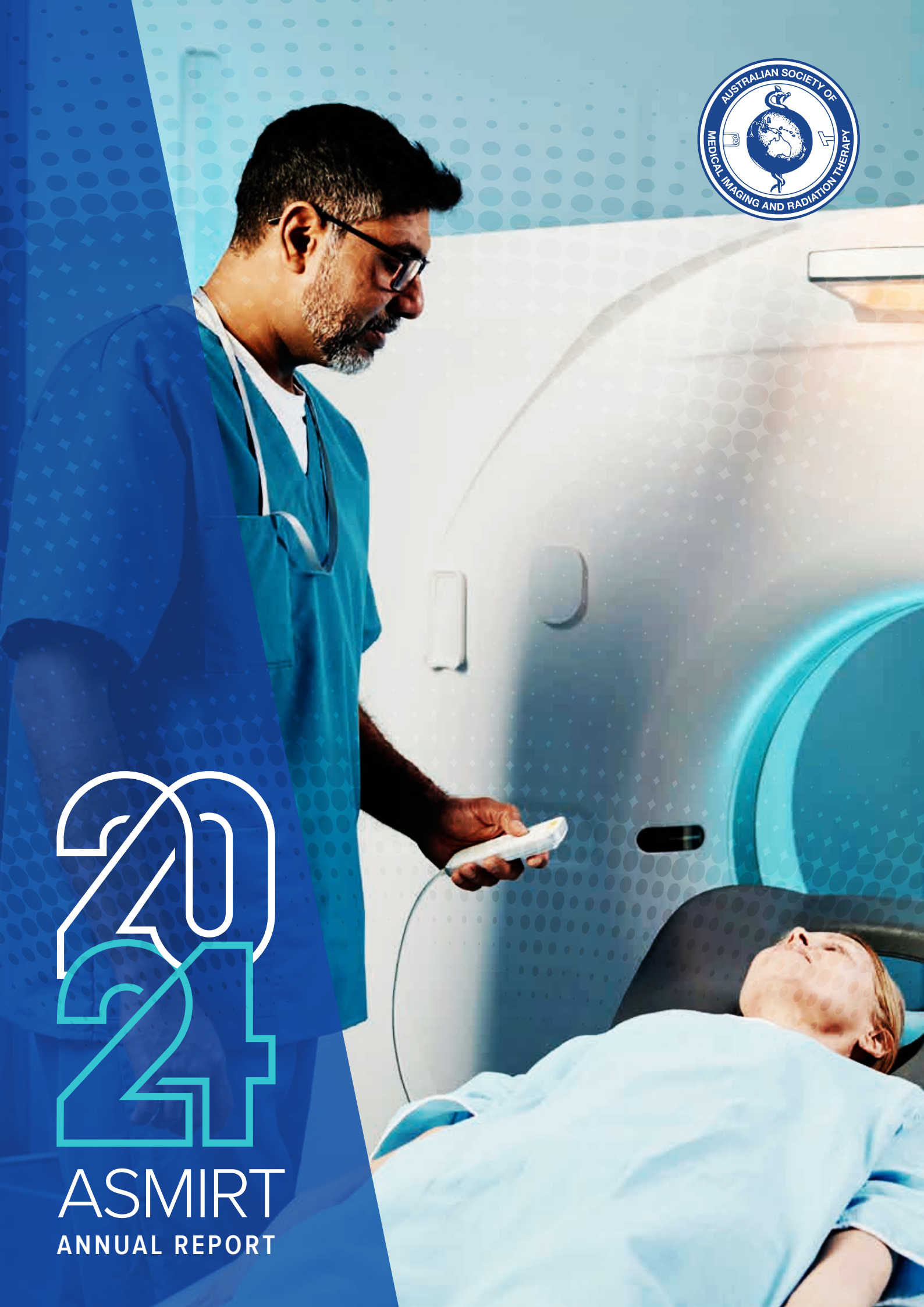




2024

ASMIRT  
ANNUAL REPORT





**Australian Society of Medical Imaging and  
Radiation Therapy Annual Report 2024**

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We acknowledge the Traditional Custodians of the lands and seas upon which we and  
our members work and live. We pay our respects to Elders, past, present and emerging.

# Contents

<b>The Year at a Glance</b> .....	2
Message from the President .....	4
Message from the Chief Executive Officer .....	6
ASMIRT Board of Directors .....	8
ASMIRT Awards .....	10
About ASMIRT .....	11
Our Advocacy .....	12
Grants and Scholarships .....	13
Continuing Professional Development .....	14
ASMIRT Fellows and Advanced Practitioners .....	15
Annual Conference and Branch Events .....	16
Member Engagement .....	18
Member Services .....	20
Membership and Advocacy Committee .....	22
Professional Standards Committee .....	23
Education Committee .....	24
Research Committee .....	25
JMRS Editorial Review Board .....	26
Overseas Qualifications Assessment Panel .....	28
Fellowship Panel .....	30
Reference Groups and Working Parties .....	31
<b>Statutory Report</b> .....	33
Directors' Report .....	34
Auditor's Independence Declaration .....	36
Financial Statements .....	37
Directors' Declaration .....	50
Independent Auditor's Report .....	51

# 2024

## Annual Snapshot

### Member Engagement

- New website launched
- eNews redesigned for improved readability and engagement
- Upgraded Member Portal currently in development
- NRRTW celebrated by 15,000 practitioners
- Social media engagement rates double the healthcare industry average

### Conference and Events

- 4235 registrations to events
- 70 events were held nationally, with almost 60 being Branch-delivered events
- 769 delegates attended ASMIRT 2024 in Darwin
- 700 people attended the conference gala dinner
- 200+ hours of CPD were delivered

### Member Services

- More than 7200 calls were taken
- 98% of enquiries resolved in one call
- Email enquiries outstripped calls three to one
- Members saved almost \$22,000 through Member Advantage
- Membership renewals grow for four consecutive years

## Advocacy

- ASMIRT played a major role in the new National Lung Cancer Screening Program
- Secretariat contributed to 18 significant consultations from a range of stakeholders
- MRI Scanning and MR-Conditional Pacemakers position paper published
- Artificial intelligence position paper published
- Four advocacy-related articles published in Spectrum

## Professional Development

- Creation of the Director of Education role
- Approval of a virtual educational platform
- Creation of a podcast studio
- Rise in practitioners sitting certification exams
- International speaker exchange agreement

## Grants and Scholarships

- More than \$80,000 was issued in grants and scholarships
- 22 Rural Clinical Placement Grants were issued
- Two Research Grants were awarded
- Two Postgraduate Study Scholarships were granted
- Five International Travel Scholarships were granted

## Scientific Journal

- Impact Factor of 1.8
- Almost 600,000 full-text article viewings
- JMRS topics rate in the top 10 of ASMIRT social posts
- Four virtual issues and one special themed issue published
- 28.9% growth in the number of submissions

# 2024

## Message from the President



**Carolyn Heyes**  
President

This has been a year of growth and new opportunities. Across our continuing professional development offerings, advocacy, communications and member services, we have gone to new places and achieved firsts for and with the membership.

For the first time in the Society's history, we held a major conference in the Northern Territory.

ASMIRT 2024 was an exceptional event with a unique, almost holiday-like, atmosphere. The gorgeous Darwin Harbour, the wonderful weather and the relaxed pace meant everyone was in a fantastic mood. It was also magical to host the gala dinner under the stars for 700 guests.

### This has been a year of growth and new opportunities

The scientific program was simply outstanding in its quality and diversity. My thanks go to Conference Convenors Kim Hayward and Bec Kilday for their incredible energy and enthusiasm.

A highlight of the annual conference is the presentation of the Society's awards. I was proud to present the Nicholas Outterside Medallion to Michael Fuller, a highly regarded and engaging educator and practitioner, and Life Membership to Anne Connell and Rob Davidson, both tireless contributors to the Society and the profession over many years. The prestigious Varian Award was presented to Associate Professor Caroline Wright.

In 2023, we introduced the inaugural ASMIRT Board Award. The award is a discretionary one – decided by the National Board rather than state recommendations – and recognises someone who has served the Society above and beyond. I was so pleased to present the award for 2024 to Lyndal Newmarch – a senior radiation therapist at the Royal Adelaide Hospital in South Australia and a valued member of the Society since 2002.

My congratulations to all this year's award recipients.



**(Above):** Nicholas Outterside Medallion recipient, Michael Fuller



**(Above):** Life Membership recipient, Anne Connell



**(Above):** Rob Davidson receiving Life Membership, via video link at ASMIRT 2024



**(Above):** Board of Directors Award recipient, Lyndal Newmarch



**(Above):** Varian Award recipient, Caroline Wright

The conference was also where we launched the new ASMIRT website, with a new brand identity and simpler navigation. Since its launch in May, the site has accumulated 334,965 viewer sessions.

In late 2024, we also began a growing initiative with Explore Careers, which will introduce the medical radiation sciences as career options to 1.5 million students across 2600 participating secondary schools.

I would like to take this opportunity to congratulate members who are pushing the boundaries in their careers. Our annual Research Scholarships were awarded to Dr Christopher Edwards and Jenna Dean. A summary of our many grant and scholarship offerings over the past year can be found on page 13.

While these achievements are by our members and our Society, we continue to work collaboratively with other organisations that impact our own. Throughout the reporting period we worked on projects with the Peak Imaging Coalition, the Radiation Oncology Alliance, the International Society of Radiographers and Radiological Technologists, the Royal Australian and New Zealand College of Radiologists, the Medical Radiation Practice Board of Australia, the Australian Radiation Protection and Nuclear Safety Agency, among many others.

To ASMIRT Board-specific matters, the Board of Directors met nine times during the year, and I am pleased to say that four of those meetings were face-to-face – in Melbourne, Darwin and Adelaide. Bernadette Byrne joined the Board as the Director from Tasmania and Bianca Magill from Western Australia. I would like to thank Natalie Kidd and Dr Georgia Halkett for their contributions over the past several years. Thank you also to the entire Board for your dedication, I appreciate all that you do.

Directorship comes with significant responsibilities and liabilities, both personal and to the membership and we ensure that Directors are and remain well-trained and supported in their duties. ASMIRT Board Directors receive regular training through the Australian Institute of Company Directors.

The Society's performance at the end of the financial year 1 November 2023 to 31 October 2024 was strong, with positive returns on our investments and membership numbers exceeding 9000 for the first time. The Board and management of the Society are cognisant of balancing sufficient spending on member services and ensuring the ongoing viability of the organisation, and I believe we strike the right balance, where the member offering increases responsibly.

Finally, I would like to thank the staff at the Secretariat, and our wonderful volunteers for the time that they dedicate to the various activities of the Society. Our various committees, reference groups, working parties, Branch executives, Branch committees, Student Ambassadors and all those who represent ASMIRT and the professions on a lengthy list of external bodies and committees. There are too many to be listed individually – but I sincerely thank you all.

2024

# Message from the Chief Executive Officer



**Sally Kincaid**  
Chief Executive Officer

Over the past year, the Society has focussed on points that drive the success of our members.

One of the tasks of the CEO and Board of Directors is to look to the future of the medical radiation science professions. The day-to-day business of the Society and the Secretariat continues in the background, of course, but without an eye to the future we cannot expect to grow and progress as

an organisation. If we did not keep pace with the rate of change and advancement in both the professional space and broader health care sector, we would become irrelevant to our members, which, in turn, would be to the detriment of the professions and the communities in which they work.

The future of our professions is held in the hands of the current cohort of students and recent graduates. Ensuring that they are best prepared for their future careers is all important and this has been, and must continue to be, a priority for us as the peak body representing medical radiation practitioners in Australia.

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... the Society has focussed on points that drive the success of our members

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To this end, ASMIRT has worked with universities throughout the year to deliver person-centred care, anaphylaxis and intravenous cannulation training courses. These courses are tailored to students' needs and we are confident that the uptake of this training will grow substantially in 2025.

Further looking to the success of students, we are committed to ensuring student members get the best possible access to quality placements through their undergraduate years. We know of instances where students have dropped out of their course because the commitment to unpaid placements became an impossible financial hurdle. Together

with the Australian and New Zealand Society of Nuclear Medicine, we wrote to the Australian Government highlighting placement poverty and requesting that the issue be addressed, and favourable outcomes found. We will continue to pursue this issue with the government in 2025 and for as long as necessary to effect the change required.

ASMIRT isn't waiting for the government to respond to our requests, however. This year, we created 90 new placement scholarships for fourth-year students to help ease the financial burden during this vital educational experience.

The issue of extended leave was raised with the Board during the year, and both the Board and the Secretariat discussed ways to enable members to remain connected during extended periods of leave. In response, ASMIRT will introduce a 'suspended membership' option for those on parental leave, long service leave, extended sick leave, overseas leave or for other situations that may arise. Eligibility will be for a minimum period of six months to a maximum period of two years. This new membership category will be introduced with the next round of membership renewals, which will take effect from 1 July 2025.

