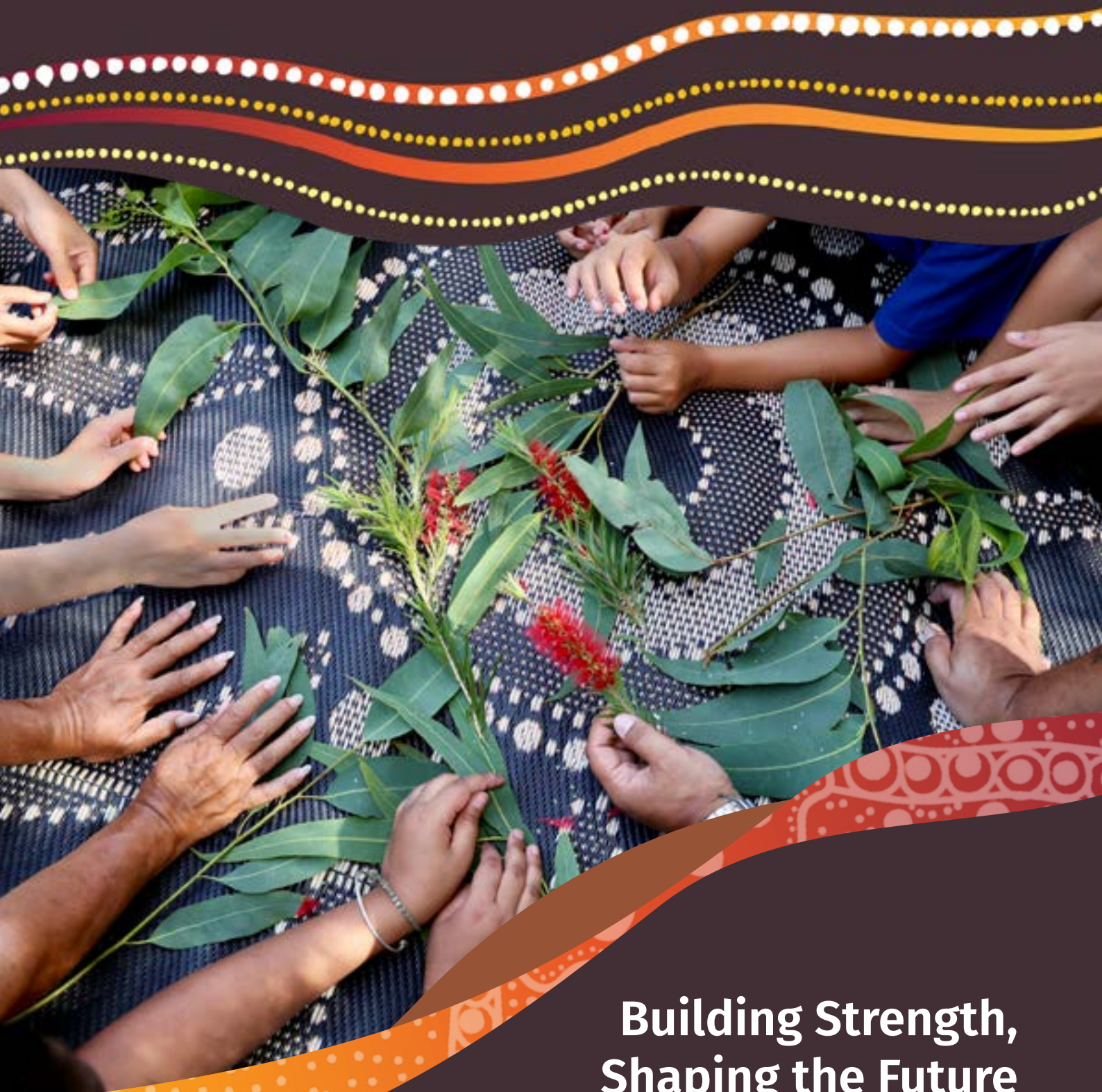


# ANNUAL REPORT

2024-2025



**AH&MRC**  
Aboriginal Health & Medical  
Research Council of NSW



**Building Strength,  
Shaping the Future**

## ACKNOWLEDGEMENT

The Aboriginal Health and Medical Research Council (AH&MRC) offices are located in Sydney CBD and Little Bay New, South Wales (NSW). We acknowledge the Gadigal and Bidjigal Clans who traditionally occupied the lands along Sydney CBD and Sydney Coast. We pay our respects to Elders past, present, and emerging.

We would like to acknowledge the staff and board members from our Aboriginal Community Controlled Health Organisations (ACCHOs) across New South Wales.

## DEDICATIONS

Our annual 2024/2025 report is dedicated to the hard-working staff and governance teams from our Aboriginal Community Controlled Health Organisations (ACCHOs) across NSW. Your unwavering commitment to enhancing the health and wellness of First Nations people is truly commendable. Your efforts on the frontlines, delivering essential services and maintaining the safety of our communities, are invaluable. Your dedication and hard work make a significant difference in the lives of those you serve, and we deeply appreciate the vital role you play in advancing our collective mission. Thank you for your continued excellence and unwavering commitment.

## AH&MRC CONTACT

Aboriginal Health & Medical Research Council of NSW

T 02 9212 4777

E [ahmrc@ahmrc.org.au](mailto:ahmrc@ahmrc.org.au)

W [www.ahmrc.org.au](http://www.ahmrc.org.au)

Postal address: PO Box 193 Matraville NSW 2036

### Head Office Gadigal Country

Level 4, 280 Pitt Street, Sydney (Gadigal) NSW 2000

### AH&MRC Registered Training Organisation (RTO)

35 Harvey St, Little Bay (Bidjigal and Gadigal) NSW 2036

AH&MRC Ethics contact: [ethics@ahmrc.org.au](mailto:ethics@ahmrc.org.au)

### Artwork/Graphics Copyright

This work is copyright and may not be reproduced either in whole or part without the prior written approval of the Aboriginal Health & Medical Research Council of NSW.



**AH&MRC**  
Aboriginal Health & Medical  
Research Council of NSW

[www.ahmrc.org.au](http://www.ahmrc.org.au)



### About the AH&MRC Artwork

“Yamanha” by Dalmarri artists  
Trevor Eastwood and Jason Douglas

“Yamanha” means accompany and it’s exactly how AH&MRC help support and improve the standards of Aboriginal health in communities.

The song line to this artwork is the AH&MRC in the central meeting place with the colours circles of their logo. Half circles are all the staff, support staff, professional research and medical team who continually work out better ways to improve health for aboriginal people.

This meeting place has pathways leading out to communities. The core messages of trust, compassion and better health standards are brought out to all communities across the state.

The blue colours are the coastal communities, the green of the suburban and bush country and the browns colours of the outback which represents our whole state of NSW.

The small circles are the major towns in those communities with roads, tracks and pathways helping the staff of AH&MRC connect and improve the standards of living.

The bright colours are our people gaining their health and feeling happy thanks to the help of AH&MRC.

# CONTENTS

<b>Section 1: Our Why</b>	<b>3</b>
Our Vision	4
Our Purpose	4
Our Values	5
<b>Section 2: Our Organisation</b>	<b>6</b>
About this report	2
About AH&MRC	3
Our Member Services	4
Membership list	6
<b>Section 3: Our Leadership</b>	<b>9</b>
Message from the Chairperson	10
Message from the acting CEO	11
AH&MRC Board of Directors	12
AH&MRC organisational chart	14
2023–2024 year in review	15
2023–2024 highlights	16
<b>Section 4: Our Organisation’s Achievements</b>	<b>21</b>
Member Engagement	22
Innovation & Training	30
Ethics and Research	34
Events	33
Policy	36
Public Health	38
Recovery & Compliance	42
Communications	46
Operations	50
Human Resources	52
<b>Section 5: Our Members’ Success Stories</b>	<b>55</b>
<b>Section 6: Financial Reporting</b>	<b>63</b>





# ACRONYMS

<b>ACCHC</b>	Aboriginal Community Controlled Health Committee
<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation
<b>ACCCHRS</b>	Aboriginal Community Controlled Health Related Service
<b>ACDAN</b>	Aboriginal Corporations Drug and Alcohol Networks
<b>ADARRN</b>	Aboriginal Drug and Alcohol Residential Rehab Network
<b>ACI</b>	Agency of Clinical Innovation
<b>AES</b>	Aboriginal Employment Strategy
<b>AFB</b>	Away From Base
<b>AH&amp;MRC</b>	Aboriginal Health & Medical Research Council
<b>AHPRA</b>	Australian Health Practitioner Regulatory Authority
<b>AHRC</b>	Aboriginal Health Resource Co-operative
<b>AHS</b>	Aboriginal Health Service
<b>AHW</b>	Aboriginal Healthcare Worker
<b>AMIHS</b>	Aboriginal Maternal and Infant Health Service
<b>AMS</b>	Aboriginal Medical Service
<b>AOD</b>	Alcohol and Other Drugs
<b>APRA</b>	Australian Prudential Regulation Authority
<b>ATRAC</b>	Aboriginal Tobacco Resistance and Control framework
<b>ATSILS</b>	Aboriginal and Torres Strait Islander Legal Service
<b>BACR</b>	Building on Aboriginal Communities Resilience
<b>BBV</b>	Blood Borne Viruses
<b>BSF</b>	Building Strong Foundations
<b>CINSW</b>	Cancer Institute NSW
<b>CAPO</b>	Coalition of Aboriginal Peak Organisations
<b>CCC</b>	Culture Care Connect
<b>CEO</b>	Chief Executive Officer
<b>CQI</b>	Continuous Quality Improvement
<b>CTG</b>	Close The Gap
<b>ENT</b>	Ear, Nose and Throat
<b>ESTER</b>	Excellence in Smoking Cessation Training, Education and Resources
<b>ECS</b>	Elder Care Support
<b>FARM</b>	Finance, Audit and Risk Management
<b>GP</b>	General Practitioner

<b>OHK</b>	Our Healthy Kids
<b>HETI</b>	Health Education and Training Institute
<b>HREC</b>	Human Research Ethics Committee
<b>IAHA</b>	Indigenous Allied Health Australia
<b>IHWT</b>	Indigenous Health Workforce Traineeship
<b>LiLAC</b>	Listen and Learning in Aboriginal Children
<b>LHD</b>	Local Health District
<b>MBS</b>	Medical Benefits Scheme
<b>MH&amp;AOD</b>	Mental Health & Alcohol and Other Drugs
<b>MHR</b>	My Health Record
<b>NAATSIHWP</b>	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>NADA</b>	Network of Alcohol and other Drugs Agencies
<b>NAIDOC</b>	National Aborigines and Islanders Day Observance Committee
<b>NDIS</b>	National Disability Insurance Scheme
<b>NEGATSIEH</b>	National Expert Group in Aboriginal and Torres Strait Islander Eye Health
<b>NGO</b>	Non-Government Organisation
<b>NH&amp;MRC</b>	National Health and Medical Research Council
<b>NIAA</b>	National Indigenous Australians Agency
<b>NSW</b>	New South Wales
<b>NSWALC</b>	New South Wales Aboriginal Land Council
<b>OCHRE</b>	Opportunity, Choice, Healing, Responsibility, Empowerment
<b>OCP</b>	On Country Program
<b>OM</b>	Otitis Media
<b>PDHPE</b>	Personal Development, Health and Physical Education
<b>PHN</b>	Primary Health Network
<b>PIMS</b>	Patient Information Management System
<b>PPE</b>	Personal Protective Equipment
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RDN</b>	Rural Doctors Network
<b>RTO</b>	Registered Training Organisation
<b>SEWB</b>	Social and Emotional Wellbeing
<b>STI</b>	Sexually Transmitted Infections
<b>SVHM</b>	St Vincent's Health Network
<b>VPD</b>	Vaccine Preventable Diseases
<b>WDSU</b>	Workforce Development Support Unit

# OUR WHY

AH&MRC's work is to enable our people to **Live Stronger and Longer**.

<p><b>AH&amp;MRC's work</b></p> <p>is informed by research and best practice and continues to remain relevant.</p> 	<p><b>Our People</b></p> <p>refers to our Member Services, Associate Members, AH&amp;MRC staff and the communities we serve.</p> 
<p><b>Live Stronger</b></p> <p>means addressing the social determinants of health and ensuring continued respect for Aboriginal culture.</p> 	<p><b>Live Longer</b></p> <p>means improving both the quality and length of life so our communities can continue to grow.</p> 



# OUR VISION

To be at the forefront of embedded positive change, leading through cultural integrity, enabling a self-determined Aboriginal and Torres Strait Islander Community Controlled Health Sector that thrives with sustainable growth, financial independence, excellence in governance and ethics, leading the way through preventative health and wellbeing initiatives, ensuring every voice is heard and valued across our communities.



# OUR PURPOSE

We are dedicated to strengthening the Aboriginal and Torres Strait Islander Community Controlled Health Sector by providing robust leadership, advocacy, ethical standards and capacity-building initiatives that enhance governance, fosters sustainability, and uphold the trust and cultural integrity of our communities.

Our role and responsibility is to serve as a trusted leader and partner, connecting and complimenting ACCHOs across the state, amplifying their collective voice in policy discussions throughout the broader decision-making process of New South Wales. Through our efforts, we aim to be the conduit to support a robust and resilient sector that can effectively address the holistic health needs of our communities now and into the future. Achieved by fostering collaboration, sharing best practices, and advocating for necessary reforms, we strive to ensure that our people have access to high-quality, culturally safe healthcare services that are governed and implemented by their own communities.

# OUR VALUES

The fundamental core values of the AH&MRC are trust, resilience, integrity, self-determination and respect. The board of management and operational staff of AH&MRC are dedicated to carrying out their duties through accountability and professionalism.

