



30 million
images

17 thousand
radiographers

1 essential
profession



Meet the person
behind the image
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ASMIRT

70 thousand
cancer
treatments

2 thousand
radiation
therapists

1 essential
profession



Meet the person
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ASMIRT
ANNUAL REPORT



**Australian Society of Medical Imaging and
Radiation Therapy Annual Report 2025**

Published by

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and Radiation Therapy
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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.

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2025

Annual Snapshot

Scientific Journal

- Impact Factor of 2 was achieved.
- CiteScore of 3.8 was achieved.
- There were 605,000 full-text article views.
- 345 reviews were submitted with 16 median days to completion.
- 175 manuscripts were submitted with an acceptance rate of 47.4%.

Grants and Scholarships

- The value of grants and scholarships awarded was \$170,000.
- 90 Student Placement Support Grants were issued.
- 30 Rural Clinical Placement Grants were issued.
- Three Research Grants were awarded.
- Five Postgraduate Study Scholarships were granted.
- Four International Travel Scholarships were granted.

Advocacy

- The Secretariat contributed to 11 significant consultations.
- ASMIRT played a major role in the new National Lung Cancer Screening Program.
- The position paper on MRI Scanning and MR-Conditional Pacemakers was disseminated.
- The position paper on Artificial Intelligence was disseminated.
- We were a key resource for advice on radiation treatment and imaging procedures to consumers.



Conference and Events

- More than 1000 delegates attended ASMIRT / NZIMRT 2025.
- 219 presentations and 14 workshops were offered at ASMIRT / NZIMRT 2025.
- 63 Branch events were delivered.
- No-cost workshops continued to be offered to members.
- We provided IV cannulation and anaphylaxis training to members.

Member Engagement

- ASMIRT featured in 35 news media articles and three radio appearances.
- Engagement across social media and news media was boosted.
- A national street poster awareness campaign was developed.
- Percentage of members who opened their eNews increased.
- We delivered a stronger push in government relations.

Member Services

- More than 7500 calls were taken.
- More than 25,000 enquiries came via email.
- 98% of enquiries were resolved in one call.
- A survey demonstrated that direct member interaction is highly regarded.
- Members saved approximately \$22,000 through Member Advantage.

Professional Development

- RadPod was launched.
- Four education technologists were employed.
- ASMIRT eLearning to be launched in 2026.
- We provided free and discounted access to online resources for members.
- We reached more than 3000 secondary school careers advisers nationwide.

2025 Message from the President



Naomi Gibson
President

In my first year as President we have had a strong focus on engagement and collaboration. Through all our external touch points, we have pursued outcomes for our professions that will be positive both in the near and longer term.

In late March, we held a joint annual conference in Adelaide with our sister organisation, the New Zealand Society of Medical Imaging and Radiation

Therapy (NZSMIRT*). Apart from strengthening our relationship, it was wonderful to see the collaborative work pay off with more than 1000 registrants. We further extended the reach of the conference by providing a student-specific stream which was very well received.

We have had a strong focus on engagement and collaboration

As always, the scientific program was outstanding in its quality and diversity, and my thanks go to Conference Convenors Lyndal Newmarch and Amy Koskela for their amazing efforts.

At ASMIRT / NZIMRT 2025, the Nicholas Outterside Medallion was presented by Immediate Past President, Carolyn Heyes, to three very deserving members who have passionately contributed to the Society and our professions over many years - thank you Karen Dobeli, Goran Obradovic and Adam Steward. Honorary Life Membership was awarded to Patricia Fanning, who was employed by the ASMIRT Secretariat for over 30 years and was key to the Certification and CPD programs and member liaison. The prestigious Varian Award was presented to Jenna Dean, and the ASMIRT Board of Directors Award went to Marilyn Zelesco.



(Above): Nicholas Outterside Medallion recipient, Adam Steward



(Above): Nicholas Outterside Medallion recipient, Karen Dobeli



(Above): Nicholas Outterside Medallion recipient, Goran Obradovic



(Above): Varian Award recipient, Jenna Dean

ASMIRT offer a range of grants and scholarships to assist members with their professional growth and development, and I would like to take this opportunity to congratulate those members who are pushing the boundaries in their careers. A summary of our various grants and scholarships offering over the past year can be found on pages 14-15.

Throughout the year, we were heavily involved in the consultation process for the update of the MRPBA Professional Capabilities for Medical Radiation Practitioners document. This crucial work supports what our members will be doing in their practice in the years to come, and we were advocating on your behalf. The release of the final document is imminent.

July marked the launch of the National Lung Cancer Screening Program. This Federal Government supported program uses low dose computed tomography to scan for lung cancer in high-risk people who do not have symptoms. ASMIRT was a primary participant in the development of the program over a five-year period. Our engagement was crucial, as it involves radiographers across the country.

In late July, in a leading collaboration with Allied Health Professions Australia and several peak bodies, we raised the issue of student placement poverty with a call on the Federal Government to include all health care students in the Commonwealth Prac Payment scheme. Through a press conference in Federal Parliament with four crossbench MPs and a senator, we started the campaign to push for our student members to be included. This strategy will continue in 2026.

In another matter of engagement and collaboration we worked with the Royal Australian and New Zealand College of Radiologists to do a joint campaign celebrating the role of radiation therapists in the treatment of cancer, as part of the inaugural World Radiotherapy Awareness Day on 7 September.

Regarding 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, Adelaide, the Sunshine Coast and Hobart. Stephanie Price joined the Board during the year as the representative for Queensland and Michelle Devine joined the Board as the representative for South Australia and the Northern Territory. I would like to thank Rachel Kearvell for her contributions as a Board Director 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 2024 to 31 October 2025 was again positive, despite international uncertainty. Returns on our investments were conservative but solid and we continued to build and maintain a strong membership base. The Board and management of the Society are cognisant of balancing sufficient spending on member services and ensuring the ongoing viability of the organisation. I believe we strike the right balance, and we have progressively seen more member services delivered.

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 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.

Naomi Gibson
President

*In early 2025, the New Zealand Institute of Medical Radiation Technology (NZIMRT) changed its name to the New Zealand Society of Medical Imaging and Radiation Therapy (NZSMIRT).

2025 Message from the Chief Executive Officer



Sally Kincaid
Chief Executive Officer

It has been an extremely busy and productive year at the Secretariat. We have had a strong focus on providing more for members and increasing our 'visibility' as crucial health care professions. Our continuing engagement with government, professional bodies and the regulator has been a major factor influencing the recognition and importance of medical radiation science in the health sphere.

Relationships with key stakeholders in our professions is crucial to the ongoing smooth governance of the Society. Throughout 2025 we maintained strong ties with the Medical Radiation Practice Board of Australia, the Australian Health Practitioner Regulation Agency and Allied Health Professions Australia and developed our increasingly collaborative relationships with the New Zealand Society of Medical Imaging and Radiation Therapy (NZSMIRT), the Australian and New Zealand Society of Nuclear Medicine and the Australasian Sonographers Association. We have also become a member of the National Rural Health Alliance and Services for Australian Rural and Remote Allied Health (SARRAH), extending our knowledge and contribution to health care and education in rural and remote Australia.

Relationships with key stakeholders in our professions is crucial to the ongoing smooth governance of the Society

There have been a number of new and innovative projects launched throughout the year. The introduction of our new podcast series 'RadPod', hosted by Director of Education Steve Lacey, has gained considerable traction over the year with over 2000 downloads by 31 October. Topics covered include CT scan in an Ambulance!

Inside the Mobile Stroke Unit; Medical Radiation Practitioners as Patients; and Unconscious Bias and the Halo effect; with an exciting new series planned for the next 12 months.

Steve and his team have also been working hard on developing the new Learning Management System, designed to host and produce a broad range of educational materials for members across all disciplines. The appointment of four part-time medical radiation practitioner education technologists (known as the ETs!) is assisting with the mammoth task of content creation for this project.

In line with the second pillar of ASMIRT's Strategic Plan 'Building public awareness and promoting the essential role of the medical radiation professions' the ASMIRT communications team created and released a significant public awareness campaign for the professions. A series of short videos highlighting and promoting careers in medical radiation science – diagnostic imaging, radiation therapy and nuclear medicine – were created and have been distributed widely through our engagement with Explore Careers, who introduce them into schools' careers curriculum.

The success of our professions also comes down to the extraordinary amount of work done by our committees and reference groups. As you read through the report this year, you will see the significant achievements of these volunteer advisory groups. I would like to take this opportunity to thank them for all their efforts.

Branches are the cornerstone of our organisation, with the states and territories hosting 63 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 Student Ambassadors our Branches are the immediate face of ASMIRT to members. I am very grateful for your outstanding work.

Success often comes through strength in numbers. Member numbers rose to 9328 by the end of the membership year, which is an excellent result, considering 75 percent of peak bodies are recording declining or stagnating membership numbers.

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 further develop the services and support we provide to members without substantial increases in member fees.

The success of our professions also comes down to the extraordinary amount of work done by our committees and reference groups

We finish the year having delivered on helping members achieve success in their careers; so, it just remains for me to thank the Board of Directors for making my job so easy, to the members for your continued support of your professional organisation, and to the staff at the Secretariat who are always here to assist you – and who make all things possible. Our professional standards and education team of Steve Lacey, Min Ku, Tanya Morgan, Emma Cooper, Roshini Gunewardena, Emma McDonnell, Jamie Banks and Alan Malbon; our events, communications and marketing teams of David Leach, Robert Hilkes, Maeva Proust, Simone Costa, Shane Maria Howell, Anne Romanjuk and Sarah Tormey; our finance and administration teams of Bruce Su, Kathleen O'Connor, Susan Elliott and Carly Hardidge, and the Editor-in-Chief of our scientific journal – the *Journal of Medical Radiation Sciences* – Cherry Agustin. Thank you one and all.

Sally Kincaid
Chief Executive Officer



(Above): Jarrod Prohasky, Steve Lacey and Karim Yacoub recording the first episode of RadPod

ASMIRT Board of Directors



Naomi Gibson
President

Naomi is the President of ASMIRT. With over 30 years' experience in medical imaging at Queensland Health, Naomi has deep insight into the challenges and opportunities in regional health care. As Radiographer - Deputy Director at Townsville

University Hospital, Naomi leads a large multidisciplinary team focussed on service delivery, workforce development and continuous improvement. Naomi is a passionate advocate for medical radiation practitioners - especially in rural and remote areas - and is committed to strengthening national collaboration across the professions. As President, she is focussed on building a connected, inclusive and empowered professional community.



