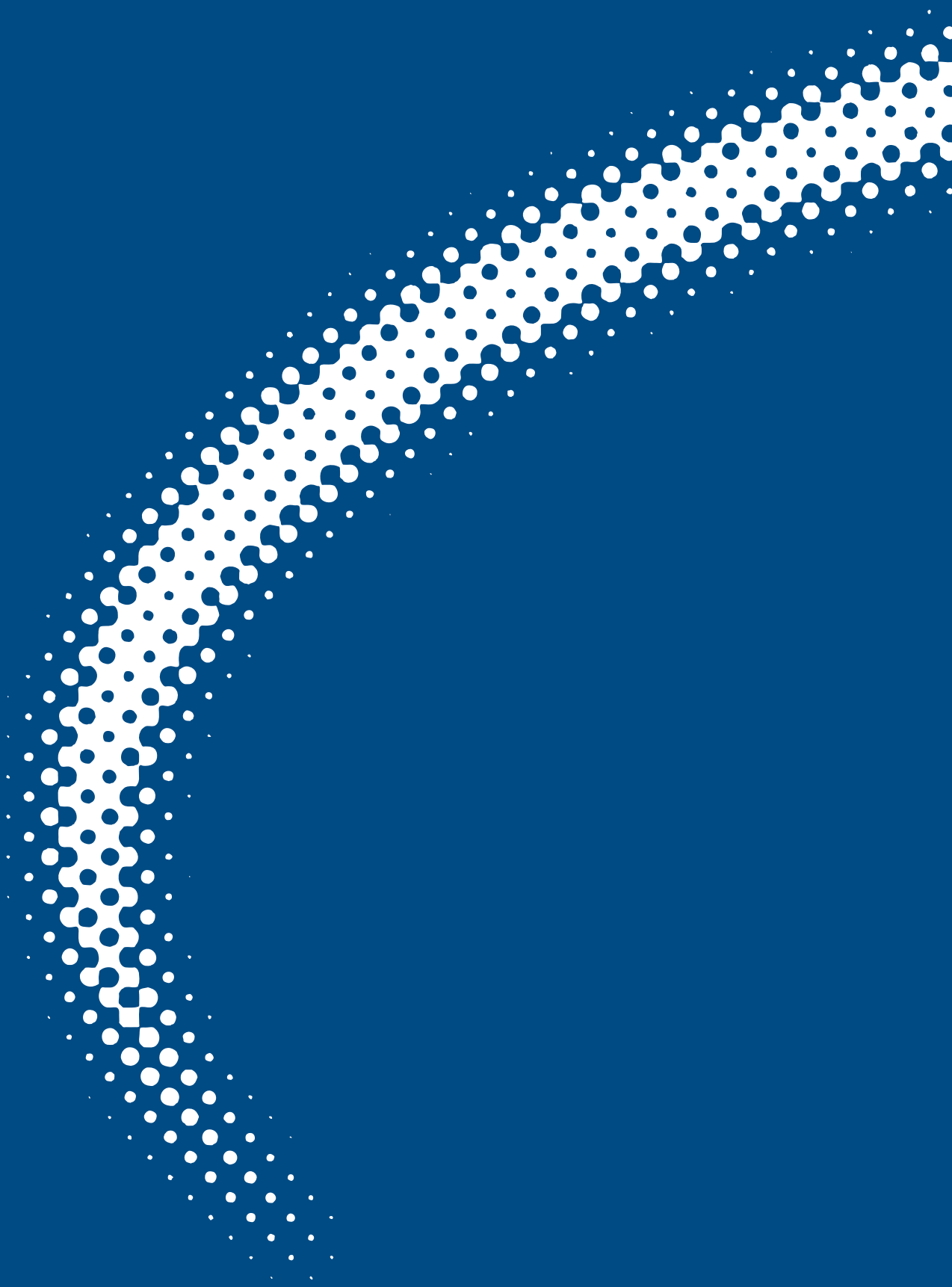

GENERAL PRACTICE DIVISIONS VICTORIA

ANNUAL REPORT 2004

GPDV
GENERAL PRACTICE DIVISIONS
VICTORIA

MISSION STATEMENT

As the peak body for divisions of general practice in Victoria, GPDV supports divisions in their endeavours to ensure a skilled, viable and effective general practice workforce, to improve the health and well-being of the people of Victoria.

CORE VALUES

GPDV values the great potential of general practice to contribute to better health for all Australians and believes that –

Improving Health	A skilled, viable and effective GP workforce is crucial to improving the health of Australians.
Consultation	Because of the frequency and nature of general practitioners' contact with the majority of the population, general practitioners are well placed to recognise where the current system can best meet patient needs. General practitioners should therefore be consulted at all levels of health policy decision-making.
Continuity of Care	Co-ordination between general practice and other components of the health sector will contribute to improved health care delivery and to improved continuity of care. Divisions are the organisations best placed to systematically link general practice with the rest of the health system.
GP Education	General practice education and training is a core role for divisions to ensure the highest quality of general practice
Access to Services	Divisions are well placed to define opportunities for improving access to general practice services at the local level. This may include designing and implementing programs in ways that will be most effective for their target groups; increasing the viability and quality of practices to allow the public better access to services; and addressing general practice workforce issues.
Population Health	A focus on population health will result in improved illness prevention and better health outcomes, particularly for those with chronic illnesses. Divisions are well placed to assist practices to implement population health approaches.
Practice Quality	Divisions are the organisations best placed to provide ongoing practical support and direction for systems change that will improve the quality and organisation of general practice.

GPDV ANNUAL REPORT TO MEMBERS 2004

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CHAIR'S REPORT

The network of Victorian Divisions of General Practice, along with General Practice Divisions Victoria, continues to move from strength to strength. Over the past year we have seen recognition of this from government, divisions and the wider community. Accreditation of GPDV as an organisation has set the scene for divisions to work towards and achieve this aim, also. We have remained focused on our role of serving divisions and representing them at a state level.

At a national level we have worked with the coalition of Australian Divisions of General Practice and the other state based division organisations, to achieve common policies on strategic issues. We were pleased to join with the Victorian Department of Human Services in a booth for the 2003 national divisions forum. This enabled us to highlight our work on important issues such as the General Practice Register, which provides an accurate database of all Victorian general practitioners. This allows improved feedback from hospitals to GPs, providing an even better level of care for the community.

At a state level we have been pleased to work with both the Minister for Health, Bronwyn Pike, and the Minister for Ageing, Gavin Jennings. We thank them for their support in opening our 2003 strategic planning forum and 2004 aged care panel discussions, respectively. Within the Department of Human Services, I would especially like to thank the former director of Primary & Community Health, Tracey Slatter. Her leadership in considering divisions, and thereby, general practice in discussions on relevant issues, has made Victoria a leader amongst the states.

We have worked with the other medical organisations, state and federal health departments within the framework of the Victorian Advisory Committee of General Practice. The Victorian GP alliance, with other GP groups, is in a fledgling state. Over time, this group should mature and further improve the focus on general practice in this state.

The work with other organisations has seen the signing of a memorandum of understanding with the Royal Victorian Eye & Ear Hospital and the renegotiation of those with VACCHO and RWAV.

Our work would not be successful without the strong network of divisions within Victoria. We have facilitated regular meetings for Division staff, CEOs and chairs. We have provided very well attended sessions to introduce other people and organisations to what work it is that divisions do and what they can expect when working with them.

It has been a pleasure to work with the excellent board members of GPDV. We have ensured that all divisions are visited by a board member, on an annual basis, both to provide information and to receive feedback. I would like to take this opportunity to thank my fellow board members for their considered input over the year.

From the excellent position which the previous twelve months has left us in, GPDV and Victorian divisions, will work to further enhance the key role which general practice plays in the provision of health care to the community.

Nola Maxfield.
Chair

GPDV BOARD

Left to Right: Wendy Bissinger, Nola Maxfield, Rob Grenfell, John McEncroe, Sharon Monagle, John Meaney, Julie Thompson, David Tillett.

