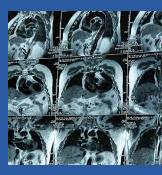


annual report

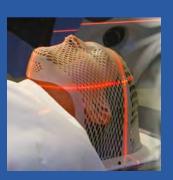
Financial statements and reports for the year ended 31 October 2014







4000



Vision

"Strength and Excellence in the Medical Radiation Science Profession"

Mission

The Australian Institute of Radiography is the peak body representing radiographers, radiation therapists and sonographers in Australia.

Our aims are to promote, encourage, cultivate and maintain the highest principles of practice and proficiency in respect of Medical Radiation Sciences (MRS). The AIR facilitates educational activities, discussion and consultation among members and others. We recognise undergraduate courses 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 MRS 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) programmes 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.

Art Science Humanity

Contents

Composition of the Board	3
President's Message	4
Chief Executive's Message	5
The Secretariat	7
Specialist Panels and Boards	
Radiation Therapy Advisory Panel	7
Medical Imaging Advisory Panel 1	8
Medical Imaging Advisory Panel 2	8
Professional Accreditation Education Board	10
Overseas Qualifications Assessment Panel	10
Fellowship Panels	11
Rural and Remote Practitioners Advisory Panel	12
Editorial Review Board / JMRS	13
Advanced Practice Advisory Panel	16
ISRRT	16
Presidents	18
Fellows as at 31 October 2014	19
Directors' Report	20
Financial Statements	25

Composition of the Board

President
Jo Page, MIR, NSW

Vice President
Patrick Eastgate, MIR, Qld

Honorary Treasurer
Carolyn Heyes, MIR, Vic

Honorary Secretary Robin Hart, MIR, WA

Assistant Honorary Treasurer & Assistant Honorary Secretary Bronwyn Hilder, FIR, Tas

Whip Lynne Ingram, MIR, SA

Chief ExecutiveDavid Collier

Australian Institute of Radiography

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@air.asn.au website: info@air.asn.au



Message from the President

his has been another very busy year for the Board and the AIR in general. The key role of the Board is to act as the governance body for the AIR, not managing activities, but ensuring that the strategic direction and governance of the Institute is effectively undertaken. I can break the Board's activities into four general theatres of

The first is around Board training and understanding of their duties as Board members. The Board has maintained a tight focus on all financial matters and much has been done to ensure that all Board members have completed the AICD training in financial literacy and understanding. This has seen the role of the Honorary Treasurer empowered to have direct oversight of the financials and the monthly reporting to the Board. I am grateful to Carolyn Heyes for her energy and diligence in executing this honorary role with such commitment and focus.

The second area has been that of engaging more closely with the Universities, and Board members are working hard to make effective contact with those universities in their state and meet with the faculty and students. The aim of this is to encourage closer relationships between them and the relevant Branches to which they might belong.

Third has been a review of the way in which panel's work, the relationship between the panels and the Board and ensuring clarity and consistency in the requirements and expectations placed upon all panels. Membership of panels must be based on merit and on meeting specific needs of that panel. Most panel's workload ebbs and flows and is often dependent on what the issues are in our professions at any particular time. The Board is always cognisant of the workload placed on panels ensuring it remains manageable and sustainable. To this end the 2014 year saw the issuance of revised panel guidelines and expectations.

The fourth major area of Board activity is the way in which our profession relates with the health world in all our presentations; from regulation to management, from public to private, from state to federal government. The lobbying and submission



Jo Page, President

writing is all reviewed and approved by the Board and I place on record my thanks to all the Board members for their insights and suggestions and for their knowledge and understanding in helping to make our presence as a professional body felt in all these environments.

In my role as the President of the AIR, I have been very fortunate to have attended two international meetings this year, the first was that of the ISRRT in Helsinki which was an interesting opportunity to be part of the international society and to encounter professional bodies from around the world. We are truly lucky to live in such a fortunate country with education and ground breaking technology and work practices at our fingertips. I was impressed to find that the Australian contingent was the second largest national group at this meeting, and certainly the Finnish Society made us all very welcome. It was an honour to be the President of the AIR at this meeting. Later in the year I attended the NZIMRT annual meeting in Invercargill and this was a cheerful contrast for me, Invercargill is one of the furthest distant cities in New Zealand and again the warmth of our welcome and the ability to reinforce one of our oldest friendships was greatly appreciated personally.

We sent a Board member to attend the CAMRT meeting in Edmonton – the Canadian relationship is one which the Board believes is of the greatest significance for the AIR as we have very similar structures and very similar issues which we can work together to manage. In some areas we feel that the AIR has something to show and share with Canada and certainly in some areas we believe we can learn from the Canadians.

In September we held the 2nd of our Combined Scientific Meetings in Melbourne with the RANZCR and ACPSEM. This is an extremely challenging meeting to coordinate and convene with many different requirements, requests and wishes that all needed to be contended with, appeased and finally moulded into the great conference that it was. This would not have been achieved without the considerable efforts of David Leach and Sarah Percy from our events team, and all the staff at the Secretariat, who assisted in making this event the success that it was and I thank you one and all. Also to Alice Hall, thank you for your tweeting, facebooking etc that got us all involved in Social Media and really showed us how important it is for the AIR to continue and grow our presence in these forms of communication.

The announcement of our two inaugural Advanced Practitioners at this meeting was an absolute highlight. It has been a very extensive road (some may say protracted) but the final result is a clear and decisive pathway to Advanced Practice in our professions. We encourage and support all those that want to take this rewarding journey.

Our venture into providing continuing education through MRLO has not been as successful as we would have hoped. We will continue to work with the MRLO Board to make this the success that we know it can be, to provide our members and others in our profession the resource that they need for their own professional improvement. Thank you to the MRLO Board for their initiatives, ideas and ongoing hard work in this new venture.

Finally, I would like to thank our Chief Executive, David Collier and the members of the AIR Board, for their continuing support of myself, and all the assistance that they constantly provide, without it I would not be able to do this role.

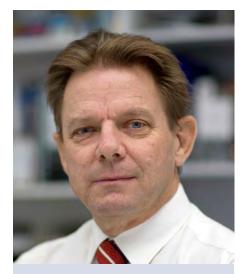
Jo Page President

Message from the Chief Executive

his has been a year which has seen continuing development in the range of services offered to the membership of the AIR. There is a wide range of member services offered by the AIR to you, the members. Insurance (professional indemnity or the personal opportunities should you choose), travel, car purchasing, and other similar group opportunities are negotiated by the Secretariat on a national basis and this is where membership numbers are so important in providing a basis for heavily discounted rates. On-line learning and local courses as well as Branch social activities are supported from the national office. The local aspects are provided by members on a voluntary basis for those Branch activities under the guidance of the local Branch Executive. There were over 120 Branch activities of all kinds in the 2014 year throughout Australia and for many members these are their most common meeting point within the profession.

The organisational structure of the AIR is therefore a common one for professional associations in that there is a small national office based in Melbourne supporting the six member branches which provide representation for our members on a state by state basis. The state with the single greatest number of members (something around 2000) is New South Wales, with Queensland hot on their heels. The combined membership of Tasmania, South Australia and West Australia is some 200 members less than the third largest member state, Victoria. Total active membership is around 6,500 with a further 1,300 CPD contacts. This gives the AIR contact with around 65% of the profession in Australia and justifies the claim to represent the majority of those in the profession. Membership continues to grow at close to 1% per month.

The other major focus in 2014 has been that of lobbying and representation, a role which occupies much of our time and that of a number of members who are appointed by



David Collier, Chief Executive

the Board to various national committees and panels to represent the AIR. Members will be familiar with the occasional reports on issues under discussion published through Spectrum or on-line. The various specialist panels of the AIR are regularly informed and asked for advice on matters of professional significance. This work is one of the key roles of the AIR and in recognition of this there has been clear direction from the Board for our overall focus as a professional association to be on standards and professionalism with a strong clinical focus.

This direction underpins the development of the on-line learning business that the AIR owns, MRLO. The process of setting up an on-line learning network for the members of the AIR and those with an interest in medical imaging and radiation sciences is an important step in the evolution of our professional association, the AIR. Until the enactment of the National Law and the attendant national registration of medical radiation practitioners, the AIR provided national standards of recognition for practitioners. This was a long established process for the accreditation of Australian university courses and programmes of study undertaken by the AIR as part of their support for and service to the profession. Now is the time to take the provision of such standards more widely across a range of professional bodies and to encourage global participation.

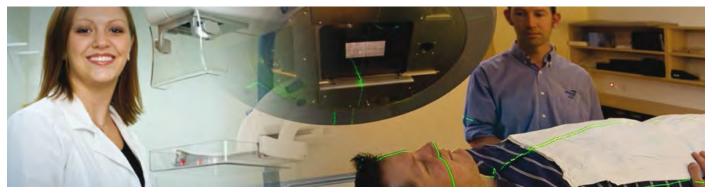
As was mentioned in the opening of this report each year that passes sees the AIR offering more services than has previously. As members will realise these activities

provided in 2014 are part of an initiative to answer the perpetual question; "so what does the AIR do for me?" The only way to answer this question is to ask the members what they want in addition to the services they must have in order to be able to be registered to practice (Professional Indemnity Insurance and Continuing Professional Development). The costs to members in providing these services are tightly controlled and where possible kept to minimum increases.

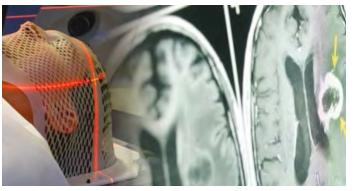
In general, the principle behind the budgets which support all the services of the AIR is that member services should be supported out of member fees charged. This principle still sees the AIR membership fees as amongst the lowest of all comparable professional member societies. However, external costs do keep increasing and therefore the AIR has to adjust membership fees annually in order to simply maintain the current level of service.

To conclude this summary, I would like to thank all my staff for their hard work, their patience and their professionalism in providing all the services which the AIR offers. We have a small staff for the work we do, and in spite of membership growing steadily since 2008 with the increasing workload associated with that growth, staff numbers have remained remarkably constant. I am particularly grateful to Paul Gloster who acted in my role while I took extended leave from April through to June with my family. I would also like to acknowledge the Board for their endless commitment and hard work on behalf of you the members. Theirs is often a misunderstood function, but without their governance and guidance we would not be achieving the results we are. I would specifically acknowledge the leadership and guidance of Jo Page, the President of the AIR.

David Collier
Chief Executive







66 Board activity is the way in which our profession relates with the health world in all our presentations; from regulation to management, from public to private, from state to federal government. 99







Secretariat staff, panels and boards

Staff at the Secretariat

Mr David CollierChief ExecutiveMr Paul GlosterOperations Manager

Mrs Min KuProfessional Standards ManagerMr David LeachConference & Events Manager

Mr Bruce Su Financial Controller

Ms Toula Mandranis Executive Assistant to the Chief Executive and Board

Ms Alice HallCommunications Content Co-ordinatorMs Kathleen O'ConnorSenior Administration Officer – Membership

Mrs Patricia Fanning Administration Officer – CPD and Paper Reviews (Part-time)

Ms Sarah Percy Events Co-ordinator

Ms Nicole Hancock Professional Accreditation and Education Board Support, Internship Co-ordinator

Mr Danny Ang Project Officer – MRLO

Ms Carolyn MadeleyProfessional Standards Officer (Part-time)Ms Mai TranAdministrative Assistant – Accounts (Part-time)

Ms Emily Chapple Administrative Assistant – CPD, Travel & General (Part-time)

Ms Alice CarterGeneral (casual)Ms Claire ChristensenReceptionist

Specialist Panels & Boards

Radiation Therapy Advisory Panel (RTAP)

Panel members

Leigh Smith Vic, Chair Anthony Arnold NSW, Secretary Katheryn Churcher Vic **NSW** Naomi Chapman Kevina Choma Qld Aniko Cooper Qld Donna Matthews SA Rachel Kearvell WA Michael Young Tas

RT Staffing Model – the working model version has now been published on the AIR website and can be accessed and used by stakeholders according to their different purposes. The manuscript for publication is now being re-drafted into a more concise version for publication in JMRS as the publication version no longer needs to include as many tables and these can now be deleted and readers referred to the website working model.

