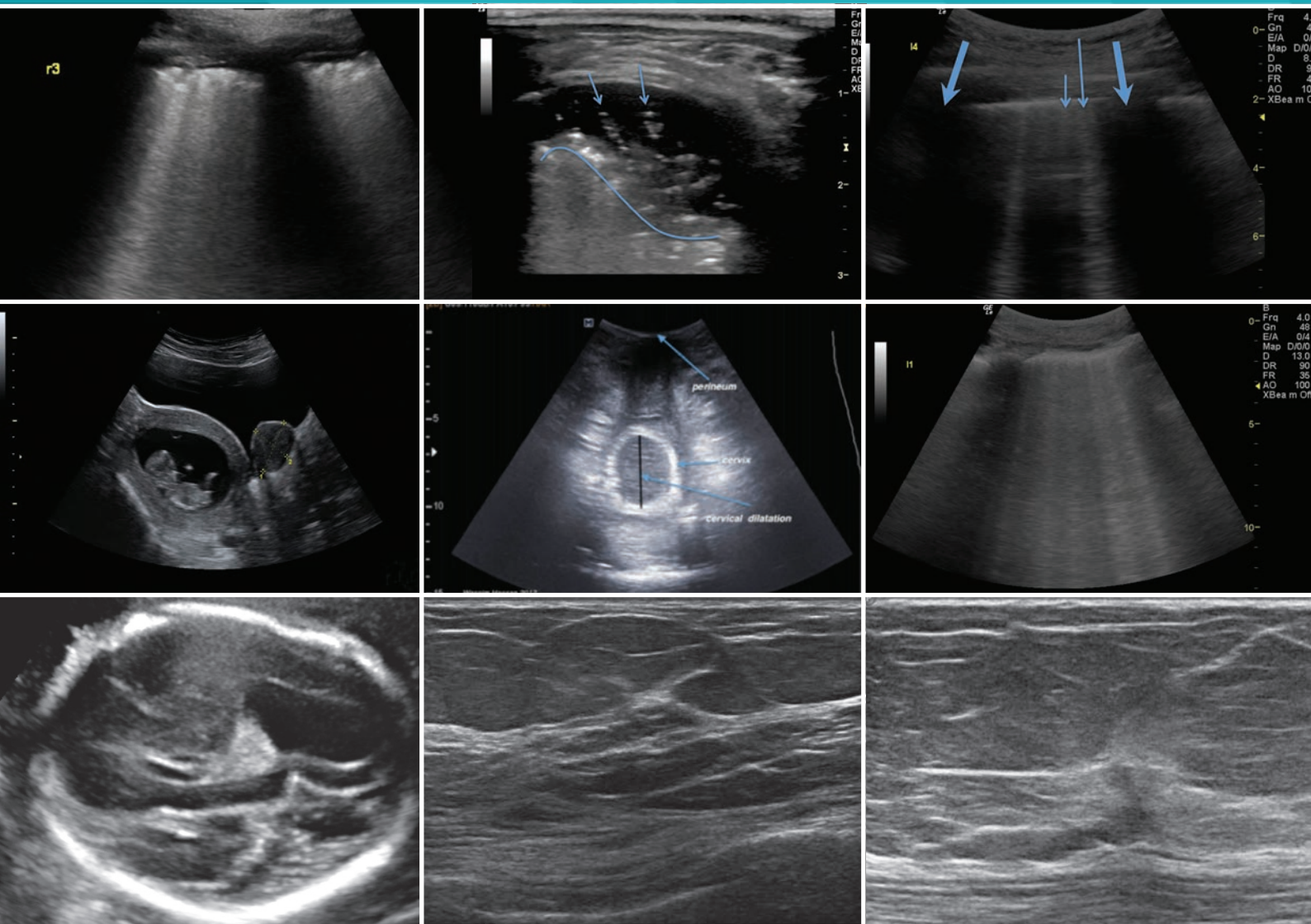


# Australasian Society for Ultrasound in Medicine Annual report 2014–2015



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**ASUM is certified ISO 9001: 2008 Quality Management Systems**





## President's Report

**I**t has been a sensational year for ASUM – the preeminent body for medical ultrasound in Australia and New Zealand. ASUM's multidisciplinary approach to medical ultrasound is highlighted by the 2014-2017 strategic plan which is successfully incorporating professionalism, education, service and expertise into the everyday running of the society. As a result member numbers have soared, placing ASUM in a very strong financial position and allowing an expansion of expenditure on IT, education, research and outreach programs.

The 2014 ASM in Melbourne, convened by Peter Coombes and Dr Monica Pahuja was a resounding success and we thank the dedicated convening committee for putting together an excellent multidisciplinary scientific meeting. Plans are already underway for the 2019 WFUMB meeting in Melbourne with the trialling of a new conference format from 2015 ASM, which focuses on multiple individual streams to suit the specialist user. We have also increased the number of our popular nationwide Saturday workshops, providing affordable, quality educational opportunities to assist participants in obtaining their CPD requirements.

Research continues to be an important component of the ASUM philosophy of advancing the profession of medical ultrasound. Each year ASUM makes available over \$40,000 in research grants. The 2014/15 applicants were of a very high quality and we look forward to all the successful researchers presenting their results at the ASM and publishing in AJUM.

The ASUM Outreach programs are also expanding. In Darwin we teamed with ISUOG to deliver a successful three day midwives training, followed up by a course in Whyalla in partnership with Uni SA. All ASUM members are part of the WFUMB family, which is committed to the establishment of ultrasound education centres in areas of need around the world.

I am proud to be the first Sonographer president of such a forward thinking society. My transition to the role has been made easier with the assistance of the past president Adrian Goudie and the rest of the ASUM council. At the WFUMB/AIUM meeting in Florida in March, Adrian was elected Vice President of WFUMB and I joined the Administrative Council.

It is a pleasure to work with such a dedicated CEO as Annie Gibbins. Being a medical educationalist, Annie has used her vast experience to ensure that every educational event run by ASUM is evidence based, goal focused and with achievable defined outcomes. Tanya Carlton, our other educationalist, has been focusing on our RTO application and the rollover of our DMU courses to GDMU status. The DMU continues to uphold its reputation as the best ultrasound course due to its consistency of quality and the maintenance of a high standard of practical skills demanded of students. This can only be achieved because of the dedication of our DMU Board led by Donna Oomens and the expanding team of examiners.

ASUM is not about any single person. The society's success is due to the continuing support of our large number of volunteers who work with our dedicated ASUM staff to create a great team environment that strives to assist our members in the best way possible.

*Assoc Prof Sue Campbell-Westerway  
President*



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# CEO's Report

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**I**t is with great pleasure that I provide my 5th Annual Report for ASUM and summarize the outcomes of the 2014-2015 financial year with our members.

I remain confident the growth focused 2014-2017 Strategic Directions Goals are shaping ASUM for the future.

## **Goal 1. Professionalism**

- Raise ASUM's position as the peak body representing all users of Ultrasound by continuing to set the highest professional and ethical standards of practice and co-operatively working with other ultrasound societies both nationally & internationally.
- Provide opportunities for our members to become actively involved in and strengthen the outcomes of the Society.
- Remain at the forefront of ultrasound research participation.
- Work with Government to achieve a robust regulatory regime which ensures ASUM policy and guidelines are adopted in relevant legislation.
- Recognise and reward outstanding achievement in the profession via the awards of excellence program.

## **Goal 2. Education**

- Create robust educational programs for the training of sonologists, sonographers and allied health professionals, both nationally and internationally, to ensure best practice ultrasound competence and service is delivered to communities everywhere.
- Professional development of sonologists and sonographers and allied health professionals both nationally and internationally to ensure standards are maintained specific to the clinical scope of practice.
- Provide support to students, supervisors, assessors and examiners in the delivery of clinical training.

## **Goal 3. Service**

- Continue to enhance and introduce new member benefits aimed at supporting clinical practice and training.
- Enhance access, relevance and quality of CPD opportunities for sonologists, sonographers and allied health professionals and promote active participation.
- Identify, inform, collaborate with and influence a wide range of local, national and international alliances for the benefit of the profession.
- Ensure effective communication via a broad range of social media to inform members and build a sense of community amongst the profession.

## **Goal 4. Expertise**

- Support, promote and raise national and international awareness of ASUMs contribution to research and the importance of evidence-based practice.
- Continue to develop curriculum that sets the professional standard and Australian Skills Quality Authority requirements.
- Remain the source of expertise and advice to Government, Media, Hospitals, Practices and the community.

Building on the success of the past few years, the hard working ASUM Council, Boards, Committee, volunteers and staff have worked tirelessly to advance key strategic initiatives over the past 12 months. I am sincerely thankful for the passion and dedication they bring to advancing the Ultrasound Profession in Australasia.

## **2014 Annual General Meeting (AGM)**

The 2014 AGM was held in conjunction with the Annual Scientific Meeting in Melbourne and was well attended by the membership. I would like to express my sincere thanks to retiring councilors Dr Andrew Ngu, Dr Fergus Scott and Brendan Mein who contributed significantly over many years on Council. Newly elected to the Council were Associate Prof Fabricio Costa, Dr Philip Hung and Sue Davies.

Associate Professor Sue Westerway was elected President, Dr Adrian Goudie Past President, Suean Pascoe Treasurer and George Condous Secretary.

## **ASUM COUNCIL 2014–2015**

**President** Associate Professor Sue Westerway NSW



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**Past President** Dr Adrian Goudie WA  
**Honorary Treasurer** Suean Pascoe VIC  
**Honorary Secretary** Associate Prof George Condous NSW

**Medical Councillors**

Dr Adrian Goudie WA  
Associate Prof George Condous NSW  
Associate Prof Fabricio Costa VIC  
Dr Philip Hung NSW

**Sonographer Councillors**

Associate Professor Sue Westerway NSW  
Suean Pascoe VIC  
Sue Davies QLD  
Delwyn Nicholls NSW (resigned November 2014)  
Lyndal MacPherson NSW (commenced seconded position November 2014)

**ASUM Staff**

CEO: Annie Gibbins  
Operations Manager: Paul Stephenson  
Education Projects Manager: Tanya Carleton  
DDU and DMU (Asia) Coordinator: Meron Oxley  
DMU Coordinator: David Low  
CCPU Coordinator: Eliza Welch  
Education Administration Assistant: Ulyana Butenko and Asanka Gunarathne  
Publications and Scientific Editor: Dr Jocelyne Basseal  
Quality and Growth Manager: Michele Short  
Event Assistant: Cathy McCully  
Membership Officer & PA to CEO: Sue Loucks  
Membership Assistant: Maria Hitchcock  
IT Coordinator: Alex Watterson  
IT Officer: Dhruva Raval  
Bookkeeper: Sheila Santoso  
The 2014-2017 Strategic Direction is resulting in the following Key Performance Indicators:

**Financial Growth**

ASUMs net profit continued its positive trend this year. After allowing for Last Year one-off benefits of \$ 137.8k (DOHA grant of 81.8k ytd & ISUOG bonus of \$56k), Operating Profit has improved 21.3% over 12 months and 203% over 4 years. This significant achievement demonstrates robust fiscal controls have been implemented and planning for targeted projects can be appropriately funded over the coming years.

Key Achievement	2014-2015	2013-2014	2012-2013	2011-2012
Operating Profit	\$166.8K	\$251.1K	-\$26.2K	-\$161.1K
Net Profit	\$216.5K	\$350.7K	\$102,079	-\$224,424

**Membership Growth**

ASUM's general membership has grown 23% and corporate membership 875% over the past 4 years. We continue to be the peak body for ultrasound in Australia and New Zealand primarily due to the volume, diversity and support of our valued members who increase our relevancy and position to broader stakeholders. This valued support allows us to assist in the dissemination of scientific information, provide education and set standards of practice in this continually developing specialty.

# CEO's Report

Key Achievement	2014-2015	2013-2014	2012-2013	2011-2012
Number of general members	3275	3629 * includes 700 ISUOG	3048	2669
Number of corporate members	39 ↑50% Anaeron Pty Ltd (Access Medical Supplies) Antegrade Ariosa diagnostics Ashmed ASMI Australian Institute of Ultrasound Australian Medical Couches Avant Bosco Medical Australia Capital radiology Choice accreditation services Comrad GE Healthcare Global health source Gytech Healthcare imaging services High Frequency Publishing Kailo Medical M4 Healthcare Mediquip Meditron Mindray Nanosonics Opritech Philips PRP Diagnostic Imaging Quantum Healthcare Queensland Xray The Bambach Saddle Seat Tristel Regional Healthcare Group Siemens Sonosite Spintech Oceania Ultrasound Training Solutions Toshiba Whiteley Diagnostic Voyager Imaging Whiteley Medical	26 ↑86%  Toshiba GE Healthcare Philips Siemens Insight Oceania Meditron Queensland X-Ray The Bambach saddle seat Nanosonics Fujifilm Sonosite Tristel ASMI Australian Medical Couches Quantum Healthcare Access Medical Supplies Ariosa Ashmed Global Health Source I-MED Radioogy Luna Park PRP Imaging Regional Healthcare Spintech Oceania Ultrasound Training Solutions Antegrade High Frequency Publishing	14 ↑250%  Toshiba GE Healthcare Philips Siemens Insight Oceania Meditron Queensland X-Ray The Bambach saddle seat Nanosonics Fujifilm Sonosite Tristel ASMI Antegrade High Frequency Publishing	4  Toshiba Meditron The Bambach Saddle Seat Sonosite

## Meetings and Events Growth

### October 2014 Annual Scientific Meeting

Convenors Dr Monica Pahuja and Peter Coombs worked with the scientific committee to deliver a high quality scientific program in Melbourne. The theme of this premier ultrasound meeting in Australasia was 'New ideas, technologies and applications' and included a strong program featuring cutting edge Fetal Echo, General, Vascular, O&G, Cardiac MSK Point of Care speakers.

