


1999-2000

A N N U A L R E P O R T

National Leadership for the Divisions of General Practice



Australian Divisions of General Practice Limited



The Australian Division of General Practice Ltd's (ADGP) mission is to represent and support general practitioners through local Divisions of General Practice to improve the health of all Australians.

ADGP was constituted on 1 June 1998. Its genesis was the Commonwealth Government's 1998 General Practice Strategy Review recommendation that the Australian Divisions of General Practice be funded as the national organisation of Divisions of General Practice. ADGP is owned by, and represents all 123 Divisions of General Practice Australia wide. Approximately 50% of Divisions of General Practice are located in urban areas, and 50% in rural areas, and between 85-90% of general practitioners are members of their local Division of General Practice.

ADGP has the service delivery focus for the general practice profession. This complements the standards and training imperative of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), and the industrial and sociopolitical focus of the Australian Medical Association (AMA) and the Rural Doctors Association of Australia (RDAA).

The first local Divisions of General Practice were established in 1992. They provide a corporate identity locally and improve health services and population health outcomes through an organisational structure with clinical, management and professional support for general practitioners. The 1998 General Practice Strategy Review said that -

Divisions have helped GPs gain the skills to perform functions that have in recent years become the domain of specialists and other primary health care professionals. Divisions help general practices and individual GPs to work more collaboratively with other health professionals, and the move to program delivery is important and timely and enhances the integration of general practice with the rest of the health system.

As well as the 123 Divisions of General Practice, ADGP liaises with the eight State Based Organisations and seven Rural Workforce Agencies. The State Based Organisations represent both rural and urban Divisions of General Practice in each state and territory.

ADGP Directors are practicing general practitioners.

The Commonwealth Department of Health and Aged Care funds ADGP, State Based Organisations and the Divisions of General Practice.

CHAIRMAN'S REPORT

ADGP's second year has been one of growth and consolidation. Growth incorporated an emphasis on national advocacy and communications, and coordination of additional national programs; consolidation incorporated strengthened relationships within the Divisions of General Practice Network, and with the Commonwealth Government and general practice and health organisations.



On 6 August 1999, ADGP was one of the three signatories to the General Practice Memorandum of Understanding. The MoU was a recommendation of the Commonwealth Government's 1998 General Practice Strategy Review and its signing was a significant achievement that paved the way for microeconomic reform in general practice in Australia.

ADGP's position as a key GP organisation is now well-recognised and I and other ADGP representatives are increasingly being invited to address major forums, to present the Divisions of General Practice views on the challenges to, and the future of general practice.

There are no simple answers to these challenges. ADGP has used its membership of nearly sixty national advisory groups, including the General Practice Partnership Advisory Council, General Practice Finance Group, General Practice Computing Group, MoU Monitoring Group, and the Joint Advisory Group to present the views of the National Divisions of General Practice Network.

However, it is two years since the General Practice Strategy Review and it is timely for general practice to ask where is it heading, how will it get there, and how will it manage these challenges?

The future of general practice, as never before, is about change—corporatisation, general practice financing, information technology and management, workforce and education, primary health care integration, general practice's role in population health, involvement of pharmacy in medication management, and increasing use of alternative medicine.

To navigate the changing general practice environment will require effective general practice leadership, with general practitioners leading the change, rather than being lead. It is imperative that the profession provides sufficient leaders to direct this change, and ensures that its emerging leaders are sufficiently equipped.

To this end, ADGP is developing a national leadership and management development program, and some leadership programs are being delivered locally by State Based Organisations and Divisions of General Practice. For these initiatives to be effective they need to be relevant, with a commitment from general practitioners in leadership positions to mentor and assist future general practice leaders.

The Divisions of General Practice Network provides an important training ground for emerging leaders through involvement in local management boards or as representatives on general practice advisory bodies. This means that general practitioners are better equipped to strategically develop and advocate for a better future for general practice.

This year has also seen changes in the national secretariat. Inaugural ADGP CEO Ms Sue Baker-Finch was invited to coordinate the ACT Government's special projects on Canberra's involvement in the 2000 Olympic Games and the Federation of a Nation celebrations. Ms Heidi Ramsay acted as CEO from September 1999 to January 2000 until the commencement of Dr Steve Clark.

My term as Chairman of the Australian Divisions of General Practice will cease in August this year, and as ADGP's inaugural chairman it has been my privilege to work with committed colleagues in the ADGP Board and the national secretariat. Their vision, support and commitment have contributed to ADGP's significant national presence and achievements for the Divisions of General Practice Network and general practice.

Dr John Aloizos
ADGP Chairman

CHIEF EXECUTIVE OFFICER'S REPORT

This is the second annual report of the Australian Divisions of General Practice Ltd since the national office was established in February 1999. It marks the first full financial year of operation and the completion of the 'forming' and 'storming' stages of the organisation's development. With new premises established and a skilled complement of staff in place, ADGP is positioned to enhance a national leadership and advocacy role for Divisions of General Practice and State Based Organisations.



One of the most important tasks for ADGP this year has been to carefully reflect on its positioning within the Divisions of General Practice Network. As a national organisation, it is critical that strong, collaborative relationships be developed, enhanced and sustained with Divisions of General Practice, State Based Organisations, Rural Workforce Agencies and general practice organisations. The ADGP Strategic Plan 2000–2002 and Business Plan 2000–2001 have been approved by the ADGP Board as the mechanism by which this can be achieved.

During 2000–2002, ADGP will focus on five key program areas:

- Representation and Advocacy;
- National Policy Development;
- Divisions of General Practice Development and Support;
- Communications; and
- Skill Development and Information Exchange.

Through the strategies and activities undertaken within these program areas, ADGP will present and advocate the Divisions of General Practice Network position on issues and challenges confronting the network. Some of these include the corporatisation of general practice, the role of Divisions of General Practice in population health and information management and future communications technology requirements for general practice.

The ability of ADGP to fulfill its charter is dependent on a strong corporate structure, the base of which consists of national coordinator positions working with colleagues in State Based Organisations and Divisions of General Practice. To date, national coordinators work in the areas of immunisation, communications, policy, national innovations funding and enhanced primary care. A national primary mental health care coordinator will soon join the team. The national coordination model provides a successful 'bottoms up' and 'top down' approach to the sharing of knowledge and resources essential to the provision of high quality support to general practitioners.

In the area of communication, ADGP has established a significant profile through regular features in national journals and magazines. Many Divisions of General Practice and State Based Organisations have used this mechanism to publish reports on clinical and/or policy programs and projects. This year, for the first time, ADGP will publish a national directory—a compilation of demographics, programs, projects, achievements and challenges of Divisions of General Practice, State Based Organisations and Rural Workforce Agencies in one document. While some of this data is available already in various forms in a number of databases, this publication will bring it together to be a testament to the value of the Divisions of General Practice Network as the only infrastructure available to support general practice at the 'grass roots'.

With the support of the Divisions of General Practice Network, ADGP has been able to secure a high level of influence at the national level. Two meetings of the Federal Minister for Health and Aged Care, Dr Michael Wooldridge, and representative general practitioners from rural Divisions of General Practice have been facilitated through the ADGP office. The first meeting, held in Melbourne, provided important input into the formation of the Federal Budget 2000 initiatives that resulted in a \$60 million commitment to support rural health and general practitioners through rural Divisions of General Practice.

The second meeting, held in Canberra in June 2000, demonstrated the strategic importance of Divisions of General Practice to the Minister as he used the forum to announce national policy and to facilitate discussion on the implementation of the budget initiatives.

It has been a frantic year of pace and of change—a year to build sustainable relationships based on collaborative effort, and a year to enhance our positive influence on key national committees such as the General Practice Financing Group, Memorandum of Understanding, Divisions of General Practice Taskforce, and the General Practice Partnership Advisory Council.

I wish to acknowledge the commitment and dedication of the ADGP staff. It is a great privilege to lead such a professional team.

Leadership, however, can be no more clearly demonstrated than that of Dr John Aloizos in his chairmanship of the ADGP Board of Directors. His knowledge, support and guidance have been much appreciated.

Dr Steve Clark
Chief Executive Officer

THE YEAR IN REVIEW

STRATEGIC DIRECTIONS

This year's annual report includes the ADGP Strategic Plan 2000–2002. It covers the ADGP charter, ADGP objects, organisational values, partnerships and alliances, and strategic development. See Appendix One.

FINANCIAL SUPPORT

In 1999 ADGP secured triennial funding from the Commonwealth Department of Health and Aged Care that ensured the organisation's ongoing operations through to July 2002.

In addition, ADGP secured national program funding from the Commonwealth Department of Health and Aged Care for the Enhanced Primary Care Program and the continuation of the National General Practice Immunisation Program, as well as the National Divisions of General Practice Directory project funding.

ADGP is negotiating with the Commonwealth Department of Health and Aged Care for funding to deliver programs in primary mental health care, leadership and management development and information exchange.

ADGP continues to seek corporate sponsorship. Following the successful development and implementation of the GP Business Advantage™ Program, sponsored by Glaxo Wellcome Australia between 1998–2000, ADGP has negotiated a new two-year sponsorship agreement with Roche Products Pty Ltd for continuation of the program. National medical newspaper, Medical Observer, remains the program's exclusive media sponsor.

REPRESENTATION AND ADVOCACY

The ADGP representation program enables general practitioners and the Divisions of General Practice Network to have direct input into the development of national health policies through representation on key national committees.

Through the representation program ADGP is ideally positioned to advocate strongly at a national level on behalf of Divisions of General Practice. During the year ADGP has successfully raised the profile of Divisions of General Practice and general practitioners with other key general practice stakeholder organisations, national health bodies, the Commonwealth

Government and parliamentarians. Divisions of General Practice and general practitioners are now considered integral to the delivery of primary and population health care programs.

In order to maintain and strengthen this level of representation, ADGP has reviewed its representation program. New arrangements to provide greater support and a clearer framework for ADGP representatives will be introduced during the coming financial year. See Appendix Two for ADGP representative details.

ACHIEVEMENTS

- ADGP is represented on 56 national committees.
- ADGP representation and advocacy covers issues such as health financing, priority health care areas, workforce, primary health care program implementation, and general practice accreditation, education and training, standards implementation, technology and business practices.
- ADGP has developed constructive relations with key stakeholders including State Based Organisations and senior Commonwealth Department of Health and Aged Care officers.
- ADGP has made representations to Commonwealth Government ministers and other parliamentarians.
- Rural health needs were recognised through the Federal Budget 2000 initiatives (More Doctors Better Services—Regional Health Strategy), with allied health funding initiatives to be implemented through rural Divisions of General Practice.
- The role of Divisions of General Practice in the implementation of Commonwealth Government initiatives was recognised.



Dr Michael Wooldridge, rural general practitioners, and ADGP and Commonwealth Department of Health and Aged Care representatives at the rural health meeting in Canberra.

OUTLOOK FOR
2000–2001

- The ADGP Representative Program will be developed further to increase the input of grass roots general practitioners into national advocacy and policy development.

NATIONAL POLICY DEVELOPMENT

*A*DGP has established networks that enable wide consultation with Divisions of General Practice and State Based Organisations on national policy issues. Through these networks, the ADGP Board and representatives have been promoting the interests and role of Divisions of General Practice and general practitioners through:

- Endorsement of the RACGP's General Practice Code of Practice for the Management of Health Information in General Practice;
- Participation in the RACGP's Clinical Practice Guidelines consultation;
- Comment on the RACGP Rural Faculty's initiatives paper presented to the General Practice Memorandum of Understanding Group;
- Participation in the Pay Doctor Cheque Working Group of the General Practice Finance Group;
- Development of the consensus statement on the role of general practitioners in population health;
- Negotiation of the design and implementation of the Incentives for Quality Prescribing Program;
- Critical analysis of workforce supply modelling;
- Analysis of the Federal Budget 2000; and
- Participation in the Relative Values Study of the GP Remuneration Taskforce.

ADGP's capacity to take a proactive stance and develop its own national policy positions was greatly enhanced with the staged appointment of three policy officers since January 2000.

The policy team has helped refine ADGP's strategic plan, prepared a draft business plan for 2000–2001, as well as analysing and preparing responses to a number of documents likely to have a significant impact on general practice and the health sector.

ADGP has also developed and adopted organisational policies on:

- Endorsement;
- Representation; and
- Remuneration.

ACHIEVEMENTS

- ADGP was involved in the negotiation and signing of the General Practice Memorandum of Understanding (MoU).
- ADGP participated in the discussions leading to the establishment of the General Practice Research Evaluation Development initiative.

OUTLOOK FOR
2000–2001

- The ADGP National Policy Framework will be developed to identify key issues for ADGP to pursue.

DIVISIONAL DEVELOPMENT AND SUPPORT

*A*DGP has continued to contribute to the capacity of Divisions of General Practice to support general practice in providing integrated primary health care and improving community health outcomes.

