adgp

Australian Divisions of **General Practice**

Annual Report 2002–**2003**

Vision

A high quality primary health care sector integrated through general practice that improves the health of all Australians.

Mission

To provide leadership and support for the Divisions of General Practice Network to achieve quality and vitality in primary health care.

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Front cover: Queensland MP the Hon Vaughan Johnson (centre) visiting staff from the South West Healthy Communities program, auspiced by the Southern Queensland Rural Division of General Practice, at Eromanga, in Queensland's south west. The program's mobile clinic undertakes retinopathy, blood pressure, blood glucose, height, weight and cholesterol screenings in communities throughout the state's south west. Photo courtesy of the Southern Queensland Rural Division of General Practice.

An overview of the Australian Divisions of General Practice

Australian Divisions of General Practice Ltd (ADGP) is the peak national body representing 120 Divisions of General Practice across Australia, and was established in 1998. The first local Divisions were established in 1992. About 95 per cent of GPs are members of a local Division of General Practice.

ADGP is committed to:

- supporting the development of a high quality primary health care to improve the health of all Australians
- representing Divisions of General Practice across Australia
- being the voice of Divisions of General Practice to the Commonwealth Government
- assisting and advocating for Divisions of General Practice
- informing the public about issues affecting general practice
- promoting the exchange of skills, information and ideas between Divisions of General Practice.

ADGP is one of Australia's largest representative voices for general practice. As part of ADGP's representation program, grass roots GPs contribute to about 60 key decision-making bodies in the health sector, having direct input into general practice financing, GP workforce and training, clinical practice and practice management and other key issues influencing the future of general practice.

ADGP plays a key role in policy development through a number of national programs. ADGP's programs cover a broad range of primary care issues, including immunisation, youth health and practice nursing. These programs aim to strengthen primary health care to better meet the needs of the Australian community.

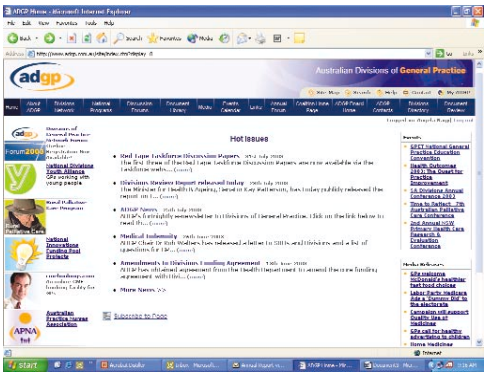
Contents

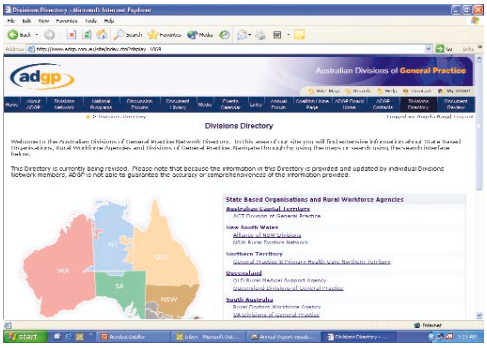
Highlights of the ADGP year

In 2002–03 ADGP continued to lead the way in assisting the primary health care sector to improve the health of all Australians.

ADGP website

ADGP's new interactive website has provided an essential source of information on the work of ADGP, SBOs and Divisions. Through the website, all members of the Network can access key documents, such as the Report of the Divisions Review, as soon as they become available. The on-line forums have enabled GPs and Divisions to debate current hot issues in general practice, such as the future of Medicare.





Forums

The Divisions Network Forum 2002 was our most successful ever with more than 1000 delegates enjoying four days of stimulating presentations, discussions and workshops. The great debate, which paired closet Divisions' comedians with professionals, was one of the most popular events of the Forum. The first 'Youth in Mind' conference brought together GPs, Divisions and other stake-holders to promote the role of GPs in youth mental health care.

Junk food advertising

The high rate of obesity among young Australians is a major health problem for Australia's future.

ADGP undertook a research study on junk food advertising which found that more than 99 per cent of food advertisements during children's television programs were for junk food.

ADGP worked with the National Divisions Youth Alliance in calling for a ban on junk food advertising to children to support the efforts of parents, doctors, teachers and others to teach children healthy eating habits.

ADGP has continued to strive for quality and vitality in primary health care in all of its programs. See our National Programs' Year in Review for details of all 12 ADGP programs.

After hours

Without Divisions, many Australian communities would not have access to any primary medical care outside of normal working hours.

Divisions' role in providing and supporting after hours primary medical care services around Australia has grown throughout the past 12 months with Divisions receiving 75 per cent of service development grants for the establishment of after hours care facilities.

Divisions of General Practice: improving the provision of after hours medical care.

Immunisation

Keeping Australian communities healthy through preventing diseases is the focus of the Divisions Network's Immunisation program.

Only a generation ago, diseases such as mumps, meningitis and measles were considered part of growing up. The success of our immunisation program has prevented Australian children from contracting these serious – and sometimes fatal – diseases.

More than 90 per cent of Australian babies are now fully immunised – with divisions playing a large role in this success story.

National Divisions Youth Alliance

Supporting GPs to provide high quality care to young Australians is the aim of the National Divisions Youth Alliance. This innovative program is the first ever in Australia to involve both GPs and young people in promoting better primary health care for young people.

Through interactive forums, grass roots involvement from the committed GPs on the NDYA management committee and the support of Divisions involved in youth health, NDYA is leading the way to a healthier future for young Australians.

ADGP has continued to strive for quality and vitality in primary health care in all of its programs. See our National Programs' Year in Review for details of all 12 programs.

Chair's report

Dr Rob Walters
Chair, Australian Divisions
of General Practice

'Unity in purpose, diversity in implementation'

This year has seen Divisions, State Based Organisations (SBOs) and ADGP gain a renewed sense of purpose and ownership of a national 'movement' committed to improving primary care for all Australians.

Divisions, SBOs and ADGP have established themselves as a mature, united Network, which seeks maximum input from grassroots general practice and communities into national health policy development.

Highlights of the year include: the 'Vision for Divisions' Strategic Summit and subsequent development of the policy paper *A Vision for Divisions of General Practice to 2007*; the wide-ranging consultation process undertaken to inform the Review of the Role of Divisions; the highly successful Divisions of General Practice Network Forum *Building Excellence in Primary Health Care*; and successfully lobbying the Commonwealth Department of Health and Ageing to establish a Business Management Advisory Group to look at ways to improve the business relationship and contract negotiations between the Government and the Network.

Our positive and constructive engagement with the other GP representative groups, through the General Practice Representative Group (GPRG), has achieved an unprecedented sense of unity which has resulted in agreement on issues affecting general practice, whilst recognising our different roles and approaches.

A strong and unified GPRG will provide general practice with the opportunity to deliver real gains for general practice and ADGP will work hard to respond to the calls from our members to achieve this goal.

Over the coming year, ADGP will work with the Divisions Network to continue to develop an independent, Division-driven articulation of the future role of the Network.

The long overdue review of the ADGP constitution will ensure the organisation has a strong foundation upon which to deliver a strong and sustainable general practice sector for the future.

We will continue to support excellence and innovation in general practice and strive to improve primary care service delivery in the community.

As always, we will strive for solutions-focussed discussions and debate on the key issues affecting GPs and their communities.

All members of ADGP can be justifiably proud of our achievements of the past year, and look forward to meeting the challenges of the future.

In conclusion, I would like to acknowledge the commitment and support of my fellow ADGP Board members and the leadership of ADGP CEO Steve Clark and his talented and dedicated staff in the ADGP office. I would also like to recognise the tireless work of the Immediate Past Chair, Dr Julie Thompson, who raised the standing and contribution of ADGP in the national policy arena.

Chief Executive Officer's report

The key strengths of the Divisions Network lie in our recognition of diversity within general practice and our solutions-focussed approach to meeting the challenges of leading primary health care reform across the country.

These characteristics will become increasingly important during the coming year as we grapple with the challenging issues facing general practice and work to keep general practice and Divisions high on the political agenda.

This year has seen ADGP focus on our commitment to working with Divisions and State Based Organisations (SBOs) to progress general practice issues.

This commitment has been reflected through our efforts to engage general practice at a local level through our extensive consultation on the Government's proposed changes to Medicare and our ongoing process to develop a shared vision for the Divisions Network for the next five years.

ADGP will continue to consult extensively with our membership about key general practice and Divisional issues, such as the Government's Review of Divisions, to ensure that we remain responsive to the needs of GPs in the community.

As our role has expanded to encompass an increasingly wider range of primary health care issues, it has been a continual challenge to maintain our commitment to consultation with grass roots general practice, through Divisions, within our limited resources.

During the past year ADGP has successfully negotiated changes to the Government's 'More Doctors for Outer Metropolitan Areas' initiative to meet the needs of outer urban GPs and their communities.

We have provided input into major Government inquiries, including the 'Red Tape Review' and the Senate Inquiry into Medicare.

ADGP has also expanded its policy role in new areas, including an exciting rural palliative care program based in rural Divisions.

The General Practice Registrars Association has co-located in the new ADGP Office, starting what I hope will be a long and productive association.

ADGP's national programs continue to provide vital support for GPs to provide high quality care for their patients. Our representation program currently gives more than 60 GPs the opportunity to sit on national committees and provide input into policies affecting GPs at the highest level.

In the coming year, ADGP will continue to work with Divisions and SBOs to increase the capacity of the Divisions Network to meet the primary health care challenges of the future. In particular, I look forward to progressing the work we have done this year on strengthening the structure of the Network and the governance of ADGP.

I would like to acknowledge the support of the ADGP Board of Directors during the past year and the hard work and commitment of the ADGP staff.

Dr Steve Clark
Chief Executive Officer
Australian Divisions of General Practice

Core activities

National policy

The Australian Divisions of General Practice's (ADGP) policy team continued to liaise with Divisions to provide a wide range of policy advice on general practice and primary health care issues.

Committees/taskforces

Our policy staff of four supported ADGP's Quality Framework for Divisions and Aged Care Taskforces, as well as the ADGP Rural Sub-Committee.

ADGP's Rural Sub-Committee became a member of the National Rural Health Alliance.

ADGP is a member of the Better Access for Rural Communities (BARC) Group. The aim of the group is to provide a forum for strategic thinking and planning in relation to national rural medical issues.

The location of the General Practice Registrars Association (GPRA) office with ADGP has facilitated a close and collaborative working relationship.

Key achievements

National policy development

ADGP's 2003–04 Federal Budget submission sought:

- an extension of the Practice Nurse initiative to all general practices
- additional GP Medical Benefits Scheme (MBS) items for residential aged care facilities
- alternative pathways for vocational recognition of other medical practitioners
- additional funding for Rural Retention Grants Scheme
- funding to continue investigation of Point of Care Testing in general practice, through regional pilots undertaken by Divisions of General Practice.

ADGP consulted Divisions in the development of a submission to the Productivity Commission on the General Practice Administrative and Compliance Costs Study (commonly referred to as the Red Tape Review). This led to further presentations to the Commission in response to the Report of the Red Tape Review.

In addition to its own submission, ADGP coordinated a joint ADGP/ State Based Organisations (SBOs) Coalition submission to the Review of the Role of Divisions of General Practice.

In consultation with Divisions and SBOs, ADGP developed and presented to the Federal Health Minister and the Department of Health and Ageing (DoHA) a paper titled An Alternative Proposal to the More Doctors for Outer Metropolitan Areas Budget Measure.