GPDV is governed by a board of eight GPs, four of whom are urban GPs elected by the 15 metropolitan divisions in Victoria and four rural GPs elected by the 15 rural divisions. The board determines policies and directions for GPDV and each board member has an active role in consultation with divisions and in the development of GPDV's role in particular areas. The board holds eight meetings each year, alternating face-to-face meetings and teleconferences.

The board members are committed to a strong consultative relationship with the member divisions and so have instituted individualised links with divisions as a basis for consultation. Each board member is allocated four divisions with which they liaise directly. As GPDV board members govern on behalf of all Victorian divisions, not only of their own division or of divisions in their region, board members are not advocates for their group of divisions, but use the contact to communicate with the divisions about GPDV and about current issues, and to gain an understanding of divisions concerns and bring these back to GPDV for consideration.

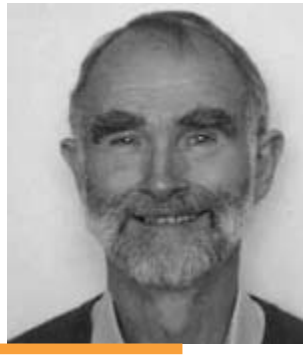
GPDV Board Members for 2003-2004 were:

Member	Division	Details
Nola Maxfield	South Gippsland	Chair
John Meaney	Dandenong	Deputy Chair
Rob Grenfell	West Vic	
John McEncroe	Inner East Melbourne	
Sharon Monagle	Central Bayside	
David Tillett	Border	Treasurer
Wendy Bissinger	Knox	Elected November 2003
Julie Thompson	Central-West Gippsland	Elected March 2004
Harry Hemley	Melbourne	Ceased November 2003
David Kelly	Goulburn Valley	Resigned March 2004

GPDV Board Divisional Allocation:

Board Member	Divisions
Nola Maxfield	Central-West Gippsland, Dandenong, Inner Eastern Melbourne
John Meaney	Central Highlands, Greater South Eastern, Monash
Rob Grenfell	Ballarat, Otway, Western Melbourne, Westgate
John McEncroe	Eastern Ranges, Melbourne, Mornington Peninsula
Sharon Monagle	Goulburn Valley, North East Valley, Southcity, West Vic
David Tillett	Knox, Murray Plains, NE Victoria, Whitehorse
Wendy Bissinger	Bendigo, Central Bayside, Northern Melbourne, South Gippsland
Julie Thompson	Border, East Gippsland, Mallee, North West Melbourne

CEO'S REPORT



The highlight of this year was again the Review of the Role of Divisions. The Review Panel's report was finally released by the Minister, Senator Patterson, in July 2003 and disappointingly failed to meet the expectations that had been generated by its long gestation. The government's response to the report, *Divisions of General Practice: Future Directions*, was issued by Minister Abbott in April 2004 and, although it set some directions for the future of the Program, its main focus was on concerns felt by the minister about the governance, management and accountability of divisions and their capacity to roll out government programs. There is little in the Minister's response about taking the next steps to allow divisions to develop their full potential to have a lasting beneficial effect on the health system.

The government's response to the Review has been referred to the Review Implementation Committee (RIC) whose members are drawn from the Divisions Network and the wider primary health care system in which the Network operates and include Bill Newton, CEO of GPDV, as the representative of SBOs. The Committee's work is expected to be completed by the end of 2004-05.

Although the delay in the release of the government's response to the review had the effect of putting on hold many issues of the Divisions Program, GPDV started on the development of our strategic plan for 2004-05 and held a very successful major planning forum for all stakeholders in November. The presence of the State Minister for Health, Bronwen Pike, to open the forum was an indication of the importance the Victorian government attaches to the involvement of general practice in the state's health system.

At the national level GPDV continued to work with ADGP and the other SBOs on major issues such as the government's response to the Divisions' Review and benefited from sharing knowledge and experience with our counterparts in other states.

The adoption of a new constitution by the AGM of ADGP in November 2003 was a significant step for the Divisions Network. GPDV was active in support of the new constitution and Victorian divisions were solid in their support for the motion which, in the event, was carried by only one vote. This new start for ADGP, together with the work being done with SBOs, offers opportunities for the development of the Network into a very effective system for the improvement of primary health care in Australia.

As a result of contacts made through our conference in April 2003, GPDV led a group from GPDV and Victorian divisions to visit Independent Practitioners' Associations in New Zealand in September. The lessons from the successes of IPAs are very relevant to Australia, once DoHA has made some important decisions about the future of the Divisions Network.

During the year GPDV has continued to gather support from across the whole Divisions Network for the Supreme Court appeal by Central Bayside Division against the finding that the division was too much an "arm of government" to be considered a charity. Many divisions and SBOs have responded, recognising that if the finding is upheld all divisions and many other organisations will lose their ability to offer salary packaging to staff. The consequence for DoHA would be serious as loss of salary packaging would lead to pressure from divisions for additional funding to avoid a sudden loss of staff.

The announcement of DoHA's intention to roll out Primary Care Collaboratives in Australia drew much interest from the Divisions Network in late 2003. DoHA awarded the contract at the end of June 2004 to a consortium led by Prof James Dunbar of Flinders University and we look forward to the involvement of the Divisions Network in the roll-out of this potentially important program.

Our CDM staff continued to work with DoHA staff in Canberra on the development of the CDM Program and with the Centre for GP Integration Studies at UNSW on the development of resources and techniques for divisions to use in rolling out the CDM Program. The positive response to this work from SBOs, divisions and DoHA staff confirms the value of inter-state work and of the approach to practice support taken by GPDV and Victorian divisions.

GPDV has developed a close working relationship with the Queensland SBO since the appointment of their present CEO and in November we went with senior DHS staff to speak at several events in Brisbane, including to the Queensland Health Department, about our excellent relationship with DHS and specifically about the Hospitals Admission Risk Program and the Primary Care Partnerships.

In another illustration of working across state boundaries in a national program, Tasmanian divisions continue to attend GPDV workshops and other events and this year contributed funds to GPDV in recognition of this service.

Victoria

The enthusiasm of Victorian divisions for accreditation has been a striking feature of the past year and reflects their confidence in their structures, processes and management. GPDV followed up our own accreditation in June 2003 by establishing the CQI and Accreditation Network for Victorian and Tasmanian divisions interested in becoming accredited. Two Victorian divisions had achieved accreditation before GPDV and two more have been accredited since. By the end of the financial year six more Victorian divisions and one in Tasmania had signed up to the process and as many others were preparing to register or considering it.

In response to demand from organisations outside the Divisions Program we have developed our workshops on Orientation to the Divisions Program, which were originally aimed at new staff of divisions, into a series that targets the full range of organisations with which divisions and GPDV work in Victoria. These have been increasingly popular as the reputation of divisions and GPDV spreads throughout the health system in Victoria. The continuing acknowledgement by the Victorian Minister for Health of the importance of general practice to the state health system has done much to encourage organisations to learn about and work with divisions and GPDV.

GPDV met with the minister in June and discussed issues including the concerns of divisions about the proposed joint State-Commonwealth program to establish "GP Clinics" in hospital Emergency Departments and the need to ensure that the General Practitioner Register is effectively maintained during the negotiations over the creation by DHS of the Statewide Services Directory.

As the following pages record, our working relationship with the Victorian Department of Human Services have continued to develop with such effectiveness that we received the invitation to visit Queensland to talk about it. The success of our working relationship with DHS owes much to the commitment and support of Tracey Slatter, Director, Primary & Community Health, who on many occasions was our guide, adviser and advocate and smoothed our path within the department.

Our relationships with the Victorian State Office of DoHA have continued to be excellent, which has made a very important contribution to our ability to provide to divisions the services that they have come to expect from their SBO.

