




On Purpose

 **MDA National**
Support Protect Promote

Annual Report 2023



► **Dr Cristina Valero**
General Practitioner
Member since 2015

**Since 1925, we have
functioned with one
core purpose – to
support and protect
Members and promote
good medical practice.**



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■ **Dr Kristine Estensen**
Intensive Care Medicine Specialist
Member since 2005

01

Year in Review

Highlights 2022/23

Responded to
8,579
medico-legal
enquiries

500%
increase
in education webinar
attendance*

32%
increase
in Support in Practice
site visits*

2,511
registrations
to the
Junior Doctor
Keep on Program

7.7%
growth
in employer
indemnified
Members*

95%
retention
in practising
senior doctors

Attended to
45,017
Member Service
queries

Enhanced
digital service
platform
to improve Member
experience

42%
increase
in visitors to the
MDA National
website*

23%
increase
in surplus capital*

Staff
engagement
score
in line with insurance
industry average

Net promoter
score
surpassing insurance
industry average

* when compared to 2021/22

Leadership report

Delivering on purpose



Members can be assured that their MDA National enjoyed another successful 12 months. However, there is growing complexity of medical indemnity insurance on a global basis, and we have had to endure our share of significant disruptions to business operations.

This has been an important year for MDA National, with strong financial results in spite of the higher claims. More importantly, we were able to replenish some reserves we had to use over the previous few years when we experienced losses – a replenishment that is necessary for long-term stability and financial security.

Like all businesses, we have been affected by the increased cost of living and rise in inflation. Our staff across Australia face higher household bills and are keen for increases in their salaries.

We saw elements of the ‘great resignation’ in Australia, and it is a fact that the additional cost of recruiting, assessing and hiring new staff has been significant.

The high-inflation environment has a direct impact on the cost of long-term claims, along with numerous other operational costs that have increased in line with inflation. The world in which MDA National operates continues to become ever more complex.

The global giants we buy reinsurance from have also suffered losses in recent years, mainly due to payouts related to severe weather events. As a result, the cost of purchasing reinsurance has increased. No business is completely insulated from the impacts of climate change, and this informs part of the ongoing work of our Board and management in making sure we function as responsible corporate citizens.

Our dedicated staff embody our purpose-driven culture in responding to Members' needs, and their commitment is reflected in the heartfelt testimonials within this annual report.

None of this is to say that claims do not remain the biggest threat to our bottom line. Of course, it sits at the middle of our purpose. The robust involvement of practising clinicians in our management committees across Australia has been in part responsible for us getting on top of claims in recent years, but there are significant drivers.

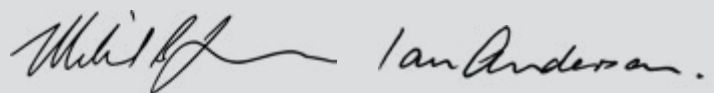
We are particularly conscious of the increase in claims against our GP Members, with one of the emerging themes involving multi-doctor claims, especially in multi-doctor practices. Another emerging risk is in the opioid-dependent individuals, exposing both the doctor who wrote the initial prescription and those who have written repeat prescriptions. This is a complex area, but opioid stewardship must improve, especially with greater community awareness of the tragedy of prescription opioid abuse from popular culture, e.g. the Netflix series, *Painkiller*.

MDA National's investment into identifying and responding to emerging risks is one of the ways in which we have always been a leader in our industry. We are not passive accepters of our Members' premiums. We constantly strive to align risk with premium and identify areas of risk that unfairly place a burden on the rest of the membership – which is only fair within specialties and between specialties.

As we approach 100 years of uninterrupted service to our Members – having never made a call on them; having always remained well-capitalised; and always aiming to be 'ahead of the game' in identifying threats to our organisation and its capital – we remain in a position to reassure Members that we will always be there for them, whenever they need us.

We make it our priority to engage with Members to identify the services, education and support programs we can deliver, to add value to their membership. Our dedicated staff embody our purpose-driven culture in responding to Members' needs – whether they call us with a simple question or a complex medico-legal situation requiring legal expertise. This commitment is reflected in the heartfelt testimonials within this annual report, both from our staff and Members.

We are grateful to our Members for entrusting us with protecting their career and reputation. And we thank our insightful Board members, skilled executive leaders, and our expert staff for enabling us to continue delivering 'on purpose' to our Members.



Dr Michael Gannon
President, MDA National

Ian Anderson
CEO, MDA National

We bid farewell to Dr Sara Bird who retired this year, after a remarkable career servicing the medical profession. We were fortunate to have had Sara at MDA National for 20 years. Her selfless dedication to assisting Members was exemplary. She had the extraordinary ability to reduce a complex problem down to its simple base components, and patiently deal with the emotional chaos that medico-legal issues bring. Our sincere thanks to Sara for her insightful leadership that inspired us all, and the significant difference she made to our Members. Sara leaves behind a team of well-trained medico-legal experts who embody her commitment to service excellence.



Our Board members

Our longstanding directors on both the Mutual Board and Insurance Board provide extensive leadership and industry experience, complemented by fresh perspectives from our newer directors.

Mutual & Insurance Board



Dr Michael Gannon
President, Mutual Board
MBBS, MRCPI, FRANZCOG,
FAICD, FAMA

Mutual & Insurance Board



Mr Terry Agnew
Insurance Board Chair
(from July 2023)
BE (Hons), MSc, MBA, FAICD, SF Fin,
FAIM, HonDUniv (Curtin)

Mutual Board



Dr Simon D Benson
Vice President, Mutual Board
MBChB BSc (Hons) MRCGP FRACGP

Mutual Board



Dr Andrew Wesseldine
Chair of Finance, Mutual Board
MBChB (University of Auckland),
FRACP, GAICD, MBA

Mutual Board



Dr Mellissa Naidoo
BSc (Hons I) BMBS DCH MHM
FRACMA CHE FCHSM GAICD CHIA

Mutual Board



A/Prof Michael Hollands
MBBS, FRACS, FRSC, FACS, DHMSA

Mutual Board



Dr Christine Pascott
MBBS, FRACGP, MPH, MHLM,
GAICD, CHIA

Insurance Board



Mr Steve Scudamore AM
Insurance Board Chair
(until June 2023)
BA (Hon), MA (Oxon), FCA, FAICD,
SF Fin, HonDUniv (Curtin)

Mutual Board



Dr Genevieve Yates
BBS (Hons), FRACGP,
MBA (Leadership)

Insurance Board



Ms Anne O'Driscoll
FCA, GAICD, ANZIIF (Fellow)

Mutual & Insurance Board



Dr David Gilpin
MBBS (Hons), FRACS, GAICD

Mutual Board



Dr Anna Windsor
BSc, MBBS (Hons),
FRACGP, GAICD



MUTUAL BOARD directors' profiles: mdanational.com.au/about-us/our-governance/governance
INSURANCE BOARD directors' profiles: mdanational.com.au/about-us/our-governance/insurance-board



► **Dr Chloe Furst**
Geriatrician and Palliative
Care Physician
Member since 2009

02

Delivering ON PURPOSE

How we support you

This is your MDA National

Our purpose has guided us implicitly and explicitly through the years. As a united team, and individually, we are committed to delivering on our purpose every day, to ensure our Members can continue to provide safe patient care with confidence and peace of mind.



