



Annual Report 2016/17

Health Education Australia Limited



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About HEAL

Health Education Australia Limited (HEAL), formerly the Victorian Medical Postgraduate Foundation (VMPF) has offered a richness of healthcare education programs since its establishment in 1920.

VMPF began as an organisation that provided postgraduate medical education prior to the establishment of the Royal Australasian College of Surgeons (RACS) and the Royal Australasian College of Physicians (RACP). As Colleges were formed, the appropriate educational activities were transferred. Since then the organisation has adapted its vision and mission over nearly 100 years of operation to suit the needs of its members and stakeholders.

Today, HEAL combines its history and experience to deliver educational opportunities with a multidisciplinary focus to a range of professionals in the healthcare industry. This focus on multidisciplinary services allows us the ability to offer a continuing professional development program (CPD) for health professionals, quality bridging courses for international graduates, a simulated patient program and a range of custom-designed courses developed through collaborations across disciplines and sectors.

The name HEAL also reflects an expansion of our services beyond Victoria to become nationwide. This supports our much broader focus on the healthcare profession as a whole and better reflects our vision. HEAL remains a not-for-profit organisation.

Chairman's Report



The 2016/17 financial year has been a very significant one for HEAL's ongoing evolution as an innovative leader in provision of education to health professionals. Led by strong strategic planning, board renewal, improved governance and senior staff developments HEAL is well placed to realise the potential of a number of new areas of activity. I am particularly excited by our strategic decision to become a provider of continuing professional development for clinicians and in particular to provide education in clinical governance for mid-level clinicians. Improved awareness of opportunities and acquisition of skills to improve the quality and safety of health care should be an integral part of every clinician's training, whether medical, nursing, allied health, pharmacy, community worker or volunteer. Only through this approach can we expect clinicians to be *both providers and improvers* of high quality care.

There is an energy, momentum and professional satisfaction that is gained from the knowledge that one is contributing to improvements in care that is all too readily forgone if this important aspect of training is neglected.

During this year HEAL has also taken early steps to develop a "Thought Leadership" program supporting exploration of issues important to provision of health care. Our hope is that we can stimulate discussion that leads to design of solutions for some of the "wicked" problems in health care that currently act as barriers to provision of best practice care.

I am exceedingly grateful to our CEO, Beverley Sutton, for her ongoing dedication to the task of guiding HEAL through this period of significant change and development. Bev is supported by a strong executive and workforce committed to HEAL's success. Thank you to all. I would also like to congratulate our new Directors, David Knowles and Stephen Fitzpatrick for their energetic contribution to the leadership of HEAL. David's contribution to the Thought Leadership activity and to streamlining of our financial reporting has been particularly welcome. The generous ongoing work of Rob Sadler in his excellent chairing of our Business Development Committee and John Tiller with our Finance and Risk Committee, together with the rest of the board, has HEAL well placed for the future.

A handwritten signature in black ink, appearing to read 'H. Newnham', written in a cursive style.

Associate Professor Harvey Newnham
Chairman

Chief Executive Officer's Report

The definition of 'development' is *an event constituting a new stage in a changing situation*. This aptly describes the 2016/17 year at HEAL. In November 2016, the HEAL Board's strategic planning workshop identified a number of business areas and subsequently commissioned external consultants to provide scoping reviews. As a result, our board subcommittee, the Business Development Committee (BDC), under the leadership of Dr Robert Sadler, has worked resolutely to guide HEAL through a big year of development and change.



One of our key directions is to return to our nearly 100-year-old roots to re-establish a continuing professional development (CPD) program for medical practitioners through the *Academy of Medical Officers*. Online modules have been produced that will benefit all health professionals and as a result we will also implement the *Academy of Nursing and Allied Health* that aligns with our new direction to provide CPD to all health professionals.

An interactive workshop program is also currently under development to complement the online modules and to consolidate the learning (from the modules). It is planned to provide the workshops as interprofessional offerings to allow health professionals to *learn with, from and about each other* (CAIPE, 1997 revised).

In the words of Elon Musk (founder and CEO of SpaceX), I like to think that 'Failure is an option here. If things are not failing, you are not innovating enough'. We recognise that HEAL has been through a long period of stability and that the changing health education environment now requires a different approach with ongoing, almost constant innovation and improvement. We have embarked on a number of changes in IT development, new program development and improved connectivity with an enhanced online presence. At the same time, testing, quality control, privacy and risk management have become ever more important as our new programs approach their launch date. While progress sometimes seems slower than expected, I am forever grateful for my team's passion and dedication to the work that they perform. I am excited regarding the pending launch of these programs and look forward to evaluating their impact.

Of course none of this is possible without exemplary leadership and I have the privilege of working with a very committed Board of Directors under the guidance of Associate Professor Harvey Newnham (Chair) and Professor John Tiller (Deputy Chair and Chair, Finance and Risk Committee). The board have been very active in the normal course of their duties but this year also saw the inaugural meeting of a new board committee the 'Thought Leaders Committee' chaired by Mr David Knowles. The committee is very much in its infancy but hopes to fulfil a mandate to identify and address '*hot or hard*' topics by engaging appropriate experts (national and international) to educate select audiences through various fora.

I will close with a favourite quote from Tony Gwynn, Hall of Fame Baseball player, '*The minute you're satisfied with where you are, you aren't there anymore*'. I think it epitomises life at HEAL and I wouldn't have it any other way.

A handwritten signature in black ink, appearing to read 'B Sutton'.

Beverley Sutton
Chief Executive Officer

Directors' Report

This year the Board of Directors have focused on strategic direction and new program development. In November 2016 we spent a few days at a strategic planning getaway to identify our future direction. Whilst we stayed true to our current vision, mission and core values, we did revisit our history and our foundation principles. It was helpful to identify what we are good at, what the educational gaps for health professionals are today and how we can align the two. Subsequent to this, we commissioned a consulting firm to provide a couple of scoping reports resulting in a few key development areas. One of the initiatives, to be launched soon, is the continuing professional development (CPD) program for all health professionals.

The HEAL Board has continued to be advised by its two board committees; the Finance and Risk Committee, chaired by Professor John Tiller, that manages HEAL's finances and investment portfolio, and the Business Development Committee that advises on business strategy, chaired by Dr Robert Sadler.

This year the Board also welcomed two new Directors, both with accounting backgrounds, Mr David Knowles and Mr Stephen Fitzpatrick. David, in particular has hit the ground running by implementing and chairing a new committee of the Board, the 'Thought Leaders Committee'. The committee hopes to run events that transform peoples' knowledge and expertise on 'big idea' topics that have the capacity to change the health industry.

Our Vision

Vision:

Improving healthcare through innovative education.

Purpose (Mission):

To deliver education to health professionals and others engaged in the healthcare industry that is collaborative and responds to identified needs.

We do this by identifying opportunities to develop healthcare education through staff development, industry experience and knowledge of the market.

