



asa ANNUAL REPORT 2017

Australasian Sleep Association



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Board 2016-2017

President	Dr Maree Barnes	Finance Chair	Dr Marcus McMahon
Incoming President	Prof Peter Eastwood	Membership Chair	A/Prof Kristina Kairaitis
Clinical Chair	A/Prof Garun Hamilton	Research Chair	A/Prof Danny Eckert
Conference Chair	Dr Sarah Biggs	NZ Chair	Dr Ken Whyte
Education Chair	Dr Alan Young	Independent Director	Dr Kerri Melehan (representing ASTA)

Vision

Provision of world standard research, education and training, and establishment of clinical standards to ensure clinical best practice in sleep medicine resulting in an informed community with healthy sleep practices.

Mission

The mission of the Australasian Sleep Association (ASA) is to lead and promote sleep health and sleep science in Australia and New Zealand and to facilitate the professional development of its members by providing education and training, fostering research and establishing clinical standards within the field.

Goals

In order to achieve its Mission, the ASA will:

- Promote **Education and Training** in sleep health and sleep science within its membership and the other health related professions
- Foster **Research** in sleep health and sleep science
- Establish **Clinical Standards** within the profession and industry
- Be the recognised **Voice** of sleep expertise
- **Advocate** for the professional development of members
- Keep members and the community **Informed** about all matters relating to sleep health and sleep science
- Provide **Services** to members

Annual Report President

The Mission of the ASA is to lead and promote sleep health and sleep science in Australia and New Zealand and to facilitate the professional development of its members by providing education and training, fostering research and establishing clinical standards within the field. The past year has seen a number of changes in the way we are running the Association and delivering member services.



My main focus of activity in the past 12 months has been trying to gain recognition of sleep disorders and poor sleep health as major medical problems which require significant nationwide attention. Ours is one of the youngest fields of medicine and sleep impairment is often overlooked as an important medical problem by the Governments and general communities in Australia and New Zealand. Over the past few years ASA has tried to be more strategic in our conferences by inviting political representatives to attend and participate; we have spoken to a number of leading politicians in Canberra and joined with the Sleep Health Foundation in a Sleep Symposium held at Parliament House. The Sleep Health Foundation has also very actively tried to engage with Australian Federal parliamentarians. The ASA in New Zealand has worked very hard to promote sleep medicine, health and science on the NZ national agenda, contacting Parliamentarians and the Department of Health.

However despite encouraging meetings with these politicians, we have been unable to progress our agenda. Therefore we entered into a 12-month agreement with Executive Counsel Australia (ECA), a lobbying and advocacy company, in partnership with the Sleep Health Foundation. Four ASA representatives (Maree Barnes, Danny Eckert, Sarah Biggs and Peter Eastwood) and four SHF representatives (Dorothy Bruck, Shantha Rajaratnam, Darren Mansfield and Moira Junge) have been very active in working with ECA to put in place and carry out a plan to achieve our goals. Our initial aims are to have the Department of Health set up a Parliamentary

Inquiry into Sleep and to have Sleep as an agenda item in front of the Senate Estimates Committee. The increased nationwide awareness (on both sides of the Tasman) consequent on these activities will enable us to strongly argue for some of the solutions we are seeking.

This is not a short-term commitment, however we expect that the skills and knowledge acquired and contacts made during this 12-month ECA engagement will enable us to continue this campaign in the years to come.

Other important achievements in the past 12 months are:

1. Completion of Thoracic Medicine Clinical Committee report for the MBS Reviews. We also submitted a significant document of stakeholder comments and continue to follow up with the Department of Health regarding implementation of the recommendations. We are hopeful that these will be budgeted in the November 2017 Mid-Year Economic and Fiscal Outlook (MYEFO) and introduced in the first or second quarters of 2018.
2. Successful implementation of our new investment policy, which has seen a return on our investment of almost 6%.
3. Sleep Health Foundation New Zealand (SHFNZ)- Alister Neill has been working very hard towards the establishment of this Foundation which will focus on NZ issues. I am pleased to advise that SHFNZ will be launched during Sleep DownUnder 2017 in Auckland.
4. World Sleep Society (WSS) – the ASA is an active member of the WSS Governing Council and I am on the organising committee for the 2019 Conference. At WorldSleep 2017 in Prague the ASA is holding a symposium entitled ‘Biomarkers for sleep disordered breathing: clinical, physiological, neurocognitive and genetic.’
Three of our young researchers, Jen Cori, Yu Sun Bin and Rodrigo Tomazini Martins received Young Investigator Awards. This is a great achievement for Australasian sleep research, only 18 of these were awarded and bodes well for the future of research in our region.
5. Publication of four clinical guidelines and a commitment to publication of all future guidelines, where this is practicable. In addition, Garun Hamilton was nominated to and accepted as a member of the World Sleep Society Clinical Guidelines Committee. He has proposed all our guidelines for review by that Committee.

6. Successful transition to a Professional Conference Organiser for our Annual Scientific Meeting, Sleep DownUnder.
7. Engagement with a number of external groups: Chinese Sleep Research Society(CSRS) - the CSRS/ASA Young Investigator exchange is a highly prestigious and successful initiative which is ongoing. CSRS President, Prof Han Fang will present at Sleep DownUnder 2017; American Academy of Sleep Medicine; Royal Australasian College of General Practitioners, including an active GP education programme; Pharmaceutical Society of Australia, including a CPAP delivery course which will be launched in late 2017; Australian Psychological Society, with a conjoint education programme; Royal Australasian College of Physicians (RACP), with whom we continue to work on many issues, including training programmes and standards for medical advanced trainees. ASA has also participated in a successful webinar pilot, providing sleep educational material for the RACP website.
8. Submissions to government on a range of issues including CPAP as a prescription-only item, proposed changes to definition of a private hospital in NSW; submission to AHPRA for recognition of sleep as a stand-alone specialty.
9. We are working through the process of having the ASA classified as a Health Promotion Charity. This will give us Deductible Gift Recipient status and enable donations to our scholarship and grant funds to be tax-deductible.

Dr Maree Barnes
President

Annual Report Clinical Committee

Members: Garun Hamilton (Chair), Andrew Tai, Bandana Saini, Brendon Yee, Ching-Li Chai-Coetzer, Christopher Pantin, Darren Mansfield, Greg Jorgensen, Jacob Twiss, James Douglas, Jeremy Goldin, John Swieca, John Wheatley, Linda Schachter, Melissa Ree, Roy Beran, Stuart MacKay



The clinical committee has had another busy year. The strategic plan of the clinical committee can be viewed on the ASA website and has 3 key components: 1) To establish and promote best practice standards in sleep medicine; 2) To promote the highest quality of care for patients; and 3) To advocate for public funding for sleep medicine services.

