



Annual Report 2017/18

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



"Improving health outcomes through the education of health professionals" is HEAL's goal. Over the last two years and especially the last 12 months, the HEAL board has focussed intensively on how we can best achieve this mission. The enthusiasm and excitement engendered by these deliberations is palpable within our board, our passionate CEO Beverley Sutton and our dedicated HEAL staff. The end result of our strategic planning, consultation and much hard work is now taking shape in three areas of new direction for HEAL: our new "Academy" of training, the Australasian Institute of Clinical Governance (AICG) and our Thought Leadership activity. Supplementing our longstanding programs of preparing overseas trained physicians for high level practice in Australia, and the training of simulated patients to help in delivering realistic training scenarios and streamlined evaluation of trainees, these new directions will set the foundation for HEAL's work for some years to come.

I am particularly excited about our decision to support training in clinical governance. Whilst there are many definitions of clinical governance, they all focus on governance, training and the delivery of systems that empower clinicians to improve the quality and effectiveness of health care. HEAL's vision is for our Australasian Institute of Clinical Governance (AICG) to be the touchstone to support clinicians and their leaders in the provision of safer health care in the same way that the Australian Institute of Company Directors supports directors to provide good corporate governance throughout Australia. This AICG initiative, targeted in the first instance at clinicians and middle level managers, gives HEAL the potential to improve the quality and safety of health care throughout our community as well as the professional satisfaction of the staff who work so hard to provide that care.

I would like to thank every HEAL board member for their considerable skills and gift of voluntary service during this last financial year. The board has particularly benefitted from the input of our new director, Ms Amy Kirkwood, who has brought valuable experience in marketing and IT leadership to the table to support our new initiatives. John Tiller continues to diligently lead the Finance and Risk Committee, Rob Sadler the all-important Business Development Committee and David Knowles, Thought Leadership. The HEAL executive and employees function as a highly effective team under Bev's energetic leadership. I look forward with great anticipation to the fruits of our labour over the coming years.

Associate Professor Harvey Newnham
Chair, Board of Directors

Chief Executive Officer's Report

Obsolescence is imminent and as Hugh van Cuylenburg (The Resilience Project) points out, the young adult brain is now taking on the same amount of information in a week as we took on in a year! The impact of this is having far reaching effects on the way we think, learn, our behaviours and on our mental health and capacity. This is the market we now operate in and it solicits the question of how we make a difference in an era where the demands on the population is driven by real-time information and educational offerings are readily available at our fingertips.

For us it has been a journey of discovery – a journey where VMPF/HEAL, for nearly a century has been the 'go to' training organisation for thousands of students. We have not only survived but thrived on name and reputation. Today we must rely on the importance of focusing our marketing activities differently. Developing a marketing plan that is now largely a digital conundrum has really required us to rethink our offerings; their relevancy, currency, quality... and, to determine our target market; their background, discipline, age, needs and wants...



Through the marketing process we also discovered an opportunity to showcase a suite of our programs in a more meaningful way. Our 'Australasian Institute of Clinical Governance (AICG)' will be launched in October 2018. The AICG's vision is '*Committed to improving patient safety and quality care through excellence in clinical governance*' and will incorporate our flagship course; the '*Certificate in Clinical Governance for Patient Safety and Quality Care*'. The development of the AICG was influenced and informed by a Victorian Government report, '*Targeting Zero, a review of hospital safety and quality assurance in Victoria*' (2016, Duckett S., Cuddihy M., Newnham H.) and we are enormously fortunate to have one of the authors as the Chair of the HEAL Board of Directors, Associate Professor Harvey Newnham. Harvey has been extremely supportive of this initiative and all that HEAL undertakes and working under his leadership and guidance is an absolute privilege for a CEO.

Of course, both Harvey and I are supported by a very committed Board of Directors who are also all members of Board subcommittees; Finance and Risk Committee, chaired by Professor John Tiller, Business Development Committee, under the leadership of Dr Robert Sadler and the Thought Leaders Committee, inspired and led by Mr David Knowles – I thank each and every Board Director individually for their contribution. I would also like to thank each and every member of my staff, because without them nothing would happen. I have been very fortunate to assemble a team of not only very competent individuals that collectively make such a difference but they make coming to work a pleasure.

As has become customary, I would like to close with a relevant quote, this time embodying our marketing focus; 'sell the problem you solve – not the product'. If graduates of AICG courses, in any way, get to have a positive impact on improving patient safety and quality care, then we have made the difference that we strive for.

