

ANNUAL REPORT

31 December 2015



ANNUAL REPORT
OF THE
AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED
(ACN 008 665 718)

...supporting doctors serving their communities

31 December 2015

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AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED

ACN 008 665 718

2015

DIRECTORS

Dr Elizabeth Gallagher – President

Dr Jo-Anne Benson – Hon Secretary

Dr Guy Buchanan – Director

Dr Suzanne Davey – Director

Dr Iain Dunlop – Director

Dr Andrew Miller – Hon Treasurer

Dr Stephen Robson – President elect (appointed May 2015)

Dr Rashmi Sharma – Director (appointed December 2015)

ADVISORY COUNCIL

Dr Stephen Robson – Chair until May 2015

Dr Rashmi Sharma – Chair from December 2015

Dr Will Matthiesson – anaesthetics

Dr John Nicolls – physicians

Dr James Lim – surgery

Dr Tween Low – obstetrics and gynaecology

Dr Mark Healsmith – dermatology

Dr Rashmi Sharma – general practice until December 2015

Ms Lauren O'Rourke – medical students

Dr David Tridgell – ophthalmology

Dr Michael Rosier – paediatrics

Dr Ian Clark – pathology

Dr Tobias Angstmann – salaried doctors

Dr Lev Fridgant – psychiatrists

FEDERAL COUNCILLOR REPRESENTING AMA (ACT) LIMITED

Dr Elizabeth Gallagher

AMA (ACT) LIMITED APPOINTEE TO THE BOARD OF THE AUSTRALIAN MEDICAL ASSOCIATION LTD

Dr Iain Dunlop

COMMITTEES

“Canberra Doctor” editorial committee

Dr Jo-Anne Benson, Dr Raymond Cook, Dr James Cookman, Dr John Donovan,
Associate Professor Jeffrey Looi, Dr Lara Whitbourne

General Practice Forum

Dr Ian Brown, Dr Suzanne Davey (Chair), Dr Stan Doumani, Dr Martin Liedvogel, Dr Rashmi Sharma, Dr
Karen Flegg, Dr Tuan Tran, Dr Mike Seah, Dr Ian Pryor, Dr Nadeem Siddiqui
Dr Elizabeth Gallagher (ex officio), Dr Alex Stevenson, Dr Sonia Res

Doctors in Training Forum

Dr Nushin Ahmed, Mr Kieren Neill, Christopher Dawson, Dr Lauren O’Rourke
Secretariat – Ms Christine Brill (to 31 July 2015) and Mr Andy Ozolins

SECRETARIAT

CHIEF EXECUTIVE OFFICER & COMPANY SECRETARY: Christine Brill JP CAE (to 31 July 2015),
Peter Somerville CEO (appointed September 2015)

CORPORATE ACCOUNTANT: Tanya Smith

WORKPLACE RELATIONS MANAGER: Andy Ozolins

MEMBERSHIP AND PARTNER RELATIONS MANAGER: Helen Longdon

SECRETARIAT MANAGER: Karen Fraser

REPRESENTATIVES ON FEDERAL AMA COMMITTEES

AMA Council of Doctors in Training: Dr Nushin Ahmed

AMA Council of General Practice: Dr Suzanne Davey

AMA Council of Salaried Doctors: Dr Tobias Angstmann

Health Financing and Economics Committee: Dr Iain Dunlop and Dr Andrew Miller

Indigenous Health Task Force: Dr Elizabeth Gallagher

REPRESENTATIVES TO AMA NATIONAL CONFERENCE

Dr Iain Dunlop – Federal Councillor

Dr Andrew Miller – Federal Councillor

Dr Jo-Anne Benson and Dr Elizabeth Gallagher representing AMA (ACT) Limited

Dr Suzanne Davey representing General Practitioners

Ms Christine Brill – Official observer

PRIZE WINNERS

President's Prize

Dr Michael Levy – 2011

Mr Robert Hunt – 2012

Dr Jo-Anne Benson – 2013

Dr Iain Dunlop – 2014

Dr Peggy Brown – 2015

Student Prize for Leadership

Mr Steven Peterson – 2010

Mr James McCracken – 2011

Mr Mark Russell – 2012

Mr Justin Rheese – 2013

Dr Kerrie Aust – 2014

Ms Lauren O'Rourke – 2015

AMA ROLL OF HONOUR

ACT Branch of the Australian Medical Association Limited

PRESIDENTS

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

Australian Medical Association (ACT) Limited

Dr Paul Jones
Dr Iain Dunlop
Dr Andrew Miller
Dr Elizabeth Gallagher

AMA FELLOWS

John J Connors
Robert Green
Stanley Doumani
Peter Hughes
Alastair Robson
Gary Jones
David McNicol
John Eather
Keith Barnes
Brian Richards
Gerald Flynn
Anthony Griffin
Grahame Bates
William Coote
Robert Allan
Raymond Cook
Susan Richardson
Ian Pryor
Charles Howse
Paul Jones

