

ANNUAL REPORT

OF THE

AUSTRALIAN MEDICAL ASSOCIATION,

TASMANIA. Ltd.

(ACN 11 009 484 931)

31 DECEMBER 2011

President's Report 2011

In life, nothing is more important than health, everything else depends upon good health. That is the level of importance we should place on the health sector in Tasmania. Health care needs to be effective, efficient and caring. It is priority number ONE! It is a simple but true message.

This has been at the core of the argument we have pursued with government, in what has been another hectic year at AMA Tasmania. We continue to work hard representing doctors and promoting the delivery of quality health care for our patients, in an ever more complex health debate both locally and nationally.

The most significant issues for the year have been the state budget cuts, intern places for 2013 and the introduction of the national health reform agenda.

The state budget, the major issue in the past year, has seen savage cuts to the state's health system. These government imposed cuts were a cruel blow to a health system already under stress. They were unacceptable at the time and continue to disintegrate an already fragile health system. Staff in the public health system are demoralised and increased pressure mounts on all aspects of patient care including general practice. The cuts have inflicted significant and unnecessary pain and suffering on the Tasmanian community. We have made our view of these cuts very clear to the Minister and the government.

We have spoken out long and hard against the cuts, in the process informing the broader Tasmanian community of the devastation that these continued cuts will have on their health system long term. The cuts have affected and will continue to affect for years to come every aspect of health care in this state, direct patient care, ongoing staffing, post graduate education, undergraduate education and the lives of every Tasmanian.

The AMA in conjunction with the ANF held three health forums across the state to inform and educate the Tasmanian community about the state of their health system and the consequences for the system if the cuts continued. The forums were well attended, provoked considerable community debate, provided good media exposure for the AMA and resonated with politicians from both houses. I sincerely thank those members who gave their time to be involved in the forums.

Intern places will be guaranteed in 2013. Through the efforts of AMA Tas the state Health Minister has guaranteed that all UTas domestic HECs fee paying medical students that graduate in 2012 will be offered an intern position in the Tasmanian Health system for 2013. This is a very good outcome by any measure and has been achieved without any reduction in positions in subsequent years.

The National Health reform and the continued silo mentality in the delivery of health care continue to confront sensible patient care. We are now seeing the introduction of three Tasmanian Health Organisations (THOs) with the associated devolution of the Department of Health and Human Services (DHHS) into them. The THOs, which are responsible essentially for the public hospital sector, are completely disjoint from the Tasmanian Medicare Local (TML), a broad based primary care organisation, which replaced the GP centric divisions of general practice. We wait and watch with interest the TML impact on primary care. We also wait and watch to see what if any meaningful coordination occurs between the two organisations.

As part of the health reforms we worked hard with the state government to ensure that a commitment to a Tasmanian Lead Clinician Group (LCG) was delivered. This was to be a formal process for practicing clinicians to advise and provide direct information regarding clinical care to government. This group was cut in the May federal budget and we have already made strong direct representation to Minister Plibersek about this. If anyone is in doubt about the value of clinician engagement in improving the health care sector I refer them to the success achieved by Lord Dazi, the United Kingdom's Health Minister in the Brown Government.

We have also made strong representation on your behalf to Legislative Council Committees on the Tasmanian Health Organisations and State Government Budget Cuts.

Our engagement with federal AMA and therefore the broader health debate occurs through our representation on AMA Federal Council. Dr Chris Middleton has been our area Federal Councilor and together we make sure your views are well represented. Of particular concern nationally have been the recent cuts in general practice through the federal budget and we will continue to represent our GP members with vigor.

The branch has had the pleasure of hosting the AMA Federal President, Dr Steve Hambleton on two occasions in the last year. We have also hosted the AMA Secretary General and AMA Federal Treasurer on two occasions.

The federal opposition health spokes person, Peter Dutton sought our views on health in his visit to Tasmania and recently the Federal Minister for Health The Hon Tania Plibersek requested a private meeting with us to discuss the state government budget cuts. Subsequently the minister returned for broader discussion and a private meeting organised by AMA Tas with senior RHH clinicians. These meetings allowed a frank exchange of views and we are very grateful to the Minister for the time she took to meet with us. It is pleasing that Mr Wilkie, the independent member for Denison has often sought our advice.

AMA Tas continues to meet regularly with the Tasmanian Health Minister, departmental staff and the opposition spokes persons regularly to argue the case for health in Tasmania.

During the last year our media coverage has, by virtue of the issues before the community, increased. We are a respected commentator on health.

Activity Based Funding (ABF) looms as another major issue post 1 July 2012. This will be a difficult process for the government to achieve given the health cuts. We will continue to work to ensure our members and the health system survive this challenge.

Work is well underway in the secretariat negotiating Visiting Medical Officers, Salaried Staff Specialist and the Rural Doctors Agreements, all due this year.

The inaugural Tasmanian Health Conference occurred in June 2011. The conference was an opportunity for the AMA to show leadership across the broader health sector opening discussion and debate on a broad range of issues. The conference was well attended and had representation from most organisations in the health care sector. A second conference is planned for July 2012.

At the inaugural conference AMA Tas proposed the idea of a single funder for health in Tasmania and indeed that the Australian Government should be this funder. This idea, which has developed support in a number of quarters over the year is an argument we continue to develop and refine. Given the expected growth in health expenditure of 11% per annum and state revenues growing at 6% per annum there is no other viable alternative long term.

AHPRA has not worked as well as we expected and although we have met with them locally most of the significant matters concerning the cost of medical registration, senior doctor registration and a doctors health advisory service are being pursued nationally through Federal AMA.

Although the Australian government is rarely mentioned in AMA Tas reports it is important I think to acknowledge their commitment this year to health through the cigarette plain packaging legislation. Well done.