The range of national programs administered by ADGP has increased to include Enhanced Primary Care Coordination, and later this year the National Primary Mental Health Care Coordination. Negotiations with the Commonwealth Department of Health and Aged Care on the Leadership and Management Development Program are underway.

ADGP will continue to provide opportunities for Divisions of General Practice to take a greater role in the planning, development and delivery of national programs.

COMMUNICATIONS

A DGP appointed a national communications manager in September 1999 to develop and implement a national communications and marketing strategy. This was developed in conjunction with a national working party, and endorsed by the Divisions of General Practice and State Based Organisations. Objectives are to:

- Facilitate communication across the Divisions of General Practice Network; and
- Promote the Divisions of General Practice Network to the health sector and wider community.

A priority was to promote ADGP as a national voice for general practice. In January 2000 ADGP began regular contributions to major national medical and pharmaceutical publications. Initiatives include:

- 'From the Divisions' in *Medicine Today* (a monthly peer reviewed clinical practice journal) is a regular segment on Division of General Practice programs with a general practice focus;
- 'Divisions Focus' in *Australian Doctor* (a weekly medical newspaper) is a quarterly newsletter to promote Division of General Practice programs, State Based Organisations and national issues;
- 'Pharmacy and the Divisions' in *Australian Pharmacist* (the monthly peer reviewed journal of the Pharmaceutical Society of Australia) promotes collaboration between pharmacy, general practice and the Divisions of General Practice;
- 'Gut Feelings' in the opinion section of *Australian Doctor* includes ADGP monthly contributions;
- 'Vantage Point' an opinion section of *Medical Observer* (a fortnightly medical newspaper) includes occasional ADGP contributions; and
- 'GP Snapshot' in *Medical Observer* is a regular column that began to profile Divisions of General Practice in 2000.

The support of these publications has enabled ADGP and the Divisions of General to be in front of every general practitioner in Australia regularly, as well as health organisations and other key groups.

An important component of the communications and marketing strategy is the effective use of communication technologies by ADGP and the Divisions of General Practice Network. During the coming year ADGP proposes to redevelop the ADGP website into a major Division of General Practice portal, and to increase the use of communication technology through the Divisions of General Practice Network.

ACHIEVEMENTS

- A national communications network was established with communication representatives from ADGP, each State Based Organisation and some Divisions of General Practice. It focuses on ways to improve communication across the Divisions of General Practice Network.
- Wide dissemination of Divisions of General Practice programs and national initiatives now occurs through major medical and pharmaceutical publications.
- ADGP is increasingly invited to address major national health forums.

OUTLOOK FOR 2000-2001

- The ADGP website will be redeveloped as a major general practice and Divisions of General Practice Network information portal.
- The feasibility of a National Divisions of General Practice journal will be investigated.
- A national marketing campaign will be implemented.

NATIONAL DIVISIONS OF GENERAL PRACTICE FORUM

The first National Divisions of General Practice Forum, Energising Primary Health Care Through Divisions, coordinated by ADGP was held in Melbourne on 25-27 August 1999. Dr Jill Grogan was the Forum Convenor.



Dr Jeremy Harris and Dr John Aloizos

The forum had four themes—quality, ethics and values, funding arrangements and primary health care integrated services systems. International speaker Dr Jeremy Harris, from Primary Care Group in the UK, used overseas experiences to illustrate the need for Australian general practice to have a clear vision of its future in primary health care. Other key speakers included the Federal Minister for Health and Aged Care, Dr Michael Wooldridge; Dr Beres Wenck, Brisbane North Division of General Practice; Dr Michael Mira, Central Sydney Area Health Service; and Dr David Smith and Dr Arn Sprogis, Hunter Urban Division of General Practice.

ADGP's first Annual General Meeting was held during the forum. The 460 delegates, including over 60 poster presenters, were from the Divisions of General Practice Network, government and health organisations.

The Commonwealth Department of Health and Aged Care supported the forum, and Telstra was its sole principal sponsor.

Following the success of the 1999 Forum, ADGP chose the Brisbane Convention and Exhibition Centre for the National Divisions of General Practice Forum 2000 to accommodate the 600 minimum anticipated delegates. The theme is GPs - the Centre of Health Care. The forum includes a Divisional Development Day for executive staff and board members, and an ethical exhibition. Dr Jill Grogan is the Forum

Convenor, and renowned international presenter Dr Laurence Malcolm is a key speaker.



Dr Jill Grogan, the Hon Robert Knowles and Ms Sue Baker-Finch

The Commonwealth Department of Health and Aged Care is supporting the forum, and Roche is its sole principal sponsor.

ACHIEVEMENTS

- The National Divisions of General Practice Forum 1999 opening and closing addresses were by the Victorian Minister for Health and Community Services, the Hon Robert Knowles, and the Federal Minister for Health and Aged Care, Dr Michael Wooldridge respectively.
- The forum was well supported by the Divisions of General Practice Network, government and other health organisations.

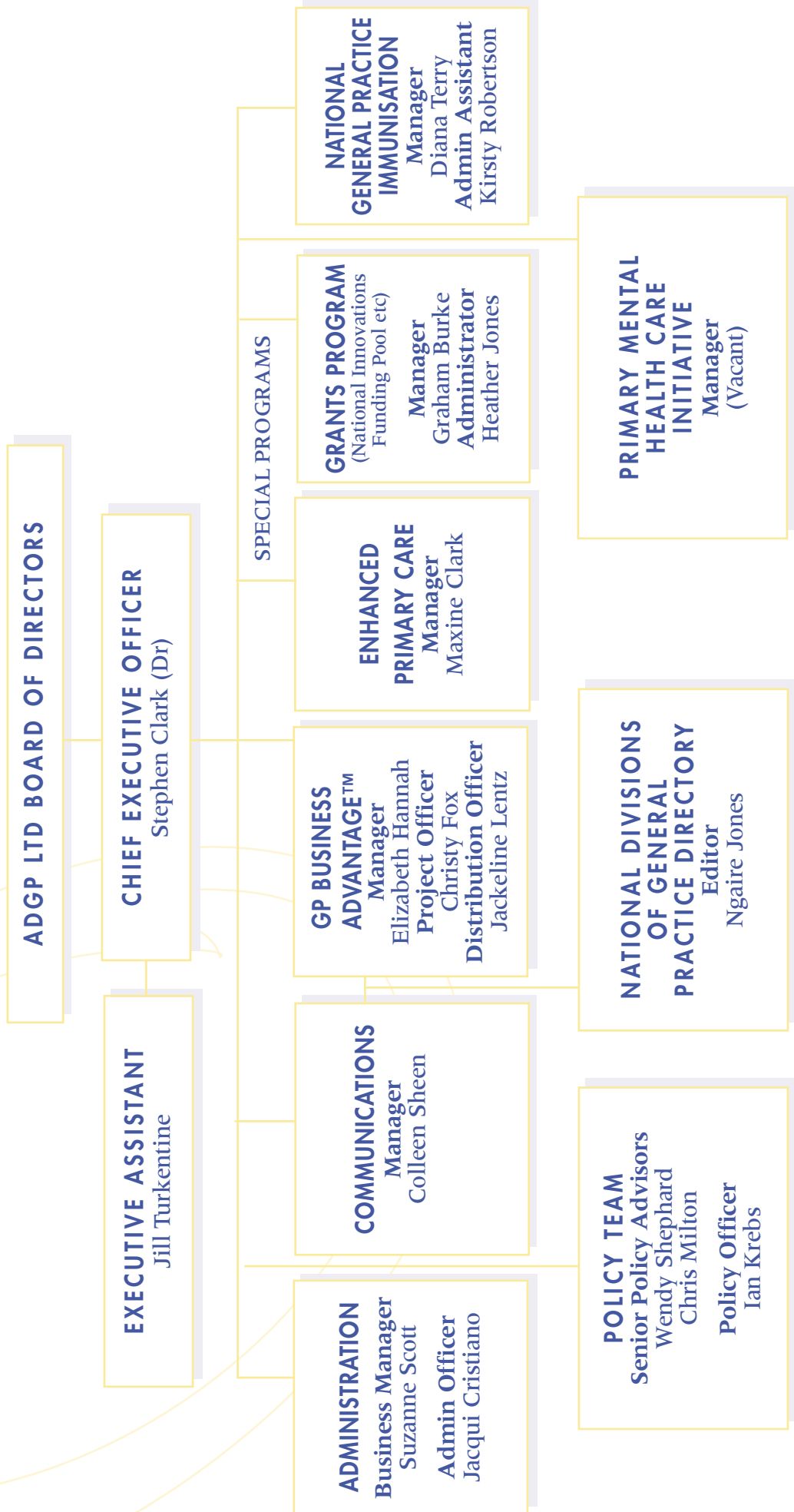
OUTLOOK FOR 2000-2001

- The National Divisions of General Practice Forum 2000 will include the first Divisional Development Day, and an ethical exhibition.
- Over 100 Divisions of General Practice are involved in poster displays, or divisional showcasing.
- Over 600 delegates are anticipated.

ADGP LTD CORPORATE STRUCTURE

(As at June 2000)

CORPORATE STRUCTURE



ADGP LTD BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER
Stephen Clark (Dr)

EXECUTIVE ASSISTANT
Jill Turkentine

ADMINISTRATION
Business Manager
Suzanne Scott
Admin Officer
Jacqui Cristiano

COMMUNICATIONS
Manager
Colleen Sheen

GP BUSINESS ADVANTAGE™
Manager
Elizabeth Hannah
Project Officer
Christy Fox
Distribution Officer
Jackeline Lentz

ENHANCED PRIMARY CARE
Manager
Maxine Clark

GRANTS PROGRAM
(National Innovations
Funding Pool etc)
Manager
Graham Burke
Administrator
Heather Jones

NATIONAL GENERAL PRACTICE IMMUNISATION
Manager
Diana Terry
Admin Assistant
Kirsty Robertson

POLICY TEAM
Senior Policy Advisors
Wendy Shephard
Chris Milton
Policy Officer
Ian Krebs

NATIONAL DIVISIONS OF GENERAL PRACTICE DIRECTORY
Editor
Ngairé Jones

PRIMARY MENTAL HEALTH CARE INITIATIVE
Manager
(Vacant)

CORPORATE GOVERNANCE

OFFICE AND STAFFING

The ADGP staffing structure in July 1999 included management, administration and policy, national program coordination, grants program management and GP Business Advantage™ program management. By June 2000 ADGP expanded its program management to include Enhanced Primary Care, National General Practice Immunisation, and the National Divisions of General Practice Directory project. Management of the Primary Mental Health Care Program will commence in August 2000. ADGP also expanded its policy, advocacy and representation functions. To accommodate the additional staff ADGP moved into new office premises in Belconnen in January 2000. The new premises will cater for the additional staff, and have capacity for further expansion.

BOARD OF DIRECTORS

Fourteen rural and urban ADGP Directors were appointed by the State Based Organisations to the ADGP Board to represent Divisions of General Practice in accordance with the Company Articles of Association. ADGP Directors are:

Dr John Aloizos
QLD Urban representative
Chairman

Dr Julie Thompson
VIC Rural representative
Vice Chair

Dr Jill Grogan
VIC Urban representative
Chair of Finance and Audit Committee

Dr Vlad Matic
NSW Rural representative
Secretary and Chair of Rural Subcommittee

Dr George Cerchez
TAS Urban representative

Dr Ralph Chapman
WA Rural representative

Dr Sheilagh Cronin
QLD Rural representative

Dr Stan Doumani
ACT Urban representative

Dr John Fisher
TAS Rural representative

Dr Peter Fitzpatrick
NT Rural representative

Dr Peter Morton
SA Rural representative

Dr Furio Virant
NSW Urban representative

Dr Helena Williams
SA Urban representative

Dr Steve Wilson
WA Urban representative

ADGP Directors are practicing general practitioners.

REMUNERATION OF DIRECTORS

During 1999–2000, ADGP remunerated its Board of Directors in accordance with policy guidelines.

Chairman's stipend (based on 1.5 days service per week, including an allowance for incurred administrative costs)	\$55,000
Vice Chair's stipend	\$20,000
Chair of Finance and Audit Committee's stipend	\$10,000
Secretary's stipend	\$9,000
Director's stipend	\$8,000
Travel time for rural Directors*	\$400

(*Per meeting where time away extends to an extra night or requires absence from surgery significantly beyond the norm.)

In December 1999, the ADGP Board endorsed a revised remuneration policy to reimburse additional ADGP representation/committees, administration overheads and stipends for ADGP Board representation.

NATIONAL PROGRAMS

A DGP receives funding from the Commonwealth Department of Health and Aged Care and corporate sponsors to manage national programs for the Divisions of General Practice Network to support general practice locally.

