adgp

Australian Divisions of **General Practice**

Annual Report 2003–**2004**

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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Front cover: Elijah Adamek, 7 weeks, relaxes outdoors with parents Jason Adamek and Ryn Ayres, and Northern Rivers Family Care Centre nurse, Caroline Ryan. The centre is supported by the Northern Rivers Division of General Practice under a $100 000 Australian Government grant to expand parenting support services at the Northern Rivers Family Care Centre and develop the skills of local GPs. Photo courtesy of the Northern Rivers Division of General Practice, NSW.

An overview of the Australian Divisions of General Practice

The Australian Divisions of General Practice (ADGP) is the peak body representing the Divisions of General Practice Network, which links 95 per cent of GPs across Australia.

This Network of 120 Divisions supports general practice and is the key to integrating general practice with other parts of the health system, both government and non-government, to deliver high quality care to the Australian community.

The Australian Divisions of General Practice Limited promotes the health and well-being of Australians through Divisions of General Practice, including by:

- strengthening the effectiveness and vitality of the general practice sector through support to Member Divisions and Member State Based Organisations (SBOs) and advocacy and representation of member divisions and member SBOs to the Australian Government, to other national organisations and to the Australian public
- contributing to the development of national health policy in collaboration with Member Divisions and Member SBOs
- promoting cooperation and communication with other national organisations in Australia with objects similar to these objects of the company
- Providing national leadership in health system development.

ADGP is one of Australia's largest representative voices for general practitioners via its Member Divisions. Through its representation program, grassroots GPs sit on about 50 key decision-making bodies in the health sector, having direct input into general practice financing, GP workforce and training, clinical practice and practice management policies and programs.

ADGP plays a key role in policy development and implementation, delivering a range of national programs through divisions that cover primary health care issues such as immunisation, mental health and practice nursing. Where appropriate, ADGP works collaboratively with other key national organisations to develop and coordinate programs.

Contents

Highlights of the ADGP year

In 2003–2004, a successful election process for a reconstituted Board of Directors followed the constitutional changes made at the ADGP Annual General Meeting in November 2003.

Aboriginal health

Improving primary health care for Aboriginal Australians is the key aim of a Memorandum of Understanding (MoU) signed between ADGP and the National Aboriginal Community Controlled Health Organisation (NACCHO) at the national Divisions Forum 2003 in Brisbane.

A workplan identifying key priorities under the MoU will guide ongoing work between Divisions/SBOs and their counterpart NACCHO state affiliates/Aboriginal Community Controlled Health Services (ACCHS) to improve Aboriginal health outcomes.

Forum

The national Divisions Forum continues to go from strength to strength with a record attendance at the Forum in Brisbane from 20–23 November 2003.

Almost 1000 delegates were involved in stimulating speeches and debate focussed on the future of general practice and primary health care.

The inaugural winner of the John Aloizos Medal for outstanding individual contribution to the Divisions Network was also announced, with NSW GP Dr Grahame Deane receiving the honour during the official opening of the Forum.

Nursing in general practice

ADGP nursing in general practice initiatives have helped promote the role of general practice nurses.

More than 93 per cent of Divisions of General Practice were involved in a series of national workshops, resulting in the development of a national resource kit for Divisions, to encourage the uptake of nurses in general practice.

The first comprehensive national survey of general practice nursing in Australia by ADGP has also provided invaluable data on nurses in general practice.

Governance

A successful election process for a reconstituted Board of Directors followed the constitutional changes made at the ADGP Annual General Meeting in November 2003.

The new board, reduced from 14 to eight GP members, took effect from 1 June 2004, with a ninth non-GP director appointed by the new board.

Divisions in four states (Queensland, New South Wales, Victoria and Western Australia) took part in the election process, which involved assistance from SBOs and the Australian Electoral Commission. All successful candidates were elected on first preferences. Single nominations were received in the remaining states and territories.

Mental health

Depression TV messages

ADGP partnered with the national depression initiative *beyondblue* to have a community service announcement on depression broadcast on television stations across Australia.

From Imparja television in the Northern Territory, to Tasmania and all states in between, the positive health message received excellent coverage across the main regional and national networks.

Funding to combat depression and alcohol misuse

A $2 million grant over two years will enable ADGP and the Divisions Network to develop education and training support for GPs with the aim of improving the management of patients with both alcohol misuse and mental health issues.

Graduates of a 10-week Health Eating course in Evans Head, New South Wales, coordinated by the Northern Rivers Division of General Practice as part of the Rural Chronic Disease Initiative. Photo courtesy of the Northern Rivers Division of General Practice, NSW.

Chair's report

Dr Rob Walters
Chair

'Strengthened relationships with many key stakeholders'

It is no secret that the past year has been challenging in many ways for ADGP and the Divisions Network, but I am proud to have seen us come through these challenges with our integrity and pride intact and our sense of purpose renewed.

ADGP has dealt with significant change during the past year. We consulted extensively with our members to negotiate and implement much needed revisions to our constitution. The ADGP Board of Directors is smaller, with a more streamlined and efficient structure, but it remains representative of all states and territories and both urban and rural general practice. We have embraced SBOs as full members of ADGP and continue to work forthrightly and effectively with the ADGP/SBO coalition on the key issues facing Divisions nationally.

On the recommendation of members from the Vision for Divisions Summit in August 2003 we established a working group that is considering the Network's feedback on possible reorganisation of our national structure to better support Divisions as we move into our future roles.

In the past year ADGP was also subject to an independent financial review that came about as a result of a budget overspend, due largely to the escalation in the activities that both our funders and our members were asking us to undertake. I am pleased to report that the ADGP Board of Directors has made some hard decisions and strengthened our internal processes to ensure such an occurrence is not repeated. Unfortunately, this has meant a necessary decrease in representative activity and thus a diminished capacity for lobbying.

I am also delighted to report on our strengthened relationships with many key stakeholders. These have resulted in a more united and purposeful General Practice Representative Group (GPRG); formalisation of an MoU with NACCHO; new collaborations with the aged care and mental health sectors; ongoing discussion with and advice to the Minister for Health and Ageing and the Shadow Minister for Health; and a high profile for Divisions in the mainstream and medical media on the critical issues in general practice and primary health care.

We would not have been able to accomplish these tasks without the outstanding dedication and hard work of our past and present directors and the ever-loyal ADGP staff. I would particularly like to acknowledge our CEO Dr Steve Clark, who we have recently farewelled with much regret. Steve has left an important legacy for the Network to build on.

I am confident of an increasingly important role for Divisions in the Australian health system. But it will only be possible through all of us working to find our common goals, and strengthening the ties that bind us together.

Chief Executive Officer's report

This year the term 'member' became more inclusive when SBOs were formally accepted as members of ADGP at our Annual General Meeting (AGM). The changes to our constitution also established a more sophisticated election of the Board of Directors with a strong focus on governance. These changes were not cosmetic. They reflect the basic philosophy upon which the Divisions Network is based—*unity in purpose, diversity in implementation.*

Constitutional change is an evolutionary process that will continue at this year's AGM when members consider the structure of the Network based on the considerable work of the Network Structure Working Group.

This has been a significant year for a maturing national network. As a united group we are poised, more than ever, to confront the challenges of regional resourcing, to play a much expanded role in community health coordination and service delivery, and to lead the health care reform agenda through our extensive representation of general practice and the multidisciplinary general practice team. This is only possible with a highly skilled and dedicated Network workforce. I acknowledge the CEOs and staff in Divisions and SBOs who make an enormous, often unrecognized, contribution to the success of the Network and therefore to the health of the community.

As this is my last Annual Report as CEO, I want to challenge conventional wisdom and suggest five key areas of work for the coming year.

- **Governance.** We have to get it right at every level of the Network and there is work to be done. Much can be achieved if Divisions collaborate with their neighbours and share expertise across state boundaries.
- **Regional resource management** (fundholding). It is time to debate the sacred cows—the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS) should be on the agenda.
- **Data.** Regional collation at Division level is happening ad hoc. Information management/ information technology (IM/IT) is the foundation for much of what has to be done to support general practice. Division capacity is limited and change management will need significant investment.
- **Indigenous health.** We are working closely with NACCHO and need support at all levels to raise the health status of Indigenous peoples.
- **Workforce.** All levels of the Network can make a real difference to the future sustainability of general practice.