Our Parliamentary Dinner is always a highlight and allows members direct access to our elected representatives including at our most recent dinner the Premier and Minister. I would encourage members to attend these dinners.

AMA Tas is in good shape both politically and financially. We continue to pay down our loan to the Federal AMA and are working with the federal body on ways to enhance the value of membership for Tasmanian doctors.

At an administrative level 2012 has been the first year of our new corporate structure with a separate board and council and whilst we are still fine tuning the processes the new structure has certainly streamlined activities within the branch.

Reluctantly I have not travelled the state as frequently as I would have liked during the last year. I have however managed to remain engaged in regional AMA issues by virtue of strong representation from your area delegates.

All in all it has been a busy and rewarding year. Most pleasing is the knowledge that the AMA remains a respected and powerful health lobby group.

I would like to thank you all for your commitment to the health care through your membership of the AMA. I would encourage you where possible to become more involved and to encourage your colleagues who are not members to join. There is power in numbers.

I would especially like to thank my board colleagues and fellow branch councilors for their commitment to the AMA.

Dr Chris Middleton, who steps down this year as the Tasmanian Area Representative on Federal AMA Council, has made a very significant contribution over many years at both a branch and federal level and I would like to thank him on your behalf.

To those members who attend divisional meetings, represent the AMA on any number of committees, attend National Conference, write reports, provide me with advice and assist in policy formulation and strategy I thank you on behalf of the membership.

Thank you also to Tony Steven, our CEO for his commitment to the association and assistance to me. Thank you also to Joanne and Jacqui in the office and Ngairi and Rosemary for their work in the divisions.

In this our 50th year it is appropriate to thank those who have gone before us and to encourage and support the next generation to stand up and continue the valuable work of the AMA.

By the time you read this we will have celebrated our 50th anniversary with a dinner at which His Excellency The Hon Dr Brendan Nelson, former AMA Tasmania President, among other things, will be guest of honour. I hope you joined us and I am sure a good night was had by all!

In closing thank you for giving me the privilege of leading AMA Tas for the past year, it has been busy, challenging, rewarding and I hope you would consider successful.

We will continue to argue, debate, commend and fight to enhance the health system in Tasmania.

Dr John Davis

MB BS BSc(Hons) BMedSc FAMA GAICD

State Office Report

2011 was a year of recovery for the AMA, a good proportion of the loan from AMA federal was paid down, we were able to finalise our written procedures and hold the inaugural Tasmanian Health Conference at Wrest Point in August. With Dr. John Davis at the helm we have seen an increase in the media exposure for the AMA, this has occurred due to the State Government budget cuts and health reform.

In August we saw the departure of April Saccoccio to AMAQ and the recruitment of Joanne van Geytenbeek who assisted in the development of the procedures and enabled the outsourcing of most of the renewal programme to AMA NSW.

Restructure

In April 2011 at the AGM we saw the adoption of the new constitution and the new Board of five being elected. This board has adopted the governance and administrative role and Branch Council is slowly moving towards the policy development role. Systems are still being built to ensure member input is recognised and worthwhile position statements are in place to guide the advocacy and media programme.

Industrial Relations Issues

The VMO agreement expired on the 30 June 2011 and negotiations have been very slow with the DHHS and the Government generally. Wages policy is very tight and we expect a difficult battle with the State Government over the issue.

Salaried Doctors and Rural Doctors agreements will come up for negotiations in 2012.

Individual member issues continue to be handled by our office and Mr. Craig Green at Page Seager on a weekly basis.

Membership Services

AMA Tasmania has been working with AMA Federal and AMA Victoria to ensure the level of member services is raised to the same that is available in all other states. On our website you can see a full list of benefits and corporations that are in a great position to assist members with all sorts of discounts and added value.

AMA Tasmania Website

The website has continued its growth and has become source of much information for members, non-members, the media and the general public; we continue to receive well over 1000 unique visitors a month. This makes the AMA Tasmania Website a highly visible and influential window to our association.

We have also had a good response throughout the year with the media monitoring service we provide. If you would like to receive these e-mails please e-mail us or sign up at www.amatas.com.au.

Representations

AMA Members and the CEO represent the AMA at many different forums and we are always looking to increase the level of involvement and activity. This year we have been represented at:

- DHHS/Unions Health Reform Committee
- Ministerial Meetings
- NW Regional Joint Consultative Committee Meeting, (JCC)
- RHH Joint Unions and Management Committee (JUMIC)

- LGH Unions Management Committee
- DHHS Secretary Level Meetings
- Postgraduate Medical Education Council of Tasmania
- Tasmanian Breastfeeding Coalition Meeting
- AHPRA
- Statewide Immunization Reference Group (SIRG)
- Department of Veterans Affairs Advisory Committee
- Prevocational Medical Workforce Working Group
- State wide and Mental Health Services
- AMACGP
- AMA Rural Doctors

Events

We held three major events in 2011, the Tasmanian Health Conference which was a great success and will be repeated again in 2012, the AGM and the Annual Parliamentary Dinner in September.

Administration

Operations at the state office continue to go smoothly and once again I would like to express my gratitude to Ms April Saccoccio and Ms Joanne van Geytenbeek for the professional way they supported me and the AMA membership through their work. Also the work of Ms Kerith Nicholson and Mr. Steve Nieuwhof, of Derwent Valley Accounting and Mr. Craig Green at Page Seager who is a vital element in our Industrial Relations services.

Lastly I would like to thank Dr. John Davis for his leadership as President and the significant amount of work he has taken on to project the AMA in the media and to our own membership.

Tony Steven, CEO

Hon Treasurer's Report 2011

AMA Tasmania has had a strong year financially, building on the governance, corporate, and financial reforms of the previous three years.

