



Health
Education
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Australasian Institute of
Clinical Governance

Formerly  Since 1920

Annual Report

2018-2019

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About HEAL

Health Education Australia Limited (HEAL), formerly the Victorian Medical Postgraduate Foundation (VMPPF) has offered a richness of healthcare education programs since its establishment in 1920 when it descended from the British Medical Association (before the Australian Medical Association existed). The organisation was originally formed to provide education to assist doctors returning from the First World War to assimilate back into general medicine 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 100 years of operation to suit the needs of its members and stakeholders.

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 graduates, a simulated participant program and a range of custom-designed courses developed through collaborations across disciplines and sectors.

This year we launched a division of HEAL, the Australasian Institute of Clinical Governance (AICG), which 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



2018-9 has brought exciting times for HEAL with the launch of the Australasian Institute of Clinical Governance (AICG). Why is this so exciting for me and the HEAL team? After what seems a lifetime in health care I continue to be impressed by the skill and dedication of our front line health care workers. Doctors, nurses, allied health, pharmacists and all the support staff (administration, finance, hotel services, porters) put in their best efforts day after day after day. These staff know better than anyone else the things that work well and also those that don't work so well. They are very good at using 'workarounds' to bypass the latter as much as possible. In many cases however they are not well equipped to implement the changes required to eliminate these workarounds so that their patients get better, safer care and their job gets easier to do reliably in the available time.

With the introduction of the AICG we are now making clinical governance skills including, safety, quality, leadership and improvement training available to these front line staff. At HEAL we believe that every ward, unit, clinical team, clinic or practice should have at least one member with these clinical governance skills to help ensure safe practice and guide these changes that incrementally improve care. Certainly clinical staff aspiring to leadership roles should be able to demonstrate examples of how they have applied these skills. HEAL's AICG training seeks to meet this current gap in capability within our workforce. Our early experience with the course indicates that we are effective in doing so. We look forward to considerable expansion of HEAL's offerings with the AICG over coming years.

I commend HEAL Board and staff for maintaining HEAL's numerous other activities whilst designing and implementing the AICG. Our CEO Bev Sutton continues to lead a dedicated, resilient and capable team who are always right behind our mission to improve patient outcomes through education of health care professionals. Special thanks to Professor John Tiller who has moved on from the HEAL Board after half a lifetime of service that goes back to the early days of the VMPF. Dr Leanne Boyd has added strong nursing leadership and private healthcare expertise to the board this year. Thanks especially to David Knowles (Chair, Finance and Risk and Thought Leadership committees) and Rob Sadler (Chair, Business Development Committee) and the rest of our board, whose remarkable expertise and application to their board roles has been crucial to HEAL's ongoing development.

I look forward to our forthcoming centenary celebration with all involved.

Professor Harvey Newnham
Chair, Board of Directors

Chief Executive Officer's Report

I recently enjoyed reading Michelle Obama's intimate but powerful memoir 'Becoming' and I totally understood why she was drawn away from the corporate environment toward not-for-profit organisations. As she points out, "success isn't about how much money you make. It's about the difference you make in people's lives". I reflected on my own experience of commencing in the health sector, enjoying a decade working for large corporates, but returning to the non-profit environment. Why did I do that?

I think it is best described by Jim Collins; a not-for-profit organisation has an opportunity to embrace the language of greatness as distinct from the language of business. Not that we don't operate as a business, money is an extremely important input but it is not the most important output. Performance must be assessed relative to the mission rather than the financial returns.



This year the Board of Directors and staff have embraced this philosophy tenfold with our focus on the ongoing development of the Australasian Institute of Clinical Governance (AICG) that was formally launched in January 2019. The AICG's vision is '*Committed to improving patient safety and quality care through excellence in clinical governance*' and incorporates our flagship course; the Certificate in Clinical Governance for Patient Safety and Quality Care.

As well as committing substantial program development money to the AICG, the HEAL Foundation provided \$100,000 for grants to be undertaken by junior health professionals working at the coalface. The grant criteria required a team of junior health professionals to undertake a project in patient safety and quality care that has sustainable outcomes. The project lead of the successful grant applicants was also awarded the opportunity to complete the AICG's Certificate in Clinical Governance for Patient Safety and Quality Care. The projects will be presented at the AICG inaugural symposium 'Connecting Clinicians' on 26 March 2020.

The excitement is also building as we look forward to celebrating our organisation's 100 year anniversary in 2020. HEAL (formerly VMPPF) was originally formed to re-educate medical practitioners returning from the First World War! Our longevity is due to decades of dedicated Board Directors, Committee Members and Staff that have passionately guided the organisation over the years.

Today is no different and I take this opportunity to thank our Chair of the Board of Directors, Professor Harvey Newnham, who provides me with constant support along with our very committed Board of Directors who are also members of Board subcommittees; the Finance and Risk Committee and the Thought Leaders Committee, chaired by Mr David Knowles and the Business Development Committee, under the leadership of Dr Robert Sadler. I thank each and every Board Director individually for their contribution.

To my staff, it is an incredibly rewarding experience to work with staff who strive every day to contribute to the organisation's substantial development phase as well as its ongoing operations. You work with such passion and operate with integrity. I am privileged to lead a team of very competent individuals and collectively we have achieved so much.

My final quote acknowledges how incredibly fortunate that as a not-for-profit organisation we can pursue avenues that make a difference in people's lives – "We must become the change we want to see in the world"
Mahatma Gandhi.

Beverley Sutton
Chief Executive Officer

Directors' Report

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

With the implementation of a five year strategic plan for the AICG we have focused on further developing, implementing and consolidating its programs. The Board of Directors' belief in the AICG programs and the positive impact that they are likely to have on improving patient safety and quality care has seen a significant investment (over the next 5 years) in the institute. This year HEAL's investment into the AICG resulted in a planned deficit of \$284,973. For the first time in the history of the organisation we have appointed a Marketing Manager and ventured into a large scale marketing campaign to showcase the AICG and its programs.

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 its new Chair, Mr David Knowles (from January 2019). FRC continues to manage HEAL's finances and investment portfolio. Mr David Knowles also chairs the Thought Leaders Committee that has been busily working on an event, to be held on 20 February 2020, that will also serve to celebrate HEAL's 100 year anniversary. 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.

