Australian Medical Association (South Australia) Inc.

Annual Report 2017

AMA(SA) Council

Membership of Council

January – December 2017

Position on Council

President: ..... Dr Janice Fletcher - to May 2017 (3)
..... A/Prof William Tam - from June 2017 (7)
Vice President: ..... A/Prof William Tam - to May 2017 (7)
..... Dr Christopher Moy - from June 2017 (6)
Immediate Past President: ..... Dr Patricia Montanaro - to May 2017 (3)
..... Dr Janice Fletcher - from June 2017 (3)
Chair: ..... Dr David Walsh (7)

Federal Councillors

State Nominee: ..... Dr Janice Fetcher - to May 2017 (3)
..... A/Prof William Tam - from June 2017 (7)
Area Nominee SA/NT: ..... Dr Christopher Moy (6)
Specialty Group Nominee: Surgeons: ..... Dr Susan Neuhaus (0) - Ex-Officio

Specialty Group Representatives

Anaesthetists: ..... Dr Perry Fabian (3)
Dermatologists: ..... Dr Jeffrey Wayte (6)
General Practitioners: ..... Dr Penny Need – to May 2017 (2)
..... Dr Bridget Sawyer – from June 2017(3)
Obstetricians and Gynaecologists: ..... Dr Jane Zhang (4)
Orthopaedic Surgeons: ..... Dr Jeganath Krishnan (5)
Paediatricians: ..... Dr Patrick Quinn (4)
Pathologists: ..... Dr Shriram Nath (4)
Physicians: ..... Dr Nimit Singhal (7)
Psychiatrists: ..... Dr Michelle Atchison (5) - to May 2017 (5)
..... Dr Tarun Bastiampillai – from June 2017 (4)
Radiologists: ..... Dr Nicholas Rice (5)
Surgeons: ..... Dr David Walsh (7)

Doctors in Training Representatives

..... Dr Karthik Venkataraman - to May 2017 (2)

Medical Students' Representatives

Adelaide: ..... Ms Monica Chen (5)
Flinders: ..... Mr Riche Mohan (7)

Ordinary Members of Council

..... Dr Michelle Atchinson - from June 2017 (5)
..... Dr Tarun Bastiampillai - to May 2017 (4)
..... Dr Christopher Moy - to May 2017 (6)
..... Dr Philip Gribble - from Nov 2017 (1)
..... Dr Matthew McConnell (5)
..... Dr Claire Pridmore (4)
..... Dr Rajaram Ramadoss - from June 2017 (3)
..... Dr John Woodall (3)
..... Prof Paul Worley - to Nov 2017 (3)

Regional Representatives

..... Dr Nigel Stewart (3)
..... Dr John Williams (4)

Salaried Medical Officers' Representative

..... Dr Andrew Russell (6)

AMA(SA) Office

Chief Executive Officer: ..... Mr Joe Hooper (6)
Minute Secretary: ..... Ms Claudia Baccanello (7)

NB: Numbers indicate total attendance at the AMA(SA) Council Meetings February - December 2017 (a total of 7 meetings)

Federal AMA Committees

AMA(SA) Members

January – December 2017

Federal Council

Dr Janice Fletcher (State Nominee) (to May 2017)

A/Prof William Tam (State Nominee) (from June 2017)

Dr Christopher Moy (Area Nominee SA/NT)

A/Prof Susan Neuhaus (Specialty Group Nominee Surgeons)

AMA Federal Board

Dr Peter Sharley

AMA Council of Doctors in Training

Dr Karthik Venkataraman (to May 2017)

Dr Daniel White (Alternate)

AMA Council of General Practice

Dr Patricia Montanaro

Dr Annette Newson (Alternate)

AMA Council of Private Specialist Practice

Dr Mark Sinclair

AMA Council of Public Hospital Doctors

Dr Andrew Russell

AMA Council of Rural Doctors

Dr Philip Gribble

Equity, Inclusion and Diversity Committee

A/Prof Susan Neuhaus

Ethics and Medico Legal Committee

Dr Christopher Moy

Health Financing and Economics Committee

Dr Janice Fletcher (to May 2017)

A/Prof Susan Neuhaus (Chair)

Medical Practice Committee

Dr Christopher Moy

Taskforce on Indigenous Health

Dr David Scrimgeour

From the President

A/Prof William Tam
President, AMA(SA)

It was a great honour to take up the role of AMA(SA) president in 2017, a busy and challenging time for the medical profession.

Much of the public attention over the year focussed on the move to the new Royal Adelaide Hospital, the re-percussions of Transforming Health, and the implementation of the EPAS electronic medical record system in SA public hospitals.

After a few delays, the new Royal Adelaide Hospital (RAH) finally opened its doors in September 2017, following much preparation, plenty of fanfare, and without major incidents.

It presents a very striking visual testament to a major investment in health infrastructure in this state, particularly accompanied as it is by other developments around the biomedical precinct, such as SAHMRI and the university buildings.

Teething problems were to be expected, however, and the new RAH post-open has faced some known problems, and some surprises.

The AMA(SA) kept up its advocacy throughout 2017, particularly on key issues highlighted by RAH doctors around outpatient services and the lack of planning for clinical research space. There has been some success in finally getting government and SA Health to recognise and respond to issues, but more work yet to do.

One of the higher-profile of these was EPAS, upon which the new RAH's design as a 'paperless' hospital has relied. The AMA(SA) has long advanced the feedback of members on shortcomings of EPAS, and what improvements are needed. This reached a peak with our EPAS survey in 2017, which highlighted that despite being in use for several years, significant usability and other limitations remained. With the informed feedback of members we were able to put a spotlight on the need for a critical look at EPAS, and what would be needed if it is to be 'fit for purpose'.

We also advocated where needed, throughout the year, on a range of other RAH and public system issues. These have included Modbury (to HDU or not HDU); training issues; SA Pathology cuts; radiology outsourcing; the RAH Chest Clinic; Oakden inquiry findings; re-categorisation of the surgical waiting lists; and more.

