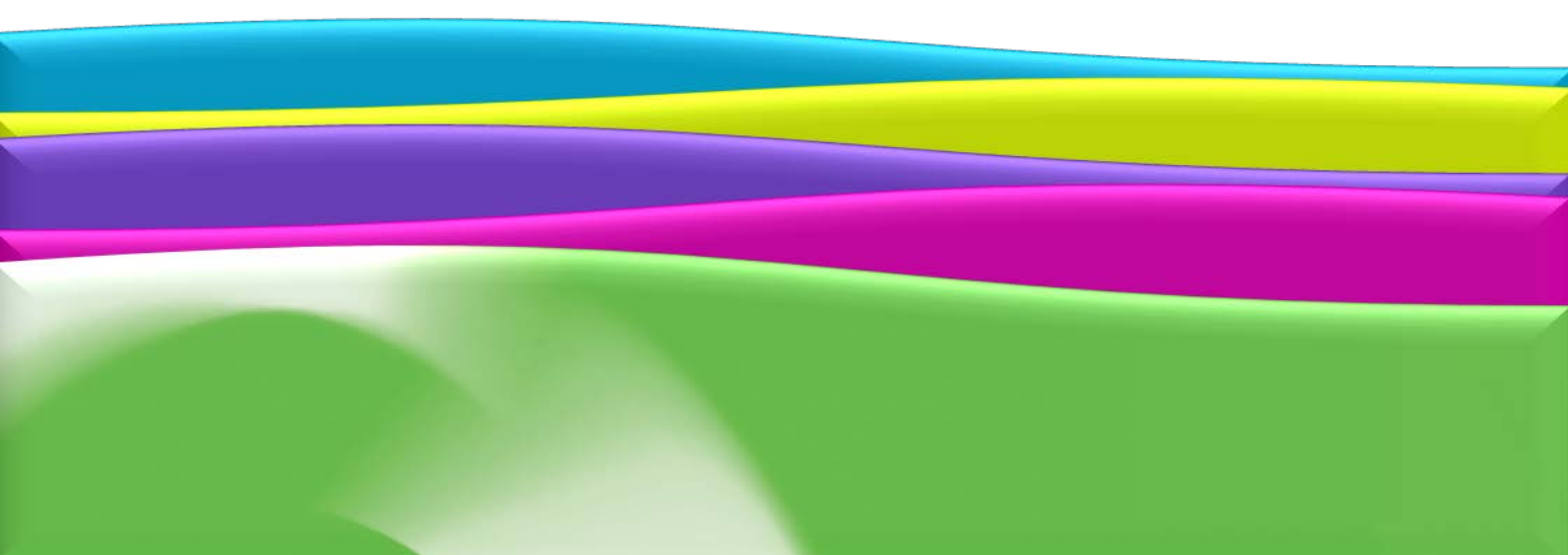




# Annual Report 2015/16

Health Education Australia Limited





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# About HEAL

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

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

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

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

# Chairman's Report



Brent James in Salt Lake City likes to remind us that we live in an era that enjoys the best healthcare the world has ever seen. Our health workforce is capable of providing extraordinary care and frequently does so, rescuing us from illnesses that previously led to an untimely death. The uncertainty of cause of disease and requisite blind faith in the limited capability of our healers that our grandparents and even our parents endured, has been supplanted by ever more powerful tools of diagnosis and evidence-based medicine. Despite this new-found potential for cure however, our healthcare system still often finds itself inadequate in the face of increasingly complex patients with multiple medical problems often compounded by psycho-social distress or disadvantage. In these situations it is often left to patients and their families to navigate a complex web of systems and services to find the best route to relief of suffering.

It is at these critical junctures of care that the success of our education of healthcare workers is put to the test. How do we ensure that the treatment path provided is most appropriate for this particular patient and how do we modify this path over time to ensure it remains relevant to our patients' needs? HEAL's education of healthcare workers must not only be well informed, it must deliver flexible and adaptive health professionals that can rapidly identify changing needs in a changing society and empower patients to contribute to their own solutions. I'm delighted to see that HEAL has been meeting some of these challenges through the recent development of a simulated patient program to provide flexible and responsive scenarios to be used in training, by paying attention to principles of addressing issues of domestic violence and by providing a societal context in our readiness-for-practice programs.

HEAL has much to do to determine how we can best make our contribution in the future. We are well placed to do so with a capable Board of Directors, the experienced executive leadership of CEO Beverley Sutton, her wonderful staff of 'HEALers' and a sound financial position. Over the next year HEAL will be devoting considerable attention to new programs to expand our influence and effectiveness in a crowded healthcare environment. A pending strategic planning session, board review and renewal are all part of our busy board agenda.

I am particularly indebted to my voluntary co-directors for an excellent year, especially John Tiller and Rob Sadler who have led, respectively, the Finance & Risk Committee and the Business Development Committee and would like to thank Natalie McDonald and Peter Brooks who have recently left the board for their services so generously provided.

A handwritten signature in black ink, appearing to read 'Harvey Newnham'. The signature is fluid and cursive, written over a white background.

Associate Professor Harvey Newnham  
Chairman

# Chief Executive Officer's Report

*"Greatness is not a function of circumstance. Greatness, it turns out, is largely a matter of conscious choice and discipline."* – Jim Collins.

Strategic direction is complex and HEAL is fortunate to have a Board of Directors who are cognisant of the need to provide good corporate governance, continuous improvement in how we do things as well as have the courage to challenge our vision and purpose. Change is the one true constant in business and this has been a year of building for all at HEAL. Next year will be even more so.

As Australia continues to achieve a sustainable medical practitioner workforce, opportunities of employment for International Medical Graduates (IMGs) have diminished. Over the last few years this has had a significant impact on our core business of assisting IMGs to prepare for Australian Medical Council (AMC) exams. As a consequence, we have continued to improve our existing courses but also sought to provide new courses that will assist health professionals to provide quality patient care, such as an Occupational English Test (OET) course and our new Junior Doctor Program (to be launched in 2017). Our Simulated Patient Program has strengthened its place in the market and we are delighted to have a growing client list.

One of our very successful and satisfying courses was a program to educate General Practitioners in the management of women's health and family violence. Entitled 'Women's Health; From Cradle to Grave', HEAL partnered with relevant organisations, The University of Melbourne and Rosie Batty to provide an online module and a full day workshop that incorporated scenarios for GPs to practice their skills with simulated patients.

For HEAL, identifying new directions is not new. For nearly 100 years HEAL (formerly VMPF) has navigated its way from being a provider of postgraduate medical education throughout Victoria to being a national organisation that provides education for multidisciplinary healthcare professionals. The process of making these changes, adapting and developing is the relatively easy part, it's determining the most appropriate pathway that's the ultimate challenge.

To this end, the HEAL Board has adopted a more formal approach to strategic planning to determine the way forward and the Board's Business Development Committee (BDC), chaired by Dr Rob Sadler, is now focusing on new programs, how they fit within the business portfolio and to ensure alignment with overall business objectives.

And so to close as I started, with a quote from Jim Collins, an authority on sustainability and growth, "If you have the wrong people, it doesn't matter if you discover the right direction; you still won't have a great company. Great vision without great people is irrelevant." I am extremely fortunate that our achievements this year were made possible because of the tireless effort of the HEAL Executive and staff, who we affectionately call the 'HEALers', without their drive and passion, we would not have achieved what we did. I would also like to say a special thanks to all our tutors and simulated patients whose desire to provide the best educational encounters are evidenced by consistently positive student and client evaluations.

For me, it is a privilege to work with all of our staff and to be supported and guided by such a committed Board of Directors under the leadership of Associate Professor Harvey Newnham (Chair) and Professor John Tiller (Deputy Chair and Chair, Finance and Risk Committee). A great team of people who are passionate about what they do.