The Branch has remained solvent throughout the year, and finished with a modest but planned-for operating profit of \$2,159 against a total income of \$259,317. We were able to significantly pay down the AMA Federal loan on AMA House in Davey Street by a factor of 28% to an outstanding principal of \$61,847 which represents around 8.8% of the property's considered value. We will continue to reduce this outstanding principal but at a reduced rate over coming years.

The AMA 2011 financial year (calendar 2011) was made much more difficult for our Branch because of the imposed change in the federal AMA grant from \$80,000 to \$34,000, a reduction of 58% and considerably more than the Board thought would be appropriate. The grant is made in recognition of the fact that the smaller branches, which include the NT, ACT, and South Australia, cannot benefit from the same economies of scale as the large branches. The grant represents 13% of the total income of the Branch including subscriptions.

As a result of the larger-than-expected grant reduction, it was even more important for your Board to keep operating expenses under tight control. This was achieved as demonstrated by the fact that total expenses this year were \$253,828 which was \$772 less than the previous year despite there being greater levels of activity.

Membership softened in 2011 showing that doctors are not immune from the effects of the Global Financial Crisis when it comes to paying membership subscriptions for a voluntary association, together with the generally declining trend for individuals to join and contribute to organisations.

We recognise that membership is the lifeblood of the AMA and the Board is constantly looking for ways to both encourage medical practitioners to join and minimise the lapsing of existing members' memberships, the latter now recognised as a critical issue.

Some recent membership reforms include a call-centre contact for members in June to help minimise membership lapse on 30 June, a plan to routinely electronically survey members who do allow their membership to lapse, and a completely new performance-based contract for the CEO role which strongly emphasises membership gains. Members who do allow their membership to lapse will now also be subject to the same Joining Fee applied to new members should they wish to rejoin (so don't let your membership lapse!).

Because this report is being prepared for an unusually late Annual General Meeting (June rather than April because of 50th Anniversary celebrations) I have the advantage of knowing mid-year membership trends for the current 2012 year. I am pleased to report that a strong surge is evident. Doctors are again recognising that in a time of unprecedented change of often indifferent quality and purpose and a State health budget in total collapse, a strong membership organisation is essential to represent them and the health interests of the community.

The Board is doing everything it can to increase Branch income via membership subscriptions, and also through generating non-membership income streams. However, we recognise that, as a Branch that now has its house in order, we need additional specific assistance from federal AMA in two key areas:

- Sufficient income to fund a part-time Media Officer to provide much-needed media support to the President in particular and other Board/Branch spokespersons as required; our Branch must lead health debate, not just respond to it.
- A President's Honorarium to at least partially off-set the loss of personal income that can occur as a result of the heavy demands that the position makes.

Your Board will be negotiating with our federal counterparts to hopefully achieve a suitable outcome in the current financial year.

**Dr Andrew Jackson,
Honorary Treasurer**

Branch Council 2011

President	Dr. John Davis
Vice President	Dr. Gerard McGushin
Hon Medical Secretary	Dr. Don Rose
Honorary Treasurer	Dr. Andrew Jackson
Federal Area Councilor	Dr. Chris Middleton
University Representative	Position Vacant
Salaried Doctor Representative	Dr. Stuart Day
Doctors in Training Representative	Dr. Michael Lumsden-Steel
Student Representative	Mr. H. Farquahr
Northern Division Representatives	Dr. Glenn Richardson Dr. Anne Wilson Dr. Paul Pielage
North West Division Representative	Position Vacant
Southern Division Representatives	Dr. Bob Walker Dr. Jane Tolman Dr. Garry Pearce Dr. Hamley Perry

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

Financial Statements

For the year ended 31 December 2011

As reviewed by

Alison Flakemore

Audit Partner

WHK

Level 1, 142-146 Elizabeth Street Hobart Tas 7000



AMA

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

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Level 1, 142-146 Elizabeth Street
Hobart, TAS 7000

GPO Box 392
Hobart, TAS 7001

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F 03 6280 2524

Australian Medical Association Tasmania Limited

Independent Auditor's Review Report to the members of Australian Medical Association Tasmania Limited

Launceston
62 Paterson Street
Launceston, TAS 7250

Report on the Financial Statements

PO Box 1000
Launceston, TAS 7250

We have reviewed the accompanying financial statements, being special purpose financial statements, of Australian Medical Association Tasmania Limited (the company), which comprises the balance sheet as at 31 December 2011, income statement, 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 councillor's declaration.

T 03 6323 1222
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hobart@whk.com.au
www.whk.com.au

Councillor's Responsibility for the Financial Statements

The councillors of the company are responsible for the preparation of the financial statements and have determined that the basis of preparation described in Note 1 to the financial statements is appropriate to meet the requirements of the *Corporations Act 2001* and is appropriate to meet the needs of the members. The councillors responsibility also includes such internal control as the councillors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express a conclusion of the financial statements based on our review. We conducted our review in accordance with Auditing Standard on Review Engagements *ASRE 2410 Review of Financial Report Performed by the Independent Auditor of the Entity*, in order to state whether, on the basis of the procedures described, anything has come to our attention that causes us to believe that the financial statements are not presented fairly, in all material respects, in accordance with the basis described in Note 1 to the financial statements and the *Corporations Act 2001*. As the auditor of The Tasmanian Branch of the Australian Medical Association, ASRE 2410 requires that we comply with the ethical requirements relevant to the audit of annual financial statements.

A review of the financial statements consist of making enquireies, primarily of persons responsible for financial and accounting matters, and applying analytical and other procedures. A review is substantially less in scope than an audit conducted in accordance with the Australian Auditing Standards and consequently does not enable us to obtain assurance that we would become aware of all significant matters that might be identified in an audit. Accordingly, we do not express and audit opinion.

