



# AUSTRALIAN MEDICAL ASSOCIATION (SOUTH AUSTRALIA) INC.



## ANNUAL REPORT 2020

# AMA(SA) COUNCIL & BOARD 2020

## POSITION ON COUNCIL

<b>PRESIDENT</b>	
Dr Chris Moy.....	Jan to Dec 2020
<b>VICE PRESIDENT</b>	
Dr Michelle Atchison.....	Jan to Dec 2020
<b>IMMEDIATE PAST PRESIDENT</b>	
A/Prof William Tam.....	Jan to Dec 2020
<b>CHAIR</b>	
Dr Michelle Atchison.....	Jan to Dec 2020

## ORDINARY MEMBERS

Dr Daniel Byrne.....	Jan to Dec 2020
Dr Matthew McConnell.....	Jan to Aug 2020
Dr Penelope Need.....	Jan to Dec 2020
Dr Clair Pridmore.....	Jan to Aug 2020
Dr Rajaram Ramadoss.....	Jan to Dec 2020
Dr John Williams.....	Jan to Dec 2020
Dr Andrew Russell.....	Aug to Dec 2020
Dr Nimit Singhal.....	Aug to Dec 2020

## FEDERAL COUNCILLORS

State Nominee.....	Dr Chris Moy
.....	Dr Hannah Szewczyk (proxy)
Area Nominee SA/NT.....	Dr Michelle Atchison
Specialty Group Nominee (Physician).....	Dr Matthew McConnell

## REGIONAL REPRESENTATIVES

Dr Simon Lockwood - Northern.....	Jan to Dec 2020
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## PUBLIC HOSPITAL DOCTORS REPRESENTATIVE

Dr Nimit Singhal.....	Jan to Aug 2020
Dr Clair Pridmore.....	Aug to Dec 2020

## DOCTORS IN TRAINING

Dr Hannah Szewczyk.....	Jan to Dec 2020
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## MEDICAL STUDENT REPRESENTATIVES

Mr Jack Rumbelow.....	Jan to Dec 2020
Ms Matilda Smale.....	Jan to Dec 2020

## SPECIALTY GROUP REPRESENTATIVES

<b>ANAESTHETISTS</b>	
Dr Simon Macklin.....	Jan to Dec 2020
<b>DERMATOLOGISTS</b>	
Dr Patrick Walker.....	Jan to Aug 2020
<b>EMERGENCY MEDICINE</b>	
Dr Thiru Govindan.....	Jan to Aug 2020
<b>GENERAL PRACTITIONERS</b>	
Dr Bridget Sawyer.....	Jan to Dec 2020
<b>OBSTETRICIANS &amp; GYNAECOLOGISTS</b>	
Dr Jane Zhang.....	Jan to Dec 2020
<b>OPHTHALMOLOGISTS</b>	
Dr Edward Greenrod.....	Jun to Dec 2020
<b>ORTHOPAEDIC SURGEONS</b>	
Prof Edward (Ted) Mah.....	Jan to Dec 2020
<b>PAEDIATRICIANS</b>	
Dr Patrick Quinn.....	Jan to Dec 2020
<b>PATHOLOGISTS</b>	
Dr Shriram Nath.....	Jan to Dec 2020
<b>PHYSICIANS</b>	
Dr Andrew Russell.....	Jun to Aug 2020
<b>PSYCHIATRISTS</b>	
Dr Tarun Bastiampillai.....	Jan to Dec 2020
<b>RADIOLOGISTS</b>	
Dr Jill Robinson.....	Jan to Dec 2020
<b>SURGEONS</b>	
Dr Peter Subramaniam.....	Jan to Dec 2020

## EXECUTIVE BOARD

<b>CHAIR</b>	
Dr John Nelson.....	Jan to Dec 2020
<b>SECRETARIAT</b>	
Dr Samantha Mead.....	Jan to Dec 2020
Ms Claudia Baccanello.....	Jan to Dec 2020
<b>MEMBERS</b>	
Dr Michelle Atchison.....	Jan to Dec 2020
Dr Guy Christie-Taylor.....	Jan to Dec 2020
Dr Chris Moy.....	Jun to Dec 2020
A/Prof William Tam.....	Jan to Dec 2020
Dr Hannah Szewczyk (ex-officio).....	Jan to Dec 2020
Mr Andrew Brown.....	Jan to Dec 2020
Ms Megan Webster.....	Jun to Dec 2020

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# FROM THE CHAIR

## OVERVIEW

If there was an unsettled start to 2019, as mentioned in last year's report, the first half of 2020 was positively catastrophic. The twin assaults of pestilence and fire were a huge strain on AMA(SA). It is a testament to Dr Sam Mead and the Secretariat, the Council and my fellow Board members that we were not only able to carry on providing to our members and the community in general those services on which they have come to rely, but, through Dr. Chris Moy, we became a trusted and seemingly constant source of reliable COVID-related information and advice. Chris ploughed on through thick and thin, indefatigable, a real Duracell bunny!

## BOARD OBJECTIVES AND MEMBERSHIP

While the AMA(SA) governance review is making steady progress, there is yet to be any change in the fundamental structure of the Board and Council. The Board remains charged with overseeing AMA(SA) finances and the Secretariat. Together with Council, the Board is responsible for governance, while the Board has specific responsibility for corporate governance.

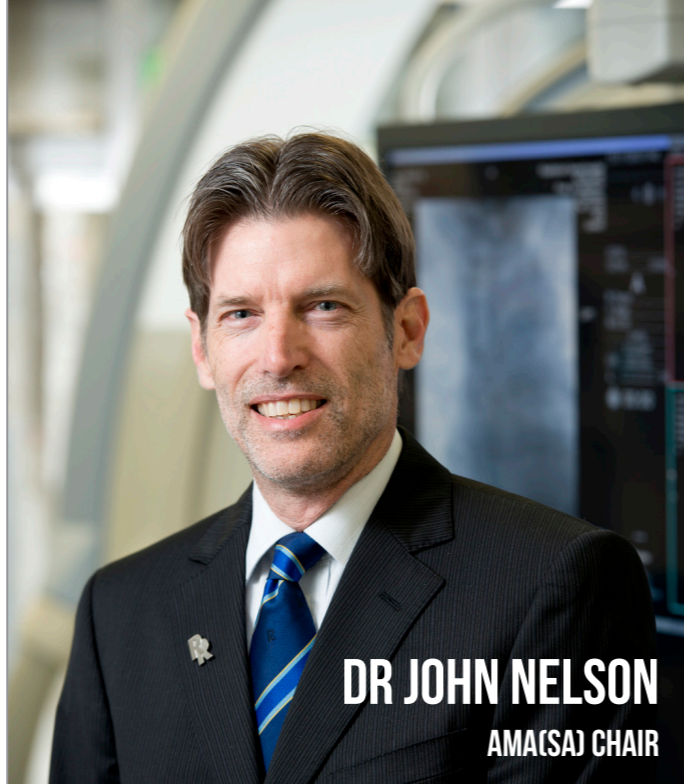
Executive Board membership was stable throughout 2020, with the notable exception of the appointment of Ms Megan Webster. There was an impressive list of applicants for the vacant position, and I would like to congratulate Megan once again for her appointment. Megan has a legal background and extensive board and governance experience. She has already proven to be a valuable contributor with her skill set perfectly complementing that of the incumbent members.

## FINANCES

The 'bottom line' for 2020 has been so influenced by changes to expenditure due to COVID and the AMA House fire, as well as the various government support packages and insurance payments AMA(SA) was eligible to receive, it cannot be relied upon for any guidance as to our medium or long term finances. You may recall there was a total operating loss of about \$330K in the 2019 calendar year. In 2020, income came in at \$2,000,089 and expenditure at \$1,873,809, therefore realising a profit of \$134,280.

Total equity on 31 December 2019 was stated in last year's report as more than \$3.8 million. The total equity as of 31 December 2020 was \$3.9 million, reflecting a slight increase. Following discussions with the auditors last year, and considering the unknown effects of the pandemic on property prices, the Board decided to take a conservative approach and retain the older valuations in the audited figures for 2020. After repairs to AMA House following the fire it is probable that the properties will increase in value during 2021.

Cash flow is likely to become tight in the latter part of 2021, as it did in 2019. There are contingency plans to cover such an issue should it arise.



**DR JOHN NELSON**  
AMA(SA) CHAIR

As discussed in last year's report, AMA(SA) is almost exclusively invested in property. The AMA House fire has obviously delayed any potential property sale, but the intention is to revisit a possible sale this year. Currently, AMA(SA), including AMA Skills Training, is working from rented premises, with some staff also working part-time from home. It is unclear if and when AMA(SA) may reoccupy AMA House.