### International keynote speakers were:

Professor Anil Ahuja - The Chinese University of Hong Kong China; Professor Lisa Hornburger - Alberta Heart Institute Canada  
Professor Carlo Martinoli - University of Genoa Italy; Dr Eugene McNally - British Society Skeletal Radiology UK  
Assoc. Professor Harvey L. Nisenbaum - WFUMB Vice President USA; Professor Paul Sidhu - British Medical Ultrasound Society President UK

### Congratulations

I wish to congratulate the following award winners: Life Member: Dr Andrew Ngu; Honorary Fellows: Dr Garry LeQuesne & Rae Roberts; Australasian Sonologist of the year: Dr Meiri Robertson; Australasian Sonographer of the year: Debra Paoletti  
DDU Dux: Dr Dieter Kohrs; DMU Dux: Melissa Jones; Service to Ultrasound: Dr Fred Joshua  
Tutor/Trainer of the Year: Dr James Rippey; Best AJUM Emergency Medical Paper: Dr Kylie Baker

Best AJUM O&G Research Paper: Debra Paoletti; Highest CPD Points accumulation of the Year: Dr Justin Bowra  
 Best Research Prize: Afroz Najafzadeh; Best Clinical Paper: Dr Darren Lockie ; Best ePoster: Dr David Nadebaum

## June 2014 New Zealand Annual Scientific Meetings

The ASUM NZ 2014 meeting in Dunedin was a huge success, primarily due to a quality program, excellent speakers and enthusiastic attendance. I particularly acknowledge the generous contribution of convenor Martin Necas and his amazingly competent organizing committee who delivered an interesting and varied program supported by international keynote speakers Professor Hans Peter Dietz, Richard Allan and Professor Andre van Rij along with quality NZ presenters who challenged professional practice.

## Branch Meetings / Workshops

Thanks to our valued Corporate members with special acknowledgement of Platinum Sponsors Toshiba, our event offerings have continued to grow in number, variety, quality and attendance. Keeping the registration low is great news for members who are appreciative of this enhanced member benefits.

Key Achievement	2014-2015	2013-2014	2012-2013	2011-2012
Number of events offered	35 events ACT = 2 NSW = 8 NZ = 7 NT = 2 QLD = 7 SA = 2 TAS = 0 VIC = 4 WA = 3	21 events ACT = 0 NSW = 6 NZ = 3 NT = 2 QLD = 2 SA = 3 TAS = 2 VIC = 0 WA = 6	8 events ACT = 2 NSW = 3 NZ = ? NT = 1 QLD = 1 SA = 0 TAS = 0 VIC = 1 WA = 0	17 events ACT = 2 NSW = 7 NZ = 1 NT = 0 QLD = 1 SA = 1 TAS = 0 VIC = 2 WA = 3
Number of attendees at events	ASM 584 from 15 countries NZASM 105  Branch Meetings = 1295 avg. 37/event ACT Canberra MSK 35 ACT Canberra SSC 14 NSW Sydney Breast 74 NSW K/cliff Breast & O&G 59 NSW Kingscliff DMU Exam 10 NSW Nep Interest cases 54 NSW Newcastle SSC 23 NSW Liverpool Fetal Med 76 NSW Sydney DMU Exam 15 NSW Nepean SSC 19 NT Darwin Midwives 23 NT Darwin MSK 12 NZ Conference 105 NZ Christchurch 65 NZ Auckland SSC 48 NZ Auckland Vascular 50 NZ Auckland DMU Exam 25 NZ U/S Technology & 70 NZ Clinical u/s 70 QLD Brisbane Breast 38 QLD Brisbane SSC 19 QLD Townsville Gynae 32 QLD Brisbane Vascular 42 QLD Brisbane Paediatrics 28 QLD MFM 54 QLD Nambour MSK 20 SA Adelaide Breast 17 SA Whyalla Midwives 18 VIC Conf DMU Examiners 18 VIC NIPT 21 VIC Fetal Medicine 72 VIC Breast 44 WA Perth Breast 45 WA Perth NIPT 37	ASM 1900 from 65 countries NZASM 220  Branch Meetings = 1124 avg. 53/event NSW Kingscliff 92 NSW Kingscliff 50 NSW Nepean 56 NSW Sydney 35 NSW Sydney 50 NSW Wagga Wagga 53 NT Alice Springs 11 NT Darwin 25 NZ Bay of Plenty NZ Christchurch NZ Auckland 200 QLD Brisbane 24 QLD Townsville 26 SA Adelaide 37 SA Adelaide 64 SA Adelaide 12 TAS Hobart 50 TAS Launceston 20 WA Perth 12 WA Perth 104 WA Perth 78 WA Perth 45 WA Perth 39 WA Perth 41	ASM 540 NZASM 240 MDW 340  Branch Meetings = 169 avg. 21/event ACT ACT NSW Nepean NSW North Coast NSW Sydney DMU Examiners NT Darwin QLD Brisbane VIC	ASM 480 NZASM 180 MDW250  Branch Meetings = 412 avg. 24/even ACT 16 ACT 14 NSW Gosford 23 NSW Nepean 23 NSW North Coast 20 NSW North Shore 22 NSW RNSH 43 NSW RPA 17 NSW Wollongong 12 NZ Supervisor Course 18 QLD 9 SA Adelaide 35 VIC Melbourne 28 VIC Monash 25 WA Perth 22 WA Perth 57 WA Perth 28



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# CEO's Report

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## Education Growth

ASUM have been successful in their GDMU application to ASQA and our new course 10550NAT - Graduate Diploma of Medical Ultrasonography (General) (Cardiac) (Obstetric) (Vascular) is now on the National Register – [www.training.com.au](http://www.training.com.au) (TGA). Our Registered Training Organisation (RTO) application has undergone initial assessment and is currently being reviewed by the ASQA Compliance team for our upcoming audit. In the meantime we currently have 192 General, 46 Vascular, 25 Obstetric and 178 Cardiac DMU students progressing through their programs under the direction of the DMU Board and our new GDMU Board are actively preparing for our future Course requirements.

Key Achievement	2014–2015	2013–2014	2012–2013	2011–2012
Number of students	DDU 195 CCPU 360 DMU 438 DMU Asia 111 CAHPU 62	DDU 161 CCPU 245 DMU 419 DMU Asia 90 CAHPU 5	DDU 130 CCPU 147 DMU 409 DMU Asia 54	DDU 119 CCPU 95 DMU 491 DMU Asia 38

## Communication Growth

Over the past 12 months, ASUM has dramatically improved member engagement and communication opportunities and the results speak for themselves!

Key Achievement	2014–2015	2013–2014	2012–2013	2011–2012
Newsletters	37	23	19	4
LinkedIn	1887 contacts	1418 contacts	0	0
Facebook	2082 followers	1063 followers	480 followers	10
Twitter	183 followers	152 followers	0	0

## IT Growth

This July, ASUM launched its upgraded myASUM platform (member only area) which has a modern look and feel, single sign-on, easy navigation for education programs, Scholar, EBSCO and AJUM, self registration for events, and automatic storage of myASM CPD points. A new ASUM website (homepage) will also be updated within the coming few months.

## Australasian Journal of Ultrasound in Medicine (AJUM)

Associate Prof George Condous, Dr Jocelyne Basseal and the Editorial Board continue to increase the size, quality and scope of AJUM. Our goal of Medline Listing is edging closer with Wiley Publishers now being contracted to publish the AJUM from 2016 and progress our requirements. Our peer-reviewed academic journal is listed on PubMed Central with our articles uploaded onto the National Library of Medicine. This has resulted in increased international exposure for our AJUM-published authors. The Journal, published four times a year, publishes original research studies, review articles, case studies and commentary on current issues in medical ultrasound and now has video links and CPD quizzes linked to some articles. All back issues from 2009 are available on-line via myASUM or printed for those members who prefer a hard copy.

## Research & Grants

The Australasian Society for Ultrasound in Medicine provides \$40,000 funding for two research grants of up to \$20,000 each annually. These grants are available to researchers who have been members of ASUM for at least the two years prior to application.

Congratulations to the 2015 successful grant awardees:

**Dr Stefan C Kane and Professor Shaun Brennecke**

Project title: Maternal ophthalmic artery Doppler waveform analysis in the assessment and management of pre-eclampsia.

Grant value: \$20,000

**Associate Professor Donna Taylor, Dr James Seow and Dr Deepthi Nanayakkara**

Project title: Ultrasound visible breast biopsy markers: can these be used for preoperative ultrasound guided lesion localisation?

Grant value: \$19,852

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## **Standards of Practice**

The ASUM Standards of Practice Board and Committee have been busy reviewing the range of international Ultrasound Guidelines with the aim of endorsing guidelines which meet best practice rather than reinventing the wheel. This complex task is nearing completion and I look forward to announcing the outcomes of this project later this year.

## **Advocacy**

### **Government relations**

- DoHA Diagnostic Imaging Advisory Committee Member
- PCEHR eHealth member

### **Sonographer remuneration**

I continue to regularly collaborate with major stakeholders to progress important discussions concerning the disparity in remuneration for Sonographers in NSW. I am disappointed that following a number of meetings in 2013 and 2014, supported by a comprehensive submission, the Ministry responded with “The Ministry of Health appreciates the valuable role of cardiac technologists and has undertaken a comprehensive examination of various aspects of the sonography workforce, as well as the concerns raised in the submission. With specific reference to pay rates of cardiac technologists, the Ministry advised that in 2005 remuneration for cardiac technologists was set by the NSW Industrial Relations Commission in a work value arbitration. Subsequent to this in 2006 the classification structure and wage rates for medical radiation science qualified sonographers were also set by the NSW Industrial Relations Commission in another work value arbitration. The requirements of the NSW Public Sector Wages Policy 2011 mean that it is not possible to determine that the rates of pay for all sonography qualified staff are as per those with medical radiation science qualifications. The Ministry will continue to monitor and review trends in the sonography workforce including turnover and recruitment patterns to assess any impacts of the classification structures”. The facts are that Sonography is a post graduate qualification, supported by an undergraduate science degree. There is no difference between the clinical competency of a Sonographer with an MRS undergraduate degree or a Science Degree. Industry approved DMU education prerequisites require an undergraduate Science degree. The consequence of this determination to the Sonography Profession is that senior Sonographers are increasingly moving to the Private sector and senior staff are being replaced by new graduate Radiographers. Sadly, this has a direct impact on public patient health outcomes and available training positions for students. I will therefore continue advocating on behalf of Sonographers on this issue until a logical and satisfactory resolution presents itself.

### **Sonographer registration**

Later this year, ASUM will be resubmitting our application for sonographer National Registration with the Health Workforce Principal Committee. ASUM Sonographers have been invited to send responses for the following 6 criteria to [anniegibbins@asum.com.au](mailto:anniegibbins@asum.com.au) which will ensure ASUM’s submission reflects the view of the profession.

#### **Criterion 1:**

Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?

#### **Criterion 2:**

Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?

- The nature and severity of the risk to the client group;
- The nature and severity of the risk to the wider public; and
- The nature and severity of the risk to the practitioner.

Areas which could be explored to identify a risk to public health and safety are:

- To what extent does the practice of the occupation involve the use of equipment, materials or processes which could cause a serious threat to public health and safety;
- To what extent may the failure of a practitioner to practice in particular ways (that is, follow certain procedures, observe certain standards, or attend to certain matters), result in a serious threat to public health and safety;

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# CEO's Report

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- Are intrusive techniques used in the practice of the occupation, which can cause a serious, or life threatening danger;
- To what extent are certain substances used in the practice of the occupation, with particular emphasis on pharmacological compounds, dangerous chemicals or radioactive substances; and
- Is there significant potential for practitioners to cause damage to the environment or to cause substantial public health and safety risk. Epidemiological or other data, (for example, coroners' cases, trend analysis, complaints), will be the basis for determining the demonstration of risk/harm.

## Criterion 3:

- Do existing regulatory or other mechanisms fail to address health and safety issues?
- Other regulations, for example, risk due to skin penetration addressed via regulations governing skin penetration and/or the regulation of the use of certain equipment, or industrial awards;
- Supervision by registered practitioners of a related occupation; and
- Self regulation by the occupation.

