

AUSTRALASIAN SOCIETY FOR HIV, VIRAL HEPATITIS AND SEXUAL HEALTH MEDICINE

ANNUAL GENERAL MEETING MINUTES

DATE: TUESDAY, 7 NOVEMBER 2017

TIME: 1.15PM – 2.15PM

LOCATION: MENZIES THEATRE ROOM
NATIONAL CONVENTION CENTRE CANBERRA
31 CONSTITUTION AVENUE
CANBERRA ACT 2601

Attendees	<p>Financial members:</p> <p>Sohileh Aran, David Baker, Kate Bath, Barry Bland, Mark Bloch, Christopher Bourne, Katherine Brown, Andrew Buchanan, Harris Cabatingan, Paul Cameron, Amanda Chambers, Deborah Couldwell, Elizabeth Crock, Natalie Edmiston, Bradley Fossman, Martyn French, John Gall, Carla Gorton, Melinda Hassall, Robert Horvath, Jennifer Hoy, Joan Ingram, Claire Italiano, Estella Janz Robinson, Ian Johnson, Penny Kenchington, Danae Kent, Carole Knaw, Denise Kraus, Carolyn Lang, Louisa MacDonald, Alexandra Marceglia, Jennifer Marino, Sarah Maunsell, Jennifer McDonald, Scott McGill, Nicholas Medland, Arun Menon, Tonia Mezzini, Barbara Nattabi, Michelle O'Connor, Louise Owen, Patricia Price, Paola Rosales, Katy Roy, Rachel Skinner, Sarah Smith, Vanessa Towell, Russell Waddell, Ian Woolley.</p> <p>Non-financial members/ Other attendees:</p> <p>Jane Costello, Lisa Harrison, Justin La Brooy, Nick Lawson, Craig Cooper.</p>
Apologies	Olga Vujovic
Proxies	Karen Seager, Kirsty Owen, Sonja Hill, Olivia Dawson, Beni Falemaka, Courtney Smith, Emma Day, Samantha Bolton, Catherine Cherry, Hugh Macleod, Lucie Perrissel, Jacqueline Englander.

1. Apologies

Mark Boyd:

"Welcome everyone. As of this morning ASHM has a financial membership of 535 full voting members. The Constitution requires that 10% of the membership participate in the Annual General Meeting, either by being present at the meeting or by proxy. Quorum for this meeting is therefore 54 people. I will now hand over to Scott to explain the process for voting."

Scott McGill:

"I have been notified of 12 proxies. If anyone still holds a proxy and has not yet advised the registration staff at the front, please do so now."

Members present, in person, can hold a maximum of 5 proxies. Non-voting member representatives of members can attend the meeting and exercise their proxy vote, but they must provide the registration desk with photo id and have the nomination form with them or held by the office."

Voting will be by a show of hands. Each member holding a proxy will have been provided with one proxy voting slip, for each proxy they hold."

There are also a number of observers at today's meeting. These are Organisational Sustaining Members, other non-voting members or affiliates. If you are an observer, please do not raise your hand during the voting. All votes cast must be cast using the voting slips provided. When asked to cast your vote, please splay your votes, so the monitors can easily count your votes."

Apologies have been received from: Olga Vujovic

Are there any more apologies? **None**

I have been advised that we have reached quorum with a total of **55** people.

[After quorum was announced 7 more voting members entered the room making the final total 62 people]

Mark Boyd:

*"I declare the meeting open at **1.29pm**"*

2. Confirm Minutes of Previous Annual General Meeting

Mark Boyd:

"The minutes from last year's meeting were available as you entered. Is there any discussion on those minutes (apart from any action points)?"

I move the motion that the minutes are a true and accurate record of that meeting.

Can I please have a member who was present at last year's meeting move that the minutes be accepted".

Moved:

Dr Nicholas Medland

Seconded:

Professor Bradley Forssman

All those in favour: 62

All those against: 0

Carried, unanimous

"Scott, can you please take us through any matters arising from the Minutes."

Scott McGill:

“There is one point of Action from the ASHM AGM in November 2016: a motion was raised for an ASHM position statement on HIV treatment and access in Australia and NZ raised by Chris Lemoh and seconded by Rupert Handy.

As background, in 2015 Chris Lemoh drafted an ASHM position statement outlining access to HIV treatment in Australia. This was to be presented to the ASHM board in November 2015 and then promulgated. After checking records it was unclear the extent to which this had previously been actioned.

Therefore the ASHM Board reviewed an updated document and also updated it to include other medications for treatment of Viral Hepatitis and Sexually Transmitted Infections. A summary statement has been added to the ASHM website stating “ASHM believes that all individuals living with HIV and resident in Australia should be able to access Medicare or other government funded HIV treatment. There are considerable health benefits to Australians to have all people living with HIV on antiretroviral treatment as soon as feasible. This provides Treatment as Prevention (TASP) benefits and reduces the onward transmission of HIV. For a full discussion please read our Position Statement”.