Transforming Health changes continued to be contentious and create uncertainty in the system, and the Government in fact drew a line under the Transforming Health brand in 2017, indicating with the RAH open and the Repatriation General Hospital closed, its job would be done, and system improvements that may previously have sat under its aegis would fall under the category of usual business improvement. The AMA(SA) does not accept this position.

Another area of key AMA(SA) advocacy in 2017 was in relation to the safety, care and wellbeing of children, with the AMA(SA) forming an alliance with other organisations, including the South Australian Council of Social Services and the Law Society of SA, to highlight inadequacies in the government's legislative response into the Nyland Royal Commission into Child Protection Systems. Together we called for a range of improvements and a focus on prevention.

The AMA(SA) kept up its call for a co-located Women's and Children's Hospital with the new RAH – an undertaking the government subsequently reneged on, proposing instead a staged move to separate new facilities.

> *"These areas were also highlighted in our pre-election advocacy."*

The centrality of a child health plan to underpin future decisions about children's services was another key component of our advocacy.

The AMA(SA) was the first organisation to bring Premier Jay Weatherill, Opposition Leader Steven Marshall and SA-BEST leader Nick Xenophon together in a forum – a model later replicated by numerous others in the leadup to the March 2018 state election.

From the President

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The AMA(SA) Political Leaders Breakfast was valued both politically and professionally for members present, and in the media arena seemed to represent almost an unofficial starting gun for the election run-up. It provided an opportunity for the AMA(SA) to prosecute and highlight some of its policy priorities and demonstrated the influence and respect the AMA(SA) receives from politicians and government.

As the year drew to a close we followed up on our earlier advocacy with the delivery to all parties and parliamentary independents of the AMA(SA)'s '*People First Strategy for Health: Election Priorities 2018*'.

The name of this document reflects our ongoing theme that health services are about more than just buildings, they are very much about the people delivering services.

With this in mind, doctors' and medical students' health is a very strong concern of the AMA(SA), and will remain so until we are all doing better at it.

On that note, a positive advance for rural and regional doctors is the enshrining of safe working hours in a new agreement negotiated by the AMA(SA) for rural GPs working in 16 of the state's larger country hospitals.

The new Rural GP Fee for Service Agreement was negotiated with Country Health in 2017, and we thank all the members who contributed their feedback towards this, as well as our rural GP negotiating team.

Of course, none of this work throughout 2017 would have been possible without the AMA(SA)'s larger support structure.

So on that note, I would like to thank our State Council and Executive Board, and chairs Dr David Walsh and Dr Trevor Mudge; immediate past president Dr Janice Fletcher and vice president Dr Chris Moy; and of course our chief Executive, Joe Hooper.

These are tremendously hard working, talented people with whom

> *"Thank you all."*

I have been glad and proud to work with throughout 2017 and beyond.

We are all indebted to the support and dedication of the AMA(SA) staff team – as well as the contributions of the many members who serve on committees, provide feedback for submissions and media enquiries, and much more.

Corporate Governance

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

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

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

The roles of the Executive Board include:

- overseeing the existence and maintenance of internal controls and accounting systems;
- development of the annual budget and operating plan;
- review of the Association's monthly financial statements and performance against budget;
- review of annual statutory financial statements and recommendations for approval by the Council;
- review of major capital expenditure and finance arrangements;
- participation in the review of the remuneration of the Chief Executive;
- provision of general financial advice to the Association; and
- review of the external audit arrangements.

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

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

The position of Group Chief Executive for both the AMA(SA) and sapmea is a full-time salaried position which reflects the AMA(SA) and sapmea strategic alliance.

The Group Chief Executive reports to the Executive Boards of both Associations and to Council.

The Chief Executive is delegated with the day-to-day management of the Associations.

Picture; A/Prof William Tam with Dr David Walsh

From the Chief Executive

Joe Hooper
AMA(SA) Chief Executive

Membership
Whilst the AMA remains one of the professional membership associations with the highest proportion of membership, we are facing challenging times as more of our doctors choose not to join. This lack of professional engagement with the peak medical professional body is a national phenomenon but felt most in South Australia where we lack union status for our public service doctors.

The impact of this on our ability to attract doctors in training is high and until we can offer the profession a conjoint membership arrangement with SASMOA, which many doctors actually support, or seek representation status in our own right, we will continue to face the challenge of competing for this cohort's loyalty.

As I have stated previously, the reasons for this division are historical and not in the best interests of the profession.

The AMA(SA) has approached SASMOA on several occasions to try to negotiate a conjoint membership but without success, despite this model being established in all other states where separate association bodies exist.

Despite the above, the AMA(SA) will continue to examine ways the profession can see value for their membership and contribute to the status of the medical profession in South Australia and at the national level.

Financial
The AMA(SA) has undertaken several long-term initiatives to increase non-membership income and support our services whilst preserving our purpose of serving the medical profession and supporting the health of the community. Non-membership income initiatives is a reality in all AMA entities. Members will know that around 50% of membership fees is delivered to the federal AMA, with office operating costs and member services being met from the remainder. This is not feasible if we want to deliver the broad range of services we consider essential for our members whilst also containing membership fees.

Non-membership income streams are delivered through AMA House and Newland House tenancies; preferred provider arrangements; education events; and some office supplies which are available for purchase. This year we faced investment costs when we moved into our new offices in AMA House and also invested in a new membership database and website.

Office location
In December 2016, the Board approved the purchase of Unit 7 in AMA House. We relocated in September 2017, following necessary internal changes. The new office allows for all AMA(SA) and AMA Skills Training staff to be co-located. We also share space with our partners, sapmea. Newland House level 2 is to be leased.

AMA Skills Training
The AMA(SA) Registered Training Organisation (RTO) has continued to increase its student numbers.

We offer six health qualifications and have students in South Australia, the Northern Territory, Western Australia and Victoria. Having achieved its three-year accreditation the RTO continues to build its reputation as a high quality education provider, and we have secured an excellent reputation with students and employers in the health sector.