## Criterion 4:

- Is regulation possible to implement for the occupation in question?
- When considering whether regulation of the occupation is possible, the following need to be considered:
- Is the occupation well defined;
- Does the occupation have a body of knowledge that can form the basis of its standards of practice;
- Is this body of knowledge, with the skills and abilities necessary to apply the knowledge, teachable and testable;
- Where applicable, have functional competencies been defined; and
- Do the members of the occupation require core and government accredited qualification.

## Criterion 5:

Is regulation practical to implement for the occupation in question?

- Are self regulation and/or other alternatives to registration practical to implement in relation to the occupation in question;
- Does the occupational leadership tend to favour the public interest over occupation self-interest;
- Is there a likelihood that members of the occupation will be organised and seek compliance with regulation from their members;
- Are there sufficient numbers in the occupation and are those people willing to contribute to their costs of statutory regulation;
- Is there an issue of cost recovery in regulation; and
- Do all governments agree with the proposal for regulation.

## Criterion 6:

Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

## Ultrasound used for entertainment purposes

Recent concern from the public and media regarding the use of ultrasound for entertainment and fraudulent purpose has resulted in me speaking out on the issue via ABC Radio, and social media. ASUM strongly campaigns that all Sonographers providing comprehensive Diagnostic ultrasounds should hold an accredited DMU qualification and fulfil CPD requirements as stipulated in the myASUM CPD handbook.

## Regulation Impact Statement response:

ASUM responded to the Department of Health RIS: Improving the quality and safety of Medicare funded diagnostic imaging services through the enhancement of regulatory and accreditation requirements.

There are a number of different diagnostic imaging modalities available in Australia, including:

- Ultrasound;
- Computed tomography (CT);
- Diagnostic radiography (DR) (eg. X-ray, mammography);



- Magnetic resonance imaging (MRI ); and
- Nuclear medicine (NM).

In 2013–14 there were over 22 million Medicare eligible diagnostic imaging services provided resulting in over \$2.9 billion being paid by the Department of Human Services (DHS) Medicare program in patient rebates. Ultrasound items 55005–55855 resulted in 8,570,775 services (37%) and \$975,834,282 expenditure.

- General 3,443,999
- Cardiac 1,094,636
- Vascular 942,538
- Urological 26,547
- Obstetric and Gynaecological 1,134,536
- Musculoskeletal 1,928,519

The Government's objective is to ensure that Medicare benefits are claimed for diagnostic imaging services that are provided by appropriately qualified staff and that patients receive quality services that are clinically appropriate and safe. Inappropriate and/or sub-optimal use of diagnostic imaging can increase the risk of patient harm and contributes to unnecessary use of resources and expenditure.

Stakeholders have raised concerns with the current supervision requirements and the ambiguity surrounding interpretation of the regulations. Without any changes it is likely that Medicare will continue to operate inefficiently by funding inappropriate and unnecessary imaging which has no benefit to the patient. Some patients will continue to receive lower quality and potentially unsafe services as there will be inadequate supervision of these services by diagnostic imaging specialists.

The three policy options proposed were:

- 1 No change
- 2 Minor changes including clarification of current requirements.
- 3 Practice based approach

ASUM supported option 3 while addressing areas for future discussion around appropriate qualifications and supervision requirements.

*Annie Gibbins*  
CEO



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# Honorary Secretary's Report

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2015 has been my second term as Honorary Secretary for the Australasian Society of Ultrasound in Medicine (ASUM). 2014/2015 has been a time of great growth for the ASUM membership, which in turn has resulted in a much stronger fiscal position. This ongoing turnaround has been achieved by the leadership demonstrated in head office by our CEO Annie Gibbins and her great team. Over the last four years, Annie has brought together a strong team which has worked diligently to improve the members' experience which in turn has resulted in an influx of new members through positive "word of mouth". The Board's decision to promote and propagate multiple Branch meetings held throughout Australia has been one of the many positive changes. The ever expanding base of Branch meetings has increased ASUM's exposure to potential new members as well as giving current members a new educational experience in their own "backyard".

The success of the annual scientific meeting (ASM) in 2014 was and continues to be due to the high quality international invited speakers. The upcoming 2015 ASM will be greatly received with no less than three highly reputable international speakers from the United Kingdom in the area of Obstetrics and Gynaecology. The program's emphasis on Obstetrics and Gynaecology with strong representation in other disciplines has continued the success following the combined ISUOG meeting of 2013. The high quality of ASUM's ASM continues to enhance our reputation within Australia and beyond as the number one multidisciplinary society to advance the clinical practice of medical ultrasound for the highest standards of patient care. The quality of the ASM also enables our CEO to maximise the sponsorship dollars from major multi-national ultrasound companies.

This year represents a transitional year for the Australasian Journal of Ultrasound in Medicine (AJUM) with the procurement of the publisher Wiley after an appropriate tendering process in late 2014. We wanted to improve the visibility of the AJUM both nationally and internationally as well as maximise the chances of Medline listing with the National Library of Medicine. To that end we met directly with different publishers and discussed in detail the vision of the AJUM and how our goals were best served in relation to the procurement of a potential new publisher. After engaging these publishers, each one provided detailed submissions to ASUM in relation to services provided, benefits and annual service costings. At the February 2015 Council meeting, the ASUM Council ratified Wiley as the new publisher for the AJUM. Thereafter Minnis Journals were informed of this decision and given appropriate notice by the CEO. The AJUM is currently in the transition process from Minnis Journals to Wiley publishing with the aim that the February 2016 issue will be the first under the new publisher Wiley.

This year ASUM has continued to keep members updated with regular editions of "Real Time" and "e-alerts" in relation to the AJUM. The AJUM continues to be a high quality publication with many varied and interesting articles throughout the year. Dr Jocelyne Basseal, who works as Scientific Editor, continues to work passionately with me and the Editorial Board to ensure the very high standards of this publication are maintained. The AJUM is currently being considered for PubMed Medline listing with PubMed Central.

The dedicated work and leadership of the ASUM President A/Prof Sue Westerway has also been pivotal in ensuring that ASUM has strong political representation in relation to important structural governance decisions which affect all our members. She and her ASUM Board collaborate and interface closely with the many working arms of Head Office, Sydney. The strong relationship between Sue and Annie has been critical to the prosperity of ASUM, as well as having a knock on effect to the rest of the organisational structure of ASUM.

ASUM could not operate without the dedication and commitment of its many volunteers. The Executive, Council, DMU, DDU and CCPU boards are all managed by volunteer members who give up their valuable time attending meetings and responding to multiple emails on an almost daily basis. Opportunities always exist for members to become involved in branch meetings or board membership and this contributes to an inclusive atmosphere.

The implementation in 2015/2016 of the new website will improve the experience of ASUM members as well as make the task of ASUM employees more streamlined. Member enrolment, the examination process as well as the delivery of high quality education are closely related to the functionality of this new improved website.

Looking ahead, 2015/2016 will be exciting times as we continue to expand ASUM's membership as well as provide the highest quality educational opportunities. In September 2015, this year's ASM to be held in Sydney will again consolidate ASUM's position as the number one provider of education in the field of medical ultrasound both here and in New Zealand.

ASUM will continue to strive to keep its membership informed and educated and in doing so ensure the highest possible standards of medical ultrasound practice in Australia and New Zealand continue.

*Assoc Prof George Condous*  
*Honorary Secretary*



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## Honorary Treasurer's Report

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**A**SUM has demonstrated a continuance of strong financial results in the 2014–2015 financial year, further consolidating its overall healthy financial position. The results include ASUM Council's decision to reinvest funds for member benefit particularly in the area of Member IT enhancements, RTO compliance and GDMU setup costs.

Operational Revenue increased by 12.4% with growth in all key areas of the business such as growth of Membership 16.1% and Education 11.3%. Investment performance was also positive.

The net profit of \$221,917 matched last year performance after allowing for Grants received in 2014 and increase in investment value differential.

The operating profit (before investments) of \$172,245 again matched last year after allowing for Grant received in 2014. Growth in membership income of particularly in CCPU,DDU and DMU 16.1% or 24% better than the previous financial year. Compared to last year education income increased 11.3% derived from increased participation across all qualifications (DDU,DMU, CCPU and CAHPU). Continuing professional development (CPD) income increased by 25% due to approximately 40 events held nationally throughout the year. Attendance at the Melbourne conference met expectations and resulted in a surplus of \$59,158. A continuance of sponsorship engagement, a substantial increase in the number of meetings held and the number of attendees reflects positive member engagement with ASUM and contributes to the strong financial position.

The investments portfolio grew strongly by \$49,672. Due to the good returns over last 2 years, management implemented Council's directive to reallocate its investment strategy to a more conservative portfolio. ASUM's investment total (after allowing for Operational expenses) improved 15% up to \$2,094,000. Investments are now allocated to 24% Domestic and International funds, 5 % Property Funds and 71% to Conservative Term Deposits and Cash Reserve Bonus accounts. Cash funds have spread across a number of banks to further minimise risk and maximise interest return.

Operational costs were either in line or lower than budget with staff increasing to manage the additional workload arising from increased membership and education programs. Significant investment in upgrading the IT systems, E-Learning and CPD platforms implemented in May is providing a better user experience for all ASUM members.

ASUM's Net assets have improved to \$3,185,103 an increase of \$221,917. The 2014/15 financial results continue the impressive results of many initiatives coming to fruition over the last couple of years. ASUM is in a strong financial position with good cash reserves.

*Suean Pascoe*

*Honorary Treasurer*





# DDU Report



The last 10 years have seen the advancement of the DDU as a highly respected qualification and continues to attract candidates from all disciplines who want to practice the craft of ultrasound at its highest level.

Through my time at ASUM as a candidate, examiner, Secretary and Chair of the DDU Board of Examiners we have seen much change and the Board continues to strive to improve and develop the program for all the sub-disciplines.

The DDU Board wants the post graduate qualification to be of the highest standards, which allows each practitioner a thorough knowledge of their area of discipline and practice tertiary level ultrasound scanning.

We have, I believe, successfully promoted the idea of quality of work and reporting which the DDU holder uses in everyday practice.

This year there are several changes to the Board.

Dr Chris Wriedt will be retiring from the Board of Examiners after more than 10 years of service as previous Chair of the DDU and subsequent examiner for the last few years.

We also see the retirement of Dr Simon Meagher and Dr Shawn Choong.

I would like to thank each of them for their time, energy and significant contribution to ASUM and the DDU.

Their knowledge and dedication to education has been invaluable to the organization and the candidates they have mentored.

I would also like to thank, Dr Geoff Schembri and Dr David Ferrar for the terms they have served as DDU Board Members and examiners over the last 9 years.

In accordance with the Governance of the DDU regulations we must now allow new Board members to enter. Both Dr Schembri and Dr Ferrar may continue as examiners.

This last year continues to see good enrollment numbers and high pass rates.

## DDU Enrolments

As of 30 June 2015 there were 68 enrolments into the DDU.

Cardiology	4
Critical Care	20
Emergency Medicine	9
General	5
O&G	30
Vascular	0

## DDU Assessments

Module 1 Assessment

8 November 2014 – 23 candidates sat with a pass rate of 87%

30 May 2015 – 43 candidates sat with a pass rate of 88%

Module 3 Written Assessment

31 May 2014 – 17 candidates sat with a pass rate of 76%

Module 3 Oral Assessment

9 August 2014 – 19 candidates sat with a pass rate of 74%

## DDU Awards

DDU Awards total 13 for 2014

Specialty	Awards
Cardiology	1
Critical Care	2
Emergency Medicine	2
General	1
O&G	7

On a personal note, it is also time for me to retire. I have served on the DDU for 10 years, first as an examiner, Secretary and then as Chair of the DDU for the last 2 terms.

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During this time I have had the enormous privilege to work with a so many wonderful Specialists and educators in a multi-disciplinary team.

To each of you, thank you for making my time not only enjoyable but a constant inspiration to keep studying and learning.

To all the team, at Head office, past CEO Caroline Hong and current Annie Gibbins thank you for your support.

I would like to say a very big thank you to Meron Oxley our DDU administrative officer. It really is all her hard work in the background that allows the DDU to function so smoothly. I will miss the emails and phone calls I am sure.

I could not have done all this work without her support and the team at ASUM.

It is now time for me to pursue some other educational interests and allow a new team to carry on the work of the DDU.

The DDU I obtained has been invaluable in my career and I am always inspired to keep learning and advancing in ultrasound.

I hope all ASUM members will encourage their students and peers to pursue the DDU as a worthwhile post graduate diploma. There is no doubt that ultrasound continues to challenge us with its rapidly advancing technology and relevance to other modalities of Diagnostic Imaging.

Finally my sincere gratitude and thanks to those who have helped me and know me.

I wish the new Board of the DDU and ASUM a bright future.

*Dr Monica Pahuja*

*DDU Chair*

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## DMU Report



**T**his year has seen the early stages of upgrading the DMU. Over the past year, a format has been established for the new Graduate Diploma of Ultrasonography in Medicine (GDMU) and this has been approved by ASQF. This was an enormous amount of work by the DMU Board, Tanya Carleton and Annie Gibbins. A new GDMU board has been created to continue with the process of having an accredited course as soon as possible. As the accreditation of the new course is completed, information on how this will affect all the DMU students will be circulated. The GDMU will be a great step in the developing professionalism of sonography.