Finally, I sincerely thank my staff. Their support, dedication, utmost belief in the Network and passion to get the job done and support each other always reminds me why working at ADGP has been a real honour. ADGP's directors have much to be proud of—their ongoing commitment to the company and to the entire Divisions' movement, and their leadership at the national level. I thank them for their support and encouragement and particularly acknowledge ADGP Deputy CEO Liesel Wett and ADGP Chair Rob Walters. I hope our friendship continues as we move on to new and rewarding challenges.

Dr Steve Clark
Chief Executive Officer

Board committee reports

To assist the board in fulfilling its duties, there are currently three board committees whose terms of reference and powers are determined by the board. They are the Finance and Audit Committee, the Governance Committee and the Rural Committee.

Finance and Audit Committee

This year has been one of significant change, and significant progress. ADGP began the year having experienced a significant net deficit from ordinary activities in the preceding financial year. The result decreased ADGP accumulated funds, however not to an extent that was undesirable. Whilst deficiencies in our financial reporting systems led to a later than expected appreciation of the result, the underlying problem was (and remains) that we are clearly underfunded for the level of activity expected of us by the Divisions Network and the Australian Government.

The priority for the Finance and Audit Committee this year has been to improve ADGP's financial management framework, including enhancement of internal controls, budgeting and reporting systems in order to facilitate best practice financial management of the company. In that aim we have made very significant progress.

It has been a year of significant cost-cutting. Savings in employee costs have been achieved through natural attrition and redundancy. Although these savings have been achieved, the reduction in the number of employees has exacerbated the pressures on capacity particularly in the areas of communications, information management and administration, and has severely reduced ADGP's capacity to provide representation. Travel has also been reduced, as has policy work. But satisfyingly, these changes have achieved a deficit from ordinary activities of $72 300 compared to a budgeted deficit from ordinary activities of $212 000. This result leaves the organisation in a much healthier financial position than anticipated, with accumulated funds of $411 678 at report date.

During the year ADGP supported a review of its financial management by KPMG on behalf of the Department of Health and Ageing (DoHA). The review concluded that there were deficiencies in ADGP's financial reporting systems, however I am happy to say that at the time the review report was provided to ADGP nearly 80 per cent of the recommendations had already been implemented by ADGP.

ADGP has developed a budget for the 2004–2005 financial year which achieves a zero surplus/deficit from ordinary activities. This result is based on current funding and staffing levels and the following scope of activity:

- continue to provide core services in accordance with a new funding agreement with DoHA
- continue to deliver a number of separately funded national programs
- pursue new funding opportunities associated with emerging primary health care priorities.

In accordance with the 2004–2005 operating budget, ADGP will continue to be a medium-sized organisation. Our $2.4m of core funding is matched by over $5m in funds for the various programs we manage. A significant proportion of those funds come from the Australian Government.

During 2004–2005 ADGP will continue its progress in the development of best practice in its own financial management framework and look to develop its support and leadership in financial management to the Network.

Thanks go to those board members who have participated on the Finance and Audit committee over the past year. Dr Peter Del Fante, Dr Helena Williams and now Dr Tony Hobbs, and particular thanks to Financial Controller Phillip McCorkell and deputy CEO Liesel Wett for their efforts during the year.

Dr Chris Pearce
Chair, Finance and Audit Committee

Governance Committee

In February 2004 the ADGP Board established the Governance Committee to supersede the previous Governance Taskforce, which was primarily responsible for oversighting the review of the ADGP constitution. The committee is now tasked with driving ADGP's governance and leadership agenda.

Chaired by Dr Ken Conolly, the committee has initially progressed issues including a review of the CEO and Chair roles, governance models for consideration by the board and board decision-making processes.

Rural Committee

The Rural Committee aims to represent rural Divisions to ensure their concerns and issues are raised at board level. It communicates with rural Divisions and relevant rural health organisations, develops and supports rural health policy and strategy formation within ADGP, and recommends appropriate action on all issues relating to the practice of medicine in a rural and remote setting.

During 2003–2004 the Rural Committee was chaired by Dr Vlad Matic, followed by Dr Ralph Chapman and Dr Michael Taylor. Dr Taylor was re-elected Chair of the Rural Committee with the election of the new board in June 2004.

During 2004–2005 ADGP will continue its progress in the development of best practice and look to develop its support and leadership to the Network.

Core activities

National policy

Medicare reforms, Senate inquiries, the Divisions' Summit and the ongoing ramifications of the Divisions Review have been the main focus of the ADGP policy team in the 2003–2004 year.

In addition to the Medicare reforms, Senate enquiries and ongoing ramifications of the Divisions Review, the ADGP policy team was also reduced by two—Senior Policy Adviser Wendy Shephard and Communications Manager Jennifer Doggett both left ADGP prior to Christmas, leaving three full-time and one part-time staff members to undertake both the policy and communications functions.

Key achievements

Several key programs advocated by ADGP in its past representations to government have been taken up, including:

- expanding the nurses and allied health providers subsidy to outer metropolitan areas of workforce shortage
- the overseas trained doctor initiative for areas of workforce shortage
- Medicare items for services delivered by a practice nurse
- Division-led aged care initiatives and a comprehensive medical assessment for residents of aged care homes.

Submissions and representations

ADGP's 2004–2005 federal budget submission sought an extension of the More Allied Health Services Program; expansion of the Nursing in General Practice subsidy to all practices; support for information and chronic disease management in general practice, and enhanced general practice involvement in aged care.

Medicare reforms led to ADGP's production of submissions to and attendance at hearings of the Senate Select Committee on Medicare (Fairer Medicare and MedicarePlus) on behalf of Divisions.

Policy officers provided input into the development of the overseas trained doctor and aged care initiatives and progressed work on developing a joint ADGP–Australian Rural and Remote Workforce Agencies Group medical vacancy proposal.

As part of the Red Tape Taskforce's technical working group on the review of the Practice Incentives Program (PIP) and Enhanced Primary Care (EPC) program, policy staff developed a red tape solutions discussion paper that included recommendations around strengthening electronic information management in general practice, and streamlining and simplifying the programs to increase access by GPs.

Work is ongoing on the Review of the Role of Divisions and the Australian Government's Response, to secure a Network-wide consultation process on implementation of the review's recommendations.

ADGP's participation on GPRG included coordination of the May 2004 meeting, tabling papers on the allied health and red tape initiatives, as well as participation in the GP Summit on the future of general practice, and representation at the Attendance Item Restructure Working Group and Medicare Benefits Consultative Committee.

ADGP policy staff worked over several months on the development of two comprehensive submissions for the implementation and management of the Australian Primary Care Collaboratives Program. ADGP participated in the bid as part of a consortium with the Centre

for General Practice Integration Studies (UNSW), the National Institute of Clinical Studies and the Royal Australian College of General Practitioners (RACGP). Although unsuccessful, the integral role of Divisions in this program means that ADGP will work with the winning consortium to introduce the collaborative methodology into Australian general practice over the next three years.

Representation and advocacy

ADGP's representation program continued to provide scope for grassroots GPs to actively contribute to a range of primary health care issues at the national level.

ADGP was represented on about 50 national committees in 2003–2004, working on issues such as practice accreditation, quality use of medicines, immunisation, general practice/hospital integration, diabetes, Medicare, electronic patient records, aged care and pathology point of care testing. A full list of representatives is located at the end of this report.

A review of program activity resulted in the ADGP Board adopting a number of changes to its representation policy:

- Future requests for ADGP representation will only be actioned where the activity is considered within the core business of the Divisions Network and strategic in focus
- ADGP will no longer provide sitting fee support for its representatives (such as a top-up) where committee auspicing agencies do not provide a level of support that recognises the value of general practice expertise
- ADGP, with other groups representing general practice and GPs, will continue to lobby the Australian Government for an improved sitting fee support structure.