A significant way of achieving this has been through the development and promotion of best practice guidelines to assist in delivering quality sleep medicine care. A major success has been the publishing of 4 position statements/clinical guidelines as a supplement in the international journal Sleep Medicine. All ASA members can get access to Sleep Medicine (via our membership of the World Sleep Society and the Guidelines can also be viewed on the ASA website at the following link: www.sleep.org.au/professional-resources/sleep-documents. The 4 papers are: 1) Guidelines for sleep studies in adults; 2) Clinical Practice Guidelines for Performing Sleep Studies in Children; 3) The Use of Psychological and Behavioural Treatments in the Management of Insomnia in Adults; and 4) The Management, Privacy and Medico-legal Issues of electronic CPAP Data in Australia and New Zealand. This was a fantastic effort by all authors and having the guidelines published will significantly increase the reach and impact of these papers. We are now currently working on the next suite of guidelines. One important change is that in future there will be a clear differentiation between position statements and clinical guidelines.

Position statements being reports outlining the ASA's attitude and recommendations towards a specific

disease, technique, agent, or issue. These will be based on review of available evidence and expert opinion.

Clinical guideline is a recommendation of care, based on a systematic review of available evidence, to foster best clinical practice and promote consistency and equity of care and includes an assessment of the benefits and harms of alternative care options. There are 2 key parts: 1) A systematic review of the research evidence based on a clinical question, focusing on the strength of the evidence on which clinical decision-making for that condition is based. 2) A set of recommendations, involving both the evidence and value judgments regarding benefits and harms of treatment, addressing how patients with that condition should be managed, everything else being equal.

The guidelines and position statements which ASA is working on are: 1) CPAP guidelines for OSA. This is a comprehensive upgrading of the 2009 statement and will incorporate both clinical guidelines on the role of CPAP in OSA and a position statement on the delivery of CPAP in OSA. 2) Long term domiciliary ventilation for children with chronic respiratory failure. This is a joint undertaking with the TSANZ. 3) The role of oximetry in paediatric sleep disordered breathing. 4) The role of upper airway surgery for OSA.

I have been invited by the World Sleep Society to join their inaugural clinical guidelines committee. The committee will look at endorsing and providing commentary on various guidelines from around the international sleep medicine community.

Sleep Service Accreditation continues to gain momentum with increasing numbers of services becoming accredited via the ASA-NATA partnership. There are now 61 services accredited under this process, which is a tremendous achievement. Many more services are in the various stages of preparation. The ASA Standard for Sleep Disorder Services recently underwent an update which has been in operation since January 2017. The Accreditation Advisory Committee continues to function well and work cohesively with NATA. Accreditation remains a voluntary process, which was confirmed during the MBS review, with no plans for the Department of Health to make accreditation mandatory at this stage. Nevertheless, the increasing enthusiasm for accreditation amongst sleep disorder services in Australia means that most services will be well placed should this change in the future.

The MBS review is currently in a state of quiescence. The Thoracic Medicine Clinical Committee produced a final amended report following the public and

stakeholder consultation process. The final reports and documents can be found at this link:

www.health.gov.au/internet/main/publishing.nsf/content/mbrs-report-thoracic-medicine-clinical-committee. The final report was approved by the main taskforce in November 2016, but it has yet to be signed off by the Minister for Health and Minister of Finance. We have been told that because changes such as this have budgetary implications they can only be approved and prepared for implementation within a formal budget cycle. For reasons unknown to us the proposed new item numbers did not get included in the May budget. It is likely they will be signed off in the November mini-budget, although it possibly could even be May next year. We have therefore been told that the earliest new item numbers could be implemented is May 2018, and we have been informed that the ASA and other stakeholders will be notified of this and the precise wording of item numbers prior to this happening.

Following on from the MBS review the Medical Services Advisory Committee (MSAC) has invited the ASA to apply for specific item numbers for vigilance testing. A small sub-committee has been appointed to work on the application. The EVOLVE (Choosing Wisely initiative/Maximising the Value of Healthcare) process currently remains on hold pending the outcome of the MBS review and implementation of new item numbers.

AASM scoring manual updates and implications for Australian and New Zealand practice – it was noted by a member, Aeneas Yeo, that since the AASM is now updating their scoring manual annually, the ASA and ASTA should review these changes annually and advise the ASA membership about which changes they recommend be adopted. A standing sub-committee has been created consisting of: Greg Jorgenson, Kerri Melehan, Aeneas Yeo and Jeremy Goldin. For the first iteration of this document (which should be available by the end of the year), they are being assisted by Warren Reuhland, Peter Rochford and Carl Downey. Each year the sub-committee will update the ASA/ASTA commentary and this will be available on the ASA website.

A/Prof Garun Hamilton

Annual Report Conference Committee

Members: Sarah Biggs (Chair), Stephanie Blower, Andrew Vakulin, Anna Mullins, Charli Sargent, David Cunningham, Grace Vincent, James Slater, Julia Crawford, Nathaniel Marshall, Paul Kelly, Rebecca Calwell, Rob Shea, Scott Coussens, Shyamala Pradeepan

Conference Company team: Stephen Noble, Nihal Fernandez, Katie Wilson, Maree Campbell



As always, the Conference Committee has had a busy year. I'd like to take this opportunity to thank the Committee members (listed above) for working so hard throughout the year. Thanks to their efforts, Sleep DownUnder (SDU) continues to be a fantastic annual scientific meeting that is growing and improving from year to year. Please take the time to acknowledge the hard work of the Committee members when you see them in Auckland. I'd also like to thank the team at The Conference Company our newly appointed Professional Conference Organising Company (PCO). It has been a pleasure to work with them in putting together the meeting and they have made the transition an easy one.

We have been working closely with The Conference Company on dedicated portfolios such as Scientific Programme, Promotion and Marketing, and Sponsorship and Exhibition with the aims of providing members with the best possible scientific programme and growing both delegate numbers and sponsorship. I'd like to acknowledge the generous support of our sponsors and exhibitors, without whom much of what we are able to provide at SDU would not be possible. Please provide your support by participating in their various events and taking the time to visit the stands in the Exhibition Hall.

The Committee continues to work on meeting a number of key strategic goals. Below is a summary of our efforts over the last 12 months.

