Tam and Dr Moy. Federal AMA positions and increased feedback from members, based on a strategy designed to welcome and encourage members' input, were reflected in a raft of formal submissions.

The AMA(SA) Editorial and Communications Committee continued to ensure submissions and other advocacy efforts were promoted in the Association's magazine *medicSA*.

The AMA(SA) was also frequently asked to meet partners from health providers,

government and academia seeking advice in developing suitable policies and resources for their audiences.

Some of the work undertaken by A/Prof Tam, Dr Moy, Acting CEO Dr John Woodall and CEO Dr Samantha Mead is summarised below. However, the AMA(SA)'s advocacy is not always obvious; many of the most successful outcomes for members and patients were achieved through strategic 'back channel' negotiations that culminated in valuable outcomes without public discussion or controversy.

Much of the work initiated or continued in 2019 will have impacts in 2020 and beyond. In particular, Dr Moy's appearance with Dr Mead before the Parliamentary Committee on Occupational Safety, Rehabilitation and Compensation, where he outlined the AMA(SA)'s concerns about levels of bullying and fatigue in South Australia's hospitals and health workplaces and announced that the AMA(SA) would stage a 'bullying summit' in early 2020, is expected to have significant ramifications for senior and junior doctors, healthcare administrators and SA Health policy and decision-making.

Similarly, the November visit of Dr Moy and Dr Mead to the towns of Eyre Peninsula, where communities are suffering because of a lack of medical staff, services and resources will be the foundation of advocacy at State and Federal Government levels in 2020.

SUBMISSIONS

Submissions to Health and Wellbeing Minister Stephen Wade, SA Health and other partners included:

- » a presentation about EPAS and SA Pathology to the Parliamentary Select Committee on Health

Services in South Australia at Parliament House in April

- » the AMA(SA)'s concerns about the Health Care (Governance) Amendment Bill 2019, which was scheduled for tabling in Parliament on 2 May 2019
- » a submission supporting the strengthening of tobacco legislation to reduce the rate of tobacco smoking
- » a response to the SA Law Reform Institute's examination of South Australia's abortion legislation, referring to AMA(SA) Council views and AMA Position Statements relating to conscientious objection, reproductive health and technology, and ethical issues in reproductive medicine
- » a submission summarising the range of views from members about proposed variation regulations to 'Gayle's Law' - the Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance)
- » feedback on the proposed model for the Department for Health and Wellbeing's Commission on Excellence and Innovation in Health
- » AMA(SA)'s response to the 'State Infrastructure Strategy Discussion Paper', including a 'wish list' for the new Women's and Children's Hospital and for data collection and analysis capabilities
- » writing to all members of parliament during Family Doctor Week, reminding them of the importance of GPs in improving South Australians' health and reinforcing the AMA(SA)'s willingness to participate in policy planning and development

- » a response to the Terms of Reference for South Australian Government's Joint Committee Inquiry into End of Life Choices (Dr Moy also appeared before the Committee and provided a written statement)
- » a written response to SA Health's draft 'Rural Medical Workforce Plan'
- » a letter to University of Adelaide Dean of Medicine Professor Ian Symonds outlining concerns about the minimal general practice training included in the Medical School curriculum
- » a submission to Health and Wellbeing Minister Stephen Wade outlining the AMA(SA) priorities for the 2020-21 State Budget.

PARTNERSHIPS AND ENGAGEMENT

Engagement with and presentations to partners important to the AMA(SA)'s advocacy efforts included:

- » Dr Woodall representing national president Dr Tony Bartone at the Australian Hand Surgeons Society meeting
- » Dr Woodall representing the AMA(SA) at a meeting of health industry stakeholders at Old Parliament House to explain concerns about the Health Care (Governance) Amendment Bill 2019
- » Dr Moy and Dr Thiru Govindan meeting Attorney-General Vickie Chapman in support of the legislation relating to assaults on emergency personnel
- » Dr Moy meeting Ms Julianne Flower of ReturnToWorkSA (RTWSA) to identify the benefits for AMA(SA) in endorsing a forthcoming public campaign aimed at reducing the over-prescribing of opioids. The campaign was launched in July with AMA(SA) endorsement.
- » Dr Moy and Vice President Dr Michelle Atchison participating in the State Budget lock-up with representatives of other not-for-profit and public service organisations
- » Dr Moy providing a speech for and accompanying AMA Queensland Dr Dilip Dhupelia at the Queensland Parliament's review of end-of-life choices law reform
- » Dr Moy meeting new Shadow Health Minister Chris Bowen, at Mr Bowen's request, to provide an

Dr Chris Moy (left) and Dr Samantha Mead (right) with Executive Director Medical Services Eyre & Far North LHN Sue Merrett and Port Lincoln GP Dr John Williams at Port Lincoln Hospital



- » overview of key health issues at the national level and in South Australia
- » visiting the Gumeracha Medical Practice so the practice's GPs could explain the impacts of the Modified Monash Model and funding formula on their practice and the community
- » Dr Moy and Dr Mead meeting Mr Martin Evans, Ms Margaret Brown and the Hon Mark Parnell in relation to the End of Life Choices Inquiry and submission.