RTAP met with the Board during the CSM and discussed the following:

- Reinstatement of workforce surveys
- Status of the staffing model

- Strategies for the AIR to assist new graduates who can't find a job, nothing concrete resolved on this issue but at least noted to the Board
- RTAP/panel revised terms of reference

RTAP also noted and discussed the Workforce forum being organised by QLD Health for 16 October 2014 in Melbourne and related documents, these being:

- Draft medical physicist workforce issues paper, QLD Health
- Communique medical physicist workforce, QLD Health
- ♦ ACPSEM issues paper initial response

RTAP has provided comment on a number of draft guidelines to David Collier/Board following invitation to comment from Department of Health Vic under the Optimal Cancer Care pathways initiative, the latest three being:

- ♦ Pancreatic cancer
- Melanoma
- Hodgkins and diffuse large B cell lymphoma

It should be noted that RTAP has commented on a number of these guidelines now and continue to point out that radiation therapists are not mentioned as part of the multidisciplinary team involved in cancer management (nor are medical physicists

mentioned for that matter), to no avail to date. RTAP members continue to contribute on behalf of the AIR to a number of areas of interest to the sector generally including:

- Anthony Arnold National RT Waiting Time Working Group, National Incident Reporting and ROSIS interest group
- Katheryn Churcher finalisation of the 2014 CSM in Melbourne
- Leigh Smith Tripartite Committee

Kevina Choma/RTAP provided a draft letter for David Collier/the Board to send to Geoff Barbaro/ACPSEM expressing AIR's concern regarding a document on the ACPSEM website purporting to define the role and scope of practice of Australian medical physicists and which RTAP believed contained a number of inaccuracies and downplayed and did not acknowledge the role of radiation therapists in Australian radiation oncology centres. This also prompted a review of the radiation therapist scope of practice as defined in the AIR website document. "Professional Practice Standards for the Accredited Practitioner" and Leigh Smith has provided an early re-draft of a section of this document to RTAP for comment.

Leigh Smith Chair, RTAP

Medical Imaging Advisory Panel 1 (MIAP1)

Panel members

Christine Vanderley-Reichner	Tas, Chair
Geoff Dick	Vic, Secretary
Brendan Erskine	Vic
Karen Dobeli	Qld
Marnie Rawle	Qld
Bosco Yu	NSW
Ben O'Sullivan	Tas
Cherie Raven	SA
Barry Tanian	WA

MIAP1 has had a full and busy year in 2014. The calendar has included 4 Teleconferences. A face to face at CSM Melbourne in September was busy with the opportunity to discuss all items in detail. The last face to face will be in Melbourne on 21 November. We have also held 2 national CT and MRI Certification examinations.

MIAP1 provides ongoing advice to radiographers and those who wish to achieve Australian standards for competency and clinical performance in general radiography and specialist areas such as MRI and CT.

The panel continues to provide advice to diagnostic Radiographers in a number of issues. Some of these have arisen because of the changes made because of national registration. These include questions about scope of practice, staffing levels, education and competency, safety, and radiation and ongoing education programs.

The rights of Nuclear Medicine practitioners who are performing MRI and wish to sit the MRI certification examination continues to be an issue.

MIAP1 along with the Secretariat has been updating all the forms, procedures and policy so that they are consistent and meet modern electronic needs. It has been a huge job and by the start of 2015 all documentation should be up to date.

MIAP1 is pleased to be part of a national group to look at ways to reduce radiation dose to children, specifically in CT. Rachel McGlynn from the Royal Children's Hospital in Melbourne is our representative on this group. The panel consists of representatives from ARPANSA, RANZCR and the AIR. They have met in Sydney. Their first project to establish current practice. This will be in the form of a questionnaire.

Certification Programs

There has been lots of work performed by

the panel this year to ensure that all programs have a similar process and aim and that all documentation is up to date and consistent.

The MRI and CT examination both require each subject achieve a 65% pass mark and an overall score of not less than 75%. This ensures that all sections have equal worth. We look forward to the upcoming pilot for Angiography and Interventional Certification.

The ongoing program to increase the examination question pool, check examination quality and streamline post examination experience for candidates has been overhauled.

Radiographers considering joining the programs should read the new Guidelines. The AIR has worked tirelessly with the panel to renew all documentation and application forms.

MIAP1 is constantly frustrated by participants in the certification programs who have let their certification lapse, often for several years and then expect the panel to reinstate their certification. While the panel are happy to examine lapses due to exceptional circumstances, we cannot do this in the case of bad record keeping. It is up to all members to ensure that their contact details are up to date and to ensure that renewals happen on time. While the Secretariat will send out reminders, they will not chase members to renew involvement in a voluntary program.

MRI Certification

This program has lost none of its support over the last year.

There are currently 750 MRI radiographers participating at Level 1 and 95 radiographers Level 2 participants. These numbers continue to grow.

99 Radiographers sat the examination in March and 95 in October.

The pass rate for the March examination was similar to previous years. Barry Tanian, Bosco Yu, Cherie Raven and Marnie Rawle continue to provide ongoing knowledge and support for the program. Without their hard work, it would not be possible.

CT Certification

While uptake has been slow for this program, it has given the panel time to increase the exam question pool and streamline the program. 28 radiographers sat the examination in March and 18 in October. There are currently 58 radiographers enrolled in the program.

During 2015 MIAP1 will finalise the advanced program for CT.

Angiography/Interventional Certification

Work is continuing on the development of this project and the expectation is there will be a program in place by this time next year and a Pilot examination will be held in March 2015. I need to thank Brendan Erskine for his work in this specialty.

Geoffrey Dick has retired from MIAP1 during the year. I thank him for his involvement and contribution to the panel as a member, Chair and Secretary.

I look forward to the new members joining us. A new Secretary will be appointed at the next meeting. Carolyn Heyes remains as Board liaison and her support and advice are always welcome.

The Secretariat provide panels with ongoing clerical support, record keeping and without them we could not function. I especially thank David Collier and Paul Gloster. A big thank you to all of you, but especially Patricia Fanning - our AIR Liaison who this year for the first time attended our face to face meeting at the Combined Scientific Meeting.

I would like to thank my fellow panel members, Brendan Erskine (Vic), Ben O'Sullivan (Vic), Geoffrey Dick (Vic), Cherie Raven (SA), Bosco Yu (NSW), Karen Dobeli (Qld), Marnie Rawle (Qld), Barry Tanian (WA).

Christine Vanderley-Reichner Chair, MIAP 1

Medical Imaging Advisory Panel 2 (MIAP2)

Panel members

Jennifer Thompson	
(Breast Imaging) Chair	NSW
Harj Bariana	
(Breast Imaging & Ultrasound)	
incoming representative	NSW
Janet Brook (Breast Imaging)	WA
Reine Hobbs	
(Breast Imaging)	
incoming representative	Vic
Jenny Huntley (Breast Imaging)	Tas
Gaynor James (Breast Imaging)	SA
Carolyn Madeley	
(Breast Imaging)	
incoming representative	WA
Elizabeth Phillips (Breast Imaging)	Qld

The Medical Imaging Advisory Panel held two face to face meetings in 2014. Both were held in Melbourne; the first meeting was in May at the AIR Secretariat and the second was in September at the Combined Scientific Meeting.

In 2014, MIAP2 continues to summarize their Breast and Ultrasound Meeting with news in Spectrum. The May meeting was published in the August edition and the September meeting news is due to be published in an upcoming edition.

Prior to the May meeting, Donna Goulsbra (Vic) resigned from the panel.

In September, Harj Bariana (NSW), Reine Hobbs (Vic) and Carolyn Madeley (WA) joined the panel as representatives.

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

Re-accreditation of the BreastScreen Victoria Course

BS Victoria was re-accredited unanimously until 30 October 2016. This date is now in line with the other Mammography courses.

2. Breast Imaging Policy

The Breast Imaging Education Policy is a standalone document since December 2010. The panel has continued to make major revisions to the Breast Imaging Education Policy, which also incorporates the Accreditation documents. The document is now with the PAEB for their comments and input. The finalised, revised document will be put on the AIR website and sent to course coordinators to be implemented prior to course accreditation 30 October 2016.

3. The Graduate Diploma in Mammography (GDM)

As accreditation and registration of the GDM have not been finalised; MIAP2 wrote to the Board of Directors expressing their concern. The BoD has corresponded with MRPBA. A decision on the accreditation process will occur in November for the GDM.

The first intake of GDM students commenced February 2014 with 8 students undertaking the course.

At the MIAP2 meeting during CSM, Dr. Kelly Spuur (the course co-ordinator) kindly answered queries regarding accreditation, registration, licensing, student selection, educational requirements, number of students and how the work place felt about their students. This session helped dispel any

and the second	CORLAI		4 - 11 - 1 - 0044	
Update on	CCPM issue an	t renewals. Since	1st November 2013	8

	NSW	QLD	VIC	TAS	ACT	SA	WA	OTHER
New	9	8	28	2	0	2	2	3
Renewal	34	47	35	6	0	34	4	5

myths and misinformation regarding the GDM.

4. 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. MIAP2 continues to issue and renew CCPM's.

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

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

During the past twelve months 54 new CCPM's have been awarded in comparison to 58 in the 2012-2013 period. 165 CCPM's have been renewed, an increase from the previous year total of 113.

Several applications were received from Hong Kong, New Zealand, UK and USA trained radiographers and each application was assessed individually.

6. 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 (from analogue imaging) 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 BreastScreen Australia's National Quality Management Committee (NMQC).

This initial digital reference set was revised December 2012 by Stephanie Tamblyn. As this new/adjusted criterion has been adopted by BSA; it will now be the responsibility of the individual or group/s to clarify any references/grading while using the revised PGMI.

The panel will update any digital images

that are sent as examples; however no sets were received in 2014.

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

There have been no applications for this award this year.

8. Other

- a) The panel fully endorses use of oMamQA Radiographer Training program by Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM) as a training tool. This is a fully flexible online course in digital mammography equipment QA. This program covers RANZCR Guidelines, BreastScreen NAS and most vendor specific recommendations.
- b) At the CSM, the MIAP2 meeting opened with Dr. Tim van Gelder, founder of Austhink Software and a teacher of reasoning and critical thinking. He provided the panel with the 'Mammography Issue'. He discussed the probability of a screening woman, who having been recalled, of actually having breast cancer. Dr. van Gelder has created an application that, by using Bayes Theorem*, in which variables of interest can be added (i.e. other tests, density of breast, false positives, sensitivity of the test, etc.) determines the probability of them having breast cancer.

MIAP2 felt this was interesting theoretically, however it may not be of practical use in breast imaging, as the goal of those working in breast imaging is to provide a definitive diagnosis through additional views, ultrasound and/or biopsy.