HEAL fosters the following attributes:

- Our not-for-profit status
- Our autonomy, structural flexibility and adaptability
- Our capacity for national and international reach
- Our multidisciplinary approach

Values:

- **Dedication:**
Passionate and professional commitment to the accountable delivery of high quality improvements in health education
- **Depth:**
Enhancing our knowledge and capabilities to identify opportunities in health education
- **Engagement:**
Embracing collaboration and fostering relationships that benefit the health education sector

Principal Activities – Our Programs

HEAL provides educational programs to health professionals across Australia and internationally. Some programs are offered as face to face courses through our Melbourne and Sydney training rooms and others are offered online. Some are specifically targeted to particular disciplines such as our international graduate program that helps international medical graduates to prepare for the Australian Medical Council exams, and others have multiple accreditation status to assist a broad range of health professionals with their continuing professional development (CPD). Others, like our simulated patient program, are intended to assist in the delivery of quality health education through client healthcare organisations.

International Graduate Program

International Medical Graduates (IMGs) who seek to work as medical practitioners in Australia may need to sit the Australian Medical Council's (AMC) examinations. HEAL offers a range of courses, both face to face and online, which assist IMGs to prepare for their exams.

Simulated Patient (SP) Program

Simulated patients (SPs) play an important role in healthcare education, helping students to hone their diagnostic and communications skills. The HEAL SP program provides a database of consistently trained SPs that are available to hire by client organisations for health education programs that include high stakes exams and other training and educational encounters.

Academy of Medical Officers and Academy of Nursing and Allied Health

A key initiative for HEAL this year has been the development of a CPD program for health professionals. Although accessed via two distinct academies, the online CPD offerings are similar and accredited by the relevant peak bodies and training institutions of the specific disciplines. The online modules will be supported by a workshop program that will be developed in 2017/18. The workshop program will be designed for interprofessional participation.

The work completed by HEAL over the last few years has made a significant dent in the adopted short and long term objectives of the organisation.

Short Term Objectives

The organisation's short term objectives are to provide national educational opportunities for healthcare professionals by:

- identifying relevant education and training programs for healthcare professionals
- developing relevant education and training programs for healthcare professionals
- implementing relevant education and training programs for healthcare professionals
- maintaining an income stream to support HEAL programs

Long Term Objectives

The organisation's long term objective is to be an established educational organisation that provides continuing education to healthcare professionals nationally.

Strategy for Achieving Objectives

In order to achieve these objectives, the organisation will:

- promote the organisation to healthcare professionals through organisational marketing, participation in relevant conferences and forums and through the active development of strategic alliances
- provide quality courses to healthcare professionals

Performance Measures

The following performance measures are used within the organisation to monitor performance:

- Course registrations
- Course feedback and evaluations

Directors' Benefits

No director has received or become entitled to receive, during or since the financial year, a benefit because of a contract made by the organisation, controlled entity or a related body corporate with a director, a firm of 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 organisation's accounts, or the fixed salary of an employee of the organisation, controlled entity or related body corporate.

Meetings of Directors

The number of official meetings of the organisation's directors held during the financial year and the attendance of directors at those meetings were:

Directors	Number eligible to attend (inc. AGM)	Number attended
Harvey Harrison NEWNHAM (Chair)	7	7
John Walter Gell TILLER (Deputy Chair)	7	6
Margaret BEARMAN	7	6
Stephen FITZPATRICK (appointed 1 November 2016)	5	3
David KNOWLES (appointed 1 November 2016)	5	4
Robert Francis Westland MOULDS	7	7
Hung The NGUYEN	7	6
Robert SADLER	7	6

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is included in this report.

Member's Guarantee

The organisation is a company limited by guarantee under the Corporations Act 2001. If the organisation is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the organisation. At 30 June 2017, the number of members was eight.

Signed this 28th day of September 2017 in accordance with a resolution of the Board of Directors.



Associate Professor Harvey Newnham – Chairman



Professor John Tiller – Deputy Chairman

2016/17 Highlights

Governance

- Commenced the Thought Leaders Committee
- Conducted HEAL Board strategic planning session
- Implemented a new organisational structure

International Graduate Program

- Development and implementation of MCQ Online Bridging Courses; Adult Health and Speciality Units
- Review of the FEE-HELP Clinical Bridging Course

Simulated Patient Program

- Continued to build client base
- Presented program at relevant conferences

Academy of Medical Officers

- Implementation of the Academy of Medical Officers
- Developed a number of accredited online modules
- Ran NAB grant program 'Women's Health: A practical workshop from cradle to grave'

Academy of Nursing and Allied Health

- Implementation of the Academy of Nursing and Allied Health
- Commenced planning and development of online CPD program for nurses and allied health professionals

Organisation – General

- Implemented new IT server
- Implemented an eCommerce solution
- Implemented a new student database
- Achieved ongoing RTO compliance with Australian Skills Quality Authority (ASQA)

International Graduate Program

HEAL offers a range of courses which assist International Medical Graduates (IMGs), who seek to work as medical practitioners in Australia, to prepare for their Australian Medical Council's (AMC) exams.

In the 2016/17 financial year, new program highlights included:

- Development and implementation of Multiple Choice Question (MCQ) Online Bridging Courses; Adult Health and Speciality Units
- Review of the FEE-HELP Clinical Bridging Course

Bridging Courses

During 2016/17 HEAL conducted bridging courses in Melbourne, Victoria and in Granville, New South Wales (NSW). IMGs had the opportunity to attend MCQ and Clinical Bridging Courses.

MCQ Bridging Course

The HEAL MCQ Bridging Course is an intensive six week, full-time program offering tutorials and activities on common medical conditions tested by the AMC. Additionally, the course provides students with an MCQ trial exam, access to our online learning management system and access to the Therapeutic Guidelines.



Clinical Bridging Courses

At HEAL we are continuously updating and revising our courses in response to student feedback and to ensure effective pedagogy. In 2017 we increased our FEE-HELP Clinical Bridging Course from nine weeks to 12 weeks (24 contact hours/week) to ensure enough time for curriculum content, online opportunities and critical reflection. Our alternative course, the Intensive Clinical Bridging Course, remains a nine week course (35 contact hours/week) for those who require a consolidated and shortened timeframe.

Both our courses, in Victoria and NSW, continue to benefit from clinical observerships with HEAL's healthcare service partners and we remain grateful for the generous assistance these healthcare services provide to HEAL and our students. In Victoria, IMGs are immensely fortunate to attend ward visits and to gain consultation skills from Associate Professor Bernard Sweet at Austin Health. Students also have an opportunity to visit the Emergency Department at Monash Health, Clayton, to experience the day to day work in one of Australia's busiest emergency settings and to benefit from the experience of a former IMG and now ED specialist, Dr Majid Naeem.

Similar experiences are gained in NSW where students attend St Vincent's Hospital's Palliative Care and Rehabilitation Service at the Sacred Heart Health Service, Darlinghurst. Depending on the course, the students also attend the outpatient clinics at Westmead Hospital and the Emergency Departments at Blacktown and Mt Druitt Hospitals at the Western Sydney Local Health District.