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 Harrison NEWNHAM (Chair) | 7 | 7 |
| John Walter Gell TILLER (Deputy Chair to November 2018) | 2 | 2 |
| David KNOWLES (Deputy Chair from November 2018) | 7 | 7 |
| Margaret BEARMAN | 7 | 5 |
| Leanne BOYD (Appointed April 2019) | 2 | 2 |
| Stephen FITZPATRICK | 7 | 4 |
| Amy KIRKWOOD | 7 | 5 |
| Robert Francis Westland MOULDS | 7 | 6 |
| Hung The NGUYEN | 7 | 5 |
| Robert SADLER | 7 | 7 |

Sincere thanks must be conveyed to Professor John Tiller for his extraordinary contribution to the organisation and for providing 25 years of faithful service as both a committee member and a Board Director with 10 years as the Board Chair. Professor Tiller's unwavering support and guidance has had an undeniably positive impact on so many HEAL innovations and programs, the results of which do not go unnoticed. We take this opportunity to formally thank Professor Tiller and to wish him a well-deserved retirement.

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 2019, the number of members was nine.

Signed this 30th day of October 2019 in accordance with a resolution of the Board of Directors.



Professor Harvey Newnham – Chair, Board of Directors



Mr David Knowles – Deputy Chair, Board of Directors

2018/19 Highlights

Governance

- Celebrated the contribution of retiring Board Director, Professor John Tiller after 25 years of committee and board membership
- Appointed a Board Director with nursing, education and research experience
- Held a two day Strategic Planning Workshop for the HEAL Board and Staff Executive

Organisation – General

- Formally launched the Australasian Institute of Clinical Governance (AICG) – a division of HEAL
- Appointed a Marketing Manager as a permanent staff position

International Medical Graduate Program

- Re-launched the former eOSCEe Program as an AMC Clinical Exam Preparation Webinar series focussing on IMG clinical exam preparation

Simulated Participant Program

- Continued to build client base

CPD for Medical Officers, Nursing and Allied Health

- Re-branded the HEAL 'Academies' program into a singular CPD program for all health professionals that offers a suite of online courses accredited by medical colleges, the Australian College of Nursing and the Australian Physiotherapy Council.

Australasian Institute of Clinical Governance (AICG)

- Developed and implemented a five year strategic plan for the AICG
- Identified AICG target markets and developed a detailed Marketing Plan for each target market
- Developed the 'Certificate in Clinical Governance for Patient Safety and Quality Care' program
- Successfully piloted the workshop components of the Clinical Governance Certificate course in:
 - Applied Clinical Governance
 - Building Culture and Collaboration
 - Advanced Leadership
- Launched the AICG website and social media platforms
- Implemented a grant program for the AICG through the HEAL Foundation and awarded the first AICG grants for patient safety and quality care projects
- Commenced the groundwork for the inaugural AICG symposium planned for 2020
- Successfully ran the first workshops with a mixture of paid and unpaid participants
- Worked closely with the Chief Advisor Quality and Safety and the Medical Advisor of the Quality & Safety Commission in New Zealand to ensure the AICG programs are fit for purpose for health professionals working in NZ

International Medical Graduate Program

As we approach 100 years as an organisation, it gives us an opportunity to reflect on how course delivery has changed during that time. One hundred years ago we provided doctors returning from the First World War with the opportunity to improve their generalist skills that had been lost with the need to perform acute medical and surgical techniques. The pedagogy of that time consisted of lecture style sessions and the practicality of improving skills through an apprenticeship model. The 'Digital Age' of today has provided a rapid shift from industrialisation to an economy based on information technology, with the internet the go-to for instant information. This evolution of technology has led to information and communication processes becoming the driving force of social evolution, with simulation learning environments increasingly being utilised to alleviate practice on real patients and to allow health professionals to learn in a safe environment. This development has greatly impacted on the way students access information. For HEAL, a largely traditional education provider, this has been a very challenging experience to be competing against global access of 'freeware' and instantaneous access to course providers that a student would otherwise not consider.

To stay abreast of these changes, HEAL offers a range of online courses for International Medical Graduates (IMGs) and other health professionals (see CPD for Medical Officers, Nursing and Allied Health), as well as interactive webinars. Many of our students are located away from our training centres in Melbourne and Sydney and for various reasons are unable to attend classes in person. The Online Multiple Choice Question (MCQ) Bridging Course was developed to allow IMGs, wherever they are located, to undertake study for their MCQ exam at a time that suits their other commitments. As a result, the online MCQ course has become a preferred option (over face-to-face courses) for IMGs studying for their first part Australian Medical Council (AMC) MCQ exam.

HEALOnline

HEALOnline is our Learning Management System and is available to all IMG students in all courses 24 hours a day. This resource includes nearly 200 topic modules, 300 videos and 800 multiple choice questions to assist in AMC exam preparation. The system also offers direct access to the Therapeutic Guidelines (eTG Complete) which is a recognised and credible source of treatment advice for a wide range of conditions.

Bridging Courses

As well as online courses, HEAL conducted face-to-face MCQ and Clinical Bridging Courses in Melbourne, Victoria and in Granville, New South Wales.

MCQ Course – Online

As highlighted above, the online MCQ course is now our preferred MCQ preparation course format and is offered in two modes; a self-directed mode (that includes a student led discussion forum), which can be accessed at any time and, a tutor-led course that has the addition of tutor support via the online discussion forum as well as a weekly webinar. Both courses have 10 weeks of structured content but students have access to the LMS for 12 weeks.

MCQ Bridging Course – Face-to-Face

With the availability of online MCQ courses and with the declining jobs available to IMGs in Australia, MCQ Face-to-Face Courses were poorly attended this year. Australia has a mal-distributed workforce leaving rural and remote areas in need of medical practitioners but support structures for IMGs are deficient in these areas. Conversely, Australia has an oversupply of junior medical staff (since the introduction of 10 additional medical schools in the last eight years) in metropolitan areas, which is reducing the need for IMGs.

Clinical Bridging Courses

This year we continued to offer two clinical face-to-face courses; the FEE-HELP Clinical Bridging Course that is available to Australian permanent residents or citizens and the Clinical Intensive Bridging Course which is available to all IMGs. The FEE-HELP course, delivered as a result of a longstanding partnership with Victoria University, continues to be the most popular course. The course is 12 weeks duration with 24 contact hours a week. The alternative course, the Clinical Intensive Bridging Course is nine weeks duration and has 30 contact hours per week.

Both of our clinical courses include sessions with trained simulated participants (patients) who offer scenario based doctor patient interactions in a safe classroom learning environment. Under the supervision of a tutor, our simulated participants portray a range of common medical conditions in character and then, out of character, work as a co-educator to offer feedback to the IMG students about their communication style and how the interaction felt from the patient's perspective. The session is a valuable learning opportunity and unique to HEAL Clinical Bridging Courses. It is evaluated as a strong highlight in the overall course content.