- *A Bayesian network is a graphic model that encodes probabilistic relationships among variables of interest.
- c) Prior to the next MIAP2 meeting (March 2015), the panel will elect a new Chair. The current Chair will co-chair until her term expires in November 2015. This should help to make a more smooth transition.
- d) MIAP2 responded to correspondence and queries regarding Clinical Tutors,

Panels and Boards

Tomosynthesis, Breast Thermography, Foetal Ultrasound, the Controversies of Screening, and whether Radiation Therapists and newly qualified Radiographers are eligible to undertake the CCPM.

e) AHPRA continues to provide only limited registration for some radiographers specializing in mammography. MIAP2 is in support of all radiographers receiving full registration whether or not they specialize in a modality. The panel feels very strongly that as we are first and foremost fully qualified Medical Radiation Scientists; there should be no radiographer receiving limited registration.

9. Correspondence

The Chairperson administered approximately 350 items of inward and outward correspondence (emails and phone calls) between 1 November 2013 to 31 October 2014, in addition to the 171 applications for the Certificate of Clinical Proficiency in Mammography and its renewal. There remain a small number of outstanding applications pending further information.

Jennifer would personally like to acknowledge and thank the members of the panel for their valuable contributions, participation and assistance to her as Chairperson. Also, she especially would like to thank Jenny Huntley for taking over the Chair duties when she was travelling overseas.

We also wish to acknowledge the support of the Board and staff at the Institute, in particular David Collier, Min Ku, Paul Gloster and Lynne Ingram for their assistance and support throughout the year.

Jennifer Thompson Chair, MIAP2

Professional Accreditation Education Board (PAEB)

Members of the PAEB

Natalie Pollard
Annalaise Takla
Naomi Gibson
Nadeleine Shanahan
Jane Shepherdson
Julie Burbery

NSW, Chair
Vic, Secretary
Ndd
Vic
SA
Julie Burbery
Qld

Nicole Hancock, Administrative Support, AIR Secretariat

The Professional Accreditation and Education Board (PAEB) undertook a

number of tasks during 2014, with activities determined to an extent by the PAEB's changing role in light of the MRPBA's changing responsibilities.

The PAEB of the AIR held eight teleconferences during 2014, in February, April, May, June, July, August, October and one scheduled for December. In addition to these, PAEB held three face-to-face meetings; in February/March, in September at the Combined Scientific Meeting (CSM) and in November, with all meetings being held in Melbourne. To support the activities of the CSM in September, PAEB members were actively involved in the adjudication of papers and posters.

As with 2013, the PAEB has continued to respond to numerous 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). While the PAEB recognises that this is a primary function of the MRPBA, the PAEB has provided ongoing advice and assistance to ensure that the professional body supports the profession and its practitioners in the most appropriate way possible. The PAEB is extremely grateful for the support received from the AIR Board of Directors (BoD) in this ever changing area.

The PAEB held overall responsibility for the administration of the Supervised Practice Program (SPP), under contract from the registration body. The PAEB would like to thank the AIR's BoD for their assistance in ensuring the success of this program. It is noted that the MRPBA will be taking over in its entirety responsibility for the administration of this program in 2015 and beyond, with the PAEB's responsibility ceasing on the 31st March 2015.

An important part of the PAEB's portfolio is continuing professional development (CPD). The PAEB has supported the activities of the professional standards manager to ensure that the CPD program offered by the AIR represents benefits to members as well as meeting expected standards of practice.

Each year, the AIR Research Scholarship scheme offers two scholarships for research in the fields of radiation therapy and medical imaging, worth \$10,000 each. The PAEB is currently reviewing the six applications received and will make a decision at our face to face meeting in November at the Secretariat in Melbourne, with the BoD notified of a recommendation shortly

thereafter. At this time, PAEB will be reviewing the guidelines for members wishing to apply for this scholarship in 2015.

The PAEB has made significant input throughout 2014 to Medical Radiation Learning Online (MRLO). An endorsement of Unit of Learning (UoL) document has been written by the PAEB, with rigorous review being conducted several times throughout the year. A further discussion regarding this will be held at the November face to face meeting. PAEB has applied this policy to numerous UoL's received for endorsement, and are currently participating in the review of policy related to the endorsement of webinars. The PAEB would like to acknowledge the high level of guidance and support received by the AIR BoD in ensuring the smooth facilitation of this process.

PAEB has been heavily involved throughout 2014 in the accreditation of Advanced Practitioners and has worked closely with the Advanced Practice Advisory Panel (APAP) in the assessment of applications received under the Champion Pathway. This culminated in the awarding of 2 members as Advanced Practitioners at the CSM meeting in September. The PAEB will continue to work closely with APAP over the coming months to ensure that the process and recommendation for the award of Advanced Practitioner is conducted at the highest of standards

In 2014, the PAEB farewelled two members – Nigel Frame (outgoing chair, TAS) and Katrina Rech (SA). We would like to thank both Nigel and Katrina for the outstanding dedication, skill and knowledge that they bought to their role as a PAEB member.

The workload for PAEB remains high, and activities for 2014 have been challenging in the face of significant changes to the profession at a national level. PAEB would like to acknowledge the continued support offered by the Board of Directors, the Chief Executive and all the staff at the Secretariat over the past year.

Natalie Pollard Chair, PAEB

Overseas Qualifications Assessment Panel (OQAP)

Panel members – Names withheld on grounds of privacy

OQAP completed 134 assessments between

Table 1: Applications accepted by country and modality

Countries	Ultrasound	Imaging	Radiation Therapy
Australia	6	2	
Canada	6	1	
Ireland	1	5	
Malaysia		1	
New Zealand	2	15	3
Philippines	1		
Scotland			1
Singapore		1	
South Africa	1	2	1
United Kingdom	5	35	5
USA	3	2	
TOTAL	25	64	10

1 November 2013 and 31 October 2014. A breakdown of the categories of applicants and the country of origin are included above.

The panel met twice during 2014 including for the first time at a meeting held in conjunction with the annual conference. Panel membership has been consistent for a number of years. This has the benefit of improving the efficiency of the assessment process.

OQAP has received a number of letters in the past year regarding the duplication of processes between our committee and AHPRA. We have added information to the website to clarify the respective roles of the two groups. OQAP has also offered to work more closely with AHPRA for the benefit of applicants, but to date this has not happened.

I would like to thank the panel members for their hard work throughout the last year. I would also like to thank Min Ku for her continued support of the panel and for her patience and endurance in communicating with the applicants.

Fellowship Panels

Warden Greg Rattray Qld

Diagnostic Panel

Teresa	Wong		SA
Debora	ah Starl	key	Qld
Reube	n Dixo	1	Vic

Therapy Panel

Rebecca Owen Qld Paul Fenton Vic Georgia Halkett WA

This year two members were awarded Fellowship at the 2014 CSM, in Melbourne, they

were Dr Sarah Everitt and Ms Ingrid Jolley.

The panels held a face to face meeting at the CSM with all members attending. The panel members meet with Bronwyn Hilder as the Board liaison. At this meeting individual panel members were tasked with contacting members who were known to be on the Fellowship journey and to offer assistance as required. Discussions during the meeting included:

- Update on the status of the guidelines review
- the use of electronic submission was reviewed and considered to be a viable option for future candidates to use
- the need to develop a statement of purpose for the panel
- the CSM Fellowship assignment adjudication

An information booth was staffed by the Panel members at the CSM. Panel members also took the opportunity to touch base with current candidates during the conference. A number of members interested in knowing more about Fellowship made contact with the panel members at the AIR booth in the trade exhibit area.

The panels have revised the adjudication forms used at ASMMIRT for judging both presentations and posters at the request of the Board. These new forms were used for the adjudication process at both CSM and the Student conference.

Table 2: Applications rejected by country and modality

Countries	Ultrasound	Imaging	Radiation Therapy
Argentina	1		
Belarus, Russia	1		
Canada	2		
China	1		
Egypt	1	1	
France		1	
Germany		1	
India	1	2	
Iran		1	
UK	1	3	
USA	6	5	1
Philippines	1	1	
Romania, USA	1		
South Africa		2	
Lebanon		1	
TOTAL	16	18	1

The Fellowship guidelines have been updated to include the new adjudication forms and resubmitted to the Board.

A proposal was put to the Board and accepted to allow a second chance to complete the fellowship assignment for active fellowship candidates who were unable to attend the Fellowship session at CSM. The recording and webcasting of the Fellowship session has made this option possible and this will test the feasibility of using the option for next year's conference in New Zealand.

As of 31 October neither panel have received any final submissions to assess for awarding in 2015. Given that the Australia – New Zealand combined national conference is scheduled for late July 2015 the panels will seek an extension of the traditional deadline for submissions to reflect the later conference date. There are a couple of potential candidates for 2015 at this stage.

Greg Rattray Warden, Fellowship Panels

Rural and Remote Practitioners Advisory Panel (RRPAP)

Panel Members

Fiona Jeffs Vic, Chair
Judith Holt Qld, Deputy Chair
Izan Gill Qld, Secretary
Carolyn Dunstan SA, Asst Secretary
Christine Loosemore Tas

Minutes Secretary

Kenton Thompson Qld Christopher Dransfield NSW Simon Fenn NSW Ruth Fogarty WA

Last year we held teleconferences in February, July and November. Face-to-face panel meetings were held in April and September and we were able to meet with the Board at both. We are in regular contact with each other and AIR in between.

We have updated the RRPAP Statement of Aims in line with the AIR panel guide.

Tthe lack of NPDP placement opportunities for graduating students is still a concern.

We continued to receive applications in 2014 for the student rural clinical placement grants with six applications recommended

and forwarded to the Board for approval. Applications close on the last Friday of March and August each year. We are looking at ways to encourage the uptake of these grants by students.

We decided to draft a survey to follow up on these placements with the first survey after the initial placement. This would be followed by two more at one and five years later to see if the placement influenced choices made by recipients in their choice of workplace.

Standardisation of X-Ray Operator (XO) training and licence conditions across the states: After being requested by the Board at the November face-to-face meeting 2013 to draft a document, we have worked with the Board to finalise this and it is now available on the AIR website.

WA panel member Ruth Fogarty gave a presentation on this standard at the Melbourne CSM, using the demographics on sites and distances in WA as examples.

DIERRW (Diagnostic Imaging Enhancing the Rural Remote Workforce): This federal initiative has now been completed and is no longer in operation.

A flyer for distribution at seminars and for inclusion in *Spectrum* was designed during the year.

The Advanced Practice (APAP) report was welcomed though there is still much work to continue on this.

We discussed version 10 of the RANZCR standards document and passed our comments on to the Board.

Judith Klontz went to Canada as part of her AIR travelling scholarship. Report to follow

With no other funding for accommodation costs in student RT placement, it has been pleasing to have student grant applications for this

Northern Territory members are to be invited to participate on RRPAP. David Collier will approach NT on the panel's behalf.

So far in 2015 we have organised panel positions for 2015 and drew up a provisional schedule of teleconferences and face-to-face meetings for 2015.

We encourage all radiographers with an interest in or concerns/queries on Rural Remote matters to contact any member of the panel.

