



**HEAL**

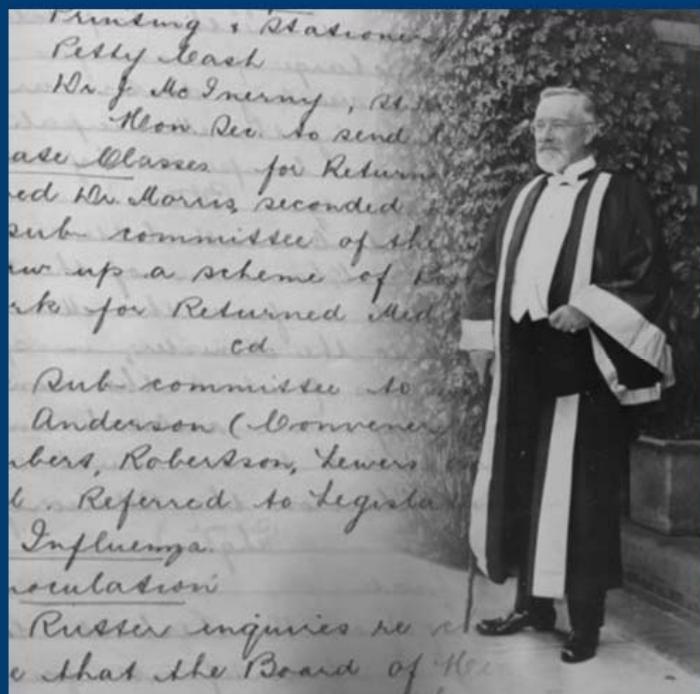
Health  
Education  
Australia  
Limited

Formerly  vmpf



**100** YEARS  
ANNIVERSARY  
1920-2020

## 100 YEARS OF MEDICAL EDUCATION



## ANNUAL REPORT 2019–2020



# Contents

About HEAL.....	5
Chairman's Report.....	6
Chief Executive Officer's Report.....	7
Directors' Report.....	8
2019/20 Highlights.....	13
International Medical Graduate Program .....	16
CPD for Medical Officers, Nursing & Allied Health.....	19
Simulated Participant Program.....	20
Australasian Institute of Clinical Governance (AICG) .....	22
HEAL Foundation .....	25
Other Programs .....	28
Directors, Staff and Memberships .....	29
Auditor's Independence Declaration.....	32
HEAL Financial Report.....	33
HEAL Educational Purposes Fund Financial Report .....	49

## Front Cover Images (clockwise from top left)

- WW1 image
- Dr Dunbar Hooper (first Committee Secretary) and Minute signed on 11 March 1920
- Logo of the Australasian Institute of Clinical Governance (a division of HEAL)
- HEAL International Medical Graduate Training Program
- Doctors operating in a tent 1942

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# About HEAL

Health Education Australia Limited (HEAL), and its predecessors (including the Victorian Medical Postgraduate Foundation (VMPF)), has offered a richness of healthcare education programs since the establishment in 1920 of the Melbourne Committee for Postgraduate Work by the British Medical Association (BMA). This Committee was initially formed to coordinate education to assist doctors returning from the First World War to assimilate back into general medical practice, and contained representatives from the BMA (which preceded the formation of the Australian Medical Association), the University of Melbourne, and each of the major teaching hospitals in Melbourne. As other organisations, particularly the medical Colleges, were established over the ensuing years, the activities of the Committee and its successors continually evolved and adapted its vision and mission over 100 years of operation to suit the ongoing education needs of the medical profession.

The name HEAL also reflects an expansion of our services beyond Victoria to support a national platform and a broader focus on the healthcare professions as a whole that better reflects our vision. HEAL remains a not-for-profit organisation.

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 an online continuing professional development (CPD) program for health professionals, quality bridging courses, online and face-to-face courses for international medical graduates, a simulated participant program and a range of custom-designed courses developed through collaborations across disciplines and sectors.

The Australasian Institute of Clinical Governance (AICG), a division of HEAL, is now firmly established in the organisation and is committed to improving patient safety and quality care through excellence in clinical governance education. The AICG was formed in direct response to an identified need for healthcare professionals to strengthen their skills in clinical governance. It is the foundation for its flagship course, the Certificate in Clinical Governance for Patient Safety and Quality Care.

# Chairman's Report



In recent years HEAL has had a number of strategic planning weekends. We also include strategic planning discussions in our bi-monthly Board meeting agendas. Needless to say, beyond developing a crisis plan, none of these discussions anticipated the arrival of the COVID-19 pandemic, its impact on our society and more specifically on the entire education sector.

In the spirit of Epictetus, "*It's not what happens, but what we do with what has happened that defines us*". I would like to congratulate Beverley Sutton and the HEAL staff for the highly professional manner in which they have adapted to a rapidly changing environment to develop and sustain a new 'business as usual' for HEAL and the AICG. Bev has summarised much of the detail of this response in her accompanying CEO report. The way I see it, the HEAL team have grasped the opportunity to fast track a number of developments that in the pre-COVID environment would have taken far longer and would also likely have been less well received. As a result, HEAL has entered a new phase of being able to offer all programs in an online format that sets us up well for the future with a much broader reach and deeper offerings to those who might benefit from our services.

COVID has certainly highlighted the importance of excellence in clinical governance in guiding health care responses whether it be on cruise ships, hotel quarantine, residential aged care facilities, ambulatory clinics or public hospitals. HEAL and the AICG are here to help!

I would like to thank each HEAL Board member for their dedicated, capable contributions and for the integrity they bring to the role that supports HEAL's warm, supportive and resilient culture. In particular the subcommittee chairs, David Knowles and Rob Sadler of the Finance and Risk and Business Development Committees respectively, have crafted a way forward in these most challenging of times. I also appreciate the speed with which our newest director, Nellie Georgiou-Karistianis, has 'on-boarded', thanks Nellie. I would like to thank Professor Margaret Bearman who left the Board during the year for her nine years of dedicated service to HEAL. Her skills in governance and education provided precision guidance to HEAL in the review and development of our programs. Last but not least, I would like to acknowledge the extraordinary contribution of Professor Robert Moulds who retired from the Board of Directors after 35 years of service commencing in 1984 and as Board Chair between 1994 and 2001. We are fortunate that he has chosen to remain on staff to continue as HEAL's Medical Advisor.

I continue to marvel at my good luck to share the HEAL mission with this diverse group of friendly and clever people who give up their time to help HEAL make a tangible difference to the health of our society.

Professor Harvey Newnham  
Chair, Board of Directors

# Chief Executive Officer's Report

In entering a new decade of promise, I think we just experienced a whole decade of change – in one year! We've had some very big years at HEAL but this year has been one of the most significant.

The focus for the organisation was to grow the Australasian Institute of Clinical Governance (AICG) assisted by the appointment of a Director of AICG, Ms Melanie Hay. Melanie came to us from PwC with solid experience in healthcare. We are fortunate to have Melanie to drive this program and welcome her to the team.

August through to December saw us immersed in finding premises and then navigating fit-out plans for our new Melbourne offices and training rooms at 120 Spencer Street. With the usual building challenges that nearly saw us all on the streets for Christmas, we finally got the go ahead to move in December.



Simultaneously, we were preparing for three major events; the Thought Leaders program, HEAL's 100 year anniversary celebrations and the AICG's inaugural symposium. Oh, as well as business as usual!

The Thought Leaders program brought together experts from around Australia and New Zealand to explore 'Building medical training (undergraduate and postgraduate) from the ground up'. The successful day was facilitated by Dr Michael Walsh and included eminent speakers such as; Professor Harvey Newnham (Chair, HEAL), Associate Professor Andrew Wilson (CMO, Victorian Government), Professor John Prins (Head of Melbourne Medical School, The University of Melbourne) and Mr Philip Pigou, (CEO, Australian Medical Council) to name a few.