Bill Newton
CEO

GPDV STAFF

CEO Bill Newton

Policy Louise Willis (to 5/04)
Christine Macdonald (from 5/04)

Divisions Consultants & Team Leaders
Lenora Lippman - Integration
Helen Threlfall- Divisions Development
Susan Webster- GPDV Quality

Specialist Consultants
Special Programs - Peter Larter
Population Health - Rosemary Fenech
Primary Health Care - Sonya Tremellen
Immunisation & Population Health - Belinda Caldwell
Health Informatics - David Sandic
Associate IT Officer - Sarah Fitzgerald
Mental Health - Anne Diamond
After Hours - Nicole Petterson (to 12/03)

Administration
Office Manager - Melinda Rolland
Executive Assistant - Penny Handley
Finance Officer - Katie Fitzgerald
Administration Officer (CDM) - Diana Capovilla
Administration Officer (Events) - Eliza Sanneman
Administration Officer (GPR) - Jillian Sommer
Administration Officer (IS) - Danielle Stephenson
Administration Officer (Publications) - Vanessa Collinson
Receptionist - Linda McKenzie

Front: Sarah, Jillian
Middle: Melinda, Katie, Eliza
Back: Vanessa, Linda, Danielle, Diana, Penny

Primary health care integration blooming in Victoria

During the past year both State and Commonwealth Government attention has been directed at the implementation of reforms aimed at the provision of more systematic care for people with multiple needs. In consequence many initiatives are affecting primary health care delivery in Victoria and our job has been to:

1) try to keep up with the range of 'flowers' that have bloomed;
2) influence the developments so that general practice is understood and included,
3) disseminate good practice, particularly emerging models of collaborative care.

GPDV led a tour of division CEOs and GPs to New Zealand to examine the implementation of more systematic care there and returned with a belief that a primary health care policy and the use of data and IT were powerful tools for encouraging population focused systematic general practice.

GPDV has adapted these lessons for the Victorian context. Thus we have worked with Government on using existing policy platforms to develop more coordinated approaches to health issues, and we have worked with divisions to improve the data they have available to them and to their practices.

In addition we have continued to promote the continuity of patient information through the transitions of care. We have also drawn on the work by the Centre for General Practice Integration studies at UNSW to promote the need for systems to support the GP, to strengthen the capacity of the practice.

These four themes policy, data feedback, patient information through the transitions of care, and systems to support practice capacity have influenced GPDV's six main areas of integration activity - primary care partnerships, GP hospital communication (page 6), chronic disease management (page 8), mental health (page 9), medication management (page 9) and public health (page 10).

We are very fortunate in having a State health department that is willing to use its policy initiatives to bring together various parts of the health system including general practice. While we have shared divisions' frustration with the cessation of DoHA's funding for chronic disease management, DoHA has continued a range of other initiatives (eg in mental health and rural health) which have provided resources for divisions to engage with other parts of the health system. The models of collaborative care that are emerging for general practice are within the practice team, with the private sector, the public or not-for profit sector, and with services provided by division employees or sub-contractors.

Some highlights of GPDV's work during the year were -	
Policy	• Worked with DHS Public Health to develop policy and procedures that include the division and GP role in the event of pandemic flu;
Data	• Continued to work with DHS in supporting the Regional Data Quality groups in relation to immunisation;
Continuity of patient information	• Supported 2 rounds of DHS funded small grants for Divisions and PCPs to incorporate the GP Statewide referral form into e-referral pathways; • Developed and promoted a Home Medication review template in medical software to facilitate GP referrals for such reviews; • With DHS convened a Victorian GP Liaison Officers (GPLO) network to support GPLOs and facilitate the development of effective referral and discharge processes; • Gained DHS's commitment to a discharge planning working group for mental health services;
Building practice capacity	• Supported the development of Commonwealth funded allied health projects in Victoria to assist GPs providing mental health care; • Developed the 'Better Systems Better Care' kit to help divisions develop the capacity of their member general practices.

Primary Care Partnership

DHS has continued to fund GPDV's Primary Health Care Consultant to promote strong links between GPs and other Victorian primary care services. The position is essential to the active engagement of divisions and GPs in the State's co-ordination of primary care and to GPDV's three key long-term outcomes:

1. GP roles integrated within primary care service systems

GPDV has continued to work closely with DHS to develop primary care systems within which GPs are able to participate. GPDV has:

- supported the Small Grants projects for general practice participation in service coordination. These projects provided opportunities for division and PCP staff to work together and share strategies, to use a common framework for reporting their achievements, and to present their work to key stakeholders at a statewide forum.
- advocated for a second round of Small Grant funding to be made available to divisions and PCPs to work together to enable GPs to participate in local service coordination arrangements. Once again there was a high level of interest with 21 proposals received involving the majority of divisions and PCPs. A total of 16 projects have been funded in this second round, compared to 10 in the first round. DHS have funded 14 projects centrally and two more have been funded by Regional Offices
- continued to show-case projects, such as the DHS funded Diabetes Integrated Disease Management project at South East PCP and the model of Active Script initiated by West Vic Division in partnership with Wimmera and Grampians/Pyrenees PCPs, that have achieved high GP participation in their models of chronic disease prevention and management
- brought PCP and division staff together in the GP Service Coordination Workshop series
- conducted "Introducing Divisions" workshops for primary care agencies and DHS staff to promote their understanding of the Divisions Program and the opportunities to collaborate with general practice through divisions
- provided secretariat support to the DHS funded GP Engagement Working Group, consisting of GP and CEO division representatives who advise DHS on GP involvement in service coordination.

2. Divisions are actively engaged in Primary Care Partnerships

The Final Report of the Statewide PCP Evaluation conducted by the Australian Institute for Primary Care in 2003 found that a high level of division participation had been maintained. The findings have consistently shown that 100% of PCPs report division involvement in PCP governance decisions and 78% had involved GPs in consultation and service coordination. However, widespread and ongoing involvement by GPs in changed practices as part of service coordination is still to be achieved. Small Grants projects are a key vehicle for this work to be progressed.

3. GPs are involved in PCP service coordination arrangements

Direct GP input and GPDV advocacy has led DHS to -

- focus on GP referral and feedback processes, particularly e-referral
- refine the first version of the electronic Victorian Statewide Referral Form for GPs to a single data entry screen with fewer pages generated
- ensure that the Victorian Statewide Referral Form is available as a supplied template in 6 popular medical software products.

GP Hospital Communication

During 2003-4 GP hospital communication gradually increased through the efforts of the 25 Victorian GP Liaison Officers, mostly employed by large public hospitals in metropolitan and regional centres, and through the multiple projects funded under the Hospital Admissions Risk Program(HARP).

GPDV's role has been to work with DHS to support the GPLOs (some of whom are called Acute Primary Care Liaison Officers) by running a Victorian GPLO network where GPLOs can share ideas and effective strategies, and can raise with DHS structural issues they are facing in their new and demanding roles. GPDV has also advocated for specific GPLO projects facing scrutiny and for a common Acute Primary Care Liaison evaluation framework. We have acted as a clearing house on formats being used for the transfer of patient information and for GPLO job descriptions so that Victoria is now seen to have a vibrant GPLO network that is promoting common approaches to the transfer of patient information.

The final report on the four EPC discharge demonstration projects 'Involving GPs in safe referral home' was launched this year and is available through the DHS website www.health.vic.gov.au/discharge/epc-report.pdf. The report, written by Lenora Lippmann from GPDV includes lessons that can be adopted in any hospital.

As a result of this report, the HARP projects, and the rekindling of interest in the EPC items, there are increasing numbers of hospital units looking at ways to involve GPs in discharge planning for those with chronic and complex needs.

The GPDV representative on the HARP Reference Group has been instrumental in ensuring that the GP role is incorporated into the State's future plan for hospital demand management, and that GP liaison is built into future chronic disease management programs arsing from HARP. Our representation on the Population Health Advisory Group of the Women's & Childrens' Hospital and our MoU with the Eye & Ear Hospital have ensured that there is increasing recognition of the role GPs can play in reducing the levels of demand on hospitals and of their needs as providers of high quality primary health care.

GPR (General Practitioners Register)

The General Practitioner Register (GPR) is a database of Victorian GPs' names and contact details, established and maintained by GPDV with DHS funding. It was established in 1999 to enable hospitals to communicate with GPs when their patients are admitted or discharged. By June 2004 the GPR contained data for 4647 GPs, which is an additional 232 GPs compared to 2003.