Izan Gill Secretary, RRPAP



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	Radiation Therapy, AIR
Ann Poulos, Deputy Editor	Medical Imaging, AIR
Kareen Grimshaw, Deputy Editor	Radiation Therapy, NZIMRT
ASSOCIATE EDITORS	
Jenny Cox	Radiation Therapy, AIR
Karen Dobeli	Medical Imaging, AIR
James Hayes	Medical Imaging, NZIMRT
Suzanne Henwood	Medical Imaging, NZIMRT
Paul Kane	Radiation Therapy, NZIMRT
Peter Kench	Nuclear Medicine, AIR
Kellie Knight	Radiation Therapy, AIR
Sarah Lewis	Medical Imaging, AIR
Rebecca Owen	Radiation Therapy, AIR
Daniel Pham	Radiation Therapy, AIR
Warren Reed	Medical Imaging, AIR
Charlotte Sale	Radiation Therapy, AIR
Zhonghua Sun	Medical Imaging, AIR
Nick Woznitza	Medical Imaging, AIR (United Kingdom)
1 AIR associate editor position was available when	the annual report was submitted in Nov 2014
REVIEW BOARD MEMBERS	
Joanne Adlam	Medical Imaging, NZIMRT
Scott Bowman	Medical Imaging, AIR
Patrick Brennan	Medical Imaging, AIR
Rob Davidson	Medical Imaging, AIR
Shane Dempsey	Radiation Therapy, AIR
Gay Dingey	Radiation Therapy, AIR
Georgia Halkett	Radiation Therapy, AIR
Jan McKay	Medical Imaging, AIR
Peter White	Radiation Therapy, AIR (Hong Kong)

Table 2: Members of the International Advisory Panel

Name	Country	Professional Practice
Mohd Hanafi Ali	Malaysia	Medical Imaging
Nicole Harnett	Canada	Radiation Therapy
Michelle Leech	Ireland	Radiation Therapy
Jonathan McNulty	Ireland	Medical Imaging
Euclid Seeram	Canada	Medical Imaging
Suresh Rana	USA	Radiation Therapy
Vincent WC Wu	Hong Kong	Radiation Therapy
Michael Ying	Hong Kong	Medical Imaging

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). A more comprehensive report of the activities of *JMRS* is distributed each year in February to the Board of Directors and Editorial Review Board by the Journal Manager from Wiley-Blackwell. In this report it contains the number of visits/downloads from the JMRS website, most downloaded articles (which are also listed on the website), number of submissions and the number of accepted and rejected manuscripts.

The ERB and/or editors of *JMRS* had a teleconference meeting in November 2013 and February 2014. A face-to-face meeting was held in September 2014.

Achievements

1. Journal Indexing

In 2014, *JMRS* began to appear in relevant medical, allied health and nursing journal indexes. The following are journal indexes that *JMRS* can be found as of November 2014.

- PubMed Central: accepted in October 2014
- ii. EMBASE: accepted in March 2014
- iii. Director of Open Access Journals: accepted in March 2014
- iv. GO RAD (International Society of Radiology): accepted in February 2014
- V. Google Scholar: In 2014, Google Scholar began to collect the citation rates of the articles from *JMRS*. The Google Scholar citation measurement is known as the h-index.
- vi. Informit Health Collection: the previously published articles from *The Radiographe*r and *Shadows* are also available in Informit Health Collection.

JMRS is expected to appear in other relevant indexes. For an up-to-date list of indexes, go to www.jmrsjournal.com and go to "Overview" page.

2. JMRS app and Altmetrics

In July 2014, the *JMRS* app was made available in the Apple App Store. The Wiley-Blackwell team is currently developing the Android version and it should be made available soon. Wiley-Blackwell began measuring the Altmetric score of articles from *JMRS*. Altmetric measures the attention

Panels and Boards

that the article receives online such as in Twitter, Mendeley or CiteULike.

3. Journal promotion

JMRS was promoted during the Combined Scientific Meeting (CSM). The abstract handbook was jointly published in the JMRS and Journal of Medical Imaging and Radiation Oncology (JMIRO) websites. The Journal was promoted in the Wiley-Blackwell exhibition booth during the CSM. The Journal was also promoted in the Publication Workshop that was developed in collaboration with the editors of JMIRO and Australasian Physical and Engineering Sciences in Medicine (APESM). A report of the Publications Workshop was published in Spectrum, October 2014, Vol 21 (9), page 22.

4. *JMRS* Facebook discussion via the AIR platform

In June 2014, readers of JMRS began posting comments of recently published articles in Facebook of the AIR (www.facebook. com/AIRadiography). Alice Hall from the AIR and Nick Woznitza, Associate Editor of *JMRS* monitors these discussions. All JMRS readers and authors of the articles under discussion (both members and nonmembers of the AIR) are highly encouraged to contribute. It is expected that this strategy will help increase the Altmetrics of articles published in *JMRS*.

5. Reviewer mentoring program

Advertisements seeking for expressions of interest to review for *JMRS* were distributed via the AIR e-blast, *JMRS* printed issue and by email to known experts. Expressions of interest received from colleagues without prior publication will join the reviewer mentoring program. *JMRS* continue to seek for more reviewers, especially medical physicists, radiologists and radiation oncologists. Please contact the editorial office, JMRS.EO@wiley.com (email) if you or your colleagues are interested in reviewing for *JMRS*.

6. Collaboration with Australian editors from Wiley-Blackwell

The Editor-in-Chief of *JMRS* and other Australian editors campaigned for recognition and support for the contribution of editors and reviewers. A full report of this can be found in *Spectrum*, November 2014, Vol 21 (10), p6.

Table 3: Journal of Medical Radiation Sciences publications

(a) December 2013 (Vol 60, Issue 4)

Surname of Author 1	MI/RT/ NM	Type of paper	Author(s) country of residence
Mothiram	MI	Original article	Ireland, Australia
Jacobs	MI	Original article	New Zealand
Crowe	RT	Original article	Australia
Brown	RT	Original article	Australia
Sale	RT	Original article	Australia
Schneider	RT	Correspondence	Australia
Cox	RT	Correspondence	Australia
Harris	RT	Correspondence	Australia
Monk	RT	Correspondence	Australia
List of reviewers	111	Acknowledgement	Australia

Total number of pages: 47 pages

(b) March 2014 (Vol 61, Issue 1)

Surname of Author 1	MI/RT/ NM	Type of paper	Author(s) country of residence
Lin	RT	Editorial	Australia
Yeung	RT	Original article	Canada
Yielder	MI	Original article	New Zealand
Kilgour	MI	Original article	Australia
Liang	RT	Original article	China
Coleman	RT	Original article	New Zealand
Bridge	RT	Original article	Australia
Merchant	RT	Original article	Australia
Snaith	MI	Correspondence	United Kingdom
Parrish	MI	Book review	Australia

Total number of pages: 62 pages

(c) June 2014 (Vol 61, Issue 2)

Surname of Author 1	MI/RT/ NM	Type of paper	Author(s) country of residence
Yielder	MI/RT	Editorial	New Zealand
Woznitza	MI	Commentary	United Kingdom
Neep	MI	Original article	Australia
Mubuuke	MI	Original article	Uganda
Gorayski	RT	Original article	Australia
Elith	RT	Original article	Canada, Australia
Giles	RT	Original article	Australia
Mothiram	MI	Review article	Ireland, Australia
Herst	RT	Review article	New Zealand
Al-naami	MI	Case report	Saudi Arabia, Australia
Sun	MI	Book review	Australia

Total number of pages: 68 pages

(d) September 2014 (Vol 61, Issue 3)

Surname of Author 1	MI/RT/ NM	Type of paper	Author(s) country of residence
Sykes	RT	Editorial	United Kingdom
Crowhurst	MI	Original article	Australia
Page	MI	Original article	Australia
Greenham	RT	Original article	Australia
Bridge	RT	Original article	Australia
Bell	RT	Original article	Australia
Ching	MI	Review article	Australia
Knight	MI	Review article	Australia
McKay	RT	Review article	Australia
Fitzgerald	RT	Case report	Australia

Total number of pages: 85 pages

MI: Refers to medical imaging, radiography, radiology or radiology medical physics

RT: Refers to radiation therapy, radiation oncology or radiation oncology medical physics

NM: Refers to nuclear medicine or nuclear medicine medical physics

(d) September 2014 (Vol 61, Issue Supplement S1)

Abstracts from the 2014 Combined Scientific Meeting: Imaging and Radiation in Personalised Medicine, 4-7 September 2014. This is a joint publication with the *Journal of Medical Imaging and Radiation Oncology*.

JMRS Publications

All of the journal issues in 2014 exceeded the 52 pages minimum requirement for notched binding. Refer to Table 3 for the number of articles published, country of residence of the authors and their category of topic within medical radiation sciences.

Future

Plans are underway to further increase the number of submissions and the number of articles published. Members are highly encouraged to provide feedback about what they think of their Journal and/or provide recommendations by which these future plans could be achieved.

Acknowledgements

Thank you to the members for their contribution in promoting the journal, for reviewing manuscripts and for choosing to publish in *JMRS*. The names of reviewers that contributed in November 2013 - October 2014 were published in the December 2014 *JMRS* issue.

The past and current members of the editorial review board (ERB) and the international advisory panel (IAP) are also acknowledged for their contribution in producing a quality journal. My sincerest gratitude to the editors of *JMRS* for their dedication and support. Please refer to Tables 1 and 2 for the list of names of the members

of ERB and IAP.

Thank you to the team from Wiley-Blackwell who provided ongoing advice and support throughout the year especially the Editorial Assistants (Novelyn Membrano and Aiko Llamas), Productions Editors (Sylvia Cheong and Gisella Huang) and Journal Managers (Simon Goudie and Tom Griffin).

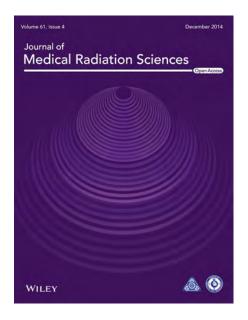
The advice and support from the representatives of the Australian Institute of Radiography (AIR) and New Zealand Institute of Medical Radiation Technology (NZIMRT) were valuable. Thank you to Alice Hall, David Leach, David Collier and Linda Whitehead.

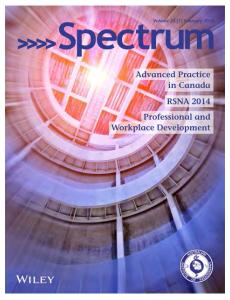
Cherry Agustin
Editor in Chief,
Journal of Medical Radiation Sciences

Publications report

Four issues of the *Journal of Medical Radiation Sciences* and 10 issues of *Spectrum* were published this year.

Total costs amounted to \$391,040.





Advanced Practice Advisory Panel (APAP)

Panel Members

Jill Harris	NSW	Chair
Kate Francis	ACT	
Charlotte Sale	Vic	
Elissa Marshall	Vic	
Peter Rosenow	Vic	
Sharon Maresse	WA	
Kimberley Ross	SA	
Michael Fuller	SA	

APAP has had an extremely busy and productive year this year, which culminated in the accreditation of our first Advanced Practitioners in Medical Imaging and Radiation Therapy at the 2014 CSM.

A total of one face to face and two successful teleconferences were held during 2014. More teleconferences were organised but quorums were not attained, hence the meetings could not be held. In addition, the face to face meeting organised for CSM did not have a quorum.

After a significant body of work and debate, the proposed pathway to advanced practice was released to members for comment in February 2014. After incorporating feedback from members, and a stakeholder meeting, which was productive, if poorly attended, the final document was published and notification that the Champion pathway for accreditation was now open was made in April.

A total of five applications were received, three Radiation Therapy and two Medical imaging. Two of the Radiation Therapy applications did not meet the necessary criteria due to the absence of a specified advanced practice role. One Medical Imaging application was received after the cut-off date for accreditation at the CSM and is still under assessment

The two remaining applications were successful.

As expected, after discussion with the PAEB, minor modifications are required to the process of assessment and the documentation provided for guidance to the assessors. The recommended modification have been completed and submitted to the Board of Directors for approval.

On behalf of APAP, Associate Professor Charlotte Sale presented the approved pathway to advanced practice at the Victorian "People In Health Summit" and both Charlotte and Kate Francis attended the "Sharing Advanced Practice forum", again held in Victoria on 10 July.