Our 100 year anniversary celebrated a rich history of providing medical education that commenced on 20 February 1920 at a meeting of The University of Melbourne, the Victorian Branch of the British Medical Association (before the AMA existed), and the Medical Society of Victoria. The group resolved to establish an independent postgraduate committee to assist young doctors returning from WWI to assimilate back in to main stream medicine. 100 years later, we continue to provide professional development programs throughout Australasia to all health professionals. On the day of our anniversary, it was really lovely to share memories, and a BIG cake, with current and long standing associates of the organisation, in our new premises with our striking timeline wall feature and a booklet outlining 'The History of HEAL'.

Enjoying our beautiful new premises was short-lived when the COVID-19 pandemic was declared with all staff instructed to work from home in March...which is where we remain! The AICG symposium was postponed and staff turned their attention to a flurry of activity to set up in a remote work environment and to revamp our face-to-face programs to an online format. The take-up of which has been very favourable and particularly applauded by our New Zealand colleagues.

My staff are the heroes of this story, and although we don't have the opportunity for face-to-face camaraderie at the moment, I could not be more proud of how they have rallied and risen to every challenge we have faced. To each and every one I say thank you. I am so privileged to be part of a great team.

Throughout the year, our Board of Directors have also provided unwavering support and I thank each and every Board Director for their contribution. Specifically, I would like to further my gratitude to our Chair, Professor Harvey Newnham, and the Chairs of the Board subcommittees; Mr David Knowles, Chair, Finance and Risk Committee and the Thought Leaders Committee, and Dr Robert Sadler, Chair, Business Development and AICG Committees.

COVID-19 has changed all of our lives, and this year it has prompted my obligatory quote and final thought, this time from Sir Winston Churchill, "*If you're going through hell, keep going*". So here's to calling on our resolve to power through...

Beverley Sutton  
Chief Executive Officer

# Directors' Report

This year the Board of Directors continue to provide significant support to the Australasian Institute of Clinical Governance (AICG) as it firmly believes in the importance of the suite of clinical governance programs that have been developed. In particular, the Certificate in Clinical Governance for Patient Safety and Quality Care, our flagship program, is gaining important traction among health professionals. By endorsing the implementation of the AICG, a registered business name of HEAL, we endeavour to support all healthcare professionals, particularly middle managers and clinicians with education programs designed to empower individuals and organisations to maximise patient safety and quality care.

This year also saw a review of the initial five year strategic plan for the AICG with a reorganisation of some of the planned initiatives and implementation of some robust monitoring tools and KPIs. To further support the AICG the organisation invested in a Director of AICG to assist the CEO with its strategic direction and to oversee the day to day management. In November 2019, Ms Melanie Hay was appointed as the Director of AICG. Ms Hay has over 25 years' experience in the healthcare industry and is well positioned to take the AICG forward.

HEAL's investment into the AICG resulted in a deliberate decision to transfer \$1Million from HEAL's Educational Purposes Fund (EPF) to support the growth of the division.

Unfortunately the COVID-19 pandemic provided significant damage to the organisation, particularly as the AICG was enjoying an upward trajectory of sales and support of AICG programs. With assistance of the Government's stimulus payments from the ATO Business Cash Flow Boost and JobKeeper subsidy payments, we managed an end of financial year net surplus of \$263,613 against a budgeted deficit of \$746,886 (ahead of budget by \$1,010,499) due to the EPF fund injection.

As with all HEAL programs, the AICG programs are monitored through the Business Development Committee (BDC), chaired by Dr Robert Sadler. BDC has both Board Director and staff representation and each new program is closely monitored through key performance indicators (KPIs), both financial and operational, and all timelines are reviewed. The BDC informs the Finance and Risk Committee (FRC) and the Board of Directors.

The HEAL Board has also continued to be advised by the Finance and Risk Committee (FRC) with Mr David Knowles as the Chair. The FRC continues to manage HEAL's finances and investment portfolio. Mr David Knowles also chairs the Thought Leaders Committee and the EPF Committee. The Nominations Committee, continues to be chaired by Professor Harvey Newnham.

## HEAL – 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

## **AICG – Our Vision**

### **Vision:**

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

### **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.

## **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 participant program, are intended to assist in the delivery of quality health education through client healthcare organisations.

AICG offers programs, both online and as face to face workshops, in clinical governance competencies. The AICG flagship course is the Certificate in Clinical Governance for Patient Safety and Quality Care.

### **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 Participant (SP) Program***

Simulated participants (SPs) play an important role in healthcare education, helping students to hone their diagnostic and communication 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:**

- ***CPD for Medical Officers, Nursing and Allied Health***

The CPD program for health professionals offers a suite of online courses that have been accredited by medical colleges, the Australian College of Nursing and the Australian Physiotherapy Council.

- **AMC Clinical Exam Preparation Webinars**

Formerly our eOSCEe program (electronic OSCE by experts), the AMC Clinical Exam Preparation Webinar Program delivers interactive online OSCEs with an experienced clinician to assist IMGs in preparing for their AMC Clinical Exam.

- **Australasian Institute of Clinical Governance (AICG)**

The AICG, formally launched in January 2019, offers 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 and throughout Australasia.

## 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
- Financial performance indicators

## 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 NEWNHAM (Chair)	7	7
David KNOWLES (Deputy Chair)	7	7
Margaret BEARMAN (Resigned February 2020)	5	3
Leanne BOYD	7	6
Stephen FITZPATRICK	7	6
Nellie GEORGIOU-KARISTIANIS (From March 2020)	2	2
Amy KIRKWOOD	7	4*
Robert MOULDS (Retired November 2019)	3	2
Hung The NGUYEN	7	6
Robert SADLER	7	6

\*Amy Kirkwood was on maternity leave during this year

Sincere thanks must be conveyed to the following outgoing Directors:

- Professor Robert Moulds for his extraordinary contribution to the organisation after 35 years of service as a Board Director commencing in 1984 and as Board Chair between 1994 and 2001. He remains on staff as HEAL's Medical Advisor.
- Professor Margaret Bearman for nine years of service to the Board of Directors providing integral expertise, skills and knowledge in education and training methodologies.

## 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 2020, the number of members was eight.

Signed this 30th day of September 2020 in accordance with a resolution of the Board of Directors.

A handwritten signature in black ink, appearing to read "Harvey Newnham".

Professor Harvey Newnham – Chair, Board of Directors

A handwritten signature in black ink, appearing to read "David Knowles".

Mr David Knowles – Deputy Chair, Board of Directors

# 2019/20 Highlights

## Governance

- Acknowledged the contribution of retiring Board Directors, Professor Robert Moulds and Professor Margaret Bearman
- Appointed Board Director, Professor Nellie Georgiou-Karistianis, with education and research experience
- Ran a Thought Leader event on ***Building medical training (undergraduate and postgraduate) from the ground up***

## Organisation – General

- Celebrated the occasion of HEAL's 100 year anniversary
- Relocated our Melbourne office to 120 Spencer Street, Melbourne
- Focussed on the growth of the Australasian Institute of Clinical Governance (AICG) – a division of HEAL
- Appointed a Director of AICG as a permanent staff position
- Relocation of staff to remote working environment due to COVID-19 pandemic

## International Medical Graduate Program

- Launched free AMC Clinical exam preparation webinar series
- Developed and implemented online Clinical Bridging Courses
- Added new courses; Clinical Communication Skills; and Clinical Procedural Skills

## Simulated Participant Program

- Continued to build client base
- Conducted two Simulated Participant (SP) workshops to train 40 new SPs

## Australasian Institute of Clinical Governance (AICG)

- Revised and implemented a five year strategic plan for the AICG
- Successfully implemented an ongoing schedule for the 'Certificate in Clinical Governance for Patient Safety and Quality Care' course
- Revised the Certificate workshop program to an online delivery format due to COVID-19 which allowed a broader reach across Australasia
- Launched a 'Connecting Clinicians COVID-19 Clinical Governance Series' to provide the clinical community with practical solutions to challenges brought on by the pandemic
- Cemented relationship with the Health Quality & Safety Commission New Zealand to ensure the AICG programs are delivered across New Zealand





## 100 Year Anniversary

Our 100 year anniversary celebrated a rich history of providing medical education that commenced on 20 February 1920 at a meeting of The University of Melbourne, the Victorian Branch of the British Medical Association and the Medical Society of Victoria. The group resolved to establish an independent postgraduate committee to assist young doctors returning from WWI to assimilate back in to main stream medicine.