Beverley Sutton  
Chief Executive Officer



# Directors' Report

The HEAL Board of Directors are pleased to announce a small net operating surplus of \$5,857. This year has been a year of program development and consolidation. We have invested in new programs like the Occupational English Test (OET) course that is now established having run five successful courses. Our Junior Doctor Program is due to launch in 2017. We have also enhanced core programs like our International Graduate Program with course additions and online components. A disciplined approach has ensured that we continue to align our programs to our vision, mission and core values.

## 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

The HEAL Board has continued to be advised by its two board committees; the Finance and Risk Committee, chaired by Ms Natalie McDonald (to November 2015) and Professor John Tiller (from November 2015), that manages HEAL's finances and investment portfolio, and the Business Development Committee that advises on business strategy, chaired by Dr Robert Sadler.

This year the Board said goodbye to Ms McDonald and Professor Peter Brooks. Ms McDonald, in her role as Chair of the Finance and Risk Committee, was central to implementing HEAL's new investment strategy. Professor Brooks made a valuable contribution to the Board and as a member of the Business Development Committee. We would like to thank Ms McDonald and Professor Brooks for their contribution to the Board and wish them every success.



## Principal Activities – Our Programs

At HEAL, we provide a range of programs for students, professionals and healthcare organisations. Some of these are aimed at helping international graduates secure a job in the Australian healthcare industry. Others – like our simulated patient program – are intended to assist in the delivery of quality health education across all health professions.

### International Graduate Program

For 35 years, HEAL has been helping healthcare professionals to prepare for their exams and for their health practitioner registration. 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 which assist IMGs to prepare for their exams and, for international health professionals generally, to prepare for the Occupational English Test (OET). The OET is one of the accepted English tests necessary in the registration process for all international health professionals.



### Simulated Patient (SP) Program

Simulated patients (SPs) play an important role in healthcare education, helping students to hone their diagnostic and communications skills. The HEAL SP program has two related streams:

- Providing consistent training to SPs
- Hiring trained SPs to health education programs

### Other Programs

HEAL values strategic alliances and collaborations with many universities and educational organisations nationally. HEAL is committed to ongoing innovation, research and development in response to the specific needs of students, health professionals and establishments around Australia. This often takes the form of customised programs or workshops, both in metropolitan locations and regional areas.

## Short Term Objectives

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

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

## Long Term Objectives

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

## Strategy for Achieving Objectives

In order to achieve these objectives, the organisation will:

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

## Performance Measures

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

- Course registrations
- Course feedback and evaluations

## Directors' Benefits

No director has received or become entitled to receive, during or since the financial year, a benefit because of a contract made by the organisation, controlled entity or a related body corporate with a director, a firm of which a director is a member, or an entity in which a director has a substantial financial interest. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the organisation's accounts, or the fixed salary of an employee of the organisation, controlled entity or related body corporate.

## Meetings of Directors

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

<b>Directors</b>	<b>Number eligible to attend</b>	<b>Number attended</b>
Harvey Harrison NEWNHAM (Chair)	6	6
John Walter Gell TILLER (Deputy Chair)	6	5
Margaret BEARMAN	6	5
Peter Michael BROOKS (Resigned 29 June 2016)	6	3
Natalie McDONALD (Resigned 26 November 2015)	2	2
Robert Francis Westland MOULDS	6	5
Hung The NGUYEN	6	4
Robert SADLER	6	6

## Auditor's Independence Declaration

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

## Member's Guarantee

The organisation is a company limited by guarantee under the Corporations Act 2001. If the organisation is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the organisation. At 30 June 2016, the number of members was six.

Signed this 12<sup>th</sup> day of August 2016 in accordance with a resolution of the Board of Directors.



Associate Professor Harvey Newnham – Chairman



Professor John Tiller – Deputy Chairman

# 2015/16 HEAL Highlights

## Governance

- Provided first sponsorship through the HEAL Foundation
- Appointed JBWere to manage HEAL Investment Portfolio
- Conducted HEAL Board strategic planning session

## International Graduate Program

- Development and introduction of a four week OET course
- First clinical trial exam held at the Royal Brisbane and Women's Hospital, Brisbane, Queensland
- Ran two intensive clinical courses and two clinical trial exams at the Sir Charles Gairdner Hospital, Perth, Western Australia
- Progressed development of MCQ Online Bridging Course

## Simulated Patient Program

- Continued to build client base
- Improved quality assurance process
- Developed new assessment tool for assessing SPs – SP-Assess
- Presented program at relevant conferences

## Junior Doctor Program

- Established the Junior Doctor Program to be formally launched in 2017
- Ran first program for junior doctors – Surgical Interview online module and workshop

## Organisation – General

- Release of GP Workshop – 'Women's Health: A practical workshop from cradle to grave' that reflects the whole of life approach in the management of women and girls facing social and medical challenges
- Updated IT systems to support online educational program functionality
- Implemented new Articulate Storyline 2 software on Moodle learning management system platform

# International Graduate Program

For 35 years, HEAL has been helping healthcare professionals to prepare for their exams and for their health practitioner registration. International Medical Graduates (IMGs) who seek to work as medical practitioners in Australia may need to sit the Australian Medical Council's (AMC) MCQ and Clinical Examinations. HEAL offers a range of courses which assist IMGs to prepare for their exams and for international health professionals, in general, to prepare for their Occupational English Test (OET). The OET is one of the accepted English tests necessary in the registration process for all international health professionals.

## International Medical Graduate (IMG) Courses

In the 2015/16 financial year, new program highlights included:

- Introduction of a four week Occupational English Test (OET) preparation course
- First trial exam held at the Royal Brisbane and Women's Hospital, Brisbane, Queensland
- First clinical intensive courses held in Perth, Western Australia.
- First clinical trial exams held at the Sir Charles Gairdner Hospital, Perth, Western Australia

### *Bridging Courses*

During 2015/16 HEAL ran bridging courses in Melbourne, Sydney and Perth. Melbourne and Sydney remain our busier locations. During this period, IMGs had the opportunity to attend MCQ and Clinical Bridging Courses.

#### *MCQ Bridging Course*

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

In 2015/16, HEAL conducted seven MCQ Bridging Courses, four in Melbourne and three in Sydney.

#### *Clinical Bridging Courses*

HEAL offers a variety of clinical bridging courses that are inclusive of clinical visits for all students undertaking courses in Melbourne and Sydney. HEAL is very fortunate to continue solid alliances with healthcare providers to enhance the IMG experience.

In Melbourne, IMGs visit Austin Hospital under the tutorage of Associate Professor Bernard Sweet. This provides students with a fantastic opportunity to be taught consultation skills from an expert in the field and to attend ward visits. Alternatively, students are able to visit the Emergency Department at Monash Medical Centre, Clayton, to experience the day to day work in one of Australia's busiest emergency settings.

In Sydney, students attend the Palliative Care and Rehabilitation Service at the Sacred Heart Health Service, Darlinghurst. This health service comes under the auspices of St Vincent's Hospital, Sydney. The students also attend the outpatient clinics at Westmead Hospital. Alternatively, students can visit the Emergency Departments at Blacktown and Mt Druitt Hospitals. Again, these opportunities are invaluable for IMGs to observe Australian clinical practice.

We remain grateful for the generous assistance these healthcare services provide to HEAL and our students.

## Clinical Intensive Bridging Courses

In 2015/16, HEAL conducted the following nine week Clinical Intensive Bridging Courses:

- Melbourne – 3 courses
- Sydney – 3 courses
- Perth – 2 courses

## Clinical FEE-HELP Bridging Courses

In 2015/16, HEAL conducted the following nine week Clinical FEE-HELP Bridging Courses:

- Melbourne – 4 courses
- Sydney – 4 courses

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

## Six Day Clinical Preparation Course

In 2015/16, HEAL conducted the following six day Clinical Preparation Courses:

- Melbourne – 2 courses
- Sydney – 3 courses

## Trial Exams

During 2015/16, HEAL ran trial exams to prepare IMGs for the AMC MCQ and Clinical Examinations. There were 12 MCQ trial exams across Melbourne and Sydney and 31 clinical trial exams across Brisbane, Melbourne, Perth and Sydney.