This experience is invaluable to introduce IMGs to Australian clinical practice.

In 2016/17, HEAL conducted the following courses:

MCQ Online Bridging Courses:

- Adult Health Unit – Three 10 week courses
- Speciality Unit – Two 10 week courses

MCQ Bridging Courses

- Melbourne – Four six week courses
- Sydney – Three six week courses

Clinical Intensive Bridging Courses

- Melbourne – Three nine week courses
- Sydney – Two nine week courses

Clinical FEE-HELP Bridging Courses:

- Melbourne – Three courses; two nine week and one 12 week course
- Sydney – Three courses; two nine week and one 12 week course

The FEE-HELP Clinical Bridging Course continues the successful collaboration with Victoria University under the leadership of Associate Professor Peter Hartley and his team. We thank them for their ongoing support.

Six Day Clinical Preparation Courses

- Sydney – Three six day courses

HEAL Bridging Course Tutors

Potential HEAL tutors are required to attend free tutor workshops that are designed as a pathway to selection as well as providing education and training in the latest educational principles; how to plan effective teaching and learning sessions, how to deliver scenario-based teaching (for clinical course tutors) and how to provide effective feedback.

At the conclusion of the tutor workshop participants are assessed and appointed based on their ability to provide a short presentation on a medical topic; their preparation and structure, their teaching abilities, their interactivity with participants and their ability to provide positive and critical feedback.

Trial Exams

Trial exams are an integral part of our students' preparation. All HEAL bridging courses incorporate a trial exam that closely mimics the AMC MCQ and clinical examinations.

The MCQ Trial Exam requires students to answer 150 multiple choice questions in a timed, computer-based exam. The exam is followed by a tutor facilitated session to provide feedback and clarity on the questions and answers.



The Clinical Trial Exam provides candidates with the opportunity to test their skills under exam conditions. Additionally, it provides necessary individual feedback in all 16 clinical stations as well as a summary of all stations by the trial exam overseer at the conclusion of the exam.

MCQ trial exams were conducted in computer laboratories as follows:

- Melbourne - Five exams
- Sydney - Five exams

Clinical trial exams were conducted at the following locations:

- Eight exams – Royal Women’s Hospital (Melbourne)
- Nine exams – Westmead Hospital (Sydney)



MCQ Online Bridging Course

MCQ Online, Adult Health Unit (medicine and surgery), launched in September 2016. The course had 20 students participate nationally and internationally; Australia (9), Azerbaijan (1), Botswana (1), Brazil (5), China (1), Malaysia (1), New Zealand (1), Singapore (1). The course provided students with an orientation/study skills module, nearly 200 topic modules, 300 videos, 800 plus multiple choice questions, access to the Therapeutic Guidelines, an online forum and a weekly webinar. All webinars are recorded to benefit students who work, are otherwise engaged, or participate from another time zone.



HEAL Online MCQ Course Webinar – Moderator and Tutor

A second MCQ Online Adult Health Unit commenced in February 2017 and ran concurrently with our inaugural Speciality Unit that includes:

- Population Health and Ethics
- Mental Health
- Child Health and
- Women’s Health

Each course constitutes 10 weeks of half time study so that students can do both Adult Health and the Speciality Units together as a full time load. Both courses evaluated extremely well.

A HEAL Experience

Featured Student: Dr Sandhya Venkatswami MD PhD
(FEE-HELP Clinical Bridging Course student March to June 2017)

"I am an International Medical Graduate (IMG) from India. I arrived in Australia completely unaware of the pathways to Australian Medical Council (AMC) registration two years ago. After my MCQ exam I joined the Health Education Australia Limited (HEAL) Clinical course on the insistence of a friend, after much apprehension. But that was my best decision EVER!

Unlike my MCQ exam, for which I had no guidance, the HEAL clinical course plan and the tutors made the preparation for the much-dreaded clinical exam very comfortable. We were allowed to observe Australian doctors working in the hospital setup on many occasions, something we could never have done on our own. It gave us a sense of familiarity with the Australian health system and the actual clinical exam. The value of the regular role-play practice cannot be emphasised enough.

The highlight of the course was the trial exam at the end of the course which gave us a chance to experience the actual exam and a perspective of where we stood with regards to our preparation.

We met doctors from different countries and cultures, and this was my first step towards a social circle and helped me in understanding Australian multi-cultural diversity and values! My study buddies were from the course and we added to each other's knowledge and skills.

The regular updates about the pathways, registration standards and job search websites came in handy after the exam. The tutors were very friendly and helpful during the preparation and later during the job hunt, always ready to share their experiences and handy hints.

After the AMC Clinical Examination, I was happy to join them as a tutor and give back something to my fellow IMGs. This and my exposure to the Australian hospital system, helped while applying for jobs and especially during interviews.

When I got my first job offer, I was informed that they were pleased with our exposure to the system and familiarity with the Australian medical practice.

From being a student to teaching at HEAL... this has been one enjoyable journey and an unforgettable one in an unknown land.

I want to say a big THANK YOU, especially to Mr Mark Dare and Ms Colleen Wells for their help and support throughout the course and after too!"

Dr Sandhya Venkatswami



A HEAL Experience

Featured Student: Dr Harsh Vivek Singh
(MCQ Bridging Course student July 2016)

"I came to Australia in February 2016 with a junior residency completed in orthopaedics back in my country. I applied to Royal Australasian College of Surgeons (RACS) which advised me to go through the AMC pathway. I was left stranded as I didn't know how to go about it.

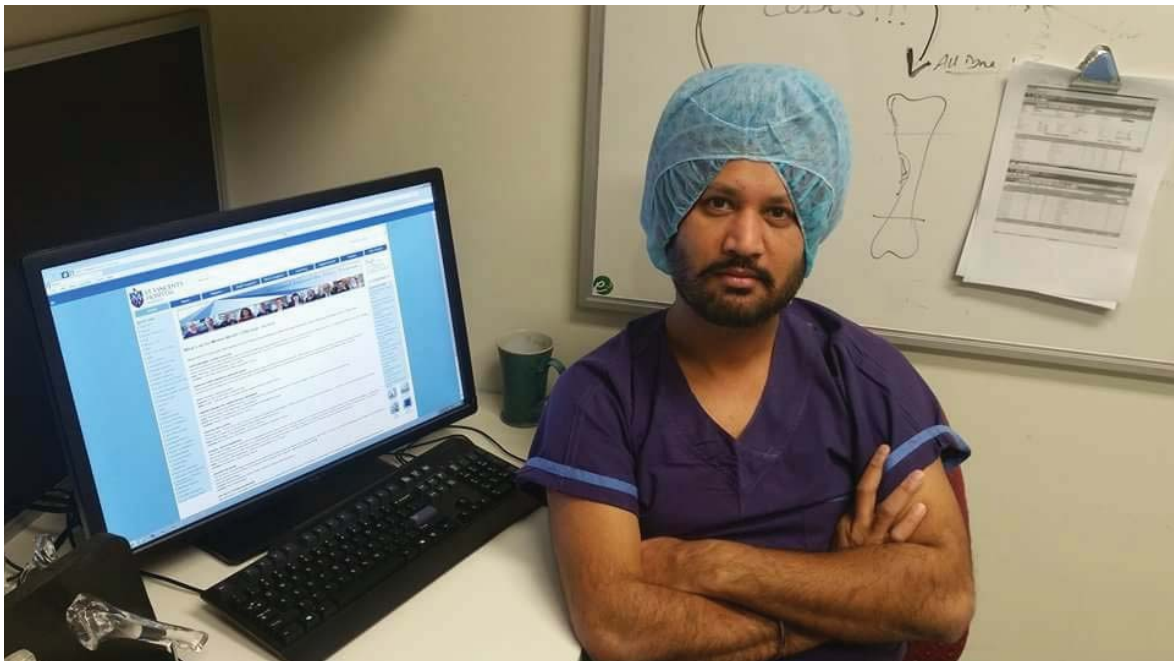
It was at this struggling phase of my life that HEAL and Mark Dare gave me a direction and hope. I learnt about HEAL from net and came for the MCQ Bridging Course in July 2016. I was helped immensely by Mark and the tutors at HEAL which gave me a wonderful insight into this exam. I sat for my MCQ exam in October and cleared it by God's grace.