100 years later, we continue to provide professional development programs throughout Australasia to all health professionals.

On the day of our anniversary, 20 February 2020, it was really lovely to share memories, and a BIG cake, with current and long standing associates of the organisation, in our new premises with our striking timeline wall feature and a booklet outlining 'The History of HEAL'.

Professor Harvey Newnham, Chair, HEAL Board and Ms Beverley Sutton, HEAL CEO provided a thank you to all staff past and present and Professor Rob Moulds provided a stirring summary of our history.

Thank you to all who attended to make the evening a very special occasion.

# International Medical Graduate Program

HEAL turns 100 – which is impressive. Equally impressive is our history with International Medical Graduates (IMGs) – **35 Years to celebrate!**

With migration to Australia after WW2, there were increasing numbers of medical graduates seeking permanent registration to practice in Australia. Various ad hoc arrangements were made to organise lecture programs (e.g. through the medical colleges) and clinical placements to assist overseas graduates to gain registration.

In 1985, HEAL (formerly VMPF) agreed to take over the organisation of the various programs then available in Victoria.

Today HEAL is the largest national provider of online and face-to-face programs in Victoria and New South Wales to assist IMGs to gain registration in Australia. Courses assist the IMG to sit either the first part Multiple Choice Question (MCQ) or the clinical components of the Australian Medical Council (AMC) examination.

This year has seen unprecedented changes to the IMG program due to COVID-19. Initially, there were several preventative measures put in place, such as increased handwashing and social distancing measures for staff and students, but when it became obvious that we would need to work from home in March 2020, the remaining weeks of our courses were promptly delivered to our students in an online environment.

An online environment for a Clinical course is not ideal and we worried that students would be challenged by the inability to interact with colleagues and simulated participants and to practice examinations in a high fidelity way. The pandemic however provided too much uncertainty of the duration of these restrictions so an online Clinical course format was imperative to allow our students to continue their Clinical exam preparation and to allow our tutors to continue teaching. The first completely online version of the Clinical course commenced in June 2020.

Fortunately, we didn't need to be concerned as the online environment has been embraced, with the added advantage of a broader reach for students that were unable to travel to Victoria or NSW for face-to-face classes.



A big thank you must go to our IMG tutors for their expertise and resilience to make this happen in such a short space of time. Going forward, and once we return to face-to-face teaching, we will be able to offer both learning environments for IMGs that have a learning style that favours one or the other.

For our IMGs needing support to pass their MCQ exam it was business as usual as our MCQ Bridging Course had already transferred to the online environment last year as the preferred mode of delivery.



## HEAL Online

HEAL Online, our Learning Management System (LMS), hosts nearly 200 topic modules, 300 tutorial videos and 800 multiple choice questions to assist our IMGs to prepare for AMC exams. As an additional resource, we also offer direct access to the Therapeutic Guidelines' eTG Complete. The LMS design was recently updated to provide a better user experience and the content is currently under review in line with our quality review process.



## Partnerships

A special thank you to our partners who have supported our programs over many years. Our IMGs have been immensely fortunate to attend ward visits and to gain consultation skills from a range of Clinicians and Registrars through partnerships with Austin Health and Monash Health in Victoria and Blacktown Hospital and Mt Druitt Hospital which are part of the Western Sydney Local Health District in New South Wales. Our partnership with Victoria University ensures that our IMGs are provided with a FEE-HELP option for Clinical courses.



## A HEAL Success Story

With 35 years of training IMGs we have taken much pleasure in receiving their success stories. During this year we commenced a 'Where Are They Now' page on the HEAL website for all to enjoy. Recently we engaged with Dr James Lim who recapped his journey as being typical of the IMG experience. He reminded us of the enormity of their task to assimilate into the Australian healthcare system. Our hats sincerely go off to them all...

### Featured Student: Dr James Lim

#### Clinical Intensive Bridging Course Student from June to August 2014

*"May 2014 – 6 months after passing my AMC part one, I decided to do my clinical exam as I felt that it was difficult as a PGY2 to land a job in Australia without [the] clinical exam. I found HEAL through word of mouth, I think it was my senior from university, he was working in Adelaide as a GP then. Nine weeks of non-stop, repeated practice sessions under the guidance of experienced tutors, forming study groups and staying back for more practices... I think that's how I passed my exam, first attempt, 5 days after I finished the course!"*

*May 2015 – another year has gone by and I was employed as a HMO, to start in August 2015. It felt like the ending scene of "The Pursuit of Happyness" and I am not exaggerating. (Watch the movie or read the book! And you will know what I mean). Before that I have been tutoring at HEAL, helping fellow IMGs and sharing my experience on how to pass the exam.*

*Fast forward five years to today, I'm working as a late advanced trainee in emergency medicine. Looking back, that period was still one of the toughest times I had – the anxiety, the uncertainties, and the stress. To sum up the experience:*

- *What I have learnt from HEAL was a great first step on understanding and adapting to Australian healthcare culture and practices.*
- *Your study partner(s) may become your close friend(s) for life! Treasure them.*
- *Having gone through this difficult period made me more resilient and kept me grounded. Even now, if I have a difficult shift at work, I reflect back on those days and think "hey, what am I complaining about?"*



Mr Mark Dare  
Director of Programs

Professor Johannes Wenzel  
"Legendary" Tutor

Dr James Lim

# CPD for Medical Officers, Nursing & Allied Health

HEAL continues to provide a Continuing Professional Development (CPD) Program of online courses for all health professionals. The online courses have been mapped to medical, nursing and allied health competency frameworks.

To ensure that the online courses are relevant to health professionals they are accredited through the following colleges:

- Royal Australian College of General Practitioners (RACGP)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian College of Nursing (ACN)
- Australian Physiotherapy Council (APC)

Additionally, HEAL provides its own CPD rating for those health professionals whose professional associations do not accredit third party education providers.

## Online Courses

Most HEAL online courses are also offered through the Australasian Institute of Clinical Governance (a division of HEAL). Courses include:

1. Leadership: identifying and developing leadership potential
2. Clinical Education: enhancing teaching, learning and supervision
3. Clinical Research: understanding and developing research skills
4. Bullying, Discrimination and Sexual Harassment (BDSH): strategies for BDSH in the workplace
5. Clinical Governance: understanding contemporary clinical governance
6. Clinical Feedback: seeking, working with and providing feedback
7. Interview Skills: interview research and preparation
8. Culture and Collaboration: exploring the impact that culture and collaboration has on the delivery of safe patient quality care

## New Programs

Welcome additions to our accredited CPD courses this year came in the form of two new workshops:

- Clinical Communication Skills; and
- Clinical Procedural Skills

These workshops were originally created for our IMGs undertaking Clinical Bridging Courses as a way to obtain accredited CPD, but the interest in these workshops grew and attracted doctors who are already practising clinicians, particularly General Practitioners.

The workshops are taught by experts in their field and have been offered a number of times over recent months, including, provision of the Clinical Communication Skills workshop in the online learning environment.

Unfortunately, the Clinical Procedural Skills workshop is not conducive to an online option as it demonstrates skills which must be undertaken in a classroom environment utilising teaching aids such as part task trainers. We look forward to offering this course again post the COVID pandemic.

# Simulated Participant Program

The demand for Simulated Participant (SP) encounters continue to grow as they assist educators to replicate (or indeed replace) the clinical environment. By undertaking scenario based role play encounters they ensure that training for health professionals is grounded in actual practice whilst providing a safe environment to learn and develop.

The HEAL Simulated Participant (formerly Simulated Patient) Program has been in operation for over seven years. In that time we have retained our inaugural clients; such as the Australasian College of Emergency Medicine (ACEM) and Victoria University and have been able to build our client base to enable us to provide a steady flow of opportunities for our SPs. This longevity is a testament to the SPs, the calibre of their role portrayals, their professionalism and their ability to provide a valuable and positive contribution in training our health professionals. As such we thank each and every one of them.