At the November meeting, Alison White and Margaret Condon stepped off the board due to term limits. Both Margaret and Alison have given an amazing amount of time and expertise to the DMU and they will both be sorely missed.

Alison has remained in a support role for Kathy Davis, the Cardiac board member for which we are very grateful. Margaret is taking a well deserved break, but I am hoping she can be convinced to return in some capacity, as she is an incredible font of knowledge and has a desire for the very best outcomes for the students.

David Low joined the DMU team in December, as the DMU Co-ordinator, replacing Claire Purkis who had done a wonderful job. I don't think David has had time to put his head up and breathe yet. Thanks David for all the hard work.

Jo McCann joined the BOE as the General member in January and we are absolutely delighted to have such an enthusiastic and hard working new member. The February board meeting was Jo's introduction to the role of BOE member and was a very busy session setting the exams for this year.

In March, the DMU prep course was held again at RNSH with record attendee numbers. The five days is a culmination of huge amounts of work and organization by the ASUM team with David leading the way.

This year's exam cycle is just about finished, with exams being held all over Australia and NZ. None of this could happen without all the work from volunteer examiners who contribute their free time to the benefit of the candidates. ASUM would not be able to offer the DMU in the current format without the input of these wonderfully dedicated sonographers and I would like to acknowledge their efforts. If you know somebody who is an examiner, give them a pat on the back or if you would like to join this amazing team, please contact the office.

*Donna Oomens*

*Chair DMU BOE*

# DMU Asia Report



**V**ision College in Petaling Jaya, Malaysia continues to expand in both student numbers and courses, with the DMU (Asia) being an integral and respected course offering. Presently there are a total of 34 DMU (Asia) students enrolled at the college.

The DMU (Asia) Board of Examiners members are Richard Allan, Sue Campbell-Westerway, Andrew Ngu, Brian Starkoff (Chair), Tan Chee Tian (Vision College), and Alan Williams. There have been no changes to the Board of Examiners membership in the last 12 months and I thank all the members for their work and time commitment during the year.

The DMU (Asia) Board of Examiners held a teleconference in December 2014. The CEO of ASUM and the chair of the DMU Board of Examiners were in attendance, which enabled a report and discussion of the new GDMU program and how this could affect the present DMU (Asia) program. Other discussions and decisions by the Board of Examiners during the year were facilitated with email communication.

Four Part 1 assessments were conducted during the year – August 2014, December 2014, April 2015 and June 2015. The overall pass rate for the August, December and April assessments was 77% for the Anatomy, Physiology and Pathology assessments and 55% for the physics assessments. The June assessment results have not yet been finalised. Part 2 written assessments were held in July 2014 and January 2015 with an overall pass rate of 53%. Part 2 practical and oral assessments were held in December 2014 and June 2015. The overall pass rate for the oral assessment was 75% and the overall pass rate for the practical assessment was 48%. During the last 12 months, 22 candidates were awarded a DMU (Asia).

I would like to thank all the examiners who willingly gave their time to travel to Vision College to conduct the Part 2 practical and oral examinations and also to the examiners who undertook to mark the written assessments. Without this voluntary contribution, the DMU (Asia) course would not be possible.

During the last 12 months, Australasian guest lecturers have visited Vision College on four occasions. On each visit, one week of intensive lectures, tutorials and advice to the tutors and students was presented at the college. In April 2015, a week on general ultrasound topics and a week of Obstetrics and Gynaecology topics were covered. Physics lectures and practical exercises were held in July 2014 and January 2015. A big thank you goes to these volunteers who donate their time to enable the improvement of the standard of ultrasound in this area of the world.

Finally, a special thank you to Meron Oxley at the ASUM secretariat for all the time and effort provided to the DMU (Asia).

*Brian Starkoff*

*DMU Asia Chair*





# CCPU/CAHPU Report



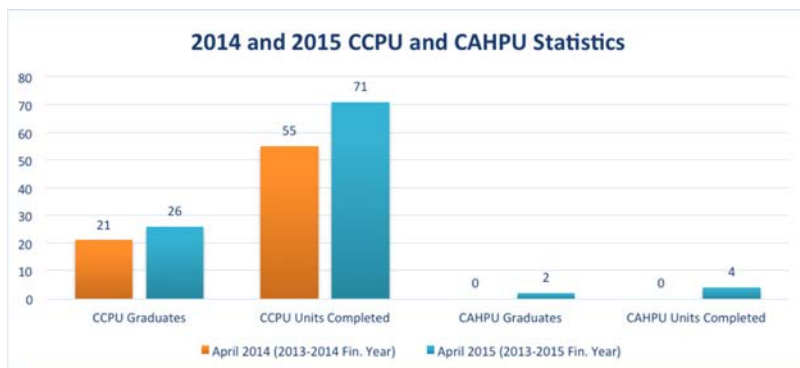
**T**he Certificate of Clinician Performed Ultrasound (CCPU) and Certificate of Allied Health performed Ultrasound (CAHPU) programmes

The Certificate of Clinician Performed Ultrasound (CCPU) and Certificate of Allied Health performed Ultrasound (CAHPU) programmes continue to develop and grow, in parallel with the growing use of ultrasound in all facets of patient care. ASUM now has over 367 members in total enrolled in the CCPU and CAHPU programs. During 2014/15, ASUM certified 79 CCPU Candidates over 190 units and 3 CAHPU Candidates over 6 units.

ASUM has worked with rural and remote midwives, presenting courses for the basic obstetric CAHPU units. These have been particularly popular, and ASUM is proud to be working with these groups to improve the availability and standards of care to patients in these difficult environments. We continue to work with special interest groups to develop appropriate units to set benchmark standards for those integrating ultrasound into their clinical practice.

The growth has been facilitated by the energy and enthusiasm of the board, supported by the hard work of the office staff, and we thank all of them for their ongoing time and efforts. We would particularly like to thank Peter Malycha, who has resigned after 5 years on the board providing expertise from a surgical perspective. We welcome Ian Bennet as his replacement. With the growing numbers of applicants, we continue our need for more assessors, and the board encourages those with an interest in the area to forward an expression of interest.

*Dr Adrian Goudie*  
*CCPU/CAHPU Chair*



**Figure 1:** Chart demonstrating growth in CCPU and CAHPU programs between April 2013-14 and 2014-15 Financial Years.





In 2015 we procured the publisher Wiley after an appropriate tendering process in late 2014. We wanted to improve the visibility of the AJUM both nationally and internationally as well as maximise the chances of Medline listing with the National Library of Medicine. To that end we met directly with a representative from a number of publishers and discussed in detail the vision of the AJUM and how our goals were best served in relation to the procurement of a potential new publisher. After engaging these publishers, each one provided detailed submissions to ASUM in relation to services provided, benefits and annual service costings. At the February 2015 Council meeting, the ASUM Council ratified Wiley as the new publisher for the AJUM. Thereafter Minnis Journals were informed of this decision and given appropriate notice by the CEO. The AJUM is currently in the transition process from Minnis Journals to Wiley publishing with the aim that the February 2016 issue will be the first under the new publisher Wiley.

Over the last 12 months the AJUM has continued to improve the quality of the manuscripts published. The Editorial board, in conjunction with the Review Panel, has continued to strive for quality scientific based publications and in doing so improved the quality of the journal. The peer review process continues to be robust with the aim to have each submitted manuscript peer reviewed by three reviewers. The AJUM continues to achieve both editorial and publication deadlines in keeping with the annual timetable.

We continue to improve the quality of the articles accepted for publication. This is an ongoing goal which is being achieved through the efforts of the AJUM's Publication and Scientific Editor, Dr Jocelyne Basseal. She has developed a robust peer review pathway with the combined efforts of both the Editorial Board and Review Panel. This system results in only the highest quality manuscripts being accepted for publication and this in turn will determine the journal's impact factor once accepted for PubMed listing. In 2013, the total number of submissions was 39 manuscripts with a 20% rejection rate. In 2014, the total number of submissions to AJUM was 29 manuscripts with an 18% rejection rate.

The ongoing input and continued work of Dr Jocelyne Basseal, as the scientific co-editor for the AJUM, has resulted in the content being of the highest quality. We continually get positive feedback from the readership about the high quality of the journal. The day to day running of the journal continues to be well streamlined and effective. With her continued input, both the commissioning of review articles and the peer review process are supervised and managed with great efficiency.

In 2015/2016, we hope to continue to improve the quality of the AJUM's content whilst at the same time appealing to the broad readership of the journal itself. This goal is in tandem with the ongoing efforts to have the AJUM Medline listed with the input and expertise of the team at Wiley. In 2016 we will expand the Editorial Board to include International delegates both from Europe and North America who will improve not only the reputation of the AJUM but also the quality of the of the peer reviewed manuscripts.

*Assoc Prof George Condous*  
*AJUM Chair*



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## Research and Grants Report

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**T**he Australasian Society for Ultrasound in Medicine is thrilled to provide financial support to pioneering and innovative projects by offering two \$20,000 research grants annually. These grants are available to researchers who have been members of ASUM for at least the two years prior to application.

The ASUM Research Grants Scheme is designed to fund clinically based research projects in areas of medical ultrasound. It provides early and mid-career researchers with the opportunity to generate quality output and assists these researchers to establish the required publication track record. Members are encouraged to refer to the full terms, conditions and eligibility criteria available on the ASUM website.

The Research and Grants Board were thrilled by the volume of high calibre of applications in the 2015 round of funding. The ASUM Council approved funding for the following two research projects:

**Dr Stefan C Kane and Professor Shaun Brennecke**

Project title: Maternal ophthalmic artery Doppler waveform analysis in the assessment and management of pre-eclampsia.

Grant value: \$20,000

**Associate Professor Donna Taylor, Dr James Seow and Dr Deepthi Nanayakkara**

Project title: Ultrasound visible breast biopsy markers: can these be used for preoperative ultrasound guided lesion localisation?

Grant value: \$19,852

Funding is very competitive and we congratulate the successful applicants. We look forward to receiving the research papers outlining the results from each project.

Thank you to the Research Grant Board members, Adrian Goudie, Peter Muller, Brendan Mein, Karen Mizia and Gillian Whalley for all their hard work reviewing eligible submissions.

On behalf of the Research and Grants Committee, I would like to encourage prospective researchers to apply for the ASUM research grants and take advantage of a funding opportunity to contribute to the advancement of ultrasound knowledge.

*Dr Jocelyne Basseal*

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## Standards of Practice

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**T**he Standards of Practice Committee aims to provide members with policies and guidelines covering a range of ultrasound practices in accordance with the latest research. Policies are routinely reviewed and updated as new evidence emerges.

Ten policies and guidelines were reviewed and updated in 2014. As well as reviewing ASUM policies and statements, the Committee have been reviewing policies from major international organisations containing aspects of medical ultrasound which are of interest to members. There are several policies which are likely to be worthy of ASUM's support. Once review is complete links to these significant policies will be provided on the ASUM website.

The Committee welcomes enquiries from members who require guidance or assistance. The most commonly areas of enquiry in 2014–2015 involved fetal growth and welfare charts, disinfection of transducers with newly released agents and, echocardiogram standards of practice. In order to stay abreast of changes in the areas of disinfection and echocardiogram both policies are currently being reviewed and updated. These policies and statements will be updated on the website and an announcement released in Real Time.

As can be imagined, staying abreast of current research and emerging evidence takes diligence and commitment. Current Committee membership spans interests in obstetrics, gynaecology, cardiology, emergency medicine, vascular, neonatal and point of care. This year we welcomed a new member, Dr Jayshee Ramkrishna, to assist in the complex speciality of obstetric and gynaecological ultrasound. I would like to take this opportunity to thank all Committee members for their commitment and work in 2014.

In 2015 the Committee will continue to research and liaise with international organisations to ensure the highest standard of policy development and practice guidelines pertaining to medical ultrasound.

*Dr Karen Mizia*  
*SOP Chair*



## **NOTICE OF THE ANNUAL GENERAL MEETING**

**The 2014 Annual General Meeting of the Australasian Society for Ultrasound in Medicine held**

**Saturday, 18 October 2014 13:00-13:30**

**Level 1 Room P2-3 Crown Promenade Melbourne 3000**

## **MINUTES**

### **ATTENDANCE:**

Adrian Goudie (President and Chairman), Sue Campbell Westerway (President Elect), Fergus Scott, Brendan Mein, Suean Pascoe, Andrew Ngu, George Condous, Delwyn Nicholls, Sue Davies, Fabricio Costa, Philip Hung, Jenny Sanderson, Sally Ashwin, Peter Coombs, Anthony Mathews, Dieter Kohrs, Richard Hay, Madeline Walsh, Mark Smyth, Monica Pahuja, Coral Tudball, Ian Gawthrope, Steve Dunjey, James Wheeler, Mark Yuile.

Annie Gibbins CEO

**PROXIES RECEIVED:** Nil

**APOLOGIES:** None

### **1. Minutes of the Annual General Meeting of 7 October 2013**

**Moved:** Sue Campbell Westerway      **Seconded:** Sue Davies      **Carried Unanimously**

It was resolved that the Minutes of the 2013 Annual General Meeting be accepted as a true record.

