Australian Society of Medical Imaging and Radiation Therapy

ABN 26 924 779 836



Vision

"Strength and excellence in the medical radiation science profession"

Mission

The Australian Society of Medical Imaging and Radiation Therapy is the national professional organisation representing medical radiation practitioners in Australia.

Our aims are to promote, encourage, cultivate and maintain the highest principles of practice and proficiency in respect of medical radiation science. The Society facilitates educational activities, discussion and consultation among members and others. We recognise Medical Radiation Practice Board of Australia (MRPBA) approved programs of study across Australia, set standards of competency in practice and encourage scholarship and continuing professional development.

Values

- · Dignity of the individual; compassion, confidentiality
 - · Trust, respect, integrity and ethical practice
 - · Open and transparent communication
 - Consultation with all stakeholders
- · Recognition, reward and support for service contributions
 - · Responsive and professional attitude
- · Energy and enthusiasm passion for the Medical Radiation Science profession
 - Participation and
 - · Leadership.

Our goals are to

- · Represent all practitioners in the Australian MRS profession
- · Be the global benchmark organisation in the MRS profession
- Maintain excellence in MRS practice through endorsed standards that underpin
 Australian licensing and registration
 - · Provide educational support along the pathway to professional practice
 - Provide Continuing Professional Development (CPD) programs that ensure

standards, proficiency and competency is maintained at the highest level

Develop and maintain Professional Practice Standards (PPS) and assessments that demonstrate global best practice

- · Assess proficiency of overseas qualified practitioners seeking employment in Australia
 - · Provide a cohesive, unified voice in dealings with all parties with MRS and
- · Provide the resources (human, physical and financial) necessary to fulfil these goals.

Contents

President's Message Acting Chief Executive's Message	
Specialist Panels and Boards	
Radiation Therapy Advisory Panel	8
Medical Imaging Advisory Panel 1	8
Medical Imaging Advisory Panel 2	9
Educational Standards and Advisory Panel	11
Overseas Qualifications Assessment Panel	11
Fellowship Panels	12
Rural and Remote Practitioners Advisory Panel	12
Editorial Review Board / JMRS	13
Advanced Practice Advisory Panel	15
ISRRT	15
Presidents	16
Fellows as at 31 October 2016	17
Directors' Report	18
Financial Statements	25

Composition of the Board

President	Patrick Eastgate, PMASMIRT, Qld
Vice President	Bronwyn Hilder, FASMIRT, Tas
Honorary Treasurer	Carolyn Heyes, PMASMIRT, Vic
Honorary Secretary	Robin Hart, PMASMIRT, WA
Whip	Jo Page, PMASMIRT, NSW
Board Member, SA	Denise Ogilvie, PMASMIRT (from May 2016)
Board Member, NSW	Jillian Harris, PMASMIRT (from May 2016)
Board Member, Qld	Adam Westerink, PMASMIRT (from August 2016)
Board Member, SA Board Member, NSW	Denise Ogilvie, PMASMIRT (from May 2016) Jillian Harris, PMASMIRT (from May 2016)



Australian Society of Medical Imaging and Radiation Therapy ABN 26 924 779 836

Secretariat: 25 King Street, Melbourne Vic 3000 Australia

Postal address: PO Box 16234, Collins Street West Vic 8007. Tel +61 3 9419 3336 Fax +61 3 9416 0783 email: info@asmirt.org, website: www.asmirt.org



Message from the **President** – Patrick Eastgate

www.ith ASMMIRT 2017 in Perth fast approaching I have the great privilege of writing this report whereby I will endeavour to provide a review of the past 12 months and what to look forward to in 2017 and beyond.

2016 was a challenging but exciting year for our Board and ASMIRT. Early in the year we introduced a new constitution to members, who enthusiastically voted in favour of the changes, and in favour of changing our name from AIR to ASMIRT. There will be further proposed changes at this year's AGM as we continue to ensure that our Constitution meets our changing needs as a service business. The word 'business' is a timely reminder that ASMIRT is a not-for-profit organisation (NFPO) and as such the Board must ensure it not only complies with the Corporations Act but also that it remains a viable business now and into the future. This requirement underpins both the strategy and every decision taken by our Board.

One of the key drivers for my tenure as President has been to ensure we bring ASMIRT back into an annual operating surplus so that it can meet the changing needs of our broad spectrum of members. This has been a challenge that the Board has readily championed and you will see the fruits of our labour in the Treasurer's Report.

In late 2016 our Board commissioned an external and independent review of our organisation. Much of the findings of this review will be the drivers for our Board in 2017 to see if we can get ASMIRT to be a leading NFPO in Australia.

2016 was also a year where our Board set out to position ASMIRT to make and champion significant changes. One of the most significant of these changes was the appointment of Ms Sally Kincaid as our CE and I hope you will make the time to meet her during ASMMIRT 2017. Sally brings a wealth of experience and real energy and vision to ASMIRT that will ensure that changes we aspire to in 2017 will be met. I would also take this further opportunity in thanking Paul Gloster for his time acting as our CE in 2016. Paul is such a credit to our organisation with his dedication and commitment and as a Board we look forward to continuing to work with Paul in 2017. I would also take this opportunity to thank all the ASMIRT staff for their continued support and commitment

ASMIRT made a number of firm position statements on key issues including **Registered Nurses** being able to request imaging ... supporting the drive for sonographers to extend their role into MSK injections ... and provided feedback on recent challenges relating to coal workers' pneumoconiosis (CWP).

through 2016, and I hope the changes we introduce in 2017 will enhance their passion and drive within our organisation.

We are also working to increase the benefits of membership for all our members. The most recent development has been a new partnership with BMS Insurance Brokers to ensure we are getting the best coverage for our members.

In 2016 ASMIRT made a number of firm position statements on key issues including Registered Nurses being able to request imaging. In collaboration with ASA and ASUM we supported the drive for sonographers to extend their role into MSK injections. We were also asked to provide feedback on recent challenges relating to coal workers' pneumoconiosis (CWP), also known as black lung disease. Our profile was further enhanced through a number of articles in the media throughout the year and while we still have a lot of work to do in this space, it is something to which we are very much committed.

ASMIRT has continued to foster collegial relationships with our allied representative bodies, including the MRPBA, ASA, ASUM, ANZSNM, ACPSEM and RANZCR. We are delighted to continue our working relationships with these organisations in 2017.

Another exciting project ASMIRT has committed to has been to set up a process and benchmark for Radiographer Commenting. This process started early in 2017 with representation by local and global experts championing patient safety and providing medical imaging professionals a stepping stone to Advanced Practice. I hope you will support this initiative as it progresses in 2017.

Some big ticket items for 2017 ... first and foremost, our website and the data base that sits behind it both need a significant overhaul. Our CPD program needs to be aligned with other stakeholders, simple to understand and use in recording your CPD, and with the ability to provide evidence for auditing purposes. Did I mention an 'App'?... let me not get too ahead of myself!

Our Board and CE will be looking to our volunteers and staff to foster real innovation to ensure the future viability of the society. I will report to you on these as the year progresses.

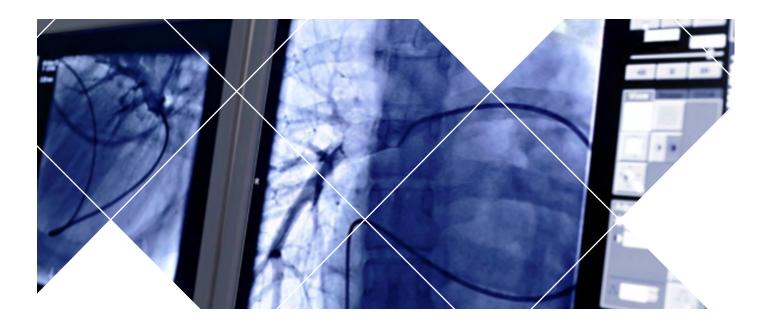
Finally to Dr Robin Hart (Rob) who will step down at our AGM as the West Australian Board member, and Jo Page who is stepping down as her term of Immediate Past President comes to an end, my sincere thanks.

Rob has been a committed Board member whose eloquent ways with words was something to behold. Your wisdom and thoughtfulness will always be something I will seek out.

Jo was an outstanding President of AIR, and her wisdom, friendship and mentorship established through long service to both the Society and the Board are peerless. I cannot thank her enough for the support she has shown to me as I took up the chain of office – and beyond.

We wish you both all the very best and hope we will continue to cross paths.

Patrick Eastgate President





Message from the Acting Chief Executive – Paul Gloster

am writing again this year (for the reporting period 1 November 2015 to 31 October 2016) in the role of Acting Chief Executive in the knowledge that by the time this article is published and read that there will be a new fulltime Chief Executive. I would like to thank the Board of Directors for their support and confidence in me for this period and to the Secretariat staff, especially the Executive Team for their significant 'sharing of the load' and for helping to make this such a roundly successful and strategically important year for the Society.

The year has been an exceptionally busy period at the office, not least because of the need to straddle two significant roles but also as a result of the unprecedented level of activity (both internal and outward facing) at a strategic and operational level. Much energy and time has been devoted towards the planning and preparation and outflow from the significant Constitution changes as well as all that has been involved in the planning and operationalisation of our new Organisation name – Australian Society of Medical Imaging and Radiation Therapy (both important strategic steps approved by ASMIRT members at the Brisbane AGM in April 2016).

The new Constitution provides much needed "contemporization" in respect to language and terminology and in relation to ASIC requirements. It also means that the Society can plan for a broadening of its membership base to accommodate the diversity of mediation radiation science (MRS) practitioners, without diminishing the importance of our Professional members. The new organisation name also more accurately reflects the diversity of our membership – notably now including reference to Radiation Therapists.

The Board of Directors has ensured that we have continued to engage with and communicate with our key stakeholders – notably this year with AHPRA (Allied Health Professions Registration Agency), MRPBA (Medical Radiation Practice Board of Australia), RANZCR (Royal Australian and New Zealand College of Radiologists), ACPSEM (Australian College of Scientists and Engineers in Medicine), and the various Departments of Health, at a state and federal level. This year also saw our renewed membership of AHPA (Allied Health Professions Australia) – a notable conduit 2016 has seen a phenomenal growth in student members following a direct The increase in student members is a very welcome outcome and we encourage all members. including students to become actively involved with their local branches and local branch events.

for us in relation to discussions with other professional/peak bodies, but also for the future in relation to our successful lobbying of government at both a state and federal level on a diverse range of topics and issues. Watch this space.

The Board remains committed to bolstering the array of member benefits to further strengthen the membership value proposition. This year saw the appointment of our new combined malpractice, public and products liability insurance policy (PI) broker - BMS. The Board are very excited regarding future learning initiatives and the prospect for enhanced information and learning opportunities to members in relation to safe working practices, risk mitigation and adherence to best practice. The learning opportunities here further augmenting a significantly attractive package of PI cover which includes \$20m cover but which also affords full (and often ignored/overlooked) 'run-off' PI coverage for eligible members into retirement. In 2016, the Board were also very excited to launch the Member Advantage program, providing to eligible ASMIRT members a vast array of retail, travel and dining purchase discounts across a huge diversity of outlets. Again - watch this space

It was a very busy year for our Conference and Events Department – testament being the quality, range and scale of learning offerings available to ASMIRT members throughout the year. It was a great pleasure to attend the excellent (and very well attended) ASMMIRT 2016 Conference in Brisbane in April 2016. This Conference owes its great success to the quality of the presenters and speakers as well as to the army of dedicated and industrious volunteers at the QLD branch who strove (with our excellent Secretariat team) to ensure that all ran smoothly and to time and according to the rigorous planning established between the Convening Committee and David Leach with approval from the Board of Directors. August 2016 also provided an opportunity for the Board to attend the MedRad Forum in Hobart. This very successful event provided a showcase for a diverse array of topical and interesting presentations. The WA Branch and the Perth Convening Committee are putting significant effort into the planning and preparation for the ASMMIRT "Reach" Conference in Perth 24-26 March 2017. I am sure that this event will be a great success – I encourage you to attend this Conference and other future ASMMIRTs to come.

2016 has seen a phenomenal growth in student members following a direct promotion. The increase in student members is a very welcome outcome and we encourage all members, including students to become actively involved with their local branches and local branch events. Such involvement contributes substantial dividends in relation to the quality of branch events and to the betterment of members and the profession as a whole.

I would like to reiterate my sincere thanks to the countless individuals on the panels and State Branches for their unstinting service to the organisation, the Society and their profession, to the Board for their considerable support last year (notably Jo Page – Immediate Past-President and Patrick Eastgate - President) and to the Secretariat Staff and Executive Team for solid support throughout the year. I would also like to extend a very special mention to Min Ku and David Leach who were especially committed to ensuring such a successful conclusion to the year and via continuous sharing of tasks and projects and to many long days and late nights at the office throughout the year. A real team effort!

Paul Gloster Acting Chief Executive

Secretariat staff, panels and boards to 31 October 2016

Staff at the Secretariat

Paul Gloster	Acting Chief Executive
Min Ku	Professional Standards Manager
David Leach	Conference & Events Manager
Bruce Su	Financial Controller
Toula Mandranis	Executive Assistant to the Chief Executive and Board (Part-time)
Kathleen O'Connor	Senior Administration Officer – Membership
Samantha Farmer	Administration Officer - Membership
Patricia Fanning	Administration Officer – CPD/MRI/CT Coordinator (Part-time)
Angela Coughlin	Events Coordinator
Stephanie Dunbar	Communications Content Coordinator
Nicole Hancock	Professional Accreditation and Education Board Support, Internship Coordinator
Emily Chapple	Administrative Assistant – CPD, Finance (Part-time)
Joelle Delafosse	Administrative Support (Casual)
Susan Elliot	Receptionist

Specialist Panels & Boards

Radiation Therapy Advisory Panel (RTAP)

Panel members

Anthony Arnold	NSW	Chair
Kevina Choma	Qld	Secretary
Aniko Cooper	QLD	
Michael Young	Tas	
Donna Matthews	SA	
Katherine Fox	Vic	
Rachel Kearvell	WA	
Rebecca Height	Vic	
Aimee Lovett	NSW	

This year RTAP welcomed two new members to the panel - Aimee Lovett from NSW and Rebecca Height from Victoria. Both Rebecca and Aimee have both made a valuable contribution to the panel and our projects. As chair Anthony Arnold is also our representative on the national Tripartite committee and has provided the panel with updates on projects which impact on radiation therapy in Australia.

This year RTAP has had one teleconference (1/4/16) and one face to face meeting at ASMMIRT. The aim of these meetings was to introduce the new panel members to the panel and progress work on projects such as the new Radiation Therapist Scope of Practice document and the publication of the 2014 RT Workforce Model.

The Radiation Therapist Scope of Practice document is still a work in progress with final compilation and editing an ongoing task. Following this the draft scope of practice document will be circulated for consultation.

Following the consultation period RTAP aim to finalise the document and make public as a reference document for the profession.

RTAP have been working on a manuscript to publish the work around the development of the update 2014 Workforce Model. This manuscript has finally been accepted for publication and the finalised article is expected to be available soon.

Most activity of the panel this year was undertaken via email discussion. Throughout the year the panel has reviewed and provided expert comment on a number of documents related to radiation therapy practice. These include the document from the Rural Radiation Therapy Special Interest Group which is associated with the Tripartite Committee and an ESTRO document on the credentialing of radiation therapy technologists in Europe.

This year RTAP was pleased to announce David Willis as the winner of the Varian Award. David has made an outstanding contribution to radiation therapy practice throughout his career and continues to do so.

We are not expecting any changes to the panel for 2017 and will work towards the completion of current projects.

Kevina Choma Secretary, RTAP

Medical Imaging Advisory Panel 1 (MIAP1)

Panel members	
Christine Vanderley-Reichner	Tas
Chair	
Barry Tanian	WA
Karen Dobeli	Qld

Marnie Rawle	Qld
Bosco Yu	NSW
Brendon Erskine	Vic
Ngon Tran	Vic

This year MIAP1 scheduled four teleconferences, (23rd February, 21st June, 16th August and 18th October) and two face-to-face meetings - ASMIRT 21st April in Brisbane and 11th November in Melbourne.

This year as chair of MIAP1, I was aware that as we are all time poor, we need processes to make life easier which includes the use of electronic media to assist us whenever possible. Online form checking and replies, electronic form submission and electronic meeting agendas all make life easier. It has also resulted in reduced turnaround times for participants in the certification programs as well as a system that is quick and efficient.

While there is still more work to do with online forms, the forms that can be generated online make them more legible, easier to follow, quicker to check and result in fewer errors. A big thank you to the secretariat staff that have better formatting skills than me. We have also looked at turning the certification entry examinations into an online exam, which would give us more flexibility and improve access. It would also allow us to mark the examinations better.