The format of the MCQ trial exam requires students to answer 150 multiple choice questions in a timed exam environment. Following an MCQ trial exam, a review session facilitated by a tutor is offered to all students to provide feedback and clarity on the questions.

MCQ trial exams were conducted in computer laboratories as follows:

- Melbourne - 7 exams
- Sydney - 13 exams

Clinical trial exams were conducted at the following locations:

- 1 exam – Royal Brisbane and Women’s Hospital (Brisbane)
- 13 exams – Royal Women’s Hospital (Melbourne)
- 4 exams – Sir Charles Gairdner Hospital (Perth)
- 13 exams – Westmead Hospital (Sydney)

The trial exams provide candidates with the opportunity to test their skills under exam conditions. The clinical trial exam replicates, as closely as possible, the format of the AMC Clinical Examination. Additionally it provides necessary individual feedback in all 16 clinical stations as well as a summary of all stations by the trial exam overseer.

## HEAL Bridging Course Tutors

HEAL is regularly approached by doctors who have passed their AMC exam(s) and/or are working in the Australian health system, to work with HEAL as tutors. As many of our tutors secured work during the 2015/16 year, we ran a number of tutor workshops in Melbourne, Perth and Sydney for new applicants.

Attendance at a tutor workshop is free. Potential tutors are taught:

- the latest educational principles
- how to plan effective learning and teaching sessions
- how to plan scenario-based teaching (for clinical course tutors)
- how to provide effective feedback

Each workshop participant presents a short presentation on a medical topic which allows them the opportunity to put into practice what they have been taught. Participants also witness other teaching presentations during the day and have the opportunity to offer feedback. Participants commonly express the value of this experience to identify their strengths and weaknesses.

HEAL selects tutors based on their teaching abilities, the structure and interactivity that they demonstrate in the workshop.

## **Occupational English Test (OET) Preparation Course**

HEAL introduced an OET preparation course in August 2015, taught by our English language teacher, Mr Paul Conroy. Paul teaches language and communication skills to students of our FEE-HELP Clinical Bridging Courses in Melbourne and has more than 25 years' experience in this area.

The course was structured to run one day per week across four weeks. Since the introduction of the course less than one year ago, we have run many OET courses with health professionals from backgrounds in nursing, dentistry, radiography and medicine.

The course covers all four sub-tests assessed in the OET: Listening, Reading, Writing and Speaking. The course aims to teach strategies to help students maximise their opportunity for success in the test by:

- teaching techniques to be 'exam-ready'
- teaching appropriate formality and vocabulary
- teaching time management strategies to ensure the test is completed
- teaching methods for comprehending accents

Additional to contact hours, an online OET module was developed that allows students to complete practical work at home.



***A recent student, Dr Puay Teng Koh (Radiographer) undertook the HEAL OET Preparation Course and achieved success in her OET test. Here is her story.***

*“Before I went to Paul, I lacked confidence taking the OET, as I did not score well in my IELTS. Therefore I was looking for an experienced language coaching centre for my OET preparation course. I had made some comparisons, in terms of price, experience, testimonials and even the location of the centres. Finally I chose HEAL. I am truly satisfied with my decision because I scored all Bs for my first OET so that I can proceed with my registration. Paul is a very kind teacher and he has very good experience in OET coaching. He gave us so much guidance and advice to pass all four sessions, especially in reading and writing which had bothered me the most. He has so much patience and provides endless encouragement. I could not recommend him and thank him enough for what he has done. In addition, the online learning resources are pretty useful for the preparation as well. If you are looking for an OET preparation course, look no further, I would highly recommend HEAL to you.”*

***Dr Puay Teng Koh***  
*OET Course – Melbourne*  
*June 2016*

## MCQ Online Bridging Course

The HEAL MCQ Online Bridging Course has been in development for over a year. The course was designed to be multimodal and interactive. Development of the course was governed by a Reference Group which included junior and senior doctors (including IMGs), educationalists and system developers. As far as we know, there is no similar course nationally or internationally that offers IMGs the opportunity to prepare for a medical registration exam in their own time and location.

The initial 10 week course, to be released in September 2016, will include medicine and surgery in an 'Adult Health Unit'. Within this unit, modules are arranged to match the AMC exam topics and specific resources and learning activities will be made available to participants as they progress through the course. Resources include topic modules, mini lectures, expert lectures, activities, tips and tricks that focus on important knowledge to be successful in passing the MCQ examination and also to practise as a safe doctor in Australia.

Speciality units; Obstetrics and Gynaecology, Paediatrics, Population Health and Psychiatry are also under development for release in 2017.

## A HEAL Experience

### Dr Miguel Dajao (FEE-HELP Clinical Bridging Course student February 2016)

*"I am pleased to share my experience about the HEAL FEE-HELP Clinical Bridging Course. The AMC Clinical Examination is not an easy feat to achieve. It takes time, persistence and a ton of determination to go through the process.*



*During the course I met new acquaintances and wonderful people whom I could share and enjoy the experience with. HEAL devised a program schedule that would allow sufficient time for fundamental lectures, face-to-face sessions, as well as self-study. We also had weekly rotations (clinical lectures/role playing) under experienced Australian consultants at Austin Health and Monash Health, which were instrumental in gaining confidence and in building the correct patient approach. In addition, the Trial Examination included in the course primed me mentally and emotionally for the actual exam. Indeed, it helped me control my nerves and anxiety. Moreover, a good study partner was very essential and necessary.*

*Personally, I had a unique experience with my exam as it was not just about the medical knowledge. It was also partly about establishing patient rapport and imparting patient satisfaction after each consultation. Hence, communication classes with Paul were very vital for me to be able to grasp the correct patient approach.*

*After the course, I went through a number of personal life-changing events that, in a way, triggered a chain of interruptions in my preparations for the exam. Nevertheless, the course and its program helped me recover. I was able to pursue self-study and I eventually passed my examination.*

*I'd like thank my study partner, Fatma for the quality and fun study moments that we had. I'd like to extend my gratitude to HEAL, particularly Elizabeth, Paul and Mark, and every mentor in the organisation, for making my stay worthwhile."*

**Dr Miguel Dajao**



## A HEAL Experience

**Dr Marina Borisenko (FEE-HELP Clinical Bridging Course student August–December 2011 and now HEAL Tutor and Clinical Trial Exam Overseer)**

*“I am an overseas trained doctor from Russia. I've been living in Australia for the past 10 years and recently started working as a General Practitioner (GP).*

*It was a long journey for me before I became a doctor in Australia.*

*At first I started working as a carer in a hospice for children with life-threatening diseases while I was preparing for my first AMC MCQ Examination. I didn't know about the VMPF (now HEAL) courses and it took me a few years to prepare for the exam.*

*Once I passed my AMC MCQ Examination, I started preparing for the AMC Clinical Examination and I was lucky enough to get a placement on a VMPF course. Not only was I a student but I was also a group representative on one of the VMPF FEE-HELP Clinical Bridging Courses a few years ago. I also tried to stay as close to medicine as possible and spent a few years working in a GP practice – still not as a doctor though.*

*The FEE-HELP course gave me enormous support in preparations for my clinical exam. As soon I passed the AMC Clinical Examination I started working at HEAL as a tutor trying to help others. I would fly to Melbourne from Sydney to deliver my MCQ tutorials as at that time the courses were only held in Melbourne and I lived in Sydney.*

*Due to growing demands, HEAL was able to open courses in Sydney and I was one of the tutors there as well.*