As a result of lobbying by the Divisions Network, the Minister announced an expansion of the eligibility criteria for the Outer Metropolitan (Other Medical Practitioners) Relocation Incentive Program to include 'areas of consideration' in response to the needs of inner metropolitan areas near to the boundaries of the outer metropolitan zone.

ADGP's response to the Commonwealth Government's A Fairer Medicare package included results of a survey of Divisions and GPs, with more than 800 responses received.

Visions for Divisions of General Practice to 2007

The Divisions Network's policy paper, Visions for Divisions of General Practice to 2007, was developed with contributions from several Divisions and SBOs, based on discussions (at the Divisions Summit 2002) on issues such as the changing nature of general practice, and the funding mechanisms and infrastructure needed to support these changes.

Building on Quality 'Roadshow'

ADGP and Divisions involved in the Building on Quality project visited Divisions and SBOs across Australia to discuss the outcomes of the project and how Divisions might benefit from the lessons learnt, including the use of information systems, support staff and peer support to build quality in general practice.

Representation and advocacy

The ADGP Representation Program has continued to provide scope for grassroots GPs and general practice to actively contribute to a range of primary care program and policy issues at the national level.

Throughout the financial year ADGP was represented on more than 60 national committees, relating to areas such as pharmaceuticals, Indigenous health, chronic diseases, immunisation, mental health, diagnostics, safety and quality, and information management/technology.

ADGP representation has been secured on a number of key committees and groups during the financial year. Full details of ADGP national representatives are located at the end of this report.

ADGP will continue to consolidate the representation program through the development of a database to better manage and monitor the program and to further refine its nominee selection and representative reporting procedures. Consideration will be given to the development of an ADGP Representation Program site on ADGP's website to inform the Divisions network and other parties of ADGP activities in this area.

National Aboriginal Community Controlled Health Organisation (NACCHO)

ADGP negotiated a Memorandum of Understanding (MoU) with NACCHO, which the two organisations hope to launch at the Divisions Forum in 2003.

Review of the Memorandum and Articles of Association

Policy staff have provided ongoing support to the review of ADGP's Memorandum and Articles of Association to enable the presentation of a new constitution for endorsement at ADGP's 2003 Annual General Meeting.

ADGP Strategic Plan

ADGP redrafted its Strategic Plan for 2002–2005 after extensive consultation with Divisions and SBOs.

Below Dr Rodney Omond from the Hunter Urban Division of General Practice with Denise Lyons and her son Joseph, promoting the Division's GP Access After Hours regional service. Photo courtesy Hunter Urban DGP.

Core activities

Communications

ADGP's communications program supports communications activities within the Divisions of General Practice Network and promotes key Divisions/general practice issues to the medical and mainstream media.

The communications team, which has one full-time and one part-time staff member, raises awareness of ADGP and the Divisions of General Practice Network to key stakeholders, such as federal parliamentarians, health professionals and consumer groups.

Key achievements

Key issues affecting general practice, such as medical indemnity, GP shortages and general practice financing issues, have been raised and responded to in the medical and mainstream media.

ADGP has been a vocal advocate on key public health issues of community concern, such as the advertising and promotion of junk food to children.

We have experienced increasing circulation of the fortnightly electronic journal, *ADGP News*, among Divisions staff, general practitioners and other stakeholders.

The work of ADGP and Divisions of General Practice has been promoted to federal parliamentarians through regular meetings.

ADGP's logo and corporate look have been redesigned to reflect our role as a leading facilitator in primary health care.

A regular presence in the medical media has been achieved through the publication of opinion pieces and news coverage of ADGP's position on current general practice issues.

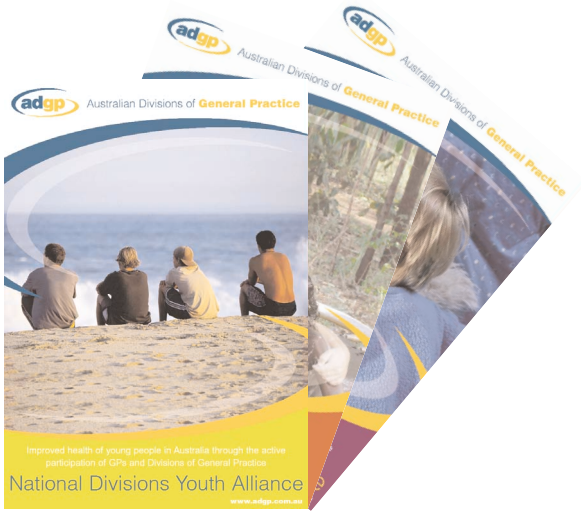
Presentations by the ADGP Chair and other representatives at key health conferences and summits have assisted in the promotion of the work of ADGP.

Future directions

ADGP will continue to work with Divisions and SBOs to strengthen the profile of Divisions of General Practice in the community.

Our relationship with parliamentarians will be further developed to influence the policy debate on primary health care issues.

Increasing our presence in the medical and mainstream media will ensure we continue to raise awareness of issues affecting general practice and Divisions.



GP Business Advantage™

GP Business Advantage™ is a non-clinical professional development program designed to assist general practitioners in improving their business management skills. GP Business Advantage™ is an initiative of ADGP, and was developed by general practitioners and GP academics specifically for general practice in Australia.

The aims of the program are to:

- Provide GPs with effective business management tools
- Empower GPs to be pro-active and accountable for their profession
- Assist GPs to develop and implement strategies to improve practice efficiency
- Help GPs to implement quality assurance in all aspects of their practice
- Create an interactive forum for GPs to discuss the challenges facing General Practice and find workable solutions.

GP Business Advantage™ is delivered through Divisions of General Practice. The program consists of nine modules, each of which is presented in a workshop format using a combination of video and small group activities.

A professional facilitator guides the group through each stage of the workshop. Participants are encouraged to work together to identify and address issues relevant to the day-to-day running of their practice.

The benefits to GPs and their practices of GP Business Advantage™ include:

- potential for improved financial and professional viability
- enhanced competencies in business management
- increased effectiveness and efficiency
- better understanding of information technology and its applications in general practice
- putting systems in place to minimise the risk of litigation
- ability to sit down with colleagues to share ideas and strategies.

Key achievements

GP Business Advantage™ continues to be made available to Divisions on a cost recovery basis and has been proven to provide tangible benefits to participating GPs by delivering practical and applicable learning outcomes.

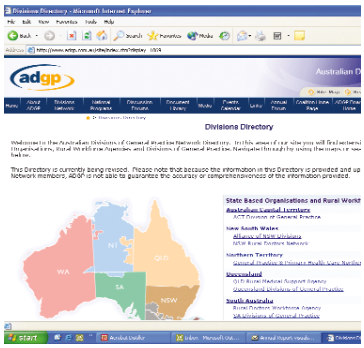
Future directions

ADGP plans to assist Divisions who wish to train their own facilitator to deliver the GP Business Advantage™ modules to their members through the coordination of facilitator training sessions.

Below GPs and their families from the Perth and Hills Division of General Practice enjoying a GP Wellness Day as part of the Division's GP Support Services. Photo courtesy Perth and Hills DGP.

Core activities

Information services



ADGP created a new position, Principal Adviser Information Services, in February 2003 to progress work in a number of Information Management/ Information Technology (IM/IT) areas. These include:

- management of the ADGP website redevelopment Project
- overall website administration and staff training
- development and implementation of an information management strategy for ADGP, including record-keeping policies and procedures
- development/management of information resources to support policy development and program management
- establishment of links with external organisations working with research and information services in the primary health care sphere and involve ADGP in collaborative projects.

Key achievements

The construction of the new ADGP website was completed in June 2003. Notable functions delivered include online discussion forums and an online National Divisions Directory.

Website training materials were developed and training was provided to ADGP staff throughout the entire construction process.

Links were established with Primary Health Care Research and Information Service (PHCRIS), Primary Health Care Research, Evaluation and Development (PHCRED), Primary Mental Health Care Australian Resource Centre (PARC), the DoHA Library and Divisional staff via the newly formed Knowledge Management Action Group (KMAG).

KMAG has formed a listserver discussion group, meets via teleconference quarterly and had its inaugural face to face meeting in June. The group's first collaborative project was to develop a funding submission for the provision of Online Bibliographic Database Access for the Divisions Network.

New national listservers were successfully established for all Division Network Chairs and CEOs for discussion on issues of shared interest.

Future directions

Ongoing development of the ADGP website is planned through improving content and promoting engagement by the Divisions Network. ADGP will increase the use of the website as a Network tool to promote information sharing and to facilitate national policy/program development.

A comprehensive IM strategy to create efficiencies in work processes within ADGP and to enhance communication across program/policy areas will be developed. This will include a comprehensive records management strategy and the development of a staff 'Intranet'.

Relationships with the KMAG will continue to be developed and collaborative projects such as the development of a joint Knowledge Management Strategy for the entire Divisions Network will be pursued.

National Divisions of General Practice FORUM 2002

The National Divisions of General Practice Network Forum 2002 was held at the Brisbane Convention and Exhibition Centre from Thursday 7 November to Sunday 10 November 2002. Forum 2002 was the fourth annual Divisions' conference organised by ADGP, and incorporated the inaugural Youth In Mind conference convened by the National Divisions Youth Alliance.

The Forum Coordinator and Secretariat were supported by an 11-member Steering Committee. Membership included: Dr Val Summers (Chair), ADGP Urban (QLD), Dr Vlad Matic, ADGP Rural (NSW), Dr Furio Virant, ADGP Urban (NSW), Dr Steve Clark, ADGP (CEO), Dr John Potter, Queensland Divisions of General Practice, Dr Annette Douglas, Southern Tasmanian DGP, Dr John Lamb, Toowoomba & District DGP, Mr Shane Dawson, Top End DGP, Ms Clare Besley, Brisbane North DGP, Ms Kathy Mott, Consumers Health Forum appointee and Mr Robin Wells, Department of Health and Ageing.

Key achievements

A total of 1089 registrations were received for Youth In Mind and the Forum, including sponsors and exhibitors, a 30 per cent increase from the previous year. About two thirds of delegates were from Divisions of General Practice, as in 2001. GPs made up approximately 40 per cent of Divisional registrations.

All eight SBOs and 115 Divisions (approximately 95 per cent) attended the 2002 Forum. This was slightly up on the previous year, when 113 Divisions attended. In total more than 220 different organisations were represented, including other GP groups, university departments and centres, and a number of State area health services. This was a 20 per cent increase in organisational participation over the previous year and demonstrates that the Divisions' Network has become an essential component of the Australian health sector.

2002 also saw the introduction of on-line registration, with over 200 registrations received via a link from the ADGP website.

Eighty-two abstracts were received in the Call for Papers, with 20 selected for presentation. Over 30 Forum presentations were from Divisional GPs. Seventy-five Divisions participated in the Poster Display, similar to the number in 2001.

The Forum was opened by the Minister for Health and Ageing, Senator Kay Patterson, and included a presentation by Mr Stephen Smith, Shadow Health Minister. Highlights of the formal presentations included a videoconference link with Dr Bonnie Sibbald of the National Primary Care Research and Development Centre, Manchester. Other featured speakers included Dr Mike Greco, Head of Patient and Public Involvement, National Health Service (NHS) National Primary Care Development Team, Ms Helen Owens, Productivity Commissioner, Ms Pat Anderson from NACCHO, and Professor Chris Del Mar of the Australian Association of Academic General Practitioners (AAAGP).

There was a 20 per cent increase in the number of trade exhibitors compared with 2001, with a range of exhibition stands from SBOs, pharmacy, nursing, IT, university centres, rural organisations, insurance, and practice management fields. Once again, the Internet Café was a successful component of the Trade Exhibition, and this year provided a venue for Evidence Based Medicine workshops for attending GPs, run by the Queensland University Department of General Practice.