Trial Exams

HEAL trial exams closely replicate the AMC MCQ and Clinical examinations. For our Clinical Trial Exam we also allow external candidates i.e. those not enrolled in HEAL courses, the opportunity to participate. Trial exams are highly evaluated by our students as they experience a very similar environment to the AMC's exam enabling them to practice and prepare in surroundings that will then be familiar when they sit the real exam. Throughout the trial exam students receive feedback to ensure that they can focus further preparation on areas that have been identified for improvement.

The Clinical Trial Exam provides candidates with the opportunity to test their skills under exam conditions. Students complete 20 stations, 16 clinical stations and four rest stations. As per the OSCE (Objective Structured Clinical Examination) format, each student gets two minutes reading time and eight minutes to perform the task. As a learning exercise the examiner then provides two minutes feedback before the candidate moves on to the next station. At the conclusion of the trial exam the candidate receives written feedback from each station as well as a summary of all stations by the trial exam overseer in a group debriefing session.





The Online MCQ Course also offers students a trial exam. The online course is offered as two distinct areas of study; Adult Health topics (medicine and surgery) and Specialty topics (psychiatry, paediatrics, obstetrics & gynaecology and population health). In each case, students answer 60 multiple choice questions in a timed, computer-based exam. In the tutor-led course, the exam is reviewed by a tutor facilitated session to provide feedback and clarity on the questions and answers. In the self-directed learning mode, students can watch this session as a pre-recorded webinar.

Partnerships

We are fortunate to have ongoing partnerships with a range of organisations who assist us in offering quality teaching for our IMG students. The FEE-HELP course is possible because of our partnership with Victoria University (VU). VU provides teaching staff and student enrolment staff for each FEE-HELP course. We are fortunate to also benefit from other healthcare service partners and we remain grateful for the generous assistance they provide to HEAL and our students.

In Victoria, IMGs have been immensely fortunate to attend ward visits and to gain consultation skills from Associate Professor Bernard Sweet at Austin Health. This year, Dr Christopher Leung, a Physician, also assisted with our visits at Austin Health to ensure our students received important tutorials from a range of experienced staff medical practitioners.

Students also have an opportunity to visit the Emergency Department at Monash Health, Clayton, to experience the day to day work in one of Australia's busiest emergency settings.

Similar experiences are gained in NSW where students attend the outpatient clinics at Westmead Hospital and the Emergency Departments at Blacktown Hospital and Mt Druitt Hospitals which are part of the Western Sydney Local Health District. This experience is invaluable to introduce IMGs to Australian clinical practice.

A HEAL Experience

Featured Student: Dr Golchin Dakhil Alian
(Clinical Intensive Bridging Course Student March to May 2017)
(HEAL Clinical Course Tutor and Clinical Trial Examiner 2018/19)

Three years ago, like other IMGs I moved to Australia to make my dreams come true. From the first step I knew that it would not be easy but every time that I felt tired, I tried to remember why I am here and what I am fighting for.

Today as I am writing, I am an HMO in one of the hospitals in Victoria. Still I have many goals and I am working hard to reach them and I know impossible is impossible.

My story with HEAL started two years ago when I was preparing for AMC 2 and I did not have any ideas about the clinical exam till one of my friends suggested me to enrol in one of the HEAL courses which was held in Sydney. It was one of my turning points because this course helped me to improve my approaches to the patients and also provided me with many efficient materials. One of the best experiences in this course was the trial exam which had the same structure as the real exam and caused me to pass my exam with the perfect score.



During the course, I found many friends with different cultures and we made unforgettable memories which sometimes I miss them. Meanwhile, I met one of the important persons in my life who not only helped me regarding my exam, but also always gave me brilliant advice in any way. He also encouraged me to work at HEAL as a tutor to share my knowledge and experience. This person was Mr Mark Dare the Director of Programs at HEAL.

I would like to say thank you to Mark and all HEAL staff who gave me this opportunity to be a part of their team and also share my story.

Dr Golchin Dakhil Alian

A HEAL Experience

Featured Student: Dr Angella Acham

(MCQ Bridging Course Student January to February 2016)

(OET Preparation Course Student May to June 2016)

(Clinical Intensive Bridging Course Student August to October 2016)

(HEAL Clinical Trial Exam Role Player 2018/19)

My journey towards meeting the requirements for registration is not a unique struggle, however, I believe it's important because of my involvement with HEAL.

This journey starts on 11 January 2016. I had spent seven (7) long months just trying to collate documents from my country for the ECFMG Medical Degree verification. I had such high confidence in my clinical knowledge and experience that I did not want any further delays, so I applied for my first AMC-CAT, but was shocked with an unexpected failed outcome. This gave me self-doubts, so I decided to seek help. While browsing the Australian Medical Council website, I discovered links to bridging courses, for which I gave thought to. While searching through options, HEAL appeared to me more professional in my opinion. So I joined HEAL's AMC MCQ Bridging Course on 11 January 2016.

The course helped focus my study to common conditions in the Australian setting, provided access to updated clinical management guidelines, and included an information session regarding the pathways to registration and CV writing by the Director of Programs, Mark Dare (who has a long history working with and employing doctors in the hospital setting). I soon met like-minded IMG doctors who shared similar experiences, pursuing the same goals, hence this acted as a networking environment for friends that I still have maintained. Immediately after the MCQ course I applied for the AMC-CAT and passed in March 2016.

As commonly said 'once bitten, twice shy', so I decided I would do the OET Preparation Course at HEAL where I met Paul Conroy, a very experienced teacher, who was very supportive. I passed my OET with ABBB, with an A in Listening. I should say I still apply Paul's approach to date.

Having been such a satisfied HEAL course beneficiary, I thought I should find a way to continue to be a part of HEAL's efforts in supporting IMGs through the medical registration pathways/processes, so I volunteered to be part of the online AMC MCQ Course Development Reference Group. The Reference Group was set up to develop an online version of an existing MCQ face-to-face course I had done. I took the opportunity to share my own experience of the HEAL AMC MCQ course with the group and contributed in identifying important aspects of the course that were replicated in an online format and in reviewing essential subject content using standard up-to-date Australian practice guidelines.

As already expressed, it wasn't hard to subsequently make a decision to enrol in to the AMC Clinical Bridging Course. I continued networking, experienced the trial exam as an avenue of continued learning and decided to become a volunteer role player as part of the regular trial exams. Through the course administrators (whom I want to commend for their friendly, professional and supportive manner), I was invited to the Simulated Participant Program. Through this, I had sessional roles with the Australasian College of Emergency Medicine, such incredible learning and networking opportunity that I feel blessed to have been a part of.