ADGP will consolidate the representation program by continuing to review existing commitments for relevance to Divisions' core business, as well as instituting representative selection criteria that reflect this approach.

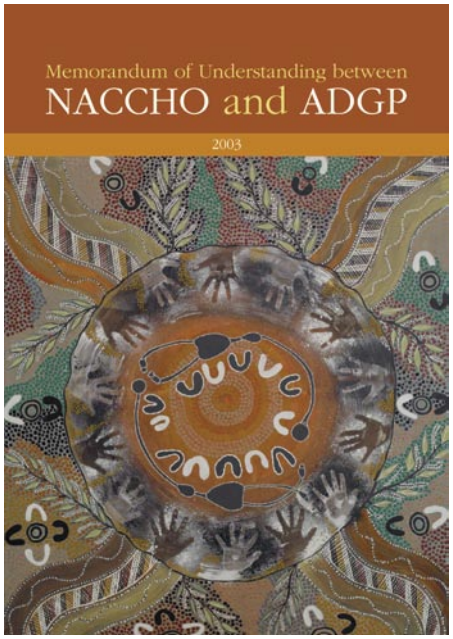
Below: Pictured undertaking a Ki Yoga Class as part of a GP Wellness event, led by Sue White of the Southern Division, are: Dr Jenny Thomas, Dr Kristina Bamford, Dr Pam Rachootin, Dr Stephanie Partridge and Dr Cameron Day.
Photo courtesy of Adelaide Central and Eastern Division of General Practice and the Southern Division of General Practice, SA.

Core activities

Guiding interaction between Divisions and their counterpart NACCHO state affiliates to improve primary health care for the Aboriginal population.

Aboriginal health

ADGP and NACCHO launched their MoU at the national Divisions Forum in 2003 in Brisbane. A workplan identifying key priorities under the MoU has been drafted. Once endorsed, it will guide interaction between Divisions/SBOs and their counterpart NACCHO state affiliates/ ACCHS to improve primary health care for the Aboriginal population.



Divisions and research

ADGP advanced the role of Divisions in research through:

- representation on the Research Priorities in Clinical General Practice Working Group
- participation in the Primary Health Care Research Information Service (PHCRIS) review and input into the revision of the PHCRIS annual survey of Divisions
- attendance at workshops and meetings of the Primary Health Care Research Evaluation and Development Program and the Australian Primary Health Care Research Institute.
- development of a draft submission regarding a potential Divisions journal
- development of a preliminary research policy
- presentation of a workshop at the 2004 PHCRIS General Practice and Primary Health Care Research Conference regarding Divisions and research.

Other work undertaken by the ADGP policy team during the year included:

- coordinating the program and developing discussion papers and reports for the Vision for Divisions Summit, held in Adelaide in September 2003.
- involvement in the working group investigating a future structure for the Divisions Network
- making an ADGP submission to the RACGP review of standards (2nd edition)
- developing an ADGP consumer profile and information on the ADGP website
- conducting a survey of Divisions to gain feedback on ADGP's role and performance, with results to be circulated to the Network in 2004–2005
- coordinating the national Divisions Forum in 2003, including program development, budget management, event management oversight and sponsorship arrangements (see separate report).

Communications

ADGP's communications program has promoted the innovative work of the Divisions Network and general practice to the health sector and the wider community through a range of public awareness opportunities.

Key achievements

Creating a positive public and health sector awareness of the role of general practice and the Divisions Network in coordinating quality primary health care has been achieved using a number of different strategies.

The introduction of a fortnightly appearance of ADGP Chair Dr Rob Walters on the Nine Network's national 'Mornings with Kerri-Anne' television program has raised general community awareness of the Divisions Network and general practice issues.

Bi-monthly columns in the nationally-distributed *Readers Digest* magazine and regular opinion pieces in the *Medical Observer* and *Australian Doctor* newspapers from GPs and other representatives of the Divisions Network have been coordinated by ADGP.

A fortnightly electronic newsletter, *ADGP News*, has continued to facilitate communication and information sharing across the Divisions Network and with relevant organisations external to the Network. The introduction of a *Board Bulletin* following each face-to-face meeting of the ADGP Board has further enhanced ADGP communications with the Divisions Network.

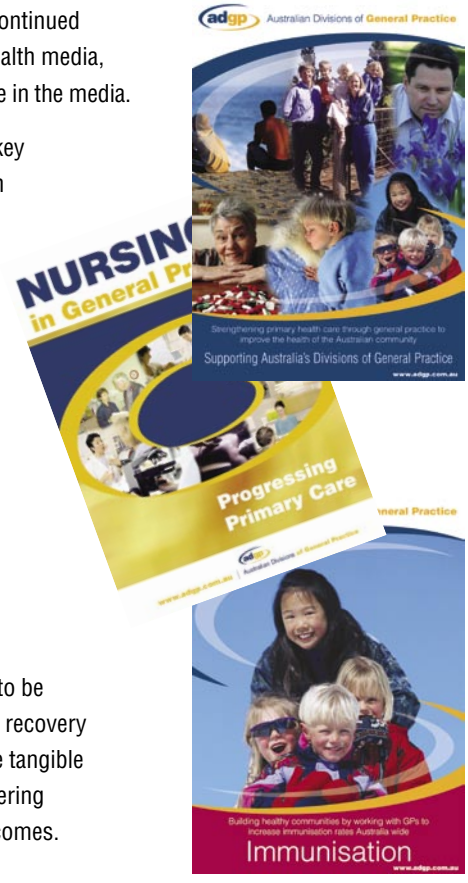
Media releases have been distributed on key issues of public interest, which along with continued contacts with key personnel in the health media, have helped ensure a regular presence in the media.

A series of posters representing the key program areas within ADGP has been developed, with the artwork and supporting information provided to Divisions for their own use.

Future directions

ADGP will continue to work with the Network and the media to expand the profile of Divisions in the community and raise awareness of issues that affect general practice and Divisions.

Measures to improve collaboration and resource-sharing between Divisions on community awareness raising initiatives will be a prime focus of this activity.



GP Business Advantage™

GP Business Advantage™ was developed by Australian GPs and general practice academics to help improve their business management skills.

This non-clinical professional development program is an initiative of ADGP, and is delivered through Divisions of General Practice. The program consists of nine modules, each of which is presented in a workshop format using a combination of video and small group activities.

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

Core activities

Information services

The information services area works in close partnership with the ADGP team on a number of activities related to IM/IT within ADGP.

Information services activities include:

- website administration and ongoing website development
- management and coordination of internal IM/IT requirements and services
- administration of ADGP list servers
- training and support services for staff
- links with external organisations working on research and information projects relevant to the Divisions Network.

Key achievements

www.adgp.com.au

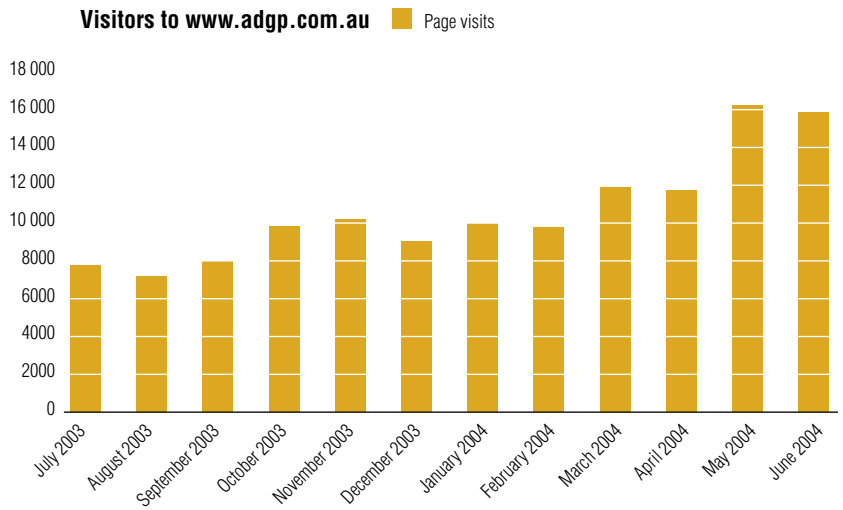
Since the completion of the ADGP website in June 2003, the website has been visited a total of 125 579 times, averaging about 500 visitors a day.