Iain Dunlop

50 YEAR MEMBERS

Brewster Ashley
Keith Barnes
Roma Bedford
Eric Fitzsimons
Kenneth Goard
Lindsay Grigg
Valerie Hill
Ann Hosking
Reginald Hook
Mary Hoyle
Peter Hughes
Keith McGonigal
Peter Giffard
David Prosser

Selwyn Peter Trenerry
Robert Vance
Peter H Wilson
Jensen Wong See
John Donovan
Tony Griffin

VALE

Dr John Crotty
Dr David Craigie
Dr Keith R Barnes AM
Dr Philip Ikupu Toua



REPORT FROM THE PRESIDENT

Dr Elizabeth Gallagher

If anything can be said of the past year, it is that it's been the year of changes.

Local Changes

We saw the end of an era with Christine Brill retiring after 32 years as CEO of AMA (ACT) and its predecessors.

We saw a new Director General for ACT Health with the departure of Dr Peggy Brown and the appointment of Nicole Feely.

Katy Gallagher moved from being our ACT Chief Minister and Health Minister to the Senate which necessitated the appointment of a new Health Minister, Simon Corbell.

With the change to Primary Health Networks, I'm pleased to say that the ACT Medicare Local, with whom we have always maintained a strong relationship, was the successful tenderer and became the Capital Health Network. Dr Martin Liedvogel is the chair and Gaylene Coulton is the new CEO.

All these changes certainly added to the challenge of being AMA (ACT) President and establishing these new relationships is a work in progress.

While the President's role involves a steep learning curve, I was fortunate during my first year to have the invaluable guidance, superb skills and deep corporate knowledge of Christine to assist me. The second year, I had a bit more confidence in myself and my role, and was very reassured by the arrival of our new CEO Peter Somerville who has brought with him a wealth of different experiences, emphasis and interests that have added a new twist to the office. I have really enjoyed working beside him, and learning from him too. I no longer quake when the media calls for comments, and have really come to appreciate how the AMA (ACT) is the go-to organisation for comments and feedback on most health related issues.

Board Changes

I would also like to thank my Board who, as always, provide a wealth of experiences and support, and makes what I do considerably easier.

The Board has likewise seen changes over the year with Professor Stephen Robson joining us and then stepping up to take the president-elect position. We were likewise fortunate for to have Dr Rashmi Sharma become Chair of the Advisory Council and join the Board. Rashmi, as most members would know, brings a wealth of experience from the many roles she has played in the Canberra Medical Community over the years, and in particular her role as Chairman of the former Medicare Local.

While Steve and Rashmi joined the Board during the year, we were unfortunate to lose Dr Guy Buchanan. I thank Guy for his commitment and involvement over the years and wish him well in his new pursuits.

Most recently, we have, unfortunately, lost our longstanding Secretary, Dr Jo-Anne Benson. Jo has reluctantly stood down due to her work commitments and we are very sad to see her go not only from the Board but also from the Canberra Doctor editorial Committee.

The recent Board elections has seen some changes with Dr Antonio Di Dio taking on the role of President-elect. Dr Suzanne Davey will become Secretary and I have decided to remain involved as a member of the Board.

Activities and Events

As usual, we have maintained our relationship with the ANU Medical School, the highlight of which was hosting the Graduation Breakfast for the graduating class of 2015 in December.

I congratulate Lauren O'Rourke who won the annual AMA (ACT) Prize for student leadership. Lauren is now an Intern in ACT Health and has maintained her involvement with AMA ACT as one of our Doctors in Training representatives.

We also attended Intern Orientation at Canberra Hospital and the orientation day for other DITs new to Canberra.

This year, for the first time in several years, we asked interns to pay for their AMA membership. While this was a significant change, we've been successful in gaining around half of the interns as new members. The challenge of course, is to retain them as members by making the AMA relevant to their needs and provide services that they want.

To that end, one of the very successful activities we held for the first time in 2015 was an interview skills workshop for DITs and medical students. With competition for training positions and jobs becoming fiercer, interview skills and CV preparation skills have become increasingly important.

We also followed the tradition of hosting welcome drinks at the Uni Pub to welcome our new intake of medical students and introduce them to the AMA (ACT). Of course, it's one of the strengths of the AMA that we are the only membership organisation that will follow medical students from their first day as a student through an active career and into retirement, no matter what career path they choose.

Workplace Relations

One of the membership innovations we are pursuing is joint membership for DITs with the JMO Association and ASMOF. While we didn't quite get these across the line, I'm hopeful that in the near future we will.

Workplace relations activities saw a wide range of individual and collective matters being dealt with and, for salaried doctors, this primarily meant the new enterprise agreement. Despite various challenges to the validity of the process, the Fair Work Commission endorsed the agreement and it's been in operation since January 2016.