Bernadette Byrne
Vice-President

Bernadette is the Vice-President of ASMIRT and the Tasmania representative on the ASMIRT Board of Directors. She is also the Board Liaison for the Professional Standards Committee. With over 20 years of radiation therapy experience, Bernadette is

committed to ensuring each patient experience is individualised and person-centred. She currently works in Launceston as a Culture and Wellbeing Consultant at the Tasmanian Department of Health.



Bianca Magill
Honorary Secretary

Bianca is the Honorary Secretary and the Western Australia representative on the ASMIRT Board of Directors. She is also the Board Liaison for the Membership Advocacy Committee. Bianca works as a radiographer and mammographer in Bunbury

in southwest Western Australia. Passionate about using science to help people, Bianca is especially interested in person-centred care and supporting medical imaging students and early career radiographers.



Dr Nigel Anderson
Honorary Treasurer

Nigel is the Honorary Treasurer and the Victoria representative on the ASMIRT Board of Directors. He is also the Board Liaison for the Education and Fellowship committees. Nigel is 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.



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

Laura is the New South Wales representative on the ASMIRT Board of Directors. She is currently a Senior Quality Improvement and Research Radiation Therapist at Westmead and Blacktown Hospitals in Sydney.

She is also the Board Liaison for the Research Committee. 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 patients receive world class care.



**Michelle
Devine**
**South Australia /
Northern Territory
Representative**

Michelle is the South Australia and Northern Territory representative on the ASMIRT Board of Directors. With over 20 years' experience in radiography, she is currently the Operations Manager

of Lumus Imaging in South Australia. Michelle is passionate about driving positive workplace culture, building high performing teams, mentoring, prioritising patient safety and staff wellbeing.



**Stephanie
Price**
**Queensland
Representative**

Stephanie is the Queensland representative on the ASMIRT Board of Directors. She is also the Board Liaison for the Membership Advocacy Committee. With over 25 years' experience in radiation therapy, she

is currently the Group Director of Radiation Therapy at Icon Group, and sits on the Industry Advisory Committee at Queensland University of Technology. Stephanie is passionate about addressing workforce challenges, such as workload management, mental health support, and career development pathways for both emerging and experienced professionals.



**Carolyn
Heyes**
**Immediate
Past President**

Carolyn is the immediate past president of ASMIRT and a former member of many ASMIRT committees, at both state and national levels. 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.

Life Membership

The following retired individuals have been awarded Life Membership of ASMIRT for their dedication and commitment to the Society at a state and national level during their professional working life.

George Adair	William Haining	John Ryan	Christopher Whennan
Carolyn Astill	David Hartley	John Scascighini	Mark Bower
David Balmanno	Kay Hatherly	Brian Starkoff	Bruce Harvey
Keith Barry	Gerald Hayward	William Thomas	Gillian Tickall
Paul Boulton	Hilary Heindorff	Graham Tidswell	Tim Way
Gregory Brown	Lynda Herrod	Graham Truman	Jacobus De Jong
John Bruce	Ernest Hughes	Elvie Haluszkiewicz	Anne Connell
Martin Buckley	Kenneth Jackson	Fiona Jeffs	Rob Davidson
Ronald Callaway	John Laughton	Jennie Baxter	Patricia Fanning (Honorary)
Rosa Cameron	Ian Lynch	Edmund Arozoo	
Helen Clough	Alan Malbon	Harry Hanson	
Kathleen Collett	Ronald Mccartney		
Neville Cooper	Colin Mildon		
Joycelyn Cottrell	Mavis Milne		
Ian Crichton	Ian Morris		
John Dimmick	Jocelyn Morse		
Arthur Dunn	Jocelyn Murray		
Clive Felmingham	Wayne Nuss		
Clifton Fitzsimons	Teresa Ong		
Robert Fleay	Joseph Petroni		
Robert George	John Poller		
Kevin Grainger	Gordon Ryan		



(Above): Honorary Life Membership recipient, Patricia Fanning

Board of Directors Award

Introduced in 2023, the Board of Directors Award honours individuals who have made significant and outstanding contributions to the Society. It is awarded at the discretion of the Board to recognise those whose visible achievements or quiet dedication behind the scenes have made a meaningful and lasting impact on the Society.

2023 recipient,
Elizabeth Phillips

2024 recipient,
Lyndal Newmarch

2025 recipient,
Marilyn Zelesco



(Above): Board of Directors Award recipient, Marilyn Zelesco

Note: Awards listed in order of year received.

Nicholas Outterside Medallion

The following individuals have been awarded the Nicholas Outterside Medallion for their valuable contribution to the professions over many years.

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
 Karen Dobeli
 Goran Obradovic
 Adam Steward

Note: Awards listed in order of year received.

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.

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.



20
25

Grants and Scholarships

Top five highlights	
1	30 Rural Clinical Placement Grants were issued.
2	Three Research Grants were awarded.
3	Five Postgraduate Study Scholarships were granted.
4	Four International Travel Scholarships were granted.
5	90 Student Placement Support Grants were issued.

ASMIRT offer a range of grants and scholarships to assist members with their professional growth and development. The total value of grants and scholarships issued to members in 2024–25 was \$170,000 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 qualifications
- Rural Clinical Placement Scheme – for students enrolled in an Australian program undertaking a rural placement
- Student Placement Support Grant – A new initiative in 2025 to support student members facing financial challenges during their final-year clinical placement.
- Dorothy Lorimer Bursary – provides an opportunity for practitioners to bring substantive international knowledge to enhance and advance Australian practice.

Grant and scholarship recipients

Thirty Rural Clinical Placement Grants were issued in 2025 (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*.

Launched in May 2025, the inaugural Student Placement Support Grant received an overwhelming response. A total of 90 grants, each valued at \$500, were awarded to student members to help offset expenses such as travel, accommodation and general living costs. The strong engagement and positive impact of this initiative highlight ASMIRT’s continued commitment to supporting the next generation of medical radiation practitioners.



(Above): Dorothy Lorimer Bursary recipient, Laura Di Michele

Research Grants awarded in 2024:

- Radiation Therapy – to Associate Professor Georgia Halkett for her project, ‘Supportive care of Aboriginal and Torres Strait Islander people in receiving radiation therapy in Australia: Does healthcare professional education require improvement?’
- Medical Imaging (novice) – to Kate Johnson for her project, ‘Exploring the landscape of interprofessional education and collaborative practice in the radiography workforce in Queensland’
- Radiation Therapy (novice) – to Anelyn Chui for her project, ‘Prioritisation of the benefit of deep inspiration breath hold technique for radiotherapy in right sided breast cancer’.

Postgraduate Study Scholarships awarded in 2024:

- Chris Parsons – Graduate Diploma in Health Professional Education at the Australian Catholic University
- Daniel Ho – Master of Magnetic Resonance Technology at the University of Queensland
- Gabriella La Macchia – Graduate Certificate in Analytics of Medical Imaging Data at the University of Wollongong
- Jessica Hazlewood – Master of Leadership (Health & Human Services) at the University of Tasmania
- Madeleine Jordon – Graduate Certificate of X-ray Image Interpretation at Monash University.

International Travel Scholarships awarded in 2024:

- Medical Imaging – to Megan Kenna to attend and present at the Canadian Association of Medical Radiation Technologists Conference in Alberta, Canada (May 2025)

Education

- Medical Imaging Early Career – to Keiley Mead to attend and present at the European Congress of Radiology Conference in Vienna, Austria (February 2025)
- Radiation Therapy – to Beatrice Tanner to attend the Oliver McGowan Mandatory Training on Learning Disabilities and Autism – a UK standardised evidence-based training program for all health professionals across the National Health Service. Additionally, Beatrice met with PhD candidate Charlotte Nutting to discuss research into radiotherapy and people with learning/intellectual disability and cancer, to explore collaborations, connections and future directions for person-centred care through a global platform. Beatrice also attended the ESTRO 2025 Congress in Vienna, Austria (May 2025)
- Radiation Therapy Early Career – to Izaak Millen to attend the ESTRO 2025 Congress in Vienna, Austria (May 2025).
- Postgraduate Study Scholarship – Rachael Sefton was awarded the Postgraduate Study Scholarship in 2023 and completed a Graduate Certificate of X-ray Image Interpretation through Monash University in December 2024. As the sole radiographer in Coonamble, New South Wales, she found the course enhanced her professional experience, clinical skills and judgement. Since completing the program, Rachael has strengthened her image interpretation abilities and confidence, resulting in improved care for residents of her rural community.

Dorothy Lorimer Bursary

The Dorothy Lorimer Bursary was awarded to Laura Di Michele for her project, 'OPTIMAX – Research Summer School'. This international, research-intensive program brings together participants from multiple countries to collaborate on short-term projects, strengthen research skills and build global networks. Laura's work addresses gaps in research capability among Australian diagnostic radiographers and aims to strengthen evidence-based practice within the profession.

Completed grants and scholarships

- Research Grant – Chandra Makenjee and Rob Davidson for 'Can X-ray and imaging services for residents of residential aged care facilities be improved? A pilot project'. This grant was issued in 2019, however, due to COVID-19 was unable to be conducted at the time. The project was completed October 2024 highlighting that very few studies capture the residents of residential aged care facilities, as well as the multidisciplinary healthcare team that includes medical imaging perspectives and experiences in a single study. This study assists in bridging the scientific knowledge gap both in the medical imaging and aged care-specific domain that is both of national and international interest.
- Research Grant – Karen Dobeli for '3-dimensional spectral CT analysis of body lesions: A pilot study'. Spectral CT is a relatively new type of CT scanner that provides additional information about tissue composition beyond its X-ray attenuation coefficient. These added characteristics may improve the ability to classify an incidental lesion as benign or malignant from the initial CT. A pilot study was undertaken to determine the feasibility of a full-scale study.
- Novice Researcher Grant – Katherine McCoombe for 'Spectral CT urogram imaging protocol optimisation'. This research project aimed to develop an optimal scan protocol for spectral CT urography. The purpose of the research is to use new advances in imaging technology to reduce radiation dose to the patient, time on the CT scanner, and cost to the healthcare system associated with CT urography, the gold standard imaging test for patients with haematuria.