1. Promote education and foster research by providing a scientific programme that reflects the diversity of the membership

The 2017 scientific programme continues to reflect the diversity of our membership. We have three international guest speakers whose expertise covers physiology, neurology and basic science. The symposia cover topics of impact of OSA and treatment thereof, sleep and cognitive neuroscience, sleep at a population level, genetics of sleep, new technologies, chronobiology and performance, CBTi, alternate treatments for sleep disorders, and psychological consequences of sleep disorders. Abstract submission numbers were slightly lower than we have seen in recent years, however the quality was outstanding. Abstracts have resulted in 50 oral presentations, 90 poster discussion presentations and numerous poster displays that cover every aspect of our diverse field. The programme also includes two short courses and a number of industry symposia.

Providing a diverse scientific programme will continue to be the Conference Committee's main aim, however we rely solely on symposia and abstract submissions from our members to ensure this happens. Thank you to all who submitted and all who reviewed symposia and abstracts for 2017. The call for symposia for 2018 will be sent out in November 2017 so please start thinking of your submissions. We look forward to more exciting and diverse submissions for SDU2018.

2. Increase local delegate attendance by 5% each year for the next five years

This year we worked with the Membership Committee to get an understanding of why ASA members did or did not attend SDU. Through the membership survey, 63% of the respondents said they regularly attended the annual scientific meeting, which when benchmarked against some of the other International Associations is very high. Of the 37% that did not attend regularly, the main reasons for not doing so were:

- Cost (20%)
- Conference budget spent on International Conferences (17%)
- Cannot take the time out from work (20%)

The remainder cited other reasons such as retirement and childcare responsibilities.

The Conference Committee is constantly reviewing how to keep the costs of the conference at a minimum. As per the membership's wishes, we

continue to keep student registrations low. We have also managed to keep Early Bird registrations to just over \$800AUD, the lowest it has been in years. The cost of the short courses and breakfast sessions are also significantly reduced from previous years. There have been a few changes that have allowed this to happen, such as an electronic programme and online abstract supplement, but the quality of the meeting has not been compromised.

As we continue to work with The Conference Company, delegates will see increased value for money in the future and we will strive to meet the strategic goal outlined above.

3. Increase international profile and international delegate attendance by 5% by 2021

We are honoured this year to have Professor Fang Han, President of the Chinese Sleep Research Society, as one of our international guests. Through our continued partnership with the CSRS, we are working at promoting our meeting in China and elsewhere in Asia.

We held a targeted advertising campaign at World Sleep in Prague, with flyers and SDU promotional material being circulated through the ASA exhibition stand and by ASA members themselves. We hope to see the flow-on effect of this in Brisbane for SDU2018.

Our partnership with the Sleep Research Society saw a successful co-badged symposium at SLEEP2017 in Boston. There is another co-badged symposium at SDU2017 to be chaired by Danny Eckert and one of our guest speakers, Geraldo Lorenzi-Filho. These symposia have been successful in raising the profile of our meeting to our overseas colleagues and the team in the Marketing and Promotion portfolio will continue to work on this strategic goal.

As I said, it has been a very busy year and I look forward to more exciting times to come.

Venues for future SDU:

2018 – Brisbane, 18-20 October

2019 – Sydney, 17-19 October

2020 – Canberra, 15 – 18 October

Dr Sarah Biggs

Annual Report Education Committee

Members Education

Committee: Alan Young (chair), Ben Kwan Catherine Buchan, Kurt Lushington Marcus McMahon Melissa Ree, Rob Shea, Sally Powell, Sarah Blunden, Simon Joosten, Tim Hannan

Members BMSD

Subcommittee: Kurt

Lushington (Chair), Alan Young, David Cunningham, Delwyn Bartlett, Gerard Kennedy, Helen Stallman, Honey Heussler, Leon Lack, Melissa Ree, Moira Junge, Sarah Blunden, Shantha Rajaratnam, Tim Hannan

Members GP Education Subcommittee: Alan Young (Chair), Harriet Hiscock, Jill Dorrian, Karen Falloon, Keith Wong, Margaret Hardy, Mark Lavercombe, Sally Ferguson, Yu Sun Bin

Nursing Education subcommittee: Catherine Buchanan (Co-chair), Sally Powell (Co-chair), Christopher Gordon, Paula Bailey



The Education Committee has had a very productive year, achieving the goals set out in the ASA strategic plan.

Interactive learning resources for our members remains a key priority with the production of several high quality webinars, featuring high profile speakers from the ASA (Doug McEvoy, Shantha Rajaratnam, Matthew Naughton, Delwyn Bartlett, David Cunningham), in collaboration with the Royal Australian College of Physicians and the Australian Dental Association (Fernanda Almeida, over 400 attendees). Annual short courses include the Dental Sleep Medicine Course (Harry Ball, Rob Shea, Vinod Aiyappin), running as a standalone event in Sydney this year and the Advanced Trainee Course in Sleep Medicine (Ben Kwan) running in Melbourne next February. Both courses are always well attended and have received excellent feedback in recent years. All webinars, short courses and conference recordings are available online

in the ASA Education Resource Centre for our membership.

Our Subcommittees continue to provide education to vital craft groups including GP's, psychologists, nurses and pharmacists. Highlights include online sleep activities with the Royal Australian College of General Practitioners (completed by over 600 GP's) and the Australian Psychological Society, face to face talks on 'shift work sleep disorders' via the HealthEd group (will reach over 1,000 GP's), an upcoming survey of nurses working in the area sleep medicine and a newly established Pharmacy Subcommittee who will oversee education for pharmacists including a joint course in collaboration with the Pharmaceutical Society of Australia (Maree Barnes). We are also represented on the RACP College Council and Specialist Training Committee (Marcus McMahon) to provide advocacy for our members.

I would like to acknowledge the hard work of all our Committee and Subcommittee members and the ASA office staff (Stephanie Blower, Helen Burdette, Mischka Yates) who work tirelessly to bring all of these resources together. Finally, in standing down as Education Chair after four years in the role, I would like to thank the ASA Board, in particular Maree Barnes, for their incredible support and guidance throughout this time.

Dr Alan Young

Annual Report Finance Committee

Members: Marcus McMahon (Chair), Christopher Worsnop, David Cunnington, Maree Barnes, Mark Howard, Peter Eastwood, Robert Estcourt



The Association remains in a strong financial position, which has helped the

organization to continue to develop member services including online educational resources, webinars, research scholarships, scientific and educational meetings and practice guidelines.

As part of a medium to long-term investment strategy the ASA has been aiming to preserve and build the asset base for the organization to provide for the Helen Bearpark Memorial Scholarship as well as developing new scholarships to foster and support the ASA membership. To that end, the organization has developed the Nick Antic Career Development Award in memory of Nick Antic, our former president, who sadly passed away in November 2016. This award is intended to assist an ASA member with their professional development with the overall aim of fostering leadership skills in the broader Sleep Medicine community. The inaugural award will be presented at Sleep DownUnder in 2017. To date, over \$30,000 has been donated to help establish this award, and it remains the goal of the organization to continue building our financial resources to help this award become self-sustaining over time.