Events and Charity Support.
The AMA(SA) considers its social responsibilities to be an important part of our relationship with the community.

The AMA(SA)'s annual black tie charity Gala Dinner at the Hilton International Adelaide was again a great success, raising over $10,000 for the Maggie Beer Foundation – an organisation dedicated to improving nutrition in aged care homes through diet education and food-related activities in aged care settings.

Other event highlights included the annual Past Presidents, Retired and Life Members Luncheon at the Adelaide Oval in November, a CV and interview skills workshop for medical students and doctors in training, the AMA(SA)/RACGP combined Members' Christmas Party, and the President's Breakfast in December.

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From the Chief Executive

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Staffing

The total staff number in AMA(SA) are 9.4 FTEs to provide all services including our RTO education staff.

We also contracted a senior industrial officer to conduct our negotiations with Country Health Local Health Network concerning the Rural General Practice Services Agreement.

This was supported with a grant from Federal AMA, which allowed us to visit all major sites and meet GPs to discuss local concerns with their health services and local management.

With the dedicated industrial officer and our rural GP reference group we were able to provide up-to-date information to our members during the negotiations and deliver an agreement outcome.

We had a change in membership officer in 2017 with Melanie Caruso leaving and Ms Charlie-Helen Robinson (Charlie) coming on staff to provide membership services and recruitment. Charlie has a sound background in use of social media and will be increasing our presence in this area.

Affiliate Associations

The office continues to proudly support our affiliate associations. We provide meeting accommodation and secretariat/administration services. We acknowledge our good relations with the Australian Chinese Medical Association SA, South Australian Indian Medical Association, Pakistani Medical Association SA, SA Sri-Lankan Doctors Association, Salisbury and Elizabeth Medical Association, and Australian Society of Anaesthetists SA/NT, as well as our long-term support of the Medical Benevolent Association of SA.

The AMA(SA) also provides a secretariat service for the *DREAMIN Foundation*, a charity supporting plastic and reconstructive surgery in overseas countries needing access to these life changing medical services.

Appreciation

I would like to acknowledge Dr Janice Fletcher, AMA(SA) immediate past president, and thank her for all her hard work over her two-year term.

Our incoming president A/Prof William Tam commenced his term in May 2017.

I thank him for all his dedication and enthusiasm as he makes the role his own. A/Prof Tam has already made himself well known to the membership through general and social media and is advocating admirably on behalf of all the medical profession in his role as president of AMA(SA). I thank the AMA(SA) Executive Board for their constant support and oversight. The Board are always accessible as individuals and their willingness to contribute for special projects is much appreciated by the AMA(SA) office and Council.

A special thank you to Dr Trevor Mudge who completed his last term as Chair in December this year. Dr Mudge was the inaugural Chair and has steered the Board judiciously over the past five years. I wish to acknowledge our wonderful staff for their total support and commitment to the Association. Our members can be proud of the hard work and dedication of the AMA(SA) staff who often work long hours or help out with unfamiliar duties to get the job done on behalf of our Council and members. I am very proud to work with such an excellent team.

Highlights | 2017

Student medal winners

The AMA(SA) acknowledges and celebrates excellence among medical students with the awarding of two Student Medals each year: one to a graduating medical student from the University of Adelaide and one to a graduating medical student from Flinders University. The medals are awarded for both academic excellence and contributions to the School of Medicine through representing the interests of students, and involvement in student life, the university or general community.

In 2017 the AMA(SA) had great pleasure in presenting Student Medals to Laura Sharley from the University of Adelaide and Anna Elias from Flinders University. Both have made striking contributions among their peers and in their schools, in addition to their academic work.

Congratulations, Laura and Anna.

AMA(SA) Awards

A great annual highlight for the AMA(SA) is the opportunity to confer a number of important awards at the AMA(SA) annual Charity Gala Dinner. In 2017, the Medical Educator award went to Dr Hubertus Jersmann; the AMA(SA) Award for an outstanding contribution to medicine went to Dr David Walsh; and the President's Medical Leader Award went to Dr Sonja Latzel.

Life Members

Each year the AMA(SA) is proud and privileged to accord life membership of the Association to Doctors who have supported the AMA(SA) through 50 years of membership. These members have helped the AMA(SA) speak up on behalf of the profession and patients over decades and are part of the foundation on which the AMA(SA) is built.

In 2017 the AMA(SA) had the great pleasure of acknowledging the contributions and support of Dr Stephen Scammell, Dr Michael Hawkes, Dr Maxwell Bawden, Dr John Sangster, Dr Christopher Dibden, Dr Andrew Czechowicz and Dr Richard Wilson.

The AMA(SA) was also pleased to congratulate the outstanding SA doctors acknowledged in this year's honours lists.

AMA(SA) preferred providers

The AMA (SA) thanks our preferred providers and other partners for their contributions in 2017: in particular Hood Sweeney for accounting and wealth management advice, and Norman Waterhouse Lawyers.

Resources and support

The AMA(SA) continues to offer a GP referral resource to help GPs locate specialists for their patients with a work related injury, with the support of ReturnToWorkSA. It has proven to be a popular reference for members, together with other state and federal AMA resources such as the very popular national annual AMA Fees List. Members also continue to receive advice on a range of practice and work-related matters.

AMA(SA) Training and sapmea partnership

AMA Skills Training and sapmea, continue to offer a great range of training opportunities for doctors, health and medical staff, with discounted training available for members.

AMA Skills Training offers the Diploma of Leadership and Management, (with RACGP QI and CPD points), together with a Diploma in Practice Management, Certificate IV in Health Administration, Certificate IV in Leisure and Health, Certificate III in Individual Support and Certificate III in Business Administration (Medical).

A highlight for AMA Skills Training was the graduation ceremony at Pika Wiya Health Service Aboriginal Corporation in Port Augusta in August for 12 Indigenous students who completed units from the nationally recognised Certificate III in Business Administration (Medical).

sapmea held over 100 training events throughout 2017 and continues to strengthen its reputation as an excellent education provider. Its ongoing contracts with the Adelaide PHN, Country SA PHN and RTWSA are testimony to this. Furthermore, sapmea commenced administering all AMA(SA) events.