2024-25 snapshot of ASMIRT grants and scholarships

Grant/Scholarship	Number of applications	Number of recipients
Rural Clinical Placement Scheme Semester 1	Semester 1 = 23 Universities represented: University of Newcastle, The University of Sydney, Charles Sturt University, Queensland University of Technology, Deakin University, University SA, RMIT University	Semester 1 = 14
Rural Clinical Placement Scheme Semester 2	Semester 2 = 45 Universities represented: RMIT University, The University of Sydney, University of Canberra, Deakin University, University of Newcastle, Charles Sturt University, University SA, Curtin University, QUT, Monash University, Central Queensland University	Semester 2 = 16
International Travel Scholarship	Established = 6 Early career = 2	Established = 2 Early career = 2
Research Grants	Established = 2 Novice = 3	Established = 1 Novice = 2
Postgraduate Study Scholarships	9	5

Continuing Professional Development

Top five highlights	
1	RadPod was launched in April 2025.
2	We employed four education technologists to assist in the production of the new virtual educational platform.
3	ASMIRT eLearning will be launched at ASMIRT 2026 in Hobart.
4	We reached more than 3000 secondary school careers advisers nationwide.
5	Members continued to enjoy free and discounted access to a large range of online resources.

Providing continuing professional development opportunities for members continues to be a large focus at ASMIRT. We are powering along with several initiatives to provide members with easily accessible, quality educational content. As part of the staffing changes in 2025, ASMIRT employed four education technologists, each with a medical radiation science clinical background, to assist in the production of the new virtual educational platform. Emma Cooper, Emma McDonnell, Jamie Banks and Roshini Gunewardena all have extensive experience in online course development and innovation.

Introducing ASMIRT eLearning

ASMIRT has partnered with Open LMS to produce 'ASMIRT eLearning', an online learning management system exclusively designed for medical radiation practitioners and students. ASMIRT eLearning consists of online courses on a wide range of relevant topics, as well as short, bite-sized learning opportunities, links to podcasts and on-demand access to ASMIRT's large suite of webinars and conference recordings.

Courses are being developed based on the needs of the professions with links to the MRPBA Professional Capabilities for Medical Radiation Practitioners. Launching at the 2026 ASMIRT conference in Hobart, the platform provides an opportunity for users to expand their technical skills, focus on patient care and explore emerging health technologies. ASMIRT eLearning delivers a flexible and interactive experience and will continue to expand with more topics to be included into the future.

RadPod is launched

In April 2025, the first episode of ASMIRT's 'RadPod' podcast was released. RadPod is a vibrant monthly podcast tailored for the medical radiation sciences community. The show delves into a wide range of topics, both clinical and non-clinical, and offers insights from experts, researchers and practitioners with lived experience. By sharing stories and fostering discussion, RadPod helps to promote professional development and community engagement, while highlighting cross-disciplinary themes relevant throughout health care.

RadPod is CPD endorsed and has been a resounding success, with over 2500 listens in the first six months and a reach spanning more than 30 countries. With exciting new content being published in 2026, ASMIRT encourages listeners to suggest topics and guests, building a participatory platform for knowledge sharing and collaboration.

Taking it to the schools

ASMIRT's partnership with Explore Careers continues to play a key role in promoting the medical radiation science professions to secondary school students. Through the collaboration, ASMIRT has created a series of engaging videos featuring radiographers, radiation therapists and nuclear medicine technologists, who share their personal journeys, real-world experiences and the significant impact of their work within the healthcare system. These resources aim to inform and inspire students, encouraging them to explore medical radiation sciences as a rewarding and meaningful career path. ASMIRT extends its appreciation to the practitioners and facilities who contributed to these initiatives.

Through regular features in Explore Careers' newsletter, ASMIRT's outreach has reached more than 3000 secondary school careers advisers nationwide, consistently ranking in the top three viewed articles during the year.

Through the Explore Careers platform we reached more than 323,000 students with an average click rate of 2.8 times per student.

ASMIRT also acknowledge and thank the state Branch members who dedicated their time to attending school careers events, connecting with more than 14,000 students across five states and helping to build awareness of the vital role the professions play in health care.

CPD online

ASMIRT has maintained subscriptions with online CPD providers DetectedX, the Canadian Association of Medical Radiation Technologists (CAMRT), ESTRO and Integrity, to provide free and discounted access to a large range of online resources. Members are encouraged to access these through the Member Portal.

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
Beverly 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
Cameron Brown
Kelly Wilson-Stewart
Adam Steward

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	63 Branch events were delivered in 2025.
2	There were 1036 registrations for ASMIRT / NZIMRT 2025.
3	219 presentations and 14 workshops were offered at ASMIRT / NZIMRT 2025.
4	We continued to provide no-cost workshops to members.
5	We continued to provide IV cannulation and anaphylaxis training to members.

Branch events

The vast 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 topic and speaker selection, logistics support, promotion and execution which is a testament to the collaborative efforts of Branch volunteers with Secretariat support.

Branch events grew in number and participation, with 63 events delivered in 2025 to thousands of

members. It is the members' experience, networks and determination that make this happen.

Masterclasses and workshops

ASMIRT delivered masterclasses in Perth, the Sunshine Coast and Wollongong in 2025. The full-day events, with workshops in the morning, a diverse range of presentations in the afternoon and networking with the ASMIRT Board in the evening, attracted not only ASMIRT members but prospective members.

We also continued to provide person-centred care workshops at no cost to members.

IV cannulation and anaphylaxis training

The Society continues to provide IV cannulation training (including to University of Sydney medical radiation science students) and anaphylaxis training to the benefit of members. Both training options are done online in small groups to support intensive learning in these important skills.

From late March 2026, anaphylaxis training will become a mandatory requirement of all practising medical radiation practitioners in Australia. Since the announcement of this change, we have seen and continue to anticipate strong demand for anaphylaxis training into the new year.

Our five best performing topics

With 63 events delivered in 2025, members 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 464

Registrations 142

Registrations 112

Registrations 109

Registrations 108

ASMIRT / NZIMRT 2025, Adelaide

For the first time since the COVID-19 pandemic, ASMIRT and our New Zealand counterpart, NZSMIRT, held a joint in-person conference in Adelaide. It was also our first student conference after a six-year hiatus. Held at the Adelaide Convention Centre on the banks of the River Torrens, the conference was not only educationally excellent, the venue, the social functions and the planned tours made for an incredible four-day event.

Attended by more than 1000 delegates including 129 from New Zealand, with 219 presentations, 14 workshops, seven concurrent sessions of education and a student conference, ASMIRT / NZIMRT 2025 had a unique Australasian atmosphere.

Significant effort was made to ensure that we reflected what South Australia had to offer, and this was evident in the social functions and catering, which utilised local produce and wines, something that both Adelaide and the state are renowned for.

Importantly, we would like to thank the 46 industry sponsors and exhibitors for supporting the professions over the three and a half days, and the South Australian Government for their partnership. With our sponsors, exhibitors and government partners we were able to maintain reasonable delegate rates.



Communications, Marketing and Government Relations

Top five highlights	
1	We developed ASMIRT's first national street poster awareness campaign.
2	ASMIRT featured in 35 news media articles and three radio appearances.
3	We significantly boosted engagement across social media and news media.
4	We saw an increase in the percentage of members who opened their eNews.
5	We delivered a stronger push in government relations.

NRRTW and national street poster campaigns

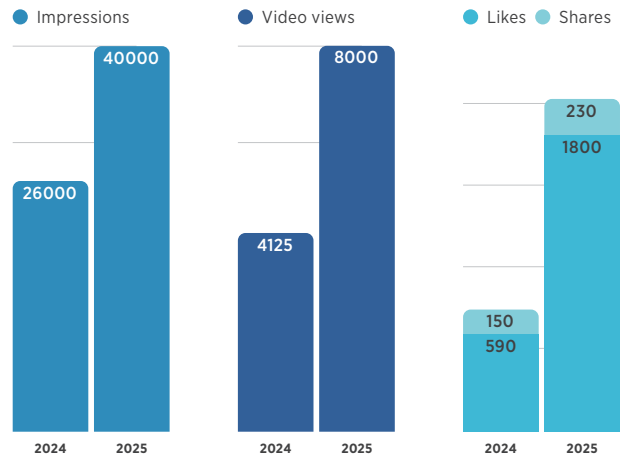
The theme for this year's National Radiographers and Radiation Therapists' Week, 'Meet the Person Behind Your Care', aligned with the launch of ASMIRT's first-ever national street poster campaign. Designed to raise awareness of radiographers and radiation therapists, the campaign featured large-format street posters across five capital cities, supported by a strong social media presence and vox pop videos filmed in front of the posters. Complementing this initiative, the NRRTW campaign provided members with celebration packs containing posters to display in workplaces, encouraging participation and visibility nationwide.

Both campaigns aimed to connect medical radiation practitioners with patients on a personal level, while highlighting the often-unseen roles the professions play in health care. Member feedback was overwhelmingly positive, with participation in NRRTW celebrations increasing by 20 percent (following a 50 percent rise from 2023 to 2024). The social media campaign also achieved record-breaking engagement, showing significant year-on-year growth.



(Above): National street poster campaign billboard

Social media engagement during NRRTW



These results reflect the campaign's success in strengthening the ASMIRT community spirit, with members and partners highly engaged not only with our content but also with each other.

News media

Media engagement increased significantly over the past 12 months with the number of news stories featuring ASMIRT, or our peer-reviewed journal (*Journal of Medical Radiation Sciences*), more than doubling in comparison to the year prior. We featured in 35 news articles and three radio appearances. New medical radiation services in various hospitals, scientific research both in JMRS and other journals, and the impact of the medical radiation sciences on the environment all featured strongly in our coverage.