This year there has also been an increase in requests for information or comments from MIAP1. There are increased questions about scope of practice, e.g. contrast media safety, administration of drugs other than contrast media, and concerns about other practitioners such as dental assistants using radiation.

We can only direct them to current state legislation which is difficult to interpret in the modern era.

But recently there has been many questions seeking advice on how to move from one specialist modality to another, or how to update clinical skills and practice for the changing imaging and radiation therapy environment.

The increasing variety of hybrid equipment (CT/PET/SPECT/ MRI) means that many staff will be using this equipment, but feel they need more information than what is supplied by the application specialists. This is despite the fact that they may not be operating outside MRPB guidelines, which support performing tasks within your capability. We are also seeing discussion from diagnostic radiographers wanting to perform PET. Currently there are no obvious pathways beyond university study which has little practical component and may be beyond the reach of a working family.

This year I was privileged to represent ASMIRT on the RANZCR working group to update the iodinated contrast media guidelines. While it was a lot of work, I hope it will be useful to many of you in your day to day work.

MIAP1 have provided expert advice and reviewed many different groups over the year:

- Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Board of Australia announced they had commissioned an independent review on the use of chaperones to protect patients to consider whether, and if so in what circumstances, it is appropriate to impose a chaperone condition on the registration of a health practitioner to protect patients while allegations of sexual misconduct are investigated.
- ARPANSA-Code for Radiation Protection in Planned Exposure Situations (Planned Exposure Code)
- Standards Australia for representation. This requires someone with a highly technical background in Medical Radiation. We felt that this should be opened to the entire membership. It is displayed on the ASMIRT website.
- MBS- Medicare Benefits Schedule (MBS) Review Taskforce was established last year to conduct an independent clinician led review of the MBS. The Taskforce is considering every one of the more than 5,700 items on the MBS, in particular how the items can be aligned with contemporary clinical evidence and practice and improve health outcomes for all Australians. The BMD description has been improved to include the radiographer
- Concerns over whether having a physical disability such as colour blindness would preclude someone from a career in MI.
- Nominating to ARPANSA of a suitable

radiographer to sit on their expert panels.

The use of L + R lead markers in this digital age. The consensus is that while markers are required on all images, and lead are preferred, it is the radiographers responsibility to accurately annotate the image with all necessary labels to ensure an accurate diagnosis. This is part of National standards. (NSQHS Five)

CERTIFICATION PROGRAMS: MRI and CT

The CT and MRI certification exams were held on Saturday the 21st March and Sunday the 20th September. MIAP1 will again hold examinations on Saturday 19th March and one on Sunday 18th September in 2017.

A total of 270 applicants sat the exams in 2016. This compares with 243 in 2014 and 227 in 2015. The 2016 number included participants in the Angiography pilot examination.

This increased participation also leads to an increase in the number of participants in the ongoing certificate programs.

We have spent a lot of time trying to reduce turnaround times for Level 2 certification, application and renewal. Applicants now send their data electronically and then using the ASMIRT electronic meeting program, the data is shared by the panel and checked. This has reduced turnaround times, but more importantly, we have a paper trail and reduced the reliance on Australia post.

Nuclear Medicine Technologists have been allowed to sit the examination this year. This has been a long process but it fits neatly with the change from AIR to ASMIRT.

Angiography/Interventional Certification

After much discussion following the combined Cardiac and Vascular Interventional Angiography Pilot examination, it has been decided to split the examination into two, cardiac interventional imaging and vascular interventional imaging. While we recognise that there are many radiographers who work in a hybrid laboratory, it is beyond the resources of the organisation to offer three different examinations. The successful candidates in the hybrid examination have been offered certification entry in both streams. The first examinations for the two streams will be on the 19 March 2017.

Re-entry programs

Last year's re-entry program for those certificate holders who had let their certificates lapse was a great success with many lapsed participants re-joining us. It has highlighted the increased need to use electronic and social media to alert participants of their expiry dates. It may be worthwhile doing this again in the future.

I would also like to thank the Secretariat team for their help and hard work, Patricia

Fanning, Min Ku and Paul Gloster and the rest of the team. Without their support of the secretariat to the members, it would be difficult to maintain a volunteer organisation.

While this is a small panel in numbers it has been a pleasure to work with a hardworking and cohesive panel. I thank my fellow panel members for their hard work. We look forward to working with Adam Westerink as our board liaison, but most of all we look forward to continuing to support the members in their endeavours.

Christine Vanderley-Reichner Chair, MIAP1

Medical Imaging Advisory Panel 2 (MIAP2)

Panel members	
Elizabeth Phillips	(Breast Imaging &
	Ultrasound)
	Qld Co-Chair
Harj Bariana	(Breast Imaging &
	Ultrasound)
	NSW Co-Chair
Reine Hobbs	(Breast Imaging)
	Vic
Jenny Huntley	(Breast Imaging)
	Tas
Carolyn Madeley	(Breast Imaging)
	WA
Cameron Moore	(Sonography)
	Qld (from Sept 2016)

The Medical Imaging Advisory Panel held 2 face to face meetings in 2016. Our first meeting for the year was held at ASMMIRT Brisbane in April while the other was held in Melbourne at the ASMIRT Secretariat in September. In 2016, MIAP2 continues to summarize their Breast and Ultrasound Meeting with news in the Spectrum.

The major issues the panel discussed and acted upon this year include:

1. Breast Imaging Policy

The Breast Imaging Education Policy is a standalone document since December 2010. The panel has finalised the major revisions to the Breast Imaging Education Policy, which also incorporates the Accreditation documents. This revised document was put on the ASMIRT website and sent to course co-ordinators to be implemented prior to course accreditation 30th October 2016.

2. The Graduate Diploma in Mammography (GDM)

There have been 2 cohorts of GDM students graduate. MIAP2 knows that these mammography technologist graduates are of a high standard and are suitably qualified to help fill the gap in the workforce. However, it is still apparent that a National Job Description and remunerated at an appropriate level

	Upd	ate on CC	PM issue	and renev	wals. Since	e Novembe	er 1, 2015 -	- 30 October	2016
	NSW	QLD	VIC	TAS	ACT	SA	WA	OTHER	TOTAL
New	8	5	19	0	0	5	1	1	39
Renewal	38	63	49	4	2	35	13	9	213

will need to be organised. Some of these graduates are currently being employed under different awards depending on the state.

3. Certificate of Clinical Proficiency in Mammography (CCPM)

Since 2013, the CCPM has a three-year accreditation and links to the VSOA. This has streamlined the process of CCPM renewal. Renewals will now be emailed to members. MIAP2 continues to review, renew and issue CCPM's.

4. Update on the Certificate of Clinical Proficiency in Mammography (CCPM)

The ASMIRT Certificate of Clinical Proficiency in Mammography continues to provide demonstration of a high level of competence and is a recommendation for Breast Screen staff and sought by many in diagnostic mammography practice.

During the past twelve months 39 new CCPM's have been awarded in comparison to 58 in the 2014-2015 period. 213 CCPM's have been renewed, an increase from the previous year total of 113.

Several applications were received from Northern Territory, New Zealand, Canada & Hong Kong trained radiographers, every application was individually assessed.

5. The Digital PGMI Reference Set

The imaging grading tool used in BSA to assess mammograms as Perfect, Good, Moderate or Inadequate with each description matching a specified image quality criteria, has been adapted to suit the digital imaging environment. The Digital Reference set was established and produced early 2011. Subsequently this set was published on the AIR website and endorsed by Breast Screen Australia's National Quality Management Committee (NMQC).

The panel are currently reviewing this Reference Set.

6. Update on the Advanced Breast Imaging Certificate (ABIC)

This award is a Life Time Award. It is given for recognition of outstanding contribution to the Breast Imaging.

7. Name Change to ASMIRT

These changes occurred at the AGM in 2016 with the AIR (now ASMIRT) recommending both a Name Change and a Change of Membership.

These changes will be more inclusive for

all persons who are in imaging professions regardless of their pathways to learning MIAP2 feels this is a positive step toward the imaging future in Australia.

8. Panel Members

Gaynor James GJ (Breast Imaging), SA Resigned from MIAP2 in April 2016 due to personal commitments. The MIAP2 Panel would like to acknowledge Gaynor's support to the Panel during her term.

Cameron Moore CMo (Sonography) NSW MIAP2 welcomed Cameron in Sept 2016. Cameron will assist with and represent General Ultrasound along with Elizabeth and Harj on the Panel.

9. Several queries have been sent to MIAP2 regarding the CCPM

Several Radiation Therapists have expressed interest in undertaking the CCPM. Currently, this is not an appropriate pathway due to a RT limited scope of practice and Radiation Licensing Requirements.

10. MIAP2 responded / commented to correspondence and queries regarding but not limited to:

NSW EPA Licenses for GDM's

- Credentialing Health Practitioners and Definitions of Scope of Practice
- Breast Industry Discussion with Marketing Media
- BSC Vic Online Course
- APHRA & GDM Concerns
- ISRRT Position Statement Radiographer/ Medical Radiation Technologist's Role in Authorisation and Justification of Medical Exposure as a Team Approach
- Evaluation of Overseas Qualifications re CCPM
- CCPM Course Requirements

11. APHRA continues to provide only limited registration for some radiographers specializing in mammography. MIAP2 is in support of radiographers receiving conditional registration with ability to obtain recency of practice in other modalities. The panel feels very strongly that as we are first and foremost fully qualified Medical Radiation Scientists.

12. Correspondences

The Co-Chairs administered approximately 250 items of inward and outward correspondence (emails and phone calls) between 1st November 2015 to 31st October 2016, in addition to the 252 applications

for the Certificate of Clinical Proficiency in Mammography and its renewal.

13. MIAP2 Accreditation of CCPM Courses

In Sept 2016, the Panel review the following courses:

- Breast Screen Victoria Course Academic & Clinical Components.
- Breast Screen Qld Clinical Component
- University of NSW Academic Component
 University of SA Academic & Clinical Components

Request for a 6 month Extension was granted

- Breast Screen WA (Academic & Clinical Components)
- Breast Screen NSW (Clinical component)

Recommendations

Components

Full accreditation was granted till Oct 2019

- Breast Screen Victoria Course Academic & Clinical Components.
- Breast Screen Qld Clinical Component
 University of SA Academic & Clinical

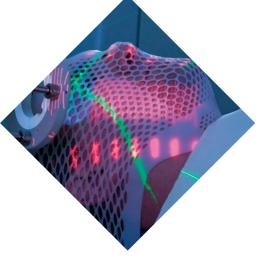
Conditional Accreditation

University of NSW Academic course

MIAP2 Panel Members wish to acknowledge the support of the Board and staff at ASMIRT.

Harj and I would like to acknowledge and give special thanks to Min Ku, Paul Gloster, Lynne Ingram and Carolyn Heyes for their assistance and support throughout the year.

Elizabeth Phillips Co-Chair, MIAP2



Education Standards and Advisory Panel (ESAP)

Panel members		
Natalie Pollard	NSW	Chair
Annalaise Takla	VIC	
	Hon Secre	etary
Naomi Gibson	QLD	
Jane Shepherdson	SA	
Julie Burbery	QLD	
Sue Merchant	SA	
Mary-Ann Carmichael	Vic	

Nicole Hancock, Administrative Support, ASMIRT

The Educational Standards and Advisory Panel (ESAP) undertook a number of tasks during 2016, with activities centred on professional practice standards matters.

ESAP held seven teleconferences during 2016, in February, March, April, June, August, October and December. In addition to these, ESAP held four face-to-face meetings in April, July, September and November, with the April meeting held in Brisbane and all others held in Melbourne.

As with 2015, ESAP have continued to respond to enquiries from practitioners both past and current in relation to standards and recency of practice requirements for national registration under the Australian Health Practitioner Regulation Agency (AHPRA). Whilst ESAP recognises that this is a primary function of the MRPBA, we have provided ongoing advice and assistance to ensure that the professional body supports the profession and its practitioners in the most appropriate way possible. ESAP is extremely grateful for the support received from the ASMIRT Board of Directors (BoD) in this ever changing area.

Throughout 2016, ESAP have continued to receive requests from practitioners who have had a period absent from the profession wishing to become ASMIRT members. The majority of practitioners are submitting an application to ASMIRT upon completion of an AHPRA return to work program, with the biggest hurdle being that in the majority of cases applicants have not completed sufficient CPD to be eligible for ASMIRT membership. ESAP continues to work with both the BoD and ASMIRT Secretariat in navigating through the complexities associated with this.

Each year, the ASMIRT Research Scholarship scheme offers two scholarships for research in the fields of radiation therapy and medical imaging, worth \$10 000 each. The ESAP received five (5) research scholarship applications, and a decision was reached at our face to face meeting in November at the secretariat in Melbourne to award 2 scholarships, one in the field of radiation therapy and the other in the field of medical imaging. The BoD was notified of this recommendation upon conclusion of the December ESAP meeting. In addition, ESAP reviewed and recommended changes to the research scholarship guidelines and application form, with these recommendations provided to the BoD for comment.

ESAP met with the MRLO Board at the ASMMIRT conference held in Brisbane in April 2016 to discuss author guidelines for MRLO units of learning.

ESAP have been involved throughout 2016 in the accreditation of Advanced Practitioners

and have worked with the Advanced Practice Advisory Panel (APAP) in the assessment of applications received under the Champion Pathway. The Champion Pathway closed on the 31st December 2016. ESAP are currently working with APAP to review the process for managing and reviewing applications.

ESAP continues to work closely with the BoD in providing advice regarding the VsoA and membership pathways in the move to implement the new constitution. Other activities conducted throughout 2016 include providing comment on professional standards documents from the NZIMRT, revision of ASMIRT policy documents and the partial completion of a desktop audit for the CSU Graduate Diploma of Mammography.

The workload for ESAP remains high, and activities for 2016 have been challenging in the face of ongoing changes to the profession at a national level. ESAP would like to acknowledge the continued support offered by the Board of Directors, the CEO and all the staff at the secretariat over the past year.

Natalie Pollard Chair, ESAP

Overseas Qualifications Assessment Panel (OQAP)

Panel members – Names withheld on grounds of privacy

OQAP assessed a total of 147 applications from 1st November 2015 until 30th October 2016. As expected, the majority of applications were received from the Medical Imaging fraternity (81). The number

Table 1: Applications rejected by country and modality

Countries Rejected	Ultrasound	Imaging	Radiation Therapy
India	1		
Brazil	1		
Canada	3		
United Kingdom	7	1	
USA	5	1	1
Pakistan	1	1	
Phillipines		2	
Portugal	1		
South Africa		1	
TOTAL	19	6	1

Table 2: Applications acceptd by country and modality

Countries Accepted	Ultrasound	Imaging	Radiation Therapy	
Australia	6	2	1	
Canada	6			
England	2	9		
Fiji		1		
India	3	2		
Ireland	1	4		
New Zealand	1	13	1	
Portugal	1	1		
Serbia		1		
Scotland		1	1	
South Africa	7	7	1	
United Kingdom	10	28	4	
United States, USA	1	2		
Wales		2		
Zimbabwe		2		
TOTAL	38	75	8	

of applications from candidates seeking Ultrasound recognition continues to be high (57) with the remaining applications were submitted from Radiation Therapists (9). The tables below demonstrate further details relating to the total assessments completed and the subsequent outcomes.

Application numbers submitted to OQAP in the last year remains consistent with the previous year. The panel continues to manage the workload efficiently, despite the panel size reducing slightly in the previous year. Monitoring will continue to ensure manageable and equitable workloads are allocated to busy panel members.

OQAP had 2 face-to-face meetings this year, held in May and October. This year we were joined by two ASA observers. This has offered networking opportunities for both parties and demonstrates the rigour of the OQAP assessment process relating to Ultrasound assessments.

Issues with individual assessments continue to be efficiently resolved via email or teleconference discussions in between meetings, as required.

OQAP's on-line documentation for applicants was improved in 2015, delivering improved application forms and frequently asked questions sections. These have been invaluable, and we continue to update online information for applicants where we identify a potential lack of clarity in the information provided.

The panel would once again like to express their appreciation of the outstanding work that Min Ku continues to offer the OQAP panel, her support and timely management of requests being highly appreciated by all.

I have been fortunate enough to take over the role of chair of OQAP this year, and appreciate that I have big shoes to fill, following the excellent work completed by my predecessor Lisa Roberts. I would like to take this opportunity to express my appreciation of the work that our marvellous panel continues to deliver, and for their dedication and hard work throughout the year.

Allison Dry Chair, OQAP

Fellowship Panels

Warden Greg Rattray	Qld
Diagnostic Panel	
Deborah Starkey	Qld
Reuben Dixon	Vic
Ingrid Jolley	Vic
Therapy Panel	
Janet Gawthrop	Vic
Paul Foulston	Vic
Eileen Giles	SA

Two members submitted applications for Fellowship during the past year. These applicants were both successful and received their awards at ASMMIRT.