Philippa Nash, Executive Manager, Cases & Advisory Services (Solicitor)

Facing a claim or an investigation is an incredibly traumatising experience for doctors. It's very confronting to receive a set of allegations that challenge your professionalism, expertise and judgement. Very brutal. No matter what type of doctor you are, no matter how good you are, bad things can happen.

At MDA, we provide guidance and direction, and make decisions on matters that can impact on doctors' professional lives and emotional wellbeing – and because of this, there's enormous responsibility to do so thoughtfully and respectfully.

This is a job that requires a great deal of dedication, passion, and a deep understanding of doctors. The interface between law and medicine continues to evolve and grow. As a lawyer with a health background, and from a family of three generations of surgeons, I'm absolutely passionate about the work we do at MDA.

Nerissa Ferrie, Medico-legal Adviser

People would be surprised to know the depth of information that we, as medico-legal advisers, need to be across. At the end of a phone call, sometimes the doctor will say, "I'm so glad I called, I didn't realise you could help us with things like this" or "I just wish I'd called you sooner".

For doctors, things like an Ahpra investigation just do not go away. If they don't avail themselves of the earliest opportunity to respond, then they have no voice at all. For some, it's a fear of failure and the worry they've done something wrong. And they will ruminate over it, which is sad because that's exactly what medical defence is about – being there for the doctors when they need us.

Rather than wait until things get a bit too serious, we'd rather speak to them earlier in the process – so we know what's happening and can help them better. That's what we're here for.





Kristy Bradshaw, National Manager Cases & Investigations (Solicitor)

Relationships are incredibly important to us. We have people who have been working here for 20 years or more, and they've been assisting the same doctors with different issues they may have faced over the course of their career. We really value those relationships. Wherever possible, when a doctor contacts MDA, we make sure they're connected to someone they're familiar with; someone they're comfortable dealing with to discuss their issues.

Shahana Datta, Underwriting Manager

While our Members are good at medicine, they often need assistance with paperwork and contracts. It's not fun reading an insurance policy, and we don't want it to be complicated. We do try and explain things in our policies, in a way that makes sense. Our Members should know exactly what they're covered for, and what they're not covered for. It should not be vague.



Gae Nuttall, Risk Adviser

Doctors are good at being doctors, but may not be so great at managing a business or a practice. As part of our work in the Support in Practice team, we go in and work directly with the practice and their staff. We look at sorting out their systems and processes, making sure things go a bit more smoothly in the future. And we try and prevent anything from going wrong that could expose the practice to medico-legal claims or complaints.

Strengthening our connection to purpose

The MDA National team came together in November 2022 from all over Australia (for the first time in three years) in Hobart, Tasmania. This was an important opportunity to not only reconnect with one another after forced years apart (due to COVID-19 restrictions), but to also reconnect with our purpose as an organisation.

We heard from a selection of Members about the daily challenges of working in medicine; the impact of a possible claim or complaint; and the value of having a trusted medical defence organisation by their side throughout their career, providing the support and care they need. Our Members' stories are why we do what we do, staying connected to our purpose.





Cases and advisory (CAS) services

Having your support and communication throughout the experience helped me feel calmer and more grounded during what was one of the most distressing periods of my life. It was hard not to doubt myself completely and feel overly paranoid at every step, so I am forever grateful for your patience and guidance throughout the process.

Thanks for believing me from the very beginning, when I fearfully explained to you why I thought it was going to be a bigger ordeal than the initial letter suggested.

I really appreciate that you understood there was more to it, and you ensured I had the continued support of MDA and the external lawyers. I really can't thank you enough for that.

Emergency Medicine Specialist, VIC
Member since 2002

Our CAS team is unwavering in their efforts to minimise Members' stress during their medico-legal journey and maximise their satisfaction with the outcome. Our case management philosophy incorporates early and frequent engagement with our in-house and consultant medical practitioners, who provide clinical advice and collegial support throughout the life of a case.

To further enhance our services, we engaged with the local legal practice board and launched a pilot project, which enables our senior WA lawyers and newly appointed pre-eminent legal counsel to act directly on behalf of Members in litigated claims and regulatory proceedings. While significantly reducing external legal spend, this ensures Members' interests are represented by highly experienced in-house lawyers who are aligned with MDA National's purpose.

Top 5 reasons for cases involving Members (2022/2023)



General duty of care issues



Procedure



Diagnosis



Legal issues



Medication-related



CASE STUDY

Our radiologist Member reported a paranasal sinus CT scan, in keeping with a marked degree of chronic sinus disease and mild rhinitis. Ahpra subsequently received a notification about his professional performance related to his involvement in the patient's care.

The issue identified by the Medical Board was whether the radiologist had missed a diagnosis of a tumour on the patient's frontal lobe. Ahpra obtained an independent report which was very critical of the radiologist's failure to make the incidental finding.

Based on this, the Medical Board concluded that the radiologist's professional performance was unsatisfactory. They proposed to caution him and impose a condition on his registration – alleging he had completed an inadequate and below standard review of the imaging, resulting in a delayed diagnosis of the tumour.

MDA National obtained a responsive expert opinion which concluded that the abnormality was not observed due to “satisfaction of search” – whereby substantial time was spent analysing and reporting the significant paranasal sinus abnormality; subsequent to which the “low prevalence effect” rendered the second finding of the abnormality in the right frontal lobe undetectable by the observer.

The expert highlighted that research indicated this was not “the product of careless or lazy observers”, firmly concluding that the radiologist's report was within the bounds of normal practice.

We submitted the expert's opinion to Ahpra, together with a reflective practice report and letters of support from our Member's colleagues. We further assisted our Member with attending a meeting with the Medical Board and speaking about his involvement in the patient's care.

Considering the compelling expert opinion, the letters of support, and our Member's submissions, the Medical Board reversed its proposal to caution our Member and impose conditions on his registration. Instead, no action was taken in relation to the notification.

Our Member was very pleased and relieved at the positive outcome.