Relationships with key stakeholders is crucial to the ongoing smooth governance of our professions. Throughout 2024 we maintained strong ties with the Medical Radiation Practice Board of Australia, the Australian Health Practitioner Regulation Agency, Allied Health Professions Australia and developed our increasingly collaborative relationships with the New Zealand Institute of Medical Radiation Technology, the Australian and New Zealand Society of Nuclear Medicine and the Australasian Sonographers Association, among others.

The success of our professions also comes down to the extraordinary amount of work done by our committees, reference groups and working parties. As you read through this 2024 Annual Report, you will see the significant work and achievements of these volunteer-based groups. I would like to take this opportunity to thank them all for their ongoing commitment to the professions and the Society.

Branches are the cornerstone of our continuing engagement with members and delivery of professional development activities, with the states



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## Leadership and Governance

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and territories hosting almost 60 Branch events throughout the year. Additionally, members of Branch committees often participate in the delivery of our national conference – a major undertaking on its own. Together with our Student Ambassadors, Branches are often the immediate face of ASMIRT to members. I am immensely grateful for their commitment to the Society and their outstanding work.

Success often comes through strength in numbers. Our membership grew to over 9000 (including over 2000 student members) for the first time, which is an excellent result considering less than 50 percent of peak bodies recorded any growth in membership in 2024.

A healthy balance sheet is also vitally important. Continuing from previous years, we maintain a conservative approach when investing members' funds. The Board and management have purposely

pursued a strategy that ensures we have sufficient funds invested to occasionally run deficits in order to further develop the services and support we provide to members.

So, it just remains for me to thank the Board for making my job so easy, our members for their continued support of their professional body, and the staff at the Secretariat who provide me with tremendous support and who make all things possible for our members. Our professional standards and education team of Steve Lacey, Min Ku, Tanya Morgan, Alan Malbon and Patricia Fanning; our events and communications team of David Leach, Robert Hilkes, Shane Maria Howell, Anne Romanjuk, Sarah Tormey, Simone Costa and Maeva Proust; and our finance and administration team of Bruce Su, Kathleen O'Connor, Susan Elliott and Amarnie McVean. Thank you one and all.



**(Above):** The ASMIRT events team at ASMIRT 2024 in Darwin

# ASMIRT Board of Directors



**Carolyn Heyes**  
**President**

Carolyn is the President of ASMIRT. She has previously been a member of many ASMIRT committees, at both state and national levels. Carolyn has held numerous roles throughout

her career, including tutor radiographer, deputy chief radiographer and chief radiographer. She is currently a senior radiographer at The Royal Children's Hospital in Melbourne. Carolyn is keen to advance the profession and has a special interest in orthopaedic imaging, decreasing patient dose and increasing patient care.



**Naomi Gibson**  
**Vice-President**

Naomi is Vice-President and the Queensland representative on the ASMIRT Board of Directors. She is also the Board Liaison for the Education Committee. Living and working in

regional Queensland for over three decades, Naomi understands the need for effective communication and a high level of engagement within regional Queensland and to its members. As Deputy Director, she thrives on managing a diverse workforce, balancing technological innovations with the multiple challenges of a regional setting. Naomi's vision is to work together with regional members and other members across Australia to build a strong network through effective communication.



**Dr Nigel Anderson**  
**Honorary Secretary**

Nigel is Honorary Secretary and the Victoria representative on the ASMIRT Board of Directors. Nigel was the inaugural chair of the ASMIRT Research Committee; he is now Co-Board Liaison

for the Membership and Advocacy Committee and Board Liaison for the Fellowship Panel. Nigel is currently the Radiation Therapy Manager / Chief Radiation Therapist at Austin Health in Melbourne. He is passionate about research and development, having completed his PhD in 2019, and is keen to ensure medical radiation practitioners advocate and lead change through evidence-based practice.



**Rachel Kearvell**  
**Honorary Treasurer**

Rachel is Honorary Treasurer and the South Australia / Northern Territory representative on the ASMIRT Board of Directors. Her current role involves managing a private radiation oncology

centre and team in Adelaide. Rachel has worked as a radiation therapist in both Australia and the United Kingdom and in both public and private practice. Rachel was previously a member of the Professional Standards Committee and the Radiation Therapy Advisory Panel. As Co-Board Liaison for the Professional Standards Committee, Rachel's vision is to advance the profession and ensure medical radiation practitioners have a voice in all policy creation that impacts their important work.



**Laura  
Adamson**  
**New South Wales  
Representative**

Laura is the New South Wales representative on the ASMIRT Board of Directors and the Board Liaison for the Research Committee. She is currently a Senior Quality

Improvement and Research Radiation Therapist at Westmead and Blacktown hospitals in Sydney. Laura is passionate about research and quality improvement, having recently completed a Master of Philosophy. She is keen to see more medical radiation practitioners involved in research and quality improvement to ensure Australian medical radiation consumers receive world class care. Laura is a strong advocate for medical radiation practitioners developing and exemplifying leadership at all levels.



**Bernadette  
Byrne**  
**Tasmania  
Representative**

Bernadette is the Tasmania representative on the ASMIRT Board of Directors. She currently holds the position of Radiation Therapy Clinical Educator with the WP

Holman Clinic, Northern Cancer Service in Tasmania. Bernadette was a founding member of the Education Committee and is now Co-Board Liaison for the Professional Standards Committee. Bernadette holds a Graduate Certificate in Health Professional Education and a Master of Business Administration (Health Management), and strives to ensure that all members have access to meaningful and valuable learning opportunities for their professional development, to create long and fulfilling careers as medical radiation practitioners across Australia.



**Bianca  
Magill**  
**Western Australia  
Representative**

Bianca is the Western Australia representative on the ASMIRT Board of Directors and Co-Board Liaison for the Membership and Advocacy

Committee. Bianca works as a radiographer and mammographer in Bunbury in southwest Western Australia where her everyday work includes CT scans, X-rays, bone density imaging, dental imaging, 3D contrast mammography and supervising university students completing clinical placements. Passionate about using science to help people, Bianca is especially interested in person-centred care and supporting medical imaging students and early career radiographers.

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## ASMIRT Awards

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### Life Membership

The following individuals have been awarded Life Membership of ASMIRT for their dedication and commitment to the Society.

George Adair  
Carolyn Astill  
David Balmanno  
Keith Barry  
Paul Boulton  
Gregory Brown  
John Bruce  
Martin Buckley  
Ronald Callaway  
Rosa Cameron  
Helen Clough  
Kathleen Collett  
Neville Cooper  
Joycelyn Cottrell  
Ian Crichton  
John Dimmick  
Arthur Dunn  
Clive Felmingham  
Clifton Fitzsimons  
Robert Fleay  
Robert George  
Kevin Grainger  
William Haining  
David Hartley  
Kay Hatherly  
Gerald Hayward  
Hilary Heindorff  
Lynda Herrod  
Ernest Hughes  
Kenneth Jackson  
John Laughton  
Ian Lynch  
Alan Malbon  
Ronald McCartney  
Colin Mildon

Mavis Milne  
Ian Morris  
Jocelyn Morse  
Jocelyn Murray  
Wayne Nuss  
Teresa Ong  
Joseph Petroni  
John Poller  
Gordon Ryan  
John Ryan  
John Scascighini  
Brian Starkoff  
William Thomas  
Graham Tidswell  
Graham Truman  
Elvie Haluszkiewicz  
Fiona Jeffs  
Jennie Baxter  
Edmund Arozoo  
Harry Hanson  
Christopher Whennan  
Mark Bower  
Bruce Harvey  
Gillian Tickall  
Tim Way  
Jacobus De Jong  
Anne Connell  
Rob Davidson

### Nicholas Outterside Medallion

The following individuals have been awarded the Nicholas Outterside Medallion for their valuable contribution to the profession.

Nicholas Outterside  
M Dobson  
David Hartley  
Peter Skene  
J Williams  
Ronald Callaway

Anthony Knights  
Peter Young  
Robert George  
Kira Reynolds  
TD Hughes  
BF Young  
A Berry  
Gregory Brown  
R Logan  
Ronald McCartney  
John Poller  
Terrence Irwin  
Ian Lynch  
AE Parry  
John Quirk  
JD Drummond  
BR Innes  
Dennis Macinnis  
John Ryan  
Colin Mildon  
John Portwood  
Marcia Fleet  
Graham Truman  
Neil Cooper  
Ernest Hughes  
Wayne Nuss  
Joseph Petroni  
Murray Schirmer  
Pamela Rowntree  
Julie Tate  
Graham Kenworthy  
Ian Stankevicius  
David Balmanno  
Annette McCormack  
Neil Hicks  
Gregory Power  
John Laughton  
John Andersen  
Jennifer Baxter  
Kathleen Collett  
Harry Hanson  
Denise Kaye  
Jacobus de Jong  
Brian Kelly  
John Scascighini

Ian Morris  
Gillian Tickall  
Carolyn Astill  
Glen Burt  
John Lavan  
Alan Malbon  
Marilyn Baird  
Alan Kelly  
Ingrid Egan  
Francesca Holloway  
Josephine Smylie  
Edward Caruana  
Teresa Ong  
Brian Starkoff  
Gregory Brown  
Anthony Smith  
Bruce Harvey  
Elvie Haluszkiewicz  
Marilyn Zelesco  
Joanne Page  
Edward Burke  
Christopher Dransfield  
Christopher Whennan  
Christine Vanderley-Reichner  
Timothy Way  
Sharon Maresse  
Leigh Smith  
Gregory Rattray  
Min Ku  
Janet Brooks  
Mark Bower  
Robin Hart  
Graham Tidswell  
Caroline Knipe  
Carolyn Heyes  
Denise Ogilvie  
Jill Harris  
Marianne Hercus  
Patrick Eastgate  
Susan Merchant  
Cherry Agustin  
Anthony Buxton  
Andrew Kilgour  
Michael Fuller

Note: Awards listed in order of year received.

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# About ASMIRT

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) is the peak professional body representing medical radiation practitioners in Australia.



## Vision

Excellence in medical radiation practice to enable optimal health care for all.



## Mission

ASMIRT is a member organisation that represents and supports medical radiation practitioners. ASMIRT embraces innovation in health care and promotes excellence in medical radiation science through leadership in advocacy, professional standards, education and research.



## Values

As the peak professional body for health practitioners who work in the area of medical radiation science in Australia, ASMIRT values:

- ✓ Integrity
- ✓ Collaboration
- ✓ Compassion
- ✓ Innovation.

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## Values

### ✓ Integrity

We embrace accountability and conduct our business with honesty and transparency. We maintain the highest ethical standards.

### ✓ Collaboration

We recognise the diversity of our membership, professional practices and our patients. We partner with key stakeholders, both national and international.

### ✓ Compassion

We nurture a culture of caring, mutual respect and trust. We uphold the rights of all and treat people the way we would like to be treated.

### ✓ Innovation

We champion new technologies and evidence-based practice to optimise health care.

## Pillars

ASMIRT achieves its mission by:

- ✓ Advocating and representing the interests of medical radiation practitioners and our patients
- ✓ Building public awareness and promoting the essential role of the medical radiation professions
- ✓ Promoting and supporting research and innovation
- ✓ Providing leadership on professional standards and affairs
- ✓ Providing members with services and support including professional development and education
- ✓ Sustainable growth, governance and management of the organisation.

## Our Advocacy

Top five highlights	
1	ASMIRT played a major role in the new National Lung Cancer Screening Program.
2	The Secretariat contributed to 18 significant consultations from a range of stakeholders.
3	The position paper, MRI Scanning and MR-Conditional Pacemakers was developed and disseminated.
4	A position statement on artificial intelligence was developed and disseminated.
5	Four advocacy-related articles were published in <i>Spectrum</i> throughout the year.

Advocacy is a key component of ASMIRT’s mission and strategic direction. To fulfill this, ASMIRT collaborates with many key stakeholders to progress issues of common interest.

ASMIRT contributes to the Peak Imaging Coalition, the Diagnostic Imaging Advisory Committee and the Radiation Oncology Alliance.

Significant stakeholders that ASMIRT has engaged with include the following member associations:

- Australasian College of Physical Scientists and Engineers in Medicine
- Australasian Society for Ultrasound in Medicine
- Australasian Sonographers Association
- Medical Imaging Nurses Association
- The Royal Australian and New Zealand College of Radiologists
- Cancer Nurses Society of Australia.

A major project that ASMIRT has been heavily invested in is the National Lung Cancer Screening Program. This screening program uses low dose computed tomography scans to look for lung cancer in high-risk people without any symptoms. It aims to find lung cancer early and reduce deaths from lung cancer. Screening services will begin for eligible people from July 2025. ASMIRT has been working with the key stakeholders in the design and implementation of the program, including review and contribution to diagnostic imaging policy and regulatory issues relating to Medicare and education resources for medical radiation practitioners.