Beverley Sutton
Chief Executive Officer

Directors' Report

This financial year has largely been a year of further development, implementation and consolidation of programs that have been monitored through the Business Development Committee (BDC), chaired by Dr Robert Sadler. The Academies of Medicine, Nursing and Allied Health, developed in the last financial year, are providing online courses through a continuing professional development (CPD) program. The program is showing early promising signs through online purchases that have largely occurred through word of mouth. To increase uptake of these and other HEAL programs and in acknowledgement of a competitive environment for educational programs, the Board made a decision to employ its first Marketing Manager, due to commence in August 2018.

Strategically, the Board made a significant decision to highlight the importance of our suite of clinical governance programs by endorsing the implementation of the Australasian Institute of Clinical Governance (AICG), which will be formally launched in October 2018. The AICG, a registered business name of HEAL, will target all healthcare professionals, particularly middle managers and clinicians with education programs designed to maximise patient safety and quality care. The decision was influenced and informed by a Victorian Government report, Targeting Zero, a review of hospital safety and quality assurance in Victoria (October 2016, Duckett S. et al). Associate Professor Harvey Newnham, Chair of the HEAL Board of Directors, was one of the authors.

The HEAL Board has also continued to be advised by the Finance and Risk Committee, chaired by Professor John Tiller, that manages HEAL's finances and investment portfolio, the Thought Leaders Committee, chaired by Mr David Knowles and the Nominations Committee, chaired by Associate Professor Harvey Newnham.

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 offers a variety of programs to health professionals that include online and face-to-face courses across Australia and internationally. Some courses are specifically targeted to particular disciplines such as our international medical graduate program 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.

Core Programs:

International Medical 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.

Programs under Development:

Academy of Medical Officers and Academy of Nursing and Allied Health

The CPD program for health professionals offers a suite of online courses that have been accredited by medical colleges and the Australian College of Nursing. In addition, the new eOSCEe program (electronic OSCE by experts) is a webinar program to assist health professionals to prepare for OSCE style examinations.

Australasian Institute of Clinical Governance (AICG)

The AICG, due to be launched in October 2018, will offer health professionals tailored educational programs to assist them to enhance patient safety and quality care through excellence in clinical governance.

HEAL remains aligned to its 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	5
Margaret BEARMAN	7	7
Stephen FITZPATRICK	7	7
Amy KIRKWOOD (Appointed November 2017)	5	4
David KNOWLES	7	6
Robert Francis Westland MOULDS	7	5
Hung The NGUYEN	7	5
Robert SADLER	7	5

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 2018, the number of members was nine.

Signed this 8th day of October 2018 in accordance with a resolution of the Board of Directors.



Professor Harvey Newnham – Chair, Board of Directors



Professor John Tiller – Deputy Chair, Board of Directors

2017/18 Highlights

Governance

- Appointed a Board Director with marketing skills and experience
- Adopted a proposal to implement the Australasian Institute of Clinical Governance (AICG)
- Resolved to appoint a Marketing Manager as a permanent staff position

International Medical Graduate Program

- Developed and implemented new 'standalone' MCQ Online Bridging Courses in Adult Health and Speciality Units

Simulated Patient Program

- Continued to build client base

Academies of Medical Officers and Nursing and Allied Health

- Developed a number of accredited online modules
- Developed and piloted a new eOSCEe program

Australasian Institute of Clinical Governance (AICG)

- Devised the concept of the AICG
- Adopted a vision and purpose for the AICG
- Determined the structure and programs for the AICG
- Developed the branding for the AICG
- Developed content for a Certificate course
- Successfully piloted a leadership workshop

Organisation – General

- Launched a new and refreshed HEAL website
- Appointed a Marketing Consultant to facilitate workshops to inform a marketing plan

International Medical Graduate Program

For over 30 years, HEAL has offered a range of bridging courses to assist International Medical Graduates (IMGs) who seek to work as medical practitioners in Australia, to prepare for their Australian Medical Council (AMC) exams. Our variety of courses ensure that we have something for everyone; online self-directed, online with tutor support and webinars, and face-to-face courses. All courses are reviewed and evaluated on a regular basis to ensure they are up to date and incorporate student feedback.

HEALOnline

To support each IMG, HEAL has a comprehensive Learning Management System (LMS), HEALOnline, that is available to all courses. The Moodle platform is a 24 hour resource that includes nearly 200 topic modules, 300 videos and 800 multiple choice questions. The system also has direct access to the Therapeutic Guidelines for additional information and support.

Bridging Courses

As well as online courses HEAL conducts face-to-face Multiple Choice Question (MCQ) courses and Clinical Bridging Courses in Melbourne, Victoria and in Granville, New South Wales.