When you take your profession seriously, any form of complaint or litigation is devastating. It's probably one of the worst things that could happen. It preys on your mind, and you question yourself all the time.

Having a dedicated case manager (Kristy Bradshaw) throughout the process really helped. Every single time I spoke to Kristy, I felt better – because of her clarity of thought, rational approach, assurance, and her constant support that was so tangible I could feel it with every phone call.

Knowing MDA was in my corner made an enormous difference to me over those long 18 months. Communication was always prompt and regular, and I never felt left out of the loop – this was absolutely critical to me. My case was handled with sensitivity, the defence was fantastic, and the conclusion was expedited. I could not fault the process; the professionalism was exemplary. I am eternally indebted to Kristy and MDA.

It's difficult having to talk about this and relive the experience. But if it can help one person, then it would be worth it. That's why I'm sharing this. Should any doctor be unfortunate enough to be in a similar situation, I would wish for them to have MDA by their side.

Radiologist
Member since 2000

The Member's name has been withheld for privacy reasons.



I'd like to thank you again for going above and beyond in providing me with helpful advice, which also helped my practice in the process. I had a chance to familiarise myself with the subpoena format you sent me. I love all the educational resources I've received from MDA over the years. They are empowering me in my practice.

I also love that the medico-legal advisers at MDA are competent, compassionate, and really give so much in their service – totally different from my time with another MDO where the advice was cut and dry, with no human aspect.

A few years ago, I had a stressful stalking situation from a patient, which made me think of quitting medicine and never work as a doctor again. During that time, I attended several MDA seminars which I had been too busy to attend during my training years, and these gave me back my confidence.

With the help of MDA and good legal advice, I was able to get back on track. Now I love my practice again. I hope MDA will continue being the organisation it is, full of wonderful people.

General Practitioner, ACT
Member since 2013

Medico-legal advisory (MLA) services

With every call, we work with our Member to understand the issues and provide guidance, reassurance and bespoke solutions to the problem at hand. Through our Doctors for Doctors program, we also support Members whose health and wellbeing have been impacted by medico-legal matters.

Whatever the query, we have someone to assist:

Our team of medico-legal advisers located across Australia come from a diverse range of backgrounds including allied health, journalism, law, medicine and medical indemnity.

Experience counts: Our MLA team has a combined experience of more than 100 years spent working as medico-legal advisers at MDA National.

24/7 support: We are available during extended business hours and for urgent after-hours matters, every day of the year.

During 2022/23:

- ▶ the MLA team took 70 per cent of the 8,579 medico-legal enquiries, with only one in five of the contacts generating longer-term files
- ▶ we spoke to about a third of our doctors in private practice; a third of our insured practices; and one in seven of our specialist trainees
- ▶ many Members sought advice several times, with a few calling us more than 15 times.

Top 5 reasons for medico-legal advisory calls (2022/2023)



Medical records



Patient complaints



Staffing and practice management



Subpoenas and issues involving reports



Confidentiality and privacy

During 2022/23, our SiP team made **62** practice visits with individualised reports – **32 per cent increase** from the previous year.

Support in Practice (SiP)

Using extensive clinical and practice management experience, our SiP team provides ‘real world’ advice and guidance to Members on the medico-legal aspects of practice systems. Our risk advisers present and write about relevant topics, including setting up in private practice, telehealth, managing complaints, and regulatory changes such as those in cosmetic surgery.

In 2022/23, Medicare was one of the top topics of advice requested from our SiP team, accounting for 15 per cent of enquiries. Our SiP-specific Medicare activities included:

- ▶ advice and information sessions provided to individual Members
- ▶ presentations to practice teams on Medicare compliance
- ▶ weekly communication with information and advice to internal staff
- ▶ weekly monitoring of changes to the MBS
- ▶ regular updates to Medicare educational resources
- ▶ reviewing Member data for the Practitioner Review Program Medicare audits
- ▶ attendance and assistance with stakeholder meetings and submissions.

On the journey with you

Supporting Members' ongoing education

Our Education offerings are designed to provide Members with a variety of learning activities in a range of formats. These resources are aimed at helping Members develop and upskill in both practical and non-clinical areas relating to medico-legal claims, complaints and queries. Many of the activities are CPD-recognised, and all of them are a complimentary membership benefit.

Learning Management System (LMS)

Our goal is to improve Members' experience with our educational content. With that in mind, we have scoped a new LMS, approved for implementation in 2023/24. The LMS will centralise all our educational resources, programs and activities, enabling Members to access all their relevant learning and professional development in one place. Members will also be able to obtain their completion records for ease of reporting to their relevant college.

Education highlights 2022/23

Our focus for the year was on expanding the range of education programs available to Members. Several new resources were designed and delivered on new topic areas, and we also adapted some existing face-to-face workshops to online workshops.

► New education workshops:

- *De-escalation of Aggressive Patient Behaviour in Healthcare*
- *Communicating for Success; Cultivating a Positive Team Culture; Collaboration in Action*

► New webinars and on-demand videos:

- *Patient Autonomy in Australian Medical Care*
- *Understanding Voluntary Assisted Dying Laws*

► New concise advice resources for easy access to medico-legal questions:

- *Advertising Health Services*
- *Revised CPD Registration Standard*
- *Treating Family, Friends or Colleagues*
- *Voluntary Assisted Dying (VAD) Laws*

► Virtual workshops adapted from face-to-face workshops:

- *Noteworthy: The How, What, Where and Why of Medical Documentation*
- *Enhancing Patient Understanding: Health Literacy & Communication*

Helping junior doctors elevate their career

Apart from the learning resources available to all our Members, junior doctors have access to specific benefits and programs we have developed to help them navigate their training years.

► Career Development webinars:

- Medical interview preparation: a five-part series to help final year students and junior doctors.
- Medical career planning: to assist junior doctors achieve clarity in their career-path choices.

► Health & Wellbeing webinars:

empowering interns, residents and registrars with targeted topics to help them navigate their early career with confidence and a healthy work-life balance.

► Professional Development 3 C's workshops:

a three-part series on communicating for success, cultivating a positive culture, and collaboration in action – designed to help junior doctors with interprofessional and collaborative medical practice.

► Doctors, Let's Talk podcast series:

covering a range of topics relevant to the unique challenges faced by junior doctors.

► Intern Transition Pack:

access to panel discussions as well as relevant books, podcasts, guides and resources to support new interns.

► CPD Home subscription discount:

MDA National partnered with the Australian Medical Association WA to provide a subsidised rate for the AMA's CPD Home learning platform.

Our targeted programs were well received by our junior doctor Members, and this strongly reinforced our commitment to deliver on purpose.