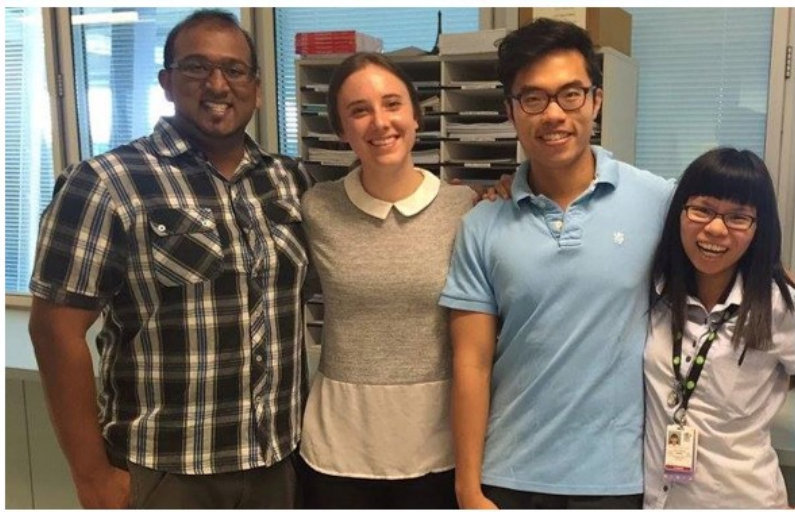
*As you can see I was not working as a doctor but I had four observerships in three different states trying to get a job and exposure to the Australian hospital system. I got my first job as a doctor after my 4th observership at Austin Health. I had been working at Austin Health for about two years before moving to the GP pathway a few months ago as I always wanted to be a GP.*

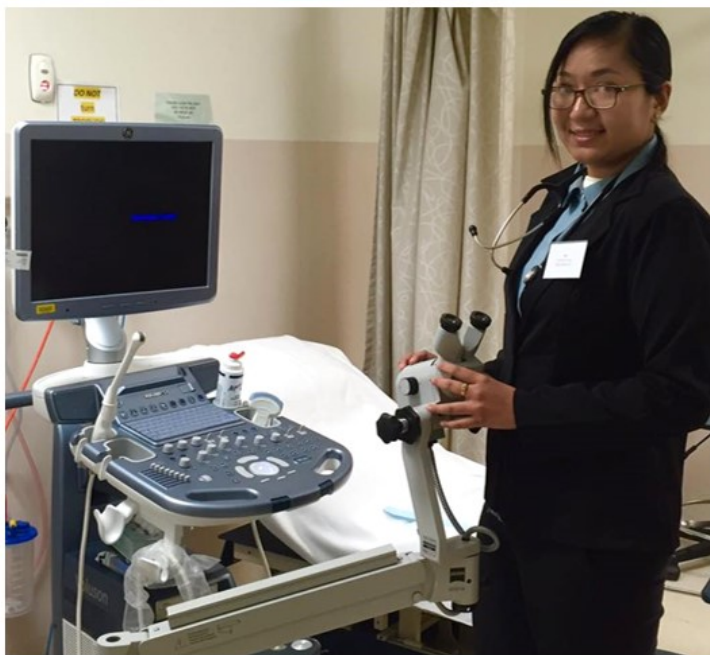
*I still work as a tutor as I love it a lot and it helps me to keep my medical knowledge up to date.*

*I want to say a big **THANK YOU HEAL** for the help and support to so many IMGs – including myself!”*

**Dr Marina Borisenko**







# Simulated Patient Program

HEAL's Simulated Patient (SP) Program has been active for more than two years. Interest in the program is steadily growing allowing us to increase our database of trained simulated patients (SPs) to meet the demand of our clients.

## Training Courses

HEAL continues to invest in regular training workshops for SPs. Throughout 2015/16, workshops were conducted in Melbourne and Sydney, mainly to increase our own database of trained SPs but occasionally we will run a workshop for a client who wants to be self-sufficient in having their own cohort of trained SPs. The benefit for HEAL is that we can also utilise these alternative SP cohorts for work we might secure in the nearby regions.



Sydney SP Training Workshop September 2015

## Hiring of SPs

In 2015/16, most of our bookings took place in central Melbourne and the outer regions of Melbourne and Sydney. Consolidation of the Victorian and New South Wales markets remains an important priority for the program, however we welcome the opportunity to work with new clients in all areas.

Our clients included a number of hospitals, universities, medical colleges and primary health networks.

## Feedback from Clients

*"Thanks again for helping to provide us with another great set of SPs for our OSCE. As most of them had worked with us before, it gave us confidence that they were familiar with how the exam would run and what we were expecting of them.*

*They were respectful and worked hard. The Examiners praised their portrayals and were appreciative that they also received feedback well and were happy to adjust their performance accordingly to suit the situation. They were aware of the importance of consistency and accuracy across their groups and were generally a lovely group to have around during what was a very long and tiring exam!*

*It was a pleasure to work with them all again."*

*Australasian College for Emergency Medicine (ACEM)  
May 2016*



*"We found all three of the SPs to be fantastic and able to give really good constructive feedback to the students. Even the shy students were comfortable with them. Feedback from students was very positive and we saw a lot of improvement in them. Having people with backgrounds in teaching communication skills and the like was invaluable in terms of feedback. They all knew and portrayed the cases well and realistically and were a pleasure to have around. Overall, it was a very worthwhile experience for us and I will feed this back to our Deputy Dean who approved it."*

*Victoria University, St Albans  
October 2015*

SP encounters included medical exams, health professional development and training, and emergency services simulation training.

SPs are increasingly seen as important in developing students' understanding and awareness of others. SPs are appointed to play a role but it is essential that the student has the opportunity to interact with the SP so that it mimics a hi-fidelity environment. The SP may have a dual role as they are often invited to provide important feedback to the student about the interaction they have undertaken. This assists them to identify any areas for change and improvement.

Many clients are utilising our SPs multiple times per year and often at numbers upwards of 30 SPs per job.



## **Feedback from an SP**

*I really enjoy working with HEAL because the administration team is well organised. The other SP actors I work with are also really nice people. I enjoy being an SP because I enjoy being an actor and I am interested in the medical field - so this job really suits me. In 2015, I have played many roles – cardiac/respiratory roles, psychology roles, and general communication roles.*

*A really good tip for other SPs would be to research the role on the internet – find out what the 'problem' is and how a patient with that issue would behave and what he/she may be feeling. Also, never "overdo" a role. Just be yourself and you'll be fine!*

*Kenny Cheng, HEAL SP  
May 2016*

## **Continuing Development – Quality Assurance**

To ensure that SPs are able to provide the best role portrayal and feedback for our clients' educational encounters, we have revisited our assessment tool that is incorporated in to the training program. From the commencement of SPs being trained by HEAL, we assessed them at a level that was suitable for the majority of our clients. During 2015/16 it became obvious that the tool was not distinguishing between this level of SP and those who needed to be hired for high end work and complex scenarios.

The development of the new assessment tool, SP-Assess, led to a 25-item questionnaire to evaluate the performance of SP ability to role-play and provide feedback. Statistical analysis of the tool indicated that SP-Assess is a reliable and valuable tool to assess the effectiveness of SPs in healthcare education. The tool also allows for variation in experience of both SPs and assessors by applying the tool in a range of scenarios, from simple to complex.

This was a significant study given the prevalence of SP use in healthcare education institutions and other settings, as there are only 3 assessment tools in the literature. The HEAL SP Assessment Tool (SP-Assess) is therefore an important evaluation tool for assessing SP effectiveness (both performance and feedback) where both SP and assessor experience may vary, and patient scenarios may range from simple to complex. The study will be documented for publication.

## SimHealth

Since the commencement of the HEAL SP Program in 2013, HEAL has attended the SimHealth Conference each year around Australia. In 2015 in Adelaide, it continued its focus as a forum for simulation in Australasia that brings together international and local experts in simulation education, research, development and quality improvement. The conference gives HEAL an opportunity to showcase the SP Program.