The panels conducted one face to face meeting during the year whist attending ASMMIRT. The majority of business has been conducted via email communication.

The members of both panels were required to perform a secondary round of adjudication for both major 'best presentation' prizes for ASMMIRT. The video recordings of the presentations were used to perform this task in the week following the conference. This process resulted in a delay in the announcement of the prize winners.

Fellowship session assignments were approved for both ASMMIRT and the Queensland RT Weekend conference. Five members submitted assignments from the ASSMIRT session.

Updated guidelines have been published on the website. A further review is being undertaken to improve the wording for the requirements for publications and to enable the addition of online educational modules as a new category of assessable activity.

A number of members have sought advice on their précis in the past few months.

There have been 2 submissions received in October for assessment by the panels this year. These are currently under evaluation awaiting the panel's decision.

Greg Rattray Fellowship Warden

Rural and Remote Practitioners Advisory Panel (RRPAP)

Panel Members		
Fiona Jeffs	Vic	Chair
Judith Klontz	Qld	Vice Chair
Carolyn Dunstan	SA	Secretary
Christine Loosemore	Tas	
	Minutes	Secretary
Christopher Dransfield	NSW	
Simon Fenn	NSW	
Gilda Brieffies	WA	
Delphia Manietta	Qld	
Tom Randell	NT	
Liam Jukes	Vic	RT Rep

RRPAP Membership Notes:

- Delphia Manietta has filled the vacant Qld position, previously held by Izan Gill.
- Liam Jukes has replaced Kenton Thompson as the RT Rep.
- We welcome Tom Randell as the inaugural RRPAP member from NT.

2016 meetings

- Teleconferences : February 9th, June 14, August 16, October 11th
- Face to face meeting April 21.
- Pending face to face meeting to be held November 12 & 13 in Melbourne

2016 report

- Meeting with the Board:
 - Two of our members met with the Board at the face to face in Brisbane, on April 21
- Student Rural Clinical Placement Grants: – A total of 35 applications were received. Two of these did not fit the criteria. The total quota of 16 was approved. We were concerned about the quality of the applications and the format in which they were sent. This is the first time that the full quota of 16 grants has been approved. The panel are delighted with this interest. – First year students now receive the Spectrum at no cost. This may have increased their awareness of the availability of a rural placement grant
 - Approval of a structured social media



campaign to include universities and closing dates of the grant application – Clarification was confirmed that the grant is to be applied for and awarded in the

- Questionnaires have been finalized and

accepted.. The grant money will not be forwarded to the student until such time as a Spectrum article and the survey questions have been completed.

DI_ERRW (Diagnostic Imaging Enhancing the Rural and Remote Workforce)

- Four members assisted with reviewing 24 applications..
- The funding for this has now ceased.
- Part Two of the Rural Clinical Placement Grant survey questions has been modified for the DI_ERRW recipients.
- The Chair of the panel, (Fiona Jeffs), attended the SARRAH (Service for Australian Rural and Remote Allied Health) Conference in October, held at Port Lincoln, SA.
- Simon Fenn has been asked to talk about the RRPAP and Rural and Remote Imaging at the NSW Branch Radiation Cup Conference in November. He will also be talking and encouraging MI/RTs towards Advanced Practice.
- The National Standards Document of Limited X Ray Operators is currently on the AIR website.
- An E Poster was presented at ASMMIRT in Brisbane, April 2016. It mentioned where each panel member came from, their work place, and the type of work they do. It was unfortunate that the hall was extremely noisy and it was difficult to hear the presentation and also the other presentations.
- We brought attention to a position in Cloncurry, QLD, for a Radiography Assistant when there was no radiographer to assist. The position is really in the form of a LXO. There is not enough work at this site to warrant employing a radiographer. We referred this to the Board. A letter will be sent to clarify the position with reference to the LXO document.
- Provisional schedule of meetings will be drawn up at the face to face in Melbourne, along with formalization of panel positions for 2017.

Carolyn Dunstan Secretary, RRPAP

Editorial Review Board (ERB), Journal of Medical Radiation Sciences (JMRS)

Overview

This report highlights the activities and achievements of *Journal of Medical Radiation Sciences* (JMRS) from November 2015 – October 2016. The names of the Editorial Review Board (ERB) and International Advisory Panel (IAP) members are listed in Tables 1 and 2.

The annual publisher's report from Wiley was submitted to the Board. This report contains information like the frequency of article download, country of residence of readers and number of submissions.

The ERB members had a telephone and web conference meeting in June 2016. Some members of the ERB also met during the ASMMIRT meeting in April 2016. The members of the IAP met with some members of the ERB via web conference in July 2016. Members of the ERB attended the Wiley scientific publications forum and meetings with other Wiley medical editors throughout the year.

Achievements

1. Journal ranking

The Chinese Academy of Science (CAS) National Science Library ranked JMRS 431 out of the 939 open access journals in medicine in 2015 prior to the inclusion of JMRS in Medline. JMRS was also awarded 2 out of the 3 stars. With a two-star rating JMRS is considered a recommended journal. For more information go to http://gooa.las.ac.cn

2. Promotions

Throughout the year, JMRS was promoted to ASMIRT/NZIMRT members and to the wider MRS community. The following are some of the items that were promoted in 2016.

- The most cited, most downloaded articles and articles with the highest altmetric scores were compiled and published in Spectrum newsletter in November 2016.
 Stephanie Dunbar and Darien
- Stephanie Dunbar and Darien Montgomerie, the Communications Coordinators of ASMIRT and NZIMRT respectively promoted the activities of JMRS on the social media platforms.
- To encourage readers of the printed copy of JMRS to open the plastic sleeve we began publishing brief article titles on the front cover page.
- The publications of JMRS was promoted in #MedRadJClub (Twitter journal club)
- JMRS was promoted in Australasian Health and Medical Journal Editors Network through the editor in chief's

involvement with this group.

- The activities of JMRS were promoted during the annual scientific meetings of ASMIRT and NZIMRT.
- A publications workshop was held during the annual scientific meetings. These workshops were facilitated by members of the ERB. The convener for the ASMMIRT workshop was Karen Dobeli while Paul Kane was the convener for the NZIMRT workshop.

3. Publons

JMRS peer reviewers can now collect a verified record of their peer review contribution via Publons. Peer reviewers can use this as evidence of peer review workload and continuing professional development. To register with Publons go to https://publons. com/in/wiley.

In early 2017, a newsletter will be published in *Spectrum* highlighting the rewards of JMRS peer reviewers. On this newsletter it also mentions the 30% discount on books purchased by reviewers from Wiley online bookstore.

4. ORCID

The corresponding authors of JMRS are required to include their ORCID identifier in ScholarOne as part of the submission process. By obtaining an ORCID identifier others can find your research output including your publications with ease. It can sometimes be difficult to find the work of certain individuals because many share similar names. Hence, many research grant providers now expect applicants to provide their ORCID identifier on their application. The other authors are also encouraged to register for an ORCID identifier. It is free to register at https://orcid.org/register.

5. Peer review feature in ScholarOne

ScholarOne, the manuscript management software of JMRS was chosen to have an additional feature introduced which lists names of potential reviewers to consider who published on the same subject as the submitted manuscript. Editors are therefore provided with possible options to consider when deciding who to invite to review. The suggested names of reviewers and their relevant publications are from journals that are indexed in Web of Science where JMRS can also be accessed from.

6. JMRS App – available for Apple and Android devices

Users of Android devices can now access the JMRS App for free in https://play.google.com/ store/apps/details?id=com.wiley.jas.jmrs Apple users can also access for free the JMRS App.

Call for submissions

You may have noticed that there are more articles in radiation therapy compared to medical imaging. I am therefore urging colleagues in medical imaging (including nuclear medicine) and radiology to consider publishing in JMRS. Please promote to your colleagues that JMRS is the only fully open access journal with the target audience of medical radiation sciences profession. JMRS is accessible from many journal indexes including PubMed and MEDLINE.

Feedback

Your feedback about the activities of JMRS is valuable so please do not hesitate to contact Cherry Agustin at:

cherry.agustin@newcastle.edu.au (email).

Future

The ERB will continue to develop strategies to further improve the quality of the publications in JMRS. With the support of Wiley, ASMIRT and NZIMRT we are committed to (a) promoting the publications from JMRS and rewarding authors with top publications through further promotions and (b) rewarding reviewers. The goal of the ERB members is for the publications of JMRS to be cited with the long term goal of achieving an Impact Factor.

Acknowledgements

Thank you to the authors, readers and peer reviewers for supporting and promoting JMRS. For the members of the ERB, IAP and the editors for your recommendations and actions that led to a successful year. Thank you to Stephanie Dunbar (ASMIRT) and Darien Montgomerie (NZIMRT) for their ongoing promotion of JMRS.

Thank you to the team from Wiley for producing a quality journal: Simon Goudie, Journal Manager, Sylvia Cheong, Productions Editor, Emma Fitzsimons, Commercial Sales, Martha Rundell, ScholarOne and Novelyn Membrano from the Editorial Office for replying and acting on queries from authors, reviewers and editors.

Cherry Agustin Editor in Chief,

Journal of Medical Radiation Sciences

Publications report

Four issues of the *Journal of Medical Radiation Sciences* and 10 issues of *Spectrum* were published this year. Total costs amounted to \$349.107. Table 1: Members of the Editorial Review Board, Journal of Medical Radiation Sciences

Name	Professional Practice, AIR or NZIMRT Member
Cherry Agustin (Editor-in-Chief)	RT, ASMIRT
Ann Poulos (Deputy Editor)	MI, ASMIRT
Paul Kane (Deputy Editor)	RT, NZIMRT
ASSOCIATE EDITORS	
Elizabeth Brown	RT, ASMIRT
Jenny Cox*	RT, ASMIRT
Karen Dobeli	MI, ASMIRT
James Hayes	MI, NZIMRT
Peter Kench	NM, ASMIRT
Kellie Knight	RT, ASMIRT
Daniel Pham	RT, ASMIRT (UniteD States)
Warren Reed	MI, ASMIRT
Charlotte Sale	RT, ASMIRT
Zhonghua Sun	MI, ASMIRT
Sylvia Van Dyk	RT, ASMIRT
Nick Woznitza	MI, ASMIRT (United Kingdom)

(Available positions: 2 ASMIRT (Editor – MI and RT*) and 2 NZIMRT (Editors – MI and RT)

REVIEW BOARD MEMBERS

Joanne Adlam	MI, NZIMRT
Scott Bowman	MI, ASMIRT
Patrick Brennan	MI, ASMIRT
Rob Davidson	MI, ASMIRT
Shane Dempsey	RT, ASMIRT
Gay Dungey	RT, NZIMRT
Georgia Halkett	RT, ASMIRT
Sarah Lewis	MI, ASMIRT
Peter White	RT, ASMIRT (Hong Kong)

Suzanne Henwood left the ERB in 2016. Elizabeth Brown was acting associate editor in 2016 during the temporary leave of absence of Rebecca Owen. *Jenny Cox left the ERB in Nov 2016.

Table 2: Members of the International Advisory Panel

Name	Country	Professional Practice
Nicole Harnett	Canada	Radiation Therapy
Michelle Leech	Ireland	Radiation Therapy
Jonathan McNulty	Ireland	Medical Imaging
Wilfred CG Peh	Singapore	Radiology
Euclid Seeram	Canada	Medical Imaging
Suresh Rana	USA	Medical Physics - Oncology
Vincent WC Wu	Hong Kong	Radiation Therapy
Michael Ying	Hong Kong	Medical Imaging

Note: Mohd Hanafi Ali left the IAP in 2016

Advanced Practice Advisory Panel (APAP)

Panel Members

Nadine Thompson Gary Denham	NSW Chair NSW
	Honorary Secretary
Alison Brown	NSW
Charlotte Sale	Vic
Peter Rosenow	Vic
Michael Fuller	SA
Rachael Dantu	SA
Kathryn Squibb	TAS
Mary Job	Qld

Four new members were appointed to APAP in July: Nadine Thompson, Gary Denham, Mary Job and Alison Brown in 2016. They joined existing members Charlotte Sale, Peter Rosenow, Michael Fuller, Rachael Dantu and Kathryn Squibb. Kimberley Ross resigned from her position on APAP and Jill Harris was elected NSW board representative and could no longer continue as APAP chair. APAP would like to thank both Kimberley and Jill for their participation and leadership.

Jill Harris attended the International Radiographer Advanced Practice Conference hosted by Sheffield Hallam University. This was an enlightening and valuable experience. It was enlightening to find out that, whilst the UK have had advanced practitioners for many years, and are certainly way ahead of Australia in certain areas, they are still struggling in other areas.

One example is the issue of acceptance of AP in the broader health community and their move towards accrediting advanced practitioners with a minimal masters degree as the educational underpinning. Canada are also still struggling to introduce AP on a national basis and the US are also experiencing similar issues. The commonality between the international hurdles was interesting and a collaborative forum will be set up to discuss strategy and methods of overcoming the resistance.

One teleconference and one face-to-face meeting were held in August and September respectively. The meetings enabled a new chairperson to be elected and to consolidate the panel with new and returning members.

APAP has commenced work on updating all relevant advanced practice documentation, made suggestions to the BoD on website content and a radiographer commenting accreditation project has been discussed. A steering committee involving expert representatives and key stakeholders is being developed upon formal approval from the BoD.

APAP is reviewing the application process for advanced practice and is working with ESAP to streamline the process and ensure potential applicants are well supported with appropriate guidance and mentoring. Queries from potential applicants have been responded to appropriately and support is being provided.

APAP would like to thank the BoD for their ongoing support of advanced practice and looks forward to a busy and productive upcoming year.

Nadine Thompson Chair, APAP

ISRRT Representative

As the ISRRT Councillor 2016 has been a year of networking with other Councillors from ISRRT member countries. My focus this year was to improve communication with our Asia / Australasian regional countries. Following on from winning the bid for the 2019 Asia Australasia Conference of Radiological Technologists (AACRT) which will be held in Adelaide in conjunction with the ASMMIRT I have continued to promote Australia within the region and worldwide.

I have ensured a steady flow of information to the Board of Directors (BOD) (ASMIRT) from the ISRRT and related organisations such as World Health Organisation (WHO), European Congress of Radiology (ECR), International Atomic Energy Agency (IAEA) and the International Radiology Quality Network). One of my roles is to scan the information and summarise any issues requiring BOD action.

At the Brisbane ASMMIRT I manned the AIR Booth promoting the profession, ISRRT and the forthcoming World Congress in Seoul Korea 20th-23rd October 2016.

I attended the World Congress representing Australia at the ISRRT Council meeting. There were 48 member countries represented. Several issues relating to internal ISRRT policies and Code of Ethics were debated as per any organisation.

I had the opportunity to brief the Council on our name change from AIR to ASMIRT and the reasons why.

To formally announce to the Council the departure of Mr David Collier as Chief Executive and the incoming Acting Chief Executive Mr Paul Gloster. I received countless good will wishes for David from the councillors present and the ISRRT Board of Directors.

I also provided an update as to the closure of the Medical Radiations Learning Online (MRLO).

Outcomes to note from the meeting include the pending retirement of the Chief Executive Officer Dr Alexander (Sandy) Yule. Sandy has served as the CEO for over a decade and will be sadly missed. I extended on behalf of the Board an acknowledgement of the great role he has played and the friendship and professional relationship he fostered between the ISRRT and ASMIRT.

The incoming CEO will be Mr Dimitris Katsifarakis from Greece, formerly the ISRRT Regional Director for Europe who will take over from Sandy on the 1st January 2017.

There was a Council vote to determine who would fill the vacancy left by Dimitris and this went to Ms Bodil Anderssen from Sweden.

Mr Jonathon Mazal resigned as the Regional Director – The Americas and this vacancy was filled by Ms Sharon Wartenbee from the USA.

Sharon was previously the Regional Co-ordinator Public Relations and Communication of The Americas and this vacancy was filled by Ms Aneesa Ali from Trinidad and Tobago.

The 2020 World Congress was announced and will be hosted by Ireland in Dublin.

The 2016 Marian Frank Award recipient was Ms Dominique Zerroug from France for her work with the ISRRT and her support for the radiographers in French Speaking Africa.

Council agreed to establish a working party to investigate funding models for member countries and Associate members. This working party will be chaired by Sija Geers, Europe/Africa, and along with Marcia Smoke from The Americas. I volunteered to represent Asia/Australasia in forming the committee.

I attended the Asian Forum at the Congress and the hot topic was collaboration between the regional countries with regard to educational opportunities. I have presented the ASMIRT BOD with a Briefing Note regarding the role Australia could have within the region.