### Member advocacy

ASMIRT receives calls and emails from members daily, seeking clarification on a range of topics and professional issues. These can include scope of practice questions; information on medical imaging assistants and what their scope of practice is; assistance with clarification of policy; and procedural questions.

ASMIRT advocates for its members, focussing on ensuring that members’ issues are clearly interpreted, and an appropriate solution found to assist or rectify those issues.

In the 2023–24 reporting period, the ASMIRT Secretariat contributed to 18 significant consultations from a range of stakeholders. The consultations were all related to professional issues which directly and indirectly affect our medical radiation practitioners and their practice.

ASMIRT also responded to its members when an issue was raised regarding medical device companies seeking to have radiographers independently set patients’ pacemakers to MRI mode, before an MRI scan. A position paper titled, MRI Scanning and MR-Conditional Pacemakers, was written and disseminated detailing that this practice of modification of a patient’s MR-conditional pacemaker is outside the scope of practice for medical radiation practitioners.

ASMIRT also provided an artificial intelligence position statement, which details the role that practitioners have in advocating for safe and justified use of this technology.

Precis of consultations are available through the weekly eNews and via *Spectrum* to update members, with links to the main consultation pages for access to the full documents.

The following advocacy-related articles were published in *Spectrum* throughout the year:

- Medicare Benefits Schedule review
- BreastScreen Australia program review
- Artificial intelligence position statement
- Scope of practice.

Various position papers are accessible on the ASMIRT website.

### Consumer advocacy

ASMIRT also engages with consumers of radiology and oncology services and are a key resource for advice on radiation treatment and imaging procedures. ASMIRT, in conjunction with universities, also has a role to play when discussing the profession with parents who seek advice on whether the profession is suitable for their young adult as a career choice. Having a consumer representative to assist ASMIRT has enabled an enriched sharing of lived experience and guidance on policy documents.

# Grants and Scholarships

Top five highlights	
1	The value of grants/scholarships issued was \$80,500.
2	22 Rural Clinical Placement Grants were issued.
3	Two Research Grants were awarded.
4	Two Postgraduate Study Scholarships were granted.
5	Five International Travel Scholarships were granted.

ASMIRT offers a range of grants and scholarships to assist members in their professional growth and development. The total value of grants and scholarships issued to members in 2023-24 was \$80,500 across the following categories:

- International Travel Scholarship – for both early career and those established in their careers
- Research Grant – for novice researchers and those established in their careers
- Postgraduate Study Scholarship – for graduate certificate, graduate diploma and master’s degree
- Rural Clinical Placement Scheme – for students enrolled in an Australian program.

## 2023-24 snapshot

Grant/Scholarship	Number of applications	Number of recipients
<b>Rural Clinical Placement Scheme</b> Semester 1	<b>Semester 1 = 23</b> (one not in a rural location) Universities represented: University of Newcastle, Monash University, University of Sydney, QUT, Deakin University, UniSA, Curtin University, RMIT University	<b>Semester 1 = 12</b> DI = 9 RT = 3
<b>Rural Clinical Placement Scheme</b> Semester 2	<b>Semester 2 = 15</b> (two not in rural locations) Universities represented: University of Newcastle, QUT, RMIT University, Monash University, Curtin University	<b>Semester 2 = 10</b> DI = 5 RT = 5
<b>International Travel Scholarship</b>	DI = 1 Early career DI = 1 RT = 8 Early career RT = 0	DI = 1 Early career DI = 1 RT = 3 Early career RT = 0
<b>Research Grants</b>	MI = 3 Novice MI = 1 NM = 0 Novice NM = 0 RT = 2 Novice RT = 1	MI = 1 Novice MI = 0 NM = 0 Novice NM = 0 RT = 1 Novice RT = 0
<b>Postgraduate Study Scholarships</b>	MI = 2 NM = 1 RT = 2	MI = 2 NM = 0 RT = 2

DI = diagnostic imaging; RT = radiation therapy; NM = nuclear medicine; MI = medical imaging

## Grant and scholarship recipients

Twenty-two Rural Clinical Placement Grants were issued in 2024 (see Table). Each grant recipient was required to write a reflection-type article about their clinical placement experience. These articles were published throughout the year in *Spectrum*.

Two Research Grants were awarded in 2023:

- Medical Imaging – to Dr Christopher Edwards for his project ‘Optimising ultrasound-based liver fat quantification methods’
- Radiation Therapy – to Jenna Dean for her project ‘Optimising patient positioning for accelerated partial breast radiotherapy with the integrated magnetic resonance linear accelerator – OPRAH MRL’.

Two Postgraduate Study Scholarships were awarded in 2023:

- Joseph Truong – Graduate Diploma in Magnetic Resonance Technology
- Rachael Sefton – Graduate Certificate in X-ray Image Interpretation.

Five International Travel Scholarships were awarded in 2023:

- Medical Imaging – to Edel Doyle to attend the 2024 European Congress of Radiology conference in Vienna, Austria
- Medical Imaging Early Career – to Gabrielle Fowler to attend the 2024 European Congress of Radiology conference in Vienna, Austria
- Radiation Therapy – to Gemma Busuttill to attend and participate in the Groupe Européen de Curiethérapie – European Society for Radiotherapy & Oncology (ESTRO) workshop in 2024
- Radiation Therapy – to Jenna Dean to present at the ESTRO Annual Congress in Glasgow in 2024
- Radiation Therapy – to Meegan Shepherd to present at the ESTRO Annual Congress in Glasgow in 2024.

## Completed grants and scholarships

- Research Grant – Dr Yobelli Jimenez for the Breathe In Radiography Podcast series.
- Novice Researcher Grant – Mikaela Doig. Mikaela was the inaugural recipient of the Novice Researcher Grant, which encourages and supports those new to research.
- Postgraduate Study Scholarship – Pempe Akdemir. Pempe was one of the inaugural recipients of the Postgraduate Study Scholarship, which supports those wanting to further develop knowledge within their discipline of practice.
- Jacqueline Spurway was finally able to complete her International Travel Scholarship, which was awarded in 2019. The COVID-19 pandemic closed all opportunities until recently, when this scholarship was utilised to attend the 21st World Congress in Fetal Medicine in Lisbon, Portugal.

# Continuing Professional Development

Top five highlights	
1	Creation of the Director of Education role.
2	Approval of a virtual educational platform.
3	Creation of a podcast studio.
4	Rise in practitioners sitting certification exams.
5	International speaker exchange agreement.

## ASMIRT expands education

The expansion of ASMIRT staff in 2024 included the creation of the Director of Education role, to which Steve Lacey was appointed. Steve comes to ASMIRT with extensive innovative educational experience spanning two decades. This position extends the strong commitment ASMIRT has to continuing professional development (CPD) by providing significant scope to expand the production and delivery of CPD to medical radiation practitioners. ASMIRT continues to explore innovative ways to provide education, expanding on the events, masterclasses, fellowship and advanced practice opportunities that currently exist.

## New initiatives

### Virtual educational platform

In August, the ASMIRT Board approved a proposal for a virtual educational platform. This is a significant step in the delivery of CPD for medical radiation practitioners with new courses and certifications being created and delivered online, resources shared, and specific individual learning plans established.

Tailored learning plans will provide an opportunity for users to explore and create their own educational packages. The learning plans will further allow for specific content to be identified and recommended to participants so they can develop their own personalised career pathways.

The platform is scheduled to be live in 2026 and will be of particular value to practitioners working in rural and remote areas of Australia, who continue to seek online content that they can structure around their workplace demands.

## Podcasts

Towards the end of 2024, ASMIRT purchased sound treating panels and acoustic curtains, along with sound recording equipment, and converted one of the Secretariat offices into a podcast studio. The monthly podcast is due to commence in early 2025 and will feature interviews with ASMIRT members and field experts on matters relating to medical imaging and radiation therapy. ASMIRT will be seeking topic and guest suggestions from members in 2025.

## Speaker exchange

ASMIRT has signed a speaker exchange agreement with the American Society of Radiological Technologists (ASRT), which will benefit both societies for future CPD opportunities. The annual agreement will commence in 2026, with an ASMIRT member presentation at the annual ASRT medical imaging or radiation therapy conference, as well as an ASRT member presentation at the annual ASMIRT conference. This agreement provides an opportunity for both ASMIRT and the ASRT to expand CPD opportunities internationally.

## CPD online

ASMIRT continues to offer an array of online CPD opportunities through the Member Portal. Through existing partnerships with providers such as DetectedX, the Canadian Association of Medical Radiation Technologists, ESTRO and Integrity, members can enjoy discounted or free online CPD at their own leisure.

## Certification

Certification remains a popular method for members to demonstrate and obtain acknowledgement of expertise in particular modalities. By far the most popular certification is MRI, with many workplaces requiring the certification for practice.

Certification application numbers grew slightly in 2024 to 176 practitioners sitting the exam (up from 171 in 2023).

## Advanced Practitioner

An Advanced Practitioner is defined as a professional who fulfils all aspects of the expectations for the ASMIRT Certified Practitioner and demonstrates expertise across seven dimensions of practice, providing evidence of their advanced capability in each dimension.

We were pleased to re-credential Mary Job, Alison Brown and Nicholas Woznitza for another three years for their work in palliative care, genitourinary and imaging, respectively.



## Fellows

Frederick Tyrrell  
Mavis Milne  
Clifton Fitzsimons  
Robert Fleay  
Jocelyn Murray  
Judith Best (Williams)  
Colin Cook  
Margaret Gibson  
Miles Green  
William Haining  
Dorothy Lorimer  
Kenneth Jackson  
Ronald Duncan  
Gerald Hayward  
Ruth Atkinson  
Gordon Ryan  
David Hartley  
Beryce Moore  
Archer Wilkinson  
John Quirk  
Joan Pryor  
Mary Rowley  
Beverley Young  
Gregory Brown  
Denis Almond  
Alan Hanton  
Alwin Kan  
Kathleen Collett  
John Ryan  
Michael Enright  
Robert George  
Anne Ward  
Robert Borrett  
Alan Garside  
Anthony Knights  
Graham Truman  
Bruce Harvey  
Andrew Horrex  
Ian Morris  
Joycelyn Cottrell  
Philip Brough  
Marilyn Mather

Elizabeth Watson  
David Balmanno  
Wayne Nuss  
Josephine Smylie  
Margo Gill  
Reginald Verrocchi  
Edmund Arozoo  
Lawrence Lo  
Peter Rouse  
Jeffrey Siegmann  
John Tostevin  
Johnny Fricke  
Pamela Rowntree  
Ratnasundar Sivaganasundram  
Anthony Smith  
Karl Fung  
Teresa Ong  
Julie Tate  
Graham Brown  
Peter Buchanan  
Edward Caruana  
Suzanne Cummins  
Ingrid Egan  
Thomas Eng  
Paul Foulstone  
Brian Starkoff  
Tracy Vitucci  
Colin Hornby  
Ian Walsh  
Madeleine Shanahan  
Reuben Dixon  
Robert Phillips  
Anne Grant  
Kay Hatherly  
Goran Obradovic  
Gregory Rattray  
Eric Yeomans  
Kathleen Nagle  
Nelson Piyaratna  
Joy Brumby  
Lino Piotto  
Kim Duffy  
Melissa Hopkins  
Julie Miller

Karen Dobeli  
Paul Fenton  
Georgia Halkett  
Christopher Perry  
Teresa Wong  
Robert Davidson  
Mark Middleton  
Bronwyn Hilder  
Judith Holt  
Marilyn Zelesco  
Rebecca Owen  
Charlotte Sale  
Janet Gawthrop  
Eileen Giles  
Deborah Starkey  
Sarah Everitt  
Ingrid Jolley  
Mary-Ann Carmichael  
Jenna Dean  
Susan Merchant  
Kelly Spuur  
Linda Bell  
Kathryn Squibb  
Nadine Thompson  
Nigel Anderson  
Elizabeth Brown  
Shayne Chau  
Edel Doyle  
Giovanni Mandarano  
Andrew Murphy  
Yolanda Surjan

## Advanced Practitioners

Alison Brown  
Mary Job  
Andrew Murphy  
Don Nocum  
Nick Woznitza

Note: Fellows listed in order of year received.

# Annual Conference and Branch Events

Top five highlights	
1	4235 registrations to events.
2	70 events were held nationally, including almost 60 Branch events.
3	769 delegates attended ASMIRT 2024 in Darwin.
4	700 people attended the conference open-air gala dinner.
5	200+ hours of CPD were delivered.

## Branch events

The great majority of events continue to be Branch-organised events, with excellent participation across all formats from face-to-face, online and hybrid. All CPD opportunities require theming, organisation, promotion and execution, which rests on the collaborative efforts of Branch volunteers with Secretariat support. It is a testament to this strong working relationship that almost 60 Branch events were delivered to thousands of members. It is the members' experience, networks and determination that make this happen.