While it's good news to have the new agreement in place, because of the various delays and challenges, it's now only 12 months until the next round of bargaining. As tough and drawn out as the last negotiations were, we can be sure that the next round will focus on a range of issues and also see us seeking input from members about whether any new agreement should be split up into an agreement for Senior Doctors and an agreement for DITs.

The VMO Contract negotiations have been colourful to say the least. After a disrupted negotiating period, that featured walkouts and threats of litigation, a wide range of issues remained to be arbitrated. With the arbitration scheduled for three days, the Arbitrator called a halt at the end of the second day and sent ACT Health, the VMOA and AMA (ACT) away to try and reduce the number of matters to be arbitrated.

While we have grave concerns about some of the claims made by ACT Health, we remain hopeful that some common sense and the threat of an arbitrated outcome may bring us closer together.

Of all the issues we've been involved in over the last year, major one has been bullying, discrimination and sexual harassment in the workplace. With the various AMA entities across the states and territories and with Federal AMA to the forefront, we are all striving to get a just solution to an insidious problem.

In the ACT, the issue was kick started when ACT Health commissioned a report into the Training Culture at the Canberra Hospital. Unfortunately, the next step involved ACT Health setting up a new Clinical Cultural Committee in circumstances where there was no consultation with the AMA (ACT) or other interest groups. While this was very unfortunate, constructive discussion since that time lead me to be reasonably confident that the concerns of young doctors and the AMA (ACT) will be listened to.

Locally, the AMA Public Hospital Report Card has continued to highlight the relative underperformance in wait times in A&E and surgical waiting lists compared to the rest of Australia. On the upside, ACT Health's performance improved in key areas from the previous year and we remain willing to assist with progressive improvements to the system.

Other Issues

One thing I have realised in my two years is just how slow the wheel can sometimes turn, and some of the issues I began with, are still churning along. In particular, the NSP programme at the Alexander Maconochie Centre is still slowly evolving, as is the medical cannabis models. The latter though, seems to be nearing a resolution, thankfully, not in the form proposed by the Greens last year, but towards a more strictly regulated model of supply and use.

As for looking forward to 2016, we now have date for the Federal election and we will also face an ACT election. As members would expect we will be engaging with all sides of politics, commenting on the health policies, advocating for the health of our community and urging health to be a priority - no matter what the outcome of the election.

Sign-off

Thus ends my second year as President and the end of my tenure. I have really valued being the local representative and feel proud to have been associated with the AMA at both the local and Federal level.

Thank you to all who have supported me and allowed me to represent you. I feel confident in handing on the baton to my colleague, Prof Steve Robson, someone who brings outstanding skills to the job and I'm certain AMA (ACT) will continue to thrive under his leadership. Welcome Steve.

...



REPORT FROM THE TREASURER

Dr Andrew Miller

Presented in AMA ACT's Annual Report are the Company's financial statements for the 2015 financial year. These have been prepared and audited in accordance with company law.

The 2015 calendar year has again been marked by a surplus, with a reported result of \$39,375 (2014 result \$33,667). Revenues have decreased again, a trend predicted in 2014, but expenses have been contained allowing the positive result.

Total AMA ACT revenue for 2015 decreased by approximately \$22,000 from 2014. The winding up of the Careers Service MOU has made a significant negative impact in revenues as predicted in the 2014 report. In 2014 this contributed over \$47,000 to the Company's results. It can be seen that if this effect is set aside the other revenue streams are starting to take up the slack and the net revenue reduction has been partly offset by these activities. Membership revenues increased by over \$18,000 from 2014.

The Company's publishing activities continue to return significant revenues with Canberra Doctor and the Specialist Directory both breaking last year's record results. There has been a nominal increase in rental revenue. Sponsorship revenues have improved marginally.

The Doctors' Health Advisory Service funds are booked as income and appear on the balance sheet, but are pre-committed in their entirety to the service. The advent of the AHPRA mandated Doctors Health Service will change the reported figures in future years but there will be no net effect on the Company's finances.

The Company also experienced a decrease in total expenses of approximately \$28,000 in 2015 compared to 2014. Legal expenses have reduced with the conclusion of the MOU with Federal AMA. Expenses such as printing and postage have been contained, with a 40% reduction over 2014. The publishing activities achieved a 5% increase in margin due to careful containment of expenses whilst print runs increased. An increase in sponsorship income was largely offset by a reduction in commission income.

As a result of the carry forward of accumulated tax losses from prior years no income tax is currently payable on any surplus generated from commercial activities by the Company.

The results presented this year represent the combined efforts of our outgoing CEO Christine Brill and the incoming CEO Peter Somerville. Transitions such as this will always present a challenge for a small company such as ours, but Christine has left a great legacy for which we acknowledge with immense gratitude.

The transition has been achieved with no dislocation to member services and business activities, although there have been challenges including the printer for Canberra Doctor going into receivership. The new CEO Peter Somerville has maintained a committed and professional approach to reviewing business activities, and developing an ongoing plan. There has been some turnover in staff, but no more than expected, and the office has been reorganised to improve efficiency. A new accountant, Ms Tanya Smith, has been appointed.