It is also a testament to their training, and in this regard, HEAL is very fortunate to engage Professor Debra Nestel, an international authority; researcher, author and journal editor in simulation methodologies. This year, to meet the growing demand, Professor Nestel conducted two workshops resulting in over 40 additional, and very competent, SPs being added to our existing database. Training is provided free of charge and each training course covers areas such as; identifying the types of roles SPs can portray and the type of work they can perform in healthcare education, discussing the responsibilities of SPs, using techniques to prepare for role portrayal as a patient, identifying patient-centred communication skills, demonstrating SP role portrayal and demonstrating how to give feedback.

Due to COVID-19, many of the booked SP jobs were cancelled or postponed, particularly the Medical Colleges who run high stakes exams throughout the year. The limitations of face-to-face encounters saw our SPs starting to be booked for online opportunities including testing new delivery models such as Telehealth.

## **SP Client Feedback**

*"This year our SP program was a rather unusual one to say the least.*

*The actors were amazingly flexible, willing to take on a new delivery model of the service (i.e. via Telehealth). Some of the actors were amazingly authentic to the character and role they portrayed. Our cases involved people with communication and/or swallowing difficulties and HEAL actors worked well with our students, enhancing their learning experience as pre-registration Speech Pathologists.*

*Overall, the professionalism of HEAL and their willingness to 'work with us' at ACU during the COVID lockdown made the delivery of the simulation unit smoother. Email and phone contact and follow-ups were appreciated. There are so many balls to juggle in the delivery of this unit, so having an organisation such as HEAL to count on made my job easier."*

**Danielle Czapnik**  
**(Australian Catholic University)**



*"The simulation assessment program at the Australian Physiotherapy Council (APC) has only been running for a relatively short amount of time but has really taken shape quickly, and the SP program at HEAL has been an important part of that. For our assessments, each candidate has 50 minutes to assess and treat their patient, so it's really important that the SPs we use can stay true to the patient for that amount of time. Over the last couple of years, we have contacted HEAL on a number of occasions for help in sourcing an SP to portray a particular patient, and every time the support we've received from the team at the office, as well as the quality of the SPs, has been outstanding.*

*Every single SP who has come to us from HEAL has been highly professional, prepared, and very skilled in their portrayal – as well as being warm and friendly with the APC staff. We have been fortunate in getting to work with certain SPs on repeat occasions, including Tim Phillips and Elliot Raphael, which has been great, and we've also benefited from all of the SPs really capturing the portrayal of what can sometimes be a complex case, either due to the physical or behavioural requirements. For example, portraying a patient with a neurological condition can often be challenging, as the case can include both a physical component as well as a behavioural one. Our assessors were particularly impressed by Matt Trubiani, who did a fantastic job at portraying a patient who had suffered a traumatic brain injury, including some quite specific communication challenges.*

*We look forward to continuing to work with HEAL for our simulation assessments at APC. "*

**Natalie Wilkie**  
**(Australian Physiotherapy Council)**





## Australasian Institute of Clinical Governance (AICG)

Since formally launching the AICG (a division of HEAL) in January 2019, we've had an opportunity to firmly establish our inter-professional programs and to determine that they are addressing a need. Interest from healthcare professionals to assist them to strengthen their skills in clinical governance has been significant during the Institute's first year of operation.

In the first six months of the financial year, our inaugural workshops continued in Melbourne in a face-to-face environment. This was deliberate as it provided participants with a valuable opportunity to connect, network, and to learn with, and about each other.

With the advent of COVID-19 we very quickly mobilised to move the workshop program to the online environment. Suffice to say, we commenced with concerns that an online environment would not achieve the richness of participant engagement that we were accomplishing in the classroom. Fortunately, our concerns were very quickly allayed by very positive course evaluations and feedback. The online environment has also allowed a much broader reach and we are now enjoying participation from a true Australasian cohort.

In this financial year we are delighted that over 550 participants completed one or more courses; 58 participants in our face-to-face courses, 91 participants completing online workshops and 457 participants completing online (module) courses.

54 healthcare professionals have now completed the Certificate in Clinical Governance for Patient Safety and Quality Care and will join a unique group of professionals eligible to join the AICG Community of Practice. This group is reserved solely for Certificate graduates as an ongoing professional development and networking opportunity.

### New Director

During 2019 the growth of the Institute necessitated a dedicated position to assist the CEO with AICG strategic direction and to oversee the day to day management. In November 2019, Ms Melanie Hay was appointed as the Director of AICG. Melanie has over 25 years' experience across the healthcare sector with a passion to drive safety and quality improvements across the continuum of care. Melanie previously worked as a private consultant and as Director of Health for PwC in Victoria. She has also worked alongside State and Federal governments, Primary Healthcare Networks, clinicians, hospitals, not-for-profits and data, safety and quality agencies to drive continuous quality improvement across the healthcare system. Since joining us Melanie has hit the ground running and we welcome her to the team.



### New Zealand

This year we continued to work closely with the Health Quality & Safety Commission New Zealand, and would like to acknowledge and thank Ms Gillian Bohm, Chief Advisor Quality & Safety and Dr Iwona Stolarek, Medical Director, for their generous time and guidance. A move to an online workshop environment means that our NZ colleagues can access the AICG courses without the need to travel. With that as an incentive, the Commission provided a program to sponsor a group of senior health professionals from NZ to complete the Certificate in Clinical Governance for Patient Safety and Quality Care.

## AICG Course Feedback

*"I recently attended three workshops – Applied Clinical Governance; Culture & Collaboration; and Advanced Leadership. I came having already completed a Masters of Health Management and looking to focus on real-world application more than theory. For the most part, the workshops succeeded, with the self-paced pre-reading providing a comprehensive basis if the topics are new to you. The workshops had excellent presenters / facilitators and provided an interactive learning experience.*

*If you can, it's worth doing all three in close succession. Though they each, obviously, have a different focus, they complement each other very well and allow an integration of ideas missing from stand-alone courses. It's also nice to share your learning with the same small group. I was fortunate to have a multi-disciplinary group, and the workshops are applicable to all. I'd strongly recommend the certificate to anyone new to a 'management' role and to anyone at any level who is wondering how they can make a difference to the health system."*

**Fletcher Davies**

*"What an eye-opening and inspiring course for everyone involved in healthcare. The online modules were presented in an interesting and easy-to-digest manner. The workshops were enjoyable and practical, and the facilitators were engaging and friendly. Highly recommended."*

**Hui Bing Ooi**

*"I have recently completed the Certificate in Clinical Governance for Patient Safety and Quality Care. I would highly recommend this thoughtful and well delivered course to anyone working in healthcare. I am a GP and found this 3 day course comprehensive and engaging with many relevant learning objectives applicable in my current role."*

**Jenny Maxwell**

*"Very comprehensive program that is inter-professional. Allows you to look at different ways of working, building a good working culture."*

**Kathleen Corless**

*"I have recently been to both the Leadership and Clinical Governance workshops not quite knowing what to expect. They were engaging workshops with excellent facilitators! The room was filled with nurses, doctors and allied health which made the experience better. It was a really welcoming environment. The workshop wasn't just a PowerPoint slide, but group discussion and team based tasks to apply tools to help us in our return to work.*

*I highly recommend these workshops to anyone interested in making change in healthcare. I look forward to finding time to do the third workshop."*

**Rachel Wong**



## Additional Activities

The following are a selection of the additional activities achieved by the AICG this year:

### Conference Sponsorship

As part of our marketing strategy, we chose to support a few select conferences across Australia with sponsorship exhibits and prizes:

- The Royal Australasian College of Medical Administrators (RACMA) Conference  
2-4 October 2019 – South Australia – Sponsorship exhibit

- The Australasian College of Health Service Management (ACHSM) Conference  
9-11 October 2019 – Queensland – Sponsorship exhibit, a major prize, a free Certificate in Clinical Governance course and booth prizes of online courses
- Safer Care Victoria (SCV) Giant Steps Conference  
21 November 2019 – Melbourne – Coffee cart sponsor



RACMA Sponsorship Exhibit



SCV Coffee Cart Sponsor

## Inaugural Symposium

The AICG was due to hold its inaugural symposium in March 2020 after securing an excellent program of speakers. Unfortunately, due to COVID-19, the symposium had to be postponed.