## MEMBERSHIP

One would have hoped that the high profile of the AMA during 2020 and the tireless efforts of the Presidents and Vice Presidents both locally and federally in supporting and informing the profession and public may have resulted in increased membership. Alas, that has not transpired, but at least membership in South Australia is more or less stable. A report by Deloitte in 2020 commissioned by Federal AMA has identified several areas where the Federal and State and Territory AMA's may work together to reduce duplication, streamline and enhance member services, and generally render AMA a more meaningful, efficient, coherent and nimble organisation.

## AMA SKILLS TRAINING

There were clearly significant challenges to the face-to-face aspects of this registered training organisation in 2020. Registered student numbers fell at the commencement of COVID-19, but numbers increased once the community settled into working from home. As of February 2021 student numbers are back to pre-COVID levels with the delivery of training now a mix of face-to-face and webinars. AMA Skills Training is a significant contributor to income and cash flow.

In closing, my thanks go once again to our President, Dr Chris Moy, and my fellow Board members for their invaluable help and guidance throughout 2020; the Council for its unwavering support; and Dr Sam Mead and staff for getting us through the challenges of 2020 without skipping a beat.

# FROM THE CEO

In the 2019 Annual Report, we documented the great many changes that had occurred during the 12 months of 2019. There was an assumption that, based on the law of averages, the following year would bring less change. How wrong could we have been!

There is no question that 2020 has been one of the most challenging years in recent history, not just for AMA but for the entire world. If there is an upside to 2020 it is that it has taught us how quickly we can adapt to change.

When I think back to the beginning of 2020, I remember the devastating fires that directly and indirectly affected so many people in this state and across Australia. As a membership organisation and advocate for public health, AMA(SA) mobilised to help the many doctors supporting their communities: some were involved as first responders and were likely to be traumatised by the experience, others had their own properties damaged, and all were looked upon as sources of guidance and therapy in the immediate aftermath and months of recovery.

To help our members, the AMA campaigned for resources to assist with the ongoing mental and physical impacts of emergencies and that would help provide support through organisations such as DRS4DRS. At the same time, we advocated for better protocols to enable doctors to work effectively with emergency services and to recognise the important roles GPs play in supporting fire-ravaged communities.

In the early weeks of 2020 we also started to hear more about the spread of a novel coronavirus: the dreaded COVID-19. Like all businesses around the country, AMA(SA) jumped into action, evaluating and mitigating risks and introducing and adapting to new practices.

We had perhaps never been busier as we helped inform the community about the public health response and supported our members as they tackled challenges on almost every front - personal, professional, social and economic.

In May, our organisation faced its own challenges with a random arson attack badly damaging AMA House. It occurred while



**DR SAMANTHA MEAD**  
AMA(SA) CHIEF EXECUTIVE OFFICER

staff worked from home due to the pandemic, so the impact on workflow was minimal. When temporary premises were found at Fullarton Road, Dulwich, staff returned to working as a team in these new premises, still within the overarching pandemic environment. These challenges demonstrated time and again how much we can achieve when we pull together.

The AMA(SA) Culture and Bullying Summit was staged in February, and despite lockdowns and other pressing health issues we maintained efforts after the Summit to push for culture change in the public health system and support doctors' wellbeing. Other important work has also continued, including advocating for resources to improve conditions for rural doctors and to support clinicians at the Women's and Children's Hospital in a time of flux.

We are fortunate to have a fantastic team working for the AMA. Staff members, in concert with our President Dr Chris Moy, ensured the work of the AMA continued without missing a beat. Underpinning everything we do are our Council and the Executive Board, chaired by Dr Michelle Atchison and Dr John Nelson respectively. Their time, commitment and expertise has been invaluable. Last but certainly not least, I thank our members, who have been at the centre of so many of the year's challenges but have continued to work for patients and healthcare throughout this most memorable year.





**DR CHRIS MOY**  
AMA(SA) PRESIDENT

## FROM THE PRESIDENT

Fire, flood and pestilence prevailed. In the year of 2020, the AMA South Australia was displaced from its offices by arson, while at the same time inundated by demands in being central to the response to a pandemic which turned the world upside down. As I write this, we have just learned that the offices not yet refurbished after the fire have been flooded. Yet despite these extraordinary challenges, the organisation not only showed a calm resilience, but grew stronger in influence and respect throughout the year. In a time where there was bewilderment and anxiety, the AMA(SA) established itself as a reassuring constant in the eyes of the South Australian community, while being able to lead and support the profession as it faced unparalleled events.

The year started with the need to support members and communities affected by massive bushfires. An AMA(SA) summit on culture and bullying in health held in February – which has led to tangible changes in government policy and legislation in South Australia – also marked the beginning of the sustained and ongoing period of intense intervention, leadership and advocacy from this organisation in responding to the COVID-19 pandemic. If this weren't enough, a fire at AMA House caused major structural damage and – when 'working from home' restrictions lifted – forced a relocation of staff to temporary offices in Dulwich.

Throughout this undeniably stressful period, the organisation not only stayed steady but thrived. The connection with members became stronger, in particular with the next generation that we hope will take the AMA(SA) into the future. Relationships with key stakeholders were rekindled or grew stronger. The link between a strong media profile and influence has never been more apparent. And, among this tumult, and in spite of the difficulties posed by the sudden turn to online learning, AMA Skills Training held its own.

I was so fortunate to have Vice President Dr Michelle Atchison by my side throughout this time. I am indebted to all the members of the AMA(SA) Council who rose to the occasion and who offered critical advice and support in navigating unprecedented situations in 2020. In particular, I would like to thank Dr Hannah Szewczyk and Dr Bridget Sawyer who chaired the re-booted AMA(SA) Doctors in Training Committee and AMA(SA) Committee of General Practice respectively.

From a governance perspective, Dr John Nelson personified the wisdom and calmness of the AMA(SA) Board that steered the organisation through perilous waters to keep it safe in the present while planning for a future of vibrancy and increased connection with members. This included a reassessment of resource and asset allocation, as well as support for the ongoing review of an AMA(SA) constitution that must provide a solid and modern foundation for an organisation that aims to represent the needs of members.

I cannot commend or thank AMA(SA) CEO Dr Samantha Mead enough for her leadership of our wonderful AMA(SA) staff in a period when they rode through upheavals and instability to carry out their jobs, and do the organisation proud at every

step. To this end I would like to specifically thank Senior Policy, Media and Communications Advisor Karen Phillips, and Claudia Baccanello, Assistant to President and Executive, for their support of me as President and for emphasising the effectiveness of AMA(SA) in being instrumental in the election of Dr Omar Khorshid and me to the roles of Federal AMA President and Vice President respectively in August.

In approaching the end of my time as AMA(SA) President, and as somewhat of an accidental leader, I would like to express my thanks for how supported I have been, and for how much I have learnt, from all those associated with this organisation. This time of crisis was one in which the importance of



From left: AMA(SA) President Dr Chris Moy, AMA President Dr Tony Bartone, AMA(SA) Vice President Dr Michelle Atchison and AMA Vice President Dr Chris Zappala during an AMA(SA) Council meeting in Adelaide

AMA(SA) was confirmed to both the profession and the South Australian community. Writer Jessica Lave expanded on a well-known quote when she wrote: 'When the chips are down, you are given the chance to find the strength you never knew you had and put it toward the greater good. Or go over to the dark side. You know, if that's how you roll.'

In 2020, when the chips were down, the entire AMA(SA) – its Council, Board, Secretariat, leadership and, most importantly, membership found the strength that it perhaps did not know it had, to show the way to a greater good.



Dr Moy mediates a panel discussion during the AMA(SA) Culture and Bullying Summit in February 2020

## TICKET TO LEADERSHIP

President of the AMA in South Australia Dr Chris Moy was elected as national Vice-President in the Federal AMA elections in June.

Dr Moy assumed the vice-presidency after running on a 'joint ticket' with Perth surgeon Dr Omar Khorshid. He is the first South Australian to hold the position since 2003.

Dr Khorshid and Dr Moy were voted into their roles during the AMA's online National Conference on 1 August 2020.

As Dr Moy wrote shortly after the election, the pair's 'shared vision for a better, stronger, more approachable and inclusive AMA seemed to strike a chord with delegates across the country'.

As border restrictions limited cross-border travel for most of 2020, Dr Khorshid and Dr Moy fulfilled most of their many Federal AMA and media commitments through Zoom and other online meeting platforms.