A successful workshop, entitled "Kickstart your Advanced Practice Career" was held on Saturday 6 September at the CSM. The workshop was well attended, with approximately 50 participants. An overview of the advanced practice model was given, flowed by personal experiences outlining the benefits of advanced practitioners from a Radiation Oncologist, Medical Imaging applicant for advanced practice accreditation and a departmental manager. The workshop then broke into small groups where opportunities were explored for advanced practice positions within individual departments. Hurdles were discussed and potential resources identified to overcome the hurdles. It was generally accepted that, in order to implement advanced practice, lateral thinking, perseverance and determination are required in addition to skill. A general observation was made that the groundswell of acceptance for advanced practice has increased significantly since 2013, to the extent that the RANZCR advertised the advanced practice workshop in their CSM notifications. This is an encouraging development.

Two resignations have been received from Sharon Maresse on 26 May and from Kate Francis at the CSM. I would like to take this opportunity to thank both Sharon and Kate for their hard work over the past year.

Subsequent to meeting the BoD at the CSM, a summary document, providing additional guidance for applicants, revised terms of reference for APAP and a revised statement of purpose for the panel have been submitted to the Board for approval. It is anticipated that expressions of interest to fill the current vacancies on the panel will be published soon.

The Chair of APAP was invited to speak at the British Columbia Cancer Agency Professional Practice Day in late September regarding the AIR experience with advanced practice. A further report regarding this conference will be produced subsequent to the visit.

I would at this stage like to formally thank the AIR members and the BoD for their support, the PAEB and independent assessors for their assistance and cooperation in processing the received applications in time for 2014 CSM and those members who have applied for accreditation. I would encourage all members to thoroughly

read the available documentation, including the amended documents when published and for those who feel they meet the criteria, to submit an application.

Jill Harris Chair, APAP

ISRRT Representatives

Prof Pamela Rowntree

- ♦ ISRRT Councillor for Australia
- A/A Regional Coordinator for Education
- ISRRT Education Standards Project Subcommittee member
- 18th ISRRT World Congress Scientific Committee member

Ms Cynthia Cowling

- Director of Education ISRRT
- Chair, Education Subcommittee

The main focus of this year's report is the 18th World Congress Meeting in Helsinki, June 9 to June 15, 2014.

On Monday morning 9 June, I attended the Pre Council Forum. At this briefing, Board Members were introduced to the Council members, and a series of issues were discussed.

These included:

- ⇒ a review of the 2010 Member Survey and the actions taken by the Board during 2010-2014
- report on activities of the Board
 - communication
 - collaboration with member societies
 - focus on developing nations
 - governance
- ISRRT Newsletter, now electronic "News and Views from Around the World"
- ISRRT role in advising and collaborating with WHO, IAEA, ISR, RSNA and other NGO's.
- Input into Global Initiative on Radiation Protection with WHO/IRON
- ISRRT Research Award
 - Theme is "Role of radiographers in justification of medical exposures"
 - Deadline for applications is 15
 September 2014 with award announced in October.
- Educational Standards document Draft 2 revision was presented.

The Asia/Australasia Regional Committee then met in the Finnish Society's Headquarters, where issues regarding the various countries were discussed, in particular support for improving education and other opportunities in developing countries of the region. Dr Maria Law reported on the development of a new group in the region, "South East Asian Radiographers Conference" with the first meeting to be held in August 2014. The group would like to see standards to enable cross border professional movement. There are ten nations involved in response to the pending establishment of ASEAN economic community in 2015. Cynthia Cowling spoke on the need to consider more effective ways of offering Workshops in the future.

The next ISRRT regional committee meeting will be held in conjunction with the Asia/Australasia Conference of Radiological Technologists (AACRT) Meeting in Singapore, 20-23 August, 2015.

Council of the ISRRT met on Tuesday. After roll call and confirmation of minutes from the previous meeting in Canada, the Council heard the updates from Board members. All Council members received copies of the full Reports from Board members prior to attending. A motion to change the title of Director of Public Relations to the Director of Public Relations and Communication was passed. Council elected four new societies to membership: Lithuania; Italy; Haiti; and Mali. It was announced at the Council meeting that the venue of the 20th World Congress in 2014

would be in Trinidad & Tobago.

Elections for the Board of Management, and the Regional Coordinators were held. Dr Fozy Peer was elected as the new ISRRT President, Mr Stewart Whitley as Treasurer, Dr Maria Law (Hong Kong) as Director of Education, Alain Cromp (Canada) as Director of Public Relations and Communications, and Ms Donna Newman remains Director of Professional Practice.

Elections were held for the Asia/ Australasia Region. Dr Napapong Pongnapang (Thailand) was elected as Vice President Asia/Australasia; Ms Tan Chek Wee (Singapore) was elected as Regional Director, Mr Yudthaphon Vichianin (Thailand) was elected as Regional Coordinator for Education. Mr Robert Shen (Taiwan) was re-elected as the Regional Coordinator for Public Relations and Mr James Ho NamKoong (Korea) as the Regional Coordinator for Professional Practice. These positions are for the next four year period.

There was an Education Summit held, a joint initiative of ISRRT and the Metropolia University of Applied Sciences, where a series of presenters addressed the topic "Towards Evidence-Based Education in the Field of Radiography" delivery of radiation science education in their home countries, including UK, USA, Australia, Europe, Asia and the Nordic countries. Guest speaker, Dr Maria Perez from WHO gave a presentation

entitled "WHO views on Education in the Radiation Sciences" which was very interesting and informative. The Australian Council member was the moderator for the afternoon session "How Evidence Based Practice can Inform and Impact".

The World Congress Meeting was an outstanding success. As usual the Opening Ceremony included the Flag Ceremony. The Hutchinson Lecture was given by Dr Maria Perez from WHO. The program included a range of papers (190) and posters (86) on topics related to education, research, patient care, medical imaging, radiation therapy, nuclear medicine, ultrasound and more. The conference and social program afforded an opportunity to meet and network with medical radiation professionals from around the world as part of the "Optimizing for Better Care" theme. The Australian registrants made up the next largest group after Finland, quite remarkable considering the distance from home.

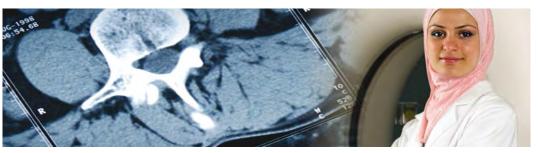
The next Council Meeting will be held prior to the 19th ISRRT World Congress in Seoul. Korea in 2016.

As this is my final report as Councillor for Australia, I wish to thank the AIR for their support over the past twelve years and wish my successor, Mr Chris Whennan well.

Pam Rowntree.

ISRRT Councillor Asia/Australasia Region Coordinator for Education





Presidents

1950-51	OUTTERSIDE N*	FFIR	NSW
1951-52	QUENAULT WA*	FFIIR	SA -
1952-53	RYAN EA*	FFIR	Tas
1953-54	ANDERSON HW*	FFIR	Vic
1954-55	SMITH AR*	FFIR	NSW
1955-56	JAMES DA*	MIR	WA
1956-57	GONINON EF*	MIR	Tas
1957-58	GRANT DJ*	MIR	Vic
1958-59	KNIGHT AW*	FFIR	Qld
1959-60	FLEAY RF	FIR	WA
1960-61	BRADEN AH*	MIR	SA
1961-62	CALLOW JW*	FIR	Vic
1962-63	WILSON DK*	MIR	Qld
1963-64	FITZSIMONS CJ	FIR	WA
1964-65	SMITH AR*	FFIR	NSW
1965-66	BUTLER JJ*	MIR	Tas
1966-67	WILSON DK*	MIR	Qld
1967-68	MOORES J (Mrs)*	MIR	Vic
1968-69	SMITH AR*	FFIR	NSW
1969-70	BUTLER JJ*	MIR	Tas
1970-71	JONES D	MIR	Vic
1971-72	RYAN GT	FIR	NSW
1972-73	HARTLEY DE	FIR	WA
1973-74	KNIGHTS AM	MIR	Tas
1974-75	DIMMICK JR	MIR	Qld
1975-76	SKENE PJ	FIR	Vic
1976-77	LORD BA*	MIR	SA
1977-78	HUGHES TD*	MIR	WA
1978-79	SAUNDERS JH*	FIR	Tas
1979-80	HEINDORFF H (Miss)	MIR	Qld
1980-81	HAYWARD G	FIR	Vic
1981-82	GEORGE RP	FIR	SA
1982-83	MILDON C	MIR	WA
1983-84	STEWART G	MIR	NSW
1984-85	COOPER N	MIR	Tas
1984-85	COOPER N	MIR	Tas
1985-86	FLEET M (Miss)	MIR	Vic
1986-87	QUIRK J	FIR	SA
1987-88	STANKEVICIUS IR*	MIR	WA
1988-89	DUFFY PJ	MIR	NSW
1989-90	TICKALL G (Mrs)	MIR	Vic
1990-91	KENWORTHY GR	MIR	Tas
1991-92	BALMANNO DG	FIR	Qld
1992-93	MORRIS IT	FIR	WA
1993-94	SCHIRMER MB	MIR	SA
1994-95	COLLETT KM (Mrs)	FIR	NSW
1995-96	HICKS N	MIR	WA
1996-97	HANSON H	MIR	Tas
1997-98	NUSS W	FIR	Qld
1998-99	MALBON A	MIR	Vic
1999-2000	COTTRELL J (Mrs)	FIR	SA
2000-2001	SLATTERY P	MIR	NSW
2001-2002	ONG T (Ms)	FIR	WA
2002-2003	ROWNTREE P (Ms)	FIR	Qld
2003-2004	SMYLIE J (Ms)	FIR	Vic
2004-2006	HAMILTON S	MIR	Tas
2006-2009	WHENNAN C	MIR	WA
2009-2011	WAY T	MIR	Qld
2011-2013	HARVEY B	FIR	Vic
2013-	PAGE J (Ms)	MIR	NSW
*Deceased			