## Connecting Clinicians

As the COVID-19 pandemic caused unprecedented challenges for our healthcare workforce, AICG launched a program called 'Connecting Clinicians' in April 2020. The Connecting Clinicians COVID-19 Clinical Governance Series provides the clinical community with practical solutions to common challenges brought on by COVID-19. In sharing these real-time case studies, we aim to support our health professionals and enhance safety and quality in our healthcare organisations.

Speakers and topics included:

- Professor George Braitberg, Executive Director of Strategy, Quality & Improvement, Melbourne Health – *Rapid guideline development in an ever-changing environment*
- Professor Leanne Boyd, Chief Nursing & Midwifery Officer, Eastern Health – *Prepare for the Worst, Hope for the Best – Impact of COVID-19 workforce planning*
- Professor Harvey Newnham, Director of General Medicine and Clinical Program Director of Emergency and Acute Medicine, Alfred Health – *Challenging assumptions around COVID-19 testing guidelines*
- Dr Hung The Nguyen, General Practitioner, Bunurong Health Service – *Guiding Aboriginal and Torres Strait Islander communities through the COVID-19 pandemic*
- Ms Wanda Stelmach, Divisional Director of Surgery, Northern Health – *Maintaining outpatient clinics during COVID-19*

Due to the program's popularity it will continue into the next financial year.



# HEAL Foundation

The HEAL Foundation provides charitable activities in line with the HEAL Vision and Purpose and with the Foundation's Scope of Activity and Terms of Reference. The Foundation operates as a separate division within HEAL to formally endorse a culture of fostering programs that support healthcare education. The following are a selection of programs that are managed under the auspices of the Foundation:

## AICG Grant Program

In October 2018 the HEAL Foundation, on behalf of the AICG, launched a funding round of \$100,000 designed to empower Victorian clinicians at the bedside to explore initiatives that will provide better patient outcomes. In this round we invited Directors of Nursing (or equivalent) from major Victorian and regional healthcare networks and private hospital consortiums to submit grant proposals for grants up to \$25,000 each for a project in patient safety and quality care to be completed at the coalface (i.e. in the wards/department/unit). In addition, we offered the project lead of the successful grant applicants' free education worth \$2,000 each to complete the AICG's Certificate in Clinical Governance for Patient Safety and Quality Care.

Twelve applications were received in March 2019 and a panel of assessors provided scores and written comments for each application against specific criteria. In acknowledgement of the great response, we subsequently invited project leads of the unsuccessful grant applications to do the Certificate course at half price.

The successful projects are in various stages of completion and time extensions have been provided due to COVID-19.

- **Alfred Health – DiVert for Safer Care** – This project has been impacted by the COVID-19 pandemic. The ward has undergone patient model of care and demographic changes as it absorbs specialty patients to create COVID-19 wards. An extension of time has been given.
- **Eastern Health – Improving the Continence Status of Patients During their In-patient Care at Eastern Health** - This project has been completed with 339 inpatients across acute and aged medicine wards at Eastern Health being surveyed. The findings suggest that managing urinary incontinence during hospitalisation is not managed well and that pain and discomfort experienced by the patients must be taken into consideration in planning and implementing care within the hospital.
- **Healthscope Operations Pty Ltd (Melbourne Private Hospital) – Establishing an Interprofessional Ward Round Protocol (IWRP) and Education Program for the Diagnosis, Risk Factor Assessment and Collaborative Management of Delirium in Post Cardiac Surgery Patients** - This project has been impacted with the hospital suspending all non COVID-19 type research. Additionally, the ICU has been prepared for the COVID-19 response to support the Royal Melbourne Hospital. An extension of time has been given.
- **Monash Health – Nurse Empowerment in Residential Aged Care Mental Health and Dementia Care: Examining the Factors to Support Safe, Respectful and Quality Care** - All data for Phase 1 and Phase 2 have been collected with 42 surveys being completed (89.4% response rate) and 29 staff (67%) participated in an individual interview. Results from the survey highlighted opportunities to build teamwork with key stakeholders in the care team, including resident families.

## Sponsorship and Support

As a not-for-profit charitable organisation, we recognise the need to support our tutors, simulated participants, students and the broader community. Accordingly, HEAL offers a number of opportunities to engage in this way.

This year included the following:

- Free careers guidance and CV writing (for IMGs)
- AICG Grant Program
- Free training to become a HEAL tutor or facilitator
- Free simulated participant training
- Student discounts and promotions

## Thought Leaders Program

The HEAL ‘Thought Leaders Program’ was established to explore big ideas that have the capacity to change the healthcare industry. The program carries on a 100 year tradition of facilitating conversations by national and international leaders on important issues around the provision of healthcare. As an independent organisation, HEAL is perfectly positioned to provide these forums.

The Thought Leaders Committee, a committee of the Board of Directors, identifies healthcare topics that warrant discussion with a view to organising stakeholder meetings to discuss and design solutions for problems that currently act as barriers to the provision of best practice care.

This year, to coincide with HEAL’s 100 year anniversary, we were proud to hold a Thought Leader event on 20 February 2020. The topic was ***Building medical training (undergraduate and postgraduate) from the ground up.***

Along with Professor Harvey Newnham, HEAL’s Chair of the Board of Directors, we welcomed the following speakers and topics (in program order):

- Mr Greg Williams, Manager in CSIRO Futures – Future of healthcare
- Associate Professor Andrew Wilson, CMO, Victorian Government – Medical workforce strategy
- Professor John Prins, Head of the Melbourne Medical School and Professor of Medicine at The University of Melbourne – Undergraduate medical curriculum redesign
- Mr Philip Pigou, CEO Australian Medical Council – Accreditation for prevocational and vocational training
- Dr Mukesh Haikerwal, Council Vic AMA, General Practitioner, Primary care workforce challenges
- Ms Susan Biggar, Consumer Representative and National Engagement Adviser, AHPRA – What do consumers/patients want from our medical workforce
- Ms Kiri Rikihana, General Manager (NZ) ANZCA – The future of vocational training
- Associate Professor Simon Stafrace, Chief Adviser, Mental Health Reform Victoria – Mental health workforce challenges, opportunities and their impact on psychiatric training
- Dr Rangi de Silva, Vocational Trainee Obstetrics and Gynaecology – Vocational training – Gap summary
- Dr Christina Guo, Junior Doctor in training – Panellist

Dr Michael Walsh, CEO Cabrini Health, very charismatically and skilfully facilitated the day, particularly the afternoon’s hypothetical and audience discussion. Slido, an audience interaction platform, ensured all participants were able to engage with comments and feedback.

HEAL would like to thank our facilitator, Dr Michael Walsh, and all of our speakers for their generous time and contribution and the 50 expert participants that represented universities, healthcare services and medical colleges. A report of the day has been written and is due to be circulated.



**HEAL THOUGHT LEADERS**  
20 February 2020 | Melbourne  
*Building Medical Training  
(Undergraduate & Postgraduate)  
From the Ground Up*



# Other Programs

## ASBDD Secretariat

HEAL continued to provide secretariat services for the Australasian Society for Bipolar and Depressive Disorders (ASBDD). This service has been provided to ASBDD since its inauguration in 2005.

The ASBDD is one of the founding chapters of the International Society for Bipolar Disorders (ISBD). Due to the COVID-19 virus, ISBD held a virtual conference in 2020 which was very successful. As ISBD is based in the USA, one drawback for presenters from countries like Australia was that they had to give their presentations during the very early hours of the morning.

ASBDD did not conduct its biennial conference in 2019 due to the ISBD meeting held in Sydney during May. Planning had been under way for a conference in October 2020, but as with other organisations, this had to be postponed due to the COVID-19 pandemic.

The Early/mid-career Research Sub-committee has decided to use the opportunity to conduct a virtual conference in November 2020 to provide an opportunity for young researchers to make presentations on their current research topics. Advertising of ASBDD, its activities and membership offers, will take place at this event.

