Australian Doctors Federation

A strong profession for a healthy Australia

ACN 003 763 184

ANNUAL GENERAL MEETING

3/12/2025 @ 7am (AEDT) by Zoom

MINUTES

1. **Attendees: Drs Richard Prytula, Aniello Iannuzzi, Chris Davis, Bill McCubbery, Akil Islam, Adrian Sheen, Mrs Alison Woof**

2. **Apologies: Drs John Buchanan, Peter McInerny, Eve Tsironis**

3. **Proxies: nil**

4. **Minutes of the AGM of 20/11/2024**
   Resolution: To approve the minutes of the AGM held on 20/11/2024

   Moved: RP
   Seconded: CD
   Carried

5. **Financial Report**
   Resolution: To receive, consider and adopt the financial report of the Company for the year ended 30/06/2025 together with the reports of the Directors thereon.

   Motion: That the financial reports as approved at the Directors Meeting on 3/12/2025 showing a total comprehensive loss of $20,018 for the 2024/2025 financial year, with total equity of $62,150 as of 30 June 2025, be accepted.

   Moved: RP
   Seconded: CD
   Carried.

   Discussion
   CD – We remain financially viable and operating with liquidity. This we meet the requirements of the Corporations Act. With the current resources we can carry on for a couple of years. We would like to be more profitable but that would require other means of financing.
   AI – like all other organisations we face issues getting younger members to join. It is a sign of the times. Since the death of our founder B Shepherd and then Covid we have had issues with organising face-to-face, which has impacted our ability to attract new members. But we have configured the way we do business to maintain viability. We need to look at succession planning and future needs. Other organisations have approached us about amalgamating or working together. It will be important from a financial and human resources point of view to consider the future carefully. We need new talent.

   Motion: That in accordance with section 347A of the Corporations Act of 2001, the motion approved by the directors meeting of 3/12/2025 that the directors of the Australian Doctors Federation ABN 39003763184 having satisfied themselves as to the profit and loss and balance sheet of the company as at the 30 June 2025 and to this date are satisfied that the company is solvent, and that the solvency declaration can be duly signed, be accepted.

Moved: CD
Seconded: RP
Carried.

6. **Election of Directors**
In accordance with the Company's Articles of Association, the Directors are subject to re-election.

That the following Directors be re-elected:

- Dr Shirley Prager
- Dr R J Prytula
- Dr William M McCubbery
- Dr. Aniello Iannuzzi
- Dr. Chris Davis
- Dr. Adrian Sheen

Moved: CD
Seconded: RP
Carried.

7. Membership
Current Financial Membership of the ADF in the financial year ending 30/06/2025 is 80 [45 in 2024].

Discussion
RP – our membership increase is a direct impact of the increase in profile that has arisen from the podcast, thanks to AI and CD. That is increasing with media quoting ADF and acknowledging our leadership. That is all going in the right direction.
AI – we have a lot of followers and viewers, but people are not formally joining or paying. It is disappointing that only 80 have paid. Yet the impact of our work has never been greater since the death of BS. We've had the best year for profile and impact. We need to translate into membership.
A Islam – I joined because I enjoyed the podcast, heard opinions expressed with reason and experience. I felt that discussions with subject experts are things to be supported. That was my rationale.
AI – we charge a nominal fee. Some feel we should charge a more substantial fee.
A Islam – the fee was lower than I anticipated. It could be more for what the organisation is doing. If it is too high it will impact people signing. But $90 is nothing. I believe you could increase it without affecting membership. For other advocacy groups you're looking at $300 etc.
AI – we don't offer much in the way of member services. We are more a think tank, and don't want to create huge expectations of services to members. Another organisation in Melbourne focused on GPs charges about $600 – and people ask what am I getting for that? They do minimal press releases. People want to see a return on their money. The questions is how do we convert views of content to money? If we just got a few dollars from every view that would make a big difference.
CD – we could set up a Go Fund Me page for people who align with our values. People will support us for what we stand for rather than what we do. What we currently have to draw on is the BS bequest and the money RP brought with him. So we could encourage people to give bequests in their will.
AS – $90 is too little. You can be too cheap. But I'm not sure what the optimum is. The other question is, do we ask people to join? When we put out a podcast or article, are we asking people to join? AI does a lot also on LinkedIn and social media.
AI – we don't want to see ourselves as commercial. But we may need to do more asking.
AS – if we add a general statement what the ADF stands for and ask them to join. Not many organisations have doubled membership in a year! We have to remind people that this is what we do and they should consider being members. If you don't support it, it won't exist.
RP – the idea of service to members is different to the way subscription based groups run. I subscribe to groups that put out information that aligns with my thinking. Services is not the value people look for. Speaking as a director, we do have to make ends meet. Membership should be able to support us.
AS – we're not a service organisation we're a survival organisation.
RP – we underestimate the necessity and impact of appropriate intellectual responses to government and corporations. And we undervalue the experience we have – which translates to the podcasts. Take a lead – people need to decide if they will participate.
CD – should we increase the membership fees to $100?
RP – we need to look at what we need to survive and make ends meet and then make a decision what the fees should be.
AS – I would be in favour of a decent increase and then no increase for a few years.

AI – we are also not actively sending out reminders, so those renewals we do get are people who are driving it themselves.
AS – start in February with a membership drive so we have some momentum in May and June when people start paying before EOFY. Make sure there is a process.
RP – BS used to send out a monthly or bi-monthly summary of what we've been doing – a regular member update. That would provide a direct contact with members and a venue for feedback.
AI – it takes time to write.
RP – cull the minutes for discrete headlines about what we think is important. Strategy, plan, action. It can just be in point form.
AS – people don't want to read a lot. They just want to see what is happening. We've had a lot of success from podcasts.
AI – and the articles in the magazines. The ones on gender and the BB issue have been very impactful.