The site is updated daily, including:

- timely publication of all ADGP policy documents, submissions, reports, newsletters and news releases
- online publication and updating of a National Divisions of General Practice directory
- dynamic listing of all upcoming national events and a links page to state and national sites of relevance to the primary health care sector.

Specific website projects and improvements completed during the year include:

- the development of an secure online survey and liaison with rural Divisions to collect data from practices for the GP Access to Broadband Technology Survey (a DoHA initiative)
- detailed web pages for the national Divisions Forum, enabling online registration, access to forum proceedings and profiling of the 2003 Divisions Achievement Award winners



- new web pages on the relationship between consumers and Divisions, including links to relevant resources for Divisions
- pages on the ADGP Board election and candidates profiles
- development of an online discussion forum module to facilitate Division feedback into policy and consultation documents.

In July 2003, ADGP entered a partnership with a new provider for IT support and services, resulting in significant improvements in the stability and functionality of the IT infrastructure.

Communication across the Network has also been improved by the establishment of two new national list-servers for Division/SBO Chairs and Executive Officers.

Future directions

We will continue to improve and promote the ADGP website as a source of timely and relevant information to the Divisions Network, government and other primary stakeholders. This will include:

- encouraging the use of dynamic website features such as the online discussion forums to improve two-way Network communication
- enhancing the statistical reporting capability in sub-site areas of the ADGP website
- promoting the opportunity for Divisions to access the ADGP website functionality when re-developing their own websites
- providing support and training to staff to encourage ongoing improvement of the site content
- development of a staff intranet site to improve information sharing within ADGP and across the Divisions Network
- building on links with stakeholders and exploring opportunities for collaborative IM projects to benefit the Network.

Divisions of General Practice Network Forum 2003

The fifth annual national Divisions of General Practice Network Forum: *Focussed on the Future* was held at the Brisbane Convention and Exhibition Centre from Thursday 20 November to Sunday 23 November 2003.

The Forum coordinator and secretariat were supported by a nine-member steering committee. Membership included: Dr Steve Clark, ADGP (CEO); Dr Annette Douglas, Southern Tasmanian Division of General Practice; Dr Mary-Anne Lancaster, Inner Eastern Melbourne Division of General Practice; Dr Vlad Matic, ADGP Rural (NSW) Director (Chair to August 2003); Ms Debra O'Connor, Consumers Health Forum; Dr Moira Sim (Chair), ADGP Urban (WA) Director; Dr Michael Taylor, ADGP Rural (SA) Director; Ms Susi Tegen, Limestone Coast Division of General Practice; Dr Brenton Trezise, ADGP Rural (QLD) Director (from August 2003) and Mr Robin Wells, DoHA.

Key achievements

A total of 976 registrations were received, including sponsors and exhibitors. This was an increase of about nine per cent over Forum 2002 registrations. About 580 delegates were from Divisions of General Practice, an almost 30 per cent increase.

Forum 2003 used online as well as hard-copy registration, with more than 334 registrations received via a link from the ADGP website.

The Forum was opened by the Minister for Health and Ageing, The Hon. Tony Abbott MP, and included a presentation by Shadow Minister for Health, Ms Julia Gillard MP. Highlights of the formal presentations included a keynote address by leading futurist Dr Peter Ellyard and the launch of the National Aboriginal Community Controlled Health Organisation (NACCHO)–ADGP Memorandum of Understanding by NACCHO Chair Mr Henry Councillor and ADGP Chair Dr Rob Walters.

The Forum opening plenary session also hosted the inaugural John Aloizos Medal Award ceremony for outstanding individual achievement to the Divisions of General Practice. The medal is named in honour of Dr John Aloizos, inaugural Chairman of ADGP and one of the founders of the Divisions movement in Australia. The recipient of this year's award was Dr Grahame Deane from Barwon Division of General Practice in NSW.

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

Future directions

Feedback from delegates and sponsors in an online evaluation once again provided useful suggestions and comments to improve both the program and organisation in 2004. Forum administration and social functions rated most highly, with strong feedback requesting earlier advance program information, more interactive sessions and new information presented.

Forum 2004 will be held at the Adelaide Convention Centre on 23–26 September 2004, while Forum 2005 will be held at the Perth Convention Exhibition Centre from 2–7 November 2005.

Right: ADGP Chair Dr Rob Walters with NACCHO Chair Mr Henry Councillor and Minister for Health and Ageing, The Hon. Tony Abbott MP following the launch of the NACCHO–ADGP MoU at Forum 2003.

National programs

After hours primary medical care

The after hours primary medical care (AHPMC) program aimed to improve Australians' access to quality primary medical care during those out-of-hours periods when their own general practitioner is not available.

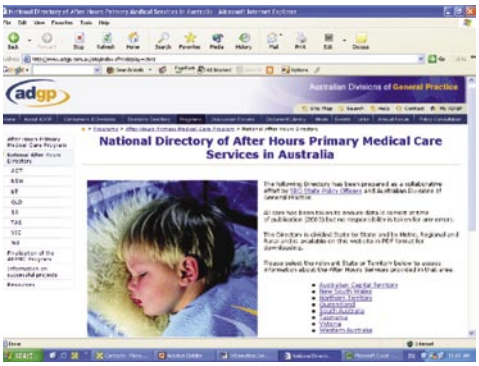
A number of seeding and service development grants were made available by the Department of Health and Ageing in 2002–2003 to support the development of innovative AHPMC models.

ADGP was contracted by DoHA to manage the program and provide current, accurate and timely national, regional and local information on AHPMC services and service innovations across Australia. ADGP's AHPMC principal adviser worked with Divisions across Australia through a network which included state policy officers.

Key highlights

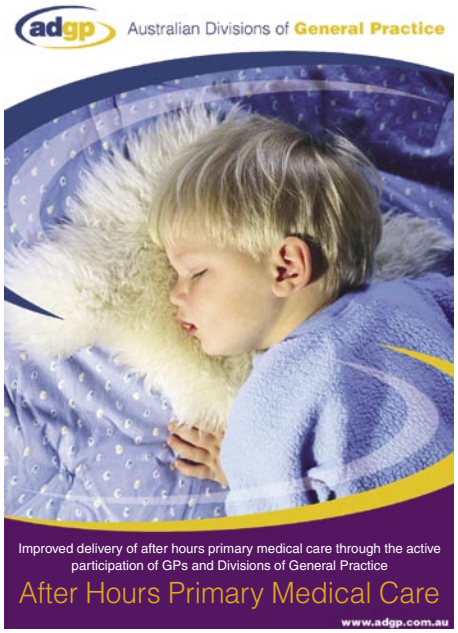
The key successes of the program were the provision of support to Divisions, the development of relationships between stakeholders, and the sharing of information and resources to help identify solutions in the provision of AHPMC. Seventy-five per cent of submissions from Divisions were successful in both the seeding and service development rounds of grants.

A directory of AHPMC services was completed, and has been commended by DoHA. It is now available on the ADGP website at **www.adgp.com.au**



Future directions

The program concluded in mid-January 2004, on time and within budget. There is currently no specific funding at the SBO or ADGP level to provide an ongoing role to support Divisions, maintain critical links or input into future policy directions in after hours care. Lack of national and state level support will impact particularly those Divisions that applied for service development grants in the third funding round and those whose services are still developing.



Aged care

ADGP's aged care program began in 2004 as a result of aged care initiatives introduced by the Australian Government in November 2003.

The initiative contains two general practice-related measures: the Aged Care GP Panels Initiative and a new Medicare Benefits Schedule (MBS) item for a comprehensive medical assessment (CMA). Combined, the two measures are worth $47.9m over three years.

ADGP has been contracted to coordinate the Aged Care GP Panels Initiative and a national aged care workshop.

The *MedicarePlus* Aged Care GP Panels Initiative aims to ensure better access to primary medical care for residents of aged care homes and to enable GPs to work with homes on quality improvement strategies for the care of all residents.

CMA was introduced to complement other MBS items, including EPC items for care planning and case conferencing. CMA is a full systems review including assessment of a resident's health and physical and psychological function.