MEDIA

Local and national media seek comments from AMA(SA) leadership or representatives on average about three times a week. However, in periods of intense government scrutiny or medical issues, media interviews may number as many as 10 a week.

Other contact is prompted by media releases disseminated by the AMA(SA) or from the national office.

Topics of particular interest to the media in 2019 included:

- » the value and future of SA Pathology
- » Federal health spending
- » the South Australian figures within the AMA 2019 Public Hospital Report Card
- » flu vaccinations and the high incidence of influenza in 2019
- » pharmacy dispensation of

- » prescriptions
- » surgery waiting times
- » Advance Care Directives, palliative care and voluntary assisted dying
- » changes to private health insurance
- » health-related funding in the State Budget
- » the proposed 'bullying summit'
- » drug testing for welfare recipients impacts of bushfires.

From left, Dr Chris Moy, Dr Jill Benson and Dr Geoff Toogood



BAD MEDICINE

EXCLUSIVE Bullying rife in toxic SA Health culture, say doctors

BRAD CROUCH HEALTH REPORTER

A "TOXIC" culture of bullying is festering within SA Health and the \$2.4 billion Royal Adelaide Hospital as the recent *Frontier* Australian Medical Association state president Dr Chris Moy has claimed.

In a blistering attack, he led a parliamentary inquiry into workplace bullying in hospitals and health services that "the fish has been rotting from the head with respect to SA Health". He said the AMA was "drawing a line in the sand" on bullying.

CONTINUED PAGE 4

AMA SKILLS TRAINING



The AMA(SA) Registered Training Organisation (RTO) continued to build its clientele and reputation during 2019.

AMA Skills Training has a small team of committed staff working together to provide quality training from nationally accredited qualifications and units from the Health, Community Services and Business Services Training packages.

Training Manager Michelle Cockshell, Operations Coordinator Gail Hains, Trainer/Assessor Michelle Stanojevic and Administration Officer Kathryn Hilton are supported in organising and delivering training by industry experts with extensive and current experience in the health industry.

Since the RTO began, 596 students have enrolled in nationally recognised certificate qualifications. At 31 December 2019 there were 325 active students, and 293 students had successfully completed their qualifications. This included 13 students from the Northern Territory (NT) who had enrolled in their

qualifications through funding from the NT Government.

The RTO was successful in receiving two project funding grants from South Australia's Department for Innovation and Skills. These grants were for 24 students from Nunkuwarrin Yunti of SA Inc and Watto Purrinna Aboriginal Primary Health Care Service to study Certificate III in Business Administration (Medical) and Certificate III in Business Administration respectively.

In addition to qualifications, the RTO offered six face-to-face professional development education sessions in 2019. A total of 115 practice managers and staff attended sessions on a range of requested topics such as mediation in the workplace, office manual handling, mandatory notification, and building trust as a leader.

AUDITOR'S REPORT



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

We have audited the accompanying financial report, being a general purpose financial report of Australian Medical Association (SA) Inc. ('the association'), which comprises statement of financial position as at 31 December 2019, statement of comprehensive income, statement of changes in equity, statement of cash flows, notes comprising a summary of significant accounting policies and other explanatory information, report of the councillors and statement by officers of the association.

Council's Responsibility for the Financial Report

The Council of the association are responsible for the preparation of the financial report and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the financial reporting requirements of the Associations Incorporation Act (SA) 1985 and is appropriate to meet the needs of the members. The Council's responsibility also includes such internal control as the Council determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Independence

In conducting our audit, we have complied with the APES 110 Code of Ethics for Professional Accountants.

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Australian Medical Association (SA) Inc. as at 31 December 2019 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the requirements of the Associations Incorporation Act (SA) 1985.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Council's financial reporting requirements of the Associations Incorporation Act (SA) 1985. As a result, the financial report may not be suitable for another purpose.

A handwritten signature in black ink, appearing to read 'Jim Gouskos'.

JIM GOUSKOS
Principal
Date 6th July 2020

A handwritten signature in black ink, appearing to read 'Pitcher Partners'.