Further guidance in this area is a priority action for ASHM for the coming year.

Additionally, in the area of HBV and immigration: *in collaboration with clinical experts in hepatitis B and an immigration lawyer, ASHM has produced guidance to support primary and secondary care providers with patients who have chronic hepatitis B (CHB) who are in the process of applying for a permanent visa. A person may be denied a permanent visa due to their hepatitis B status due to the expected health care costs. This guidance explains the role a medical report from the person’s medical advisors plays in the application*

process, highlighting factors with regard to hepatitis B which may avoid the 'significant cost' issue being raised or those which may impact on a health waiver being granted. We have also drafted a position statement on access to CHB treatment for Medicare ineligible people".

3. President's Report (from the Annual Report)

Mark Boyd:

"The President's Report is published in the Annual Report. I am happy to present this to members. The Annual Report will be posted on ASHM's website and hard copies of the report were made available for you at this meeting.

2017 has been the third and final year of my ASHM Presidency. It has been a privilege and honour to lead this active, imaginative, innovative and visionary agency. Despite the difficulties presented by a lack of core Commonwealth funding and the very competitive tendering process by which the Commonwealth contracts out work in the sector, ASHM has managed to maintain a sound financial position. This has resulted in an extremely lean organisation and increased workloads for staff.

In the interests of time I will refer you to my full report but of note:

*In the HIV response Australia has managed to place >10,000 high-risk people on **PrEP** over the last couple of years as a result of a series of bold roll-out studies across New South Wales, Victoria, Queensland, South Australia, Western Australia and the Australian Capital Territory. This achievement means that per capita Australia now has the highest PrEP coverage in the world and ASHM continues to*

play its role in supporting these efforts including guidance to the primary care sector including those less experienced in HIV-related management.

“Treatment as prevention” continues to deliver: combined with the knowledge that all people with HIV should start ART as soon as possible after diagnosis, TasP has the potential to limit HIV transmission by treating people with HIV early, quickly rendering them uninfected. Trials and projects across the world are initiating therapy on the day of diagnosis, and considerable interest in this strategy has been shown in Australia. ASHM is playing its part in dialogue within the sector to ensure that where appropriate treatment is initiated without unnecessary delay.

In terms of viral hepatitis, uptake of hepatitis C treatment over the last year has been remarkable. With over 32,000 individuals initiated on therapy, Australia has demonstrated that the goal of elimination is achievable. ASHM’s advocacy to the PBAC contributed to a broader prescriber base being able to initiate treatment and this along with the increase in workforce development, ASHM has delivered in this space has contributed to an increase of prescribing in the community.

ASHM achieved a major milestone in the expansion of its Hepatitis B prescriber program to Queensland and Tasmania. This program provides initial training, ongoing support and continuing professional development activities for general practitioners prescribing Highly Specialised Drugs for the treatment of chronic hepatitis B – and is now available in all Australian states and territories.

Following this meeting, I will hand over the ASHM Presidency to a friend and colleague Dr Mark Bloch. Mark is well known to many having worked tirelessly as a high HIV caseload practitioner and advocate in inner-eastern Sydney. Over the past 6 months we have worked closely together with the ASHM staff and board during what has been a period of transition and turbulence for the organisation. I know his passion for the sector and that he will bring drive and energy to the role of President. I wish him all the best."

In order for us to discuss the Annual Report including the President's Report and Financial Report, can I please have someone move the report?

Moved by: *Vanessa Towell*
Seconded by: *Jenny Hoy*

4. CEO's Report

Scott McGill:

"I will present Levinia's report prepared earlier this year:

In last year's Annual Report and Annual General Meeting I made it clear ASHM was facing a number of funding challenges over the coming years. The most significant of these was the change by Commonwealth Department of Health to competitive tendering. ASHM is no longer able to respond as easily to policy issues and resource needs raised by the sector, nor attend Commonwealth, jurisdictional and sector meetings.

It is also more difficult for us to develop, maintain and disseminate the suite of guidelines and other resources we are known for. This changes the way we do business, for example

no longer providing printed resources 'free' and now including them as part of the cost of a course.

ASHM was successful in securing two 2 year Commonwealth funded activities from 1 July 2016 and both projects are running on schedule and conclude in June 2018 (however there is no indication of funding after this). Both of these projects require the development and sustainability of on line resources. While this is a challenge it has given us an opportunity to explore ways of improving on line learning and maximising the benefits of an online learning experience. Activity 5 has provided us with a mandate to work with mainstream agencies so that the training we develop gets translated into their on-going standards and accreditation programs in a sustainable manner.