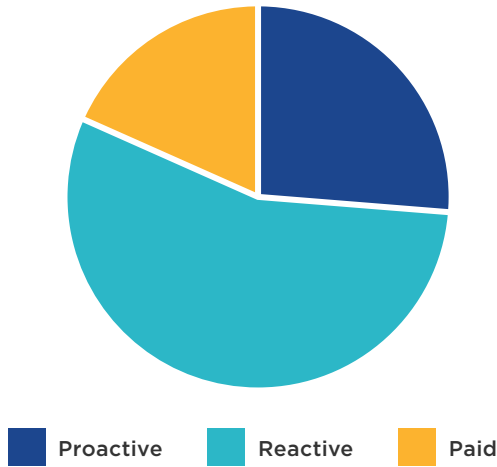
ASMIRT's proactive media outreach achieved results for the following JMRS articles:

- The ongoing impact of COVID-19 on the clinical education of Australian medical radiation science students
- Local diagnostic reference levels in digital breast tomosynthesis
- Switch it off! Carbon, financial and health service impacts of switching off a computed tomography scanner: A quality improvement study.

Findings from these studies and quotes from ASMIRT's President Naomi Gibson were published in the science and medical publications: *Aunt Minnie*, *Hospital and Healthcare*, *Medical Express*, *AusDoc* and *The Limbic*.

More broadly and covering audiences reaching over 20 million, we obtained stories in *The Conversation*, multiple stories on ABC Radio, *The Australian*, *The Sydney Morning Herald*, *The Australian Financial Review*, Yahoo!News, Channel 7 and Channel 10. Naomi Gibson was a voice of authority on topical issues in *Australian Health*, including radiation dose in CT, full-body MRI scans, and MRI safety.

How did we achieve media coverage?



Of the 38 times ASMIRT received media coverage, 21 were reactive (meaning journalists approached ASMIRT for comment) and 10 were proactive (meaning ASMIRT approached journalists with a story). A further seven were paid – ASMIRT hired Croakey Health Media to attend the ASMIRT / NZIMRT 2025 Conference and publish stories on important topics relevant to our members.

The increase in journalists approaching ASMIRT for news stories reflects increased awareness of our organisation and perception that we are a trustworthy source of information.

Career videos

ASMIRT released radiographer, radiation therapist and nuclear medicine technologist career videos in early 2025. Aimed at secondary school students in years 10 to 12, these videos show medical radiation practitioners in their own workplaces, using simple language to explain what they do and what they like about their work. The marketing and communications team deliberately chose young, early career practitioners to feature in the videos, to be appealing and relatable to a secondary school student audience. The videos offer an introductory look at the professions, assuming minimal pre-existing knowledge.

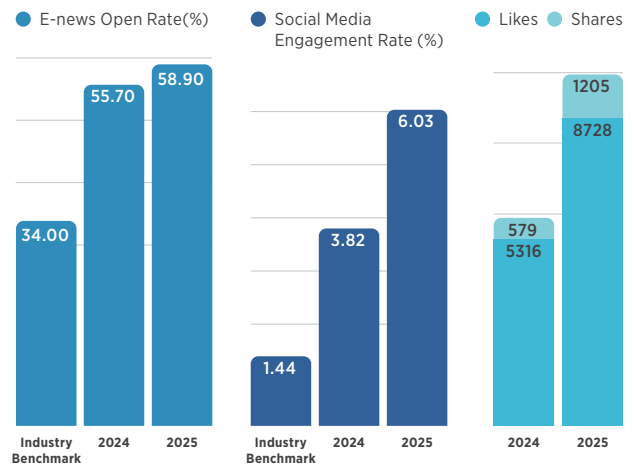
The videos are available online where secondary school students are likely to seek career information – Explore Careers, Australia’s largest online early-career and employment platform, and MyFuture, an Australian Government-owned online career information service. Both Explore Careers and MyFuture work with secondary schools and provide career information to school career counsellors around Australia. The videos are also viewable on the ASMIRT website and YouTube channel, where they have amassed a collective 16,000 views.

eNews and social media

Engagement with our weekly newsletter and social media strengthened in 2025. The number of people who opened their eNews email increased from 55.7 percent to 58.9 percent, occasionally surpassing 60 percent – well above the healthcare industry benchmark of 34 percent. The number of clicks on links within the newsletter has remained strong at 3.5 percent, slightly above the industry benchmark of around 3 percent.

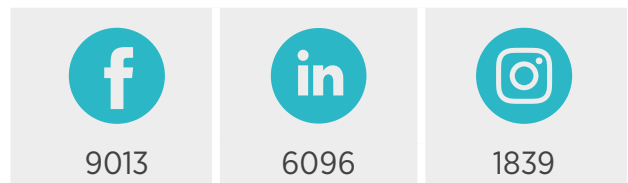
The social media strategy this year focussed on actively involving followers, encouraging them to like, share and engage with posts to help promote CPD events and campaigns. This approach delivered excellent results.

eNews and social media statistics



Across all platforms (LinkedIn, Facebook, Instagram), ASMIRT gained 2500 new followers, including 1500 on LinkedIn alone. This growth on both eNews and social media reflects strong audience interest and active engagement with ASMIRT updates and initiatives.

Social media followers



meettheperson.asmirt.org

The meettheperson.asmirt.org website was introduced late in the year to support the street poster campaign. The website is specifically targeted at people who may not know much about what our professions do, and offers information in a simple, bold and succinct manner. The website will remain live as the campaign enters its second poster burst in February 2026.

ASMIRT website

ASMIRT's redeveloped website was launched in May 2024, and throughout the year we focussed on optimising the platform. We improved its Search Engine Optimisation (SEO) ranking from 72 to 81 out of 100, making our content easier to find through search engines, and refined the site's structure for a more user-friendly experience. By any website measure, a SEO ranking above 80 is very good. The website is a strong, reliable and current communication tool for our members and other stakeholders, recording 311,000 page views and 105,000 users in the past year.

Government relations

Over the past 12 months we have worked concertedly to bring the issue of placement poverty to the forefront of parliamentarians' and bureaucrats' minds. Utilising research we conducted with students, we met with several parliamentarians over the period, highlighting the plight of our students during the longest placements in allied health. Much of this culminated in a joint media conference with other allied health professions in Mural Hall at Parliament House in July. Supporting our call were four crossbench MPs and a senator, who spoke passionately about including medical radiation sciences and other health students in the new Commonwealth Prac Payment scheme that took effect on 1 July 2025. The successful media conference was the start of a long-term push by ASMIRT to continue lobbying for this essential change.



(Above): President Naomi Gibson speaking to journalists at Parliament House

RadPod

ASMIRT's podcast for the medical radiation practitioner community, RadPod, was launched in April 2025. The marketing and communications team supports RadPod through design, branding, editing, audio mixing and promotion. ASMIRT releases one RadPod episode per month and has attracted more than 2000 listeners across 40 countries in its short history.

Spectrum

The Society's member magazine *Spectrum* continues to be published five times per year (in print and online), 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; informative articles on advocacy, best practice and professional development; JMRS abstracts; student clinical placement reflections; Society news and much more.

The magazine is printed using vegetable-based inks and employs an elemental chlorine free process on responsibly sourced paper.



JMRS

The marketing and communications team has stepped up to support promotion of our *Journal of Medical Radiation Sciences*. We created and managed the LinkedIn account, gaining 300 followers and appearing on user feeds 22,700 times, to date. All JMRS posts are shared on ASMIRT's social channels to further expand their reach.

Our Advocacy

Top five highlights	
1	The Secretariat contributed to 11 significant consultations from a range of stakeholders.
2	ASMIRT played a major role in the new National Lung Cancer Screening Program.
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	ASMIRT engaged with consumers of radiology and oncology services and provided a key resource for advice on radiation treatment and imaging procedures.

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, Diagnostic Imaging Advisory Committee and the Radiation Oncology Alliance.

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

- Australia and New Zealand Society of Nuclear Medicine
- New Zealand Society of Medical Imaging and Radiation Therapy
- 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 was invested in was the National Lung Cancer Screening Program, which uses low dose computed tomography scans to look for lung cancer in high-risk people without any symptoms. The program aims to find lung cancer early and reduce deaths from lung cancer. ASMIRT worked with 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 science practitioners. Screening services began for eligible people in July 2025.

Member advocacy

ASMIRT receives calls and emails from members daily seeking clarification on a range of 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 2024-25 reporting period, the ASMIRT Secretariat contributed to 11 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, prior to 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 that 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. Various position papers are also accessible on the ASMIRT website.

Consumer advocacy

ASMIRT also engages with consumers of radiology and oncology services and is 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 medical radiation professions with parents seeking advice on whether it may be 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.

Member Services

Top five highlights	
1	More than 7500 calls were taken.
2	More than 25,000 enquiries came via email.
3	98% of enquiries were resolved in one call.
4	A 2025 membership satisfaction survey showed that direct member interaction was a highly regarded member benefit.
5	Members saved approximately \$22,000 on purchases through the Member Advantage program.

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.

A 2025 membership satisfaction survey showed that direct member interaction was a highly regarded member benefit

While the team took more than 7500 calls from members during the reporting period, the vast majority of requests – more than 25,000 – came via email.

The five main enquiries from members in the reporting period were:

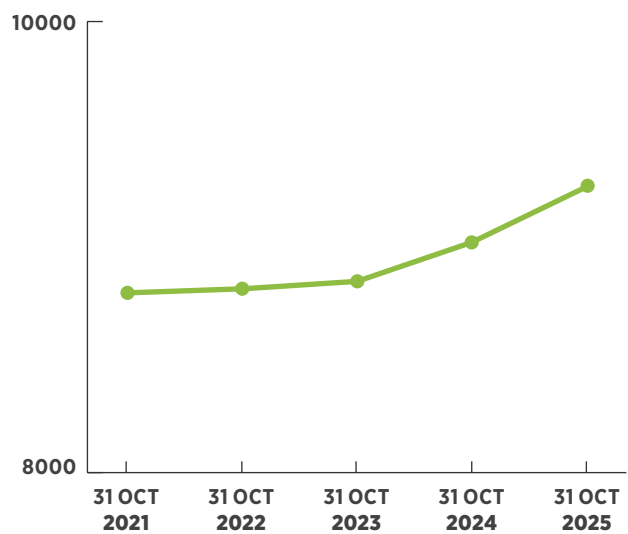
- unable to log in to the Member Portal (most common query being that their membership had accidentally lapsed)
- the process for, or status of, overseas qualification assessment
- temporary or permanent change of membership category
- a broad membership-related question
- certification related questions.

Comments in the membership satisfaction survey conducted in January 2025 resoundingly showed that direct member interaction with the membership services team, who were able to resolve queries quickly, was a highly regarded member benefit.