MCQ Course – Face-To-Face

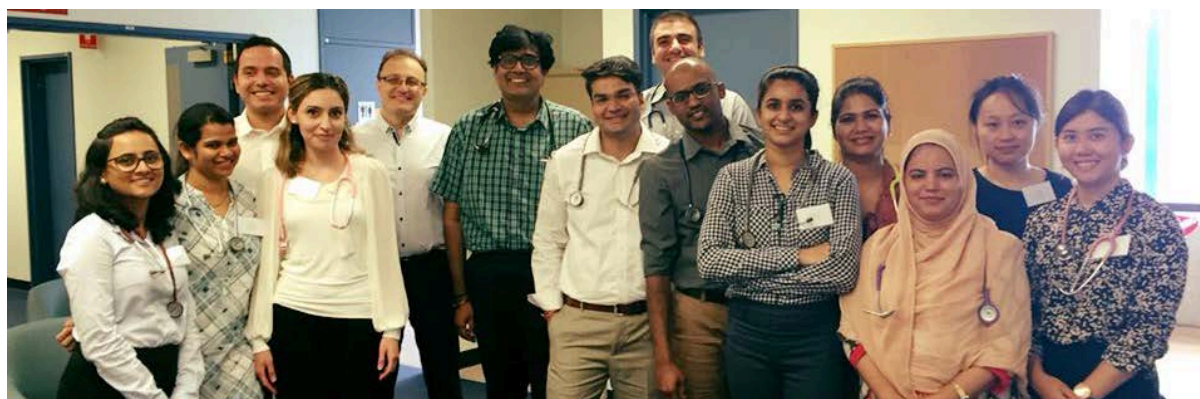
The MCQ Bridging Course constitutes 27 contact hours a week over a six week program offering tutorials and activities on medical conditions that are commonly tested by the AMC. Additional to this, and as well as accessing HEALOnline, the course provides students with an MCQ trial exam that is taken under AMC exam conditions.

MCQ Course – Online

This course is now offered in two modes; self-directed, which can be accessed at any time and self-directed with the addition of a weekly webinar and a student online forum that are scheduled throughout the year. Both courses have 10 weeks of structured content but students have access to the LMS for 12 weeks.

Clinical Bridging Courses

The FEE-HELP Clinical Bridging Course is delivered in partnership with Victoria University and has been the most popular course this year. The course is a 12 week course of 24 contact hours a week. Our alternative course, the Intensive Clinical Bridging Course, remains a nine week course with 35 contact hours a week for those who require a consolidated and shortened timeframe.



HEAL Bridging Course Tutors

HEAL tutors continue to be selected through a formal process in which they are required to attend a free tutor workshop that is designed to provide 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.

Following 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.

Partnerships

In addition to our partnership for the FEE-HELP course with Victoria University, we are fortunate to also benefit from other healthcare service partners and we remain grateful for the generous assistance they 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 2017/18, HEAL conducted the following courses:

MCQ Online Bridging Courses

- Adult Health Unit – Two courses
- Speciality Unit – Pilot of self directed course

MCQ Bridging Courses

- Melbourne – Two courses
- Sydney – One course

Clinical Intensive Bridging Courses

- Melbourne – Three courses
- Sydney – Three courses

Clinical FEE-HELP Bridging Courses

- Melbourne – Three courses
- Sydney – Two courses

Six Day Clinical Preparation Courses

- Melbourne – Two courses
- Sydney – One course



Associate Professor Bernard Sweet (far right) with some FEE-HELP Clinical Bridging Course students February 2018

Trial Exams

All HEAL bridging courses incorporate a trial exam that closely mimics the AMC MCQ and clinical examinations. We also allow external candidates i.e. those not enrolled in HEAL courses, an opportunity to participate in the clinical trial exams. Trial exams rate very highly with students as being an integral part of their preparation.

The MCQ Trial Exam requires candidates 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. Students complete 20 stations, 16 clinical stations and four rest stations. As per the OSCE format, each student gets two minutes reading time and eight minutes to perform the examination. As a learning exercise the examiner then provides two minutes feedback before the candidate moves on to the next station. At the conclusion of the trial exam the candidate receives written feedback from each station as well as a summary of all stations by the trial exam overseer in a group debriefing session.



A HEAL Experience

Featured Student: Dr Gladly Stephen

(MCQ Bridging Course student April to May 2017)

(FEE-HELP Clinical Bridging Course student September to December 2017)

Hello, my name is Gladly Stephen and I am a Year-1 Resident Medical Officer. I was born in Melbourne and lived in Melbourne till Year 8 of High School. When I was in Year 8, my parents decided to migrate back to India and I ended up living there for around 12 years. I ended up studying Medicine in India and I knew that it was what I wanted to do for the rest of my life.

I always wanted to come back to Australia and after my Intern year, I finally decided to come back. A few days after I came back to Melbourne, I started the six week HEAL MCQ class-room based course. The course was so helpful and exam-oriented that I passed the exam four weeks after the course finished.