These value principles ensure that our business practices, relationships, and outcomes reflect our cultural identity and commitment to excellence.



## TRUST

Establish a culture where trust is the cornerstone of all interactions—whether with staff, Member organisations, or external stakeholders. Trust is cultivated and maintained through transparent communication, clear purpose and intentions, ethical actions, and mutual respect.

## RESILIENCE

Pursue excellence while nurturing resilience, ensuring continuous growth and development for all. This approach empowers individuals and communities to adapt, thrive and lead amidst challenges.

## INTEGRITY

Role model and promote accountability by holding ourselves and each other responsible for our actions. Provide clarity on intention, we are accountable to our peers, our community, and our environments, ensuring that all our endeavours reflect growth, while staying true to who we are and what our values uphold.

## SELF-DETERMINATION

Facilitate opportunity, providing adequate resources for individuals and communities to lead their individual health journeys, through informed choice, assuming leadership roles within their organisations and the broader community. This commitment ensures that our people have the autonomy to shape their health services, fostering a sense of ownership and pride in their cultural identity and wellbeing.

## RESPECT

Honour and uphold the cultural values, traditions, customs, protocols and wisdom of our people in all interactions, decisions and actions. This respect is foundational to building trust and rapport and ensuring that health services are delivered in a manner that is culturally safe, responsive, and aligned with our community's needs and aspirations.



# OUR ORGANISATION



Uncle Raymond Wetherall at AH&MRC Sorry Day smoking ceremony, Bidjigal & Gadigal Country, Little Bay



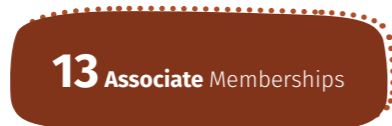
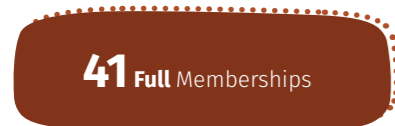
# OUR MEMBER SERVICES

## AH&MRCs Member Services

The Constitution and Regional Model endorsed at the 2019 Annual General Meeting continues to consolidate Membership across four NSW regions. Each region elects two Directors to represent Member Services under the Regional Model. Our Member Services who continue to work and improve the health and wellbeing of Aboriginal people in NSW.

### The four Membership NSW regions:

- + Metropolitan region – 9 Members
- + Southern region – 11 Members
- + Western region – 18 Members
- + Northern region – 14 Members



### Full Membership (ACCHOs)

ACCHOs lead the delivery of high-quality, culturally safe health care services to their communities.

#### ACCHOs are non-profit organisations that:

- + Provide holistic and culturally appropriate primary health care and Aboriginal health related services to their communities.
- + Are governed by an Aboriginal board of management elected by their local Aboriginal community.

### Associate Membership

Associate Members include Aboriginal Community Controlled Health Committees (ACCHC) and Aboriginal Community Controlled Healthcare Related Services (ACCHRS). These organisations are community-led and deliver comprehensive, culturally appropriate health-related services.

**An ACCHC** is a non-profit, incorporated Aboriginal Community Controlled Health Committee operating within NSW. It is elected and governed by the local Aboriginal community with the aim of establishing a full ACCHO. There are currently no ACCHC Associate Members.

**An ACCHRS** is a non-profit, incorporated Aboriginal Community Controlled Healthcare Related Service that specialises in delivering health-related services to First Nations communities. These services are governed by the local community and operate as multi-purpose centres that support holistic health and wellbeing.

Some ACCHOs, such as Link-Up and Ngaimpe Aboriginal Corporation, provide additional support through outreach health posts and in-clinic connections.

## AH&MRC Membership benefits

The AH&MRC provides support, training and services to ensure Member Services are able to deliver comprehensive health care to their communities. The AH&MRC offers support in the following areas:

### Governance and management

AH&MRC provides regular governance training to Member Services. This includes support in understanding relevant legislation, rule books and constitutions, the structure and conduct of Board meetings, and financial report reading and interpretation.

### Strategic advice and support

We support Member Services in developing strategic plans and provide business advisory assistance. AH&MRC identifies grant and funding opportunities and assists with applications. We also provide policy submission support and advocate on behalf of Member Services to key ministers and stakeholders.

### CQI

Our dedicated Recovery and Compliance team supports Member Services in clinical governance and Medicare claims management. The team also assists with data cleansing and integrity within Patient Information Management Systems (PIMS).

### Education and workforce

AH&MRC's Registered Training Organisation (RTO) delivers culturally competent training to strengthen the workforce across our Member Services. Our RTO courses are nationally recognised and, where applicable, AHPRA accredited.

### Communication and engagement

AH&MRC supports communications and marketing activities, including promoting Member Service employment opportunities, programs and services. Members are entitled to the AH&MRC Member's only newsletter subscription, enabling subscribers to be at the forefront of news and opportunities.

### Health and Public Health programs

Our Health and Public Health teams provide technical advice, education resources and program support to Member Services. We maintain regular engagement with the NSW Ministry of Health and ongoing communication with Member Services through fortnightly teleconferences, webinars and on-site visits, in partnership with the NSW Ministry of Health and the Centre for Aboriginal Health.

### Networking opportunities

In partnership with the Royal Australian College of General Practitioners (RACGP), AH&MRC convenes a General Practitioner Advisory Committee. This forum brings together GPs and practitioners to network, collaborate and share knowledge.

We also host an Executive Assistant (EA) Network, enabling EAs across the sector to share skills, experience and peer support.

### Free health promotion resources:

Access to free, culturally targeted health information resources, such as posters, pamphlets, flyers, diaries and more via our online shop via the Member portal. AH&MRC regularly develop culturally competent resources and communication materials that are relevant and engaging for communities.



# MEMBERSHIP LIST

## Metropolitan region

- 1 Aboriginal Medical Service Co-Operative Ltd Redfern
- 2 Awabakal Newcastle Aboriginal Co-Operative Ltd
- 3 Greater Western Aboriginal Health Service
- 4 Link-Up NSW
- 5 Marrin Weejali Aboriginal Corporation
- 6 Tharawal Aboriginal Corporation
- 7 The Glen Centre (Ngaimpe Aboriginal Corporation)
- 8 Ungooroo Aboriginal Corporation
- 9 Yerin Eleanor Duncan Aboriginal Health Centre

## Southern region

- 10 Albury Wodonga Aboriginal Health Service Inc.
- 11 Brungle Aboriginal Health Service
- 12 Cumeragunja Housing & Development Aboriginal Corporation – Viney Morgan Clinic
- 13 Griffith Aboriginal Medical Service Inc.
- 14 Illawarra Aboriginal Medical Service Aboriginal Corporation
- 15 Katungul Aboriginal Corporation Regional Health & Community Services
- 16 Murrin Bridge Aboriginal Health Service Inc.
- 17 Riverina Medical & Dental Aboriginal Corporation
- 18 South Coast Medical Service Aboriginal Corporation
- 19 The Oolong Aboriginal Corporation
- 20 Waminda – South Coast Women’s Health & Wellbeing Aboriginal Corporation

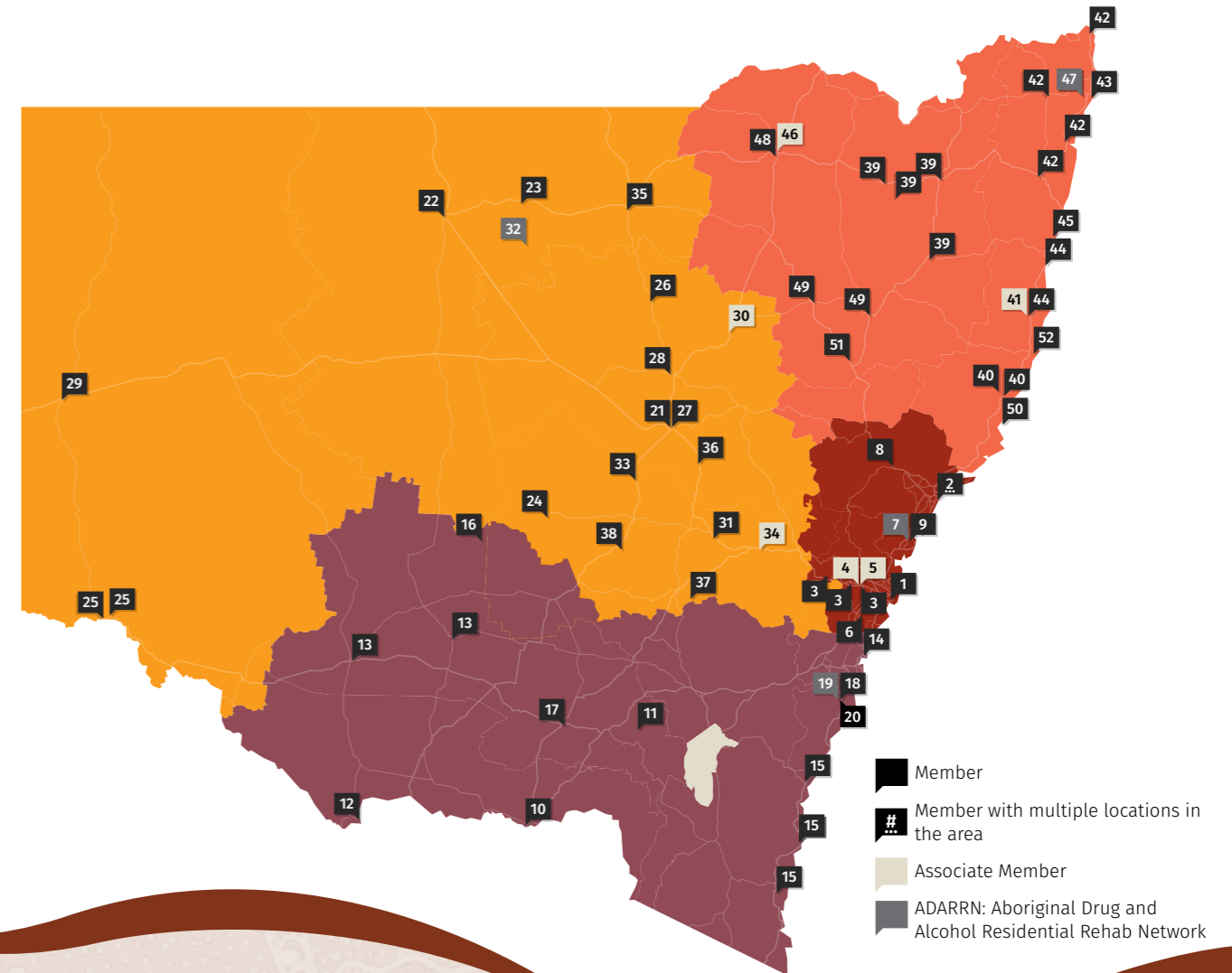
## Western region

- 21 Bila Muuji Aboriginal Corporation Health Service
- 22 Bourke Aboriginal Corporation Health Service
- 23 Brewarrina Aboriginal Medical Service
- 24 Condobolin Aboriginal Health Service Ltd

- 25 Coomealla Health Aboriginal Corporation
- 26 Coonamble Aboriginal Health Service Inc.
- 27 Dubbo Regional Aboriginal Health Service
- 28 Gilgandra Local Aboriginal Medical Service
- 29 Maari Ma Health Primary Health Care
- 30 Maruuma Li Aboriginal Corporation
- 31 Orange Aboriginal Health Service Inc.
- 32 Orana Haven Aboriginal Corporation
- 33 Peak Hill Aboriginal Medical Service Inc.
- 34 Wahluu Health Aboriginal Corporation Bathurst
- 35 Walgett Aboriginal Medical Service
- 36 Wellington Aboriginal Corporation Health Service
- 37 Weigelli Centre Aboriginal Corporation
- 38 Yoorana-Gunya Family Healing Centre Aboriginal Corporation

## Northern region

- 39 Armajun Health Service Aboriginal Corporation
- 40 Biripi Aboriginal Corporation Medical Centre
- 41 Booroongen Djugun Ltd.
- 42 Bulgarr Ngaru Medical Aboriginal Corporation
- 43 Bullinah Aboriginal Health Service
- 44 Durri Aboriginal Corporation Medical Service
- 45 Galambila Aboriginal Health Service Inc.
- 46 Maayu Mali Residential Rehabilitation
- 47 Namatjira Haven Drug & Alcohol Healing Centre
- 48 Pius X Aboriginal Corporation
- 49 Tamworth Aboriginal Medical Service Inc.
- 50 Tobwabba Aboriginal Medical Service Inc.
- 51 Walhallow Aboriginal Corporation
- 52 Werin Aboriginal Corporation Medical Clinic



## Aboriginal Community Controlled Health Organisations

Our 52 Member Services are community-guided organisations delivering comprehensive health care services across NSW.

### Community controlled, holistic primary health care

Aboriginal Community Controlled Health Organisations (ACCHOs) are non-profit organisations that:

Provide holistic and culturally appropriate primary health care and Aboriginal health-related services to their communities.

Are governed by an Aboriginal Board of Management elected by their local First Nations community.

### Health care professionals working together

Large ACCHOs employ medical practitioners, Aboriginal health care workers and nurses. Small services rely on Aboriginal health workers and nurses for the delivery of primary health care services.

ACCHOs are the first point of care for Aboriginal patients.

### Delivering a range of health care services

Health care services that are preventative and focus on health education including:

- + Child and maternal health
- + Oral and dental health
- + 715 health checks
- + Eye and ear health
- + Preventative programs to quit smoking and health and wellbeing
- + Social emotional and wellbeing services.

