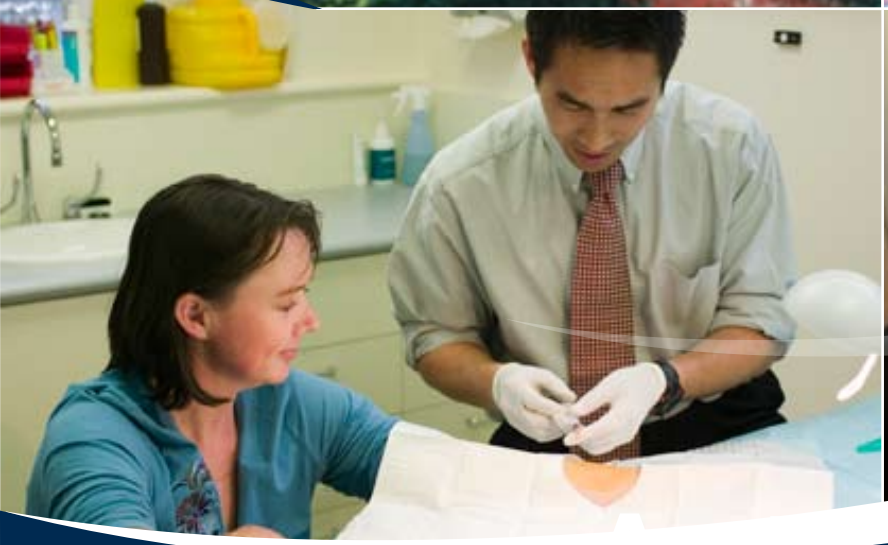
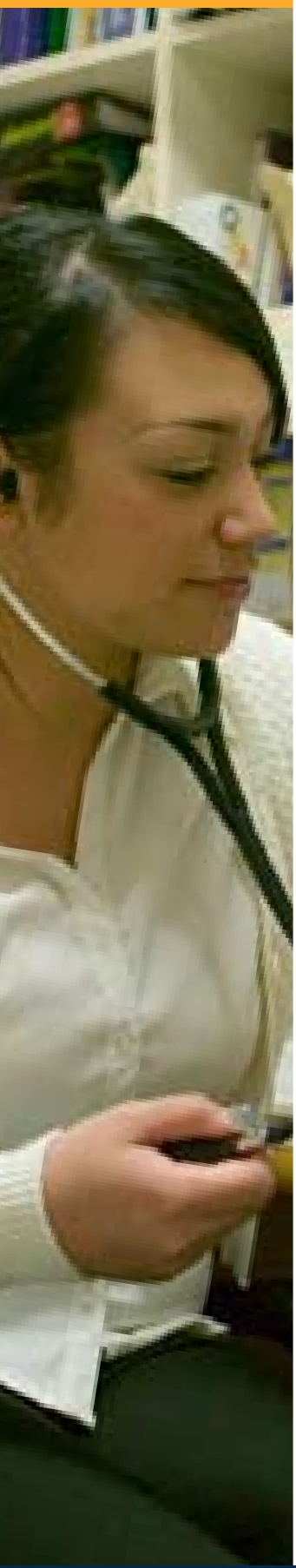
adgp

Australian Divisions of **General Practice**



Annual Report
2005 – 2006



Vision

Divisions of General Practice are the key infrastructure for integrated, quality primary health care services delivered through general practice.

Mission

National leadership and support for the Divisions of General Practice Network

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An overview of the Australian Divisions of General Practice

Australian Divisions of General Practice (ADGP) is the largest representative voice for general practice in Australia.

It is the peak national body of the divisions of general practice network, comprising 119 divisions across Australia, as well as the seven state-based organisations (SBOs) and the WA state office. Approximately 95 percent of general practitioners (GPs) are members of a local division of general practice.

Divisions are an integral component of the Australian Government's primary health care strategy. They play a major part in implementing policy, supporting general practice and managing health programs at a local level. Divisions have been responsible for progressing many of the current developments in Australian general practice.

Through divisions, ADGP provides an important local health infrastructure that enables primary health care services to be planned and delivered at the local and regional level.

The divisions network is focused on supporting high quality, evidence-based primary health care and integrating health services. The Network engages the local community and enhances communication between the Australian Government and general practice.

Divisions work closely with other primary health care providers including practice nurses and other allied health professionals. As a result, ADGP has contact with the majority of GPs and a substantial proportion of the primary health care workforce in Australia.

Through ADGP, GPs sit on key health sector decision making and advisory bodies—having direct input into policy and programs across areas such as general practice financing, GP workforce and training, clinical practice and practice management.

Contents

Highlights

Primary Health Care Position Statement

The launch of the *Primary Health Care Position Statement* and a companion *Monograph* which summarises the evidence for primary health care interventions was a particular highlight. The statement was developed in close consultation with the divisions Network and other key stakeholders. It has made a substantial contribution to the health policy debate in Australia.

Nursing in general practice

ADGP undertook a *National Practice Nurse Workforce Survey Report 2006,* the only comprehensive national information and statistics regarding the nursing in general practice workforce.

> The survey results revealed a 23 percent increase (4924) in the number of practice nurses employed in general practice 2003 to 2005, with 57 percent of general practices nationally employing one or more nurses.

National Youth Mental Health Foundation

ADGP was part of a consortium to win the tender for the establishment of *headspace: the National Youth Mental Health Foundation*. The consortium was announced by the Prime Minister in December 2005 and will be launched by the Hon Christopher Pyne, Parliamentary Secretary for Health and Ageing in July 2006

Accreditation

ADGP achieved quality endorsed accreditation status in June 2006, under the requirements of AS/NZS ISO 9001:2000 through the facilitation, documentation and development of quality endorsed procedures, systems and manuals.

Primary Health Care Reference Group

ADGP is part of a newly formed National Primary Health Care Partnership—a mechanism that will form stronger policy networks between organisations whose membership plays a role in primary care teams. The ADGP policy team will provide secretariat support for the group.

Divisions Network Executive Leadership and Management Program

ADGP, working with Network members and the University of New England Partnerships program, designed the Executive Leadership program based on real-life Divisional examples to reflect the business processes undertaken by CEOs. The program targets senior levels of Division Management, i.e.; CEOs or emerging leaders and runs over a ten month period, with two, five-day residentials.

Communication

ADGP's website continues to be a source of information for the network and other stakeholders with an increase of 51.6 percent in the number of pages viewed over the corresponding period last year with a total of almost 828,000 pages viewed.

Chair's report

It has been an eventful and rewarding year. As ADGP Chair I was pleased to see the Network continue to galvanise around our shared desire to be primary health care providers of choice. I have also seen the Network commit to demonstrating our credentials in a transparent way through the National Quality and Performance System (NQPS).

Most importantly, I had the pleasure of visiting many divisions and state-based organisations (SBOs) and learning first hand about the local innovations they are delivering to address national problems. It is a constant reminder that we should always look first to our membership for ideas that can be implemented nationally.

The sound performance of the Network is a result of leadership and a passion to drive primary health care innovation at all levels in the Network. WA General Practice Network is now a solid and well-functioning organisation proving that we don't have to have a single model for our SBOs, and a new structure in place in Western Sydney is providing services to GPs and practices in that region.

The ADGP–SBO Coalition is operating as an increasingly effective leadership group for the Network. It meets regularly and agrees on strategic approaches to national and network issues. And while we will always have constraints imposed on us, such as tight timeframes and the need for confidentiality, ADGP has made a clear commitment to open and transparent consultation with the Network on new policy. To this end, we have posted our consultation strategy on our website for the information of members.

The launch of our *Primary Health Care Position Statement* at the 2005 Forum is an achievement of which the ADGP Board is particularly proud. It has greatly assisted us to stake our place in the health system and health policy debate. It clearly says to government that we are solutions driven, not adversarial.

The statement's development was not without discussion and debate. We received many and varied responses to consultation drafts. Not everyone has agreed with every single word or phrase in the final document. However, the fact that ADGP was able to synthesise a document that contained key 'take out' messages for governments that we can all agree with and get behind is a measure of a maturing Network. Who in the Network would disagree that investing in primary health care will strengthen the system? Who would disagree that team-based care is good for the community, good for health outcomes, and good for professional satisfaction and the future viability of general practice?

Most importantly, I believe that the statement has greatly assisted us to hone two key messages and firmly embed them consistently in our language. These will only be strengthened with the launch of our new brand and communication strategy. The first message is that the Network is unique and no other infrastructure has the capacity to deliver primary health care programs like we do. The second is that the Network can deliver practical and pragmatic policy solutions. These are based on our experience of translating existing programs 'on the ground', but also our experience in developing local innovations to respond to community health issues. We know our communities and we know what works.

We continue to be committed to public accountability and continuous performance improvement. There is no doubt that compliance with the National Quality and Performance System (NPQS) has had its challenges. But the good spirited manner in which the Network has embraced the NQPS is a measure of how seriously we take our jobs, and how important a task it is for us to earn the status of 'provider of choice' for government.

The *Leading the Way* workshops I have been involved with, and which will continue in 2006–2007, are important mechanism for demystifying the NQPS process and engaging practices in the benefits of data collection and analysis—as we have seen from the results of the National Primary Health Care Collaborative.

"The sound performance of the Network is a result of leadership and a passion to drive primary health care innovation at all levels in the Network."

Dr Jennifer Thomson
ADGP, Chair

However, we must never lose sight of the fact that the NQPS is about minimum standards and minimum reporting. It should not become our total agenda, and certainly should not replace our capacity to respond locally in appropriate ways.

Our *Primary Health Care Position Statement* states clearly that multidisciplinary primary health care-based teams are the way of the future, a needed solution to our workforce crisis. Already, we have around 57 percent of practices with practice nurses, and an increasing number with access to allied health professionals employed by divisions. This has provided us with the trigger to form a strategic new partnership. With ADGP as convenor, the *National Primary Health Care Partnership* met for the first time in May 2006. It will provide a forum for dialogue and joint action with a range of organisations that represent other members of the team.

I stress that it is not intended to replace the General Practice Representative Group (GPRG). ADGP remains committed to frank and open dialogue with the other GP organisations and has participated regularly in this group.

On the partnership front, we also embarked on a memorandum of understanding (MOU) with the Pharmacy Guild of Australia, which has seen our two organisations collaborate on a suite of community service announcements. We also continued our joint work under an MOU with the National Aboriginal Community Controlled Health Organisation (NACCHO) and it is pleasing to see the number of SBOs and divisions working with the state affiliates and local Aboriginal Community Controlled Health Services (ACCHS) to improve services—again, finding local solutions.

GPs are reminded every day how vulnerable our young people can be and the impact that mental health and drug and alcohol issues have on their school and education pathways, let alone their health outcomes later in life. ADGP is delighted to be a co-founding organisation in the establishment and operation of *headspace: the National Youth Mental Health Foundation.* This new partnership will cement a role for divisions in new mental health service partnerships and will vastly improve the way the system responds to some of the most vulnerable people in our community.

Our 2005–2006 successes are due to the direction set by my fellow Board members, the solid and unfailing leadership of our Chief Executive Officer, Kate Carnell, her senior management team and our committed staff.

We can look forward to a productive and fast-paced 2006–2007. It is a potentially unprecedented time for health reform. The Council of Australian Governments (COAG) has committed to a national reform agenda. This is significant because it recognises the nexus between health and economic outcomes, that there is a fundamental relationship between the health of the community, workforce participation and the nation's future productivity and living standards.

COAG's leadership sets an exciting policy agenda, particularly for health. The focus will be on health promotion and disease prevention, strengthening the health system, childhood development and mental health. This agenda aligns with priorities for the Network. ADGP's challenge will be to ensure that the divisions are seen as the natural mechanism to deliver these improvements.

Dr Jennifer Thomson
ADGP Chair

Chief Executive Officer's report

2005–2006 will be seen as the year that governments finally realised that for Australia's health system to be sustainable it must have a much greater focus on primary health care including prevention, early intervention and chronic disease management rather than just hospital waiting lists and acute care.

The main reasons for this move were highlighted in a speech by NSW Premier Morris IEMMA at the National Press Club when he said "If current trends in economic growth and health expenditure continue, by 2033 health funding will consume the entire state budget"

That means there would be no money left over for education, transport and police—obviously not a sustainable situation!

The increasing costs of our health system due to the ageing population, increasing numbers of people living with chronic disease, cost of medical technology and workforce shortages have created an environment where state and federal governments were compelled to formulate a national agenda to address this potential crisis.

The February COAG (Council of Australia Governments) Statement was the outcome. As well as a significant commitment to increased mental health funding ($1.9 billion), the Statement contained a significant focus on chronic disease management and better primary health care outcomes.

As this is Divisions' core business, the COAG Agenda is good news for our Network.

Our challenge continues to be convincing government to see Divisions as the "providers of choice" for the role out of new programs associated with the COAG agenda. It is disappointing that many politicians and public servants still do not have a good understanding of the huge contribution that Divisions make to local health outcomes and the capacity they have to do much more.

This situation has to change! So with this in mind, ADGP has consulted with the Network to formulate a major communication and advocacy program which will be launched at the 2006 Forum. We are aiming to ensure that all politicians and members of local communities know their Divisions and are aware of the great contribution they make. We plan to raise the profile of Divisions in local media and with general practice and other members of the primary health care team.

Divisions must be valued as providers of quality local health solutions through general practice and the undisputed 'providers of choice' for new or expanded primary health care initiatives.

This is ADGP's primary goal for the next twelve months.

An important part of this strategy, is to have researched and well understood policy statements. At the 2005 Forum, ADGP launched the Primary Health Care Position Statement which sets out the vision of the Divisions Network in relation to the Australia's primary health care system. This document has been the basis for a range of submissions and position statements submitted to government over the last twelve months.

Lifting the profile of Divisions has included the production of a new publication *Dynamic Divisions*. Here, Divisions are able to profile their achievements and show stakeholders the smart things that they do. ADGP plans to produce at least four editions each year. This is a great way for Divisions to get national profile and recognition for their success stories.

The last year has seen ADGP being asked to present at an ever increasing number of conferences and events around Australia. Of particular importance was a presentation to AHMAC (Australian Health Ministers Advisory Council). We were given the opportunity to explain to the heads of state and federal health departments how Divisions can provide cost effective primary health care services in partnership with state and non government services. We particularly focused on the capacity for Divisions to hold both state and federal money to provide locally appropriate services. The ADGP Press Club lunch presentation was another great opportunity to lift the profile of Divisions and to highlight the Network's capacity and successes.

"If current trends in economic growth and health expenditure continue, by 2033 health funding will consume the entire state budget

Kate Carnel
Chief Executive Officer

An important part of securing a future for our Network is to ensure we have well trained leaders and most importantly, aspiring leaders for the future. This year, ADGP launched a Leadership Program with UNE Partnerships. This will give successful participants an Advanced Diploma and credits towards an MBA (if they choose to continue studying).Two courses are underway and the feedback has been very good.

There is no doubt that the Divisions Network is maturing but we still have a way to go to really fulfil our potential. Our challenge is to think and work like a Network, maximising (and promoting) our strengths and minimising our weaknesses. To achieve our goals, the Network must encourage the exchange of knowledge and skills and the creation of cohesive relationships, based on commitment and trust. We must speak with one voice and share a vision and goals while maintaining a local focus.

> *"The Divisions Network has a brighter future if it can operate effectively as a network rather than a loose collection of individual organisations. A sharper focus on leadership across the Network is essential so that all levels of the network can move forward together to address future challenges. In this way Divisions can add value both locally and nationally and strongly impact on the communities in which they are located"* Future Directions 2006—(DoHA)

I would like to use this opportunity to thank the hard working staff at ADGP and WAGPN. Their commitment to the Divisions Network and to improving the health of Australians is nothing short of inspiring, My senior management team, Liesel Wett , Leanne Wells and Norm Humphrey continue to perform above and beyond the call of duty. I am honoured to work with such a talented group of people.

The ADGP Board are a very special group of people. Nothing is ever too much trouble. On behalf of myself and the staff, I would like to thank all Board members for setting a clear and challenging strategic direction for ADGP and for their ongoing support. I would particularly like to thank Dr Rob Walters for his extraordinary service to ADGP and to the wider Network. Rob's enthusiasm and optimism made working with him an absolute pleasure. Rob finished a three year term as chair at the 2005 AGM.

I would also like to thank Dr Jenny Thomson very much for her support as Chair of ADGP. Her passion for general practice translated very easily into a passion for the divisions network and a great belief in what divisions can achieve to improve the every day health of communities across Australia.

Kate Carnell
ADGP Chief Executive Officer

Board committee reports

Finance and Audit Committee

The Finance and Audit Committee focused on maintaining the company's strong financial management and reporting practices. Improvements over recent years in financial systems were consolidated and further strengthened with improvements in the reporting period being aligned to support ADGP achieve AS/NZS ISO 9001:2000 accreditation for our quality management systems.

ADGP experienced considerable growth in program activities with revenues increasing by 44 percent to $10,514,176. The strong financial management framework in place has enabled ADGP to effectively manage the additional reporting requirements flowing from increased program activities. Areas of increase in the reporting period include funding for the WA General Practice Network office, Western Sydney General Practice Support, the Network's information management programs and a broad range of other program areas.