As a not for profit organization, the ASA is not eligible to apply for DGR status, which means that any donations that members make to the ASA to support awards such as the Nick Antic Career Development Award, are not currently tax exempt. ASA has now applied to become a Charity, administered by the ACNC, which will then allow us to have DGR Status. To achieve this end, we have had to make minor changes to the Constitution, which were approved at a General Meeting of the ASA in June 2017. A response from ACNC is now awaited. To make online

membership renewal and course registration easier, the ASA has also implemented AMEX payments via the website.

Given historically low interest rates, a new investment strategy was embarked upon at the beginning of the 2016-2017 financial year with \$800,000 invested in a diversified ethical portfolio with JBWeir, which has had an excellent return of 6.17% since commencement, with interest received from investments reinvested in the portfolio. At 30 June, 2017, the market value of the portfolio was \$867,944 with a mix of equities diversified across the major market sectors, alternative investments, fixed interest holdings and cash. The ASA has committed to increasing its investment in this portfolio quarterly as cash flow allows with a proportion of any profits to be paid into this fund.

The ASA also has also been exploring novel ways to support the research done by its membership and has provided funds for a quarterly Peer Choice Award for Sleep Research using Thinkable, a new generation online platform that promotes research engagement. We would encourage everyone to visit the ASA Thinkable page and vote on the most exciting and interesting new papers in Sleep research.

Sleep DownUnder 2017, in Auckland, also marks the first year that we have used a Professional Conference Organizing Company (PCO) to run the ASM. This has had an impact on cash flow, but careful planning in the preceding 12 months has meant that this transition has been progressing smoothly without an adverse impact on the organization.

Advocacy to government remains one of the important functions of the ASA and in 2017 and as mentioned in the President's report ASA has partnered with Sleep Health Foundation, investing in the Sleep Health Foundation (SHF) / Deloitte Access Economics report "Asleep on the Job: Counting the cost of poor sleep", the launch of this report and an ongoing campaign to raise the profile of sleep health with Government.

I would like to acknowledge the support of the ASA Executive officer Stephanie Blower and her team, the Finance Committee and Board over the last 12 months for your support and wisdom. I look forward to another challenging year ahead.

Dr Marcus McMahon

Annual Report Membership Committee

Membership Services Subcommittee:

Kristina Kairaitis (Chair),
Daniel Judge, Jason Amatoury,
Joanne Avraan, Maree Barnes,
Philip Terrill, Sadasivam Suresh,
Stephanie Centofanti,
Tracey Sletten

Membership Councils Subcommittee:

Kristina Kairaitis (Chair) Amy
Reynolds, Hailey Meaklim, Jacob Twiss, John Swieca,
Lauren Booker, Michelle Short, Nick Stow, Rob Shea,
Tracey Sletten



ASA membership has remained steady over the last year, with 874 members as at 30 June 2017. This is a clear recognition of the status of the ASA as the pre-eminent representative of a wide variety of important craft groups involved in clinical care and research into sleep disorders.

Privileges associated with membership of the ASA have recently been reviewed. The rule changes mean Associate members are encouraged to become full members after 3 years as Associate members, and only full members of the ASA are entitled to be included in the sleep services directory. Full Time study has been removed from the requirement for student membership, but applications still require the signed support of their supervisor. Sustaining members are no longer entitled to a reduced rate at conferences. These changes have been made to encourage eligible members to become full members of the ASA.

The councils of the ASA continue to be very active and an important part of the ASA. We have recently clarified the roles that the councils fulfil. Councils represent an opportunity for ASA members to interact with others with similar clinical or research interests, as well as to contribute to the education of the wider membership, other clinicians and the general public through webinars, contribution to the conference and through interactions within the council group.

At the last Sleep DownUnder meeting in Adelaide, the new Neuroscience Council was formed. This is an enthusiastic group of psychiatrists, neurologists and neuroscientists. We look forward to the contribution from this new council, which I am sure will educate and challenge us in the future. A new council has been proposed for formation in Auckland, with a focus on Primary Care. Again we look forward to the valuable contributions that this council will make to the ASA.

The annual survey of the membership went out in February this year. The role of the ASA in providing information and developments of the profession, and in education was recognised. The challenges we face in terms of resources for education and research were recognised by those who responded, however the majority of respondents felt that the ASA was meeting their expectations. Outside of the survey members are welcome to write to me with suggestions of how to improve the offerings of ASA at any time, and I look forward to receiving your suggestions.

State Members Meetings

State members meetings allow members an opportunity to hear about interesting sleep related topics, and are a great opportunity to network. While Victoria has held regular meetings for many years, ASA is endeavouring to introduce State Meetings into each of the States, and it is hoped that these will become more regular allowing members a better opportunity for regular networking within their State communities.

Communication with the members is an important part of the ASA's role. We endeavour to continue to communicate regularly with our members through our newsletter. We welcome contributions from our members to the newsletters. A private Facebook forum, which has 165 active members continues to flourish. This was previously moderated by Dr Jason Amatoury and Dr Phil Terill, however Jason has stepped down, and Dr Joanne Avraan has kindly offered to take his place. I would like to thank Jason for all of his help over the last 2 years, and to welcome Joanne. The public Facebooks page continues to be active, and has 826 followers.

The ASA website is an important tool for communication with members. All members are encouraged to let the ASA Secretariat know when they have research published, or have news from within their departments, so that this can be widely disseminated to the membership and the public, through the website and social media.

Kristina Kairaitis

Annual Report Research Committee

Members: Danny Eckert (Chair), David Wang, Jennifer Walsh, Scott Coussens, Leigh Signal, Romola Bucks, Andrew Vakulin, Camilla Hoyos, Nigel McArdle, Rosemary Horne, Fergal O'Donoghue, Clare Anderson, Roo Killick, Angela D'Rozario, Jane Nikles



The ASA Research Committee seeks to strengthen and encourage high quality sleep research in Australia and New Zealand.

Awards

In line with this mission, the Research Committee received and reviewed a large number of applications for the prestigious awards offered by our association including: the New Investigator Award, the Helen Bearpark Memorial Scholarship and the Rob Pierce Grant in Aid (supported by Philips Respironics). For the fourth year in a row, the reciprocal Early Career Development Award between the ASA and the Chinese Sleep Research Society (CSRS) was awarded. This award (supported by ResMed) allows ASA to invite a CSRS new investigator to present at our meeting and an ASA new investigator is selected to present at the CSRS meeting. As a reflection of the growing strength of the relationship with our neighboring societies we are fortunate to have Professor Fang Hang, former President of the CSRS, attend and present at our meeting this year. Members of the board will meet with Prof. Hang during Sleep DownUnder in Auckland to discuss strategies to strengthen ties between our two organisations around research, education and training.