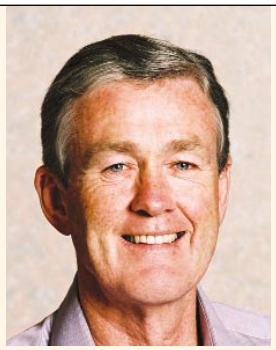
The Forum was again the recipient of a generous DoHA grant that enabled subsidised registrations to be extended to Divisions to enable wide participation.

Future directions

A new on-line evaluation system for the Forum was trialled at Forum 2002, which achieved a very high response rate of about 250 responses (22 per cent, compared with only eight per cent feedback in 2001). Overall the feedback from delegates and sponsors alike was positive, providing useful suggestions and comments for improving both the program and organisation in 2003.

ADGP organisational chart

ADGP Directors as at 30 June 2003



Dr Rob Walters
Tasmanian urban Director
Chair

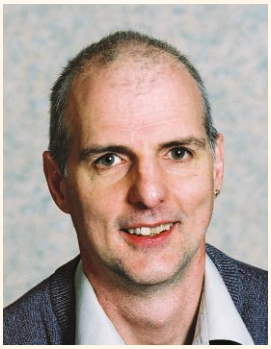
Dr Ralph Chapman
Western Australian rural Director
Chair, Rural Sub-Committee

Dr Peter Del Fante
South Australian urban Director

Dr Ann McBryde
Queensland urban Director

Mr Russell McGowan
Consumer representative

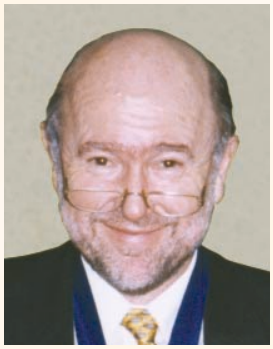
Dr Patrick O'Sullivan
Tasmanian rural Director



Dr Chris Pearce
Victorian urban Director

Dr Penny Roberts-Thomson
Northern Territory Director

Dr Moira Sim
Western Australian urban Director



Dr Ian Pryor
Australian Capital Territory Director

Dr Michael Taylor
South Australian rural Director

Dr Julie Thompson
Victorian rural Director

Dr Brenton Trezise
Queensland rural Director

Dr Furio Virant
New South Wales urban Director
Chair, Finance and Audit

Dr Vlad Matic
New South Wales rural Director
Vice Chair

National programs

After Hours Primary Medical Care (AHPMC)

The After Hours Primary Medical Care program is identifying grassroots issues and solutions to improve AHPMC service provision for both GPs and patients.

After Hours Primary Medical Care covers the period of time from 6pm to 8am weekdays, from 1pm on Saturdays and all day Sunday and public holidays.

In July 2001, ADGP was contracted by the Department of Health and Ageing to provide current, accurate and timely national, regional and local information on After Hours Primary Medical Care (AHPMC) services and service innovations across Australia and to assist Divisions of General Practice and GPs in analysing AHPMC issues and in developing innovative responses to issues raised. The program is in its second phase which will be completed in February 2004.

AHPMC is provided by a range of service providers including individual GPs; GP cooperatives; medical deputising services; emergency departments and extended hours medical centres.

ADGP works with State Based Organisations to support Divisions of General Practice across Australia in the provision of AHPMC. ADGP also provides information to the Commonwealth Department of Health and Ageing (DoHA) on current services, issues in relation to service provision and providing advice in relation to how these issues might be addressed at local, regional and national levels.

The program has identified and highlighted some of the major after hours issues confronting GPs and consumers in Australia to date and is providing DoHA with advice on the impact of these barriers to AHPMC and what broad policy and system change should be implemented to address the issues.

Key achievements

Through the SBO State Policy Officer network ADGP has provided valuable information and advice to DoHA in relation to the provision of After Hours Primary Medical Care in Australia.

One of the key deliverables for the program was the development of a discussion paper on AHPMC in Australia. This paper is currently with DoHA for comment and will be made publicly available upon finalisation. It identifies some of the major issues affecting AHPMC service provision in Australia to date, including issues related to:

- the need for clarification of responsibility for the provision of AHPMC
- inadequate AHPMC workforce and remuneration
- the need for funding mechanisms to support high quality AHPMC
- a need for systems change supporting ongoing sustainability of AHPMC rather than individually funded projects
- a need for flexible service models and funding of AHPMC to recognise and address specific local issues and needs
- a need for improved collection of data on current service provision; and
- a need for effective knowledge management and communication systems to enhance existing systems of care.

A second key deliverable is a mapping exercise which has been undertaken to identify where AHPMC services are located and how they are operating so that greater support can be provided to the Divisions network in relation to AHPMC service provision.

Importantly, through working with Divisions of General Practice the program is identifying grassroots issues and solutions and is able to provide advice to other Divisions in an attempt to improve AHPMC service provision for both GPs and patients.

Future directions

ADGP will pursue options for integrating funding for the AHPMC program into the core budget of ADGP.

Chronic Disease Management in General Practice

More than three million Australians, or nearly one in seven, suffer from chronic disease and the problem is likely to be one of the great health challenges for Australia and the world in the 21st Century.

Chronic diseases and conditions are generally defined as those which are long term (lasting more than six months), non-communicable, involving some functional impairment or disability and are usually incurable. They can affect people of all ages and contribute to the disease burden in our society.

Chronic diseases such as: diabetes, cancer, cardio-vascular disease, asthma and certain mental health conditions are among the most significant contributors to morbidity and mortality in Australia and as such have been recognised as National Health Priority Areas.

Chronic Disease Management (CDM) in general practice involves appropriate prevention, early identification and best practice management strategies.

As general practitioners are usually the first point of contact in the health system they have a key role to play in the primary intervention, prevention, diagnosis and management of chronic disease in the community.

Key achievements

The 2002–3 financial year saw the establishment of the CDM-SBO Program Officers Network.

A National Chronic Disease Management Workshop was conducted on 20 to 21 March 2003. Numerous national CDM in general practice and Practice Capacity Divisional Workshops were convened by ADGP.

The Commonwealth Department of Health and Ageing agreed to an additional $2.4 million for Divisional CDM contracts.

Future directions

The CDM and Information Management in General Practice agendas need to be integrated into the Divisions Network core business.

Practice capacity development and research to underpin Divisional practice support must be advanced.

Right: This image from the current after hours campaign reflects the community's concerns about the availability of after hours care—in particular in relation to the health and wellbeing of young children.

National programs

Integrated Care Program Phase 2

A key challenge facing GPs is the holistic management of chronic disease. Electronic Decision Support (eDS) tools will become an integral component of GPs' equipment to enable them to provide high quality services to the community.

Electronic decision support (eDS) systems use evidence-based best practice guidelines in an electronic format with a decision-making process that meets the needs of GPs for the specific disease area.

The development of electronic decision support in general practice has progressed in an ad hoc fashion in recent years. The Integrated Care Program has an underlying aim to assist in bringing together the relevant groups to ensure that eDS progresses in a more strategic collaborative and unified manner. The Integrated Care Program Phase 2 (ICP P2) program has engaged the Medical Software Industry in order to assist in this task.

The Integrated Care Program Phase 1 (ICP P1) was an innovative pilot project that began in 1998. It aimed to evaluate the value of evidence-based systems used for clinical decision making, Computerised Clinical Decision Support Systems (CDSS), in the management of certain chronic conditions. Phase 1 involved a number of stakeholders and explored options for the development of eDS as a proof-of-concept program.

The results of Phase 1 provided enough evidence to warrant the start of Phase 2 in 2001. ICP P1 found that by incorporating evidence-based guidelines and a summary of the patient data or knowledge base, the clinical decision-making process was enhanced, thereby potentially improving the quality of care.

Phase 2 of ICP began in March 2001 with a Joint Venture Agreement (JVA) entered into by DoHA, the Pharmaceutical Alliance (comprising CSL Ltd — now retired, Eli Lilly Australia Pty Limited, GlaxoSmithKline Pty Ltd, & Merck Sharp & Dohme Australia Pty Limited), Central Bayside Division of General Practice and Hornsby Ku-ring-gai Division of General Practice which retired from the JVA 31 March, 2003.

Phase 2 of ICP differs in a number of ways from Phase 1, based on the learning and experiences from the first phase of the project.

The primary aims for Phase 2 are:

- to further develop CDSS clinically, technically and methodologically, expanding on the experience of Integrated Care Program Phase 1
- to measure the impact of using evidence-based best practice, which includes clinical decision support software, on GP behaviour, patient behaviour and patient outcomes for patients with depression.

Secondary aims include:

- assessing the pattern and rate of uptake of the CDSS asthma & depression modules by GPs
- assessing the impact of CDSS on the use of pharmacological and non pharmacological interventions used for the treatment of depression
- measuring any changes in concordance of GPs with best practice associated with the use of the CDSS (as a predictor of likely improved patient outcomes)
- insights into the practical issues of designing, implementing and evaluating an 'e-health' initiative for asthma and depression in primary care, and
- collecting information on the uptake and impact of specific government initiatives for asthma and mental health in the primary care sector over the period of the study.

The project has been focussing on two disease areas, asthma and depression.

ICP P2 will be ready to go to trial early November 2003 and will conclude July 2004. The nine month trial will be rigorously evaluated.

Enhanced Divisional Quality Use of Medicines (EDQUM)

Enhanced Divisional Quality Use of Medicines (EDQUM) is a 1999–2000 budget initiative that did not commence as a program until July 2002.

EDQUM is designed to support Divisions in the further development of their Quality Use of Medicines (QUM) initiatives delivered to their local community.

Fifteen Divisions were chosen from 50 applicants to participate, including a consortium of six from rural Queensland. Two consortium Divisions withdrew early in the program, leaving thirteen currently active.

The three target drug groups are cardiovascular, ulcer healing and antibiotic pharmaceuticals.

Participating Divisions have a two-year letter of agreement with the Commonwealth Government. The Divisions receive no Commonwealth funding to support this activity. However, a percentage of any saving to the Pharmaceutical Benefits Scheme (PBS) when compared to the previous six years of Division activity will return to the Divisions to support further primary health care initiatives.

Key achievements

Barriers such as a lack of upfront funding and time constraints requiring concurrent resource development and project activity were overcome in the first 12 months of the program's operation.

EDQUM has led to increased data capacity in participating Divisions and a greater understanding of and interaction with National Prescribing Service and the PBS.

Divisions have successfully engaged GPs in QUM activities in one or more of the targeted drug groups.

Preliminary data on how EDQUM activity may have impacted PBS expenditure in participating Divisions should be available by 30 September 2003.

Future directions

The Commonwealth Government is currently funding a formative evaluation of the program to date. ADGP is in discussion with the Commonwealth regarding the possibility of increasing the number of pilot divisions.

Below: Osborne Division of General Practice co-deputy chair person Dr Scott Blackwell with patient Joan Linton. Photo courtesy Osborne DGP.

National programs

Home Medicines Review

The Medication Management Review Facilitator Program (MMR Facilitator Program) is the key national infrastructure to support the implementation of the Home Medicines Review (HMR) program.

The program is a joint initiative with the Pharmacy Guild of Australia.

HMRs are designed to improve the health of Australians by helping them to use their medicines more effectively by promoting the quality use of medicines. This is one of the objectives of Australia's National Medicines Policy.

MMR facilitators assist doctors, pharmacists and their staff in the uptake and quality administration of HMRs.