From a financial reporting perspective, ADGP continued to prepare general purpose financial reports in compliance with all relevant accounting standards. This required a particular focus this year with the introduction and adoption of all the Australian equivalents to International Financial Reporting Standards applicable from 1 July 2005.

The maintenance of strong controls over expenditure continued to be an area of focus. Of particular note is the considerable savings made through market testing of insurances.

Dr Chris Pearce resigned as Chair of the Finance and Audit Committee in November 2005. I would like to thank him for his valuable contribution to the committee over the last three years, including two years as chair.

I would also like to acknowledge the contribution made by Dr Michael Taylor, as a member of the Finance and Audit Committee. And I acknowledge the sterling contribution of our Chief Financial Officer, Norm Humphery, and his finance team in dealing with the significantly increased workload this year.

Dr Tony Hobbs
Chair, Finance and Audit Committee

Governance Committee

The Governance Committee met several times during the year to finalise the development of a detailed Board Governance Manual. The manual outlines all key overarching company policies as well as detailed statements on the role of the Board. The manual was endorsed by the Board in February 2006 and has been placed on the ADGP website for use by the Network when reviewing their policies. All ADGP's quality assurance manuals have also been uploaded to the website.

The committee also commenced reviews of ADGP's committee structure, model of governance and succession planning. This review has been discussed at length by the ADGP Board and ADGP expects robust discussion from the Network on the papers to be developed for consultation. This process will continue in 2006–2007 with a network-wide consultation process.

Dr Chris Pearce
Chair, Governance Committee

Information Management Committee

ADGP is committed to prioritising the eHealth agenda and investing in information management capacity through policy contributions, representation at eHealth working groups and national presentations to various stakeholders. The successful integration of eHealth into general practice will improve primary health care and provide for better health outcomes.

ADGP now has significant capacity in the key are of information management, through the leadership and guidance of the Information Management Committee. The committee's terms of reference are to:

- provide strategic direction for the Divisions Network Information Management Project
- develop an information management policy and strategic framework for the divisions network
- advise ADGP on information management in primary health care.

During the reporting period, the committee developed strategies and obtained program funding to establish 11 regional health information management officer positions in the SBOs, to develop a coordinated approach to implementing eHealth in divisions and support through divisions to general practice.

Members of the committee in 2005–2006 were:

- Ms Kate Carnell (ADGP Chief Executive Officer)
- Dr Michael Taylor (ADGP Board Member)
- Dr Hilary Fine (ADGP Board Member)
- Dr Emil Djakic (ADGP Board Member)

Secretariat

- Mr Adrian Beekmeijer (ADGP Principal Adviser, Information Management).

Dr Chris Pearce
Chair, Information Management Committee

Rural Committee

In accordance with the committee's terms of reference, all current ADGP Board Directors from rural divisions are members of the ADGP Rural Committee. In the 2005–2006 reporting period this comprised:

- Dr Ken Conolly (QLD, Chair)
- Dr Tony Hobbs (NSW)
- Dr Michael Taylor (SA)
- Dr Emil Djakic (TAS).

ADGP policy staff provided secretariat support.

States that do not have a rural director can co-opt a GP member onto the committee. A rural division Chief Executive Officer is also invited to join the committee and a representative from the Rural Doctors Association of Australia (RDAA) is invited to join as an observer. During the reporting period these positions have, however, remained vacant.

The main activity during the year was developing a discussion paper on the future of the committee, in response to a suggestion from the Tasmanian Divisions that the committee be disbanded. The discussion paper was circulated to the Network for comment in July 2005. The few responses received from the Network in relation to the paper indicated equal support for and against the continuation of the committee. As a result, the committee remains in place.

Work in the early part of 2006 focussed on filling the vacant committee positions, with some progress made at the end of the reporting period.

Dr Ken Conolly
Chair, Rural Committee

Western Australian Divisions State Office Committee

A General Practice Network—a new beginning

During late 2004, there was no WA divisions state body to coordinate and support the activities of WA divisions. This had significant impact on the capacity of WA divisions to support general practice in delivering high quality primary health care services to the WA community and to fully engage and respond at both a state and national level.

In response, the Australian Government Department of Health and Ageing (DoHA), WA divisions and ADGP agreed in principle to establish an interim WA divisions state body for nine months pending a more permanent arrangement from 1 July 2005.

From July 2005, the organisation known as Western Australian Divisions State Office (WADSO) functioned out of a hosted space courtesy of Fremantle GP Network.

In November 2005, the office moved to permanent premises in Technology Park in the southern metropolitan suburb of Bentley. State-wide programs that had been subcontracted out to hosting divisions were transferred back into the state office and an organisational structure was developed with the appointment of two senior policy managers with delegation and staff line management of specific program areas. During this initial set up period a change of name to the WA General Practice Network signified a more independent functional organisation.

Since January 2006 the organisation has strived to build creditability with members and stakeholders through intensive consultation and a staff restructure which more accurately mirrored the needs of divisional membership.

ADGP has played a significant role in rebuilding the reputation and capacity of the state office by providing ongoing organisation and financial support as well as through sound governance. This will ensure the WA General Practice Network becomes a stable and sustainable organisation committed and focused on providing leadership, advocacy and support at a state level for the WA divisions network.

Mr Chris Carter
State Manager
WA General Practice Network

Western Australian state office programs

Aged Care GP panels

WA Divisions have been working well individually, however 2005–2006 was seen at the local level as the time for a more coordinated focus to address how the Aged Care GP Panels Initiative will move forward after the current funding period.

During the reporting period, there were several changes to staff and organisations managing this network. The network management returned to the WA General Practice Network at the end of June 2006.

Key achievements

Key achievements during 2005–2006 included:

- ensuring that all WA divisions have at least one Aged Care Panel
- holding regular network meetings to address issues and share ideas and resources
- showcasing the work of WA divisions at the 2005 National Divisions Forum Perth and regular state teleconferences and face-to-face meetings
- organising a successful Aged Care Forum in May 2006

- supporting an increase in the number of Comprehensive Medical Assessments with 996 more assessments conducted than in 2004–2005 (when 3459 were undertaken)
- supporting 24 percent of residents in residential aged care facilities in WA having a Comprehensive Medical Assessment—this percentage is the highest of any state in Australia and is well above the 19.5 percent average
- strengthening relationships between the Network and key aged care stakeholders such as Geriaction WA, WA Aged Community Services Australia, WA Aged care Association Australia.

Future directions

During a meeting of the Network in May 2006 several areas of focus were highlighted for future action including:

- forward program planning—with divisional staff and GPs
- information technology in aged care
- residential aged care staff qualifications
- education and training for GPs
- script and medication management
- development of WA General Practice Network Aged Care GP Panels Initiative webpage/clearing house.

Chronic Disease Management (CDM) Items Project

The aim of this project was to develop, implement and assess CDM item awareness, education/training and support activities for the implementation and uptake of the new CDM items through WA divisions.

Key achievements

This year, key achievements included:

- assessing CDM awareness among WA divisions—conducting a needs assessment of WA divisions to determine current and future CDM activity and support needs
- providing state-level training for WA divisions' staff, organising and holding an educational workshop for divisions and relevant others (with a focus on CDM, incorporating CDM into existing division activities and encompassing Lifescripts)
- promoting CDM integration across other program areas at WA General Practice Network
- developing a state-wide communication strategy (including a WA divisions CDM network and CDM Listserver)
- convening regular state-wide CDM network meetings
- publishing articles in monthly newsletters
- providing direct support to WA divisions via email, telephone and face-to-face visits
- conducting division consultation visits and offering assistance on specific needs and questions
- identifying, promoting and sharing examples of models and resources produced by WA divisions
- establishing links, with key stakeholders to encourage uptake
- providing feedback examples of enablers and barriers to other SBOs and other national stakeholders
- liaising with the national CDM Coordinator and providing input and material for the compilation of a national implementation plan, a progress report and a national implementation report.

Future directions

The CDM Items Project was a six-month lapsing project which was completed in June 2006.

Home Medicines Reviews (HMR)

The WA General Practice Network worked collaboratively with the Pharmacy Guild WA in supporting the HMR Network.

Key achievements

Key achievements included:

- providing support (with a Pharmacy Guild representative) via network teleconferences and monthly meetings to divisional facilitators
- participating in state facilitator teleconferences
- conducting a state-wide survey of HMR facilitator training requirements
- coordinating and facilitating the state HMR conference held in Perth in early April 2006.

Future directions

The intention is to continue working collaboratively with the Pharmacy Guild to provide ongoing support for the Network. This will include providing ongoing training/education opportunities for HMR facilitators in conjunction with the Pharmacy Guild, and developing links with relevant peak state bodies regarding the HMR Network.

Immunisation

During the reporting period, the Divisions Immunisation Project Officer Network in WA continued to provide support, information and networking opportunities for division staff. Through the network coordinator, the Network liaised and developed relationships with relevant individuals and organisations such as the Australian Childhood Immunisation Register (ACIR), the Department of Health in WA (Communicable Disease Control Directorate), Vaccine Trials Group and others. This is creating a strong Network for information sharing and developing collaborative initiatives to target areas with lower coverage rates.

The network coordinator position had been located at the Greater Bunbury Division of General Practice and whilst the position functioned well, much of the program funding provided was required for travel and accommodation to and from Perth. The Network management function was returned to the WA General Practice Network at the end June 2006.

Key achievements

The program's main achievements during the reporting period included:

- holding regular network meetings to provide opportunities to address issues and share ideas and resources
- showcasing the work of WA divisions at 2005 National Divisions Forum Perth and regular state teleconferences and face to face meetings
- strengthening relationships with key Immunisation stakeholders in WA.

Future directions

- A major challenge is the high staff turnover in immunisation positions within the WA General Practice Network (i.e. 50 percent turnover during the reporting period). The network aims to provide strong support to new immunisation project officers to assist with a more seamless handover period.
- The WA General Practice Network will develop closer working relationships with the Department of Health in WA with the aim of developing a WA-specific accredited immunisation course for providers.
- The WA General Practice Network will investigate the provision of more education events/opportunities for division project officers, including a series of state-wide education forums.
- The WA General Practice Network will strengthen working relationships with the ACIR representatives in WA. There are plans for structured inductions to be facilitated by ACIR and the WA General Practice Network for new division immunisation staff and also more targeted data cleaning activities in practices/ divisions with lower immunisation coverage as a joint venture.
- An immunisation specific webpage/clearing house will be developed as a central resource point in WA.
- There will be continued development of specific initiatives to target the hard to reach cohorts to increase immunisation coverage.
- Relationships with key Aboriginal health organisations will be strengthened to target Aboriginal immunisation rates in WA.

Lifescripts

The Lifestyle Prescriptions Initiative (Lifescripts) program aims to build and support the capacity of the primary health care sector, particularly general practice, to take a stronger role in the prevention and management of chronic disease. This includes supporting general practitioners, practice staff and Aboriginal Medical Services through the divisions network to educate and assist people to adopt healthier lifestyles. This will be achieved by providing a range of resources and simple tools (the Lifescripts Resource Kit) for giving written advice that patients are able to identify as a Lifescript.

The goal is to promote the role of general practice in preventative care to both general practitioners and consumers and subsequently improve the quality of primary health care services. This includes making sure:

- general practitioners, practice staff and Aboriginal Medical Services are aware of how the Lifescripts initiative can be integrated into practice to assist them with current local chronic disease prevention work
- patients using the primary care sector are aware of and receptive to the role general practice can play in supporting health related lifestyle changes.

In terms of providing state/territory level coordination to implement the Lifescripts initiative the aim is to see:

- widespread participation in the Lifescripts initiative by divisions of general practice
- links established with initiatives in the participant's state/territory that address chronic disease prevention and management.

Key achievements

The main achievements in WA this year included:

- supporting WA divisions that are implementing and administering the Lifescripts Initiative
- convening state-wide training workshops
- providing local liaison to facilitate workshops implemented by participating divisions
- supporting the inclusion of the Lifescripts Initiative in WA divisions' planning and providing an information reporting framework for chronic disease management
- providing information on links to existing prevention and chronic disease programs, including the Medicare Benefits Schedule item numbers for chronic disease management, such as the Aboriginal health assessment item number
- promoting and demonstrating to WA divisions through training and ongoing information on how the Lifescripts Initiative's tools and resources can assist divisions with their existing prevention and chronic disease programs
- promoting and sharing information about successful implementation of the Lifescripts Initiative
- assisting and supporting participating divisions implement the Lifescripts Initiative
- contributing to national policy development and establishing links with state government and non government organisation networks to promote and raise awareness of the initiative, through participation in the national divisions network
- collaborating with state government and non-government organisations to develop state-based approaches to awareness raising about Lifescripts and the GP's role in providing information and advice about lifestyle risk factors—ensuring consistent advice is provided at the national, division and GP practice levels
- working with divisions to develop state/regional level referral resources for GPs to assist in linking with others in the primary care sector to facilitate risk factor modification for individuals or population groups.

Future directions

With another year of funding offered by the Australian Department of Health and Ageing, this program continues to integrate the resources into divisional programs to encourage uptake and promote other Australian Better Health Initiatives such as the over 45 health check.

Mental health

The Australian Government's Better Outcomes in Mental Health Care program (2001) has continued into its fifth year of funding through the 2005–2008 triennium. At a state level, the WA General Practice Network provides communication, support, advocacy, liaison and education to the WA Mental Health Network in the delivery of primary mental health services to the WA community.

Key achievements

The program's main achievements during the reporting period included:

- strengthening links between GPs, divisions and specialist mental health services
- promoting integration of Australian Government primary mental health care programs with state government and non-government mental health programs through:
- mental health program officer (MHPO) network meetings
  - visits to divisions
  - representation on some 15 mental committees and working parties dealing with issues such as suicide prevention, youth health, and alcohol and other drugs
- providing assistance to divisions delivering GP mental health education directly related to the Better Outcomes in Mental Health Care program including:
  - GP education workshops
  - liaison with MHPOs about current programs, facilitators and collaborative educational events across divisions
  - Royal Australian College of General Practitioners (RACGP) Professional Development Courses—facilitator, endorsed and accredited provider for Division Liaison Officer (DLO) Mental Health (2005–2006)

Future directions

- The mental health DLO will continue to communicate and participate in key stakeholder meetings and on working parties in mental health care in WA, providing information and liaison specific to mental health issues in general practice.
- WA General Practice Network will provide ongoing support to MHPOs delivering mental health programs, in particular the Better Outcomes in Mental Health Care program.

Nursing in General Practice (NiGP)—WA

The WA General Practice Network provided all WA divisions (Chief Executive Officers and program staff) with funding guidelines, program outlines and key objectives and deliverables for NiGP programs.

The WA General Practice Network has been working in collaboration with WA divisions to build the capacity of the divisions to deliver support services for practice nursing. In particular, advice and support was sought from the Western Australian Demonstration Divisions on NiGP until December 2005 when the demonstration sites funding ceased.

Key achievements

The program's main achievements during the reporting period included:

- brokering a partnership between the Australian Practice Nurses Association (APNA) Western Australian Practice Nurses Association (WAPNA) and WA General Practice Network to hold the inaugural practice nursing workshop in September 2005
- facilitating a 100 percent response rate from WA divisions for the ADGP national practice nursing survey
- promoting the practice nursing role at the WA Royal College of Nursing Australia (RCNA) Nurse Expo 2005
- supporting innovative divisional projects including research
- ensuring the smooth transition of new project officer.

Future directions

The WA General Practice Network will:

- continue to engage divisions through support, mentoring and guidance
- use the WA General Practice Network's NiGP practice nursing reference group to full potential
- build divisions of general practice capacity by:
  - continuing to target divisions where there is low uptake of the Practice Incentive Payments (PIP) Practice Nurse (PN) initiative
  - encouraging project officer continuing professional development
  - supporting divisions in the promotion and recruitment of practice nurses
  - encouraging the use of databases
  - maintaining a web page for resources, a calendar of events and a clearing house facility
- provide education and training for practice nurses
- continue to address current Australian Government priorities such as immunisation, wound management, chronic disease management, asthma, cervical screening and locally identified requirements with a focus on Medical Benefits Scheme item numbers and the practice nurse role.

Communications

ADGP places a high priority on ensuring timely, relevant and regular communication with members, medical and mainstream media, key stakeholders and industry organisations through newsletters, feature articles and opinion pieces and the website.

To meet ADGP's communication goals, the communications area was restructured during the year and now has responsibility for the communications program, the Australian General Practice Network Forum and the ADGP website. A strong communications team is now in place with a communications manager, a media officer and a communications officer.

In the latter half of the year, ADGP commenced the first phase of the new communication strategy, as part of our rebranding exercise to unite the Network under one banner—the Australian General Practice Network. The main aim of the strategy is to focus the health debate on primary health care and position the Network as the provider of choice for delivering integrated, local health solutions to the nation.

ADGP's communication program grew substantially over the last 12 months with the launch of *Dynamic Divisions* at the 2005 Forum in November. *Dynamic Divisions*, the ideal vehicle for promoting and showcasing the excellent work being done in divisions, is disseminated widely including to all federal politicians, ministerial advisers, government officials, state health ministers and their staff, as well as all divisions and other industry associations.