A sapmea highlight for the year was administering the inaugural Migrant and Refugee Health Forum at Playford Civic Centre, with more than 160 health professionals and community members attending – but this was just one of many high points in a big year.

Social and traditional media

The AMA(SA) continues to be active on social media, adding Twitter and Instagram to our communications arsenal in 2017, complementing our state magazine **medicSA**, email newsletter **The Voice**, website, LinkedIn activity, and our SA Doctors Facebook Group, which has spread its reach from being a group for doctors in training to a group for the broader medical profession.

We thank the members who have joined us for news, dialogue and debate on these platforms.

The AMA(SA)'s annual ***Intern Guide*** is an invaluable tool in tackling the challenges of Internship. This is an annual publication.

Events and charity support

The AMA(SA) had a busy and stimulating calendar of events in 2017.

The AMA(SA)'s annual black tie charity Gala Dinner at the Hilton International Adelaide on 13 May was, as always, a night to remember, bringing together colleagues and a who's who of the health sector in South Australia. It raised $10,000 for the Maggie Beer Foundation, which is committed to improving food in aged care.

We thank ReturnToWork SA and MIGA for their support of this event, as well as the many organisations which booked corporate tables, and of course the members and friends who gave their support to this great annual charity event.

Another annual highlight was the Past Presidents, Retired and Life Members Luncheon, held at the SACA Committee Room at the Adelaide Oval in November.

Long may this tradition continue!

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Highlights | 2017

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The year 2017 saw the AMA(SA) tackle the topical issue of medicinal cannabis, together with the Law Society of SA, in a joint medico-legal dinner presented by AMA(SA) Road Safety Committee Chair Dr Bill Heddle, at the Playford Hotel, with the title '*Should Medical Cannabis Users be Allowed on Our Roads?*'.

We also had a range of events on practice and money matters with the support of preferred provider for accounting and financial services, Hood Sweeney, and some other skills-building events for members.

And finally, the AMA(SA) closed the year with the 2017 AMA(SA) and RACGP Christmas Party at College House in North Adelaide, and the AMA(SA) President's Breakfast in December.

AMA sponsorship of AMSA Global Health Conference

The 13th Annual Australian Medical Students Association (AMSA) Global Health Conference was held in Adelaide from 18-22 August 2017, hosting medical students from across Australia and New Zealand, with the AMA being a key sponsor.

AMA(SA) past president Dr Janice Fletcher provided a presentation to medical students on CV and interview skills, and the AMA(SA) was delighted to see this event being held in Adelaide.

Supporting other associations

The AMA(SA) continued to provide secretariat support and office space to other medical organisations:

Australian Society of Anaesthetists SA/NT, South Australian Indian Medical Association, Medical Benevolent Association of SA, Australian Chinese Medical Association SA, Salisbury and Elizabeth Medical Association, SA Sri Lankan Doctors Association, Pakistani Medical Association and, new for 2017, the *Dreamin* Foundation.

In a special recognition in August 2017 the Pakistani Medical Association of SA honoured the AMA(SA) with a plaque as a thank you for the Association's support.

This thoughtful gesture provided a symbolic reminder of the value and importance of these relationships to our medical communities.

Pictures are of President A/Prof William Tam and Vice President Dr Christopher Moy out and about.

From the Chair of the AMA(SA) Executive Board

Dr Trevor Mudge

The Board's principal objectives are preservation of members' financial assets, corporate governance over the business affairs of the Association, membership growth and non-membership income to meet our operational and membership services costs. We provide advice to the Council on matters of fiduciary responsibility and corporate governance only. The Board does not engage in policy or strategic discussions outside of the appropriate and responsible use of our financial resources. Council retains its broad governance responsibility for the affairs of the AMA(SA).

Finances

Our 2017 income was $1,772,451 which was below anticipated budget. This was mainly due to reduced subscription income. Expenditure was contained, in spite of further costs. We have recorded a small surplus for the year. The AMA(SA) has a majority ownership and strata control in AMA House including full ownership of level 2 (the top floor) allowing for expansion as necessary.

Our financial position remains comfortable with total equity of $4.167M. All known liabilities are able to be met and the Board receives regular reports on our financial position via a series of financial ratios that support a stable financial situation for the AMA(SA).

AMA Skills Training

The RTO has continued to build over 2017. A total of 195 students have been enrolled since the RTO commenced and we currently have 107 active students participating in qualifications. This includes 15 Indigenous students from the Northern Territory studying qualifications through funding from the NT Government.

> *"Newland House remains an AMA(SA) asset and will be leased for the immediate future."*

The RTO applied for and was successful in receiving two project funding grants from the SA Department of State Development – one of which offered training to 12 Indigenous administration staff from Pika Wiya Health Service in Port Augusta. In addition to qualifications, the RTO has also offered monthly professional development education sessions, and in 2017, 300 practice managers and staff attended face-to-face as well as webinar sessions on a range of requested topics such as privacy at the front desk and social media in the workplace.

Membership

The Board discusses membership as a standing item and it remains the biggest challenge facing the Association. We have experienced another year of declining membership. This was particularly evident among our doctors in training. Common reasons for resignation or not joining include costs of membership across all categories and perceived value.

We have targeted increased social media contact and also our product value for certain categories, in particular general practice and doctors in training. The lack of industrial representation is a critical factor damaging our recruitment amongst public salaried doctors. In addition, the increase in medical practices joining one or two members and requesting support services across the whole practice is an increasing challenging behaviour.

Membership is a pre-requisite to the services provided and distribution of these services to non-members will be examined and addressed where this is reasonable. This is a fiduciary responsibility to ensure member funds are used for the direct benefit of members, thereby distinguishing the value to members.

The Board continues to explore initiatives to increase relevance and connection to the profession as well as brand exposure and engagement with our medical student members.