As always the primary focus of the Company is the provision of membership services including support and advocacy. Whilst the drive to expand membership continues as a project, the Company will continue to explore business activities that will allow a diversification of its income stream. We will continue to work with our sponsors and advertisers to build on the benefits available to AMA (ACT) members and improve the overall value of AMA ACT membership.

Finally I would like to express my gratitude to the Board for their interest and support in a year of change for the Company. The Board has maintained a high level of activity and engagement in ensuring that the transition of CEO incumbents has been achieved without drama. I would also like to thank the Company Accountant, Tanya Smith and CEO, Peter Somerville for their attention to the completion of the 2015 financial reporting requirements.

AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED

ABN 29 008 665 718

FINANCIAL REPORT FOR THE YEAR ENDED 31 DECEMBER 2015

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Australian Medical Association (ACT) Limited

Directors' Report

Your Directors submit their report for the year ended 31 December 2015.

Directors

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

Name	Qualification	
Dr Jo-Anne Benson	MB BS, FRACS (paed) MSc, MGcL	
Dr Guy Buchanan	MB BS, FANZCA	Resigned 22/2/2016
Dr Suzanne Davey	BSc (Hons), MB BS, DCH, DRCOG	
Dr Iain Dunlop	MB BS (Hons) FRANZCO, FRACS	
Dr Elizabeth Gallagher	B Med, BMedSc, FRANZCOG	
Dr Andrew Miller	MB BS, BSc(Med) FACD	
Dr Stephen Robson	MB BS, FRANZCOG	
Dr Rashmi Sharma	BSc, MB BS, DRANZCOG, FRACGP, Grad Cert in Higher Education, GAICD	Appointed 9/12/2015

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

Company Secretary

Christine Brill (Resigned 31/7/2015) JP, CAE, GradCert Mgt, GradDip EmpRel, M.HRM

Peter Somerville (Appointed 1/8/2015)

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

Dividends

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

Australian Medical Association (ACT) Limited

Directors' Report (cont.)

Principal Activity

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

FOR THE ASSOCIATION

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

FOR THE MEMBERSHIP

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

FOR THE COMMUNITY

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

Australian Medical Association (ACT) Limited

Directors' Report (cont.)

Performance Measurement

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

Financial Management accounts are prepared prior to board meetings and at least 4 times annually and compared with the annual budget, revised projections and prior year figures. These accounts measure the financial viability of the Company and demonstrate the level of growth in membership subscriptions from year to year as well as other commercial and semi-commercial arrangements. Risk management strategies across the organisation are documented and reviewed bi-annually. Reports on growth in membership numbers and trends by category, are generated throughout the year.

The value of member benefits available is largely quantifiable and reviewed annually.

The Board assesses, as an ongoing process, the value, expenditure and income of new members' benefits and initiatives before offering products and services to the members.

The volume, quality, size and regularity, and expenditure and income of publication, of "Canberra Doctor" and other publications is also compared throughout the year and annually.

Feedback from the medical profession, other health professionals, related councils and entities, hospitals, politicians and bureaucrats, and the community is constantly monitored by management and reported to the Board for consideration and action if required.

The volume of requests for AMA (ACT) input and advice from the medical profession, other health professionals, related councils and entities, hospitals, politicians and bureaucrats, and the community, and the quality and timeliness of the AMA ACT response is also constantly monitored by management and reported to the Board for consideration and action if required.

Operating Results

Net surplus for the year ended 31 December 2015 after income tax is \$39,375 (2014: surplus of \$33,667).

Performance

Financial

By focussing on the development of existing and potential new sources of revenue, and growing membership numbers and subscriptions, with close attention to careful cost management, the Company has made a surplus for 2015. The effect of all aspects of operations on the financial performance and viability of the Company is monitored closely throughout the year.

Membership Growth

During the year the Company experienced growth in membership across all categories of members.

Canberra Doctor

The Canberra Doctor newspaper continues to be a popular and widely read publication within the medical community. The newspaper was published 10 times during the year and provides a regular source of up-to-date information on the political landscape and other issues relevant to the medical profession and the patients they treat. Canberra Doctor also continues to be the vehicle by which practitioners promote their professional services to colleagues.

AMA ACT Advocacy

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

Australian Medical Association (ACT) Limited

Directors' Report (cont.)

Significant Changes in the State of Affairs

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

Significant Events After the Balance Date

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

Likely Developments and Expected Results

The likely developments in the operation of the Company involve the continued pursuit of its principal activities.

Environmental Regulation and Performance

The Company is not subject to any particular or significant environmental regulations.

Membership Obligations

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

Indemnification and Insurance of Directors

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

- (a) the liability arises out of conduct involving a wilful breach of duty; or
- (b) there has been a contravention of Section 232(5) or (6) of the *Corporations Act 2001*.

