

Dr Ann McBryde

Meeting Essential Selection Guidelines

- Currently full time Practice Principal of 5 doctor **Urban Practice** and have been for 27 years
- 7 ½ years on board of **large Division** overseeing a large budget and innovative projects e.g. **Residential Care Project** which informed the last Medicare Plus package, **Coordinated Care Trials I and II** and **Building on Quality Project** working in a team with 5 other Divisions
- 4 ½ years **President** of that Board
- Elected **November 2003** ADGP board member and have spent much of this time getting a thorough understanding of the **Network's** and **ADGP's** policies, Vision and Vision for the Divisions

Meeting Desirable Selection Guidelines

- While on the Board of Brisbane North Division of General Practice, I have attended **each year**, formal Governance training run by various professionals such as Allan Haugh, Catherine Norton, Prof Geoff Kiel and John Merro. Over the last 2 years I have completed a 1 week's Residential course run by the **Australian Institute of Company Directors** and attended several other sessions run by them such as *Developing an effective Board*, *Managing a Difficult Director*, *Chairing an effective meeting*, *Monitoring Board, Directors and CEO's Performance*.

What I personally would bring to the Board

- Passionate belief that **robust General Practice** is essential for the delivery of good Primary Care and therefore better health outcomes
- Passionate belief that GPs and General Practice **need a robust structure to support them** in this endeavor
- Passionate belief that robust **Divisions are best placed to give that support**
- Passionate belief that a **robust National Peak Body** i.e. ADGP is needed to
 - Coordinate communication, actions and ideas within the Division Network.
 - Advocate for and represent Divisions and General Practice at a National level.
 - Develop **with Divisions**, national policies on Primary Health Care matters.

Although I have devoted considerable time to Divisional work over the last 7 years, I still regard myself as an *ordinary GP*. I remember what it was like to practice before Divisions were formed and believe we, the *ordinary GP*, need their continued presence. Only by strengthening **all parts** of the Network, can we ensure that Divisions will survive. I have only served half my elected term on ADGP Board and feel a strong commitment to continue to contribute to unfinished business. I have used this time to get to know and influence the culture of the Organisation. I am now ready to undertake a more significant role, being on the **Governance** Sub-committee and Chair of the **Aged Care Taskforce**. Clear understanding of, and full commitment to, each part of the Networks' roles are the big challenges for **ADGP Directors** and the **entire Network** to understand and support in the coming years.