With thanks to the generous support of the Queensland Sleep Partners, for the third year in a row, we have also been able to once again offer two ASA International Travel Awards of \$5,000 each to provide an opportunity for outstanding early- or mid-career researchers to showcase their sleep research at an international meeting. Awardees will be announced at

Sleep DownUnder. The generous support of Nick Antic's family, friends, supporters and our membership has allowed ASA to establish a scholarship fund in his name. A very large number of applications were received for the inaugural Nick Antic Career Development Award and the winner will be announced at the Conference Dinner in Auckland and be presented by Nick's wife Corrine and his daughter Holly.

This year we trialed a new award "ASA publication award" and moved to a new online platform to administer several of the key awards (Thinkable.org). Each year we review and amend the award application and ranking criteria for these awards which are located on the dedicated awards tab on the ASA website. Additional awards to offer to our membership are being investigated with the goal of implementing these new initiatives next year.

Research Funding

The last few years have been a challenging time for the research community with success rates for federally funded competitive grants at an all-time low. In response to this challenge following a consultation period, the NHMRC recently announced plans to reform its funding mechanisms. The Medical Research Future Fund (MRFF) also recently announced its first funding allocation and new calls for targeted funding including in the area of clinical trials have recently been announced. While further detail is required, we remain hopeful that the recently announced changes to NHMRC funding and new MRFF funding opportunities will be beneficial for the research sector and will help to facilitate the growth of sleep research in the region. The ASA has also been actively engaging with local and federal politicians to emphasize the importance of sleep health and sleep research for our community and to advocate for more funding for the section. With this goal in mind, I have made several trips to Canberra this year which culminated with the recent launch by the Health Minister Greg Hunt of the Sleep Health Foundation report 'Asleep on the Job' which was co-supported by the ASA at Parliament House. The report drew a lot of media attention in the lead up to the event, and enthusiasm from the politicians for this important cause was substantial. We will continue to work hard to build the traction we have established in this area.

Mentorship Programme

The ASA mentorship programme chaired by Jen Walsh is now in its fourth year. The next intake of mentees will occur in conjunction with the ASA meeting in Auckland.

Sleep DownUnder

The Research Committee has once again been working on another great programme for the Early Career Seminar and the lunch time Research Committee Session to be held at the Auckland meeting.

I would like to thank all the committee members for their hard work throughout the year and for the excellent support provided by the ASA staff. We are looking forward to another productive year ahead.

A/Prof Danny Eckert

Annual Report New Zealand Branch

Branch Committee Members:

Ken Whyte (President),
Alistair Neill, Barbara Galland,
Sally Powell, Karyn O'Keeffe
(Treasurer), Andrew Davies,
Jacob Twiss, Daniel Garner



Firstly the Branch would like to congratulate Professor Philipa Gander who was made an Officer of the NZ Order of Merit in the Queen's Birthday Honours in recognition of both her research and her advocacy of the importance of fatigue management in our society.

The New Zealand Branch has been active in a number of areas over the last 12 months to support sleep activities in New Zealand.

Sleep in Aotearoa - NZ ASM

The seventh NZ Branch meeting ASM held in May in Wellington was very successful. A key component being agreement on establishment of guidelines for best practice for practitioners in our field. These will be used as a tool for improving both access to and quality of care for our patients. In some areas such guidelines may be wholly NZ developed and orientated however in other areas we would hope to adopt, with some modifications to reflect the NZ health care system, Australian guidelines developed by ASA.

Special thanks to our local organising ASM committee co-chaired by Angela Campbell / Karen O'Keefe for ensuring such a successful meeting.

Finally a particular thanks to Garun Hamilton for making time to attend and his valuable contributions.

Priorities for the next 12 months:

- Guidelines for provision of adult sleep disorders services in New Zealand
 - Adoption of existing ASA/ other guidelines as appropriate (Respiratory support for patients with respiratory failure from neuromuscular and other diseases)
 - New Zealand specific service guidelines for OSA with the aim of greater equity of access to quality services

- NZ Branch meeting, Sleep in Aotearoa (we plan to explore tiered registration for the meeting next year (2018) and continue our endeavours to support attendance at the meeting by as wide a range of individuals as possible via travel grants etc. We see this meeting at the "glue" that holds the various groups together within New Zealand.
- To support and work closely with the newly formed New Zealand Sleep Health Foundation
- Develop a productive relationship with Pharmac:
 - in the arena of national purchasing strategies for respiratory support equipment including CPAP
 - Enabling access to Modafanil for New Zealanders with narcolepsy and idiopathic hypersomnolence

The ASA New Zealand Branch Committee has supported a number of sleep activities in New Zealand in 2017.

We are committed to increase the membership of ASA within New Zealand. Numbers remains lower than ideal but with growing multi-disciplinary sleep interest, an active NZ committee and an excellent annual scientific meeting, combined with the increased profile of ASA with Sleep DownUnder this being held in Auckland, it is anticipated NZ member numbers will increase.

We continue to encourage New Zealand members to "check out" the ASA webpage, webinars, conference recordings, the New Zealand Tab and *sign up* to the New Zealand Sleep Medicine Review email list.

Our engagement with Pharmac on the issue of widening the range of stimulant medication available for patients suffering from narcolepsy and idiopathic hypersomnolence is at an early stage but we hope to gain some traction especially as Modafanil is no longer covered by patent.

Sleep Health Foundation New Zealand (SHFNZ)

I am delighted to report that SHFNZ, established last year, is now up and running. The Foundation brings together sleep health professionals, academic researchers and educationalist, patient representatives and community groups with a shared vision for sleep health. The inaugural board includes four elected sector representatives Alistair Neill, Philippa Gander, Laura Wu and Alex Bartle.

In the coming year SHFNZ aims to identify how to develop and support efficient, evidence based and positive pathways to diagnosis treatment and support for sufferers of sleep disorders in New Zealand. This will involve discussion with all stakeholders ranging

from those above to both government and private health providers and funders. The continued support of the SHF (Australia) for the initiative is greatly appreciated. The Branch thanks Alister Neill for his continuing enthusiasm in driving this forward.

It's a pleasure to welcome Dr Andrew Davies, a Respiratory and Sleep Specialist from Wellington, Sally Powell, a Clinical Nurse Specialist in Sleep Medicine from Christchurch, and Dr Jacob Twiss, a Paediatric Respiratory and Sleep Specialist from Starship Hospital, Auckland to the New Zealand Branch. I would like to thank the ASA Board and Secretariat for their support in developing the New Zealand Branch, and the NZ Committee for their ongoing contribution to sleep activities in New Zealand.