PITCHER PARTNERS
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AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2019

	Note	2019 \$	2018 \$
Revenue	2	1,753,494	1,828,220
Total income		1,753,494	1,828,220
Contracting cost		(94,392)	(799,641)
Employee benefit expense		(830,965)	-
Depreciation and amortisation expenses		(40,777)	(35,005)
Property expenses		(228,370)	(311,108)
Presidential allowance		(53,220)	(53,220)
Membership, Functions & Associations		(18,056)	(39,529)
Medical Revenue		(119,836)	(120,708)
Gala Dinner expense		(55,037)	(65,535)
AMA Skills Training		(176,349)	(130,638)
Legal fees		(64,502)	(1,353)
Impairment expense - Property	9	(100,000)	-
Fixed asset write off expense		(6,787)	-
Other expenses from ordinary activities	3	(342,257)	(273,416)
(Deficit) before income tax		(377,054)	(1,933)
Income tax benefit / (expense)	4	45,290	(13,220)
(Deficit) for the year		(331,764)	(15,153)
Other comprehensive income		-	-
Other comprehensive income for the year, net of tax		-	-
Comprehensive income / (loss) attributable to members		(331,764)	(15,153)

The accompanying notes form part of this financial report

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2019

	Note	2019 \$	2018 \$
ASSETS			
Current assets			
Cash and cash equivalents	6	514,540	512,569
Trade and other receivables	7	29,827	85,363
Other current assets	8	4,477	12,971
Total Current Assets		548,844	610,903
Non-current assets			
Property, plant and equipment	9	1,227,544	1,334,889
Intangible assets	10	-	9,966
Investment Properties	11	4,120,000	4,120,000
Deferred tax assets	16	146,799	128,609
Total Non-Current Assets		5,494,343	5,593,464
TOTAL ASSETS		6,043,187	6,204,367
LIABILITIES			
Current liabilities			
Trade and other payables	12	474,374	544,823
Contract liabilities	13	192,982	-
Borrowing	14	49,144	-
Provision	15	73,437	-
Total Current Liabilities		789,937	544,823
Non-current liabilities			
Deferred tax liabilities	16	280,896	307,996
Borrowing	14	1,152,570	1,200,000
Total Non-Current Liabilities		1,433,466	1,507,996
TOTAL LIABILITIES		2,223,403	2,052,819
NET ASSETS		3,819,784	4,151,548
EQUITY			
Reserves	18	42,369	993,319
Retained earnings		3,777,415	3,158,229
TOTAL EQUITY		3,819,784	4,151,548

The accompanying notes form part of this financial report

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

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

	Note	Retained Earnings \$	Reserves \$	Total \$
Balance at 1 January 2018		3,173,382	993,319	4,166,701
Total comprehensive income for the year (Deficit) for the year		(15,153)	-	(15,153)
Total comprehensive income for the year		<u>(15,153)</u>	<u>-</u>	<u>(15,153)</u>
Balance at 31 December 2018		<u>3,158,229</u>	<u>993,319</u>	<u>4,151,548</u>
Balance at 1 January 2019		3,158,229	993,319	4,151,548
Transfer to retained earnings	18(a)	950,950	(950,950)	-
Total comprehensive income for the year (Deficit) for the year		(331,764)	-	(331,764)
Total comprehensive income for the year		<u>(331,764)</u>	<u>-</u>	<u>(331,764)</u>
Balance at 31 December 2019		<u><u>3,777,415</u></u>	<u><u>42,369</u></u>	<u><u>3,819,784</u></u>

The accompanying notes form part of this financial report

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2019

	Note	2019 \$	2018 \$
Cash flows from operating activities:			
Receipts from members, tenants and others		2,001,239	1,834,676
Payment to suppliers		(2,058,573)	(1,907,997)
Interest received		779	2,064
Finance costs		(62,935)	(51,944)
Net cash (used in) operating activities		<u>(119,490)</u>	<u>(123,201)</u>
Cash flow from investing activities:			
Purchase of plant and equipment		(30,253)	(6,087)
Proceeds from sale of plant and equipment		-	1,581
Net cash (used in) investing activities		<u>(30,253)</u>	<u>(4,506)</u>
Cash flow from financing activities:			
Proceeds from loan from AMA federal		150,000	-
Proceeds from borrowings		1,714	-
Net cash provided by financing activities		<u>151,714</u>	<u>-</u>
Net increase / (decrease) in cash		1,971	(127,707)
Cash and cash equivalents at the beginning of the financial year		<u>512,569</u>	<u>640,276</u>
Cash and cash equivalents at the end of the financial year	6	<u><u>514,540</u></u>	<u><u>512,569</u></u>

The accompanying notes form part of this financial report

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

Australian Medical Association (SA) Inc. ("AMA(SA)") applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

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 Associations Incorporation Act 1985. AMA(SA) is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards and an association incorporated in South Australia under the Associations Incorporation Act 1985.