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



*SimHealth Conference, Adelaide, 17–21 August 2015*

# Junior Doctor Program

Healthcare workforce providers around the world realise the benefits and the importance of good professional development for medical practitioners. It is widely acknowledged that junior medical staff must develop their professional and behavioural skills to perform in a professional context and to maximise patient care.

Despite this realisation, there remain postgraduate, largely prevocational, education gaps and lack of opportunity for medical practitioners to further enhance their basic skills and to engage with more advanced skills they require as registrars and clinicians. At HEAL we recognised that junior doctors would benefit from exposure to such courses.

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

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

As modules are completed and quality assured they will be available at various stages throughout the remainder of 2016. It is anticipated that the HEAL Junior Doctor Program will be officially launched at the commencement of 2017.

## **Online Modules**

We currently have five online modules in various stages of development and completion:

1. Interview Skills: interview research and preparation, critical analysis of strengths and weaknesses and developing interview strategy
2. Bullying, Discrimination and Sexual Harassment (BDSH): developing strategies for when junior doctors experience or identify BDSH in the workplace and how to maintain a non-judgmental approach to patient care
3. Feedback: seeking feedback on performance, working with feedback junior doctors receive and providing feedback
4. Education: planning and structuring teaching, clinical teaching and supervision and lifelong learning and assessment
5. Leadership: identifying leadership potential, developing leadership skills and advanced leadership

Modules reside on HEAL Online (HEAL's learning management system) and are built in Articulate Storyline 2 which allows creative and interactive content to engage the participant.

All modules will be submitted for accreditation by RACS JDOC program and the Royal Australian College of General Practitioners (RACGP).

## **Blended Learning Opportunities**

### **Surgical Interview Skills Workshop**

HEAL provided an opportunity for junior doctors to attend an interactive surgical interview workshop led by Associate Professor Bruce Waxman. The aim of the workshop was to assist junior doctors to:

- Understand the requirements of College interviews
- Hone competency knowledge
- Refine interview techniques

The program followed the core competencies from the College vocational training programs and provided nine interview stations. Four surgeons formed two interview panels and each provided valuable interview performance feedback to participants. With this model, participants also had the opportunity to be directly involved in the interview stations and offer feedback to, and receive feedback from, their peers as well as the consultants. An online interview module accompanied the workshop which participants completed before attending the workshop.





# Other Programs

## NAB Grant

In 2014, HEAL was successful in applying for a grant from the National Australia Bank (NAB) to educate General Practitioners (GPs) to develop their knowledge and skills in the management of girls and women facing social and medical challenges. The program will be delivered as a blended learning opportunity with a one-day workshop (face-to-face) and a pre-reading module on HEAL Online. The program entitled 'Women's Health: A practical workshop from cradle to grave' reflects the whole of life approach it takes. The program incorporates information for GPs from our partners:

- Alzheimer's Victoria
- BreastScreen Victoria
- Cancer Council Victoria
- Genetic Support Network of Victoria
- safe steps Family Violence Response Centre

The program incorporates a significant family violence component that drew on the expertise of Professor Kelsey Hegarty, an expert in family violence at The University of Melbourne. Additionally, we will be forever indebted to Ms Rosie Batty from the Luke Batty Foundation for insight, support and endorsement of the program.



The first workshop will run in Bendigo on Saturday 30 July, 2016 and will be facilitated by Dr Penny Gaskell and Dr Ron Schweitzer – both GPs with expertise in all content areas. The program is accredited by The Royal Australian College of General Practitioners (RACGP) QI&CPD Program and the Australian College of Rural and Remote Medicine (ACRRM) for professional development points.

The first program will be evaluated and two further programs will be conducted in the second half of 2016.

## General Practice Grants

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

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

- 2014 Westcare Medical Centre, Melton West.  
Project: Westcare's Tailored Chronic Disease Management Workshop
- 2015 Brooke Street Medical Centre, Woodend.  
Project: Persistent pain management in general practice: a multi-disciplinary approach
- 2016 Mostyn Street Medical Clinic, Castlemaine.  
Project: Improving chronic disease self-management in central Victoria: A weight management program

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

## Secretariat

### *Australasian Society for Bipolar & Depressive Disorders Ltd (ASBDD)*

HEAL has been pleased to provide secretariat services for ASBDD since its incorporation in 2005.

In 2014, HEAL was chosen to be the conference organiser for the ASBDD's seventh biennial conference that was held in Sydney from 6 to 8 November 2015. The ASBDD Executive has thanked HEAL for a well-managed and successful conference that was attended by psychiatrists, researchers, pharmacologists, psychologists, social workers, psychiatric nurses, students, trainees, interested lay groups and individuals.

ASBDD is now planning the 2017 conference in Melbourne and HEAL has been assisting with the organising committee meetings and choice of venue.

# HEAL Foundation

The HEAL Foundation (the Foundation) is now well established to provide a vehicle to channel charitable activities and to formally endorse a culture of fostering programs that support healthcare education. The work undertaken by the Foundation aligns with the HEAL Vision and Purpose and with the Foundation's Scope of Activity and Terms of Reference.

This year we formalised the sponsorship process and highlighted the program on our website. The 2015 sponsorship recipients were:

1. Friends4Fiji, and
2. Global Ideas

## Friends4Fiji

Founded in 2009, the Friends4Fiji initiative is a grassroots international partnership between the medical students of Monash University in Melbourne and the rural Umanand Prasad School of Medicine (UPSM) in Fiji. The partnership aims to enhance medical education and health outcomes in Fiji and Australia by facilitating donations of learning and medical equipment, organising shared learning opportunities abroad and encouraging clinical engagement with the pressing health concerns of the Pacific region.

Friends4Fiji has donated much needed medical equipment, textbooks, anatomical models and stethoscopes. The items donated are based on requests from UPSM students and fulfil an important practical role in educating future doctors.

Since 2010, opportunities to build relations between the two countries have been forged; Australian Friends4Fiji members voluntarily attend conferences held in Fiji, run by the Sai religious organisation, whereby the Australian contingent accompany their UPSM colleagues, a doctor-led camp, to provide poor rural Fijian communities with medical care. Conversely, for the past 3 years, Friends4Fiji has successfully sponsored two students from UPSM to visit Melbourne on a study tour. UPSM students attend lectures and experience typical clinical placements with their Australian colleagues in Melbourne hospitals.



*Friends4Fiji UPSM recipients of HEAL sponsored items*

In 2015, Friends4Fiji launched a series of online modules teaching 'critical appraisal' skills, developed in conjunction with the Head of Evidence Based Clinical Practice teaching at Monash University. Modules are delivered via Facebook to students in both Fiji and Monash University to encourage discussion and collaboration between the student groups. There is also a repository of student-written medical notes available to the Fijian students. Additionally in 2015, Friends4Fiji held their inaugural Pacific Health Education Night at which Professor Robert Moulds, HEAL Medical Advisor, was a guest speaker.

HEAL recognises the importance of this work and provided Friends4Fiji with funding to purchase the following items:

- Anatomy models
- Simulation models
- Littmann stethoscopes
- CHIP computers
- UpToDate access (evidence-based clinical decision support resource)
- Research Training Modules
- Health Promotion materials

## Global Ideas

Global Ideas is an organisation that believes each one of us has a part to play in taking action for better health for all and therefore has created an interdisciplinary community of global health innovators.

By reaching out to globally minded citizens, both within and beyond health, to include entrepreneurs, engineers, designers and anyone with a passion for better health for all; they think differently about creating the change that communities in our region desire.