Major achievements

Significant work has been undertaken in the following areas:

- consultation with the Divisions Network, including conducting an aged care survey specific to Divisions
- consultation in the development of guidelines for the GP Panels Initiative
- organisation and coordination of a national workshop
- participation in all state and territory aged care workshops
- development of a communication plan
- instigation of a national aged care network inviting participation from the Divisions Network and the aged care sector
- development of an aged care web page on the ADGP website
- development of draft contracts for Divisions for the engagement of GPs to the GP Panels
- commencing the development of a business plan for the utilisation of the CMA and EPC items in residential aged care homes
- preparation of media releases for mainstream and medical media.

Above: Local GP Dr Jo Juhasz leads a walking group of 'Good Life Club' members who have diabetes on a walk on World Diabetes Day, December 2003. The club is part of a three-year chronic disease self-management demonstration project by the Whitehorse Division of General Practice. Photo courtesy of Whitehorse Division of General Practice, Victoria.

Future directions

The national and state/territory workshops highlighted a generally positive attitude towards the initiatives among the Divisions Network, aged care homes and their representatives and GPs.

There are many bridges to build and much work to be done to ensure closer partnerships between the GP community and aged care sector.

ADGP looks forward to working closely with the aged care sector, relevant stakeholders and DoHA in the first six months of the 2004–2005 financial year.

National programs

Chronic disease and information management in general practice

Nearly one in seven Australians suffer from chronic disease, which has emerged as one of the great health challenges for Australia today.

General practitioners, usually the first point of contact for chronic disease sufferers, have a key role in the prevention, primary intervention, diagnosis and management of chronic disease in the community.

The Divisions Network chronic disease management (CDM) agenda and program grew from the IM/IT funding agreement between the Divisions Network and DoHA over the past five years.

Divisions' CDM funding contracts with DoHA received a final extension in 2003–2004.

Key achievements

The promotion of information management and chronic disease initiatives has occurred through a range of activities, including:

- information dissemination to Divisions, GPs and practice staff on chronic disease initiatives
- helping Divisions improve access to integrated care for people suffering from chronic disease through involvement in initiatives such as Health*Connect*
- providing guidance to Divisions on IM/IT through a range of workshops, including national practice capacity workshops
- providing leadership to Divisions in undertaking their IM action plans, through measures such as the establishment of a National Divisions of General Practice Information Management Committee and an IM Officers' list-serv to share and discuss IM-related issues.

Future directions

Funding for Divisions to provide population health-focused systems of care, including CDM, should be a focus of primary health care policy for the next millennium.

Activities should address education, training and practice capacity building to support general practice (including primary health care delivered through ACCHS) in improving care for people with chronic and complex conditions.

Information sharing within the Divisions Network on IM/IT issues will continue, along with liaison with the wider health informatics sector.

National standards in connectivity in the primary health care sector will be critical.

Left: Dr Francis Leung testing equipment during an Ophthalmology session at the Goulburn Valley Division of General Practice Annual Conference. The conference was held in Melbourne in May 2004 with the topic 'Refresh and Update'. Photo courtesy of Goulburn Valley Division of General Practice.

Complete primary care

Complete primary care (CPC) has been developed in cooperation with Drs Trina and David Gregory of Port Macquarie, NSW, and is a philosophy of practice that delivers significant clinical and business outcomes. Two key aspects of CPC involve using a structured care approach to patients with chronic and complex conditions and the use of efficiency tools. These tools, such as electronic templates for MBS items such as EPC multidisciplinary care plans and home medicines reviews (HMRs), greatly reduce red tape, thereby increasing profitability, sustainability and GP satisfaction.

Key achievements

ADGP launched CPC templates in the Medibank Private *GP Resource Centre* site on *Medical Director* at the national Divisions Forum 2003.

Dr Trina Gregory presented on CPC at:

- the Vital Links State Forum 2004 (NSW)
- Dr Link® video series
- AGPAL/QIP 2nd International Conference 2004
- Wagga Wagga Chronic Disease Management Conference 2004
- Divisions Forum 2003
- Practice Capacity National Workshop 2003
- National Medication Management Review Facilitators Conference 2003
- National Conference of Practice Managers 2003
- Chronic Disease Management Divisions national workshop 2003.

CPC was also presented to the Rockingham–Kwinana, Osborne, Fremantle, Central Perth, Canning, Fairfield, Southern Tasmania, Liverpool, Riverina, Ballarat, Border and Hastings/Macleay Divisions. Articles about CPC were published in the weekly medical newspapers, *Medical Observer* and *Australian Doctor*.

Future directions

While ADGP has been successful in forging a partnership with Medibank Private to make the templates available to more than 75 per cent of GPs using computers, funding is still to be secured for a planned roll-out or demonstration program of the broader CPC model. ADGP is now considering commercial options to make this resource available to interested GPs and practices.

Enhanced Divisional Quality Use of Medicines

The enhanced Divisional Quality Use of Medicines (EDQUM) program commenced on 1 July 2002, with an original 15 Divisions of General Practice from five states involved in a two-year pilot program. ADGP developed EDQUM from a 1999 Commonwealth Budget initiative and in consultation with DoHA, the National Prescribing Service (NPS), the Divisions Network and other stakeholders. The program uses local Divisional expertise to enhance existing quality use of medicines (QUM) initiatives. Divisions participating in EDQUM receive no upfront funding and while Pharmaceutical Benefits Scheme (PBS) reduction is not the primary focus, Divisions are paid a share of savings to the PBS attributable to EDQUM activity. These savings are then able to be reinvested in primary care programs that will benefit the community of that Division.

Key achievements

Key successes of this program include:

- establishment of support structures such as a steering group, data-reference group and participating Divisions network
- delivery of enhanced QUM activity in each participating Division in the three designated drug groups
- development of resources such as the 'Which Statin?' fact-sheet for GPs
- return of share of PBS savings for the 2002–2003 financial year totalling more than $300 000 to 12 of 13 remaining Divisions
- enhanced communication and working relationships between participating Divisions, the NPS, Health Insurance Commission (HIC) and DoHA around GPs and quality use of medicines.

Future directions

DoHA is expanding EDQUM from 1 July 2004 and a call for expressions of interest has been circulated seeking up to another 25 Divisions. All 13 of the currently participating Divisions have elected to continue with the program in the 2004–2005 financial year. ADGP continues to negotiate with DoHA regarding other developments in the program to better utilise the potential of Divisions to improve QUM in general practice.

National programs

Medication management review

The medication management review (MMR) facilitator program places part-time facilitators in Divisions of General Practice to assist GPs and pharmacists in the adoption and quality delivery of the HMR service—MBS Item 900. The program is a collaborative effort between ADGP, the Pharmacy Guild of Australia (PGA), SBOs, state branches of the PGA and Divisions, and is funded by DoHA.

The first MMR facilitator was officially appointed to a Division in early 2002. There are now 112 Divisions operating the program.

Key achievements

Under the program:

- facilitators have become important members of their Division staff team and have benefited from the support and expertise within their Division
- ADGP was successful in negotiating placement of interactive HMR templates on *Medical Director*, reducing the red tape inherent in using paper forms to administer the item
- ADGP was successful in advocating to HIC and Department of Veterans' Affairs to resolve rejection of legitimate GP claims for Item 900.

Future directions

Current data suggests a small but significant number of GPs are not claiming reimbursement from HIC for HMRs they have conducted, and that general uptake has slowed. This is consistent with GP uptake in other items such as EPC and the Asthma 3 Plus plan. On the pharmacy side, a lack of accredited pharmacists in some areas and issues around distance and culture in rural and remote areas are major challenges to continued expansion of HMR adoption. In the next 12 months the MMR facilitator program will be focussing on change management and quality improvement issues affecting use of HMRs.

Integrated care program phase two

A key challenge facing GPs is the holistic management of chronic disease. Electronic decision support (eDS) tools are an increasingly integral component of GPs' equipment that enable them to provide high quality services to the community.