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

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

The financial statements for AMA(SA) were authorised for issue on the date of the Report of the Councillors.

Accounting Policies

(a) New and revised accounting standards effective at 31 December 2019

The new standards became applicable for the current reporting period as follow:

- AASB 15 Revenue from Contracts with Customers

AMA(SA) adopted AASB 15 Revenue from Contracts with Customers from 1 January 2019. AASB 15 provides (other than in relation to some specific exceptions, such as lease contracts and insurance contracts) a single source of accounting requirements for all contracts with customers, thereby replacing all current accounting pronouncements on revenue. The core principle of AASB 15 is that an entity recognises revenue to depict the transfer of promised goods or services to a customer in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. Under the previous accounting standard, AASB 118 Revenue, revenue from the sale of goods was recognised when the significant risks and rewards of ownership of the goods transferred to the buyer, and revenue from the rendering of services was recognised by reference to the stage of completion of the transaction at the end of the reporting period.

In accordance with the transition requirements of AASB 15, AMA(SA) has elected to apply AASB 15 retrospectively with the cumulative effect of initially applying the Standard recognised as at the date of initial application.

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(a) New and revised accounting standards effective at 31 December 2019 (cont.)

The following adjustments were made to the amounts recognised in the statement of financial position at 1 January 2019. Line items that were not affected by the changes have not been included.

	Notes	Carrying amounts previously reported at 31 December 2018	Reclassification	Carrying amounts under AASB 15 at 1 January 2019
		\$	\$	\$
Current assets				
Trade and other payables	a(i)	544,823	(203,014)	341,809
Contract liabilities	a(i)	-	203,014	203,014

(i) In relation to contracts previously accounted under AASB 118, AMA(SA) estimates the performance obligations satisfied up to date of initial application of AASB 15. State subscription in advance of \$203,014 were reclassified to contract liabilities.

The following table summarise the impacts of applying AASB 15 on the AMA(SA)'s Statement of Financial Position as at 31 December 2019 for each of the line items affected. Line items that were not affected by the changes have not been included.

	As reported	Adjustments	Amounts without application of AASB 15
Current assets			
Trade and other payables	474,374	192,982	667,355
Contract liabilities	192,982	(192,982)	-

Further details of the AMA(SA)'s accounting policies in relation to accounting for revenue from contracts with customers under AASB 15 are contained in Note 1(m).

(b) Income Tax

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

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

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

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

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(a) New and revised accounting standards effective at 31 December 2019 (cont.)

The following adjustments were made to the amounts recognised in the statement of financial position at 1 January 2019. Line items that were not affected by the changes have not been included.

	Notes	Carrying amounts previously reported at 31 December 2018 \$	Reclassification \$	Carrying amounts under AASB 15 at 1 January 2019 \$
Current assets				
Trade and other payables	a(i)	544,823	(203,014)	341,809
Contract liabilities	a(i)	-	203,014	203,014

(i) In relation to contracts previously accounted under AASB 118, AMA(SA) estimates the performance obligations satisfied up to date of initial application of AASB 15. State subscription in advance of \$203,014 were reclassified to contract liabilities.

The following table summarise the impacts of applying AASB 15 on the AMA(SA)'s Statement of Financial Position as at 31 December 2019 for each of the line items affected. Line items that were not affected by the changes have not been included.

	As reported	Adjustments	Amounts without application of AASB 15
Current assets			
Trade and other payables	474,374	192,982	667,355
Contract liabilities	192,982	(192,982)	-

Further details of the AMA(SA)'s accounting policies in relation to accounting for revenue from contracts with customers under AASB 15 are contained in Note 1(m).

(b) Income Tax

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

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

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

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

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(d) Property, plant and equipment (cont.)

Depreciation

The depreciable amount of all fixed assets is depreciated over their useful lives to the entity commencing from the time the asset is held ready for use.

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

Class of Fixed Asset	Depreciation Rates
Furniture and Equipment	20%-50%

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

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

Property - AMA House Suite No. 7

Property is generally revalued by an independent professional valuer on a triennial basis and when their carrying amounts are likely to differ materially downwards from their revalued amounts an impairment adjustment is made to profit or loss against the gross carrying amount of the asset.

AMA House Suite No.7 is owner-occupied and therefore classified as Property rather than Investment Properties. This class of assets are initially recognised at cost and then subject to annual impairment assessment.

(e) Investment Properties

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

Newland House and various AMA House suites class of assets are considered to be Investment Properties.

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(f) Leases

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

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

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

Lease income from operating leases where AMA(SA) is the lessor is recognised in income on a straight-line basis over the lease term (refer Note 17). The respective leased assets are included in the statement of financial position based on their nature.