59 Health Services, covering 106 Victorian hospitals/agencies have signed an agreement to use the GPR in accordance with the conditions GPDV specifies.

Since GPDV Board adopted a formal process for extending the use of the GPR to agencies other than hospitals, GPDV has been able to approve access to the GPR for BreastScreen Victoria, Ballarat District Nursing and Healthcare Inc, Inner Melbourne Post-Acute Care and Moreland Community Health Service.

GPR Future

During 2003 DHS decided to reduce the number of databases it funds and commissioned the development of the Statewide Service Directory, to be available both to the public and to DHS-funded agencies. Thus DHS will not offer continued funding for the maintenance for the GPR into the future. However the Victorian Minister for Health, Bronwyn Pike has made it clear that she wants the integrity of the GPR maintained until the SSD can provide hospitals with accurate comprehensive GP data. DHS has funded GPDV to maintain and operate the GPR during the transition period until the Statewide Service Directory (SSD) can provide hospitals with the same degree of security, comprehensiveness and accuracy of data as the GPR. We are negotiating with DHS and the SSD contractor to achieve this. More information: www.gpdv.com.au (click on GP Register)

Chronic Illness Prevention & Management

GPDV's work in Chronic Disease Management has continued to focus on the importance of systems to support high quality chronic disease care. As this was the last year of the funded program GPDV has encouraged divisions to take a generic approach to practice capacity building and to align CDM with state-funded initiatives particularly the PCP strategy and HARP.

GPDV continued to bring the research of UNSW, Centre for GP Integration Studies to divisions through workshops and to use it as a framework for interventions over the year. This research into key capacity areas for the practice, which are essential for quality chronic disease management, covers:

- Intra practice team work
- IM maturity
- Business maturity
- Linkages with other providers.

In October 03 we launched the Better Capacity, Better Care kit to support business systems in general practice. The Kit was distributed nationally and we are seeking funding to develop it into a training module for divisions' program staff.

GPDV has contributed strongly to putting practice capacity on the national agenda. We were key members of the National Practice Capacity Workshop Steering Committee, and were the only SBO to access DoHA funding for specific state-based practice capacity workshops.

The concern about the scheduled ending of the CDM program in June led GPDV to conduct a national survey of divisions on the impact of the end of the CDM funding. The survey results show that divisions would have reduced capacity in 2004-05 to undertake practice support, IM support and linkages with other primary health care providers.

Mental Health

In 2003-04 GPDV continued to strengthen our links and working relationship with the state Mental Health Branch and initiated the Working Party on Discharge Planning with the Branch. Our MH Consultant also continued to participate actively in the national Mental Health Network with the other SBOs and ADGP.

As well as supporting divisions in the roll-out of DoHA-funded MH programs, GPDV continued to ensure a GP perspective on a number of State and Commonwealth committees, including the Evaluation Reference Group for the National Suicide Prevention Emergency Department Projects, the Primary Mental Health and Early Intervention (PMHEII) Evaluation Reference Group, the Mental Health Aptitudes into Practice (MAP) Project, and the GP/Psychiatry Liaison Committee, chaired by the Royal Australian College of General Practitioners (RACGP). In addition, GPDV contributed to several research consortia, funded by beyondblue, located at both Monash and University of Melbourne Departments of General Practice.

GPDV's Reference Group continued to provide advice and GP comment to external organisations, DoHA and DHS and regularly made recommendations to the GPDV board on mental health policy and programs.

Dr John Meaney (Chair), Dandenong
Dr Alison Bailey, Central Highlands
Dr David Pierce, Ballarat
Dr Kaye Ferguson, Central Bayside
Dr Steve Fryman, Geelong
Dr Raymond Martyres, Melbourne
Dr Larry Osborne, Dandenong
Dr Julie Thompson, Central West Gippsland
Jennie Ericksen, Postnatal Depression Project, beyondblue

In 2003-04, GPDV worked with divisions through:

- regular dissemination of DoHA and DHS information under the MH Communication Strategy;
- three statewide Mental Health Network workshops with division staff and Primary Mental Health Teams;
- four Access to Allied Health workshops to support divisions undertake and evaluate these projects;
- direct divisional consultation and follow-up with DoHA;
- visits & briefings to individual division staff.

Medication Management

In 2003-04 Victoria was the only state in which every division employed a Medication Management Review (MMR) Facilitator with funding from the Pharmacy Guild to provide support, advice, education and information to GPs, pharmacists and consumers about the Home Medicines Review (HMR) program. HMRs are a teamwork approach to care, involving the patient's GP, community pharmacy and a home visit by an accredited pharmacist. In 2003-04, Victorian GPs claimed 5849 MBS payments for HMRs.

By ordering an HMR, many GPs learnt that patients can do the most surprising things with their medicines. A patient who had been told to take his medicines with breakfast was putting all five medicines into a bowl of porridge every morning (including solprin and anginine). He talked to the pharmacist that if the porridge went cold, he would heat it up in the microwave – medicines included!

GPDV worked with divisions involved in National Prescribing Service activities and in the Enhanced Divisional Quality Use of Medicines (EDQUM) program.

Our support to divisions included:

- working with software vendors to enable GPs to refer to pharmacies electronically, and to write a MMR report electronically
- Promoting electronic prescribing decision support software at our IMIT meetings (92.5% of Victorian PIP-eligible practices generated the majority of their scripts using electronic prescription software)
- Working closely with the Pharmacy Guild to plan and deliver education and training to MMR Facilitators, including a workshop and a national conference;
- Regularly providing information to divisions about Quality Use of Medicines.

Immunisation

Victorian divisions continued to rate among the top of the national table this year, with 23 of 30 divisions recording coverage rates over 90%. Victoria has maintained high immunisation coverage for all assessed age groups, but have remained the highest (1.8% higher than any other state) in the 4 year old cohort. We expect this is due to extensive data cleaning activities undertaken through the DHS-funded Regional Data Quality Officer Program which has the most impact on children in the older age groups.

Two events illustrate well GPDV's role in supporting divisions to manage challenges. The first was when the NHMRC endorsed in September the 8th Edition Immunisation Handbook and the accompanying Standard Vaccination Schedule, for immediate implementation. For the first time in many years Australia had a recommended childhood immunisation schedule in which not all vaccines were funded by the government. GPDV responded to the issues raised by consulting with divisions and, with their assistance creating resources that GPs might find useful.

1. a laminated desktop resource with the Schedule and issues that the GP needed to address at each milestone;
2. a cold chain information sheet for parents for transportation of vaccines;
3. a practice protocol for managing the introduction of the new schedule;
4. sticker templates for recording consent.

The second challenge was in February when the government introduced a new MBS item number for practice nurses undertaking immunisation. By mid-February, GPDV, with endorsement from DHS, Nurses Board, APNA and MDAV, produced a paper on the issue for practice nurses outlining exactly who could immunise and when, and what procedures needed to be maintained to meet Victorian legal requirements.

GPs and Aged Care Homes

The Victorian Advisory Committee on General Practice (VACGP) established the GP Residential Aged Care Interface Sub-committee in August 2002. This flowed from GPDV's work the previous year on the barriers to using EPC items in Aged Care Homes. The EPC research uncovered the complexity of GPs work in Aged Care Homes and the systems issues affecting the quality of medical care provision. The GPDV Aged Care reference group and GPDV representatives were invited onto the VACGP sub committee, which developed a three-stage plan of information gathering, analysis and promotion of good practice. Four areas were chosen as priorities for the Sub-committee:

- GP Access / Services
- Medication Management
- IMIT
- promotion of the uptake of the EPC items.

The report is based on interviews with 25 GPs, 115 Aged Care Homes & 24 Carers and Agencies. Overwhelmingly the key area of concern for all interviewed was medication management. GPDV scheduled a workshop in March 04 to promote the results of the report. This event was well timed as it provided an early briefing for Victorian divisions on the Commonwealth's GP Panels initiative, to be implemented in 2004-05, as well as an opportunity to showcase divisions' work in this area.