Through this cumulative learning and networking experience with HEAL, I have been privileged to receive a HEAL reference regarding my involvement, that has in a way become a significant contribution to covering my gap out of practice. The Director of Programs has readily been able to provide supportive documents towards my successful RACGP assessment and subsequent remediation documents towards my successful pre-employment structured clinical interview (PESCI) towards a general practice pathway.

All I can say is that, my involvement with HEAL has been such a success and I am looking forward to receiving my registration.

Dr Angella Acham

Simulated Participant Program

SPs are increasingly and appropriately being regarded as educators with the same goal as health professionals – to make a positive difference to the Australian healthcare system. Not so long ago, the acronym SP stood for Simulated Patient. Today, the SP has an extended role that includes portraying any human element of clinical practice e.g. playing a health professional or family member. In the past these non-patient roles were known as Confederates. Today, simulation methodology has adopted a more inclusive term of Simulated Participants.

Working with SPs ensures that training encounters for health professionals are rooted in actual practice. Provision of educational programs that allow the health professional to practice repeatedly within a safe environment with scenarios that utilise technical skills, communication skills with patients and team members, decision making, and clinical judgment can be mastered while preserving patient safety.

HEAL's SP program provides a steady supply of consistently trained SPs from our database to meet the demand of our clients.

Two of our clients; the Australasian College of Emergency Medicine (ACEM) and Victoria University have been with us since the inception of our program in 2012. Through these two clients alone our SPs are enjoying such a variety of work, gaining valuable experience and are delighted that they are able to make such a positive contribution in assisting our healthcare professionals.

ACEM predominately works with our SPs in the emergency medicine (ED) training program that trains junior doctors to become ED Clinicians. Specifically, they perform portrayals to allow examiners to test the trainees in examination conditions. These high stakes exams are an extremely important event that determines the success of a trainee to progress to becoming a Fellow of the Australasian College of Emergency Medicine (FACEM). Equally as important, our SPs have provided similar portrayals to test the examiner's acumen to successfully assess the trainee. These encounters constitute very rewarding opportunities for our SPs.

Victoria University often requires our SPs to be co-educators to enrich the experience of the student. SPs are trained to give feedback and in this context the SPs are required to frame their feedback in an educative way, to be timely and also sensitive to the student's needs. Providing constructive feedback in a positive way is something that the SP has to master.

A Special Mention

It is unusual for HEAL to single out an SP as all of our SPs do a fantastic job as evidenced by our consistently positive client feedback. However, we would like to acknowledge Petula Clark on this occasion as she provided such a professional portrayal for a St Vincent's Hospital Melbourne program that they flew her to the 'Stroke 2018' conference to perform in one of the plenary sessions to the attending delegates. Here is Petula's story.



Being flown to Sydney for the day to participate in a 30 minute simulated medical role play at a conference sounds like massive overkill (pardon the pun). However, as a professional actor who has also spent the last 12 years working as a simulated patient, for me this trip also spoke volumes about the changing tides of opinion around the value of using SPs in medical training.

To be invited to come to Sydney and be a part of the team representing St Vincent's Hospital Melbourne was altogether an honour, a privilege and an opportunity to demonstrate to a wide medical community what a valuable resource a trained simulated patient can be.

*At the conclusion of the role plays I was invited on stage to speak to the delegates about how to work with SPs, what we need to properly prepare (scripts, medical jargon explained etc.) and communicating how SPs fit into what they are wanting to achieve with the simulation. Also how to locally source the appropriately trained SPs that they need for this very specialised, niche type of work. Not everyone in Australia and New Zealand has access to HEAL simulated patients! **Petula Clark***

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 have all received accreditation through the following colleges; the Royal Australasian College of Surgeons (RACS), the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM), the Australian College of Nursing (ACN) and the Australian Physiotherapy Council (APC). Additionally, for those health professionals who do not accredit third party education providers, HEAL has applied appropriate CPD hours for the recording of professional development obligations.

Online Courses

The following online courses are available for health professionals:

1. Leadership: identifying and developing leadership potential
2. 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. Feedback: seeking, working with and providing feedback
7. Interview Skills: interview research and preparation
8. Culture and Collaboration (pending RACS accreditation)

Program Promotion

To inform the CPD program and/or to showcase the online courses, HEAL staff attended a number of events and conferences:

- BMJ International Forum on Quality & Safety in Healthcare in Melbourne, 10–12 September 2018
- Australasian College of Health Services Management (ACHSM) Asia-Pacific Health Leadership Conference in Darwin, 19–21 September 2018
- 23rd Australian and New Zealand Prevocational Medical Education Forum (ANZPMEF) in Melbourne, 11–14 November 2018
- Tri-nation Alliance (Australia, New Zealand and Canada) International Medical Symposium in Sydney, 9 March 2019
- Governance in Aged Care Conference in Sydney, 29–30 May 2019

Other Programs

Last year we developed a program with Cabrini Health to assist Australasian College for Emergency Medicine (ACEM) registrars to prepare for their final ACEM Fellowship exam. This year we revised the program, following evaluation feedback from participants, and provided a second workshop in partnership with Cabrini Health. Much of the content from the first workshop was developed into an online learning component (as pre reading), and the workshop was reserved for the students to practice scenarios with HEAL SPs facilitated by Cabrini Health ED clinicians and one of HEAL's communication experts and facilitator, Ms Tanya Edlington.

Australasian Institute of Clinical Governance (AICG)

The Australasian Institute of Clinical Governance (AICG) was formed as a Division of HEAL, in direct response to an identified need for healthcare professionals to strengthen their skills in clinical governance to reduce the occurrence of adverse events. The AICG is committed to improving patient safety and quality care through health professional development and education programs in clinical governance competencies. It was formally launched in January 2019 with all programs successfully piloted and available for purchase.

Certificate in Clinical Governance for Patient Safety and Quality Care

Our Certificate course is the flagship educational program offered by the AICG, which is suitable for all health professionals and craft groups including; acute care, primary care, aged care and mental health. The workshop components accommodate interprofessional learning with doctors, nurses and allied health learning with and about each other. Participants benefit from hearing a diverse range of viewpoints and can also take advantage of networking opportunities. Completion of the program also ensures that staff in health service organisations meet key criterion and actions of Standard 1 – Clinical Governance (NSQHS Standards 2018) and Standard 8 of the Aged Care Standards. Additionally we have been very fortunate to work with the Health Quality & Safety Commission of New Zealand to ensure that the learning resources are appropriate for New Zealand participants.