DIVISIONS LEADERSHIP AND MANAGEMENT DEVELOPMENT

A DGP is developing a national Divisions Leadership and Management Development Program to develop future urban and rural general practice leaders and Divisions of General Practice executive staff.

The program's primary focus will be on leadership development and to work effectively within teams. The program will be coordinated and developed nationally in collaboration with Divisions of General Practice and State Based Organisations and run locally in each state and territory.

The program objectives include developing the capacity for general practice leadership in the primary health sector, and developing a process for creating an ongoing supply of general practitioners committed to leadership in Divisions of General Practice. This will begin the process of cultural change in general practitioner attitudes about leadership, and build organisational capacity that will contribute to effective individual, team and Divisions of General Practice performance.

ACHIEVEMENTS

- A study of leadership programs has been conducted to serve as a program benchmark.
- A national steering committee has been developed with representatives from ADGP, Divisions of General Practice, State Based Organisations and other general practice organisations.
- A proposal has been forwarded to the Commonwealth Department of Health and Aged Care for consideration.

OUTLOOK FOR 2000-2001

- The Divisions Leadership and Management Development Program will be piloted and delivered nationally to the future general practice leaders and executive staff in Divisions of General Practice.

ENHANCED PRIMARY CARE

*T*he Commonwealth Department of Health and Aged Care introduced 21 new MBS Enhanced Primary Care (EPC) items from 1 November 1999. The items are for comprehensive health assessments (for people over 75 years, or over 55 years for Indigenous people) and for care plans and case conferencing (for chronic conditions or terminal illnesses) that include general practitioners.

EPC initiatives also include chronic disease self management, falls prevention, Carelink (linking service providers), IT initiatives and further coordinated care trials.

General practitioner education and support to implement EPC items is being provided by Divisions of General Practice at a local level, with support from coordinators in each State Based Organisation. ADGP appointed a National Coordinator on 7 February 2000.

Although the EPC items have only been available for a short period, some Divisions of General Practice, through the National Innovative Funding Pool, are developing EPC models of care focussing on health assessments, Aboriginal health care, multidisciplinary care in nursing homes, patients with challenging behaviours in residential care and the role of practice nurses in supporting general practitioners.

Community linkages, critical to EPC, have been fostered at a local, state and national level. Despite some barriers, opportunities for long term coordinated care are being realised.

ACHIEVEMENTS

- Each state and territory has developed implementation methodology to meet its diverse needs.
- Resources have been shared nationally and collaboratively.

- A two-day conference for all EPC Coordinators, Commonwealth Department of Health and Aged Care officers and other stakeholders was held in Canberra in June to identify national implementation issues.
- Some national health priority programs (cancer, cardiovascular disease, injury prevention, diabetes, asthma and mental health) are incorporating EPC into their programs.
- Care plans are being utilised in hospital discharge and case conferencing is being applied to palliative care.
- Two states have included EPC in their medical curriculum.

OUTLOOK FOR 2000-2001

- EPC software will be developed.
- An EPC site will be incorporated into the ADGP website.
- There will be increased support for general practitioner training in the use of EPC MBS items.
- There will be increased liaison with allied health providers about EPC.

GP BUSINESS ADVANTAGE™

GP Business Advantage™ is a highly acclaimed business management training program designed by general practitioners for general practitioners. The program aims to assist general practitioners to develop and implement strategies to improve practice efficiency and create an interactive forum for general practitioners to discuss the challenges they face in today's practice. Feedback from participants has shown the interaction between general practitioners is the most valuable program component, and is where general practitioners get ideas for change.

Glaxo Wellcome was the program's founding and principal sponsor and ADGP values their commitment to, and support for, general practice. From July 2000, Roche Products Pty Ltd is the sole and principal sponsor of GP Business Advantage™. Roche has also become a Program Partner for ADGP.

In August 2000, thirty Divisions of General Practice nationally will offer the program to their members. Through the sponsorship of Roche, three new modules will be developed and piloted.

ACHIEVEMENTS

- In September 1999, twenty Divisions of General Practice ran the six-module program. Over 2000 participants have been through the program.
- Program feedback has been overwhelming. Over 82% of the participants would recommend the module they attended and over 91% of the participants believe they have benefited by studying topics in the program.
- A successful media campaign was launched in Medical Observer through its generous sponsorship as exclusive media sponsor.
- New sponsorship was arranged with Roche Products Pty Ltd from July 2000 to June 2002.



OUTLOOK FOR 2000-2001

- Three new modules will be developed and piloted.
- Nine modules will be available during 2000-2001.
- Thirty Divisions of General Practice will offer the program to 3000 general practitioners or practice managers.

NATIONAL DIVISIONS OF GENERAL PRACTICE DIRECTORY

ADGP was funded by the Commonwealth Department of Health and Aged Care to publish a national directory to include Divisions of General Practice, State Based Organisations, and Rural Workforce Agencies. The directory is a general practice resource to facilitate information sharing, joint ventures and broad collaboration among the Divisions of General Practice Network, government and allied health services.

The directory will be a compilation of demographics, programs, projects, achievements and challenges of the Divisions of General Practice Network. While some of this data is available in various forms, this publication will bring it together to promote the value of the Divisions of General Practice Network as an infrastructure to support general practice at the 'grass roots'.

As a resource, the National Divisions of General Practice Directory will enable ADGP, Divisions of General Practice, State Based Organisations and Rural Workforce Agencies to easily determine whom to contact to seek information about particular initiatives or programs, and to market and showcase their achievements at local, state, territory and national levels. The directory will enhance the profile of the Divisions of General Practice Network and the role of general practice.

The National Divisions of General Practice Directory will be a valuable resource for people and organisations seeking information on the Divisions of General Practice Network. The directory is intended to be an ongoing ADGP publication.

ACHIEVEMENTS

- Funding to publish the National Divisions of General Practice Directory was obtained.
- The directory will be an accessible and broad ranging resource for information on the Divisions of General Practice Network.
- The directory was a collaboration of the Divisions of General Practice Network.

OUTLOOK FOR 2000-2001

- The National Divisions of General Practice Directory will be launched at the National Divisions of General Practice Forum 2000.
- The directory will be available on-line on the ADGP website, and on a CD Rom.

NATIONAL GENERAL PRACTICE IMMUNISATION

The National General Practice Immunisation Coordinator position commenced in April 1998 as a component of the General Practice Immunisation Incentive (GPII) Program, funded through the Commonwealth Department of Health and Aged Care. Originally the position was funded for two years, but an extension was granted in November 1999 along with other aspects of the GPII Program till December 2000 pending the independent evaluation of the program. A second extension to 30 June 2001 has been granted since.

The ADGP National General Practice Immunisation Program seeks to provide macro support and advocacy for immunisation programs encompassing the Divisions of General Practice Network. It provides general practice service delivery representation on key national immunisation committees and to other stakeholder groups. It facilitates the dissemination of nationally relevant information through established divisional networks; and acts as a conduit in a feedback loop between the Divisions of General Practice Network and the Commonwealth Department of Health and Aged Care.

ACHIEVEMENTS

- There was a 72% increase in Divisions of General Practice with overall immunisation coverage rate greater than 80%.
- There was a 25% increase in general practices with overall immunisation coverage rate greater than 90%.
- General practitioner representation on key national immunisation committees was increased.
- Awareness of Divisions of General Practice immunisation initiatives was enhanced nationally.
- National committees acknowledged the Divisions of General Practice Network as a critical link—the pathway to general practice immunisation service provision.
- A national forum for collaborative and collegiate interaction between State Based Organisation Immunisation Coordinators was provided.

OUTLOOK FOR
2000–2001

- The program will be extended to 30 June 2001.
- The 2nd National Divisions Immunisation Workshop will be held in August 2000 on the Gold Coast.
- The National Divisions of General Practice Immunisation Clearinghouse will be redeveloped as a component of the ADGP website redevelopment.
- More targeted strategies for supporting sustainability of immunisation programs throughout the Divisions of General Practice Network will be developed.

NATIONAL GRANTS PROGRAMS

ADGP has project management contracts with the Commonwealth Department of Health and Aged Care that cover:

- The First and Second Rounds of the Innovations Funding Pool;
- The Divisions Accreditation Support Program; and
- The Divisions Hospital Integration Program.

These activities implement the objective in ADGP's strategic plan that ADGP manages national programs to assist the work of Divisions of General Practice and individual general practitioners.

INNOVATIONS FUNDING POOL

ADGP has separate project management contracts with the Commonwealth Department of Health and Aged Care to cover the First and Second Rounds of the Innovations Funding Pool. Divisions of General Practice were invited to apply for funds for innovative projects in these funding rounds. The total value of these funding rounds is approximately \$8 million.

Innovation means doing something new and challenging, and something that also adds

value. Divisions of General Practice are well placed to be the vehicles of change and to add value to broader primary health outcomes.

ADGP's role is to:

- Promote the funding rounds in accordance with application guidelines approved by the Commonwealth Department of Health and Aged Care;
- Provide a secretariat for the application process, and the assessment panel established by the Commonwealth Department of Health and Aged Care;
- Manage the contract and reporting requirements of projects approved for funding by the Federal Minister for Health and Aged Care;
- Liaise with Divisions of General Practice and State Based Organisations about the conduct of projects and broader issues connected with the program; and
- Disseminate information about the progress and outcomes of projects, and participate with the Commonwealth Department of Health and Aged Care in program evaluation.

Over the past year, ADGP has been involved in the project management of 48 grants to Divisions of General Practice under the First Round that commenced in 1999. The total value of projects funded is \$4.33 million. See Appendix Three for details of funded projects.

These projects cover a wide range of issues, and the level of cooperation and liaison with Divisions of General Practice has been of a high standard. The outcomes from First Round projects will provide useful information across the Divisions of General Practice Network to improve and support general practice.

As many First Round projects are still to be finalised, dissemination about the project is limited. However, dissemination will increase during the coming year as ADGP works with Divisions of General Practice to publish and promote outcomes from the funded projects.

The Second Round funding results were announced in late March 2000 by the Federal Minister for Health and Aged Care.

This round differed to the First Round as there was a single national competitive pool rather than state and territory pools, and the emphasis was on innovative projects with potential national significance in four priority health areas:

- Primary health care integration;
- Population health;
- Information management and information technology; and
- Rural health.

The total value of projects funded in the Second Round is \$3.766 million. See Appendix Four for details of funded projects.

As for the First Round, applications were assessed by a panel of general practitioner representatives, a Commonwealth Department of Health and Aged Care representative, a consumer representative and experts in health economics and health evaluation.

The assessment panel recommended that ADGP and the State Based Organisations encourage and assist more Divisions of General Practice to prepare and submit high quality creative applications in the next funding round. Grant writing workshops will be held during the year.

DIVISIONS ACCREDITATION SUPPORT

ADGP manages this program for the Commonwealth Department of Health and Aged Care. This small program is designed to provide successful models and transferable resources to support practice accreditation in identified areas. The project was reported more fully in the 1998–1999 ADGP Annual Report.

Eleven Divisions of General Practice were funded to undertake projects in this program. The total value of the projects is \$244,146. See Appendix Five for details of funded projects.

ADGP is required to finalise its report and program management by the end of August 2000, after the final project reports have been received.

DIVISIONS HOSPITAL INTEGRATION

ADGP manages this program for the Commonwealth Department of Health and Aged Care. ADGP subcontracted the program's planning, managing and evaluation functions to the Centre for General Practice Integration Studies at the University of New South Wales. It is an initiative to assist Divisions of General Practice to work collaboratively with hospitals to improve the effectiveness of a specific stage of patient care delivery. This project was reported more fully in the 1998–1999 ADGP Annual Report.

Seven Divisions of General Practice received \$460,142 total funding to undertake projects in this program. See Appendix Five for details of funded projects.

All projects have been completed and the evaluation has been conducted. The Centre for General Practice Integration Studies is to complete its work including distribution of printed project reports and the evaluation in July 2000.

ADGP has had preliminary discussions with the Commonwealth Department of Health and Aged Care about the possibility of further work in this area.

ACHIEVEMENTS

- ADGP supported Divisions of General Practice to manage 100 projects through the National Grants Program area.
- A general practice and hospital integration working party was formed to develop a framework for future collaboration.

OUTLOOK FOR 2000–2001

- ADGP will provide management for additional national programs.