ASHM also received one-off funding for Hepatitis B education and Hepatitis C awareness activities which has provided the opportunity to increase the delivery of training for primary health care professionals nationally (1257 in 2016 – 17).

ASHM is actively exploring ways to support content experts to contribute directly to the development or redevelopment/updating of resources. This is being done by improving the tools we provide contributors and relying on the relationship between the editors and contributors. It is vitally important that member's interests are up to date so we can provide opportunities for participation in policy or resource work. We are particularly interested in supporting emerging clinical leaders to collaborate with us. ASHM will work to identify priority needs for review and update, keeping in mind the resource needs of our training programs and the sector as a whole. Through a combination of recognition for

contributions and a realistic updating schedule we aim to maintain our key resources and guidelines through your support and contribution. All resources are now available online and ASHM has been honing its IT capacity to enhance the experience of the end-user.

Please refer to the Annual Report for more information on resources and activities in domestic (and NZ) BBVs and STI programs

Regionally, despite drastic cuts to Australia's aid program, we have been able to maintain a number of established programs such as the Collaboration for Health in PNG (CHPNG) as well as securing ongoing support for the Regional Network. Unfortunately, we were unable to deliver an introductory course in HIV and an advanced Clinical Educators Training, in Hong Kong in May but this remains an aim for 2018 and is already on the planning schedule for the 3rd Asia Pacific AIDS Coinfection Conference. There have been three major new programs in the international area: Pacific Sexual Health Workforce Capacity Building Program, Pacific HIV Health Worker Mentorship Program; Sexual and Reproductive Health Integration Project. Crucially, ASHM has been able to maintain its toehold in a still badly needed regional response.

In terms of our Conference team as for the rest of ASHM, pressure remains on them to do more with less as funding and sponsorship becomes hard to secure and costs are continually rising. In recent years the team have taken on the logistics for all ASHM education and training events, streamlining processes and allowing us to make savings due to multiple bookings with single chains. While some see the conference area as one to generate funds, we are up against a retracting

pool of funds within our attendees (and reflected in lower numbers) and great competition with our conference management service provision. We encourage all members who organise conferences and events to recommend or use the services of our award winning conference management team.

ASHM's financial report is available to you. While the overall situation is healthy, as described much of our funding is in flux, susceptible to sudden changes and this will remain the case in the near future. Establishing clear priorities of focus will be a key issue facing the Board. "

5. Questions Relating to the Annual Report

Scott McGill:

"Do members have any questions?"

No questions

6. Receive the Board Reports

Scott McGill:

"If there are no further questions regarding the Annual Report, I would like to move the Annual Report as accepted."

All those in favour: 62

All those against: 0

Carried, unanimous

7. Elect the Office Bearers and Ordinary Directors

Mark Boyd:

"It now gives me great pleasure to provide the results of the election for the Board. But before doing so I would like to

take this opportunity to thank those members who are retiring.

- *Dr Tom Turnbull, Dr Olga Vujovic, Dr Trent Yarwood and Felicity Young are retiring from the Board. I would like to thank them for all their invaluable contributions to ASHM during their respective terms on the ASHM Board.*

Now for the results of the election. The Returning Officer reports that there was no ballot this year as all positions were filled uncontested.

- *Associate Professor Mark Bloch will take over the position of President from me this year, following his election as President Elect last year.*
- *I will remain on the Board as the Immediate Past President.*

We will be joined as Office Bearers of the Board by:

- *Associate Professor Louise Owen and Dr Liz Crock who were both elected as Vice Presidents*

Five existing Board member were re-elected as Ordinary Board Members (I should note that the Constitution refers to Ordinary Board members to distinguish from the Office Bearers). These are:

- *Associate Professor Catherine O'Connor from NSW*
- *Associate Professor Gail Matthews from NSW*
- *Dr Joan Ingram from NZ*
- *Dr Claire Italiano from Western Australia*
- *Dr David Iser from Victoria*

Four new Ordinary Board Members have also been elected as follows:

- *Associate Professor Bradley Forssman from NSW. Bradley is a Director of Public Health at Nepean Blue Mountains Local Health District with skills and knowledge in the areas of population health policy, clinical aspects of HIV and STIs, adult education and research*
- *Dr Michael Burke from NSW. Michael works in general practice and also part time in a sexual health and HIV clinic in Penrith. He has worked in partnership with patients and communities affected by HIV in East Africa, East Sydney and more recently in Western Sydney*
- *Dr Sam Elliott from South Australia. Sam is a principal GP with 27 years of rural and urban General Practice experience, along with 18 years HIV and Hepatitis management. Sam is GP training supervisor provides educational sessions on HIV and Hepatitis management*
- *Dr Nicholas Medland from Victoria. Nick is a sexual health physician at Melbourne Sexual Health Centre and Royal Melbourne Hospital with 20 years of clinical experience in HIV medicine and HIV program delivery, oversight and management.*

Would you please join with me in welcoming in the new Board?