Dr Moy prepares to address delegates before the Federal AMA election in August 2020 (above) and (below) with running mate and AMA President Dr Omar Khorshid



# OUR YEAR

It is likely that there has never been a year dominated by a health issue in Australia as 2020. The emergence of the COVID-19 virus in January, quickly followed by increasing awareness of what its impacts could be on the country, its people and its health practitioners, shocked everyone. Also surprising was how the Australian Government, and the states and territories, perceived and managed pandemic-related issues very differently, with equally diverse results. It quickly became apparent that doctors and other health experts would have to argue long and loudly to ensure broad understanding that management of the health impacts was the best way to manage all ramifications – health, social and economic – in the long term. At state and national levels, the AMA took on this responsibility, and became an oft-heard voice advocating for doctors' and patients' concerns.

The pandemic brought pain and challenges for doctors, their staff and families, and their patients. Ageing Australians, and people in hospital, could not receive visits from their loved ones. Surgeries were delayed. Medical and health staff were overworked in some hospitals; unable to work in others. Insufficient access to personal protective equipment (PPE) was an issue still being debated at the end of the year.



Dr Walsh's period as Chair will be remembered for many reasons – not least his painting of an owl, *Are You Looking At Me?*, which AMA(SA) President Dr Chris Moy bought as a mark of respect and donated to AMA(SA). The painting will be hung in appreciation of Dr Walsh's years of service as Chair.

But in South Australia, as in few other places in the world, our leaders listened to and heeded science, evidence and medical advice. AMA(SA) President Dr Chris Moy, whose face and voice became well-known during the pandemic, repeatedly asked South Australians to keep calm, follow advice about social distancing and other measures, and stay safe. AMA(SA) Councillor Dr Danny Byrne was appointed the first SA Health GP Liaison, a position that became critical in ensuring GPs were prepared to help their patients confront pandemic and other health issues. And across the state, AMA(SA) members embraced innovations such as telehealth to minimise the impact of the pandemic on their patients and communities.

The pandemic also affected AMA(SA) internal operations, with events such as the annual Gala Dinner and Life Members' gatherings cancelled or delayed according to state health guidelines.

For more about AMA advocacy in the pandemic, please see page 12.

## NEW CHAIR FOR AMA(SA) COUNCIL

Vice President Dr Michelle Atchison was elected unopposed as Chair of the AMA(SA) Council after Dr David Walsh resigned from the position in February 2020.

## AMA(SA) CULTURE AND BULLYING SUMMIT

Politicians, government officials, administrators and partners from across the health system joined doctors and medical students at the University of Adelaide's Health and Medical Sciences Building on 29 February 2020 for the AMA(SA) Culture and Bullying Summit.

The Summit followed Dr Moy's appearance with AMA(SA) CEO Dr Samantha Mead before the Parliamentary Inquiry into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services on 13 September 2019.

Dr Moy told the Committee that the AMA(SA) would stage a 'bullying summit' in early 2020 at which South Australian health sector leaders would explain the extent of bullying and harassment in the state's public health system, identify the key issues and causes, and demand that 'bullying must stop'.

South Australian Health and Wellbeing Minister Stephen Wade and Chief Public Health Officer Professor Nicola Spurrier found time to attend, despite the ever-increasing threat posed by 'the coronavirus', and were joined by more than 100 of the state's leading health and medical minds and leaders.

Dr Hannah Szewczyk, chair of the AMA(SA) Doctors in Training Committee, began by outlining 2019 Hospital Health Check statistics to indicate the impact of workforce factors such as access to leave and professional development opportunities, rostering and overtime, and bullying and harassment.

Comments during the Summit and subsequent discussions with SA Health and the Minister led to what is thought to be a unique approach to eliminating bullying in Australia: including health workplace culture and its impacts on employees as Local Health Network board responsibilities in legislation.

## AMA HOUSE FIRE

The AMA(SA) Secretariat staff were working from home when fire caused extensive damage to AMA House in May.

The fire, which was believed to have been deliberately lit, caused in excess of \$6 million damage to the building. Significant structural damage required staff to move to temporary premises in Dulwich when lockdown restrictions allowed them to work together in the office.

Because of the lockdown, staff had moved their computers and other essential equipment from the Ward Street premises to their homes when they began working from home on 26 March. No one was in the building during the fire.

In media and other statements, AMA(SA) CEO Dr Samantha Mead acknowledged the distressing impact on other tenants and their patients.

It is expected that staff will return to AMA House in mid-2021.

## INDIVIDUAL HONOURS

AMA(SA) members were thrilled when local member and ophthalmologist **Dr James Muecke AM** was named Australian of the Year for his work in increasing awareness of the dangers of sugar in causing diabetes-related blindness.

Despite the limitations imposed by state and international lockdowns and travel restrictions, Dr Muecke used his national platform to help doctors and patients realise the risks posed by sugar, and to extend campaigning for a sugar tax.

**Professor Edward (Ted) Tuckseng Mah** received the Public Service Medal (PSM) for outstanding public service to public health in South Australia for more than 25 years. Prof. Mah was a faculty member in Flinders University's College of Medicine and Public Health and in 2019 received the AMA(SA) Award for



Dr Edward (Ted) Mah

Outstanding Service in Medicine for his teaching research in, and the practice of, orthopaedic surgery.

AMA(SA) Life Member **Dr Walter John Russell**, a long-serving member of the anaesthetics department at the Royal Adelaide Hospital, was recognised as a member of the Order of Australia (AM) for his research into the causes and prevention of hypersensitivity reactions to anaesthetics.

In the 2020 Queen's Birthday Honours, **Dr Susan Neuhaus CSC AM** was recognised for her significant service to medicine, to community health, and to veterans and their families.



Dr Susan Neuhaus CSC AM

Adelaide Medical School graduate **Dr Sarah Short** was named the University of Adelaide's 112th recipient of a Rhodes Scholarship. Having worked with a team led by Professor Toby Coates at the University of Adelaide to improve outcomes for type 1 diabetes patients by transplanting insulin-producing islet cells, Dr Short explored surgical approaches to treating diabetes, combining plastic surgery and transplantation medicine, including transplanting islet cells created by a 3D printer.

## STUDENT MEDAL WINNERS

Dr Moy presented the AMA(SA) Student Medal to joint winners **Liam Ramsey** and **Matilda Smale** of the Flinders University Medical School. Dr Ramsey served as the Flinders Medical Students' Society president in 2020, while Dr Smale was the university's representative on AMA(SA) Council; both dedicated many hours to helping their peers through the additional challenges posed by the pandemic.

COVID-19 restrictions have prevented the Adelaide Medical School staging its graduation ceremony until mid 2021.



Dr Sarah Short

# OUR YEAR



AMA(SA) member Dr James Muecke AM spent much of his year as the 2020 Australian of the Year educating his country about the devastating health impacts of excessive sugar consumption.

The Adelaide ophthalmologist is known widely for his campaign to reduce sugar consumption as a means of reducing the incidence of type 2 diabetes and the blindness that can result. As Australian of the Year, he was forced to 'appear' at many of the planned events and speaking engagements, and deliver his message, via online technology rather than in person.

Dr Muecke used his national platform to report that more than 150,000 Australians now have sight-threatening eye disease due to diabetes. Type 2 diabetes makes up close to 90 per cent of all cases, but is a largely preventable dietary disease due to the consumption of too much sugar in our modern diet.



Professor Michelle Tuckey of the UniSA's Centre for Workplace Excellence was the keynote speaker at the AMA(SA) Culture and Bullying Summit on 29 February 2020.

Professor Tuckey told the gathering of more than 100 representatives of South Australia's health sector that bullying is usually a symptom of workplace systems, structure and processes.

AMA(SA) President Dr Chris Moy subsequently worked with Health and Wellbeing Minister Stephen Wade and SA Health to develop legislation that allocates responsibility for workplace culture and staff safety and wellbeing to Local Health Network boards. The legislation is expected to take effect in mid-2021.



A fire at AMA House on 6 May 2020 caused more than \$6 million damage.

While no one was in the building at the time, the fire caused significant damage to tenants' premises on the ground and first floors, with distressing ramifications for doctors, staff members and patients.

AMA(SA) offices on the second floor were severely affected by smoke and ash. There was little disruption to operations, as staff had been working from home due to the pandemic. They relocated to temporary premises when restrictions eased, and are likely to return to AMA House in mid 2021.



AMA(SA) is continually seeking suitable alliances to benefit members and the organisation.

In April 2020, an opportunity arose to work with South Australian medical device supplier Austofix to help members access supplies of personal protective equipment (PPE) in the pandemic.

CEO Dr Samantha Mead – pictured with Austofix CEO Chris Henry – welcomed the chance to help members meet their specialised needs when doctors and other health practitioners were struggling to find enough masks and other PPE.

Photo courtesy The Advertiser



# AMA(SA) ADVOCACY

From frequent, ongoing discussions with health and policy decision makers at the state and federal levels, all the way to the Prime Minister, the AMA has been a vital, valued and respected contributor to determining what must happen to keep Australians safe in a year dominated by the COVID-19 pandemic.