DIRECTORS REPORT AND FINANCIAL STATEMENTS

DIRECTORS

The names of Directors who held office during the year are:

Dr John Aloizos

Dr George Cerchez

Dr Ralph Chapman

Dr Sheilagh Cronin

Dr Stan Doumani

Dr Ben Ewald

Dr John Fisher

Dr Peter Fitzpatrick

Dr Jillian Grogan

Dr Vladislav Matic

Dr Gerry McGushin

Dr James McLennan

Dr Peter Morton

Dr Julie Thompson

Dr Furio Virant

Dr Helena Williams

Dr Steve Wilson

INFORMATION ON DIRECTORS

Dr John Aloizos

Chairman

Qualifications

MBBS

Experience

GP for 24 years, principal in practice

Dr George Cerchez

Director

Qualifications

MBBS, FRACGP

Experience

GP for 24 years, principal in practice for 14 years

Dr Ralph Chapman

Director

Qualifications

MBBS, Dip RACOP, FACRRM

Experience

GP and hospital VMO for 18 years, principal in practice for 13 years

Dr Sheilagh Cronin

Director

Qualifications

MBSS, DRCOG, MRCGP

Experience

GP for 15 years, GP associate for 10 years

Dr Stan Doumani

Director

Qualifications

MBBS, FAMA

Experience

GP for 26 years, principal in practice for 23 years, 4 years post graduate studies in medicine

Dr John Fisher

Director

Qualifications

MBBS

Experience

GP for 15 years, principal in practice for 8 years

Dr Peter Fitzpatrick	Director
Qualifications	BM, BS, FACRRM
Experience	GP for 20 years in rural and remote Northern Territory
Dr Jillian Grogan	Chair of Finance and Audit Committee
Qualifications	MBBS, M Med, Graduate Diploma in Women's Health
Experience	GP for 26 years, principal in practice for 15 years, hospital VMO for 5 years
Dr Vladislav Matic	Secretary, Chair of Rural Subcommittee
Qualifications	MBBS, FACRRM
Experience	Rural GP for 10 years, hospital VMO for 7.5 years
Dr Peter Morton	Director
Qualifications	MBBS, FRACGP, FACRRM, BHA
Experience	GP for 17 years, principal in practice for 4 years
Dr Julie Thompson	Vice Chair
Qualifications	MBBS, Graduate Diploma in Women's Studies
Experience	GP for 20 years, principal in practice, hospital VMO for 10 years
Dr Furio Virant	Director
Qualifications	MBBS
Experience	GP for 22 years, principal in practice
Dr Helena Williams	Director
Qualifications	MBBS, FRACGP
Experience	GP associate for 10 years
Dr Steve Wilson	Director
Qualifications	MBBS
Experience	GP for 14 years, principal in practice for 8 years

DIRECTORS REPORT

DIRECTORS REPORT

Your Directors present their report on the annual financial report of the company for the financial year ended 30 June 2000.

DIRECTORS

The persons who held office during the financial year and the number of meetings attended and number of meetings eligible to attend were as follows:

Name of Director-Term	Full Meetings of Directors		Executive Group		Rural Subcommittee	
	No. eligible to attend	No. attended	No. eligible to attend	No. attended	No. eligible to attend	No. attended
CURRENT HOLDING OFFICE:						
Dr John Aloizos 07/98 to current	8	8	2	2	5	5
Dr George Cerchez 07/98 to current	8	5				
Dr Ralph Chapman 07/98 to current	8	7			5	4
Dr Sheilagh Cronin 07/98 to current	8	4			5	3
Dr Stan Doumani 07/98 to current	8	7				
Dr John Fisher 08/99 to current	8	5			5	4
Dr Peter Fitzpatrick 08/99 to current	8	8			5	5
Dr Jillian Grogan 07/98 to current	8	8	2	2		
Dr Vladislav Matic 10/98 to current	8	7	2	1	5	4
Dr Peter Morton 08/99 to current	8	7			5	4
Dr Julie Thompson 07/98 to current	8	6	2	2	5	4
Dr Furio Virant 07/98 to current	8	8				
Dr Helena Williams 11/98 to current	8	8				
Dr Steve Wilson 07/98 to current	8	7				
RESIGNED DURING THE YEAR:						
Dr Ben Ewald 07/98 to 08/99	1	1				
Dr Gerry McGushin 11/98 to 08/99	1	1				
Dr James McLennan 07/98 to 08/99	1	1				

RESULTS AND REVIEW OF OPERATIONS

The operating result of the Company after abnormal items for the year was \$115,828 (\$251,968:1999).

STATE OF AFFAIRS

There were no significant changes in the state of affairs of the company during the financial year. The company does not intend to extend its operations outside its current activities during the next financial year.

DIVIDENDS

The company is limited by guarantee and is prohibited by its objects from distributing its surplus to the members. Accordingly no dividend has been paid or declared for the year by the company since the end of the previous financial year and up to the date of this report.

EVENTS SUBSEQUENT TO BALANCE DATE

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, that in the opinion of the Directors, will affect substantially the operations of the company or the performance of the company in subsequent financial years.

DIRECTORS BENEFITS

Since the end of the previous financial year, no Director has received or become entitled to receive a benefit (other than a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the accounts (Note 15) or the fixed salary of a full-time employee of the company) by reason of a contract made by the company or a related corporation with the Director or with a firm of which he/she is a member, or with a company in which he/she has a substantial financial interest.

INDEMNIFICATION OF OFFICERS OR AUDITORS

Every Director of the Board, Auditor, Secretary and other officer for the time being of the company shall be indemnified out of the assets of the company against any liability arising out of the execution of the duties of office which is incurred by him/her in defending any proceedings, whether civil or criminal, in which judgement is given in his/her favour or in which he/she is acquitted or in connection with any application under the Law in which relief is granted to him/her by the Court in respect of any negligence default breach of duty or breach of trust.

The company has paid a premium of \$6,717 during the financial year in respect of a professional indemnity contract insuring the Directors and Officers against a liability incurred as an officer for the costs or expenses to defend legal proceedings.

Signed at Canberra this 28th day of July 2000 in accordance with a resolution of the Directors.

Dr Julie Thompson
Director

Dr John Fisher
Director

DIRECTORS DECLARATION

The Directors of the company declare that:

1. the financial statements and notes:
 - (a) comply with Accounting Standards and the Corporations Law; and
 - (b) give a true and fair view of the financial position as at 30 June 2000 and performance for the year ended on that date of the company;
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.

Signed at Canberra this 28th day of July 2000 in accordance with a resolution of the Directors.

Dr Julie Thompson
Director

Dr John Fisher
Director

INDEPENDENT AUDIT REPORT

To the members of Australian Divisions of General Practice Limited

SCOPE

We have audited the financial report of the Australian Divisions of General Practice Limited for the financial year ended 30 June 2000, comprising the profit and loss statement, statement of cash flows, balance sheet and accompanying notes. The Directors are responsible for the preparation and presentation of the financial report and the information contained therein. We have conducted an independent audit of the financial report in order to express an opinion on it to the members of the company.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements and statutory requirements so as to present a view which is consistent with our understanding of the company's financial position and performance as represented by the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

AUDIT OPINION

In my opinion, the financial report of Australian Divisions of General Practice Limited is in accordance with:

- (a) the Corporations Law, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2000 and its performance for the year ended on that date; and
 - (ii) complying with Accounting Standards and the Corporations Regulations; and
- (b) other mandatory professional reporting requirements.

FIELDEN HUMMER & CO

ERIC S HUMMER
Principal

28 July 2000

PROFIT AND LOSS STATEMENT FOR THE YEAR ENDED 30 JUNE 2000

	Note	2000 \$	1999 \$
Revenue	2	5,986,937	1,413,336
Operating result before abnormal items	3	229,318	251,968
Abnormal loss	4	(113,490))	-
Operating result after abnormal item		115,828	251,968
Accumulated funds at the beginning of the year		251,968	-
Transfer from reserves-		-	-
Accumulated funds at the end of the year		367,796	251,968

The profit and loss statement should be read in conjunction with the notes to the annual financial report.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2000

	Note	2000 \$	1999 \$
OPERATING ACTIVITIES			
Project grants received		5,019,650	1,356,328
Grants held in trust received		-	4,335,742
Sponsorship and fees for services received		1,068,568	249,647
Interest received		180,705	8,117
Grants held in trust disbursed		(5,690,358)	-
Payments to suppliers and employees		(2,796,907)	(1,125,229)
Net cash provided by operating activities	13	(2,218,342)	4,824,605
INVESTING ACTIVITIES			
Payment for property, plant and equipment		(66,152)	(87,277)
Net cash used in investing activities		(66,152)	(87,277)
Net movement in cash held		(2,284,494)	4,736,788
Cash at the beginning of the year		4,736,788	-
Cash at the end of the year	5	2,452,294	4,736,788

The statement of cash flows should be read in conjunction with the notes to the annual financial report.

BALANCE SHEET AS AT 30 JUNE 2000

	Note	2000 \$	1999 \$
CURRENT ASSETS			
Cash	5	2,452,293	4,736,788
Receivables		195,861	89,962
Other	6	32,423	12,025
TOTAL CURRENT ASSETS		2,680,577	4,838,775
NON-CURRENT ASSETS			
Property, plant and equipment	7	113,474	82,508
TOTAL NON-CURRENT ASSETS		113,474	82,508
TOTAL ASSETS		2,794,051	4,921,283
CURRENT LIABILITIES			
Accounts payable		63,738	27,725
Provisions	9	32,130	15,670
Other	8	2,330,387	4,625,920
TOTAL CURRENT LIABILITES		2,426,255	4,669,315
TOTAL LIABILITIES		2,426,255	4,669,315
NET ASSETS		367,796	251,968
ACCUMULATED FUNDS			
Retained Earnings		367,796	251,968
TOTAL ACCUMULATED FUNDS		367,796	251,968

The balance sheet should be read in conjunction with the notes to the annual financial report.

NOTES TO THE ANNUAL FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2000

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report prepared in accordance with Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board and Urgent Issues Group Consensus Views, the Corporations Law and the conditions of grants from the Commonwealth Department of Health and Aged Care.

The financial report is prepared on an accrual basis. They are based on historical costs and do not take into account changing money value or, except where specifically stated, current valuations of non-current assets. The following specific accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of these statements:

A) INCOME TAX

Income tax has not been provided for in the financial statements as the company is exempt from income tax under the provisions of Section 50-10, Item 2.1 (organisation established for community service purposes) of the Income Tax Assessment Act, 1997.

B) PLANT AND EQUIPMENT

Office equipment is valued at cost and is depreciated on a straight line basis over the useful life to the company commencing from the time the asset is held ready for use. The depreciation rates used are between 15% and 40%.

C) CASH

For the purpose of the statement of cash flows, cash includes:

- cash on hand and in at call deposits with banks or financial institutions, net of bank overdrafts; and
- investments in money market instruments with less than 90 days to maturity.

D) COMPARATIVE FIGURES

To promote consistency, comparative information has been amended where necessary.

E) REVENUE RECOGNITION

Private Sponsorship is recognised as revenue in the year when it is received.

Conference income is recognised as revenue on receipt of funds from the conference organisers.

Revenue received under fee for service contracts is recognised as revenue in the year it is received.

Grants from the Commonwealth Department of Health and Aged Care requiring acquittal at the end of the grant contracts are treated as follows:

- Funds held in trust where the company acts as a facilitator to distribute grants in accordance with the contracts of grants is not recognised as revenue but is recognised as grant funds held in trust (current liability);
- Project grant funds received but unexpended at balance date are carried forward as unexpended grants (current liability);
- Where grant funds contain management fees, that portion is recognised as revenue of the company in the year in which it is received.

	2000 \$	1999 \$
2. OPERATING REVENUE		
Grant revenue	4,631,766	1,025,572
OTHER REVENUE:		
Interest	180,705	8,117
Fee for Services	202,311	161,212
Sponsorship	867,270	210,932
Miscellaneous	104,885	7,503
	5,986,937	1,413,336

3. OPERATING RESULT

The operating profit was arrived after charging/
(crediting) the following specific items:

Charging as Expenses

Movements in Provisions:

Depreciation - Property, Plant and Equipment	35,186	4,769
Employee Entitlements	16,460	15,670

Auditor's remuneration:

audit of the financial report	6,700	4,000
other services	866	2,950

4. ABNORMAL ITEMS

Recognition of unexpended grants brought to account as income in the prior year	113,491	-
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5. CASH

Cheque Account and cash on hand	185,543	393,046
Grant Account	(11,643)	4,335,742
Term Deposit (90 day term)	2,278,393	8,000
	2,452,293	4,736,788

6. OTHER CURRENT ASSETS

Prepayments	32,423	12,025
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7. PROPERTY, PLANT AND EQUIPMENT

Office Equipment - at cost	153,429	87,277
Less: Accumulated Depreciation	(39,955)	(4,769)
	113,474	82,508

	2000 \$	1999 \$
8. OTHER CURRENT LIABILITIES		
Grants held in trust	2,038,718	4,567,170
Unexpended Grants	291,669	58,750
	2,330,387	4,625,920

9. PROVISIONS

Employee entitlements - Annual Leave	32,130	15,670
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10. MEMBERS GUARANTEE

Australian Divisions of General Practice Limited is a Company limited by guarantee. If the company is wound up, the Memorandum of Association states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the company.

11. SEGMENT REPORTING

The company operates in Australia to act as the national body of the Divisions of General Practice throughout Australia. Revenue is derived mainly from Commonwealth Government grants.