# Directors, Staff and Memberships

## Directors

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

Chair:	<b>Professor Harvey NEWNHAM</b> MBBS, FRACP, PhD, GAICD
Deputy Chair:	<b>Mr David KNOWLES</b> (Deputy Chair) CA, CPA, MAICD, AIMM, B.Comm (Melb), M. App Inn & Ent
Members:	Associate Professor Margaret <b>BEARMAN</b> (Resigned February 2020) PhD, Cert.Perf.Arts, BSci, BComp (Hons)
	Professor Leanne <b>BOYD</b> Dip App Sci, BN, Grad Cert Crit Care, MN, Grad Cert Higher Ed, PhD, Master Ter Ed Management, GAICD, MACN
	Mr Stephen <b>FITZPATRICK</b> BBus, ACHSM, HFMA, GAICD
	Professor Nellie <b>GEORGIOU-KARISTIANIS</b> (Joined March 2020) BSc.(Hons), PhD
	Ms Amy <b>KIRKWOOD</b> BA (Media & Communications), GDip of Psychology, MAICD
	Professor Robert <b>MOULDS</b> (Retired November 2020) B.MedSci, MBBS, FRACP, PhD
	Dr Hung The <b>NGUYEN</b> BMedSci, MBBS, FRACGP, MHP, GCHPE, GAICD
	Dr Robert <b>SADLER</b> PhD, LL.M, MBA, BEc, LL.B (Hons)
Secretary & CEO:	Ms Beverley <b>SUTTON</b> MBA, GCHPE, GCCS, DipCompProg, RN, RM, FACHSM, GAICD

## Finance & Risk Committee

Chair:	<b>Mr David KNOWLES</b>
Deputy Chair	<b>Mr Stephen FITZPATRICK</b>
Members:	Ms Les-Lea <b>GUY</b> Dr Hung The <b>NGUYEN</b> (until February 2020) Ms Beverley <b>SUTTON</b>

## **Business Development Committee**

Chair: Dr Robert **SADLER**  
Members: Associate Professor Margaret **BEARMAN** (until February 2020)  
Mr Mark **DARE**  
Dr Louise **McCALL**  
Professor Robert **MOULDS** (until November 2019)  
Dr Hung The **NGUYEN** (from February 2020)  
Ms Beverley **SUTTON**

## **Thought Leaders Committee**

Chair: Mr David **KNOWLES**  
Members: Ms Amy **KIRKWOOD**  
Professor Robert **MOULDS** (until November 2019)  
Professor Harvey **NEWNHAM**  
Ms Beverley **SUTTON**

## **HEAL Staff**

### **Executive Staff**

#### **Chief Executive Officer**

Ms Beverley Sutton

#### **Director of AICG**

Ms Melanie Hay (from November 2019)

#### **Director of Programs**

Mr Mark Dare

#### **Director of Education**

Dr Louise McCall

#### **Senior Medical Advisor**

Professor Robert Moulds

#### **Business Manager**

Ms Les-Lea Guy

#### **Manager of Special Projects**

Ms Ann Dancer

### **Administrative Staff**

#### **Marketing Manager**

Ms Liana Moule

#### **e-Learning Developer**

Mr Dinesh Hewagamege

#### **Program Coordinators**

Mrs Monica Collie (until January 2020)

Ms Brittany Kiegaldie (from January 2020)

Ms Shannon Maddern-Daniels

Mrs Violetta Micevski

Ms Elizabeth Scholes (until July 2019)

## **Teaching and Tutor Staff**

Mr Paul Conroy – Principal – Language and Communications – Melbourne FEE-HELP  
Ms Catherine O’Grady – Principal – Language and Communications – Sydney FEE-HELP  
Dr Pip Wills – Principal – AMC Webinar Series  
Dr Mehreen Fatima – IMG Tutor and content reviewer

A further 86 IMG tutor staff provided tutorials and trial examination sessions for IMG Bridging Courses

## **Simulated Participant Staff**

58 Simulated Participant staff were hired to clients to provide healthcare education and assessment services

## **AICG Facilitators/Contractors**

Ms Jennifer Gale – Principal – Clinical Governance  
Ms Tanya Edlington – Principal – Culture and Collaboration  
Dr Lloyd Nash – Principal – Advanced Leadership

## **Partners**

Austin Health, Heidelberg, Victoria  
Blacktown Hospital, Blacktown, New South Wales  
Health Quality & Safety Commission, New Zealand  
Holmesglen Institute of TAFE and Healthscope Hospitals  
Monash Health, Clayton, Victoria  
Mt Druitt Hospital, Mt Druitt, 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 2020, 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

  
C J FLYNN  
Director

50 Camberwell Road  
Hawthorn East Vic 3123

30 September 2020

# Statement of Financial Position

at 30th June 2020

	Note	2020	2019
		\$	\$
Current Assets			
Cash and cash equivalents	3	955,270	1,175,684
Trade and other receivables	4	131,965	158,799
Other Assets	5	9,091	18,165
Inventories	6	6,820	7,169
<b>Total Current Assets</b>		<b>1,103,146</b>	<b>1,359,817</b>
Non-Current Assets			
Property, Plant & Equipment	7	407,395	75,680
Right of use assets	8	889,564	-
Investments	9	3,702,100	3,724,032
<b>Total Non-Current Assets</b>		<b>4,999,059</b>	<b>3,799,712</b>
<b>Total Assets</b>		<b>6,102,205</b>	<b>5,159,529</b>
Current Liabilities			
Trade & Other Payables	10	311,738	432,934
Other Liabilities	11	34,156	45,207
Provisions	12	263,874	213,045
Lease Liabilities	13	182,911	-
<b>Total Current Liabilities</b>		<b>792,679</b>	<b>691,186</b>
Non-Current Liabilities			
Provisions	12	6,494	21,773
Lease Liabilities	13	725,513	
<b>Total Non-Current Liabilities</b>		<b>732,007</b>	<b>21,773</b>
<b>Total Liabilities</b>		<b>1,524,686</b>	<b>712,959</b>
<b>Net Assets</b>		<b>4,577,519</b>	<b>4,446,570</b>
Equity			
Retained Earnings/(Accumulated Losses)		(45,250)	(316,242)
Reserve		144,665	284,708
Contributed Equity - VMF	14	1,371,885	1,371,885
Contributed Equity - MPF Trust	14	3,106,219	3,106,219
<b>Total Equity</b>		<b>4,577,519</b>	<b>4,446,570</b>

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

# Statement of Comprehensive Income

for the Year Ended 30th June 2020

	Note	2020 \$	2019 \$
<b>Income</b>			
Conference & Course Registration		851,786	1,242,909
Simulated Patient Hire		98,518	79,329
Interest Income		6,583	26,575
Grant Income		1,071,251	100,000
Sale of Publications		2,804	4,470
Other Income		37,890	84,870
<b>Total Income</b>		<b>2,068,832</b>	<b>1,538,153</b>
<b>Expenditure</b>			
Communication Expenses		29,093	21,142
Course Expenses		476,419	553,983
Employment Expenses		943,691	950,771
Finance & Legal Expenses		89,878	91,908
Grant Expenses		-	83,616
Occupancy Expenses		187,745	105,234
Project Development		2,205	93,312
Other Administration Expenses		380,319	193,958
<b>Total Expenses</b>		<b>2,109,350</b>	<b>2,093,924</b>
<b>Operating Surplus/(Deficit)</b>		<b>(40,518)</b>	<b>(555,771)</b>
<b>Add Other Income/(Expenses)</b>			
Investment Income		161,131	265,379
JobKeeper Subsidy		93,000	-
Business Cash Flow Boost		50,000	-
<b>Net Surplus/(Deficit)</b>		<b>263,613</b>	<b>(290,392)</b>
<b>Other Comprehensive Income</b>			
Fair Value Increment/(Decrement) of Investments		(140,043)	(11,401)
Net profit on sale of financial assets		7,379	16,820
<b>Total Comprehensive Income/(Loss) For The Year</b>		<b>130,949</b>	<b>(284,973)</b>

The accompanying notes form an integral part of this statement.