The Certificate course explores three domains:

Clinical Governance

Online course

- An introduction to clinical governance
- Quality and safety in healthcare
- Credentialing and professional development in clinical governance

Workshop in Applied Clinical Governance

- The role of patient safety and quality care in healthcare
- How to apply the necessary tools to ensure patient safety and quality care is maximised
- Examining credentialing and professional development in clinical governance

Culture & Collaboration

Online course

- Who am I?
- Cultural competence
- Organisational culture
- Diverse nations

Workshop in Building Culture and Collaboration

- Identifying and managing unconscious bias
- Communicating in various cultural contexts
- Impacting organisational culture and collaboration

Leadership

Online course

- Identifying your leadership potential
- Developing your leadership
- Leadership today: philosophy, innovation, delivery

Workshop in Advanced Leadership in Healthcare

- Identifying leadership potential in the healthcare setting
- Developing confidence in leadership as a health professional
- Applying today's advanced leadership models/thinking

Accreditation

The workshops and online courses are accredited for Continuing Professional Development (CPD) points with the Royal Australasian College of Surgeons, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Australian College of Nursing and the Australian Physiotherapy Council.

Special Thanks

We would like to take this opportunity to formally thank the following:

- Gillian Bohm, Chief Advisor Quality & Safety and Dr Iwona Stolarek, Medical Director, both of the Health Quality & Safety Commission New Zealand for their exceedingly generous contribution to the Certificate in Clinical Governance for Patient Safety and Quality Care. The program is due to be released in New Zealand in 2020
- Professor Stephen Duckett, Health Program Director, Grattan Institute and Professor Harvey Newnham, Professor of General Medicine, Alfred Health and Monash University, both authors of the Targeting Zero Report, a review of hospital safety and quality assurance in Victoria (October 2016, Duckett S. et al) for their extremely generous support in the provision of counsel and video content to set the context of the AICG programs.

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 accordance with the AICG's vision, we are committed to improving patient safety and quality care through health professional development and education programs in clinical governance competencies. As such, the HEAL Foundation offered an inaugural grant funding round totaling \$100,000.

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 to complete the AICG's 'Certificate in Clinical Governance for Patient Safety and Quality Care'.

It was requested that project leads would be a senior nurse, Associate Nurse Unit Manager or Nurse Unit Manager, junior doctor or allied health professional, as the opportunity is designed to empower clinicians at the bedside to explore initiatives that will provide better patient outcomes. Fourteen applications were considered and the successful recipients and their projects were:

- **Alfred Health** – *DiVert for Safer Care*
- **Eastern Health** – *Improving the Continence Status of Patients during their in-patient care at Eastern Health*
- **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*
- **Monash Health** – *Nurse empowerment in residential aged care mental health and dementia care: examining the factors to support safe, respectful and quality care*

In acknowledgement of the great response, we subsequently invited project leads of the unsuccessful grant applications to do the Certificate course at half price.

HEAL IMG Bridging Course Tutors

HEAL tutors are selected through a formal process in which they attend a free tutor workshop. Participants have the opportunity to demonstrate their teaching abilities with a teaching session on a medical topic of their choice. Following this, potential tutors are assessed on their teaching style, offered constructive feedback and some are appointed as tutors. The workshop focusses on how tutors can offer students a structured, interactive session that encourages learning in a supportive environment. Tutors are transient in nature as they are generally seeking to progress their careers as doctors in the Australian health system but are a welcome addition to the HEAL staff while they are available.

Career Guidance for IMGs

The HEAL Director of Programs provides careers guidance and CV writing to students of HEAL's AMC Bridging courses. As a previous HMO Manager working in major health services, he is well positioned to relay helpful information to guide and support IMGs in pursuing a career pathway in medicine in Australia.

Simulated Participant Training

Every year we train a number of SPs, free of charge, to enable them to be hired to work with healthcare organisations for educational encounters or assessment. Each training course covers areas such as; identifying the types of roles SPs can portray in healthcare education, identifying the type of work SPs 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.

Student Discounts

As a not-for-profit charitable organisation, we recognise that not all students can afford continuing professional development. Accordingly, HEAL offers a number of discount opportunities in the form of; past student discounts, opportunities to attend courses that are being piloted free of charge, opportunities to apply for specific grants and promotions.

Thought Leaders Program

HEAL's Thought Leaders Program is designed to enable the facilitation of conversations by national and international leaders on important issues around the provision of healthcare. The Thought Leaders Committee, a committee of the Board of Directors, was implemented to identify 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.

To coincide with our 100 year celebrations we are running a Thought Leaders event in the Melbourne CBD that is scheduled for Thursday 20 February 2020 on the future of the medical workforce, where we will explore building medical training programs (undergraduate and postgraduate) from the ground up.

Along with HEAL's Chair of the Board of Directors, at the time of writing, we have confirmed some very eminent speakers that include:

- Dr Rob Grenfell, Health Director, Health and Biosecurity, CSIRO – Future of Healthcare
- Professor Brendan Murphy, Chief Medical Officer, Australian Government, Department of Health – National Medical Workforce Strategy
- Professor John Prins, Head of the Melbourne Medical School and Professor of Medicine at The University of Melbourne – Medical Curriculum Redesign
- Mr Philip Pigou, CEO, Australian Medical Council – Observations and Questions from an Accreditation Perspective

We will also be inviting a speaker from one of the medical colleges, a junior doctor in training and a medical student representative. The target audience will be senior government officials, medical colleges and university heads. We will only have 50 places to ensure robust discussion (which will be recorded) and a subsequent report written.

Other Programs

ASBDD Secretariat

HEAL continued as the secretariat 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). This Society held its annual conference in Australia for the first time in March 2019 in Sydney. ASBDD was proud to support the 2019 ISBD Conference and provided the following:

- a showcase of research that has been supported by the ASBDD
- expert panellists throughout the event
- facilitation of an Advocacy Day for carers and those with lived experience
- organisation by the ASBDD Early/Mid Career Research sub-committee of a cocktail function with guest speakers to enable networking and mentoring from senior academics and clinicians.

Due to the ISBD Conference being held in 2019, ASBDD postponed its own biennial conference to 2020.

An ASBDD/Deakin Rural & Remote Research Grant was awarded during the year. This is the first grant/scholarship awarded by ASBDD in collaboration with a university.