12. FINANCIAL INSTRUMENTS

This note sets out information regarding risks associated with financial instruments.

(A) NET FAIR VALUES

The net fair value of financial assets and liabilities approximates the values shown in the balance sheet and the notes thereto.

(B) CREDIT RISK

Credit risk is the risk that a financial asset will not be realised by the company due to the default of the debtor. The financial assets subject to credit risk are as follows:

FINANCIAL ASSETS

	2000 \$	1999 \$
Cash on hand	72	-
Cash at bank	173,829	393,046
Cash on deposit	2,278,393	4,343,742
Maximum exposure	2,452,294	4,736,788

All cash at bank and on deposit of is receivable from the National Australia Bank.

(C) INTEREST RATE RISK

Interest rate risk is the risk that the value of a financial asset or liability will change due to interest rate fluctuations. The weighted average effective interest rates applicable to each class of financial asset and liability are as follows:

- Cash totalling \$173,829 at variable rate of 4.75%
- Cash on deposit maturing within one year totalling \$2,278,393 at 90 day fixed rate of 6.00%

13. RECONCILIATION OF CASH FLOWS RELATING TO OPERATING ACTIVITIES TO OPERATING RESULT

Net cash flows relating to operating activities is reconciled to the operating result before abnormal items as follows:

	2000 \$	1999 \$
Operating result before abnormal items	229,318	251,968
Non cash items in operating profit		
• Depreciation	35,186	4,769
Changes in operating assets and liabilities		
• Receivables	(105,898)	(89,962)
• Prepayments	(20,398)	(12,025)
• Accounts payable	36,013	27,725
• Provision for Employee entitlements	16,460	16,670
• Grants held in trust	(2,297,023)	4,335,742
• Unexpended grants	(112,000)	290,718
Net cash flows relating to operating activities	2,218,342	4,824,605

There were no non-cash financing and investing activities during the period.

There are no credit stand-by arrangement or financing facilities in place.

14. COMMITMENTS

Future office lease rentals not provided for in the financial statements and payable:

	2000 \$	1999 \$
Not later than one year	114,106	-
Later than one but not later than five years	184,041	-
Total	298,147	-

15. RELATED PARTY TRANSACTIONS

Total remuneration of Directors during the year and the number of Directors whose income from the company or any related parties was within the following bands are as follows:

	2000 \$	1999 \$
Total remuneration received	242,509	104,100
\$0 - \$9,999	10	13
\$10,000 - \$19,999	4	-
\$20,000 - \$29,999	1	-
\$30,000 - \$39,999	1	-
\$40,000 - \$49,999	-	1
\$60,000 - \$69,999	1	-



APPENDIX 1 – STRATEGIC PLAN 2000–2002

1. EXECUTIVE SUMMARY

The mission of the Australian Divisions of General Practice Limited (ADGP) is ‘to represent, support and advocate for general practice through Divisions of General Practice’. During 2000–2002 ADGP’s focus will be on consolidating national leadership and national

coordination to the Divisions Program with an emphasis on strengthening the role of Divisions of General Practice in the delivery of quality primary health care. By working together with other health professionals and organisations to assist Divisions of General Practice to enhance the quality of health care at the local level ADGP aims to improve health outcomes.

ADGP LTD GOALS AND OUTCOMES

REPRESENTATION AND ADVOCACY

- ADGP strategically positioned to proactively represent Divisions of General Practice
- Effective working relationship with Divisions of General Practice, SBOs, national health bodies and government
- Effective ADGP representation on key national committees
- Effective and high quality input to national health policy issues
- Strengthened role for general practice in primary health care, population health and the delivery of primary care
- A supportive and collaborative relationship among SBOs, GP stakeholder organisations and ADGP

COMMUNICATIONS

- Effective communication among ADGP, Divisions of General Practice, SBOs and GP stakeholder organisations
- Accessible, up-to-date online information and resource exchange
- Effective application of communication technologies
- Heightened positive health sector and community awareness of Divisions of General Practice, SBOs and ADGP, and their role in supporting general practice
- Heightened positive health sector and community awareness of the role of general practice in coordinating quality primary health care and monitoring and influencing public health

NATIONAL POLICY DEVELOPMENT

- ADGP and Divisions of General Practice well supported by a strong national policy base on key general practice issues
- ADGP, the Divisions of General Practice and SBOs positioned to proactively contribute to the future direction of general practice

DIVISIONS OF GENERAL PRACTICE DEVELOPMENT AND SUPPORT

- Continuous improvement to ensure quality program delivery by Divisions of General Practice
- Delivery of national programs through ADGP and the Divisions of General Practice
- Awareness of innovative models of Divisional structures among the Division of General Practice Network

SKILL DEVELOPMENT AND INFORMATION EXCHANGE

- Improved professional development and training opportunities for GPs and Divisional staff
- Improved GP participation within the Division Program
- Improved Leadership and Management Development among Divisions of General Practice

SBO PROGRAMS

DIVISIONS PROGRAMS AND GPs

RWA PROGRAMS

IMPROVED QUALITY OF PRIMARY HEALTH CARE AND IMPROVED PUBLIC HEALTH OUTCOMES

2. VISION

Improving the health of all Australians through Divisions of General Practice.

3. MISSION STATEMENT

To represent, support and advocate for general practice through Divisions of General Practice.

4. ADGP OBJECTS

The objects for which the ADGP is established are to:

- Ensure that there is communication with Divisions of General Practice, directly or through State Based Organisations;
- Represent Divisions of General Practice across Australia;
- Be the voice of Divisions of General Practice to the Commonwealth of Australia;
- Support Divisions of General Practice across Australia;
- Advocate for Divisions of General Practice;
- Inform the public about issues affecting Divisions of General Practice; and
- Promote the exchange of skills, information and ideas between Divisions of General Practice.

5. ADGP CHARTER

ADGP is a national structure owned by the Divisions of General Practice.

A base where:

- Effective working relationships among Divisions of General Practice, SBOs, GP stakeholder organisations, national health bodies and government are fostered and strengthened.

A mechanism for:

- Representing and advocating on behalf of Divisions of General Practice, in collaboration with SBOs at the national level;
- Identifying and responding to national health issues, clinical matters arising from national health priorities, and matters of interest to Divisions of General Practice;
- Formulating national policy perspectives with Divisions of General Practice, in partnership with SBOs;
- Maintaining effective channels of communication with Divisions of General Practice, the SBOs, other GP representative organisations, government, consumers, academia and other stakeholders;
- Reinforcing general practice as a central component in the coordination and delivery of quality primary health care; and
- Providing advice to government and other agencies.

A resource that:

- Offers professional development opportunities for divisional members;
- Is a clearing house for information and consultations with government in connection with national issues involving Divisions of General Practice; and
- Provides guidance on Divisional operational policy and program development in collaboration with SBOs.

6. ORGANISATIONAL VALUES

The ADGP will achieve its goals and conduct its operations in accordance with the following values.

INTERNAL	EXTERNAL
<p>Ethical behavior At all times, the business of the ADGP is to be conducted in accordance with highest standards of probity and ethical behavior.</p> <p>Quality The principles of quality management are to be adhered to, with a focus on high standards of service and continuous improvement.</p> <p>Cost effectiveness The internal operations and the service provision functions of the ADGP are to be undertaken on a demonstrable cost-effective basis.</p> <p>Transparency The corporate decision making processes, management processes and service delivery programs are to be undertaken in an open and transparent way.</p> <p>Core business ADGP is based on the needs of Divisions of General Practice articulated through local, State and Territory and national networks.</p> <p>Divisional representation Divisional representation in all appropriate forums at national levels is based on the endorsed ADGP representation policy.</p>	<p>Democracy The collegiate basis of the ADGP and provision of equitable participation of Divisions of General Practice are to be recognised.</p> <p>Customer service ADGP is to ensure that its focus is on meeting the needs of clients, and thinking and acting as a service organisation.</p> <p>Equity Access, opportunity and exposure and availability of information to the entire membership of the ADGP are to be provided.</p> <p>Accountability Office holders and employees of the ADGP are to be fully accountable to the membership of the ADGP for the management of the ADGP.</p> <p>Communication Communication with Divisions of General Practice, SBOs and key general practice and other organisations is to be open, effective and focused on national issues.</p> <p>Collaboration Collaboration with other health professionals in the primary health care sector to improve health outcomes is to be promoted.</p>

7. DEMOGRAPHY AND MEMBERSHIP

The ADGP is a national organisation representing all Divisions of General Practice. There are 123 Divisions of General Practice throughout Australia. It is estimated that between 85–90% of general practitioners are members of Divisions of General Practice.

8. PARTNERSHIPS AND ALLIANCES

The SBOs are the support and coordination structure for Divisions of General Practice in each State and Territory. The ADGP works collaboratively with SBOs in canvassing the views of Divisions of General Practice on important national issues and ensuring effective information flow from the national to local level. The SBOs provide a valuable conduit for information flow from Divisions of General Practice to the ADGP. However, Divisions of General Practice, are able to approach the ADGP directly on any matter.

The ADGP also works with RWAs to ensure that they are linked into the communication, information flow, consultation and ideas sharing mechanisms established to service Divisions of General Practice.

The ADGP aims to build effective working relations and engage in collaborative projects with a range of key national organisations (eg NACCHO, CHF and other consumer organisations). Through open communication and collaboration at the national level, the ADGP will support such organisations to link with SBOs at the State and Territory level and Divisions of General Practice at the local level.

9. STRATEGIC DEVELOPMENT

ADGP's strategic development program is illustrated in the Strategic Directions graph on page 35.

PROGRAM 1 — REPRESENTATION AND ADVOCACY

Goal 1: To facilitate relationships among Divisions of General Practice, SBOs, GP stakeholder organisations, national health bodies and government.

OUTCOME	STRATEGY
<ul style="list-style-type: none"> ADGP strategically positioned to proactively represent Divisions of General Practice 	<ul style="list-style-type: none"> Form alliances with national health bodies and other key stakeholders
<ul style="list-style-type: none"> Effective working relationships with Divisions of General Practice, SBOs, national health bodies and government 	<ul style="list-style-type: none"> Develop a strong policy base Mid-term review of the ADGP Strategic Plan 2000–2002 Implement and maintain communication and consultation processes Liaise with government and national health bodies

Program 1 continued

Goal 2: To represent and advocate for the Divisions of General Practice at a national level.

OUTCOME	STRATEGY
<ul style="list-style-type: none"> • Effective ADGP representation on key national committees 	<ul style="list-style-type: none"> • Identify strategic committees and groups, including rural committees and groups, for Divisional input and negotiate ADGP representation
<ul style="list-style-type: none"> • Effective and high quality input to national health policy issues 	<ul style="list-style-type: none"> • Identify key policy issues and advocate for these in national forums • Maintain a consultative process with Divisions of General Practice to arrive at a national position on issues affecting members • Maintain a watching brief over the implementation of General Practice Strategy Review (GPSR) recommendations
<ul style="list-style-type: none"> • Strengthened role for general practice in primary health care, population health and the delivery of primary care 	<ul style="list-style-type: none"> • Advocate for changes in the health system to strengthen the role of general practice and Divisions of General Practice in primary health care, population health and the delivery of quality primary care

Goal 3: To collaborate with SBOs and GP stakeholder organisations in advocating at a national level.

OUTCOME	STRATEGY
<ul style="list-style-type: none"> • A supportive and collaborative relationship among SBOs, GP stakeholder organisations and ADGP 	<ul style="list-style-type: none"> • Maintain effective communication pathways among SBOs and ADGP, and GP stakeholder organisations as appropriate • Identify key issues of mutual importance to SBOs and ADGP and advocate for these in national forums

PROGRAM 2: NATIONAL POLICY DEVELOPMENT

Goal: To coordinate input from Divisions of General Practice into development of national policies.

OUTCOME	STRATEGY
<ul style="list-style-type: none"> ADGP and Divisions of General Practice well supported by a strong national policy base on key general practice issues 	<ul style="list-style-type: none"> Respond to requests for submissions and advice on current policy issues Establish a policy framework which identifies ADGP policy priorities, including a response to rural health issues Develop policies on the key issues identified in the policy framework Review and evaluate ADGP policy priorities to inform future policy development
<ul style="list-style-type: none"> ADGP, the Divisions of General Practice and SBOs positioned to proactively contribute to the future direction of general practice 	<ul style="list-style-type: none"> Identify future Divisions of General Practice program directions, especially relating to primary health care and population health Prepare a discussion paper on future policy directions

PROGRAM 3: COMMUNICATIONS

Goal 1: To facilitate communication across the Divisions of General Practice Network.