This is my final report after five years as Chair. It remains for me to thank all the Board members past and present, Executive and staff, for their diligence and hard work during my tenure.

AMA(SA) Standing Committees

January - December 2017

AMA(SA) Executive Board

Chair: Dr Trevor Mudge

Secretariat: Mr Joe Hooper and Ms Claudia Baccanello

Members: Mr Andrew Brown, John McLaren, Drs Margaret Cowling, Janice Fletcher, Chris Moy, Peter Sharley, A/Prof William Tam.

Council of General Practice

Chair: Dr Patricia Montanaro

Secretariat: Mr Joe Hooper, Ms Kay Gallary

Members: Drs Andrew Kellie, Annette Newson, Cathy Sanders, Christopher Moy, Christopher Wagner, John Williams, Michael Beckoff, Penny Need, Roger Sexton, Richard Heah, A/Prof William Tam (ex-officio).

Communications Committee

Chair: Dr Philip Harding

Secretariat: Eva O'Driscoll, Heather Millar, Jane Ford, Mr Joe Hooper.

Members: Drs Janice Fletcher, Christopher Moy, Michael Rice, Melissa Sandercock, Patricia Montanaro, Robert Menz, A/Prof William Tam (ex-officio).

Historical Committee

Chair: Dr Trevor Pickering

Secretariat: Mr Joe Hooper and Ms Bernadette Kuhar

Members: Drs David Evans, David Fenwick, Dorothea Limmer, Peter Kremsinksi, Tom Turner.

Road Safety Committee

Chair: Dr William Heddle

Secretariat: Mr Joe Hooper and Ms Bernadette Kuhar

Members: Drs Janice Fletcher, Monika Moy, Patricia Montanaro, Philip Harding, Stephen Holmes, A/Prof Robert Atkinson, A/Prof William Tam (ex-officio).

Doctors in Training Committee

Chair: Dr Karthik Venkataraman (to May 2017)

Secretariat: Mr Joe Hooper

Members: Dr Sam Kirchner, Alyssa Parsons, Ben Finlay, Candice Houda, Cassandra Chaptini, Daniel White, Edward Gibson, Hannah Szewczyk, Kyra Sierakowski, Lachlan McMichael, Oscar Russell, Patrick Tam, Richard Seglenieks, Sam Fitzgerald, Samantha Iannella, Sean Jolly, Shane Selvanderan, Tony Farfus.

Picture; Dr Trevor Mudge with Mr Joe Hooper

AMA(SA) Council | Changes

Changes to the AMA(SA) Council during the year 2017

Retiring Councillors

Dr Patricia Montanaro ceased to hold the position of Immediate Past President.

Dr Michelle Atchison retired from her position as Specialty Group Representative – Psychiatrists, a position she has held since 2011.

Dr Tarun Bastiampillai retired from his position as Ordinary Member, a position he has held since 2014.

Resignation of Councillors

Prof Paul Worley resigned from his position of Ordinary Member; a position he has held since 2014.

Dr Penelope Need retired from her position as Specialty Group Representative – General Practitioners; a position she has held since 2015.

Dr Karthik Venkataraman resigned from his position as Doctors in Training Representative, a position he has held since 2015.

Election of Office Bearers

A/Prof William Tam was elected to the office of President.

Dr Christopher Moy was elected to the office of Vice President.

Other Council Changes

Dr Janice Fletcher ceased to hold the office of President and assumed the role of Immediate Past President.

Election of Specialty Group Representatives and Other Representatives

Specialty Group Representative: Pathologists

Dr Shriram Nath was appointed to a Casual Vacancy position by AMA(SA) Council.

Election of Ordinary Members

Dr Rajaram Ramadoss was appointed to a Casual Vacancy position by AMA(SA) Council.

Dr Philip Gribble was appointed to a Casual Vacancy position by AMA(SA) Council.

Federal Councillors:

A/Prof William Tam was appointed to the office of State Nominee.

Appointment of Specialty Group Representatives

See over...

AMA(SA) Council | Changes

Changes to the AMA(SA) Council during the year 2017, continued...

Appointment of Specialty Group Representatives

Specialty Group Representative for Anaesthetists

Dr Perry Fabian was elected to this position.

Specialty Group Representative for Dermatologists

Dr Jeffrey Wayte was elected to this position.

Specialty Group Representative for Emergency Medicine

There being no nomination received by the required date, a Casual Vacancy remained.

Specialty Group Representative for General Practitioners

Dr Bridget Sawyer was elected to this position.

Specialty Group Representative for Obstetricians and Gynaecologists

Dr Jane Zhang was re-elected to this position.

Specialty Group Representative for Ophthalmologists

There being no nomination received by the required date, a Casual Vacancy remained.

Specialty Group Representative for Orthopaedic Surgeons

Dr Jegan Krishnan was elected to this position.

Specialty Group Representative for Paediatricians

Dr Patrick Quinn was elected to this position.

Specialty Group Representative for Pathologists

Dr Shriram Nath was appointed to this position by AMA(SA) Council.

Specialty Group Representative for Physicians

Dr Nimit Singhal was elected to this position.

Specialty Group Representative for Psychiatrists

Dr Tarun Bastiampillai was re-elected to this position.

Specialty Group Representative for Radiologists

Dr Nicholas Rice was re-elected to this position.

Specialty Group Representative for Surgeons

Dr David Walsh was re-elected to this position.

Salaried Medical Officers' Representative

Dr Andrew Russell was re-elected to this position.

Doctors in Training Representative

There being no nomination received by the required date, a Casual Vacancy remained.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

Report on the Financial Report

We have audited the accompanying financial report of Australian Medical Association (SA) Inc., which comprises the statement of financial position as at 31 December 2017, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the period then ended, notes comprising a summary of significant accounting policies and other explanatory information and the statement by officers of the association.

Council's Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

Independence

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

Opinion

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

a) giving a true and fair view of the association's financial position as at 31 December 2017 and of its performance for the period ended on that date; and

b) complying with Australian Accounting Standards – Reduced Disclosure Requirements (including Australian Accounting Interpretations) and the Associations Incorporations Act (SA) 1985.