Directors, Staff and Memberships

Directors

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

| | |
|---------------|--|
| Chair: | Professor Harvey NEWNHAM MBBS, FRACP, PhD, GAICD |
| Deputy Chair: | Professor Emeritus John TILLER (Retired November 2018) MD, MB ChB, BSc, DPM, FRACP, FRANZCP, GAICD Mr David KNOWLES (Deputy Chair from November 2018) CA, CPA, MAICD, AIMM, B.Comm (Melb), M. App Inn & Ent |
| Members: | Associate Professor Margaret BEARMAN PhD, Cert.Perf.Arts, BSci, BComp (Hons) Professor Leanne BOYD Dip App Sci, BN, Grad Cert Crit Care, MN, Grad Cert Higher Ed, PhD, Master Ter Ed Management, GAICD, MACN Mr Stephen FITZPATRICK BBus, ACHSM, HFMA, GAICD Ms Amy KIRKWOOD BA (Media & Communications) Professor Robert MOULDS B.MedSci, MBBS, FRACP, PhD Dr Hung The NGUYEN BMedSci, MBBS, FRACGP, MHP, GCHPE, GAICD Dr Robert SADLER PhD, LL.M, MBA, BEc, LL.B (Hons) |
| Secretary: | Ms Beverley SUTTON MBA, GCHPE, GCCS, DipCompProg, RN, RM, GAICD |

Finance & Risk Committee

| | |
|--------------|--|
| Chair: | Professor Emeritus John TILLER (Retired November 2018) Mr David KNOWLES (Chair from January 2019) |
| Deputy Chair | Mr Stephen FITZPATRICK (Deputy Chair from January 2019) |
| Members: | Ms Les-Lea GUY Dr Hung The NGUYEN Ms Beverley SUTTON |

Business Development Committee

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

Thought Leaders Committee

Chair: Mr David **KNOWLES**
Members: Ms Amy **KIRKWOOD**
Professor Robert **MOULDS**
Professor Harvey **NEWNHAM**
Ms Beverley **SUTTON**

HEAL Staff

Executive Staff

Chief Executive Officer

Ms Beverley Sutton

Director of Education

Dr Louise McCall

Director of Programs

Mr Mark Dare

Manager of Special Projects

Ms Ann Dancer

Senior Medical Advisor

Professor Robert Moulds

Business Manager

Ms Les-Lea Guy

Administrative Staff

Program Coordinators

Ms Shannon Maddern-Daniels

Mrs Violetta Micevski

Ms Elizabeth Scholes

e-Learning Developer

Mr Dinesh Hewagamege

Marketing Manager

Ms Liana Moule (from August 2018)

IMG Bridging Course Colleagues

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

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

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

Partners

Austin Health, Heidelberg, Victoria

Blacktown Hospital, Blacktown, New South Wales

Cabrini Hospital, Malvern, Victoria

Holmesglen Institute of TAFE and Healthscope Hospitals

Health Quality & Safety Commission, New Zealand

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 2019, 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

Dated 30 October 2019

Statement of Financial Position

at 30th June 2019

| | Note | 2019 \$ | 2018 \$ |
|--|------|------------------|------------------|
| Current Assets | | | |
| Cash and cash equivalents | 3 | 1,175,684 | 1,541,502 |
| Trade and other receivables | 4 | 158,799 | 121,144 |
| Other Assets | 5 | 18,165 | 16,765 |
| Inventories | 6 | 7,169 | 7,715 |
| Total Current Assets | | 1,359,817 | 1,687,126 |
| Non-Current Assets | | | |
| Property, Plant & Equipment | 7 | 75,680 | 90,792 |
| Investments | 8 | 3,724,032 | 3,516,393 |
| Total Non-Current Assets | | 3,799,712 | 3,607,185 |
| Total Assets | | 5,159,529 | 5,294,311 |
| Current Liabilities | | | |
| Trade & Other Payables | 9 | 432,934 | 267,900 |
| Other Liabilities | 10 | 45,207 | 84,428 |
| Provisions | 11 | 213,045 | 166,454 |
| Total Current Liabilities | | 691,186 | 518,782 |
| Non-Current Liabilities | | | |
| Provisions | 11 | 21,773 | 43,986 |
| Total Non-Current Liabilities | | 21,773 | 43,986 |
| Total Liabilities | | 712,959 | 562,768 |
| Net Assets | | 4,446,570 | 4,731,543 |
| Equity | | | |
| Retained Earnings/(Accumulated Losses) | | (316,242) | (42,670) |
| Reserve | | 284,708 | 296,109 |
| Contributed Equity - VMPF | 12 | 1,371,885 | 1,371,885 |
| Contributed Equity - MPF Trust | 12 | 3,106,219 | 3,106,219 |
| Total Equity | 12 | 4,446,570 | 4,731,543 |

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

Statement of Comprehensive Income

for the Year Ended 30th June 2019

| | Note | 2019 \$ | 2018 \$ |
|---|------|------------------|------------------|
| Income | | | |
| Conference & Course Registration | | 1,242,909 | 1,381,013 |
| Simulated Patient Hire | | 79,329 | 91,554 |
| Interest Income | | 26,575 | 32,707 |
| Grant Income | | 100,000 | - |
| Sale of Publications | | 4,470 | 7,311 |
| Other Income | | 84,870 | 84,005 |
| Total Income | | 1,538,153 | 1,596,590 |
| Expenditure | | | |
| Communication Expenses | | 21,142 | 33,660 |
| Course Expenses | | 553,983 | 545,543 |
| Employment Expenses | | 950,771 | 877,965 |
| Finance & Legal Expenses | | 91,908 | 85,672 |
| Grant Expenses | | 83,616 | 60 |
| Occupancy Expenses | | 105,234 | 91,205 |
| Project Development | | 93,312 | 153,739 |
| Other Administration Expenses | | 193,958 | 95,485 |
| Total Expenses | | 2,093,924 | 1,883,329 |
| Operating Surplus/(Deficit) | | (555,771) | (286,737) |
| Add Other Income/(Expenses) | | | |
| Investment Income | | 265,379 | 98,462 |
| Net Surplus/(Deficit) | | (290,392) | (188,277) |
| Other Comprehensive Income | | | |
| Fair Value Increment/(Decrement) of Investments | | (11,401) | 214,099 |
| Net profit on sale of financial assets | | 16,820 | - |
| Total Comprehensive Income/(Loss) For The Year | | (284,973) | 25,822 |

The accompanying notes form an integral part of this statement.