Soon after that I enrolled in the HEAL Clinical FEE-HELP course. It was a three month course that involved plenty of teaching and role-playing which was very helpful. I passed the AMC Clinical Examination two months after completing the course. Not having to pay for this course upfront was really great as I was not working at the time and we were relying on my husband's income alone to support us.

After getting the exams out of the way, I began applying for jobs all over Australia and I am now happily a member of the junior medical workforce in Australia.

I am glad to say that I owe this largely to the guidance I received at HEAL. Not only did HEAL help me pass the exams, HEAL also helped in preparing me for work in the busy Australian hospital environment.

I hope my story inspires other International Medical Graduates who would like to become valuable members of the Australian medical workforce.

Thank you once again to the whole team at HEAL for making my dream come true. You are all truly amazing!

Dr Gladly Stephen



A HEAL Experience

Featured Teacher: Mr Paul Conroy

by Dr Rakesh Agarwal (FEE-HELP Clinical Bridging Course student July 2017)

The words would never be enough to express my gratitude for your excellent teachings, guidance and assistance with my 12 week course at HEAL. When I first saw you walk into our classroom, I saw the kind of person I was proud to call my teacher. Everyday you came to class with a smile on your face and a kind word for all your students. That means a lot. You have been very kind and patient with our mistakes. Our minds were quite rigid to learn and absorb new things, but you always created an environment of enthusiasm for learning, appreciation for growing, and room for making mistakes along the way, which really facilitate the learning by all. Throughout the course you provided us with your valuable suggestions, feedback and warm encouragement. Your feedback was always thorough, encouraging, insightful and constructive.



Mr Paul Conroy
Language &
Communications Teacher
FEE-HELP Clinical Bridging
Course Melbourne

Your sheer dedication and willingness to teach us is clearly reflected in your notes you have provided us. Breaking bad news, medico-legal and other complex cases, where good communication skills are essential to pass these stations, have always been challenging for me and I greatly appreciate your hard work to write detailed dialogue scripts for these cases. You made us understand the use of proper words and accurate phrases to refine our communication skills in dealing with these sensitive situations. Learning from you and from your notes will be a great help not just for this exam, but for the real life dealing with sensitive issues as well.

Thank you so much for the time, effort and energy you spent to help us to enhance our communication skills and give us hope and confidence to pass this exam. You will never know how much your guidance has helped us, but I wanted you to know that you have made a big difference in my life.

Last but not least, thanks for your kind and inspirational words on the last day to encourage us to not give up and keep working hard to be our best.

Thank you once again for sharing your gift of teaching with us.

Dr Rakesh Agarwal

Simulated Patient Program

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

SPs are well people who simulate a patient through role portrayal. They are all ages and come from a wide range of backgrounds. Some have been patients or carers in the past, others are professional actors. An SP is regarded as an educator with the same goal as health professionals – to make a positive difference to the Australian healthcare system. An extended role of the SP can also include portraying any human element of clinical practice e.g. playing a health professional or family member and in the past these non-patient roles were known as 'confederates'. Today, simulation methodology has adopted a more inclusive term of 'Simulated Participants'. To acknowledge the importance of these roles, HEAL, in 2018, will rename the program as the 'Simulated Participant' program.



Each year we have noticed that SPs are being asked to provide a broader educational role in multiple locations and educational environments; 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 that include complex emotional and psychological experiences, to training industry participants in work health and safety and first aid. SPs are also being increasingly asked to contribute to the learning experience by being engaged in the educational design, scenario development and assessment of the student.

State and National Support of Simulation

HEAL recognises the importance of supporting other organisations that have adopted a simulation focus and in 2017 HEAL was the 'Gold Sponsor' for the Holmesglen Faculty of Health Sciences Showcase at their state-of-the-art simulation facility.



HEAL CEO, **Beverley Sutton** (2nd from right), with some of her Victorian Simulation Alliance (VSA) Board Director colleagues at the Australasian Simulation Congress 2017

At a State level, our HEAL CEO, Ms Beverley Sutton, is a Board Director for the Victorian Simulation Alliance (VSA) an organisation supporting the development and implementation of simulation within professional education across the state of Victoria. The Alliance provides members and simulated participants with an active and supported community of practice.

HEAL also continued to support the national Australasian Simulation Congress 2017 that was held in Sydney. This meeting showcases simulation in a number of industries and includes the SimHealth Congress that focuses on simulation in healthcare education. Our CEO, Beverley continued in the role of Chair, Simulated Patient Special Interest Group.

Academies of Medical Officers, Nursing & Allied Health

This year we released our Continuing Professional Development (CPD) Program of online courses that were mapped against medical, nursing and allied health competency frameworks.