GPDV provided a further briefing on GP Panels for CEOs and key GP leaders in June 04. We were very pleased that the Victorian Minister for Aged Care, Gavin Jennings, provided the welcome for our guests and was enthusiastic about divisions' role in supporting older Australians in Aged Care Homes. GPDV's commitment over the last three years to the area of GPs and Aged Care Homes means we have established key relationships with the aged care sector and are in an excellent position to support divisions to roll out the GP Panels Initiative in the coming year.

INFORMATION MANAGEMENT

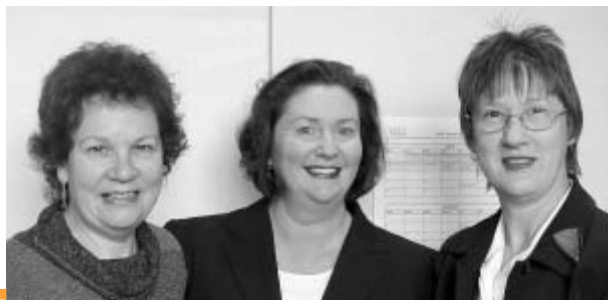
In 2003-4 GPDV has continued to both support the development of capacity in divisions in use of information management, and to exercise leadership. The Information Management Program at GPDV is linked across many other programs, with activity occurring in Primary Care Integration, in GP Hospital Communication, in Chronic Disease Management, in Star Divisions and in Leadership. Increasingly capacity to manage information is perceived by all stakeholders as a key tool for improving health outcomes, for fostering collaboration and for continuity of care.

Workshops on IMIT continued in 2003-4 with three held specifically for IMIT staff and three others linking IM to program areas. Over the year 25 of 30 Victorian divisions participated in these workshops. All workshops included an emphasis on the development and enhancement of medical software, on capacity for e-connectivity and e-referral, especially with the DHS funded primary care sector and a focus on data collation within general practice.

GPDV led a tour of New Zealand Independent Practitioner Associations to explore the issues and potential for data collection, collation and aggregation within general practice as a method to improve health outcomes. 2 GP board members and 6 Division CEOs participated and fed back to the CEOs' network. At this stage, three divisions are proceeding with trials of data aggregation, the results of which will assist Victoria and the nation to move forward on this issue. This has the potential to enhance immensely the capacity of general practice to practice population health approaches and for divisions to assist their practices to do so.

In 2004-5 GPDV has decided to embed information management across the whole of the strategic plan, with a team approach to the coordination of the workplan. This reflects both the nature of the work in information management capacity development and the lack of targeted funding for information management.

CAPACITY BUILDING & RESEARCH



Star Divisions Program

GPDV's Star Divisions Program has again contributed to the development of sound governance and management in Victorian divisions. This year the number of current board members of Victorian divisions who have attended at least one Star Boards workshop presented by GPDV exceeded 50%, with fifty-two percent of all current Victorian division board members having attended at least one workshop. As there are a number of other divisions that have used the services of the Star Boards presenter, John Mero, to hold in-house workshops, we know that the figure for all board members with governance training is closer to 80%.

The Star Divisions Program is designed to assist divisions to increase their capacity and effectiveness in the areas of :

- Governance,
- Management - Human Resources & Financial,
- Provision of Continuing Professional Development programs for the General Practice workforce,
- The promotion of Information Management and Information Technology in General Practice,
- Division connections with their communities of interest.

In 2004 GPDV launched a statewide network for divisions to support continuous quality improvement and divisions accreditation. Divisions have participated with enthusiasm in the new network with two achieving recommendation for accreditation and six more having registered for preparation for accreditation.

The Star Divisions Program uses several different complementing approaches to program and service delivery, individual consultancy and statewide workshops by the provision of resources on the GPDV website and the use of email lists.

Effective orientation to divisions is an important building block for new staff and for others wishing to work closely with divisions. Over the year the GPDV orientation program has been further developed to extend the range of workshops to meet the needs of different participants: program staff, administrative staff, CEOs, board members, consumers and, most recently, other organisations wishing to work with divisions. The workshops for divisions' staff are planned to address the competencies needed to support general practice effectively, while those for other organisations focus on the competencies needed for effective collaboration.

Events for GP Audiences:

- Star Boards, Treasurers, May 2004
- Adv Star Boards, Feb 2004
- Star Boards, Mar 2004
- GPDV Forum, September 2003
- GPDV Forum, Feb 2004
- GPDV Forum, May 2004
- Future Directions Forum & AGM – Nov 03

Events for GPDV Core Business

- CEO Network - Sept 03, Dec 03, Mar 04, June 04
- Rural CEO Network - Sept 03, Dec 03, Mar 04, June 04
- CPD Coordinators Network - July 2003, Feb 04
- Finance Officers Network - Oct 2003
- Divisions Accreditation - Mar 04, June 04
- Introducing Divisions
- Orientation -Admin (July & Oct & May)
- Orientation -Program (July, Aug, Oct)
- Orientation for Program staff (Feb & May)
- Orientation for Consumer representatives
- Orientation for Mental Health staff (divisions & others)
- Orientation for Population Health

The Star Boards component of the Star Divisions Program has provided division boards with a connection into an effective, statewide communication network which offers:

- quarterly statewide meetings with DoHA and DHS representatives through the GPDV Forum and bi-monthly teleconferences with ADGP representatives,
- a statewide email network for Chairs
- an annual visit to divisions' board meetings by a GPDV board member.

The program also offers continuing professional development opportunities in all aspects of

governance through Star Boards workshops, at both orientation and advanced level, and specifically for Treasurers or those wanting to be more competent at financial governance.
The Star Divisions Program has included the three Division Consultants' support for individual division boards through advice on systems for effective board operations and facilitation of:

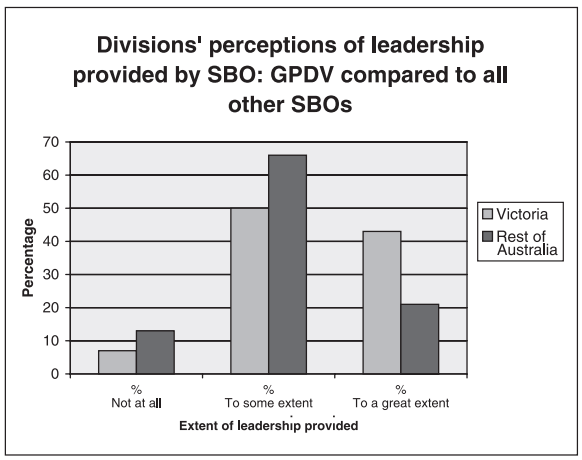
- board strategic and business planning meetings,
- processes for board performance self appraisal,
- business planning with division members and/or other stakeholders.

GPDV Board members have visited all division boards in the calendar year, all but two within the financial year 2003-04.

In 2003-4 GPDV has maintained extensive contact with all divisions, their staff and board members. The reach to divisions is assessed through the workshops program and individual consultancy, both by the generalist consultants and the specialist consultants, and divisions capacity has been reviewed through reports from PHCRIS. These demonstrate that Victorian divisions are functioning at a higher level of capability than all other Australian divisions as a whole.

In addition, the consultants have assisted a number of divisions to conduct their performance review, or to review the performance of their CEO.

Once again GPDV asked PHCRIS to provide collated data for Victorian divisions' ratings of the performance of their SBO, as compared to other SBOs. Those figures endorse the quality and effectiveness of GPDV's work.



PHCRED [Research]

During 2003-4 GPDV continued its membership of both the Partnership Steering Committee and the Reference Group for the Primary Health Care Research and Evaluation Development (PHCRED) consortium between the University of Melbourne Departments of General Practice and of Rural Health and Monash University Department of Community Medicine. In addition, GPDV staff have been trained by PHCRED in Program Logic, a framework to use in assisting divisions improve the quality of their program design, implementation and evaluation.