Statement of Changes in Equity

for the Year Ended 30th June 2019

| | Retained Earnings | Financial Assets Revaluation Reserve | Contributed Equity | Total |
|---|-------------------|--|--------------------|------------------|
| | \$ | \$ | \$ | \$ |
| Balance 30 June 2016 | 358,123 | (23,214) | 4,478,104 | 4,813,013 |
| Surplus/(Deficit) attributable to members | (212,516) | - | - | (212,516) |
| Fair value increment/(decrement) | - | 105,224 | - | 105,224 |
| Balance 30 June 2017 | 145,607 | 82,010 | 4,478,104 | 4,705,721 |
| Surplus/(Deficit) attributable to members | (188,277) | - | - | (188,277) |
| Fair value increment/(decrement) | - | 214,099 | - | 214,099 |
| Balance 30 June 2018 | (42,670) | 296,109 | 4,478,104 | 4,731,543 |
| 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 |
| Balance 30 June 2019 | (316,242) | 284,708 | 4,478,104 | 4,446,570 |

The accompanying notes form an integral part of this statement.

Statement of Cash Flows

for the Year Ended 30th June 2019

| | Note | 2019 \$ | 2018 \$ |
|--|------------|------------------|------------------|
| Cash Flows from Operating Activities | | | |
| Receipts from course fees, sponsors, etc. | | 1,667,731 | 1,593,519 |
| Payments to suppliers and employees | | (2,082,158) | (1,906,667) |
| Interest received | | 25,016 | 40,329 |
| Investment income received | | 226,688 | 72,269 |
| Net Cash (used in)/provided by Operating Activities | (a) | (162,723) | (200,550) |
| Cash Flows from Investing Activities | | | |
| Sale of investments | | 887,386 | 134,714 |
| Purchase of property, plant and equipment | | (875) | (2,830) |
| Purchase of investments | | (1,089,606) | (236,723) |
| Net Cash (used in)/provided by Investing Activities | | (203,095) | (104,839) |
| Net increase/(decrease) in cash held | | (365,818) | (305,389) |
| Cash at beginning of Financial Year | | 1,541,502 | 1,846,891 |
| Cash at end of Financial Year | | 1,175,684 | 1,541,502 |

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

| | 2019 | 2018 |
|--|------------------|------------------|
| | \$ | \$ |
| Surplus / (Deficit) | (290,392) | (188,277) |
| Adjustments: | | |
| Depreciation | 15,988 | 17,429 |
| (Profit)/Loss on Disposal of Assets | - | - |
| (Profit)/Loss on Investments | (10,314) | 48,198 |
| Change in Assets and Liabilities: | | |
| (Increase)/Decrease in Accounts Receivable | (37,655) | (36,972) |
| (Increase)/Decrease in Inventories | 546 | 915 |
| (Increase)/Decrease in Other Current Assets | (1,400) | (7,782) |
| Increase/(Decrease) in Trade and Other Payables | 110,049 | 36,628 |
| Increase/(Decrease) in Provisions | 24,378 | 31,728 |
| Increase/(Decrease) in Income in Advance | 15,763 | (102,417) |
| Total Cash (used in)/provided by Operating Activities | (162,723) | (200,550) |

Notes to the Financial Statements

for the Year Ended 30th June 2019

Note 1 – Summary of Significant Accounting Policies

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

Note 2 – Basis of Preparation

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

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

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

Revenue

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

Interest revenue is recognised using the effective interest rate method.

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

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

Goods and Services Tax (GST)

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

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

Unexpended Grant Funds & Course Fees

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

Fixed Assets

Property, Plant and Equipment (PPE)

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

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

Cash & Cash Equivalents

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

Stock of Publications

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

Long Service Leave

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

Income Tax

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

Adoption of new and revised accounting standards

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

New accounting standards for application in future periods

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

Financial instruments

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.

Note 3 – Cash and Cash Equivalents

| | 2019 \$ | 2018 \$ |
|---------------|------------------|------------------|
| Cash at Bank | 348,690 | 229,326 |
| Term Deposits | 826,994 | 1,312,176 |
| | 1,175,684 | 1,541,502 |

Note 4 – Trade and Other Receivables

| | 2019 \$ | 2018 \$ |
|----------------|----------------|----------------|
| Trade Debtors | 34,499 | 37,094 |
| Sundry Debtors | 124,300 | 84,050 |
| | 158,799 | 121,144 |

Note 5 – Other Current Assets

| | 2019 \$ | 2018 \$ |
|------------------|---------------|---------------|
| Prepaid Expenses | 18,165 | 16,765 |
| | 18,165 | 16,765 |

Note 6 – Inventories

| | 2019 \$ | 2018 \$ |
|-----------------------|--------------|--------------|
| Stock of Publications | 7,169 | 7,715 |
| | 7,169 | 7,715 |

Note 7 – Property, Plant & Equipment

| | 2019 \$ | 2018 \$ |
|--|---------------|---------------|
| Leasehold Improvements | | |
| At Cost | 40,856 | 40,856 |
| Accumulated Depreciation | (11,859) | (9,116) |
| | 28,997 | 31,740 |
| Office Furniture and Equipment: | | |
| At Cost | 63,075 | 62,512 |
| Accumulated Depreciation | (31,556) | (25,286) |
| | 31,519 | 37,226 |
| Computer Equipment: | | |
| At Cost | 62,090 | 61,777 |
| Accumulated Depreciation | (46,926) | (39,951) |
| | 15,164 | 21,826 |
| Total Property, Plant and Equipment | 75,680 | 90,792 |

Movements in carrying amounts

| | Leasehold Improvements \$ | Office Furniture and Equipment \$ | Computer Equipment \$ | Total \$ |
|--|---------------------------------|---|-----------------------------|----------------|
| Balance at the beginning of 2018 | 34,482 | 42,267 | 28,643 | 105,392 |
| Additions | - | 1,319 | 1,510 | 2,829 |
| Depreciation expense | (2,742) | (6,360) | (8,327) | (17,429) |
| Carrying amounts at the end of 2018 | 31,740 | 37,226 | 21,826 | 90,792 |
| Balance at the beginning of 2019 | 31,740 | 37,226 | 21,826 | 90,792 |
| Additions | - | 563 | 313 | 876 |
| Depreciation expense | (2,743) | (6,270) | (6,975) | (15,988) |
| Carrying amounts at the end of 2019 | 28,997 | 31,519 | 15,164 | 75,680 |

Note 8 – Investments

| | 2019 | 2018 |
|--------------------------|------------------|------------------|
| | \$ | \$ |
| Investment at Fair Value | 3,724,032 | 3,516,393 |
| | 3,724,032 | 3,516,393 |

Note 9 – Trade & Other Payables

| | 2019 | 2018 |
|-------------------------------|----------------|----------------|
| | \$ | \$ |
| Trade Creditors | 125,756 | 24,328 |
| Sundry Creditors | 56,016 | 62,170 |
| HEAL Foundation Grant Payable | 54,984 | - |
| Accrued Expenses | 196,178 | 181,402 |
| | 432,934 | 267,900 |

Note 10 – Other Current Liabilities

| | 2019 | 2018 |
|-------------------|---------------|---------------|
| | \$ | \$ |
| Income in Advance | 45,207 | 84,428 |
| | 45,207 | 84,428 |

Note 11 – Provisions

| | 2019 | 2018 |
|--|----------------|----------------|
| | \$ | \$ |
| Provision for Annual Leave - Current | 66,362 | 62,815 |
| Provision for Long Service Leave – Current | 146,683 | 103,639 |
| Provision for Long Service Leave – Non - Current | 21,773 | 43,986 |
| | 234,818 | 210,440 |

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 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 2019 the accounts of the Fund disclosed that there were no liabilities and assets of \$1,059,595.