Fellows

1974	ALMOND DK	SA	1963	LORIMER D (Miss)	Vic
1992	AROZOO EM	SA	1988	MATHER MD (Mrs)	Vic
1968	ATKINSON R (Miss)	NSW	2008	MIDDLETON M	Qld
1989	BALMANNO DG	Qld	2005	MILLER J (Miss)	Vic
1962	BEST (WILLIAMS) JB (Mrs)	Vic	1959	MILNE MJ (Miss)	Vic
1977	BORRETT RJ	SA	1970	MOORE BJ (Miss)	NSW
1988	BROUGH PD	Vic	1985	MORRIS IT	WA
1995	BROWN GL	Qld	1961	MURRAY JR (Mrs)	Vic
1973	BROWN GM	Vic	2001	NAGLE KM (Miss)	Vic
2003	BRUMBY JM (Ms)	Vic	1989	NUSS WJA	Qld
1995	BUCHANAN P	Vic	2000	OBRADOVIC G	WA
1996	CARUANA E	NSW	1994	ONG TA (Mrs)	WA
1975	COLLETT KM (Mrs)	NSW	2011	OWEN RJ (Mrs)	Qld
1962	COOK CW	SA	2007	PERRY CD	VIC
1986	COTTRELL J (Mrs)	SA	1999	PHILLIPS R	NSW
1996	CUMMINS S (Mrs)	Qld	2003	PIOTTO L	SA
2008	DAVIDSON R	Vic	2001	PIYARATNA N	NSW
1999	DIXON R	Vic	1972	PRYOR JM (Miss)	Vic
2007	DOBELI KL (Mrs)	Qld	1971	QUIRK JA	SA
2004	DUFFY K (Mrs)	Qld	2000	RATTRAY G	Qld
1967	DUNCAN RC	NSW	1992	ROUSE P	Vic
1996	EGAN I (Mrs)	NSW	1993	ROWNTREE PA (Ms)	Qld
1996	ENG T	Vic	1968	RYAN GT	NSW
1976	ENRIGHT MT	Qld	1975	RYAN JE	Vic
2014	EVERITT SJ (Mrs)	Vic	2012	SALE CA (Miss)	Vic
2007	FENTON PA	Vic	1998	SHANAHAN M (Ms)	Vic
1961	FITZSIMONS C	WA	1992	SIEGMANN JW	SA
1961	FLEAY RF	WA	1993	SIVAGANASUNDRAM R	Vic
1996	FOULSTONE P	Vic	1993	SMITH AN	NSW
1993	FRICKE J	Vic	1989	SMYLIE J (Ms)	Vic
1994	FUNG K	HK	2013	STARKEY DE (Mrs)	Qld
1977	GARSIDE AR	Vic	1996	STARKOFF BA	Qld
2013	GAWTHROP JB (Ms)	Vic	1994	TATE JA (Ms)	Vic
1976	GEORGE RP	SA	1992	TOSTEVIN JH	WA
		Vic			SA
1962	GIBSON ML (Mrs)		1978	TRUMAN GM	
1991	GILL M (Mrs)	Qld	1958	TYRRELL FG	Vic
2013	GILES EM (Ms)	SA	1991	VERROCCHI R	Vic
2000	GRANT AM (Mrs)	Qld	1996	VITUCCI T (Mrs)	NSW
1962	GREEN MF	Vic	1997	WALSHI	Qld
2007	HALKETT GK (Ms)	WA	1976	WARD A (Mrs)	Vic
1963	HAINING WA	Vic	1988	WATSON E (Ms)	WA
1974	HANTON A	SA	1970	WILKINSON AR	WA
1970	HARTLEY DE	WA	2007	WONG TA (Mrs)	SA
1979	HARVEY BM	Vic	2000	YEOMANS EJ	NSW
2000	HATHERLY K (Ms)	Vic	1972	YOUNG BF (Miss)	Vic
1967	HAYWARD G	Vic	2010	ZELESCO M (Mrs)	WA
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			
		WA			
1977	KNIGHTS AM				
1992	LO LK	Vic			

Directors' Report

The Directors present this report on the entity for the financial year ended 31 October 2014. 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
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, Chris O'Brien Lifehouse Aug 2008 – 2013: Director of Radiation Therapy, Royal Prince Alfred Hospital 2002 – July 2008: Deputy Chief Radiation Therapist, Royal Prince Alfred Hospital – Radiation Oncology 1992 – 2002: Deputy Chief Radiation Therapist, Senior Radiation Therapist Mater Hospital – Radiation Oncology Associates 1989 – 1992: Assistant Manager – Front Office Metropole Hotel and Convention Centre 1982 – 1989: Senior Radiation Therapist Royal Prince Alfred Hospital – Radiation Oncology 1977 – 1980: Radiation Therapist Royal Prince Alfred Hospital – Radiation Oncology
Interest in the Institute	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 2005: Chairperson of NSW State Committee 1998 – 2004: Member of Northern Sydney Sub-Branch 2009: Scientific Coordinator CSM 2009 – Brisbane 2004: Scientific Coordinator – 2nd ASMMIRT – Auckland 2002: Co-Convenor 53rd ANC/20th RTS – Coffs Harbour 2000: Member Convening Committee – 51st ANC/18th RTS – Sydney 1996: Member Convening Committee – 47th ANC/14th RTS – Bathurst 2012: Member Convening Committee – 10th ASMMIRT – Sydney
Interest in contracts	Nil

Mr Patrick Eastgate	Vice President
Qualifications	Bachelor of Nursing – QUT – 1996 Bachelor of Applied Science – Medical Imaging – QUT – 2000 Masters of Applied Science (Image Interpretation) – CSU – 2014 Certificate IV TAE40110 – Training and Assessment 2001
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 – present: Radiographer – Advanced (Clinical Education Coordinator). During this time I have been seconded on a number of QH Projects on a part-time capacity
Interest in the Institute	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 – present, Organising Committee AIR/NZIMRT 2015 2015 – Organising Committee ASMMIRT 2016
Interest in contracts	2012 – 2014: Board Member MRLO

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 Institute	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

Ms Bronwyn Hilder	Assistant Honorary Treasurer & Assistant Honorary Secretary
Qualifications	1987: Bachelor of Science, University of Queensland 1988: Diploma of Applied Science (Therapeutic Radiography) with Distinction, QUT 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)
Experience	Oct 2007 – present: Deputy Chief Radiation Therapist WP Holman Clinic, Royal Hobart Hospital PO4 Charge Radiation Therapist February 2006 – October 2007 PO3 Advanced Skills Radiation Therapist July 2004 – February 2006 Southern Zone Radiation Oncology Services, Mater Centre, South Brisbane Radiation Therapist Grade 3 May 2003 – May 2004 Nova Scotia Cancer Center, Halifax, Canada Senior Radiation Therapist (Casual) January 2003 – April 2003 Supervisor Radiation Therapist (Permanent Planning) September 2001 – December 2002 Wesley Radiation Oncology, Auchenflower 4066 Supervisor Radiation Therapist (Treatment/Planning rotational) February 1995 – September 2001 Staff Radiation Therapist September 1991 – February 1995 Wesley Radiation Oncology, Auchenflower Senior II Radiographer September 1990 – August 1991 Locum Basic Grade Therapeutic Radiographer April 1990 – July 1990 Cromwell Hospital Locum Basic Grade Therapeutic Radiographer March 1990 The Middlesex Hospital, London, England Staff Therapeutic Radiographer December 1988 – January 1990 Cadet Therapeutic Radiographer February 1986 – December 1988 Qld Radium Institute, Herston
Interest in the Institute	Member since 1988 2010: Awarded Fellowship of the AIR March 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 Nov 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
Interest in contracts	Nil

Directors' Report

Dr Robin Hart	Honorary Secretary
Qualifications	BSc (Hons) (Medical Imaging Science) 1997 (Curtin) PhD 2001 (UWA)
Experience	2010 – present: Clinical 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, AlON 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 Institute	 2013 – present: Board member (WA), Board of Directors, Australian Institute of Radiography, 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

s Lynne Ingram	Whip
Qualifications	Associate Diploma Diagnostic Radiography – Sturt CAE – 1980 DMU Part 1 – ASAR – 1995 Graduate Certificate Health Service Management – Flinders University – 2007 Master of Health Administration – Flinders University – 2009 Graduate Certificate Organisational Learning – Flinders University – underway
Experience	1980 – 2015: Radiographer – Flinders Medical Centre, SA (Trauma, Ultrasound, Angiography, Theatre, Portables, General, Nuclear Medicine, Fluoroscopy, Mammography) 1998 – 2006: Section Leader ED, Theatre, Portables 2006 – 2015: 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 – 2015: 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
nterest in the Institute	AIR Member from 2004 SA Member AIR PAEB 2005-2010 AIR Board of Directors from 2013 ASMMIRT (NZMIRT, CSM) Presentations 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012
Interest in contracts	2013 – 2015: Board Member MRLO

Objectives and Strategies

The long term key objectives of the AIR have remained constant since the Institute 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 Institute so as to support our strategies, our systems, our processes and our infrastructure.

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

- Adoption of the AIR professional standards by 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 fit-for-purpose, accessible and engage all staff and members

Principal Activities, and Achievement of Objectives

Principal activities

The principal activities of the Institute 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 Chief Executive's report for commentary. The profit for the year was \$113,310 (2013 loss \$274,877).

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 Institute other than that referred to in the financial report or notes thereto.

Environmental regulation

The Institute'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 Institute or intervene in any proceedings to which the institute is a party for the purpose of taking responsibility on behalf of the Institute for all or any part of those proceedings. The Institute was not a party to any such proceedings during the year.

Auditor's independence declaration

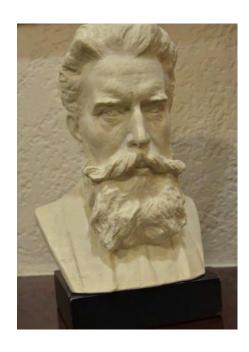
A copy of the auditor's independence declaration as required under Section 307 C of the *Corporations Act 2001* is set out on page 25.

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 Institute, the results of those operations, or the State of affairs of the Institute in financial years after the financial year.

Likely developments

The likely developments in the operations of the Institute and the expected results of those operations in financial years subsequent to the financial year ended 31 October 2014 are as outlined in the Chief Executive's report.



Directors' Report

Performance measures

Membership

Total Membership (incl CPD) 8074 CPD Membership 1278 Resignations and removals 1204 Admissions and re-admissions 680 Deaths 5	Membership at 31 October 2014		
	CPD Membership Resignations and removals Admissions and re-admissions	1278 1204 680	

Members Guarantee

The Institute 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 Institute. At the 31 October 2014 the number of active members was 6,502 (2013: 6,943).

Finance

The Institute's deficit from ordinary activities for the year amounted to (\$221,260) (last year's deficit \$361,800). This was budgeted for.

Meetings of Board of Directors

Board meetings were held as follows:

- 1 42nd Meeting, Melbourne 8th - 10th November 2013
- 2 48th Teleconference, Melbourne 10th December 2013
- 3 43rd Meeting, Melbourne 14th - 16th February 2014
- 4 49th Teleconference, Melbourne 11th March 2014
- 5 50th Teleconference, Melbourne 6th May 2014
- 6 44th Meeting, Melbourne 11th - 13th July 2014
- 51st Teleconference, Melbourne12th August 2014
- 8 45th Meeting, Melbourne 3rd - 7th September 2014
- 9 52nd Teleconference, Melbourne 14th October 2014

Board of Directors' attendance at meetings

During the financial year ended 31 October 2014, four face to face meetings of the Board and five teleconference meetings were held.

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

Current Directors	Meetings	Teleconferences
J Page	4	5
P Eastgate	3	5
C Heyes	4	5
B Hilder	4	5
R Hart	4	4
L Ingram	4	4



Indemnification of Officers and Auditors

During the financial year, the Institute paid a premium in respect of a contract insuring the Directors of the Institute (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 Institute 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.