JIM GOUSKOS
Principal

Pitcher Partners
ADELAIDE

Dated, this 5th day of April 2018

Financial Report | AMA(SA) Inc

Financial Report for the Year Ended 31 December 2017

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AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2017

	Note	2017 $	2016 $
Revenue	2	1,772,451	1,616,516
Total income		1,772,451	1,616,516
SAPMEA contracting cost	17	(729,135)	(777,633)
Depreciation and amortisation expenses		(38,300)	(28,946)
Property expenses		(270,296)	(241,982)
Presidential allowance		(53,220)	(53,220)
Printing and stationery		(3,721)	(8,537)
Insurance		(9,948)	(9,876)
Membership, Functions & Associations		(44,432)	(40,889)
Postage		(2,533)	(1,511)
Repairs and maintenance		(13,389)	(10,623)
Telephone		(10,754)	(12,310)
Medical Revenue		(145,018)	(119,830)
Legal fees		-	(4,117)
Donation		(10,800)	(10,800)
Gala Dinner expense		(59,635)	(65,470)
AMA Skills Training		(113,882)	(82,258)
Prizes/Awards		-	-
Other expenses from ordinary activities	3	(227,563)	(170,041)
Profit/(Loss) before income tax		39,825	(21,527)
Income tax (expense) / benefit	4	(35,974)	339
Profit/(Loss) for the year		3,851	(21,188)

The accompanying notes form part of this financial report

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2017

	Note	2017 $	2016 $
ASSETS			
Current assets			
Cash and cash equivalents	6	640,276	712,936
Trade and other receivables	7	93,884	73,907
Other current assets	8	7,930	15,071
Total Current Assets		742,090	801,914
Non-current assets			
Property, plant and equipment	9	1,367,886	1,326,117
Intangible assets	10	19,932	
Investment Properties	11	4,120,000	4,120,000
Deferred tax assets	14	140,908	219,367
Total Non-Current Assets		5,648,726	5,665,484
TOTAL ASSETS		6,390,816	6,467,398
LIABILITIES			
Current liabilities			
Trade and other payables	12	717,040	553,402
Borrowing	13	-	130,000
Total Current Liabilities		717,040	683,402
Non-current liabilities			
Deferred tax liabilities	14	307,075	349,560
Borrowing	13	1,200,000	1,275,000
Total Non-Current Liabilities		1,507,075	1,624,560
TOTAL LIABILITIES		2,224,115	2,307,962
NET ASSETS		4,166,701	4,159,436
EQUITY			
Reserves	16	993,319	989,905
Retained earnings		3,173,382	3,169,531
TOTAL EQUITY		4,166,701	4,159,436

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 2017

	Retained Earnings $	Reserves $	Total $
Balance at 1 January 2016	3,190,719	989,905	4,180,624
Total comprehensive income for the year			
(Loss) attributable to members of the entity	(21,188)	-	(21,188)
Total comprehensive income for the year	(21,188)	-	(21,188)
Balance at 31 December 2016	3,169,531	989,905	4,159,436
Balance at 1 January 2017	3,169,531	989,905	4,159,436
Total comprehensive income for the year			
Profit attributable to members of the entity	3,851	-	3,851
Other comprehensive income for the year			
North Western Suburbs Medical Practitioners Association	-	3,414	3,414
Total other comprehensive income for the year	-	3,414	3,414
Total comprehensive income for the year	3,851	3,414	7,265
Balance at 31 December 2017	3,173,382	993,319	4,166,701

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2017

	Note	2017 $	2016 $
Cash flows from operating activities:			
Receipts from members, tenants and others		1,771,303	1,600,875
Payment to suppliers		(1,520,029)	(1,805,481)
Interest received		2,409	4,700
Finance costs		(51,240)	(21,970)
Income tax paid		-	-
Net cash provided by / (used in) operating activities		202,443	(221,876)
Cash flow from investing activities:			
Purchase of plant and equipment		(70,103)	(1,208,925)
Net cash (used in) investing activities		(70,103)	(1,208,925)
Cash flow from financing activities:			
Proceeds (Repayment) from (of) borrowings		(205,000)	1,405,000
Net cash provided by / (used in) financing activities		(205,000)	1,405,000
Net (decrease) in cash		(72,660)	(25,801)
Cash and cash equivalents at the beginning of the financial year		712,936	738,737
Cash and cash equivalents at the end of the financial year	6	640,276	712,936

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

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

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

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

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

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

Accounting Policies

(a) Income Tax

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

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

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

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

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

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

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(a) Income Tax (cont.)

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

(b) Intangible assets - Website and database

Expenditure incurred on the development of the website and database for the Association has been classified as an intangible asset. 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) Plant and Equipment

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

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

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

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

Depreciation

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

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(c) Plant and Equipment (cont.)

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

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

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

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

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

(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 property being valued. Gains and losses arising from changes in the fair value of investment properties are recognised in profit or loss in the period in which they arise.

(e) Leases

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

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

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

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

(f) Financial Instruments

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

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss' in which case transaction costs are recognised immediately as expenses in profit or loss

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

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

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(f) Financial Instruments (cont.)

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

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

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

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

(ii) Loans and receivables

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

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

(iii) Held-to-maturity investments

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

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

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

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(f) Financial Instruments (cont.)

(iv) Available-for-sale investment

Available-for-sale investment are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

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

(v) Financial liabilities

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

Fair value

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

Impairment

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

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

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

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

Derecognition

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

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT.)

(g) Impairment of Assets

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

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

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

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

(h) SAPMEA contracting cost

All employees of AMA ceased employment from AMASA in FY2014 and signed new contracts with SAPMEA. SAPMEA paid the salary to AMA staff each fortnightly and charged AMA for the contracting cost on a monthly basis.