Extensive clinical trials underpin the HMR model which, for the first time, provides a Medicare payment to support GPs and pharmacists working together to improve the medication management of their patients.

Key achievements

The MMR Facilitator Program has employed part-time facilitators in 112 of 120 Divisions of General Practice, forging a strong partnership with the Pharmacy Guild of Australia. Staff are also located in SBOs and State Branches of the Pharmacy Guild of Australia.

More than 25,000 HMRs have been completed around the country since the program commenced in October 2001, putting uptake ahead of targets for years one and two.

HMRs have enabled doctors and pharmacists to work collaboratively, including the sharing of vital information gained by the pharmacist visiting the patient's home to discuss medication issues. The home interview makes the Australian HMR model unique in the world.

Future directions

Goals in the year ahead include maintaining the growth in uptake of HMRs, assisting GPs and pharmacists integrate HMR into their everyday practice, developing a more uniform distribution of pharmacists and GPs who use the Medicare item, and maintaining quality assurance in regard to adherence to the HMR model and achieving patient outcomes.

National Innovations Funding Pool

The National Innovations Funding Pool Program was funded under two rounds by DoHA in 1998 and 1999. Eight million dollars was spent across the two rounds.

It funded 82 projects across 50 Divisions and two SBOs, with the successful completion of 46 projects in round one and 30 in round two.

The program has been completed and there is no indication (at this stage) that it will be refunded.

Key achievements

There were varying levels of success within the projects. Many excellent resources were developed during the innovations program which are transferable between Divisions and other community organisations.

The program was successful in developing collaborations between Divisions, universities and other research organisations and allied health professionals.

A brief assessment of the program was conducted in collaboration between ADGP and the University of Melbourne, General Practice Department.

Further information on outcomes of the project is available on ADGP's website at http://www.adgp.com.au.

General Practice Immunisation

This program developed as a result of the implementation of the General Practice Immunisation Incentives Scheme (GPII) in 1998, where the initial aims were to encourage 90 per cent of general practices to participate in the Scheme, and to gain 90 per cent coverage rates in their practice population.

Funded by the Commonwealth Department of Health and Ageing, the Principal Advisor is responsible for the development and maintenance of a support network for immunisation providers and immunisation coordinators within Divisions of General Practice and State Based Organisations (SBOs).

The program provides advice and information to the Divisions Network on the National Immunisation Program, the GPII Scheme and other related population health initiatives that impact on general practice. It also provides a conduit for communication between immunisation providers and immunisation coordinators within Divisions of General Practice and SBOs, and other key stakeholder organisations including the Department.

The main aims of the program are:

- sustaining, and if possible increasing, the high levels of vaccination coverage that have been achieved over the past few years, in accordance with the National Immunisation Program and the GPII Scheme
- maintaining and continually improving the high level of general practice participation in providing information to the Australian Childhood Immunisation Register (ACIR) to assist in monitoring areas of low coverage
- identifying barriers to general practice participation in any of the national immunisation programs, and working collaboratively with key stakeholders to ensure workable solutions
- improving coverage for identified population groups that have low coverage levels
- improving population access to high quality immunisation services through general practice providers, and
- encouraging a strategic and population health focused approach to whole of life immunisation.

Key achievements

For the past three years more than 90 per cent of general practices have participated in the GPII Scheme. In February 2003, the average coverage rates achieved by general practices participating in the scheme exceeded 90 per cent for the first time.

Continual high quality general practice representation on key national immunisation committees has ensured input into national policy and program implementation processes.

Strong collaborative links have been facilitated across the Divisions Network, particularly the State Based Organisations Immunisation Coordinators (SBOIC) Network, providing leadership and support.

The re-establishment of an immunisation web presence on the main ADGP website has provided an accurate source of timely information on key immunisation issues of strategic importance.

Future directions

ADGP's Immunisation program will continue to strive towards reaching 95 per cent immunisation coverage, by focusing on areas of low coverage, inclusion of overseas vaccinations on the ACIR, acknowledgement of conscientious objection issues, and working on collaborative strategies with other key stakeholder groups to access high risk groups.

Above: SA's Riverland Division of General Practice Immunisation Coordinator Michael Loder on a visit to the Lake Bonney private medical centre advising nurse Jane Burton on scheduled vaccines. Photo courtesy Riverland DGP.

National programs

Information Management/Information Technology in General Practice

We must promote quality electronic data as the fundamental platform for information in general practice

Information Management (IM) is the process by which an organisation efficiently plans, collects, organises, uses, controls, disseminates and disposes of its information.

Information Technology (IT) is a means through which valuable health information can be identified and effectively managed and utilised.

In general practice this focusses on the better management of information that can assist in promoting improved clinical, patient and practice outcomes.

Key achievements

ADGP presented at the 2nd National Health Online Summit in Brisbane in March 2003, and made numerous presentations for IM in general practice at national forums, sessions, workshops and conferences.

Liaison with the General Practice Computing Group progressed the IMIT GP national agenda.

Targeted funding of $9.2 million was provided by DoHA for Broadband assistance in general practices.

A $31.5 million funding allocation was provided via the Practice Incentive Payment (PIP) scheme to 'help doctors reduce red tape in general practice by increasing the use of electronic patient records'. Assistance was also provided in identifying criteria for a second $31.5 million allocation.

Future directions

IM in general practice must be integrated into the Divisions Network core business, with increased support for development and research into practice capacity.

Further work is required to ensure greater recognition that IT in general practice requires specific infrastructure, support and funding. We must promote quality electronic data as the fundamental platform for information in general practice.

Below: Alberto Tinazzi, IM/IT Officer for Northern Sydney Division of General Practice, stands, with Dr John Proctor and Dr Anne Thomson from General Practice Cremorne. Photo courtesy of the Northern Sydney DGP.

National Divisions Youth Alliance (NDYA)

The National Divisions Youth Alliance (NDYA) is a national program that aims to work in partnership with GPs, Divisions and other stakeholders, to improve the health of young people in Australia. NDYA works to strengthen young people's relationships with general practitioners, to help GPs and Divisions to respond to their youth health needs.

The strategic direction of the NDYA program is guided by the NDYA Management Committee consisting of GPs, Divisions staff, a consumer representative, ADGP delegates and a representative from the Commonwealth Department of Health and Ageing.

Key achievements

NDYA hosted the *Youth in Mind: Youth Mental Health Care in General Practice* conference, part of the Divisions Network Forum 2002, to allow Divisions, GPs, youth mental health stakeholders, young people and carers to discuss the role of general practice and Divisions in addressing mental health issues affecting young people.

The conference themes were *Building Partnerships >> Sharing Knowledge >>* Supporting Participation, with 32 papers presented during concurrent sessions and 16 posters displayed. The conference communiqué formed part of the consultations for re-drafting the third national mental health care plan.

NDYA is working in partnership with ADGP's National Primary Mental Health Care program to deliver outcomes under the MindMatters Plus GP(MM+GP) initiative. NDYA brings its experience of programs involving GPs in the school environment to the MM+GP initiative and is represented on the MM+GP Initiative Reference Group.

An Evaluation of Youth Health Programs within Divisions of General Practice workshop was held in June 2003 as part of the General Practice and Primary Health Care pre-conference workshop program.

NDYA represented the interests of GPs and Divisions working in youth health through advocacy in several areas: Division and SBO visits; media statements; participation in key gatherings and involvement in national consultations such as NDYA/ADGP's response to the National Early Childhood Agenda.

NDYA strengthened strategic partnerships with stakeholder bodies, including the Centres for Adolescent Health; the Australian Infant, Child, Adolescent, Family, Mental Health Association (AICAFMHA); the Telethon Institute for Child Health Research and the new Australian Research Alliance for Children & Youth.

In 2002–03 NDYA developed the second phase of its on-line initiative to facilitate communication between GPs, Divisions, stakeholders and others interested in youth health. The project included developing an on-line forum on the NDYA website, along with a 'contact us' electronic template; calendar; national e-group and a basic 'search' function.

NDYA continued to assist with information sharing throughout the network, through the collation of information on youth health projects, at national conferences and with stakeholder bodies.

Future directions

The key priority of The National Divisions of Youth Alliance (NDYA) program in 2003–04 is to support the Divisions of General Practice and general practitioners to engage in youth health activities.

Key action areas include identifying best practice in general practice youth health service delivery and working with Divisions to document innovation in Division projects focusing on elements of quality.

We plan to improve capacity of Divisions of General Practice to support youth health activity through working to assist Divisions with forging linkages with youth services and enhancing support mechanisms for GPs. NDYA will also be partnering with the MM+GP initiative on the development of resources for Divisions and GPs in schools.

NDYA will work to foster greater communication between GPs, Divisions and the general practice sector around youth health issues in 2003-04, primarily through developing the final phase of the NDYA on-line initiative.

National programs

National Primary Mental Health Care

ADGP will continue to work with mental health stakeholders, build new partnerships and pursue funding collaborations to advance primary health care in Australia

Throughout 2002–03 the National Primary Mental Health Care Initiative continued to promote primary mental health care and assist to build capacity in Divisions, through education, training, peer support and other activities.

In particular, the Better Outcomes in Mental Health Care Initiative, announced in the 2001 Federal Budget, commenced.

ADGP's Mental Health Principal Adviser continued to play a key role coordinating the National Primary Mental Health Care Initiative and supporting the implementation of the Better Outcomes in Mental Health Care Initiative and the MindMatters Plus GP Initiative.

Key achievements

The development and dissemination of ADGP's Mental Health Policy Statement, *Primary Mental Health Care in Australia: The Next Ten Years* occurred in consultation with Divisions and GPs.

ADGP participated in the National Mental Health Summit, a major consultation forum to guide the development of Australia's mental health policy and plan for 2003 to 2008.

The Primary Mental Health Care Symposium was organised by ADGP in conjunction with the Mental Health Council of Australia and *beyondblue*, the National Depression Initiative. The Symposium reviewed Australia's progress with primary mental health care reform and priorities for the future. It featured international and national experts from general practice, psychiatry, research, public policy and consumer and carer sectors. A summary of proceedings will be available in early 2003–04.

The first phase of a review of the *Better Outcomes in Mental Health Care Initiative* occurred, to mark the first year of implementation for the Implementation Advisory Group. This will be followed up with a second phase in the form of an in-depth study of uptake. There was a national uptake of the *Better Outcomes* program by more than 2700 GPs within the first year.

ADGP has provided leadership in progressing the National Primary Mental Health Care Initiative through convening coordinating and running quarterly workshops.

ADGP has developed a MindMatters Plus General Practice Initiative in collaboration with the National Divisions Youth Alliance. This initiative is newly funded by the Commonwealth Department of Health and Ageing and will involve 17 demonstration Divisions working with secondary schools in their community to promote pathways of care between the school and primary care systems for young people with high mental health needs.

A scoping study of mental health promotion, prevention and early intervention in primary care has been undertaken by ADGP in collaboration with the Australian Mental Health Promotion, Prevention and Early Intervention Network (Auseinet) based at Flinders University, Adelaide.

A redeveloped national, multi-media Familiarisation Training package, to help GPs and practices deliver primary mental health care to their patients, has been released. It features all new video vignettes and other features based on GP and Divisions feedback.

Future directions

The next 12 to 24 months will be an important time to continue to take forward primary mental health care reform and build mental health capacity in Divisions.

A new national mental health plan for 2003 to 2008 will be endorsed by health ministers. Within this framework, ADGP will continue to assess the impact of the *Better Outcomes* program and provide governments with advice about implementation and strategies to ensure its sustainability in general practice.