(g) Financial Instruments

Recognition, initial measurement and derecognition

Financial assets and financial liabilities are recognised when AMA(SA) becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are measured initially at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Classification and subsequent measurement of financial assets

For the purpose of subsequent measurement, AMA(SA) classifies its trade and other receivables as financial assets at amortised cost upon initial recognition.

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables, which is presented within other expenses.

Subsequent measurement financial assets

After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. AMA(SA)'s cash and cash equivalents, trade and most other receivables fall into this category of financial instruments.

Trade and other receivables

AMA(SA) makes use of a simplified approach in accounting for trade and other receivables and records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, AMA(SA) uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

AMA(SA) assess impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. Refer to Note 7 for details of credit risk analysis of AMA(SA).

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(g) Financial Instruments (cont.)

Classification and measurement of financial liabilities

As the accounting for financial liabilities remains largely unchanged from AASB 139, AMA(SA)'s financial liabilities were not impacted by the adoption of AASB 9. However, for completeness, the accounting policy is disclosed below.

AMA(SA)'s financial liabilities include trade and other payables, borrowings and contract liabilities. Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs unless AMA(SA) designated a financial liability at fair value through profit or loss.

Subsequently, financial liabilities are measured at amortised cost using the effective interest method except for derivatives and financial liabilities designated at FVTPL, which are carried subsequently at fair value with gains or losses recognised in profit or loss

(h) Impairment of Assets

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

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

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

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

(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. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

(j) Accounts Receivable and Other Receivable

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

Refer to Note 1(g) for further discussion on the determination of impairment losses.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(k) Revenue

Revenue from the provisions of services is recognised upon the delivery of services to customers. Amounts which have been received but which are not due to AMA(SA) are recorded as a current liability in "Contract Liabilities".

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

(l) Employee Entitlements

Provision is made for the AMA(SA)'s liability for employee entitlements arising from service rendered by employees to balance date. Employee entitlements arising from wages and salaries, annual leave, superannuation and long service leave, have been measured at the nominal value. In respect of long service leave, provision is made for all employees with more than five years service.

(m) Comparative Figures

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

(n) 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.

(o) Accounts Payable and Other Payables

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

(p) Critical Accounting Estimates and Judgements

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

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

NOTE 2 REVENUE	Note	2019 \$	2018 \$
Operating Revenue			
- Member subscriptions		617,124	680,132
- AMA Skills Training		472,538	368,467
- Gala dinner income		63,676	71,186
- Rent		318,433	347,930
- Business development		63,553	68,885
- Commissions		8,708	10,331
- Membership, functions & associations		71,217	105,883
- Advertising (medical review)		137,466	147,041
- Sundry revenue		-	26,301
Other revenue			
- Interest		779	2,064
		<u>1,753,494</u>	<u>1,828,220</u>

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 3 OTHER EXPENSES FROM ORDINARY ACTIVITIES

	2019 \$	2018 \$
Accounting & audit fees	23,250	15,000
Finance costs	62,935	51,944
Computer costs	49,438	31,764
Labour hire fee - contractor	50,288	18,000
Travel and accommodation	10,176	9,446
Printing and stationery	12,743	4,397
Insurance	23,713	10,603
Postage	2,740	2,369
Repairs and maintenance	22,922	9,869
Telephone	12,114	11,755
Donation	10,382	10,050
Recruitment expenses	30,806	1,040
Sundry	30,750	97,180
	<u>342,257</u>	<u>273,416</u>

NOTE 4 INCOME TAX (BENEFIT) / EXPENSE

	2019 \$	2018 \$
a. The components of tax (benefit) / expense comprise:		
Deferred tax (benefit) / expense	(45,290)	13,220
	<u>(45,290)</u>	<u>13,220</u>
b. The prima facie tax on deficit before income tax is reconciled to the income tax as follows:		
Prima facie tax on deficit before income tax at 27.5% (2018: 27.5%)	(103,597)	(532)
Add/(Less)		
Tax effect of:		
- Non-Deductible Entertainment	17,154	18,963
- Net Non-Deductible Member Expenses / Income	13,598	(5,211)
- Impairment	27,500	-
- Non-Deductible Donations	55	-
	<u>(45,290)</u>	<u>13,220</u>

NOTE 5 KEY MANAGEMENT PERSONNEL COMPENSATION

	2019 \$	2018 \$
The total of remuneration to 5 key management personnel (KMP) of AMA(SA) during the year is as follows:		
Key management personnel compensation	<u>244,469</u>	<u>283,470</u>