Dr Ken Whyte

President, New Zealand Branch

Annual Report

Executive Officer

2016/17 has been an interesting year. Organising another successful Sleep DownUnder Conference in-house for the last time brought on a flood of mixed emotions – relief and regret. I am pleased to report that relief has been the lasting emotion, and I have enjoyed the opportunity to concentrate on other areas of the Association, such as governance, advocacy, and the ever evolving member services.

ASA has a small and very efficient team in the office, with the equivalent of 2.1FTE staff and a contract bookkeeper who are all kept very busy running your growing Association.

Team Members:

- **Helen Burdette**, Senior Admin Officer, 2 days per week for the ASA, spends the balance of her week as Executive Secretary of the Sleep Health Foundation.
- **Mischka Yates**, Admin Officer is full time
- **Stephanie Blower**, Executive Officer, employed 4 days per week
- **Chrissy Dominguez**, contract bookkeeper.

Some interesting numbers

- Membership as at 30 June 2016: nearly 900
- Active Committees and Subcommittees: 18
- Number of emails sent out through the ASA database: 58,300 over the twelve months
- Average number of emails received daily: Over 100.
- Public Facebook page posts 837 Likes.
- Twitter account @SleepOrgANZ has 450 followers
- ASA Facebook Members Only Page: 164 active members
- ASA Educational Portal has 57 different educational offerings available.

The team in the ASA office is there to assist you, so please do not hesitate to contact us with any questions you may have in regard the Association.

Stephanie Blower

Executive Officer



Helen Burdette



Mischka Yates



Stephanie Blower



Chrissy Dominguez



financial report

FOR THE YEAR ENDED 30 JUNE 2017

Liability limited by a scheme approved under Professional Standards Legislation



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E admin@sleep.org.au | www.sleep.org.au | ABN 51 138 032 014

Directors' Report

The directors present their report on the company for the financial year ended 30 June 2017.

Information on Directors

The names of each person who has been a director during the year and to the date of this report are:

Maree Barnes

Danny Joel Eckert

Garun Hamilton

Sarah Nicole Biggs

Alan Charles Young

Kerri Melehan

Kristina Kairaitis

Alister Neill (Resigned on 05/05/2017)

Kenneth Frank Whyte (Appointed on 05/05/2017)

Marcus McMahon (Appointed on 20/10/2016)

Peter Eastwood (Appointed on 20/10/2016)

Nicholas Alexander Antic (Resigned on 20/10/2016)

Mark Howard (Resigned on 10/10/2016)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Operating Results

The profit of the company amounted to \$215,856 (2016: \$101,420).

Significant Changes in State of Affairs

There have been no significant changes in the state of affairs of the Company during the year.

Principal Activities

The principal activities of the company during the financial year were:

- Drawing up of clinical standards & guidelines
- Overseeing training in the area of clinical sleep medicine
- Provision of quality assurance through credentialing of sleep services, together with the National Association of Testing Authorities (NATA)
- Organisation of an Annual Scientific Meeting, where the latest practice and research is showcased.

No significant change in the nature of the company's activity occurred during the financial year.

Events After the Reporting Date

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

Environmental Issues

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

Indemnification and Insurance of Officers and Auditors

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

Auditor's Independence Declaration

The lead auditor's independence declaration in accordance with section 307C of the *Corporations Act 2001*, for the year ended 30 June 2017 has been received and can be found on the following page.

Signed in accordance with a resolution of the Board of Directors:

Director:



Maree Barnes

Director:



Marcus McMahon

Dated this 19th day of September, 2017



Auditor's Independence Declaration

UNDER SECTION 307C OF THE CORPORATIONS ACT 2001
TO THE DIRECTORS OF AUSTRALASIAN SLEEP ASSOCIATION

I hereby declare, that to the best of my knowledge and belief, during the financial year ended 30 June 2016 there have been no:

- (i) contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- (ii) contraventions of any applicable code of professional conduct in relation to the audit.

Name of Firm: Boyd Audit
Chartered Accountants

Name of Auditor: 
Nathan Boyd
Registered Company Auditor No. 471054

Address: Suite 24, 4 Station Street Fairfield NSW 2165

Dated this 19th day of September, 2017

Statement of Profit or Loss and Other Comprehensive Income

for the Year ended 30 June 2017

	Note	2017 \$	2016 \$
Income			
Revenue		1,237,675	1,402,880
Other income		41,332	-
	3	1,279,007	1,402,880
Expenditure			
Accountancy expenses		(17,095)	(23,750)
Auditor's remuneration		(7,600)	(7,040)
Depreciation and amortisation expenses		(3,344)	(4,533)
Employee benefits expenses		(294,008)	(259,812)
Other expenses	4	(741,104)	(1,006,325)
		215,856	101,420
Net current year (deficit)/surplus		215,856	101,420
Total comprehensive income attributable to members of the entity		806,824	705,404
Total comprehensive income for the year		1,022,680	806,824

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2017

	Note	2017 \$	2016 \$
ASSETS			
Current Assets			
Cash and cash equivalents	5	511,918	1,248,860
Trade and other receivables	6	140,355	189,404
TOTAL CURRENT ASSETS		652,273	1,438,264
Non-current assets			
Financial assets	7	841,207	-
Property, plant and equipment	8	14,169	16,360
TOTAL NON-CURRENT ASSETS		855,376	16,360
TOTAL ASSETS		1,507,649	1,454,624
LIABILITIES			
Current Liabilities			
Trade and other payables	9	415,049	578,509
Employee provisions	10	58,496	60,076
TOTAL CURRENT LIABILITIES		473,545	638,585
Non-current Liabilities			
Provisions	10	11,424	9,215
TOTAL NON-CURRENT LIABILITIES		11,424	9,215
TOTAL LIABILITIES		484,969	647,800
NET ASSETS		1,022,680	806,824
EQUITY			
Retained surplus	11	1,022,680	806,824
TOTAL EQUITY		1,022,680	806,824

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

for the Year ended 30 June 2017

	Note	Retained earnings \$	Total \$
Balance at 1 July 2015		705,404	705,404
Profit attributable to members of the entity		101,420	101,420
Balance at 30 June 2016		806,824	806,824
Loss attributable to members of the entity		215,856	215,856
Balance at 30 June 2017		1,022,680	1,022,680

Statement of Cash Flows

for the Year ended 30 June 2017

	Note	2017 \$	2016 \$
Cash Flows from Operating Activities			
Membership fees received		189,516	215,306
Conference income received		785,398	1,081,335
Other income received		95,973	58,964
Payments to suppliers, employees & others		(989,322)	(1,404,257)
Interest received		8,158	26,341
Net cash provided by (used in) operating activities	12	89,723	(22,311)
Cash Flows from Investing Activities			
Proceeds from sale of available-for-sale investments		52,530	-
Dividends received from investments		25,188	-
Payments for property, plant and equipment		(1,155)	(1,317)
Payments for available-for-sale investments		(903,228)	-
Net cash used in investing activities		(826,665)	(1,317)
Net increase in cash held		(736,942)	(23,628)
Cash at beginning of financial year		1,248,860	1,272,488
Cash at end of financial year	5	511,918	1,248,860

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

for the Year ended 30 June 2017

The financial statements cover the business of Australasian Sleep Association as an individual entity, incorporated and domiciled in Australia. Australasian Sleep Association is a company limited by guarantee.