Most of the online courses are suitable for an interprofessional audience but acknowledge that medical, nursing and allied health practitioners must develop their clinical competencies and behavioural skills to perform in a professional context and to maximise patient care. They also recognise that health practitioners want to get ahead for different reasons; to seek promotional opportunities, to differentiate themselves (on their curriculum vitae) for vocational training, to satisfy a compliance obligation to accrue a relevant number of CPD hours/points per annum.

To ensure that the online courses are relevant to health professionals they have all received accreditation through the following colleges; the Royal Australasian College of Surgeons (RACS) JDOC program, the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM) and the Australian College of Nursing (ACN).

Online Courses

The following online courses were released;

1. Bullying, Discrimination and Sexual Harassment (BDSH): strategies for BDSH in the workplace
2. Feedback: seeking, working with and providing feedback
3. Interview Skills: interview research and preparation
4. Education: enhancing teaching, learning and supervision
5. Leadership: identifying and developing leadership potential
6. Clinical Research: understanding and developing research skills
7. Clinical Governance: understanding contemporary clinical governance
8. Culture and Collaboration (pending accreditation)

Program Promotion

To launch the online courses, HEAL staff attended a number of events that included sponsorship and a booth at the following conferences:

- 22nd Australian and New Zealand Prevocational Medical Education Forum (ANZPMEF)
- Tri-nation (Australia, New Zealand and Canada) Alliance one day International Medical Symposium
- AMAVic Medical Careers Expo 2018



Other Programs

This year we developed a program with Cabrini Health to assist Australasian College for Emergency Medicine (ACEM) registrars to prepare for their final ACEM Fellowship exam. The workshop was run by Mr Paul Conroy and focussed on micro and macro communication skills within an Objective Structured Clinical Examination (OSCE) environment. In the exam participants are required to do 12 seven minute OSCEs and three 16 minute OSCEs involving areas such as communication, breaking bad news, education and investigation interpretation.

Australasian Institute of Clinical Governance (AICG)

At the HEAL Board of Directors strategic planning getaway in November 2016 the Board reached consensus to focus activities in a number of areas that included a clinical governance program. The decision was influenced and informed by a Victorian Government report, Targeting Zero, a review of hospital safety and quality assurance in Victoria (October 2016, Duckett S. et al.), Associate Professor Harvey Newnham, Chair of the HEAL Board of Directors, was one of the authors.

The importance of education programs for our healthcare professionals, particularly middle managers and clinicians, cannot be underestimated. To provide a focus for such programs it was decided to highlight the significance of the topic by implementing the Australasian Institute of Clinical Governance (AICG) as a division of HEAL.

Vision & Mission

The following vision was adopted for the AICG:

‘Committed to improving patient safety and quality care through excellence in clinical governance’

This will be achieved by the purpose/mission:

‘Clinical Governance is a system by which all staff (clinical and non-clinical) in the healthcare industry share responsibility for patient safety and quality care. The Australasian Institute of Clinical Governance (AICG) is committed to improving patient safety and quality care through health professional development and education programs in clinical governance competencies.’

Framework

As part of the adoption of the process we developed a clinical governance framework to underpin the curriculum and to focus our activities. Over a hundred clinical governance frameworks were reviewed and mapped with the resultant HEAL (AICG) framework referencing two sources; the NHS (1998) framework, a first class service, quality in the new NHS, London, UK and the Department of Health and Human Services (2017), delivering high quality healthcare, Victorian Clinical Governance Framework, Victorian Government, Melbourne, Australia.

Certificate in Clinical Governance for Patient Safety and Quality Care

During 2017/18, the curriculum of the certificate course was determined and will be adopted as the AICG flagship course. As online courses and workshops were developed they were submitted to medical and nursing colleges for accreditation and continuing professional development (CPD) points.

One such workshop, Advanced Leadership, was piloted with healthcare professionals from Holmesglen Institute of TAFE and Healthscope hospitals. The facilitator, Dr Lloyd Nash is a specialist General & Acute Care physician with expertise in medical education, non-profit governance, change management and global health.

Lloyd is also the founder of Global Ideas an organisation that engages participants from a diverse, interdisciplinary community to provide action oriented learning (through design thinking) to build the capacity of the



Dr Lloyd Nash
HEAL Leadership Facilitator

community and to lead change. We are very fortunate that our participants benefit from such a broad skill base and expertise.

The Applied Clinical Governance and Building Culture and Collaboration workshops will be piloted in August 2018. The Advanced Leadership workshop (that included the online course) received very positive evaluations.

HEAL Clinical Governance Framework



References:
NHS (1998) A First Class Service. Quality in the new NHS. London, UK.
Department of Health and Human Services (2017). Delivering high quality healthcare.
Victorian clinical governance framework. Victorian Government, Melbourne.

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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.