## COMBATTING CORONAVIRUS

While much of the advocacy work occurred at a national level, the election of AMA(SA) President Dr Chris Moy to the federal vice-presidency meant that much of the advocacy effort came jointly from the federal and state offices. Dr Moy became a well-known commentator on television and radio, as well as in printed media, with most interviews conducted via Zoom and other online platforms from his home or office.

Some of the developments of AMA advocacy were visible and immediately beneficial, such as the broad adoption of telehealth consultations. The breakthrough agreement that

first enabled doctors to consult via telehealth to patients at greatest risk of the impacts of COVID-19 was, over the matter of days, expanded to more consultations with more patients for general practitioners and other medical specialists. Telehealth measures that the AMA worked with Health Minister Greg Hunt to establish are up and running. More than 125,000 consultations were conducted by phone or video on the first day of Medicare Benefits Schedule backing. It is likely that one of the improvements to the health system that emerge from fighting COVID-19 will be the acceptance of telehealth as an integral, common-sense and economically viable element.

Another essential weapon in doctors' arsenal has been personal protective equipment (PPE). The issue continued to concern health practitioners as late as December, with questions about airborne transmission still unanswered. AMA arguments for more and effective PPE aimed to ensure health practitioners could do their jobs safely, without increasing the risk to themselves and, eventually, to their families.

As it became clear that Australia must be ready to deploy as many hospitals as possible to care for infected patients and for other sick and injured people, the AMA engaged in complex negotiations between state and federal

governments – and with public and private hospitals, private specialists, insurers and others – so that private hospitals, medical practitioners and other healthcare workers could continue working without long-term impacts on their health or financial security.

Similarly, it was clear that Australia would need more doctors and nurses. The AMA was instrumental in conversations with the government, universities and other groups to enable medical students, junior doctors and retired doctors to support the health system in ways that did not compromise their health, safety or career progression.

In the early days of the pandemic it was a shock to learn that life insurers were intending to withdraw coverage for medical workers who become ill or die due to COVID-19. Dr Moy personally campaigned against this – including with some very pointed remarks in the media – and demanded that if this were the case, Australian governments must introduce 'death in the line of duty' compensation.

As the pandemic continued, Dr Moy and others led work to ensure that electronic prescriptions became available and could be delivered and monitored effectively and safely.

Other outcomes of AMA advocacy included a doubling of the Practice Incentive Payment that supported practices employing receptionists, nurses, and other ancillary staff in keeping their doors open during the lockdown, and ensuring that members be eligible for government business support initiatives such as JobKeeper incentives. Behind the scenes, AMA(SA) helped the state and federal government arrange webinars to keep GPs informed and develop clear, calm, evidence-based messages to their audiences; and supported the Adelaide Medical Students' Society and Flinders Medical Students' Society in their efforts to help medical students manage the impacts of the pandemic on their placements, course work and graduation requirements.

## OTHER ADVOCACY

### AT THE FRONT

As South Australians in the Adelaide Hills and on Kangaroo Island struggled with bushfires and their aftermath, AMA(SA) members led and supported

community efforts across the state to help victims of the fires directly and indirectly recover from the fires.

Doctors with experience in mental health, general practice and burns recovery were joined by those in other fields in contributing to efforts to rehabilitate communities. Member Dr Hugh Allen of Woodside, whose home and practice were threatened, pointed out that surgeries and other health clinics became natural meeting places for people to be physically and emotionally 'patched up'. He predicted that doctors would be helping patients heal for some time to come.

### A LINE IN THE SAND TO STOP BULLYING

Nation-leading legislation that allocates responsibility for workplace culture to Local Health Network (LHN) boards was the culmination of debate at the AMA(SA) Culture and Bullying Summit in February 2020, and subsequent discussions with SA Health and the Minister for Health and Wellbeing.

Dr Moy's negotiations led to legislation that sets out the role of LHN Boards to promote and ensure psychosocial health and wellbeing in the workplaces for which the Boards are responsible.

Legislative amendments bring LHN boards in line with their corporate counterparts in having to care for their greatest asset: their workforce.

The Health Care Governance Amendment Bill 2020, which is expected to become law in mid-2021, now reads that each Board, which reports to the SA Health Chief Executive, is responsible for ensuring that a hospital in its jurisdiction:

- i. promotes a healthy workforce culture for and among staff employed to work within the incorporated hospital; and
- ii. implements measures to provide for and promote the health, safety and wellbeing of those staff within the workplace (including the psychosocial health, safety and wellbeing of staff); and
- iii. implements policies issued by the Chief Executive on workforce health, safety and welfare (including policies on workforce harassment and bullying), so far as those policies apply to the incorporated hospital.



Left: AMA(SA) President Dr Chris Moy stood with Attorney General Vickie Chapman to announce that parliament would consider a Bill to decriminalise abortion. Above: Dr Moy and AMA(SA) member Associate Professor Rosalie Grivell – pictured with Ms Chapman and Human Services Minister Ms Michelle Lensink (far left) and Professor Katina D'Onise of Wellbeing SA (far right) – briefed politicians and advisors about the Bill and how in transferring abortion from criminal to health law it treated abortion as a women's health issue.

### STATE FUNDING

Rural health was among the items AMA(SA) identified in late 2019 as needing a large injection of funds in the 2020-21 State Budget.

Funding for public hospitals – including for the RAH and the new Women's and Children's Hospital – were also priority items in the AMA(SA) 'Budget wish-list'.

However, by the time the Budget was made public in November, it was clear the pandemic would have long-term ramifications for health funding, including on the availability of funds for infrastructure and services across the state.

Dr Moy represented AMA(SA) in the State Budget lock-up on 10 November. In comments to the media after the lock-up, he said the Budget acknowledged the efforts of healthcare workers to 'avoid a lot of pain' caused by COVID-19, but that allocated funding for capital works must include hospitals and other health services to ensure the work could continue throughout and beyond the pandemic.

### CARING FOR THE AGED

At federal and state levels, the AMA argued strongly for more funding for Australia's ageing population, including in facilities in the spotlight due to the Royal Commission into Aged Care Quality and Safety.

Pandemic restrictions amplified members' concerns about conditions in aged-care facilities and the services available to all ageing people. Dr Moy argued that in recent years he has seen facilities' management shift their focus from patient-centred factors such as staff ratios, food and other services to economic and compliance matters.

### COMMUNICATING CARE

The AMA(SA) magazine, *medicSA*, was dominated by articles about members' and systemic responses to challenges posed by COVID-19. However, AMA(SA) members' efforts in advancing other causes was captured in pieces about reversing the medical 'brain drain', a commitment to funding for the new Closing the Gap agreement, and how South Australia is staking a claim as a base for a world-renowned clinical trials industry.

The pandemic led to *medicSA* being published online instead of in a printed format. For environmental and economic reasons, and in the light of member feedback, the magazine will continue to be published online, with limited printed copies available for promotional purposes.



The face and voice of Dr Moy became increasingly recognisable during the pandemic. Already a frequent contributor to radio and television discussion of health issues – such as when asked to discuss the Budget on ABC regional radio with presenter Narelle Graham (above right) – Dr Moy found his media commitments multiply as he, and the AMA, were sought for independent, informed and evidence-based opinions about COVID-19 and its impacts on doctors, patients and the health system.

# 2020 LIFE MEMBERS

Eight of South Australia's long-time AMA members were recognised with life memberships in 2020.

Pandemic restrictions and the need for strict health and safety protocols forced the postponement of celebrations until early 2021.

Life membership of the AMA may be bestowed after 50 years' membership, and reflects a career of service and commitment to the organisation and the medical profession.

New Life Members are:

- » Ophthalmologist Professor John Crompton AM
- » Psychiatrist Dr Carmine De Pasquale
- » General practitioner Dr John Hill
- » ENT specialist Dr Neville Minnis
- » Physician and gastroenterologist Dr Firoze Narielvala
- » Geriatrician A/Prof Robert Penhall
- » Ophthalmologist Dr John Whitford
- » ENT specialist Dr David Williams.



# COMMITTEE OF GENERAL PRACTICE

It is 18 months since the AMA(SA) Committee of General Practice was re-convened, with me as chair and Penny Need as vice-chair. The initial group of 11 recently increased with two new members, including one GP representing Doctors in Training.

We are ably supported by Catherine Waite of the AMA(SA) Secretariat, who took on the role after the departure of Heather Allanson during 2020.

Time has been spent establishing terms of reference and protocols, and understanding committee members' political, academic and clinical interests. Along with everyone else, we have adapted to Zoom meetings. Our rural and remote members appreciate the format as we are all, finally, attending and participating with the same constraints.