Although the PHCRED Partnership presented many opportunities for training and development of GPs and division staff in 2002-3, for GPDV the joint work to support the evaluation of the DHS small grants (in the Primary Care Partnership program) is counted as a key success, and an indicator of the direction we would like to take. This work meant that evidence about best practice was collected is being disseminated through the various GPDV workshops and other avenues, and has led to the development of high quality applications for the second round of funding. In 2003-4 GPDV will be working with the consortium and a small working group of division CEOs to improve collaboration between the universities and divisions. This work was begun at the June CEO network, with a session exploring the state of collaboration, and the barriers to effective working together.

Reports from PHCRIS have demonstrated that Victorian divisions make more use of their SBO and of universities than do divisions from the rest of Australia.

PHCRED Fellowships

During this year, two GPDV staff were among the ten successful applicants for the 2004 Victorian PHCRED Researcher Development Program Fellowships to begin July/August 2004.

Belinda Caldwell, Population Health Consultant – How do divisions support practice capacity for chronic disease management –specifically looking at 'describing' the "practice visit" method.

Lenora Lippmann, Integration Team Leader – Evaluation of GPLOs

NETWORKING & PROFESSIONAL DEVELOPMENT

Sharing Knowledge across Victoria

The Government Response to the Report of the Review of the role of Divisions of General Practice in April 2004 re-affirmed that one of the key activities for SBOs is the identification and promotion of best practice and knowledge sharing at the state level. A vital strategy for knowledge sharing in Victoria remains our facilitation of a regular, ongoing program of consultative, coordination and professional development events that bring together people working at all levels within divisions. Divisions not only have the chance to meet with each other but also with representatives from government, from health and community services, from non-government organisations, from the education and research sector and from industry bodies. GPDV has continued to build on the solid foundations of past years in this area of activity

GPDV presented a total of 61 events in the last 12 months, an increase of 12 % over the previous two years. Consistent with our commitment to continuous quality improvement GPDV has made sustained gains against quality measures for its events management.

The "reach" into our community of interest has steadily grown when measured by the number of attendances at statewide events, both by divisions and by other organisations.

Year	Number of attendances at GPDV events		
	Total	Division	Non division
01-02	1160	957 (82.5%)	203 (17.5%)
02-03	1608	1100 (68.4%)	508 (31.6%)
03-04	1842	1241 (67.4%)	601 (32.6%)

Total attendances have increased by around 60% over the three years after a sharp increase in non-division attendance of 150% in 02-03 the breakdown of participants excluding GPDV, has steadied a roughly-

Divisions – 70%

Others – 22%

DoHA – 4%

DHS – 3%

GPDV recognises that travel and staff time can affect rural divisions' access to statewide events and we have tried to reduce the effect of these wherever possible. It is pleasing that the percentage of participants from rural divisions has increased.

Year	% Metro	% Rural	% Tasmania
01-02	53.3	44	2.7
02-03	53	43	4
03-04	49	47	4

GPDV's work in facilitating these events includes the development of agendas in consultation with our community of interest members, the preparation of materials and the chairing of events. GPDV staff performance is monitored across a variety of measures including evaluation by participant at each event of how well the event has been facilitated. Average annual scores for GPDV facilitation have shown incremental improvement (out of 10).

2001-02	8.35
2002-03	8.66
2003-04	9.08

We are proud of the strong reputation we have built as an enabler of knowledge sharing within the Divisions Network. And across the Victorian health system.

WORKFORCE

GPDV's role in workforce is based on the premise that workforce is a national issue. Our key objective is to develop support for a national and co-ordinated approach to workforce data and planning.

During 2003-4 GPDV represented and advocated for this national approach through feedback to the ADGP submission to the Australian Medical Workforce Advisory Committee (AMWAC). GPDV also prepared its own submission to AMWAC, clearly enunciating the dangers in identifying SBOs as the relevant bodies to monitor workforce data for all health services. GPDV also supported the involvement of urban divisions in the AMWAC consultation to present the reality at practice level of workforce pressures.

GPDV and RWAV continued to co-present the quarterly rural CEO network which supported the RWAV Workforce Study, and assisted the RRAMA 3 divisions in advocating for the use of accurate workforce data by planners at State and Commonwealth level and for appropriate policy responses to the data.

With the advent of the Outer Metro Workforce initiatives GPDV joined RWAV in negotiations with DoHA about the proposed establishment of a national database for the recruitment of OTDs. At the end of June no decision had been made by DoHA about how this will be done.

After Hours

DoHA funding for the After Hours Program ended in December 2003. During that period the Program Worker, Nicole Petterson, continued her support to divisions and completed a number of products from her work over the preceding two years which are all available on the GPDV website.

They include guidelines for the provision of after hours care, nurse triage, and co-located after hours clinics in hospitals, as well as a paper identifying roles for divisions in regional collaboration.

Currently GPDV keeps a watching brief on this area, as it is unfunded, and no clear policy is apparent at either state or federal level. GPDV has advocated for divisions in discussions with DHS about after hours service provision and to date the conflict which arose in Western Australia has been avoided, with DHS willing to consult and work with divisions.

Nurses in General Practice

The national practice nursing workforce survey shows that there are now about 1,000 nurses working in Victorian general practice, a third of whom have been employed for less than two years, and more than half for less than five years.

Divisions continue to be leaders in championing the expansion of nursing in general practice, with 28 of 30 Victorian divisions providing education, training and support to nurses working in general practice, and continuing to be the major provider of practice nursing education in Victoria.

GPDV's role is to support divisions through

- GPDV workshops on practice nursing, chronic disease management and accreditation;
- Developing relationships with nursing, general practice, government, education and CDM organisations to ensure that they know what services divisions offer in this area;
- Updating divisions about practice nursing initiatives;
- Support, advice, networking and advocacy.

Key achievements for GPDV during this year were:

- Contributing to the development of practice nursing recruitment and induction kits, to be disseminated throughout Victoria in late 2004;
- Working with ADGP and Victorian divisions to survey the practice nursing workforce;
- Education and training updates, so that divisions can market the range of educational opportunities for practice nurses in Victoria;
- Providing guidance to practice nurses (through divisions) about the Victorian legislation and regulations affecting practice nurses;
- Providing guidance on the use of newly introduced MBS Items for nurse participation in immunisation and wound management;
- Speaking at practice nurse network meetings about expanding roles for practice nurses and the changes resulting from the *MedicarePlus* initiatives (now *Strengthening Medicare*).

In 2004-05, GPDV will be advocating for an expansion of research into models of care involving practice nurses.

GPs for Aboriginal Health

Our MoU with VACCHO, signed in 2000, commits us to enhancing GP awareness of issues in Aboriginal health, achieving the goal of each Aboriginal community having its own primary health care facility in which GPs have a role, and supporting initiatives which encourage Aboriginal people to take up careers in health.

VACCHO has nominated reducing the number of GP vacancies as its members' highest priority. In 2001 there were 9 EFT GPs spread across 21 agencies serving an underestimated population of 22,587. The GP:population ratio recommended by RWAV show that Aboriginal community controlled services (ACCHSs) had a shortfall of 12 EFT GPs.

Because the majority of these GP vacancies are not of sufficient hours to provide a main source of income for a GP, divisions are well placed to identify local GPs to fill sessional vacancies.

The impact to date for Victoria of a sustained focus on this priority issue has been

- The number of GPs in ACCHSs has increased from 9 EFT in 2001 to 13.06 EFT in 2003.
- Divisions have used funds from the More Allied Health Services and Better Outcomes in Mental Health programs to provide allied health services to Aboriginal communities.
- The geographic area of highest need in 2001 gained a fourfold increase in GP services and is no longer at the top of the priority list.
- The number of ACCHs with accredited GP practices has grown from none to six.

A particular focus of our work this year has been in increasing access of Aboriginal people to the MBS, in particular to newer Schedule Items.

GP Education & Training

In 2003-4 GPDV has maintained the Continuing Professional Development (CPD) Network, with an email list for problem sharing and resource gathering, and twice yearly workshops for Victorian and Tasmanian divisions. The key emphasis of GPDV's support for GP Education and Training has been support for divisions in developing the quality of the education and training provided, and enhancing the capacity of division programs to include a multi-disciplinary focus. The work has aimed to support divisions in their efforts to integrate education and training into other health area programs, such as chronic disease management.