### **2. Annual Reports**

#### **2.1 President's Report**

The President's report written by Dr Adrian Goudie for the 2013-2014 Annual Report was noted.

#### **2.2 Honorary Secretary's Report**



The Honorary Secretary's report written by A/Prof George Condous for the 2013-2014 Annual Report was noted.

### **2.3 Honorary Treasurer's Report**

The Honorary Treasurer's report written by Suean Pascoe for the 2013-2014 Annual Report was noted.

### **3. Financial Report for the year ended 30 June 2014**

It was noted that the Audited Financial Reports were made available to members via the ASUM website and 'Realtime' e-newsletter 21 days prior to the AGM. It was resolved that the financial report and accounts for the year ended 30 June 2014 be accepted.

**Moved:** Sue Campbell Westerway      **Seconded:** Sue Davies      **Carried Unanimously**

### **4. Life Member nominations**

It was resolved that Dr Andrew Ngu be awarded the title of Life Member at the ASUM Gala Dinner 18 October 2014

### **5. Honorary Fellow nominations**

It was resolved Dr Garry Le Quesne and Rae Roberts be awarded the title of Honorary Fellow at the ASUM Gala Dinner 18 October 2014

### **6. Awards of Excellence nominations**

It was resolved the following awards be presented at the ASUM Gala Dinner 18 October 2014

- Sonologist of the Year – Dr Meiri Robertson
- Sonographer of the Year – Debra Poletti
- DDU Dux of the Year- Dr Dieter Kohrs
- DMU Dux of the Year – Melissa Jones
- Service to Ultrasound – Dr Fred Joshua
- Trainer of the Year – A/Prof James Rippey
- Best AJUM Emergency Med Paper- Dr Kylie Baker
- Best AJUM O&G Research Paper-Debra Paoletti
- Highest CPD points accumulation of the Year – Dr Justin Bowra



## 7. Election and appointment of office bearers for 2014-2015

The Chair thanked Directors who have completed their terms and retired from Council

- Dr Andrew Ngu
- Dr Fergus Scott
- Brendan Mein

Councillors for 2013-2014 where announced as:

### President

- A/Prof Sue Campbell Westerway

### Medical/Scientific Councillors

- Dr Adrian Goudie
- A/Prof George Condous
- Dr Philip Hung
- Dr Fabricio Costa

### Sonographer Councillors

- A/Prof Sue Campbell Westerway
- Suean Pascoe
- Delwyn Nicholls
- Sue Davies

The Chair welcomed newly elected Board Directors

- Dr Philip Hung
- Dr Fabricio Costa
- Sue Davies

The Chair congratulated and handed over the role of ASUM President to A/Prof Sue Campbell Westerway as the 2014-2016 President.

## 8. Appointment of Auditors 2015

It was resolved that the 2015 Auditors be Rob Tulloch Gauld Tulloch Bove Chartered Accountants

**Moved:** Fergus Scott **Seconded:** Sue Campbell Westerway **Carried Unanimously**

## 9. General Business

Sue Davies congratulated the ASUM CEO, Staff and Council for the proactive growth that has been achieved within the Society over the past couple of years. The CEO has led ASUM in a fresh new direction by improving its Governance, public perception and member satisfaction. Evidence of this is noted in the improved external perception of ASUM as the Peak Body representing the Profession in a positive and proactive way.

The meeting closed at 13:30am.



Chairman Date 18.10.2014

# ASUM Awards and Honours

## Life Members

2014	Dr Andrew Ngu
2012	Professor Lachlan de Crespigny
2010	Mrs Jennifer Mitchell
2008	Dr Peter Duffy
2006	Dr Beverley Barraclough
2006	Dr Susie Woodward
2005	Dr Rob Gill
2005	Dr Ian McDonald
2005	Dr Peter Warren
2004	Dr Jack Jellins
2003	Dr Stanley Brian Barnett
2003	Dr David Arthur Carpenter
2002	Miss Judith (Pru) Pratten
2001	Dr James Syme
1999	Mr Michael Dadd
1995	Dr David Robinson
1994	Dr Stan Reid
1993	Prof Thomas Reeve
1993	Dr John Stewart
1992	Dr George Kossoff
1992	Mrs Margaret Tabrett
1991	Dr William Garrett
1991	Dr Peter Verco

## Honorary Fellows

2014	Mrs Rae Roberts
2014	Dr Garry Le Quesne
2013	Marilyn Zelesco
2013	Janet Radford
2012	Dr Fred Lomas
2012	Prof Ron Benzie
2012	Dr Harley Roberts
2012	Ros Savage
2012	Margaret Condon
2012	Martin Necas
2012	Rex de Ryke
2010	Dr Matthew Andrews
2010	Ms Elvie Haluszkiewicz
2009	Prof Rob Gibson
2009	Dr David Rogers
2009	Dr Chris Wriedt
2008	Mr Stephen Bird
2008	Dr Glenn McNally
2007	Ms Rosina Davies
2007	Mrs Mary Young
2006	Mrs Sue Davies
2005	Mrs Margo Gill

2004	Mrs Jane Fonda
2004	Dr Albert Lam
2003	Mr Roger Gent
2002	Dr Andrew Ngu
2002	Mrs Kaye Griffiths AM

## Honorary Members

2014	Prof Frank Miele
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## Chris Kohlenberg Teaching Fellowship (sponsored by GE)

2008	Dr Yisha Tong
2007	Mr Martin Necas
2006	Mr David Fauchon
2006	Dr Meiri Robertson
2005	Mr Peter Coombs
2005	Dr Neil Simmons
2004	Dr Gary Sholler
2004	Mr Peter Murphy
2003	Mrs Jenifer Kidd
2003	Dr Matthew Andrews
2002	Dr Cheryl Bass
2002	Dr Andrew McLennan
2001	Dr Victor Hurley
2001	Dr Quentin Reeves
2000	Mr Mark Bryant
1999	Dr Chris Kohlenberg
1998	Mr Trevor Beckwith
1998	Dr Greg Davison

## Giulia Franco Teaching Fellowship (sponsored by Toshiba)

2010	Mr Peter Murphy
2009	Dr Eugene McNally
2008	Mr Martin Necas
2007	Mrs Elvie Haluszkiewicz
2006	Mr Stephen Bird
2005	Mr Martin Necas
2004	Mr Shaun O'Regan

## Beresford Buttery Teaching Fellowship (sponsored by GE Healthcare)

2008	A/Prof Hans Peter Dietz
2007	Dr George Condous
2006	A/Prof Albert Lam

## Beresford Buttery Overseas Traineeship (1996 - 2005) (sponsored by GE Healthcare)

2005	Dr Nagesh Naik Gaunekar
2004	Mrs Nerrida Russell
2003	Mrs Teresa Clapham
2002	Dr Stanley Ng
2001	Miss Kerry Harvey
2000	Dr Andrew Edwards
1999	Mr David Fauchon
1998	Ms Alison Lee-Tannock
1997	Dr Shelley Rowlands
	Ms Anabel Greville

## UI/UL Lecturer

2008	A/Prof Anthony Doyle
2007	A/Prof Jon Hyett
2006	Prof David Ellwood
2005	Prof Rob Gibson
2004	Dr Rita Teele
2003	Dr John Newman
2002	Dr Albert Lam

## ASUM Asia Link - IFUMB (India) Scholarship (sponsored by ASUM)

2008	Dr Sakshi Tomar, Radiodiagnosis
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## ASUM Asia Link - ISUM (Indonesia) Scholarship (sponsored by ASUM)

2005	Dr Taufik Jamaan, Specialist Obs Gyn
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## ASUM Asia Link - Vietnam Scholarship (sponsored by ASUM and Nepean Medical Research Foundation)

2009	Dr Thao Thanh Phuong Huynh, Tu Du Hospital
2009	Dr Anh Thi Hong Nguyen, Tu Du Hospital
2009	Dr Loan Thi Kim Ngo, Tu Du Hospital
2007	Dr Valeria Lanzarone, Penrith Ultrasound for Women
2007	Dr Henry Murray, Nepean Hospital
2005	Dr Ha To Nguyen, Chief of Imaging Diagnostic Department, Tu Du Ob & Gyn Hospital

## ASUM DSDU Exchange Program

2012	Dr Torben Lorentzen, Denmark
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2010	Dr Charlotte Ekelund, Denmark
2008	Dr Ahkram Dakhil, Koge Hospital, Denmark
2007	Mr Robert Ziegenbein, Australia
2007	Dr Morten Boesen, Frederiksberg Hospital, Denmark
2006	Dr Christoffer Brushoj, Rigshospitalet, Denmark
2006	Ms Mary Langdale, Australia

#### ASUM 2014 Awards of Excellence

ASM 2014 Co-convenors	President
Dr Monica Pahuja; Peter Coombs	Dr Adrian Goudie
Honorary Fellows	Life Member
Dr Garry Le Quesne & Rae Roberts	Dr Andrew Ngu
Australasian Sonologist of the year	Australasian Sonographer of the year
Dr Meiri Robertson	Deborah Paoletti
Service to Ultrasound	Tutor of the Year
Dr Fred Joshua	A/Prof James Rippey
Best AJUM O&G Research Paper	Best AJUM Emergency Medicine Research Paper
Deborah Paoletti	Dr Kylie Baker
DDU Dux	DMU Dux
Dr Dieter Kohrs	Melissa Jones
Highest CPD Points Accumulation of the Year	Best Research Prize
Dr Justin Bowra	Afroz Najafzadeh
Best Clinical Paper	Best ePoster
Dr Darren Lockie	Dr David Nadebaum

#### ASUM 2013 Awards of Excellence

ASM2 013 Co-convenors	Honorary Fellows
Sue Campbell Westerway & Debbie Coghlan	Marilyn Zelesco & Janet Radford
Australasian Sonologist of the year	Sonographer of the year
Dr Wes Cormick Australasian	Peter Coombs
DMU Board of Examiners Chair 2008-2013	Service to Ultrasound Education
Margaret Condon	Barry Lennon
Employer of the year	Tutor of the Year
Canberra Specialist Ultrasound	Claire Flavel
Service to ultrasound in rural areas	Volunteer of the Year
Dr Geoffrey Evans	Dr Meiri Robertson
AJUM Article of the Year	AJUM Best Review Article
James Han-Su Seow, Michael Phillips, Donna Taylor	Jay Marlow and Joseph Thomas
Best Junior Paper Investigator NZ 2013	DMU Dux
Kate Thomas	Rachel Rankin
DDU Dux	
Seonaid Mulroy	