The total amount of insurance contract premiums paid in 2015 was \$3,936 (2014: \$3,981).

Directors' Remuneration

No Directors' remuneration was paid during the year.

Australian Medical Association (ACT) Limited**Directors' Report (cont.)****Directors' Meetings**

During the year, 5 board meetings were held

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

	Number of meetings held while in office	Number of meetings attended
Dr Jo-Anne Benson	5	4
Dr Guy Buchanan	5	2
Dr Suzanne Davey	5	4
Dr Iain Dunlop	5	5
Dr Elizabeth Gallagher	5	5
Dr Andrew Miller	5	2
Dr Stephen Robson	5	4
Dr Rashmi Sharma		0


Auditor's Independence Declaration

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

Signed in accordance with a resolution of the Directors.



Director - Dr Elizabeth Gallagher
Canberra
20 April 2016



Director - Dr Andrew Miller

**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001
TO THE DIRECTORS OF
AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED**

I declare that, to the best of my knowledge and beliefs, during the year ended 31 December 2015 there have been:

- i. no contraventions of the independence requirements of the Corporations Act 2001 in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.



Duesburys Nexia
Canberra, 20 April 2016



R C Scott
Partner

Duesburys Nexia
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Independent member of Nexia International

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED

We have audited the accompanying financial statements of Australian Medical Association (the Company) , which comprises the statement of financial position as at 31 December 2015 , and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the Directors' declaration.

DIRECTORS' RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

The Directors are responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001, and for such internal control as the Directors determine is necessary to enable the preparation of the financial statements that are free from material misstatement , whether due to fraud or error.

AUDITOR'S RESPONSIBILITY

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements . The procedures selected depend on the auditor's judgment , including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments , the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 statements .

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 the Corporations Act 2001.

AUDITOR'S OPINION

In our opinion, the financial statements of the Company are in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the Company's financial position as at 31 December 2015 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

A handwritten signature in cursive script that reads 'Duesburys Nexia'.

Duesburys Nexia
Canberra, 20 April 2016

A handwritten signature in cursive script that reads 'R C Scott'.

R C Scott
Partner

Australian Medical Association (ACT) Limited

Directors' Declaration

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


In the opinion of the Directors:

- (a) the financial statements and notes of the Company are in accordance with the *Corporations Act 2001*, including:
 - (i) giving a true and fair view of the Company's financial position as at 31 December 2015 and of its performance, as represented by the results of its operations and its cash flows, for the year ended on that date; and
 - (ii) complying with Accounting Standards - Reduced Disclosure Requirements and *Corporations Regulations 2001* and other authoritative pronouncements of the Australian Accounting Standards Board; and
- (b) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

On behalf of the Board:



Director - Dr Elizabeth Gallagher
Canberra
20 April 2016



Director - Dr Andrew Miller

Australian Medical Association (ACT) Limited

**Statement of comprehensive income
for the year ended 31 December 2015**

	Notes	2015	2014
		\$	\$
REVENUE FROM CONTINUING OPERATIONS	3	587,291	610,158
Salaries and employee benefits expense		(281,110)	(293,627)
Depreciation expense	4	(15,629)	(15,026)
Printing and postage expenses		(9,661)	(16,180)
Telephone and internet expense		(2,086)	(1,883)
Meetings and seminars expense		(16,935)	(13,103)
Bank and credit card charges		(2,803)	(2,782)
Rates and body corporate		(18,783)	(19,473)
Rent expense - Federal AMA		(87,330)	(87,330)
Legal expenses			(4,258)
Canberra Doctor expenses		(57,292)	(57,062)
Specialist Directory expenses		(9,601)	(9,663)
Other expenses from ordinary activities		(46,686)	(56,104)
SURPLUS FROM CONTINUING OPERATIONS BEFORE INCOME TAX		39,375	33,667
INCOME TAX	5		
NET SURPLUS FOR THE YEAR		39,375	33,667
Other comprehensive income, net of tax			
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		39,375	33,667

Australian Medical Association (ACT) Limited

Statement of financial position
as at 31 December 2015

	Notes	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	15	260,088	285,383
Trade and other receivables	6	52,456	24,728
Other current assets	7	5,041	12,689
TOTAL CURRENT ASSETS		317,585	322,800
NON-CURRENT ASSETS			
Property, plant and equipment	8	5,188	9,729
Investments	9	288,138	299,226
TOTAL NON-CURRENT ASSETS		293,326	308,955
TOTAL ASSETS		610,911	631,755
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	96,636	111,135
Deferred revenue	12	94,071	96,945
Borrowings	14		
Provisions	13	19,224	62,070
TOTAL CURRENT LIABILITIES		209,931	270,150
TOTAL LIABILITIES		209,931	270,150
NET ASSETS		400,980	361,605
MEMBERS' FUNDS			
Retained earnings		400,980	361,605
TOTAL MEMBERS' FUNDS		400,980	361,605