Junior doctor program registrations (2022/2023)

3,485	Interview skills training webinar
785	Career development webinar
566	Professional development 3 C's workshop
402	Health & wellbeing webinar registrations
1,293	Health & wellbeing podcast downloads

Reducing risks with Medicare compliance

Medicare is a complex area, and the Department of Health and Aged Care (DHAC) has been increasing compliance activities over recent years. Each new compliance activity requires time to research and review the requirements, so that we can provide accurate advice to staff and Members.

At MDA National we saw a **400%** increase in Members seeking advice on targeted compliance activities during 2022/23.*

This is a vital task, and an ideal opportunity for MDA National to manage risk by educating Members who may be billing incorrectly. This work is completed by our in-house Medicare Committee comprised of three medico-legal advisers, a medico-legal case manager, and a risk adviser.

Our statistics revealed a 400 per cent increase in Members requesting advice and assistance with targeted compliance activities initiated by DHAC. These activities included the 10997 compliance letters, bulk-billing incentives, co-claiming of health assessments, and other CDM-related matters. There has also been an increase in audits of non-GP specialists.

There is a lot happening in Medicare at a Federal Government level, and this has required us to invest time in getting up to speed as changes are made and implemented. We provided a submission at the MDO Roundtable that we participated in earlier this year, as part of the Medicare Integrity Review conducted by Dr Pradeep Philip. We were delighted to see most of our feedback was included in his final report.

Medicare billing can be tricky, due to the complexity of the MBS and the legislation that underpins the scheme – and there can be significant consequences if not done correctly. Recognising that Medicare compliance rates highly in terms of risk, we are committed to providing quality educational support and practical advice to support our Members and Practice Policy holders.

In 2022/23, as part of our new initiatives to help Members in this area:

- ▶ we created a dedicated Medicare webpage with useful resources that we update regularly: mdanational.com.au/advice-and-support/medicare-resources
- ▶ we commenced a regular Medicare update in our biannual *Defence Update* magazine, to keep Members informed.

State Advisory Committees (SACs)

– helping MDA National deliver on purpose

SACs play an important role in enabling us to deliver on our purpose and enact on the MDA National promise – to be there for our Members in the moments that matter, so they can keep on practising with confidence.

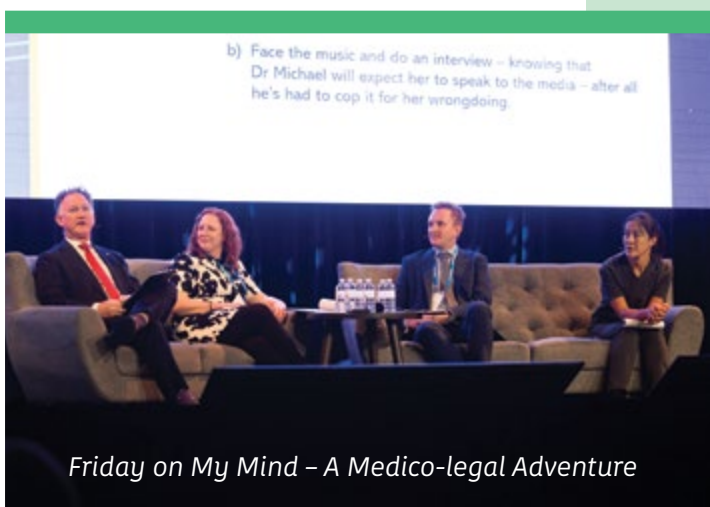
Each SAC comprises local medical practitioners of varying specialties and career stages, recruited for a two-year term. We currently have 27 members within five SACs across Australia.

SACs are a primary source of Member insight, providing integral feedback on local issues and emerging risks across various specialties.

In 2022/23, SAC members continued to keep our management informed on key industry issues and challenges; provided clinical knowledge for the development of our educational resources and activities; and assisted in research to support business initiatives.

SAC members act as the interface between Members, their professional peers and MDA National. They are our eyes and ears ‘on the ground’, entrusted with promoting the philosophy and ethos of MDA National.

Out in the field



In 2022/23, we continued to sponsor and attend education programs and conferences across Australia. Highlights included student orientations at universities, the RANZCO, RANZCR and RACS Annual Scientific Congresses, AMA Queensland Junior Doctor Conference, and MEDCON²³ in WA.

The MDA-sponsored hypothetical session at MEDCON²³ was a huge success. Entitled *Friday on My Mind – A Medico-legal Adventure*, it was an interactive session which incorporated several medico-legal issues that could cause issues or challenges for doctors, followed by a Q&A opportunity for the audience to ask questions of the panel.

- ▶ The panel at MEDCON²³: Dr Michael Gannon (MDAN President), Ms Kristy Bradshaw (National Manager, Cases & Investigations, MDAN), Mr Mark Williams (Partner, MinterEllison) and Dr Renee Lim (Medical Doctor and Actress)

Building for the future

Financially strong, financially stable

As we head towards 100 years of providing unwavering care and support to our Members, we acknowledge the success of the past while looking boldly and confidently to the future.

MDA National remains committed to delivering on its purpose: to support and protect Members and promote good medical practice – while staying focused on its vision: to be chosen as the most valued medical defence organisation and a trusted part of a doctor’s professional risk management. We will achieve this through our industry-leading Member services and consistent growth in Member value.

We continue to develop as a purpose-led, service-led, and financially strong organisation that constantly strives to deliver more value and better service to Members, enabling them to deliver safer and higher-quality medical practice.

We aim to deliver on purpose and become a trusted partner to our Members by:

- ▶ providing the highest level of Member care in all interactions
- ▶ supporting Members with market-leading advice and support on medico-legal matters
- ▶ delivering services that support Members’ professional and career development
- ▶ ensuring all our services are user-friendly and easily accessible by Members
- ▶ continuing to provide comprehensive medical indemnity insurance offerings and services, responsive to Members’ needs and the emerging trends in medical practice.

Our key focus areas



Financial Sustainability



Member Value, Engagement & Service



Technological Capability



People, Capability & Culture

Looking to the future – the Connect Program

Transforming our technological capability through the Connect Program is essential to delivering on our vision. Apart from enabling growth in membership, this program is about:

- ▶ providing us with the agility to create new services that support Members’ changing needs
- ▶ having access to data that gives us a stronger ability to proactively manage risk for Members
- ▶ increasing automation to improve productivity and keep costs low, freeing up our expert staff to spend time delivering the personalised advice and guidance our Members need.