Membership renewals and growth

We are also pleased to report that membership of ASMIRT continues to grow. At the end of the reporting period, membership stood at 9328 – up from 9022 in 2024. With 75 percent of membership associations/societies reporting either stagnating or declining membership it is excellent to see our 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 ASMIRT 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.



2020

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)

Research across the Australian medical radiation professions continued to flourish throughout 2025. It spans the breadth of the professions and highlights the excellence that is the hallmark of our professions and members. The Research Committee continues to strive to promote and support the fabulous research being conducted by members across the country.

I must acknowledge and express my deepest thanks to members of the Committee, and the ASMIRT Board and liaisons for their continual hard work, unwavering dedication and strong support. Their passion for promoting research and increasing capacity across the professions is inspiring and none of the achievements listed below would be possible without them.

The Committee has continued to work on numerous initiatives, providing research support to members through:

- “I’ve got an idea!” Novice Researcher Workshops – we had the opportunity to run this face-to-face at ASMIRT / NZIMRT 2025. It is exciting to work with practitioners who have a keen interest in research to develop their project ideas and we look forward to offering this workshop again in 2026
- Supporting the JMRS Reviewer Mentoring Program.

The Committee values its ongoing collaboration with the JMRS, and we were pleased to support the journal through the curation of three virtual issues in 2025:

- Uniting to Focus on Our Diverse Opportunities: The speakers of ASMIRT / NZIMRT 2025 (February)
- World Radiotherapy Awareness Day: One Voice for Radiotherapy (August)
- Finding Our Identity (October, coinciding with NRRTW).

Over the past 12 months, the Committee has had the pleasure of working with the Membership Advocacy Committee to deliver presentations to medical radiation students throughout Australia promoting the research and membership services ASMIRT offer. Committee members and research champions have had the pleasure of speaking with students from six universities about becoming involved in research and the benefits of being an ASMIRT member. We have received positive feedback from both students and universities about the presentations and can’t wait to engage with more students in 2026.

The Committee has once again contributed to *Spectrum* with the 2025 series on research methods. This series explored common research methods employed in quantitative, qualitative or mixed method research. It aimed to develop an understanding of common research methods and highlight good practices. We look forward to continuing to contribute to *Spectrum* in 2026 to place a spotlight on research.

Members of the Committee have continued their hard work on additional 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 June
- a constructive and motivating face-to-face meeting in October
- review of the ASMIRT Research and Novice Research grants.

Three research grants were awarded in 2024: Research Grant to Professor Georgia Halkett (radiation therapy) and Novice Research grants to Kate Ryan (medical imaging) and Anelyn Chui (radiation therapy). We wish Georgia, Kate and Anelyn all the best for their respective research projects and we await with great interest the results of these projects in the future!

The next 12 months will be exciting for the Committee as we work on numerous initiatives including launching a research hub at the national conference, a research mentoring program and new strategies to develop and support novice researchers. We look forward to being able to provide more information to members about these fantastic projects.

Dr Elizabeth Brown

Chair, Research Committee

Education Committee

Committee members

- Eileen Giles (Chair)
- Beatrice Tanner (Deputy Chair)
- Elizabeth Phillips
- Anthony (Tony) Buxton
- Nicholas Maddock
- Kim Hayward
- Joanne Harrison
- Karim Yacoub
- Clinton Gould
- Dr Nigel Anderson (ASMIRT Board Liaison)
- Tanya Morgan (ASMIRT Staff Liaison)

This year has been one of continued collaboration and innovation for the Education Committee. We have continued to build on initiatives established in previous years, ensuring the ongoing focus on education promotion and the fair and efficient administration of funding programs.

On behalf of the Committee, I firstly acknowledge our Past Chair, Elizabeth Phillips, whose dedicated leadership has been significant in guiding the Committee's direction. We extend our sincere gratitude to Elizabeth for her commitment, insight and the collegial approach she fostered throughout her time as Chair. We are especially pleased that she has agreed to remain on the Committee during this period of transition, ensuring continuity of knowledge and mentorship for the benefit of the group and our members.

The Committee has worked effectively throughout the year to deliver on its core responsibilities and to expand the scope of support offered to students and clinicians. Our activities included:

Postgraduate Study Grant applications

The Committee successfully administered the review process for Postgraduate Study Grant applications, maintaining our high standards of transparency and equity. The quality and diversity of applications this year reflected the growing strength and ambition of our postgraduate community.

Dorothy Lorimer Bursary

The Committee oversaw the awarding of the inaugural Dorothy Lorimer Bursary, which aims to make a meaningful difference to recipients by supporting advanced study and research in an area that will expand medical radiation science in Australia. The bursary remains a cornerstone of our commitment to fostering academic excellence and professional development.

Student Placement Support Grants

A major development this year was the introduction of the Student Placement Support Grants, an initiative designed to assist final-year students in managing the financial challenges associated with extended placements. This new program has been warmly received, addressing a critical need and helping ensure that financial barriers do not hinder students' ability to complete their studies and professional training.

The Committee look forward to building on this year's achievements by continuing to review and refine our grant and bursary processes, exploring further opportunities to support students and early-career professionals, and strengthening engagement across the education community.



(Above): Education Committee meeting 26 March 2025 in Adelaide. (L-R) Tony Buxton, Kim Hayward, Elizabeth Phillips, Clinton Gould, Eileen Giles, Karim Yacoub, Nick Maddock (Absent: Beatrice Tanner, Joanne Harrison)

Thank you to all Committee members for their time, expertise and collegial spirit, which have been central to our success. Together, we remain committed to advancing educational opportunities and supporting the next generation of professionals in our field.

Eileen Giles

Chair, Education Committee

Professional Standards Committee

Committee members

Dr Andrew Kilgour (Chair)

Christopher Hicks (Deputy Chair)

Clare McLaren

Edel Doyle

Sarah King

Bernadette Byrne (ASMIRT Board Liaison)

Min Ku (ASMIRT Staff Liaison)

The Medical Imaging Workforce Model: This project is up to the data collection stage, and the sub-committee of the Professional Standards Committee charged with the project is waiting on ASMIRT to action the data collection.

The Professional Practice Standards levels of progression (Foundation – Advanced) project has temporarily stalled due to the commitments of the sub-committee tasked with developing it. It will need an updated literature review. Documents from other professions will be considered going forward.

The deregulation of MRI is a topic that has been vigorously discussed within the Committee. We have grave concerns about public safety in the face of possible poorly or unqualified MRI operators under the new legislature.

The Committee note with regret the resignation of Katie Scott from the Committee and thank her for her contributions.

We thank other members of the Committee who have been unable to complete their tenure due to various circumstances. As a result of two further resignations, expressions of interest have been advertised.

I would like to thank the Committee for their efforts over the past year.

Dr Andrew Kilgour

Chair, Professional Standards Committee

Membership Advocacy Committee

Committee members

Jenna Dean (Chair)

Adam Steward

Lyndal Newmarch

Magdalena Dolic

Sharon Ponniah

Veronica Tippet

Renee French

Sally Bellchambers

Stephanie Price (ASMIRT Board Liaison)

Bianca Magill (ASMIRT Board Liaison)

Steve Lacey (ASMIRT Staff Liaison)

I'd like to thank the Membership Advocacy Committee members as well as the ASMIRT Board and liaisons for their ongoing support, commitment and valuable contributions in 2025. This year, as with previous years, we have focussed on increasing the visibility of member benefits, enhancing member engagement, and advocacy for our members and professions.

The strategic direction of our Committee is aligned to the membership survey conducted in February, which highlighted the needs and priorities of the ASMIRT membership. The survey highlighted that access to CPD, networking and events as well as indemnity insurance are still important to members, consistent with the survey conducted in 2020. It was also encouraging to see that more than 90 percent of members were either satisfied or very satisfied with current member benefits. The survey also highlighted some learning needs, which will help shape the new education platform and areas we can improve on moving forward, such as access to Member Advantage.

Several exciting initiatives have been supported by the Committee. 'RadPod' was launched in April, with very positive feedback to date. The soon-to-go live 'An evening with ...' Q&A sessions provide a free opportunity for members to dial in and ask our invited speakers their burning questions.

We provided consultation on the long leave suspended membership proposal and the changes to the International Travel Scholarship program, as well as reviewed the applications for both the International Travel Scholarships and International Speaker Exchange.

This year has seen a significant focus on membership benefits and value. A number of these projects have involved collaboration with other reference committees, the ASMIRT Board and Secretariat. One such example is the research support sessions that were offered to all Australian universities to promote the opportunities available through ASMIRT in the research space and promote the benefits of membership to students soon to enter the workforce.

The Committee was also heavily involved in the ASMIRT promotion of the inaugural World Radiotherapy Awareness Day, and I would like to thank all of the members who contributed and shared their promotion of the day to raise awareness for the role we have in raising "one voice for radiotherapy".

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

Jenna Dean

Chair, Membership Advocacy Committee

JMRS Editorial Review Board

This report highlights the activities and achievements of the *Journal of Medical Radiation Sciences* (JMRS) from November 2024 to October 2025. 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
Kamarul Amin Abdullah	Medical imaging (Malaysia)
Linda Bell	Radiation therapy
Amy Brown	Radiation therapy
Elizabeth Brown	Radiation therapy
Shayne Chau	Medical imaging
Jillian Clarke	Medical imaging
James Crowhurst	Medical imaging
Andrea Doubleday	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 Mdlletshe	Medical imaging
Michael Neep	Medical imaging
Don Nocum	Medical imaging
Laura O'Connor	Radiation therapy
Dean Paterson	Radiation therapy
Robba Rai	Medical imaging
Tristan Reddan	Medical imaging

Members of the Editorial Review Board (continued)

Associate editors	Professional practice
Warren Reed	Medical imaging
Kelly Spuur	Medical imaging
James Stanley	Biostatistics (New Zealand)
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
Maeva Proust	ASMIRT Secretariat

Members of the International Advisory Panel

Panel member	Country	Professional practice
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
Clare Rainey	Ireland	Radiation therapy
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 Editorial Review Board held a hybrid meeting in August 2025 in Melbourne, with representatives from ASMIRT, NZSMIRT and Wiley.