## Masterclasses

ASMIRT delivered a well-attended masterclass in the Adelaide Hills (South Australia) in August. The full-day event, with workshops in the morning and networking with the ASMIRT Board in the evening, attracted not only ASMIRT members but prospective members. Plans are already advanced for a masterclass in Western Australia in February 2025, and it is likely there will be two further masterclasses throughout the year.

As a member-only benefit, we are working on introducing no-cost workshops in 2025 that focus on skills for people presenting to their peers across a range of formats. The workshop may act as a refresher for some or an opportunity to learn new techniques for others.

## ASMIRT 2024, Darwin

A completely unique experience for most ASMIRT members, the Darwin conference was not only educationally excellent, the venue, the social functions and the planned tours of the National Critical Care and Trauma Response Centre, the Cyclotron at the Royal Darwin Hospital, and Alan Walker Cancer Centre made for an incredible four-day event.

## Our five best performing topics

With almost 60 events delivered in the reporting period, members in all states could choose either in-person or online events towards their 60 hours of CPD (over a three-year period). Our top performing Branch events covered a range of important issues for both experienced practitioners and students.

Registrations 566

Registrations 476

Registrations 347

Registrations 260

Registrations 134

Education

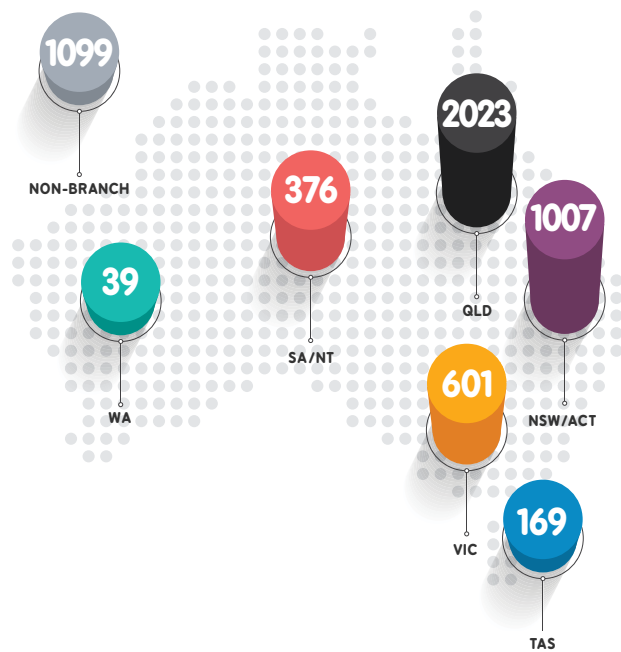
Attended by 769 delegates, with 225 presentations, 13 workshops, five concurrent sessions of education over three and a half days, and 37 exhibiting companies, ASMIRT 2024 was a huge success.

It was the first conference where we literally had the gala dinner under the stars, and where attendees had the opportunity to get up close and personal with Northern Territory wildlife!

Significant effort was made to ensure that we used as many Northern Territory suppliers as possible and a key example of that is that our conference bags were created and made by the team at Helping People Achieve. Helping People Achieve has been assisting those with a physical or intellectual challenge to attain training and employment while creating quality products since 1963.

We are very grateful to the Northern Territory Government, which contributed significant sponsorship to the conference, allowing us to maintain reasonable pricing for delegates.

Registrations to events by state



# Member Engagement

Top five highlights	
1	New website launched in May 2024.
2	eNews redesigned for improved readability and engagement.
3	Upgraded Member Portal currently in development.
4	NRRTW celebrated by 15,000 practitioners (50% increase from last year).
5	Social media engagement rates double the healthcare industry average.

The marketing and communications team developed and successfully launched ASMIRT's new website in May 2024, alongside enhancements to all communication channels, including eNews and social media platforms. These initiatives have led to an increase in overall engagement with ASMIRT communications.

## New website

A major body of work over the period was the redevelopment of the ASMIRT website. The site was designed to deliver on three key objectives: 1) to provide an improved user experience for members; 2) to provide a quality outward facing site that demonstrated the professionalism of our membership; and 3) to serve as a tool to attract more members.

Since the launch of the site in May we have had 335,000 user experiences. This is close to 30 percent greater than over the same period the previous year.

## Member Portal

To better understand our users' needs, we implemented a heatmap tracker, which revealed that a significant portion of website traffic is redirected to the Member Portal. This insight validates our strategy to enhance the portal's structure and content over the coming months. Planning is well advanced for the creation of a comprehensive, user-friendly platform that enables members to quickly find relevant information and easily track their CPD hours.

## NRRTW campaign

This year's campaign has surpassed previous years, with 376 celebration packs ordered and 15,000 practitioners participating – an impressive 50 percent increase from the previous year. We also ran a strong week-long social media campaign featuring videos, infographics, storytelling, engaging facts, and a dedicated JMRS virtual issue. As part of this campaign, we produced one

written portrait and two videos that showcased patients and healthcare professionals' journeys with radiography and radiation therapy, all of which received a warm and positive response.

## Explore Careers

The Marketing and Communications and the Education teams are working closely to roll-out ASMIRT's presence on the Explore Careers platform. In an effort to increase consideration of a career in the medical radiation sciences among secondary school students, ASMIRT has joined forces with Explore Careers, Australia's largest early-career and employment platform.

The online platform has 2500 schools registered and targets 1.5 million students to assist them with the future careers planning. Explore Careers has 200 partner companies, with ASMIRT joining in the third quarter of 2024.

In early 2025, we will have video and reference materials for students that will give accounts from early career radiographers, radiation therapists and nuclear medicine technologists. The videos are currently in production and will be informative but casual and will demonstrate what our members do in their daily working lives.

## Media hits

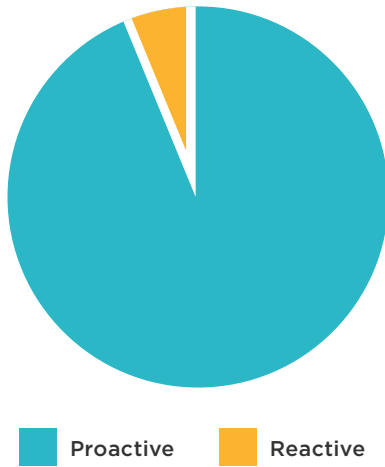
ASMIRT renewed its efforts to draw media attention to the medical radiation sciences. Croakey Health Media covered the national conference in May, with their on-the-ground journalist publishing seven articles about the event.

ASMIRT also affiliated with the Australian Science Media Centre, allowing us to post media releases to their website, which are then available to registered journalists. Through this partnership, we had media success with two articles published in our peer-reviewed journal, the *Journal of Medical Radiation Sciences* (JMRS). Particular success resulted from a media release about a scientific literature review's findings regarding inclusivity for transgender and gender diverse patients in radiology patient information systems. Five different online news sites ran the story, which included quotes from ASMIRT President Carolyn Heyes.

Meanwhile, ASMIRT had hits in medical radiation sciences-specific publication, *Aunt Minnie*, with new position statements on AI and radiographer scope of practice regarding MRIs and pacemakers.

Board Director and radiation therapist Bernadette Byrne provided another media highlight when she spoke to ABC Radio Hobart in July, on the radiation therapist shortage.

### How did we achieve media coverage?



Fifteen of the 16 times ASMIRT received media coverage this year was through proactive media releases and pitches.

**Proactive media:** ASMIRT approached the journalist or publication with a story.

**Reactive media:** The journalist or publication approached ASMIRT for comment.

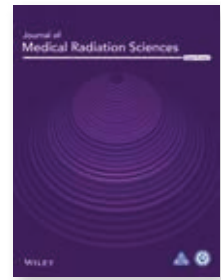
### Spectrum

*Spectrum* continues to be published five times per year, with circulation at almost 9000. The magazine is a tangible reminder of ASMIRT membership and hence remains popular in printed copy. Throughout the reporting period, *Spectrum* published interviews with leaders in medical radiation sciences, researchers and invited national conference speakers; reviews of local, national and international conferences and events; student clinical placement reflections; informative articles on advocacy, AI, best practice and professional development; Society news and much more.



### JMRS

The ASMIRT marketing and communications function continues to support the *Journal of Medical Radiation Sciences* through promotion of issues, key collections and virtual issues through our communication channels. Over the period there were almost 600,000 full-text viewings which, again, breaks the record for the publication.



### eNews

Until September 2024, we sent weekly e-newsletters to our 12,600 members and subscribers, alternating between ASMIRT eNews and ASMIRT Events. To streamline communication, we have now combined these into a single, comprehensive weekly eNews. With a refreshed and professional design that aligns closely with ASMIRT branding, we aim to drive more clicks and improve overall engagement.



In 2024, our eNews achieved an average open rate of 54 percent, with an additional two percent increase since the launch of the new design, which outperforms the industry benchmark of 34 percent (source: Mailchimp). This positive response highlights our audience's strong interest and engagement with ASMIRT updates and events.

In addition, five research surveys from the membership were advertised in the eNews for data accrual.

### Social media

Our audience continues to grow steadily across all platforms, with 1811 new followers this year, including 1000 new followers on LinkedIn alone. We are prioritising engagement to ensure our messages resonate with our audience. This year, our average engagement rate across all platforms was 3.79 percent, reflecting a 6.9 percent increase from last year. LinkedIn continues to lead the way with an outstanding engagement rate of 5.48 percent, marking a significant 30.3 percent year-on-year increase. This performance is well above the healthcare industry average of 2.2 percent (source: Hootsuite). In total, our social media posts have generated nearly 400,000 impressions this year, reaching 264,467 unique users.

#### Social media followers

Platform	Followers
Facebook	8781
LinkedIn	4546
X	2626
Instagram	1380

# Member Services

Top five highlights	
1	More than 7200 calls were taken.
2	98% of enquiries resolved in one call.
3	Email enquiries outstripped calls three to one.
4	Members saved almost \$22,000 on purchases through Member Advantage.
5	Membership renewals grow for four consecutive years.

## Member enquiries

The membership services team is the key touchpoint between members and ASMIRT. The team is tasked with dealing with member enquiries efficiently and with a focus on personal service. Ninety-eight percent of member enquiries are resolved in the first contact, be that either by phone or email. This exceptionally high completion rate allows members to get on with their important work and gives them confidence that we can resolve their issues quickly and satisfactorily.

## It is excellent to see membership growth year-on-year

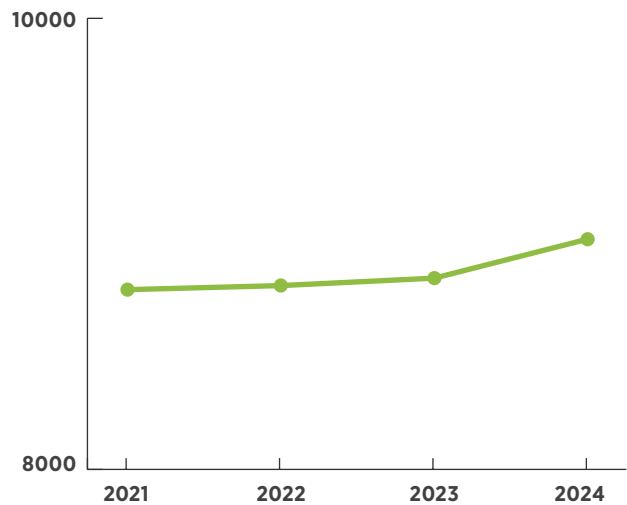
While the team took more than 7200 calls from members in 2024, the vast majority of requests – more than 21,000 – came via email. The five main enquiries from members in the reporting period were:

- unable to log in to the Member Portal (most common query being that their membership had accidentally lapsed)
- the process for, or status of, overseas qualification assessment
- temporary or permanent change of membership category
- a broad membership-related question
- certification related questions.

## Membership renewals and growth

We are also pleased to report that ASMIRT membership continues to grow. At the end of the reporting period, membership stood at 9021 – up from 8848 in 2023. With only 47 percent of associations/societies reporting an increase in membership (Source: Associations Now, July 16, 2024) it is excellent and rewarding to see membership growth year-on-year.

### Membership growth



## Member Advantage program

The Member Advantage program is an offering from the Society on a range of products and services at discounted rates. Members purchased \$155,600 in products over the period, saving approximately \$22,000. The program covers everything from discounts for travel, discounted gift cards, corporate rates for electrical goods and more. The Member Advantage program is accessible through the Member Portal.

## Professional indemnity insurance and journey insurance

Professional insurances are a crucial member benefit, giving safety and certainty of practice to members.

Due to the excellent practice standards of our members and the relatively low risk profile of our practitioners, the claims history for the period has been uneventful.