# OUR LEADERSHIP



*Collaborative artwork,  
Bidjigal & Gadigal Country, Little Bay*



# BOARD OF DIRECTORS



**Jamie Newman**  
Chairperson (Western Region)

Jamie Newman is a proud Wiradjuri man and Chief Executive Officer of Orange Aboriginal Medical Service (OAMS). He has worked in the health sector since 1998 and has held Director roles with AH&MRC and Bila Muuji Regional Aboriginal Health Service. Jamie is a former Council Member of Charles Sturt University and currently serves on the NACCHO Board as a NSW representative Director.



**Kristine Falzon**  
Deputy Chairperson (Southern region)

Kristine Falzon is a proud Ghummeah, WandjWandian, Wodi Wodi and Walbunja woman from the South Coast of NSW. Kristine serves as a member of the Chief Executive Leadership team at Waminda, South Coast Women's Health and Wellbeing Aboriginal Corporation, contributing to a range of health and wellbeing initiatives over many years. She is a passionate advocate for her community, championing self-determined, culturally informed and holistic strength-based approaches to health and wellbeing care. Kristine serves on the NACCHO Board as a NSW representative Director.



**Lindsay Hardy**  
Director (Metro Region)

Lindsay Hardy is a proud Bidjara and Gungarri Mhurdi man from southwest Queensland. He has worked in Aboriginal health research, community development, and across federal and state government for many years. Lindsay is the Deputy Chair of Yerin Eleanor Duncan Aboriginal Health Services and works with the University of Newcastle's Wollotuka Institute as the Indigenous Employment Partner/Manager, Student Advancement.



**Thomas Flanders**  
Director (Northern region)

Thomas Flanders is a proud Yaegl, Bundjalung and Gumbaynggirr man from the North Coast of NSW. Born in Bellingen, Tom later pursued higher education in social welfare and remains actively involved in education and community leadership.

He is the National Manager of the Lloyd McDermott Rugby Union Development Team and serves on its Board of Directors. Tom also contributes to community governance as Treasurer of the Aboriginal Medical Service in Tamworth and Vice President of the NSW Aboriginal Education Consultative Group Inc.

**Christine Corby AM**  
Director (Western Region)

Christine Corby AM is a proud Gamilaraay woman from north-western NSW and has served as CEO of Walgett Aboriginal Medical Service (WAMS) and Brewarrina Aboriginal Medical Service (BAMS) for 38 years. She is deeply committed to improving the health and wellbeing of her community, with leadership recognised at both state and national levels.

Christine has served as a Director of NACCHO and as Chair of AH&MRC, where she remains a current Director. She is also a member of the Regional Health Ministerial Advisory Panel and has guided her community through significant challenges, including droughts, floods and COVID-19.



**Scott Monaghan AM**  
Director (Northern Region)

Scott Monaghan AM is a passionate and experienced leader with extensive knowledge of the economic, social and regulatory issues impacting health service delivery. He is recognised for his strong community knowledge and his ability to build meaningful relationships from Coffs Harbour to the Queensland border.

In June 2021, Scott was appointed a Member of the Order of Australia (AM) for his significant service to Indigenous health and medical research. He is the Chief Executive Officer of Bulgarr Ngaru Medical Aboriginal Corporation and serves as Chairperson of the Country Universities Centre.



**James Williams**  
Director (Southern Region)

James Williams is a proud Wiradjuri man from the Riverina region who resides in Griffith, NSW. He began his career in Aboriginal health in 2004 at Griffith Aboriginal Medical Service and progressed through various Health Worker roles before serving as Operations Manager from 2010 to 2018.

James is currently Team Leader of the Family Preservation Permanency Support Program at Riverina Medical & Dental Corporation and holds qualifications in Primary Health and Leadership and Management.



**Jason Smith**  
Director (Metro Region)

Jason Smith is a proud Yithi/Nari man from NSW, recognised and respected within the Communities of Balranald and Newcastle. He comes from a family with a strong and longstanding connection to the Newcastle Aboriginal Advancement Society, now Awabakal Limited.

Jason is committed to continuing the important work initiated by his people. With extensive experience and dedication, he is well-positioned to lead Awabakal Limited and shape the organisation's future over the next 20 years.



## Board meetings

<b>Board meeting 1</b>	17 July 2024	<b>Board meeting 5</b>	20 November 2024
<b>Board meeting 2</b>	6 August 2024	<b>Board meeting 6</b>	14 March 2025
<b>Board meeting 3</b>	25 September 2024	<b>Special General meeting</b>	20 May 2025
<b>Board meeting 4</b>	19 November 2024	<b>Annual General meeting</b>	20 November 2024

## Departing Board Directors

### Jamie Newman 4th June 2025

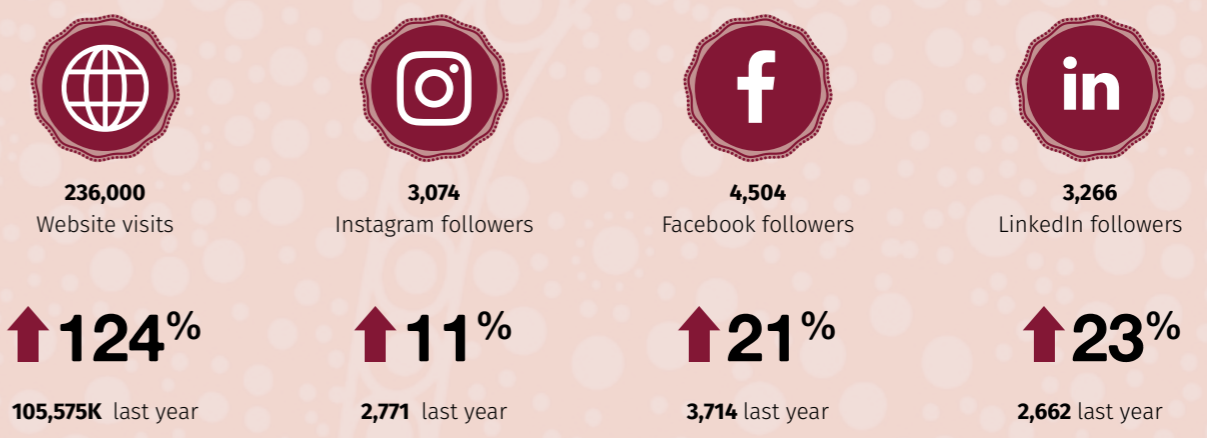
We would like to acknowledge Jamie Newman's leadership and contribution as our Boards Chair during this year. It has been a massive year for our Organisation and Sector, and we sincerely thank you.

# AH&MRC ORGANISATIONAL CHART



# 2024-2025 YEAR IN REVIEW

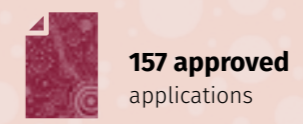
## Building our profile



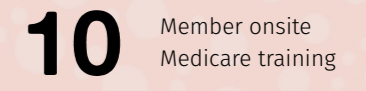
## AH&MRC Training



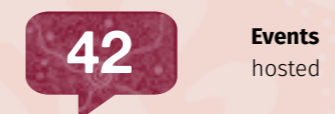
## Ethics & Research



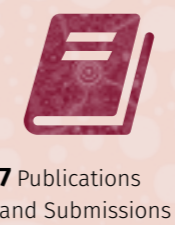
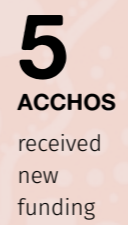
## Recovery & Compliance



## Events



## Policy



## Public Health



# OUR YEAR IN REVIEW

## 2023–2025 Strategic Plan Update

This year's Annual Report reflects the final stages of our 2023–2025 Strategic Plan. Throughout this period, AH&MRC has achieved significant progress across several strategic priorities.

As with all Continuous Quality Improvement processes, some focus areas have evolved in response to sector reviews, alignment initiatives and a broader transitional period within the organisation. These changes have strengthened our ability to remain responsive, relevant and forward-focused.

## Leadership, Governance, Cultural Capability and Humility

This year saw improved alignment through the appointment of our Board of Management Chair and Deputy Chair to the NACCHO Board of Management as NSW representatives. This has strengthened collaboration between NACCHO and AH&MRC governance teams and streamlined advocacy, communication and strategic alignment.

Capacity building across our Board of Management, leadership and staff teams has remained a priority. We have focused on strengthening governance, leadership capability and staff wellbeing, while continuing to advocate for our communities and support our Members.

## Knowledge Development and Sector Collaboration

Increased collaboration between the Coalition of Peaks and NSW CAPO has strengthened sector alignment and community-driven approaches to Closing the Gap initiatives.

Our team has continued to engage, collaborate and support Member Services across NSW. Investment in our Registered Training Organisation has expanded course offerings, increasing access to training and providing broader opportunities for workforce development across communities.



## Operational Excellence

We have seen increased funding for preventive health initiatives, alongside expanded project funding for Member Services.

Key project initiatives included:

### + Culture Care Connect

As jurisdictional coordinators, AH&MRC has supported the NACCHO-funded Culture Care Connect program. This initiative integrates suicide prevention and holistic aftercare with cultural sensitivity and community empowerment.

### + Cancer Funding and 715 Health Checks

In partnership with the NSW Cancer Institute, the NSW Aboriginal Cancer Primary Care Program aims to increase participation in 715 Aboriginal Health Checks across NSW ACCHOs and other primary health care services. The program also strengthens Aboriginal cancer care pathways, improving access to prevention, screening and referrals within primary care settings.

Funding will soon be released for up to 15 successful Member Services to recruit First Nations Cancer Care Coordinators, supporting early detection and improved access to treatment.

### + Elder Care Funding

As jurisdictional coordinators, AH&MRC has supported the NACCHO-funded Elder Care Support Program. The program strengthens workforce capability within community-controlled aged care and empowers the sector to coordinate place-based care responses tailored to local needs.

### + Our Healthy Kids (OHK)

The Our Healthy Kids program expanded significantly this year, recording a 230 per cent increase in enrolments and stronger school–community partnerships.

Measurable improvements in children's health and wellbeing have reinforced the value of school-based engagement.

### + Mental Health and Suicide Prevention

In partnership with NSW Health, the Building on Aboriginal Community Resilience (BARC) initiative will support 25 Member Services with suicide prevention funding across the state. This initiative, secured under the 2025–2026 State Budget, is funded for a 3 year term.

The commencement of NACCHO-funded National Aboriginal Health Practitioner traineeships represents a significant investment in workforce development. The AH&MRC RTO continues to support the next generation of practitioners.

Staff Gathering 2025  
Dharawal Country, Woolongong





# OUR ORGANISATION'S ACHIEVEMENTS



*Cultural clay workshop pieces by AH&MRC staff  
Staff Gathering, Dharawal Country, Wollongong*



# MEMBER ENGAGEMENT



The Member Engagement team strengthens sector-wide collaboration, knowledge sharing and capacity building across NSW. Working closely with Member Services, the team supports program delivery, workforce development and strategic partnerships, and promotes Culturally responsive care aligned with Closing the Gap priorities.

## Focus Areas

The team works across six primary areas:

- + Sector engagement
- + Resource development
- + Program enhancement
- + Training and workforce alignment
- + Information dissemination
- + Strategic partnerships

## Program Areas

Key program areas supported through Member Engagement include Building on Aboriginal Community Resilience (BACR), Culture Care Connect (CCC), Ear Health Coordination, Aboriginal Mental Health First Aid (AMHFA) and Youth AMHFA, Alcohol and Other Drugs (AOD), Cancer, Precision Medicine, and Vaping and Smoking Cessation.

## Core Responsibilities

The Member Engagement team:

- + Actively participates in, and facilitates, connections within the sector to strengthen collaboration and share insights.
- + Creates and updates resources to support best practice and respond to emerging sector needs.
- + Represents Member interests in state program

advisory and research committees to influence and inform sector developments.

- + Communicates sector challenges and needs to policymakers to shape effective and responsive policy and program settings.
- + Facilitates information exchange to support alignment between Registered Training Organisations and workforce requirements.
- + Supports program improvement through funding grants, recommendations, innovation and enhancement.
- + Distributes essential information to stakeholders to keep the sector informed and engaged.

## Key Areas of Sector Focus

In addition to the program areas above, the team supports sector work across:

- + Chronic Care
- + Alcohol and Substance Abuse
- + Mental Health & Suicide Prevention
- + Ear and Eye Health
- + 715 Services Promotion
- + Smoking Cessation

## Program Initiatives and Sector Engagement

During 2024–2025, the Member Engagement team supported a range of initiatives and events designed to elevate sector priorities and strengthen workforce capability.

- + **NSW Drug Summit engagement (Griffith):** The team attended the Griffith session of the NSW Drug Summit and participated in the NSW Drug Summit Yarning Circle with the NSW Minister for Health, Ryan Park, to ensure Aboriginal community voices were included in the state government's approach to drug reform.
- + **Cancer workforce mentoring and capacity building:** In partnership with St Vincent's Health Network

(SVHN) and the Cancer Institute NSW (CINSW), the team arranged enhanced capacity building and training for Member Services. The training was a tailored adaptation of the SVHN SAVIES Mentoring for Aboriginal Health Workers (AHWs) and other Member Services staff.

- + **2025 NSW Aboriginal Suicide Prevention Forum:** In partnership with the NSW Mental Health Branch, AH&MRC co-delivered the 2025 NSW Aboriginal Suicide Prevention Forum. The Forum brought together people working in Aboriginal mental health and suicide prevention to share best practice models of care, strengthen networks and promote Culturally safe approaches to healing.
- + **NSW Indigenous-led Precision Medicine platform pre-engagement:** Pre-engagement work commenced with Member Services for the NSW Indigenous-led Precision Medicine platform. The platform will establish a population-based cohort recruited directly through primary care services, with the explicit aim of using precision medicine to better understand and address health inequalities.