More broadly, ADGP will continue to work with mental health stakeholders, build new partnerships and pursue funding collaborations to advance primary mental health care in Australia.

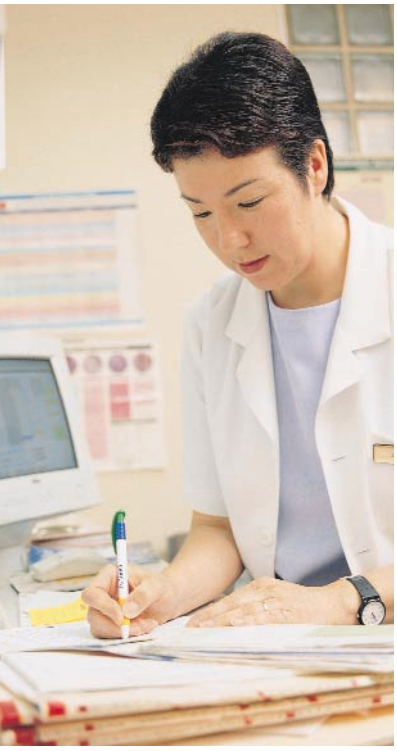
'This is a world first for Australia. No other country is doing what you are doing and it seems to have had a tremendous start. The uptake by Australian GPs in learning mental health skills exceeds my most optimistic predictions and I have discerned a very much changed attitude towards collaborative working in mental health'

Professor Sir David Goldberg
UK Institute of Psychiatry, discussing The Better Outcomes in Mental Health Care Initiative at the Primary Mental Health Care Symposium, May 2003

Right: This image is taken from ADGP's mental health campaign to promote primary mental health care in Divisions.

National programs

Nursing in General Practice



Above: Nursing in general practice involves a wide range of tasks and responsibilities.

There have always been nurses working in general practice. However the focus on practice nursing became pronounced in 2000–01 with a formal recognition by the Royal College of Nursing Australia (RCNA) and Royal Australian College of General Practitioners (RACGP) of the valuable contribution and support that nurses can provide in the general practice setting.

Following on from this the 2001–02 Federal Budget allocated $104.3 million over four years to assist general practices in areas of high workforce pressure, particularly rural and remote areas, to employ more nurses.

In September 2001 the National Steering Committee for Nursing in General Practice was established with representation from all of the relevant national general practice and nursing organisations. The National Steering Committee provides advice to the Commonwealth Government about major issues and strategic directions in the future development of practice nursing.

An initial recommendation of the National Steering Committee was that a national coordinating position for Nursing in General Practice be established within ADGP to support the successful implementation of the government's Budget initiative. The Principal Adviser for Nursing in General Practice was appointed in August 2002.

The objectives of the ADGP Nursing in General Practice Program are to:

- identify and liaise with key stakeholders for nursing in general practice, and develop and maintain networks
- develop and maintain a peer support network for Divisional staff working with nurses in general practice to enable Divisions to gain information, share experience and build a common knowledge base
- support communication links between Divisional and SBO staff, the Australian Practice Nurses Association (APNA), the Royal College of Nursing Australia, the Australian Nursing Federation, the National Rural Health Alliance, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Rural Doctors Association of Australia, other relevant professional health associations and DoHA.

The Principal Adviser also works closely with the National Steering Committee to advance and promote the projects established by the Committee.

Key achievements

A Nursing in General Practice Website for APNA, which is hosted on the ADGP website at http://www.adgp.com.au, has been developed to provide information about APNA, news and current updates for practice nurses, educational resources, a moderated discussion forum and an informal 'chat room' for nurses to discuss common issues.

A series of Business Case Models has been developed to assist general practitioners in their assessment of the benefits and financial implications of employing a practice nurse.

Contact has been established with practice nurse coordinators from each Division of General Practice in order to share information and foster networking opportunities, including facilitation of a Division practice nurse program officer workshops in each state and territory.

Bi-monthly teleconferences with practice nurse coordinators from SBOs are facilitated by ADGP to share information and discuss strategies for supporting practice nursing.

Development of close links with key stakeholders has helped to advance practice nursing issues and build the profile of nursing in general practice.

Future directions

The establishment of regular teleconferences with Division practice nurse program officers, SBO representatives and the Principal Advisor will help expand our ability to share experiences and expertise and to facilitate knowledge transfer.

ADGP will participate in the Demonstration Divisions Program, sharing knowledge and resources, in order to build the capacity of Divisions of General Practice to support nursing in general practice.

An interactive Divisional database of practice nurse program activities to share information and resources between Divisions will be developed.

Generic promotional material will be produced to enhance the image of nursing in general practice, and ADGP will continue to participate in activities to promote nursing in general practice as a career choice.

ADGP will maintain and strengthen links with key stakeholders to continue to advance practice nursing issues.

Below: ADGP's close links with stakeholders has helped to advance practice nursing issues and build the profile of nursing in general practice.

National programs

Rural Palliative Care

…aiming to deliver palliative care services through a truly integrated approach that provides care for patients, their carers and families across Divisions of General Practice nationally.

The Rural Palliative Care Program began in 2003 with the aim of supporting several rural Divisions of General Practice to develop and implement collaborative models that, over a three-year period, will significantly improve rural community access to quality, coordinated palliative care.

This will be achieved through enhancing common understandings among participants/key stake-holders, strengthening links between palliative care and mainstream service delivery, and taking into account the broader consumer and community interests.

It follows the release of the Commonwealth Government's National Framework for Palliative Care Service Development in 2000 which highlighted the challenge facing Australia to secure the place of palliative care as an integral part of health care, routinely available within local communities to those people who need it.

ADGP's Rural Palliative Care Program aims to deliver palliative care services through a truly integrated approach providing care for patients, their carers and families across Divisions of General Practice nationally.

The objectives of the program are to:

- deliver high quality and responsive service to patients and carers
- ensure appropriate care and expertise are accessible when required
- use existing services more effectively, and
- use multidisciplinary care planning to coordinate services and to respond to patients needs.

Key achievements

ADGP has sought expressions of interest from rural Divisions of General Practice that are prepared to work in collaboration with other key service providers to develop and implement sustainable models of palliative care.

Liaison processes were established with key stakeholders such as state and territory health agencies during the selection process.

ADGP has now been contracted to implement rural services that address the project's objectives.

Future directions

ADGP will now assist each successful rural Division involved in implementing the program, including actively participating in an external evaluation of the program and providing documentation and assistance as required.

It aims to market the program to Divisions and support the program through utilising and enhancing existing networks.

ADGP hopes to demonstrate that enhanced access to an integrated palliative care service for terminally ill people, their carers and families is achievable and sustainable within a rural context.

Financial report

Directors' report

Directors

The names, qualifications and experience of Directors who held office during the year and to the date of this report are:

	Qualifications	Experience
Dr Ralph Chapman Chair, Rural Sub Committee	MBBS, Dip RACOP, FACRRM, DRANZCOG	GP and Hospital VMO for 19 years, Practice Principal for 14 years. Currently Director of Health Services, Department of Justice WA. AGPAL Director, Chair AGPAL Finance & Audit Committee; Board Member GSDGP and GPDWA. (Past Chair of WARDCU 4 years, GSDGP 4 years, GPDWA 1 year, RDAWA 2.5 years, former ARD and DSG board member).
Dr Peter Del Fante Director	DipCompSc, MBBS (Hons), MSc (Public Health Medicine), FAFPHM, FRACGP	Public Health Physician 8 years, GP Principal 10 years, Division Medical Director 6 years
Dr John Fisher Director	MBBS	GP for 17 years, principal in practice for 9 years
Dr Jill Grogan Director	MBBS, M Med, Graduate Diploma in Women's Health	GP for 28 years, principal in practice for 17 years, hospital VMO for 6 years
Dr Chris Harrison Director	MBBS, DRANZCOG, FACRRM	11 Years as a GP in Remote Australia working mainly in Aboriginal Health Services Last three years in General Practice in Darwin and Top End Division Medical Advisor.
Dr Vlad Matic Vice Chair	MBBS, FACRRM	Rural GP for 11 years, hospital VMO for 8.5 years
Dr Ann McBryde Director	MBBS	26 years as a full time Practice Principal of an Urban General Practice. President of Brisbane North Division of General Practice 3.5 years
Dr Iain McIntyre Director	MBBS, MRCS, Graduate Diploma Musc Med, FACRRM	GP Director 9 years
Dr Patrick O'Sullivan Director	MB Bch [Ireland]; FRACGP.	GP 22yrs, in Canada, NZ & last 6yrs in Australia.
Dr Chris Pearce Director	MBBS FRACGP FACRRM MFM	Rural GP for 13 years, now in urban practice, Senior Lecturer in Rural General Practice, University of Melbourne.
Dr Ian Pryor Director	MBBS, Dip RACOG	GP for 29 years
Dr Penny Roberts-Thomson Director	MBBS, FRACGP (DGO, Dip Anaes)	29 years in medical practice; 17 years as a GP Principal; 2 years with remote Aboriginal Health Service
Dr Moira Sim Director	FRACGP, Postgrad. Dip. Alcohol & Drug Abuse, Cert. of Theory and Practice of Fertility Regulation, MBBS	GP for 11 years, Senior Medical Officer for 7 years
Dr Val Summers Director	BMBS, FRACGP	GP for 20 years, Extensive After Hours Medical Care experience

Financial report

	Qualifications	Experience
Dr Michael Taylor Director	MBBS,Dip Child and Community Health, FRACGP	Rural GP Principal 16 years, Division Medical Director 2 years
Dr Julie Thompson Director	MBBS, Graduate Diploma in Women's Studies	GP for 21 years, Principal in Practice, hospital VMO for 11 years
Dr Brenton Trezise Director	MBBS, Graduate Diploma in Community Medicine, FRACGP	Partner and GP for 26 years
Dr Furio Virant Chair, Finance and Audit Committee	MBBS, Diploma in Clinical Hypnosis	GP for 25 years, Principal in Practice
Dr Rob Walters Chair	B Med.,Sc. MBBS	GP for 20 years (solo and group practice)

Director's meetings

During the financial year 16 meetings of directors (including committees) were held.

			Full meetings of directors		Rural Sub-Committee	
	Name of director	Term	Eligible to attend	Attended	Eligible to attend	Attended
Held office at 30 June 2003:	Dr Ralph Chapman	11/98 to current	11	10	5	2
	Dr Peter Del Fante	09/00 to current	11	11	-	-
	Dr Vladislav Matic	10/98 to current	11	11	5	2
	Dr Ann McBryde	11/02 to current	8	8	-	-
	Dr Patrick O'Sullivan	11/02 to current	8	8	3	1
	Dr Chris Pearce	11/02 to current	8	8	-	-
	Dr Penny Roberts-Thomson	04/03 to current	2	1	1	-
	Dr Moira Sim*	08/00 to current	11	11	-	-
	Dr Michael Taylor	11/02 to current	8	8	3	2
	Dr Julie Thompson	07/98 to current	11	9	5	1
	Dr Brenton Trezise	06/01 to current	11	11	5	2
	Dr Furio Virant**	02/02 to current	11	11	-	-
	Dr Rob Walters	11/01 to current	11	11	-	-
Resigned during the year:	Dr Chris Harrison	08/99 to 04/03	8	7	4	1
	Dr Ian Pryor***	06/02 to 05/03	10	9	-	-
Not re-elected at end of term:	Dr John Fisher	07/00 to 11/02	3	3	-	-
	Dr Jillian Grogan	07/00 to 11/02	3	2	-	-
	Dr Iain McIntyre	09/00 to 11/02	3	1	-	-
	Dr Valerie Summers	08/00 to 11/02	3	2	-	-

* Dr Moira Sim—Director from 08/2000 to 11/2002, re-elected and returned to Board 11/2002.