I started looking for jobs after that and was extremely fortunate that St Vincent's Hospital (Melbourne) gave me an orthopaedic residency job which is a very coveted and sought after residency as this Orthopaedic Department is headed by Professor Peter Choong who is Head of Department of Surgery at The University of Melbourne and a very renowned surgeon. I have secured another year before I apply to RACS again. It was indeed a miracle.

I was away from basic sciences for a long time because of my orthopaedic residency in India, so I am more thankful to HEAL for the guidance and confidence it gave me.

I am short of words for what HEAL did for me as I was totally lost and would have never made it to here without a mighty hearted and an equally professional approach by HEAL."

Dr Harsh Vivek Singh



Simulated Patient Program

Simulated patients (SPs) play an important role in helping health professionals, students, trainees and those qualified, to develop their clinical skills.

SPs are all ages and come from a wide range of backgrounds. Some have been patients or carers in the past, others are professional actors. They are well people who have the same goal of wanting to make a difference to the Australian healthcare system.

HEAL's Simulated Patient (SP) Program provides a steady supply of consistently trained SPs from our database to meet the demand of our clients.

This year our SPs have experienced some very different roles; from high stakes exams with the medical colleges to assess medical trainees in their speciality area, to education encounters in simulation centres to train health professionals on a broad range of topics, to training industry participants in occupational health and safety and first aid.

Client Feedback

'Your simulated patients are fantastic, they dramatically increase the realism of our sims and have helped us grow our business into a leader of simulation.'

*Real First Aid
March 2017*



Courtesy of Real First Aid training program

Our clients have included healthcare services, universities, medical colleges, primary health networks and RTOs.

SimHealth Congress 2016

HEAL has continued to support the national SimHealth Congress that is held each year to showcase the use of simulation in healthcare education. In 2016 the congress was held in Melbourne.

The congress gives HEAL an opportunity to showcase the SP Program to national and international delegates.

Our HEAL CEO, Ms Beverley Sutton, continued in the role of Chair, Simulated Patient Special Interest Group as well as chairing some of the other sessions at the conference.



Academy of Medical Officers

Our initial 'Junior Doctor Program' has been refined to include a framework for CPD programs that specifically supports medical officers; prevocational and Career Medical Officers (CMOs). HEAL's Academy of Medical Officers recognises the importance of good professional development for medical practitioners. It is widely acknowledged that medical officers must develop their clinical competencies and behavioural skills to perform in a professional context and to maximise patient care. It also recognises that medical officers want to get ahead for different reasons: junior doctors realise they need to have opportunities to differentiate themselves (on their curriculum vitae) from their colleagues; whilst CMOs are required to comply with the Medical Practitioners Board and accrue 50 hours of CPD per annum.

Over the last year HEAL has been developing individual online modules of varying topics mapped against junior doctor competency frameworks such as Royal Australasian College of Surgeons (RACS) JDocs Framework, CanMEDS Physician Competency Framework and the Australian Curriculum Framework for Junior Doctors (ACFJD). The modules stand alone and are available for junior doctors to complete in their own time.

Additionally, we have identified some topic modules that will benefit from the opportunity to engage in blended learning with provision of face-to-face workshops to add value to the online experience and to consolidate the learning.

The modules are ready to go and we are in the final testing phase of the HEAL online shopping system. This activity has been more difficult than anticipated as we elected to have a seamless system that connects our web site to the online shop to the learning management system and to the student database. Once online we are optimistic that it will provide an excellent user experience and student management solution.

Online Modules

The following online modules are complete and accredited with the RACS JDOC program, the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM):

1. Bullying, Discrimination and Sexual Harassment (BDSH): developing strategies for when health professionals experience or identify BDSH in the workplace and how to maintain a non-judgmental approach to patient care
2. Feedback: seeking feedback on performance, working with feedback that health professionals receive and providing feedback
3. Interview Skills: interview research and preparation, critical analysis of strengths and weaknesses and developing interview strategy
4. Education: enhancing your teaching, learning and supervision in the healthcare setting
5. Leadership: identifying your leadership potential in the healthcare setting; developing your leadership as a junior doctor and leadership today
6. Clinical Research: understanding research in the clinical context, developing research skills to enable participation in research teams in the healthcare system
7. Clinical Governance: understanding contemporary clinical governance – how it has developed and what is its structure and purpose.

A number of free modules are also available that have been created with grant funding, such as, managing family violence and women's health.

Workshop Program

Workshop development is underway to compliment some of the online modules. Workshops are designed to accommodate all health professionals in an interprofessional and interactive setting. An interprofessional learning environment provides each participant with an opportunity to share knowledge and skills and enables health professionals to learn with, from and about each other (CAIPE, 1997 revised). Workshops will commence a pilot phase in November 2017.

Customised Programs

With the support of a National Australia Bank (NAB) grant HEAL, as the lead organisation, collaborated with partners (Alzheimer's Victoria, BreastScreen Victoria, Cancer Council Victoria, Genetic Support Network of Victoria and safe steps Family Violence Response Centre) to develop a program for general practitioners and medical officers. The program entitled 'Women's Health: A practical workshop from cradle to grave' reflected the whole of life approach in the management of girls and women facing social and medical challenges.

The program also incorporated a significant family violence component that drew on the insight, support and endorsement of the program by Ms Rosie Batty from the Luke Batty Foundation. Subject research and content expertise was provided by Professor Kelsey Hegarty, an expert in family violence at The University of Melbourne.

The grant allowed us to deliver three workshops as a blended learning opportunity with a pre-reading module on the HEAL Learning Management System, HEAL Online and a one-day workshop (face-to-face) where participants got to work with simulated patients using complex scenarios.