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Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

Directors' Report

Your Directors submit the financial accounts of the company for the twelve months ended 31 December, 2011.

Directors

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

(Name)	(Special responsibilities)	(Dates)
Dr. J Davis	President	Appointed 7th May 2011
Dr. G McGushin	Vice President	Appointed 7th May 2011
Dr. D Rose	Honorary Medical Secretary	
Dr. A Jackson	Honorary Treasurer	
Dr. C Middleton	Federal Area Representative	
Mr. A Steven	Company Secretary	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Members' Guarantee

The Directors are also members of the company.

Being a company limited by guarantee as at the date of this report, the liability of the members is limited by its Memorandum to an amount not exceeding \$100.00 per member.

At the date of this report the number of financial members was 390 (428 financial members in 2010).

New Constitution

At the AGM in 2011 a new constitution was adopted reducing the size of the board to five as listed above. Only these directors need to be registered with ASIC, therefore this report is now called a Directors Report and not a Councillors report as it has been in previous years.

Company Secretary

Mr A Steven held the position of company secretary at the end of the financial year and has been performing this task since his appointment on 15 July 2009.

Principal activities

The principal activities of the company during the year were to act as a branch of the Australian Medical Association and promote medical and allied services.

There has been no significant change in the nature of these activities during the year.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

Directors' Report

Operating Results

The net result of the company for the financial year after provision for income tax was:

	Year ended 31 December 2011	Year ended 31 December 2010
Operating profit/(loss) after income tax	\$ 2,159	\$ 60,816

Dividends paid or recommended

The Memorandum of Company prohibits the company from distributing any surplus as a dividend.

Review of operations

The operations of the company during the financial year and the results of those operations found that, during the financial year, the company continued to engage in its principal activity, the results of which are disclosed in the financial statements.

- 1) Long term objectives are to maintain the AMA as the peak advocacy body for doctors with the aim to:
 - a) Improve the working environment and conditions for doctors;
 - b) Promote strong ethical values;
 - c) Maintain the independence of the doctor/patient relationship;
 - d) Contribute to the development of the best possible health system for all Australians; and,
 - e) Inform, educate and create policy on key public health issues to improve the health of the community.
- 2) Short term objectives are to remain financially capable to achieve the above.
- 3) The strategy for achieving the above objectives include: membership recruitment and retention, active advocacy and providing member benefits.
- 4) Principle activities include membership administration and recruitment, event management, proactive advocacy and providing resources for members.
- 5) These activities assisted towards the objectives by enabling the AMA to be well resourced, facilitating the flow of information between the membership and Branch Council, the Government and AMA at a federal level and involving outside organisation to assist members.

Significant changes in the state of affairs

There were no significant changes in the state of affairs of the company during the year.

After balance date events

There are no matters or circumstances that have arisen since the end of the financial year that have 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 future years.

Future developments

The Directors expect no significant changes to the operations of the company in the immediately succeeding financial periods.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

Directors' Report

Environmental issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Information on Directors

The information on Directors is as follows:

<u>Name</u>	<u>Qualifications</u>
Dr. J Davis	MBBS
Dr. D Rose	MBBS
Dr. A Jackson	MBBS Grad Dip Bus
Dr. C Middleton	MBBS FRACP
Dr. G McGushin	MBBS
Company Secretary	
Mr. A Steven	Dip Bus Mgt.

Directors' meetings

Details of Directors' meetings held and attended were as follows:

<u>Director</u>	<u>Eligible to attend</u>	<u>Attended</u>
Dr. J Davis	4	4
Dr. D Rose	7	7
Dr. A Jackson	7	7
Dr. C Middleton	7	3
Dr. G McGushin	5	4
Mr. A Steven CEO	7	7

Directors' interests in shares of the company

The Directors are also members of the company.

Being a company limited by guarantee as at the date of this report, the liability of the members is limited by its Memorandum to an amount not exceeding \$100.00 per member.

Options

No options were granted nor shares issued as a result of the exercise of options during the financial year or since the end of the financial year. No unissued shares are subject to options at the date of this report.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

Directors' Report

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is included in the financial report.

Indemnifying Officers or Auditor

The company has not, during or since the financial year, in respect of any person who is or has been an officer or auditor of the company or a related body corporate:

- indemnified or made any relevant agreement for indemnifying against a liability, including costs and expenses in successfully defending legal proceedings; or
- paid or agreed to pay a premium in respect of a contract insuring against a liability for the costs or expenses to defend legal proceedings.

Proceedings on Behalf of Company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

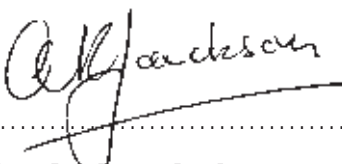
The company was not part of any such proceedings during the year.

Directors Benefits

No director has received or has become entitled to receive, during or since the financial year, a benefit because of a contract made by the company, controlled entity or related body corporate with a director a firm which a director is a member or an entity in which a director has a substantial financial interest.

This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the company's accounts, or the fixed salary of a full-time employee of the company, controlled entity or related body corporate.

Signed in accordance with a resolution of the Board of Directors at Hobart on this ^{30th}..... day of April 2012.



Dr. Andrew Jackson
Director



Dr. John Davis
Director

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

Directors' Report

Director's Declaration

The Directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The Directors of the company declare that:

1. The financial statements and notes, being the Director's Report, the Income Statement, the Statement of changes in Equity, the Balance Sheet, the Statement of Cash Flows and the Notes to and forming part of the financial statements are in accordance with the Corporations Act 2001:
 - a) comply with accounting standards as described in Note 1 to the Financial Statements, and the Corporations Regulations 2001; and
 - b) give a true and fair view of the company's financial position as at 31 December 2011 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.