** Dr Furio Virant—Director from 07/1998 to 01/2002, re-elected and returned to Board 02/2002.

*** Dr Ian Pryor resigned in May 2003 and was replaced by Dr Tuck Meng Soo effective 1 July 2003.

Results and review of operations

The operating result of the Company for the year was a deficit of $318,340 (profit of $273,955: 2002).

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.

Principal activities

The company operates in Australia as the national body of the Divisions of General Practice throughout Australia.

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 17) 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, 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 $8,124 (2002: $7,780) 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 in accordance with a resolution of the Directors.

Dr Rob Walters, Chairman
Melbourne, 25 October 2003

Dr Furio Virant, Director
Melbourne, 25 October 2003

Financial report

Statement of Financial Performance

for the year ended 30 June 2003

	Notes	2003 $	2002 $
REVENUE FROM ORDINARY OPERATIONS	2	7,102,484	7,108,007
EXPENSES FROM ORDINARY ACTIVITIES			
Grant expenditure		(676,645)	(1,698,438)
Project costs		(3,917,969)	(3,400,178)
Administrative costs		(2,752,470)	(1,672,903)
Depreciation		(73,740)	(62,533)
TOTAL EXPENSES FROM ORDINARY ACTIVITIES		**7,420,824**	**6,834,052**
NET SURPLUS/(DEFICIT) FROM ORDINARY ACTIVITIES	3	**(318,340)**	**273,955**
TOTAL CHANGES IN ACCUMULATED FUNDS	12	**(318,340)**	**273,955**

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2003

	Notes	2003 $	2002 $
CURRENT ASSETS			
Cash assets	5	1,215,794	2,665,756
Receivables	6	1,944,864	1,029,651
Other	7	32,667	20,493
Total current assets		**3,193,325**	**3,715,900**
NON-CURRENT ASSETS			
Property, plant and equipment	8	197,758	172,355
Total non-current assets		**197,758**	**172,355**
Total assets		**3,391,083**	**3,888,255**
CURRENT LIABILITIES			
Payables	9	735,791	152,009
Provisions	10	106,458	95,544
Unearned revenue	11	2,041,348	2,817,491
Total current liabilities		**2,883,597**	**3,065,044**
NON-CURRENT LIABILITIES			
Provisions	10	23,508	20,893
Total non-current liabilities		**23,508**	**20,893**
Total liabilities		**2,907,105**	**3,085,937**
NET ASSETS		**483,978**	**802,318**
ACCUMULATED FUNDS			
Retained surplus	12	483,978	802,318
Total accumulated funds		**483,978**	**802,318**

The accompanying notes form part of these financial statements.

Financial report

Statement of Cash Flows

for the year ended 30 June 2003

	Notes	2003 $	2002 $
OPERATING ACTIVITIES			
Project grants and fees for service received		4,685,929	5,903,704
Other income received		1,419,885	1,365,778
Interest received		59,252	91,476
Grants held in trust disbursed		(746,113)	(1,877,566)
Payments to suppliers and employees		(6,708,079)	(5,679,572)
Net cash relating to operating activities	19(b)	**(1,289,126)**	**(196,180)**
INVESTING ACTIVITIES			
Purchases of property, plant and equipment		(100,835)	(118,132)
Loan to subsidiary		(60,000)	-
Net cash relating to investing activities		**(160,835)**	**(118,132)**
Net movement in cash and cash equivalents		**(1,449,961)**	**(314,312)**
Cash and cash equivalents at beginning of year		**2,665,755**	**2,980,067**
Cash and cash equivalents at end of year	19(a)	**1,215,794**	**2,665,755**

The accompanying notes form part of these financial statements.

Notes to the 30 June 2003 Financial Statements

Note 1: Statement of significant accounting policies

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

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the significant accounting policies adopted by the company in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Income Tax

The company is exempt from income tax under the provisions of Section 50-10, Item 2.1 (organisations established for community service purposes) of the *Income Tax Assessment Act, 1997*.

(b) Property, plant and equipment

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

The carrying amount of property, plant and equipment is reviewed annually by the company to ensure it is not in excess of the remaining service potential of these assets.

All classes of property, plant and equipment are depreciated using the straight line method. Depreciation is charged at the following rates:

Class of fixed assets	Rates
Furniture and equipment	15%
Computer equipment	33%

(c) Cash flows

For the purposes of the Statement of cash flows, cash includes cash on hand and in at call deposits with banks or financial institutions.

(d) Employee entitlements

Provision is made for the company's liability for employee entitlements arising from services rendered at balance date. Employee entitlements in respect of annual leave have been measured at their nominal amount inclusive of on-costs. The company adopted an estimation method that has been developed to approximate the present value of the estimated future cash outflows to be made for long service leave entitlements. Contributions are made by the company to employees' superannuation funds and are charged as expenses when incurred.

(e) Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(f) Comparative figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in this financial report.

(g) Revenue recognition

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

Conference income is recognised as revenue as received.

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

Financial report

Note 1: continued

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

- recognised as revenue when the grant funds are distributed in accord with the relevant contract;
- recognised as revenue when project grant funds are expended for the purpose for which they were provided for; and
- recognised as revenue in the year in which that portion of grant funds representing management fees was received.

Interest income is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

All revenue is stated net of the amount of goods and services tax (GST).

Note 2: Revenue

	2003	2002
	$	$
OPERATING ACTIVITIES:		
Government grants and fee for service	6,251,725	5,742,910
Sponsorship	-	128,951
Project management	-	60,000
Non grant forum income	647,529	412,654
Other	143,978	672,016
	7,043,232	**7,016,531**
NON-OPERATING ACTIVITIES:		
Interest	59,252	91,476
Total revenue	**7,102,484**	**7,108,007**

Note 3: Deficit from ordinary activities

Net deficit has been determined after:

EXPENSES		
Depreciation: furniture, plant and equipment	73,740	62,533
Doubtful debts	63,737	-

Note 4: Auditors' remuneration

REMUNERATION OF THE AUDITOR FOR:		
• auditing or reviewing the financial report	6,555	17,800
• other services	9,653	13,319
• other services provided by related practice of auditor	-	7,300

Note 5: Cash assets

	2003	2002
	$	$
Cash at bank and on hand	545,349	1,369,355
Grant account	2,075	669,082
Integrated Care Joint Venture Funds	668,370	627,319
	1,215,794	**2,665,756**

Note 6: Receivables

CURRENT		
Trade debtors	1,888,601	989,042
Less: allowance for doubtful debts	(63,737)	-
	1,824,864	**989,042**
Accrued receivables	-	16,529
Loan – related party	60,000	-
Advance to conference manager	60,000	24,080
	1,944,864	**1,029,651**

Note 7: Other current assets

Prepayments	32,667	20,493

Note 8: Property, plant and equipment

Furniture, plant and equipment – at cost	326,617	318,850
Accumulated depreciation	(128,859)	(146,495)
Total property, plant and equipment	**197,758**	**172,355**

(a) MOVEMENTS IN CARRYING AMOUNTS

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year

Opening balance	172,355
Additions	100,835
Disposals	(1,692)
Depreciation expense	(73,740)
Closing balance	**197,758**

Financial report

Note 9: Payables

	2003	2002
	$	$
CURRENT		
Unsecured liabilities:		
Creditors and accrued expenses	578,370	148,494
GST Payable	157,421	3,515
	735,791	**152,009**

Note 10: Provisions

CURRENT		
Annual leave	106,458	95,544
NON-CURRENT		
Long service leave (non-vested)	23,508	20,893
Employees at year end	30 people	25 people

Note 11: Unearned revenue

Grants held in trust	766,576	658,460
Unexpended grants	1,264,772	2,159,031
	2,041,348	**2,817,491**

Note 12: Retained surplus

Retained surplus at the beginning of the year	802,318	528,363
Net surplus/(deficit)	(318,340)	273,955
Retained surplus at the end of the year	**483,978**	**802,318**

Note 13: Leasing commitments

(b) OPERATING LEASE AND EQUIPMENT COMMITMENTS

Payable:		
• not later than 1 year	323,385	180,662
• later than 1 year but not later than 5 years	1,233,058	224,308
• later than 5 years	1,260,417	-
Minimum lease payments	**2,859,175**	**404,970**

The above amounts are exclusive of GST.

Note 13: continued

Nature of leases	*General description of leasing arrangements*
lease for office accommodation	Consists of one lease expiring in January 2013.
lease for computer equipment	Consists of one lease expiring in March 2007.

Note 14: 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.

Note 15: Operating activities/segment reporting

The company operates in Australia as the national body of Divisions of General Practice throughout Australia.

Note 16: Economic dependency

Revenue is derived mainly from Commonwealth Government grants and service contracts.

Note 17: Remuneration of Directors

		2003	2002
		$	$
Income paid, or payable, or otherwise made available, in respect of the financial year, to all directors:		**403,508**	**404,006**
The number of directors whose income falls within the following bands is:	$0–$9,999	10	4
	$10,000–$19,999	6	8
	$20,000–$29,999	-	3
	$30,000–$39,999	1	1
	$90,000–$99,999	1	-
	$120,000–$129,999	1	-
	$140,000–$149,999	-	1

Included in directors' income above is an annual stipend.

The annual stipends for 2002–2003 were:

Role	*Amount*
Director	$8,000
Chairman Finance & Audit Committee	$10,000
Chairman Rural Sub-Committee	$13,000
Deputy Chairman	$20,000
Chairman	$55,000

Financial report

Note 18: Company details

The company is a public company limited by guarantee and is incorporated in Australia. The registered office and principal places of business of the company are Minter Ellison Building, 25 National Circuit, Forrest ACT.

Note 19: Cash flow information

		2003	2002
		$	$
(a)	**RECONCILIATION OF CASH**		
	Cash at the end of the financial year as shown in the statement of cash flows is represented by the following items:		
	Cash at bank and on hand	1,215,794	2,665,755
(b)	**RECONCILIATION OF NET CASH RELATING TO OPERATING ACTIVITIES TO NET SURPLUS**		
	Net surplus/(deficit)	(318,340)	273,955
	Non-cash flows in operating surplus/(deficit):		
	Write down of assets	67,737	-
	Depreciation	73,740	62,533
	Changes in assets and liabilities:		
	Receivables	(921,255)	(935,206)
	Other current assets	(12,174)	(4,198)
	Payables	583,780	(133,294)
	Unearned revenue	(776,143)	492,099
	Provisions	13,529	47,931
	Net cash relating to operating activities	**(1,289,126)**	**(196,180)**

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

(d) There are no credit stand-buy arrangements or financing facilities in place.

(e) At 30 June 2003, the Company held $2,041,348 (2002: $2,817,491) of funds on behalf of the Commonwealth Government and sponsors. These funds can only be disbursed by the Company in accordance with the terms of the funding agreements.

(f) The Company has a $17,000 credit card facility with the National Australia Bank of which was $6,914 unused at report date.

Note 20: Financial instruments

(a) 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 interest rate applicable to each class of financial asset and liability are set out in the following table.