## Achievements

- + Youth/Aboriginal Mental Health First Aid training: **141 health workers certified.**
- + IPTAAS ACCHO funding pilot: **upfront funding for 5 ACCHOs.**
- + Advocacy for **BACR, AMIHS and BSF** expansion.
- + **FASD Prevention toolkit** and webinar resource.
- + Co-delivery of the **NSW Aboriginal Suicide Prevention Forum.**
- + **NSW Aboriginal Health Plan and Governance Framework** contributions.
- + Support for **Cancer Care Pathways funding** for ACCHOs.

Lachlan Madden presenting at the NSW Aboriginal Suicide Prevention Forum - Gadigal, Sydney





FASD Prevention Workshop team at Orana Haven, Brewarrina



Excerpt from the NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework. Credit: NSW Health



### Resources

The Policy and Member Engagement team worked with NSW Health to develop the NSW Aboriginal Health Plan and the NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework. Together, these provide a stronger foundation for ACCHOs as key delivery partners across NSW.

The Member Engagement team also worked with the Communications and Marketing team to produce a suite of mental health awareness resources. These resources are available for download from the AH&MRC website and have also been distributed through AH&MRC networks.

In 2025, the Member Engagement and Public Health teams worked with the Centre for Alcohol and Other Drugs (CAOD) to deliver four FASD Prevention Workshops across NSW. The workshops were designed to equip health workers with the knowledge and skills needed to discuss pregnancy and alcohol in a Culturally respectful and supportive way. This work also included a FASD Prevention webinar attended by 50+ ACCHO staff, as well as FASD Prevention toolkits available through

**NSW Health's Your Room website**

### Member Services Support

AH&MRC continues to work with agencies such as the NSW Ministry of Health to support the diversion of program resourcing directly to the ACCHO sector and to prioritise ACCHOs in the awarding of grants.

Through the Closing the Gap Budget Bid in the NSW 2025–2026 State Budget, a prioritisation framework was developed to support bids aligned with the Priority Reforms. For health, this included a preference for continuation of the BACR initiative and expansion of AMIHS and BSF into ACCHOs.

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is piloting upfront funding to five ACCHOs to reduce initial out-of-pocket expenses and delays in approvals that can limit patient attendance at medical appointments.

BACR and Culture Care Connect supported 25 ACCHOs in suicide prevention, with AH&MRC securing continued funding under the NSW State Budget. The Cancer Care Pathways initiative embedded Aboriginal Cancer Care Coordinators in 15 ACCHOs, improving early detection and access to treatment.

The team conducted site visits to Member Services in Wagga Wagga, Broken Hill, Tamworth and Inverell, supporting local engagement and health promotion activities. The team also attended events including the Ungooroo Community Health Expo and Maruuma-Li NAIDOC Day, supporting community-led health promotion through stalls offering sexual health, ear health and child health resources.

Over 140 health workers were certified in AMHFA and Youth AMHFA across nine Member Services, strengthening local mental health response capability. Ear health workshops also improved clinical skills in otoscopy and earwax removal.



Aboriginal Mental Health First Aid Training at Kimberwalli

### Success Stories

#### NSW Aboriginal-led Precision Medicine

AH&MRC, alongside ALIGN, supported Aboriginal-led precision medicine pre-engagement for the Precision Medicine for Public Health project (P4P proposal). Engagement sessions were delivered with Maari Ma Health Aboriginal Corporation (Broken Hill), Tamworth Aboriginal Medical Service, Armajun Health Service Aboriginal Corporation (Inverell) and Pius X Aboriginal Corporation (Moree), including presentations on genomics.

Participation across sites was strong, with additional visits planned for the Many Rivers region, Grafton, the northern coast and the south coast.



FASD prevention workshop, Walgett

#### Ungooroo Community Health Expo

AH&MRC participated in the Ungooroo Community Health Expo by hosting a stall that provided sexual health, ear health and public health materials. The event included a Welcome to Country, Cultural dance, didgeridoo performances and live music.

The stall attracted significant interest and supported information sharing with community members. Free health checks were available throughout the day, reinforcing the focus on health promotion and prevention. AH&MRC's participation helped raise awareness about key health issues and supported Ungooroo's broader community wellbeing objectives.



Ungooroo Community Health and Wellbeing Expo, Singleton









# INNOVATION & TRAINING



The AH&MRC Training team delivers accredited training to strengthen the Aboriginal health workforce. In 2024–2025, the team streamlined processes, upgraded systems and increased staff and course offerings. New partnerships boosted enrolments, placements and traineeships. Collaborative programs in health, fitness and leadership were added, with resources reviewed for relevance.

## Program Initiatives

Social, Emotional and Wellbeing (SEWB) workshops were delivered in the following locations:

- + Orange
- + Tamworth
- + Tharawal
- + Wagga
- + Batemans Bay
- + Ballina

The team also delivered an Alcohol and Other Drugs skill set and supported Member Services across accredited courses, including:



AOD and AMHFA teacher, Sylvia Akusah

- + BSB50420 Diploma of Leadership and Management
- + CHC43215 Certificate IV in Alcohol and Other Drugs
- + CHCSS00093 Skill Set Alcohol and Other Drugs
- + HLT20121 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
- + HLT30121 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- + HLT40221 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- + HLTAID011 Provide First Aid

## Regional Workforce Development Workshops (2024)

Four workshops in Western, Northern, Metro and Southern NSW were supported through the NIAA Workforce Support Program. SEWB and AOD staff from ACCHOs gathered for trauma-informed training and best practice sharing. Representatives from 85% of NIAA-funded ACCHO services attended workshops held in Dubbo, Coffs Harbour, Sydney and Wagga Wagga.

## Indigenous Health Workforce Traineeship (IHT program) Graduation (Dubbo, May 2025)

Ten First Nations Australian trainees completed the pilot program with the Aboriginal Employment Strategy, earning Certificate III qualifications. Nine trainees secured roles with their host ACCHOs. Graduates shared community health projects developed during placements. Approximately 50 people attended, including ACCHO CEOs, supervisors, families and community members.



Elder Care Support training, AH&MRC RTO

## Achievements

### 2024 – 2025 Student Metrics

- + 130 students enrolled, with a 65% completion rate, the highest to date.
- + Students participated from over 30 ACCHOs across NSW.
- + 247 units of competency delivered.
- + Strong achievement in core units, including Work with Diverse People (39 students competent).

### Workforce Coverage

85% of ACCHOs had at least one staff member or community member participate in training, a traineeship or workshop.

### Facility utilisation

The upgraded Little Bay RTO hosted training delivery along with:

- + **20+ external bookings** in 2024–2025, including NACCHO meetings, Cancer Institute workshops and NSW Closing the Gap Day secretariat activities.

### RTO Governance and Compliance

- + No non-compliances were found in the 2025 ASQA audit.
- + Two minor improvements implemented relating to assessment mapping and document version control.



Cert. III Fitness graduates and teachers - Bidjigal/Gadigal Land, Little Bay



## Resources

The team reviewed and updated training and assessment materials, including manuals, assessment tasks and case studies for AOD and Primary Health Care courses. Over 20 documents now align with best practice and are available to ACCHOs.

## Member Services Support

### The Elder Care Support (ECS) program

The Elder Care Support (ECS) program, led by the Australian Government in partnership with NACCHO, aims to recruit and train a skilled workforce to support older First Nations Australians in accessing aged care services. The program also provides Culturally safe support throughout the aged care journey, including assistance with assessments, provider selection and advocacy.

AH&MRC delivers ECS training and has developed Welcome Kits outlining the training pathway. These include access to the My Aged Care Learning Centre (MACLearning), mandatory learning modules and practical assessments for Member Services.

Additional support has included estate planning training to assist Elders in communities and aged care reform sessions delivered in collaboration with the Department of Health and Aged Care. These sessions strengthened coordination and engagement across the state.

## Workforce Development and Training

Throughout 2024–2025, AH&MRC's Registered Training Organisation (RTO) delivered accredited training to newly recruited and existing ACCHO staff, strengthening local workforce capacity and skills across communities.

The ACCHO traineeship program enabled 11 ACCHOs to host funded trainees for a 12-month period, increasing service delivery capacity and supporting the development of a pipeline of Aboriginal Health Workers. Community feedback was positive. One Elder shared, "Seeing our young one lead these classes makes us proud. She got us moving, and we love her for it."

Through the Workforce Development Support Unit (WDSU), regional workshops were delivered to more than 20 Member Services. Training included trauma-informed care, mental health first aid and case management tailored to ACCHO contexts. Staff from Walgett, Moree and Griffith participated, with logistics coordinated by AH&MRC. Outcomes included strengthened peer networks among SEWB and AOD workers and increased confidence in applying best-practice approaches. Post-workshop evaluations indicated participants felt "more supported and less isolated" after connecting with colleagues facing similar challenges.

AH&MRC also delivered accredited qualifications, including the Certificate IV in Alcohol and Other Drugs, with participation from at least 15 Member Services during 2024. Flexible delivery models, including block release and onsite training, were implemented to support staff alongside work commitments.

Away-From-Base (AFB) funding supported participation from remote services by covering travel, accommodation and meals for staff attending face-to-face training in Sydney, ensuring equitable access for ACCHO staff from far western NSW, including Bourke and the Broken Hill region.

## Success Stories

### Circles in the Sand Pre-Employment program

The partnership between Youth Justice NSW and the AH&MRC is robust and culturally grounded aimed at increasing First Nation Australians employment and improving outcomes for youth in the justice system.

The Circles in the Sand Pre-Employment program is designed to:

- ✦ Increase First Nation Australian employment within Youth Justice NSW.
- ✦ Provide culturally safe and support pathways for First Nation Australian candidates to become Youth Officers.
- ✦ Address systemic barriers to employment by offering tailored training and mentoring to retain and grow First Nation Australian representation across the division

### On Country Program (OCP): Biosecurity

The program includes a merit-based recruitment process for the APS 4 Bio security Officer role, offering hands-on experience through shadowing and exploring bio security operations. This prepares participants with the knowledge and skills needed to apply for and succeed in the role of the Department of Agriculture, Fisheries and Forestry.



Circles in the Sand graduates and teacher



Primary Health students and teacher, Michael Mackander



Biosecurity students during their Kingsford Smith airport visit



Biosecurity student

On Country Program during the traditional Kupmurrie assessment, Bidjigal & Gadigal Country, Little Bay





# ETHICS & RESEARCH



The Ethics team guides researchers through the ethics submission process, supports Committee deliberations and ensures reviews reflect community values, ethical principles and regulatory requirements. The team manages communications, provides procedural advice and supports effective assessment of research proposals.

The Ethics team is guided by feedback and consultation from the Ethics Committee and works to ensure research affecting Aboriginal communities in NSW is ethically sound and developed in a Culturally appropriate way.

## 2024-25 Activity



## Engagement and initiatives

- + **Participation in the Australian Evaluation Society NSW Regional Network convention** (August 2025), including a panel session on "Ethics Pathways for Evaluators".
- + **Virtual presentation at the WHRN 2024 Research Symposium** (19 November 2024).
- + **Panel contribution at the Reconciliation Australia Conference** (6 November 2024).
- + Participation in weekly workshops supporting the development of the **National One Stop Shop platform**.

## Member Services Support

The Committee's diverse membership, including Elders, legal professionals, researchers and community representatives, ensures research proposals are assessed with a deep understanding of First Nations health priorities and Cultural safety considerations.

Over the past year, the Ethics Committee and Ethics team supported ACCHOs through education, guidance and advocacy that strengthens ACCHO involvement in health research. This included one-on-one advice, webinars, templates and resources that reduce administrative burden and support efficient responses to researcher requests.

The Ethics team also supported drafting and review of support letters and advocated for recognition of ACCHO voices in research at state and national levels.

## Achievements

Two new members were to the Committee, including a Youth representative and a researcher, which adds significant value to the Committee.

## Success story

Next year, the Ethics Committee marks 30 years of guiding ethical research. For three decades, the Committee has supported research integrity and ensured research is conducted with respect and care for Aboriginal communities.

## Committee membership



## Resource and Publication updates

- + Risk and Review Requirements
- + Standard Operating Procedures
- + The National Aboriginal and Torres Strait Islander HREC Proposal
- + Statement on Conflicts of Interest for reference Groups
- + Policy Statement on Support Letters
- + Exemption Process for Research Projects
- + Expedited Human Research Ethics Committee Review



# POLICY TEAM

The AH&MRC Policy team plays a key role in advocating for the health and wellbeing of communities across NSW. The team develop and influence health policies by engaging with government, communities and the ACCHO sector. The work includes writing submissions, monitoring legislation and ensuring Aboriginal voices are central to decision-making. The team contributes to state and national Closing the Gap processes, including participation in NSW Coalition of Peaks forums.

## Program Initiatives

### Closing the Gap Governance Refresh

The team supported establishment of the Health and Wellbeing Sector Committee, an executive-level forum bringing together AH&MRC and NSW Health leadership. The Committee provides a direct mechanism to elevate ACCHO sector priorities to NSW decision-makers. The team provides secretariat support and participates in the NSW Joint Council on Closing the Gap.

### NSW CAPO Community Engagements

AH&MRC, alongside NSW CAPO organisations, supported consultations across more than 50 communities. The team supported delivery of these sessions and gathered feedback from Member Services to inform priority projects.



Nathan Taylor - AH&MRC Director of Intelligence

## Events

- + NSW Aboriginal Health Plan 2024–2034 Ministerial launch.
- + Launch of the NSW Aboriginal Health Governance, Shared Decision-Making and Accountability Framework at AH&MRC Little Bay.