During the Congress I manned the ISRRT Booth to promote the 2017 ASMMIRT to be held in Perth, Western Australia,

March 24-26, 2016 I shared the booth with representatives from Port of Spain, Trinidad Tobago who were promoting the 2018 World Congress April 12 -15 and representatives from Hong Kong who were promoting the AACRT meeting June 23-25, 2017.

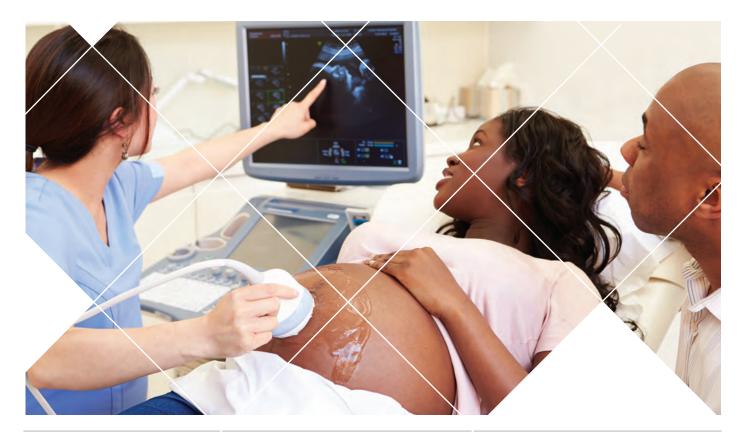
There were 36 Australians who attended the World Congress in Seoul in October who enjoyed the experience.

I look forward to promoting ASMIRT and the ISRRT in 2017. Hope to see a lot of members in Perth at the conference.

Christopher Whennan ISRRT Councillor

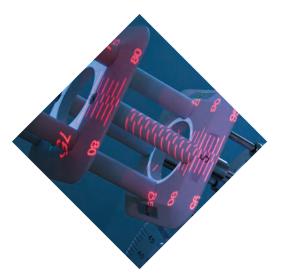
Presidents

1950-51	Outterside N*	FFIR	NSW	1981-82	George RP	FIR	SA
1951-52	Quenault WA*	FFIIR	SA	1982-83	Mildon C	MIR	WA
1952-53	Ryan EA*	FFIR	TAS	1983-84	Stewart G	MIR	NSW
1953-54	Anderson HW*	FFIR	VIC	1984-85	Cooper N	MIR	TAS
1954-55	Smith AR*	FFIR	NSW	1984-85	Cooper N	MIR	TAS
1955-56	James DA*	MIR	WA	1985-86	Fleet M (Miss)	MIR	VIC
1956-57	Goninon EF*	MIR	TAS	1986-87	Quirk J	FIR	SA
1957-58	Grant DJ*	MIR	VIC	1987-88	Stankevicius IR*	MIR	WA
1958-59	Knight AW*	FFIR	Qld	1988-89	Duffy PJ	MIR	NSW
1959-60	Fleay RF	FIR	WA	1989-90	Tickall G (Mrs)	MIR	VIC
1960-61	Braden AH*	MIR	SA	1990-91	Kenworthy GR	MIR	TAS
1961-62	Callow JW*	FIR	VIC	1991-92	Balmanno DG	FIR	QLD
1962-63	Wilson DK*	MIR	QID	1992-93	Morris IT	FIR	WA
1963-64	Fitzsimons CJ	FIR	WA	1993-94	Schirmer MB	MIR	SA
1964-65	Smith AR*	FFIR	NSW	1994-95	Collett KM (Mrs)	FIR	NSW
1965-66	Butler JJ*	MIR	TAS	1995-96	Hicks N	MIR	WA
1966-67	Wilson DK*	MIR	QLD	1996-97	Hanson H	MIR	TAS
1967-68	Moores J (Mrs)*	MIR	VIC	1997-98	Nuss W	FIR	QID
1968-69	Smith AR*	FFIR	NSW	1998-99	Malbon A	MIR	VIC
1969-70	Butler JJ*	MIR	TAS	1999-2000	Cottrell J (Mrs)	FIR	SA
1970-71	Jones D	MIR	VIC	2000-2001	Slattery P	MIR	NSW
1971-72	Ryan GT	FIR	NSW	2001-2002	Ong T (Ms)	FIR	WA
1972-73	Hartley DE	FIR	WA	2002-2003	Rowntree P (Ms)	FIR	Qld
1973-74	Knights AM	MIR	TAS	2003-2004	Smylie J (Ms)	FIR	VIC
1974-75	Dimmick JR	MIR	QID	2004-2006	Hamilton S	MIR	TAS
1975-76	Skene PJ	FIR	VIC	2006-2009	Whennan C	MIR	WA
1976-77	Lord BA*	MIR	SA	2009-2011	Way T	MIR	Qld
1977-78	Hughes TD*	MIR	WA	2011-2013	Harvey B	FIR	VIC
1978-79	Saunders JH*	FIR	TAS	2013-2016	Page J (Ms)	MIR	NSW
1979-80	Heindorff H (Miss)	MIR	QLD	2016-	Eastgate P	MIR	Qld
1980-81	Hayward G	FIR	VIC	*Deceased			



Fellows

1974	Almond Dk	SA
1992	Arozoo Em	SA
1968	Atkinson R (Miss)	NSW
1989	Balmanno DG	QLD
1962	Best (Williams) JB (Mrs)	VIC
1977	Borrett RJ	SA
1988	Brough Pd	VIC
1995	Brown Gl	QLD
1973	Brown GM	VIC
2003	Brumby JM (Ms)	VIC
1995	Buchanan P	VIC
2016	Carmichael MA (Mrs)	Qld
1996	Caruana E	NSW
1975	Collett Km (Mrs)	NSW
1962	Cook CW	SA
1986	Cottrell J (Mrs)	SA
1996	Cummins S (Mrs)	QLD
2008	Davidson R	VIC
1999	Dixon R	VIC
2007	Dobeli KI (Mrs)	Qld
2004	Duffy K (Mrs)	QLD
1967	Duncan Rc	NSW
1996	Egan I (Mrs)	NSW
1996	Eng T	VIC
1976	Enright MT	QLD
2014	Everitt SJ (Mrs)	VIC
2007	Fenton PA	VIC
1961	Fitzsimons C	WA
1961	Fleay RF	WA
1996	Foulstone P	VIC
1993	Fricke J	VIC
1994	Fung K	ΗK
1977	Garside AR	VIC
2013	Gawthrop JB (Ms)	VIC
1976	George RP	SA
1962	Gibson ML (Mrs)	VIC
1991	Gill M (Mrs)	QLD
2013	Giles EM	SA
2000	Grant AM (Mrs)	QLD
1962	Green MF	VIC
2007	Halkett GK (Ms)	WA
1963	Haining WA	VIC
1974	Hanton A	SA
1970	Hartley DE	WA
1979	Harvey BM	VIC
2000	Hatherly K (Ms)	VIC
1967	Hayward G	VIC
2010	Hilder B (Mrs)	TAS
2010	Holt J (Mrs)	Qld
2004	Hopkins M (Mrs)	NSW
1997	Hornby C	VIC
1985	Horrex AN	WA
1965	Jackson KA	NSW
2014	Jolley IM (Mrs)	VIC
1974	Kan A	VIC
1977	Knights AM	WA
1992	Lo LK	VIC
1963	Lorimer D (Miss)	VIC
1988	Mather MD (Mrs)	VIC
2016	Merchant SP (Ms)	SA
2008	Middleton M	QLD



2005	Miller J (Miss)	VIC
2005 1959	Milne MJ (Miss)	VIC
1939	Moore BJ (Miss)	NSW
1970	Morris IT	WA
1961	Murray JR (Mrs)	VIC
2001	Nagle KM (Miss)	VIC
1989	Nuss WJA	QLD
2000	Obradovic G	WA
1994	Ong TA (Mrs)	WA
2011	Owen RJ (Mrs)	QLD
2007	Perry CD	VIC
1999	Phillips R	NSW
2003	Piotto L	SA
2001	Piyaratna N	NSW
1972	Pryor JM (Miss)	VIC
1971	Quirk JA	SA
2000	Rattray G	QLD
1992	Rouse P	VIC
1972	Rowley MR (Rev Sister)	VIC
1993	Rowntree PA (Ms)	QLD
1968	Ryan GT	NSW
1975	Ryan JE	VIC
2012	Sale CA (Miss)	VIC
1998	Shanahan M (Ms)	VIC
1992	Siegmann JW	SA
1993	Sivaganasundram R	VIC
1993	Smith AN	NSW
1989	Smylie J (Ms)	VIC
2013	Starkey DE (Mrs)	QLD
1996	Starkoff BA	QLD
1994	Tate JA (Ms)	VIC
1992	Tostevin JH	WA
1978	Truman GM	SA
1958	Tyrrell FG	VIC
1991	Verrocchi R	VIC
1996	Vitucci T (Mrs)	NSW
1997	Walsh I	QLD
1976	Ward A (Mrs)	VIC
1988	Watson E (Ms)	WA
1970	Wilkinson AR	WA
2007	Wong TA (Mrs)	WA
2000	Yeomans EJ	NSW
1972	Young BF (Miss)	VIC
2010	Zelesco M (Mrs)	WA

Directors' Report

The director's present this report on the entity for the financial year ended 31 October 2016. The following persons were directors and officers of the company at any time during, or since the end of, the year.

Directors

Ms Jo Page	President (till April 2016)
Qualifications	1979: Certificate of Therapeutic Radiography (Sydney Tech College) 1995: Bachelor of Applied Science in Radiation Therapy (Sydney University)
Experience	 Nov 2013 - Present: Director of Radiation Therapy, Radiation Oncology, Chris O'Brien Lifehouse Aug 2008 - 2013: Director of Radiation Therapy, Radiation Oncology, Royal Prince Alfred Hospital 2002 - July 2008: Deputy Chief Radiation Therapist, Radiation Oncology, Royal Prince Alfred Hospital 1992 - 2002: Deputy Chief Radiation Therapist, Senior Radiation Therapist, Radiation Oncology, Mater Hospital - Radiation Oncology Associates 1989 - 1992: Assistant Manager, Front Office Metropole Hotel and Convention Centre 1982 - 1989: Senior Radiation Therapist, Radiation Oncology, Royal Prince Alfred Hospital 1977 - 1980: Radiation Therapist, Radiation Oncology, Royal Prince Alfred Hospital
Interest in the Society	Member since 1981 June 2006 - Present: NSW Board of Directors of the AIR 1996 - 2001: NSW Representative on RTAP 1995 - 2001: NSW PAEC 1996 - 2005: NSW State Committee member 1998 - 2004: Member of Northern Sydney Sub-Branch 2005: Chairperson of NSW State Committee 1996: Member Convening Committee, 47th ANC/14th RTS, Bathurst 2000: Member Convening Committee, 51st ANC/18th RTS, Sydney 2002: Co-Convenor 53rd ANC/20th RTS, Coffs Harbour 2004: Scientific Coordinator, 2nd ASMMIRT, Auckland 2009: Scientific Coordinator CSM 2009, Brisbane 2012: Member Convening Committee, 10th ASMMIRT - Sydney
Interest in contracts	Nil

Mr Patrick Eastgate	President (from May 2016)
Qualifications	1996: Bachelor of Nursing - QUT 2000: Bachelor of Applied Science - Medical Imaging - QUT 2014: Masters of Applied Science (Image Interpretation) - CSU 2011: Certificate IV TAE40110 - Training and Assessment Current: PhD Candidate - QUT
Experience	 1997-2000: (1 year F/T, 3 years P/T) - Registered Nurse, Radiation Oncology, Royal Brisbane and Women's Hospital 2001: PDY Radiographer, Royal Brisbane and Women's Hospital 2002: Staff Radiographer, Royal Brisbane and Women's Hospital 2002 - 2003: Staff Radiographer and Relieving Shift Coordinator - The Princess Grace Hospital, London, UK 2003 - 2005: Senior Radiographer, Middlesex Hospital (UCLH) (NHS), London, UK 2005 - 2006: Senior Radiographer, The Cornwall District Hospital (NHS), Truro, Cornwall, UK 2007 - 2008: Staff Radiographer, Royal Brisbane and Women's Hospital 2008 - 2009: Acting Senior Radiographer Emergency, Royal Brisbane and Women's Hospital 2009 - 2015: Radiographer, Advanced (Clinical Education Coordinator). During this time I have been seconded on a number of QH Projects on a part time capacity. 2015 - present: A/ Radiographer Assistant Director, Department of MI, Royal Brisbane and Women's Hospital
Interest in the Society	 2008: Member of AIR State Committee 2009 - 2011 Chair Queensland Branch 2009: Member of Scientific Program for CSM, Brisbane 2009 - present: Member of APWG then APAP 2012 - present: Board of Directors 2013 - 2014: Member of MRPBA Workforce Innovation and Reform Working Party 2014 - 2015: Organising Committee AIR/NZIMRT 2014 2015 - Present: Organising Committee ASMMIRT 2016
Interest in contracts	2012 - 2014: Board Member MRLO Director: Egg Cup Training

Ms Carolyn Heyes	Honorary Treasurer
Qualifications	1986: Diploma of Applied Science Medical Radiations (RMIT) 2002: Diploma Frontline Management (Swinburne)
Experience	January 2012- present: Radiographer Manager Austin Health 2001 - Jan 2012: Deputy Chief MIT The Royal Children's Hospital Melbourne 1997 - 2001: Tutor Radiographer St Vincent's Hospital Melbourne 1996 - 1997: Radiographer St Vincent's Hospital Melbourne 1995 - 1996: Sole Radiographer Carlton Radiology 1992 - 1995: CT Supervisor Northpark Radiology 1990 - 1992: Radiographer Western Hospital 1987 - 1990: Radiographer Prince Henry's Hospital Melbourne 1985 - 1987: Radiographer John Fawkner Hospital 1983 - 1985: Student radiographer
Interest in the Society	Member since 1984; ISRRT Member since 1999 2013 - Present: Victorian Representative Board of Directors of the AIR 2012: Member Convening Committee ANZPIC12 2008: Deputy Convener 8th ASMMIRT Melbourne 2003-2012: Member MIAP1 1991 - 1993, 2002-2012: Member Victorian Branch Continuing Education Committee 1989 - 1992: Librarian Victorian Branch AIR 1986: Student Liaison and Coordinator Student Workshop 38th ANC Melbourne
Interest in contracts	Nil

Qualifications1987: Bachelor of Science, University of Queensland 1988: Diploma of Applied Science (Therapeutic Radiography) with Distinction, Queensland University of Tech 2002: Graduate Diploma in Applied Science (Radiation Therapy), Queensland University of Technology 2003: Diploma, Canadian Association of Medical Radiation Technologists (Radiation Therapy) 2007: Graduate Certificate in Health Management, Queensland University of Technology 2008: Masters of Health Science, (Medical Radiation Sciences), University of Sydney 2012: Masters of Applied Management (Health)	hnology
ExperienceW P Holman Clinic, Royal Hobart Hospital: Jun 2016 - present: Chief Radiation Therapist; Apr 2015 - May 2016: Acting Chief Radiation Therapist Jan 2011 - April 2015: Deputy Chief Radiation Therapist; Apr 2010 - Dec 2010: Acting Chief Radiation The Oct 2007 - April 2010: Deputy Chief Radiation Therapist Southern Zone Radiation Oncology Services, Mater Centre, South Brisbane: Feb 2006 - Oct 2007: PO4 Charge Radiation Therapist July 2004 - Feb 2006: PO3 Advanced Skills Radiation Therapist Nova Scotia Cancer Center, Halifax, Canada: May 2003 - May 2004: Radiation Therapist Grade 3, Wesley Radiation Oncology, Auchenflower 4066: Jan 2003 - Apr 2003: Senior Radiation Therapist (Casual) Sept 2001 - Dec 2002: Supervisor Radiation Therapist (Permanent Planning) Auchenflower: Feb 1995 - Sept 2001: Supervisor Radiation Oncology, Cromwell Hospital: Sep 1991 - Feb 1995: Staff Radiation Therapist, Wesley Radiation Oncology, Cromwell Hospital: Sep 1990 - Aug 1991: Senior II Radiographer; Apr 1990 - July 1990: Locum Basic Grade Therapeutic Radio The Middlesex Hospital, London, England: Mar 1990: Locum Basic Grade Therapeutic Radiographer Queensland Radium Institute, Herston: Dec 1988 - Jan 1990: Staff Therapeutic Radiographer; Feb 1986 - Dec 1988: Cadet Therapeutic Radiographer Kadiographer; Feb 1986 - Dec 1988: Cadet Therapeutic Radiographer	ographer
Interest in the Society Member since 1988 2010: Awarded Fellowship of the AIR Mar 2013 - present: TAS Board of Directors, AIR 2013: Secretary and Student Liaison, TASMMIRT 2011: Scientific Co-ordinator, Tas Branch Winter Weekend 2010 - 2012: Tasmanian representative on RTAP 2010: Member of the Steering committee for the review and development of Practice Standards 2009: Scientific Co-ordinator, Tas Branch Winter Weekend 2007 - 2009: Tasmanian representative on the PAEB 2007 - 2009: Chair of the PAEB Feb 2005 - Oct 2007: Queensland representative on the PAEB June 2005 - 2006: Member of the Competency Based Assessment Steering Committee May 2008 - present: AIR representative on the Tasmanian Radiation Advisory Council 2002: Scientific Co-ordinator, Qld Radiation Therapy Weekend 1999: Scientific Co-ordinator, AIR 16th Radiation Therapy Symposium 1994: Social Committee, AIR 12th Radiation Therapy Symposium 1994: Social Committee, AIR 12th Radiation Therapy Symposium	
Interest in contracts Nil	