Directors' Report

The Directors of MDA National Limited (MDA National) and its controlled entities (the Group) present the concise financial report of the Group for the financial year ended 30 June 2023 (FY2023) and their report as follows:

Corporate information

MDA National is medical practitioner owned and operated and offers professional medical indemnity in Australia through its wholly owned insurance company, MDA National Insurance Pty Ltd (MDANI). Founded in Western Australia (1925), MDA National Limited is a company limited by guarantee under the *Corporations Act 2001* (Cth) and protects the interests of doctor Members in Australia.

Registered office

Level 3, 88 Colin Street
West Perth WA 6005
Phone (08) 6461 3400

03

Concise Financial Report

▶ **Dr David Kingsbury**
Anaesthetist
Member since 2015

Directors and Company Secretary

The names of MDA National's Directors and company secretary in office during the financial year and until the date of this report are as follows:

DIRECTOR

Dr M Gannon

MBBS, MRCPI, FRANZCOG, FAICD, FAMA

Period in office

Since 15 June 2018

Experience

Obstetrician & Gynaecologist

Special responsibilities

President (from November 2020), MDANI director, member of the Group's Nominations & Remuneration Committee (appointed as Chair June 2023), member of the Group's Capital Committee, MDANI's Cases Committee (Western/Central) and Clinical Underwriting Committee.

DIRECTOR

Clinical A/Prof A Bell

MBBS (UWA) FACEM FRACMA FCHSM MBA MPH

Period in office

From 20 November 2020 until 29 November 2022

Experience

Emergency physician and healthcare executive

Special responsibilities

Nil

DIRECTOR

Dr C Pascott

MBBS, FRACGP, MPH, MHLM, GAICD, CHIA

Period in office

Since 2016

Experience

General Practitioner

Special responsibilities

Member of the Group's Audit Committee (until February 2022) member of the Group's Risk Committee.

COMPANY SECRETARY

Ms J Wright

BEC, AGIA

Period in office

Since June 2019

Experience

Company Secretarial, Corporate Administration

Special responsibilities

Company Secretary to MDANI.

DIRECTOR

Dr S Benson

MBChB BSc (Hons) MRCGP FRACGP

Period in office

Since 16 November 2018

Experience

Specialist GP

Special responsibilities

Vice President from February 2022, Chair of Finance (from 20 November 2020 to February 2022), member of the Group's Capital Committee, member of the Technology Advisory Committee.

DIRECTOR

Dr D Gilpin

MBBS (Hons), FRACS, GAICD

Period in office

Since 2010

Experience

Orthopaedic Surgeon

Special responsibilities

Vice President (2019-2020), MDANI Director, MDANI Alternate Director (to Dr R Moore, from May 2019 to November 2020), Chair of MDANI's Clinical Underwriting Committee.

DIRECTOR

Mr S Scudamore AM

BA (Hons), MA (Oxon), FCA, FAICD, SF Fin, HonDUniv (Curtin)

Period in office

From 2013 until June 2023

Experience

Accounting & Advisory Services

Special responsibilities

Member of the MDANI Board (Chair until 30 June 2023), member of Group's Nominations & Remuneration Committee (Chair until June 2023); member of the Group's Capital Committee, the Group's Audit Committee and the Group's Risk Committee.

DIRECTOR

Dr A Wesseldine

MBChB (University of Auckland), FRACP, GAICD, MBA

Period in office

Since 20 November 2019

Experience

General Physician & Geriatrician

Special responsibilities

Chair of Finance from February 2022. Member of the Group's Audit Committee (from February 2022). Member of the MDANI's Clinical Underwriting Committee (from August 2020 to August 2021) and WA State Advisory Committee.

DIRECTOR

A/Prof M Hollands

MBBS, FRACS, FRSC, FACS, DHMSA

Period in office

2013-2016 and since 2017

Experience

General Surgeon

Special responsibilities

Chair of MDANI's Cases Committee (Eastern).

DIRECTOR

Mr A Windsor

BSc, MBBS (Hons), FRACGP, GAICD

Period in office

Since March 2023

Experience

General Practitioner, surgical assistant, medical advisor and educator and leadership roles

Special responsibilities

Nil

DIRECTOR

Mr T Agnew

BE (Hons), MSc, MBA, FAICD, SF Fin, FAIM, HonDUniv (Curtin)

Period in office

Since July 2023

Experience

Insurance and Financial Services

Special responsibilities

Member of the MDANI Board (Chair from 1 July 2023), member of Group's Nominations & Remuneration Committee; Chair of the Group's Capital Committee.

DIRECTOR

Dr M Naidoo

BSc (Hons I), BMBS, DCH, MHM, FRACMA, CHE, FCHSM, GAICD, CHIA

Period in office

Since 16 November 2018

Experience

Clinical and specialist medical administrator and leadership roles

Special responsibilities

Vice-President (from 20 November 2020 to February 2022), Member of the Group's Nominations & Remuneration Committee and Chair of Queensland State Advisory Committee.

DIRECTOR

Dr G Yates

MBBS (Hons), FRACGP, MBA (Leadership)

Period in office

Since November 2021

Experience

General Practitioner, medical educator and leadership roles

Special responsibilities

Member of MDANI's Cases (Eastern) Committee since August 2022, MDA National Educator member of the MDAN National Educational Services Advisory Group (ESAG) from 2013-19.

Directors' meetings

The number of meetings of Directors (including meetings of committees of Directors) held during the year and the number of meetings attended by each Director is as follows:

Director	Directors' Meetings		Audit Committee		Capital Committee		Nominations & Remuneration Committee		Risk Committee	
	Number of meetings attended	Number of meetings held	Number of meetings attended	Number of meetings held	Number of meetings attended	Number of meetings held	Number of meetings attended	Number of meetings held	Number of meetings attended	Number of meetings held
Dr M Gannon	6	6			4	4	5	5		
Dr S Benson	6	6			4	4				
Clinical A/Prof A Bell ¹	0	3								
Dr D Gilpin	6	6								
A/Prof M Hollands	4	6								
Dr M Naidoo	5	6					4	5		
Dr C Pascott	6	6							4	4
Mr S Scudamore	5	6	5	5	4	4	5	5	4	4
Dr A Wesseldine	6	6	5	5						
Dr A Windsor ²	2	2								
Dr G Yates	6	6								

¹ Leave of absence granted August 2022, ceased 29 November 2022

² Appointed 24 March 2023

Principal activity

The principal activity of the Group during the year was medical indemnity services. There was no significant change in the nature of this activity.

Throughout the 2023 financial year the Group has continued to provide Members with a competitive insurance policy that protects their interests in addition to providing Members and insureds with high quality services through educational, medico-legal advice and advocacy.

Objective

MDA National's primary objective is to support and protect Members and to promote good medical practice.