## Achievements

Two successful proposals were secured under the 2025–2026 NSW Budget:

- + **Continuation of BACR funding for 25 ACCHOs.**
- + **New funding to expand AMIHS and BSF into selected ACCHOs.**



Deeandri Naicker - AH&MRC Policy Manager

## Publications and submissions

Submissions included:

- + Select Committee on Measuring Outcomes for First Nations Communities.
- + Special Commission Inquiry into Healthcare Funding.
- + Inquiry into Australia's Youth Justice and Incarceration System.
- + Inquiry into Impacts of AO&D.
- + Call for Feedback on NSW Aboriginal Affairs Opportunity, Choice, Healing, Responsibility, Empowerment (OCHRE) Strategy.
- + Inquiry into Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025.

## Member Services Support

The Policy team plays a central role in supporting the ACCHO sector by advocating for structural change, influencing funding decisions and driving system reform that reflects First Nation Australian leadership and priorities.

The team achieves this by working closely with NSW Health to shape joint budget bids that prioritise ACCHOs as the preferred providers for communities. Through this partnership, they have successfully secured ongoing funding for 25 ACCHOs to continue delivering the BACR program. The team has also supported the expansion of the AMIHS and BSF into more ACCHOs and contributed to direct funding for the IPTAAS scheme to increase access through ACCHO-based referrals.

The policy submissions consistently highlight ACCHOs as preferred providers and best placed for service delivery. By positioning the sector as a core part of the health system, it is ensured that community-led approaches are recognised and prioritised in government decision-making.

The Priority Reform Areas of the National Agreement on Closing the Gap is fully implemented into the structures and operations of the NSW health system. We do this by leading and contributing to key strategic frameworks including the NSW Aboriginal Health Plan 2024 - 2034 and the NSW Aboriginal Health Governance, Shared Decision-Making and Accountability Framework, developed in partnership with the Centre for Aboriginal Health. These frameworks are designed to put Priority Reforms into action, strengthening shared decision-making, building the capacity of the community-controlled sector and creating clear accountability across the system.

In addition to the policies and governance work, the team is actively involved in a range of working groups and partnership forums that influence health service design and delivery.



# PUBLIC HEALTH TEAM



The Public Health team supports improved health and wellbeing for First Nations Australian NSW communities through public health and primary health care support for ACCHOs. The team provides expertise across communicable diseases and broader public health priorities, including sexual health, respiratory disease and immunisation.

The team was expanded to strengthen technical capacity and workforce development, including the addition of two Public Health Physicians and commencement of a registrar rotation from the Sydney Local Health District.

In response to evolving public health priorities, the team was expanded this year to enhance technical capacity and workforce development. Two Public Health Physicians with expertise in research, data analytics and implementation science were welcomed to the team. Additionally, a registrar rotation had commenced from the Sydney Local Health District, contributing to the development of a culturally safe public health workforce. The team is collaborating with a newly appointed Project Manager, Project Officer and Cultural Educator to co-design a support program for the GP ACCHO workforce.

## Program Initiatives

- + Sexual Health, STI & BBV
- + Infectious Diseases
- + Immunisation
- + Disaster Resilience
- + Advisory/Technical Support
- + Tobacco and Vaping
- + Food Security
- + Cancer
- + Alcohol and other Drugs
- + Mental Health

## Events and engagement

The Public Health team held regular targeted program and project meetings, delivered both virtually and face-to-face. Bi-monthly update meetings provided a forum to share progress, discuss challenges and coordinate public health activity with ACCHOs and sector partners across communicable and non-communicable disease work, immunisation, sexual health and other priority areas. These meetings supported knowledge exchange, highlighted emerging issues and strengthened partnerships across Member Services, with key outcomes including improved communication and timely dissemination of public health information.

Guest speakers were a feature of meetings in 2024. For example, in September, presenters from Heart of Australia, NACCHO and the Commonwealth Department of Health and Aged Care consulted with ACCHOs on the rollout of the National Lung Cancer Screening Program and the selection of locations for mobile CT screening in NSW. These sessions supported direct input from ACCHOs and helped ensure sector voices informed the design and delivery of key public health initiatives.

## Achievements

### Joint POCT training site visits

The Public Health team's sexual health nurse conducted a series of site visits in collaboration with the Kirby Institute and Flinders University to deliver joint Point-of-Care Testing (POCT) training for sexually transmissible infections (STIs) and respiratory illnesses. Training was delivered at OAMS, Pius, Katungul and Armajun.

These sessions provided hands-on clinical education, supporting local staff to implement best-practice approaches for rapid diagnosis and management of STIs and respiratory infections. The collaboration strengthened clinical capability within ACCHOs and reinforced partnerships between Member Services and leading research institutions.

### Public Health Newsletter

The bi-monthly Public Health Newsletter continued to provide timely updates across communicable and non-communicable disease, immunisation, sexual health and other priority areas. The newsletter remains an important communication tool, supporting knowledge exchange, highlighting emerging issues and strengthening collaboration between the Public Health team, ACCHOs and sector partners across NSW.

### Improving access to rapid testing

In 2025, the Public Health team coordinated the distribution of combination Rapid Antigen Tests (RATs) for COVID-19 and Influenza A+B to Member Services across NSW. This initiative supported ACCHOs to enable early identification and management of respiratory infections within communities, particularly for those at higher risk of severe illness.

The distribution process included clear communication, a streamlined request pathway and the provision of clinical resources, including a respiratory infection pre-assessment action plan template. This supported timely diagnosis and access to antiviral treatments and strengthened local response planning. Ongoing feedback is being sought to ensure continued effectiveness of this support.

### Strengthening referral pathways and culturally safe outreach

Throughout 2024–2025, the Public Health team participated in regional outreach meetings and collaborative forums with the Rural Doctors Network (RDN), Local Health Districts (LHDs), Primary Health Networks (PHNs), the Centre for Aboriginal Health and other sector partners.

Meetings were held across NSW, including Dubbo, Tamworth, Forster and Mount Druitt, as well as via virtual platforms. These forums supported collaboration with ACCHOs and health service providers to identify service gaps, review referral pathways and address barriers to care.

Engagement included advocacy for improved access to ENT pathways and contributions to the design of responsive service delivery models. This ongoing collaboration strengthens communication between services, supports co-design approaches and promotes equitable access to specialist and allied health services for Aboriginal communities across NSW.



## Resource Updates

### Disaster Resilience Webpage 2024 – 2025 launch

A new dedicated Disaster Resilience webpage was launched to support Member Services in preparing for and responding to climate-related disruptions.

The webpage brings together AH&MRC-developed resources, key emergency contacts and relevant external links in one central location. Ongoing updates have been made to improve usability and expand content, ensuring Member Services have access to practical, accessible information to support preparedness and response planning.

[www.ahmrc.org.au/public-health/disaster-resilience](http://www.ahmrc.org.au/public-health/disaster-resilience)

### Maternal Vaccination Campaign Webpage launch

New resources were developed to complement the launch of the RSV Protection Begins Before Birth: Maternal RSV Vaccination program. These materials promote maternal vaccination and clarify the role of infant immunisation when maternal vaccination is not received.

<https://www.ahmrc.org.au/rsv-protection-begins-before-birth-maternal-rsv-vaccination/>

## Member Services Support

Over the past year, the Public Health team has supported ACCHOs across NSW through collaborative partnerships, capacity building and strategic resource development to strengthen public health and primary healthcare delivery.

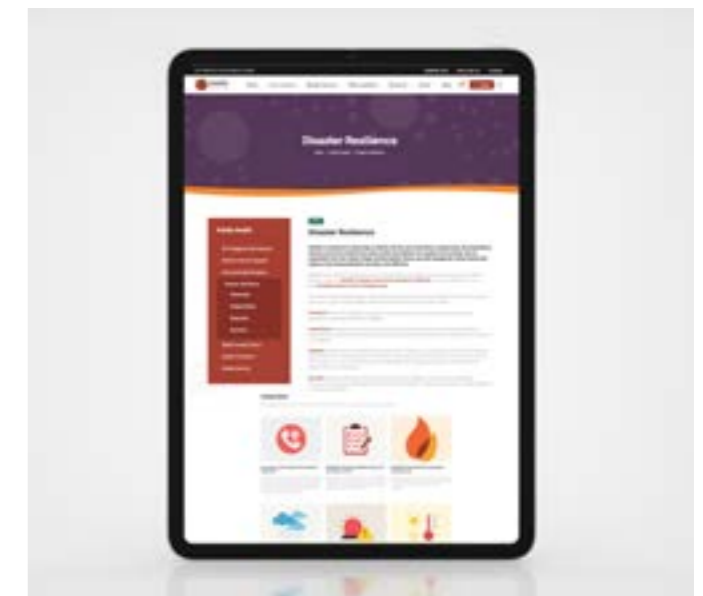
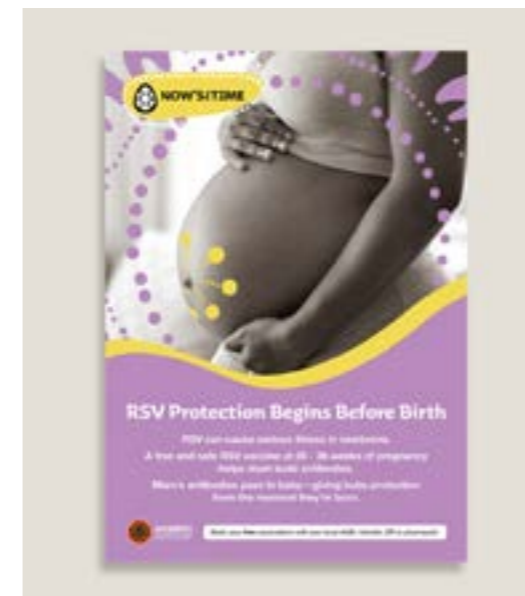
The team has worked closely with sector partners including the Rural Doctors Network, Local Health Districts, Primary Health Networks, the Centre for Aboriginal Health and ASOHNS to improve coordination, support culturally safe models of care and advocate for equitable access to specialist services, including ENT pathways. This engagement has strengthened system navigation and supported ACCHOs in responding to identified community health needs.

In addition, the team has enhanced sector capability through practical tools, updated frameworks and targeted resources addressing emerging priorities such as disaster resilience and maternal immunisation. These initiatives support Member Services to plan, respond and deliver evidence-based, culturally safe care.

Ongoing communication mechanisms, including regular sector updates and engagement forums, continue to facilitate knowledge exchange, strengthen partnerships and ensure ACCHOs remain informed and supported in delivering effective public health programs.



AH&MRC team at the Fair Day Sexual Health stall, Gadigal, Sydney



Fair Day Sexual Health stall, Gadigal, Sydney



25th IUSTI World Congress, Gadigal, Sydney



Diabetes Workshop, Wiradjuri Nation, Dubbo



# RECOVERY & COMPLIANCE

The Recovery and Compliance team works alongside Member Services to strengthen clinical governance, operational systems and long-term sustainability. Through tailored support, the team enhances service quality, improves internal processes and supports the development of sustainable business models.

By assisting ACCHOs to optimise Medicare revenue, strengthen service delivery models and meet accreditation requirements, the team supports the delivery of high-quality, culturally safe care for communities across NSW.

## Program initiatives

### Implementation of the Optimal Utilisation of the MBS Project

AH&MRC continued to support the implementation of the Optimal Utilisation of the Medicare Benefits Schedule (MBS) Project. This national initiative focuses on developing consistent resources and delivering targeted training, education and support to health professionals and practice staff across Member Services.

To strengthen delivery in NSW, AH&MRC appointed a Jurisdictional Coordinator and an MBS Administration Trainee to lead and support implementation. This has enhanced local capacity and provided direct, practical assistance to ACCHOs in maximising appropriate Medicare utilisation.

### National CQI Workplan

The team established a national CQI network to create a structured platform for collaboration across State peak bodies. The network supports shared learning,

relationship building and the exchange of ideas that strengthen clinical governance and CQI systems.

Through this work, the Compliance team collaborates with Member Services to share best practice approaches in clinical governance, data systems management, accreditation, Medicare compliance and digital health. This coordinated approach supports consistent standards and strengthens quality improvement across the sector.

## Events

### CQI State Forum 2025

This year's CQI State Forum was our most successful yet, with a sold-out event attended by 31 Member Services and 81 staff representatives. Held from 3-5 June 2025 at the Pullman Sydney Hyde Park, the conference theme focused on *MBS Updates and Digital Health Innovations*.

The Forum strengthened Member ACCHS' knowledge of continuous quality improvement processes and fostered a strong peer support network to implement best practice and deliver high-quality care to communities. Presentations highlighted the power of culturally safe, data-informed approaches and reinforced the sector's commitment to improving health outcomes for Aboriginal communities across NSW.

### CQI Awards Night

Alongside the Forum, the Compliance team hosted the annual CQI Awards Night. Member Services gathered for a gala evening of celebration, connection and community pride, recognising innovation, commitment to continuous improvement and excellence in service delivery. The awards showcased the impact of culturally safe, community-led care across the sector.

### Award Recipients:

- + **Emerging Talent Award:** Waminda – South Coast Women's Health & Wellbeing Aboriginal Corporation
- + **Quality Team of the Year:** Quality Compliance and Reporting (QCR) Team – South Coast Medical Service Aboriginal Corporation
- + **Quality Organisation of the Year:** Tamworth Aboriginal Medical Service Aboriginal Corporation

AH&MRC CQI State Forum 2025 - Gadigal, Sydney





# COMMUNICATIONS & MARKETING



The Communications and Marketing team works across all internal departments and with external stakeholders to ensure consistent and culturally appropriate communication with Member Services and communities. Through digital platforms, print media and events, the team shares key health messages, supports health promotion and Member engagement, and delivers tailored health promotion resources that strengthen awareness.