Dr Robin Hart	Honorary Secretary
Qualifications	BSc (Hons) (Medical Imaging Science) 1997 (Curtin) PhD 2001 (UWA)
Experience	 2016 - present: Adjunct Associate Professor, Monash University 2010 - present: Cinical Associate Professor, Centre for Forensic Science, University of Western Australia 2007 - present: Supervising Medical Imaging Technologist, Departments of Cardiology and Radiology, Royal Perth Hospital, Western Australia 2006 - present: Adjunct Associate Professor, School of Exercise, Biomedical and Health Sciences, Faculty of Computing Health and Science, Edith Cowan University, Western Australia 2002 - present: Subject Matter Expert, Space Medicine and Health Care Systems, Johnson Space Centre, Houston, Texas 2006 - 2008: Director, Research and Development, AION Diagnostics Pty Ltd 2005 - 2006: Senior Research Fellow, Centre of Excellence in eMedicine, Western Australia 2001 - 2004: Research Co-ordinator and Lecturer, Department of Medical Imaging Science Curtin University of Technology, Western Australia 2000 - 2001: Postdoctoral Research Fellow, University of Dundee, Scotland 1995 - 2000: Medical Imaging Technologist and Neurosonographer, Royal Perth Hospital, Western Australia
Interest in the Society	 2013 - present: Board member (WA), Board of Directors, ASMIRT, Melbourne, Australia 2011 - 2012: Chair, Professional Accreditation and Education Board, Australian Institute of Radiography, Melbourne, Australia 2009 - 2010: Clinical member, Professional Accreditation and Education Board, Australian Institute of Radiography, Melbourne, Australia
Interest in contracts	Nil

Ms Lynne Ingram	Whip (till April 2016)
Qualifications	 1980: Associate Diploma Diagnostic Radiography - Sturt CAE 1995: DMU Part 1 - ASAR 2007: Graduate Certificate Health Service Management - Flinders University 2010: Master of Health Administration - Flinders University 2016: Graduate Certificate Organisational Learning - Flinders University
Experience	 1980 - current: Radiographer - Flinders Medical Centre, SA (Trauma, Ultrasound, Angiography, Theatre, Portables, General, Nuclear Medicine, Fluoroscopy, Mammography) 1998 - 2006: Section Leader ED, Theatre, Portables 2006 - current: QA Project Radiographer (CPD, Accreditation, Risk, Quality & Change Management) 2009 - 2013: Radiation Safety Officer FMC 2012 - 2013: Local Facilitator Clinical Leadership Program in Australia (Program Facilitator & Leader of Allied Health Professionals for SA Health) 2003 - current: FMC CPD Program 1998 - 2006: UniSA Clinical Practicum Supervisor 1999 - 2004: Visiting Tutor UniSA 2002 - 2004: Lecturer for Remote Operators Course – EPA 2009 - current: – UniSA Medical Radiation Program Advisory Board UniSA Clinical Advisory Committee UniSA Disciplinary Advisory Committee 2005 - 2010: SA Governor's Radiation Protection Committee 2010: Golden Key International Honour Society Life Member
Interest in the Society	AIR Member from 2004 2005 - 2010: SA Member AIR PAEB 2013 - 2016: AIR Board of Directors ASMMIRT (NZMIRT, CSM) Presentations: 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2015, 2016
Interest in contracts	2013 - 2016: Board Member MRLO 2014 - current: MRPAC Assessor Team member 2014 - current: RANZCR/NATA Medical Imaging Accreditation Advisory Committee 2014 - current: NATA Accreditation Technical Assessor

Ms Jillian Harris	Board Member (from May 2016)
Qualifications	1985: Diploma of the College of Radiographers (Therapy) UK1999: Post Graduate certificate in Counselling2000: Post Graduate Diploma in Counselling2002: Post Graduate Diploma in Group Facilitation
Experience	 Jan 2016 - present: Director of Radiation Therapy, Western Sydney Local Health District. Nov 2004 - December 2015: Director Crown Princess Mary Cancer Centre, Westmead. July 2002 - April 2003 and May 2004 - November 2004: Acting Co-Director Radiation Oncology Network, Westmead Campus Dec 1998 - November 2004: Deputy Director Radiation Therapy, Westmead Hospital Jan 1994 - December 1998: Radiation Therapist, Westmead Radiation Oncology Department Westmead. Mar 1988 - June 1991: Radiation Therapist, Prince of Wales Hospital, Sydney Jan 1986 - December 1987: Therapy Radiographer, Bristol Royal Infirmary, UK
Interest in the Society	Member since 1997 2016 - present: NSW representative on Board of Directors of ASMIRT 2013 - 2016: Member of the Board Of Directors for Medical Radiation Learning On Line 2009 - 2016: Member of the Advanced Practice Advisory Panel to the AIR (Chair 2012- 2016). 2015 - 2016: Member of the NSW branch committee of the AIR 2007 - 2009: Member of the NSW Radiation Therapy Joint Advisory Committee 2004: Member of the AIR "Future directions working party" - 2004. 1999 - 2004: Member of NSW state branch committee 2001 - 2004: Secretary of the NSW State branch of the AIR 2001 - 2005: NSW Radiation Therapy Advisory Panel (RTAP) representative 2001 - 2004: Secretary RTAP 2002 - 2004: NSW representative on the federal tripartite committee 2002 - 2007: Member of the NSW state tripartite committee 2002 - 2003: Secretary NSW State Tripartite Committee 2004: Chairperson NSW State Tripartite committee AIR representative on the ROJIG Quality Working Party
Interest in contracts	Nil
Ms Denise Ogilvie	Board Member (from May 2016)
Qualifications	1977: Diploma of Applied Science in Medical Radiography (RMIT) 1988: Certificate in Small Business Apparel 2017: Company Directors Course – Australian Institute of Company Directors (MAICD)

	2017. Company Directors Course - Australian Institute of Company Directors (MAIOD)
Experience	 2006 - present: Lecturer and course co-ordinator at the University of South Australia in Medical Radiation Sciences 2010 - present: Casual radiographer at Royal Adelaide Hospital 2015 - present: Casual radiographer Adelaide Private Practice 1984 - 2006: Senior Radiographer Private Practice 1998 - 2000: Centre Manager Private Practice 1990 - 1998: Senior radiographer Private Practice 1985 - 1990: Radiographer private practice 1979 - 1983: Business owner gastronomy business, Germany 1975 - 1979: Student and Radiographer Royal North Shore Hospital, Sydney
Interest in the Society	 2016 - present: South Australian Representative on Board of Directors ASMIRT 2015 - 2016: Chairperson South Australian Committee of AIR 2007 - present: Committee member South Australian Branch AIR 2013 - present: University representative of Student Committee of SA Branch ASMIRT 2011: Scientific Convenor for National conference for Medical Imaging
Interest in contracts	Nil

Mr Adam Westerink	Board Member (from August 2016)
Qualifications	2005: B Applied Science (Medical Radiations - Medical Imaging), Queensland University of Technology
Experience	2016 - present: Board Member (QLD), Board of Directors, ASMIRT, Melbourne, Australia
	2014 - present: Associate Lecturer, Queensland University of Technology
	2011 - present: Radiographer Team Leader, Royal Brisbane & Women's Hospital, Queensland
	2010 - 2011: Senior Radiographer, Royal Brisbane & Women's Hospital, Queensland
Interest in the Society	2016 - present: Board Member (QLD), Board of Directors, ASMIRT, Melbourne, Australia
	2012 - 2015: Chairperson, Queensland Branch Committee, ASMIRT, Melbourne Australia
	2011 - 2012: Committee Member, Queensland Branch Committee, ASMIRT, Melbourne Australia
nterest in contracts	Nil

22

Objectives and Strategies

The long term key objectives of the Society have remained constant since ASMIRT was first incorporated in 1950. These objectives are to set professional standards, to advocate for and reinforce the role of the profession, to deliver professional education and research, to deliver valuable member services, to encourage and enhance the capability, capacity and culture of our staff and volunteers, and to ensure the financial sustainability of the Society so as to support our strategies, our systems, our processes and our infrastructure.

The Board of ASMIRT annually reviews these broad objectives. Currently the Board is pursuing short term (one to three years) objectives as outlined below;

- Defining the ASMIRT professional standards for key stakeholders, including:
 - registration boards;
 - governments and public policy makers;
 - employers;
 - educators;
 - members; and
 - the public
- Raising the awareness and understanding of the role of the medical radiation science profession among stakeholders
- Advancing the interests of our members by providing timely, consistent and united responses to issues affecting our profession
- Recognition as the premier provider of professional clinical focused education services in the medical radiation science field
- Implementing a research program that sustains and advances our profession
- Achieving a 90% membership satisfaction (measure by biennial survey)
- Achieving managed succession for committees and panels with competition for roles
- Delivering services more efficiently, quickly and effectively with minimal turnover in our people
- Sustaining membership growth of 10% per annum
- Reducing dependence on income from membership subscriptions to contribute less than 50% of total income
- Achieving a 10% surplus on operating costs that will be reinvested in member services
- Ensuring our current systems, processes and infrastructure are fitfor-purpose, accessible and engage all staff and members

Principal Activities, and Achievement of Objectives

Principal activities

The principal activities of the Society during the financial year were to promote diagnostic radiography, radiation therapy, MRI and ultrasound in Australia.

During the financial year, there were no significant changes in the nature of these activities.

Review of operations

Refer to the Acting Chief Executive's report for commentary. The total comprehensive income/(loss) for the year was \$706,346 profit. (2015 loss (\$303,054)).

Dividends

No amounts have been paid or declared by way of dividends during this year or in the prior year.

Changes in state of affairs

During the financial year there was no significant change in the state of affairs of the Society other than that referred to in the financial report or notes thereto.

Environmental regulation

The Society's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or a state or territory.

Court proceedings

No person has applied for leave of court to bring proceedings on behalf of the Society or intervene in any proceedings to which the Society is a party for the purpose of taking responsibility on behalf of the Society for all or any part of those proceedings. The Society was not a party to any such proceedings during the year.

Auditor's independence declaration

A copy of the auditor's independence declaration as required under Section 307 C of the Corporations Act 2001 is set out on page 25.

After balance date events

There has not been any matter or circumstance, other than that referred to in the financial report or notes thereto, that has arisen since the end of the financial year, that has significantly affected, or may significantly affect, the operations of the Society, the results of those operations, or the State of affairs of the Society in financial years after the financial year.

Likely developments

The likely developments in the operations of the Society and the expected results of those operations in financial years subsequent to the financial year ended 31st October 2016 are as outlined in the Acting Chief Executive's report.

Performance measures

Membership

Membership at 31 October 2016	
Total Membership (incl CPD)	8286
CPD Membership	1182
Resignations and removals	636
Admissions and re-admissions	697
Deaths	10

Members Guarantee

The Society is limited by guarantee. If it is wound up the Constitution states that each active (financial) member is required to contribute a maximum of the unpaid amount of their membership, each, towards any outstanding obligations of the Society. At the 31st October 2016 the number of active members was 6,784 (2015: 6,680)

Finance

The Society's profit from ordinary activities for the year amounted to \$269,750. (Last year's deficit \$332,041). This was budgeted for.

Meetings of Board of Directors Board meetings were held as follows:

- 1 50th Meeting, Melbourne 20th – 22nd November 2015
- 2 57th Teleconference, Melbourne 15th December 2015
- 3 51st Meeting, Melbourne 19th – 21st February 2016
- 4 58th Teleconference, Melbourne 15th March 2016
- 5 52nd Meeting, Brisbane 22nd – 24th April 2016
- 6 59th Teleconference, Melbourne 31st May 2016
- 7 53rd Meeting, Melbourne 24th – 26th June 2016
- 8 60th Teleconference, Melbourne 2nd August 2016
- 9 54th Meeting, Hobart 26th – 28th August 2016
- 10 61st Teleconference, Melbourne 11th October 2016

Board of Directors' attendance at meetings

During the financial year ended 31st October 2016, 5 face to face meetings of the Board and 5 teleconference meetings were held.

The number of meetings attended by each Director while they were Directors during the year, including teleconference meetings, are listed in the table below.

Directors	Meetings	Teleconferences
J Page	4	5
P Eastgate	5	4
C Heyes	5	5
B Hilder	4	2
R Hart	5	5
L Ingram (till Apr 2016)	3	2
J Harris (from May 2016)	2	3
D Ogilvie (from May 2016)	2	2
A Westerink (from Aug 201	6) 1	2



Indemnification of Officers and Auditors

During the financial year, the Society paid a premium in respect of a contract insuring the Directors of the Society (as shown above) and all officers against a liability incurred as such a Director or officer to the extent permitted by the *Corporations Act 2001*. The contract of insurance prohibits disclosure of the nature of the liability and the amount of the premium.

The Society has not otherwise, during or since the financial year, indemnified or agreed to indemnify an officer or auditor of the company or of any related body corporate against a liability incurred as such an officer or auditor.

Signed in accordance with a resolution of the Board pursuant to S298(2) of the Corporations Act 2001.

B. Hilder Vice President

Melbourne 10 January 2017

/ H-J

C. Heyes Honorary Treasurer



Auditor's Independence Declaration to the Directors of Australian Society of Medical Imaging and Radiation Therapy

As lead auditor for the audit of the financial report of the Australian Society of Medical Imaging and Radiation Therapy, I declare that, to the best of my knowledge and belief, during the year ended 31 October 2016 there have been no contraventions of:

- (a) the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (b) any applicable code of professional conduct in relation to the audit.

HLB Mann Judd

HLB Mann Judd Chartered Accountants

Melbourne 10 January 2017

En Fairdaugh

Tim Fairclough Partner

CONSOLIDATED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 OCTOBER 2016

	Note	2016	2015
		\$	\$
Revenue from continuing operations			
Membership subscriptions		2,665,599	2,418,261
Rendering of services		622,954	786,991
Conference revenue	18	806,425	-
Dividends		3,861	-
Finance revenue		14,343	9,591_
Revenue	4(a)	4,113,182	3,214,843
Other income	4(b)	312,028	155,000
Total revenue		4,425,210	3,369,843
Expenses from continuing operations			
Conference expense	18	(678,009)	-
Employee benefits expense	4(c)	(1,389,582)	(1,486,674)
Depreciation and amortisation expense	4(d)	(100,642)	(177,068)
Publication expense		(349,107)	(338,365)
Printing and stationery expense		(36,698)	(25,672)
Board and panel expenses		(200,870)	(187,257)
Research Grants		(226,558)	(155,754)
Insurance		(530,758)	(554,231)
Seminar and social expenses		(111,555)	(201,468)
Computer – consumables		(122,219)	(122,557)
Telephone		(18,189)	(18,761)
Bank charges		(46,203)	(47,445)
Travelling expenses		(7,777)	(12,035)
Postage		(9,372)	(12,000) (8,367)
-	4(0)		(366,230)
Other expenses	4(e)	(327,921)	
Total expenses		(4,155,460)	(3,701,884)
Surplus / (Loss) before income tax		269,750	(332,041)
Income tax expense	5	-	-
Surplus / (Loss) after income tax	16	269,750	(332,041)
Other comprehensive income Items that will not be reclassified subsequently to profit or loss Gain on revaluation of land and buildings		450,000	_
Items that will be reclassified subsequently to profit or loss		+30,000	-
Gain / (loss) on available for sale assets Other comprehensive income for the year		<u>(13,405)</u> 436,595	28,987 28,987
Total comprehensive income / (loss) for the year		706,346	_(303,054)
Total comprehensive income / (loss) attributable to the member	rs of the entity	706,346	(303,054)