	Weighted average effective interest rate		Variable interest rate		Fixed interest rate, maturing within 1 year		Non-interest bearing		Total	
	2003 %	2002 %	2003 $	2002 $	2003 $	2002 $	2003 $	2002 $	2003 $	2002 $
Financial assets:										
Cash	3.49	3.55	1,215,494	2,665,455	-	-	300	300	1,215,794	2,665,755
Receivables	-	-	-	-	-	-	1,944,864	989,042	1,944,864	989,042
Total financial assets			1215,494	2,665,455	-	-	1,945,164	989,342	3,160,658	3,654,797
Financial liabilities:										
Payables	-	-	-	-	-	-	735,791	152,009	735,791	152,009
Total financial liabilities			-	-	-		735,821	152,009	735,821	152,009

(b) CREDIT RISK

The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount as disclosed in the statement of financial position and notes to the financial statements. With the exception of the following, the company does not have any material credit risk exposure to any single debtor or group of debtors:

- cash at bank held with National Australia Bank $1,215,494 (2002: $2,665,456).

(c) NET FAIR VALUES

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

Note 21: Related parties

During the financial year the company formed Australian Divisions Members Services Limited, a public company. The company is the sole member of Australian Divisions Members Services Limited and therefore controls it.

The financial operations of Australian Divisions Members Services Limited since its formation are not material to the activities of the company and have therefore not been consolidated. If the operations had been consolidated with those of the company, the assets, liabilities, revenues and expenses of the economic entity would be impacted as follows:

Assets	(593)
Liabilities	7,483
Revenues	328
Expenses	8,404

Directors' declaration

DIRECTORS DECLARATION

In accordance with a resolution of the Directors of Australian Division of General Practice Limited, we state that:

In the opinion of Directors

(a) The financial statements and notes of the company are in accordance with the *Corporations Act 2001*, including:

i. Giving a true and fair view of the company's financial position as at 30 June 2003 and of its performance for the period ended on that date; and

ii. Complying with Accounting Standards and Corporations Regulations 2001; and

(b) 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 on behalf of the Board

Dr Rob Walters
Chairman
Melbourne, 25 October 2003

Dr Furio Virant
Director
Melbourne, 25 October 2003

Independent audit report

fieldenhummer
fielden hummer & co • chartered accountants

INDEPENDENT AUDIT REPORT

To the Members of
Australian Divisions of General Practice Limited

Scope

The financial report and directors' responsibility

The financial report comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements, and the director's declaration for the Australian Divisions of General Practice Limited (the Company), for the year ended 30 June 2003.

The directors of the Company's are responsible for the preparation and true and fair presentation of the financial report in accordance with the Corporations Act 2001. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

We conducted an independent audit in order to express an opinion to the members of the Company. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material aspects the financial report presents fairly, in accordance with the Corporations Act 2001, including compliance with Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the Company's financial position, and of its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by directors.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the *Corporations Act 2001*.

Audit Opinion

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

(a) the Corporations Act 2001, including:
  (i) giving a true and fair view of the Company's financial position at 30 June 2003 and of its performance for the year ended on that date; and
  (ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and

(b) other mandatory financial reporting requirements in Australia.

FIELDEN HUMMER & CO

Adrian Kelly
Partner

Canberra, 27 October 2003

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Strategic Plan

Key result area	1: Representation and Advocacy	2: National Policy	3: Communications
Goals	ADGP and the Divisions Network are recognised by GPs and other stakeholders as leaders in the integration of primary health care.	The Divisions Network acts on a unified vision of the future for general practice and the primary health care system.	ADGP communications systems are used effectively to strategically position ADGP and the Divisions Network within the health sector and the wider community.
Outcomes	Effective participation of grass roots general practitioners and Divisional representatives in policy forums, councils and committees.	The Divisions Network is recognised as a key driver of health care reform by all stakeholders.	The Divisions Network is united by an effective communications system.
	ADGP and the Divisions Network are influential in the development and implementation of national general practice and primary health care policy.	The Divisions Network is supported by a rigorous, evidence based policy framework.	Active involvement by a majority of Divisions in information and resource management and exchange.
	The Divisions Network provides sustainable population health and primary health care solutions.	Positive health sector and community awareness of the role of the Divisions.	Network in driving and guiding reform of primary health care in Australia.
Strategies	Inform and solicit the views of Divisions, GPs, consumers and other stakeholders on national primary health care policy issues.	Develop solutions to issues identified by the Divisions Network, general practice and other stakeholders and consult on and promote discussion of these solutions in the wider community.	Facilitate accessible, up-to-date on-line information and resource exchange within the Divisions Network including dissemination of information on ADGP managed programs
	Facilitate links among the Divisions Network, governments and primary health care organisations.	Prepare policy discussion papers based on the available Australian and international evidence, on issues identified by the Divisions Network, general practice and key stakeholders.	Prepare and distribute information materials on Divisions and their policies and programs through the primary health care sector, the broader health care system and the wider community.
	Effect general practice representation on strategic national policy forums, councils and committees.	Support Divisions, Divisional consortia and SBOs in the preparation of evidence based papers.	Form and maintain information links with health and community organisations and health and mainstream media to provide information on the policies and programs of the Divisions Network.
			Engage in public discussion on issues relevant to general practice and the Divisions Network.

4: Partnerships	5: Capacity Building	6: Program Management
ADGP's partnerships with key players and organisations support the integration of general practice and the Divisions Network with the health care system in general and the primary health care sector in particular.	The Divisions Network has the capacity and capability to support the integration of primary health care through general practice.	ADGP managed national programs support and inform the vision and goals of the organisation.
Effective collaboration among general practice, the Divisions Network and other sections of the primary health care sector at local, state/territory and national levels.	Divisions are engaged in the development of systems and mechanisms for integrating primary health care.	Governance of national programs reflects benchmarked management standards and continuous quality improvement (CQI).
The activities and policies of the Divisions Network are informed by consumer and other stakeholder input.		ADGP programs inform policy and vice versa.
The Divisions Network is a key source of information and feedback to consumer and other stakeholder groups on general practice and primary health care solutions.		Programs lead to positive incremental change in general practice and primary health care.
Form and maintain constructive alliances with health and community organisations.	Encourage best practice in the management of Divisions through continued development of leadership programs and a quality framework.	Programs and policy teams engage in regular information exchange and sharing of ideas.
Engage consumer, allied health, nursing and Indigenous health organizations in discussions related to general practice, Divisions and the primary health care system.	Develop alliances that assist in the support of general practice and Divisions.	Implement CQI processes into all program areas.
Promote best practice models of collaboration.	Diversify ADGP's financial resources.	Adopt mechanisms to ensure effective dissemination of program results throughout the Divisions Network.
In cooperation with Divisions and SBOs, maximize the efficiency and effectiveness of the Divisions Network.		

Divisions of General Practice at June 2003

Organisation	City	State
ACT Division of General Practice	Weston	ACT
Adelaide Central and Eastern Division of General Practice	Glenside	SA
Adelaide Hills Division of General Practice	Mount Barker	SA
Adelaide North East Division of General Practice	Modbury	SA
Adelaide Northern Division of General Practice	Elizabeth	SA
Adelaide Western Division of General Practice	Woodville	SA
Ballarat and District Division of General Practice	Ballarat West	VIC
Bankstown General Practice Division	Condell Park	NSW
Barossa Division of General Practice	Angaston	SA
Barrier Division of General Practice	Broken Hill	NSW
Barwon Division of General Practice	Moree	NSW
Bayside General Practice Division	Capalaba	QLD
Bendigo and District Division of General Practice	Bendigo	VIC
Blue Mountains Division of General Practice	Hazelbrook	NSW
Border GP Division	Wodonga	VIC
Brisbane Inner South Division of General Practice	South Brisbane	QLD
Brisbane North Division of General Practice	Lutwyche	QLD
Brisbane South Division of General Practice	Salisbury	QLD
Cairns Division of General Practice	Cairns	QLD
Canning Division of General Practice	Bentley	WA
Canterbury Division of General Practice	Belmore	NSW
Capricornia Division of General Practice	Rockhampton	QLD
Central Australian Division of Primary Health Care	Alice Springs	NT
Central Bayside Division of General Practice	Sandringham	VIC
Central Highlands Division of General Practice	Gisborne	VIC
Central QLD Rural Division of General Practice	Biloela	QLD
Central Sydney Division of General Practice	Ashfield	NSW
Central West Gippsland Division of General Practice	Moe	VIC
Central Wheatbelt Division of General Practice	Northam	WA
Dandenong & District Division of General Practice	Dandenong	VIC
Dubbo/Plains Division of General Practice	Dubbo	NSW
East Gippsland Division of General Practice	Bairnsdale	VIC
Eastern Goldfields Medical Division of General Practice	Kalgoorlie	WA
Eastern Ranges GP Association	Lilydale	VIC
Eastern Sydney Division of General Practice	Bondi Junction	NSW
Eyre Peninsula Division of General Practice	Port Lincoln	SA

Organisation	City	State
Fairfield Division of General Practice	Fairfield	NSW
Far North Queensland Rural Division of General Practice	Malanda	QLD
Flinders and Far North Division of General Practice	Port Augusta	SA
Fremantle Regional GP Network	Myaree	WA
General Practitioners Association of Geelong	Geelong	VIC
Gold Coast Division of General Practice	Broadbeach	QLD
Goulburn Valley Division of General Practice	Shepparton	VIC
GP North Division of General Practice	Launceston	TAS
Great Southern Division of General Practice	Albany	WA
Greater Bunbury Division of General Practice	Bunbury	WA
Greater South Eastern Division of General Practice	Oakleigh	VIC
Hastings Macleay Division of General Practice	Port Macquarie	NSW
Hawkesbury Division of General Practice	Windsor	NSW
Hornsby Ku-ring-gai Ryde Division of General Practice	Hornsby	NSW
Hunter Rural Division of General Practice	Newcastle	NSW
Hunter Urban Division of General Practice	Newcastle	NSW
Illawarra Division of General Practice	Wollongong	NSW
Inner Eastern Melbourne Division of General Practice	Balwyn	VIC
Ipswich and West Moreton Division of General Practice	Ipswich	QLD
Kimberley Division of General Practice	Broome	WA
Knox Division of General Practice	Bayswater	VIC
Limestone Coast Division of General Practice	Millicent	SA
Liverpool Division of General Practice	Liverpool	NSW
Logan Area Division of General Practice	Woodridge	QLD
Macarthur Division of General Practice	Cambelltown	NSW
Mackay Division of General Practice	Mackay	QLD
Mallee Division of General Practice	Mildura	VIC
Manly Warringah Division of General Practice	Mona Vale	NSW
Melbourne Division of General Practice	Parkville	VIC
Mid North Coast (NSW) Division of General Practice	Coffs Harbour	NSW
Mid North Rural SA Division of General Practice	Clare	SA
Mid West Division of General Practice	Geraldton	WA
Monash Division of General Practice	East Bentleigh	VIC
Mornington Peninsula Division of General Practice	Frankston	VIC
Murray Mallee Division of General Practice	Murray Bridge	SA
Murray Plains Division of General Practice	Cohuna	VIC