#### ASUM 2012 Awards of Excellence

##### Best Sonographer Research Award

Glenda McLean

##### Best Research Presentation Award

Dr Andrew Edwards

# ASUM Awards and Honours

## Best Clinical Presentation Award

Alison Christy

## Best First Time ePoster Award

Keith Vanhaltren

## Best Poster Award

Greg Curry

## New Zealand Sonographer of the Year

Martin Necas

## Australian Sonographer of the Year

Alison White

## Sonologist of the Year

Prof Jon Hyett

## Tutor / Trainer of the Year

Bernadette Mason

## Employer of the Year

Canberra Specialist Ultrasound

## Young Sonographer of the Year

Alison Christy

## Meritorious Service to ASUM

Roger Gent

## DMU Dux

Diane Fitzgerald

## DDU Dux

Dr Ranjan Chaminda Perera

## Highest CPD Points of the Year

Jo McCann

## Service to Ultrasound Education

Robert Ziegenbein

## Rural Sonographer or Sonologist of the Year

Jodie Dwyer

## Best AJUM Article

A/Prof James Rippey

## Advancing Academic Excellence in Ultrasound Publications

Dr Meiri Robertson

## Award for Humanitarian Service

Rex de Ryke

## Award for Volunteer Service

Prof Peter Stone

## Early Bird Membership Renewal

Leanne Bardwell

## Passport Prize

Alison Webb

## Lucky Door Prize

Kelly Basley

## ASUM 2011 Annual Scientific Meeting

Best Sonographer Research Award

Ms Penny Lam

## Best Research Presentation Award

Ms Lisa Clarke

## Best Clinical Presentation Award

Ms Lisa Clarke

## Best Poster Award

Jo Douglas

## ASUM 2010 Annual Scientific Meeting

### Best Oral Presentation Award

Ms Sin Mei Tsui

### Best E-Poster Presentation Award

Mr Sean Coveney

## WFUMB 2009 World Ultrasound Congress

Best Sonographer Research WFUMB 2009 Presentation Award

Ms Penny S P Koh

## Best Medical Research WFUMB 2009 Presentation Award

Dr Rosa Gilabert

## Best Clinical WFUMB 2009 Presentation Award

Dr Hye Jeon Hwang

## Best Poster Presentation WFUMB 2009 Award

Dr SeonHyeong Choi

## Best Poster Presentation Award to an AF-SUMB Member

Dr Hyun Cheol Kim

## Best Poster Presentation Award to a FLAUS Member

Dr M Cristina Chammas

## Best Poster Presentation Award to an EF-SUMB Member

Dr Domenico Piccolboni

## Best Poster Presentation Award to an AIUM Member

Dr Chitra Chandrasekhar

## Best Poster Presentation Award to an ASUM Member

Mr Chris Edwards and Mr Scott King

## Young Investigators Scholarships

Mrs Alison Webb

Dr Mairead Butler

Dr Talat Uppal

Dr Wei Wu

Dr Yi-Wen Huang

Dr Luca Maria Sconfienza

Dr Woo Kyoung Jeong

Dr Jina Kim

Dr SeonHyeong Choi

Dr Sun Ho Kim

Mr Jian Cai

A/Prof Pintong Huang

Dr Jong Yeol Kim

Dr Kevin CH Lau

Dr Ryo Suzuki

## Certificates of Merit

Dr Boem Ha Yi

Dr Kyoung Won Kim

Dr Thai Nguyen	2006	Mr Peter Coombs	<b>Best Sonographer Poster (1990-1996)</b>
Dr Angeles GarciaCriado	2006	Dr Boon Kian Yeu	1996 Mr Scott Allen
Dr Sabrina Rashid	2005	Prof Fung Yee Chan	1995 Mrs Margo Harkness
Dr Rira Watanabe	2004	Mrs Vanessa Pincham	1994 Mr Phillip Ramm
A/Prof Lee Heejung	2004	Mrs Kathryn Busch	1993 Mrs Leonie Ashley
Dr Hironori Tanaka	2003	Mrs Rae Roberts	1992 Ms Suzanne Bruce
Dr Hui-Ze Liang	2002	Ms Andrea Gibb	1991 Miss Debbie Coghlan
Dr Kie Hwan Kim	2001	Mr Lino Piotto	1990 Mrs Kaye Griffiths
Dr Kiyoka Omoto	2000	Mr Lino Piotto	
Dr Fu-Chung Chen	1999	Miss Therese Daley	<b>Best Sonographer Paper (1990-1995)</b>
A/Prof Chiung-Nien Chen	1998	Mrs Shirley Curgenvin	1995 Ms Julie-Anne Davis
	1997	Dr Nicole Woodrow	1994 Ms Kerry Young
	1996	Dr Gerald Duff	1993 Mrs Antoinette Stockdale
<b>ASUM Annual Scientific Meeting</b>			1992 Mrs Wendy Lilje
<b>Best Sonographer Research Presentation Award</b> (sponsored by Philips)	<b>Best Poster Award</b> (sponsored by ASUM)		1991 Miss Katherine Devonald
2008 Mr Neville Phillips	2008 Mr Hitoshi Inuzuka		1990 Mr Gerard Murnane
2007 Mr David Fauchon	2007 Dr Jacqueline Cartmill		
2006 Mr Stephen Bird	2006 Mr Benjamin Micallef	<b>Best Case Report (1990-1995)</b>	
2005 Ms Ann Quinton	2005 Mrs Faye Temple	1995 Mr Lino Piotto	
2004 Ms Tania Griffiths	2004 Ms Frances Miceli	1993 Ms Cheryl Tapanes	
2003 Mr Peter Coombs		1992 Ms Jenny Flower	
2002 Mr Martin Necas	<b>Best Student Presentation Award</b>	1991 Mrs Judy Lewicki	
2001 Mr Stephen McNealy	(sponsored by ASMI)	1990 Ms Jane Lawler	
2000 Mr Winkle Yung	2008 Ms Mel MacRury		
1999 Ms Louise Baillon			
1998 Mr Robert Ziegenbein	<b>Giulia Franco Scholarships (2002)</b> (sponsored by Toshiba)		
1997 Mrs Sue Campbell-Westerway	2002 Dr Hans Peter Dietz & Mrs Lorna Hardiman		
<b>Best Research Presentation Award</b> (sponsored by Siemens Ultrasound)			
2008 Dr Susan Campbell-Westerway	<b>Giulia Franco Poster Award (1994 - 2001)</b>		
2007 Mr Peter Coombs	(sponsored by Toshiba)		
2006 Dr Rebecca Chalmers	2001 Ms Colleen Cook & Dr David Ellwood		
2005 Dr David Watson	2000 Mr Damien Armstrong		
2004 Dr Sofie Piessens	1999 Ms Ann Quinton		
2003 Dr Neil Macpherson	1998 Mrs Sue Campbell-Westerway		
2002 Dr Hans Peter Dietz	1997 Ms Louise Shiel		
2001 Mrs Helen Gofton	1996 Mr Richard Allan		
2000 Mrs Jenifer Kidd	1995 Dr Fung-Yee Chan		
1999 Dr Alexandre Chao	1994 Mrs Sandra O'Hara		
1998 Ms Jacqui Robinson			
1997 Dr Nigel Anderson	<b>Young Investigator Award (1997 - 2000)</b>		
1996 Mr Chris Bladen	2000 Dr Greg Duncombe		
<b>Best Clinical Presentation Award</b> \ (sponsored by Siemens Ultrasound)	1999 Dr Sheila Mulvey		
2008 Dr Rachael McEwing	1998 Mr Stephen Bird		
2007 Mrs Kerry Thoires	1997 Ms Maureen Wilkinson		

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## List of Past Presidents

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## Corporate members

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1970-1972	George Kossoff
1972-1974	William Garrett
1974-1976	David Robinson (Deceased)
1976-1977	Herbert Hughes (Deceased)
1977-1979	Michael Dadd (Deceased)
1979-1980	Ian McDonald
1980-1981	Peter Verco (Deceased)
1981-1982	David Carpenter
1982-1983	John McCaffrey (Deceased)
1983-1984	James Ryan (Deceased)
1984-1985	Thomas Reeve
1985-1986	Stan Reid (Deceased on 31 October 2010)
1986-1987	Frederick Lomas
1987-1988	Beresford Buttery (Deceased)
1988-1989	Peter Duffy
1989-1990	Garry Lequesne
1990-1991	Robert Gill
1991-1992	Beverley Barraclough
1992-1994	Lachlan de Crespigny
1994-1996	Peter Warren
1996-1998	Susie Woodward (Deceased)
1998-2000	Andrew Ngu
2000-2002	Stan Barnett
2002-2004	Glenn McNally
2004-2006	David Rogers
2006-2008	Matthew Andrews
2008-2010	Ron Benzie
2010-2012	Fergus Scott
2012-2014	Adrian Goudie
2014-2016	Sue Campbell Westerway

Antegrade  
Spintech Oceania  
Nanosonics  
Toshiba  
Gehealthcare  
Philips  
Siemens  
Quantum Healthcare  
Meditron  
Gytech  
Sonosite  
Queensland X-Ray  
Asmi  
High Frequency Publishing  
Tristel  
Bambach Saddle Seats Australia  
M4healthcare  
Healthcare Imaging Services  
Ariosia  
Regiunal Healthcare Group  
Ashmed  
Australian Medical Couches  
Whiteley Medical  
Ultrasound Training Solutions.  
Anaeron - Access Medical  
The Australian Institute Of Ultrasound  
Prp Diagnostic Imaging  
Mindray Medical International Limited.  
Bosco Medical  
Opritech  
Capital Radiology  
Voyager Imaging  
Comrad  
Whiteley Diagnostic  
Choice Accreditation Services  
Kailo Medical  
Avant  
Global Health Source  
Mediquip





ASUM is the Peak Body for Medical Ultrasound in Australia and New Zealand

**AUSTRALASIAN SOCIETY FOR ULTRASOUND IN  
MEDICINE**

**ABN 64 001 679 161**

**Annual Report - 30 June 2015**

**Australasian Society for Ultrasound in Medicine** PO BOX 943, Crows Nest NSW 1585, SYDNEY

**P** (61 2) 9438 2078 **F** (61 2) 9438 3686 **E** [asum@asum.com.au](mailto:asum@asum.com.au) **W** [www.asum.com.au](http://www.asum.com.au)

**ACN** 001 679 161 **ABN** 64 001 679 161 ASUM is certified ISO 9001:2008 Quality Management System

## Australasian Society for Ultrasound in Medicine

### Directors' report

30 June 2015

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2015.

#### Directors

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Assoc. Prof S Campbell Westerway	D Nicholls
Dr A Goudie	R Ziegenbein
Dr F Scott	Dr P Hung
Dr A Ngu	Assoc. Prof F Costa
B Mein	S Davies
Assoc. Prof G Condous	L MacPherson
S Pascoe	

#### Objectives

The short-term objective of the company is to achieve the four goals as outlined in the Australasian Society of Ultrasound Medicine Strategic Plan 2014-17 and are as follows:

##### Goal 1. Professionalism

- *Raise ASUM's position as the peak body representing all users of Ultrasound by continuing to set the highest professional and ethical standards of practice and co-operatively working with other ultrasound societies both nationally & internationally.*
- *Provide opportunities for our members to become actively involved in and strengthen the outcomes of the Society.*
- *Remain at the forefront of ultrasound research participation.*
- *Work with Government to achieve a robust regulatory regime which ensures ASUM policy and guidelines are adopted in relevant legislation.*
- *Recognise and reward outstanding achievement in the profession via the awards of excellence program.*

##### Goal 2. Education

- *Create robust educational programs for the training of sonologists, sonographers and allied health professionals, both nationally and internationally, to ensure best practice ultrasound competence and service is delivered to communities everywhere.*
- *Professional development of sonologists and sonographers and allied health professionals both nationally and internationally to ensure standards are maintained specific to the clinical scope of practice.*
- *Provide support to students, supervisors, assessors and examiners in the delivery of clinical training.*

##### Goal 3. Service

- *Continue to enhance and introduce new member benefits aimed at supporting clinical practice and training.*
- *Enhance access, relevance and quality of CPD opportunities for sonologists, sonographers and allied health professionals and promote active participation.*
- *Identify, inform, collaborate with and influence a wide range of local, national and international alliances for the benefit of the profession.*
- *Ensure effective communication via a broad range of social media to inform members and build a sense of community amongst the profession.*



**Australasian Society for Ultrasound in Medicine**  
**Directors' report**  
**30 June 2015**

**Goal 4. Expertise**

- *Support, promote and raise national and international awareness of ASUMs contribution to research and the importance of evidence-based practice.*
- *Continue to develop curriculum that sets the professional standard and Australian Skills Quality Authority requirements.*
- *Remain the source of expertise and advice to Government, Media, Hospitals, Practices and the community.*

The strategic plan brings to life the ASUM purpose “to promote the highest possible standards of medical ultrasound practice in Australia and New Zealand”. The plan clearly outlines how the role and aims of ASUM can be developed, progressed and delivered by all major stakeholders. It charts the key outcome requirements required by all business sections to ensure the ASUM vision becomes a reality, maximizing benefits for members and the community. It drives all that ASUM does and demonstrates how the secretariat and volunteers bring the many strands of the society together to create one seamless medical education delivery team. It encapsulates how ASUM think, plan and deliver projects and services. It describes ASUM's business philosophy, collaborative approach and “can do” culture. It outlines delivery milestones, key drivers and performance targets. The result is a business map that marries strategic intent and deliverables with the heart and soul of ASUM. It is a dynamic document that clearly defines the road ahead, focuses on team efforts and guides decision making as we work towards fulfilling our vision.

The long-term objectives of ASUM are to:

- Encourage and assist education and research in diagnostic ultrasound
- Lay down appropriate standards of practice;
- Provide certification indicating proficiency in ultrasound;
- Advise Government and Statutory Authorities on aspects of the practice of diagnostic ultrasound;
- Provide social intercourse and good fellowship among practitioners.

**Principal activities**

The company aims to achieve its objectives through the provision of educational programs for the Diploma of Medical Ultrasonography, Diploma in Diagnostic Ultrasound Certificate in Clinical Performed Ultrasound and Certificate in Allied Health Performed Ultrasound. The company also provides research grants and scholarships to applicants to fund research in the field. The company also holds regular educational conferences to disseminate information for members.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in the future financial years.

The net surplus of the company for the financial year amounted to \$221,917 (2014: \$350,778).