2. In the directors opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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



.....
Dr Andrew Jackson
Director



.....
Dr John Davis
Director

Dated at Hobart this ...~~2011~~... day of April 2012

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Income Statement
for the year ended 31 December 2011**

Income	Note	2011	2010
Membership Subscriptions	2	\$ 173,159	\$ 179,697
Other Income	3	\$ 86,158	\$ 136,310
Total Income		<u>\$ 259,317</u>	<u>\$ 316,007</u>
Expenses			
Occupancy Costs	4	\$ 24,552	\$ 26,153
Meetings and Events	5	\$ 3,007	\$ 4,172
Division Expenses	6	\$ 10,964	\$ 12,276
Industrial Relations	7	\$ 7,962	\$ 6,581
IT and Communications - Tastalk	8	\$ 4,023	\$ 6,278
Operating Expenses	9	\$ 37,412	\$ 38,463
Administrative Expenses	10	\$ 159,746	\$ 153,972
Miscellaneous Expenses	11	\$ 6,163	\$ 6,705
		<u>\$ 253,828</u>	<u>\$ 254,600</u>
Profit (Loss) from ordinary activities before income tax		\$ 5,488	\$ 61,407
Income Tax attributable to operating activities		\$ 3,329	\$ 591
Net Profit (-Loss) attributable to the Association		<u>\$ 2,159</u>	<u>\$ 60,816</u>
Opening Members Funds		\$ 650,353	\$ 586,949
Add Prior year adjustment -Provision for Income Tax		\$ -	\$ 2,588
		\$ 650,353	\$ 589,537
Net Profit (-Loss) attributable to the Association		\$ 2,159	\$ 60,816
Closing Members Funds		<u>\$ 652,512</u>	<u>\$ 650,353</u>

The accompanying notes form part of these financial Statements.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Income Statement
for the year ended 31 December 2011**

ASSETS	2011	2010
Current Assets		
Cash Assets		
AMA Trading Account	\$ 7,350	\$ 3,711
Business Online Account	\$ 97,758	\$ 67,827
Petty Cash	\$ 67	\$ 174
	<u>\$ 105,175</u>	<u>\$ 71,713</u>
Receivables		
Sundry Debtors	\$ 12,996	\$ 7,881
	<u>\$ 12,996</u>	<u>\$ 7,881</u>
TOTAL CURRENT ASSETS	<u>\$ 118,171</u>	<u>\$ 79,594</u>
Non-current Assets		
Property, Plant and Equipment		
Land and Buildings		
Freehold Land - Independent valuation	\$ 300,000	\$ 300,000
Building at 147 Davey Street - Independent valuation	\$ 400,000	\$ 400,000
Less Accumulated Depreciation	-\$ 19,893	-\$ 15,985
	<u>\$ 680,107</u>	<u>\$ 684,015</u>
Plant & Equipment		
Equipment at cost	\$ 20,167	\$ 18,248
Less Accumulated Depreciation	-\$ 12,083	-\$ 11,853
	<u>\$ 8,084</u>	<u>\$ 6,395</u>
Other Assets		
Mortgage Costs	\$ 1,319	\$ 2,514
	<u>\$ 1,319</u>	<u>\$ 2,514</u>
TOTAL NON-CURRENT ASSETS	<u>\$ 689,510</u>	<u>\$ 692,924</u>
TOTAL ASSETS	<u>\$ 807,682</u>	<u>\$ 772,517</u>

The accompanying notes form part of these financial Statements.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Balance Statement
for the year ended 31 December 2011**

LIABILITIES	2011	2010
Current Liabilities		
Accounts Payable		
AMA Federal Subscriptions	\$ 1,529	\$ 2,676
Subscriptions in advance	\$ 53,655	\$ 2,402
Trade Creditors	\$ 21,365	\$ 16,786
Superannuation payable	\$ 2,811	\$ 813
	<u>\$ 79,360</u>	<u>\$ 22,677</u>
Financial Liabilities - Secured		
Loan from Federal AMA	\$ 61,847	\$ 85,847
	<u>\$ 61,847</u>	<u>\$ 85,847</u>
Current Tax Liabilities		
Income Tax	\$ 100	\$ 591
PAYG Withholding	\$ 6,424	\$ 2,376
Goods and Services Tax	-\$ 862	\$ 428
	<u>\$ 5,663</u>	<u>\$ 2,540</u>
Provisions		
Employee entitlements	\$ 8,300	\$ 11,100
	<u>\$ 8,300</u>	<u>\$ 11,100</u>
TOTAL CURRENT LIABILITIES	<u>\$ 155,169</u>	<u>\$ 122,164</u>
TOTAL LIABILITIES	<u>\$ 155,169</u>	<u>\$ 122,164</u>
NET ASSETS	<u>\$ 652,512</u>	<u>\$ 650,353</u>
MEMBERS FUNDS		
Opening Members Funds	\$ 650,353	\$ 589,537
Net Income (Loss) attributable to the Association	\$ 2,159	\$ 60,816
TOTAL MEMBERS FUNDS	<u>\$ 652,512</u>	<u>\$ 650,353</u>

The accompanying notes form part of these financial Statements.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Statement of changes in Equity
for the year ended 31 December 2011**

	2011	2010
Balance at 1 January 2011	\$ 650,353	\$ 586,949
Accumulated profit (Accumulated losses) attributable to entity	\$ 2,159	\$ 60,816
	<u>\$ 652,512</u>	<u>\$ 647,765</u>
Adjustment attributable to prior years - Provision for Income Tax	\$ 0	\$ 2,588
Balance at 31 December 2011	<u>\$ 652,512</u>	<u>\$ 650,353</u>

The accompanying notes form part of these financial Statements.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Statement of Cash Flows
for the year ended 31 December 2011**