The roles of the committee are to:

- » review AMA policies from a GP perspective
- » advise the AMA as to our view of those policies
- » review potential legislative changes, AMA standards and

requests from the broader health community

- » participate in forums relevant to our craft group.
- As you can see, we have a wide-ranging brief.

Recent areas of discussion and review include COVID protocols, provision of telehealth, GP training, issues concerning the rural and remote workforce, RACGP advocacy, 'Hospital in the Home', driving medicals, and flu vaccine availability and distribution.

As an AMA Council of General Practice (AMACGP) federal representative, I am also able to advocate South Australian GPs' views on policy and direction during the regular federal meetings held throughout the year. The current focuses of our attention are the Australian Government's 10-year primary plan, for which the [AMA has provided significant recommendations](#) and the [Aged Care Royal Commission report](#).

At our last AMA(SA) CGP meeting of 2020, held online on 4 November, Dr Roger Sexton spoke about Ahpra's (Australian Health Practitioner Regulation Agency) changing approach to dealing with complaints against medical practitioners, and in particular how complaints are assessed to allow vexatious complaints to be resolved more rapidly. As a committee we are aware of the support our GP colleagues may need if they are the subjects of complaints, as well as in a wide range of

clinical or administrative areas.

The AMA(SA) CGP will be contacting all GPs in the state in 2021 to outline the specific areas of interest of each current committee member, including our other committee memberships. We hope that by getting to know us a little better, members will have direct points of contact should they need to speak to colleagues about any problem or query.

The Committee welcomes any GP who is an AMA member and wishes to join the AMA(SA) CGP to contact us via the Secretariat. It is a valuable and extremely satisfying means of adding a voice to and contributing to the AMA's valuable advocacy in South Australia and around the country.

**Dr Bridget Sawyer**

## 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)
- Dr Colin Goodson

# HISTORY COMMITTEE

The History Committee held its first meeting at the beginning of 2020 in AMA House. It was business as usual, looking at how to maintain and include all the information that is linked to the Australian Medical Association in South Australia. Little did we know at that time that 2020 was to become an historic year for all the wrong reasons. While the effect of COVID-19 had far-reaching effects, it was the fire in the early hours of 6 May that created the biggest impact from an historical point of view.

In the early hours of May 2020 there were reports of two minor fires in the North Adelaide area, and an arsonist was suspected to be responsible for both. While significant, nothing could

have prepared us for the news that the fire was engulfing AMA House. Firefighters and investigators at the scene determined that the fire was started in the bins that sit in the basement carpark of the building. Once alight, the fire spread high into the building through the air conditioning ducts.

The intensity of the fire was such that the structure of the ground floor slab was damaged by the heat, and the ground-floor interior completely destroyed. The first floor suffered partial damage and the second, the home to the AMA(SA) Secretariat, was covered in smoke and ash. This was potentially devastating, but we were to learn that luck went our way and none of our prized collections were damaged. Insurance covered the cleaning and restoration of all works to their former glory, and we look forward to again having these adorn our walls when we return to a fully refurbished building in mid-2021.

Throughout this period the work of the committee did not stop, with one meeting taking place in the chair's living room and the others in the Secretariat's temporary premises at 175 Fullarton Road, Dulwich. To sum up: while unexpected, 2020 was definitely one for the AMA(SA) history books!

**Dr Tom Turner**

## COMMITTEE MEMBERS

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



The first gp webinar, staged according to pandemic restrictions at AMA House



# DOCTORS IN TRAINING

The AMA(SA) Doctors in Training Committee started 2020 by holding the AMA(SA) Culture and Bullying Summit on 29 February. The Summit was an initiative of AMA(SA) President Dr Chris Moy, who is passionate about improving the long-lasting cultural issues that are confronted by so many people in medicine. These issues are particularly relevant to doctors in training, who often bear the brunt of bullying, poor culture, unpaid overtime and over-work as they are often unable to speak out due to fear of negative impacts on their career and progression through training.

The results of the 2019 AMA(SA) Hospital Health Check Survey were used to inform the Summit audience. Key findings were presented, including statistics that indicated high rates of bullying and harassment at South Australia's three major teaching hospitals, with consultants reported as the most common perpetrators. Unpaid overtime was the biggest issue reported by respondents, with cultural issues underlying this problem. The survey found that doctors are often explicitly told not to claim their overtime or that obstacles make it near impossible to claim these hours. Many participants reported they did not claim unrostered overtime for fear of the negative consequences this might have. The full 2019 Hospital Health Check Survey report can be found on the AMA(SA) website.

The overwhelming response to the 2019 Hospital Health Check findings led to high expectations for the 2020 survey, conducted in November. This year we included additional questions pertaining to COVID-19, including perceptions of support and communication during the pandemic and access to personal protective equipment and fit testing. At the time of writing, we are reviewing the data, which will be summarised in a report to be made available on the AMA(SA) website. We plan to run the Hospital Health Check Survey annually, to measure and evaluate change and any responses to our issues that may be implemented. We hope to find that doctors are reporting improvements in hours worked, unpaid overtime, workplace culture, access to leave; less

exposure to bullying and harassment; and better teaching and supervision. Through the results, we will continue to identify hospitals that underperform. Not only can we compare local results year-to-year, but we can also assess how South Australian hospitals compare to interstate hospitals, as many states and territories run similar surveys addressing the same criteria.

No sooner did the Summit finish in February than the World Health Organization declared COVID-19 a global pandemic. All energy and focus shifted. The pandemic had far-reaching impacts on the medical workforce but there were consequences specific to doctors in training. Junior doctors rallied. They were willing to have their rotations changed and provide services where they were needed, putting their career goals on hold for the time. Luckily in South Australia the number of COVID-19 cases has not been high, so redeployment was not widespread.

In fact, the more significant problems experienced by junior doctors in 2020 related to training and assessment. Initially colleges delayed exams, so that trainees could not progress through training; this had the flow-on effect of colleges not accepting new doctors into their training programs. Following a period of uncertainty, this was rectified with later examinations and intakes. In the meantime, however, doctors who had engineered their lives around sitting high-stakes exams had their plans upended by exam delays and rescheduling and technological problems. Combined with the additional stresses of the pandemic, these issues caused a great deal of anxiety and distress for individuals and their families. The Federal AMA Council of Doctors in Training (AMACDT) advocated in response to these issues and worked with the Specialist Medical College Trainee representatives to develop a list of minimum standard expectations for contingency planning. As a result of AMACDT advocacy, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine provided full refunds for candidates who were scheduled to sit online exams which crashed, and did not charge candidates for sitting the repeat exam.

At a state level, the AMA(SA) Doctors in Training Committee also revised our Terms of Reference and developed a new committee structure that will come

into effect in 2021. The new committee will consist of members filling the following roles:

- » Chair
- » Two deputy chairs
- » Adelaide Medical Students' Society representative
- » Flinders Medical Students' Society representative
- » Area representatives working in the metropolitan Local Health Networks or Country South Australia
- » General Practice representative
- » Two intern representatives
- » Communications officer
- » Two general members.

These roles will be filled by doctors in training from the respective areas and fields. The AMA(SA) President and Vice President will also sit on the committee as ex-officio members.

In 2021 we plan to continue advocating for improved working conditions, training and doctor wellbeing, gender equity, and environmental sustainability in healthcare.

**Dr Hannah Szewczyk**

#### 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  
Dr Ekta Paw

# ROAD SAFETY COMMITTEE

As a consequence of COVID-19 and the AMA(SA) fire there were few face-to-face meetings of the Road Safety Committee in 2020. Nevertheless, committee members have been active in pursuing the goal of 'ZERO for Road Crashes' in the future.

Activities have included:

- » involvement of committee members in South Australian Government road safety strategy planning
- » submission to State Opposition on road safety goals
- » input into revision of fitness to drive guidelines.

The committee members continued to be very concerned about the high level of death and injury on South Australia's roads and continue to brainstorm any means by which these can be reduced.

I am joined on the committee by AMA members Dr Robert Atkinson, Dr Peter

Ford, Dr Monika Moy, Dr Stephen Holmes and President Dr Chris Moy (ex officio); and by observer members Ms Mary-Lou Bishop and Mr Martin Small.

The points the committee has been emphasising include:

- » government mandating of collision avoidance technology in all new vehicles
- » government support of public transport and cycling, with separation as far as practicable of different transport modalities (for example, the separation of cycling paths from roads, and separation of railways from roads)
- » implementation of lower speed limits in suburban streets, through shopping precincts and where children play (pointing out that when road works are done, speed are lower than when completed even though the road workers have special signs and high visibility clothing. Speeds are greater when road works are completed although pedestrians do not have high visibility clothing
- » the importance of medical assessment of fitness to drive, especially with the increasing proportion of senior South

Australians in the state's population.