Ms Rosie Batty, Luke Batty Foundation

The workshops were held between July 2016 and February 2017 in Bendigo and Melbourne CBD. All workshops were facilitated by Dr Penny Gaskell and Dr Ron Schweitzer – both GPs with expertise in all content areas.

The program was accredited by the RACGP QI&CPD Program and ACRRM for CPD points. All programs were free of charge to participants and evaluated extremely well.



'Women's Health: A practical workshop from cradle to grave'

Academy of Nursing and Allied Health

In parallel with the Academy of Medical Officers and in keeping with HEAL's approach to provide a range of programs for health professionals and healthcare organisations, we are implementing an Academy of Nursing and Allied Health.

To begin with, we will provide the same online modules as those available for medical officers as the content is pertinent to all health professionals. To ensure that they are suitable, the modules are in varying stages of accreditation with the Australian College of Nursing (ACN).

Similarly, the workshop program offers online modules paired with face-to-face workshops to offer interactive experiences. This will be of benefit to both nurses and allied health professionals as they are designed for interprofessional participation. The workshops will provide an opportunity for medical, nursing and allied health practitioners to join each other to consolidate the learning from the online module and to engage with their colleagues to learn with, from and about each other (CAIPE, 1997 revised).



HEAL Foundation

The HEAL Foundation continues to provide an opportunity for HEAL to exercise charitable activities and to formally endorse a culture of fostering programs that support healthcare education. The Foundation operates as a separate division within HEAL.

The work undertaken by the Foundation aligns with the HEAL Vision and Purpose and with the Foundation's Scope of Activity and Terms of Reference. Sponsorships are available for grants up to \$10,000.

General Practice Grants

Now in its fourth year, the General Practice Grants have become an important continuing education program for general practices in the former Central Highlands General Practice Network (CHGPN).

The grant selection committee, including members of HEAL and previous members of CHGPN, choose the recipient of the Grant from applications received annually. To date, the Grants have been awarded to:

- 2014** Westcare Medical Centre, Melton West
Project: Westcare's Tailored Chronic Disease Management Workshop
- 2015** Brooke Street Medical Centre, Woodend
Project: Persistent pain management in general practice: a multi-disciplinary approach
- 2016** Mostyn Street Medical Clinic, Castlemaine
Project: Improving chronic disease self-management in central Victoria: A weight management program
- 2017** Coliban Medical Centre, Kyneton
Project: Targeting IFG (impaired fasting glucose) for the prevention of diabetes through lifestyle changes

Evaluations of the outcomes of these projects are listed on the HEAL website.

Other Programs

Registered Training Organisation (RTO)

In March 2017 HEAL underwent a post-initial audit by the Australian Skills Quality Authority (ASQA) to ensure ongoing compliance with the VET Quality Framework under the National Vocational Education and Training Regulator Act 2011 as a Registered Training Organisation (RTO). We were delighted to receive continued registration. (HEAL RTO Code 40802)



Information Technology

In 2017 we embarked upon a major upgrade of our information systems. To support our new programs, we are implementing Enrolmart, an online shop, to enable purchases of modules and face-to-face courses. The objective is to ensure a streamlined management solution that gives a positive user experience with full connectivity of our eCommerce, our VETtrak student database and our Moodle learning management system.

An ongoing focus on social media continues with a very active Facebook presence. A decision was made to consolidate our two Facebook pages (one for IMGs and another for SPs) into one HEAL Facebook page. This has proved to be a very popular move.

Thought Leaders Program

In April 2017 HEAL embarked on the development of a Thought Leaders program. The program is designed to enable the facilitation of conversations by national and international leaders on important issues around the provision of healthcare. A committee was implemented to identify healthcare topics that warrant discussion with a view to organising stakeholder meetings to design solutions for problems that currently act as barriers to the provision of best practice care.

The committee is very much in its infancy but hopes to become a trusted source of information.

ASBDD Secretariat

HEAL continues to be the secretariat for the Australasian Society for Bipolar and Depressive Disorders (ASBDD). As well as managing the society, HEAL has been appointed as the event organiser to run the biennial ASBDD Conference to be held on 15-17 September 2017 at The Edge, Federation Square, Melbourne. At the time of writing, the conference website had been implemented, keynote speakers secured and advertising of the conference well underway.

Directors, Staff and Memberships

Directors

The names of the directors in office at any time during the reporting year are as follows:

Chair:	Associate Professor Harvey NEWNHAM MBBS, FRACP, PhD
Deputy Chair:	Professor Emeritus John TILLER MD, MB ChB, BSc, DPM, FRACP, FRANZCP, GAICD
Members:	Associate Professor Margaret BEARMAN PhD, Cert.Perf.Arts, BSci, BComp (Hons)
	Mr Stephen FITZPATRICK (from November 2016) BBus, ACHSM, HFMA, GAICD
	Mr David KNOWLES (from November 2016) CA, CPA, CTA, MAICD, AIMM, B.Comm (Melb), M. App Inn & Ent
	Professor Robert MOULDS B.MedSci, MBBS, FRACP, PhD
	Dr Hung The NGUYEN BMedSci, MBBS, FRACGP, MHP, GCHPE, GAICD
	Dr Robert SADLER PhD, LL.M, MBA, BEc, LL.B (Hons)
Secretary:	Ms Beverley SUTTON MBA, GCHPE, GCCS, DipCompProg, RN, RM

Finance & Risk Committee

Chair:	Professor Emeritus John TILLER
Members:	Ms Les-Lea GUY Mr David KNOWLES (from January 2017) Dr Hung The NGUYEN Ms Beverley SUTTON

Business Development Committee

Chair:	Dr Robert SADLER
Members:	Associate Professor Margaret BEARMAN Dr Louise McCALL (from April 2017) Professor Robert MOULDS Ms Beverley SUTTON

Thought Leaders Committee (from April 2017)

Chair:	Mr David KNOWLES
Members:	Professor Robert MOULDS Associate Professor Harvey NEWNHAM Ms Beverley SUTTON

HEAL Staff

Executive Staff

Chief Executive Officer

Ms Beverley Sutton

Director of Education

Ms Rachel Riordan (part-time to July 2016)

Ms Mary Lawson (part-time to July 2016)

Dr Louise McCall (from April 2017)

Director of Programs

Mr Mark Dare

Manager of Special Projects

Ms Ann Dancer

Senior Medical Advisor

Professor Robert Moulds

Business Manager

Ms Les-Lea Guy

Administrative Staff

Program Coordinators

Ms Rachael Hackett (to February 2017)

Mrs Violetta Micevski

Ms Danielle Miche (to March 2017)

Ms Elizabeth Scholes

Ms Colleen Wells (from March 2017)

Ms Monica Yuill

eLearning Developer

Ms Meggan Jenkins

Social Media & Communications Officer

Ms Madeleine Featherby

IMG Bridging Course Colleagues

Associate Professor Bernie Sweet (Medical Coordinator – Melbourne FEE-HELP)