/IRT Annual Report 2016 – financia

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT 31 OCTOBER 2016

	Note	2016	2015
		\$	\$
ASSETS			
Current Assets			
Cash and cash equivalents	6	1,473,500	906,800
Trade and other receivables	7	18,968	30,490
Other assets	8	66,043	124,421
Total Current Assets		1,558,511	1,061,711
Non-current Assets			
Available-for-sale financial investments	9	37,519	50,922
Property, plant and equipment	10	4,182,992	3,786,834
Intangibles	11		26,387
Total Non-current Assets		4,220,511	3,864,143
TOTAL ASSETS		5,779,022	4,925,855
		0,110,022	4,020,000
LIABILITIES			
Current Liabilities			
Trade and other payables	12	886,101	401,381
Provisions	14	180,663	165,046
Other current liabilities	15	804,493	1,136,939
Interest bearing loans & borrowings	13		
Total Current Liabilities		1,871,257	1,703,367
Non-current Liabilities			
Provisions	14	36,485	57,553
Total Non-current Liabilities		36,485	57,553
TOTAL LIABILITIES		1,907,742	1,760,920
NET ASSETS		3,871,280	3,164,935
EQUITY			
Reserves	16	1,380,850	919,398
Retained surplus	16	2,490,430	<u>2,245,537</u>
TOTAL EQUITY		3,871,280	3,164,935
		0,071,200	3,104,933

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 OCTOBER 2016

	Retained surplus \$	Special purpose funds \$	Asset revaluation reserve \$	Share revaluation reserve \$	Education Fund reserve \$	Total \$
Balance at 31 October 2014	2,596,373	425,276	330,000	16,340	100,000	3,467,989
Surplus / (loss) from operations Revaluation increment (decrement) Transfers to reserves	(332,041) _ 	- - 18,795	- - 	_ 28,987 	- - 	(332,041) 28,987
Balance at 31 October 2015	2,245,537	444,071	330,000	45,327	100,000	3,164,935
Surplus / (loss) from operations Revaluation increment (decrement) Transfers to reserves	269,750 (24,857)	_ 24,857	- 450,000 	_ (13,405) 		269,750 436,595
Balance as at 31 October 2016	2,490,430	468,928	780,000	31,922	100,000	3,871,280

CONSOLIDATED STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 OCTOBER 2016

	Note	2016 \$	2015 \$
Cash flows from operating activities Receipts from customers and members		4,110,362	3,195,899
Payments to suppliers and employees		(3,994,359)	(3,952,250)
Interest received	4a	14,343	9,591
Interest and other costs of finance paid		-	-
Receipt of government grants		456,770	536,374
Net cash flows from / (used in) operating activities	6	587,116	(210,386)
Cash flows from investing activities			
Purchase of property, plant and equipment	10	(13,786)	(30,066)
Payments for intangible assets		(6,630)	-
Proceeds from disposal of available for sale investments		-	-
Net cash flows from / (used in) investing activities		(20,416)	(30,066)
Cash flows from financing activities			
Payments for available for sale investments		-	-
Net cash flows from / (used in) financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		566,700	(240,452)
Cash and cash equivalents at beginning of year		906,800	1,147,252
Cash and cash equivalents at end of year	6	1,473,500	906,800

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 OCTOBER 2016

1 CORPORATE INFORMATION

The financial report of Australian Society of Medical Imaging and Radiation Therapy ("the Society"), formerly Australian Institute of Radiography ("the Institute") and its controlled entity ("the Group") for the year ended 31st of October 2016 was authorised for issue in accordance with a resolution of the Board on Tuesday 10th January 2017.

Australian Society of Medical Imaging and Radiation Therapy ("the Society") is a public company, limited by guarantee, incorporated and operating in Australia.

If the Society is wound up, the Constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding obligations of the Society. At the 31st of October 2016 the number of financial members was 6784 (2015: 6680).

Principal Registered OfficePrincipal Place of Business25 King Street25 King StreetMelbourne Vic 3000Melbourne Vic 3000tel (03) 9419 3336tel (03) 9419 3336The nature of the operations and principal activities of the Group are
described in note 3.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES a. Basis for preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations Act 2001. The Society and its controlled entity are not-for-profit entities for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied 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, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

New Accounting Standards and Interpretations

Accounting Standards issued by the AASB that are not yet mandatorily applicable to the Group, together with an assessment of the potential impact of such pronouncements on the Group when adopted in future periods, are discussed below:

 AASB 9: Financial Instruments and associated Amending Standards (applicable to annual reporting periods beginning on or after 1 January 2018).

The Standard will be applicable retrospectively (subject to the provisions on hedge accounting outlined below) and includes revised requirements for the classification and measurement of financial instruments, revised recognition and derecognition requirements for financial instruments and simplified requirements for hedge accounting.

The key changes on initial application include certain simplifications to the classification of financial assets, simplifications to the accounting of embedded derivatives, upfront accounting for expected credit loss, and the irrevocable election to recognise gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. AASB 9 also introduces a new model for hedge accounting that will allow greater flexibility in the ability to hedge risk, particularly with respect to hedges of nonfinancial items.

Although the directors anticipate that the adoption of AASB 9 may have an impact on the Group's financial instruments, it is impracticable at this stage to provide a reasonable estimate of such impact.

 AASB 15: Revenue from Contracts with Customers (applicable to annual reporting periods beginning on or after 1 January 2018, as deferred by AASB 2015-8: Amendments to Australian Accounting Standards – Effective Date of AASB 15).

When effective, this Standard will replace the current accounting requirements applicable to revenue with a single, principles-based model. Except for a limited number of exceptions, including leases, the new revenue model in AASB 15 will apply to all contracts with customers as well as non-monetary exchanges between entities in the same line of business to facilitate sales to customers and potential customers.

The core principle of the Standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for the goods or services. To achieve this objective, AASB 15 provides the following five-step process:

- identify the contract(s) with a customer;
- identify the performance obligations in the contract(s);
- determine the transaction price;
- allocate the transaction price to the performance obligations in the contract(s); and
- recognise revenue when (or as) the performance obligations are satisfied.

The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented per AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors (subject to certain practical expedients in AASB 15); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. There are also enhanced disclosure requirements regarding revenue.

Although the directors anticipate that the adoption of AASB 15 may have an impact on the Group's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

 AASB 16: Leases (applicable to annual reporting periods beginning on or after 1 January 2019).

When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases. The main changes introduced by the new Standard include:

- recognition of a right-to-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
- depreciation of right-to-use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components;
- variable lease payments that depend on an index or a rate are included in the initial measurement of the lease liability using the index or rate at the commencement date;
- by applying a practical expedient, a lessee is permitted to elect not to separate non-lease components and instead account for all components as a lease; and
- additional disclosure requirements.

The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108 or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application. Although the directors anticipate that the adoption of AASB 16 will impact the Group's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

 AASB 2014-3: Amendments to Australian Accounting Standards – Accounting for Acquisitions of Interests in Joint Operations (applicable to annual reporting periods beginning on or after 1 January 2016).

This Standard amends AASB 11: Joint Arrangements to require the acquirer of an interest (both initial and additional) in a joint operation in which the activity constitutes a business, as defined in AASB 3: Business Combinations, to apply all of the principles on business combinations accounting in AASB 3 and other Australian Accounting Standards except for those principles that conflict with the guidance in AASB 11; and disclose the information required by AASB 3 and other Australian Accounting Standards for business combinations.

The application of AASB 2014-3 will result in a change in accounting policies for the above described transactions, which were previously accounted for as acquisitions of assets rather than applying the acquisition method per AASB 3.

The transitional provisions require that the Standard should be applied prospectively to acquisitions of interests in joint operations occurring on or after 1 January 2016. As at 30 June 2016, management is not aware of the existence of any such arrangements that would impact the financial statements of the entity going forward and as such is not capable of providing a reasonable estimate at this stage of the impact on initial application of AASB 2014-3. The directors anticipate that the adoption of AASB 2014-10 may not have an impact on the Group's financial statements.

- AASB 2014-1: Amendments to Australian Accounting Standards (Parts E): This is applicable to annual reporting periods beginning on or after 1 January 2018 and defers the application date of AASB 9: Financial Instruments (December 2010) to annual reporting periods beginning on or after 1 January 2018. This part also makes consequential amendments to hedge accounting disclosures set out in AASB 7: Financial Instruments: Disclosures, and to AASB 132: Financial Instruments: Presentation to permit irrevocable designation of "own use contracts" as measured at fair value through profit or loss if the designation eliminates or significantly reduces an accounting mismatch. This part is not expected to impact the Group's financial statements.
- AASB 2014-5: Amendments to Australian Accounting Standards arising from AASB 15

This Standard is applicable to annual reporting periods beginning on or after 1 January 2018 and makes consequential amendments to various Australian Accounting Standards arising as a result of the issue of AASB 15: Revenue from Contracts with Customers. AASB 2014-5 is not expected to impact the Group's financial statements.

 AASB 2014-10: Amendments to Australian Accounting Standards – Sale or Contribution of Assets between an Investor and its Associate or Joint Venture (applicable to annual reporting periods beginning on or after 1 January 2018, as deferred by AASB 2015-10: Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128).

This Standard amends AASB 10: Consolidated Financial Statements with regards to a parent losing control over a subsidiary that is not a "business" as defined in AASB 3 to an associate or joint venture, and requires that:

- a gain or loss (including any amounts in other comprehensive income (OCI)) be recognised only to the extent of the unrelated investor's interest in that associate or joint venture;
- the remaining gain or loss be eliminated against the carrying amount of the investment in that associate or joint venture; and
- any gain or loss from remeasuring the remaining investment in the former subsidiary

at fair value also be recognised only to the extent of the unrelated investor's interest in the associate or joint venture. The remaining gain or loss should be eliminated against the carrying amount of the remaining investment.

The application of AASB 2014-10 will result in a change in accounting policies for transactions of loss of control over subsidiaries (involving an associate or joint venture) that are businesses per AASB 3 for which gains or losses were previously recognised only to the extent of the unrelated investor's interest.

The transitional provisions require that the Standard should be applied prospectively to sales or contributions of subsidiaries to associates or joint ventures occurring on or after 1 January 2018. The directors anticipate that the adoption of AASB 2014-10 may not have an impact on the Group's financial statements.

b. Principles of consolidation

The consolidated financial statements incorporate the assets, liabilities and results of entities controlled by the Society at the end of the reporting period. A controlled entity is any entity over which the Society has the power to govern the financial and operating policies so as to obtain benefits from its activities.

Where controlled entities have entered or left the Group during the year, the financial performance of those entities is included only for the period of the year that they were controlled. A list of controlled entities is contained in Note 21 to the financial statements.

In preparing the consolidated financial statements, all intragroup balances and transactions between entities in the consolidated group have been eliminated in full on consolidation.

c. Revenue recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Group and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

- i) Provision of service
- Revenue from the provision of services is recognised in the accounting period in which the services are rendered. *ii) Dividends*

Dividends
 Revenue is recognised when the Group's right to receive payment is established.

iii) Interest Revenue is recognised using the effective interest rate method.

d. Government grants

Government grants are recognised when there is reasonable assurance that the grant will be received and all attaching conditions will be complied with such that the Group has gained control of the grant income. When the grant relates to an expense item, it is recognised over the periods necessary to match the grant on a systematic basis to the costs that it is intended to compensate.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the



grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

e. Borrowing costs

Borrowing costs are recognised as an expense when incurred.

f. Cash and cash equivalents

Cash and short-term deposits in the Statement of Financial Position comprise cash at bank and on hand and short-term deposits with an original maturity of three months or less.

For the purposes of the Statement of Cashflows, cash and cash equivalents consist of cash and cash equivalents as defined above.

g. Trade and other receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost, less allowance for doubtful debts. Trade receivables are due for settlement on 7–90 day terms from the date of recognition.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off.

h. Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except:

- where the amounts of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- ii) for receivables and payables which are recognised inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

Cash flows included in the Statement of Cashflows are on a gross basis. The GST component arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cashflows.

i. Property, plant and equipment

Plant and equipment is stated at cost less accumulated depreciation and accumulated impairment losses.

Land and buildings are measured at fair value less accumulated depreciation on buildings less any impairment losses recognised after the date of revaluation.

Depreciation is calculation on a straight line basis over the estimated useful life of the assets as follows: Buildings: 50 years Building Renovations & Electrical Works: 10 years Computer equipment: 3 years Office furniture and equipment: 5 years

i) Impairment

The carrying values of plant and equipment are reviewed for impairment at each reporting date, with recoverable amount being estimated when events or changes in circumstances indicate that the carrying value may be impaired. The recoverable amount of plant and equipment is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset.

For an asset that does not generate largely independent cash inflows, recoverable amount is determined for the cash-generating unit to which the asset belongs, unless the asset's value in use can be estimated to be close to its fair value.

An impairment exists when the carrying value of an asset or cashgenerating units exceeds its estimated recoverable amount. The asset or cash-generating unit is then written down to its recoverable amount.

For plant and equipment, impairment losses are recognised in the income statement in the cost of sales line item. However, because land and buildings are measured at revalued amounts, impairment losses on land and buildings are treated as a revaluation decrement.

ii) Revaluations

Following initial recognition at cost, land and buildings are carried at a revalued amount which is the fair value at the date of the revaluation less any subsequent accumulated depreciation on buildings and any subsequent accumulated impairment losses.

Fair value is determined by reference to market-based evidence, which is the amount for which the assets could be exchanged between a knowledgeable willing buyer and a knowledgeable willing seller in an arm's length transaction as at the valuation date.

Any revaluation increment is credited to the asset revaluation reserve included in the equity section of the balance sheet, except to the extent that it reverses a revaluation decrease of the same asset previously recognised in profit or loss, in which case the increase is recognised in profit or loss.

Any revaluation decrease is recognised in profit or loss, except that a decrease offsetting a previous revaluation increase for the same asset is debited directly to the asset revaluation reserve to the extent of the credit balance existing in the revaluation reserve for that asset.

Additionally, any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amounts of the assets and the net amounts are restated to the revalued amounts of the assets.

Upon disposal, any revaluation reserve relating to the particular asset being sold is transferred to retained earnings.

Independent valuations are performed with sufficient regularity to ensure that the carrying amounts do not differ materially from the assets' fair values at the balance sheet date.



iii) Derecognition and disposal

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

j. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are recognised in profit or loss immediately.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense item in profit or loss.

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

(i) Available-for-sale investments

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(ii) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets will be deemed to be impaired if, and only if, there is objective evidence of impairment as a result of the occurrence of one or more events (a "loss event"), which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include indications that the debtors, or a group of debtors, are experiencing significant financial difficulty, default or delinquency in interest or principal payments, indications that they will enter into bankruptcy or other financial reorganisation and changes in arrears or economic conditions that correlate with defaults.

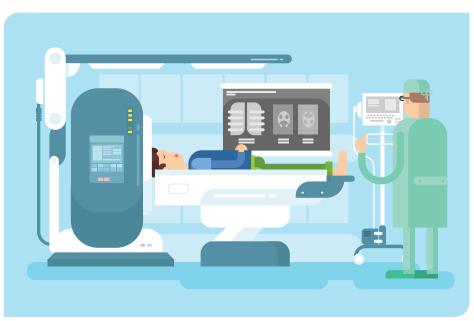
For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After

> having undertaken all possible measures of recovery, if the management establishes that the carrying amount cannot be recovered by any means, at that point the writing off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

> When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred



k. Trade and other payables

Trade payables and other accounts payable arise when the Group becomes obliged to make future payments resulting from the purchase of goods and services.

I. Employee leave benefits

i) Wages, salaries and annual leave

Liabilities for wages and salaries and annual leave expected to be settled within 12 months of the reporting date are recognised in other payables in respect of employees' services up to the reporting date. They are measured at the amounts expected to be paid when the liabilities are settled plus on costs. Liabilities for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

(ii) Long service leave

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currencies that match, as closely as possible, the estimated future cash outflows.

m. Critical Accounting Estimates and Judgments

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Group.

Key estimates

(i) Impairment - general

The Group assesses impairment at the end of each reporting period by evaluation of conditions and events specific to the Group that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

With respect to cash flow projections for intangibles, growth rates have been factored into valuation models for the next five years on the basis of management's expectations around the Group's continued ability to generate revenues. Pre-tax discount rates of 16% have been used in this model.

n. Unearned Income

Government Grants received in advance are booked as deferred revenue within liabilities until all attaching conditions have been complied with.

o. Intangibles

Software is recorded at cost. Software has a finite life and is carried at cost less accumulated amortisation and any impairment losses. It has an estimated useful life of between one and three years. It is assessed annually for impairment.

p. Fair Value of Assets and Liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

q. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

r. Interest in Joint Arrangements

Joint arrangements represent the contractual sharing of control between parties in a business venture where unanimous decisions about relevant activities are required.

Joint venture operations represent arrangements whereby joint operators maintain direct interests in each asset and exposure to each liability of the arrangement. The Group's interests in the assets, liabilities, revenue and expenses of joint operations are included in the respective line items of the consolidated financial statements.

Gains and losses resulting from sales to a joint operation are recognised to the extent of the other parties' interests. When the Group makes purchases from a joint operation, it does not recognise its share of the gains and losses from the joint arrangement until it resells those goods/assets to a third party.