# Statement of Changes in Equity

for the Year Ended 30th June 2020

	Retained Earnings	Financial Assets Revaluation Reserve	Contributed Equity	Total
	\$	\$	\$	\$
<b>Balance 30 June 2018</b>	(42,670)	296,109	4,478,104	4,731,543
Surplus/(Deficit) attributable to members	(290,392)	-	-	(290,392)
Fair value increment/(decrement)	-	(11,401)	-	(11,401)
Net profit on sale of financial assets	16,820	-	-	16,820
<b>Balance 30 June 2019</b>	(316,242)	284,708	4,478,104	4,446,570
Surplus/(Deficit) attributable to members	263,613	-	-	263,613
Fair value increment/(decrement)	-	(140,043)	-	(140,043)
Net profit on sale of financial assets	7,379	-	-	7,379
<b>Balance 30 June 2020</b>	(45,250)	144,665	4,478,104	4,577,519

The accompanying notes form an integral part of this statement.

# Statement of Cash Flows

for the Year Ended 30th June 2020

	Note	2020 \$	2019 \$
<b>Cash Flows from Operating Activities</b>			
Receipts from course fees, sponsors, etc.		2,314,016	1,667,731
Payments to suppliers and employees		(2,239,626)	(2,082,158)
Interest received		11,581	25,016
Investment income received		161,131	226,688
<b>Net Cash (used in)/provided by Operating Activities</b>	(a)	<b>252,833</b>	<b>(162,723)</b>
<b>Cash Flows from Investing Activities</b>			
Sale of investments		663,415	887,386
Purchase of property, plant and equipment		(362,515)	(875)
Purchase of investments		(774,147)	(1,089,606)
<b>Net Cash (used in)/provided by Investing Activities</b>		<b>(473,247)</b>	<b>(203,095)</b>
<b>Net increase/(decrease) in cash held</b>		<b>(220,414)</b>	<b>(365,818)</b>
<b>Cash at beginning of Financial Year</b>		<b>1,175,684</b>	<b>1,541,502</b>
<b>Cash at end of Financial Year</b>		<b>955,270</b>	<b>1,175,684</b>

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**

		2020	2019
		\$	\$
<b>Surplus / (Deficit)</b>		<b>282,473</b>	<b>(290,392)</b>
<b>Adjustments:</b>			
Depreciation		30,800	15,988
(Profit)/Loss on Disposal of Assets		-	-
(Profit)/Loss on Investments		-	(10,314)
<b>Change in Assets and Liabilities:</b>			
(Increase)/Decrease in Accounts Receivable		26,834	(37,655)
(Increase)/Decrease in Inventories		349	546
(Increase)/Decrease in Other Current Assets		9,075	(1,400)
Increase/(Decrease) in Trade and Other Payables		(87,116)	110,049
Increase/(Decrease) in Provisions		35,550	24,378
Increase/(Decrease) in Income in Advance		(45,132)	15,763
<b>Total Cash (used in)/provided by Operating Activities</b>		<b>252,833</b>	<b>(162,723)</b>

# Notes to the Financial Statements

for the Year Ended 30th June 2020

## 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

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

When grant revenue is received whereby the conditions of the agreement stipulates performance obligations that require fulfilling, the grant is recognised in the statement of financial position as a liability until the performance obligations have been fulfilled.

Revenue in relation to conference and course registration is recognised when the Company fulfils its performance obligations i.e. when the conference or course takes place.

Other income is recognised on an accruals basis when the Company is entitled to it.

### 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 recognised upon a performance obligation basis per AASB15. 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 the following new Australian Accounting Standards. The adoption of these Standards has not had a significant impact the recognition, measurement and disclosure of transactions.

### *AASB 16 Leases (Annual reporting periods beginning on or after 1/1/2019)*

The Company has adopted AASB 16: Leases retrospectively with the cumulative effect of initially applying AASB 16, recognised at 1 July 2019. In accordance with AASB 16, the comparatives for the 2019 reporting period have not been restated.

The Company has recognised a lease liability and right-of-use asset for all leases (with the exception of short-term and low-value leases) recognised as operating leases under AASB 117: Leases where the Company is the lessee. The lease liabilities are measured at the present value of the remaining lease payments. An average borrowing rate as at 1 July 2019 of 3.75% was used to discount the lease payments.

The following practical expedients have been used by the Company in applying AASB 16 for the first time:

- leases that have a remaining lease term of less than 12 months as at 1 July 2019 have been accounted for in the same way as short-term leases;
- the use of hindsight to determine lease terms on contracts that have options to extend or terminate;
- applying AASB 16 to leases previously identified as leases under AASB 117 and Interpretation 4.

Determining whether an arrangement contains a lease without reassessing whether they are, or contain, a lease at the date of initial application; and

- not applying AASB 16 to leases previously not identified as containing a lease under AASB 117 and Interpretation 4.

The adoption of AASB 16 led to recognition of right-of-use assets and lease liabilities of \$1,026,419.66 as at 1 July 2019.

*AASB 15: Revenue from Contracts with Customers and AASB 1058: Income of Not-for-Profit Entities*

(Annual reporting periods beginning on or after 1/1/2019)

The Company has applied AASB 15: Revenue from Contracts with Customers and AASB 1058: Income of Not-for-Profit Entities using the cumulative method of initially applying AASB 15 and AASB 1058. The comparative information has not been restated and continues to be presented under AASB 118: Revenue and AASB 1004: Contributions. The adoption of AASB 1058 did not have any significant effect on the reported financial position or performance of the Company.

### **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**

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

#### *Trade and other 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.

#### *Financial assets – investments*

The company's financial assets comprise investments in listed securities. All financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Gains and losses arising from financial instruments 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.

### **Leases / ROU assets**

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight-line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used. \*\* The incremental borrowing rate used in calculations by the Company was 3.75%.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

The Company has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Company recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

### Note 3 – Cash and Cash Equivalents

		2020	2019
		\$	\$
Cash at Bank		595,381	348,690
Term Deposits		359,889	826,994
		<b>955,270</b>	<b>1,175,684</b>

### Note 4 – Trade and Other Receivables

		2020	2019
		\$	\$
Trade Debtors		18,394	34,499
Sundry Debtors		113,571	124,300
		<b>131,965</b>	<b>158,799</b>

### Note 5 – Other Current Assets

		2020	2019
		\$	\$
Prepaid Expenses		9,091	18,165
		<b>9,091</b>	<b>18,165</b>

### Note 6 – Inventories

		2020	2019
		\$	\$
Stock of Publications		6,820	7,169
		<b>6,820</b>	<b>7,169</b>

## Note 7 – Property, Plant & Equipment

		2020 \$	2019 \$
<b>Leasehold Improvements</b>			
At Cost		328,470	40,856
Accumulated Depreciation		(18,040)	(11,859)
		<b>310,430</b>	<b>28,997</b>
<b>Office Furniture and Equipment:</b>			
At Cost		98,081	63,075
Accumulated Depreciation		(41,327)	(31,556)
		<b>56,754</b>	<b>31,519</b>
<b>Computer Equipment:</b>			
At Cost		101,984	62,090
Accumulated Depreciation		(61,773)	(46,926)
		<b>40,211</b>	<b>15,164</b>
<b>Total Property, Plant and Equipment</b>		<b>407,395</b>	<b>75,680</b>