Mr Paul Conroy (Language Coordinator – Melbourne FEE-HELP)

Ms Catherine O'Grady (Language Coordinator – Sydney FEE-HELP)

Partners

Alzheimer's Victoria
Austin Health, Heidelberg, Victoria
Blacktown Hospital, Blacktown, New South Wales
BreastScreen Victoria
Cancer Council Victoria
Genetic Support Network of Victoria
Monash Health, Clayton, Victoria
Mt Druitt Hospital, Mt Druitt, New South Wales
safe steps Family Violence Response Centre
St Vincent's Hospital, Sydney, New South Wales
Victoria University, Victoria and New South Wales
Westmead Hospital, New South Wales

HEAL Memberships

Australian Medical Association (Victoria)

Dr Hung The Nguyen

NPS Medicinewise

Postgraduate Medical Council of Victoria

Ms Beverley Sutton

Therapeutic Guidelines Limited

Professor Emeritus John Tiller (Director)

Auditor's Independence Declaration under Section 60 of the Australian Charities and Not-for-profits Commission Act 2012 to the Directors of Health Education Australia Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2017, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

ACCRU MELBOURNE (AUDIT) PTY LTD
Chartered Accountants



C J FLYNN
Director

50 Camberwell Road
Hawthorn East Vic 3123

Dated 28/9/17

Statement of Financial Position

at 30th June 2017

	Note	2017 \$	2016 \$
Current Assets			
Cash and cash equivalents	3	1,846,891	3,656,566
Trade and other receivables	4	84,172	230,543
Other Assets	5	8,983	8,983
Inventories	6	8,630	9,157
Total Current Assets		1,948,676	3,905,249
Non-Current Assets			
Property, Plant & Equipment	7	105,392	104,489
Investments	8	3,248,482	1,498,233
Total Non-Current Assets		3,353,874	1,602,722
Total Assets		5,302,550	5,507,971
Current Liabilities			
Trade & Other Payables	9	231,272	305,698
Other Liabilities	10	186,845	223,070
Provisions	11	142,570	141,985
Total Current Liabilities		560,687	670,653
Non-Current Liabilities			
Provisions	11	36,142	24,205
Total Non-Current Liabilities		36,142	24,205
Total Liabilities		596,829	694,958
Net Assets		4,705,721	4,813,013
Equity			
Retained Earnings		145,607	358,123
Reserve		82,010	(23,214)
Contributed Equity - VMPF	12	1,371,885	1,371,885
Contributed Equity - MPF Trust	12	3,106,219	3,106,219
Total Equity	12	4,705,721	4,813,013

The accompanying notes form an integral part of these financial statements.

Statement of Comprehensive Income

for the Year Ended 30th June 2017

	Note	2017 \$	2016 \$
Income			
Conference & Course Registration		1,411,147	2,144,899
Conference Sponsorship		-	-
Simulated Patient Hire		136,791	145,304
Interest Income		46,777	53,359
Grant Income		41,625	8,375
Sale of Publications		4,340	5,860
Other Income		136,522	73,810
Total Income		1,777,202	2,431,607
Expenditure			
Communication Expenses		23,002	17,204
Course Expenses		654,101	942,728
Employment Expenses		829,693	1,035,050
Finance & Legal Expenses		78,897	91,880
Grant Expenses		18,080	8,375
Occupancy Expenses		92,218	72,877
Project Development		197,211	160,216
Sponsorship		-	22,710
Other Administration Expenses		171,469	74,710
Total Expenses		2,064,671	2,425,750
Operating Surplus/(Deficit)		(287,469)	5,857
Add Other Income/(Expenses)			
Investment Income		75,635	14,986
Loss on Disposal of Assets		(682)	-
Net Surplus/(Deficit)		(212,516)	20,843
Other Comprehensive Income			
Fair Value Increment/(Decrement) of Investments		105,224	(23,214)
Total Comprehensive Income/(Loss) For The Year		(107,292)	(2,371)

The accompanying notes form an integral part of this statement.

Statement of Changes in Equity

for the Year Ended 30th June 2017

	Retained Earnings	Financial Assets Revaluation Reserve	Contributed Equity	Total
	\$	\$	\$	\$
Balance 30 June 2015	337,280	-	1,371,885	1,709,165
Surplus/(Deficit) attributable to members	20,843	-	-	20,843
Contribution of equity – MPF Trust	-	-	3,106,219	3,106,219
Fair value increment/(decrement)	-	(23,214)	-	(23,214)
Balance 30 June 2016	358,123	(23,214)	4,478,104	4,813,013
Surplus/(Deficit) attributable to members	(212,516)	-	-	(212,516)
Fair value increment/(decrement)	-	105,224	-	105,224
Balance 30 June 2017	145,607	82,010	4,478,104	4,705,721

The accompanying notes form an integral part of this statement.

Statement of Cash Flows

for the Year Ended 30th June 2017

	Note	2017 \$	2016 \$
Cash Flows from Operating Activities			
Receipts from course fees, sponsors, etc.		2,010,811	2,278,998
Payments to suppliers and employees		(2,277,261)	(2,634,225)
Interest received		49,058	43,985
Investment income received		71,651	-
Net Cash (used in)/provided by Operating Activities	(a)	(145,741)	(311,242)
Cash Flows from Investing Activities			
Purchase of property, plant and equipment		(18,909)	(11,347)
Purchase of investments		(1,645,025)	(750,000)
Net Cash (used in)/provided by Investing Activities		(1,663,934)	(761,347)
Cash Flows from Financing Activities			
Net cash transferred from MPF Trust		-	2,349,757
Net Cash (used in)/provided by Financing Activities		-	2,349,757
Net increase/(decrease) in cash held		(1,809,675)	1,277,168
Cash at beginning of Financial Year		3,656,566	2,379,398
Cash at end of Financial Year		1,846,891	3,656,566

The accompanying notes form an integral part of this statement of cash flows.

Note (a) – Reconciliation of Cash provided by Operating Activities to Operating Profit

	2017	2016
	\$	\$
Surplus / (Deficit)	(212,516)	20,843
Adjustments:		
Depreciation	17,324	14,798
(Profit)/Loss on Disposal of Assets	682	-
(Profit)/Loss on Investments	-	(14,986)
Change in Assets and Liabilities:		
(Increase)/Decrease in Accounts Receivable	146,371	(205,202)
(Increase)/Decrease in Inventories	527	823
(Increase)/Decrease in Other Current Assets	-	(10,228)
Increase/(Decrease) in Trade and Other Payables	(74,426)	17,821
Increase/(Decrease) in Provisions	12,522	(3,238)
Increase/(Decrease) in Income in Advance	(36,225)	(131,873)
Total Cash (used in)/provided by Operating Activities	(145,741)	(311,242)

Notes to the Financial Statements

for the Year Ended 30th June 2017

Note 1 – Summary of Significant Accounting Policies

The financial statements are for Health Education Australia Limited as an individual entity, incorporated and domiciled in Australia. Health Education Australia Limited is a not-for-profit company limited by guarantee.