OUTCOME	STRATEGY
<ul style="list-style-type: none"> Effective communication among ADGP, Divisions of General Practice, SBOs and GP stakeholder organisations 	<ul style="list-style-type: none"> Operationalise the Communications and Marketing Strategy endorsed by Divisions of General Practice and SBOs Facilitate an ADGP/Divisions/SBO national communication network Disseminate information on ADGP-managed programs and matters of national significance by e-mail, faxstream or e-bulletin, and other publications Disseminate information from Divisions of General Practice and SBOs through the Divisions of General Practice Network Develop and distribute the National Directory of Divisions of General Practice Investigate the feasibility of a national Divisions of General Practice publication

Program 3 continued

OUTCOME	STRATEGY
<ul style="list-style-type: none"> • Accessible, up-to-date on-line information and resource exchange • Effective application of communication technologies 	<ul style="list-style-type: none"> • Develop and maintain a comprehensive ADGP website • Adopt efficient and cost effective communication technologies, including national satellite links • Trial national satellite education programs, with a view to providing comprehensive national programs • Use IT and telecommunication technology as a medium for meetings

Goal 2: To promote the Divisions of General Practice Network to the health sector and wider community.

OUTCOME	STRATEGY
<ul style="list-style-type: none"> • Heightened positive health sector and community awareness of Divisions of General Practice, SBOs and ADGP, and their role in supporting general practice • Heightened positive health sector and community awareness of the role of general practice in coordinating quality primary health care and monitoring and influencing public health 	<ul style="list-style-type: none"> • Form alliances with health and community organisations to promote the Divisions of General Practice and general practice • Implement a national media strategy as a component of the Communications and Marketing Strategy

PROGRAM 4: DIVISIONS OF GENERAL PRACTICE DEVELOPMENT AND SUPPORT

Goal 1: To provide development and business support to the Divisions of General Practice Network.

OUTCOME	STRATEGY
<ul style="list-style-type: none"> • Continuous improvement to ensure quality program delivery by Divisions of General Practice 	<ul style="list-style-type: none"> • Establish quality framework steering group • Develop and implement a quality framework for the Divisions of General Practice in consultation with stakeholders (including Divisions of General Practice, SBOs and DHAC) • Monitor the implementation of the quality framework

Program 4 continued

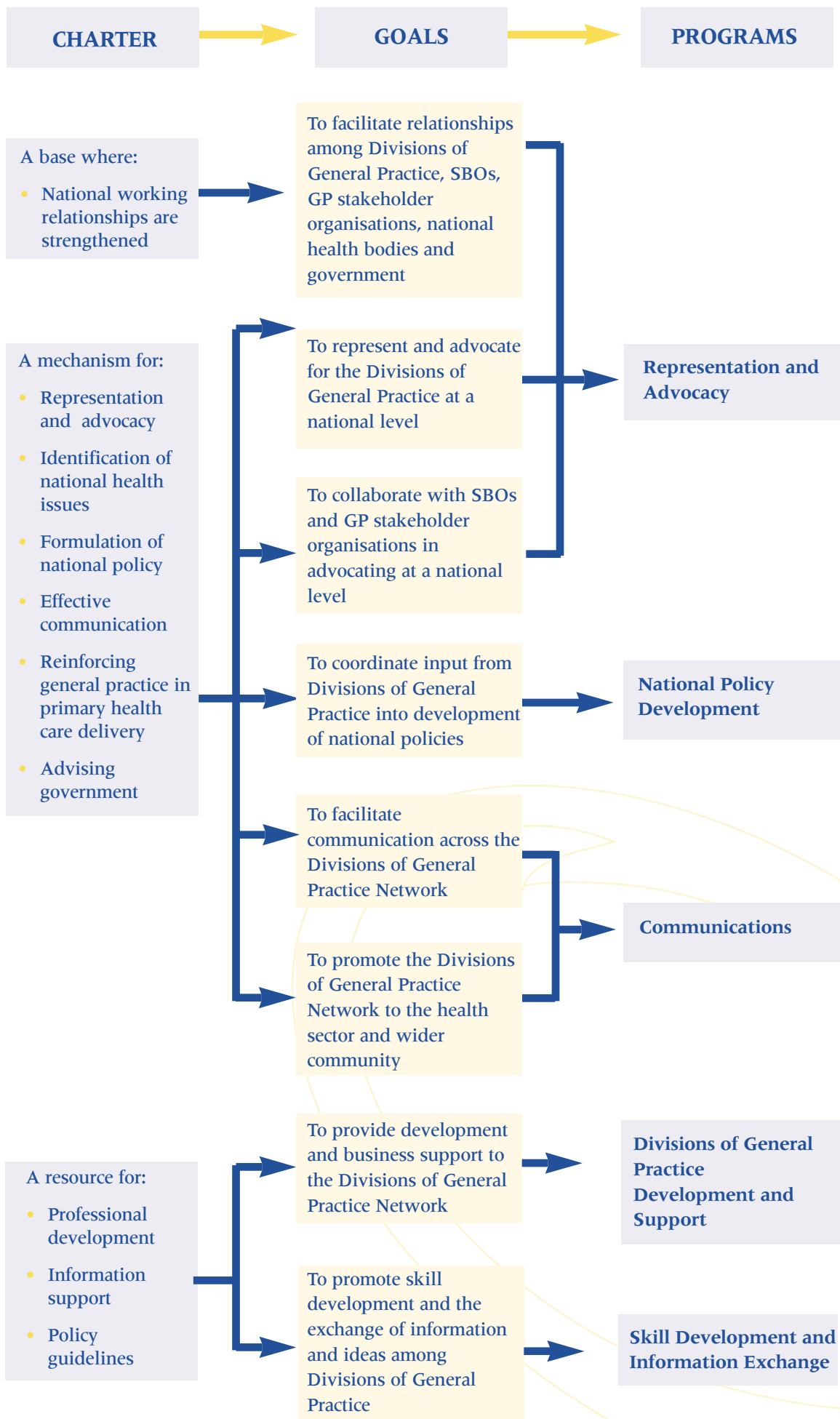
OUTCOME	STRATEGY
<ul style="list-style-type: none"> • Delivery of national programs through ADGP and the Divisions of General Practice • Awareness of innovative models of Divisional structures among the Divisions of General Practice Network 	<ul style="list-style-type: none"> • Provide input into the development of the evaluation strategy for the Divisions Program in collaboration with the Divisions of General Practice Network and other stakeholders • ADGP to advocate for and accept opportunities to manage national Division programs including rural health service delivery support programs • Identify, share and showcase examples of innovative models

PROGRAM 5: SKILL DEVELOPMENT AND INFORMATION EXCHANGE

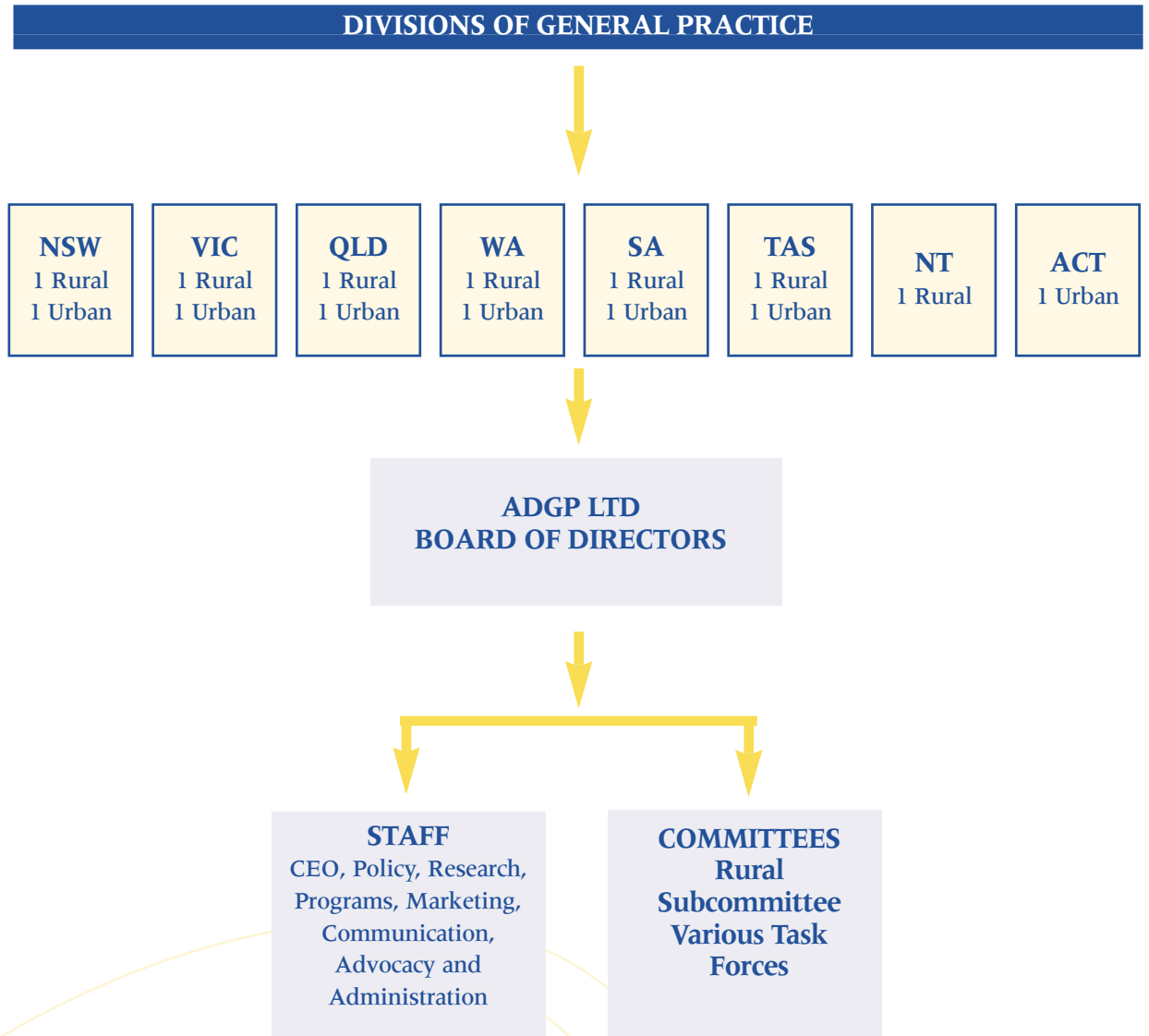
Goal: To promote skill development and the exchange of information and ideas among Divisions of General Practice.

OUTCOME	STRATEGY
<ul style="list-style-type: none"> • Improved professional development and training opportunities for general practitioners and Divisional staff • Improved general practitioner participation within the Division Program • Improved Leadership and Management Development among Divisions of General Practice 	<ul style="list-style-type: none"> • ADGP to advocate and seek opportunities to continue and further develop GP Business Advantage™ to improve general practitioner business skills • Endorse and promote national professional development and training programs delivered through Divisions of General Practice • Assist in the development and delivery of rural professional development, training and support programs through the Divisions of General Practice • Encourage general practitioner contribution to national forums/conferences • Provide a program of support and training to ADGP representatives • Implement a program to enhance leadership skills for general practitioners and non general practitioner staff within ADGP, Divisions of General Practice and SBOs at both the organisational and individual level