NOTE 6 CASH AND CASH EQUIVALENTS

	2019 \$	2018 \$
Cash on hand	280	300
Cash at bank	514,260	512,269
	<u>514,540</u>	<u>512,569</u>
Reconciliation of cash		
Cash at the end of the financial year as shown in the Statement of cash flows is reconciled to items in the statement of financial position as follows:		
Cash and cash equivalents	<u>514,540</u>	<u>512,569</u>

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 7	TRADE AND OTHER RECEIVABLES	Note	2019 \$	2018 \$
	Trade receivables		25,927	52,566
	Less: Provision for doubtful debts	7a	(500)	(500)
	Other receivable		-	24,879
	Sundry debtors		4,400	8,418
			<u>29,827</u>	<u>85,363</u>

7a. Provision for doubtful debts

Movement in the provision for doubtful debts is as follows:

	2019	2018
Opening balance at 1 January	500	500
Net charge for the year	-	-
Closing balance at 31 December	<u>500</u>	<u>500</u>

The following table provides an explanation of AMA(SA)'s loss provisioning in respect to trade receivables under AASB 9.

	Not past due	30 days past due	60 days past due	Total
Expected loss rate	0%	0%	100%	
Gross carrying amount – trade receivables	25,491	-	436	25,927
Loss allowance	-	-	436	436

7b. Financial assets classified as loans and receivables

	2019 \$	2018 \$
Trade and other receivables		
- Total current	29,827	85,363
- Total non-current	-	-
	<u>29,827</u>	<u>85,363</u>
Financial assets	<u>29,827</u>	<u>85,363</u>

NOTE 8 OTHER CURRENT ASSETS

	2019 \$	2018 \$
Prepayments	<u>4,477</u>	<u>12,971</u>
	<u>4,477</u>	<u>12,971</u>

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 9	PROPERTY, PLANT AND EQUIPMENT	2019 \$	2018 \$
	AMA House Suite		
	Suite 7 at Cost	1,200,000	1,200,000
	Less: Impairment*	(100,000)	-
		<u>1,100,000</u>	<u>1,200,000</u>
	Total AMA House Suite	<u>1,100,000</u>	<u>1,200,000</u>
	Furniture and Equipment		
	Newland House - at cost	22,746	64,498
	less: Accumulated Depreciation	(14,258)	(51,561)
		<u>8,488</u>	<u>12,937</u>
	AMA House - at cost	114,812	109,669
	less: Accumulated Depreciation	(59,485)	(51,446)
		<u>55,327</u>	<u>58,223</u>
	Antiques and Paintings - At Valuation	64,539	64,539
	less: Accumulated Depreciation	(810)	(810)
		<u>63,729</u>	<u>63,729</u>
	Total Furniture and Equipment	<u>127,544</u>	<u>134,889</u>
	Total Property, plant & equipment	<u>1,227,544</u>	<u>1,334,889</u>

* The AMA House Suite No. 7 was independently valued in April 2019 by Jackman & Treloar Real Estate for \$1,100,000. The Council used this valuation to process an impairment adjustment expense of \$100,000 for the year ending 31 December 2019.

(a) Movements in Carrying Amounts	AMA House Suite Suite 7	Furniture and Equipment	Total
Balance at 1 January 2018	1,200,000	134,889	1,334,889
Additions	-	30,253	30,253
Disposals/write off	-	(6,787)	(6,787)
Depreciation expense	-	(30,811)	(30,811)
Impairment expense	(100,000)	-	(100,000)
Carrying amount at 31 December 2018	<u>1,100,000</u>	<u>127,544</u>	<u>1,227,544</u>

NOTE 10 INTANGIBLE ASSETS

	2019	2018
Website and database		
At costs	29,898	29,898
less: Accumulated Amortisation	(29,898)	(19,932)
	<u>-</u>	<u>9,966</u>

(a) Movements in Carrying Amounts	Website and database	Total
Balance at 1 January 2019	9,966	9,966
Additions	-	-
Amortisation expense	(9,966)	(9,966)
Carrying amount at 31 December 2019	<u>-</u>	<u>-</u>

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 11 Investment Properties	2019	2018
	\$	\$
Newland House		
Opening balance - 1 January	1,600,000	1,600,000
Gains on fair value adjustment	-	-
Closing balance (a)	<u>1,600,000</u>	<u>1,600,000</u>
AMA House Suite		
Opening balance - 1 January	2,520,000	2,520,000
Gains on fair value adjustment	-	-
Closing balance	<u>2,520,000</u>	<u>2,520,000</u>
Total Investment Properties** (b)	<u>4,120,000</u>	<u>4,120,000</u>

(a) Newland House is located at 80 Brougham Place North Adelaide and comprises predominantly leased medical and consulting offices.

(b) AMA House Suite is located at 161 Ward Street, North Adelaide and comprises predominantly leased medical and consulting offices.