We continued to develop successful partnerships with other organisations to disseminate information to members, general practices and the community. In particular, ADGP partnered with the Pharmacy Guild of Australia and the Kerri Anne Kennelly Show to highlight a range of medical conditions. Also, in conjunction with the Guild, a number of community service announcements were produced.

We also worked closely with the National Institute of Clinical Studies (NICS) to raise both community and GP awareness of the importance of influenza vaccinations for the under 65s at risk group.

Other partnerships included working with the General Practice Registrars Association to disseminate information to GPs about the benefits of employing a registrar and to raise awareness of the benefits of becoming a member of a local division. We also worked with the Rural Health Education Foundation to publicise their live national satellite broadcasts.

The ADGP website continues to be a major source of timely and relevant information to the Network, government and other primary stakeholders. The number of visits to the site continues to grow and in 2005–2006 there was a 51.6 percent increase in the number of pages viewed over the previous year.

Key achievements

The major achievements associated with the communications program and the ADGP website during the reporting period included:

Communications

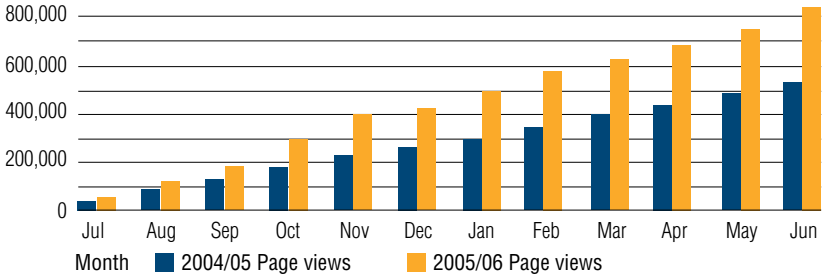
- responding to key health issues, the value of general practice in the primary health care setting and promoting the achievements of ADGP programs through regular media releases, opinion pieces and articles

- a live National Press Club address by ADGP Chief Executive Officer, Kate Carnell, on the importance of team-based care in general practice and solutions to workforce shortages
- regularly publishing ADGP News, an electronic newsletter for promoting awareness of what we do and issues of importance to divisions, SBOs and GPs
- presentations by the Chief Executive Officer, Chair and senior staff at health conferences, summits, workshops and forums to keep ADGP in the health spotlight as innovative leaders
- Dynamic Divisions, launched at the 2005 Forum to showcase the range of impressive programs being undertaken across the Network
- working collaboratively with the Pharmacy Guild to raise awareness of medical conditions with appearances by Dr Rob Walters and Dr Penny Adams each Tuesday on the Kerri Anne Kennelly Show
- working in partnership with NICS to raise awareness of the importance of influenza vaccinations for the under 65s at risk groups
- working with ADGP program areas to develop and promote educational and other resources
- updating a range of ADGP information products in collaboration with program areas
- disseminating information to divisions and SBOs following the Federal Budget with our *Budget Communiqué*, which outlined proposed government direction and expenditure on health issues of significance to primary health care and primary mental health care.

Website

- regularly updating the ADGP website to ensure relevance resulting in
  - an increase of 51.6 percent in the number of pages viewed over the corresponding period last year with a total of almost 828,000 pages viewed.

Growth in cumulative page views 2004–2005 compared with 2005–2006



Future directions

Communications

Over the coming 12 months, a major focus for the communications team will be to progress the communications strategy. The Australian General Practice Network Communication Strategy will be launched at the 2006 Forum. To ensure divisions and SBOs have the appropriate resources available to progress the strategy the Forum will include sessions and workshops on practical solutions, tools and ideas on how to drive the national policy debate on primary health care both through the media and with politicians.

The implementation of the communication strategy is expected to raise the Network's media profile. ADGP will work with the Network to provide advice and guidance on building the Network's brand. In turn this will improve the community's understanding of the important programs and initiatives that divisions develop and implement.

Website

In the latter half of the reporting period, ADGP commissioned the development of a sophisticated clearing house function for the website that will provide ADGP, SBOs and the divisions with an integrated framework to share knowledge and a range of resources. The clearing house will be fully operational in November 2006.

The online needs of the organisation are growing rapidly and to meet the increasing use of the site as a source of information ADGP commissioned the development of a new website. The new website will have a more intuitive approach to the structure and accessibility of the information on the site.

Divisions of General Practice Network Forum 2005

Steering Committee

In 2005 the secretariat and forum coordinator were supported and advised by a steering committee comprising:

Dr Michael Taylor (Chair) ADGP Director (SA)

Dr Ralph Audehm Melbourne Division of General Practice

Ms Kate Carnell Australian Divisions of General Practice

Dr Dan Ewald Northern Rivers Division of General Practice

Dr Hilary Fine ADGP Director (WA)

Ms June Foulds Greater Bunbury Division of General Practice

Mr David Gardner Brisbane South Division of General Practice

Dr Peter Meggyesy Mornington Peninsula Division of General Practice

Mr Tim Benson Consumers Health Forum

Dr Bennie Ng General Practice Registrars Australia

Ms Marissa Pidgeon Perth Central Coastal Division of General Practice

Mr Steve Sant Central Bayside Division of General Practice

Ms Tracy Bell Australian Government Department of Health and Ageing (January–March 2005)

Ms Sharon Prendergast Australian Government Department of Health and Ageing (March–June 2005)

Ms Anne Kingdon Australian Government Department of Health and Ageing (June–November 2005)

Ms Leanne Wells Australian Divisions of General Practice

Their input and assistance in the lead up to and during the forum was invaluable and ADGP would like to thank them for their contribution.

The 7th annual National Divisions of General Practice Network Forum was held at the Perth Convention and Exhibition Centre from 3 to 6 November 2005.

The forum once again attracted a range of national and international delegates and speakers, and provided an opportunity for participants to broaden their awareness and understanding of key issues in primary health care and showcase the excellence and innovation of divisions.

Highlights

The forum was opened with the welcome reception, trade exhibition and poster displays, with a special welcome by WA with a 'Taste of the South West of WA'. ADGP's conference sessions were opened by the Hon Julia Gillard MP, Shadow Minister for Health, who also presented the Division Achievement Awards.

Barbara Starfield's keynote address was a particular highlight. Her acknowledgment of the value of the role of primary health care in overall health systems reinforced the role of general practice and the divisions in primary health care system reform as outlined in ADGP's *Primary Health Care Position Statement* launched at the forum.

John Aloizos Medal

In 2005 the finalists for the John Aloizos medal made exceptional contributions to the divisions Network and ADGP congratulates all the finalists for believing in the Network and working to improve primary health care in Australia.

The 2005 winner was Dr Duncan Steed. His vision and creativity combined with the enthusiasm for all he undertakes was instrumental in ensuring that the Fremantle GP Network believed it could achieve almost anything. He raised the profile of general practice and divisions of general practice, promoting their capacity to effect change for improving health care.

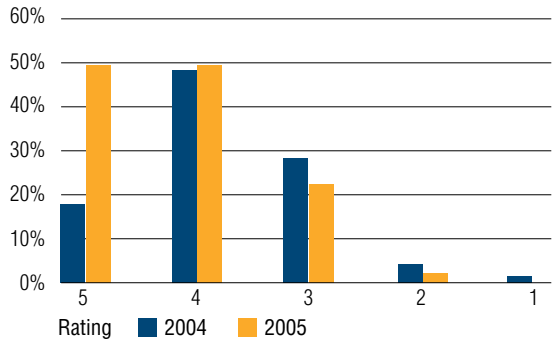
Division Achievement Awards

The Divisions Achievement Awards were once again a highlight during the 2005 Forum. The quality of nominations was excellent and highlighted the impressive work being done in the divisions. The winners in 2005 were:

- Westgate Division of General Practice for its adolescent health program
- Greater Bunbury Division of General Practice for its immunisation program
- Mid North Coast (NSW) Division of General Practice for excellent work in Aboriginal and Torres Strait Islander health
- the Eastern Region Divisions Network (comprising Eastern Ranges GP Association, Inner Eastern Melbourne Division of General Practice, Knox Division of General Practice and Whitehorse Division of General Practice) for innovative management to improve division performance
- Northern Rivers Division of General Practice for supporting quality in general practice with practice staff locums program
- GP Connections Toowoomba for its innovative website
- Southern Tasmanian Division of General Practice for its newsletter.

The Melbourne Division of General Practice received an honourable mention for its Practice Nurse Recruitment Kit and the Brisbane South Division of General Practice received an honourable mention for its integrating programs initiative to improve division performance.

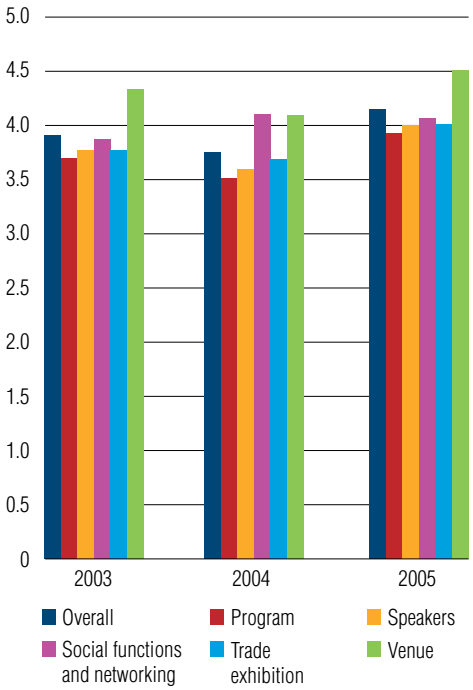
Satisfaction with trade exhibition



Key achievements

- The forum attracted record attendance with more than 1000 delegates.
- A total of 278 organisations were represented, including other GP groups, Australian Government representatives, university departments and centres, allied health organisations and state health departments. The wide variety of organisations represented at the Forum demonstrates the key role the Network continues to play in Australia's primary health care delivery.
- A total of 35 abstracts were presented.
- A total of 51 posters were displayed.
- The trade exhibition sold out, with 90 percent of exhibitors keen to return to the forum in 2006.
- Overall satisfactions levels increased across most areas, with the strongest being speakers and programs.

Forum satisfaction levels



Future directions

- ADGP will continue to take note of delegate feedback in formulating programs for future forums.
- Increasing the financial sustainability of the forum will continue to be a priority. In 2006, a comprehensive sponsorship and trade exhibition strategy will be developed and implemented to ensure the financial success of future forums.
- ADGP will focus on developing long-term partnerships with organisations that can assist the Network achieve its core objectives. This is part of the sponsorship strategy aimed at creating a sense of collaboration and partnership working towards common goals.
- ADGP values its partnership with the Department of Health and Ageing and looks forward to its continued contribution to future forums to deliver both tangible and intangible benefits.

Finance and corporate services

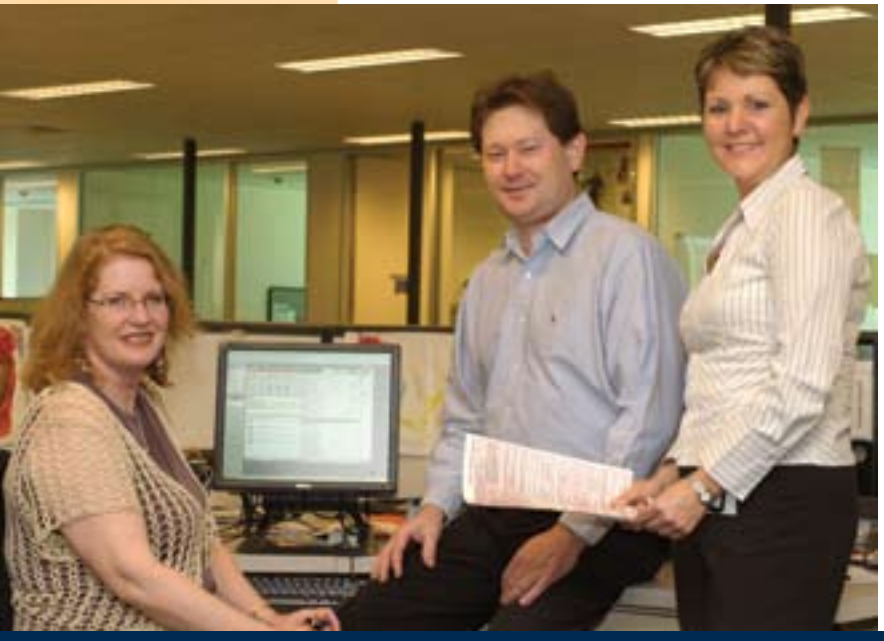
The provision of effective financial and corporate services to support ADGP's core and program areas is an essential element of ADGP achieving its goals and objectives.

The finance and corporate services team provide a range of services including both strategic and operational financial services such as financial reporting to the Board, program budgeting and financial reporting, payroll and packaging services, accounts payable and receivable.

In 2005–2006 the finance area was restructured to take on the additional responsibilities of quality assurance management responsible for the development and implementation of ADGP's QA program, information technology and facilities management and support.

As a result of the substantial growth in program activities and to meet the additional responsibilities, an accountant and quality assurance program officer were employed in the latter part of the year.

Throughout the reporting period ADGP maintained ongoing dialogue and liaison with DoHA on issues of financial importance to the Network particularly in relation to the financial reporting template and the need for financial reserves.



Key achievements

- Improving and upgrading ADGP's financial management framework to enable the effective management of additional reporting requirements flowing from the 44 per cent increase in revenues and expenditure.
- Achieving quality endorsed accreditation status in June 2006, under the requirements of AS/NZS ISO 9001:2000 through the facilitation, documentation and development of quality endorsed procedures, systems and manuals.
- Providing high quality information and services to ADGP staff and Board in areas such as payroll and packaging, accounts payable and receivable, program and company financial reporting, information management and quality assurance.
- Streamlining and improving financial reporting and budgeting processes to the Board, executive and program managers.
- Supporting and assisting the coordination of the Central Bayside General Practice Association High Court Appeal process. (The High Court delivered a unanimous decision in favour of Central Bayside in August 2006.)
- Achieving significant savings in ADGP insurance costs through a process of market testing.
- Establishing relationships with other insurers that will introduce healthy and necessary competition to the Network.
- Providing ongoing effective financial support to the WA General Practice Network.
- Providing effective financial and administrative support to the temporary Western Sydney General Practice support office.

Future directions

The finance and corporate service team will continue to examine the financial management practices and other procedures to ensure the continuation of high quality services that enable ADGP to meet its goals and objectives in this area.

We will also maintain and further develop the ISO accredited systems.

National policy

The main focus for the policy team this year has been developing primary health care solutions, new primary care partnerships, health workforce issues, the Divisions' Forum Program and responding to COAG's priority areas for health.

A highlight was the launch of the *Primary Health Care Position Statement* and a companion Monograph which summarises the evidence for primary health care interventions. The statement was developed in close consultation with the divisions network and other key stakeholders. It has made a substantial contribution to the health policy debate and underpinned the Chief Executive Officer's address to the National Press Club in March 2006. It also served as a basis for the several policy submissions made during the year, including ADGP's 2005–2006 Federal Budget submission.

Key achievements

Federal Budget

- ADGP submitted a comprehensive 2005–2006 Federal Budget submission in November 2005. A number of ADGP's recommendations—including expansion of practice nurse incentives, continuation of the Lifescripts Initiative, funding for community-based referral pathways for chronic disease prevention and new investments in mental health—were reflected in the government's commitments. A comprehensive analysis of the Budget measures and their implications for the Network and general practice was circulated to the membership and published on our website in May 2006.

COAG

- ADGP proactively kept abreast of and responded to health priorities emerging from COAG. This included promoting the role of general practice and primary care in the delivery of the Australian Better Health Initiative, making submissions to and participating in consultation to provide input to the shape of the COAG mental health agenda, and promoting the role of divisions in flu pandemic planning.

Submissions, reviews and position papers

- Several submissions were made in response to government discussion papers or reviews conducted by government or other stakeholders. ADPG made a major submission to the Productivity Commission's Report on Australia's Health Workforce and analysed the Commission's recommendations for the Network. Other submissions were made to the National Alcohol Strategy, Royal Australian College of General Practitioners Curriculum Review, National Eye Health Plan, Biennial Review of the Medicare Provider Number legislation, National Health Amendment Bill, National Chronic Disease Kidney Strategy and the Aboriginal and Torres Strait Islander Workforce Strategic Framework review.
- The policy team also supported several major presentations by the ADGP Executive including to the Australian Health Ministers' Advisory Council (AHMAC) on the role of divisions in primary health care.

Workforce development

- ADGP continued to make contributions to workforce development initiatives through representation on various Overseas Trained Doctor (OTD) committees, promotion and input into the Doctor Connect website, and representation on the Prevocational General Practice Placement Program. Policy officers continued to contribute to rural health issues including representation and ongoing input into National Rural Health Alliance submissions, and representation on the John Flynn Scholarship National Advisory Group. Policy officers also advocated for a change in eligibility criteria for the Rural Medical Infrastructure Fund to include divisions, and commenced work on options for the future of the ADGP Rural Committee.