MDA National works to achieve this objective by supporting and protecting the character and interests of medical practitioners practising or eligible to practise as such in accordance with the laws of the states and territories of Australia, and of students enrolled in the study of medicine at universities or other tertiary education institutions.

In striving to promote good medical practice, MDA National has developed a vision of being chosen as the most valued medical defence organisation and a trusted part of a doctor's professional risk management.

Results and performance

The consolidated net profit after tax for the year is \$11.02 million representing an increase of \$25.48 million from a loss after tax of \$14.46 million for the financial year ended 30 June 2022 (FY22).

Key drivers for the financial performance were as follows:

- Increase in premium revenue from enhanced risk-based pricing and some growth in policy holder numbers.
- Gain from the investment portfolio due to favourable market conditions resulting in income of \$15.71 million, compared to a loss of \$16.21 million in FY22.
- The favourable movements were offset by net claims experience being \$11.96 million higher than prior year and expenses increasing by \$3.22 million.

Significant changes in the state of affairs

There were no significant changes for the year ended 30 June 2023.

Matters subsequent to the end of the financial year

There are no material subsequent events from balance date to the date of this report.

Likely developments and expected results of operations

Likely developments in the operations of MDA National and the expected results of those operations in future years are that MDA National will continue normal operations with a view to remaining one of Australia's leading medical indemnity providers through careful management of its financial position, while seeking to be recognised as the most valued and trusted part of a doctor's professional risk management.

Environmental regulation

The operations are not subject to any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Insurance of officers

During the financial year MDA National paid an insurance premium in respect of Directors' and Officers' liability insurance. This insurance premium related to insurance of current and former Directors and Officers of MDA National against legal costs incurred in defending proceedings for conduct other than:

- a) a wilful breach of duty; and
- b) a contravention of sections 182 or 183 of the *Corporations Act 2001*.

Pursuant to section 300(9) of the Corporations Act, as the contract of insurance prohibits the disclosure of the insurance premium paid and the nature of the liabilities covered, no details can be disclosed.

No indemnity payment has been made during or since the financial year.

Rounding

The Group is of a kind referred to in Australian Securities & Investments Commission (ASIC) Corporations (Rounding in financial/Directors' Report) instrument 2016/191. Where permitted by that class order, amounts in the Directors' Report have been rounded to the nearest thousand dollars.

Indemnification of auditors

To the extent permitted by law, MDA National has agreed to indemnify its auditors, Ernst & Young, as part of the terms of its audit engagement agreement against claims by third parties arising from the audit (for an unspecified amount). No payment has been made to indemnify Ernst & Young during or since the end of the financial year.

Directors' benefits

A disclosure of the benefits provided to Directors during the year is made in the full financial statements.

Class of membership

The membership of MDA National is divided into the following classes: Practising Members, Student Members, Retired Members, Honorary Life Members and Compounded Life Members.

Liability of members and guarantee on winding up

The liability of Members is limited. Each Member undertakes to contribute to the assets of MDA National if it is wound up while they are a Member or within one year afterwards, such amount as may be required not exceeding ten dollars (\$10) in aggregate. Based on 30 June 2023 membership, the maximum amount that Members of MDA National would be liable to contribute is \$430,560.

Auditor's independence declaration to the Directors of MDA National Limited

The Directors have received an independence declaration from the auditor, Ernst & Young. A copy of this can be found on page 25.

Non-audit services

Ernst & Young Australia received \$nil for the provision of non-audit services for the 2023 financial year.

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



President
DR M GANNON



Chair of Finance
DR A WESSELDINE

Perth, 22 September 2023



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Independent Auditor's Report to the Members of MDA National Limited

Report on the Concise Financial Report

Opinion

We have audited the concise financial report, which comprises the consolidated statement of financial position as at 30 June 2023, the consolidated statement of comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, and related notes, derived from the financial report of MDA National Limited (the Company) and its subsidiaries (collectively the Group) for the year ended 30 June 2023. The concise financial report also includes discussion and analysis and the directors' declaration.

In our opinion, the accompanying concise financial report, including the discussion and analysis and the directors' declaration complies with Accounting Standard AASB 1039 *Concise Financial Reports*.

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 Concise Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (including Independence Standards) (the Code) that are relevant to our audit of the concise 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.

Concise financial report

The concise financial report does not contain all the disclosures required by Australian Accounting Standards. Reading the concise financial report and the auditor's report thereon, therefore, is not a substitute for reading the financial report and the auditor's report thereon.

The financial report and our report thereon

We expressed an unmodified audit opinion on the financial report in our report dated 22 September 2023.

Responsibilities of the directors for the concise financial report

The directors of the Company are responsible for the preparation of the concise financial report in accordance with Accounting Standard AASB 1039 *Concise Financial Reports*, and the *Corporations Act 2001*, and for such internal controls as the directors determine are necessary to enable the preparation of the concise financial report.

Auditor's responsibilities for the audit of the concise financial report

Our responsibility is to express an opinion on whether the concise financial report complies, in all material respects, with AASB 1039 *Concise Financial Reports* and whether the discussion and analysis complies with AASB 1039 *Concise Financial Reports* based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

Ernst & Young

Timothy G Dachs
Partner
Perth
22 September 2023



Ernst & Young
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Auditor's Independence Declaration to the Directors of MDA National Limited

As lead auditor for the audit of the concise financial report of MDA National Limited and its controlled entities for the financial year ended 30 June 2023, I declare to the best of my knowledge and belief, there have been:

- a) no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit;
- b) no contraventions of any applicable code of professional conduct in relation to the audit; and
- c) no non-audit services provided that contravene any applicable code of professional conduct in relation to the audit.

This declaration is in respect of MDA National Limited and the entities it controlled during the financial year.

Ernst & Young

Timothy G Dachs
Partner
Perth
22 September 2023

Statement of Comprehensive Income

for the year ended 30 June 2023

		Consolidated	
	Notes	2023 \$000	2022 \$000
Revenue			
Premium and subscription revenue	9	97,811	87,207
Outward reinsurance expense		(5,816)	(4,401)
Net premium and subscription revenue		91,995	82,806
Claims expense		(70,355)	(55,542)
Reinsurance and other recoveries revenue		7,150	4,296
Net claims incurred	8	(63,205)	(51,246)
Other underwriting expenses		(4,970)	(4,425)
Underwriting result		23,820	27,135
Investment income	9	15,714	(16,214)
Rental revenue		467	533
Other income		917	373
Salaries, fees and employee benefits expense	20	(12,873)	(11,645)
Promotion and travel expense		(2,102)	(1,327)
Consulting expense		(1,954)	(1,273)
Financial costs and fees		(1,099)	(1,006)
Depreciation and amortisation expense	16,17,25	(3,563)	(4,076)
General insurance expense		(645)	(890)
Legal expense		(174)	(130)
Interest expense	25	(57)	(60)
Direct investment expenses		(40)	(45)
Other expenses		(6,938)	(5,815)
Profit/(loss) before income tax		11,473	(14,440)
Income tax (expense)	12	(453)	(24)
Net profit/(loss) after income tax expense/(credit)		11,020	(14,464)
Other comprehensive income/(loss) for the year		-	-
TOTAL comprehensive profit/(loss) for the year		11,020	(14,464)

DISCUSSION & ANALYSIS

The net profit after tax for the year ended 30 June 2023 was \$11.02m compared to the loss after tax of \$14.46m for the year ended 30 June 2022.