Note 15 – Operating Lease Commitment

Minimum lease payments under non-cancellable operating leases.

| | 2019 \$ | 2018 \$ |
|----------------------------|---------------|----------------|
| No later than one year | 38,605 | 140,068 |
| Between one and five years | - | 38,605 |
| | 38,605 | 178,673 |

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

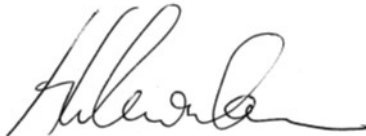
Health Education Australia Limited Responsible Persons' Declaration

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

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

1. The financial statements and notes, as set out in pages 23 to 35 are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*:
 - a) comply with Accounting Standards as stated in Note 1 and the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
 - b) Give a true and fair view of the company's financial position as at 30 June 2019 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 October 2019

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 2019, 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 2019 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 2019, 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.

Report on the Audit of the Financial Report (Continued)

Responsibilities of Responsible Persons

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

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

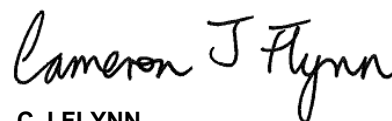
- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a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

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



ACCRU MELBOURNE (AUDIT) PTY LTD

Dated 30 October 2019



C J FLYNN
Director

Statement of Financial Position

as at 30th June 2019

| | Note | 2019 \$ | 2018 \$ |
|-----------------------------|------|------------------|------------------|
| Current Assets | | | |
| Cash | 3 | 1,048,597 | 1,127,704 |
| Other Current Assets | 4 | 10,998 | 6,022 |
| Total Current Assets | | 1,059,595 | 1,133,726 |
| Total Assets | | 1,059,595 | 1,133,726 |
| Total Liabilities | | - | - |
| Net Assets | | 1,059,595 | 1,133,726 |
| Equity | | | |
| Capital fund | | 101,000 | 101,000 |
| Retained earnings | | 958,595 | 1,032,726 |
| Total Equity | | 1,059,595 | 1,133,726 |

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

Statement of Comprehensive Income

for the Year Ended 30th June 2019

| | 2019 \$ | 2018 \$ |
|---|-----------------|---------------|
| Income | | |
| Interest | 25,869 | 25,928 |
| Total Income | 25,869 | 25,928 |
| Expenses | | |
| General & Administrative Expenses | - | 4,300 |
| Scholarships | - | 5,000 |
| Grants | 100,000 | - |
| Total Expenses | 100,000 | 9,300 |
| Net Surplus/(Deficit) | (74,131) | 16,658 |
| Total Comprehensive Income/(Loss) For The Year | (74,131) | 16,658 |

The accompanying notes form an integral part of this statement.

Statement of Changes in Equity

for the Year Ended 30th June 2019

| | Retained Earnings \$ | Capital Fund \$ | Total \$ |
|---|-------------------------|--------------------|------------------|
| Balance at 30 June 2016 | 996,833 | 101,000 | 1,097,833 |
| Surplus/(Deficit) attributable to members | 19,235 | - | 19,235 |
| Balance at 30 June 2017 | 1,016,068 | 101,000 | 1,117,068 |
| Surplus/(Deficit) attributable to members | 16,658 | - | 16,658 |
| Balance at 30 June 2018 | 1,032,726 | 101,000 | 1,133,726 |
| Surplus/(Deficit) attributable to members | (74,131) | - | (74,131) |
| Balance at 30 June 2019 | 958,595 | 101,000 | 1,059,595 |

The accompanying notes form an integral part of this statement.

Statement of Cash Flows

for the Year Ended 30th June 2019

| | Note | 2019 \$ | 2018 \$ |
|--|------------|------------------|------------------|
| Cash Flow from Operating Activities | | | |
| Interest received | | 20,893 | 29,464 |
| Payments to suppliers | | - | (9,300) |
| Payments of sponsorship | | (100,000) | - |
| Net Cash provided by Operating Activities | (a) | (79,107) | 20,164 |
| Net increase/(decrease) in cash held | | (79,107) | 20,164 |
| Cash at beginning of Financial Year | (b) | 1,127,704 | 1,107,540 |
| Cash at end of Financial Year | (b) | 1,048,597 | 1,127,704 |

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

| | | 2019 \$ | 2018 \$ |
|--|--|-----------------|---------------|
| Surplus/(Deficit) | | (74,131) | 16,658 |
| Change in Assets and Liabilities: | | | |
| (Increase)/Decrease in Sundry Debtors | | (4,976) | 3,506 |
| Net cash (used by)/provided by Operating Activities | | (79,107) | 20,164 |

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.

| | | 2019 \$ | 2018 \$ |
|--------------|--|------------|------------|
| Cash at Bank | | 1,048,597 | 1,127,704 |

Notes to the Accounts

for the Year Ended 30th June 2019

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

| | | 2019 | 2018 |
|---------------|--|------------------|------------------|
| | | \$ | \$ |
| Cash at Bank | | 427 | 401 |
| Term Deposits | | 1,048,170 | 1,127,303 |
| | | 1,048,597 | 1,127,704 |

Note 4 – Other Current Assets

| | | 2019 | 2018 |
|----------------|--|---------------|--------------|
| | | \$ | \$ |
| Accrued Income | | 10,998 | 6,022 |
| | | 10,998 | 6,022 |

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 2019 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 October 2019

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 2019, 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 2019 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 2019, 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.

Report on the Audit of the Financial Report (Continued)

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 entities determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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



ACCRU MELBOURNE (AUDIT) PTY LTD



C J FLYNN
Director

Dated 30 October 2019

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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.

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