Partnerships

- ADGP policy team provide secretariat support to the newly formed National Primary Health Care Partnership. This is a mechanism that will form stronger policy networks between organisations whose membership plays a role in primary care teams.
- Research partnerships were further advanced with ADGP staff involved as policy advisors in a growing number of primary care research undertakings. This included advising the Australian National University and several other universities on the Australian General Practice Nursing Study. The study was funded by the Australian Primary Health Care Research Institute (APHCRI) and the Centre for Mental Health Research in an APCHRI-funded systematic review of effective models of primary mental health care.
- Local relationships between divisions and Aboriginal Community Controlled Health Services continued to be promoted under the MOU with National Aboriginal Community Controlled Health Organisation (NACCHO).
- To strengthen the quality of the Networks' contribution to health policy, an ADGP–SBO Policy Network was convened and meets quarterly.

Future directions

ADGP has boosted the policy team to build our capacity to provide relevant, timely quality policy advice to the Board and to government stakeholders.

The policy team will continue to work closely with government and other key partners to contribute to contemporary priorities for health on behalf of the divisions Network. In 2006–2007, attention will be dedicated to:

- providing viable and compelling primary care solutions to the COAG National Reform Agenda
- developing solutions to health workforce challenges and to overcoming inequitable service delivery
- embedding the place of divisions in delivering quality primary mental health care services and support for practice teams in this area
- developing a major body of work exploring funding models for the primary health care system
- developing a comprehensive information management policy
- developing a new work program around Aboriginal and Torres Strait Islander primary care under a renewed MOU with NACCHO.

Representation and advocacy

ADGP's representation program is a key strategic function enabling grass roots input by the divisions network, GPs and other members of the general practice team into national primary health care policy and program activities, through participation on various national committees and attendance at forums and workshops. Such participation raises the profile of the divisions network as a key influence in primary health care delivery and provides direct access by the divisions network into national primary health care policy formulation.

The program has experienced considerable growth over recent years and requests for ADGP representation on committees and for attendees at forums/workshops continues to increase. Although many of the requests come from Australian Government agencies, most notably the Department of Health and Ageing, demand is also increasing from the non-government sector.

In light of this demand, changes to the duties of ADGP Board Directors and the need to streamline the operational basis of the program, the Board of ADGP endorsed a set of policy guidelines to underpin the operations of the ADGP Representation Program. These guidelines will ensure that the Board, in monitoring company operations and setting ADGP's strategic direction, can have confidence in the ability of ADGP to represent the divisions network at the national level and be informed of timely developments in areas impacting on primary health care.

Appointments are reviewed every 12 months to consider whether representation is adequate.

Key achievements

- Developed a set of assessment criteria to ensure the most appropriate representation.
- Developed criteria to determine whether representation on a national committee or attendance at a forum/workshop is required.
- Developed protocols to determine at what level representation should be—i.e. ADGP Board, ADGP staff or Network staff.

Future directions

- A call for expressions of interest will be undertaken every two years to update the register. The register will serve in essence as a pool of qualified people with specific expertise and qualifications for ADGP to draw upon for active representation roles.

Review Implementation Committee

The Review Implementation Committee (RIC) was formed to oversee changes in response to the Review of the role of Divisions of General Practice.

The committee's substantial work has resulted in a significant partnership between government and the divisions network. The reform agenda set by the Review of divisions and the government response resulted in significant policy change and challenges for the divisions network.

The divisions Network continues to be strongly represented by Drs Margaret Culpna, Jenny Thomson, Rob Walters and CEOs Kate Carnell, Bill Newton and Andrew Waters.

The National Quality and Performance System (NQPS) which provides the framework for reporting on the funding from the Department of Health and Ageing ahs enabled all divisions to be measured consistently across core areas of activity.

In addition to the NQPS, a large number of divisions have reached accreditation with external agencies, strengthening the position of the divisions network as the provider of choice for primary health care in Australia.

Key achievements

The Review Implementation Committee has worked steadily to achieve its deliverables and goals.

This has included delivering the following:

- a strategic framework for the divisions network—the National Quality and Performance System (NQPS) which includes performance indicators to enable benchmarking across Australia
- a new funding agreement for all members of the Network
- a review of the funding formula for the Network
- a process of supporting and improving performance across the Network, including a performance and development funding pool aimed at increasing both capacity and performance across the Network, resulting in funding to over 35 divisions and SBO projects funded in the Network
- local common pool indicators, for use, if relevant, by the Network
- a review of boundaries
- structural efficiency support for those divisions reviewing efficiencies across the Network

Working groups were established to develop the above deliverables, with strong representation from across the Network.

The Structural Efficiency Working Group has developed several tools to assist divisions to assess their ability to meet the National Quality Performance System requirements. This work will continue in the short-term, including identifying innovative divisions working together more efficiently.

The RIC also worked closely with the ADGP-SBO Coalition as a sounding board on major implementation strategies as the process of reform moved forward.

Future directions

The committee's achievements have been well documented. Meeting a total of four times in 2005–06, the business of the RIC has all but concluded with a large proportion of the recommendations of the Review of Divisions implemented or delivered.

In the short period the Network faces the first reporting period using the new National Quality Performance System. Divisions are working towards meeting the performance measures, with over 100 network members striving towards accreditation.

The drive towards consistency, coverage, collaboration and increased capacity for the Network will ensure that all funding bodies, including the Australian Government, has confidence in the divisions network as the provider of choice in primary health care delivery in Australia.

National programs

ADGP has a highly experienced team of professionals with expertise and extensive knowledge in Australia's health industry to deliver services across a wide range of program areas. Program managers and officers work with SBOs, divisions, the government and other key stakeholders to implement policy initiatives.

Aged care

The Department of Health and Ageing (DoHA) implemented the Aged Care GP Panels Initiative as part of the $2.85 billion *Strengthening Medicare package,* formerly known as *MedicarePlus.* The initiative provides much needed support for GPs working in the aged care sector and aged care homes that can be supported by divisions of general practice.

The initiative comprises the Aged Care GP Panels and a Medicare Benefits Schedule (MBS) item for a Comprehensive Medical Assessment (CMA), if required, of new and existing residents of aged care homes. The CMA is a full systems review of the resident, including assessment of the resident's health and physical and psychological function.

The focus of the program is to improve access to primary medical care for residents of aged care facilities and to enable GPs to work with aged care staff to assist with quality improvement strategies for the care of all residents.

The key aims of the Aged Care GP Panels Initiative are:

- improved access to appropriate medical care for all aged care residents
- increased participation by GPs in aged care initiatives aimed at improving quality of care
- GPs and divisions working more effectively with aged care homes.

Key achievements

During the reporting period major achievements included:

- increasing the number of operational Aged Care Panels to 273
- increasing GP participant numbers to 1468
- increasing coverage of residential aged care facilities with 1875 out of 3029 residential aged care facilities in Australia being active participants in the panel initiative
- identifying and focussing on similar issues and priorities nation-wide including: education and training, communication and policy, medication management, information management/information technology, and quality care activities
- developing and sharing across states and territories resources and tools developed under the initiative to avoid re-inventing the wheel and duplication (of time, effort and resources)
- developing successful relationships and networks that will be fundamental to the ongoing effectiveness and sustainability of the initiative at the local, state/territory and national levels
- providing the impetus for divisions to increase their role in the coordination of primary health care service provision across the aged care sector more broadly, both residential and community and in Australian Government and state-funded projects.

Future directions

At this early stage in the GP Panels Initiative it is evident that addressing systems issues and developing a clear policy direction are fundamental to making substantial, sustainable and equitable changes to service delivery in aged care in Australia. Access and quality improvement initiatives implemented at the local level cannot continue to be the only instigated solutions.

The innovation shown by divisions in this initiative is to be commended.

The initiative was originally due for departmental review prior to 30 June 2007. In September 2006, the Department of Health and Ageing advised the divisions network that the Aged Care GP Panels Initiative would be extended by 12 months. The initiative is now due to lapse on 30 June 2008. A departmental review of the initiative will be undertaken prior to this date.

The initiative has highlighted a significant number of issues affecting the GP, aged care and acute interface across the country. ADGP will focus on a number of these issues over the next 12 to 24 months. These issues include:

- information, communication and technology
- post graduate qualifications for GPs in aged care
- medication management issues in residential facilities
- medication charts
- discharge planning from the acute sector
- access for isolated ageing Aboriginal people
- patient information flow between providers, particularly hospitals.

Chronic disease management items

In July 2005 the Australian Government released new items in the Medicare Benefits Schedule to make it easier for GPs to manage the health care of patients with chronic medical conditions, including patients who need multidisciplinary care. The Chronic Disease Management (CDM) items give GPs access to Medicare rebates for preparing and reviewing GP Management Plans for patients with chronic medical conditions. For patients requiring multidisciplinary care, GPs can also claim from Medicare for coordinating team care planning and review services.

The Australian Government Department of Health and Ageing provided resources to ADGP to support the uptake of the new Medicare items. The Principal Adviser National Chronic Disease developed and provided education and support to the Network and through divisions to general practice to assist in implementing the items.

Key achievements

The CDM items have received strong uptake from general practice. During 2005–2006 a total of 1,135,410 services were claimed using the CDM items. This included the 645,882 GP Management Plans and 254,181 Team Care Arrangements.

The major achievements supporting the implementation of the CDM items were:

- developing training packages to facilitate ongoing training
- creating a webpage as a 'one-stop' shop to assist in searching for allied health service providers
- developing a CDM clearing house on the ADGP website
- integrating the CDM items with other programs such as Lifescripts, Home Medicines Review and the practice nurse initiative
- promoting the items to a broad group of service providers by using a disease-specific approach
- using multiple opportunities to access a wide range of GPs to extend the reach of the CDM item numbers into general practice
- establishing links and partnerships at a national level to encourage and promote an increase in the uptake of the new CDM items and raise awareness about the items.

Future directions

ADGP will continue to seek support for the Network to help general practice to improve the management of chronic diseases.

Divisions Network Executive Leadership and Management Program

For some time, Divisional CEOs had asked how the Network was investing our leaders—how are we supporting and developing our CEOs?

As a result, the Divisions Network Executive Leadership and Management Program was designed, with input from the Network supported by solid academic rigour. With support from the Department of health and Ageing with scholarships, the first intake of students met in Sydney in March 2006.

ADGP, working with Network members and the University of New England Partnerships program, designed the Executive Leadership program based on real-life Divisional examples to reflect the business processes undertaken by CEOs. The program targets senior levels of Division Management, i.e.; CEOs or emerging leaders and runs over a ten month period, with two, five day residentials.

The program has been designed to equip CEOs with enhanced skills in effectively managing the strategic directions of the organisation. Increasing skills in areas such as leadership, financial management and comprehensive business operations are core. Underlying this, is the focus on the unique operating environment of the Network, such as working collaboratively with partners, and with government at various levels.

Learning modules include:

- Strategic Planning
- Leadership
- Management and Decision Making
- Managing relationships with Stakeholders
- Maintaining Strategic Networks/Partnerships/ Marketing (and lobbying)
- Business operations (legal, governance, risk management, compliance)
- Business finance (cash flow, analysis, risk, monitoring)
- Innovation and Continuous Improvement.

Key achievements

The first intake of 20 participants have successfully worked their way through the first residential, and have been working collaboratively on the first group assignment. Feedback on the program has been excellent, with Divisional CEOs going back to the workplace with new skills and tools.

A second intake is planned for September 2006, with 18 registrations to date.

Future directions

Planning is underway for a third intake for the early 2007, with considerable interest from CEOs in participating in this key professional development program.

Enhanced Divisional Quality Use of Medicines Program

The Enhanced Divisional Quality Use of Medicines (EDQUM) Program commenced on 1 July 2002. It originally involved 15 divisions of general practice from five states in a two-year pilot program. The program was developed with the Department of Health and Ageing (DoHA),the National Prescribing Service (NPS), the divisions network and other stakeholders. It uses local divisional expertise to enhance existing quality use of medicine initiatives.

In 2005–2006, a total of 29 divisions were involved in the program.

While there is no upfront funding for EDQUM and while PBS reduction is not the primary focus, participating divisions share any savings made by the Pharmaceutical Benefits Scheme (PBS) that are attributable to the EDQUM program and quality use of medicines initiatives. Such savings must be expended on primary care activity benefiting the community of that division.

Key achievements

- ADGP made significant efforts to implement the EDQUM Program through a collaborative approach between the participating divisions and the other primary stakeholder, NPS.
- The EDQUM program was expanded in the reporting year to a total of 29 participating divisions.
- In 2006, DoHA began a lapsing program review of EDQUM. The review by Human Capital Alliance is set to raise a series of issues with the program and methodologies applied to the savings measures. ADGP and divisions have ensured that the evaluators understand the positive direction of EDQUM, but are also aware of the areas that can be improved. A workshop identifying these issues will be conducted by ADGP in early July 2006, for the final year of the program.
- A small number of divisions in the Network have received savings as a result of their quality use of medicine program.

Future directions

For some time, ADGP has been advocating a significant change in process to achieve the goals set by the Department of Health and Ageing for the EDQUM Program. The Effective Resource Management proposal, developed by a small group of original EDQUM divisions, provides the opportunity to effectively deliver better management of the health resources, improve health outcomes and provide better use of medicines.

Effective resource management

Effective Resource Management (ERM) is a proposal that has been developed to go beyond EDQUM. ERM provides the potential to improve quality processes in the appropriate use of medicines while at the same time injecting funding into specific local primary health care projects.

The goal is to improve the management of health resources and the quality of primary health care provided to the Australian community. The system has been developed by ADGP in collaboration with a group of divisions and the Phoenix Group from New Zealand which includes a grouping of three IPAs. This group agreed that while there were significant challenges associated with the EDQUM program, the concept of working with GPs in the area of quality pharmaceutical and care management offered many positive opportunities to improve use of resources and implement the latest in evidence-based medicine.

This ERM group has worked for more than two years to produce an effective process that would persuade funders and key decision makers to adopt the ERM approach. The proposal put to government draws on knowledge from overseas, including the United Kingdom and New Zealand. The completed modelling uses methodology developed in New Zealand as well as PBS and Medicare Australia information, and was applied to participating divisions.

Key achievements

The ERM group met with senior government officers from the Department of Health and Ageing (DoHA). At that meeting the group put a concrete proposal for the introduction of ERM. The proposal included:

- a presentation on reasons for and implementation of ERM
- this presentation identified the need and reasons behind the drive for a new process. It also suggested a methodology for budgeting for the process without upfront funding by government and appropriate commitment of savings to primary health care initiatives
- **modelling**: the modelling looked at a series of specific medicines that are available on the PBS and applied the process to those specific medicines against the key divisions, before extrapolating across the Australian context
- **ethics paper:** Dr Christopher Newell, AM, evaluated the process to verify that there would be no conflict of interest for GPs. He identified savings going to primary health care initiatives as a key component in the ethical process
- **business process:** the ERM group took legal and financial advice to ensure that it is as ready as possible to implement the process when government agrees
- **media:** articles and briefing papers have been prepared in advance to ensure that media are clear and accurate about the goals and aims of the ERM process
- **savings potential:** extrapolation from the modelling indicated possible Australia-wide savings to the Pharmaceutical Benefits Scheme of $170 million. Savings returned on a share basis to divisions would be committed to agreed primary health care projects implemented in their local communities.

Future directions

The ERM process is ready for implementation. ADGP, divisions and the Phoenix Group will continue to actively demonstrate to government that they are ready to proceed.

General Practice Immunisation Program

The Department of Health and Ageing (DoHA) has funded ADGP to deliver a number of outcomes through the employment of a Principal Adviser Immunisation. ADGP has undertaken to increase immunisation coverage by working with the Network to achieve the aims and objectives of the National Immunisation Program and General Practice Immunisation Incentive (GPII) Scheme.

ADGP continued to provide leadership and support to the Network and developed good relationships with immunisation officers. There is a great deal of enthusiasm across the Network to achieve the aims and objectives of the National Immunisation Program.

ADGP works closely with the State Based Office Immunisation Coordinators (SBOIC) to support their collaborative working relationships with state or territory departments, Medicare or ACIR field officers and others involved with immunisation.

Key achievements

The program's main achievements included:

- producing and distributing to divisions the key resource, *Immunisation Kit—a practical guide to effective vaccine management for general practice staff*, developed with support of the DoHA and the divisions Network
- working collaboratively with the SBOIC Network and divisions to use and support the implementation of the *Strive for 5* resource
- working with the SBOIC Network to share resources across divisions particularly to help those areas with low immunisation rates
- improving ongoing communication across the Network and encouraging sharing of resources through interaction of divisions and SBOs
- hosting and chairing face-to-face meetings of the SBOIC Network.