The company does not receive government funding and the company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Likely developments in the operations of the operations of the company and the expected results of those operations in the future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

### Australasian Society for Ultrasound in Medicine

#### Directors' report

30 June 2015

#### *Information on directors*

Name: Assoc. Prof S Campbell Westerway  
Title: President  
Qualifications: AMS PHD (Medicine), MAPPSC (Research), DMU BASC (NMT), Churchill Fellow  
Experience: Sonographer

Name: Dr A Goudie  
Title: Past President  
Qualifications: BMedSci (Hons), MBBS, FACEM, DipMedTox, DDU  
Experience: Emergency Physician

Name: Dr F Scott  
Title: Past President  
Qualifications: MBBS, FRANZCOG, DDU, COGU, MBA  
Experience: Obstetrician & Gynaecologist

Name: Dr A Ngu  
Title: Councillor  
Qualifications: MBBS, FRANZCOG, DDU, COGU  
Experience: Obstetrician & Gynaecologist

Name: Mr B Mein  
Title: Councillor  
Qualifications: DMU  
Experience: Sonographer

Name: Assoc. Prof G Condous  
Title: Honorary Secretary  
Qualifications: MBBS (Adel), MRCOG, FRANZCOG, MD (Lon)  
Experience: Gynaecologist & Sonologist

Name: Ms S Pascoe  
Title: Honorary Treasurer  
Qualifications: BAppSc (MRT), P G Dip Ultrasound, Cert IV Workplace Training & Assessment  
Experience: Sonographer

Name: Ms D Nicholls  
Title: Councillor  
Qualifications: BAppSc (Med Rad), Grad Dip Med US, DMU, Grad Dip Health Ed  
Experience: Sonographer

Name: Mr R Ziegenbein  
Title: Councillor  
Qualifications: MSc, Bsc.(Hons), Dip.Ed, DMU (Vasc)  
Experience: Sonographer



**Australasian Society for Ultrasound in Medicine**  
**Directors' report**  
**30 June 2015**

Name: Dr P Hung  
 Title: Councillor  
 Qualifications: MBBS (Hons), DDU, FRANZCR, GAICD  
 Experience: Radiologist

Name: Assoc. Prof F Costa  
 Title: Councillor  
 Qualifications: MD, MSc. PhD, FRANZCOG, DDU, COGU  
 Experience: Gynaecologist & Sonologist

Name: Ms S Davies  
 Title: Councillor  
 Qualifications: AMS, Diploma of Medical Ultrasound  
 Experience: Sonographer

Name: Ms L MacPherson  
 Title: Councillor  
 Qualifications: AMS, Diploma of Medical Ultrasound, BAppSc (MRT)  
 Experience: Sonographer

**Meetings of directors**

The number of meetings of the company's Board of Directors and of each board committee held during the year ended 30 June 2015, and the number of meetings attended by each director were:

<b>Councillors</b>	<b>Council Meetings</b>		<b>Executive/Finance Committee Meetings</b>	
	Attended	Held	Attended	Held
Sue Westerway (President)	4	4	4	4
Adrian Goudie	4	4	4	4
Fergus Scott	1	1	0	0
Andrew Ngu	1	1	0	0
Brendan Mein	1	1	0	0
George Condous	4	4	3	4
Suean Pascoe	4	4	4	4
Delwyn Nicholls	2	2	0	0
Robert Ziegenbein	0	1	0	0
Philip Hung	3	3	1	1
Fabricia Costa	3	3	0	0
Sue Davies	2	3	0	0
Lyndal MacPherson	2	2	0	0
Annie Gibbins	4	4	4	4

*Held: represents the number of meetings held during the time the director held office or was a member of the relevant committee.*

**Australasian Society for Ultrasound in Medicine**  
**Directors' report**  
**30 June 2015**

*Contributions on winding up*

In the event of the company being wound up, each member is required to contribute such amount as may be required not exceeding any amount unpaid by the Member in respect of membership and fees to meet any outstanding obligations of the company.

If all membership fees are paid up then the total amount that members of the company are liable to contribute if the company is wound up is \$Nil based on 3,235 current members.

*Auditor's independence declaration*

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

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



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Assoc. Prof S Campbell Westerway  
President  
13<sup>th</sup> August 2015



**AUDITORS' INDEPENDENCE DECLARATION  
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001  
TO THE DIRECTORS OF  
AUSTRALASIAN SOCIETY FOR ULTRASOUND IN MEDICINE**


We declare, that to the best of our knowledge and belief, during the year ended 30 June 2015 there have been:

- (1) No contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (2) No contraventions of any applicable code of professional conduct in relation to the audit.

**Name of Firm :** Gauld Tulloch Bove

Chartered Accountants

**Name of Partner :**

  
Robert G Tulloch

**Address :** Suite 301, Level 3, 71-73 Archer St, CHATSWOOD, NSW 2067

**Dated this** *13* **day of** *AUGUST 2015*



**Australasian Society for Ultrasound in Medicine**  
**Financial report**  
**For the year ended 30 June 2015**

### Contents

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### General information

The financial report covers Australasian Society for Ultrasound in Medicine (the company) as an individual entity. The financial report is presented in Australian dollars, which is the company's functional and presentation currency.

The financial report consists of the financial statements, notes to the financial statements and the directors' declaration.

Australasian Society for Ultrasound in Medicine is a not-for-profit unlisted public company limited by guarantee.

The financial report was authorised for issue, in accordance with a resolution of directors. The directors have the power to amend and reissue the financial report.



**Australasian Society for Ultrasound in Medicine**  
**Statement of profit or loss and other comprehensive income**  
**For the year ended 30 June 2015**

	Note	2015 \$	2014 \$
<b>Revenue from continuing operations</b>	4	1,843,271	1,639,902
Other income	4	128,063	245,926
Accountancy expenses		(19,937)	(16,250)
Advertising expenses		(1,545)	(20,528)
Auditors' remuneration		(12,469)	(19,470)
Commissions paid		(9,900)	(14,894)
Depreciation and amortisation expenses		(33,085)	(22,684)
Employee benefits expenses		(1,002,913)	(870,610)
Other expenses		(669,568)	(570,614)
<b>Net Surplus for the year</b>		221,917	350,778
<b>Surplus for the year attributable to the members of Australasian Society for Ultrasound in Medicine</b>	14	221,917	350,778
Other comprehensive income for the year		-	-
<b>Total comprehensive income for the year attributable to the members of Australasian Society for Ultrasound in Medicine</b>		221,917	350,778

**Australasian Society for Ultrasound in Medicine**  
**Statement of financial position**  
**As at 30 June 2015**

	Note	2015 \$	2014 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	6	2,397,730	2,046,990
Trade and other receivables	7	7,220	6,952
Other current assets	8	268,634	86,628
Total current assets		2,673,584	2,140,570
<b>Non-current assets</b>			
Financial investments at fair value through profit and loss	9	593,166	543,494
Property, plant and equipment	10	1,705,785	1,693,358
Total non-current assets		2,298,951	2,236,853
<b>Total assets</b>		4,972,535	4,377,422
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	11	299,177	247,069
Employee benefits	12	52,883	46,851
Income in advance	13	1,435,372	1,120,316
Total current liabilities		1,787,432	1,414,236
<b>Total liabilities</b>		1,787,432	1,414,236
<b>Net assets</b>		3,185,103	2,963,186
<b>Equity</b>			
Reserves		528,000	528,000
Retained surpluses	14	2,657,103	2,435,186
<b>Total equity</b>		3,185,103	2,963,186

**Australasian Society for Ultrasound in Medicine**  
**Statement of changes in funds**  
**For the year ended 30 June 2015**

	<b>Reserves</b>	<b>Retained</b>	<b>Total</b>
	<b>\$</b>	<b>Surpluses</b>	<b>Equity</b>
		<b>\$</b>	<b>\$</b>
Balance at 1 July 2013	528,000	2,084,408	2,612,408
Surplus for the year	-	350,778	350,778
Other comprehensive income for the year	-	-	-
Total comprehensive income for the year	-	350,778	350,778
Balance at 30 June 2014	528,000	2,435,186	2,963,186

	<b>Reserves</b>	<b>Retained</b>	<b>Total</b>
	<b>\$</b>	<b>Surpluses</b>	<b>Equity</b>
		<b>\$</b>	<b>\$</b>
Balance at 1 July 2014	528,000	2,435,186	2,963,186
Surplus for the year	-	221,917	221,917
Other comprehensive income for the year	-	-	-
Total comprehensive income for the year	-	221,917	221,917
Balance at 30 June 2015	528,000	2,657,103	3,185,103

**Australasian Society for Ultrasound in Medicine**  
**Statement of cash flows**  
**For the year ended 30 June 2015**

	Note	2015 \$	2014 \$
<b>Cash flows from operating activities</b>			
Receipts from customers		2,164,342	2,105,991
Grant received		-	81,790
Payments to suppliers and employees		(1,837,319)	(1,415,328)
Net cash from operating activities		327,023	772,453
<b>Cash flows from investing activities</b>			
Interest received		44,858	33,676
Investment income		25,285	26,118
Payments for property, plant and equipment	10	(46,426)	(28,652)
Proceeds from disposal of available-for-sale investments held		-	300,000
Net cash from investing activities		23,717	331,142
Net increase in cash and cash equivalents		350,740	1,103,595
Cash and cash equivalents at the beginning of the financial year		2,046,990	943,395
Cash and cash equivalents at the end of the financial year	6	2,397,730	2,046,990



**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

**Note 1. Corporate Information**

The financial statements of the not-for-profit company, Australasian Society for Ultrasound in Medicine, (the company) for the year ended 30 June 2015 were authorised for issue in accordance with a resolution of the directors. Australasian Society for Ultrasound in Medicine is a company limited by guarantee, incorporated and domiciled in Australia. If the company is wound up, the Memorandum and Articles of Association state that each member is required to contribute such amount as may be required not exceeding any amount unpaid by the member in respect of membership and fees to meet any outstanding obligations of the company.

The nature of the operations and principal activities of the company are described in the directors' report.

**Note 2. Changes in Accounting Policies**

**2.1 New and revised Standards that are effective for these financial statements**

A number of new and revised Standards are effective for annual reports for annual periods beginning on or after 1 January 2014. Information on these new Standards is presented below.

**AASB 2012-3: Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities**

AASB 2012-3 (issued June 2012) amends the application guidance of AASB 132: Financial Instruments: Presentation to address potential inconsistencies identified in applying some of the offsetting criteria of AASB 132, including clarifying the meaning of "currently has a legally enforceable right of set-off". The Standard also clarifies that some gross settlement systems may be considered equivalent to net settlements.

The adoption of these amendments has not had a material impact on the Entity as the amendments merely clarify the existing requirements of AASB 132.

**AASB 2013-3: Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets and AASB 2013-6: Amendments to AASB 136 arising from Reduced Disclosure Requirements**

AASB 2013-3 (issued June 2013) amends the disclosure requirements in AASB 1362: Impairment of Assets to require disclosure of:

- Additional information about fair value measurement when the recoverable amount of impaired assets is based on fair value less costs of disposal; and
- The discount rates that have been used in the current and previous measurements if the recoverable amount of impaired assets based on fair value less costs of disposal was measured using a present value technique.

AASB 2013-6 (issued September 2013) amends the reduced disclosure requirements (RDR) in AASB 136 – Reduced Disclosure Requirements to reflect the amendments to AASB 136 arising from AASB 2013-3.

The adoption of these amendments has not had a material impact on the Entity.

**Note 3. Summary of Accounting Policies**

**(a) Basis of Preparation**

These general purpose financial statements have been prepared in accordance with the requirements of the *Corporations Act 2001*, Australian Accounting Standards – Reduced Disclosure Requirements, Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board, as appropriate for not-for-profit entities. These financial statements do not comply with International Financial Reporting Standards as issued by the International Accounting Standards Board (IASB).

**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

**Note 3. Summary of Accounting Policies (continued)**

**(a) Basis of Preparation (continued)**

**Historical cost convention**

The financial statements have been prepared on the basis of historical cost except for the following:

- Available for sale financial assets are measured at fair value; and
- Cost is based on the fair values of the consideration given in exchange for assets.

**Currency and rounding of amounts**

The financial statements are presented in Australian dollars, which is the company's functional and presentation currency.

**(b) Significant Accounting Judgements, Estimates and Assumptions**

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

**Significant accounting judgements**

**Leases**

Operating lease rental expense is recognised as an expense on a straight line basis over the lease term, or on a systematic basis more representative of the time pattern of the Company's benefit.

Lease incentives are recognised in the books of the lessee and amortised over the lease period on a systematic basis.

**Significant accounting estimates and assumptions**

The key estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of certain assets and liabilities within the next annual reporting period are:

**Provisions for employee benefits**

Provisions for employee benefits payable after 12 months from the reporting date are based on future wage and salary levels, experience of employee departures and periods of service. The amount of these provisions would change should any of these factors change in the next 12 months.

**(c) Revenue Recognition**

Revenue is measured at the fair value of consideration received or receivable. Revenue is recognised net of the amounts of goods and services tax (GST) payable to the Australian Taxation Office.

**Sales Revenue**

Revenue from member subscriptions, seminars, training sessions, workshops and advertising is recognised when the amount of revenue can be measured reliably and it is probable that it will be received by the Company. Revenue in advance is accounted for when invoices are raised in respect of events occurring in the subsequent financial year.



**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

**Note 3. Summary of Accounting Policies (continued)**

**(c) Revenue Recognition (continued)**

*Interest*

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

*Other revenue*

Other revenue is recognised when it is received or when the right to receive payment is established.

**(d) Expenditure**

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Management and administration costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

**(e) Cash and Cash Equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

**(f) Trade and Other Receivables**

Other receivables are recognised at amortised cost, less any provision for impairment. An allowance for doubtful debts, if any, is made when there is objective evidence that the company will not be able to collect the debts.

Bad debts are written off when identified.

**(g) Property, Plant and Equipment**

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

Plant and equipment	3-8 years
Land and buildings	-

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

**Note 3. Summary of Accounting Policies (continued)**

**(h) Available For Sale Financial Assets**

Available-for-sale assets are those financial assets that are designated as available-for-sale. When available-for-sale financial investments are recognised initially, they are measured at fair value.