Global Ideas is based on beliefs that:

- Everyone regardless of their skills or experience can take action for healthier lives
- Adaptive solutions are required to address health problems in our changing world
- A collaborative approach to problem solving produces more innovative solutions

To achieve their goals, they have adopted a design thinking approach to think more creatively about how responses are developed to global health challenges. The strength of the design thinking approach is not the ideas themselves, but the capacity to create prototype solutions to test assumptions, and where a solution shows promise, to iterate, evolve and scale. Adopting design thinking is a way to step back and develop the capacity to creatively solve global health challenges by mastering the process of problem solving that bridges ideas to action through diverse collaboration. In this way, Global Ideas helps communities in our region make practical improvements to their own health.

HEAL proudly sponsored the following projects for Global Ideas:

1. to develop an impact model/evaluation tool to enable Global Ideas to articulate the impact and effectiveness of its activities
2. a workshop session at the Global Ideas Forum held in Melbourne in October 2015

# Directors, Staff and Memberships

## Directors

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

Chair:	Associate Professor Harvey <b>NEWNHAM</b> MBBS, FRACP, PhD
Deputy Chair:	Professor Emeritus John <b>TILLER</b> MD, MB ChB, BSc, DPM, FRACP, FRANZCP, GAICD
Members:	Associate Professor Margaret <b>BEARMAN</b> PhD, Cert.Perf.Arts, BSci, BComp (Hons)
	Professor Peter <b>BROOKS</b> (Resigned June 2016) MBBS, MD, FRACP, FAFRM, FAFPHM, MD, FRP
	Ms Natalie <b>McDONALD</b> (Resigned November 2015) MBA, B Com, CPA
	Professor Robert <b>MOULDS</b> 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:	Ms Beverley <b>SUTTON</b> MBA, GCHPE, GCCS, DipCompProg, RN, RM

## Finance & Risk Committee

Chair:	Ms Natalie <b>McDONALD</b> (to November 2015)
Deputy & Acting Chair:	Professor Emeritus John <b>TILLER</b>
Members:	Ms Les-Lea <b>GUY</b> Dr Hung The <b>NGUYEN</b> Ms Beverley <b>SUTTON</b>

## Business Development Committee

Chair:	Dr Robert <b>SADLER</b>
Members:	Professor Peter <b>BROOKS</b> (to June 2016) Ms Rachel <b>RIORDAN</b> Ms Beverley <b>SUTTON</b>

## HEAL Staff

### Executive Staff

#### Chief Executive Officer

Ms Beverley Sutton

#### Director of Education

Ms Rachel Riordan (to December 2015) (part-time from January 2016)

#### Acting Director of Education

Ms Mary Lawson (part-time from July 2015)

#### Manager of Special Projects

Ms Ann Dancer

#### Senior Medical Advisor

Professor Robert Moulds

#### Business Manager

Ms Les-Lea Guy

### Administrative Staff

#### Manager of Programs

Mr Mark Dare

#### Program Coordinators

Ms Rachael Hackett

Mrs Violetta Micevski (from October 2015)

Ms Danielle Miche (from July 2015)

Mrs Lucinda Riordan (to July 2015)

Ms Elizabeth Scholes

Ms Monica Yuill (to October 2015)

#### Manager of Learning Environments

Ms Jillian Morphet (to September 2015)

#### eLearning Developer

Ms Meggan Jenkins (from November 2015)

#### Manager, Simulated Patient Program

Ms Sarah Watson (to August 2015)

## IMG Bridging Course Colleagues

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

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

Dr Daniel Lin (Coordinator – Sydney Intensive Clinical)

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

## Partners

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

## HEAL Memberships

### **Australian Medical Association (Victoria)**

Dr Hung The Nguyen

### **NPS Medicinewise**

### **Postgraduate Medical Council of Victoria**

Ms Beverley Sutton

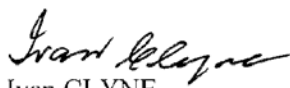
### **Therapeutic Guidelines Limited**

Professor Emeritus John Tiller (Director)

**Auditor's Independence Declaration under S60-40 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 2016 there have been:

- i. no contraventions of the auditor's 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.



Ivan CLYNE  
Chartered Accountant  
12 August 2016



## Statement of Financial Position

at 30th June 2016

	Note	2016 \$	2015 \$
<b>Current Assets</b>			
Cash and cash equivalents	3	3,656,566	2,379,398
Trade and other receivables	4	230,543	13,980
Other Assets	5	8,983	10,117
Inventories	6	9,157	9,980
<b>Total Current Assets</b>		<b>3,905,249</b>	<b>2,413,475</b>
<b>Non-Current Assets</b>			
Property, Plant & Equipment	7	104,489	107,940
Investments	8	1,498,233	-
<b>Total Non-Current Assets</b>		<b>1,602,722</b>	<b>107,940</b>
<b>Total Assets</b>		<b>5,507,971</b>	<b>2,521,415</b>
<b>Current Liabilities</b>			
Trade & Other Payables	9	305,698	287,877
Other Liabilities	10	223,070	354,944
Provisions	11	141,985	143,399
<b>Total Current Liabilities</b>		<b>670,653</b>	<b>786,220</b>
<b>Non-Current Liabilities</b>			
Provisions	11	24,205	26,030
<b>Total Non-Current Liabilities</b>		<b>24,205</b>	<b>26,030</b>
<b>Total Liabilities</b>		<b>694,958</b>	<b>812,250</b>
<b>Net Assets</b>		<b>4,813,013</b>	<b>1,709,165</b>
<b>Equity</b>			
Retained Earnings/(Accumulated Losses)		334,909	337,280
Contributed Equity - VMPPF	12	1,371,885	1,371,885
Contributed Equity - MPF Trust	12	3,106,219	-
<b>Total Equity</b>		<b>4,813,013</b>	<b>1,709,165</b>

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

## Statement of Comprehensive Income

for the Year Ended 30th June 2016

	Note	2016 \$	2015 \$
<b>Income</b>			
Conference & Course Registration		2,144,899	2,223,650
Conference Sponsorship		-	4,200
Simulated Patient Hire		145,304	100,884
Interest Income		53,359	58,502
Grant Income		8,375	213,820
Sale of Publications		5,860	10,133
Other Income		73,810	30,492
<b>Total Income</b>		<b>2,431,607</b>	<b>2,641,681</b>
<b>Expenditure</b>			
Communication Expenses		17,204	21,442
Course Expenses		942,728	973,300
Employment Expenses		1,035,050	1,031,189
Finance & Legal Expenses		91,880	81,683
Grant Expenses		8,375	-
Occupancy Expenses		72,877	62,141
Project Development		160,216	86,268
Sponsorship		22,710	-
Other Administration Expenses		74,710	60,182
<b>Total Expenses</b>		<b>2,425,750</b>	<b>2,316,205</b>
<b>Net Surplus/(Deficit)</b>		<b>5,857</b>	<b>325,476</b>
<b>Add Other Income/(Expenses)</b>			
Loss on Investments		(8,228)	-
Loss on Disposal of Assets		-	(12,695)
<b>Total Comprehensive Income/(Loss) For The Year</b>		<b>(2,371)</b>	<b>312,781</b>

The accompanying notes form an integral part of this statement.

## Statement of Changes in Equity

for the Year Ended 30th June 2016

	Retained Earnings	Contributed Equity	Total
	\$	\$	\$
<b>Balance at 1 July 2013</b>	<b>(183,320)</b>	<b>1,370,813</b>	<b>1,187,493</b>
Surplus/(Deficit) attributable to members	207,819	-	207,819
Contribution of equity - VMPF	-	1,072	1,072
<b>Balance at 30 June 2014</b>	<b>24,499</b>	<b>1,371,885</b>	<b>1,396,384</b>
Surplus/(Deficit) attributable to members	312,781	-	312,781
<b>Balance at 30 June 2015</b>	<b>337,280</b>	<b>1,371,885</b>	<b>1,709,165</b>
Surplus/(Deficit) attributable to members	(2,371)	-	(2,371)
Contribution of equity - MPF Trust	-	3,106,219	3,106,219
<b>Balance 30 June 2016</b>	<b>334,909</b>	<b>4,478,104</b>	<b>4,813,013</b>

The accompanying notes form an integral part of this statement.