STRATEGIC DIRECTIONS

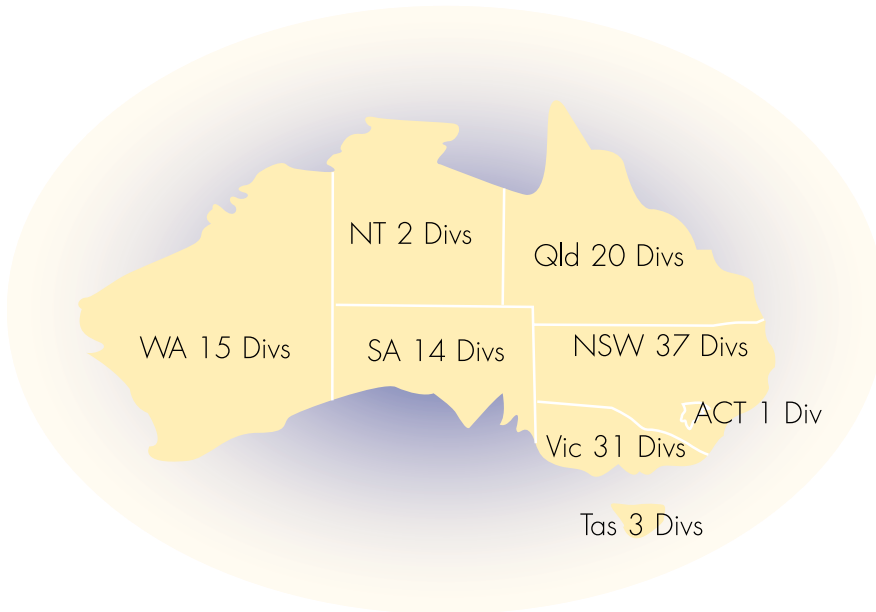


A. ADGP LTD ORGANISATION STRUCTURE

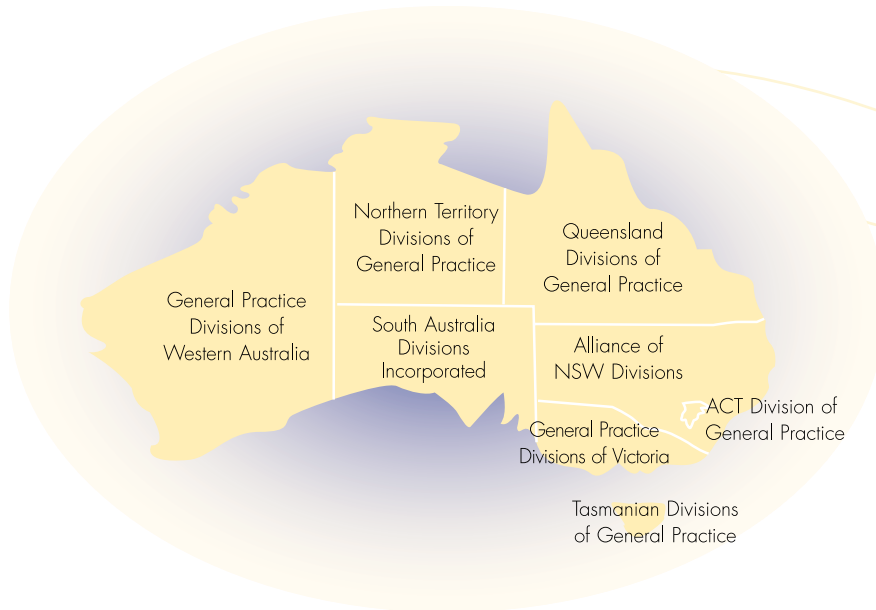


B. GEOGRAPHY

**Division of General Practice
Distribution by State or Territory**



State Based Organisations:



C. LIST OF STAKEHOLDER ORGANISATIONS

(This list is not comprehensive – however, it provides an indication of the range of organisations with common interest in general practice.)

Australian Association of General Practitioners	AAGP
Australian Association of Practice Managers	AAPM
Australian College of Rural and Remote Medicine	ACRRM
Australian Consumers Association	ACA
Australian Council of Healthcare Standards	ACHS
Australian Federation of Medical Women	AFMW
Australian General Practice Accreditation Ltd.	AGPAL
Australian Health Ministers Advisory Council	AHMAC
Australian HealthCare Association	AHA
Australian Indigenous Doctors Association	AIDA
Australian Medical Association	AMA
AMA Council of General Practitioners	AMACGP
Australian Medical Students Association	AMSA
Australian Medical Workforce Advisory Committee	AMWAC
Australian National Association of General Practitioners	ANAGP
Australian Nursing Federation	ANF
Australian Private Hospitals Association	APHA
Australian Rural Workforce Agencies Group	ARWAG
Commonwealth Department of Health and Aged Care	DHAC
Consumers Health Forum	CHF
Divisions of General Practice	DGP
General Practice Australia Ltd.	GPA
General Practice Computing Group	GPCG
General Practice Consultative Committee	GPCC
General Practice Divisions Services	GPDS
General Practice Education and Training Council	GPETC
General Practice Evaluation Program	GPEP
General Practice Financing Group	GPIFG
General Practice Memorandum of Understanding Group	GPMoUG
General Practice Partnership Advisory Council	GPPAC
General Practice Reference Group	GPRG
General Practice Registrars Association	GPRA
General Practitioners	GPs
GP Forum	GP Forum
Health Consumers of Rural and Remote Australia	HCRAA
Health Insurance Commission	HIC
Health Television Network	HTN
National Aboriginal Community Controlled Health Organisation	NACCHO

National Asthma Campaign	NAC
National Divisions Diabetes Project	NDDP
National Divisions Youth Alliance	NDYA
National General Practice Supervisors Association	NSA
National Health and Medical Research Council	NHMRC
National Prescribing Service	NPS
National Public Health Partnership	NPHP
National Registrars Association	NRA
National Rural Health Alliance	NRHA
Office of Aboriginal and Torres Strait Islander Health Services	OATSIHS
Pharmacy Guild of Australia	The Guild
Public Health Association of Australia	PHA
Royal Australian and New Zealand College of Psychiatrists	RANZCP
Royal Australian College of General Practitioners	RACGP
Royal College of Nursing, Australia	RCN
Rural Doctors Association of Australia	RDAA
Rural Doctors Resource Network	RDRN
Rural Health Education Foundation	RHEF
Rural Workforce Agencies	RWAs
State Based Organisations	SBOs
State and Territory Health Departments	
University Departments of General Practice	
University Departments of Rural Health	



D. DEFINITIONS

PRIMARY CARE

The care provided at a person's first contact, in any given episode of illness, with the health care system, leading to a decision as to what must be done and including responsibility for the continuum of care, as: appropriate referral, evaluation and management of symptoms and subsequent maintenance of health.

(Primary Medical Care, Blakiston's Gould Medical Dictionary)

- maternal and child health care, including family planning;
- immunization against the major infectious diseases;
- prevention and control of locally endemic diseases;
- appropriate treatment of common diseases and injuries; and,
- provision of essential drugs.

(World Health Organization – April 2000)

PRIMARY HEALTH CARE

Primary health care is essential health care based on practical, scientific and socially acceptable methods and technology. It is made universally accessible to individuals and families in the community through their full participation and at an affordable cost to the community and country. Primary health care is the central function and main focus of the country's health system and of the social and economic development of the community. It is the first contact of the individual, the family and the community with the national health system, bringing health care as close as possible to where people live and work, and constituting the first element of a continuing health care process.

Primary health care rests on the following eight elements:

- education on prevailing health problems and methods of preventing and controlling them;
- promotion of food supply and proper nutrition;
- adequate supply of safe water and basic sanitation;

APPENDIX 2

ADGP NATIONAL REPRESENTATIVES TO 30 JUNE 2000

COMMITTEE	TITLE	FIRST NAME	LAST NAME	STATE
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Ministerial Appointments

Australian Childhood Immunisation Register Management Committee	Dr	Peter	Eizenberg	VIC
Australian Technical Advisory Group on Immunisation	Dr	Simon	Leslie	WA
General Practice Education and Training Council	Dr	Moira	Sim	WA
General Practice Partnership Advisory Council	Dr	John	Aloizos	QLD
Quality Use of Pathology Committee	Dr	Helena	Williams	SA

Representative Positions held by ADGP Chair

Australian Divisions Email Project Review Steering Committee (Committee ceased during the reporting period.)	Dr	John	Aloizos	QLD
Australian General Practice Accreditation Limited				
Divisions Hospital Integration Program				
General Practice Business Advantage™ Steering Committee				
General Practice Finance Group				
General Practice Forum				
General Practice Immunisation Incentive Advisory Group				
General Practice Partnership Advisory Council				
General Practice Reference Group				
Joint Accreditation System Australia & New Zealand				
MoU Monitoring Group				
Primary Health Care Health Economics Advisory Committee				
Primary Mental Health Care Reference Group				

Representative Positions held by ADGP Board Nominees

ADGP Leadership and Management Development Steering Group	Dr	Julie	Thompson	VIC
AMA Council of General Practice (Observer)		Board	Member	
Australian General Practice Accreditation Limited	Dr	Ralph	Chapman	WA

Representative Positions held by ADGP Board Nominees continued

COMMITTEE	TITLE	FIRST NAME	LAST NAME	STATE
Australian Medical Workforce Advisory Committee GP Workforce Working Party	Dr	Jill	Grogan	VIC
Australian Medicines Handbook (Observer)	Dr	Peter	Morton	SA
Enhanced Primary Care Implementation Taskforce	Dr	Jill	Grogan	VIC
Farmsafe Australia Health Reference Group	Dr	Peter	Morton	SA
General Practice Business Advantage™ Steering Committee	Dr	George	Cerchez	TAS
General Practice Business Advantage™ Steering Committee	Dr	Julie	Thompson	VIC
General Practice Computing Group	Dr	Steve	Wilson	WA
General Practice Finance Group	Dr	Steve	Clark	ACT
General Practice Finance Group	Dr	Julie	Thompson	VIC
GPPAC Divisions Taskforce	Dr	Jill	Grogan	VIC
GPPAC Divisions Taskforce	Dr	Peter	Morton	SA
GPPAC Divisions Taskforce	Dr	Julie	Thompson	VIC
GPPAC Divisions Taskforce	Dr	Furio	Virant	NSW
Health Exchange Ethics Committee	Dr	Furio	Virant	NSW
Incentives for Quality Prescribing Program Working Party	Dr	Furio	Virant	NSW
Integration SERU Board (Committee ceased during the reporting period.)	Dr	Furio	Virant	NSW
Merck Sharp & Dohme University Program	Dr	Jill	Grogan	VIC
MoU Locum Working Party	Dr	Sheilagh	Cronin	QLD
MoU Pay Doctor Cheque Working Party	Dr	Furio	Virant	NSW
National Information Service	Dr	Helena	Williams	SA
National Institute of Clinical Studies Working Party	Dr	Jill	Grogan	VIC
NBCC, Breast Cancer Project	Dr	Sheilagh	Cronin	QLD
Pathology Quality and Outlays Committee	Dr	Furio	Virant	NSW
Pathology Quality and Outlays Committee	Dr	Helena	Williams	SA
RACGP General Practice Education and Training Board	Dr	John	Fisher	TAS
Rural Doctors Association of Australia (Observer)	Dr	Vlad	Matic	NSW
Standards Implementation and Evaluation Working Party	Dr	Steve	Clark	ACT

COMMITTEE	TITLE	FIRST NAME	LAST NAME	STATE
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Representative Positions held by Divisions of General Practice and SBO Nominees

ADGP Leadership and Management Development Steering Group	Dr	Ian	Adair	NSW
ADGP Leadership and Management Development Steering Group	Dr	Patrick	Bolton	NSW
ADGP Leadership and Management Development Steering Group	Ms	Kim	Boyer	TAS
ADGP Leadership and Management Development Steering Group	Dr	Karda	Cavanagh	NSW
ADGP Leadership and Management Development Steering Group	Dr	Steve	Clark	ACT
ADGP Leadership and Management Development Steering Group	Mr	Shane	Dawson	VIC
ADGP Leadership and Management Development Steering Group	Dr	Marian	Evans	ACT
ADGP Leadership and Management Development Steering Group	Dr	Peter	Morton	SA
ADGP Leadership and Management Development Steering Group	Dr	Rob	Pegram	ACT
ADGP Leadership and Management Development Steering Group	Dr	Warwick	Ruscoe	NSW
ADGP Leadership and Management Development Steering Group	Dr	Jenny	Thomson	ACT
After Hours Primary Medical Care Trial Evaluation Flu Program Advisory Committee	Dr	Karen	Sumner	SA
General Practice Data Group	Dr	David	Jarvis	ACT
General Practice Education and Training Board	Dr	Ed	Olslewski	WA
GP Data Model and Core Data Set Steering Committee	Dr	John	Thompson	SA
GP Remuneration Task Force Relative Value Study	Dr	John	Arthurson	SA
HIC Asthma Clinical Advisory Group	Dr	Ailsa	Laidlaw	QLD
HIC Cancer Clinical Advisory Group	Dr	Ian	Charlton	NSW
HIC Depression CAGS (Committee ceased during the reporting period.)	Dr	Elizabeth	Jane	NSW
HIC Diabetes Clinical Advisory Group	Dr	Anthony	Michael	NSW
HIC Divisions Advisory Committee	Dr	Francis	Halder	NSW
HIC Divisions Advisory Committee	Mr	Jenck	Akyalcin	VIC
HIC Divisions Advisory Committee	Dr	Ken	Baddeley	VIC
HIC Divisions Advisory Committee	Dr	Patrick	Bolton	NSW
HIC Divisions Advisory Committee	Dr	Michael	Crampton	NSW
HIC Divisions Advisory Committee	Dr	Peter	Del Fante	SA

Representative Positions held by Divisions of General Practice and SBO Nominees continued