This year the HEAL Foundation provided a \$10,000 grant for the Global Ideas 2017 forum to enable the forum to live stream and produce videos to be disseminated worldwide. Global Ideas champion an interdisciplinary approach, of not just health professionals, but to include other industries to work together. They adopt a design thinking approach so that participants can step back and develop the capacity to creatively solve global health challenges by mastering the process of problem solving that bridges ideas to action through diverse collaboration. In this way, Global Ideas helps communities in our region make practical improvements to their own health.



Thought Leaders Program

In the last financial year HEAL embarked on the development of a Thought Leaders program through the HEAL Foundation. 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 exploring opportunities for release in 2018/19.

Other Programs

ASBDD Secretariat

HEAL negotiated a new contract to continue as the secretariat for the Australasian Society for Bipolar and Depressive Disorders (ASBDD). We have a long association with this organisation and HEAL's former CEO, Ms Ann Dancer, our Manager of Special Projects, continues to manage the secretariat adding many years of history, experience and value to the role.

This year HEAL was also appointed as the event organiser to run the biennial ASBDD Conference that was held on 15 - 17 September 2017 at The Deakin Edge, Federation Square, Melbourne. The event was enormously successful attracting four eminent international keynote speakers, national speakers and delegates from around the globe.

Additionally, ASBDD has awarded two research grants during the financial year and joined with Deakin University to present a public Q & A forum on World Bipolar Day (30 March 2018).



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, GAICD
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 BBus, ACHSM, HFMA, GAICD
	Ms Amy KIRKWOOD (from November 2017) BA (Media & Communications)
	Mr David KNOWLES CA, CPA, 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:	Mr Stephen FITZPATRICK (from November 2017) Ms Les-Lea GUY Mr David KNOWLES Dr Hung The NGUYEN Ms Beverley SUTTON

Business Development Committee

Chair:	Dr Robert SADLER
Members:	Associate Professor Margaret BEARMAN Mr Mark DARE Dr Louise McCALL Professor Robert MOULDS Ms Beverley SUTTON

Thought Leaders Committee

Chair: Mr David **KNOWLES**
Members: Ms Amy **KIRKWOOD** (from November 2017)
Professor Robert **MOULDS**
Associate Professor Harvey **NEWNHAM**
Ms Beverley **SUTTON**

HEAL Staff

Executive Staff

Chief Executive Officer

Ms Beverley Sutton

Director of Education

Dr Louise McCall

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

Mrs Monica Collie (casual)

Ms Shannon Maddern-Daniels (from April 2018)

Mrs Violetta Micevski

Ms Elizabeth Scholes

Ms Colleen Wells (to February 2018)

e-Learning Developer

Ms Meggan Jenkins (to May 2018)

Mr Dinesh Hewagamege (from June 2018)

Social Media & Communications Officer

Ms Madeleine Featherby (to May 2018)

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

Austin Health, Heidelberg, Victoria

Blacktown Hospital, Blacktown, New South Wales

Cabrini Hospital, Malvern, Victoria

Holmesglen Institute of TAFE and Healthscope Hospitals

Monash Health, Clayton, Victoria

Mt Druitt Hospital, Mt Druitt, New South Wales

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

Dr Hung The Nguyen (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 2018, 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.

50 Camberwell Road
Hawthorn East Vic 3123

8th October 2018

Statement of Financial Position

at 30th June 2018

	Note	2018 \$	2017 \$
Current Assets			
Cash and cash equivalents	3	1,541,502	1,846,891
Trade and other receivables	4	121,144	84,172
Other Assets	5	16,765	8,983
Inventories	6	7,715	8,630
Total Current Assets		1,687,126	1,948,676
Non-Current Assets			
Property, Plant & Equipment	7	90,792	105,392
Investments	8	3,516,393	3,248,482
Total Non-Current Assets		3,607,185	3,353,874
Total Assets		5,294,311	5,302,550
Current Liabilities			
Trade & Other Payables	9	267,900	231,272
Other Liabilities	10	84,428	186,845
Provisions	11	166,454	142,570
Total Current Liabilities		518,782	560,687
Non-Current Liabilities			
Provisions	11	43,986	36,142
Total Non-Current Liabilities		43,986	36,142
Total Liabilities		562,768	596,829
Net Assets		4,731,543	4,705,721
Equity			
Retained Earnings/(Accumulated Losses)		(42,670)	145,607
Reserve		296,109	82,010
Contributed Equity - VMPF	12	1,371,885	1,371,885
Contributed Equity - MPF Trust	12	3,106,219	3,106,219
Total Equity	12	4,731,543	4,705,721