Cash Flow from operating Activities	2011	2010
Members Subscriptions	\$ 173,159	\$ 179,697
Other Activities	\$ 9,454	\$ 18,161
Rental Income	\$ 37,009	\$ 33,021
Federal AMA Grant	\$ 34,000	\$ 80,000
Payments to Suppliers and Employees	-\$ 194,604	-\$ 330,781
Interest Received	\$ 5,695	\$ 5,128
Income Tax Paid	-\$ 3,820	\$ 1,257
Net Cash Provided By (-used) in Operating Activities (Note 13)	<u>\$ 60,893</u>	<u>-\$ 13,517</u>
Cash Flow from Investing Activities		
Net Proceeds from Sale of Equipment	-\$ 136	\$ 150
Acquisition of Property, Plant and Equipment	\$ 3,567	\$ -
Net Cash (-Provided) used in Investing Activities	<u>\$ 3,431</u>	<u>\$ 150</u>
Cash Flow from Financing Activities		
Payments for borrowings	-\$ 24,000	-\$ 24,000
Net Cash provided by (used in) financing activities	<u>-\$ 24,000</u>	<u>-\$ 24,000</u>
Net Increase (decrease) in Cash held	\$ 33,462	-\$ 37,367
Cash at the beginning of the year	\$ 71,713	\$ 109,080
Cash at the end of the year (Note 12)	<u>\$ 105,175</u>	<u>\$ 71,713</u>

The accompanying notes form part of these financial Statements.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2011**

Note 1 - Summary of Significant Accounting Policies

The financial report is a special purpose financial report prepared to satisfy the financial report preparation requirements of the *Corporations Act 2001*. The Directors have determined that the company is not a reporting entity.

The financial report is for the entity, the Australian Medical Association, Tasmania Ltd, as an individual entity. The Australian Medical Association, Tasmania Ltd is a company limited by guarantee, incorporated and domiciled in Australia.

Basis of Preparation

The report has been prepared in accordance with the requirements of the *Corporations Act 2001*, and the following applicable Australian Accounting Standards:

AASB 101: Presentation of Financial Statements;

AASB 107: Cash Flow Statements;

AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors;

AASB 110: Events after the Balance Sheet Date;

AASB 1031: Materiality; and

AASB 1048: Interpretation and Application of Standards.

As the Directors have determined that the company is not a reporting entity, no other Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2011**

Reporting Basis and Conventions

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets.

Cost is based on the fair values of the consideration given in exchange for assets.

The accounting policies have been consistently applied, unless otherwise stated.

The principal accounting policies adopted by the company are stated to assist in understanding the financial statements. The following is a summary of the significant accounting policies adopted by the company in the preparation of the financial statements:

Income tax

In accordance with the provisions of mutuality set out in the Income Tax Assessment Act 1997, income tax is only payable on income received from third parties.

Revenue

Subscription income is recognized in the period to which subscriptions relate.

Revenue from the sale of goods and provision of services is recognised upon the delivery of goods to customers or when the right to be compensated for the services has been attained.

Interest revenue is recognised over the period for which the funds are invested.

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

Investments

Investments brought to account are at cost or at Directors' valuation. The carrying amount of investments is reviewed annually by Directors to ensure it is not in excess of the recoverable amount of these investments.

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2011**

Property, plant and equipment

Property, plant and equipment are bought to account at cost or at independent valuation less, where applicable, any accumulated depreciation or amortisation.

The carrying amount of all fixed assets are reviewed annually by the Directors to ensure that the carrying values in the financial statements of the company are not in excess of their recoverable amount to the company as a going concern. These annual reviews take into account commercial and technical obsolescence as well as normal wear and tear.

The useful lives of property, plant and equipment are reassessed on a regular basis and if found to be different to those previously used, the balances of the related provisions for depreciation at the beginning of the year are adjusted and the adjustment amount included in the profit reported.

The carrying amounts of non-current assets do not exceed the net amounts that are expected to be recovered through the cash inflows and outflows arising from continued use and subsequent disposal.

The expected net cash flows included in determining the recoverable amounts have not been discounted to their present values.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset are charged against fair value reserves directly in equity; all other decreases are charged to the income statement. The difference between depreciation based on the revalued carrying amount of the asset charged to the income statement and depreciation based on the asset's original cost is transferred from the revaluation reserve to retained earnings.

Depreciation

Items of the property, plant and equipment are depreciated over their estimated useful lives using the straight line and diminishing value methods of depreciation.

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

Class of Fixed Asset	Depreciation Rates
Buildings	2.5%,
Furniture and Fittings	20%,
Plant and Equipment	20%, 25%, 40%

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2011**

Depreciation continued

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

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

Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

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 Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flow are presented net of GST in the statement of cash flows, and the net movement in GST shown as a separate operating cash flow. The GST components of investing and financing activities are shown as operating cash flows.

Unexpended Grants

The Company receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the Company to treat grant monies as unexpended grants in the balance sheet where the Company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2011**

Comparative Figures

Comparative figures have been adjusted to conform to changes in presentation for the current financial year where required by accounting standards or as a result of changes in accounting policy.

Critical Accounting Estimates and Judgments

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

Note 2 – Membership Subscriptions

Total membership income of \$ 326,937 was collected during the 2011 financial year and this income is comprised as follows:

State AMA Component \$ 165,863

GST on State Component \$ 16,586

Federal AMA Component \$ 157,570 (includes GST)

Australian Medical Association Tasmanian Ltd collects the federal component of membership on behalf of the national body and remits these funds accordingly.