Underwriting result

During the current year, gross premium and subscription revenue increased by \$10.60m due to premium increase and Member growth. The net claims incurred expense for the year ended 30 June 2023 increased by \$11.96m to \$63.21m mainly due to the adjustment for the discount rate in 2023 and change in the estimation of claims handling expense to incorporate an allocation of overhead costs.

Investment performance

Net investment income for the year was \$15.71m compared to loss of \$16.21m in 2022. This includes fair value gains of \$5.24m in the current year compared with loss of \$23.12m in the prior year. The investment result that we are reporting is due to strong market performance and higher interest rates giving rise to increase in interest income.

Expenses

The primary drivers of the increased expenses are recruitment of staff, higher travel expenses and inflationary increases in other expenditure.

Statement of Financial Position

as at 30 June 2023

	Consolidated	
	30 June 2023	30 June 2022
	\$000	\$000
ASSETS		
Current assets		
Cash and cash equivalents	30,084	27,792
Receivables	14,715	6,726
Reinsurance and other recoveries	22,015	20,023
Financial assets at fair value through profit or loss	190,153	189,607
Prepayments	1,225	517
Total current assets	258,192	244,665
Non-current assets		
Receivables	319	371
Reinsurance and other recoveries	84,882	89,315
Right of use asset	2,056	2,933
Financial assets at fair value through profit or loss	146,135	132,912
Deferred tax asset	461	776
Intangible assets	2,283	4,531
Property, plant and equipment	14,403	14,899
Total non-current assets	250,539	245,737
TOTAL ASSETS	508,731	490,402
LIABILITIES		
Current liabilities		
Payables	12,966	14,261
Income tax payable	418	897
Unearned premium revenue	33,672	32,361
Employee benefits	1,647	1,692
Outstanding claims	76,847	73,663
Total current liabilities	125,550	122,874
Non-current liabilities		
Payables	1,288	2,264
Employee benefits	520	372
Outstanding claims	233,322	227,861
Deferred tax liabilities	-	-
Total non-current liabilities	235,130	230,497
TOTAL LIABILITIES	360,680	353,371
NET ASSETS	148,051	137,031
MEMBERS' EQUITY		
Accumulated surplus	148,051	137,031
TOTAL MEMBERS' EQUITY	148,051	137,031

DISCUSSION & ANALYSIS

The net assets as at 30 June 2023 have increased by \$11.02m from \$137.03m as at 30 June 2022 to \$148.05m, due to the profit for the current year.

Total assets have increased by \$18.33m due to increases in financial assets (including cash) of \$16.06m and lower outstanding reinsurance recoveries of \$2.44m.

Total liabilities have increased by \$7.31m as a result of an increase of \$8.65m in the gross outstanding claims provision offset by payables decreasing by \$2.27m and higher unearned premium revenue of \$1.31m.

The accompanying notes form part of these concise financial statements.

Statement of Changes in Equity

for the year ended 30 June 2023

	Consolidated	
	Accumulated Surplus \$000	Total Members' Funds \$000
At 1 July 2021	151,495	151,495
Net loss after tax for the year	(14,464)	(14,464)
Total Members' Funds at 30 June 2022	137,031	137,031
Net profit after tax for the year	11,020	11,020
Total Members' Funds at 30 June 2023	148,051	148,051

DISCUSSION & ANALYSIS

Accumulated surpluses increased to \$148.05m as a result of the operating profit after tax of \$11.02m for the year.

Statement of Cash Flows

for the year ended 30 June 2023

	Consolidated	
	30 June 2023 \$000	30 June 2022 \$000
Cash flows from operating activities		
Subscription receipts	3,791	4,299
Premium receipts	112,015	100,027
Receipts from reinsurance and other recoveries	3,596	11,215
Receipts from other recoveries	2,105	1,055
Rental income received	627	534
Interest received	5,556	3,368
Payments to suppliers, employees	(57,639)	(47,192)
Claims paid	(61,709)	(60,086)
Income tax paid	(617)	(616)
Net cash inflows from operating activities	7,725	12,604
Cash flows from investing activities		
Funds deposited into managed portfolio and term deposits	(35,976)	(62,770)
Proceeds from the redemption of investments	31,211	33,504
Acquisition of property, plant and equipment, and intangibles	(62)	(1,590)
Net cash (outflows) from investing activities	(4,827)	(30,856)
Cash flows from financing activities		
Payment of principal portion of lease liabilities	(606)	(723)
Net outflows from financing activities	(606)	(723)
Net increase/(decrease) in cash and cash equivalents	2,292	(18,975)
Cash and cash equivalents at beginning of year	27,792	46,767
Cash and cash equivalents at the end of year	30,084	27,792

DISCUSSION & ANALYSIS

Cash flows from operations

Net cash inflows from operations decreased by \$4.88m from \$12.60m as at 30 June 2023. The major contributing factors are highlighted below:

- Higher cash receipts from subscriptions and premiums of \$11.99m offset by
- lower reinsurance and other recoveries of \$7.62m and higher payments made to suppliers and employees of \$10.45m

Notes to the Concise Financial Statements

for the year ended 30 June 2023

1. General information

MDA National Limited (MDA National) is a not-for-profit company domiciled in Australia. The address of the company's registered office is Level 3, 88 Colin St, West Perth. The concise financial report has been prepared in accordance with the requirements of Australian Accounting Standard AASB 1039 *Concise Financial Reports* for the year ended 30 June 2023, comprising MDA National and its subsidiaries (the Group). The key subsidiary is MDA National Insurance Pty Ltd.

2. Basis of preparation

The concise financial report is presented in Australian dollars and is rounded to the nearest thousand dollars (\$000) unless otherwise stated. MDA National Limited's functional currency is Australian dollars. The concise financial report has been prepared on a historic cost basis except for certain financial instruments that have been measured at fair value.