I thank the members of the committee, both AMA members and invited observers, and AMA(SA) for continued support of the committee.

**Professor William Heddle**

#### 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)

# AMA SKILLS TRAINING



The AMA(SA) Registered Training Organisation (RTO) was faced with new challenges in how to reach and engage our students in 2020. Despite the many changes and challenges the staff faced during the year, we continued to be able to build our clientele and reputation.

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 deliver training and arrange sessions by industry experts with extensive and current experience in the health industry.

Since the RTO began, 747 students have enrolled in nationally recognised certificate qualifications. As at 31 December 2020 there were 396 active

students. This includes 16 students from the Northern Territory (NT) who are enrolled in their qualifications through funding from the NT Government.

Due to COVID-19 we were forced to cancel all face-to-face learning for some time. However, the systems we have in place enabled a seamless transition for students to self-paced learning, either online or written, with only minor adjustments. We scheduled Zoom classroom workshops for Diploma of Practice Management students from May to August that were very successful.

In addition to qualifications, the RTO offered six professional development education sessions (three face-to-face and three webinars) in 2020. A total of 110 practice managers and staff attended sessions on a range of requested topics such as safe instrument reprocessing, patient safety, office manual handling, customer service and team management.

## AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

### STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 DECEMBER 2020

	Note	2020 \$	2019 \$
Revenue	2	2,008,089	1,753,494
Total income		2,008,089	1,753,494
AMA Skills Training		(74,690)	(176,349)
Contracting cost		-	(94,392)
Depreciation and amortisation expenses		(33,298)	(40,777)
Rent expenses		(67,085)	-
Employee benefit expense		(1,095,880)	(830,965)
Fixed assets written off		(1,480)	(6,787)
Gala Dinner expense		(1,818)	(55,037)
Impairment expense - Property	9	-	(100,000)
Legal fees		(3,719)	(64,502)
Membership, Functions & Associations		(14,811)	(18,056)
Medic SA expenses		(43,674)	(119,836)
Property expenses		(255,968)	(228,370)
Presidential allowance		(53,220)	(53,220)
Other expenses from ordinary activities	3	(197,201)	(342,257)
<b>Surplus / (Deficit) before income tax</b>		<b>165,245</b>	<b>(377,054)</b>
Income tax (expense) / benefit	4	(30,965)	45,290
<b>Surplus / (Deficit) for the year</b>		<b>134,280</b>	<b>(331,764)</b>
<b>Other comprehensive income</b>		<b>-</b>	<b>-</b>
<b>Other comprehensive income for the year, net of tax</b>		<b>-</b>	<b>-</b>
<b>Comprehensive income / (loss) attributable to members</b>		<b>134,280</b>	<b>(331,764)</b>

The accompanying notes form part of this financial report

## AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

### STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2020

	Note	2020 \$	2019 \$
<b>ASSETS</b>			
Current assets			
Cash and cash equivalents	6	588,182	514,540
Trade and other receivables	7	77,757	29,827
Other current assets	8	36,539	4,477
Total Current Assets		702,478	548,844
Non-current assets			
Property, plant and equipment	9	1,192,766	1,227,544
Intangible assets	10	-	-
Investment Properties	11	4,120,000	4,120,000
Deferred tax assets	16	111,845	146,799
Total Non-Current Assets		5,424,611	5,494,343
<b>TOTAL ASSETS</b>		<b>6,127,089</b>	<b>6,043,187</b>
<b>LIABILITIES</b>			
Current liabilities			
Trade and other payables	12	395,934	474,374
Contract liabilities	13	197,274	192,982
Borrowing	14	1,186,963	49,144
Provision	15	115,947	73,437
Total Current Liabilities		1,896,118	789,937
Non-current liabilities			
Deferred tax liabilities	16	276,907	280,896
Borrowing	14	-	1,152,570
Total Non-Current Liabilities		276,907	1,433,466
<b>TOTAL LIABILITIES</b>		<b>2,173,025</b>	<b>2,223,403</b>
<b>NET ASSETS</b>		<b>3,954,064</b>	<b>3,819,784</b>
<b>EQUITY</b>			
Reserves	18	42,369	42,369
Retained earnings		3,911,695	3,777,415
<b>TOTAL EQUITY</b>		<b>3,954,064</b>	<b>3,819,784</b>

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 2020

	Note	Retained Earnings \$	Reserves \$	Total \$
<b>Balance at 1 January 2019</b>		3,158,229	993,319	4,151,548
Transfer to retained earnings	18(a)	950,950	(950,950)	-
<b>Total comprehensive income for the year</b> (Deficit) for the year		(331,764)	-	(331,764)
<b>Total comprehensive income for the year</b>		<u>(331,764)</u>	<u>-</u>	<u>(331,764)</u>
<b>Balance at 31 December 2019</b>		<u>3,777,415</u>	<u>42,369</u>	<u>3,819,784</u>
<b>Balance at 1 January 2020</b>		3,777,415	42,369	3,819,784
<b>Total comprehensive income for the year</b> Surplus for the year		134,280	-	134,280
<b>Total comprehensive income for the year</b>		<u>134,280</u>	<u>-</u>	<u>134,280</u>
<b>Balance at 31 December 2020</b>		<u><u>3,911,695</u></u>	<u><u>42,369</u></u>	<u><u>3,954,064</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 2020

	Note	2020 \$	2019 \$
<b>Cash flows from operating activities:</b>			
Receipts from members, tenants and customers		1,590,101	2,001,239
Jobkeeper		264,300	-
Cash flow boost		100,000	-
State Government Small Business Grant		10,000	-
Payment to suppliers		(1,682,075)	(2,058,573)
Interest received		46	779
Finance costs		(43,979)	(62,935)
<b>Net cash provided by / (used in) operating activities</b>		<u>238,393</u>	<u>(119,490)</u>
<b>Cash flow from investing activities:</b>			
Purchase of plant and equipment		-	(30,253)
<b>Net cash (used in) investing activities</b>		<u>-</u>	<u>(30,253)</u>
<b>Cash flow from financing activities:</b>			
Proceeds from loan from AMA Federal		-	150,000
Repayment of loan to AMA Federal		(150,000)	-
Proceeds from borrowings		922	1,714
Repayment of borrowings		(15,673)	-
<b>Net cash (used in) / provided by financing activities</b>		<u>(164,751)</u>	<u>151,714</u>
<b>Net increase in cash</b>		73,642	1,971
Cash and cash equivalents at the beginning of the financial year		<u>514,540</u>	<u>512,569</u>
<b>Cash and cash equivalents at the end of the financial year</b>	6	<u><u>588,182</u></u>	<u><u>514,540</u></u>

The accompanying notes form part of this financial report

**NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Associations Incorporation Act 1985. Australian Medical Association (SA) Inc. ("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 have been prepared on a going concern basis despite current liabilities exceeding current assets by \$1,193,640 (2019: \$241,093) as disclosed in the Statement of Financial Position as a result of the changes made to the Bank Bill that are outlined in Note 14(a). On this basis, no adjustments have been made to the financial report relating to the recoverability and classification of the carrying amount of assets or the amount and classification of liabilities that might be necessary should AMA(SA) not continue as a going concern.

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

**Accounting Policies**

**(a) Income Tax**

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

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) Income Tax (cont.)**

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

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

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

**(b) Intangible assets - Website and database**

Development cost of website and database are capitalised on the basis of the costs incurred to acquire and develop the specific website and database. All intangible assets are accounted for using the cost model whereby capitalised costs are amortised on a straight-line basis over their estimated useful lives, as these assets are considered finite. Residual values and useful lives are reviewed at each reporting date.

The amortisation rates used for each class of intangible asset are:

Class of Intangible Asset	Amortisation Rates
Website and database	33%

**(c) Property, plant and equipment**

Property, plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses.

The carrying amount of Property, plant and equipment is reviewed annually by the Council to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

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

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

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(c) 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 subsequently measured at fair value and subject to annual impairment assessment.

**(d) 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.)

(e) Leases

i. Leases of 12-months or less

Leases of 12-months or less (for which a lease asset and a lease liability has not been recognised) are recognised as rent expense.

ii. Lease income from operating leases where AMA(SA) is the lessor

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.

(f) 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) applies the simplified approach under AASB 9 to measuring the allowance for credit losses for receivables from contracts with customers. Under the AASB 9 simplified approach, AMA(SA) determines the allowance for credit losses for receivables from contracts with customers on the basis of the lifetime expected credit losses of the financial asset. Lifetime expected credit losses represent the expected credit losses that are expected to result from default events over the expected life of the financial asset.

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.)

(f) Financial Instruments (cont.)