(i) Cash and Cash Equivalents

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

(j) Accounts Receivable and Other Debtors

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

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

(k) Revenue

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

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

(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 the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(o) Critical Accounting Estimates and Judgements

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

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

NOTE 2 REVENUE

	2017 $	2016 $
Operating Revenue		
- interest	2,409	4,700
- commissions	17,453	27,709
- business development	103,588	33,139
- rent	359,126	340,715
- advertising (medical review)	173,222	148,932
- member subscriptions	667,763	707,935
- membership, functions & associations	89,649	73,621
- AMA Skills Training	259,558	159,595
- gala dinner income	73,282	77,191
- Return to Work SA	8,000	8,000
- sundry revenue	18,401	34,979
Total revenue	1,772,451	1,616,516

NOTE 3 OTHER EXPENSES FROM ORDINARY ACTIVITIES

	2017 $	2016 $
Accounting & audit fees	10,500	13,380
Finance costs	51,240	21,970
Council & sub committees	9,452	13,611
Computer costs	59,393	14,858
Stamp duty & LTO costs	-	58,788
Sapmea- labour hire fee	18,000	18,000
Travel and accommodation	22,586	10,593
Industrial relations consultant fees	15,860	-
Service organisation fees - temporary staff	18,228	7,094
Sundry Expenditure	22,304	11,747
Total other expenses from ordinary activities	227,563	170,041

NOTE 4 INCOME TAX EXPENSE

	2017 $	2016 $
a. The components of tax expense comprise:		
Current tax	-	(339)
Deferred tax	46,824	-
Under/(over) provision in prior years	(10,850)	-
	35,974	(339)
b. The prima facie tax on profit before income tax is reconciled to the income tax as follows:		
Prima facie tax payable on profit before income tax at 27.5% (2016: 30%)	10,952	(6,458)
Less:		
Tax effect of:		
– other non-temporary differences	35,872	10,729
– under/(over) provision in prior years	-	(4,610)
– reduction in corporate tax rate	(10,850)	-
Income tax expense/(benefit)	35,974	(339)

NOTE 5 KEY MANAGEMENT PERSONNEL COMPENSATION

	2017 $	2016 $
The totals of remuneration paid by SAPMEA to key management personnel (KMP) of the association during the year are as follows:		
Key management personnel compensation	291,720	291,220

Other KMP transactions
For details of other transactions with KMP, refer to Note 17: Related Party Transactions.

NOTE 6 CASH AND CASH EQUIVALENTS

	2017 $	2016 $
Cash on hand	300	300
Cash at bank	639,976	712,636
	640,276	712,936

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	640,276	712,936

NOTE 7 TRADE AND OTHER RECEIVABLES

		2017 $	2016 $
Trade receivables		72,776	74,037
Less: Provision for doubtful debts	7a	(500)	(500)
Other receivable from SAPMEA	17	20,000	-
Sundry Debtors		1,608	370
		93,884	73,907

7a. Provision for doubtful debts

Movement in the provision for doubtful debts is as follows:

	Opening balance $ 1 Jan 2016	Charge for the year $	Amounts written off $	Closing balance $ 31 Dec 2016
Current trade receivables	2,000	(1,500)	-	500

	Opening balance $ 1 Jan 2017	Charge for the year $	Amounts written off $	Closing balance $ 31 Dec 2017
Current trade receivables	500	-	-	500

	2017 $	2016 $
7b. Financial assets classified as loans and receivables		
Trade and other receivables		
- Total current	93,884	73,907
- Total non-current	-	-
	93,884	73,907
Financial assets	93,884	73,907

NOTE 8 OTHER CURRENT ASSETS

	2017 $	2016 $
Prepayments	7,930	14,900
Other - Recoverable Expenses	-	171
	7,930	15,071

NOTE 9 PLANT AND EQUIPMENT

	2017 $	2016 $
Land and Buildings		
Unit 7 - AMA House at Independent Valuation 2016	1,200,000	1,200,000
less: Accumulated Depreciation	-	-
	1,200,000	1,200,000
Total land and buildings	**1,200,000**	**1,200,000**
Furniture and Equipment		
Newland House - at cost	220,710	220,710
less: Accumulated Depreciation	(185,508)	(165,256)
	35,202	55,454
AMA House - at cost	78,365	15,604
less: Accumulated Depreciation	(9,410)	(8,670)
	68,955	6,934
Antiques and Paintings - At Valuation	64,539	64,539
less: Accumulated Depreciation	(810)	(810)
	63,729	63,729
Total Furniture and Equipment	**167,886**	**126,117**
Total Property, furniture & equipment	**1,367,886**	**1,326,117**

(a) Movements in 2017 Carrying Amounts	Land and Buildings	Furniture and Equipment	Total
Balance at 1 January 2017	1,200,000	126,117	1,326,117
Additions	-	70,103	70,103
Disposals	-	(7,342)	(7,342)
Depreciation expense	-	(28,334)	(28,334)
Writeback on disposals	-	7,342	7,342
Carrying amount at 31 December 2017	1,200,000	167,886	1,367,886

NOTE 10 INTANGIBLE ASSETS

	2017 $	2016 $
Website and database		
At costs	29,898	-
less: Accumulated Amortisation	(9,966)	-
	19,932	**-**

(a) Movements in 2017 Carrying Amounts	Website and database	Total
Balance at 1 January 2017	-	-
Additions	29,898	29,898
Amortisation expense	(9,966)	(9,966)
Carrying amount at 31 December 2017	19,932	19,932

NOTE 11 Investment Properties

	2017 $	2016 $
Newland House		
Opening balance - 1 January at Independent Valuation 2014	1,600,000	1,600,000
Gains/(losses) on fair value revaluations	-	-
Closing balance - 31 December	1,600,000	1,600,000
AMA House		
Opening balance - 1 January at Independent Valuation 2014	2,520,000	2,520,000
Gains/(losses) on fair value revaluations	-	-
Closing balance - 31 December	2,520,000	2,520,000
Total Investment Properties	4,120,000	4,120,000

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

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

NOTE 12 TRADE AND OTHER PAYABLES

	2017 $	2016 $
CURRENT		
Trade payables	34,093	32,860
Subscription in advance	469,320	480,899
Sundry creditors and accruals	14,594	8,843
Land tax payable	165,513	119,393
GST payable/(receivable)	33,520	(88,593)
	717,040	553,402