COMMITTEE	TITLE	FIRST NAME	LAST NAME	STATE
HIC Divisions Advisory Committee	Ms	Jennifer	Fletcher	QLD
HIC Divisions Advisory Committee	Dr	Parbodh	Gogna	WA
HIC Divisions Advisory Committee	Dr	Philippa	Hudson	NT
HIC Divisions Advisory Committee	Dr	Simon	Moss	WA
HIC Gastro-Intestinal Disease Clinical Advisory Group (Committee ceased during the reporting period.)	Dr	Chris	Hogan	VIC
HIC Genetic Testing CAG (Committee ceased during the reporting period.)	Dr	Linda	Mann	NSW
HIC Pain Management Clinical Advisory Group	Dr	Moira	Sim	WA
HIC Prescription Drug Abuse CAG (Committee ceased during the reporting period.)	Dr	John	Murphy	VIC
HIC Quality Use of Medicine Clinical Advisory Group (Committee ceased during the reporting period.)	Dr	Constance	Pond	NSW
HIC Vascular Disease Clinical Advisory Group	Dr	David	Oberklaid	VIC
Mental Health Promotion and Prevention Working Party	Dr	Darcy	Smith	WA
MoU Accommodation Project for Registrars and Students in Rural and Remote Regions Steering Committee	Dr	Les	Woollard	NSW
National Comorbidity Reference Group	Dr	Christine	McAuliffe	QLD
National Divisions Diabetes Program Data Collation Project Working Group	Dr	Amjad	Hussain	VIC
National Divisions Diabetes Program Management Group	Dr	Warwick	Ruscoe	NSW
National Heart Foundation CVD-NCMDS Working Group	Dr	Michael	Lucas	WA
National Information Service	Dr	Richard	Hurst	NSW
National Prescribing Service	Dr	Peter	Roush	QLD
RACGP Independent GP Coding Jury	Dr	Angela	Rutherford	VIC
Strategic Inter-Governmental forum on Physical Activity and Health Working Group	Dr	Simon	Spedding	SA

APPENDIX 3

NATIONAL INNOVATIONS FUNDING POOL—ROUND 1 NATIONAL PROJECTS

STATE DIVISION		TITLE	DURATION months	TOTAL
NSW	Canterbury	What should I do? Do I go to the doctor?	12	\$194,756
NSW	Central Sydney	Development of patient held medical records	3	\$18,175
NSW	NSW Central West	GP/Aboriginal health worker	12	\$107,376
NSW	NSW Outback	Mother and Child - Feeling Safe	12	\$18,822
QLD	North Queensland Rural	Measuring patient outcomes of cardiac rehabilitation and secondary prevention: GP based primary care vs conventional group program	24	\$116,870
SA	SADI	Statewide injury prevention and control program for South Australia	6	\$20,000
VIC	Monash	Promoting and supporting evidence based practice through Divisions of General Practice	12	\$134,992
VIC	North West Melbourne	Protocols for patient confidentiality	12	\$62,200
VIC	Goulburn Valley	Randomised controlled evaluation of a hypertension register, recall, education and clinical support project among GPs in the Hume Region	24	\$350,000
VIC	Murray Plains	National data trial: primary production related accidents/illnesses	12	\$10,000
VIC	Central Highlands	Mental Health Skills Support and Linkages for GPs	12	\$78,375
WA	Perth Central Coastal	Recognising and managing anxiety, depression and suicide risk in general practice: a multimedia distance educational program for GPs	18	\$150,000
WA	Fremantle Regional information model	Qpath: Quality Pathology - an	18	\$200,000
WA	Fremantle Regional	Linking information management with health outcomes in general practice	24	\$200,000
				\$1,661,566

National Innovations Funding Pool - Round One continued

STATE PROJECTS

STATE DIVISION		TITLE	DURATION months	TOTAL
ACT	ACT	Facilitating medication management through the development of an integrated general practice hospital communications system	12	\$89,202
NSW	South West Sydney Area Health Service	An integrated approach to primary care in disadvantaged communities	24	\$127,000
NSW	Mid North Coast	Attracting GPs back into rural emergency departments - what's in it for all stakeholders?	12	\$74,080
NSW	Macarthur	Integration of urban indigenous population into local primary health care services	24	\$166,800
NSW	Port Macquarie	Nursing home liaison officer project	24	\$66,026
NSW	Illawarra	Patient information retrieval and notification system	12	\$152,308
NSW	Hornsby Kur-ring-gai	Doctors for doctors - facilitating access to GP services for junior medical officers	15	\$18,965
NSW	Western Sydney	The needs of vulnerable young families in Western Sydney	3	\$24,400
NSW	NSW Central West	Reducing alcohol and other drug related problems by more effective use of GPs	24	\$208,462
NT	Top End	Provision of IT/IM training program for urban and rural/remote practices	12	\$48,078
NT	Central Australian	Aboriginal health service consumer reference and advocacy project	6	\$48,000
QLD	Toowoomba and District	GP liaison unit in Toowoomba community mental health service	12	\$88,000
QLD	Brisbane Inner South	Extending the horizon: a Divisions of General Practice futures project	12	\$50,000
QLD	Far North Queensland Rural	Mental health integration and quality project	24	\$100,000
QLD	Brisbane Inner South	Community health pathways	24	\$180,000
QLD	Mackay	Innovative evidence based medicine workshops for GPs	18	\$90,000
QLD	North Queensland Rural	Developing the role of indigenous health workers in the secondary prevention of cardio vascular disease	24	\$50,000

National Innovations Funding Pool - Round One continued

STATE DIVISION		TITLE	DURATION months	TOTAL
SA	Mid North Rural SA	A coordinated approach to improving adolescent health in rural SA	24	\$156,860
SA	Adelaide Northern	Partnerships to address the social and emotional well being of indigenous young people in the Northern Metropolitan region of SA	6	\$12,232
SA	Southern	Promoting access to services for GPs and their patients	12	\$43,707
TAS	Northern Tasmania	Injury surveillance program	12	\$79,347
TAS	North West Melbourne	A practical framework for addressing health inequalities in general practice	8	\$20,000
TAS	Northern Tasmania	General practice and community nursing alliance model	4	\$13,322
TAS	North West Tasmania	Investigating opportunities for health intervention for unemployed people in a primary care setting	8	\$30,400
VIC	Murray Plains	"On-line" - Regional health service directory	12	\$10,000
VIC	Central Bayside	GP and multi-disciplinary care planning	5	\$20,000
VIC	Dandenong	GP and multi-disciplinary care planning	5	\$20,000
VIC	Melbourne	Developing a drug and alcohol GP network	6	\$14,000
VIC	North East Valley	Men's Health Promotion in General Practice	24	\$150,000
VIC	West Vic	GP and pharmacy liaison project	24	\$168,000
VIC	Melbourne	Help: Understanding Drug Use: You Can	12	\$82,400
VIC	Western Melbourne	Refugee health and GP development program	24	\$161,000
WA	Osborne	GP integrated drug and alcohol services for young people	6	\$9,666
WA	Fremantle Regional	An approach to better integrated care through partnerships between general practice, consumers and allied health	12	\$27,120
WA	Perth Central Coastal	Haematology Shared Care Project	12	\$70,000
				\$2,669,375
				\$4,330,941

APPENDIX 4

NATIONAL INNOVATIONS FUNDING POOL—ROUND 2

STATE DIVISION	TITLE	DURATION months	TOTAL
VIC Monash	Supporting GPs in Enhanced Primary Care: Identifying a role for Divisions and Practice Nurses	9	\$49,900
VIC Dandenong and Central Bayside	A Division based strategic framework for the implementation of multi-disciplinary care planning in general practice	12	\$92,000
VIC Central Bayside	Dual Diagnosis: GPs, the important but missing link in the system	12	\$84,520
VIC Central Bayside	Knowledge Management and Continuity Planning Project	16	\$88,000
VIC Melbourne	Promoting a culture a preventative health in general practice	12	\$98,266
VIC Melbourne	Establishing non co-located group practice networks: Designing 2 rural and 2 inner urban virtual group practices	6	\$50,000
VIC Westgate	Coordinated electronic patient held information system	13	\$41,035
VIC Central West Gippsland	Dads, Doctors and Depression	24	\$72,261
VIC Bendigo and District	Evaluation of the implementation of health assessments under the new MBS items	12	\$50,000
VIC Border	An effective method for GPs to determine and act on the health needs of young males	12	\$59,900
VIC Ballarat	Graduate Certificate of Practical Dermatology for General Practitioners by On-line Learning	18	\$160,000
NSW Canterbury	Promoting concordance in medication use in NESB communities	9	\$49,455
NSW Hornsby Ku-ring-gai	Transferring the care of survivors of childhood cancer to the patient's own general practitioner	12	\$35,920
NSW Hornsby Ku-ring-gai	Improving access to general practice for recent settlers, particularly refugees, in the Hornsby and Ryde Local Government areas	12	\$62,489
NSW Hornsby Ku-ring-gai	Decision support and management tools for the recognition of anxiety disorders in general practice	12	\$89,879
NSW Western Sydney	The Young Families Project	12	\$126,356
NSW Western Sydney	Do computerised clinical data collection forms work?	6	\$70,000
NSW Illawarra	The GP gateway: improved access to hospital data for GPs via web technology	12	\$230,668

STATE DIVISION		TITLE	DURATION	TOTAL
NSW	New England	Meeting the health needs of people with intellectual and developmental disabilities in our rural communities	12	\$50,000
NSW	Mid North Coast	Enhancing Care for Aboriginal People [promotion of the new enhanced primary care items through an Aboriginal health liaison worker]	12	\$49,842
SA	Adelaide Central Eastern	CME and Activity Booking On-line	12	\$25,000
SA	Adelaide Southern	GP involvement in the multi-disciplinary management of patients with challenging behaviours in residential care	18	\$26,329
SA	Adelaide Western	Feasibility study for a trial of marketing of a CVD Action against a Risk Checklist (ARC) information management system	12	\$49,520
WA	Great Southern	Rural Hospital in the Home	17	\$250,000
NT	Top End	NT Health Information Network	24	\$433,400
NT	Top End	GPs and Aboriginal Mental Health Workers - Learning Both Ways	12	\$48,840
NT	Top End	Primary care access for those with serious mental illness	12	\$50,000
NT	Central Australia	Footy Fitness - a program to improve the health of young Aboriginal men	9	\$28,776
QLD	Ipswich and West Moreton	Generating CME priorities from GP case records: a feasibility study	15	\$49,795
QLD	Brisbane North	The involvement of GPs in multi-disciplinary care planning and case conferencing in nursing homes	24	\$535,005
QLD	QDGP	GP leadership roles in population health: A divisional think tank series	24	\$150,000
QLD	Brisbane Southside Central	From desktop to disease prevention: Development of a GP based statewide data collection network	24	\$300,000
QLD	North Queensland Rural	Developing the capability and capacity of general practice to address population health issues in rural and remote North Queensland: Putting policy into practice	24	\$174,724
QLD	North Queensland Rural	Designing a "virtual" diabetes educator for self management education in rural and remote Australia	8	\$33,800
				\$3,765,680

APPENDIX 5

DIVISIONS ACCREDITATION SUPPORT PROGRAM

STATE DIVISION	TITLE	DURATION months	TOTAL
NSW Illawarra	General Practice Quality Improvement Training Program for Practice Staff	9	\$23,315
NSW Wagga Wagga and District	Rural Accreditation Support	9	\$21,428
NSW Dubbo Plains	The Solo GP Accreditation Support Network	9	\$24,165
NSW Northern Sydney	Increasing rates of practice accreditation registrations in Northern Sydney Division of General Practice	9	\$23,356
VIC Westgate	EQUIPc: - Efficiency, Quality and Understanding in Patient Care	9	\$24,165
VIC Knox	The Division "How To" Book on Accreditation - making accreditation best practice and practice improvement attractive and attainable for your general practitioners	9	\$23,865
VIC Goulburn Valley	Practice Based Accreditation Support Project	9	\$23,322
VIC North West Melbourne	Pre and Post Accreditation Divisional Support	9	\$24,165
VIC Monash	Supporting GPs Towards Accreditation	9	\$24,161
WA Peel/South West	Peel/South West Accreditation Support	9	\$24,089
WA Swan Hills	Abbreviated Accreditation Practice Visits	9	\$8,115
			\$244,146

DIVISIONS HOSPITAL INTEGRATION PROGRAM

NSW NSW Central West	Pre Admission Services	12	\$73,000
NSW Hunter Urban	Evaluation of the Hunter Task Force and Admissions Communications Systems in the Hunter Area	12	\$70,500
QLD Brisbane Southside Central	Antenatal/Postnatal Shared Care Program: A Collaborative Approach	12	\$74,957
SA Adelaide North East	A Continuum of Care: Home - Hospital - Home	12	\$74,740
TAS Northern Tasmania	Cooperative Communication Agreements and Mechanisms - Admission and Discharge	12	\$55,000
VIC Central Bayside	Pre Admission Assessment within the Southern Healthcare system	12	\$61,945
WA General Practice Divisions of WA	Diffusion of Homeward 2000	12	\$50,000
			\$460,142

Australian Divisions of General Practice Limited

ACN 082 812 146

Belconnen Chambers

59 Cameron Avenue

Belconnen ACT 2617

PO Box 1126

Belconnen ACT 2616

Telephone: 02 6251 3380

Facsimile: 02 6251 3390

Email: adgpreception@adgp.com.au

Website: www.adgp.com.au