Organisation	City	State
Murrumbidgee Division of General Practice	Leeton	NSW
Nepean Division of General Practice	Penrith	NSW
New England Division of General Practice	Armidale	NSW
North & West Qld Primary Health Care	Currajong	QLD
North East Valley Division of General Practice	West Heidelberg	VIC
North East Victorian Division of General Practice	Tawonga South	VIC
North West Melbourne Division of General Practice	Broadmeadows	VIC
North West Slopes (NSW) Division of General Practice	Tamworth	NSW
North West Tasmania Division of General Practice	Burnie	TAS
Northern Division of General Practice	Preston	VIC
Northern Rivers Division of General Practice	Lismore	NSW
Northern Sydney Division of General Practice	St Leonards	NSW
NSW Central Coast Division of General Practice	Erina	NSW
NSW Central West Division of General Practice	Bathurst	NSW
NSW Outback Division of General Practice	Cobar	NSW
Osborne Division of General Practice	Osborne Park	WA
Otway Division of General Practice	Camperdown	VIC
Peel South West Division of General Practice	Busselton	WA
Perth and Hills Division of General Practice	Guildford	WA
Perth Central Coastal Division of General Practice	Nedlands	WA
Pilbara Division of General Practice	Karratha	WA
Redcliffe Bribie Caboolture Division of General Practice	Redcliffe	QLD
Riverina Division of General Practice	Wagga Wagga	NSW
Riverland Division of General Practice	Berri	SA
Rockingham Kwinana Division of General Practice	Waikiki	WA
Shoalhaven Division of General Practice	Nowra	NSW
South East NSW Division of General Practice	Moruya	NSW
South Eastern Sydney Division of General Practice	Rosebery	NSW
South Gippsland Division of General Practice	Inverloch	VIC
Southcity GP Services	Prahran	VIC
Southern Division of General Practice	Brighton	SA
Southern Highlands Division of General Practice	Bowral	NSW
Southern QLD Rural Division of General Practice	Toowoomba	QLD
Southern Tasmanian Division of General Practice	Hobart	TAS
St George Division of General Practice	Hurstville	NSW
Sunshine Coast Division of General Practice	Cotton Tree	QLD

Organisation	City	State
Sutherland Division of General Practice	Miranda	NSW
Toowoomba and District Division of General Practice	Toowoomba	QLD
Top End Division of General Practice	Darwin	NT
Townsville Division of General Practice	Currajong	QLD
Tweed Valley Division of General Practice	Murwillumbah	NSW
West Vic Division of General Practice	Ararat	VIC
Western Melbourne Division of General Practice	West Footscray	VIC
Western Sydney Division of General Practice	Parramatta	NSW
Westgate Division of General Practice	Spotswood	VIC
Whitehorse Division of General Practice	Nunawading	VIC
Wide Bay Division of General Practice	Bundaberg	QLD
Yorke Peninsula Division of General Practice	Kadina	SA

ADGP National Representatives as at 30 June 2003

Ministerial appointments

Committee	Name	State
Australian Childhood Immunisation Register Management Committee	Dr Peter Eizenberg	VIC
Australian Pharmaceutical Advisory Council (APAC)	Dr Julie Thompson	VIC
Australian Technical Advisory Group on Immunisation	Dr Simon Leslie	VIC
General Practice Education and Training Ltd Board	Dr Val Summers	QLD
General Practice Partnership Advisory Council (GPPAC)	Dr Julie Thompson	VIC
Quality Use of Pathology Committee	Dr Jennifer May	NSW

Representative Positions held by ADGP Chair

Committee	Name	State
AMA Council of General Practice (observer)	Dr Rob Walters	TAS
General Practice Representative Group (ADGP, AMA, RACGP and RDAA)	Dr Rob Walters	TAS

Representative Positions held by ADGP Board Members

Committee	Name	State
ADGP / GPET Joint Working Party on Divisional Participation in GP Training	Dr Chris Pearce	VIC
Australian General Practice Accreditation Ltd (AGPAL) Board	Dr Ralph Chapman Dr Furio Virant	WA NSW
Australian Medical Workforce Advisory Committee (AMWAC) General Practice Working Party	Dr Patrick O'Sullivan	TAS
APAC Indigenous Medicines Issues Working Party	Dr Penny Roberts-Thomson	NT
Department of Veterans Affairs National Local Medical Officers Advisory Council	Dr BrentonTrezise	QLD
General Practice Computing Group (GPCG)	Dr Chris Pearce Dr Peter Del Fante	VIC SA
General Practice Representative Group (ADGP, AMA, RACGP and RDAA)	Dr Peter Del Fante Dr Vlad Matic	SA NSW
GPPAC/National Public Health Partnership (NPHP) Joint Advisory Group on Population Health	Dr Julie Thompson	VIC
GPPAC Chronic Disease and Integration Taskforce	Dr Julie Thompson	VIC
GPPAC Divisions Standing Committee	Dr Julie Thompson Dr Vlad Matic	VIC NSW
GPPAC Rural and Remote Standing Committee	Dr Julie Thompson	VIC
John Flynn Scholarship Scheme Management Committee	Dr Brenton Trezise	QLD
Medicare Benefits Consultative Committee	Dr Julie Thompson	VIC
National Consortium for Education in Primary Medical Care	Dr Vlad Matic	NSW
National Steering Committee for Nursing in General Practice	Dr Julie Thompson	VIC
Primary Health Care Research and Information Service Steering Group	Dr Peter Del Fante	SA
Rural Australia Palliative Care Reference Group (chair)	Dr Ralph Chapman	WA
Rural Doctors Association of Australia Board (observer)	Dr Vlad Matic	NSW

Representative positions held by ADGP, Divisions of General Practice and SBO nominees

Committee	Name	State
ADGP / GPET Joint Working Party on Divisional Participation in GP Training	Dr Tarun Sen Gupta Dr Steve Clark	QLD ADGP
After Hours Primary Medical Care Trial Evaluation and Policy Advisory Group	Dr Ross Mackay Dr Karen Sumner	NSW SA
Attendance Item Restructure Working Party	Dr Michael Nolan	VIC
Australian Council on Safety and Quality in Health Care Medication Safety Taskforce	Dr Peter Roush	QLD
APAC Community Care Working Group	Dr Trina Gregory	NSW
APAC Continuity of Care Working Group	Dr Trina Gregory	NSW
Better Outcomes Implementation Advisory Group (mental health)	Dr Chris McAuliffe	QLD
CARDIAB Alliance	Mr Mark Brommeyer	ADGP
Commonwealth Diabetes Committee—Diabetes in Pregnancy Subcommittee	Dr Linda Mann	NSW
Enhanced Divisional Quality Use of Medicines (EDQUM) Steering Group	Dr Wayne Piez	VIC
EDQUM Data Reference Group	Dr Wayne Piez	VIC
General Practice Computing Group	Mr Mark Brommeyer (observer)	ADGP
General Practice Education and Training (GPET) Accreditation Committee	Dr Ray Moore	VIC
General Practice Immunisation Incentives (GPII) Advisory Group	Dr Joanne Molloy	VIC
General Practice Representative Group (ADGP, AMA, RACGP and RDAA)	Dr Steve Clark	ADGP
GPPAC Divisions Standing Committee: Co-opted SBO Board member Co-opted Division CEO	Dr Helena Williams Mr Phil Johnson	SA QLD
GPPAC Study on GP Workforce in Aboriginal Health	Dr Meredith Arnold	QLD
Home Medicines Review National Management Group	Dr Trina Gregory	NSW
Medicines Australia Code of Conduct Complaints and Appeals Committees	Dr Ruth Ratner	NSW
Mental Health Promotion and Prevention Working Party	Dr Darcy Smith	WA
National Aged Care Alliance	Dr Robert Yeoh	NSW
National Cancer Control Initiative (NCCI) PSA Test Academic Detailing Project Working Group	Dr Peter Roush	QLD
National Diabetes Data Working Group	Dr Mary Surveyor	WA
National Health Care Alliance	Ms Kerry Ungerer	ADGP
National Heart Foundation CV Data Working Group	Mr Mark Brommeyer	ADGP
National Immunisation Committee	Dr Peter Eizenberg	VIC
National Integrated Diabetes Program Working Party	Dr Ralph Audehm	VIC
National Prescribing Service Board	Dr Peter Roush	QLD
National Primary Mental Health Care Program GP Adviser	Dr Chris McAuliffe	VIC
National Rural Health Alliance Board	Mr Keith Fletcher	NSW
Private Health Industry Quality and Safety Committee	Dr Michael Stobie	VIC
QUPC Point of Care Testing Working Party	Dr Jennifer May	NSW
Rural Australia Palliative Care Reference Group	Dr Graham Hughes	SA

Nominees to ADGP auspiced committees and taskforces

Committee	Name	State
ADGP Aged Care Taskforce	Dr Steve Clark	ADGP
	Dr John Fisher	TAS
	Dr Ann McBryde	QLD
	Dr Julie Thompson	VIC
	Dr Brenton Trezise	QLD
ADGP Divisions of General Practice Network Forum 2003 Steering Committee	Dr Steve Clark	ADGP
	Dr Annette Douglas	TAS
	Dr Mary-Anne Lancaster	VIC
	Dr Vlad Matic	NSW
	Ms Debra O'Connor	CHF
	Dr Moira Sim	WA
	Dr Michael Taylor	SA
	Ms Susi Tegen	SA
	Dr Brenton Trezise	QLD
	Ms Kerry Ungerer	ADGP
	Mr Robin Wells	DoHA
ADGP National Divisions Youth Alliance Management Committee	Dr Trevor Adcock	VIC
	Dr Jenny Beange	NSW
	Ms Claire Caesar	DoHA
	Dr George Cerchez	TAS
	Mr Phil Edmondson	TAS
	Mr Tim Goodwin	Youth consumer
	Dr Gretchen Hitchins	QLD
	Dr Sue Jackson	WA
	Dr Carol Kefford	NSW
	Dr Leanne Rowe	VIC
	Ms Liesel Wett	ADGP
ADGP Quality Framework for Divisions Taskforce	Dr Ian Adair	NSW
	Mr Brenton Chappell	SA
	Dr Steve Clark	ADGP
	Mr Shane Dawson	NT
	Dr Peter Del Fante	SA
	Dr Jill Grogan	VIC
	Ms Kathy Mott	SA
	Dr Di O'Halloran	NSW
	Ms Nancye Piercy	NSW
	Ms Helen Threlfall	VIC
	Dr Marli Watt	QLD
ADGP Board Rural Subcommittee (ADGP Directors only)	Dr Ralph Chapman	WA
	Dr Vlad Matic	NSW
	Dr Patrick O'Sullivan	TAS
	Dr Penny Roberts-Thomson	NT
	Dr Michael Taylor	SA
	Dr Julie Thompson	VIC
	Dr Brenton Trezise	QLD

Acronyms

ACCC	Australian Competition and Consumer Commission
ACHS	Australian Council on Healthcare Standards
ACRRM	Australian College of Rural and Remote Medicine
ADGP	Australian Divisions of General Practice
AHPMC	After Hours Primary Medical Care
ARRWAG	Australian Rural and Remote Workforce Agencies Group
AMA	Australian Medical Association
ACIR	Australian Childhood Immunisation Register
APNA	Australian Practice Nurse Association
DoHA	Department of Health and Ageing (Commonwealth)
EDQUM	Enhanced Divisional Quality Use of Medicines
GP	general practitioner
GPRA	General Practice Registrars Association
GPRG	General Practice Representive Group
HMR	Home Medicines Review
ICP	Integrated Care Program
IM	Information Management
IT	Information Technology
JVA	Joint Venture Agreement
PIP	Practice Incentive Payment
MBS	Medical Benefits Scheme
MM+GP	MindMatters Plus General Practice Initiative
MMR	Medication Management Review
MoU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NDYA	National Divisions Youth Alliance
PARC	Primary Mental Health Care Australian Resource Centre
PBS	Pharmaceutical Benefits Scheme
PHCRIS	Primary Health Care Research and Information Service
PHCRED	Primary Health Care Research, Evaluation and Development
QIP	Quality in Practice
QUM	Quality Use of Medicines
RACGP	Royal Australian College of General Practitioners
RCNA	Royal College of Nursing, Australia
RDAA	Rural Doctors Association of Australia
SBO	State Based Organisation
WONCA	World Organisation of Family Doctors

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