24

# Membership and Advocacy Committee

## Committee members

Jenna Dean (Chair)

Adam Steward

Adam Westerink

Lyndal Newmarch

Magdalena Dolic

Robert Whiteman

Sabrina Lewicki

Sharon Ponniah

Dr Nigel Anderson (ASMIRT Board Liaison)

Bianca Magill (ASMIRT Board Liaison)

Steve Lacey (ASMIRT Staff Liaison)

We also provided consultation on the Society's new website and documents relevant to the scope of this Committee. Several exciting initiatives have been proposed with work underway that will see them implemented and available to members in 2025. A number of these projects have involved collaboration with other ASMIRT committees, Board and Secretariat.

The Committee continue to explore opportunities to better meet the diverse needs of all members, provide value, and advocate for our professions and patients.

### Jenna Dean

Chair, Membership and Advocacy Committee

I'd like to thank members of the Membership and Advocacy Committee as well as the ASMIRT Board and ASMIRT liaisons for their ongoing support, commitment and valuable contributions in 2024. This year, like previous years, we have focussed on enhancing member engagement, increasing the visibility of member benefits, and advocating for our members and professions.

The strategic direction of the Committee continues to be aligned with that of the Society, informed by the 2023 membership survey which highlighted the needs and priorities of the ASMIRT membership. The 24 in 24 CPD initiative was designed to provide free, consistent, diverse learning opportunities throughout the year, offering members easily accessible, high-quality content to support continuing professional development. The Committee was also involved in the changes to this year's National Radiographers and Radiation Therapists' Week (NRRTW) packs with the recommendation of the MR safe ID badge reels and ASMIRT member stickers.



# Professional Standards Committee

## Committee members

Dr Andrew Kilgour (Chair)

Christopher Hicks (Deputy Chair)

Clare McLaren

Edel Doyle

Isobel Riggs

Katie Scott

Sarah King

Bernadette Byrne (ASMIRT Board Liaison)

Rachel Kearvell (ASMIRT Board Liaison)

Min Ku (ASMIRT Staff Liaison)

The Professional Standards Committee welcomed new members Sarah King and Isobel Riggs this past year, and farewelled Sarah Hauville and Karen Thomas. We now have an even balance of medical imaging and radiation therapy members. We also welcomed Bernadette Byrne as our new ASMIRT Board Liaison.

The Committee has continued to review a number of interesting documents that have been referred to us. Some of the more notable ones involved MRI radiographers adjusting pacemakers via an app so that patients with them implanted can be scanned. The Committee reviewed a position paper on behalf of ASMIRT, and also the prospect of remotely operated radiography suites and the appropriateness and legality of such set-ups.

The Committee has two active sub-committees. The first is led by Deputy Chair Christopher Hicks and is developing a document outlining proposed levels of progression in ASMIRT's Professional Practice Standards. The sub-committee has so far agreed that there should be six levels of progression, and that the document should be as concise as possible. There is much more to come on this project.

The second sub-committee, led by Chair Andrew Kilgour, is working on the development of a medical imaging staffing model. After a slow start, mainly caused by delays in ethics approval for the project, the sub-committee is now making rapid progress. We have welcomed Matthew Casey from the General Radiography Reference Group, and Johnathan Hewis from the Research Committee, to work with us on this project. We have consulted with three eminent retired chief radiographers to develop a set of questions to be asked of current imaging managers and are gathering relevant research publications to inform our project.

The Committee look forward to an exciting year ahead.

### Dr Andrew Kilgour

Chair, Professional Standards Committee

# Education Committee

## Committee members

- Elizabeth Phillips (Chair)

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- Eileen Giles (Deputy Chair)

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- Beatrice Tanner

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- Clinton Gould

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- Joanne Harrison

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- Karim Yacoub

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- Kim Hayward

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- Nicholas Maddock

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- Tony Buxton

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- Naomi Gibson (ASMIRT Board Liaison)

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- Tanya Morgan (ASMIRT Staff Liaison)

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In 2024, the Education Committee saw the departure of Bernadette Byrne, Clare Herbert, Haley Vu and Natalie Kidd (Board Liaison). We welcomed Beatrice Tanner, Clinton Gould, Joanne Harrison, Karim Yacoub and Naomi Gibson (Board Liaison).

The Committee held its yearly face-to-face meeting at ASMIRT 2024 in Darwin. During that meeting we were able to further develop the guidelines for the Dorothy Lorimer Bursary and Postgraduate Study Scholarships and begin developing our Student Clinical Placement Support initiative. The Committee also met online in December 2023 and in February, July and October 2024. Additional online meetings were also held in November 2023, and in February and October 2024 to review Dorothy Lorimer Bursary and Postgraduate Study Scholarship applications.

The Committee is consistently working with the ASMIRT Board and various reference groups to achieve standardisation of all ASMIRT certifications. Strategic guidance and assistance is given by the Committee when required, and is available to assist the reference groups, working parties and pop-up teams to improve the profession for all ASMIRT members.

New Postgraduate Study Scholarship recipients for 2023–24 were announced: Joseph Truong (Graduate Diploma in Magnetic Resonance Technology) and Rachael Sefton (Graduate Certificate in X-ray Image Interpretation).

Initiatives and projects the Committee is currently focussed on include the:

- Dorothy Lorimer Bursary
- Postgraduate Study Scholarships

- Student Clinical Placement Support initiative, to be rolled out in 2025. The Committee developed a proposal (now approved by the ASMIRT Board) to offer financial assistance to students facing challenges during their clinical placements
- review and standardisation of ASMIRT certifications
- MR for Radiation Therapists certification.

Documents reviewed by the Committee providing advice, consultation and feedback are outlined in the Table.

ASMIRT
Position statement – Particle therapy
Position paper – Minimum requirements to practice in particle (proton) therapy
PIE recertification process (and resubmission)
BIRG – Proposal for a provisional certificate of mammographic practice
Postgraduate Study Scholarship progress report (Josephine Cannon)
Postgraduate Study Scholarship final reflection report (Pempe Akdemir)
JMRS CPD Q&As
March 2024: Medical Imaging and Radiation Therapy issues
June 2024: Medical Imaging and Radiation Therapy issues
September 2024: Medical Imaging and Radiation Therapy issues
December 2024: Radiation Therapy and Medical Imaging issues
Value Based MRS Special Issue 2025: Medical Imaging
Particle Therapy Special Issue 2024
Ahpra – Accreditation Committee consultation: Draft guidance on professional capabilities
IAEA – A framework for the education of radiation therapists
Australian Commission on Safety and Quality in Health Care – National Safety and Quality Medical Imaging Standards
Queensland Government consultation paper – Health Strategy Workforce for Queensland to 2032
RANZCR position statement – Generative artificial intelligence and large language models

Committee members contributed to our profession throughout the year by assisting with:

- presenting, adjudicating and chairing sessions at national, state and local conferences and educational events
- providing peer review of JMRS CPD Q&As
- presenting at the ISRRT international webinar on mammography
- representing ASMIRT and presenting at ECR 2024 on certifications in Australia.

I would like to thank current and past members for their devotion to the Committee, our profession and the Society.

**Elizabeth Phillips**  
Chair, Education Committee

# Research Committee

## Committee members

Dr Elizabeth Brown (Chair)

Dr Yolanda Surjan (Deputy Chair)

Johnathan Hewis

Katrina Smith

Michael Neep

Rachael Beldham-Collins

Shayne Chau

Dr Vikneswary Batumalai

Laura Adamson (ASMIRT Board Liaison)

Min Ku (ASMIRT Staff Liaison)

It is encouraging to see the continual growth of research in the Australian medical radiation professions, despite the workforce challenges faced by many across the country. The Research Committee is committed to supporting members to conduct and disseminating research as it showcases the remarkable work being performed every day across the country.

The past 12 months has seen changes in Committee membership. After making many positive contributions, Giovanni Mandarano, Goran Obradovic and Georgia Williams made the decision to leave the Committee. This provided the opportunity for Johnathan Hewis to join us. I want to thank Giovanni, Goran and Georgia for their commitment and efforts during their time on the Committee. We warmly welcome Johnathan and look forward to all he will bring to our group.

The Committee has had a busy and productive year. We have continued work on numerous initiatives, providing research support to members through:

- hosting two statistical webinars - Descriptive Statistics and Data Presentation (November 2023) and Inferential Statistics: Choosing the Right Statistical Test (July 2024)
- the novice research workshop, 'I've got an idea!' We ran this workshop face-to-face at ASMIRT 2024 and then virtually in September. Both versions were well received, and we look forward to offering the workshop again in 2025
- members of the Committee being involved in and supporting the latest two instalments of the JMRS Peer Review Seminar series, held in February and October 2024.

The Committee is also pleased to continue its collaboration and support of the JMRS through the curation of three virtual issues in 2024:

- A Splash of Colour: Showcasing ASMIRT 2024 Presenters (January 2024)
- Celebrating Men's Health Week: Physical, Mental and Emotional Wellbeing (June 2024)
- Medical Radiation Practitioners: An Essential Part of Your Health Journey (November 2024, coinciding with NRRTW).

The Committee has once again contributed to *Spectrum* with the 2024 series 'Get to know a research mentor' (a follow-on series to the 2023 'Get to know a researcher') to highlight the crucial role that mentors play in the research process. This series showcased some of the amazing research mentors from around Australia and their experiences and tips. The Committee look forward to publishing more research content for members in *Spectrum* in 2025.

Committee members have continued their hard work on both continuing and new research initiatives to support members:

- review and feedback of documents, as requested by the ASMIRT Board
- review of surveys prior to distribution to ASMIRT members
- virtual meetings held in March and July 2024
- a productive and inspiring face-to-face meeting in October 2024
- review of the ASMIRT Research and Novice Research grants.

It is wonderful that ASMIRT support research in the profession through the provision of research grant funding. Two research grants were awarded in 2023 - to Dr Christopher Edwards (medical imaging) and Jenna Dean (radiation therapy). We wish Christopher and Jenna all the best in their respective research projects, and we look forward to hearing about the results in years to come!

The next 12 to 18 months hold a great deal of promise with the Committee working on numerous initiatives around research mentoring, promotion of research to students and development of research champions, just to name a few.

My sincere thanks to members of the Committee, the ASMIRT Board and ASMIRT liaisons for their hard work, unwavering dedication and strong support. We look forward to further supporting and showcasing the incredible research work being conducted in our professions across Australia.

**Dr Elizabeth Brown**  
Chair, Research Committee

# JMRS Editorial Review Board

This report highlights the activities and achievements of the *Journal of Medical Radiation Sciences* (JMRS) from November 2023 to October 2024. The Editorial Review Board and International Advisory Panel members are listed in the Tables.

## Members of the Editorial Review Board

Board member	Professional practice
Cherry Agustin (Editor-in-Chief)	Radiation therapy
Karen Dobeli (Deputy Editor)	Medical imaging
Paul Kane (Deputy Editor)	Radiation therapy
Associate editors	Professional practice
Linda Bell	Radiation therapy
Amy Brown	Radiation therapy
Elizabeth Brown	Radiation therapy
Jillian Clarke	Medical imaging
James Crowhurst	Medical imaging
Gay Dungey	Radiation therapy
Rhys Fitzgerald	Radiation therapy
James Hayes	Medical imaging
Peter Kench	Medical imaging
Kellie Knight	Radiation therapy (United States)
Stephen Knight	Medical imaging
Shantel Lewis	Medical imaging (South Africa)
Sibusiso Mdletshe	Medical imaging
Michael Neep	Medical imaging
Dean Paterson	Radiation therapy
Don Nocum	Medical imaging
Robba Rai	Medical imaging
Tristan Reddan	Medical imaging
Warren Reed	Medical imaging
Kelly Spuur	Medical imaging
James Stanley	Biostatistics (New Zealand)
Andrea Thompson	Medical imaging

## Members of the Editorial Review Board (continued)

Review Board members	Professional practice
Patrick Brennan	Medical imaging
Rob Davidson	Medical imaging
Georgia Halkett	Radiation therapy
Sarah Lewis	Medical imaging
News and online editor	Professional practice
Adam Westerink	Medical imaging

## Members of the International Advisory Panel

Panel member	Country	Professional practice
Kamarul Amin Abdullah	Malaysia	Medical imaging
Nicole Harnett	Canada	Radiation therapy
Michelle Leech	Ireland	Radiation therapy
Paul Lockwood	United Kingdom	Medical imaging
Eric Pei Ping Pang	Singapore	Radiation therapy
Wilfred CG Peh	Singapore	Radiology
Suresh Rana	United States	Medical physics - oncology
Ronnie A Sebros	United States	Radiology
Euclid Seeram	Canada	Medical imaging
Vincent WC Wu	Hong Kong	Radiation therapy
Michael Ying	Hong Kong	Medical imaging/sonography

The annual publisher's report from Wiley was submitted to the ASMIRT Board. This report contains the top downloaded and cited articles. An article describing the journal's achievements was published in the December issue of *Spectrum*.

The Board held a hybrid meeting in August 2024 in Melbourne, with representatives from ASMIRT, the New Zealand Institute of Medical Radiation Technology (NZIMRT) and Wiley in attendance.