Australian Medical Association (ACT) Limited

Statement of cash flows
for the year ended 31 December 2015

	Notes	2015	2014
		\$	\$
<hr/>			
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members and customers (inclusive of GST)		505,907	566,858
Payments to suppliers and employees (inclusive of GST)		(533,685)	(540,237)
Interest received		2,483	3,344
NET CASH FLOWS (USED IN)/ FROM OPERATING ACTIVITIES		(25,295)	29,965
<hr/>			
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds on sale of assets			86
NET CASH FLOWS FROM INVESTING ACTIVITIES			86
<hr/>			
NET (DECREASE)/ INCREASE IN CASH AND CASH EQUIVALENTS		(25,295)	30,051
Cash and cash equivalents at beginning of year		285,383	<u>255,332</u>
CASH AND CASH EQUIVALENTS AT END OF YEAR		260,088	<u>285,383</u>

Australian Medical Association (ACT) Limited

Statement of changes in equity
for the year ended 31 December 2015

	2015 Retained earnings \$	2014 Retained earnings \$
Retained earnings		
At 1 January	361,605	327,938
Surplus for the year	39,375	33,667
Other comprehensive income		
At 31 December	<u>400,980</u>	<u>361,605</u>

Australian Medical Association (ACT) Limited

Notes to the Financial Statements

31 December 2015

NOTE 1. CORPORATE INFORMATION

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

The Australian Medical Association (ACT) Limited has elected to adopt the Australian Accounting Standards-Reduced Disclosure Requirements (established by AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements).

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

A number of new or revised Australian Accounting Standards are effective for the first time in the current financial year. These standards have had no material impact on the entity.

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

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

Australian Medical Association (ACT) Limited

Notes to the Financial Statements (cont'd)

31 December 2015

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(a) Property Plant and Equipment

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

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

Plant and equipment – over 4 to 15 years

Fittings and fixtures – over 4 to 15 years

Impairment

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

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

(b) Investment Property

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

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

Investment property – over 50 years

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

(c) Taxes

Income tax

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

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

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(c) Taxes (cont'd)

Goods and Services Tax

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

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

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

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

(d) Financial Instruments

Recognition

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Financial assets at fair value through profit or loss

A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if so designated by management and within the requirements of AASB 139 Financial Instruments: Recognition and Measurement. Derivatives are also categorised as held for trading unless they are designated as hedges. Realised and unrealised gains and losses arising from changes in the fair value of these assets are included in the profit or loss in the period in which they arise.

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 stated at amortised cost using the effective interest rate method.

Held-to-maturity investments

These investments have fixed maturities, and it is the intention to hold these investments to maturity. Any held-to-maturity investments held are stated at amortised cost using the effective interest rate method.

Available-for-sale financial assets

Available-for-sale financial assets include any financial assets not included in the above categories. Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are recognised in other comprehensive income and accumulated in the investment revaluation reserve.

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(d) Financial Instruments (cont'd)

Financial liabilities

Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

Fair value

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

Impairment

At the end of the reporting period, an assessment is made whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the profit or loss.

(e) Employee Benefits

Wages, Salaries and Annual Leave

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

Long Service Leave

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

(f) Cash and Cash Equivalents

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

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

(g) Receivables

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

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

(h) Investments

Unlisted shares and investment property are carried at cost.

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(i) Leases

The determination of whether an arrangement is or contains a lease is based on the substance of the arrangement and requires an assessment of whether the fulfilment of the arrangement is dependent on the use of a specific asset or assets and the arrangement conveys a right to use the asset.

Operating Leases

The minimum lease payments of operating leases, where the lessor effectively retains substantially all of the risks and benefits of ownership of the leased item, are recognised as an expense on a straight-line basis over the lease term. Operating lease incentives are recognised as a liability when received and subsequently reduced by allocating lease payments between rental expense and reduction of the liability.

U) Payables

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

(k) Borrowings

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

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

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

Interest is charged as an expense as it accrues.

(l) Revenue Recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the entity and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

ACT Subscription Fees

Subscription fees are accounted for on a straight-line basis over the subscription period.

Grants

Income arising from the contribution of an asset to the entity is recognised when, and only when all of the following conditions have been satisfied:

- (a) the entity obtains control of the contribution or the right to receive the contribution;
- (b) it is probable that the economic benefits comprising the contribution will flow to the entity; and
- (c) the amount of the contribution can be measured reliably.

Levy and Functions

Revenue is recognised when the Company's right to receive payment is established.

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(l) Revenue Recognition (cont'd)

Sundry income

Sundry income is recognised when the Company's right to receive payment is established.

Commission

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

Interest

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

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

(m) Comparatives

Where necessary, comparatives have been reclassified for consistency.