J. Page President

Melbourne 17 February 2015

/ KHJB

C. Heyes Honorary Treasurer



Auditor's Independence Declaration

As lead auditor for the audit of the financial report of the Australian Institute of Radiography, I declare that, to the best of my knowledge and belief, during the year ended 31 October 2014 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 Chartered Accountants

Melbourne 17 February 2015

HLB Mann Judd

tim Fairdaugh

Tim Fairclough Partner

CONSOLIDATED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 OCTOBER 2014

	Note	2014	2013
		\$	\$
Membership subscriptions		2,254,840	2,136,019
Rendering of services		1,714,187	1,452,786
Dividends		6,757	12,919
Finance revenue		5,715	4,795
Revenue	4(a)	3,981,499	3,606,518
Other income	4(b)	365,676	479,946
	-T(D)		470,540
Conference expense	18	(913,812)	(504,070)
Employee benefits expense	4(c)	(1,358,386)	(1,378,464)
Depreciation and amortisation expense	4(d)	(177,800)	(125,513)
Publication expense		(391,040)	(349,044)
Printing and stationery expense		(35,621)	(35,906)
Board and panel expenses		(223,283)	(208,693)
Research Grants		(254,525)	(479,946)
Insurance		(603,706)	(610,539)
Seminar and social expenses		(144,518)	(239,855)
Computer – consumables		(117,771)	(97,403)
Telephone		(22,528)	(21,683)
Bank charges		(43,699)	(47,085)
Travelling expenses		(9,386)	(7,050)
Postage		(15,958)	(2,454)
Other expenses	4(e)	(254,310)	(340,559)
Finance costs	4(f)	(2,092)	
Surplus / (Loss) before income tax		(221,260)	(361,800)
Income tax expense	5	-	-
Surplus / (Loss) after income tax	16	(221,260)	(361,800)
Other comprehensive income			
Items that will not be reclassified subsequently to profit or lo	ee		
Gain on revaluation of land and buildings	33	330,000	
Items that will be reclassified subsequently to profit or loss		330,000	-
Gain / (loss) on available for sale assets		4 570	86,924
Other comprehensive income for the year		<u>4,570</u> 334,570	86,924
Total comprehensive income / (loss) for the year		113,310	(274,877)
Total comprehensive income / (loss) attributable to the mer	nhers of the entit	y 113,310	(274,877)
iotal comprehensive income / (1055) attributable to the mer	insers of the cittle	110,010	(214,011)

CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS AT **31 OCTOBER 2014**

	Note	2014 \$	2013 \$
ACCETO			
ASSETS Current Assets			
Cash and cash equivalents	6	1,147,252	336,602
Trade and other receivables	7	21,137	4,902
Other assets	8	68,327	73,677
Total Current Assets		1,236,716	415,181
Non-current Assets			
Available-for-sale financial investments	9	21,936	254,953
Property, plant and equipment Intangibles	10 11	3,835,539 301,963	3,591,364 336,626
	11		
Total Non-current Assets		4,159,437	4,182,943
TOTAL ASSETS		5,396,154	4,598,124
LIABILITIES			
Current Liabilities			
Trade and other payables	12	950,175	407,784
Provisions	14	90,630	146,259
Other current liabilities	15	755,565	550,073
Interest bearing loans & borrowings	13		
Total Current Liabilities		1,796,371	1,104,116
Non-current Liabilities			
Provisions	14	131,794	36,996
Total Non-current Liabilities		131,794	36,996
TOTAL LIABILITIES		1,928,165	1,141,112
NET ASSETS		3,467,989	3,457,012
EQUITY			<u></u>
Reserves	16	871,616	604,656
Retained surplus	16	2,596,373	2,852,356
TOTAL EQUITY		3,467,989	3,457,012

CONSOLIDATED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 OCTOBER 2014

	Retained surplus	Special purpose funds	Asset revaluation reserve \$	Share revaluation reserve	Education Fund reserve \$	Total
Balance at 1 November 2012	3,249,494	355,213	-	27,180	100,000	3,731,887
Surplus / (loss) from operations	(361,800)	_	_	_	_	(361,800)
Transfers to and from reserves	_	35,337	_	_	_	35,337
Revaluation increment (decrement)	-	_	_	86,924	-	86,924
Transfers from retained surplus	(35,337)	-	-	-	-	(35,337)
Balance at 31 October 2013	2,852,356	390,552		114,104	100,000	3,457,012
Surplus / (loss) from operations	(221,260)	_	_	_	_	(221,260)
Transfers to and from reserves	_	34,723	_	_	_	34,723
Revaluation increment (decrement)	_	_	330,000	4,570	_	334,570
Realised gain on shares sold	_	_	-	(102,334)	-	(102,334)
Transfers from retained surplus	(34,723)	-	-	-	-	(34,723)
Balance as at 31 October 2014	2,596,373	425,276	330,000	16,340	100,000	3,467,989

CONSOLIDATED STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 OCTOBER 2014

	Note	2014 \$	2013
Cash flows from operating activities			
Receipts from customers and members		3,959,549	3,668,575
Payments to suppliers and employees		(3,801,632)	(3,942,002)
Interest received	4a	5,715	4,795
Interest and other costs of finance paid		(2,092)	_
Receipt of government grants		571,168	304,406
Net cash flows from / (used in) operating activities	6	732,708	35,773
Cash flows from investing activities			
Purchase of property, plant and equipment	10	(749)	(11,340)
Payments for intangible assets		(56,564)	(336,626)
Proceeds from disposal of available for sale investments		135,255	
Net cash flows from / (used in) investing activities		77,942	(347,966)
Cash flows from financing activities			
Payments for available for sale investments			15,230
Net cash flows from / (used in) financing activities		_	15,230
Net increase/(decrease) in cash and cash equivalents		810,650	(296,963)
Cash and cash equivalents at beginning of year		336,602	633,565
Cash and cash equivalents at end of year	6	1,147,252	336,602

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 OCTOBER 2014

1 CORPORATE INFORMATION

The financial report of Australian Institute of Radiography ("the Institute") and its controlled entity ("the Group") for the year ended 31st of October 2014 was authorised for issue in accordance with a resolution of the Board on Sunday 17 February 2015.

Australian Institute of Radiography ("the Institute") is a public company, limited by guarantee, incorporated and operating in Australia.

If the Institute 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 Institute. At the 31st of October 2014 the number of financial members was 6,502 (2013: 6,943).

Principal Registered Office
25 King Street
Melbourne Vic 3000
tel (03) 9419 3336
Principal Place of Business
25 King Street
Melbourne Vic 3000
tel (03) 9419 3336
tel (03) 9419 3336

The 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 Institute 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

The AASB has issued a number of new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods, some of which are relevant to the Group. The Group has decided not to early adopt any of the new and amended pronouncements. The Group's assessment of the new and amended pronouncements that are relevant to the Group but applicable in future reporting periods is set out below:

AASB 9: Financial Instruments (December 2010) and AASB 2010–7: Amendments to Australian Accounting Standards arising from AASB 9 (December 2010).

These Standards are applicable retrospectively and include revised requirements for the classification and measurement of financial instruments, as well as recognition and derecognition requirements for financial instruments.

b. Principles of consolidation

The consolidated financial statements incorporate the assets, liabilities and results of entities controlled by the Institute at the end of the reporting period. A controlled entity is any entity over which the Institute 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

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 recognized 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:

- i) 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 to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

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 has 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).

g. 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

	2014 \$	2013 \$
(a) Revenue		
Membership subscriptions	2,254,840	2,136,019
Rendering of services	1,714,187	1,452,786
Dividends	6,757	12,919
Finance revenue	5,715	4,795
	3,981,499	3,606,518
Breakdown of finance revenue:		
Bank interest receivable	5,715	4,795
Total finance revenue	5,715	4,795
(b) Other income		
Government grants	254,525	479,946
Net gains on sale of shares	111,151	
	365,676	479,946

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	1,197,300	1,221,360
Superannuation	108,237	102,716
Fringe benefit tax	7,698	6,480
Payroll tax	39,530	41,921
Workers' compensation cost	5,621	5,987
	1,358,386	1,378,464
(d) Depreciation and amortisation expense		
- Land and buildings	71,863	108,947
- Computer equipment	8,824	7,195
- Amortisation	91,227	-
 Furniture and equipment 	5,885	9,371
	177,800	125,513
(e) Other expenses		
Other allocation and general expenses	24,839	27,698
Other administrative expenses	229,471	312,861
	254,310	340,559
(f) Finance costs		
Building loan- interest expense	2,092	

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

	2014	2013
	\$	\$
Cash on hand	500	500
Cash at bank – Bendigo Bank	91,171	135,359
Cash at bank - Bendigo Bank - Special Purpose Fund	4,540	4,659
Cash at bank - Commonwealth	33,859	20,067
Cash at bank – Branches	968	1,338
Cash at bank - Commonwealth Direct Investment	133,834	-
CSM Cheque account	513,210	_
Cash at bank – Grant	369,169	174,679
	1,147,252	336,602

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	1,147,252	336,602
	2014	2013
	\$	\$
Reconciliation of net surplus after tax to net cash flows from operations		
Net surplus / (loss)	(221,260)	(361,800)
Adjustments for:		
	86,574	125,513
Depreciation Amortisation		120,010
Amortisation	91,227	_
Changes in assets and liabilities		
(Increase) / decrease in trade and other receivables	(16,235)	66,851
(Increase) / decrease in other assets	5,350	103,843
(Decrease) / increase in trade and other payables	542,391	220,898
(Decrease) / increase in provisions	39,169	56,009
(Decrease) / increase in other liabilities	205,492	(175,540)
Net cash from / (used in) operating activities	732,708	35,773

7 TRADE AND OTHER RECEIVABLES (CURRENT)

		Past due	Past D	ue but not imp	aired (days ov	/erdue)	Within initial
	Gross Amount	and impaired	<30	31-60	61-90	>90	Trade Terms
2014	\$	\$	\$	\$	\$	\$	\$
Trade and term							
receivables	21,137	-	20,806	-	-	332	20,806
Total	21,137	_	20,806	-	_	332	20,806
		Past due	Past D	ue but not imp	aired (days ov	/erdue)	Within initial
	Gross Amount	and impaired	<30	31-60	61-90	>90	Trade Terms
2013	\$	\$	\$	\$	\$	\$	\$
Trade and term							
receivables	4,902	-	3,142	-	-	1,760	3,142
Total	4,902	-	3,142	-	-	1,760	3,142

	2014	2013
	\$	\$
Trade receivables (i)	21,137	4,902

⁽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

	2014	2013
	\$	\$
Other	36,710	23,139
Prepayments	30,570	27,744
Security Deposits	1,048	1,048
Conference & Seminar Advances	_ _	21,746
	68,327	73,677

9 AVAILABLE FOR SALE FINANCIAL INVESTMENTS

Shares in listed companies – at fair value

21,936 254,953

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 \$	Leasehold Improvements	Computer Equipment	Furniture & Equipment	TOTAL
	.	\$	\$	\$	\$
Year ended 31 October 2014					
At 1 November 2013					
net of accumulated depreciation and impairment	3,569,244	-	13,394	8,725	3,591,364
Additions	330,000	-	-	748	330,748
Depreciation charge for the year	(71,863)	-	(8,824)	(5,885)	(86,574)
At 31 October 2014, net of accumulated depreciation and impairment	3,827,381		4,570	3,588	3,835,539
net of accumulated depreciation and impairment					
At 31 October 2014					
Cost or fair value	4,123,945	_	261,049	197,606	4,582,600
Accumulated depreciation and impairment	(296,564)	<u>-</u> _	(256,479)	(194,018)	(747,061)
Net carrying amount	3,827,381		4,570	3,588	3,835,539
Year ended 31 October 2013					
At 1 November 2012					
net of accumulated depreciation and impairment	3,678,190	-	9,251	18,097	3,705,538
Additions	-	-	11,340	-	11,340
Revaluations – Depreciation adjustment	(37,084)	-	3,585	(298)	(33,797)
Depreciation charge for the year	(71,862)	-	(10,781)	(9,074)	(91,718)
At 31 October 2013,	2.500.044				
net of accumulated depreciation and impairment	3,569,244		13,394	8,725	3,591,364
At 31 October 2013					
Cost or fair value	3,793,945	_	346,578	196,858	4,337,381
Accumulated depreciation and impairment	(224,701)	_	(333,184)	(188,133)	(746,017)
Net carrying amount	3,569,244		13,394	8,725	3,591,364

The useful life of the assets was estimated as follows both for 2014 and 2013:

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

11 INTANGIBLES

	2014 \$	2013 \$
RTO Project - Software	393,189	336,626
Less: MRLO Amortisation	(91,227)	-
Total Intangibles	301,963	336,626

The software relates to the development of a new online learning system by the recently established subsidiary of the Institute (College of Australian Institute of Radiography). The system became operational in November 2013 and amortisation commenced from this date (Refer also to Note 21).