GPDV has also maintained contact with the work of the Regional Training Networks and has advised divisions on issues in their RTN, but most support is directed to the CPD functions of divisions.

The CPD workshops have involved RACGP experts, which has enhanced communication between the RACGP and divisions about the RACGP Quality Assurance and Continuing Professional Development Program. ACRRM participated in a session with the RACGP that clarified respective roles and responsibilities for rural division CPD Coordinators.

The May 2004 workshop focused on the relationship between sponsors and divisions, identifying the key issues for divisions in seeking sponsors and drafting a standard policy for divisions on sponsorship and a set of procedures to help divisions in managing the relationship, so that it is productive for both the division and the sponsor.

Working with Divisions	Working with VACCHO	Working with other stakeholders
✓ Promoted agreed priority areas for action and protocols for working with ACCHs ✓ Showcased examples of good practice in collaboration between divisions and ACCHSs ✓ Supported divisions in developing applications for additional funding for Aboriginal health activities ✓ Promoted improved understanding of priorities and protocols outlined in the MOU through monthly articles in the GPDV newsletter.	✓ Built an ongoing, collaborative relationship with VACCHO staff members ✓ Contributed funding and support for a staff position at VACCHO to liaise between divisions and ACCHSs to encourage increased MBS use. ✓ Increased ACCHS sector opportunities for statewide dialogue with divisions through GPDV statewide events.	✓ GPDV / VACCHO MOU has provided a model for ADGP and other organisations. ✓ GPDV, VACCHO and RWAV and working through joint approaches to reducing GP vacancies ✓ Advocacy to DoHA has highlighted ACCHS needs for increased resource provision to enable services to meet requirements for General Practice accreditation. ✓ Advocacy to RACGP Rural Faculty led to funded cultural awareness training being made available to GPs in Victoria.

COMMUNITY& CONSUMER ENGAGEMENT

Linkages and alliances – working with our community of interest

As a peak organisation GPDV's closest connections are with our member divisions in rural Victoria and metropolitan Melbourne. Constant contact with our members continued in 2003-04 in a myriad of ways. In addition to the array of state-wide events summarised on page 12 our communication with our members is enhanced by visits by our board and staff, regular monthly newsletters, e-bulletins and updates and frequent individual contact by our staff.

www.gpdv.com.au

Our website is one of our most important tools for providing information and resources to those with a keen interest in the work of. In May 2004 we launched a new look more user-friendly website with increased functionality including a search facility, site map, quick links, and news and events sections.

Consulting our community about future directions

In preparation for a new strategic plan for 2004-2007 GPDV hosted a very important Future Directions Forum for members together with other stakeholders in November 2003. All 30 Victorian divisions along with 23 representatives from DoHA and DHS and other organisations came together to debate key questions for the next 3 years. This forum, very ably chaired by Gawaine Powell Davies, Co-ordinator of the Centre for General Practice Integration Studies at UNSW, enabled us to capture a range of views about future roles and priorities for GPDV in

- building strong platforms for co-ordination between general practice and DHS-funded health and community services.
- strengthening systems at the general practice level for systematic, planned care of people living with chronic conditions, for disease prevention and for health promotion.

We were also very interested to hear what measures our members and others in our community of interest will use to judge the quality of our work in the longer term. The strength of GPDV's voice to government and other stakeholders continues to be an important factor for our members. Our achievements in influencing state investment in the interface between state-funded services and general practice is a key measure for divisions.

We have continued to enjoy close working relationships with our members. Data from the most recent national PHCRIS annual survey of divisions showed that as divisions have continued to turn to GPDV as a source of information, advice and support.

Partnerships and Alliances

Our MOU with RWAV was reviewed and renewed, and our increasingly close working relationship bore fruit in the negotiations with DoHA, Canberra, when GPDV argued strongly that we should leave the recruitment of OTDs to RWAV because they have the systems and experience for the task.

In December 2003 GPDV signed an MoU with the Victorian Eye and Ear Hospital. We have worked closely with the hospital since then to develop an implementation plan which will be implemented during the coming year.

Our MoU with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), signed in 2000, was under reviewat June 2004 and will be renewed later in 2004.

The MoU signed by the eight SBOs and ADGP has led to a formal working coalition, with an agreed workplan and quarterly national meetings and an improved relationship between the nine members.

DEBATING THE ISSUES

GPDV continues to engage divisions in discussion of vital issues affecting general practice and the Divisions Program. In 2003–2004 divisional opportunities to participate in debate included:

- Statewide Forums, aimed at division Chairs
- GPDV Strategic Planning
- Quarterly teleconferences for division Chairs or other board members
- CEO network meetings
- Circulation of discussion papers that GPDV provides to the Victorian Advisory Committee on General Practice
- Publication (on our web site) of submissions to various organisations on issues affecting general practice and divisions
- Circulation to divisions and other key stakeholders of policy issues papers that include draft positions or recommendations, with an invitation to provide comment to GPDV
- Publication of GP representatives' reports to GPDV board (on our website)

Every division in Victoria attended at least one of the events listed above:

– 27 of the 30 divisions sent representatives to at least one of the three statewide forums (the November forum was replaced with the AGM and strategic planning); 10 divisions attended two and another 12 attended all three.
– 24 divisions attended at least one of the quarterly teleconferences and 20 attended two or more.

While we try to provide these opportunities in a regular and planned way, at times we also need to respond immediately to emerging issues.

Key issues in 2003–2004 were:

The GPDV response to the Divisions Review

GPDV consulted with divisions about its initial submission and presentation to the Review Panel in December 2002. In October 2003, following consultation with division board representatives, GPDV prepared a response to the Review, responding to each individual recommendation. The key messages were:

- support for a national primary care policy, which describes how divisions fit into the national context
- that the structure and governance arrangements of divisions and of the divisions' network should be determined by the members
- support for accreditation, and concern about how rolling audits fit together with having already met accreditation standards, as assessed by an external, independent assessor
- need for more resources if all the review recommendations are to be successfully implemented.

Following the release of the Minister's response to the review, GPDV prepared a policy issues paper focusing on the themes of quality improvement, streamlined reporting and national performance system; rewarding high performance and performance funding pool; boundaries and amalgamation; consumer and community engagement; funding; membership and the roles of SBOs and ADGP. The issues paper formed the basis for discussion at one of the quarterly forums for division Chairs. Following the Forum, Victorian comments were forwarded to ADGP for their coordination of a national response.

Related to the review process is a national review of the Divisions' Network Structure. GPDV prepared a paper analysing the pros and cons of options for structure and recommended a structure that formalises the connection between ADGP and SBOs while still retaining the division vote for the board of ADGP.

The red tape review

A significant issue for GPDV discussion and debate with divisions was the red tape review. In September 2003, following the release of the Productivity Commission report, the quarterly Forum provided an opportunity for Victorian divisions to hear a practical medical perspective on 'red tape', and also to hear from the Taskforce and to provide feedback. Following the discussion GPDV Chair, Dr Nola Maxfield, summarised the policy options as overarching 'change management' through divisions to help GPs use the existing items more effectively; some form of extended fundholding, maintaining the status quo or simplifying (or scrapping) EPC/CDM items. Following the forum, GPDV wrote a discussion paper based on feedback gathered through consultations with GP chairs and staff of Victorian divisions, and from other written feedback from Victorian divisions. The paper commented generally on the PIP and EPC programs and then considered the options canvassed in the Taskforce's discussion paper. The paper supported the work of the GP Red Tape Taskforce on the assumption that streamlining general practice administrative and compliance costs will improve the viability and efficiency of general practice. In particular, the GPDV response suggested that:

- The original aims of blended payments systems (to reward high-quality care) not be discarded
- Activities that support quality should be adequately remunerated
- More emphasis should be placed on extending the primary care workforce so that the burden on GPs is lessened
- Program implementation processes for GP initiatives be reviewed.