## Statement of Cash Flows

for the Year Ended 30th June 2016

	Note	2016 \$	2015 \$
<b>Cash Flows from Operating Activities</b>			
Receipts from course fees, sponsors, etc.		2,278,998	2,857,370
Payments to suppliers and employees		(2,634,225)	(2,559,420)
Interest received		43,985	53,407
<b>Net Cash (used in)/provided by Operating Activities</b>	<b>(a)</b>	<b>(311,242)</b>	<b>351,357</b>
<b>Cash Flows from Investing Activities</b>			
Purchase of property, plant and equipment		(11,347)	(98,837)
Net Cash transferred to Investments		(750,000)	-
<b>Net Cash (used in)/provided by Investing Activities</b>		<b>(761,347)</b>	<b>(98,837)</b>
<b>Cash Flows from Financing Activities</b>			
Net cash transferred from MPF Trust		2,349,757	-
<b>Net Cash (used in)/provided by Financing Activities</b>		<b>2,349,757</b>	<b>-</b>
<b>Net increase/(decrease) in cash held</b>		<b>1,277,168</b>	<b>252,520</b>
<b>Cash at beginning of Financial Year</b>		<b>2,379,398</b>	<b>2,126,878</b>
<b>Cash at end of Financial Year</b>		<b>3,656,566</b>	<b>2,379,398</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

	2016	2015
	\$	\$
<b>Surplus / (Deficit)</b>	<b>(2,371)</b>	<b>312,781</b>
<b>Adjustments:</b>		
Depreciation	14,798	10,195
(Profit)/Loss on Disposal of Assets	-	12,695
Loss on Investments	8,228	-
<b>Change in Assets and Liabilities:</b>		
(Increase)/Decrease in Accounts Receivable	(205,202)	7,035
(Increase)/Decrease in Inventories	823	1,260
(Increase)/Decrease in Other Current Assets	(10,228)	(471)
Increase/(Decrease) in Trade Creditors	22,723	13,934
Increase/(Decrease) in Other Payables	(28,637)	(55,033)
Increase/(Decrease) in Accrued Expenses	23,735	8,618
Increase/(Decrease) in Provisions	(3,238)	26,410
Increase/(Decrease) in Income in Advance	(131,873)	13,933
<b>Total Cash (used in)/provided by Operating Activities</b>	<b>(311,242)</b>	<b>351,357</b>

## Notes to the Financial Statements

for the Year Ended 30th June 2016

### Note 1 – Summary of Significant Accounting Policies

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

### Note 2 – Basis of Preparation

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

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

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

#### Revenue

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

Interest revenue is recognised using the effective interest rate method.

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

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

#### Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

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

#### Unexpended Grant Funds & Course Fees

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

#### Fixed Assets

##### *Property, Plant and Equipment (PPE)*

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

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

### **Cash & Cash Equivalents**

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

### **Stock of Publications**

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

### **Long Service Leave**

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

### **Income Tax**

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

### **Adoption of new and revised accounting standards**

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

### **New accounting standards for application in future periods**

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

### Note 3 – Cash and Cash Equivalents

		2016	2015
		\$	\$
Cash at Bank		2,268,390	1,013,563
Term Deposits		1,388,176	1,365,835
		<b>3,656,566</b>	<b>2,379,398</b>

### Note 4 – Trade and Other Receivables

		2016	2015
		\$	\$
Trade Debtors		215,069	9,867
Sundry Debtors		15,474	4,113
		<b>230,543</b>	<b>13,980</b>

### Note 5 – Other Current Assets

		2016	2015
		\$	\$
Prepaid Expenses		8,983	10,117
		<b>8,983</b>	<b>10,117</b>

### Note 6 – Inventories

		2016	2015
		\$	\$
Stock of Publications		9,157	9,980
		<b>9,157</b>	<b>9,980</b>



## Note 7 – Property, Plant & Equipment

	2016 \$	2015 \$
<b>Leasehold Improvements</b>		
At Cost	40,856	40,856
Accumulated Depreciation	(3,632)	(890)
	<b>37,224</b>	<b>39,966</b>
<b>Office Furniture and Equipment:</b>		
At Cost	62,164	55,662
Accumulated Depreciation	(13,744)	(7,767)
	<b>48,420</b>	<b>47,895</b>
<b>Computer Equipment:</b>		
At Cost	43,886	39,042
Accumulated Depreciation	(25,041)	(18,963)
	<b>18,845</b>	<b>20,079</b>
<b>Total Property, Plant and Equipment</b>	<b>104,489</b>	<b>107,940</b>

### Movements in carrying amounts

	Leasehold Improvements \$	Office Furniture and Equipment \$	Computer Equipment \$	Total \$
<b>Balance at the beginning of 2013</b>	<b>12,342</b>	<b>8,504</b>	<b>8,014</b>	<b>28,860</b>
Additions	-	705	9,340	10,045
Disposals	-	-	(88)	(88)
Depreciation expense	(1,883)	(1,553)	(3,388)	(6,824)
<b>Carrying amounts at the end of 2014</b>	<b>10,459</b>	<b>7,656</b>	<b>13,878</b>	<b>31,993</b>
<b>Balance at the beginning of 2014</b>	<b>10,459</b>	<b>7,656</b>	<b>13,878</b>	<b>31,993</b>
Additions	40,856	46,793	11,188	98,837
Disposals	(9,557)	(2,977)	(161)	(12,695)
Depreciation expense	(1,792)	(3,577)	(4,826)	(10,195)
<b>Carrying amounts at the end of 2015</b>	<b>39,966</b>	<b>47,895</b>	<b>20,079</b>	<b>107,940</b>
<b>Balance at the beginning of 2015</b>	<b>39,966</b>	<b>47,895</b>	<b>20,079</b>	<b>107,940</b>
Additions	-	6,502	4,845	11,347
Disposals	-	-	-	-
Depreciation expense	(2,742)	(5,977)	(6,079)	(14,798)
<b>Carrying amounts at the end of 2016</b>	<b>37,224</b>	<b>48,420</b>	<b>18,845</b>	<b>104,489</b>

**Note 8 – Investments**

	2016	2015
	\$	\$
Investment Portfolio	1,498,233	-
	<b>1,498,233</b>	<b>-</b>

**Note 9 – Trade & Other Payables**

	2016	2015
	\$	\$
Trade Creditors	58,944	33,272
Sundry Creditors	99,209	130,795
Accrued Expenses	147,545	123,810
	<b>305,698</b>	<b>287,877</b>

**Note 10 – Other Current Liabilities**

	2016	2015
	\$	\$
Income in Advance	223,070	354,944
	<b>223,070</b>	<b>354,944</b>

**Note 11 – Provisions**

	2016	2015
	\$	\$
Provision for Annual Leave - Current	61,966	67,914
Provision for Long Service Leave – Current	80,019	75,485
Provision for Long Service Leave – Non - Current	24,205	26,030
	<b>166,190</b>	<b>169,429</b>

**Note 12 – Contributed Equity**

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

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

### **Note 13 – Company Details**

The registered office of the company is:

Health Education Australia Limited

Level 7

118 Queen Street

Melbourne VIC 3000

### **Note 14 – Trusteeship**

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

As trustee the Company is responsible for the liabilities of the Fund and has recourse to the assets of the Fund to meet these liabilities. At 30th June 2016 the accounts of the Fund disclosed that there were no liabilities and assets of \$1,097,833.