The team also provides end-to-end event support, including campaign development, branded materials, photography and post-event engagement. This integrated approach enhances the visibility of AH&MRC programs while connecting communities with timely, relevant and accessible information.



AH&MRC custom branded marketing at Fair Day, Gadigal, Sydney

## Program Initiatives

Over the past year, the team supported a broad range of health, wellbeing and community resilience initiatives, including:

- + **Our Healthy Kids** – promoting health and wellbeing in schools through interactive programs and targeted resources.
- + **Mental Health and Social & Emotional Wellbeing** – developing and distributing culturally responsive communication materials.
- + **Biosecurity On Country** – supporting the promotion and documentation of a pre-employment training initiative delivered in collaboration with the Department of Agriculture, Fisheries and Forestry.
- + **Public Health Campaigns** – including *Now's the Time* immunisation campaigns and *Doin' it Right* sexual health resources.

## Events

In 2024–25, the Communications and Marketing team supported major events with marketing and promotion, including the AH&MRC CQI State Forum. Our concentrated efforts helping to increase attendance by **43%** (32 Member Services, up from 25 the previous year). In-house photography and live social media boosted engagement and future promotion.

The team also partnered with the Our Healthy Kids (OHK) program to deliver community-based events across NSW.

In addition, the team supported AH&MRC's presence at community and sector events, including Yabun, Fair Day, NAIDOC events and both the NSW Mental Health and NSW Suicide Prevention Forums.

## Key Achievements

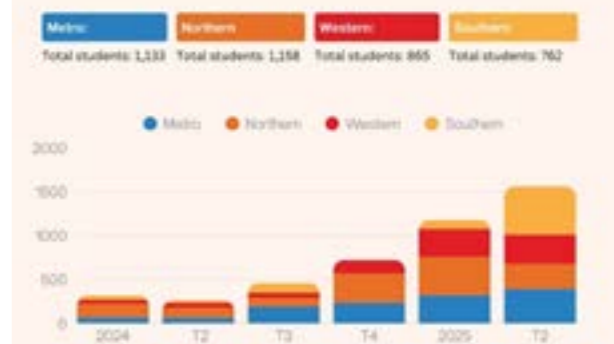
A major achievement was the OHK program relaunch, including a new website, social media channels, newsletter and updated resources such as revised workbooks, classroom presentations, animated videos voiced by First Nations artists and stage-specific graduation packs.

The program rebrand and targeted promotional strategy delivered strong outcomes:

- + **School enrolments increased by 230%**
- + **School participation grew by 160% (16 schools across NSW)**
- + **Stronger partnerships with Member Services enabled integration of health checks, further enhancing impact towards positive health outcomes.**



## 2024-25 Financial Year reporting period





# OPERATIONS

The 2024–2025 financial year marked a significant milestone for AH&MRC with the establishment of a dedicated Operations function in May 2025. The newly appointed Operations commenced a focused program of work to strengthen operational systems, governance, and internal capability across AHMRC.

Foundational priorities have included reviewing internal processes, enhancing compliance frameworks, improving financial and administrative efficiency, and identifying opportunities for continuous improvement to support sustainable growth.

## Initiatives

A major project currently underway is the development of a new AH&MRC intranet alongside a comprehensive reset of the existing SharePoint environment. This initiative will centralise organisational policies,

procedures and resources, streamline internal communication and enhance collaboration across teams. The intranet will provide staff with improved access to information, strengthen transparency and support consistency in practice across the organisation. As AH&MRC continues to grow, this platform will serve as a critical piece of infrastructure to improve efficiency, knowledge sharing and organisational cohesion.

Improving financial governance has also been a priority, with the rollout of the ProSpend invoicing system delivering a more streamlined and accountable approach to procurement and invoice management. The system introduces clearer approval workflows, improved budget visibility and stronger internal controls, supporting compliance, reducing risk and enhancing financial oversight across programs and cost centres.

In parallel, a comprehensive review and update of core organisational policies has commenced to align with best-practice standards. Key policies, including Conflict of Interest, Whistleblower and Related Party, have been revised, and new frameworks such as Information Management have been developed to support accountability and effective stewardship of organisational resources.

*Cultural clay staff workshop, Dharawal, Woolongong*

## Events

In addition to strengthening internal systems, the Operations Manager together with the Marketing and Events teams coordinated the AH&MRC All Staff Gathering held in Wollongong on Dharawal Country — the first whole-of-organisation gathering in many years. Over three days, staff came together for connection, reflection and strategic planning.

The event was positively received, achieving an overall satisfaction rating of 4.65 out of 5. The program included a dedicated Strategic Plan workshop, providing staff with the opportunity to engage directly with organisational priorities, contribute input, and better understand how their roles align with AHMRC's strategic objectives. Beyond the event itself, the gathering provided an important opportunity to reinforce organisational values, strengthen cross-team collaboration, and support a more connected and cohesive workforce.

## Key Achievements

As a newly formed function, Operations has already contributed meaningfully to strengthening AH&MRC's internal infrastructure. These initiatives are strengthening AHMRC's operational foundations. The focus for 2025–2026 will be on embedding systems, refining processes and supporting the organisation through the development and implementation of the 2026–2029 Strategic Plan.



*AH&MRC Intranet in action*



*Donna Murray (IAHA), staff workshop, Dharawal, Woolongong*







Across NSW, Aboriginal Community Controlled Health Organisations continue to lead innovative, community-driven solutions that strengthen health outcomes for Aboriginal and Torres Strait Islander peoples. The following stories highlight the impact, partnerships and milestones achieved by our Members throughout the year.



### NSW Aboriginal Led Precision Medicine: Empowering through Genomics

AH&MRC, alongside ALIGN, has been progressing pre-community engagement activities for the P4P Aboriginal-Led Precision Medicine initiative, supporting informed discussions about genomics and its future role in Aboriginal health care.

Throughout the year, the team has visited a number of Member Services including Maari Ma Health Aboriginal Corporation (Broken Hill), Tamworth Aboriginal Medical Service, Armajun Aboriginal Health Service (Inverell) and Pius X Aboriginal Corporation (Moree).

These sessions have been well attended, reflecting strong community interest in understanding genomics and its potential benefits when led by and grounded in Aboriginal governance and values.

Further regional visits are planned for the Many Rivers region, Grafton, the Northern Coast, the South Coast and Western NSW, ensuring communities have the opportunity to engage early and contribute to shaping this important initiative.

This work highlights the strength of collaboration and community-led dialogue in advancing innovative, culturally safe health solutions across the state.



### Orange Aboriginal Medical Service OAMIES Kids Awards

Orange Aboriginal Medical Service (OAMS) proudly launched the inaugural OAMIES Kids Awards to mark the beginning of NAIDOC Week in Orange, celebrating the achievements and potential of young people across the region.

Designed to promote youth recognition and support social and emotional wellbeing, the awards acknowledged two students from each participating primary school. Schools selected recipients based on key development areas such as academic achievement, leadership, cultural engagement and community spirit.

Award recipients were presented with a certificate and \$50 voucher at the annual OAMS Showcase Community Open Day, providing a public platform to celebrate their efforts and encourage continued growth. The initiative reinforces OAMS' values of respect, inclusion, courage, ownership and safety, while supporting educational engagement through partnerships with local schools.

Through the OAMIES Kids Awards, OAMS continues to invest in the strength and future of young people, recognising that empowering youth is central to building thriving and resilient communities.

### Working Together to Boost Cancer Screening in Community

AH&MRC partnered with Cancer Institute NSW and Healthy North Coast PHN to deliver a two-day population health workshop in Coffs Harbour, supporting Member Services to strengthen cancer screening initiatives across Northern NSW.

Twelve Aboriginal Health Workers and Managers from six Aboriginal Health Services, including Bulgarr Ngaru, Werin, Rekindling the Spirit, Bullinah, Durri and Galambila participated in the workshop. Developed by AH&MRC and aligned with the learning outcomes of HLTPOP021 Plan a Population Health Project, the training equipped participants with practical skills to design and implement community-based health initiatives.

During the workshop, participants identified a cancer screening project aimed at reducing cancer incidence and mortality. Each service developed a draft project plan supported by program logic frameworks to guide monitoring, evaluation and continuous improvement.

The collaborative format enabled services to share practical examples and adapt existing tools to meet local community needs. A follow-up workshop is scheduled for November to continue strengthening partnerships and build capacity across the region, ensuring these cancer screening initiatives can be shared and adapted to benefit more communities.



Image: Orange Aboriginal Medical Service



Image: Bullinah Aboriginal Health Service  
- Kaunitz Yeung Architecture

### New Purpose-Built Facility for Bullinah Aboriginal Health Service

Construction commences in 2025 for a new purpose-built facility for Bullinah Aboriginal Health Service in Ballina, marking a significant milestone in the organisation’s growth and service delivery.

The \$15 million development will bring together seven existing sites into one integrated, multi-level facility on Tamar Street. The new centre will provide expanded GP services, specialist care, aged care support, rehabilitation space and dedicated areas for mothers and babies, strengthening access to comprehensive, culturally safe healthcare under one roof.

Founded in 2008, Bullinah has continued to grow in response to community need. The new facility will allow the service to introduce additional programs that were previously limited by infrastructure constraints, while improving coordination across clinical, allied health and support teams.

The project reflects sustained financial stewardship and long-term planning, with Bullinah contributing \$2.4 million towards the build alongside state and federal funding. A ground-breaking and smoking ceremony marked the commencement of construction, celebrating this important step forward for the community.

The new facility represents a lasting investment in Aboriginal community-controlled healthcare in the region.

### Greater Western Sydney Ngaliya Partnership

Eleven Aboriginal organisations in western Sydney have formalised the Greater Western Sydney Ngaliya Partnership, a place-based initiative established under the National and State Closing the Gap framework.

Ngaliya, meaning “together” in Dharug language, reflects a collective commitment to improving outcomes for Aboriginal and Torres Strait Islander peoples across the region. Approximately five percent of Australia’s Aboriginal population resides in western Sydney, highlighting the importance of coordinated, community-led action at a local level.

The partnership brings together Aboriginal Community Controlled organisations to strengthen collaboration across health, youth services, aged care, education, housing, employment, legal support, disability, cultural heritage and social and emotional wellbeing. By aligning efforts and sharing decision-making, the partnership creates a unified voice to address community priorities.

The formal signing of the memorandum of understanding marked an important step towards greater self-determination, shared accountability and long-term systemic change. As the second place-based partnership of its kind in NSW, the Ngaliya Partnership represents a significant milestone in strengthening Aboriginal leadership and collective impact in western Sydney.



Image: Aboriginal Affairs NSW



Image: Tamworth Aboriginal Medical Service

### Tamworth Aboriginal Medical Service: Deadly Day on the Green

Tamworth Aboriginal Medical Service (TAMS) hosted a ‘Deadly Day on the Green’ at Tamworth Golf Club, bringing community together to support men’s mental health and wellbeing.

Designed to create a safe and supportive space, the day encouraged men to come together – whether seasoned golfers or first-time players – to share a yarn, build relationships and prioritise wellbeing. With golf clubs available for those who needed them, along with a free BBQ and refreshments, the event ensured accessibility and a welcoming atmosphere for all.

‘Deadly Day on the Green’ highlighted the importance of culturally grounded approaches to mental health, where connection to community and time spent together play a vital role in social and emotional wellbeing. The strong turnout and positive feedback reflect the value of creating opportunities for men to connect in ways that feel comfortable, informal and culturally safe.

Through initiatives such as this, TAMS continues to demonstrate its commitment to strengthening community wellbeing and fostering spaces where Mob can come together, support one another and thrive.

### Expanding Access to Paediatric Support in Wellington

Wellington Aboriginal Corporation Health Service’s Aboriginal Children’s Therapy Team has partnered with Marathon Health and the Rural Doctors Network to deliver a dedicated paediatric clinic for children requiring behavioural and developmental assessment.

Through this collaboration, three clinic days were secured, enabling up to 18 current clients to receive specialist assessment from a paediatrician at no cost. The first clinic was delivered in March, with additional sessions scheduled across the following months.

This initiative strengthens access to early intervention and specialist care for Aboriginal children and families in the region. By working in partnership with key health organisations, the service continues to improve pathways to assessment, diagnosis and support for young children during critical stages of development.

The collaboration reflects a shared commitment to providing timely, culturally responsive care that supports positive long-term health and wellbeing outcomes.



Image: Wellington Aboriginal Corporation Health Service



Image: Waminda

### Waminda and BreastScreen NSW: Beautiful Shawls Project

Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation partnered with BreastScreen NSW to deliver the Beautiful Shawls Project to women in community.

The initiative provides Aboriginal and Torres Strait Islander women aged 40 and over with a culturally designed shawl when attending a mammogram appointment. Created by local Aboriginal artist Maddison Jones, the United in Strength Shawl was designed to help women feel protected, respected and supported throughout their screening experience.

By incorporating culturally meaningful elements into clinical settings, the project aims to reduce feelings of shame or discomfort that can be associated with screening and encourage greater participation in early detection programs.

The collaboration reflects Waminda's ongoing commitment to culturally safe healthcare and community-led approaches that strengthen women's health outcomes across the South Coast.

### Maari Ma Health Aboriginal Corporation Turns 30!

In 2025, Maari Ma Health Aboriginal Corporation proudly celebrates 30 years of delivering culturally safe, community-controlled health services across far west NSW.