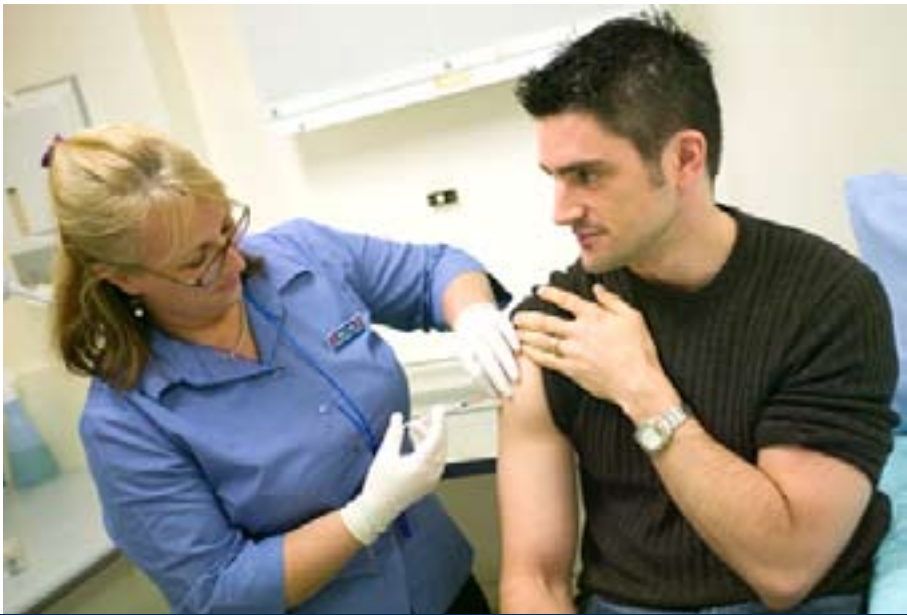
Future directions

A National Division's Immunisation Workshop will be held in Sydney on 2 August 2006. The workshop will provide an opportunity for officers from divisions across the country and general practitioners to network and gain valuable information and experience from speaker sessions and the World Café planned for the participants.

A national divisions mapping exercise has been recently carried out as an online survey. Results will be reported at the National Divisions Immunisation Workshop and reported to the Network.

The mapping exercise is a first for the Network in immunisation—a sustainable, searchable resource to compare successes and provide focus for divisions in immunisation.

The SBOIC Network is committed to promoting the National Immunisation Program and working effectively to achieve its objectives. The current team of SBOIC and ADGP's Principal Adviser Immunisation aims to raise awareness of the value of immunisation in the community and the various vaccines available, as well as raising and maintaining the levels of immunisation across the country.



Medication Management Review

Home Medicine Review

The Home Medicine Review (HMR) Program is a consumer-focused, structured and collaborative health care service provided in the community setting, to optimise quality use of medicines and consumer understanding. It is completed in partnership by the patients' GP, their pharmacy, and other relevant members of the health care team. The Department of Health and Ageing implemented the Home Medicines Review facilitator program, via funding to the Pharmacy Guild of Australia in October 2001.

ADGP's role in this program is to support divisions nationally with high level policy advice, continued communication to and through the divisions network, and to work collaboratively with the Pharmacy Guild of Australia to look at ways to raise the GP utilisation of Home Medicine Reviews.

Key achievements

HMR GP Champion Program

In order to look for ways in which HMR uptake would increase, ADGP looked for innovative methods of raising the participation rate by GPs, and thus implemented a 'GP HMR Champion' model. This consists of a training program with lead enthusiastic and HMR savy GPs, which was implemented by ADGP in May 2005. This event brought together six computer-literate GP Champions to be skilled as HMR trainers.

ADGP then worked with divisional facilitators in Western Australia and South Australia to identify further GP HMR Champions with training workshops implement in those states. As a result of conducting these training workshops, ADGP now have a total of 22 GP Champions skilled as HMR trainers and who are now available to deliver this training to all divisions nationally.

In addition, ADGP is currently implementing a software trial, called the Medication Review Manager, with support from PENN Computing. The electronic tool looks to make identification and referral for a HMR easier for GPs in every day practice. Once the electronic tool has been beta tested, ADGP will then work with the Pharmacy Guild to ensure its use nationally.

ADGP recently applied to the RACGP for participants attending HMR workshops conducted by a GP Champion to receive point allocation for Continuing Professional Development (CPD). This education activity application was approved and it has been adjudicated and assessed for 2 hours—total 4 CPD points (Category 2).

Future directions

ADGP believes the HMR GP Champion program has been a success to date, and will continue to provide tools for further development of the 'GP Champions' model as leaders within the Divisions network into the future. From this leadership we expect to see increasing numbers of HMR referrals which will continue to make a difference to the level of health of those in the community.

It is only when GPs perceive that Home Medicine Reviews makes good patient sense and good business sense that we are likely to see a substantial expansion of the process.

Information management

The application of information management continues to be a high priority for ADGP and the divisions network. Effective use of information and communication technologies by divisions and general practice will further strengthen service delivery and improve health care provision. Many divisions are now actively exploring or developing information management systems for better service delivery.

In November 2005, the Department of Health and Ageing (DoHA) made a commitment to investigate options and implement a national quality performance system solution to drive continuous improvement across the entire divisions network.

A planning scoping study, led by ADGP is being prepared for the Australian Government for consideration of implementation in 2006–2007. It will investigate the establishment of a national approach to the collection, aggregation and dissemination of primary health care information. If accepted, this project will provide a robust platform to meet primary health care planning and consistency from a divisional perspective and provide knowledge and information to support general practice quality and efficiency of service.

Key achievements

Major achievements included:

- divisional representation on national committees such as the Broadband for Health Working Group
- continuing divisional representation at national forums, sessions and conferences, highlighting and commenting on the national eHealth agenda and supporting local initiatives in information management/information technology
- establishing 11 regional health information management officer positions to support and help drive knowledge and understanding of the impact of information management/information technology on divisions
- contributing to policy on eHealth developments for changes to the billing and payments reforms under consideration by Medicare Australia.

Future directions

Better management of information provided to general practice can support improved clinical, patient and practice outcomes. ADGP believes that the successful implementation of any eHealth activity can only be achieved through a supportive change management approach for general practice. Advances such as shared electronic health records and secure communications between health providers can be achieved under a framework that clearly articulates the benefits for the users and has the appropriate incentives to improve uptake and provide support.

During 2006–2007 the future of eHealth will depend on the ability to engage with general practice and divisions on the benefits for participation and the successful implementation of national programs such as the proposed 'Access' card, e-prescribing changes, the future of Health*Connect* implementation, and the implementation of outcomes from the National eHealth Transition Authorities work plan on unique patient and provider identifiers, standards associated with clinical terminology and common pharmaceutical coding systems.

It is a primary goal of ADGP to improve health quality and safety outcomes through improved and integrated health systems. Overall, the divisions network now has a strong eHealth/information management team in place, able to deliver significant benefits to the Network and general practice over the next few years.

Lifescripts

The Lifestyle Prescriptions Initiative (Lifescripts) is a component of the *Focus on Prevention* Package funded in the Australian Government's 2003–2004 Budget. Lifescripts aims to build on preventive activities in the primary health care system. This initiative provides general practice with tools to assist patients to make healthier lifestyle choices in the areas of smoking, nutrition, alcohol, physical activity and weight management.

The Department of Health and Ageing (DoHA) provided funds to the ADGP in 2005–2006 to support the divisions network in the implementation of the Lifescripts resources.

The Lifestyle support program has:

- promoted the role of general practice in preventive care to the Network and the primary health care sector, and subsequently improve the quality of primary health care services including
  - raising awareness in the Network of how the Lifescripts Initiative can be integrated into divisional activities and general practice to assist with local chronic disease prevention work
- built and supported the capacity of the primary health care sector, particularly general practice, to take a stronger role in the prevention and management of chronic disease through implementing Lifescripts
- by providing assistance, support and leadership to the divisions network to ensure the Lifescripts Initiative is implemented and operating effectively
  - coordinated and synthesised the views of the divisions network for collation and briefing to the Australian Government to effectively contribute to the coordination, implementation and dissemination of the Lifescripts Initiative
- contributed and aided in the dissemination of Lifescripts information and resources through the divisions network and other relevant organisations
- established and maintained relationships with relevant stakeholders in chronic disease prevention and lifestyle risk factors to promote and further develop the Lifescripts initiative.

Key achievements

Key achievements in 2005–2006 included:

- voluntary uptake of the Lifescripts Initiative by 75 percent of the divisions network (including 70 percent of divisions of general practice and 100 percent of the state based organisations and the ADGP)
- providing ongoing support and leadership to the Lifescripts Network
- developing and maintaining an informative Lifescripts website to communicate information about the initiative and provide a clearinghouse of resources to assist the Network implement the initiative
- developing an evaluation framework and monitoring system to track methods of implementation and profile models of uptake through a series of case studies on divisional implementation of the Lifescripts resources and initiative
- delivering a set of electronic templates to accompany the Lifescripts resources and provide a solution for practices operating in an electronic environment and wishing to use the Lifescripts resources
- facilitating a successful session including Lifescripts at the 2005 Divisions of General Practice Network Forum.

Future directions

The outlook for prevention of chronic disease in general practice is promising but must be adequately resourced and afforded sufficient time for both divisions and practices to incorporate this priority into the systems that support high quality primary health care.

ADGP has negotiated with DoHA to continue to support the Lifescripts Initiative during 2006–2007. The Lifescripts resources should be fully integrated into the Australian Better Health Initiative, 45 year health check Medicare item, Aboriginal and Torres Strait Islander health checks and the Chronic Disease Management items.

ADGP recommends that funding is made available to support Lifescripts at national, state and local levels to continue to encourage the inclusion of prevention of chronic disease and promotion of health in general practice systems for patient care.

Nursing in general practice

The divisions network Nursing in General Practice (NiGP) Program is a key program under the Australian Government's *Nursing in General Practice Training and Support Initiative.* The initiative has two components:

- $15.6 million over four years (2005 to 2009) for training and professional support for practice nurses
- $2.6 million over four years (2005 to 2009) to facilitate access to training and provide support for nurses in regional and rural areas to be points of referral for people experiencing domestic violence.

The aims of the divisions network NiGP Program are to support the effective employment of practice nurses to:

- relieve workforce pressure in general practice
- improve the prevention and management of chronic disease
- improve access to, and the quality and integration of, patient care.

ADGP and SBOs will meet these aims by:

- building the capacity of divisions to deliver support services for nursing in general practice, in particular to recruit and retain nurses
- brokering, coordinating and funding education and professional development opportunities for nurses in general practice in collaboration with divisions.

Key achievements

Through national leadership and support for the NiGP Program, and our continued role providing policy advice and promoting the practice nurse role at the national level, ADGP has made a significant contribution to the advancement and promotion of nursing in general practice. Some of the key achievements during the reporting period include:

- publishing the *National Practice Nurse Workforce Survey Report 2006*, the only comprehensive national information and statistics regarding the nursing in general practice workforce
  - the survey results revealed a 23 percent increase (4924) in the number of practice nurses employed in general practice 2003 to 2005, with 57 percent of general practices nationally employing one or more nurses
- preparing a position statement on Nurse Practitioner in General Practice endorsed by the Network, in response to discussions surrounding alternate models for health care workers
  - ADGP supports the role for nurse practitioners in the general practice setting, where the nurse practitioner works collaboratively with the GP and general practice team to enhance patient care

- contributing to an expert working group convened by the Australian Primary Health Care Research Institute, to develop the common pool indicators for divisions on nursing in general practice
- revising the business case models for nursing in general practice to reflect the introduction of the practice nurse and new chronic disease Medicare items
- lobbying for the introduction of additional Medicare items for services provided by practice nurses on behalf of the GP, the extension of the Practice Incentive Program practice nurse payment to all practices, and the introduction of infrastructure grants to assist practices to accommodate additional team members
- participating in a collaborative research project with the Australian National University to examine the role of nurses in general practice and identify ways of expanding or changing these roles to enhance primary health care delivery
- promoting the nursing in general practice program nationally and internationally through conference presentations, media articles and the establishing networks with other key stakeholders
- providing expertise to other national general practice nursing projects including the development of competency standards for nurses in general practice, the revision of the Royal College of Nursing Australia guide for the general practice team, and the scholarship program for practice nurses administered by the Australian Practice Nurses Association.

Future directions

ADGP endorses the role for nurses in the general practice setting and believes that every practice in Australia should be supported and encouraged to employ or have access to a general practice nurse. We will continue to work closely with the Network to maintain and develop strategies to support the recruitment and retention of nurses into general practice.

Some of the strategies planned for the next 12 months include:

- hosting a national forum for divisions for nursing in general practice, to showcase nationally relevant NiGP initiatives and models, share knowledge, skills and resources, and coach and collaborate with divisions to build their capacity to support nursing in general practice
- producing a range of promotional material for general practice nursing including posters and information brochures for consumers, practices and other nurses
- publishing the *Nursing in General Practice Recruitment and Orientation Resource—a guide for general practices, practice nurses, and divisions of general practice*
- providing a Leadership and Development Program for practice nurses, delivered through the University of New England.

Primary mental health care

ADGP's leadership and coordination role in primary mental health care was acknowledged with the Australian Government's decision to continue to support the national primary mental health care network (PMHC Network) to June 2008. The PMCH Network comprises a national coordinator based at ADGP and mental health development and liaison officers in each state-based office. The PMCH Network is a conduit for information and dissemination between the primary care sector and government. It supports the implementation of the Australia's primary mental health care priorities and fosters links between mental health, drug and alcohol, suicide prevention and other relevant initiatives. A focal point has been the *Better Outcomes in Mental Health Care* program. This program was extended in the 2005 Federal Budget and involves divisions in delivering education and training to GPs and establishing access to psychological services (ATAPS).

Key achievements

A focus on youth mental health

- ADGP is one of the organisations co-leading the establishment of *headspace: the National Youth Mental Health Foundation* following a competitive national tender. The consortium was announced by the Prime Minister in December 2005 and will be launched by the Hon Christopher Pyne, Parliamentary Secretary for Health and Ageing in July 2006
- ADGP continues to work in close partnership with beyondblue: the national depression initiative, receiving a two-year grant to develop a youth mental health training initiative. This project is well advanced and will deliver education and training resources to practice teams.
- ADGP concluded the successful *MindMatters Plus GP* demonstration project which involved 23 divisions establishing referral pathways between schools and the general practice setting to support young people with high mental health support needs. ADGP is now advising on the redevelopment of the MindMatters program and other COAG measures related to children and youth.

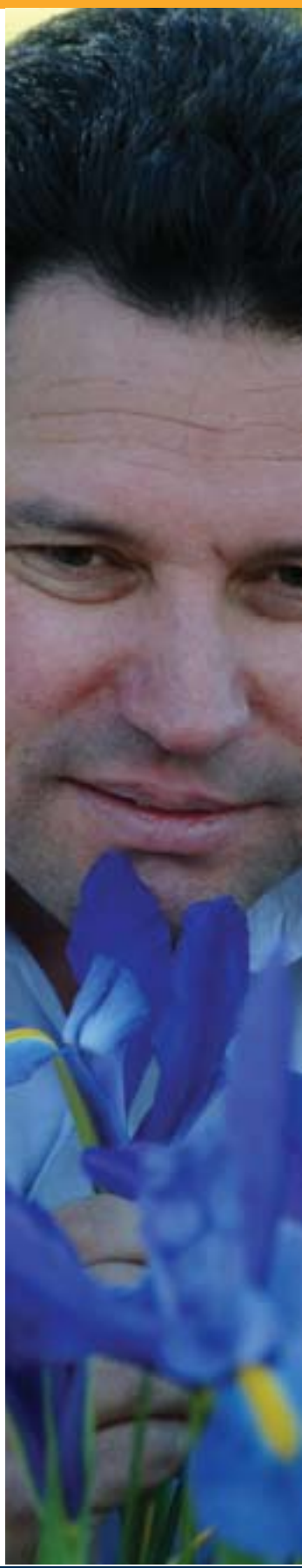
Influencing policy and promoting best practice

- Through national leadership and support, and our ongoing role providing policy advice around mental health care, AGDG had ongoing representation on the Better Outcomes Implementation Advisory Group and the National MindMatters Reference Group. We made a submission and appeared before the Senate Select Committee Inquiry on Mental Health. A submission was also made to the Commonwealth COAG Inter-departmental Committee regarding primary care solutions to mental health.
- The PHMC Network continued to support divisions to access GP education and training and to administer ATAPS services regionally, with these services now acknowledged as being a vital part of the mental health care landscape. The inaugural PMHC Conference, held as an adjunct event to the 2005 Forum, with sponsorship from the Department of Health and Ageing, beyondblue and Lifeline, attracted more than 150 delegates and showcased innovative primary care projects and services.

Addressing comorbidity

A Resource Kit and level 1 online training package was launched in June 2006 under the *Managing the Mix* project funded by the Alcohol Education and Rehabilitation Foundation and the Departments of Veterans' Affairs and Health and Ageing.

The *'Can Do'* Initiative was funded as a national two-year pilot through the National Comorbidity Initiative and the Department of Health and Ageing. This initiative will focus on increasing general practice capacity to identify and respond effectively to service users who present with mental health and substance use issues. The central strategy for the initiative is training and education for both general practice teams and their colleagues in community health (especially those working in drug and alcohol and mental health



services and community pharmacy). SBOs will be funded to work with divisions to deliver networking workshops and clinical education covering the high prevalence disorders seen and managed in the primary health care setting. A second strand to the initiative will be the development of a needs assessment to guide the development of resources for general practitioners in their work with young people with mental health and substance use needs.