3 SEGMENT INFORMATION

The Group operates in the one industry, that being the promotion of diagnostic radiography, radiation therapy, MRI, CT and ultrasound.

4 REVENUES AND EXPENSES

	2016	2015
	\$	\$
(a) Revenue		
Membership subscriptions	2,665,599	2,418,261
Rendering of services	622,954	786,991
Conference revenue	806,425	-
Dividends	3,861	-
Finance revenue	14,343	9,591
	4,113,182	3,214,843
Breakdown of finance revenue:		
Bank interest receivable	14,343	9,591
Total finance revenue	14,343	9,591
(b) Other income		
Government grants	312,028	155,000

Government grants were received for project administration and standards review. There are no unfulfilled conditions or contingencies attaching to these grants.

(c) Employee benefits expense		
Wages and salaries	1,219,973	1,314,982
Superannuation	109,145	116,924
Fringe benefit tax	13,473	3,733
Payroll tax	39,822	44,782
Workers' compensation cost	7,169	6,253
	1,389,582	1,486,674
(d) Depreciation and amortisation expense		
 Land and buildings 	58,598	71,683
 Computer equipment 	4,444	3,859
- Amortisation	33,017	98,297
 Furniture and equipment 	4,583	3,229
	100,642	177,068
(e) Other expenses		
Other allocation and general expenses	28,762	18,183
Other administrative expenses	299,159	170,769
MRLO Impairment Loss (refer also to note 21)		177,278
	327,921	366,230

5 INCOME TAX

No provision has been made for taxation in the financial report, as the Group is exempt from income tax under Section 50-5 of the *Income Tax Assessment Act* 1936.

6 CASH AND CASH EQUIVALENTS

	2016 \$	2015 \$
Cash on hand	493	349
Cash at bank – Bendigo Bank	150,889	129,117
Cash at bank – Bendigo Bank – Special Purpose Fund	1,622	2,677
Cash at bank – Commonwealth	37,070	11,706
Cash at bank - Commonwealth Direct Investment	806,173	605,059
Cash at bank – Grant	477,253	157,892
	1,473,500	906,800

Cash at bank earns interest at floating rates based on daily bank deposit rates.

Reconciliation to Statement of Cashflows

For the purpose of the Statement of Cashflows, cash and cash equivalents comprise the following at 31 October:

Cash at bank and on hand	1,473,500	906,800

	2016 \$	2015 \$
Reconciliation of net surplus after tax to net cash flows from operations		
Net surplus / (loss)	269,750	(332,041)
Adjustments for:		
Depreciation	67,626	78,771
Amortisation	33,017	98,297
MRLO Impairment Loss	-	177,278
Doubtful debts	7,146	-
Changes in assets and liabilities		
(Increase) / decrease in trade and other receivables	4,376	(9,353)
(Increase) / decrease in other assets	58,378	(56,094)
(Decrease) / increase in trade and other payables	484,723	(548,792)
(Decrease) / increase in provisions	(5,452)	174
(Decrease) / increase in other liabilities	(332,448)	381,374
Net cash from / (used in) operating activities	587,116	(210,386)

7 TRADE AND OTHER RECEIVABLES (CURRENT)

		Past due	Past D	ue but not imp	paired (days o	verdue)	Within initial
	Gross Amount	and impaired	<30	31-60	61-90	>90	Trade Terms
2016	\$	\$	\$	\$	\$	\$	\$
Trade and term							
receivables	35,614	(16,646)	11,771	4,932	66	2,200	16,768
Total	35,614	(16,646)	11,771	4,932	66	2,200	16,768
		Past due	Past D	ue but not imp	baired (days c	verdue)	Within initial
	Gross Amount	and impaired	<30	31-60	61-90	>90	Trade Terms
2015	\$	\$	\$	\$	\$	\$	\$
Trade and term							
receivables	39,990	(9,500)	17,154	10,930	400	2,007	28,484
Total	39,990	(9,500)	17,154	10,930	400	2,007	28,484

	2016 \$	2015 \$
Trade receivables (i)	18,968	30,490

(i) Trade receivables are non-interest bearing and are generally on 7-90 day terms. An allowance for doubtful debts has not been made, however balances that are 12 months old or longer that have become uncollectible are directly written off to bad debts.

Credit Risk - Accounts Receivable and Other Debtors

The Group does not have any material credit risk exposure to any single receivable or group receivables. The above table details the Group's accounts receivable and other debtors exposed to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as "past due" when the debt has not been settled within the terms and conditions agreed between the company and the customer or counterparty to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the Group. The balances of receivables that remain within the initial trade terms (as detailed in the table below) are considered to be of high credit quality.

8 OTHER ASSETS

	2016	2015
	\$	\$
Other	5,619	29,266
Prepayments	25,495	30,475
Security Deposits	1,048	1,048
Conference & Seminar Advances	33,881	63,632
	66,043	124,421

9 AVAILABLE FOR SALE FINANCIAL INVESTMENTS

Shares in listed companies – at fair value

50,922

37,519

Available-for-sale investments consist of investments in ordinary shares, and therefore have no fixed maturity date or coupon date.

10 PROPERTY, PLANT AND EQUIPMENT

	Buildings & Land \$	Computer Equipment \$	Furniture & Equipment \$	Computer Intangibles \$	TOTAL
Year ended 31 October 2016					
At 1 November 2015					
net of accumulated depreciation and impairment	3,755,698	2,018	29,117	-	3,786,834
Additions	450,000	2,549	-	11,235	463,783
Depreciation charge for the year At 31 October 2016,	(58,598)	(1,750)	(4,583)	(2,694)	(67,625)
net of accumulated depreciation and impairment	4,147,100	2,817	24,534	8,541	4,182,992
At 31 October 2016					
Cost or fair value	4,573,945	264,904	226,365	11,235	5,076,449
Accumulated depreciation and impairment	(426,845)	(262,087)	(201,831)	(2,694)	(893,457)
Net carrying amount	4,147,100	2,817	24,534	8,541	4,182,992
Year ended 31 October 2015					
At 1 November 2014					
net of accumulated depreciation and impairment	3,827,381	4,570	3,588	-	3,835,539
Additions	-	1,306	28,759	_	30,065
Depreciation charge for the year At 31 October 2015,	(71,683)	(3,858)	(3,230)	-	(78,771)
net of accumulated depreciation and impairment	3,755,698	2,018	29,117		3,786,834
At 31 October 2015					
Cost or fair value	4,123,945	262,356	226,365	-	4,612,665
Accumulated depreciation and impairment	(368,247)	(260,338)	(197,248)		(825,832)
Net carrying amount	3,755,698	2,018	29,117		3,786,834

The useful life of the assets was estimated as follows both for 2016 and 2015:

Buildings – revaluation	50 years
Buildings – renovation & Electrical Works	10 years
Computer equipment	3 years
Furniture and equipment	5 years

11 INTANGIBLES

	2016 \$	2015 \$
RTO Project - Software	222,541	215,911
Less: MRLO Amortisation	(222,541)	(189,524)
Total Intangibles		26,387

12 TRADE AND OTHER PAYABLES (CURRENT)

Trade payables (i)	256,925	242,433
Other payables - Sundry creditors	102,712	110,694
Grant payables	477,189	-
Indirect Taxes Payable	49,275	48,254
	886,101	401,381

(i) Trade payables are non-interest bearing and are normally settled within 30-day terms

(ii) There were no Grant payables as at 31 October 2015 as the funds were received in advance as at this date (refer to Note 15). The reclassification was because the balance of the Grant represents unutilised funds that will be returned due to the cessation of the agreement.

13 INTEREST BEARING LOANS AND BORROWINGS

Financing facilities available

At reporting date, the following financing facilities had been negotiated and were available:

Total facilities:		
 overdraft (secured by floating charge over the building) 	250,000	250,000
Facilities used at reporting date:		
- overdraft		
Facilities unused at reporting date:		
– overdraft	250,000	250,000
Total facilities	250,000	250,000
Facilities used at reporting date	-	-
Facilities unused at reporting date	250,000	250,000

14 PROVISIONS

	Annual leave \$	Long service leave (Current) \$	Long service leave (Non Current) \$	Total
At 1st November 2015 Arising during the year Utilised Discount rate adjustment At 31st October 2016	79,209 110,733 (104,614) 85,328	85,837 17,499 (8,001) 95,335	57,553 - (21,068) 36,485	222,599 128,232 (112,615) (21,069) 217,148
Current 2016 Non-current 2016	 	 	 36,485 36,485	180,663 36,485 217,148
Current 2015 Non-current 2015		<u>85,837</u> 85,837	 57,553 57,553	165,046 57,553 222,599

Employee provisions represent amounts accrued for annual leave and long service leave. The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Group does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Group does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

15 OTHER CURRENT LIABILITIES

	2016 \$	2015 \$
Subscription Income received in advance	584,318	438,815
Grant received in advance	-	597,753
Credit Cards	7,593	18,226
ANZPIC Conference	51,397	3,068
ROSIS Conference	27,833	27,833
Breast WA Conference	100,044	42,626
WA Radiology Golf Day	11,092	_
Other Creditors	22,217	8,619
	804,493	1,136,939

MIRT Annual Report 2016 – financial

16 RETAINED SURPLUS AND RESERVES

	2016 \$	2015 \$
Movements in retained surplus were as follows:		
Balance 1st November	2,245,537	2,596,373
Net surplus / (loss) for the year	269,750	(332,041)
Transfer (to)/from Special purpose funds reserve	(24,857)	(18,795)
Balance 31st October	2,490,430	2,245,537

Reserves

	Special purpose funds \$	Asset revaluation reserve \$	Share revaluation reserve \$	Education reserve fund \$	Total \$
At 1 November 2015 Net increase / (decrease) transferred from /	444,071	330,000	45,327	100,000	919,398
(to) retained surplus	24,857	-	_	_	24,857
Revaluation of land and buildings	-	450,000	-	_	450,000
Revaluation of available-for-sale investments	-	-	(13,405)	-	(13,405)
At 31 October 2016	468,928	780,000	31,922	100,000	1,380,850

20	l6 2015
	\$\$

(i) Special Purpose Fund Reserves are represented by:

NSW Education	128,327	130,073
NSW General	2,761	3,686
Northern Territory	2,429	2,429
Gold Coast	9,908	9,736
North Queensland Education	17,467	17,467
Queensland Education	110,461	101,727
Queensland General	9,218	9,065
SA Education	28,289	23,041
SA General	4,115	6,031
SA Student Sub Committee	2,427	1,881
TAS AE Ryan Education	31,901	29,901
Tasmania General	4,069	4,172
VIC CT Users Group	21,792	22,523
VIC Education	32,665	24,215
VIC General	14,974	16,882
VIC Development & Research	23,038	19,156
WA Education	26,185	21,340
WA General	(1,097)	746
Total special purpose funds	468,928	444,071

16 RETAINED SURPLUS AND RESERVES (continued)

Nature and purpose of reserves

Special purpose funds

The special purpose funds represent the accumulated amounts generated by activities in each Branch and Sub-branch. They can only be used by the relevant Branch or Sub-branch to fund members' activities.

Education Fund Reserve

The Education Fund Reserve has been set up to allow the Board to allocate scholarships and subsidies to disadvantaged radiographers and students from developing countries to attend the Group's Annual Scientific Meetings of Medical Radiation and Therapy (ASMMIRT).

Asset revaluation reserve

The asset revaluation reserve is used to record increases in the fair value of land and buildings and decreases to the extent that such decreases relate to an increase on the same asset previously recognized in equity. The reserve can only be used as an offset against any disposal of these assets.

Net unrealised gains reserve

This reserve records increases in the fair value of available-for-sale investments in listed shares and decreases to the extent that such decreases relate to an increase on the same asset previously recognized in equity. The reserve can only be used when the available-for-sale investments are disposed of.

17 FINANCIAL INSTRUMENTS

The Group's principal financial instruments comprise of trade receivables, trade payables, cash, short term deposits, other interest bearing liabilities and available for sale shares. The main purpose of holding these instruments is to invest surplus members' funds in order to maximise returns while not exposing the Group to a high level of risk.

This note presents information about the Group's exposure to the financial instrument risks, its objectives, policies and processes for measuring and managing risk.

The Board of Directors has responsibility for the establishment and oversight of the risk management framework, identifying and analyzing the risks faced by the economic entity. Management's policies are approved and reviewed by the Board of Directors on a regular basis. This includes credit risk policies and future cash flow requirements.

The main risks arising from holding these financial instruments are cash flow risk, interest rate risk, liquidity risk and credit risk. Policies for managing the main risks are summarised below:

Interest rate risk

Exposures to interest rate risk, which is a risk that the financial instruments' value will fluctuate as a result of changes in market interest rates. The majority of financial assets are cash at bank and security deposits with floating interest rates. The policy of the Group is to have fixed interest term deposits to reduce interest rate risk.

The following tables detail the exposure of the Group to interest rate risk as at 31 October 2016 and 2015. The interest rate risk profile of the financial instruments held by the Group is set out on following page:

17 FINANCIAL INSTRUMENTS (continued)

		Maturing within 1 year					то	TAL		
١	Weighted AverageFloatingFixedEffectiveFloatingFixedNon-interestInterest RateInterest RateInterest RateBearing									
	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015
	%	%	\$	\$	\$	\$	\$	\$	\$	\$
Financial Assets Cash & cash equivalents	s: 1.25	1.84	1,473,500	906,800	_	_	_	_	1,473,500	906,800
Trade & other receivables	-	-	-	-	_	_	18,968	30,490	18,968	30,490
Available-for-sal	e _	-	_	_	_	_	37,519	50,922	37,519	50,922
Total Financial Assets	-	_	1,473,500	906,800	_	-	56,487	81,412	1,529,987	988,212
Financial Liabilities:										
Trade and other payables	_	_	_	-	_	_	886,101	401,381	886,101	401,381
Total Financial Liabilities	-	_	_	_	_	_	886,101	401,381	886,101	401,381

Liquidity risk

Liquidity risk arises when the Group is unable to meet its financial obligations as they fall due. The Group manages liquidity risk by monitoring forecasted cash flows and ensuring that adequate surplus funds are maintained.

Ultimate responsibility for liquidity risk rests with the Board of Directors, which has established a process to manage the Group's short, medium and long term funding and liquidity. The Group manages the liquidity risk by maintaining adequate cash reserves and, by continuously monitoring actual cash flows while matching the maturity profiles of financial assets and liabilities. Given the current surplus of cash assets, and based on prior periods' data, liquidity risk has been assessed as minimal.

The following liquidity risk disclosures reflect all contractual fixed pay-offs, repayments and interest resulting from recognised financial liabilities and financial guarantees as at 31 October 2016. For the other obligations the respective undiscounted cash flows for the respective upcoming fiscal years are presented. The timing of cash flows for liabilities is based on the contractual terms of the underlying contract.

However, where the counterparty has a choice of when the amount is paid, the liability is allocated to the earliest period in which the Group can be required to pay. When the Group is committed to make amounts available in instalments, each instalment is allocated to the earliest period in which the Group is required to pay.

The risk implied from the values shown in the table below, reflects a balanced view of cash inflows and outflows of non-derivative financial instruments. Leasing obligations, trade payables and other financial liabilities mainly originate from the financing of assets used in the Group's ongoing operations such as property, plant, equipment and investments in working capital.

Liquid non-derivative assets comprising cash and receivables are considered in the Group's overall liquidity risk. The Group ensures that sufficient liquid assets are available to meet all the required short-term cash payments.

17 FINANCIAL INSTRUMENTS (continued)

Financial Liability and Financial Asset Maturity Analysis

	Within	1 year	1 to 5 \	fears	Over 5	Years		
	2016	2015	2016	2015	2016	2015	2016	2015
	\$	\$	\$	\$	\$	\$	\$	\$
Financial Liabilities:								
Trade payable and other								
payables (excluding								
estimated annual leave								
and deferred income)	886,101	401,381	-	-	_	_	886,101	401,381
Finance lease liabilities	-	-	-	-	_	_	_	
Total expected outflows	886,101	401,381	-	-	_	-	886,101	401,381
Financial Assets:								
Cash on hand	1,473,500	906,800	-	-	-	-	1,473,500	906,800
Trade receivable and								
other debtors	18,968	30,490	-	-	-	-	18,968	30,490
Other financial assets	-	-	37,519	50,922	_	-	37,519	50,922
Total anticipated inflows	1,492,468	937,290	37,519	50,922	_	_	1,529,987	988,212
Net (outflow) / inflow on								
financial instruments	606,367	535,909	37,519	50,922	_	_	643,886	586,831

Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in financial loss to the Group. The Group has adopted a policy of only dealing with creditworthy counter parties as a means of mitigating the risk of financial loss from defaults. The Group's exposure is continuously monitored and credit limits are reviewed annually.

Credit risk associated with the Group's financial assets is minimal as it does not have any significant credit risk exposure to any single party.