Established in 1995 to address the significant gaps in Aboriginal health services in the region, Maari Ma has grown from a small team into a leading Aboriginal Community Controlled Health Organisation employing more than 120 staff across four communities. Today, services are delivered through the Maari Ma Primary Health Care Service in Broken Hill, the Wilcannia Health and Wellbeing Centre, the Bes Murray Community Centre in Balranald, as well as outreach and youth programs that support children, families and communities.

Proudly governed by a community-elected Board representing the region, Maari Ma continues to ensure services are grounded in culture and responsive to local needs. Throughout 2025, communities across the Murdi Paaki region are coming together to mark this significant milestone — celebrating three decades of resilience, leadership and commitment to improving health outcomes for Aboriginal people in far west NSW.



Maari Ma Health 30th Anniversary



Image: Waminda

### Waminda Celebrates 40 Years of Aboriginal Women's Leadership

In September 2024, Waminda hosted its inaugural National Conference in Nowra, bringing together Aboriginal leaders, health professionals, advocates and community members from across the country to celebrate 40 years of Aboriginal women's leadership.

The three-day conference highlighted Waminda's remarkable journey as Australia's only Aboriginal Community Controlled Health Organisation led entirely by Aboriginal women. Through keynote presentations, panel discussions and cultural reflections, attendees explored critical issues including health and wellbeing, social and emotional wellbeing, Birthing on Country, matriarchal leadership, self-determination, treaty and the future of Aboriginal community control.

Featuring more than 30 renowned speakers, the conference showcased the strength, resilience and vision of Aboriginal women while honouring Waminda's legacy and inspiring the next generation of leaders. A key highlight was the premiere of Waminda's documentary on self-determination and matriarchal leadership, reinforcing the organisation's ongoing commitment to empowering Aboriginal women, families and communities for generations to come.

### Celebrating Ungooroo 30 Years of Community-Led Care

In 2025, Ungooroo Aboriginal Corporation celebrated 30 years of delivering culturally safe, community-controlled services to Aboriginal people and families across the Hunter region.

Since its establishment in 1995, Ungooroo has grown from a small local organisation into a trusted provider of health, social and wellbeing services, supporting generations of Aboriginal people through programs focused on healing, prevention, connection and empowerment. Guided by community needs and Aboriginal leadership, the organisation has remained committed to improving health outcomes while strengthening culture, identity and self-determination.

The 30-year milestone provided an opportunity to reflect on the dedication of Elders, staff, community members and leaders who have shaped the organisation's journey and contributed to its ongoing success. It also celebrated the strong partnerships and community connections that continue to drive positive change across the region.

As Ungooroo looks to the future, the organisation remains focused on delivering holistic, culturally responsive care and creating opportunities for Aboriginal people and communities to thrive for generations to come.



Ungooroo



Image: The Glen Rehab celebrates 30th anniversary

### Ngaimpe Aboriginal Corporation Celebrates 30 Years of Healing and Recovery

In 2025, Ngaimpe Aboriginal Corporation celebrated 30 years of supporting Aboriginal men, families and communities through culturally grounded healing and recovery programs.

Known as The Glen, the organisation has provided a safe and supportive pathway for Aboriginal men seeking recovery from alcohol and other drug use since 1995. Built on the foundations of culture, connection and community, The Glen has become a leading Aboriginal residential rehabilitation service, supporting generations of men through holistic care, cultural healing and peer support.

Over the past three decades, Ngaimpe Aboriginal Corporation has strengthened its impact through community-led approaches supporting social and emotional wellbeing, family connection, cultural identity and long-term healing.

The 30-year milestone recognised the dedication of Elders, staff, graduates, families and supporters, while celebrating the resilience of the many men who have continued their journeys toward healing, strength and self-determination.

As the organisation looks ahead, The Glen remains committed to delivering culturally safe rehabilitation services and supporting healthier futures for Aboriginal communities across NSW.

### Birthing to Dreaming: OAMS' Hydrotherapy and Wellbeing Facility

Orange Aboriginal Medical Service (OAMS) announced the development of a new \$4 million hydrotherapy and wellbeing facility, marking a significant investment in culturally safe, community-led health infrastructure for Aboriginal communities in regional NSW.

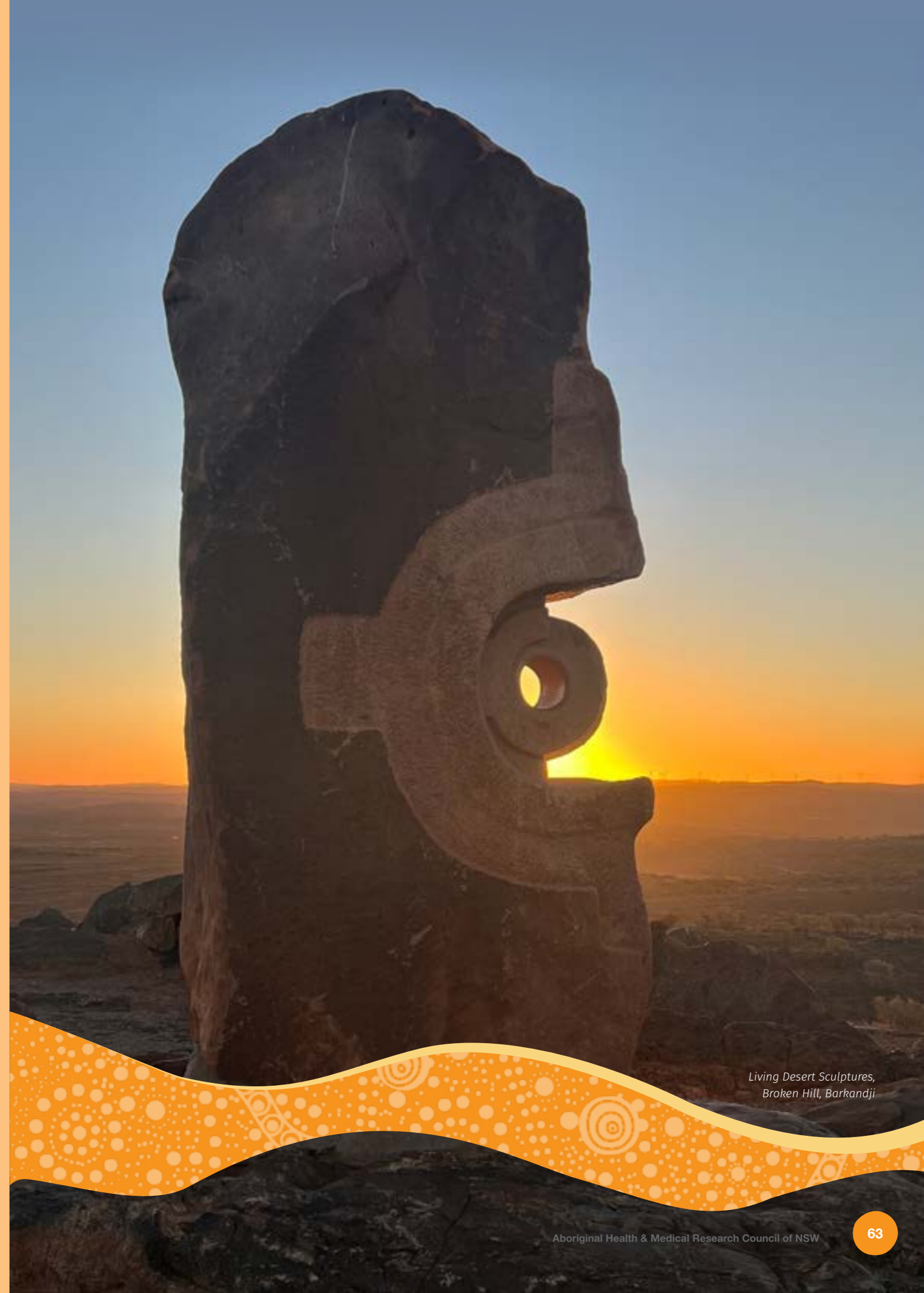
The new facility will include a hydrotherapy pool, gymnasium, consulting rooms and community wellbeing spaces, supporting holistic and preventative care for people of all ages. Operating alongside OAMS' existing Walu-Win Centre services, the development will strengthen access to culturally safe rehabilitation, wellbeing and support services for community.

Supported through investment from the Department of Health and Aged Care, with support from Newmont, the project reflects the continued leadership and innovation of Aboriginal Community Controlled Health Organisations in delivering locally driven health solutions for Aboriginal communities.

Once completed, the facility will provide expanded opportunities for healing, physical activity, rehabilitation and social connection, reinforcing OAMS' commitment to caring for community from "Birthing to Dreaming."



Image: Orange Aboriginal Medical Service (OAMS)



Living Desert Sculptures, Broken Hill, Barkandji

# FINANCIAL REPORTING



*Myall Lakes National Park,  
Worimi Country*

## Aboriginal Health and Medical Research Council of NSW

ABN: 66 085 654 397

**Crowe Audit Australia**  
ABN 13 969 921 386  
Audit and Assurance Services

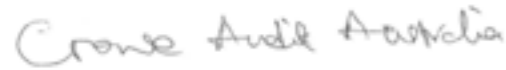
**Dubbo Office**  
2 Commercial Avenue  
Dubbo NSW 2830 Australia  
PO Box 654  
Dubbo NSW 2830 Australia  
Tel 02 6883 5600  
Fax 02 6884 2242

**Bathurst Office**  
157 George Street  
Bathurst NSW 2795 Australia  
PO Box 684  
Bathurst NSW 2795 Australia  
Tel 02 6330 2200  
Fax 02 6330 2299  
[www.crowe.com.au](http://www.crowe.com.au)

### Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 to the Responsible Persons of Aboriginal Health and Medical Research Council of NSW

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2025, there have been:

- (i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.



**CROWE AUDIT AUSTRALIA**



**Gabriel Faponle**  
Audit Partner  
Registered Company Auditor No.513644

Date at Dubbo on the 18th day of November 2025

*Some of the Crowe personnel involved in preparing this document may be members of a professional scheme approved under Professional Standards Legislation such that their occupational liability is limited under that Legislation. To the extent that applies, the following disclaimer applies to them. If you have any questions about the applicability of Professional Standards Legislation to Findex's personnel involved in preparing this document, please speak to your Crowe adviser.*

*Liability limited by a scheme approved under Professional Standards Legislation*

*The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.*

*Findex (Aust) Pty Ltd, trading as Crowe Australasia is a member of Crowe Global, a Swiss Verein. Each member firm of Crowe Global is a separate legal entity. Findex (Aust) Pty Ltd and its affiliates are not responsible or liable for any acts or omissions of Crowe Global or any other member of Crowe Global does not render any professional services and does not have an ownership or partnership interest in Findex (Aust) Pty Ltd. Services are provided by Crowe Audit Australia, an affiliate of Findex (Aust) Pty Ltd.  
© 2025 Findex (Aust) Pty Ltd*

1

## Aboriginal Health and Medical Research Council of NSW

ABN: 66 085 654 397

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 (\$)	2024 (\$)
State and Federal grants	4	17,251,862	15,079,352
Other funding bodies	4	338,281	320,277
Other income	4	1,023,621	724,268
Travel and accommodation		(1,409,592)	(1,295,983)
Audit, legal, and other professional fees	5	(666,358)	(426,858)
Rent and occupancy	5	(204,605)	(210,880)
Venue expenses		(113,561)	(119,187)
Repairs and maintenance		(118,706)	(147,518)
Computer, software, and consumables		(466,797)	(183,699)
Depreciation, amortisation, and impairment expense	5	(515,805)	(711,171)
Other expenses		(1,214,873)	(1,508,256)
Programs and promotion		(1,895,451)	(1,945,361)
Post and printing		(103,672)	(39,846)
Telephone		(21,001)	(28,474)
Motor vehicle running costs		(53,805)	(76,993)
Recruitment and training		(419,807)	(63,407)
Consulting fees	5	(739,681)	(1,116,563)
Employee benefits expense		(8,205,169)	(8,053,155)
<b>Surplus for the year</b>		<b>2,464,881</b>	<b>284,770</b>
<b>Total comprehensive income for the year</b>		<b>2,464,881</b>	<b>284,770</b>

The accompanying notes form part of these financial statements.

**NOTES TO THE FINANCIAL STATEMENTS**  
FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 (\$)	2024 (\$)
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	6	17,489,070	10,940,771
Trade and other receivables	7	510,607	2,372,971
Inventories	8	8,810	6,060
Other financial assets	9	5,827,371	5,576,176
Other assets	10	444,341	350,615
Right-of-use assets	13	30,390	-
<b>Total current assets</b>		<b>24,310,589</b>	19,246,593
<b>Non-current assets</b>			
Property, plant and equipment	11	13,315,290	13,531,703
Intangible assets	12	2,583	7,494
Right-of-use assets	13	-	176,270
<b>Total non-current assets</b>		<b>13,317,873</b>	13,715,467
<b>Total assets</b>		<b>37,628,462</b>	32,962,060
<b>Liabilities</b>			
<b>Current liabilities</b>			
Lease liabilities	13	32,390	-
Trade and other payables	14	1,550,676	1,672,237
Other liabilities	15	6,463	4,997
Other financial liabilities	16	14,003,300	11,601,296
Employee benefits	17	395,750	383,186
<b>Total current liabilities</b>		<b>15,988,576</b>	13,661,716
<b>Non-current liabilities</b>			
Lease liabilities	13	-	174,993
Employee benefits	17	101,556	51,905
<b>Total non-current liabilities</b>		<b>101,556</b>	226,898
<b>Total liabilities</b>		<b>16,090,135</b>	13,888,614
<b>Net assets</b>		<b>21,538,327</b>	19,073,446
<b>Equity</b>			
Retained earnings		21,538,327	19,073,446
		<b>21,538,327</b>	19,073,446

The accompanying notes form part of these financial statements.