## **Health Education Australia Limited Responsible Entities' Declaration**

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

The Directors of the company are the responsible persons and the responsible persons declare that:

1. The financial statements and notes, as set out in pages 29 to 39 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 2016 and of its performance for the financial year ended on that date of the company.
2. In the responsible persons' opinion there are reasonable grounds to believe the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Directors by:



Associate Professor Harvey Newnham – Chairman



Professor John Tiller – Deputy Chairman

Dated this 12<sup>th</sup> day of August 2016

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HEALTH EDUCATION AUSTRALIA LIMITED

### Report on the financial report

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 2016, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended on that date, a summary of significant accounting policies, and other explanatory notes, and the directors' declaration.

### Directors' responsibility for the financial report

The directors of the Company are responsible for the preparation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the the *Australian Charities and Not-for-profits Commission Act 2012* and are appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors 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.

### Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Company's preparation and fair presentation of the financial report 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 controls. An audit also includes evaluating the appropriateness of accounting policies and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

### Independence

In conducting our audit, we have complied with the independence requirements section 60-40 of the *Australian Charities and Not-for-profit Commission Act 2012*.

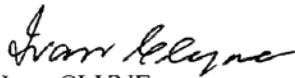
### Auditor's opinion

In our opinion:

- a. the financial report Health Education Australia Limited is in accordance with Division 60 of the *Australian Charities and Not-for-profit Commission Act 2012*, including:
  - i giving a true and fair view of the Company's financial position as at 30 June 2016 and of its financial performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
  - ii complying with Australian Accounting Standards (including Australian Accounting Interpretation) to the extent described in Note 1 and the *Australian Charities and Not-for-profit Commission Act 2012*.

### Basis of Accounting and restriction on distribution and use

Without modifying our opinion, we draw attention to Note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *Australian Charities and Not-for-profit Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.



Ivan CLYNE  
Chartered Accountant  
12 August 2016

## Statement of Financial Position

as at 30th June 2016

	Note	2016 \$	2015 \$
<b>Current Assets</b>			
Cash	3	1,089,685	1,076,155
Other Current Assets	4	8,148	4,385
<b>Total Current Assets</b>		<b>1,097,833</b>	<b>1,080,540</b>
<b>Total Assets</b>		<b>1,097,833</b>	<b>1,080,540</b>
<b>Total Liabilities</b>		<b>-</b>	<b>-</b>
<b>Net Assets</b>		<b>1,097,833</b>	<b>1,080,540</b>
<b>Equity</b>			
Capital fund		101,000	101,000
Retained earnings		996,833	979,540
<b>Total Equity</b>		<b>1,097,833</b>	<b>1,080,540</b>

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

## Statement of Comprehensive Income

for the Year Ended 30th June 2016

	2016 \$	2015 \$
<b>Income</b>		
Donations	-	-
Interest	30,688	36,971
Other Income	-	400
<b>Total Income</b>	<b>30,688</b>	<b>37,371</b>
<b>Expenses</b>		
General & Administrative Expenses	4,300	3,300
Scholarships	9,095	4,095
<b>Total Expenses</b>	<b>13,395</b>	<b>7,395</b>
<b>Profit from Operations</b>	<b>17,293</b>	<b>29,976</b>
<b>Total Comprehensive Income</b>	<b>17,293</b>	<b>29,976</b>

The accompanying notes form an integral part of this statement.

## Statement of Changes in Equity

for the Year Ended 30th June 2016

	Retained Earnings \$	Capital Fund \$	Total \$
<b>Balance at 1 July 2013</b>	<b>650,574</b>	<b>101,000</b>	<b>751,574</b>
Profit attributable to members	298,990	-	298,990
<b>Balance at 30 June 2014</b>	<b>949,564</b>	<b>101,000</b>	<b>1,050,564</b>
Profit attributable to members	29,976	-	29,976
<b>Balance at 30 June 2015</b>	<b>979,540</b>	<b>101,000</b>	<b>1,080,540</b>
Profit attributable to members	17,293	-	17,293
<b>Balance at 30 June 2016</b>	<b>996,833</b>	<b>101,000</b>	<b>1,097,833</b>

The accompanying notes form an integral part of this statement.



## Statement of Cash Flows

for the Year Ended 30th June 2016

	Note	2016 \$	2015 \$
<b>Cash Flow from Operating Activities</b>			
Donations		-	-
Interest received		26,925	36,003
Payments to suppliers		(13,395)	(7,395)
<b>Net Cash provided by Operating Activities</b>	<b>(a)</b>	<b>13,530</b>	<b>28,608</b>
Net increase/(decrease) in cash held		13,530	28,608
Cash at beginning of Financial Year	(b)	1,076,155	1,047,547
<b>Cash at end of Financial Year</b>	<b>(b)</b>	<b>1,089,685</b>	<b>1,076,155</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

		2016 \$	2015 \$
Operating profit		17,293	29,976
(Increase)/Decrease in Sundry Debtors		(3,763)	(968)
(Increase)/Decrease in Accrued Income		-	-
Increase/(Decrease) in Unearned Income		-	-
Increase/(Decrease) in Accrued Expenses		-	(400)
<b>Net cash provided by Operating Activities</b>		<b>13,530</b>	<b>28,608</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.

		2016 \$	2015 \$
Cash at Bank		1,089,685	1,076,155

## Notes to the Accounts

for the Year Ended 30th June 2016

### Note 1 – Summary of Significant Accounting Policies

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

#### Basis of preparation

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

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

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

#### Income Tax

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

#### Adoption of new and revised accounting standards

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

#### New accounting standards for application in future periods

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

### Note 2 – Nature of Fund

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

### Note 3 – Cash

		2016	2015
		\$	\$
Cash at Bank		399	398
Term Deposits		1,089,286	1,075,757
		<b>1,089,685</b>	<b>1,076,155</b>

### Note 4 – Other Current Assets

		2016	2015
		\$	\$
Accrued Income		8,148	4,385
		<b>8,148</b>	<b>4,385</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 2016 and its performance for the financial year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Health Education Australia Ltd – Educational Purposes Fund will be able to pay its debts as and when they fall due.

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



Associate Professor Harvey Newnham – Chairman



Professor John Tiller – Deputy Chairman

Dated this 12<sup>th</sup> day of August 2016

### **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HEALTH EDUCATION AUSTRALIA LIMITED EDUCATIONAL PURPOSES FUND**

#### **Report on the financial report**

We have audited the accompanying financial report, being a special purpose financial report, of Health Education Australia Ltd – Educational Purposes Fund, which comprises the statement of financial position as at 30 June 2016, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended on that date, a summary of significant accounting policies, and other explanatory notes, and the Statement by Members of the Executive Committee.

#### **Trustee's responsibility for the financial report**

The Trustee is responsible for the preparation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the the Trust Deed and are appropriate to meet the needs of the members. The Trustee's responsibility also includes such internal control as the Trustee determines 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.

#### **Auditor's responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies and the reasonableness of accounting estimates made by the Executive Committee, as well as evaluating the overall presentation of the financial report.

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

#### **Independence**

In conducting our audit, we have complied with the independence requirements of the Australian professional ethical pronouncements.

### Auditor's opinion

In our opinion:

- a. the financial report Health Education Australia Ltd – Educational Purposes Fund is in accordance with accounting policies, including:
  - i giving a true and fair view of the Health Education Australia Ltd – Educational Purposes Fund's financial position as at 30 June 2016 and of its financial performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
  - ii complying with Australian Accounting Standards (including Australian Accounting Interpretation) to the extent described in Note 1.

### Basis of Accounting and restriction on distribution and use

Without modifying our opinion, we draw attention to Note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Trustee's financial reporting responsibilities under the requirements of the trust deed. As a result, the financial report may not be suitable for another purpose.



Ivan CLYNE  
Chartered Accountant  
12 August 2016

#### **Disclaimer**

While every effort has been made to ensure the accuracy of this document, Health Education Australia Ltd (HEAL) makes no warranties in relation to the information contained herein. HEAL, its employees and agents disclaim liability for any loss or damage which may arise as a consequence of any person inappropriately relying on the information contained in this document.

**Health Education Australia Limited**

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