A partnership with Eli Lilly successfully delivered *MindBodyLIfe* Clinics in 25 divisions across the country. These clinics recognise that people with mental illness are at greater risk of developing physical health problems and assist with the management of lifestyle risk factors such as weight.

New partnerships

ADGP joined with the Centre for Mental Health at the Australian National University to conduct a systematic review of primary mental health care models with funding from the Australian Primary Health Care Research Institute (APHCRI), and participated in a consortium led by New South Wales to develop a National Action Plan for Postnatal Depression with sponsorship from *beyondblue.*

Future directions

ADGP will continue to play a role in setting the future primary care landscape and in supporting divisions to deliver vital services in this area. We will be playing an active role working closely and consultatively with stakeholders and government to shape and deliver the COAG Mental Health measures of relevance to primary care.

We will continue as part of the *headspace* leadership team, working to support the participation of divisions locally in this initiative and to roll out the Service Provider Education and Training Program.

Other strategies planned for 2006–2007 include:

- supporting the introduction of new Medicare mental health measures by producing promotion material, orientation resources and delivering workshops
- hosting a PMHC Symposium at the 2006 ADGP Forum to facilitate division involvement in emerging opportunities such as the headspace Youth Service Development Fund and 'Can Do'
- developing a comprehensive new primary mental health website as a one-stop shop for GPs, divisions and the community
- working with the Department of Veterans Affairs to integrate a focus on the mental health of veterans and their families into mainstream primary mental health care programs.

Rural Palliative Care Program

ADGP is the lead agency implementing the Rural Palliative Care (RPC) Program. The program funds eight selected rural divisions of general practice to develop and implement collaborative models that will improve access to interdisciplinary palliative care delivery for rural communities. Through collaboration and coordination of key stakeholders at the local and regional level, the RPC Program translates the objectives of the National Palliative Care Strategy into sustainable services that work in rural and remote settings.

The Centre for Health Services Development, University of Wollongong, has been contracted to conduct an external evaluation of the RPC Program.

For the last two years, the following eight divisions have been funded:

- Adelaide Hills Division of General Practice
- Eastern Goldfields Medical Division of General Practice
- Mid North Coast (New South Wales) Division of General Practice
- North West Tasmania Division of General Practice
- Pilbara Division of General Practice
- South East New South Wales Division of General Practice
- Southern Queensland Rural Division of General Practice
- West Victoria Division of General Practice.

The combined divisional area currently covered by the program is larger than the area covered by Northern Territory (1,349,129 square kilometres). These are areas with limited resources including lack of coordinated palliative care services. There remains a high need for local palliative care services that not only address rural and state issues but also provide stronger primary health care base links into general practice, strengthen relationships, and provide better patient outcomes.

Key achievements

- Progress of the Rural Palliative Care Program has been exceptional overall with all pilot projects admitting patients to their local service
  - projects continue to note progress while dealing with multiple issues and are well placed to thoroughly test the model components in their own localities.
- Progress is particularly evident in areas of the program that build capacity and provide sustainability

- projects are tackling the challenges, and are now well into the implementation phase of their respective strategies
- projects have been producing positive results, and goals are being achieved, documented and evaluated.

- The RPC Program now has the largest palliative care database in the country. This rich information is yet to be analysed in detail by the University of Wollongong evaluation team, however ADGP statistics show positive growth in all relevant patient orientated areas.
- In the 2006 calendar year the projects provided:
  - 157 multidisciplinary team meetings (a 52 percent increase over the previous year)
  - 1067 case reviews (an eight percent increase over the previous year)
  - 14 percent increase in enhanced primary care items.

These important elements have been implemented as a direct result of the program.

Future directions

ADGP will continue to market the program to divisions and support the program by using and enhancing existing networks. The program can demonstrate that improved access to an integrated palliative care service for terminally ill people, their carers and families is achievable and sustainable in a rural context.

As part of the 'promoting health throughout life' initiative in the 2006 Federal Budget, the Australian Government continued the nationally-led program of activities that directly improves palliative care services for Australians with a terminal illness, and provides support for their family and carers. This initiative has maintained funding ($62.8 million) over the next four years.

ADGP is confident that the existing RPC Program can be expanded across rural divisions nationally, and is currently in discussions with the Australian Government on implementing this initiative in rural areas nationally.

ADGP directors

Directors as at 30 June 2006

Dr Jennifer Thomson

Dr Ken Conolly

Dr Emil Djakic

Dr Hilary Fine

Dr Tony Hobbs

Russell McGowan

Dr Chris Pearce

Dr Karen Stringer

Dr Michael Taylor

Dr Rob Walters

Financial report

Directors' report

The directors submit their report with respect to the surplus of the company for the financial year ended 30 June 2006 and the state of the company's affairs at that date.

Directors

The names and details of the directors in office during the financial year and up to the date of this report are as follows.

Dr Jennifer Thomson (ADGP Chairperson) MBBS; FRACGP; MBA	ADGP Chair since November 2005; Board member since June 2004; 27 years in general practice; past Chair and Chief Executive Officer of ACT Division of General Practice; 15 years in GP education and training; adjunct Associate Professor ANU Medical School.
Dr Ken Conolly MBBS; FACRRM	Board member since November 2003; rural GP for 36 years; significant experience in medical issues relating to Indigenous people. Previous Director of Queensland Division of General Practice and Far North Queensland Rural Division.
Dr Emil Djakic MBBS Tas; FRACGP	Board member since November 2005; GP working full-time in Ulverstone, Tasmania for 10 years. Past chair of North West Tasmania Division of General Practice and current Board member. Past Board member of Tasmanian General Practice Divisions.
Dr Hilary Fine MBBS (Lond); B.Sc(Hons); AKC; MRCGP; DRCOG; Dip Acupuncture	Board member since October 2004; Fremantle GP Network Medical Director for nine years and Chairperson since 2003. Involved in setting up WA General Practice Network. A total of 21 years GP experience (12 as Principal).
Dr Tony Hobbs MBBS (1st Hons); DRANZCOG (Advanced); Dip.Child Health; Dip.Tropical Medicine & Hygiene; FACRRM; GAICD	Board member since January 2004; rural GP/Obstetrician for 17 years. Six years as a Director of Rural Divisions General Practice and Primary Health.
Mr Russell McGowan BA Psychology and Politics	Board member since November 2003; Vice Chair, Consumers' Health Forum of Australia; Director, Australian Council on Healthcare Standards; Member, National Blood Authority Board, National Screening Advisory Committee, and ACT Health Council.
Dr Chris Pearce MBBS; FRACGP; FACRRM; MFM; FAICD	Board member since November 2002; previously Board member and Chair of North East Victoria Division; previously Rural Director of General Practice Divisions Victoria; Director of Whitehorse Division.
Dr Karen Stringer MBBS; FRACGP; DRANZCOG	Board member since 1 July 2005; GP in Darwin for 16 years; GP Hospital Liaison eight years; involved in the divisions movement since 1994; Top End Division of General Practice Chair for four years.
Dr Michael Taylor MBBS; Dip Child and Community Health; FRACGP	Board member since November 2002; rural GP Principal for 19 years; Adelaide Hills Division of General Practice Medical Director four years; South Australia Divisions of General Practice Director for four years.
Dr Rob Walters B. Med Sc.; MBBS	ADGP Chairman from 2002 to 2005; Colonel Australian Army and consultant to the Surgeon General in General Practice for the Army, Navy and Air Force; Medical Director Tasmanian Work Cover; Secretary Medical Protection Society of Tasmania; immediate past Chair of the Cancer Council of Tasmania; GP for 25 years (solo and group Practice Principal).

Company Secretary

Liesel Wett (ADGP Deputy Chief Executive) BSc.; MPH; MBA; MAICD	ADGP Deputy Chief Executive since 2003; more than six years in business management positions, including in two divisions of general practice; health promotion; health planning and primary health care change management; former Executive Director, International Centre for Eyecare Education (ICEE), a global charity and partner of Vision 2020 Australia (WHO initiative).

Directors' meetings

The following directors were in office during the financial year. Directors were in office for the entire period unless otherwise stated.

					Committee meetings						
			Directors meetings		Rural		Finance and Audit		Governance		Information Management*
	Appointed	Term expired or resigned	2005–06	2004–05	2005–06	2004–05	2005–06	2004–05	2005–06	2004–05	2005–06
Meetings held:			**8**	**7**	**0**	**2**	**5**	**8**	**4**	**6**	**3**
Meetings attended:											
Dr Ken Conolly *Chair Rural Comm.*	21/11/2003		8	6	–	1	–	–	3	6	–
Dr Emil Djakic	06/11/2005		5	–	–	–	–	–	–	–	3
Dr Hilary Fine	13/10/2004		8	7	–	–	–	–	–	–	3
Dr Tony Hobbs *Chair F & A Comm.*	15/01/2004		8	7	–	2	5	8	–	–	–
Mr Russell McGowan	01/07/2004		7	6	–	–	–	–	2	–	–
Dr Chris Pearce *Chair I M Comm;* *Chair Gov. Comm.*	08/11/2002		7	6	–	–	2	8	2	–	3
Dr Karen Stringer	01/07/2005		7	–	–	–	–	–	2	–	–
Dr Michael Taylor	08/11/2002		8	7	–	2	3	–	–	–	3
Dr Jennifer Thomson *Chair ADGP*	01/06/2004		8	7	–	–	–	–	2	5	–
Dr Rob Walters	23/11/2001	6/11/2005	3	7	–	–	–	–	–	–	–

*In November 2005 the Board established an Information Management Committee.

Corporate information

Corporate structure

Australian Divisions of General Practice Limited is a not-for-profit public company limited by guarantee that is incorporated and domiciled in Australia. No shares have been issued and at balance date there were 118 Member Divisions and seven Member SBOs, excluding the Western Australian SBO—Western Australian General Practice Network (WAGPN), guaranteeing to contribute up to $10 each to the property of the company in the event of it being wound up.

WAGPN is a part of ADGP and provides SBO services in Western Australia.

At report date, one division of general practice that was eligible to be a member division had elected not to be a member of the Australian Divisions of General Practice Limited.

Australian Divisions of General Practice Limited is the sole member of Australian Divisions Member Services Limited.

Principal place of business

The registered office and principal place of business of the Australian Divisions of General Practice Limited is:

Ground Floor, Minter Ellison Building
25 National Circuit, Forrest ACT 2603

Nature of operations and principal activities

Australian Divisions of General Practice (ADGP) is the peak body representing SBOs and Divisions within the Network and is the conduit between the Department and the Network.

ADGP promotes the health and wellbeing of Australians through divisions of general practice, including by:

- promoting and supporting the adoption of best practice governance and leadership at all levels within the divisions network
- strengthening the effectiveness and vitality of general practice through support to Divisions and SBOs
- contributing to the development of health policy in collaboration with Member Divisions and Member SBOs
- promoting cooperation and communication with other national organisations in Australia with similar objectives
- promoting the role, function and achievements of the divisions network and act as a key source of information to the Network, government and the community about primary health care issues
- representing and advocating for divisions of general practice at a national level
- providing development and business support to divisions of general practice.

Employees

The Australian Divisions of General Practice Limited employed 35 full-time equivalent employees at 30 June 2006 (31 full-time equivalent employees at 30 June 2005).

Dividends

The Australian Divisions of General Practice Limited Constitution prohibits the payment of dividends. Consequently during the financial year no amount has been paid or declared by way of dividend.

Review and results of operations

Overview

In addition to ADGP core activities outlined under the nature of operations and principal activities, ADGP provided services under the following program areas:

Aged Care

Provide national leadership, assistance and support for SBOs, and principally through SBOs, for the Network in achieving the aims and objectives of the Aged Care GP Panels Initiative.

Chronic Disease Management (CDM) Medicare Items implementation strategy

Developed and implemented strategies to support the introduction of new national CDM Medicare Item number in general practice.

Enhanced Divisions Quality Use of Medicines

Coordinate the program in divisions to improve quality prescribing practices in target drug groups.

Home Medicines Review

Provide national support and leadership to the Network in the implementation of the home medicines review facilitation program.

Interim Western Sydney Divisional Office

Manage the interim provision of support and services to Western Sydney GPs and their practices as a step leading to the provision of full divisional services in the area.

Immunisation

Provide national representation, policy, advocacy and program support to further objectives of the National Immunisation Program and General Practice Immunisation Incentive (GPII) scheme.

Information management

Provide and coordinate with relevant stakeholders matters that support capacity building, connectivity, communication and policy advice to support the eHealth agenda as it relates to the divisions network.

Information management support for the divisions network

Provide national coordination and support for information management for the divisions network which includes working closely with SBOs in recruitment and coordination of regional health information and management officers or consultants.

Leadership program

Oversee the implementation and ongoing management of a leadership program designed to build the Network's capacity, by providing training and development opportunities for Chief Executive Officers and emerging leaders within the Network.

Lifestyle Prescriptions Initiative (Lifescripts)

Provide national leadership, assistance and support to the divisions network in implementing the Lifestyle Prescriptions Initiative.

Managing drug, alcohol and mental health comorbidity in primary care

Coordinate GP education and training and links between general practice and mental health and drug and alcohol service providers, with funding principally from Alcohol Education and Rehabilitation Foundation Ltd.

Mental health

Support the implementation of primary mental health care initiatives including the *Better Outcomes in Mental Health Care* program as well as development of better links between mental health, drug and alcohol, suicide prevention and chronic disease management in primary care.

MindMatters Plus GP

Coordinate links between secondary schools and demonstration divisions to provide referral pathways and networks of care for young people with mental health needs.

Nursing in general practice

Develop networks, expertise and resources and provide input to policy at the national level to build capacity of divisions to support nursing in general practice.

Rural palliative care

Coordinate the implementation of integrated, multi-disciplinary, high quality and responsive palliative care services through divisions to patients and carers in rural and remote areas.

Western Australian General Practice Network

Provide state-based support and leadership via a full operational Western Australian (WA) Divisions' State Office for the benefit of WA Divisions of General Practice and the WA community.

Operating results for the year

This financial year, Australian Divisions of General Practice Limited experienced increases of 44 percent in both revenues and expenditures, reflecting a significant increase in the level of activity.

The net result from the year was a surplus from ordinary activities of $153,736 compared to a surplus of $115,415 in the previous financial year.

Review of financial condition

Capital structure

There was no change in the capital structure of the company during the financial year.

Cash from operations

Net cash flows from operating activities of $1,900,941 were achieved, compared to cash flow of $138,674 in the previous financial year.

Liquidity and funding

Australian Divisions of General Practice Limited has sufficient funds to maintain operations assuming appropriate core and program funding from the Australian Government continues in future years.

Significant events after balance date

In the opinion of directors, there has not been any activity, transaction or event of a material or unusual nature, between 30 June 2006 and the date of this report, which significantly affects the operations of the company, the results of those operations, or the state of affairs of the company.

Likely developments and expected results

The directors foresee that the 2006–2007 financial year will be a period of continued focus on the delivery of benefits to members and stakeholders of the Australian Divisions of General Practice Limited.

The company will continue building on its capabilities with funding under its new core agreement with the Department of Health and Ageing. Key priorities include the ongoing development of national leadership, communication, coordination and support to strengthen the Divisions Network.

The company will also continue to deliver a number of separately funded national programs such as practice nursing, mental health, aged care, and pursue new funding opportunities associated with emerging primary health care priorities.

In terms of governance the company will continue its progress in business improvement, including the maintenance and ongoing development of its quality assured systems.

ADGP has budgeted for a small deficit from ordinary activities in the 2006–2007 financial year.

Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* is set out after the independent audit report.

Directors' benefits

No director has received, or become entitled to receive, during or since the financial year, a benefit because of a contract made by the company, controlled entity or a related body corporate with a director, a firm of which a director is a member or an entity in which a director has a substantial financial interest other than the benefits as disclosed in Note 11 of the Notes to and forming part of the financial report.

Transition to Australian equivalents to international financial reporting standards

As a result of the introduction of Australian equivalents to International Financial Reporting Standards, the company's financial report has been prepared in accordance with those standards. A reconciliation of adjustments arising on the transition is included in Note 1 (n) to this report.

Indemnification and insurance of directors and officers

During the financial year, the company has paid premiums in respect of a contract insuring directors and officers of the Australian Divisions of General Practice Limited against costs incurred in defending proceedings for conduct involving:

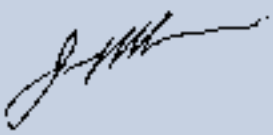
(a) a wilful breach of duty, or

(b) a contravention of sections 182 or 183 of the *Corporations Act 2001*

as permitted by section 199B of the *Corporations Act 2001*.

The total amount of directors and officers insurance contract premiums paid was $4,980 ($14,206 in 2005).

Signed in accordance with a resolution of directors.