## Citation, readership and Altmetrics

Congratulations to all medical radiation practitioners and researchers for their contribution to producing a successful journal! The 2023 JMRS Impact Factor is 1.8. The 2023 Impact Factor was calculated by using the number of citations from articles published in 2021 and 2022. The 2023 JMRS CiteScore (Scopus) is 3.2. The most cited article (doi: 10.1002/jmrs.460) received 31 citations (as of 10 September 2024).

There were close to 600,000 full-text article viewings in 2023. The most downloaded articles were published in 2013 (doi: 10.1002/JMRS.18) and 2021 (doi: 10.1002/jmrs.546).

The most frequently mentioned article online from JMRS is 10.1002/jmrs.448 (Altmetric score of 72 as of 10 September 2024).

Visit the JMRS homepage ([www.jmrsjournal.com](http://www.jmrsjournal.com)) to view the Altmetric scores of the most frequently discussed articles in social media for the past month (look for 'trending articles'), the most cited articles in the past two years, and the most read articles.

## JMRS virtual and special themed issues

### Virtual issues and key collections

A virtual issue is a compilation of previously published articles with a common theme. The 2024 virtual issues were: A Splash of Colour: Showcasing ASMIRT 2024 Presenters; Celebrating Men's Health Week 2024; National Radiographers and Radiation Therapists' Week (NRRTW); and Current and Future Practice of MRI in Radiation Therapy.

In collaboration with other Wiley journals, the Wiley team also produced curations that included articles from JMRS. The collection themes were: National Aboriginal and Islander Day Observance Committee (NAIDOC); World Evidence-Based Healthcare Day; and Breast Cancer Awareness Month.

### Special themed issues

The special themed issue, Particle Therapy, was published in April 2024. The following special issues are open for submission and/or in compilation stage: Value Based Medical Radiation Sciences; Paediatric Medical Imaging and Radiation Therapy; and Theranostics in Molecular Imaging. JMRS is also part of the multi-journal special issues: Gender Equity in Healthcare; and A Holistic Pathway to Good Health and Wellbeing: Integrative Approaches to Healthcare. Please refer to the JMRS website for more information.

## Supporting authors and reviewers

Authors and reviewers participated in JMRS education programs in 2024. It is expected that these programs will continue in 2025.

- Journal peer review webinar series:
  - Part 1: Introduction to peer review
  - Part 2: Ensuring quality in qualitative studies
  - Part 3: Quantitative study peer review tips
  - Part 4: Publication ethics is more than plagiarism.
- ASMIRT conference publication workshop.
- Reviewer mentoring program.

## Peer review

There was a 28.9 percent growth in the number of submissions from 2022 (n=159) to 2023 (n=205). The acceptance rate in 2023 was 48 percent. There were 994 reviewer invitations sent in 2023 and 408 were completed, with a median days to review of 18. Thank you to the peer reviewers for their ongoing support and commitment. A full list of reviewers is listed in the December issue of JMRS.

JMRS highlights
Impact Factor of 1.8
Almost 600,000 full-text article viewings
JMRS topics rate in the top 10 of ASMIRT social posts
Four virtual issues and one special themed issue throughout the period
28.9% growth in the number of submissions from 2022 to 2023

## Acknowledgements

Thank you to members of the Editorial Review Board, International Advisory Panel, deputy editors, associate editors and news and online editor for their ongoing commitment in producing a quality journal. Thank you to members of the ASMIRT Research Committee for their commitment to produce JMRS virtual issues.

Thank you also to the ASMIRT Board and CEO Sally Kincaid and NZIMRT Executive Officer Linda Whitehead for their ongoing support. Thank you to the ASMIRT Secretariat and to Kate Chadwick from NZIMRT for promoting JMRS.

### Cherry Agustin

Editor-in-Chief, Journal of Medical Radiation Sciences

# Overseas Qualifications Assessment Panel

Panel members are withheld for reasons of confidentiality.

The Overseas Qualifications Assessment Panel received and assessed a total of 250 applications during the reporting period. These included applications from international students completing an Australian program, those requiring a renewal of their skills assessment letters for the purposes of migration, and other applicants wishing to migrate to Australia.

Tables 1 and 2 demonstrate the total applications received from each profession, including a further breakdown of applications received from identified countries, and the number of accepts and rejects completed within the identified period.

A total of five appeals were received during this period (all diagnostic medical imaging appeals) of which three were upheld, one was accepted and one is still pending.

The Panel continue to work towards identifying and implementing processes that will help to streamline assessment turnaround times, utilising the online platform to promote efficient communication between Panel members, the Secretariat's Professional Standards Manager and the Panel's chairperson.

The Panel continue to engage with the Australian Government Department of Home Affairs, relating to migration and visa process changes, in particular the Migration Strategy Review 2023, which aims to implement new best practice principles and standards for assessing authorities.

The Panel also continue to engage with the Department of Employment and Workplace Relations and the assessing authority professional bodies via workshops, webinars and targeted discussions. Recent meetings relating to changes to the existing Guidelines for Skilled Migration Assessing Authorities developed discussion topics including priority processing, re-assessment services, processing timeframes, alternative skills recognition and the potential introduction of a standard suite of outcomes.

This positive and inclusive engagement offers opportunities for feedback and input across various consultation topics and projects. Invitations to review the updated guidelines – the Finalised Best Practice Principles and Standards and Assurance Frameworks – are examples of this positive engagement.

The Panel continue collaborative and professional communications with the Australian Sonographer Accreditation Registry (ASAR), having recently offered valuable input into the Accreditation Pathways for Overseas-Trained Sonographers in Australia draft document. This draft document aims to review and potentially develop alternative entry pathways for overseas trained sonographers who do not meet the ASAR requirements for registration. Ongoing processes and discussions are anticipated before any changes are ready to be implemented.

The Panel read the Tertiary Education Quality Standards Agency discussion paper, Assessment Reform for the Age of Artificial Intelligence, which sought to provide guidance on how teaching institutes and accreditation authorities may take advantage and manage risks, specifically generative AI. With AI proceeding at an unprecedented rate, it is good practice to remain aware of Australian approaches when assessing overseas programs.

The Panel also reviewed the final report on the Independent Review of Australia's Regulatory Setting Relating to Overseas Health Practitioners, noting the 28 recommendations, with the Australian Government committing to fund and implement the health-related recommendations together with the states and territories. The aims are to streamline regulatory settings to make it simpler, quicker and cheaper for international health practitioners to work in Australia.

There has been a significant increase in the number of applications received by the Panel to assess, across the medical imaging and ultrasound professions in particular.

Once again, I would like to express my ongoing appreciation and gratitude to the Panel members who, despite being busy clinicians and active within their respective professions, continue to voluntarily take on this huge task to the highest standard and consideration for each application received.

I also would like to express my ongoing thanks to the ASMIRT Secretariat.

**Chair**  
Overseas Qualifications Assessment Panel

ASMIRT Panels

Table 1. Applications accepted by country and modality

Country	Diagnostic medical imaging	Ultrasound	Radiation therapy
Argentina	1	0	0
Canada	0	2	1
China	32	0	0
Estonia	1	0	0
Hong Kong	16	0	3
India	10	0	0
Indonesia	1	0	0
Iran	7	1	0
Iraq	1	0	0
Ireland	9	5	2
Italy	1	0	0
Korea	2	0	0
Malaysia	1	1	0
New Zealand	4	4	0
Nepal	2	0	0
Pakistan	5	1	0
Philippines	6	1	0
Portugal	1	2	0
United Kingdom	10	12	1
Uruguay	1	0	0
United States	0	2	0
Saudi Arabia	1	0	1
Scotland	1	1	0
Singapore	2	0	0
South Africa	8	6	0
South Korea	1	0	0
Switzerland	1	0	0
Taiwan	1	0	0
Thailand	1	0	0
Vietnam	5	0	1
Zimbabwe	3	1	1
<b>Total</b>	<b>135</b>	<b>48</b>	<b>10</b>

Table 2. Applications rejected by country and modality

Country	Diagnostic medical imaging	Ultrasound	Radiation therapy
Canada	1	0	0
Chile	0	1	0
China	1	0	0
Fiji	1	0	0
Hong Kong	1	1	0
India	8	0	1
Iran	2	0	0
Ireland	0	1	0
Nepal	1	0	1
Nigeria	3	2	0
Pakistan	4	0	0
Philippines	16	4	0
Sri Lanka	1	0	0
Sudan	1	0	0
United Kingdom	0	3	1
United States	0	2	0
<b>Total</b>	<b>40</b>	<b>14</b>	<b>3</b>

# Fellowship Panel

## Panel members

Goran Obradovic (Warden)

Dr Nigel Anderson (ASMIRT Board Liaison)

## Diagnostic Radiography Panel members

Dr Kelly Spuur

Nadine Thompson

## Radiation Therapy Panel members

Greg Rattray

Jenna Dean

Dr Kathryn Squibb

Mary-Ann Carmichael

## Fellowship

Fellowship of ASMIRT is a professional qualification – an outstanding academic achievement. The path to Fellowship is varied. However, it typically involves evidence of continued formal training post-qualification and evidence of substantial achievement in, or contribution to, the profession.

See page 15 for a list of individuals who have achieved Fellowship of ASMIRT.

The Fellowship Panel farewelled Nadine Thompson and Dr Georgia Halkett (ASMIRT Board Liaison) this year. I would like to thank them both for their work and dedication to the Panel. We also welcomed Dr Nigel Anderson as our new ASMIRT Board Liaison.

The ASMIRT 2024 Conference in Darwin was successful in engaging with members looking to take the Fellowship journey. However, no candidates received Fellowship at this time.

The Fellowship session was held on the Saturday afternoon with the theme, 'Value-based health care'. The session generated some interest for new candidates, and we had three submissions for the assignment.

Value-based health care is a patient-centric approach that seeks to support the delivery of health outcomes at a sustainable cost.

What role do the medical radiation science professions have in the implementation of health workforce strategies that support models of care that embrace a value-based approach?

I am pleased to say that during the year I received several new contacts who have been encouraged to take on the Fellowship journey.

The Panel is in the process of evaluating three submissions and we hope to have these candidates receive their Fellowship award at ASMIRT 2025 in Adelaide.

I would like to thank the Panel members for their support throughout the year.

I have found my position as Warden to be very rewarding but, unfortunately, I have decided to step down and give another member the opportunity to take Fellowship into the coming years. I feel the current system is robust and achievable for those willing to take on the hard work.

### Goran Obradovic

Warden, Fellowship Panel



# Reference Groups and Working Parties

This report details some of the work and contributions that ASMIRT’s reference groups and working parties have engaged in over the past year.

## Radiation Therapy Reference Group

This Group has been involved in consultations and has commenced a project on a position paper focussing on research on stereotactic body radiation therapy in the Australian environment. The Group has also participated in the review of nominations for the annual Varian Award.

## Breast Imaging Reference Group

The Group concluded the year with the following achievements:

- a provisional Certificate in Mammography and proposed examination for those not meeting the clinical pathways criteria was approved by the Education Committee
- mammography CPD seminar series (to be delivered in 2025)
- research abstracts submitted for ASMIRT 2025 in Adelaide
- some members of the Group will participate in a focus group to assist with furthering consultation on the BreastScreen Australia review and discussion paper.

## Applications received 2023–24

State	Renewal	New	Clinical pathways	Total
NSW	20	15	0	35
Qld	30	7	0	37
Vic	29	25	0	54
Tas	4	1	0	5
ACT	0	1	0	1
SA	26	11	1	39
WA	8	0	0	8
Other	1	1	0	2

## Computed Tomography Reference Group

Two new members joined the Group in August. The Group has been involved in reviewing and assessing a new bank of exam questions to supplement the current exam question pool. This is an ongoing project.

## Magnetic Resonance Imaging Reference Group

The Group contributed to a position paper on MRI and cardiac implantable electronic devices.

The paper, MRI Scanning and MR-Conditional Pacemakers, discusses changes in technology, where medical device companies suggest radiographers can independently set patients’ pacemakers to MRI mode, prior to an MRI scan. This is currently outside a practitioner’s scope of practice. The paper recommends that new responsibilities can enter into a practitioner’s scope of practice only after completing appropriate theoretical and practical learning and credentialing.

The Group has also been involved in reviewing and assessing a new bank of exam questions to supplement the current exam question pool. This is an ongoing project.

## Angiography (Interventional Radiography) Reference Group

This Group had a name change to better reflect current practice. The Group is investigating ways on how to take a leading role in advancing radiographers in the field of diagnostic/ interventional radiography. The Group has also been involved in reviewing and assessing the cardiac and vascular exam syllabi and exam questions to reflect contemporary practice. This is an ongoing project.

## General Radiography Reference Group

This Group has been contributing to various consultation documents.

## Rural and Remote Reference Group

The Group reviewed and awarded Rural Clinical Placement Grant applications for semester 1 and semester 2. Twelve grants were issued in semester 1 to nine radiography and three radiation therapy students. Semester 2 saw 10 grants being issued to five radiography and five radiation therapy students.