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

Statement of Comprehensive Income

for the Year Ended 30th June 2018

	Note	2018 \$	2017 \$
Income			
Conference & Course Registration		1,381,013	1,411,147
Simulated Patient Hire		91,554	136,791
Interest Income		32,707	46,777
Grant Income		-	41,625
Sale of Publications		7,311	4,340
Other Income		84,005	136,522
Total Income		1,596,590	1,777,202
Expenditure			
Communication Expenses		33,660	23,002
Course Expenses		545,543	654,101
Employment Expenses		877,965	829,693
Finance & Legal Expenses		85,672	78,897
Grant Expenses		60	18,080
Occupancy Expenses		91,205	92,218
Project Development		153,739	197,211
Other Administration Expenses		95,485	171,469
Total Expenses		1,883,329	2,064,671
Operating Surplus/(Deficit)		(286,737)	(287,469)
Add Other Income/(Expenses)			
Investment Income		98,462	75,635
Loss on Disposal of Assets		-	(682)
Net Surplus/(Deficit)		(188,277)	(212,516)
Other Comprehensive Income			
Fair Value Increment/(Decrement) of Investments		214,099	105,224
Total Comprehensive Income/(Loss) For The Year		25,822	(107,292)

The accompanying notes form an integral part of this statement.

Statement of Changes in Equity

for the Year Ended 30th June 2018

	Retained Earnings	Financial Assets Revaluation Reserve	Contributed Equity	Total
	\$	\$	\$	\$
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
Surplus/(Deficit) attributable to members	(188,277)	-	-	(188,277)
Fair value increment/(decrement)	-	214,099	-	214,099
Balance 30 June 2018	(42,670)	296,109	4,478,104	4,731,543

The accompanying notes form an integral part of this statement.

Statement of Cash Flows

for the Year Ended 30th June 2018

	Note	2018 \$	2017 \$
Cash Flows from Operating Activities			
Receipts from course fees, sponsors, etc.		1,593,519	2,010,811
Payments to suppliers and employees		(1,906,667)	(2,277,261)
Interest received		40,329	49,058
Investment income received		72,269	71,651
Net Cash (used in)/provided by Operating Activities	(a)	(200,550)	(145,741)
Cash Flows from Investing Activities			
Purchase of property, plant and equipment		(2,830)	(18,909)
Purchase of investments		(102,009)	(1,645,025)
Net Cash (used in)/provided by Investing Activities		(104,839)	(1,663,934)
Net increase/(decrease) in cash held		(305,389)	(1,809,675)
Cash at beginning of Financial Year		1,846,891	3,656,566
Cash at end of Financial Year		1,541,502	1,846,891

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

	2018 \$	2017 \$
Surplus / (Deficit)	(188,277)	(212,516)
Adjustments:		
Depreciation	17,429	17,324
(Profit)/Loss on Disposal of Assets	-	682
(Profit)/Loss on Investments	48,198	-
Change in Assets and Liabilities:		
(Increase)/Decrease in Accounts Receivable	(36,972)	146,371
(Increase)/Decrease in Inventories	915	527
(Increase)/Decrease in Other Current Assets	(7,782)	-
Increase/(Decrease) in Trade and Other Payables	36,628	(74,426)
Increase/(Decrease) in Provisions	31,728	12,522
Increase/(Decrease) in Income in Advance	(102,417)	(36,225)
Total Cash (used in)/provided by Operating Activities	(200,550)	(145,741)

Notes to the Financial Statements

for the Year Ended 30th June 2018

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

	2018	2017
	\$	\$
Cash at Bank	229,326	426,484
Term Deposits	1,312,176	1,420,407
	1,541,502	1,846,891

Note 4 – Trade and Other Receivables

	2018	2017
	\$	\$
Trade Debtors	37,094	18,693
Sundry Debtors	84,050	65,479
	121,144	84,172

Note 5 – Other Current Assets

	2018	2017
	\$	\$
Prepaid Expenses	16,765	8,983
	16,765	8,983

Note 6 – Inventories

	2018	2017
	\$	\$
Stock of Publications	7,715	8,630
	7,715	8,630

Note 7 – Property, Plant & Equipment

	2018 \$	2017 \$
Leasehold Improvements		
At Cost	40,856	40,856
Accumulated Depreciation	(9,116)	(6,374)
	31,740	34,482
Office Furniture and Equipment:		
At Cost	62,512	61,193
Accumulated Depreciation	(25,286)	(18,926)
	37,226	42,267
Computer Equipment:		
At Cost	61,777	60,267
Accumulated Depreciation	(39,951)	(31,624)
	21,826	28,643
Total Property, Plant and Equipment	90,792	105,392

Movements in carrying amounts

	Leasehold Improvements \$	Office Furniture and Equipment \$	Computer Equipment \$	Total \$
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
Balance at the beginning of 2017	34,482	42,267	28,643	105,392
Additions	-	1,319	1,510	2,829
Depreciation expense	(2,742)	(6,360)	(8,327)	(17,429)
Carrying amounts at the end of 2018	31,740	37,276	21,826	90,792