**Classification and measurement of financial liabilities**

AMA(SA)'s financial liabilities include trade and other payables, borrowings and contract liabilities. Subsequently, financial liabilities are measured at amortised cost using the effective interest method.

(g) Impairment of Non-Financial 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.

(h) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

(i) 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(f) for further discussion on the determination of impairment losses.

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(j) Revenue and other income

Revenue from contracts with customers for membership subscriptions, AMA skills training, Business development and Advertising (Medic SA) is recognised at an amount that reflects the consideration to which the Association is expected to be entitled in exchange for transferring services to customer. For each contract with a customer, the Association identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

**JobKeeper and Cash flow boost**

JobKeeper and cash flow boost is recognised when the right to receive has been established.

**Interest**

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

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

The Association recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities

(k) Employee Entitlements

Provision is made for the AMA(SA)'s liability for employee entitlements arising from service rendered by employees to balance date.

(l) Comparative Figures

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

(m) 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.

(n) 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.

(o) Significant 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).

**Significant estimates and judgements – 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.

**Significant estimates and judgements – valuation of Property plant and equipment and Investment properties**  
Information about the valuation of Property, plant and equipment and Investment properties is provided in note 9 and note 11.

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2020

	Note	2020 \$	2019 \$
<b>NOTE 2 REVENUE AND OTHER INCOME</b>			
a. Revenue from Contracts with customers			
- Member subscriptions		614,204	617,124
- AMA Skills Training		371,588	470,038
- Business development		50,278	63,592
- Advertising (Medic SA)		118,078	137,466
		<u>1,154,148</u>	<u>1,288,220</u>
b. Other income			
- Gala dinner		-	63,676
- Rent income from investment properties		162,678	318,433
- Insurance proceeds for loss of rent income from investment properties		162,611	-
- JobKeeper		264,300	-
- Cash flow boost		100,000	-
- DIS subsidy		37,743	-
- State Government Small Business Grant		10,000	-
- Membership, functions & associations		28,479	73,678
- Insurance proceeds for reimbursement of rent expenses		67,200	-
- Sundry		20,884	8,708
- Interest Received		46	779
		<u>853,941</u>	<u>465,274</u>
Total revenue & other income		<u>2,008,089</u>	<u>1,753,494</u>
<b>NOTE 3 OTHER EXPENSES FROM ORDINARY ACTIVITIES</b>		<b>2020</b>	<b>2019</b>
		\$	\$
Accounting & audit fees		17,069	23,250
Computer costs		37,900	49,438
Donation		0	10,382
Finance costs		43,979	62,935
Insurance		18,996	23,713
Labour hire fee - contractor		1,360	50,288
Postage		3,482	2,740
Printing and stationery		7,577	12,743
Repairs and maintenance		30,367	22,922
Recruitment expenses		570	30,806
Travel and accommodation		657	10,176
Telephone		11,762	12,114
Sundry		23,482	30,750
		<u>197,201</u>	<u>342,257</u>
<b>NOTE 4 INCOME TAX EXPENSE / (BENEFIT)</b>		<b>2020</b>	<b>2019</b>
		\$	\$
a. The components of tax expense / (benefit) comprise:			
Deferred tax (benefit) / expense		<u>30,965</u>	<u>(45,290)</u>
		<u>30,965</u>	<u>(45,290)</u>
b. The prima facie tax on surplus / (deficit) before income tax is reconciled to the income tax as follows:			
Prima facie tax on surplus before income tax at 27.5% (2018: 27.5%)		45,442	(103,597)
Add/(Less)			
Tax effect of:			
- Non-Deductible Entertainment		200	17,154
- Net Non-Deductible Member Expenses / Income		12,823	13,598
- Impairment		-	27,500
- Non-Deductible Donations		-	55
- Cash flow boost		(27,500)	-
Income tax (benefit) / expense		<u>30,965</u>	<u>(45,290)</u>

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2020

		2020 \$	2019 \$
<b>NOTE 5 KEY MANAGEMENT PERSONNEL COMPENSATION</b>			
The total of remuneration to key management personnel (KMP) of AMA(SA) during the year is as follows:			
-Short-term employee benefits		272,752	229,369
-Post-employment benefits		20,330	15,100
		<u>293,082</u>	<u>244,469</u>
<b>NOTE 6 CASH AND CASH EQUIVALENTS</b>		<b>2020</b>	<b>2019</b>
		\$	\$
Cash on hand		538	280
Cash at bank		587,644	514,260
		<u>588,182</u>	<u>514,540</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>588,182</u>	<u>514,540</u>
<b>NOTE 7 TRADE AND OTHER RECEIVABLES</b>	Note	<b>2020</b>	<b>2019</b>
		\$	\$
Trade receivables		27,201	25,927
Less: Provision for impairment	7a	(500)	(500)
Rent income receivable		51,056	4,400
		<u>77,757</u>	<u>29,827</u>
7a. Provision for impairment			
Trade receivables are non-interest bearing and generally on 30-day term. Impairment losses have been included within other expenses within profit or loss. All trade receivables that are not impaired are expected to be received within trading terms.			
Movement in the provision for impairment is as follows:			
Opening balance at 1 January		500	500
Net charge for the year		-	-
Closing balance at 31 December		<u>500</u>	<u>500</u>
AMA(SA) provision for impairment is based on the expected credit losses. This has been determined based on the assessment of the quality of trade debtors, historical experience of subsequent collections, future expected economic considerations and the extent of bad debts incurred.			
7b. Financial assets classified as loans and receivables		<b>2020</b>	<b>2019</b>
		\$	\$
Trade and other receivables			
- Total current		77,757	29,827
- Total non-current		-	-
		<u>77,757</u>	<u>29,827</u>
Financial assets		<u>77,757</u>	<u>29,827</u>
<b>NOTE 8 OTHER CURRENT ASSETS</b>		<b>2020</b>	<b>2019</b>
		\$	\$
Prepayments		36,539	4,477
		<u>36,539</u>	<u>4,477</u>

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2020

NOTE 9 PROPERTY, PLANT AND EQUIPMENT	2020	2019
	\$	\$
<b>AMA House Suite</b>		
Suite 7 at valuation	1,100,000	1,200,000
Less: Impairment*	-	(100,000)
	<u>1,100,000</u>	<u>1,100,000</u>
<b>Total AMA House Suite</b>	<b><u>1,100,000</u></b>	<b><u>1,100,000</u></b>
<b>Furniture and Equipment</b>		
Newland House - at cost	22,283	22,746
less: Accumulated Depreciation	(16,389)	(14,258)
	<u>5,894</u>	<u>8,488</u>
AMA House - at cost	101,686	114,812
less: Accumulated Depreciation	(78,543)	(59,485)
	<u>23,143</u>	<u>55,327</u>
Antiques and Paintings - at valuation	<u>63,729</u>	<u>63,729</u>
	<u>63,729</u>	<u>63,729</u>
<b>Total Furniture and Equipment</b>	<b><u>92,766</u></b>	<b><u>127,544</u></b>
<b>Total Property, plant &amp; equipment</b>	<b><u>1,192,766</u></b>	<b><u>1,227,544</u></b>

\* AMA House Suite No. 7 was independently valued in April 2019 by Jackman & Treloar Real Estate for \$1,100,000 and the Council adopted this valuation for the 2019 financial year. There was no independent valuation conducted in the 2020 financial year, however the Board and Council has resolved that the current market value of its Property is representative of its carrying value at 31 December 2020.

(a) Movements in Carrying Amounts	AMA House Suite Suite 7	Furniture and Equipment	Total
Balance at 1 January 2020	1,100,000	127,544	1,227,544
Additions	-	-	-
Disposals/write off	-	(1,480)	(1,480)
Depreciation expense	-	(33,298)	(33,298)
Impairment expense	-	-	-
Carrying amount at 31 December 2020	<u>1,100,000</u>	<u>92,766</u>	<u>1,192,766</u>

NOTE 10 INTANGIBLE ASSETS

	2020	2019
<b>Website and database</b>		
At costs	29,898	29,898
less: Accumulated Amortisation	(29,898)	(29,898)
	<u>-</u>	<u>-</u>
(a) Movements in Carrying Amounts	<b>Website and database</b>	<b>Total</b>
Balance at 1 January 2020	-	-
Additions	-	-
Amortisation expense	-	-
Carrying amount at 31 December 2020	<u>-</u>	<u>-</u>

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2020

NOTE 11 Investment Properties	2020	2019
	\$	\$
<b>Newland House</b>		
Opening balance - 1 January	1,600,000	1,600,000
Closing balance	<u>1,600,000</u>	<u>1,600,000</u>
(a)		
<b>AMA House Suite</b>		
Opening balance - 1 January	2,520,000	2,520,000
Closing balance	<u>2,520,000</u>	<u>2,520,000</u>
Total Investment Properties**	<u>4,120,000</u>	<u>4,120,000</u>
(b)		

(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 AMA House suffered a significant fire in May 2020 and as a result there has been insurance proceeds received for the loss of rent income from investment properties and for the short term rental expenses incurred by AMA(SA) at Fullarton Road, Dulwich. AMA(SA) anticipates to return to AMA House Suite by 30 June 2021.