The financial statements were authorised for issue on 19 September 2017 by the directors of the company.

1 Basis of Preparation

The Company is non-reporting since there are unlikely to be any users who would rely on the general purpose financial statements.

The special purpose financial statements have been prepared in accordance with the significant accounting policies described below and do not comply with any Australian Accounting Standards unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

Summary of Significant Accounting Policies

Property, Plant and Equipment

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

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

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

The depreciable amount of all property, plant and

equipment, except for freehold land is depreciated on a straight line method from the date that management determine that the asset is available for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

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

Plant & Equipment	20%
-------------------	------------

Financial Instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that company becomes party to the contractual provisions of the instrument.

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

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The company's trade and most other receivables fall into this category of financial instruments.

Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

The amount of the impairment is the difference between the net carrying amount and the present value of the future expected cash flows associated with the impaired receivable.

In some circumstances, the company renegotiates

repayment terms with customers which may lead to changes in the timing of the payments, the company does not necessarily consider the balance to be impaired, and however assessment is made on a case-by-case basis.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The company's available-for-sale financial assets include listed securities.

Purchases and sales of available-for-sale investments are recognised on settlement date.

Available-for-sale financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired.

In the case of impairment or sale, any gain or loss previously recognised in equity is transferred to the profit or loss.

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

Impairment of Non-Financial Assets

At the end of each reporting period the company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where this indicator exists and regardless for goodwill, indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the assets is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-

generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss, except for goodwill.

Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Cash and Cash Equivalents

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

Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cash flows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to

maturity that match the expected timing of cash flows. Changes in the measurement of the liability are recognised in profit or loss.

Revenue and Other Income

Revenue is recognised when the business is entitled to it.

Interest revenue

Interest revenue is recognised using the effective interest rate method.

Rendering of services

Revenue in relation to rendering of services is recognised depends on whether the outcome of the services can be measured reliably. If this is the case then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably measured then revenue is recognised to the extent of expenses recognised that are recoverable.

Other income

Other income is recognised on an accruals basis when the company is entitled to it.

Comparative Amounts

Comparatives are consistent with prior years, unless otherwise stated.

Where a change in comparatives has also affected the opening retained earnings previously presented in a comparative period, an opening statement of financial position at the earliest date of the comparative period has been presented.

	2017 \$	2016 \$
3 Revenue		
Membership subscriptions	186,200	142,821
Conference income	981,149	1,173,872
Sleep Health foundation fees	61,256	57,497
Sundry income	250	200
Foreign currency translation gains	662	2,149
Interest received	8,158	26,341
	<u>1,237,675</u>	<u>1,402,880</u>
Other income		
Dividends and investment earnings received	37,032	-
Bad debts recovered	4,300	-
	<u>41,332</u>	<u>-</u>
	<u>1,279,007</u>	<u>1,402,880</u>
4 Expenses		
Advertising & promotion	1,766	9,118
Bad debts	-	8,450
ASA representative expenses	-	1,748
Bank charges	3,612	4,339
Consultants fees	19,071	4,702
Conference expenditure	593,475	860,406
Filing fees	47	46
Flash drives	-	4,500
General expenses	309	392
Insurance	5,697	4,782
Interest	235	380
Computer & IT service expenses	8,459	16,092
Legal costs	-	4,500
Board meeting expenses	26,292	28,907
Office expenses	3,936	3,637
Printing & stationery	7,990	6,465
Rent & outgoings	32,008	34,348
Special projects	13,602	5,000
Staff & board training	5,698	1,535

	2017	2016
	\$	\$
Subscriptions	2,854	3,017
Telephone & internet	4,541	3,838
Travelling, accommodation & meals	2,021	123
Fair value remeasurement gains / (losses)	9,491	-
	741,104	1,006,325

5 Cash and Cash Equivalents

Cash at bank	130,820	195,637
Savings account	121,913	753,927
Petty cash	265	147
Cash at bank - NZ	20,497	25,105
Cash at bank - JBWere	4,491	-
Deposits at call	233,932	274,044
	511,918	1,248,860

Reconciliation of cash

Cash and Cash equivalents reported in the cash flow statement are reconciled to the equivalent items in the balance sheet as follows:

Cash and cash equivalents	511,918	1,248,860
	511,918	1,248,860

6 Trade and Other Receivables

Current

Trade Debtors	32,603	31,910
Provision for bad debts	(4,150)	(8,450)
	28,453	23,460
Prepayments	99,557	165,944
Other debtors	11,845	-
Deposits paid	500	-
	140,355	189,404

7 Financial Assets

Non-Current

Available-for-sale financial assets	841,207	-
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	2017 \$	2016 \$
8 Property, Plant and Equipment		
Plant and Equipment:		
At cost	44,955	43,801
Accumulated depreciation	(30,786)	(27,441)
Total Plant and Equipment	14,169	16,360
9 Trade and Other Payables		
Current		
Trade creditors	4,460	-
Credit card liabilities	3,464	250
GST liabilities	5,572	12,287
PAYG tax payable	4,224	4,166
Income in advance	147,441	295,378
Rob Pierce grant	18,759	28,759
Other creditors	9,618	8,658
Helen BearPark scholarship	221,511	229,011
	415,049	578,509
10 Employee Provisions		
Current		
Provision for annual leave	19,923	25,318
Provision for long service leave	38,573	34,758
	58,496	60,076
Non-Current		
Provision for long service leave	11,424	9,215
11 Retained Surplus		
Retained surplus at the beginning of the financial year	806,824	705,404
Net profit attributable to members of the company	215,856	101,420
Retained earnings at the end of the financial year	1,022,680	806,824

	2017 \$	2016 \$
12 Cash Flow Information		
Reconciliation of Cash Flow from Operations with Profit after Income Tax		
Profit for the year	215,856	101,420
Non-cash flows in profit		
Depreciation expense	3,344	4,533
Gains on available-for-sale investments	(27,541)	-
Changes in assets and liabilities		
(Increase)/Decrease in trade and other receivables	(5,493)	1,267
(Increase)/Decrease in prepayments	66,387	(71,859)
Increase/(Decrease) in payables	1,979	(14,735)
Increase/(Decrease) in income in advance	(165,437)	(42,202)
Increase/(Decrease) in employee provisions	628	(735)
	89,723	(22,311)

13 Company Details

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

Australasian Sleep Association
Suite 114, 30 Campbell Street
Blacktown NSW 2148

14 Members' Guarantee

The entity is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2017 the number of members was 898 (2016: 882).