Note 8 – Investments

	2018	2017
	\$	\$
Investment at Fair Value	3,516,393	3,248,482
	3,516,393	3,248,482

Note 9 – Trade & Other Payables

	2018	2017
	\$	\$
Trade Creditors	24,328	26,761
Sundry Creditors	62,170	84,358
Accrued Expenses	181,402	120,153
	267,900	231,272

Note 10 – Other Current Liabilities

	2018	2017
	\$	\$
Income in Advance	84,428	186,845
	84,428	186,845

Note 11 – Provisions

	2018	2017
	\$	\$
Provision for Annual Leave - Current	62,815	54,169
Provision for Long Service Leave – Current	103,639	88,401
Provision for Long Service Leave – Non - Current	43,986	36,142
	210,440	178,712

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 2018 the accounts of the Fund disclosed that there were no liabilities and assets of \$1,133,726.

Note 15 – Operating Lease Commitment

Minimum lease payments under non-cancellable operating leases.

	2018 \$	2017 \$
No later than one year	140,068	134,681
Between one and five years	38,605	178,673
	178,673	313,354

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 Persons' 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 2018 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:



Professor Harvey Newnham – Chairman



Professor John Tiller – Deputy Chairman

Dated this 8th day of October 2018

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 2018, 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 persons' 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 2018 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 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 2018, 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 Persons

The directors of the Company are responsible persons' 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 persons' responsibility also includes such internal control as responsible persons 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 persons' 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 persons' either intend to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The responsible persons' 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

8th October 2018

Statement of Financial Position

as at 30th June 2018

	Note	2018 \$	2017 \$
Current Assets			
Cash	3	1,127,704	1,107,540
Other Current Assets	4	6,022	9,528
Total Current Assets		1,133,726	1,117,068
Total Assets		1,133,726	1,117,068
Total Liabilities		-	-
Net Assets		1,133,726	1,117,068
Equity			
Capital fund		101,000	101,000
Retained earnings		1,032,726	1,016,068
Total Equity		1,133,726	1,117,068

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

Statement of Comprehensive Income

for the Year Ended 30th June 2018

	2018 \$	2017 \$
Income		
Donations		-
Interest	25,928	29,235
Other Income		-
Total Income	25,928	29,235
Expenses		
General & Administrative Expenses	4,300	-
Scholarships	5,000	10,000
Total Expenses	9,300	10,000
Net Surplus/(Deficit)	16,658	19,235
Total Comprehensive Income For The Year	16,658	19,235

The accompanying notes form an integral part of this statement.

Statement of Changes in Equity

for the Year Ended 30th June 2018

	Retained Earnings \$	Capital Fund \$	Total \$
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
Surplus/(Deficit) attributable to members	16,658	-	16,658
Balance at 30 June 2018	1,032,726	101,000	1,133,726

The accompanying notes form an integral part of this statement.

Statement of Cash Flows

for the Year Ended 30th June 2018

	Note	2018 \$	2017 \$
Cash Flow from Operating Activities			
Donations		-	-
Interest received		29,464	27,855
Payments to suppliers		(9,300)	(10,000)
Net Cash provided by Operating Activities	(a)	20,164	17,855
Net increase/(decrease) in cash held		20,164	17,855
Cash at beginning of Financial Year	(b)	1,107,540	1,089,685
Cash at end of Financial Year	(b)	1,127,704	1,107,540

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

	2018 \$	2017 \$
Surplus/(Deficit)	16,658	19,235
Change in Assets and Liabilities:		
(Increase)/Decrease in Sundry Debtors	3,506	(1,380)
Net cash provided by Operating Activities	20,164	17,855

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.

	2018 \$	2017 \$
Cash at Bank	1,127,704	1,107,540

Notes to the Accounts

for the Year Ended 30th June 2018

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 trust 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

		2018	2017
		\$	\$
Cash at Bank		401	400
Term Deposits		1,127,303	1,107,140
		1,127,704	1,107,540

Note 4 – Other Current Assets

		2018	2017
		\$	\$
Accrued Income		6,022	9,528
		6,022	9,528

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 2018 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:



Professor Harvey Newnham – Chairman



Professor John Tiller – Deputy Chairman

Dated this 8th Day of October 2018

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 2018, 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 2018 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 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 2018, 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 persons 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 persons 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 persons 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

8th October 2018

Disclaimer

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Health Education Australia Limited

Level 7
118 Queen Street
Melbourne VIC 3000

Telephone +61 3 9642 3450

Facsimile +61 3 9642 8527

Email heal@heal.edu.au

www.heal.edu.au

ABN 12 142 105 771