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

Trade and other payables		
- Total current	717,040	553,402
- Total non-current	-	-
	717,040	553,402
Less subscriptions in advance	(469,320)	(480,899)
Less land tax payable	(165,513)	(119,393)
Less GST payable/(receivable)	(33,520)	88,593
Financial liabilities as trade and other payables	48,687	41,703

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

NOTE 13 BORROWING

	2017 $	2016 $
CURRENT	-	130,000
NON-CURRENT	1,200,000	1,275,000
	1,200,000	1,405,000

Security of the borrowings:
- 1st Registered Mortgage over Unit 3 & Unit 7, 161 Ward Street, North Adelaide, SA
- General Security Agreement (GSA) over the AMA(SA)

NOTE 14 TAX

	Opening Balance $	Charge Directly to Equity $	Recognised in Income $	Closing Balance $
NON-CURRENT				
Deferred tax liability				
Fair value gain	361,736	-	-	361,736
Building improvement	(11,873)	-	(592)	(12,465)
Prepayment	447	-	(158)	289
Balance at 31 December 2016	350,310	-	(750)	349,560
Fair value gain	361,736	-	-	361,736
Building improvement	(12,465)	-	(42,196)	(54,661)
Prepayment	289	-	(289)	-
Balance at 31 December 2017	349,560	-	(42,485)	307,075
Deferred tax assets				
Provisions	600	-	(534)	66
Deferred expenditure	868	-	(543)	325
Carried forward tax losses	218,310	-	666	218,976
Balance at 31 December 2016	219,778	-	(411)	219,367
Provisions	66	-	3	69
Deferred expenditure	325	-	(325)	-
Carried forward tax losses	218,976	-	(78,137)	140,839
Balance at 31 December 2017	219,367	-	(78,459)	140,908

NOTE 15 Operating lease receivables

	2017 $	2016 $
a. Operating Lease Receivables		
Leases as Lessor		
Minimum lease payments under non-cancellable operating leases of property held (see Note 10) not recognised in the financial statements are receivable as follows:		
within one year	325,780	335,591
between 1 and 5 years	701,013	955,540
above 5 years	38,179	109,433
	1,064,972	1,400,564

NOTE 16 RESERVES

		2017 $	2016 $
Asset Revaluation Reserve	(a)	950,950	950,950
De Crespigny Memorial Fund	(b)	3,068	3,068
Listerian Oration Fund	(c)	3,662	3,662
Frank S Hone Memorial Fund	(d)	12,516	12,516
Southern Suburbs Medical Association	(e)	19,709	19,709
North Western Suburbs Medical Practitioners Associati	(f)	3,414	-
		993,319	989,905
(a) Asset Revaluation Reserve			
Movements during the financial year:			
Opening balance		950,950	950,950
Revaluation of building		-	-
Closing Balance		950,950	950,950

The asset revaluation reserve records revaluations of non-current assets

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

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

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

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

NOTE 16 RESERVES (CONTINUED)

	2017 $	2016 $
(d) Frank S Hone Memorial Fund		
Movements during the financial year:		
Opening balance	12,516	12,516
Closing Balance	12,516	12,516

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

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

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

NOTE 17 RELATED PARTY TRANSACTIONS

	2017 $	2016 $
The CEO of Australian Medical Association (SA) is also the CEO of SAPMEA		
Australian Medical Association (SA) Inc entered into an agreement with SAPMEA for the supply of labour hire services to AMA.	(18,000)	(18,000)
SAPMEA Contracting Costs - All employees of AMA ceased employment from AMA in FY2014 and signed new contracts with SAPMEA. SAPMEA paid the salary to AMA staff each fortnightly and charged AMA for the contracting cost on a monthly basis.	(729,135)	(777,633)
SAPMEA has a property lease with AMA for three years from 6 February 2017 to 5 February 2020.	35,200	35,200
Other receivable from SAPMEA	20,000	-

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

NOTE 18 FINANCIAL RISK MANAGEMENT

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

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

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

		2017 $	2016 $
Financial assets			
Cash and cash equivalents	6	640,276	712,936
Loans and receivables	7	93,884	73,907
Total financial assets		734,160	786,843
Financial liabilities			
Financial liabilities at amortised cost:			
– trade and other payables	12	48,687	41,703
– borrowings	13	1,200,000	1,405,000
Total financial liabilities		1,248,687	1,446,703

NOTE 19 EVENTS AFTER THE REPORTING PERIOD

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

NOTE 20 CONTINGENT LIABILITIES

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

NOTE 21 ASSOCIATION DETAILS

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

Report of the Councillors

In accordance with section 35(5) of the Associations Incorporation Act, (SA) 1985, the Executive Board of the Australian Medical Association (SA) Inc, under delegation by the Council, hereby states that during the financial year ended 31 December 2017:

(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 CE of The Australian Medical Association (SA) Inc. is also the CE of sapmea and receives a salary in accordance with his contratcual terms and conditions.

- The Presidents of the Australian Medical Association (SA) Inc. received an allowance of $53,220, for J Fletcher $17,740 and W Tam $35,480, in carrying out duties on behalf of the association.

- The Australian Medical Association (SA) Inc. engaged Mr John McLaren on normal commercial terms and conditions during the year for $3,500 for professional services relating to branding and communication strategy development. Mr John McLaren is a Board member of the Australian Medical Association (SA) Inc.

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

Statement by Officers of the Association

In the opinion of the Executive Board, on behalf of the Councillors of the association, the financial report as set out on pages 15 to 31:

(a) Presents a true and fair view of the financial position of Australian Medical Association (SA) Inc. as at 31 December 2016 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 the 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:

Board Chair: .. ..

Dr Trevor Mudge

Board Member: . .....

A/Prof William Tam

Dated this 5th day of April 2018

Australian Medical Association
(South Australia) Inc.

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AMA
South Australia