Citation, readership and Altmetrics

The JMRS journal metrics improved from 2023. The 2024 JMRS Impact Factor is 2. The 2024 Impact Factor was calculated by using the number of citations from articles published in 2022 and 2023. The 2024 JMRS CiteScore is 3.8.

There were 605,000 full-text article views in 2024.

Changes to the author guidelines

In response to members' desire for JMRS to grow its Impact Factor, the Editorial Review Board made the decision to remove case reports from the author guidelines. Instead, authors are encouraged to share their new and innovative techniques and practices in another paper type, such as 'How I do it' or 'Commentary'.

JMRS is currently transitioning to a new peer review management system – from ScholarOne to Research Exchange.

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 2025 virtual issues were:

- ASMIRT / NZIMRT 2025
- World Radiotherapy Awareness Day
- National Radiographers and Radiation Therapists' Week.

JMRS publications were also included in Wiley joint journal virtual issues. The collection themes were:

- National Aboriginal and Islander Day Observance Committee (NAIDOC)
- World Evidence-Based Healthcare Day
- Breast Cancer Awareness Month.

Special themed issue

The special themed issue, Value Based Medical Radiation Sciences, was compiled in September 2025. The following special issues are open for submission and/or in compilation stage: Paediatric Medical Imaging and Radiation Therapy; and Navigating Medical Radiation Education in an Era of Emerging Technology. JMRS is also part of a multi-journal Wiley special issue: A Holistic Pathway to Good Health and Wellbeing: Integrative Approaches to Healthcare, and Biomarkers in Oncology: From Discovery to Clinical Application. Please refer to the JMRS website for more information.

Videos and webinars

To show our appreciation, video abstracts are created for the best original articles. Look for 'Video abstract gallery' on the JMRS homepage to view the video abstracts of the 2024 best original articles or go to 10.1002/jmrs.725 and 10.1002/jmrs.798. In addition, the peer review webinar recordings can now be viewed for free. Look for 'Peer review seminar series' under the 'Browse' tab to view Part 1: Introduction to peer review; Part 2: Ensuring quality in qualitative studies; Part 3: Quantitative study peer review tips; and Part 4: Publication ethics is more than plagiarism.

The following programs will continue in 2026: Peer Review Webinar; ASMIRT Pre-conference Publications Workshop; and the Reviewer Mentoring Program.

Peer review

In 2024 there were 345 submitted reviews with 16 median days to complete the review. There were 175 manuscripts submitted in 2024 with an acceptance rate of 47.4 percent. Thank you to the peer reviewers for their continued support and ongoing commitment.

JMRS highlights
Impact Factor of 2.
2024 JMRS CiteScore of 3.8.
605,000 full-text article views in 2024.
345 submitted reviews with 16 median days to complete the review in 2024.
175 manuscripts submitted in 2024 with an acceptance rate of 47.4 percent.

Acknowledgements

Thank you to members of the Editorial Review Board, International Advisory Panel, deputy editors, associate editors and news editors for their commitment to producing a quality journal. And 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 NZSMIRT Executive Officer Linda Whitehead for their ongoing support. Thank you to the ASMIRT Secretariat and to Kate Chadwick from NZSMIRT.

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 183 applications during the reporting year. 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.

Four appeals were received during the reporting period, one from an ultrasound application in late 2024, which was accepted, one ultrasound application from early 2025, which was upheld. Currently there are two appeals pending, both from diagnostic medical imaging.

We were pleased to welcome two new Panel members at our recent face-to-face meeting in Melbourne, held in October at the ASMIRT offices. Both are dual-qualified sonographer-radiographers with extensive experience, bringing valuable expertise that will support the timely progression of applications. Following a morning of focussed training, they commenced their roles effectively and are expected to make significant contributions to the Panel process.

The Panel continue to refine and streamline application processing through the effective use of the evolving software platform, the expertise of experienced assessors, and close collaboration with the Secretariat to manage the sustained post-COVID-19 increase in application volume.

The Panel engage with the Australian Government Department of Home Affairs, relating to migration and visa process changes and frequently updated English language requirements, whilst also engaging in consultation initiatives as they emerge. For example, consultative feedback to the new Occupational Standards Classification for Australia which replaces the previous Australian and New Zealand Standard Classification of Occupations. Separation of the New Zealand and Australian agencies aims to allow each to maintain separate but aligned classifications with localised adaptations to better reflect the contemporary labour market and meet stakeholder needs.

The Panel continue to monitor Ahpra updates, new processes or legislative requirements relating to registration of medical radiation practitioners with relevant updates added to the ASMIRT website.

The Panel also engages with both the Department of Employment and Workplace Relations and the Assessing Authority professional bodies via workshops, webinars and targeted discussions. ASMIRT attend Department of Employment and Workplace Relations meetings as they arise and report information back to the panel.

This ongoing collaborative and inclusive engagement offer opportunities for feedback and input across various consultation topics and projects. The Panel reviewed the latest Guiding Principles and Standards document, which clarified many functions and responsibilities for assessing authorities, including best practice principles and standards, delivery standards, processing times and fees and several other guidelines. The AAPA Bulletin for November 2024, circulated to assessing authorities, demonstrated an assessment dashboard, outlining monthly assessment trends and includes information relating to applications finalised by occupation and nationality. All of which serves to inform the Panel of skilled migration trends for benchmarking.

The Panel engage with the Australian Sonographer Accreditation Registry, with a Panel member representative attending and reporting back on recent events and meeting outcomes. Having previously offered valuable input into the Accreditation Pathways for Overseas-Trained Sonographers in Australia draft document, which aimed to review and potentially develop alternative entry pathways for overseas trained sonographers who did not meet the Australian Sonographer Accreditation Registry requirements for registration. The Panel will continue to engage with any new updates relating to this.

There has been a sustained and significant increase in the number of assessments received, including applications from countries not previously represented. The complexity of these assessments continues to grow, with numerous resubmissions necessitating comprehensive reassessment owing to the time elapsed since initial review. This trend has substantially contributed to longer processing times and has placed an increasing workload on this volunteer Panel.

I would like to express my ongoing appreciation and gratitude to the Panel members for their dedication to ensuring that assessments are undertaken to the highest standards and due consideration is given to every application received.

I also would like to express my ongoing thanks to the Secretariat, and in particular the ASMIRT Liaison to this Panel for their exceptional support and guidance.

Chair
Overseas Qualifications Assessment Panel

ASMIRT Panels

Table 1. Applications accepted by country and modality

Countries accepted	Diagnostic medical imaging	Ultrasound	Radiation therapy
Bangladesh	1	0	0
Bhutan	1	0	0
Canada	1	3	0
China	14	0	2
Fiji	2	0	0
Ghana	1	0	0
Hong Kong	14	0	3
India	4	0	0
Iran	4	1	0
Ireland	4	4	2
Iraq	1	0	0
Kazakhstan	1	0	0
Korea	2	0	0
Nepal	2	0	0
New Zealand	0	3	0
Nigeria	5	1	0
Pakistan	2	0	0
Philippines	5	1	0
Portugal	1	0	0
Scotland	3	0	0
Singapore	2	1	0
South Korea	3	0	0
Sri Lanka	1	0	0
South Africa	3	0	1
Taiwan	2	0	0
United Kingdom	8	13	0
United States	2	0	0
Vietnam	5	0	0
Zambia	1	0	0
Zimbabwe	5	0	0
Total	100	27	8

Table 2. Applications rejected by country and modality

Countries rejected	Diagnostic medical imaging	Ultrasound	Radiation therapy
Ghana	0	2	0
Iran	8	0	1
Ireland	1	0	0
India	6	1	0
Nepal	1	0	0
Nigeria	2	0	0
Malaysia	1	0	0
Pakistan	3	3	0
Philippines	6	0	0
Sudan	1	0	0
Turkey	1	0	0
United Kingdom	2	1	0
United States	3	4	0
Zimbabwe	1	0	0
Total	36	11	1

Fellowship Panel

Panel members

Dr Bronwyn Hilder (Warden)

Dr Kelly Spuur

Dr Kate Squibb

Shayne Chau

Adam Steward

Greg Rattray

Jenna Dean

Dr Elizabeth Brown

Dr Nigel Anderson (ASMIRT Board Liaison)

Fellowship is the highest level of ASMIRT membership, and recognises the extensive professional knowledge, skills and achievements of the individual over a sustained period of membership. Fellows will demonstrate a broad scope of commitment and impact within and outside the professions through advocacy (patient, the profession, the Society), leadership, scholarship (education/academic and research/innovation), maintenance of excellent professional standards and a commitment to enhancing patient-centred, equitable practice. Page 17 of this annual report lists those who have been awarded Fellowship.

This year I commenced in the role of Warden with the mentorship of Greg Rattray and the support and assistance from Goran Obradovic, the previous Warden. The Panel wish to thank Goran for his stewardship of the Panel and appreciate his dedication to supporting the Fellowship candidates. Other changes to the Panel include farewelling Mary-Ann Carmichael at the end of her term and welcoming new members Shayne Chau, Adam Steward and Elizabeth Brown. I wish to thank Greg, Jenna, Kelly and Kate for continuing as members of the Panel to ensure continuity.

As detailed elsewhere in this annual report, ASMIRT / NZIMRT 2025 in Adelaide was a resounding success with attendees having inspiring and memorable experiences. I am pleased to advise that at the opening ceremony three members were awarded Fellowship: Kelly Wilson-Stewart, Adam Steward and Cameron Brown. This was the culmination of a significant amount of work by these noteworthy medical radiation practitioners and demonstrates what a satisfying and rewarding achievement Fellowship is.



(Above): Fellowship recipient, Kelly Willson-Stewart



(Above): Fellowship recipient, Adam Steward



(Above): Fellowship recipient, Cameron Brown

The Fellowship session was held on the Saturday afternoon with the theme of patient stories. Lived experience detailing a patient's emotional, psychological and social experiences can provide healthcare providers with valuable insights that can enhance their understanding and improve the care they deliver. The Fellowship assignment asked how medical radiation science professions can incorporate and implement lived experience strategies that support models of care to enhance overall care delivery. The Panel was delighted that four members completed the 2025 Fellowship assignment which was drawn from this session. I would like to thank the assessor for their contribution in developing the question, providing the pre-reading resources and evaluating the assignments. The Fellowship session generated subsequent interest from a number of members with enquiries regarding the Fellowship process. There are also currently several members who have submitted their draft precis to the Panel as they prepare for the submission of their portfolio.