After initial recognition available-for sale financial investments are measured at fair value with gains or losses being recognised in comprehensive income until the investment is derecognised or until the investment is determined to be impaired, being either a significant or prolonged decline in value below cost, at which time the cumulative gain or loss previously recognised in other comprehensive income is reclassified to the statement of profit or loss and comprehensive income.

The fair value of investments that are actively traded in organised financial markets is determined by reference to quoted market bid prices at the close of business on the reporting date. For investments with no active market, fair value is determined using valuation techniques. Such techniques include using recent arm's length market transactions; reference to the current market value of another instrument that is substantially the same; discounted cash flow analysis; and option pricing models.

**(i) Trade Creditors and Other Payables**

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

**(j) Employee Benefits**

Employee benefits comprise wages and salaries, annual, non-accumulating sick and long service leave, and contributions to superannuation plans.

Liabilities for wages and salaries 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. Liabilities for annual leave in respect of employees' services up to the reporting date that are expected to be settled within 12 months after the end of the period in which the employees render the related services are recognised in the provision for annual leave.

Both liabilities are measured at the amounts expected to be paid when the liabilities are settled and amounts expected to be settled after 12 months from the end of the reporting period are discounted.

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 anticipated 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.

**(k) Taxation**

**Income tax**

As the company is a public educational institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.



**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

*Note 3. Summary of Accounting Policies (continued)*

*(k) Taxation (continued)*

**Goods and services tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST except where the amount of GST incurred is not recoverable from the Australian Taxation Office, in which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense.

Receivables and payables are recognised inclusive of GST.

The net amount of GST recoverable from or payable to the Australian Taxation Office is included as part of receivables or payables.

Cash flow is included in the statement of cash flow on a gross basis. The GST component of cash flow arising from investing and financing activities that is recoverable from or payable to the Australian Taxation Office is classified as operating cash flow.

*(l) New Standards and Interpretations not yet adopted*

The following standards, amendments to standards and interpretations have been identified as those which may affect the company in the period of initial application.

Standard	Effective date	Impact on the company
AASB 9 - Includes requirements for the recognition (an derecognition), classification and measurement of financial instruments, as well as the new hedge accounting requirements that will replace the corresponding requirements currently applicable to financial instruments under AASB 139.	Annual reporting periods beginning on or after 1 January 2018, with earlier application permitted.	<p>Introduces a number of changes to the accounting treatment of financial instruments compared to AASB 139, including:</p> <ul style="list-style-type: none"> <li>• Requiring financial assets to be classified as subsequently measured at amortised cost, fair value through profit or loss or fair value through other comprehensive income on the basis of: (a) the objective of the entity's business model for managing the financial assets; and (b) the characteristics of the contractual cash flows. These categories replace the categories of financial assets in AASB 139, each of which had its own classification criteria. AASB 9 also includes application guidance on the conditions necessary for a financial asset to be measured at amortised cost;</li> <li>• Allowing an irrevocable election on initial recognition to present gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. Dividends in respect of these investments that are a return on investment are recognised in profit or loss and there is no impairment or recycling on disposal of the instrument;</li> <li>• Permitting financial assets to be designated and measured at fair value through profit or loss at initial recognition if doing so eliminates or significantly reduces a measurement or recognition inconsistency that would arise from measuring assets or liabilities, or recognising the gains or losses on them, on different bases;</li> <li>• Requiring hybrid contracts with financial asset hosts to be classified and measured in their entirety in accordance with the classification criteria (the treatment of embedded derivatives in respect of financial liability hosts has not changed);</li> </ul>

**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

		<ul style="list-style-type: none"> <li>• Requiring investments in unquoted equity instruments (and contracts on those investments that must be settled by delivery of those unquoted equity investments) to be measured at fair value (however, in limited circumstances, cost may be an appropriate estimate of fair value);</li> <li>• Requiring investments in contractually linked instruments that create concentrations of credit risk (tranches) to be classified and measured using a “look through” approach. Such an approach looks to the underlying assets generating cash flows and assesses the cash flows against the classification criteria (as discussed in the first point above ) to determine whether the investment is measured at fair value or amortised cost;</li> <li>• Requiring financial assets (with the exception of certain categories) to be initially recognised at an amount that includes an expected credit loss, as opposed to the “incurred loss” model under AASB 139;</li> <li>• Providing a new model for hedges that aligns the accounting requirements with the risk management practices of entities that hedge their financial and non-financial risk exposures, thereby enabling more entities, particularly non-financial institutions, to apply hedge accounting to reflect their actual risk management activities. There are enhanced disclosure requirements regarding the hedge accounting and the risk management model of the entity;</li> <li>• Requiring financial assets to be reclassified only in the rare circumstances when there is a relevant change in the entity’s business model; and</li> <li>• Requiring, for financial liabilities measured at fair value, the portion of a change of fair value relating to the entity’s own credit risk to be presented in other comprehensive income, except when that would create or enlarge an accounting mismatch in profit or loss, in which case the entity is required to present all changes in fair value (including the effects of changes in the credit risk of the liability) in profit or loss.</li> </ul>
AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9	Annual reporting periods beginning on or after 1 January 2018, with earlier application permitted	Amends various Australian Accounting Standards and Interpretations to enact the changes in AASB 9 (December 2010).
AASB 9 Financial Instruments Related standards : <ul style="list-style-type: none"> <li>• AASB 2010-7</li> <li>• AASB 2012-6</li> <li>• AASB 2013-9 (Part B)</li> <li>• AASB 2014-1 (Part C)</li> <li>• AASB 2014-7</li> </ul>	Annual reporting periods beginning on or after 1 January 2018 (i.e. 30 June 2019 reporting date).	The impact of this standard has yet to be determined.



**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

	2015 \$	2014 \$
<i>Note 4. Revenue</i>		
<i>Sales revenue</i>		
Membership subscriptions	854,462	735,781
Education activities	969,111	870,421
Advertising	19,698	33,700
	<u>1,843,271</u>	<u>1,639,902</u>
<i>Other revenue</i>		
Other income	8,228	6,768
Interest income	44,877	31,609
Investment income	25,285	26,118
Profit on sale of Investments	-	69,362
Increase in the value of Investments	49,672	30,280
Grant received	-	81,790
	<u>128,063</u>	<u>245,926</u>
Total revenue	<u>1,971,334</u>	<u>1,885,828</u>

*Note 5. Expenses*

Surplus includes the following specific expenses:

Rates	3,440	2,455
Depreciation of property, plant and equipment	33,085	22,684
Superannuation expense	80,204	70,233
Salaries & wages	884,014	761,532
Other employment benefits	950	14,491
Auditor remuneration	12,469	19,470

*Note 6 Current assets - cash and cash equivalents*

Cash on hand	500	500
Cash at bank	1,039,318	1,335,806
Cash on deposit	1,357,912	710,684
	<u>2,397,730</u>	<u>2,046,990</u>

*Note 7. Current assets - trade and other receivables*

Accounts receivable	5,000	2,750
Less: provision for doubtful debts	-	-
	<u>5,000</u>	<u>2,750</u>
Other debtors	(773)	1,227
Interest receivable	2,993	2,975
	<u>7,220</u>	<u>6,952</u>

**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

	2015 \$	2014 \$
<b>Note 8. Current assets - other</b>		
Prepaid expenses – ASUM Annual Conference	212,787	65,922
Prepaid expenses – General	55,847	20,706
Total prepayments	268,634	86,628

**Note 9. Financial Investments at Fair Value Through Profit and Loss**

Investments in Unit Trust Funds at Fair Value	593,166	543,494
<b>Movement in Financial Assets</b>		
Balance at 1 July	543,494	743,853
Disposals	-	(300,000)
Profit on disposals	-	69,362
Unrealised gain for the year	49,672	30,279
Investments in the year	-	-
Balance at 30 June	593,166	543,494

**Note 10. Non-current assets - property, plant and equipment**

Land & Buildings		
Land & buildings - at cost	1,579,034	1,579,034
Total land & buildings	1,579,034	1,579,034
Plant & Equipment		
Plant & equipment – at cost	294,098	252,763
Less: Accumulated depreciation	(167,347)	(138,439)
	126,751	114,324
Total Property, Plant & Equipment	1,705,785	1,693,358

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Plant & Equipment	Land & Buildings	Total
Balance at 1 July 2013	108,356	1,579,034	1,687,390
Additions	28,652	-	28,652
Retirements	-	-	-
Depreciation expense	(22,684)	-	(22,684)
Balance at 30 June 2014	114,324	1,579,034	1,693,358
Additions	46,426	-	-
Retirements	(914)	-	(914)
Depreciation expense	(33,085)	-	(33,085)
<b>Balance at 30 June 2015</b>	<b>126,751</b>	<b>1,579,034</b>	<b>1,705,785</b>



**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

	2015 \$	2014 \$
<i>Note 11. Current liabilities - trade and other payables</i>		
Trade payables	112,948	72,987
GST payable	61,196	48,895
PAYG withholding & superannuation payable	24,056	19,475
Other payables & accruals	100,977	105,712
	<u>299,177</u>	<u>247,069</u>

*Note 12. Current liabilities - employee benefits*

Provision for annual leave	47,802	46,851
Provision for long service leave	5,081	-
	<u>52,883</u>	<u>46,851</u>

*Note 13. Income in Advance*

Income in advance	<u>1,435,372</u>	<u>1,120,316</u>
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*Note 14. Equity - retained surpluses*

Retained surpluses at the beginning of the financial year	2,435,186	2,084,408
Surplus for the year	221,917	350,778
	<u>2,657,103</u>	<u>2,435,186</u>

*Note 15. Financial instruments*

**Market risk**

*Interest rate risk*

The company is not exposed to any significant interest rate risk.

*Price risk*

Other price risk is the risk that the fair value of available for sale financial assets will fluctuate due to changes in market prices, other than those arising from interest rate risk.

*Note 16. Key management personnel disclosures*

*Compensation*

None of the Directors received remuneration in the current or previous financial years.

**Australasian Society for Ultrasound in Medicine**  
**Notes to the financial statements**  
**30 June 2015**

**Note 17. Contingent liabilities**

The company had no contingent liabilities as at 30 June 2015 and 30 June 2014.

**Note 18. Commitments**

The company had no lease commitments as at 30 June 2015 and 30 June 2014.

**Note 19. Related party transactions**

*Key management personnel*

Disclosures relating to key management personnel are set out in note 15.

*Transactions with related parties*

Transactions between related parties are on normal commercial terms and conditions. These terms and Conditions are no more favourable than those available to other parties unless otherwise stated.

*Transactions with related parties*

The directors of the Australasian Society for Ultrasound in Medicine at the time of this report are :  
Assoc. Prof S Campbell Westaway, Dr A Goudie , Assoc. Prof G Condous,  
Ms S Pascoe, Dr P Hung, Assoc. Prof F Costa, Ms S Davies, and Ms L MacPherson.

*Receivable from and payable to related parties*

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

*Loans to/from related parties*

There were no loans to or from related parties at the current and previous reporting date.

**Note 20. Events after the reporting period**

No matter or circumstance has arisen since 30 June 2015 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

**Note 21. Segment Reporting**

The company operates predominately in New South Wales with branches in Victoria, ACT, Tasmania, Queensland, Western Australia, South Australia and New Zealand. The head office is located in New South Wales.

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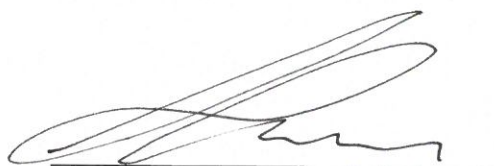
**Australasian Society for Ultrasound in Medicine**  
**Directors' declaration**

In the directors' opinion:

- the attached financial statements and notes thereto comply with the Corporations Act 2001, the Australian Accounting Standards - Reduced Disclosure Requirements, the Corporations Regulations 2001 and other mandatory professional reporting requirements;
- the attached financial statements and notes thereto give a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

On behalf of the directors



Assoc. Prof S Campbell Westerway  
President  
13<sup>th</sup> August 2015





**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF AUSTRALASIAN SOCIETY FOR ULTRASOUND IN MEDICINE  
ABN: 64 001 679 161**

**Report on the Financial Report**

We have audited the accompanying financial report of the Australasian Society for Ultrasound in Medicine which comprises the statement of financial position as at 30 June 2015 and the statement of comprehensive income and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory information and the directors' declaration.

**Directors' Responsibility for the Financial Report**

The directors of the company are responsible for the preparation and fair presentation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) 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 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. 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 auditors' judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditors consider 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 directors, as well as evaluating the overall presentation of the financial report.

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

**Independence**

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of the company, would be in the same terms if provided to the directors as at the date of this auditor's report.







**Auditors' Opinion**

In our opinion:

- (a) the financial report of Australasian Society for Ultrasound in Medicine is in accordance with the Corporations Act 2001, including:
  - (i) giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
  - (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001; and

**Name of Firm:** Gauld Tulloch Bove  
Chartered Accountants

**Name of Partner:**   
Robert G Tulloch

**Address:** Suite 301 Level 3, 71-73 Archer St CHATSWOOD NSW 2067

**Dated this** 13 **day of** August 2015



**Australasian Society for Ultrasound in Medicine ABN 64 001 679 161**

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