We received no nominations from Queensland this year. The ASHM Constitution requires a geographic spread of its Directors, as well as a representative from the Aboriginal and Torres Strait Islander community and so we are still actively seeking both these positions.

It might also be informative for Members present that whilst not formalised in the Constitution we also try to ensure the Board has a mix across all the primary disease areas in which ASHM provides services as well as across all the different

professions that make up its membership. This is not always possible but that is the objective.”

8. Honorary Life Member

Mark Boyd:

“On behalf of the ASHM Board:

We wish to honour the all too early recent loss to lymphoma of Adjunct A/Prof Levinia Crooks AM, former CEO of the Australasian Society for HIV, Hepatitis, and Sexual Health Medicine (ASHM) from 1999 until her retirement due to ill-health in September 2017.

I refer you to the testimonies on the two page tribute inserted in both your conference programme and also the Annual Report

However in summary: Levinia’s contribution to the work of ASHM has been untiring, far-reaching, extraordinary and exemplary as a leading advocate in the Australasian and international BBV and STI fields.

Her drive and focus on the needs of the workforce in HIV, viral hepatitis and sexual health pioneered ASHM as a provider of high quality resources and training.

We are deeply honoured therefore to propose an ASHM Honorary Life Member award but sadly now posthumously; a recognition which is awarded only in circumstances of exceptional and outstanding contribution to the work of ASHM and respectfully request the Membership to signal their approval or otherwise”

All those in favour: **62**

All those against: **0**

Carried, unanimous

9. Appoint an Auditor

Scott McGill:

"As a company limited by guarantee, ASHM is required to officially appoint auditors for another year. I propose that we continue to utilize the services of Walker Wayland Accountants"

Moved by: Ian Johnson

Seconded by: Mark Bloch

All those in favour: **62**

All those against: **0**

Carried, unanimous

10. General Business

Mark Boyd:

"Does anyone have any general business to raise? We have additional points of business to raise from ASHM:"

Martyn French:

"Suggestion to recognise Levinia in another way? For example ASHM to found a scholarship or something so that her name is carried on."

Scott McGill:

"We have a few ideas – scholarship, distinguished award etc will take the suggestions to the board meeting tomorrow and will announce at closing of the conference. "

Chris Bourne:

"Can we share the Edwina's presentation from the opening ceremony?"

Scott McGill:

"We have recorded the presentation and will put it up online. We have also got a collection of email messages from friends and colleagues from around the world and will combine them into an online book"

(i) Appointment of a permanent CEO

Mark Boyd:

"Members will no doubt wish to be updated on the process of appointment of a permanent CEO. As you will be aware, Scott McGill has been in the Acting role since March of this year. The Board has decided to extend this caretaker period to the end of March next year for the following reasons:

- *As for other agencies, this is an exceptionally busy period for ASHM and then we run into the summer holiday period*
- *Understandably given the events of the last 9 months or so this has been a stressful time for the ASHM staff team and therefore it was deemed less appropriate to introduce unfamiliar senior leadership during this period of adjustment*
- *Moreover we wish to allow for a period of reflection and review in terms of the key skill sets, experience and focus for that permanent CEO recruitment*
- *Over the last year and given funding changes but also the natural evolution of the sector and ASHM's role along with Levinia stepping down from the CEO position, the ASHM Board and Staff team have been reviewing a number of areas of ASHM's core business in relation to our overall current*

Strategic Plan (which runs to 2020) which I will ask Scott to elaborate briefly on.”

(ii) Organisational and work-planning review over the next 3-6 months

Scott McGill:

“Over the last year we have been undertaking a review of our core functions and priorities and doing some housekeeping action planning in smaller staff groups with the support and guidance of Board members, including but not limited to:

- 360 degree sector review (role of ASHM, possible collaborations and priorities for ASHM)*
- Better engagement of Members and emerging clinical experts and sector leaders*
- Adapting to funding changes in support for the prioritisation, development, maintenance and dissemination of resources*
- Policy and strategic engagement and the role of the Board and clinical advisors*
- Governance review*
- Staffing/organisational structures for future adaptability*
- Nursing stakeholders survey*
- Review of current committees and ongoing needs*

ASHM has engaged an external consultant, John Peacock from Associations Forum to support the Board and Senior Management Team with these processes.”

11. Meeting Close

Mark Boyd:

*“Thank you for attending and that now brings the meeting to a close at **2.08pm**. The next AGM will take place between the 24th – 28th September, 2018 in the next Australasian HIV&AIDS Conference Sydney.”*