(n) Critical Accounting Estimates and Judgements

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

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

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

	2015 \$	2014 \$
NOTE 3. REVENUE FROM CONTINUING OPERATIONS		
Subscriptions	220,114	202,348
Canberra Doctor	130,639	117,592
Specialist Directory	32,000	24,405
Federal AMA Rental Contribution	87,330	87,330
Federal AMA Member Subsidy	3,277	3,376
Doctors' Health Advisory Funding	14,546	14,341
Rental income from investment property	77,335	76,967
Careers Consulting income		47,335
Commission	3,812	5,367
Sponsorship	13,748	11,966
Sundry	4,490	19,131
	587,291	610,158

The Federal AMA Rental Contribution relates to the recognition and disclosure of non-monetary contribution, consistent with Australian accounting standards, regarding the use of Federal AMA premises rent free. Figures are estimated and based on current market rent. The amount fully offsets Rent Expense.

NOTE 4. EXPENSES AND LOSSES

Depreciation		
Fittings and fixtures	874	874
Plant and equipment	3,667	3,064
Investment property	11,088	11,088
Total depreciation expense	15,629	15,026
Direct operating expenses of the investment property	18,783	19,473

NOTE 5. INCOME TAX

The prima facie tax on operating profit differs from the income tax provided in the accounts as follows:

Prima facie tax payable on operating profit at 30%	11,812	10,100
Add/(less) tax effect of:		
- non-deductible expenses attributable to members	61,767	65,177
- non-assessable member income	(67,577)	(75,918)
- timing difference not brought to account	(10,192)	(3,700)
- other non-deductible expenses	2,976	3,328
- current year deficit/(surplus) not brought to account	1,214	1,013
Income tax (benefit)/expense attributable to operating result		
Unrecognised deferred tax assets on temporary differences	9,205	43,179
Unrecognised deferred tax assets on losses carried forward	75,258	74,044

Australian Medical Association (ACT) Limited
Notes to Financial Statements (cont'd)
31 December 2015

	2015 \$	2014 \$
NOTE 6. TRADE AND OTHER RECEIVABLES		
Trade debtors	42,565	13,033
Sundry debtors	4,616	6,420
AMA Member Services Trust - beneficiary loan	5,275	5,275
	<u>52,456</u>	<u>24,728</u>

Terms and conditions

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

At 31 December 2015, the ageing analysis of trade receivables is as follows :

	Total Trade Receivables \$	0-30 days \$	31-60 days (PDNI*) \$	61-90 days (PDNI*) \$	+91 days (PDNI*) \$	+91 days (CI**) \$
2015	42,565	26,245	14,178	2,050	92	-
2014	13,033	13,033	-	-	-	-

*Past due not impaired (PDNI)

** Considered impaired (CI)

NOTE 7. OTHER CURRENT ASSETS

Prepayments	<u>5,041</u>	<u>12,689</u>
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Australian Medical Association (ACT) Limited
Notes to Financial Statements (cont'd)
31 December 2015

	2015 \$	2014 \$
NOTE 8. PROPERTY PLANT AND EQUIPMENT		
<i>Plant and equipment</i>		
Fixtures and fittings:		
At cost	37,382	37,382
Accumulated depreciation	(34,324)	(33,450)
	<u>3,058</u>	<u>3,932</u>
Plant and equipment:		
At cost	29,333	29,333
Accumulated depreciation	(27,203)	(23,536)
	<u>2,130</u>	<u>5,797</u>
Total plant and equipment	<u>5,188</u>	<u>9,729</u>
Total plant and equipment		
At cost	66,715	66,715
Accumulated depreciation	(61,527)	(56,986)
Total written down amount	<u>5,188</u>	<u>9,729</u>
a) Reconciliation of carrying amounts at beginning and end of the period		
<i>Fixtures and fittings</i>		
Balance at beginning of year	3,932	4,806
Depreciation expense	(874)	(874)
Additions		
Disposals		
Balance at end of year	<u>3,058</u>	<u>3,932</u>
<i>Plant and equipment</i>		
Balance at beginning of year	5,797	8,947
Depreciation expense	(3,667)	(3,064)
Additions		
Disposals		(86)
Balance at end of year	<u>2,130</u>	<u>5,797</u>

Australian Medical Association (ACT) Limited**Notes to Financial Statements (cont'd)****31 December 2015**

	2015	2014
	\$	\$

NOTE 9. INVESTMENTS***Investments at cost comprise:***

Investment property	456,587	456,587
Direct initial operating lease costs	<u>9,783</u>	<u>9,783</u>
	466,370	466,370
Less: Accumulated depreciation	(178,233)	(167,145)
	288,137	299,225

The Directors' current estimate of the fair value of the investment property (Unit 6 and 7, 15 Napier Close, Deakin) is \$775,000. This amount is based on an independent valuation performed by Colliers International Pty Limited as at 31 December 2015.