The Group will be investigating mechanisms to educate students on application writing for success.

## Advanced Practice Reference Group

This Group has seen further members join the group. The additional expertise has assisted in a review of the advanced practice guidelines and further discussion of the development of an enhanced practice pathway.

Group members have been mentoring and providing advice to prospective applicants on the Advanced Practitioner pathway, with many enquiries received from local and international practitioners.

The Group is progressing a project on how the Advanced Practitioner pathway, including an enhanced pathway, will fit into the new PPS levels (Foundation – Advanced) document.

## Particle Therapy Reference Group

The Group met several times throughout the year. Three new members joined the Group, with three long serving members completing their terms. The

## ASMIRT Reference Groups and Working Parties

Board supported three members of the Group to attend the National Particle Therapy Symposium in Melbourne. These members also engaged in a meeting with RANZCR and ACPSEM to discuss progression of particle therapy in Australia.

Other activities included attendance at PTCOG 62 in Singapore. The chair was supported by ASMIRT to attend, with four other members in attendance also. An article about PTCOG 62 was published in *Spectrum*.

The Group completed a position paper on minimum requirements to work in particle therapy and an updated position statement on particle therapy. The Group also contributed to a consultation paper by RANZCR.

### Ultrasound Reference Group

This Group has been consulted on a range of issues relating to ultrasound.

### Brachytherapy Reference Group

This Group has been consulted on a range of issues relating to brachytherapy.

### Nuclear Medicine Technology Reference Group

The Group was consulted on better access for students to relevant CPD resources and webinars.

### Global MRP Reference Group

The Group is identifying opportunities for assistance to low middle-income countries. They are currently working on a position statement and strategic document.

The Group is also seeking to expand their reach to form partnerships with Australian universities to facilitate online education for low middle-income learners. The secondary focus of the Group is to engage with volunteer groups such as Australian Volunteers International to discuss how to provide pathways for practitioners to access and engage with assignments in low middle-income countries.

### AI in Medical Imaging Group

This Group has contributed to the RANZCR Generative Artificial Intelligence and Large Language Models consultation paper and completed the year seeking expressions of interest for more interested members to join the Group.

### AI in Radiation Oncology Group

The Group has run AI in radiation therapy workshops over the past two years, with a new workshop earmarked for ASMIRT 2025. The Group is in discussions and looking to develop educational modules outlining the role, practice and regulation of AI in radiation therapy clinical practice for ASMIRT to host. These educational modules will cover current best practice and be based on practitioner needs, as identified from attendee experiences at ASMIRT conference workshops.

### Indigenous Working Party

Some members of this Party are continuing to work with the Cultural and Linguistically Diverse Working Party to develop their two guideline documents for consumers and practitioners.

### Cultural and Linguistically Diverse Working Party

The Party has been continuing their work on the collation of case studies as the basis of their two guideline documents for consumers and practitioners.

### Range of consultation documents that our groups contributed to in 2023-24

Group	Contributions
ACSQHC	Medical imaging standards
ACPSEM	Recommendations for a fluoroscopic system quality assurance program
Ahpra	Good clinical placement Criminal history registration standard (review) Guidance of developing professional capabilities
ARPANSA	Draft code of practice for radiation protection in dentistry
BreastScreen Australia	BreastScreen Australia review (discussion paper)
DEWR	Skills assessment guidelines
IAEA	Endorsement of the radiation therapists' education framework
Medicare	MRI MBS changes
MSAC	Cardiac MRI for myocarditis
NSW Environment Protection Agency	Protection from harmful radiation regulation 2013
NRAS	Professional misconduct
Queensland Health	Health strategy workforce for Queensland to 2032
RANZCR	Theranostics Generative artificial intelligence and large language models
Victoria Department of Health	Regulatory impact statement – proposed health services (health service establishments) regulations 2024
Victoria Department of Health	Reforms to health regulation in Victoria

ACSQHC = Australian Commission on Safety and Quality in Health Care; ACPSEM = Australasian College of Physical Scientists and Engineers in Medicine; Ahpra = Australian Health Practitioner Regulation Agency; ARPANSA = Australian Radiation Protection and Nuclear Safety Agency; DEWR = Department of Employment and Workplace Relations; IAEA = International Atomic Energy Agency; MSAC = Medical Services Advisory Committee; NRAS = National Registration and Accreditation Scheme; RANZCR = Royal Australian and New Zealand College of Radiologists



24

# Directors' Report

The Directors present this report on the entity for the financial year ended 31 October 2024. The following individuals were Directors and Officers of the Company at any time during the year. Our mission, objectives and strategies are outlined on page 11 of this report.

Carolyn Heyes	President
Naomi Gibson	Vice-President
Dr Nigel Anderson	Honorary Secretary
Rachel Kearvell	Honorary Treasurer
Laura Adamson	Board Member
Bernadette Byrne	Board Member
Dr Georgia Halkett	Board Member
Natalie Kidd	Board Member
Bianca Magill	Board Member

## Board meetings

During the reporting period, nine (9) meetings of Directors were held. Attendances by each Director during the period are outlined in the Board meeting attendance table below.

### Board meeting attendance 1 November 2023 to 31 October 2024

Board Director	NOV 2023	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUN 2024	JUL 2024	AUG 2024	OCT 2024	Eligible	Attended
Laura Adamson	✓	✓	✓	Apology	✓	Apology	✓	✓	✓	9	7
Nigel Anderson	✓	✓	✓	Apology	✓	✓	✓	✓	✓	9	8
Bernadette Byrne	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	4	4
Naomi Gibson	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	9
Georgia Halkett	✓	✓	✓	✓	✓	N/A	N/A	N/A	N/A	5	5
Carolyn Heyes	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	9
Rachel Kearvell	✓	✓	✓	✓	✓	Apology	✓	✓	✓	9	8
Natalie Kidd	✓	✓	✓	✓	✓	N/A	N/A	N/A	N/A	5	5
Bianca Magill	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	4	4

## Review of operations

Refer to the Chief Executive Officer's report for commentary. The total comprehensive income/ (loss) for the year was \$666,776 profit (2023 profit: \$493,274).

### Dividends

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

### Changes in state of affairs

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

### Environmental regulation

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

### Court proceedings

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

### After balance date events

There has not been any matter or circumstance, other than that referred to in the financial report or notes thereto, that has arisen since the end of the financial year, that has significantly affected,

or may significantly affect, the operations of the Society, the results of those operations, or the state of affairs of the Society in financial years after the financial year.

### **Likely developments**

The likely developments in the operations of the Society and the expected results of those operations in the financial years subsequent to the financial year ended 31 October 2024 are as outlined in the Chief Executive Officer's report.

### **Performance measures**

Membership at 31 October 2024

Total membership	9021
Resignations and removals	1305
Admissions and re-admissions	1252

### **Members guarantee**

The Society is limited by guarantee. If it is wound up the Constitution states that each active (financial) member is required to contribute a maximum of the unpaid amount of their membership, each, towards any outstanding obligations of the Society. At 31 October 2024, the number of active (financial) members was 7021 (2023: 6860).

### **Finance**

The Society's profit from ordinary activities for the year amounted to \$188,961 (2023 profit: \$457,718).

### **Auditor's independence declaration**

A copy of the auditor's independence declaration, as required under Section 307C of the *Corporations Act 2001*, is set out on page 36.

This report is made in accordance with a resolution of Directors.

On behalf of the Directors



**Carolyn Heyes**  
President



**Rachel Kearvell**  
Honorary Treasurer

20 December 2024

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Auditor's Independence Declaration

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**AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF AUSTRALIAN SOCIETY OF MEDICAL IMAGING & RADIATION THERAPY**

I declare that, to the best of my knowledge and belief, during the year ended 31 October 2024 there have been:

- no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

**William Buck Audit (Vic) Pty Ltd**  
ABN 59 116 151 136

**C. L. Sweeney**  
Director  
Melbourne, 20 December 2024

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ACNC\_Clean\_Auditors Independence Declaration

# Financial Statements

## Contents

Statement of profit or loss and other comprehensive income .....	38
Statement of financial position .....	39
Statement of changes in equity.....	40
Statement of cash flows.....	41
Notes to the financial statements.....	42
Directors' Declaration.....	50
Independent Auditor's Report .....	51

## General information

The financial statements cover the Australian Society of Medical Imaging and Radiation Therapy as an individual entity. The financial statements are presented in Australian dollars, which is the Australian Society of Medical Imaging and Radiation Therapy's functional and presentation currency.

The Australian Society of Medical Imaging and Radiation Therapy is a not-for-profit unlisted public Company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business are:

### Registered office

Suite 1040-1044, Level 10, 1 Queens Road  
Melbourne Victoria 3004  
Tel: 03 9419 3336

### Principal place of business

Suite 1040-1044, Level 10, 1 Queens Road  
Melbourne Victoria 3004  
Tel: 03 9419 3336

A description of the nature of the Company's operations and its principal activities are included in the Directors' Report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of Directors, on 20 December 2024. The Directors have the power to amend and reissue the financial statements.

## Statement of profit or loss and other comprehensive income for the year ended 31 October 2024

	2024 \$	2023 \$
<b>Revenue</b>		
Membership subscriptions	3,563,874	3,426,124
Rendering of services	895,398	718,514
Conference revenue	1,001,271	1,061,040
Finance revenue	<u>241,302</u>	<u>208,905</u>
<b>Total revenue</b>	<b>5,701,845</b>	<b>5,414,583</b>
<b>Expenses</b>		
Conference expense	(947,066)	(958,282)
Employee benefits expense	(2,006,723)	(1,692,730)
Depreciation and amortisation expense	(65,108)	(75,353)
Publication expense	(454,791)	(430,515)
Printing and stationary expense	(9,157)	(9,004)
Board and panel expense	(354,374)	(283,992)
Insurance	(404,056)	(362,763)
Seminar and social expense	-	(140,964)
Computer – consumables	(313,950)	(258,692)
Telephone	(40,257)	(30,471)
Bank charges	(12,484)	(13,636)
Other expenses	(857,578)	(642,640)
Travelling expense	(43,566)	(51,689)
Postage	<u>(3,774)</u>	<u>(6,134)</u>
<b>Total expenses</b>	<b>(5,512,884)</b>	<b>(4,956,865)</b>
<b>Surplus before income tax</b>	<b>188,961</b>	<b>457,718</b>
Income tax expense	-	-
<b>Surplus after income tax expense for the year attributable to members of the Australian Society of Medical Imaging and Radiation Therapy</b>	<b>188,961</b>	<b>457,718</b>
<b>Other comprehensive income</b>		
<i>Items that will not be reclassified subsequently to profit or loss</i>		
Gain / (loss) on fair value movements on investments held at FVOCI	<u>477,815</u>	<u>35,556</u>
Other comprehensive income for the year, net of tax	<u>477,815</u>	<u>35,556</u>
<b>Total comprehensive income for the year attributable to members of the Australian Society of Medical Imaging and Radiation Therapy</b>	<b><u>666,776</u></b>	<b><u>493,274</u></b>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.



## Statement of financial position at 31 October 2024

	Note	2024 \$	2023 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents		5,848,000	5,811,885
Trade and other receivables		13,641	13,612
Financial investments	3	1,859,914	1,780,040
Other current assets	5	<u>428,152</u>	<u>223,755</u>
<b>Total current assets</b>		<b><u>8,149,707</u></b>	<b><u>7,829,292</u></b>
<b>Non-current assets</b>			
Financial investments	3	3,486,557	3,008,742
Property, plant and equipment	6	1,668,144	1,712,870
Right-of-use assets	4	<u>24,528</u>	<u>-</u>
<b>Total non-current assets</b>		<b><u>5,179,229</u></b>	<b><u>4,721,612</u></b>
<b>Total assets</b>		<b><u>13,328,936</u></b>	<b><u>12,550,904</u></b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	7	472,188	482,974
Contract liabilities	8	1,745,672	1,689,042
Lease liabilities	9	17,641	-
Employee benefits	10	<u>391,458</u>	<u>351,483</u>
<b>Total current liabilities</b>		<b><u>2,626,959</u></b>	<b><u>2,523,499</u></b>
<b>Non-current liabilities</b>			
Lease liabilities	9	8,518	-
Employee benefits	10	<u>18,615</u>	<u>19,337</u>
<b>Total non-current liabilities</b>		<b><u>27,133</u></b>	<b><u>19,337</u></b>
<b>Total liabilities</b>		<b><u>2,654,092</u></b>	<b><u>2,542,836</u></b>
<b>Net assets</b>		<b><u>10,674,844</u></b>	<b><u>10,008,068</u></b>
<b>Equity</b>			
Reserves	11	780,963	303,148
Retained surplus		<u>9,893,881</u>	<u>9,704,920</u>
<b>Total equity</b>		<b><u>10,674,844</u></b>	<b><u>10,008,068</u></b>

The above statement of financial position should be read in conjunction with the accompanying notes.