In line with the good governance, the Panel is continuing the review of the guidelines to ensure that they meet the values of the Society and the principles of contemporary practice. This will ensure that the process remains robust and achievable for those willing to take on the hard work.

Dr Bronwyn Hilder
Warden, Fellowship Panel

Reference Groups and Working Parties

This report highlights the valuable initiatives, contributions and achievements of ASMIRT's reference groups and working parties throughout the reporting year.

Radiation Therapy Reference Group

The Group participated in the review of nominations for the annual Varian Award.

Breast Imaging Reference Group

Three new members were added to the Group (replacing members unable to continue their tenure). The Group concluded the year having achieved re-credentialing of academic and clinical modules associated with the issuance of a Certificate of Mammographic Practice. New applications and applications for renewal of the Certificate in Mammography received throughout the year are shown in the Table below.

Applications received 2024-25

State/territory	Renewal	New	Clinical pathways	Total
NSW	27	9	1	37
Qld	35	8	1	44
Vic	35	9	5	49
Tas	4	1	1	6
ACT	0	1	0	1
SA	34	7	1	42
WA	8	2	0	10
Other NT, NZ, HK	3	0	0	3

Computed Tomography Reference Group

Two new members were added to the Group in August. With the release of the updated MRPBA Professional Capabilities for Medical Radiation Practitioners, the Group is working on a position statement to raise the profile of CT and CT practice within the profession. 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 a continuing project.

Magnetic Resonance Imaging Reference Group

The Group contributed to consultation documents relating to the review of Medicare MRI Imaging Services: Review of Requesting and Access Pathways. With the continued lack of legislation in Australia relating to MRI practitioners, the Group is also contributing to a joint position paper with the Australian Chapter of the International Society for MR Radiographers and Technologists relating to education and training requirements to ensure the safe imaging of consumers. The Group has been involved in reviewing and assessing a new bank of exam questions to supplement the current exam question pool. This is a continuing project.

Interventional Radiography Reference Group

The Group is continuing to investigate ways on how to take a leading role in advancing radiographers in the field of diagnostic/interventional radiography. The Group was also involved in reviewing and assessing the cardiac and vascular examination syllabi and the examination questions to reflect contemporary practice. This is a continuing project.

General Radiography Reference Group

The Group contributed to consultation documents including the MRPBA Professional Capabilities for Medical Radiation Practitioners.

Rural and Remote Reference Group

The Group reviewed and awarded the Rural Clinical Placement Grant applications for semester 1 and semester 2. Please see page 14-15 for full details. The Group was pleased to see an increase in the numbers of students undertaking rural and regional placements.

Advanced Practice Reference Group

The Group welcomed new members; their additional expertise has assisted in the review of the Advanced Practice Guidelines and further development of an enhanced practice pathway. Group members have continued mentoring and providing advice for prospective applicants on the advanced practitioner pathway with many enquiries received from local and international practitioners.

The Professional Standards Committee and the Advanced Practice Group are continuing to progress a project on how the advanced practice pathway, including an enhanced pathway, will fit into the new PPS levels (Foundation – Advanced) document.

Particle Therapy Reference Group

The Group met four times in the reporting period and is focussed on education of radiation therapists in particle therapy and ensuring that Australia is ready for when this facility commences.

Ultrasound Reference Group

The Group was consulted on a range of issues relating to ultrasound.

Brachytherapy Reference Group

The Group was consulted on a range of issues relating to brachytherapy.

Nuclear Medicine Technology Reference Group

The Group was consulted on mechanisms to ensure that students can access CPD resources and webinars.

Global MRP Reference Group

The Group is in the process of developing a strategic plan for its future, focussing on key partnerships with stakeholders in the support of low-to-middle income countries. This involves prioritising the activities to ensure that achievable goals are met

AI in Medical Imaging Reference Group

The Group contributed to a preface for a textbook written by one of the members. One new member was added to the Group.

AI in Radiation Oncology Reference Group

The Group successfully ran the AI in RT Workshop at ASMIRT / NZIMRT 2025. The Group is continuing their work on improving content including the role, practice and regulation of AI in radiation therapy clinical practice.

Paediatric Reference Group

The Group formed in 2025 and has been actively looking at current resources in paediatric health care. The plan for 2026 is to create future resources for use by medical radiation practitioners to assist in delivering safe care to children.

Medical Imaging Clinical Educators Reference Group

Transitioning from a large existing network of medical imaging clinical educators, the Group is establishing its priorities for clinical education in medical imaging across Australia. Developments are underway to host the Clinical Educator Forum in Perth in 2026.

Contributions to consultation documents during the reporting year

Group	Contributions
Ahpra	Review – National Prescribing Competencies Framework Targeted consultation on draft guidance – Sexual misconduct and the National Law Draft updated accreditation standards for Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice and podiatry
Department of Health, Disability and Ageing	MBS cardiac imaging review
Ministry of Health NSW	Discussion Paper – Part 8 of the NSW National Law
Medicare	Review – Bone mineral densitometry services on the MBS
National Health Practitioner Ombudsman	Ombudsman investigation into delay and procedural safeguards for health practitioners subject to immediate action
NSW Environment Protection Agency	Protection from Harmful Radiation Regulations 2025
Queensland Health	Amendments to the Medicines and Poisons (Medicines) Regulation 2021
The Royal Australian and New Zealand College of Radiologists	Draft Standards of Practice for Clinical Radiology v12.0 Brachytherapy: An essential radiation therapy modality for optimising patient care



20
25

Directors' Report

The Directors present this report on the entity for the financial year ended 31 October 2025. 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 12 of this report.

Naomi Gibson	President
Bernadette Byrne	Vice-President
Carolyn Heyes	Immediate Past President
Bianca Magill	Honorary Secretary
Dr Nigel Anderson	Honorary Treasurer
Laura Adamson	Board Member
Michelle Devine	Board Member
Stephanie Price	Board Member
Rachel Kearvell	Honorary Treasurer

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 2024 to 31 October 2025

Board Director	NOV 2024	FEB 2025	MAR 2025	MAY 2025	JUN 2025	JUL 2025	AUG 2025	SEP 2025	OCT 2025	Eligible	Attended
Naomi Gibson	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	9
Nigel Anderson	✓	✓	✓	✓	✓	✓	✓	Apology	✓	9	8
Carolyn Heyes	✓	✓	✓	✓	✓	Apology	✓	✓	✓	9	8
Bernadette Byrne	✓	✓	✓	✓	✓	✓	✓	✓	Apology	9	8
Michelle Devine	N/A	Observer	Observer	✓	✓	Apology	✓	✓	✓	6	5
Laura Adamson	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	9
Stephanie Price	Observer	Observer	Observer	Apology	✓	✓	✓	✓	✓	6	5
Bianca Magill	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	9
Rachel Kearvell	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	3	3

Review of operations

Refer to the Chief Executive Officer's report for commentary. The total comprehensive income for the year was \$98,885 profit (2024 profit: \$666,776).

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,

Directors' Report

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 2025 are as outlined in the Chief Executive Officer's report.

Performance measures

Membership at 31 October 2025

Total membership	9348
Resignations and removals	1424
Admissions and re-admissions	1623

Members guarantee

The Society is limited by guarantee. If it is wound up the Constitution states that each member guarantees to contribute up to a maximum of \$1 to the assets of the Company if it is wound up while the member is a member, or within one year afterwards, and at the time of winding up the debts and liabilities of the Company exceed its assets. The liability of each member is limited to making such contribution and no more. At 31 October 2025, the number of active (financial) members was 7090 (2024: 7021).

Finance

The Society's profit / (loss) from ordinary activities for the year amounted to (\$235,491) loss (2024 profit: \$188,961).

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 40.

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

On behalf of the Directors



Naomi Gibson
President



Dr Nigel Anderson
Honorary Treasurer

22 December 2025

WilliamBuck

ACCOUNTANTS & ADVISORS

Lead Auditor's Independence Declaration under Section 307C of the Corporations Act 2001

To the directors of Australian Society of Medical Imaging and Radiation Therapy

As lead auditor for the audit of Australian Society of Medical Imaging and Radiation Therapy for the year ended 31 October 2025, I declare that, to the best of my knowledge and belief, 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, 22 December 2025

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Financial Statements

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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 22 December 2025. 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 2025

	2025 \$	2024 \$
Revenue		
Membership subscriptions	3,672,093	3,563,874
Rendering of services	875,498	895,398
Conference revenue	1,224,224	1,001,271
Finance revenue	233,655	241,302
Dividend revenue	6,474	-
Total revenue	6,011,944	5,701,845
Expenses		
Conference expense	(1,078,918)	(947,066)
Employee benefits expense	(2,462,101)	(2,006,723)
Depreciation and amortisation expense	(71,090)	(65,108)
Publication expense	(460,630)	(454,791)
Printing and stationary expense	(8,896)	(9,157)
Board and panel expense	(256,836)	(354,374)
Insurance	(401,800)	(404,056)
Computer – consumables	(322,062)	(313,950)
Telephone	(113,100)	(40,257)
Bank charges	(3,826)	(12,484)
Other expenses	(1,025,890)	(857,578)
Travelling expense	(38,955)	(43,566)
Postage	(3,331)	(3,774)
Total expenses	(6,247,435)	(5,512,884)
Surplus / (deficit) before income tax expense	(235,491)	188,961
Income tax expense	-	-
Surplus / (deficit) after income tax expense for the year attributable to members of the Australian Society of Medical Imaging and Radiation Therapy	(235,491)	188,961
Other comprehensive income		
<i>Items that will not be reclassified subsequently to profit or loss</i>		
Gain / (loss) on fair value movements on investments held at FVOCI	334,376	477,815
Other comprehensive income for the year, net of tax	334,376	477,815
Total comprehensive income for the year attributable to members of the Australian Society of Medical Imaging and Radiation Therapy	98,885	666,776