These tools provide GPs with evidence based, accurate and up-to-date information at the point of care. They need to be unified and integrated to better manage chronic disease and improve the quality of patient care. The integrated care program (ICP) was developed to meet this need.

The program was conducted in two phases. ADGP was engaged in the second phase, ICP P2, from September 2001 to January 2004, to provide a secretariat role to the Joint Venture Partners—DoHA; The Pharmaceutical Alliance (comprising CSL Ltd – now retired, Eli Lilly Aust Pty Ltd, GlaxoSmithKline Pty Ltd, & Merck Sharp & Dohme Australia Pty Ltd; Central Bayside Division of General Practice; and Hornsby Ku-ring-gai Division of General Practice (retired from the Joint Venture Agreement (JVA) 31 March 2003).

Key achievements

The ICP P2 focussed on two disease areas: asthma and depression. The asthma module, developed by the Central Bayside Division of General Practice, went to trial early February 2004 and will conclude June 30, 2004. The six-month trial will be evaluated by the University of South Australia.

The program brought together relevant groups to ensure that eDS progressed in a more strategic, collaborative and unified manner than had previously occurred. The ICP P2 program engaged the medical software industry to help in this task. The work of the ICP P2 and Pen Computing Systems has been well showcased and is showing promising results.

General practice immunisation

The ADGP immunisation program provides national level representation, policy, advocacy and program support as part of the Divisional infrastructure established with the commencement of the General Practice Immunisation Incentives (GPII) scheme in 1998. Funded by DoHA, the program aims to support the objectives of both the national immunisation program and the GPII scheme.

Key achievements

Throughout the year ADGP has continued to provide national support and advocacy to the SBO immunisation coordinators and Divisions immunisation network to maintain infrastructure support where possible. This has been impeded by delayed funding announcements.

Successes have included:

- ongoing provision of quality GP representation on key national immunisation committees, ensuring general practice issues are well represented in these forums
- development of a Divisions immunisation information kit to assist Divisions and GP providers with the introduction of complex changes to the immunisation recommendations of the Australian Technical Advisory Group on Immunisation, and as endorsed by the National Health and Medical Research Council
- continuation of the Divisional immunisation network links as a key factor in the timely dissemination of immunisation-related news to Divisions and GPs.

Future directions

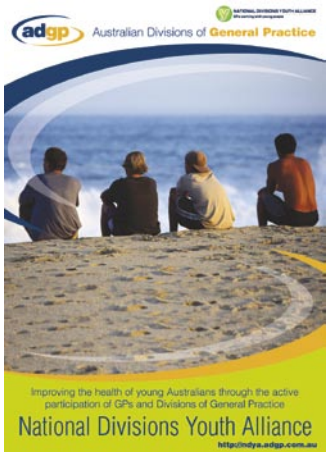
As GPII is a recurrent program, the focus over the next 12 months will be to ensure the ongoing sustainability of existing Divisional initiatives, while continuing to be responsive to the needs of service providers in areas such as:

- targeting areas of low coverage
- *Effective Vaccine Management in General Practice—a guide*
- the organisation of the 4th biennial National Divisions Immunisation Workshop
- minimising vaccine wastage.

National programs

National Divisions Youth Alliance (NDYA)

The National Divisions Youth Alliance (NDYA) provides a national focal point across the Divisions Network on youth health.



The aims of NDYA are to support GPs and practice staff to more effectively address the health needs of young patients and to assist Divisions of General Practice to work with GPs and other providers in their community to develop innovative strategies and services to address youth health needs.

Key achievements

In 2003–2004, NDYA undertook a number of projects and formed strategic alliances with lead youth and mental health agencies to facilitate GP and Divisional access to information, tools and resources designed to develop GP skills in adolescent health assessment and care planning, and to promote Divisional capacity and knowledge about successful youth health program models.

Key projects included:

- development of GP Adolescent Health Check web pages and fact sheets for GPs and Divisions on the use of Medicare items for young people in partnership with ADGP's complete primary care program
- the Dr Link®—NDYA rural health education foundation satellite symposium
- advocacy and media campaigns such as ADGP's junk food advertising to children and 'Alcopops' reports
- participation in key forums to develop links between government and non-government providers of youth health services
- a youth health seminar at the national Divisions Forum 2003.

Key partnerships included:

- provision of advice to the Australian Infant Child Adolescent Family Mental Health Association, along with other mental health stakeholders, on the development of the Children Of Parents with a Mental Illness (COPMI) resources for GPs
- provision of quality, accessible GP training opportunities for Divisions through the promotion of an on-line GP training course developed by the NSW Centre for the Advancement of Adolescent Health and the Transcultural Mental Health Centre and the promotion of Dr Link® training in all capital cities and about 16 regional Divisional areas
- development of a Divisional resource kit, containing successful models of Divisional youth health projects in collaboration with principal authors: the NSW Centre for the Advancement of Adolescent Health; Dr Coralie Wilson, consultant to Illawarra Division of General Practice; and Professor Frank Deane, Illawarra Institute of Mental Health, University of Wollongong.

Future directions

Government funding for the NDYA program concludes in August 2004. ADGP will continue to advocate for general practice to be better supported to respond to the health needs of young people, and for a national youth health agenda with primary care at its centre.

General practice and Divisions are uniquely placed in the community to support young people and their families. The GP is usually a young person's first port of call when seeking help, and Divisions can help ensure GPs are linked with specialist services and other providers such as school counsellors for better prevention, early intervention, referral and continuity of care for young people.

Nursing in general practice

The two key aims of the ADGP nursing in general practice program are:

- to build the capacity of Divisions of General Practice to support nursing in general practice through the development of peer support networks; sharing of experiences, expertise and resources; and the building of a common knowledge base
- to provide strategic input into future policy directions for nursing in general practice.

Key achievements

The program's major achievements include:

- provision of coordination and support for the Nursing in General Practice Demonstration Divisions Project, which involved the development of a national resource kit; facilitation of national workshops for Divisions to share knowledge and to promote the exchange of skills, information and ideas; and the identification of key issues, barriers and enablers for the short, medium and long term
- the first comprehensive national study of Australia's practice nursing workforce
- regular contact with practice nurse program coordinators from each Division through electronic mail, bi-monthly newsletters, teleconferences and face-to-face meetings as well as consultation visits to sixty Divisions
- involvement in planning for the inaugural National Practice Nurse Conference
- input into a range of national projects and initiatives including: Nursing Careers Expos, the RACGP/Royal Nursing College of Australia (RCNA) project 'General Practice Nursing in Australia' and the National Competency Standards Project
- hosting and maintenance of the website for the Australian Practice Nurses Association.

Future directions

The development and enhancement of nursing in general practice as a recognised and valuable nursing service, has experienced remarkable progress. This has been fostered by the support of the practice nurse incentive program, the national projects undertaken to support practice nursing, the support of the Divisions of General Practice, and the continued interest of the medical and nursing professions. However there is still significant work to be undertaken to advance general practice nursing in order to improve and enhance the provision of primary care services to the community. This includes:

- continued support for Divisions to build their capacity to support nursing in general practice, to increase the number of nurses employed in general practice, and to support the general practice team to embrace a multidisciplinary approach to the provision of care, particularly for people with chronic and complex conditions
- opportunities for the key stakeholder groups to continue to work as an united team to determine the strategic direction of nursing in general practice
- a coordinated approach to the development of an advanced role for the practice nurse to achieve the most efficient and effective health outcomes for communities.

National programs

Primary mental health care

ADGP's mental health program is an integral part of recent primary mental health care developments in Australia.

A MindMatters Plus GP workshop for participating Divisions and schools, held in Adelaide in September 2003, was attended by (left to right) Anne Barrey, national project officer, MindMatters Plus GP for the Australian Principals Association's Professional Development Council, Leanne Wells, ADGP principal adviser mental health, Audrey Graviou, ADGP national project officer, MindMatters Plus GP, and Helen Broomhall, national project officer, MindMatters Plus GP for the Australian Guidance and Counselling Association.

ADGP's mental health program promotes and supports the implementation of the Australian Government's Better Outcomes in Mental Health Care Initiative, as well as better links between mental health, drug and alcohol, suicide prevention and chronic disease management in the primary care setting.