## Statement of changes in equity for the year ended 31 October 2024

	Special purpose funds \$	Share revaluation reserve \$	Education fund reserve \$	Retained surplus \$	Total equity \$
<b>Balance at 1 November 2022</b>	697,972	167,592	100,000	8,549,230	9,514,794
Surplus after income tax expense for the year	-	-	-	457,718	457,718
Other comprehensive income for the year, net of tax	-	35,556	-	-	35,556
Total comprehensive income for the year	-	35,556	-	457,718	493,274
Transfer to reserves	(697,972)	-	-	697,972	-
<b>Balance at 31 October 2023</b>	-	203,148	100,000	9,704,920	10,008,068
	Special purpose funds \$	Share revaluation reserve \$	Education fund reserve \$	Retained surplus \$	Total equity \$
<b>Balance at 1 November 2023</b>	-	203,148	100,000	9,704,920	10,008,068
Surplus after income tax expense for the year	-	-	-	188,961	188,961
Other comprehensive income for the year, net of tax	-	477,815	-	-	477,815
Total comprehensive income for the year	-	477,815	-	188,961	666,776
<b>Balance at 31 October 2024</b>	-	680,963	100,000	9,893,881	10,674,844

The above statement of changes in equity should be read in conjunction with the accompanying notes.

## Statement of cash flows for the year ended 31 October 2024

	Note	2024 \$	2023 \$
<b>Cash flows from operating activities</b>			
Receipts from customers (inclusive of GST)		6,024,980	5,788,441
Payments to suppliers (inclusive of GST)		<u>(6,131,542)</u>	<u>(5,326,840)</u>
		(106,562)	461,601
Interest received		<u>241,302</u>	<u>208,905</u>
<b>Net cash from operating activities</b>		<u>134,740</u>	<u>670,506</u>
<b>Cash flows from investing activities</b>			
Payments for investments		(79,874)	(99,891)
Purchase of property, plant and equipment	6	<u>(13,607)</u>	<u>(43,402)</u>
<b>Net cash used in investing activities</b>		<u>(93,481)</u>	<u>(143,293)</u>
<b>Cash flows from financing activities</b>			
Payment of lease liabilities		<u>(5,144)</u>	-
<b>Net cash used in financing activities</b>		<u>(5,144)</u>	-
Net increase in cash and cash equivalents		36,115	527,213
Cash and cash equivalents at beginning of the financial year		<u>5,811,885</u>	<u>5,284,672</u>
<b>Cash and cash equivalents at the end of the financial year</b>		<u>5,848,000</u>	<u>5,811,885</u>

*The above statement of cash flows should be read in conjunction with the accompanying notes.*

# Notes to the financial statements for the year ended 31 October 2024

## Note 1. Material accounting policy information

The accounting policies that are material to the Company are set out below. The accounting policies adopted are consistent with those of the previous financial year, unless otherwise stated.

### **New or amended Accounting Standards and Interpretations adopted**

The Company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board that are mandatory for the current reporting period. Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

### **Basis of preparation**

These general-purpose financial statements have been prepared in accordance with the Australian Accounting Standards – Simplified Disclosures issued by the Australian Accounting Standards Board, the *Australian Charities and Not-for-profits Commission Act 2012* and Victorian legislation the *Fundraising Act 1998* and associated regulations and the *Corporations Act 2001*, as appropriate for not-for-profit oriented entities.

#### **Historical cost convention**

The financial statements have been prepared under the historical cost convention.

#### **Critical accounting estimates**

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 2.

### **Revenue recognition**

The Company recognises revenue as follows:

#### **Revenue from contracts with customers**

Revenue is recognised at an amount that reflects the consideration to which the Company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

#### **Rendering of services**

Revenue from a contract to provide services is recognised over time as the services are rendered based on either a fixed price or an hourly rate.

#### **Membership income**

Membership income is recognised equally over the membership period.

#### **Sponsorship fees**

Sponsorship income is recognised equally over the sponsorship period.

#### **Interest**

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

### **Other revenue**

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

### **Income tax**

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

### **Current and non-current classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the Company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the Company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

### **Cash and cash equivalents**

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

### **Investments and other financial assets**

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the Company has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

#### **Financial assets at amortised cost**

A financial asset is measured at amortised cost only if both of the following conditions are met: (i) it is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and (ii) the contractual terms of the financial asset represent contractual cash flows that are solely payments of principal and interest.

#### **Financial assets at fair value through other comprehensive income**

Financial assets at fair value through other comprehensive income include equity investments which the Company intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

### **Property, plant and equipment**

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

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

Buildings	50 years
Building renovations	10 years
Computer equipment	3 years
Furniture and equipment	5 years

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## Financial Statements

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

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

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

### **Impairment of non-financial assets**

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

### **Trade and other payables**

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

### **Contract liabilities**

Contract liabilities represent the Company's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the Company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the Company has transferred the goods or services to the customer.

### **Employee benefits**

#### ***Short-term employee benefits***

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

#### ***Other long-term employee benefits***

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

### **Fair value measurement**

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

## Note 2. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

### **Estimation of useful lives of assets**

The Company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

### **Employee benefits provision**

As discussed in Note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

## Note 3. Financial investments

	2024 \$	2023 \$
<b>Current assets</b>		
La Trobe Financial 12 months term deposit	1,859,914	1,780,040
<b>Non-current assets</b>		
Macquarie investment account – at fair value through other comprehensive income	3,386,875	2,948,540
Shares in listed companies – at fair value through other comprehensive income	99,682	60,202
	<u>3,486,557</u>	<u>3,008,742</u>
	<u>5,346,471</u>	<u>4,788,782</u>

## Note 4. Right-of-use assets

	2024 \$	2023 \$
<b>Non-current assets</b>		
Land and buildings – right-of-use	<u>24,528</u>	<u>-</u>

## Note 5. Other current assets

	2024 \$	2023 \$
<b>Current assets</b>		
Prepayments	206,408	176,933
Security deposits	5,650	700
Conference and seminar advances	216,094	43,228
Other current assets	-	2,894
	<u>428,152</u>	<u>223,755</u>

## Note 6. Property, plant and equipment

	2024 \$	2023 \$
<b>Non-current assets</b>		
Buildings and land at cost	1,937,862	1,937,862
Less: Accumulated depreciation	<u>(290,753)</u>	<u>(246,329)</u>
	<u>1,647,109</u>	<u>1,691,533</u>
Computer equipment at cost	365,597	356,516
Less: Accumulated depreciation	<u>(352,551)</u>	<u>(341,346)</u>
	<u>13,046</u>	<u>15,170</u>
Furniture and equipment at cost	249,263	244,737
Less: Accumulated depreciation	<u>(241,274)</u>	<u>(239,237)</u>
	<u>7,989</u>	<u>5,500</u>
Intangible assets at cost	191,924	191,924
Less: Accumulated depreciation	<u>(191,924)</u>	<u>(191,257)</u>
	<u>-</u>	<u>667</u>
	<u>1,668,144</u>	<u>1,712,870</u>

### Reconciliations

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

	Buildings / land at cost \$	Computer equipment at cost \$	Furniture / equipment at cost \$	Intangible assets at cost \$	Total \$
Balance at 1 November 2023	1,691,533	15,170	5,500	667	1,712,870
Additions	-	9,081	4,526	-	13,607
Depreciation expense	<u>(44,424)</u>	<u>(11,205)</u>	<u>(2,037)</u>	<u>(667)</u>	<u>(58,333)</u>
Balance at 31 October 2024	<u>1,647,109</u>	<u>13,046</u>	<u>7,989</u>	<u>-</u>	<u>1,668,144</u>



### Note 7. Trade and other payables

	2024 \$	2023 \$
<b>Current liabilities</b>		
Trade payables	310,960	285,295
Other payables	<u>161,228</u>	<u>197,679</u>
	<u>472,188</u>	<u>482,974</u>

### Note 8. Contract liabilities

	2024 \$	2023 \$
<b>Current liabilities</b>		
Contract liabilities	<u>1,745,672</u>	<u>1,689,042</u>

### Note 9. Lease liabilities

	2024 \$	2023 \$
<b>Current liabilities</b>		
Lease liability	<u>17,641</u>	-
<b>Non-current liabilities</b>		
Lease liability	<u>8,518</u>	-
	<u>26,159</u>	-

### Note 10. Employee benefits

	2024 \$	2023 \$
<b>Current liabilities</b>		
Annual leave	166,361	161,374
Long service leave	<u>225,097</u>	<u>190,109</u>
	<u>391,458</u>	<u>351,483</u>
<b>Non-current liabilities</b>		
Long service leave	<u>18,615</u>	<u>19,337</u>
	<u>410,073</u>	<u>370,820</u>

## Note 11. Reserves

	2024 \$	2023 \$
Asset revaluation reserve	680,963	203,148
Education fund reserve	<u>100,000</u>	<u>100,000</u>
	<u><u>780,963</u></u>	<u><u>303,148</u></u>

### **Asset revaluation reserve**

The reserve is used to recognise increments and decrements in the fair value of financial assets at fair value through other comprehensive income.

### **Education fund reserve**

The education fund reserve has been set up to allow the Board to allocate scholarships and subsidies to disadvantaged radiographers and students from developing countries to attend the Society's Annual Scientific Meetings of Medical Radiation and Therapy.

## Note 12. Key management personnel disclosures

### **Compensation**

Directors are not allowed to be compensated for their voluntary services under the Society's Constitution. No payments have been made to Directors this financial year nor last year.

The total benefit payments made to the Executives of the Company is set out below:

	2024 \$	2023 \$
Aggregate compensation	<u>943,990</u>	<u>833,203</u>

## Note 13. Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by the auditor of the Company:

	2024 \$	2023 \$
<b>Audit services</b>		
Audit of the financial statements	<u>18,500</u>	<u>17,500</u>
<b>Other services</b>		
Preparation of the financial statements	<u>2,500</u>	<u>-</u>
	<u><u>21,000</u></u>	<u><u>17,500</u></u>

## Note 14. Related party transactions

### ***Parent entity***

Australian Society of Medical Imaging and Radiation Therapy is the parent entity.

### ***Key management personnel***

Disclosures relating to key management personnel are set out in Note 12.

### ***Transactions with related parties***

There were no transactions with related parties during the current and previous financial year.

### ***Receivable from and payable to related parties***

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

### ***Loans to/from related parties***

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

## Note 15. Events after the reporting period

No matter or circumstance has arisen since 31 October 2024 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

## Note 16. Members guarantee

The Society is limited by guarantee. If the Society is wound up, the Constitution states that each member is required to contribute a maximum of \$100 each towards meeting any outstanding obligations of the Society. At 31 October 2024, the number of financial members was 7,021 (2023: 6,860).

# Directors' Declaration

In the Directors' opinion:

- the attached financial statements and notes comply with the *Corporations Act 2001*, the Australian Accounting Standards - Simplified Disclosures, the *Australian Charities and Not-for-profits Commission Act 2012* and Victorian legislation the *Fundraising Act 1998* and associated regulations, the *Corporations Regulations 2001* and other mandatory professional reporting requirements;
- the financial statements and Notes give a true and fair view of the Company's financial position at 31 October 2024 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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

On behalf of the Directors



**Carolyn Heyes**  
President

20 December 2024



**Rachel Kearvell**  
Honorary Treasurer



## Independent auditor's report to the members of Australian Society of Medical Imaging and Radiation Therapy

### Report on the audit of the financial report

#### Our opinion on the financial report

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

- giving a true and fair view of the Company's financial position as at 31 October 2024 and of its financial performance for the year then ended; and
- complying with Australian Accounting Standards – Simplified Disclosures and the *Corporations Regulations 2001*.

#### What was audited?

We have audited the financial report of the Company, which comprises:

- the statement of financial position as at 31 October 2024,
- the statement of profit or loss and other comprehensive income for the year then ended,
- the statement of changes in equity for the year then ended,
- the statement of cash flows for the year then ended,
- notes to the financial statements, including significant accounting policies and other explanatory information, and
- the directors' declaration.

#### 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 *Corporations Act 2001* and the ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



## Other information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 31 October 2024, but does not include the financial report and our auditor's report thereon.

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 Company 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 *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company 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 Company 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.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

[https://www.auasb.gov.au/auditors\\_responsibilities/ar3.pdf](https://www.auasb.gov.au/auditors_responsibilities/ar3.pdf)

This description forms part of our auditor's report.

A handwritten signature in blue ink that reads "William Buck".

**William Buck Audit (Vic) Pty Ltd**  
ABN 59 116 151 136

A handwritten signature in blue ink that reads "C. L. Sweeney".

**C. L. Sweeney**  
Director  
Melbourne, 20<sup>th</sup> December 2024



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ASMIRT

Australian Society of Medical Imaging  
and Radiation Therapy