** The Council has resolved that the current market value of its Investment Properties is representative of its carrying value at 31 December 2019.

NOTE 12 TRADE AND OTHER PAYABLES

	2019	2018
	\$	\$
CURRENT		
Trade payables	78,843	44,857
Federal subscription in advance	189,739	219,356
State subscription in advance*	-	203,014
Sundry creditors and accruals	1,625	4,353
Loan from AMA Federal	150,000	-
Land tax payable	9,087	42,600
PAYG payable	14,987	-
GST payable	30,093	30,643
	<u>474,374</u>	<u>544,823</u>

*2019 State subscription in advance has been recognised as contract liabilities, refer note 13 for details

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

Trade and other payables		
- Total current	474,374	544,823
- Total non-current	-	-
	<u>474,374</u>	<u>544,823</u>
Less subscriptions in advance	(189,739)	(219,356)
Less land tax payable	(9,087)	(42,600)
Less GST payable/(receivables)	(30,093)	(30,643)
Financial liabilities as trade and other payables	<u>245,455</u>	<u>252,224</u>

No collateral has been pledged for any of the trade and other payable balances.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 13 CONTRACT LIABILITIES

	2019	2018
	\$	\$
State Subscription in Advance	<u>192,982</u>	<u>-</u>
	<u>192,982</u>	<u>-</u>

Amounts relating to contract liabilities are balances received from customers before AMA(SA) has performed its obligation to provide services to the customers. As at 31 December 2019, contract liabilities included state subscriptions received in Advance.

NOTE 14 BORROWING

	2019	2018
	\$	\$
CURRENT*	49,144	-
NON-CURRENT**	1,152,570	1,200,000
	<u>1,201,714</u>	<u>1,200,000</u>

*Current borrowing include \$47,430 principal repayment due to be repaid from March 2020 to December 2020 and also \$1,714 credit card payables

**Security of the borrowings:

- 1st Registered Mortgage over Unit 3 & Unit 7, 161 Ward Street, North Adelaide, SA
- General Security Agreement (GSA) over the AMA(SA)
- Expiry / Renewal date for the facility with Westpac is on 31/3/2021

NOTE 15 PROVISION

	2019	2018
	\$	\$
Provision for Annual leave	62,281	-
Provision for Long service leave	11,156	-
	<u>73,437</u>	<u>-</u>

NOTE 16 TAX

	Opening Balance	Charge Directly to Equity	Recognised in Income	Closing Balance
	\$	\$	\$	\$
NON-CURRENT				
Deferred tax liability				
Fair value gain	361,736	-	-	361,736
Building improvement	(54,661)	-	613	(54,048)
Prepayment	-	-	308	308
Balance at 31 December 2018	<u>307,075</u>	<u>-</u>	<u>921</u>	<u>307,996</u>
Fair value gain / (loss)	361,736	-	(26,887)	334,849
Building improvement	(54,048)	-	-	(54,048)
Prepayment	308	-	(213)	95
Balance at 31 December 2019	<u>307,996</u>	<u>-</u>	<u>(27,100)</u>	<u>280,896</u>
Deferred tax assets				
Provisions	69	-	(4)	65
Deferred expenditure	-	-	-	-
Carried forward tax losses	140,839	-	(12,295)	128,544
Balance at 31 December 2018	<u>140,908</u>	<u>-</u>	<u>(12,299)</u>	<u>128,609</u>
Provisions	65	-	20,099	20,164
Deferred expenditure	-	-	6,602	6,602
Carried forward tax losses	128,544	-	(8,511)	120,033
Balance at 31 December 2019	<u>128,609</u>	<u>-</u>	<u>18,190</u>	<u>146,799</u>

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 17 OPERATING LEASE RECEIVABLES	2019	2018
	\$	\$
a. Operating Lease Receivables		
Leases as Lessor		
Minimum lease payments under non-cancellable operating leases for investment properties not recognised in the financial statements are receivable as follows:		
within one year	186,867	295,516
between 1 and 5 years	120,050	246,477
above 5 years	-	5,454
	<u>306,917</u>	<u>547,448</u>

NOTE 18 RESERVES	2019	2018
	\$	\$
Asset Revaluation Reserve (a)	-	950,950
De Crespigny Memorial Fund (b)	3,068	3,068
Listerian Oration Fund (c)	3,662	3,662
Frank S Hone Memorial Fund (d)	12,516	12,516
Southern Suburbs Medical Association (e)	19,709	19,709
North Western Suburbs Medical Practitioners Association (f)	3,414	3,414
	<u>42,369</u>	<u>993,319</u>
(a) Asset Revaluation Reserve		
Movements during the financial year:		
Opening balance	950,950	950,950
Transfers to retained earnings*	(950,950)	-
Closing Balance	<u>-</u>	<u>950,950</u>

*The asset revaluation reserve has been transferred to retained earnings at the beginning of the financial year because the reserve amount balance related to investment properties.