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2011**

Note 2 Membership Subscriptions	2011	2010
Joining Fees	\$ 2,454	\$ 1,227
Current Year Subs	\$ 165,863	\$ 170,201
Federal Merchant / Service	\$ 4,841	\$ 8,269
	<u>\$ 173,159</u>	<u>\$ 179,697</u>
Note 3 Other Income		
Property Income		
Tenancies	\$ 37,009	\$ 33,021
Divisions Income		
Events	\$ 1,527	\$ 1,273
Southern Division	\$ 1,359	\$ 5,095
Northern Division	\$ 3,118	\$ 1,718
Sponsorships & Grants		
Federal AMA Grant	\$ 34,000	\$ 80,000
Sponsorships	\$ 2,000	\$ 6,500
Sundry Income		
Tastalk Advertising	\$ 503	-\$ 164
Commissions Received	\$ 946	\$ 3,738
Interest Received	\$ 5,695	\$ 5,128
	<u>\$ 86,158</u>	<u>\$ 136,310</u>
Note 4 Occupancy Costs		
Cleaning	\$ 3,703	\$ 3,763
Insurance	\$ 5,635	\$ 5,574
Maintenance	\$ 613	\$ 179
Mortgage costs	\$ 1,195	\$ 1,195
Depreciation of Building Improvements	\$ 3,908	\$ 3,908
Rates & Taxes	\$ 9,498	\$ 9,515
Tenancies - Letting Fees	\$ -	\$ 2,020
	<u>\$ 24,552</u>	<u>\$ 26,153</u>
Note 5 Meetings and Events		
Branch Council Functions & Events	\$ 1,753	\$ 3,557
Branch Council Meeting Expenses	\$ 1,254	\$ 615
	<u>\$ 3,007</u>	<u>\$ 4,172</u>
Note 6 Divisions Expenses		
Northern	\$ 5,906	\$ 5,688
North-West	\$ -	\$ 480
Southern	\$ 5,058	\$ 6,108
	<u>\$ 10,964</u>	<u>\$ 12,276</u>

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2011****Note 7 Industrial Relations**

Awards Subscriptions	\$ 44	\$ 44
ASMOF/TSMPS	\$ 2,440	\$ 2,760
Industrial Relations - Other	\$ 5,478	\$ 3,777
	<u>\$ 7,962</u>	<u>\$ 6,581</u>

Note 8 IT and Communications

Postage	\$ 207	\$ 210
Printing	\$ 1,899	\$ 4,872
Website	\$ 1,763	\$ 991
IT & Communications Other	\$ 154	\$ 206
	<u>\$ 4,023</u>	<u>\$ 6,278</u>

Note 9 Operational Expenses

Advertising	\$ 731	\$ 526
Bank Charges	\$ 4,445	\$ 3,802
Electricity	\$ 4,672	\$ 3,789
Interest Paid AMA Loan	\$ 3,575	\$ 5,734
Internet Charges	\$ 718	\$ 870
IT Maintenance	\$ 4,638	\$ 4,285
Photocopier - usage	\$ 2,564	\$ 2,663
Postage / Courier	\$ 1,873	\$ 2,470
Depreciation of Office Equipment	\$ 1,741	\$ 2,146
Rental Photocopier	\$ 3,840	\$ 3,840
Stationery	\$ 1,176	\$ 1,553
Telephone/Fax	\$ 7,440	\$ 6,784
	<u>\$ 37,412</u>	<u>\$ 38,463</u>

Note 10 Administration Expenses

Accounting	\$ 8,040	\$ 9,392
Auditing	\$ 6,350	\$ 6,600
Filing Fees	\$ 1,119	\$ 65
Legal Costs	\$ 2,462	\$ -
Professional Development	\$ 1,439	\$ 1,747
Provision for Annual Leave	\$ 1,700	\$ 3,300
Staff Supplies	\$ 120	\$ 191
Superannuation	\$ 10,785	\$ 9,259
Travel & Accommodation	\$ 9,505	\$ 10,427
Wages	\$ 116,933	\$ 112,113
Workers Compensation Insurance	\$ 1,295	\$ 878
	<u>\$ 159,746</u>	<u>\$ 153,972</u>

Note 11 Miscellaneous Expenses

AMA Tas Foundation	\$ 1,000	\$ 1,000
Annual General Meeting Expense	\$ 2,022	\$ 2,274
General Expenses	\$ 1,092	\$ 1,381
Medical Students Support	\$ 2,050	\$ 2,050
	<u>\$ 6,163</u>	<u>\$ 6,705</u>

Australian Medical Association, Tasmania Ltd.

A.B.N. 11 009 484 931

**Notes to and forming part of the Financial Statements
for the year ended 31 December 2011**

Note 12 Reconciliation of Cash

for the purpose of cash flows, cash includes cash on hand and in banks, investments in money market instruments, net of outstanding bank overdrafts.

	2011	2010
Cash on hand	\$ 67	\$ 174
Cash at bank	\$ 7,350	\$ 3,711
Business Online Bank Account	\$ 97,758	\$ 67,827
	\$ 105,175	\$ 71,713

Note 13 Reconciliation of Net Cash Provided by or Used in Operating Activities to Net Profit

Operating Profit (Loss) after Tax	\$ 2,159	\$ 60,816
Adjustment of Prior Years Tax Provision	\$ -	\$ 2,588
Depreciation - plant and equipment	\$ 1,741	\$ 2,146
Depreciation- Buildings	\$ 3,908	\$ 3,908
Mortgage Costs Amortised	\$ 1,195	\$ 1,195
Changes in Assets and Liabilities		
(increase) decrease in debtors	-\$ 5,345	\$ 252
Increase (decrease) in payables	\$ 56,912	-\$ 80,340
Increase (decrease) in employee entitlements	-\$ 2,800	\$ 8,300
Increase(decrease) in Tax Liabilities	\$ 3,123	-\$ 12,381
Net cash provided by operating activities	<u>\$ 60,893</u>	<u>-\$ 13,517</u>