Note 2 – Basis of Preparation

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial reports. This financial report is therefore a special purpose financial report that has been prepared in order to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial report has been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Australian Charities and Not-for-profits Commission Act 2012* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with the previous period unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes.

Revenue

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

Interest revenue is recognised using the effective interest rate method.

Other revenue is recognised when the right to receive the revenue has been established.

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

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 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 statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components, which are disclosed as operating cash flows.

Unexpended Grant Funds & Course Fees

Grants received by the organisation relate to specific projects or are awarded on an annual basis. The grant income is applied to a project and matched to the expenses incurred by that particular project. Income is brought to account when received and at the end of the financial year, unexpended grant monies against which future commitments have been made are carried forward and brought to account in the year in which the relevant expenditure is made.

Fixed Assets

Property, Plant and Equipment (PPE)

Computer and office equipment are carried at cost less, where applicable, any accumulated depreciation.

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

Cash & Cash Equivalents

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

Stock of Publications

Publications on hand at year end are brought to account at the lower of actual production and printing costs and net realisable value.

Long Service Leave

The company provides for the long service leave entitlement of all employees on a pro rata basis plus on-costs and the amounts have been measured at their net present value.

Income Tax

The company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

Adoption of new and revised accounting standards

During the current year, the company adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory. The adoption of these Standards has not had a significant impact on the recognition, measurement and disclosure of transactions.

New accounting standards for application in future periods

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these Standards, but does not expect the adoption of these standards to have any significant impact on the reported position or performance of the company.

Financial instruments

Financial Assets

The Company classifies non-derivative financial assets into the following categories which are described in detail below:

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Company's trade and other receivables fall into this category of financial instruments. Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

Available-for-sale financial assets

The Company's available-for-sale financial assets comprise listed securities. All available-for-sale financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired. In the case of impairment or sale, any gain or loss previously recognised in equity is transferred to the profit or loss.

Impairment of financial assets

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Available-for-sale financial assets

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

Note 3 – Cash and Cash Equivalents

	2017	2016
	\$	\$
Cash at Bank	426,484	2,268,390
Term Deposits	1,420,407	1,388,176
	1,846,891	3,656,566

Note 4 – Trade and Other Receivables

	2017	2016
	\$	\$
Trade Debtors	18,693	215,069
Sundry Debtors	65,479	15,474
	84,172	230,543

Note 5 – Other Current Assets

	2017	2016
	\$	\$
Prepaid Expenses	8,983	8,983
	8,983	8,983

Note 6 – Inventories

	2017	2016
	\$	\$
Stock of Publications	8,630	9,157
	8,630	9,157

Note 7 – Property, Plant & Equipment

	2017	2016
	\$	\$
Leasehold Improvements		
At Cost	40,856	40,856
Accumulated Depreciation	(6,374)	(3,632)
	34,482	37,224
Office Furniture and Equipment:		
At Cost	61,193	62,164
Accumulated Depreciation	(18,926)	(13,744)
	42,267	48,420
Computer Equipment:		
At Cost	60,267	43,886
Accumulated Depreciation	(31,624)	(25,041)
	28,643	18,845
Total Property, Plant and Equipment	105,392	104,489

Movements in carrying amounts

	Leasehold Improvements	Office Furniture and Equipment	Computer Equipment	Total
	\$	\$	\$	\$
Balance at the beginning of 2015	39,966	47,895	20,079	107,940
Additions	-	6,502	4,845	11,347
Disposals	-	-	-	-
Depreciation expense	(2,742)	(5,977)	(6,079)	(14,798)
Carrying amounts at the end of 2016	37,224	48,420	18,845	104,489
Balance at the beginning of 2016	37,224	48,420	18,845	104,489
Additions	-	951	17,958	18,909
Disposals	-	(503)	(179)	(682)
Depreciation expense	(2,742)	(6,601)	(7,981)	(17,324)
Carrying amounts at the end of 2017	34,482	42,267	28,643	105,392

Note 8 – Investments

	2017	2016
	\$	\$
Investment at Fair Value	3,248,482	1,498,233
	3,248,482	1,498,233

Note 9 – Trade & Other Payables

	2017	2016
	\$	\$
Trade Creditors	26,761	58,944
Sundry Creditors	84,358	99,209
Accrued Expenses	120,153	147,545
	231,272	305,698

Note 10 – Other Current Liabilities

	2017	2016
	\$	\$
Income in Advance	186,845	223,070
	186,845	223,070

Note 11 – Provisions

	2017	2016
	\$	\$
Provision for Annual Leave - Current	54,169	61,966
Provision for Long Service Leave – Current	88,401	80,019
Provision for Long Service Leave – Non - Current	36,142	24,205
	178,712	166,190

Note 12 – Contributed Equity

In 2014, to better facilitate national operations, the activities, financial management and assets of VMPF were transferred on 1 January 2013 to the associated company limited by guarantee Health Education Australia Ltd. A contribution of net assets (specifically cash, receivables, stock, plant & equipment, accounts payable, income in advance and employee benefits) of \$1,371,885 was made to HEAL.

In 2016, the Board of Directors of the Medical Postgraduate Foundation Pty Ltd resolved to vest the MPF Trust as at 31 March 2016 and transfer all assets to HEAL. A contribution of assets (specifically cash and investments) of \$3,106,219 was made to HEAL.

Note 13 – Company Details

The registered office of the company is:

Health Education Australia Limited

Level 7

118 Queen Street

Melbourne VIC 3000

Note 14 – Trusteeship

On 1 January 2013, Health Education Australia Ltd became the new trustee of the Victorian Medical Postgraduate Foundation Inc. – Educational Purposes Fund. This Fund was established in 1982. Since that date, further transfers have been made to the Fund.

As trustee the Company is responsible for the liabilities of the Fund and has recourse to the assets of the Fund to meet these liabilities. At 30th June 2017 the accounts of the Fund disclosed that there were no liabilities and assets of \$1,117,068.

Note 15 – Operating Lease Commitment

Minimum lease payments under non-cancellable operating leases.

	2017	2016
	\$	\$
No later than one year	134,681	129,501
Between one and five years	178,673	313,354
	313,354	442,855

Operating lease is for the office premise. Lease payments are increased on an annual basis based on the leasing terms.

Health Education Australia Limited Responsible Entities' 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 are the responsible persons and the responsible persons declare that:

1. The financial statements and notes, as set out in pages 24 to 35 are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*:
 - a) comply with Accounting Standards as stated in Note 1 and the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
 - b) Give a true and fair view of the company's financial position as at 30 June 2017 and of its performance for the financial year ended on that date of the company.
2. In the responsible persons' opinion there are reasonable grounds to believe 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 and is signed for and on behalf of the Directors by:



Associate Professor Harvey Newnham – Chairman



Professor John Tiller – Deputy Chairman

Dated this 28th day of September 2017

Independent Audit Report to the members of Health Education Australia Limited

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report, being a special purpose financial report of Health Education Australia Limited (the Company), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and responsible entities' declaration.