Dr Jennifer Thomson
Director

Canberra
17 September 2006

Dr Tony Hobbs
Director

Canberra
17 September 2006

Income statement year ended 30 June 2006

	Notes	2006 $	2005 $
REVENUES FROM ORDINARY ACTIVITIES	2	10,514,176	7,316,616
LESS EXPENSES FROM ORDINARY ACTIVITIES			
Program expenditure		8,080,624	5,065,135
Core expenditure		2,279,816	2,136,066
TOTAL EXPENSES FROM ORDINARY ACTIVITIES		10,360,440	7,201,201
SURPLUS FROM ORDINARY ACTIVITIES		153,736	115,415

The accompanying notes form part of this financial report

Balance sheet as at 30 June 2006

	Notes	2006 $	2005 $
CURRENT ASSETS			
Cash and cash equivalents	8(b)	3,402,114	1,732,279
Other current assets—prepayments		98,904	33,249
Receivables	4	2,725,515	2,254,089
TOTAL CURRENT ASSETS		6,226,533	4,019,617
NON-CURRENT ASSETS			
Property, plant and equipment	5(a)	243,054	79,492
TOTAL NON-CURRENT ASSETS		243,054	79,492
TOTAL ASSETS		6,469,587	4,099,109
CURRENT LIABILITIES			
Unearned revenue—program grants		3,694,764	2,718,695
Payables	6	1,859,953	635,967
Interest bearing liabilities		28,225	25,170
Provisions	7	117,056	89,272
TOTAL CURRENT LIABILITIES		5,699,998	3,469,104
NON-CURRENT LIABILITIES			
Interest bearing liabilities		48,890	77,116
Provisions	7	39,870	25,796
TOTAL NON-CURRENT LIABILITIES		88,760	102,912
TOTAL LIABILITIES		5,788,758	3,572,016
NET ASSETS		680,829	527,093
EQUITY			
Retained surplus		680,829	527,093
TOTAL EQUITY		680,829	527,093

The accompanying notes form part of this financial report

Statement of changes in equity year ended 30 June 2006

	Notes	2006 $	2005 $
RETAINED SURPLUS			
Balance at beginning of the year		527,093	411,678
Surplus for the year		153,736	115,415
Balance at end of the year		680,829	527,093

Cash flow statement year ended 30 June 2006

	Notes	2006 $	2005 $
OPERATING ACTIVITIES			
Grants and fees for services		11,187,924	6,143,989
Other		861,395	663,171
Interest		108,268	88,232
Payments to suppliers and employees		(10,256,646)	(6,756,718)
NET CASH GENERATED/(USED)	8(a)	1,900,941	138,674
INVESTING ACTIVITIES			
Purchase of property, plant and equipment		(206,685)	(14,590)
Proceeds from disposal of property, plant and equipment		750	11,040
NET CASH GENERATED/(USED)		(205,935)	(3,550)
FINANCING ACTIVITIES			
Proceeds from borrowings		–	113,830
Repayment of borrowings		(25,171)	(11,544)
NET CASH GENERATED/(USED)		(25,171)	102,286
NET MOVEMENT IN CASH AND CASH EQUIVALENTS		1,669,835	237,410
Cash and cash equivalents—beginning of the financial year		1,732,279	1,494,869
CASH & CASH EQUIVALENTS–END OF THE FINANCIAL YEAR	8(b)	3,402,114	1,732,279

The accompanying notes form part of this financial report

Notes to the financial statements 30 June 2006

1. Summary of significant accounting policies

(a) Basis of preparation

The financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards, Urgent Issues Group Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the requirement of the *Corporations Act 2001*.

Any new accounting standards that have been issued but are not yet effective at balance date have not been applied in the preparation of this financial report. The possible impacts of the initial application of these accounting standards have not been assessed.

The financial report covers the Australian Divisions of General Practice Limited (ADGP) as an individual entity. ADGP is a company limited by guarantee, incorporated and domiciled in Australia.

ADGP has prepared financial statements in accordance with the Australian equivalents to International Financial Reporting Standards (AIFRS) from 1 July 2005. In accordance with the requirements of AASB 1: First-time Adoption of Australian equivalents to International Financial Reporting Standards, any adjustments to the accounts resulting from the introduction of AIFRS have been applied retrospectively to 2005 comparative figures excluding cases where optional exemptions available under AASB 1 have been applied. These accounts are the first financial statements of the company to be prepared in accordance with AIFRS.

Reconciliations of the transition from previous Australian generally accepted accounting principles (AGAAP) to AIFRS are outlined in Note 1(n).

The financial report has been prepared on an accruals basis and in accordance with the historical cost convention.

(b) Changes in accounting policies

The accounting policies as stated below have been consistently applied to all years presented.

(c) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and deposits readily convertible to cash.

(d) Property, plant and equipment

Property, plant and equipment are carried at cost or at fair value, less where applicable, accumulated depreciation.

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets.

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each financial year-end.

Depreciation

The depreciable amounts of all fixed assets are depreciated on a straight line basis over their useful lives to the company commencing from the time the asset is held ready for use. The depreciation rates used for each class of depreciable assets are:

Class of asset	Useful life
Furniture and equipment	6.7 years
Computer equipment	3 years

(e) Leases

Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and benefits incidental to ownership.

Operating leases

The minimum lease payments of operating leases, where the lessor effectively retains substantially all of the risks and benefits of ownership of the leased item, are recognised as an expense in the period in which they are incurred.

Notes to the financial statements 30 June 2006

Finance leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the company, are classified as finance leases. Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Leased assets are amortised on a straight line basis over their estimated useful lives where it is likely that the company will obtain ownership of the asset over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

(f) Payables

Liabilities for trade creditors and other amounts are carried at cost which is the fair value of the consideration to be paid in the future for the goods and services received, whether or not billed to Australian Divisions of General Practice Limited.

(g) Provisions

Provisions are recognised when the economic entity has a legal, equitable or constructive obligation to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events and where it is probable that a future sacrifice of economic benefits will be required and a reliable estimate can be made of the amount of the obligation.

(h) Revenue recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the entity and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

Grants for core activities

Revenue is recognised in the year received.

Grants for program activities

Revenue is recognised only to the extent that recoverable direct and indirect costs have been incurred. Revenue received where recoverable costs have not yet been incurred is disclosed as unearned revenue under current liabilities in the Balance Sheet.

Revenue from the National Divisions Forum registrations, sponsorships and trade displays

Registration, sponsorship and trade display revenues received during the financial year relating to a forum held in that year are disclosed as revenue from ordinary activities in the Income Statement. Registration, sponsorship and trade display revenues received during the financial year relating to a forum not held in that financial year are disclosed as unearned revenue under current liabilities in the Balance Sheet.

(i) Taxes

Income Tax

No provision has been made for income tax at balance date.

Under Item 1.1 in Subdivision 50-B of the *Income Tax Assessment Act 1997*, as amended, the Australian Taxation Office has endorsed Australian Divisions of General Practice Limited as an income tax exempt charitable entity.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are included in the cash flow statement on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to the Australian Taxation Office, is disclosed as operating activities.

(j) Employee benefits

Provision is made for employee benefits accumulated as a result of employees rendering services up to balance date. These benefits include wages and salaries, annual leave and long service leave.

Liabilities arising in respect of wages and salaries, and annual leave expected to be settled within twelve months of report date are measured at their nominal amounts based on remuneration rates expected to be paid when the liability is settled, plus related on costs.

Liabilities arising in respect of long service leave expected to be settled more than twelve months from report date are measured at the present value of the estimated future cash outflows to be made for these benefits for all employees with more than three years of service. This measurement technique has been used because from experience this liability is not materially different from the estimate determined by using the present value basis of measurement.

Employee benefit expenses arising in respect of wages and salaries, non-monetary benefits, annual leave and long service leave are recognised against profits on a net basis in their respective categories.

Contributions that are made by the company to employees' superannuation funds are charged as expenses when incurred.

(k) Comparatives

The classification of comparative figures has been changed where the change improves the understanding of the financial information.

(l) Impairment

At each reporting date, ADGP reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. As a not-for-profit entity, value in use for the company, according to AASB 136 Impairment of Assets, is depreciated replacement cost. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

(m) Critical accounting estimates and judgements

The directors evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates—impairment

ADGP assesses impairment at each reporting date by evaluating conditions specific to ADGP that may lead to impairment of assets. Should an impairment indicator exist, the determination of the recoverable amount of the asset may require incorporation of a number of key estimates. No impairment indicators were present at 30 June 2006.

(n) First-time adoption of Australian equivalents to International Financial Reporting Standards

Reconciliation of total equity as presented under previous AGAAP to that under AIFRS

There are no differences between total equity as presented under previous AGAAP to that under AIFRS as at 1 July 2004 or 30 June 2005.

Reconciliation of surplus for year as presented under previous AGAAP to that under AIFRS

For the year ended 30 June 2005, there are no differences between the reported surplus presented under AIFRS and the reported surplus presented under previous AGAAP.

Reconciliation of cash flows as presented under previous AGAAP to that under AIFRS

For the year ended 30 June 2005, there are no differences between the cash flow statement presented under AIFRS and the cash flow statement presented under previous AGAAP.

(o) Financial instruments

Recognition

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are stated at amortised cost using the effective interest rate method.

Financial liabilities

Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

Notes to the financial statements 30 June 2006

	Notes	2006 $	2005 $

2. Revenue from ordinary activities

Revenues from operating activities		
Grants and fees for service	9,625,274	6,565,213
Non-grant forum revenue	674,310	551,316
Other	106,324	111,855
Total revenues from operating activities	10,405,908	7,228,384
Revenues from non-operating activities		
Interest	108,268	88,232
Total revenues from ordinary activities	10,514,176	7,316,616

3. Net surplus from ordinary activities

Net surplus has been determined after:

(a) Expenses

Bad or doubtful debts expense	350	60,000
Depreciation	43,071	52,322
Operating lease rentals—minimum lease payments		
Computer equipment	83,398	57,451
Office accommodation	375,240	289,439

(b) Net gains (losses)—property, plant and equipment

Proceeds from the sale	750	11,040
Carrying value of items sold	52	23,019
Net gain/(loss) on disposal	698	(11,979)

4. Receivables

Current		
Trade debtors	2,725,515	2,254,089
Total current	2,725,515	2,254,089

	Notes	2006 $	2005 $

5. Property, plant and equipment

(a) Property, plant and equipment

At cost	410,582	208,695
Accumulated depreciation	(167,528)	(129,203)
Total written down amount	243,054	79,492

(b) Reconciliation of the carrying amount of property, plant and equipment

Carrying amount at beginning of financial year	79,492	140,244
Additions	206,685	14,590
Disposals and write offs	(52)	(23,020)
Depreciation expense	(43,071)	(52,322)
Carrying amount at end of financial year	243,054	79,492

6. Payables

Current

Trade creditors and accruals	(a)	1,274,384	210,478
Employee benefits payable	7	321,830	212,345
Net Goods and Services Tax payable		261,739	213,144
Funds held in trust		2,000	–
Total current		1,859,953	635,967

(a) Trade creditors are unsecured

Notes to the financial statements 30 June 2006

	Notes	2006 $	2005 $

7. Employee benefits

The aggregate employee benefit liability recognised and included in the Financial Report is comprised of:

Current	***Payables***		
	Accrued wages, salaries and on-costs	82,807	25,276
	Superannuation payable	116,012	94,868
	Pay As You Go withholding tax	123,011	69,308
	Fringe Benefits Tax	–	22,893
	Total Payables	321,830	212,345
	Provisions		
	Annual Leave provision	117,056	89,272
Total Current		438,886	301,617
Non Current	***Provisions***		
	Long Service Leave provision	39,870	25,796
Aggregate employee benefits liability		478,756	327,413
Number of (full-time equivalent) employees at year-end		35	31

8. Statement of cash flows

(a) Reconciliation of the surplus from ordinary activities to the net cash flows generated from operating activities

Surplus from ordinary activities	153,736	115,415
Non-cash items in operating activities		
Depreciation of non-current assets	43,071	52,322
(Gain)/loss on sale of fixed assets	(698)	11,979
Write down of loan	–	60,000
Bad or doubtful debts	350	–
Changes in assets and liabilities		
Other current assets—prepayments	(65,655)	62,972
Receivables	(471,776)	(1,336,435)
Payables	1,223,986	265,711
Unearned revenue	976,069	915,210
Provisions	41,858	(8,500)
Net cash flow generated (used) from operating activities	1,900,941	138,674

	Notes	2006 $	2005 $

8. Statement of cash flows (continued)

(b) Reconciliation of cash and cash equivalents

Cash balance comprises:		
Cash at bank—National Australia Bank	3,322,689	1,644,912
Cash held by Conference Manager	78,175	87,105
Petty cash	1,250	262
Closing cash balance	3,402,114	1,732,279

(c) Unused credit facilities

Australian Divisions of General Practice Limited has a Visa facility with the National Australia Bank with a limit of $70,000 of which $43,929 was unused at 30 June 2006.

(d) Non-cash transactions

There were no non-cash transactions during the year.

9. Lease expenditure commitments

Operating leases (non-cancellable)

Minimum lease payments (exclusive of GST)		
Not later than one year	420,706	309,456
Later than one year and not later than five years	1,417,258	1,146,052
Later than five years	515,632	652,878
Aggregate lease expenditure contracted for at balance date	2,353,596	2,108,386

At report date operating lease commitments disclosed above consist of the following lease types:

- Computer equipment leases (48 month term/30 months remaining)
- Office accommodation (120 month term/78 months remaining)

The lease for office accommodation is subject to annual inflation adjustments which are not included in the amounts disclosed.

The lease for office accommodation has a termination clause available to Australian Divisions of General Practice which if exercised within the initial term of the lease requires payment of a pro-rata proportion of the costs of the fit out supplied by the Lessor. If the Australian Divisions of General Practice Limited had exercised this clause on 30 June 2006 the maximum liability applicable under this clause would have been $195,000.

10. Economic dependency

Australian Divisions of General Practice Limited relies on the Australian Government, through the Department of Health and Ageing, for a significant proportion of its revenue. Revenue received from the Australian Government is in the form of grants and service contracts for core and program activities.

Notes to the financial statements 30 June 2006

	Notes	2006 $	2005 $

11. Key management personnel

(a) Details of key management personnel

(i) Directors

Dr J Thomson

Dr K Conolly

Dr E Djakic (appointed November 2005)

Dr H Fine

Dr A Hobbs

Mr R McGowan

Dr C Pearce

Dr P Roberts-Thompson (resigned June 2005)

Dr K Stringer (appointed July 2005)

Dr M Taylor

Dr R Walters (resigned November 2005)

(ii) Executives

K Carnell (appointed October 2004)

S Clarke (resigned July 2004)

N Humphery (appointed April 2005)

S Maspero (May 2005 to February 2006)

P McCorkell (resigned February 2005)

B Rathbone (January 2006 to June 2006)

A Roberts (resigned December 2005)

L Wells

L Wett

(b) Compensation of key management personnel

Total compensation (short-term benefits)	1,060,394	936,866

There were no post employment benefits or other long-term benefits paid to key management personnel during the years ended 30 June 2005 or 2006.

12. Related party disclosures

Receivables

At report date no inter entity balances existed between Australian Divisions of General Practice Limited and its subsidiary Australian Divisions Member Services Limited (ADMS). At 30 June 2005, $7,203 was recognised as a related party trade debtor.

Revenues

During the 2005–2006 financial year no revenue amounts, pertaining to ADMS, have been recorded. By comparison during the 2004–2005 financial year Australian Divisions of General Practice Limited included in its revenues the recovery of costs incurred on behalf of Australian Divisions Member Services Limited.

Expenses

During the 2005–2006 financial year no expenditure amounts, pertaining to ADMS were recorded. By comparison during the 2004–2005 financial year an amount pertaining to the write-off of a $60,000 loan to ADMS was recognised.

Additional disclosures in relation to ADMS can be found at Note 13.

	Notes	2006 $	2005 $

13. Controlled entity

The financial results of Australian Divisions Member Services (ADMS) Limited since its formation have not been material to the activities of the Australian Divisions of General Practice Limited and are therefore not consolidated or disclosed.

During the financial year ADMS commenced a liquidation process. As at 30 June 2006, ADMS had surplus funds of $12,967 ($23,373 for 30 June 2005).

14. Auditor's remuneration

Amounts received by Ascent during the financial year for:

■ audit of financial report	18,400	11,400
■ audit of programs	13,050	10,664
■ accounting and other services	1,900	2,250
	33,350	24,314

The difference in amounts received by Ascent in each financial year disclosed above is predominantly due to the timing of work performed.

15. Company details

Corporate structure

Australian Divisions of General Practice Limited is a not-for-profit public company limited by guarantee that is incorporated and domiciled in Australia. No shares have been issued and at balance date there were 118 Member Divisions and seven Member SBOs, excluding the Western Australian SBO—Western Australian General Practice Network (WAGPN), guaranteeing to contribute up to $10 each to the property of the company in the event of it being wound up.

WAGPN is a part of ADGP and provides SBO services in Western Australia.

At report date, one division of general practice that was eligible to be a member division had elected not to be a member of the Australian Divisions of General Practice Limited.

Australian Divisions of General Practice Limited is the sole member of Australian Divisions Member Services Limited.