\*\* There was no independent valuation conducted in the 2020 financial year, however the Board and Council has resolved that the current market value of its Investment Properties is representative of its carrying value at 31 December 2020.

NOTE 12 TRADE AND OTHER PAYABLES

	2020	2019
	\$	\$
<b>CURRENT</b>		
Trade payables	69,784	78,843
Federal subscription in advance*	195,581	189,739
Rent received in advance**	58,210	-
Sundry other***	28,428	1,625
Loan from AMA Federal	-	150,000
Land tax payable	-	9,087
PAYG payable	23,042	14,987
GST payable	20,889	30,093
	<u>395,934</u>	<u>474,374</u>

\*Federal subscriptions received in advance relates to AMA Federal 2021 membership fees which AMA(SA) has received at balance date that is required to be paid to AMA Federal during 2021.

\*\*Represents insurance claim received for loss of rent income for the period January to March 2021.

\*\*\*Includes insurance claim received for rent expenses incurred for the period January to March 2021.

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

	2020	2019
Trade and other payables		
- Total current	395,934	474,374
- Total non-current	-	-
	<u>395,934</u>	<u>474,374</u>
Less Subscriptions in advance	(195,581)	(189,739)
Less Rent received in advance	(58,210)	-
Less land tax payable	-	(9,087)
Less GST payable/(receivables)	(20,889)	(30,093)
Less Loan from AMA Federal	-	(150,000)
Less PAYG payable	(23,042)	(14,987)
Financial liabilities as trade and other payables	<u>98,212</u>	<u>80,468</u>

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



AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2020

NOTE 13 CONTRACT LIABILITIES	2020	2019
	\$	\$
State Subscription in Advance*	196,919	192,982
Other event income in advance	355	-
	<u>197,274</u>	<u>192,982</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 2020, contract liabilities included state subscriptions received in Advance.

NOTE 14 BORROWING	2020	2019
	\$	\$
<b>CURRENT</b>		
Westpac - Bank Bill Business Loan (refer note (a) below)	1,184,327	47,430
Credit cards	2,636	1,714
	<u>1,186,963</u>	<u>49,144</u>
<b>NON-CURRENT</b>		
Westpac - Bank Bill Business Loan	-	1,152,570
	<u>-</u>	<u>1,152,570</u>

(a) The Westpac Bank Bill was due to be repaid on the 8 October 2021, however it was subsequently extended and changed by the AMA(SA) and its banker on the 28 April 2021 with the following new terms:

- Facility limit decreased to \$1,210,417;
- Interest only and fees payable monthly commencing May 2021 to April 2022; and
- Principal repayment due on the 30 April 2022.

(b) Security of the borrowings:

- 1st Registered Mortgage over Unit 3 & Unit 7, 161 Ward Street, North Adelaide, SA (refer note 9 and 11)
- General Security Agreement (GSA) over the AMA(SA)

NOTE 15 PROVISION	2020	2019
	\$	\$
Provision for Annual leave	91,310	62,281
Provision for Long service leave	24,637	11,156
	<u>115,947</u>	<u>73,437</u>

NOTE 16 TAX	Opening Balance	Charge Directly to Equity	Recognised in Income	Closing Balance
	\$	\$	\$	\$
<b>NON-CURRENT</b>				
<b>Deferred tax liability</b>				
Fair value gain	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>
Fair value gain / (loss)	334,849	-	-	334,849
Building improvement	(54,048)	-	(3,894)	(57,942)
Prepayment	95	-	(95)	-
<b>Balance at 31 December 2020</b>	<u>280,896</u>	<u>-</u>	<u>(3,989)</u>	<u>276,907</u>
<b>Deferred tax assets</b>				
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>
Provisions	20,164	-	11,783	31,947
Deferred expenditure	6,602	-	-	6,602
Carried forward tax losses	120,033	-	(46,737)	73,296
<b>Balance at 31 December 2020</b>	<u>146,799</u>	<u>-</u>	<u>(34,954)</u>	<u>111,845</u>

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2020

NOTE 17 OPERATING LEASE RECEIVABLES	2020	2019
	\$	\$
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	263,071	186,867
between 1 and 5 years	86,230	120,050
above 5 years	-	-
	<u>349,301</u>	<u>306,917</u>

NOTE 18 RESERVES	2020	2019
	\$	\$
Asset Revaluation Reserve (a)	-	-
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>42,369</u>
(a) Asset Revaluation Reserve		
Movements during the financial year:		
Opening balance	-	950,950
Transfers to retained earnings*	-	(950,950)
Closing Balance	<u>-</u>	<u>-</u>

\*The asset revaluation reserve has been transferred to retained earnings at the beginning of the 2019 financial year because the reserve amount balance related to investment properties.

(b) De Crespigny Memorial Fund	2020	2019
	\$	\$
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	2020	2019
	\$	\$
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.

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2020

NOTE 18 RESERVES (CONTINUED)

	2020	2019
	\$	\$
(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

	2020	2019
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

During the financial year there were not any related party transactions.

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2020

NOTE 20 FINANCIAL RISK MANAGEMENT

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	2020	2019
		\$	\$
<b>Financial assets</b>			
Amortised cost			
-Cash and cash equivalents	6	588,182	514,540
-Trade and other receivables	7	<u>77,757</u>	<u>29,827</u>
<b>Total financial assets</b>		<u>665,939</u>	<u>544,367</u>
<b>Financial liabilities</b>			
Amortised cost			
- trade and other payables	12	98,212	80,468
- borrowings	14	<u>1,186,963</u>	<u>1,201,714</u>
<b>Total financial liabilities</b>		<u>1,285,175</u>	<u>1,282,182</u>

NOTE 21 EVENTS AFTER THE REPORTING PERIOD

The Council approved for Newland House (refer note 11(a)) to be placed on the market for sale during March 2021 and on the 28 April 2021, the Bank Bill facility was also changed and extended by AMA(SA) with its banker as outlined in Note 14(a). Other than this, no matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations, or the state of affairs of the entity in future financial years.

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.  
175 Fullarton Road  
Dulwich SA 5065

Level 1, 100 Hutt Street  
Adelaide SA 5000

Postal Address  
PO Box 7006 Hutt Street  
Adelaide SA 5001

p. +61 8 8179 2800  
e. reception@pitcher-sa.com.au

## 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 2020:

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

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

- The President of the Australian Medical Association (SA) Inc., Dr Chris Moy, received an allowance of \$44,350, and a cost reimbursement of \$4,363 for laptop purchased in carrying out duties on behalf of the Association.
- The Vice President of the Australian Medical Association (SA) Inc., Dr Michelle Atchison, appointed in September 2020 received an allowance of \$8,870, in carrying out duties on behalf of the Association.
- The CEO of the Australian Medical Association (SA) Inc., Dr Sam Mead received a cost reimbursement of \$1,170 for cell phone purchased 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 19 presents a true and fair view of the financial position of Australian Medical Association (SA) Inc. as at 31 December 2020 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 April 2021

## 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 the statement of financial position as at 31 December 2020, the statement of income and expenditure and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, report of the councillors and statement by the officers of the Association.

In our opinion, the accompanying financial report presents fairly, in all material respects, the financial position of the Association as at 31 December 2020, and its financial performance and its cash flows for the year then ended in accordance with the financial reporting requirements of *Associations Incorporation Act 1985*.

### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* "the Code" that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### *Emphasis of Matter - Basis of Accounting*

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 Association's financial reporting responsibilities under the *Associations Incorporations Act (SA) 1985*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

#### *Council's Responsibility for the Financial Report*

The Council of the Association is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the applicable legislation and for such internal control as the Council determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

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

#### *Auditor's Responsibilities for the Audit of the Financial Report*

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


As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit we also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.
- Conclude on the appropriateness of Council's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained

up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



JIM GOUSKOS  
Principal  
Date: 30<sup>th</sup> April 2021



PITCHER PARTNERS  
Adelaide

# AUSTRALIAN MEDICAL ASSOCIATION (SOUTH AUSTRALIA) INC.

PO Box 134 North Adelaide South Australia 5006

Phone: (08) 8361 0100 | Fax: (08) 8361 0199

Email: [admin@amasa.org.au](mailto:admin@amasa.org.au) | Web site: [sa.ama.com.au](http://sa.ama.com.au)