**NOTES TO THE FINANCIAL STATEMENTS**  
FOR THE YEAR ENDED 30 JUNE 2025

	Note	Retained earnings (\$)	Total (\$)
<b>2025</b>			
<b>Balance at 1 July 2024</b>		19,073,446	19,073,446
Surplus attributable to members of the company		2,464,881	2,464,881
<b>Balance at 30 June 2025</b>		<b>21,538,327</b>	<b>21,538,327</b>
<b>2024</b>			
<b>Balance at 1 July 2023</b>		18,788,676	18,788,677
Surplus attributable to members of the company		284,770	284,770
<b>Balance at 30 June 2024</b>		<b>19,073,446</b>	<b>19,073,447</b>

The accompanying notes form part of these financial statements.



**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2025**

**Interest**

Interest revenue is recognised as it 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 asset.

**Donation**

Donation is recognised at the time of the pledge is made.

**b / Income tax**

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

**c / Goods and services tax (GST)**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

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

**d / Property, plant and equipment**

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment.

Items of property, plant and equipment acquired for significantly less than fair value have been recorded at the acquisition date fair value.

**Land and buildings**

Land and buildings are measured using the revaluation model.

**Plant and equipment**

Plant and equipment are measured using the cost model.

**Depreciation**

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the Company, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Buildings	1% – 2.5%
Plant and Equipment	5% – 40%
Office Fit-outs	5% – 7%
Motor Vehicles	25%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2025**

**e / Financial instruments**

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

**f / Cash and cash equivalents**

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and subject to an insignificant risk of change in value.

**g / Leases**

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

**h / Employee benefits**

Provision is made for the Company's liability for employee benefits, those benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

**Note 3 Critical Accounting Estimates and Judgements**

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

**Critical Accounting Estimates and Judgements continued**

The significant estimates and judgements made have been described below.

**Key estimates – impairment of property, plant and equipment**

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

**Key estimates – fair value of financial instruments**

The Company has certain financial assets and liabilities which are measured at fair value. Where fair value has not able to be determined based on quoted price, a valuation model has been used. The inputs to these models are observable, where possible, however these techniques involve significant estimates and therefore fair value of the instruments could be affected by changes in these assumptions and inputs.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2025**

**Key estimates – provisions**

As described in the accounting policies, provisions are measured at management's best estimate of the expenditure required to settle the obligation at the end of the reporting period. These estimates are made taking into account a range of possible outcomes and will vary as further information is obtained.

**Key estimates – allowances for credit losses**

The allowance for expected credit losses assessment requires a degree of estimation and judgement. It is based on the lifetime expected credit loss, grouped based on days overdue, and makes assumptions to allocate an overall expected credit loss rate for each group. These assumptions include recent sales experience and historical collection rates.

**Key estimates – Revenue from contracts with customers**

When recognising revenue in relation to the sale of goods to customers, the key performance obligation of the consolidated entity is considered to be the point of delivery of the goods to the customer, as this is deemed to be the time that the customer obtains control of the promised goods and therefore the benefits of unimpeded access.

**Note 4 Revenue and Other Income**

Revenue from continuing operations

	2025 (\$)	2024 (\$)
<b>Revenue from contracts with customers</b>		
<b>Revenue and Other Income</b>		
State/Federal government grants	17,251,862	15,079,352
Other funding bodies	338,281	320,277
<b>Total revenue</b>	<b>17,590,143</b>	<b>15,399,629</b>
<b>Other Income</b>		
Interest received	343,639	356,523
Donations & sponsorships	25,906	8,648
Other income	654,076	359,097
<b>Total other income</b>	<b>1,023,621</b>	<b>724,268</b>
<b>Total revenue and other income</b>	<b>18,613,764</b>	<b>16,123,897</b>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2025**

**Note 5 Expenses**

The result for the year includes the following specific expenses:

	2025 (\$)	2024 (\$)
Rental and occupancy	204,605	210,880
Consulting fees	739,681	1,116,563
<b>Audit, legal, and consulting</b>		
Audit fees	55,000	45,500
Legal and other professional fees	611,358	381,358
	<b>666,358</b>	<b>426,858</b>
<b>Depreciation, amortisation, and impairment expense</b>		
Depreciation - Buildings	115,649	115,649
Depreciation - Plant and equipment	150,784	110,893
Depreciation - Right-of-use assets	193,476	176,274
Depreciation - Office Fit out	12,411	7,054
Depreciation - Motor vehicles	38,485	292,159
Impairments - Motor vehicles	91	-
Depreciation - Computer software	4,909	9,142

**Note 6 Cash and Cash Equivalents**

	2025 (\$)	2024 (\$)
Cash at bank and in hand	17,489,070	10,940,771
<b>Total cash and cash equivalents</b>	<b>17,489,070</b>	<b>10,940,771</b>

**Note 7 Trade and Other Receivables**

	2025 (\$)	2024 (\$)
<b>Current</b>		
Trade receivables	468,512	2,348,586
Deposits	-	2
GST receivable	34,763	8,479
FBT receivables	7,332	15,904
<b>Total current trade and other receivables</b>	<b>510,607</b>	<b>2,372,971</b>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2025**

**Note 8 Inventories**

	2025 (\$)	2024 (\$)
<b>Current</b>		
Printed materials for online sale	8,810	6,060
<b>Total inventories</b>	<b>8,810</b>	<b>6,060</b>

**Note 9 Other Financial Assets**

	2025 (\$)	2024 (\$)
<b>Current</b>		
Term deposit investments	5,827,371	5,576,176
<b>Total other financial assets</b>	<b>5,827,371</b>	<b>5,576,176</b>

**Note 10 Other Assets**

	2025 (\$)	2024 (\$)
<b>Current</b>		
Prepayments	255,817	166,199
Accrued income	136,199	179,375
Investment income receivable	52,325	5,041
<b>Total other assets</b>	<b>444,341</b>	<b>350,615</b>

**Note 11 Property, Plant and Equipment**

	2025 (\$)	2024 (\$)
<b>Land and buildings</b>		
At cost	13,650,000	13,650,000
Accumulated depreciation	(693,896)	(578,247)
<b>Total land and buildings</b>	<b>12,956,104</b>	<b>13,071,753</b>
<b>Plant and equipment</b>		
At cost	2,405,139	2,259,102
Accumulated depreciation	(2,251,887)	(2,101,103)
<b>Total plant and equipment</b>	<b>153,252</b>	<b>157,999</b>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2025**

	2025 (\$)	2024 (\$)
<b>Office Fit out</b>		
At cost	259,188	259,188
Accumulated depreciation	(82,774)	(70,364)
<b>Total furniture, fixtures and fittings</b>	<b>176,414</b>	<b>188,824</b>
<b>Motor Vehicles</b>		
At cost	536,296	644,469
Accumulated depreciation	(506,776)	(531,342)
<b>Total motor vehicles</b>	<b>29,520</b>	<b>113,127</b>
<b>Total plant and equipment</b>	<b>359,186</b>	<b>459,950</b>
<b>Total property, plant and equipment</b>	<b>13,315,290</b>	<b>13,531,703</b>

**a / Movements in carrying amounts**

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land and Buildings (\$)	Plant and Equipment (\$)	Office Fit out (\$)	Motor Vehicles (\$)	Total (\$)
<b>Year ended 30 June 2025</b>					
Balance at the beginning of year	13,071,754	157,499	189,324	113,126	13,531,703
Additions	-	146,038	-	-	146,038
Disposals	-	-	-	-45,122	-45,122
Depreciation expense	-115,649	-150,784	-12,411	-38,485	-317,329
<b>Balance at the end of the year</b>	<b>12,956,105</b>	<b>152,753</b>	<b>176,913</b>	<b>29,519</b>	<b>13,315,290</b>

**Note 12 Intangible Assets**

	2025 (\$)	2024 (\$)
<b>Computer software</b>		
Cost	45,710	45,710
Accumulated amortisation	(43,127)	(38,216)
<b>Net carrying value</b>	<b>2,583</b>	<b>7,494</b>
<b>Total Intangibles assets</b>	<b>2,583</b>	<b>7,494</b>



**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2025**

Reports are presented at each Board meeting regarding the implementation of these policies and any risk exposure which the Risk Management Committee believes the board should be aware of.

The Company's investments are held in the following sectors at reporting date:

	2025	2024
Banking and finance	99%	99%
Plant and Equipment	1%	1%
Office Fit-outs	100%	100%

**Note 19 Members' Guarantee**

The Company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the Company. At 30 June 2025 the number of members was 49 (2024: 49).

**Note 20 Key Management Personnel Disclosures**

The remuneration paid to key management personnel of the Company is \$1,803,344 (2024: \$908,771). The current year figure includes fringe benefits, superannuation benefits and annual leave provision.

**Note 21 Contingencies**

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2025 (30 June 2024: None).

**Note 22 Related Parties**

Key management personnel - refer to Note 20.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2025**

**Note 23 Cash Flow Information**

**a / Reconciliation of result for the year to cashflows from operating activities**

Reconciliation of net income to net cash provided by operating activities:

	2025 (\$)	2024 (\$)
Profit for the year	2,464,878	284,770
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit:		
+ Depreciation/impairment	515,717	711,171
+ Impairment of property, plant and equipment	91	-
+ Net gain on disposal of property, plant and equipment	(56,807)	-
Changes in assets and liabilities:		
+ (increase)/decrease in trade and other receivables	1,906,544	(1,688,808)
+ (increase)/decrease in other assets	(137,907)	(118,935)
+ increase/(decrease) in inventories	(2,750)	(6,060)
+ increase/(decrease) in income in advance	-	3,140,441
+ increase/(decrease) in trade and other payables	2,280,440	487,015
+ increase/(decrease) in financial liabilities	1,468	-
+ increase/(decrease) in provisions	62,215	(6,084,113)
<b>Cashflows from operations</b>	<b>7,033,889</b>	<b>(3,274,518)</b>

**Note 24 Events After the End of the Reporting Period**

The financial report was authorised for issue on 18 November 2025 by those charged with governance.

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 future financial years.

**Note 25 Statutory Information**

The registered office and principal place of business of the company is:

**Aboriginal Health and Medical Research Council of NSW**  
35 Harvey Street  
LITTLE BAY NSW 2036

**Aboriginal Health and Medical Research Council of NSW**

ABN: 66 055 654 297


**Responsible Persons' Declaration**

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2022*.

Responsible person 

Responsible person 

Dated 18.11.2025



**Crowe Audit Australia**  
ABN 13 969 921 386  
Audit and Assurance Services

**Dubbo Office**  
2 Commercial Avenue  
Dubbo NSW 2830 Australia

PO Box 654  
Dubbo NSW 2830 Australia  
Tel 02 6883 5600  
Fax 02 6884 2242

**Bathurst Office**  
157 George Street  
Bathurst NSW 2795 Australia

PO Box 684  
Bathurst NSW 2795 Australia  
Tel 02 6330 2200  
Fax 02 6330 2299

www.crowe.com.au

**Independent Auditor's Report**

**To the Members of Aboriginal Health & Medical Research Council of NSW**

**Opinion**

We have audited the financial report of Aboriginal Health & Medical Research Council of NSW (the Corporation) which comprises the statement of financial position as at 30 June 2025, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by those charged with governance.

In our opinion, the accompanying financial report of the Corporation is in accordance with the *Australian Charities and Not For Profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Corporation's financial position as at 30 June 2025 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not for Profits Commission Regulations 2022*.

**Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not for Profits Commission Regulations 2022* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Australian Charities and Not for Profits Commission Regulations 2022*, which has been given to the directors of the Corporation, would be in the same terms if given to the directors as at the time of this auditor's report.

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

*Some of the Crowe personnel involved in preparing this document may be members of a professional scheme approved under Professional Standards Legislation such that their occupational liability is limited under that Legislation. To the extent that applies, the following disclaimer applies to them. If you have any questions about the applicability of Professional Standards Legislation to Findex's personnel involved in preparing this document, please speak to your Crowe adviser.*

*Liability limited by a scheme approved under Professional Standards Legislation*

*The title 'Partner' conveys that the person is a senior member within their respective division and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is external audit, conducted via the Crowe Australasia external audit division and Unison SMSF Audit. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.*

*Findex (Aust) Pty Ltd, trading as Crowe Australasia is a member of Crowe Global, a Swiss Verein. Each member firm of Crowe Global is a separate and independent legal entity. Findex (Aust) Pty Ltd and its affiliates are not responsible or liable for any acts or omissions of Crowe Global or any other member of Crowe Global. Crowe Global does not render any professional services and does not have an ownership or partnership interest in Findex (Aust) Pty Ltd. Services are provided by Crowe Audit Australia, an affiliate of Findex (Aust) Pty Ltd.  
© 2025 Findex (Aust) Pty Ltd*



### Other Information

The directors are responsible for the other information. The other information is the Directors' report and the Detailed Operating Statement accompanying the financial report.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report, or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of the Directors for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not for Profits Commission Regulations 2022* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

### Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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



**CROWE AUDIT AUSTRALIA**



**Gabriel Faponle**  
**Audit Partner**  
**Registered Company Auditor No. 513644**

Dated at Dubbo on the 18th day of November 2025



**AH&MRC**  
Aboriginal Health & Medical  
Research Council of NSW

[www.ahmrc.org.au](http://www.ahmrc.org.au)



**AH&MRC**  
Aboriginal Health & Medical  
Research Council of NSW



@ahmrc\_NSW



@AHMRCNSW



AH&MRC of NSW



**Aboriginal Health & Medical Research Council of NSW**

Level 4, 280 Pitt Street, Sydney NSW 2000 – Gadigal Country  
(02) 9212 4777

[www.ahmrc.org.au](http://www.ahmrc.org.au)