3. Actuarial estimates and judgements

Significant estimates and judgements are made by the Group to arrive at key assets and liability amounts arising from general insurance activities including:

- outstanding claims liabilities: the cost of claims incurred but not settled at balance date arising under insurance policies;
- recovery assets: amounts expected under reinsurance arrangements and government schemes including High-Cost Claims Scheme (HCCS) and Run-Off Cover Scheme (ROCS).

The determination of these estimates and judgements are continually being evaluated and are based on historical experience and independent actual valuation. While all reasonable steps are taken to ensure that adequate information is obtained regarding exposures and recoveries, given the uncertainty in establishing the claims provisions, it is likely the outcome will prove to be different from the original liability established.

A description of the factors used to determine the actuarial assumptions is provided below.

Assumption	Factors considered
Average weighted term to settlement	Based on historical settlement patterns.
Claim numbers (claim frequency)	Estimated future numbers of claim reports are based on historical patterns of claim reporting and conversion from incident to claim.
Average claim size	Estimated future numbers of claim reports are based on historical claim size experience.
Inflation	Normal inflation is based on future forecasts for wage inflation.
Superimposed inflation	There is a tendency for claims costs, particularly for medical indemnity, to increase at levels in excess of standard inflationary pressures. This can be due to a number of factors including court awards and precedents and social and environmental pressures which are analysed and forecast separately from wage inflation. The actuarial method used to project future claim payments in respect of medical indemnity claims has an explicit allowance for superimposed inflation. Superimposed inflation rate is based on the actuary's view of Australia-wide superimposed inflation.
Reinsurance and non-reinsurance recoveries	Reinsurance recoveries - estimates of recoveries are based on historical recovery rates. HCCS Recoveries - estimates of recoveries are based on the estimated costs above the HCCS thresholds implied by the average claim size model. ROCS Recoveries - estimates of recoveries are based on the likelihood of doctors meeting the ROCS criteria in future and historical reporting pattern.
Claims handling expenses	The allowance for claims handling expenses is based on the historical relationship between claims handling expenses and gross claim costs. The ROCS legislation allows for CHE recoveries of 5% on all ROCS recovery amounts. In the current period the claims handling expense methodology has been adjusted to include an allocation of overhead costs directly attributable to the claims handling.

Discount rate	The adopted discount rate is estimated using the expected claim payment profile and the Government bond yield curve at the balance date.
Risk margin	<p>This risk adjustment for non-financial risk is the compensation that MDANI requires for bearing the uncertainty about the amount and timing of the cash flows of groups of insurance contracts.</p> <p>The risk margin allows for the risk that outcomes will differ from the central estimate of the insurance liabilities, both because of the inherent uncertainty of the distribution of possible outcomes, and because of the randomness of future outcomes. It includes an allowance for the variability of claims experience. Together the central estimate and the risk margin are intended to produce a provision for insurance liabilities that will prove to be sufficient to pay claims as they fall due 75 per cent of the time. This 75 per cent probability of sufficiency level is the sufficiency level required by APRA.</p>

The following table provides key actuarial assumptions made in determining the outstanding claims liability:

	2023	2022
Average weighted term to settlement from reporting date	3.2 years	3.2 years
Claims handling expense rate:		
% of Claims capped at XOL retention (Gross in 2008)	6.9%	5.3%
ROCS (% of ROCS claims recoveries)	5.0%	5.0%
Discount rate		
MDANI - Gross of Tax	4.10%	3.25%
Inflation	N/A *	N/A *

* The method used to measure the liability for reported outstanding claims did not involve explicit assumptions for inflation rates. However, in valuing the ERB and DDR liabilities, 3.25% normal inflation and 2.50% superimposed inflation were used for all projection years.

(i) Outstanding claims

The liability for outstanding claims is measured at the present value of the expected future payments, reflecting the fact that not all the claims have to be paid out in the immediate future. The expected future payments include those in relation to claims reported but not paid; claims incurred but not reported (IBNR); claims incurred but not enough reported (IBNER); and anticipated claims handling costs. The expected future payments are estimated on the basis of the ultimate cost of settling claims, which is affected by factors arising during the period to settlement, such as normal inflation and 'superimposed inflation'.

The expected future payments are then discounted to a present value at the balance date using discount rates based on Australian Commonwealth bonds.

A liability for outstanding claims is recognised in respect of all claims notified to the Group. Corresponding receivables are disclosed as reinsurance recoveries and other recoveries.

(ii) Reinsurance recoveries

Reinsurance recoveries are recognised as revenue for claims incurred. Recoveries receivable are measured using actuarial methods to estimate the present value of expected future receipts arising from related insurance contracts. The valuation is prepared by the appointed actuary. The revision of certain actuarial assumptions may result in the reversal of recoveries previously recognised. This may result in negative recovery revenue.

(iii) Recoveries from government schemes

Estimates of the amounts recoverable from the Commonwealth Government under the HCCS and the ROCS are recognised as revenue in respect of claims liabilities recognised at balance date, other than where claims are subject to reinsurance arrangements.

Other government recoveries receivable are measured as the present value of the expected future receipts, calculated on the same basis as the liability for outstanding claims.

4. Revenue and other Income

	Consolidated	
	2023	2022
	\$000	\$000
Underwriting activities		
Premium revenue	94,005	83,367
Subscription revenue	3,806	3,840
	97,811	87,207
Investment income		
Interest – other bodies corporate	6,710	3,349
Trust distributions	3,638	3,420
Fee rebate income	129	140
Fair value gains/(loss)	5,237	(23,123)
	15,714	(16,214)

RELATIONSHIP OF THE CONCISE FINANCIAL REPORT TO THE FULL FINANCIAL REPORT

The concise financial report is an extract from the full financial report for the year ended 30 June 2023. The financial statements and specific disclosures included in the concise financial report have been derived from the full financial report.

The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of MDA National Limited and its subsidiaries as the full financial report. Further financial information can be obtained from the full financial report.

The full financial report and independent audit report will be sent to Members, on request, free of charge.

► Mr Homan Zandi
Orthopaedic Surgeon
Member since 2002

**Supporting Members
to keep on practising
with confidence and
peace of mind.**



**More than medical indemnity.
More of what really matters.**

mdanational.com.au

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The MDA National Group is made up of MDA National Limited ABN 67 055 801 771 and MDA National Insurance Pty Ltd ABN 56 058 271 417 AFS Licence No. 238073. Insurance products are issued by MDA National Insurance Pty Ltd.

MDA National Limited and MDA National Insurance Pty Ltd are together referred to in this report as the MDA National Group, MDAN Group or the Group. These expressions are used for convenience as both are separate legal entities.