(b) De Crespigny Memorial Fund		
Movements during the financial year:		
Opening balance	3,068	3,068
Closing Balance	<u>3,068</u>	<u>3,068</u>

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

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

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 18 RESERVES (CONTINUED)	2019	2018
	\$	\$
(d) Frank S Hone Memorial Fund		
Movements during the financial year:		
Opening balance	12,516	12,516
Closing Balance	<u>12,516</u>	<u>12,516</u>

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

(e)&(f) Association Reserve		
Movements during the financial year:		
Opening balance of:		
Southern Suburbs Medical Practitioners Association	19,709	19,709
North Western Suburbs Medical Practitioners Association	3,414	3,414
Closing Balance	<u>23,123</u>	<u>23,123</u>

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

NOTE 19 RELATED PARTY TRANSACTIONS	2019	2018
	\$	\$
During the financial year there were no related party transactions:		
AMA(SA) engaged Mr John McLaren (a board member) during the year 2018 for professional services relating to branding and communication strategy development	N/A	3,500

Transactions between related parties are on normal commercial terms and conditions and no more favourable than those available to other parties unless otherwise stated. No interest is charged to or from related parties.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

NOTE 20 FINANCIAL RISK MANAGEMENT

AMA(SA) financial instruments consist mainly of deposits with banks, local money market instruments and loans.

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

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

	Note	2019 \$	2018 \$
Financial assets			
Amortised cost			
-Cash and cash equivalents	6	514,540	512,569
-Trade and other receivables	7	29,827	85,363
Total financial assets		<u>544,367</u>	<u>597,932</u>
Financial liabilities			
Amortised cost			
- trade and other payables	12	80,468	49,210
- borrowings	14	1,201,714	1,200,000
Total financial liabilities		<u>1,282,182</u>	<u>1,249,210</u>

NOTE 21 EVENTS AFTER THE REPORTING PERIOD

AMA(SA) operations have been affected by COVID-19, however the impact cannot be fully determined at this time. In response, AMA(SA) has sought to review and reduce its operating costs where possible, increased membership revenue through the consequential increase in demand for access to AMA(SA) services and resources, seek an extension to the term of repayment of its loan with Westpac, accepted one-off funding from the Department for Innovation & Skills for RTO's and also applied and became eligible for the Jobkeeper wage subsidy scheme and the ATO Cash Flow Boost for PAYG withholding stimulus payments.

The AMA House suffered a significant fire in May 2020. As a result there has been an insurance claim and new premises have been leased for 9 months while AMA House is repaired.

Other than this, there has been no matter or circumstance, which has arisen since 31 December 2019 which has significantly affected or which may significantly affect:

- The operations, in financial years subsequent to 31 December 2019;
- The results of those operations; or
- State of affairs, in financial years subsequent to 31 December 2019.

NOTE 22 CONTINGENT LIABILITIES

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

NOTE 23 ASSOCIATION DETAILS

The principal place of business is:
Australian Medical Association (SA) Inc.
Unit 7 AMA House
161 Ward Street
NORTH ADELAIDE SA 5006

REPORT OF THE COUNCILLORS

In accordance with section 35(5) of the Associations Incorporation Act 1985, the Council of Australian Medical Association (SA) Inc hereby states that during the financial year ended 31 December 2019

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

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

- The President of the Australian Medical Association (SA) Inc., Dr Chris Moy, appointed in May 2019 received an allowance of \$35,480 in carrying out duties on behalf of the Association
- The former President of the Australian Medical Association (SA) Inc., Prof William Tait, who resigned in May 2019 received an allowance of \$17,740 in carrying out duties on behalf of the Association.

- (b) no officer of the Australian Medical Association (SA) Inc. has received directly or indirectly from the Association any payment or other benefit of a pecuniary value


STATEMENT BY OFFICERS OF THE ASSOCIATION

In the opinion of the Councillors of Australian Medical Association (SA) Inc. and in compliance with Section 35(2)(c) of the Associations Incorporation Act 1985

- (a) The financial report as set out on pages 2 to 20 presents a true and fair view of the financial position of Australian Medical Association (SA) Inc. as at 31 December 2019 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
- (b) At the date of this statement there are reasonable grounds to believe that Australian Medical Association (SA) Inc. will be able to pay its debts as and when they fall due

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

President: 

Council Member: 

Dated this 30th June 2020

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AUSTRALIAN MEDICAL ASSOCIATION (SOUTH AUSTRALIA) INC.

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