Honorary Medical Secretaries

BMA	1949 – 1955	F R Fay
	1956	J Dobson
	1957 – 1963	K M Kelly
AMA	1963 – 1965	J D H Muir
	1965 – 1974	W McL Thomson
	1974 – 1983	J McP Cartledge
	1984 – 1987	P J Beaumont
	1987 – 1991	B G Walpole
	1991 – 1994	PT Sexton
	1994 – 1998	D J W Law
	1998 – 2003	R I Walker
	2003 – 2004	D R Cooke
	2004 – 2005	M J Mackinnon
	2005 – 2007	C Middleton
	2007 – 2010	R M Lowenthal
	2010 –	D Rose

AMA Fellows

1963	F.R. Fay L.N. Gollan K.M. Kelly J.B.G. Muir
1964	C. Craig F.W. Fay B. Hillier
1965	T. Giblin J.L. Grove A. McL. Miller
1966	W.W. Wilson
1967	K.J. Friend R.A. Lewis
1968	R. Wall
1969	W. McL. Thomson
1970	J.F. Correy
1975	P.F. Gill
1977	J. McL. Hunn D.J. Walters
1982	J.C.H. Morris D.A. Tilsley
1983	J. McP. Cartledge
1984	D.D.E. Evans
1989	P.J. Beaumont R. Edmond
1990	C.J. Castellino
1991	M.J.H. Hodgson G.N. Flaherty
1992	B.G. Walpole
1993	M. Cook
1994	R.A. Pargiter
1995	B.J. Nelson F. Cook
1996	J.M.B. Wane
2002	P.T. Sexton
2003	J.A. Davis R.I. Walker
2007	M.R.J. Claxton
2008	R.M. Lowenthal
2009	C. Middleton
2010	M. Aizen

Presidents

1911 – G. Sprott	1957 – M.W. Fletcher
1912 – G. Sprott	1958 – A.McL. Millar
1913 – F.Allwork	1959 – L.H. Wilson
1914 – G.H. Hogg	1960 – R.A. Lewis
1915 – R.G. Scott	1961 – H.J.C. Engisch
1916 – G.E. Clemons	1962 – W.W. Wilson
1917 – B.A. Anderson	1963 – H.M. Fisher
1918 – D.H.E. Lines	1964 – K.J. Friend
1919 – W.W. Giblin	1965 – R. Wall
1920 – J. Sprent	1966 – C.W. Clarke
1921 – R.G. Scott	1967 – H.B. Gatenby
1922 – G.H. Hogg	1968 – K.M. Kelly
1923 – G. Sprott	1969 – L.N. Gollan
1924 – G.E. Clemons	1970 – F.R. Fay
1925 – J. Ramsay	1971 – D.B. Nathan
1926 – E.B. Moore	1972 – J.F. Correy
1927 – G. H. Hogg	1973 – D.A. Tilsley
1928 – D.H.E. Lines	1974 – P.F. Gill
1929 – G.E. Clemons	1975 – D.A.T. Farrar
1930 – T.C. Butler	1976 – W. McL. Thomson
1931 – J.A. Newell	1977 – J.C.H. Morris
1932 – F.W. Fay	1978 – J.McL. Hunn
1933 – W.K. McIntyre	1979 – A. H. Woodhall
1934 – W.E.L.H. Crowther	1980 – D.J. Walters
1935 – G.E. Clemons	1981 – R. Edmond
1936 – E.B. Moore	1982 – T.S. Kirkland
1937 – A. Pryde	1983 – J.R. Lauder
1938 – R. Wishaw	1984 – D.D.E. Evans
1939 – W. P. Holman	1985 – J. McP. Cartledge
1940 – A.W. Shugg	1986 – J.R. Grove
1941 – C. Craig	1987 – R.W. Macintyre Smith
1942 – W.E.L.H. Crowther	1988 – C. J. Castellino
1943 – A. Pryde	1989 – M.J.H. Hodgson
1944 – B. Hiller	1990 – 91 B.J. Nelson
1945 – G.M.W. Clemons	1992 – 93 M. Cook
1946 – T.H. Goddard	1994 – 95 P.T. Sexton
1947 – J.L. Grove	1996 – 98 R.M. Lowenthal
1948 – J.B. Hamilton	1998 – 00 B.G. Walpole
1949 – T.G.H. Hogg	2000 – 03 J.A. Davis
1950 – S.G. Gibson	2003 – 04 A.J. Lawler
1951 – G.M.W. Clemons	2004 – 07 M.G. Aizen
1952 – T. Giblin	2007 – 08 E.H. Walters
1953 – A. Pryde	2008 – 10 C. Middleton
1954 – J.B.G. Muir	2010 – 11 M.G. Aizen
1955 – W.K. McIntyre	2011 – J.A. Davis
1956 – A.O. Green	

Life Members

Dr Gillian Astley
Dr George Chapman
Dr John Paull
Dr Boyne Russell
Dr Michael Claxton
Dr Peter Fay
Dr John Gale
Dr Gerard Gartlan
Dr Keith Goulston
Dr Rodney Grant
Dr George Kelsall
Dr Dennis Humphrey
Dr John Hunn
Dr Clifford Kelland
Dr Murdoch MacKenzie
Dr Donald McTaggart
Dr John Morris
Dr Neville Newman
Hon Russell Pargiter
Dr David Reid
Dr Bertel Sundstrup
Dr Andrew Thomson
Dr Geoffrey Trezise
Dr Henry Horne
Dr Rodney Westmore
Dr Thomas Anderson
Dr Ian Burges Watson
Dr Charles Shugg
Dr George Mellefont
Dr Jenny Mee
Dr Robert Stewart
Dr Pauline Carruthers
Dr John Williams