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

Statement of financial position for the year ended 31 October 2025

	Note	2025 \$	2024 \$
Assets			
Current assets			
Cash and cash equivalents		5,550,196	5,848,000
Trade and other receivables		6,181	13,641
Financial investments	3	1,935,191	1,859,914
Other current assets	5	419,384	428,152
Total current assets		<u>7,910,952</u>	<u>8,149,707</u>
Non-current assets			
Financial investments	3	3,820,934	3,486,557
Property, plant and equipment	6	1,625,974	1,668,144
Right-of-use assets	4	8,876	24,528
Total non-current assets		<u>5,455,784</u>	<u>5,179,229</u>
Total assets		<u>13,366,736</u>	<u>13,328,936</u>
Liabilities			
Current liabilities			
Trade and other payables	7	424,245	472,188
Deferred revenue	8	1,674,216	1,745,672
Lease liabilities	9	9,101	17,641
Employee benefits	10	453,259	391,458
Total current liabilities		<u>2,560,821</u>	<u>2,626,959</u>
Non-current liabilities			
Lease liabilities	9	-	8,518
Employee benefits	10	32,186	18,615
Total non-current liabilities		<u>32,186</u>	<u>27,133</u>
Total liabilities		<u>2,593,007</u>	<u>2,654,092</u>
Net assets		<u>10,773,729</u>	<u>10,674,844</u>
Equity			
Reserves	11	1,115,339	780,963
Retained surplus		9,658,390	9,893,881
Total equity		<u>10,773,729</u>	<u>10,674,844</u>

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 2025

	Share revaluation reserve \$	Education fund reserve \$	Retained surplus \$	Total equity \$
Balance at 1 November 2023	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	<u>477,815</u>	<u>-</u>	<u>-</u>	<u>477,815</u>
Total comprehensive income for the year	<u>477,815</u>	<u>-</u>	<u>188,961</u>	<u>666,776</u>
Balance at 31 October 2024	<u>680,963</u>	<u>100,000</u>	<u>9,893,881</u>	<u>10,674,844</u>
	Share revaluation reserve \$	Education fund reserve \$	Retained surplus \$	Total equity \$
Balance at 1 November 2024	680,963	100,000	9,893,881	10,674,844
Deficit after income tax expense for the year	-	-	(235,491)	(235,491)
Other comprehensive income for the year, net of tax	<u>334,376</u>	<u>-</u>	<u>-</u>	<u>334,376</u>
Total comprehensive income for the year	<u>334,376</u>	<u>-</u>	<u>(235,491)</u>	<u>98,885</u>
Balance at 31 October 2025	<u>1,015,339</u>	<u>100,000</u>	<u>9,658,390</u>	<u>10,773,729</u>

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 2025

	Note	2025 \$	2024 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		6,374,946	6,024,980
Payments to suppliers (inclusive of GST)		<u>(6,807,268)</u>	<u>(6,131,542)</u>
		(432,322)	(106,562)
Dividends received		6,473	-
Interest received		<u>233,655</u>	<u>241,302</u>
Net cash from / (used in) operating activities		<u>(192,194)</u>	<u>134,740</u>
Cash flows from investing activities			
Payments for investments		(75,279)	(79,874)
Purchase of property, plant and equipment	6	<u>(13,273)</u>	<u>(13,607)</u>
Net cash used in investing activities		<u>(88,552)</u>	<u>(93,481)</u>
Cash flows from financing activities			
Payment of lease liabilities		<u>(17,058)</u>	<u>(5,144)</u>
Net cash used in financing activities		<u>(17,058)</u>	<u>(5,144)</u>
Net increase / (decrease) in cash and cash equivalents		(297,804)	36,115
Cash and cash equivalents at the beginning of the financial year		<u>5,848,000</u>	<u>5,811,885</u>
Cash and cash equivalents at the end of the financial year		<u><u>5,550,196</u></u>	<u><u>5,848,000</u></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 2025

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 (AASB) 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 AASB, the *Australian Charities and Not-for-profits Commission Act 2012* 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

Revenue is recognised either under AASB15 or AASB1058.

AASB15 requires revenue to be recognised when control of a promised service is passed to the customer at an amount which reflects the expected consideration. The customer for these contracts is the fund provider.

Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price
5. Recognise revenue.

Generally, the timing of the rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability. None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between the receipt of funds and satisfaction of performance obligations.

AASB1058 requires that where there are no contracted performance obligations, revenue is recognised when received.

Revenue from courses and conference events

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) conducts structured educational courses and conferences for members and non-members for which it charges fees or enters into a funding agreement. The performance obligation under fee for services is satisfied when the services are transferred by ASMIRT to its customers. ASMIRT therefore recognises revenue when (or as) the courses and conferences are completed.

Membership subscriptions

For membership subscription arrangements that meet the criteria to be contracts with customers, revenue is recognised when the promised goods or services transfer to the customer as a member of ASMIRT.

Sponsorship fees

Sponsorship income is recognised equally over the sponsorship period.

Revenue in advance

Revenue in advance is generally continuing professional development course or membership subscription fees that are received on condition that specified services are delivered or conditions are fulfilled. The services are usually provided, or the conditions usually fulfilled, within 12 months of the receipt of the fees. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is presented as non-current.

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 dividends, 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 right at the end of the reporting period 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 include 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

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.

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

Financial Statements

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

	2025 \$	2024 \$
Current assets		
Bendigo Bank 12-month term deposit	1,670,540	1,595,263
La Trobe Financial 12-month term deposit	<u>264,651</u>	<u>264,651</u>
	<u>1,935,191</u>	<u>1,859,914</u>
Non-current assets		
Macquarie investment account – at fair value through other comprehensive income	3,695,872	3,386,875
Shares in listed companies – at fair value through other comprehensive income	<u>125,062</u>	<u>99,682</u>
	<u>3,820,934</u>	<u>3,486,557</u>
	<u><u>5,756,125</u></u>	<u><u>5,346,471</u></u>

Note 4. Right-of-use assets

	2025 \$	2024 \$
Non-current assets		
Land and buildings – right-of-use	<u>8,876</u>	<u>24,528</u>

Note 5. Other current assets

	2025 \$	2024 \$
Current assets		
Prepayments	323,856	206,408
Security deposits	5,650	5,650
Conference and seminar advances	<u>89,878</u>	<u>216,094</u>
	<u>419,384</u>	<u>428,152</u>

Note 6. Property, plant and equipment

	2025 \$	2024 \$
Non-current assets		
Buildings and land at cost	1,937,862	1,937,862
Less: Accumulated depreciation	<u>(335,178)</u>	<u>(290,753)</u>
	<u>1,602,684</u>	<u>1,647,109</u>
Computer equipment at cost	378,865	365,597
Less: Accumulated depreciation	<u>(361,238)</u>	<u>(352,551)</u>
	<u>17,627</u>	<u>13,046</u>
Furniture and equipment at cost	249,263	249,263
Less: Accumulated depreciation	<u>(243,600)</u>	<u>(241,274)</u>
	<u>5,663</u>	<u>7,989</u>
Intangible assets at cost	191,924	191,924
Less: Accumulated depreciation	<u>(191,924)</u>	<u>(191,924)</u>
	<u>-</u>	<u>-</u>
	<u>1,625,974</u>	<u>1,668,144</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 \$	Total \$
Balance at 1 November 2024	1,647,109	13,046	7,989	1,668,144
Additions	-	13,268	-	13,268
Depreciation expense	<u>(44,425)</u>	<u>(8,687)</u>	<u>(2,326)</u>	<u>(55,438)</u>
Balance at 31 October 2025	<u>1,602,684</u>	<u>17,627</u>	<u>5,663</u>	<u>1,625,974</u>

Note 7. Trade and other payables

	2025 \$	2024 \$
Current liabilities		
Trade payables	209,399	310,960
Other payables	<u>214,846</u>	<u>161,228</u>
	<u>424,245</u>	<u>472,188</u>

Note 8. Deferred revenue

	2025 \$	2024 \$
Current liabilities		
CPD course income received in advance	77,211	96,188
Membership subscription income received in advance	<u>1,597,005</u>	<u>1,649,484</u>
	<u>1,674,216</u>	<u>1,745,672</u>

Note 9. Lease liabilities

	2025 \$	2024 \$
Current liabilities		
Lease liability	<u>9,101</u>	<u>17,641</u>
Non-current liabilities		
Lease liability	<u>-</u>	<u>8,518</u>
	<u>9,101</u>	<u>26,159</u>

Note 10. Employee benefits

	2025 \$	2024 \$
Current liabilities		
Annual leave	225,218	166,361
Long service leave	<u>228,041</u>	<u>225,097</u>
	<u>453,259</u>	<u>391,458</u>
Non-current liabilities		
Long service leave	<u>32,186</u>	<u>18,615</u>
	<u>485,445</u>	<u>410,073</u>

Note 11. Reserves

	2025 \$	2024 \$
Asset revaluation reserve	1,015,339	680,963
Education fund reserve	<u>100,000</u>	<u>100,000</u>
	<u><u>1,115,339</u></u>	<u><u>780,963</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:

	2025 \$	2024 \$
Aggregate compensation	<u><u>1,209,928</u></u>	<u><u>943,990</u></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:

	2025 \$	2024 \$
Audit services		
Audit of the financial statements	<u>19,500</u>	<u>18,500</u>
Other services		
Preparation of the financial statements	<u>2,500</u>	<u>2,500</u>
	<u><u>22,000</u></u>	<u><u>21,000</u></u>

Note 14. Related party transactions

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 2025 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 \$1 each towards meeting any outstanding obligations of the Society. At 31 October 2025, the number of financial members was 7,090 (2024: 7,021).

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*, the *Corporations Regulations 2001* and other mandatory professional reporting requirements;
- the attached financial statements and Notes give a true and fair view of the Company's financial position as at 31 October 2025 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



Naomi Gibson
President

22 December 2024



Dr Nigel Anderson
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 2025 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 2025,
- 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 material 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.

WilliamBuck

ACCOUNTANTS & ADVISORS

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 2025, 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

This description forms part of our auditor's report.



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



C. L. Sweeney
Director

Melbourne, 22 December 2025



20
25

0 million
 images

7 thousand
 radiographers

 essential
 profession

 Meet the person
 behind the image
meettheperson.asmirt.org

 ASMIRT

70 thousand
 cancer
 treatments

2 thousand
 radiation
 therapists

1 essential
 profession


 Meet the person
 behind cancer care
meettheperson.asmirt.org

 ASMIRT



ASMIRT

Australian Society of Medical Imaging
 and Radiation Therapy