Shares - unlisted (AMA Member Service Pty Limited)	1	
	<u>288,138</u>	<u>299,226</u>

NOTE 10. MEMBERS' GUARANTEES

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

NOTE 11. TRADE AND OTHER PAYABLES

Federal AMA Subscriptions Payable - 2015 and 2016 subscriptions	44,537	66,977
Federal AMA GST Payable	4,454	6,698
Trade Creditors		10,915
Sundry Creditors	(195)	
GST Payable	15,288	7,003
PAYG Tax Payable	12,211	3,707
Superannuation Payable	6,219	
Accruals - Other	14,122	14,960
Money in trust - NSW Medical Benevolent Association		875
	<u>96,636</u>	<u>111,135</u>

Terms and conditions

Terms and conditions relating to the above financial instruments:

- (i) Trade creditors are non-interest bearing and are normally settled in 30 days.
- (ii) Federal AMA Subscriptions (related party) liabilities are non-interest bearing and are settled within one month of collection of the subscription fee. Further details are set out in Note 16.
- (iii) All other creditors are non-interest bearing and have an average term of 30 days.

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

	2015 \$	2014 \$
NOTE 12. DEFERRED REVENUE		
Deferred Revenue - membership dues received in advance	73,141	86,305
Deferred Revenue - Canberra Doctor pre-paid advertising	1,597	10,640
Prepaid Office rental	19,333	
Deferred Revenue Total	94,071	96,945
NOTE 13. PROVISIONS		
<i>Current</i>		
Employee benefits	19,224	62,070
Reconciliation of provisions for employee benefits		
<i>Annual leave</i>		
Balance at beginning of year	46,396	46,846
Net movement in provision during the year	(32,398)	(450)
Balance at end of year	13,998	46,396
<i>Long Service Leave</i>		
Balance at beginning of year	15,674	12,861
Net movement in provision during the year	(10,448)	2,813
Balance at end of year	5,226	15,674
<i>Total provision for employee benefits</i>		
Balance at beginning of year	62,070	59,707
Net movement in provisions during the year	(42,846)	2,363
Balance at end of year	19,224	62,070

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

2015	2014
\$	\$

NOTE 14. BORROWINGS

Financing facilities available

At reporting date, the following financing facilities had been negotiated and were available :

Total facilities

- loan from related parties: AMA Federal	50,000	50,000
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Facilities used at reporting date

- loan from related parties: AMA Federal

Facilities unused at reporting date

- loan from related parties: AMA Federal	50,000	50,000
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NOTE 15. CASH AND CASH EQUIVALENTS

Cash balance comprises:

- cash at bank

- petty cash

259,837	285,235
251	148
260,088	285,383

Australian Medical Association (ACT) Limited**Notes to Financial Statements (cont'd)****31 December 2015**

2015	2014
\$	\$

NOTE 16. RELATED PARTY DISCLOSURES**Transactions with related parties**

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

Federal AMA subscriptions owing at beginning of year	73,675	65,433
Federal AMA subscriptions received during the year	175,446	242,137
Subscriptions remitted to the Federal AMA during the year	(200,130)	(233,895)
Balance of subscriptions owing at end of year	48,991	73,675
Loan from Federal AMA owing at beginning of year		
Loan received from /(repaid to) Federal AMA during the year		
Balance of loan owing at end of year		
Balance owing to Federal AMA at end of year	48,991	73,675

The AMA Careers Advisory Service for medical students and practitioners did not operate in 2015.

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

	2015	2014
	\$	\$

NOTE 17. KEY MANAGEMENT PERSONNEL

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

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

Total key management personnel compensation	152,967	117,382
---	---------	---------

The 2015 figure includes Christine Brill's remuneration from 1 January to 31 July 2015 and Peter Somerville's remuneration from 16 July to 31 December 2015.

During the year, the Company paid premiums \$3,936 (2014: \$3,981) to insure the directors and officers of the Company. None of the Directors received, or became entitled to receive, any other remuneration during the year. Directors are not reimbursed for their costs of attending meetings.

NOTE 18. COMMITMENTS

Leasing commitments

Operating lease commitments receivable - company as lessor

The Company has a non-cancellable commercial lease with an unrelated party at Napier Close, Deakin. This lease has a remaining term of 3 months, expiring on 31 March 2016. The tenant has exercised their option to extend the lease for a further 3 years once the lease expires.

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

Within one year	77,969	77,335
Between one and three years	175,905	21,267
	253,874	98,602

NOTE 19. SEGMENT INFORMATION

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

Australian Medical Association (ACT) Limited

Notes to Financial Statements (cont'd)

31 December 2015

2015	2014
\$	\$

NOTE 20. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

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

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

Financial Assets

Cash and cash equivalents	260,088	285,383
Trade and other receivables	52,456	24,728
	312,544	310,111

Financial liabilities

Financial liabilities at amortised cost:

Trade and other payables	96,636	111,135
Borrowings		
	96,636	111,135

Net fair values

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

NOTE 21. EVENTS AFTER THE REPORTING PERIOD

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

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

NOTE 22. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

NOTE 23. REGISTERED OFFICE AND PRINCIPAL PLACE OF BUSINESS

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BARTON ACT 2600



Australian Medical Association (ACT) Limited

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