Key achievements

Continued consolidation of Better Outcomes has seen about one in seven GPs participating nationally, with up to one in three participating in large regional centres. A key success factor in its uptake has been the national network of mental health development and liaison officers coordinated by ADGP.

Quarterly workshops of the national primary mental health care network incorporated themes such as Indigenous mental health, while a national GP–Psychiatry liaison workshop with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) involved all mental health stakeholders. Ideas for enhancing communication and collaboration between GPs and psychiatrists were generated and presented at the RANZCP Congress, Christchurch, New Zealand, in May 2004.

Ongoing promotion of mental health and Better Outcomes has included the broadcasting of a TV community service announcement in partnership with *beyondblue*, the national depression initiative, regular media releases and articles published in the medical media, a fact sheet series, website upgrades, and conference presentations and displays.

A mental health seminar, concurrent papers session and breakfast were held at the national Divisions Forum in November 2003.

A $2 million grant over two years from the Alcohol Education Rehabilitation Foundation (AERF) has been provided to the Divisions Network to develop education and training and models of collaborative care to support GPs to better prevent and manage patients with alcohol and mental health comorbidities such as depression.

DoHA has funded the expansion of the MindMatters Plus GP Initiative across the Divisions Network during 2004 and 2005. The initiative, now involving 15 demonstration Divisions, aims to link secondary schools with Divisions to provide referral pathways and networks of care for young people with high mental health needs.

Other achievements include developments in mental health promotion, prevention and early intervention in the general practice setting, particularly the publication of *Partners in Prevention: Mental Health and General Practice*, the results of a scoping study in conjunction with the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet), and a partnership with the COPMI initiative.

Future directions

Over the next 12 months, Better Outcomes will be evaluated. ADGP will work closely with other mental health stakeholders to advocate strongly for expanded investment in primary mental health care and for vital capacity for the Divisions Network. ADGP will continue to promote quality uptake of the initiative as well as linkages and integration between the mental health, drug and alcohol, youth and suicide prevention work of Divisions and general practice through existing initiatives such as Better Outcomes, and new initiatives such as MindMatters Plus GP, the AERF project, and the COPMI project.

Rural palliative care

The rural palliative care program aims to deliver palliative care services through a truly integrated approach to providing care for patients, their carers and families across Divisions of General Practice nationally.

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

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

The objectives of the program are to:

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

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

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

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

Key achievements

Eight Divisions were awarded funding under the program. They are:

- Adelaide Hills DGP
- Eastern Goldfields Medical DGP
- Mid North Coast (NSW) DGP
- North West Tasmania DGP
- Pilbara DGP
- South East NSW DGP
- Southern Queensland Rural DGP
- West Victoria DGP

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

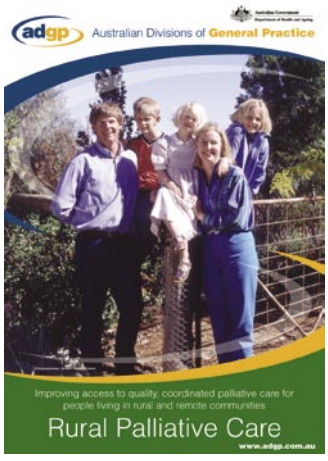
A rural palliative care program website has been developed, which is hosted on the ADGP website at **www.adgp.com.au**. The site provides information about the program and useful links to other palliative care-related websites and documents.

The official launch of the program was held on 5 February 2004, in Coffs Harbour, NSW. Mr Luke Hartsuyker MP, Federal Member for Cowper, officially launched the program on behalf of the Minister for Health and Ageing.

Future directions

The rural palliative care program will:

- continue to assist each successful rural Division involved in implementing the program, including participating in an external evaluation of the program
- market the program to other Divisions and support the program through utilising and enhancing existing networks
- 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.



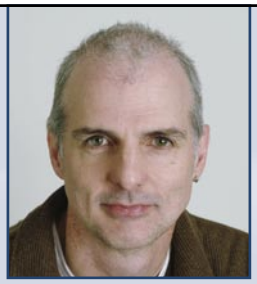
a truly integrated approach to providing care for patients, their carers and families

ADGP directors

Directors as at 30 June 2004


Dr Rob Walters *Chair*


Dr Ken Conolly


Dr Chris Pearce


Dr Tony Hobbs


Dr Penny Roberts-Thompson


Dr Michael Taylor


Dr Jenny Thomson

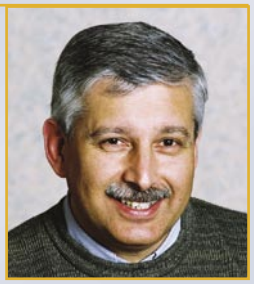

Dr Willie Walker

Other directors who served during 2003–2004


Dr Ian Adair


Dr Magda Campbell


Dr Ralph Chapman


Dr Peter Del Fante


Dr Ann McBryde


Dr Vlad Matic


Dr Patrick O'Sullivan


Dr Moira Sim


Dr Tuck Meng Soo


Dr Julie Thompson


Dr Brenton Trezise


Dr Furio Virant


Dr Helena Williams


Mr Russell McGowan
Consumer observer

Strategic Plan

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

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

ADGP Members at June 2004

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

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

Divisions of General Practice	City	State
Nepean Division of General Practice	Penrith	NSW
New England Division of General Practice	Armidale	NSW
North & West Qld Primary Health Care	Currajong	QLD
North East Valley Division of General Practice	West Heidelberg	VIC
North East Victorian Division of General Practice	Tawonga South	VIC
North West Melbourne Division of General Practice	Broadmeadows	VIC
North West Slopes (NSW) Division of General Practice	Tamworth	NSW
North West Tasmania Division of General Practice	Burnie	TAS
Northern Division of General Practice	Preston	VIC
Northern Rivers Division of General Practice	Lismore	NSW
Northern Sydney Division of General Practice	St Leonards	NSW
NSW Central Coast Division of General Practice	Erina	NSW
NSW Central West Division of General Practice	Bathurst	NSW
NSW Outback Division of General Practice	Cobar	NSW
Osborne Division of General Practice	Osborne Park	WA
Otway Division of General Practice	Camperdown	VIC
Peel South West Division of General Practice	Busselton	WA
Perth and Hills Division of General Practice	Guildford	WA
Perth Central Coastal Division of General Practice	Nedlands	WA
Pilbara Division of General Practice	Karratha	WA
Redcliffe Bribie Caboolture Division of General Practice	Redcliffe	QLD
Riverina Division of General Practice	Wagga Wagga	NSW
Riverland Division of General Practice	Berri	SA
Rockingham Kwinana Division of General Practice	Waikiki	WA
Shoalhaven Division of General Practice	Nowra	NSW
South East NSW Division of General Practice	Moruya	NSW
South Eastern Sydney Division of General Practice	Rosebery	NSW
South Gippsland Division of General Practice	Inverloch	VIC
Southcity GP Services	Prahran	VIC
Southern Division of General Practice	Brighton	SA
Southern Highlands Division of General Practice	Bowral	NSW
Southern QLD Rural Division of General Practice	Toowoomba	QLD
Southern Tasmanian Division of General Practice	Hobart	TAS
St George Division of General Practice	Hurstville	NSW
Sunshine Coast Division of General Practice	Cotton Tree	QLD
Sutherland Division of General Practice	Miranda	NSW
Toowoomba and District Division of General Practice	Toowoomba	QLD
Top End Division of General Practice	Darwin	NT
Townsville Division of General Practice	Currajong	QLD
Tweed Valley Division of General Practice	Murwillumbah	NSW
West Vic Division of General Practice	Ararat	VIC
Western Melbourne Division of General Practice	West Footscray	VIC
Western Sydney Division of General Practice	Parramatta	NSW
Westgate Division of General Practice	Spotswood	VIC
Whitehorse Division of General Practice	Nunawading	VIC
Wide Bay Division of General Practice	Bundaberg	QLD
Yorke Peninsula Division of General Practice	Kadina	SA