12 TRADE AND OTHER PAYABLES (CURRENT)

Trade payables (i)	606,533	164,774
Other payables - Sundry creditors	294,692	204,252
Indirect Taxes Payable	48,950	38,757
	_950,175	407,784

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

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	Total
	\$	\$	\$
	04.440	00.045	400.055
At 1st November 2013	94,440	<u>88,815</u>	183,255
Arising during the year	108,192	79,271	187,463
Utilised	(112,002)	(61,094)	(173,096)
Discount rate adjustment		24,802	24,802
At 31st October 2014	90,630	131,794	222,424
Current 2014	90,630	-	90,630
Non-current 2014	-	131,794	131,794
	90,630	131,794	222,424
Current 2013	94,440	51,819	146,259
Non-current 2013		36,996	36,996
	94,440	88,815	183,255

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

	2014 \$	2013 \$
Income received in advance	239,520	168,162
Grant received in advance	412,753	328,842
Credit Cards	13,146	8,562
ANZPIC Conference	35,050	7,812
ROSIS Conference	25,355	31,089
Breast WA Conference	50,505	573
CSM Conference 2014	(27,146)	-
Other Creditors	6,383	5,034
		550,073

16 RETAINED SURPLUS AND RESERVES

	2014 \$	2013 \$
Movements in retained surplus were as follows:		
Balance 1 November	2,852,356	3,249,494
Net surplus for the year	(221,260)	(361,800)
Transfer (to) / from Special purpose funds reserve	(34,723)	(35,337)
Balance 31 October	2,596,373	2,852,356

Reserves

	Special purpose funds \$	Asset revaluation reserve	Share revaluation reserve \$	Education reserve fund	Total
At 1 November 2013 Net increase / (decrease) transferred from /	390,551	-	114,104	100,000	604,656
(to) retained surplus Revaluation of land and buildings Revaluation of available-for-sale investments	34,723 - -	- 330,000 -	(102,334) - 4.570	- - -	(67,611) 330,000 4,570
At 31 October 2014	425,275	330,000	16,340	100,000	871,616

	2014	2013
	\$	\$
(i) Special Purpose Fund Reserves are represented by:		
NSW Education	129,590	117,183
NSW General	(1,344)	1,620
Northern Territory	2,429	2,429
Gold Coast	9,833	9,364
North Queensland Education	17,467	17,467
Queensland Education	94,961	92,115
Queensland General	11,353	11,598
SA Education	19,033	266
SA General	7,303	5,960
SA Student Sub Committee	790	940
TAS E A Ryan Memorial	8,544	8,544
Tasmania Education	23,811	21,059
Tasmania General	(951)	62
VIC CT Users Group	23,317	(2,358)
VIC Education	14,472	33,933
VIC General	18,006	20,052
VIC Development & Research	26,194	27,154
WA Education	19,884	20,358
WA General	584	2,807
Total special purpose funds	425,276	390,551

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 summarized 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 2014 and 2013. The interest rate risk profile of the financial instruments held by the Group is set out on the following page.

17 FINANCIAL INSTRUMENTS (continued)

				Maturing within 1 year						TAL
	Weighted Average Effective Interest Rate		Floating Interest Rate		Fixed Interest Rate		Non-interest Bearing			
	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013
	%	%	\$	\$	\$	\$	\$	\$	\$	\$
Financial Asse										
equivalents	.78	.31	1,147,252	336,602	_	-	_	-	1,147,252	336,602
Trade & other receivables	-	-	_	-	_	-	21,137	4,902	21,137	4,902
Available-for-sa assets	le –	-	_	-	_	_	21,936	254,953	21,936	254,953
Total Financial Assets	-	_	1,147,252	336,602	_	_	43,073	259,855	1,190,325	596,457
Financial Liabilities:										
Trade and other payables	-	-	_	-	_	_	950,175	407,784	950,175	407,784
Total Financial Liabilities	_	_	_	-	_	_	950,175	407,784	950,175	407,784

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 2014. 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 Years		Over 5 Years			
	2014	2013	2014	2013	2014	2013	2014	2013
	\$	\$	\$	\$	\$	\$	\$	\$
Financial Liabilities:								
Trade payable and other								
payables (excluding								
estimated annual leave								
and deferred income)	950,175	407,784	_	-	_	_	950,175	407,784
Finance lease liabilities	-	-	_	-	-	-	_	_
Total expected outflows	950,175	407,784	_	-	_	-	950,175	407,784
Financial Assets:								
Cash on hand	1,147,252	336,602	_	-	-	-	1,147,252	336,602
Trade receivable and								
other debtors	21,137	4,902	_	-	-	-	21,137	4,902
Other financial assets	21,936	254,953	_	_	-	_	21,936	254,953
Total anticipated inflows	1,190,325	596,457	_	-	_	_	1,190,325	596,457
Net (outflow) / inflow on								
financial instruments	240,150	188,674	_	-	_	_	240,150	188,674

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 2014 and 2013.

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 2014, 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 \$22,945 lower/higher (2013: change of 200 basis points, \$6,732 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 2014		
+/- 2% in interest rates	+/-22,945	+/-22,945
+/-10% in listed investments	+/	+/-2,194
Year ended 31 October 2013		
+/- 2% in interest rates	+/-6,732	+/-6,732
+/-10% in listed investments	+/	+/-25,495

18 ONFERENCE INCOME AND EXPENDITUREE

In the current year, the Group jointly hosted the Combined Scientific Meeting ("CSM") of the Royal Australian and New Zealand College of Radiologists ("RANZCR"), the Australian Institute of Radiography ("AIR") and the Australian College of Physical Scientists and Engineers in Medicine ("ACPSEM").

The Group had 42.5% share in this joint operation.

The conference that was hosted by the Group in 2013 was Annual Scientific Meeting of Medical Imaging and Radiation Therapy ("ASMMIRT").

	CSM 2014 \$	ASMMIRT 2013 \$
Income		
Other income	498,180	202,672
Conference registrations	569,900	467,938
Total income	1,068,080	670,610
Expenses		
Conference and meeting expenses	422,345	17,135
Printing and stationery	-	27,438
General expenses	-	41,772
Conference venue	491,467	417,725
Total expenditure	913,812	504,070
Conference surplus for year	154,268	166,540

19 AUDITORS' REMUNERATION

The auditor of the Group is HLB Mann Judd.

	2014 \$	2013 \$
Amount received or due and receivable by HLB Mann Judd for: – An audit of the financial report of the Group – Other services (acquittal)	32,500 32,500	31,500 4,755 36,255

20 DIRECTOR AND EXECUTIVE DISCLOSURES

(a) Details of key Management personnel

(i) Directors:

The Directors' names and positions are listed at pages 20-22 of this report.

(ii) Executives:

Mr David Collier Chief Executive
Mr Paul Gloster Operations Manager

Mrs Min Ku Professional Standards Manager

Mr Bruce Su Financial Controller

(b) Compensation of Key Management personnel

- (i) Directors are not allowed to be compensated for their voluntary services under the Institute'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 2014 amounted to \$536,072 (2013: \$544,907).
- (iii) There were no other related party transactions.

21 CONTROLLED ENTITIES

Subsidiaries of Australian Institute of Radiography Ltd:

The College of the Australian Institute of Radiography Ltd T/A Medical Radiation Learning Online.

Country of Incorporation: Australia

A new entity was incorporated on 18th of October 2012 by the Institute 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 18 November 2013.

The Institute 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 Institute through management fees for their services. As such, the Institute has exposure, or rights, to variable returns from its involvement with CAIR, and the operations have a synergy with those of the Institute being related to education and training in the field of radiography and are controlled operationally and financially by the management of the Institute.

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

	2014 \$	2013 \$
Assets	·	·
Current Assets	1,236,716	415,181
Non-current assets	4,159,437	4,182,943
Total Assets	5,396,154	4,598,124
Liabilities		
Current liabilities	1,796,371	1,104,116
Non-current liabilities	131,794	36,996
Total Liabilities	1,928,165	1,141,112
Equity		
Issued capital	-	-
Retained earnings	2,596,373	2,852,356
Financial assets reserve	871,616	604,656
Revaluation surplus	-	
Total equity	3,467,989	3,457,012
Statement of Profit or Loss and Other Comprehensive Income		
Total profit / (loss)	113,310	(274,877)
Total comprehensive income / (loss)	113,310	(274,877)

Guarantees

Australian Institute of Radiography 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 Institute of Radiography Ltd has no contingent assets or contingent liabilities for the current or previous year.

Contractual commitments

At 31 of October 2014, Australian Institute of Radiography Ltd has not entered into any contractual commitments for the acquisition of property, plant and equipment (2013: Nil).

23 MEMBERS GUARANTEE

The Institute is limited by guarantee. If the Institute 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 Institute. At 31st October 2014 the number of financial members was 6502 (2013: 6943).

24 COMMITMENTS

The Group has "Nil" commitments in 2014. (2013: Deposit \$25,500 to hold 2014 Combined Scientific Meeting ("CSM")).

25 CONTINGENCIES

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

26 EVENTS AFTER BALANCE SHEET DATE

The directors are not aware of any significant events since the end of the reporting period.

Board of Directors Declaration

The Board declares that:

- The attached financial statements and notes, as set out on pages 26-46, thereto comply with Australian Accounting Standards.
- The attached financial statements and notes, as set out on pages 26-46, thereto give a true and fair view of the Group's financial position as at 31 October 2014 and performance of the Group for the year ended 31 October 2014.
- c) In the Board's opinion, the attached financial statements and notes, as set on pages 26-46,, thereto are in accordance with the Corporation
- 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

J. Page President

Melbourne 17 February 2015

C. Heyes

Honorary Treasurer



Independent Auditor's Report to the members of Australian Institute of Radiography

We have audited the accompanying financial report of Australian Institute of Radiography ("the Institute"), which comprises the consolidated statement of financial position as at 31 October 2014, 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 institute 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 Institute 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 Institute'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 Institute's 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.



Independent Auditor's Report to the members of Australian Institute of Radiography

Opinion

In our opinion, the financial report of the Australian Institute of Radiography 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 2014 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 Chartered Accountants

Melbourne 17 February 2015

HLB Mann Judd

Tim Fairclough Partner

ten Fairdaugh

Nicholas Outterside Memorial Trust

Balance Sheet as at 31 October 2014

	2014 \$	2013 \$
Asset		
Current investments in Bendigo Bank limited:		
- Fixed term deposits	65,642	63,056
- Accrued interest	1,270	1,410
Total assets	66,912	64,466
Liabilities		
Current Creditors	_	_
Accounting and Audit Fees	_	
Total liabilities	_	
Net Assets	66,912	64,466
Accumulated surpluses	66,912	64,466
TRUST FUNDS	66,912	64,466

Income Statement

For the year ended 31 October 2014

	2014 \$	2013 \$
Income		
Interest Received	2,446	2,511
Total income	2,446	2,511
Expenses		
Accounting and Audit Fees		<u>-</u> _
Application of Grant	-	-
Total expenses		
NET SURPLUS / (DEFICIT)	2,446	2,511
Trust Funds at beginning of year	64,466	61,955
Trust Funds at end of year	66,912	64,466

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 amortised cost. Interest revenue is recognised on an accruals 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.

Ernest Hughes Trustee

Melbourne 17 February 2015

Mangles

Gordon Stewart Trustee

yerold h. Stewar



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 Trust ("the trust"), which comprises the statement of financial position as at 31 October 2014, 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 Nicholas Outterside Trust as of 31 October 2014 and 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.

HLB Mann Judd Chartered Accountants Tim Fairclough Partner

tim Fairdaugh

Melbourne 17 February 2015

HIB Mann Judd



Design and production: Deep Blue Design Studio, Melbourne

Print: BlueStar Print, Mebourne





Australian Institute of Radiography 25 King St, Melbourne