In our opinion, the financial report of Health Education Australia Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Company to meet the financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Matter

The financial report of Health Education Australia Limited for the year ended 30 June 2016 was audited by another auditor who expressed an unmodified opinion on the financial report on 12 August 2016.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Responsible Entities

The directors of the Company are responsible entities and responsible for the preparation and fair presentation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the ACNC Act. The responsible entities' responsibility also includes such internal control as responsible entities determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

The responsible entities are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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



ACCRU MELBOURNE (AUDIT) PTY LTD
Chartered Accountants



C J FLYNN
Director

Dated 28/9/17

Statement of Financial Position

as at 30th June 2017

	Note	2017 \$	2016 \$
Current Assets			
Cash	3	1,107,540	1,089,685
Other Current Assets	4	9,528	8,148
Total Current Assets		1,117,068	1,097,833
Total Assets		1,117,068	1,097,833
Total Liabilities		-	-
Net Assets		1,117,068	1,097,833
Equity			
Capital fund		101,000	101,000
Retained earnings		1,016,068	996,833
Total Equity		1,117,068	1,097,833

The accompanying notes form an integral part of these financial statements.

Statement of Comprehensive Income

for the Year Ended 30th June 2017

	2017	2016
	\$	\$
Income		
Donations	-	-
Interest	29,235	30,688
Other Income		-
Total Income	29,235	30,688
Expenses		
General & Administrative Expenses	-	4,300
Scholarships	10,000	9,095
Total Expenses	10,000	13,395
Net Surplus/(Deficit)	19,235	17,293
Total Comprehensive Income For The Year	19,235	17,293

The accompanying notes form an integral part of this statement.

Statement of Changes in Equity

for the Year Ended 30th June 2017

	Retained Earnings	Capital Fund	Total
	\$	\$	\$
Balance at 30 June 2015	979,540	101,000	1,080,540
Surplus/(Deficit) attributable to members	17,293	-	17,293
Balance at 30 June 2016	996,833	101,000	1,097,833
Surplus/(Deficit) attributable to members	19,235	-	19,235
Balance at 30 June 2017	1,016,068	101,000	1,117,068

The accompanying notes form an integral part of this statement.

Statement of Cash Flows

for the Year Ended 30th June 2017

	Note	2017 \$	2016 \$
Cash Flow from Operating Activities			
Donations		-	-
Interest received		27,855	26,925
Payments to suppliers		(10,000)	(13,395)
Net Cash provided by Operating Activities	(a)	17,855	13,530
Net increase/(decrease) in cash held		17,855	13,530
Cash at beginning of Financial Year	(b)	1,089,685	1,076,155
Cash at end of Financial Year	(b)	1,107,540	1,089,685

The accompanying notes form an integral part of this statement of cash flows.

Note (a) – Reconciliation of Cash Provided by Operating Activities to Operating Profit

	2017 \$	2016 \$
Surplus/(Deficit)	19,235	17,293
Change in Assets and Liabilities:		
(Increase)/Decrease in Sundry Debtors	(1,380)	(3,763)
Net cash provided by Operating Activities	17,855	13,530

Note (b) – Reconciliation of Cash

For the purpose of the Statement of Cash Flows, cash includes all cash on hand and cash equivalents as reported in the Statement of Financial Position and Note 3.

	2017 \$	2016 \$
Cash at Bank	1,107,540	1,089,685

Notes to the Accounts

for the Year Ended 30th June 2017

Note 1 – Summary of Significant Accounting Policies

The financial statements are for Health Education Australia Ltd – Educational Purposes Fund as an individual entity, incorporated and domiciled in Australia. Health Education Australia Ltd – Educational Purposes Fund is a not-for-profit trust.

Basis of preparation

The trustees have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial reports. This financial report is therefore a special purpose financial report that has been prepared in order to meet the requirements of the Trust Deed.

The financial report has been prepared in accordance with significant accounting policies disclosed below, which the trustees have determined are appropriate to meet the needs of stakeholders. Such accounting policies are consistent with the previous period unless stated otherwise.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

Income Tax

The Fund is exempt from income tax by virtue of Division 50 of the Income Tax Assessment Act 1997.

Adoption of new and revised accounting standards

During the current year, the Fund adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory. The adoption of these Standards has not had a significant impact on the recognition, measurement and disclosure of transactions.

New accounting standards for application in future periods

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Fund has decided against early adoption of these Standards, but does not expect the adoption of these standards to have any significant impact on the reported position or performance of the company.

Note 2 – Nature of Fund

The Victorian Medical Postgraduate Foundation Inc. was instrumental in creating the Fund by a deed dated 13th August 1982 in order to fulfil an objective of the Foundation to establish and maintain a permanent fund for the continuance of postgraduate work in Victoria. The Foundation transferred investments (cost to the Foundation - \$101,000) to the Fund. The Victorian Medical Postgraduate Foundation Inc. was the trustee of the Fund from 1985 until 1 January 2013, when the trustee changed to Health Education Australia Ltd.

Note 3 – Cash

	2017	2016
	\$	\$
Cash at Bank	400	399
Term Deposits	1,107,140	1,089,286
	1,107,540	1,089,685

Note 4 – Other Current Assets

	2017	2016
	\$	\$
Accrued Income	9,528	8,148
	9,528	8,148

Statement by Members of the Executive Committee

The Executive Committee has determined that the fund is not a reporting entity.

The Executive Committee has determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Committee the financial report:

1. Presents a true and fair view of the financial position of Health Education Australia Limited – Educational Purposes Fund as at 30 June 2017 and its performance for the financial year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Health Education Australia Ltd – Educational Purposes Fund will be able to pay its debts as and when they fall due.

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



Associate Professor Harvey Newnham – Chairman



Professor John Tiller – Deputy Chairman

Dated this 28th day of September 2017

Independent Audit Report to the members of Health Education Australia Limited - Educational Purpose Fund

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report, being a special purpose financial report of Health Education Australia Limited – Educational Purpose Fund (the Trust), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the statement by members of the executive committee.

In our opinion, the financial report of Health Education Australia Limited - Educational Purpose Fund has been prepared in accordance with accounting policies, including:

- (i) giving a true and fair view of the Trust's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards to the extent described in Note 1.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Fund to meet the financial reporting responsibilities under the trust deed. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Matter

The financial report of Health Education Australia Limited - Educational Purpose Fund for the year ended 30 June 2016 was audited by another auditor who expressed an unmodified opinion on the financial report on 12 August 2016.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Trustee

The trustee is responsible entities and responsible for the preparation and fair presentation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Trust deed. The trustee's responsibility also includes such internal control as responsible entities determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

The trustee is responsible for overseeing the Trust's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the trustee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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


ACCRU MELBOURNE (AUDIT) PTY LTD
Chartered Accountants


C J FLYNN
Director

Date 28/9/17

Disclaimer

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