State Based Organisations (SBOs)
ACT Divisions of General Practice
Alliance of NSW Divisions
General Practice and Primary Health Care Northern Territory
Queensland Divisions of General Practice
SA Divisions of General Practice
Tasmanian General Practice Divisions
General Practice Divisions Victoria
General Practice Divisions Western Australia

ADGP National Representatives as at 30 June 2004

Ministerial appointments

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

Representative Positions held by ADGP Chair

Committee	Name	State
Australian Medical Association Council of General Practice (observer)	Dr Rob Walters	TAS
General Practice Representative Group	Dr Rob Walters	TAS
Health Services Advisory Committee	Dr Rob Walters	TAS

Representative Positions held by ADGP Board Members

Committee	Name	State
APAC Indigenous Medicines Issues Working Party	Dr Penny Roberts-Thomson	NT
General Practice Computing Group	Dr Chris Pearce	VIC
General Practice Representative Group	Dr Michael Taylor	SA
Royal Australian College of General Practitioners (RACGP) Cultural Safety Training Reference Group	Dr Penny Roberts-Thomson	NT

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

Committee	Name	State
APAC Brand Substitution Working Party	Dr Julie Thompson	VIC
APAC Community Care Working Group	Dr Trina Gregory	NSW
APAC Continuity of Care Working Group	Dr Trina Gregory	NSW
Attendance Item Restructure Working Group	Dr Michael Nolan	VIC
Australian Council on Safety and Quality in Health Care Medication Safety Taskforce	Dr Peter Roush	QLD
Australian General Practice Accreditation Ltd Board	Dr Ralph Chapman Dr Furio Virant	WA NSW
Australian Medical Workforce Advisory Committee General Practice Working Party	Ms Helen Threlfall	VIC
Better Outcomes Implementation Advisory Group (mental health)	Dr Chris McAuliffe	QLD
Biennial Review of Provider Number Arrangements	Dr Ralph Chapman	WA

Committee	Name	State
BMAG	Ms Liesel Wett Mr Chris Carter Dr Geoffrey Campbell Dr Ian Adair Ms Ann Maree Liddy	ADGP WA VIC NSW QLD
CARDIAB Alliance	Mr Mark Elliott	ADGP
Clinical Safety and Quality in Aged Care Expert Group	Dr Chris Bollen	SA
Continence Management Advisory Committee	Dr Susan Furphy	VIC
Home MedicinesReview National Management Group	Dr Trina Gregory Ms Liesel Wett Mr Michael Janssen	NSW ADGP ADGP
Enhanced Divisional Quality Use of Medicines (EDQUM) Steering Group	Dr Wayne Piez	VIC
EDQUM Data Reference Group	Dr Wayne Piez	VIC
Expert Advisory Group on Home Medicines Review (HMR) Evaluation	Dr Trina Gregory	NSW
Expert Advisory Group on the Role of Community Pharmacy in Immunisation	Dr Joanne Molloy	VIC
General Practice Hospital Integration Demonstration Sites Expert Reference Group	Dr Michael Stobie	VIC
General Practice Immunisation Incentives Advisory Group	Dr Joanne Molloy	VIC
General Practice Representative Group	Dr Steve Clark	ADGP
GPET Aboriginal and Torres Strait Islander (ATSI) Health Training Reference Group	Dr Simon Morgan	NT
Health Insurance Commission Doctors Communication Group	Dr Peter Del Fante	SA
ACRRM John Flynn Scholarship Scheme Management Committee	Ms Rachel Yates	ADGP
Medicare Benefits Consultative Committee	Ms Kerry Ungerer	ADGP
Medicines Australia Code of Conduct Complaints and Appeals Committees	Dr Ruth Ratner	NSW
Mental Health Promotion and Prevention Working Party	Dr Darcy Smith	WA
National Aged Care Alliance	Dr Robert Yeoh	NSW
National Breast Cancer Centre—Rural Division General Practitioner Representative —Urban Division General Practitioner Representative	Dr Julie Thompson Dr Kathleen Burns	VIC NSW
Australian Rural and Remote Workforce Agencies Group (ARRWAG) National Rural Female GP Network Steering Committee	Dr Lyndal Parker-Newlyn	NSW
National Health Care Alliance	Ms Kerry Ungerer	ADGP
National Immunisation Committee	Dr Peter Eizenberg	VIC
National Integrated Diabetes Program Working Party	Dr Ralph Audehm	VIC
National Prescribing Service Board	Dr Peter Roush	QLD
National Rural Health Alliance Council	Mr Keith Fletcher	NSW
Pharmacy Diabetes Care Program Reference Group	Dr Ralph Audehm	VIC
Postgraduate Applied Gerontology and Palliative Care Education Reference Group	Dr Richard McClelland	VIC
Primary Health Care Research and Information Service Steering Group	Dr Peter Del Fante	SA
Private Health Industry Quality and Safety Committee	Dr Michael Stobie	VIC
Royal Australian College of General Practitioners (RACGP) Green Book Project Advisory Committee	Dr Moira Sim	WA
RACGP Indigenous Projects Advisory Group	Dr Philippa Binns	NT
Rural Australia Palliative Care Reference Group (chair)	Dr Ralph Chapman	WA
Rural Doctors Association of Australia Board (observer)	Dr Ralph Chapman	WA

Nominees to ADGP auspiced committees and taskforces

Committee	Name	State
ADGP Aged Care Taskforce	Dr Steve Clark	ADGP
	Dr John Fisher	TAS
	Dr Ann McBryde	QLD
	Dr Julie Thompson	VIC
	Ms Liesel Wett	ADGP
	Ms Debbie Bampton	ADGP
ADGP Divisions of General Practice Network Forum 2004 Steering Committee	Dr Michael Taylor (Chair)	SA
	Dr Steve Clark	ADGP
	Dr Annette Douglas	TAS
	Ms Wendy Eccleston	NT
	Mr David Gardner	QLD
	Dr Mary-Anne Lancaster	VIC
	Ms Debra O'Connor	CHF
	Ms Natasha Pavlin	GPRA
	Dr Moira Sim	WA
	Ms Susi Tegen	SA
	Ms Angela Nagy	ADGP
	Ms Kerry Ungerer	ADGP
	Ms Liesel Wett	ADGP
	Mr Robin Wells	DoHA
ADGP National Divisions Youth Alliance Reference Group	Dr George Cerchez (Chair)	TAS
	Mr Phil Edmondson	TAS
	Dr Trevor Adcock	VIC
	Dr Sue Jackson	WA
	Dr Gretchen Hitchins	QLD
	Dr Rob Trigger	NSW
	Dr Carol Kefford	NSW
	Dr Jenny Beange	NSW
	Ms Liesel Wett	ADGP
	Mr Tim Goodwin	Youth Consumer
ADGP Quality Framework for Divisions Taskforce	Dr Ian Adair	NSW
	Mr Brenton Chappell	SA
	Dr Steve Clark	ADGP
	Mr Shane Dawson	NT
	Dr Peter Del Fante	SA
	Dr Jill Grogan	VIC
	Ms Kathy Mott	SA
	Dr Di O'Halloran	NSW
	Ms Nancye Piercy	NSW
	Ms Helen Threlfall	VIC
	Dr Marli Watt	QLD
	Mr Robin Wells	DoHA

Acronyms

AASB	Australian Accounting Standards Board
ACCHS	Aboriginal Community Controlled Health Services
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
CMA	Comprehensive Medical Assessment
COPMI	Children of Parents with a Mental Illness
CPC	Complete Primary Care
DoHA	Department of Health and Ageing (Australian)
DVA	Department of Veterans' Affairs
eDS	Electronic Decision Support
EPC	Enhanced Primary Care
GP	general practitioner
GPII	General Practice Immunisation Incentives
GPRG	General Practice Representative Group
HIC	Health Insurance Commission
HMR	Home Medicines Review
IASB	International Accounting Standards Board
ICP	Integrated Care Program
IM	Information Management
IT	Information Technology
JVA	Joint Venture Agreement
MBS	Medicare Benefits Schedule
MMR	Medication Management Review
MoU	Memorandum of Understanding
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
PHCRED	Primary Health Care Research, Evaluation and Development
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

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