Principal place of business

The registered office and principal place of business of the Australian Divisions of General Practice Limited is:
Ground Floor, Minter Ellison Building, 25 National Circuit, Forrest ACT 2603

Nature of operations and principal activities

Australian Divisions of General Practice(ADGP) is the peak body representing SBOs and divisions within the Network and is the conduit between the Department and the Network.

ADGP promotes the health and wellbeing of Australians through divisions of general practice, including by:

- promoting and supporting the adoption of best practice governance and leadership at all levels within the divisions network
- strengthening the effectiveness and vitality of general practice through support to Divisions and SBOs
- contributing to the development of health policy in collaboration with Member Divisions and Member SBOs
- promoting cooperation and communication with other national organisations in Australia with similar objectives
- promoting the role, function and achievements of the divisions network and act as a key source of information to the Network, government and the community about primary health care issues.
- representing and advocating for divisions of general practice at a national level and
- providing development and business support to divisions of general practice.

16. Subsequent events

The Financial Report of the company was authorised for issue by the directors on 17 September 2006.

17. Financial instruments

(a) Financial risk management

The company's principal financial instruments comprise cash at bank, receivables and accounts payable. These financial instruments arise from the operations of the company.

The company does not have any derivative instruments at 30 June 2006.

It is, and has been throughout the period under review, the company's policy that no trading in financial instruments shall be undertaken.

The main risks arising from the company's financial instruments are interest rate risk, credit risk and liquidity risk. The policies for managing each of these risks are summarised below.

Interest rate risk

The company's exposure to market risk for changes in interest rates relates primarily to the company's holdings of cash and cash equivalents.

The company's policy is to manage its interest income through regularly reviewing the interest rate being received on cash and cash equivalents and comparing this return to the market.

Credit risk

The company does not provide credit.

With respect to credit risk arising from the other financial assets of the company, which comprise cash and cash equivalents, the company's exposure to credit risk arises from default of the counter party, with a maximum exposure equal to the carrying amount of these instruments.

The company does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the company.

Liquidity risk

The company has no external funding of facilities in place. The company manages its cash balance to ensure that it has sufficient cash and cash equivalent holdings to meet all short, medium and long term requirements.

(b) Net fair values

The directors consider the carrying amount of financial assets and financial liabilities to approximate their net fair values.

(c) Interest rate risk

The company's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market rates and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

	Weighted average effective interest rate		Variable interest rate		Fixed interest rate, maturing within 1 year		Fixed interest rate, maturing 1–5 years		Non-interest bearing		Total	
	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
	%	%	$	$	$	$	$	$	$	$	$	$
Financial assets:												
Cash at bank	4.80	4.20	3,330,864	1,680,037	70,000	51,718	–	–	1,250	262	3,402,114	1,732,017
Receivables	n/a	n/a	–	–	–	–	–	–	2,725,515	2,254,089	2,725,515	2,254,089
Total financial assets			3,330,864	1,680,037	70,000	51,718	–	–	2,726,765	2,254,351	6,127,629	3,986,106
Financial liabilities:												
Payables	n/a	n/a	–	–	–	–	–	–	1,859,953	635,967	1,859,953	635,967
Interest bearing liabilities	11.5%	11.5%	–	–	28,225	25,170	48,890	77,116	–	–	77,115	102,286
Total financial liabilities			–	–	28,225	25,170	48,890	77,116	1,859,953	635,967	1,937,068	738,253

Directors' declaration

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

In the opinion of the 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 2006 and of its performance for the year ended on that date

  (ii) complying with Accounting Standards and Corporations regulations 2001

(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 Jennifer Thomson
Director

Canberra
17 September 2006

Dr Tony Hobbs
Director

Canberra
17 September 2006

Independent audit report

INDEPENDENT AUDIT REPORT

To the Members
Australian Divisions of General Practice Limited
ABN: 95 082 812 146)

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1st Floor, 65–67 Constitution Avenue
Campbell ACT 2612

Phone +61 2 6245 3300
Fax +61 2 6230 6161

Scope

The financial report and directors' responsibility

The financial report comprises the balance sheet, income statement, cash flow statement, statement of changes in equity, accompanying notes 1 to 17 and the directors' declaration for the Australian Divisions of General Practice Limited (the company), for the year ended 30 June 2006.

The directors of the company 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 and Assurance 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 respects 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 the 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*.

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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 as at 30 June 2006 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.

ASCENT AUDIT PTY LTD
Authorised Audit Company

Adrian Kelly
Director
Dated: 18 September 2006

AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001 TO THE DIRECTORS OF THE AUSTRALIAN DIVISIONS OF GENERAL PRACTICE LIMITED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2006 there have been:

1. no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

2. no contraventions of any applicable code of professional conduct in relation to the audit.

ASCENT AUDIT PTY LTD
Authorised Audit Company

Adrian Kelly
Director
18 September 2006

ADGP Members at June 2006

ADGP State Office
WA General Practice Network

State-based organisations
ACT Division of General Practice
Alliance of NSW Divisions
General Practice & Primary Health Care Northern Territory
General Practice Divisions Victoria
Queensland Divisions of General Practice
SA Divisions of General Practice
Tasmanian General Practice Divisions Limited

Divisions
ACT Division of General Practice
Adelaide Central and Eastern Division of General Practice
Adelaide Hills Division of General Practice
Adelaide North East Division of General Practice
Adelaide Northern Division of General Practice
Adelaide Western General Practice Network
Ballarat and District Division of General Practice
Bankstown General Practice Division
Barossa Division of General Practice
Barrier Division of General Practice
Barwon Division of General Practice
Bendigo and District Division of General Practice
Blue Mountains Division of General Practice
Border GP Division
Brisbane South Division of General Practice
Canning Division of General Practice
Canterbury Division of General Practice
Capricornia Division of General Practice
Central Australian Division of Primary Health Care
Central Bayside General Practice Association Limited
Central Coast Division of General Practice (NSW)
Central Highlands Division of General Practice
Central QLD Rural Division of General Practice
Central Sydney Division of General Practice
Central West Gippsland Division of General Practice
Central Wheatbelt Division of General Practice
Dandenong District Division of General Practice
Dubbo/Plains Division of General Practice
East Gippsland Division of General Practice
Eastern Goldfields Medical Division of General Practice
Eastern Ranges GP Association
Eastern Sydney Division of General Practice
Eyre Peninsula Division of General Practice
Fairfield Division of General Practice
Far North Queensland Rural Division of General Practice
Flinders and Far North Division of General Practice
Fremantle Regional GP Network
General Practice Alliance - South Gippsland Limited
General Practice Cairns
General Practitioners Association of Geelong

Divisions
Gold Coast Division of General Practice
Goulburn Valley Division of General Practice
GP Coastal
GP Connections
GP Down South
GP North Division of General Practice
GPpartners
Great Southern Division of General Practice
Greater Bunbury Division of General Practice
Greater South Eastern Division of General Practice
Hastings Macleay Division of General Practice
Hawkesbury-Hills Division of General Practice
Hornsby Ku-ring-gai Ryde Division of General Practice
Hunter Rural Division of General Practice
Hunter Urban Division of General Practice
Illawarra Division of General Practice
Inner Eastern Melbourne Division of General Practice
Ipswich and West Moreton Division of General Practice
Kimberley Division of General Practice
Knox Division of General Practice
Limestone Coast Division of General Practice
Liverpool Division of General Practice
Logan Area Division of General Practice
Macarthur Division of General Practice
Mackay Division of General Practice
Mallee Division of General Practice
Melbourne Division of General Practice
Mid North Coast (NSW) Division of General Practice
Mid North Division of Rural Medicine
Mid West Division of General Practice
Monash Division of General Practice
Mornington Peninsula Division of General Practice
Murray Mallee Division of General Practice
Murray Plains Division of General Practice
Murrumbidgee Division of General Practice
Nepean Division of General Practice
New England Division of General Practice
North & West Qld Primary Health Care
North East Valley Division of General Practice

Divisions
North East Victorian Division of General Practice
North West Melbourne Division of General Practice
North West Slopes (NSW) Division of General Practice
North West Tasmania Division of General Practice
Northern Division of General Practice
Northern Rivers Division of General Practice
Northern Sydney Division of General Practice
NSW Central West Division of General Practice
NSW Outback Division of General Practice
Osborne Division of General Practice
Otway Division of General Practice
Perth and Hills Division of General Practice
Pilbara Division of General Practice
Redcliffe Bribie Caboolture Division of General Practice
Riverina Division of General Practice and Primary Health
Riverland Division of General Practice
Rockingham Kwinana Division of General Practice
Shoalhaven Division of General Practice
South East Alliance of General Practice (Brisbane)
South East NSW Division of General Practice
South Eastern Sydney Division of General Practice
Southcity GP Services
Southern Division of General Practice
Southern Highlands Division of General Practice
Southern QLD Rural Division of General Practice
Southern Tasmanian Division of General Practice
St George Division of General Practice
Sunshine Coast Division of General Practice
Sutherland Division of General Practice
Top End Division of General Practice
Townsville Division of General Practice
Tweed Valley Division of General Practice
Wentwest Limited
West Vic Division of General Practice
Western Melbourne Division of General Practice
Westgate Division of General Practice
Whitehorse Division of General Practice
Wide Bay Division of General Practice
Yorke Peninsula Division of General Practice

ADGP national representatives

as at 30 June 2006

Ministerial appointments

Committee	Name	State
Australian Childhood Immunisation Register Management Committee	Dr Peter Eizenberg	VIC
Australian Pharmaceutical Advisory Council (APAC)	Dr Rob Walters	TAS
Australian Technical Advisory Group on Immunisation	Dr Simon Leslie	VIC
General Practice Education and Training Board	Dr Val Summers	QLD
General Practice Education and Training Board (Chair)	Ms Kate Carnell	ACT
Health Services Advisory Committee (ACCC)	Dr Rob Walters	TAS
National Advisory Council on Suicide Prevention	Dr Rob Walters	TAS

Representative positions held by ADGP Chair

(non-Ministerial appointments)

Committee	Name	State
AMA Council of General Practice (observer)	Dr Jenny Thomson	ACT
DVA Local Medical Officer Advisory Committee	Dr Jenny Thomson	ACT
General Practice Representative Group (ADGP, AMA, RACGP and RDAA)	Dr Jenny Thomson	ACT
HIC Doctors Communication Group	Dr Jenny Thomson	ACT
RACGP Cultural Safety Training Reference Group	Dr Jenny Thomson	ACT
RACGP Quality in General Practice Committee	Dr Jenny Thomson	ACT

Representative positions held by ADGP Board Members

Committee	Name	State
General Practice Representative Group (ADGP, AMA, RACGP and RDAA)	Dr Michael Taylor	SA
Kidney Check Australia Taskforce	Dr Tony Hobbs	NSW
Medicare Benefits Consultative Committee	Dr Michael Taylor	SA
National Chronic Diseases Strategy Reference Group	Dr Tony Hobbs	NSW
PIP & EPC Review Advisory Group	Dr Michael Taylor	SA

Representative positions held by divisions of general practice, state-based office and ADGP nominees (including Ministerial appointments)

Committee	Name	State
ACRRM John Flynn Scholarship Scheme Management Committee	Ms Rachel Yates	ADGP
ACRRM National Advisory Committee for the Prevocational General Practice Placements Program	Ms Rachel Yates	ADGP
AGPAL Board of Directors—Rural Division	Dr Suzanne George	VIC
AGPAL Board of Directors—Urban Division	Dr Furio Virant	NSW
Allied Health and Dental Care Consultative Group	Dr Damian Flanagan	VIC
ANU/ADGP Australian Practice Nurse Study Reference Group	Ms Carol Nolan	QLD
APAC Community Care Working Group	Mr Mark Elliott	ADGP
APAC Continuity of Care Working Group	Mr Mark Elliott	ADGP
Arthritis and Musculoskeletal Quality Improvement Program (AMQuIP) Advisory Committee	Ms Megan Hansford	ADGP
Asthma 3+ Advisory Subgroup	Dr Ian Charlton	NSW
Australian Council on Safety and Quality in health Care Medication Safety Taskforce	Dr Peter Roush	QLD
Australian General Practice Accreditation Ltd (AGPAL) Board	Dr Furio Virant Dr Suzanne George	NSW VIC
Australian Technical Advisory Group	Dr Simon Leslie	VIC
Better Outcomes Implementation Advisory Group (mental health)	Dr Chris McAuliffe	QLD
Broadband for Health Writing Group	Mr Adrian Beekmeijer	ADGP
CAREDIAB Alliance	Ms Megan Hansford	ADGP
Continence Management Advisory Committee	Dr Susan Furphy	VIC
Cumpston '06 Exercise Writing Group	Mr Kim Hosking	SA
EDQUM Data Reference Group	Dr Wayne Piez	VIC
Enhanced Divisional Quality Use of Medicines (EDQUM) Steering Group	Dr Wayne Piez	VIC
General Practice & Allied Health Professional Asthma Education Program Steering Committee	Ms Alicia Reid	QLD
Home Medicine Review (HMR) National Management Group	Dr Simon Cooper Ms Liesel Wett	VIC ADGP
Industry Skills Council—Medical Assistance Industry Reference Group	Ms Julie Porritt	ADGP
Kidney Check Australia Taskforce	Dr Sheena Wilmot	NSW
Medical Training Review Panel	Dr Dennis Pashen	QLD
Medicare Benefits Consultative Committee	Ms Leanne Wells	ADGP
Medication Management Review Facilitation Program National Management Group	Dr Trina Gregory Ms Liesel Wett	NSW ADGP
Medicines Australia Code of Conduct Complaints and Appeals Committees	Dr Ruth Ratner	NSW
National Aged Care Alliance	Ms Debbie Bampton	ADGP
National Alcohol Strategy: Health and Social Issues Advisory Group	Dr Chris McAuliffe	QLD
National Arthritis and Musculoskeletal Conditions Advisory Group	Dr Neil Hearnden	QLD
National Consortium for Education in Primary Medical Care	Mr Mark Elliott	ADGP
National e-Health Transition Authority Clinical Reference Group	Dr Trish Baker	QLD
National Immunisation Committee	Dr Greg Rowles	VIC

Committee	Name	State
National Influenza Action Committee (NIPAC) Primary Care Working Group	Dr Michael Moore	NSW
National Influenza Action Committee (NIPAC) Surveillance Subcommittee	Dr Michael Moore	NSW
National Integrated Diabetes Program Working Party	Dr Ralph Audehm	VIC
National Mental Health Promotion and Prevention Working Party	Ms Leanne Wells	ADGP
National Mental Health Policy Revision Steering Committee	Dr Chris McAuliffe Ms Leanne Wells	QLD ADGP
National Prescribing Service Board	Dr Peter Roush	QLD
National Primary Care Collaboratives (NPCC) Clinical Stakeholder Group	Ms Kate Carnell	ADGP
National Primary Care Collaboratives (NPCC) Heart Disease Expert Reference Panel	Dr Russell Gibbs	VIC
National Rural Health Alliance Council	Ms Brenda Tait	QLD
Opioid Medication Resource Project Steering Committee	Mr Ian Hatton	ADGP
Palliative Outcomes Collaboration—Scientific & Clinical Advisory Committee	Mr Ian Hatton	ADGP
Pharmacy Diabetes Project	Dr Warwick Ruscoe	NSW
Primary Health Care Research and Information Service (PHCRIS) Advisory Group	Ms Kate Carnell	ADGP
RACGP Indigenous Projects Advisory Group	Dr Philippa Binns	NT
RACGP—Correct Patient, Correct Site, Correct Procedure Reference Group	Mr Aitor Baonza	TAS
RACGP Silver Book Taskforce	Dr Anne McBryde	QLD
Rural Australia Palliative Care Reference Group—Chair	Dr Ralph Chapman	WA

Acronyms

AASB	Australian Accounting Standards Board
ADGP	Australian Divisions of General Practice
AHPMC	After Hours Primary Medical Care
APHCRI	Australian Primary Health Care Research Institute
ARRWAG	Australian Rural and Remote Workforce Agencies Group
CDM	Chronic Disease Management
CEO	Chief Executive Officer
CPC	Complete Primary Care
DoHA	Department of Health and Ageing (Australian)
EDQUM	Enhanced Divisional Quality Use of Medicines
EPC	Enhanced Primary Care
GP	general practitioner
GPII	General Practice Immunisation Incentives
GPRG	General Practice Representative Group
HMR	Home Medicines Review
HPCA	Health Professionals Council of Australia
IASB	International Accounting Standards Board
IM	Information Management
IT	Information Technology
MBS	Medicare Benefits Schedule
MMR	Medication Management Review
NACCHO	National Aboriginal Community Controlled Health Organisation
NDYA	National Divisions Youth Alliance
NPS	National Prescribing Service
PBS	Pharmaceutical Benefits Scheme
PGA	Pharmacy Guild of Australia
PHCRIS	Primary Health Care Research and Information Service
PIP	Practice Incentives Program
QUM	Quality Use of Medicines
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RCNA	Royal College of Nursing, Australia
SBO	State -based organisation
WADSO	Western Australian Divisions State Office
WSGPS	Western Sydney General Practice Support

Australian Divisions of **General Practice** | ACN 082 812 146

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