Directors' Declaration

The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The directors of the company declare that:

1. The financial statements and notes, as set out in this report, present fairly the company's financial position as at 30 June 2017 and its performance for the year ended on that date in accordance with the accounting policies described in Note 2 to the financial statements; and
 - (a) comply with the Australian Accounting Standards applicable to the company; and
 - (b) give a true and fair view of the financial position of the company as at 30 June 2017 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director:



Maree Barnes

Director:



Marcus McMahon

Dated this 19th day of September, 2017



Independent Auditor's Report

TO THE MEMBERS OF AUSTRALASIAN SLEEP ASSOCIATION
ABN 51 138 032 014

Opinion

We have audited the financial report of Australasian Sleep Association, which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration by those charged with governance.

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 Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

In our opinion, the accompanying financial report presents fairly, in all material respects, the financial position of the Company as at 30 June 2017, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards.

Information Other than the Financial Report and Auditor's Report Thereon

Those charged with governance are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, 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 Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Company's financial reporting process.



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 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 the financial report.

Name of Firm: Boyd Audit
Chartered Accountants

Name of Auditor: 
Nathan Boyd
Registered Company Auditor No. 471054

Address: Suite 24, 4 Station Street Fairfield NSW 2165

Dated this 19th day of September, 2017



AUSTRALASIAN SLEEP ASSOCIATION

STRATEGIC PLAN 2017-2018

The Vision of the Australasian Sleep Association (ASA) is the provision of world standard research, education, training and clinical standards in the field of sleep medicine, resulting in informed communities in Australia and New Zealand with healthy sleep practices.

The ASA works towards this vision on two fronts:

- (i) the provision of services to our members and
- (ii) lobbying and informing the wider community and government about all matters relating to sleep health and sleep science

Member services include educational courses, conferences and online resources, setting clinical standards and advocating for government funding of sleep services, the promotion of research opportunities in our field and facilitating communication and interaction between our members.

We will do this while maintaining a sound financial position; with careful and judicious use of our funds, the ASA will promote the professional development of our members and foster research in the field.

Clinical Committee

The goal of the Clinical Committee is to establish and promote best practice standards in sleep medicine, and to promote the highest quality care for sleep patients. Integral to these goals is also the need to advocate for public funding of sleep medicine services. The clinical committee is working towards these goals by:

- Producing Clinical Guidelines and Position Statements related to the practice of sleep medicine. Publication of these guidelines in

international journals will increase the impact and reach of these documents

- Working with NATA to maintain a high quality system of sleep laboratory and sleep service accreditation
- Improving primary care sleep medicine skills in conjunction with the education committee
- Advocating for sleep medicine within various government policy issues, such as the Medicare Schedule of Benefits review

Conference Committee

The Conference Committee recognises that longterm sustainability of the Annual Scientific Meeting will only be achieved through improvement and growth. As our industry evolves, so too must Sleep DownUnder to ensure we continue to meet the needs of our delegates. To this end, the Conference Committee is committed to:

- Providing a scientific programme that reflects the diversity of our field by being proactive in seeking quality presentations from all facets of sleep health and sleep medicine
- Developing Sleep DownUnder as a meeting of choice for Australian and New Zealand sleep and allied professionals through high quality programming, competitive registration fees and value added benefits
- Raising the global profile of SDU through the development of strategic partnerships with international sleep societies and implementation of international promotion strategies

Education Committee

The strategic goal of the Education Committee is to provide accessible, high quality education that meets the specific needs of clinicians working in the field of sleep. To this end, we are committed to:

- Expanding the online Educational Resource Centre that is available to all ASA members and includes webinars, short courses and conference recordings
- Providing specific educational activities for a variety of craft groups including physicians, general practitioners, psychologists, nurses, pharmacists and advanced trainees
- Monitoring attendance and feedback for educational activities to inform future planning and ensure efficient resource utilisation

Finance Committee

The Finance Committee works towards ensuring the long term financial security of the ASA.

To achieve this goal, the ASA has engaged JB Were to provide financial advice and on their recommendation the ASA has diversified its investment portfolio to include a combination of cash, shares and managed funds. Other initiatives from the finance committee in the coming year include:

- Introduction of AMEX payment option for members in 2017
- Working towards recognition as a Health Promotion Charity to provide tax deductibility of donations to the ASA
- Development of new revenue streams
- Ongoing provision of scholarships and grants as well as development of new scholarships to support our membership
- Support for development and publication of educational resources for our membership

Membership Committee

The Membership Committee aims to enhance the value of membership and encourage greater membership of the Australasian Sleep Association, and to facilitate communication between the board and the members. In order to achieve these aims the membership committee will

- Encourage members from other disciplines
- Oversee a private facebook forum and where necessary engage in other social media
- Survey members annually in order to understand their needs
- Liase with councils in order to facilitate

knowledge sharing, established to focus on the various sleep related craft groups

- Ensure Membership is kept up to date with the latest relevant information relating to sleep health and sleep science through regular electronic newsletters

Research Committee

The ASA Research Committee is committed to strengthening and promoting sleep research within the Australia and New Zealand regions and beyond. In addition to coordinating and continually improving our current portfolio of awards and programs that we offer ASA members, our key priorities moving forward are to:

- Ensure the longterm viability of the current awards that we offer and establish new awards
- Expand existing cross cultural collaborative projects and develop new initiatives
- Interact with major funding agencies and politicians to ensure sleep is high on the funding agenda
- Work towards sleep being recognised as a National Health Priority Area
- Promote high quality sleep research through the ASA website and social media
- Enhance the ASA career development mentorship program

New Zealand Branch

The New Zealand Branch aims to:

- Promote education and training in sleep health and sleep medicine within its membership
- Foster research and clinical guidelines development within a New Zealand context

Strategic priorities are:

- A vibrant and accessible Annual Scientific Meeting (Sleep in Aotearoa)
- Build membership across a range of health practitioner disciplines
- Form a New Zealand Sleep Health Foundation and
- Promote best practice standards within New Zealand



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