8. **Election of office bearers**

Motion: That all existing positions, Chair and Treasurer and executive, be rolled over for 12 months.
Moved: CD, Seconded: RP.
Carried.

AI – I am happy if anyone else wants to be chair. Or if it is the will of all of you I can carry on.
RP – I can see the increase in your profile over the last year. Important which reflects the work you've put in, building contacts, networking. I propose a vote of thanks for what you're doing.
AI – sadly the colleges and AMA are lost talking about silly things not doing enough about working conditions of doctors and the doctor/patient relationship.

9. **General Business**

Chairman's report

AI – I would like to thank all of you for your assistance. The difficulties we face include an ageing membership and committee, the need to find new revenue streams and new committee members. We are guaranteed a good 3-4 years of activity as we run very tight ship. This year's impact has come by focusing on important topics. The profession and media took an interest. Earlier in the year we spent a lot of time on the gender wars, puberty blockers etc which gave others in the profession the ability to feel they could speak out. Previously, Australia was really hostile to any debate but the podcast with Helen Joyce and Jillian Spencer opened up the ability to discuss things. That led to recruiting Dr Louise Kirby, who has been excellent in running this platform for us. She spends hours each week working and getting good outcomes talking to colleagues and others. We also did the 40 years of Medicare series on social media. recently we've highlighted the 1 November changes to GP bulk billing incentives and become thought leaders with podcasts and articles. I hope this can continue to work in next 12 months. What potentially important topics might come up? We expect AMA and the colleges to work on behalf of the profession, however all major colleges are riddled with financial and structural challenges. RACGP, AMA, RACS are all in trouble and we will potentially see more splintering of the profession. Another issue is AHPRA registering overseas doctors not going through the college process. Already GPs are flooding the market. Who knows what else will come?
CD – thank you to AI. You have led the way. Taken initiative w podcasts. Brilliant job. Themes that resonate. Kudos for getting into the Financial review – a prestigious publication, read by business leaders. Medical publications are relevant too, but getting into mainstream media makes a mark.
AI – LK was also quoted in ABC News re gender.
RP – our position is independent of government. Colleges including the RANZCP, are dependent on government grants. We occupy a lane that's empty, with the colleges and AMA captured by government through funding. Witness the current split between AMA Qld and Federal AMA. Doctors are at risk of capture by funding – that's to be resisted.
AS – as a small organisation we have the avdantage of being agile. Colleges are very stodgy – it is too difficult to please everyone. It's important to look back at this successful time and acknowledge that.
AI – during covid we had the issue of how to communicate and keep people engaged without just being another annoying junk email. Doing leaflets and posting is time consuming and expensive. We got the idea of doing podcasts as a way to explore things in an intelligent way. They stay up there, and you can do other things off the back of them. A reminder that podcasts are not exclusive to me – if anyone knows someone who could take the lead on a topic, please speak up. It is important that people see ADF is not just me. I've been approached by a media company that does marketing for doctors – they want these doctors to do podcasts on our channel. Our purpose is not to promote individual doctors and their practices. But if someone has a topic they want to talk about, to show

what's happening, we could be open to that. As you know I didn't renew my RACGP membership and that has caused a stir. The college President and CEO have booked a lunch with me to ask why I quit. That is good for ADF.
RP – it's about time they started listening and thinking about what they're doing.
AI – It is ridiculous that the Qld government is doing an inquiry into puberty blockers and the AMA Q is saying we should keep using them. What about cause no harm? RACGP in NSW also decided to oppose a Private Members Bill on VAD which would increase protections for religious organisations running nursing homes to conscientiously object. That's a moral community debate. The college has no place taking a position on it. It is up to us to say they are out of their lane.
RP – people won't support an organsiation unless it's performing. I left AMA after 40 years because they weren't doing job.

Other general business

AI invited Dr Islam to comment.
A Islam – the feeling you describe amongst general members or ex members of colleges / AMA is common. I know of 4 fellows not renewing RACGP membership as they feel there is no true advocacy and a lack of academic debate about controversial issues which should be facilitated and encouraged. The ability to have a diversity of views has been thrown out. There is not much appetite for change – on issues like VAD, gender dysphoria I do think there is an opportunity for ADF to grow. It will require strategic decisions. I'm not sure what you have done re AHPRA?
AI – we were joint sponsors of the Misdeeds of AHPRA conference this year with AMPS. Despite being held on election day, it was oversubscribed. There were over 200 there in person and we were turning people away. AMPS has put some of the matierial up on their website. AHPRA is totally out of control and needs to be dismantled.
CD – the dispute between AMA Q and federal AMA is very significant. One of the things that came out of the conference was the question of could we change AHPRA or is it beyond changing? AMPS thought we could work with them for change. ADF's position was its structure will prevent it being changed – unelected, bureaucrats appoint the MBA – it is beyond change. I've been working with Duncan Symes, and the view now is we need to dismantle AHPRA by first persuading one state to break away and not do regulation through AHPRA. It was supposed to be just a database. We are proposing that regulation return to states with local medical boards appointed by the profession. One of the obstacles was Federal AMA. We were going to try to sell to a state AMA to push for that state to break away from AHPRA. This breakaway of AMA Qld provides an opportunity to exploit that.
RP – I have a longstanding background with AHPRA. I was there at the birth of AHPRA as President of the college. They didn't understand the difference between specialists and GPs. It is now more than a regulatory body. It can't be reformed, has to be obliterated.
AS – there were 9000 complaints to AHPRA last year.
AI – recently the WMA came out against Ageism – another topic we did a podcast on. We are doing stuff AMA and the colleges are behind on.
AI – we would welcome any input you would like to make. You are welcome to dial in at any time.

10. **Meeting close** 7:54am