### Movements in carrying amounts

	Leasehold Improvements \$	Office Furniture and Equipment \$	Computer Equipment \$	Total \$
<b>Balance at the beginning of 2018</b>	<b>34,482</b>	<b>42,267</b>	<b>28,643</b>	<b>105,392</b>
Additions	-	1,319	1,510	2,829
Depreciation expense	(2,742)	(6,360)	(8,327)	(17,429)
<b>Carrying amounts at the end of 2018</b>	<b>31,740</b>	<b>37,226</b>	<b>21,826</b>	<b>90,792</b>
<b>Balance at the beginning of 2019</b>	<b>31,740</b>	<b>37,226</b>	<b>21,826</b>	<b>90,792</b>
Additions	-	563	313	876
Depreciation expense	(2,743)	(6,270)	(6,975)	(15,988)
<b>Carrying amounts at the end of 2019</b>	<b>28,997</b>	<b>31,519</b>	<b>15,164</b>	<b>75,680</b>
<b>Balance at the beginning of 2020</b>	<b>28,997</b>	<b>31,519</b>	<b>15,164</b>	<b>75,680</b>
Additions	287,614	35,007	39,894	362,515
Depreciation expense	(6,181)	(9,772)	(14,847)	(30,800)
<b>Carrying amounts at the end of 2020</b>	<b>310,430</b>	<b>56,754</b>	<b>40,211</b>	<b>407,395</b>

**Note 8 – Right of Use Assets**

		2020	2019
		\$	\$
<b>Right-Of-Use asset:</b>			
At Cost		1,026,420	
Accumulated Depreciation		(136,856)	
		<b>889,564</b>	

**Note 9 – Investments**

		2020	2019
		\$	\$
<b>Investment at Fair Value</b>			
Investment at Fair Value		3,702,100	3,724,032
		<b>3,702,100</b>	<b>3,724,032</b>

**Note 10 – Trade & Other Payables**

		2020	2019
		\$	\$
<b>Trade Creditors</b>			
Trade Creditors		59,996	125,756
Sundry Creditors		51,452	56,016
Grants Payable		20,903	54,984
Accrued Expenses		179,387	196,178
		<b>311,738</b>	<b>432,934</b>

**Note 11 – Other Current Liabilities**

		2020	2019
		\$	\$
<b>Income in Advance</b>			
Income in Advance		34,156	45,207
		<b>34,156</b>	<b>45,207</b>

**Note 12 – Provisions**

		2020	2019
		\$	\$
<b>Provision for Annual Leave - Current</b>			
Provision for Annual Leave - Current		96,040	66,362
Provision for Long Service Leave – Current		167,834	146,683
Provision for Long Service Leave – Non - Current		6,494	21,773
		<b>270,368</b>	<b>234,818</b>

## Note 13 – Lease Liabilities

		2020 \$	2019 \$
<b>Current</b>			
Lease Liability		182,911	-
		<b>182,911</b>	-
<b>Non-Current</b>			
Lease Liability		725,513	-
		<b>725,513</b>	-

## Note 14 – 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 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 15 – Company Details

The registered office of the company is:

Health Education Australia Limited

Level 16

120 Spencer Street

Melbourne VIC 3000

## Note 16 – 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 2020 the accounts of the Fund disclosed that there were no liabilities and assets of \$428.

## Note 17 – Operating Lease Commitment

Minimum lease payments under non-cancellable operating leases.

		2020 \$	2019 \$
No later than one year		38,605	
Between one and five years		-	
		<b>38,605</b>	

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

## Note 18 – Events after the end of the Reporting Period

The COVID-19 pandemic has had a significant impact on the operations of the Company since a State of Emergency was declared in Victoria in March 2020. The financial impact has been reflected in the results for 2019-20 and appropriate commentary appears in the Responsible Persons' Report.

The Victorian Government declared a State of Disaster on 2 August 2020 and "Stage 4 lockdown" restrictions were applied to Metropolitan Melbourne. This event does not affect amounts recognised in the 2019-20 financial statements. Due to the significant uncertainty surrounding the extent of the COVID-19 pandemic in Victoria and the government's response to this, it is not possible to estimate the full impact on the Company's operations, financial position and cashflows at this point in time. Any future changes to the Company's operations in response to COVID-19 will be directed by the Victorian Government.

There were no further material events that occurred after the reporting date.

## ***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 33 to 45 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 2020 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



Mr David Knowles – Deputy Chairman

Dated this 30th day of September 2020

## 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 2020, 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 2020 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 2020, 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*  
ACCRU MELBOURNE (AUDIT) PTY LTD

*Cameron J Flynn*  
C J FLYNN  
Director

30 September 2020

## Statement of Financial Position

as at 30th June 2020

	Note	2020	2019
		\$	\$
<b>Current Assets</b>			
Cash	3	428	1,048,597
Other Current Assets	4	-	10,998
<b>Total Current Assets</b>		<b>428</b>	<b>1,059,595</b>
<b>Total Assets</b>		<b>428</b>	<b>1,059,595</b>
<b>Total Liabilities</b>			-
<b>Net Assets</b>		<b>428</b>	<b>1,059,595</b>
<b>Equity</b>			
Capital fund		101,000	101,000
Retained earnings		(100,572)	958,595
<b>Total Equity</b>		<b>428</b>	<b>1,059,595</b>

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

## Statement of Comprehensive Income

for the Year Ended 30th June 2020

		2020	2019
		\$	\$
<b>Income</b>			
Interest		12,084	25,869
<b>Total Income</b>		<b>12,084</b>	<b>25,869</b>
<b>Expenses</b>			
General & Administrative Expenses		-	-
Scholarships		-	-
Grants		1,071,251	100,000
<b>Total Expenses</b>		<b>1,071,251</b>	<b>100,000</b>
<b>Net Surplus/(Deficit)</b>		<b>(1,059,167)</b>	<b>(74,131)</b>
<b>Total Comprehensive Income/(Loss) For The Year</b>		<b>(1,059,167)</b>	<b>(74,131)</b>

The accompanying notes form an integral part of this statement.

## Statement of Changes in Equity

for the Year Ended 30th June 2020

	Retained Earnings	Capital Fund	Total
	\$	\$	\$
<b>Balance at 30 June 2018</b>	<b>1,032,726</b>	<b>101,000</b>	<b>1,133,726</b>
Surplus/(Deficit) attributable to members	(74,131)	-	(74,131)
<b>Balance at 30 June 2019</b>	<b>958,595</b>	<b>101,000</b>	<b>1,059,595</b>
Surplus/(Deficit) attributable to members	(1,059,167)		(1,059,167)
<b>Balance at 30 June 2020</b>	<b>(100,572)</b>	<b>101,000</b>	<b>428</b>

The accompanying notes form an integral part of this statement.

## Statement of Cash Flows

for the Year Ended 30th June 2020

	Note	2020 \$	2019 \$
<b>Cash Flow from Operating Activities</b>			
Interest received		23,082	20,893
Payments to suppliers		-	-
Payments of sponsorship		(1,071,251)	(100,000)
<b>Net Cash provided by Operating Activities</b>	<b>(a)</b>	<b>1,048,169</b>	<b>(79,107)</b>
Net increase/(decrease) in cash held		1,048,169	(79,107)
Cash at beginning of Financial Year	(b)	1,048,597	1,127,704
<b>Cash at end of Financial Year</b>	<b>(b)</b>	<b>428</b>	<b>1,048,597</b>

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

		2020 \$	2019 \$
<b>Surplus/(Deficit)</b>		<b>(1,059,167)</b>	<b>(74,131)</b>
<b>Change in Assets and Liabilities:</b>			
(Increase)/Decrease in Sundry Debtors		10,998	(4,976)
<b>Net cash (used by)/provided by Operating Activities</b>		<b>(1,048,169)</b>	<b>(79,107)</b>

### 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.

		2020 \$	2019 \$
Cash at Bank		428	1,048,597

## Notes to the Accounts

for the Year Ended 30th June 2020

### 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

		2020	2019
		\$	\$
Cash at Bank		428	427
Term Deposits		-	1,048,170
		<b>428</b>	<b>1,048,597</b>

### Note 4 – Other Current Assets

		2020	2019
		\$	\$
Accrued Income		-	10,998
		<b>-</b>	<b>10,998</b>

## 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 2020 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



Mr David Knowles – Deputy Chairman

Dated this 30th Day of September 2020

## Independent Audit Report to the members of Health Education Australia Limited – Educational Purposes 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 Purposes Fund (the Trust), which comprises the statement of financial position as at 30 June 2020, 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 Purposes 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 2020 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 2020, 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*

ACCRU MELBOURNE (AUDIT) PTY LTD

30 September 2020

*Cameron J Flynn*

C J FLYNN  
Director

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