The credit risk on liquid funds and bank bills is limited because the counter parties are recognised banks with appropriate credit ratings. Trade receivables are concentrated in Australia.

Financial assets that are either past due or impaired

Amounts are considered as "past due" when the debt has not been settled within the terms and conditions agreed between the Group and the customer or counterparty to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the Group.

As at reporting date, there is no event to indicate that any of the financial assets were impaired.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated.

The Group does not have any derivative financial instruments at 31 October 2016 and 2015.

Financial instruments measured at Fair Value

The financial instruments recognised at fair value in the statement of financial position have been analysed and classified using a fair value hierarchy reflecting the significance of the inputs used in making the measurements. The fair value hierarchy consists of the following levels:

- quoted prices in active markets for identical assets or liabilities (Level 1);
- inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices) (Level 2); and
- inputs for the asset or liability that are not based on observable market data (unobservable inputs) (Level 3).

Included within Level 1 of the hierarchy are listed shares, government securities and units in managed funds. The fair value of these financial assets has been based on relevant market quotations at the end of the reporting period, excluding transaction costs. In valuing mortgage bonds, included in Level 2 of the hierarchy, valuation techniques such as comparison to similar investments for which market observable prices are available have been adopted to determine the fair value of these investments.

No transfers between the levels of the fair value hierarchy occurred during the current or previous reporting periods.

17 FINANCIAL INSTRUMENTS (continued)

Sensitivity analysis

Taking into account past performance, future expectations, economic forecasts and management's knowledge and experience of the financial markets, the Group believes the following movements are 'reasonably possible' over the next 12 months:

At 31 October 2016, if interest rates had changed by /+ 200 basis points from the year end rates with other variables held constant, the net result for the year would have been \$29,470 lower/higher (2015: change of 200 basis points, \$18,136 lower/higher), mainly as a result of lower/ higher interest income from cash and cash equivalents.

Significant assumptions used in the interest rate sensitivity analysis include:

- Reasonably possible movements in interest rates were determined based on the Group's current credit rating and mix of debt in Australia, relationships with finance institutions, the level of debt that is expected to be renewed as well as a review of the last two year's historical movements and economic forecaster's expectations.
- The net exposure at balance date is representative of what the Group was and is expecting to be exposed to in the next twelve months from reporting date.

	Profit \$	Equity \$
Year ended 31 October 2016		
+/- 2% in interest rates	+/-29,470	+/-29,470
+/-10% in listed investments	+/	+/-3,752
Year ended 31 October 2015		
+/- 2% in interest rates	+/-18,136	+/-18,136
+/-10% in listed investments	+/- –	+/-5,092

18 CONFERENCE

The Group hosted the annual conference ASMMIRT 2016 at Brisbane in April 2016.

In 2015, the Group's affiliate New Zealand Institute of Medical Radiation Technology ("NZIMRT") hosted the 2015 NZIMRT-AIR Scientific Meeting at Wellington, New Zealand. During the year ended on 31 October 2015, the Group had 30% share in the profit split, which was \$31,376.

	ASMMIRT 2016	NZIMRT 2015
	\$	\$
	Ψ	Ŷ
Income		
Other income	270,139	-
Conference registrations	536,287	
Total income	806,425	
Expenses		
Conference and meeting expenses	357,843	-
Conference venue	320,166	
Total expenditure	678,009	
Conference surplus for year	128,416	

19 AUDITORS' REMUNERATION

The auditor of the Group is HLB Mann Judd.

	2016 \$	2015 \$
Amount received or due and receivable by HLB Mann Judd for: – An audit of the financial report of the Group – Other services (acquittal)	36,000 	35,000 35,000

20 DIRECTOR AND EXECUTIVE DISCLOSURES

(a) Details of key Management personnel

(i) Directors:

The Directors' names a	nd positions are listed as per following:
Ms Jo Page	President (till April 2016)
Mr Patrick Eastgate	President (from May 2016)
Ms Carolyn Heyes	Honorary Treasurer
Ms Bronwyn Hilder	Vice President/Assistant Honorary Treasurer
Dr Robin Hart	Honorary Secretary
Ms Lynne Ingram	Whip (till April 2016)
Ms Jillian Harris	Board Member (from April 2016)
Ms Denise Ogilvie	Board Member (from April 2016)
Mr Adam Westerink	Board Member (from August 2016)

(ii) Executives:

Mr Paul Gloster	Acting Chief Excutive & Operations Manager
Ms Min Ku	Professional Standards Manager
Mr Bruce Su	Financial Controller & Company Secretary
Mr David Leach	Conference & Events Manager

(b) Compensation of Key Management personnel

- (i) Directors are not allowed to be compensated for their voluntary services under the Society's Constitution. No payments have been made to Directors this financial year nor last year.
- (ii) The total short-term benefits payments made to the Executives for the year ended 31 October 2016 amounted to \$559,696 (2015: \$549,441).
- (iii) There were no other related party transactions.

21 CONTROLLED ENTITIES

Subsidiaries of Australian Society of Medical Imaging and Radiation Therapy Ltd: The College of the Australian Institute of Radiography Ltd T/A Medical Radiation Learning Online. Country of Incorporation: Australia

The entity was incorporated on 18th of October 2012 by the Society being College of Australian Institute of Radiography ("CAIR") trading as Medical Radiation Learning Online ("MRLO"). The entity was established as a separate public company limited by guarantee, in order to achieve registered training organisation status and develop the online learning hub. Registered training organisation status was achieved on 18th of November 2013.

The Society considers that it controls CAIR on the basis that the operations of CAIR are operated and monitored from Head Office through organisation of various webinars and seminars and returns will be generated by the Society through management fees for their services. As such, the Society has exposure, or rights, to variable returns from its involvement with CAIR, and the operations have a synergy with those of the Society being related to education and training in the field of radiography and are controlled operationally and financially by the management of the Society.

During the 2016 financial year, the residual balance of the software has been fully amortised.

22 PARENT INFORMATION

The following information has been extracted from the books and records of the parent and has been prepared in accordance with the Australian Accounting Standards.

Statement of Financial Position

	2016 \$	2015 \$
Assets		
Current Assets	1,553,541	1,433,382
Non-current assets	4,220,510	3,837,756
Total Assets	5,774,052	5,271,138
Liabilities		
Current liabilities	1,870,439	1,672,628
Non-current liabilities	36,485	57,553
Total Liabilities	1,906,923	1,730,181
Equity		
Issued capital	-	-
Retained earnings	2,486,279	2,621,559
Financial assets reserve	1,380,850	919,398
Revaluation surplus	_	_
Total equity	3,867,129	3,540,957
Statement of Profit or Loss and Other Comprehensive Income		
Total profit / (loss)	(110,423)	(50,018)
Other comprehensive income	436,595	28,987
Total comprehensive income / (loss)	326,172	(21,032)

Guarantees

Australian Society of Medical Imaging and Radiation Therapy Ltd has not entered into any guarantees, in the current or previous financial years, in relation to the debts of its subsidiaries.

Contingent liabilities

Australian Society of Medical Imaging and Radiation Therapy Ltd has no contingent assets or contingent liabilities for the current or previous year.

Contractual commitments

At 31st of October 2016, Australian Society of Medical Imaging and Radiation Therapy Ltd has not entered into any contractual commitments for the acquisition of property, plant and equipment (2015: Nil).

23 MEMBERS GUARANTEE

The Society is limited by guarantee. If the Society is wound up, the Constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding obligations of the Society. At 31st October 2016 the number of financial members was 6784 (2015: 6680).

24 COMMITMENTS

In 2016, the Group has \$33,608 commitments for in relation to the 2017 ASMMIRT conference. (2015: \$62,395 commitments for ASMMIRT 2016 Conference). The Group has a commitment of \$4,500 per quarter in relation to Learning Management System service provider for 24 months to 31 October 2018.

25 CONTINGENCIES

There were no contingent assets or contingent liabilities for the current or previous year.

26 EVENTS AFTER BALANCE SHEET DATE

The directors decided to close off MRLO's operation on 2 November 2016 and transfer MRLO as a business name under Australian Society of Medical Imaging and Radiation Therapy Ltd. Based on this, the Society has declared the intercompany receivable from MRLO as unrecoverable and has been fully written off this year. Similarly, the intercompany payable recorded in the accounts of MRLO has been released to income statement for the year ended at 31 October 2016.

Board of Directors Declaration

The Board declares that:

- a) The attached financial statements and notes, as set out on pages 26-47, thereto comply with Australian Accounting Standards.
- b) The attached financial statements and notes, as set out on pages 26-47, thereto give a true and fair view of the Group's financial position as at 31 October 2016 and performance of the Group for the year ended 31 October 2016.
- c) In the Board's opinion, the attached financial statements and notes, as set on pages 26-47, thereto are in accordance with the *Corporation Act 2001*; and
- d) In the Board's opinion, there are reasonable grounds to believe that the Group will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Board made pursuant to section 295(5) of the Corporations Act 2001.

On behalf of the Board

B. Hilder Vice President

LAJS

C. Heyes Honorary Treasurer



Independent Auditor's Report to the members of Australian Society of Medical Imaging and Radiation Therapy

We have audited the accompanying financial report of Australian Society of Medical Imaging and Radiation Therapy Ltd ("the Company"), which comprises the consolidated statement of financial position as at 31 October 2016, the consolidated statement of comprehensive income, the consolidated statement of changes in equity and the consolidated statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration for the consolidated entity. The consolidated entity comprises the company and the entities it controlled at the year's end or from time to time during the financial year.

Director's Responsibility for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

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

Our audit did not involve an analysis of the prudence of business decisions made by directors or management.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Opinion

In our opinion, the financial report of the Australian Society of Medical Imaging and Radiation Therapy is in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the consolidated entity's financial position as at 31 October 2016 and its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001.

HLB Mann Judd

HLB Mann Judd Chartered Accountants

tim Fairdaugh

Tim Fairclough Partner

Nicholas Outterside Memorial Trust

Balance Sheet as at 31 October 2016

	2016 \$	2015 \$
Asset		
Current investments in Bendigo Bank limited:		
- Fixed term deposits	69,811	67,906
- Accrued interest	1,066	1,129
Total assets	70,877	69,035
Liabilities Current Creditors		
Accounting and Audit Fees	—	—
Total liabilities		
Net Assets	70,877	69,035
Accumulated surpluses	70,877	69,035
TRUST FUNDS	70,877	69,035

Income Statement

For the year ended 31 October 2016

	2016 \$	2015 \$
Income		
Interest Received	1,842	2,123
Total income	1,842	2,123
Expenses		
Accounting and Audit Fees	-	-
Application of Grant	-	-
Total expenses		_
NET SURPLUS / (DEFICIT)	1,842	2,123
Trust Funds at beginning of year	69,035	66,912
Trust Funds at end of year	70,877	69,035

1 SUMMARY OF ACCOUNTING POLICIES

Financial Reporting Framework

The trust is not a reporting entity because in the opinion of the trustees there are unlikely to exist users of the financial report who are unable to command the preparation of reports tailored so as to satisfy specifically all of the their information needs. Accordingly, this 'special purpose financial report' has been prepared to satisfy the trustees reporting requirements. The report has been prepared in accordance with the Corporations Act 2001, however, the disclosure requirements are not in accordance with all Accounting Standards and interpretations issued by the Australian Accounting Standards Board.

The financial report has been prepared on the basis of historical cost and except where stated, does not take into account changing money values or current valuations of non-current assets. Cost is on the fair values of the consideration given in exchange for assets.

Significant Accounting Policies

The financial report has been prepared in accordance with the basis of accounting specified by all applicable Accounting Standards. The following significant accounting policies have been adopted in the preparation of the financial report. (a) investments

Investments are brought to account at cost. Interest revenue is recognised on an accrual basis.

Nicholas Outterside Memorial Trust Trustees' Declaration

The Trustees of the Nicholas Outterside Memorial Trust declare that:

- a) The financial statements set out on page 50-51 comply with accounting standards.
- b) The financial statements set out on page 50-51 give a true and fair view of the financial position and performance of the Trust.
- c) In the Trustees opinion, there are reasonable grounds to believe the Trust will be able to pay its debts as an when they become due and payable.

Signed in accordance with a resolution of the Trustees.

Il Angles

Ernest Hughes FIR (Hon), FCoR, LM Trustee

userdel h. Atman

Gordon Stewart Trustee

HLB Mann Judd Accountants | Business and Financial Advisers

Independent Audit Report to the Members of Nicholas Outterside Memorial Trust

We have audited the accompanying financial report, being a special purpose financial report, of Nicholas Outterside Memorial Trust ("the trust"), which comprises the balance sheet as at 31 October 2016, the income statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the trustees' declaration.

Trustees' responsibility for the financial report

The trustees of the trust are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form a part of the financial report, are appropriate to meet the needs of the members. The trustees' responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

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

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

The financial report has been prepared for distribution to members for the purpose of fulfilling the trustees' financial reporting requirements under the Trust's constitution. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independence

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

Audit opinion

In our opinion, the financial report presents fairly, in all material respects the financial position of the Nicholas Outterside Memorial Trust as at 31st October 2016 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the trustees' financial reporting responsibilities under the Corporations Act 2001. As a result, the financial report may not be suitable for another purpose.

HIB Mann Judd

HLB Mann Judd Chartered Accountants

Em Fairdaugh

Tim Fairclough Partner

Australian Society of Medical Imaging and Radiation Therapy ABN 26 924 779 836

Secretariat

25 King Street Melbourne Vic 3000 Australia

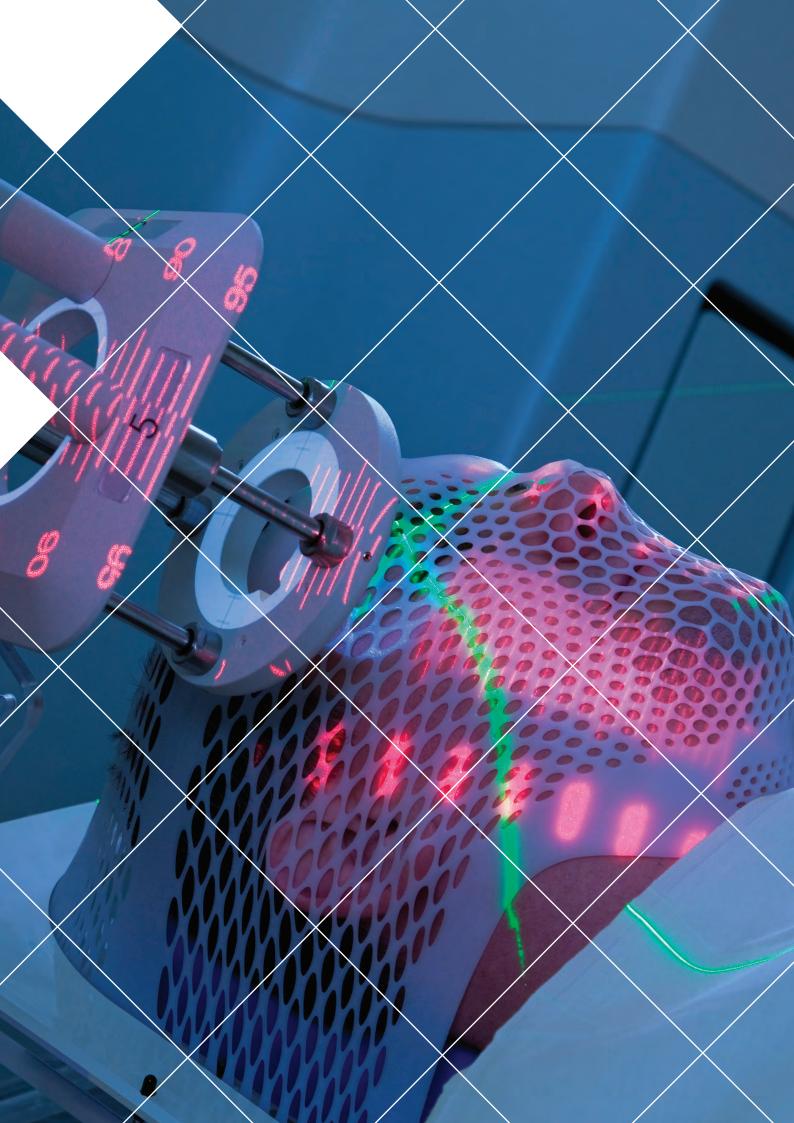
Postal address

PO Box 16234 Collins Street West Vic 8007 Tel +61 3 9419 3336 Fax +61 3 9416 0783 email: info@asmirt.org website: www.asmirt.org

Design and production: Deep Blue Design Studio, Melbourne www.deepbluedesignstudio.com

Printer: Quality Press, WA www.qualitypress.com.au







Australian Society of Medical Imaging and Radiation Therapy