Key issues at State level

In April 2004, following consultation with Victorian divisions, GPDV responded to DHS' Primary Care Partnerships strategic directions 2004–06: Implementation plan for PCPs. GPDV welcomed DHS' definition of a focus on referral pathways and feedback processes, particularly in relation to general practice as one of the PCP priority tasks to June 2006. The PCP Strategy has enabled member agencies to recognise the importance of feedback to GPs. Significant gains have been made but GPDV argued that substantial work still needs to be done to ensure the widespread adoption of these pathways by general practice and other services. We also suggested that more work needs to be done to recognise how structured care through general practice can be built into integrated health promotion.

GPDV responded to a DHS proposal for a 'joint funding approach to primary medical care clinics co-located with emergency departments'. GPDV reiterated the board's previously stated policy that co-located clinics should only provide service after-hours. The response supported a trial on condition that divisions are included in local negotiations; that the trial adheres to quality standards in the workforce and practice set-up; that billing arrangements include co-payments that reflect local market conditions and community expectations; and that the aims should include 'must add to the availability of general practice services in the area'.

GPDV also provided a detailed response to DHS policy framework for Community Health Services: Creating a healthier Victoria (public consultation draft). DHS's proposal suggested limited funding for improving GP services within CHCs. Given the funding limitations GPDV argued that the focus should be on strengthening links between CHSs and private general practice rather than on strengthening or creating new general practices within CHSs. Within that context the GPDV response suggested strategies for service coordination, multidisciplinary care planning, integrated disease management and the alignment of a number of State and Commonwealth initiatives.

Bringing State and Commonwealth together

GP & division issues are also the focus of regular meetings at the VACGP (Victorian Advisory Committee on General Practice). These meetings provide an opportunity for State and Commonwealth health departments to meet with general practice organisations to debate ways of developing a coordinated response to the issues affecting general practice. In addition to formal submissions GPDV also prepared a series of briefing papers for board members as background to discussion at these meetings. The themes of the briefing papers in 2003–2004 were: GP–hospital coordination, privacy, DHS service coordination tools, nurse triage, GP residential aged care, prevention in general practice, GPs in community health, Medicare Plus, accreditation in general practice, and National Service Improvement Frameworks (cancer management).

Policy Papers produced in 2003–04

Date	Submission
June 2004	GPDV Comments on DHS Consultation Paper - Strengthening palliative care: a policy for health and community care providers 2004–09
June 2004	Paper to ADGP in response to discussion paper on the Division's Network Structure
June 2004	GPDV's Report to ADGP: Victorian Divisions Comments on the Government Response to the Divisions Review
May 2004	Policy Issues Paper No. 21 Government Response to Report of Divisions Review
May 2004	Submission to Commonwealth consultation on PHCRED Priority-Driven Research in Clinical General Practice
April 2004	Submission to Victorian Department of Human Services - PCPs strategic directions 2004-06 - Implementation Plan for PCPs (consultation paper)
March 2004	GPDV Response to DHS' 'Victorian Proposal for Joint Funding Approach to Primary Medical Care Clinics co-located with Emergency Departments'
March 2004	GPDV's submission to DHS policy framework - Community Health Services - Creating a Healthier Victoria (public consultation draft)
October 2003	GPDV submission to the GP Red Tape Taskforce
October 2003	GPDV's response to the report of the Review of Divisions of General Practice

Division assessment of GPDV leadership

One of the key aspects of leadership is the capacity of GPDV to lead the debate on key issues affecting divisions and general practice. The most recent national PHCRIS survey (2002–2003) confirms that over the past three reporting periods, Victorian divisions have become increasingly satisfied with GPDV. In 2002–2003, Victorian divisions reported positively that GPDV provided effective leadership at state level. Forty-three percent of divisions reported that GPDV provided leadership at the state level to a 'great extent'.

SBO provides effective leadership 2002–2003

	Victoria				National		
	To a great extent	**To some extent N (% of N)**	**Not at all N (% of N)**		**To a great extent**	**To some extent**	**Not at all**
Rural	8 (57%)	6 (43%)			16 (24%)	41 (62%)	9 (14%)
Urban	5 (31%)	9 (56%)	2 (13%)		16 (29%)	34 (62%)	5 (9%)
Total	**13 (43%)**	**15 (50%)**	**2 (7%)**		**32 (26%)**	**75 (62%)**	**14 (12%)**
Total (excluding Vic figures in national figures. n=91)					***19 (21%)***	***60 (66%)***	***12 (13%)***

Source: (PHCRIS, Divisions: a matter of balance, Results of the 2002-2003 annual survey of divisions of general practice)

Extent of representation & advocacy provided by SBO 2002-2003

In addition, the 2002–2003 figures show that Victorian divisions reported positively the extent of representation and advocacy provided by GPDV at state level. Sixty-five percent of divisions reported that GPDV provided representation and advocacy at the state level to a 'great extent'.

	Victoria				National		
	To a great extent	**To some extent N (% of N)**	**Not at all N (% of N)**		**To a great extent**	**To some extent**	**Not at all**
Rural	11 (79%)	3 (21%)			26 (39%)	36 (55%)	4 (6%)
Urban	8 (50%)	8 (50%)			21 (38%)	33 (60%)	1 (2%)
Total	**19 (65%)**	**11 (35%)**			**47 (39%)**	**69 (57%)**	**5 (4%)**
Total (excluding Vic figures in national figures. n=91)					***28 (31%)***	***58 (64%)***	***5 (5%)***

Source: (PHCRIS, Divisions: a matter of balance, Results of the 2002-2003 annual survey of divisions of general practice)

REPRESENTATION

GPDV provides expert input to state-wide committees through the work of GP and staff representation. GPDV's own members are divisions, not GPs. This means that GPDV relies upon Victorian divisions to put forward suitable GPs to act as representatives, whenever we accept an invitation to place a GP upon a committee.

GPDV conducted our first annual review of representation for committees that have had GP representatives for more than 12 months in January. GPDV considered the strategic importance of the committees and the contribution of the GPDV representative on these committees.

GPDV also takes an important role in the process of providing division representatives to national committees, canvassing Victorian divisions for nominations, and submitting a Victorian nominee to ADGP's selection committee.

For this period GPDV has been represented on a total of 41 external committees, with 26 GPs representing GPDV on 25 committees. Eight staff members represent GPDV on 21 committees. One divisional staff member represents GPDV on a committee. Seven board members represented GPDV this period on external committees. During this period six (23%) female GPs and 20 (77%) male represented GPDV. There were seven (27%) rural and 19 (73%) urban GP representatives. We have not included the GPDV Mental Health Reference Group in the statistics as this is an internal committee.

Representative Committee

Terry Ahern	DHS Advisory Committee on Access to Elective Surgery VACGP Health and Aged Care Interface Sub-Committee
Ralph Audehm	DHS Diabetes Expert Advisory Group
Alison Bailey	GPDV Mental Health Reference Group
Jenny Brown	Working Party for Accreditation and Reaccreditation at The Royal Women's Hospital, Mercy Maternity Hospital and Sunshine Hospital
Geoffrey Campbell	DHS GP Engagement Working Group
Kate Clowes	Treatment of Family Members By Medical Practitioners
Shane Conway	DVA Local Medical Officers Advisory Committee
Nick Demediuk	DHS Victorian Advisory Committee on Infection Control
Kaye Ferguson	GPDV Mental Health Reference Group
Stephen Flew	VACGP Health and Aged Care Interface Sub-Committee
Stephen Fryman	GPDV Mental Health Reference Group
Ian Grant	DHS Palliative Care Committee
Timothy Gray	Monash University Research into the Perception of Medical Practitioners, Pharmacists and Consumers with regard to the Prescribing of Generic Medicines
Jill Grogan	PCP Service Coordination Reference Group DHS GP Engagement Working Group
Phillip Hammond	GPDV Mental Health Reference Group
Phillip Harris	Monash University Research into the Perception of Medical Practitioners, Pharmacists and Consumers with regard to the Prescribing of Generic Medicines
Andrew Howard	DHS GP Engagement Working Group
John Jagoda	VIVAIDS Methadone and Other Pharmacotherapies Advocacy and Complaints Resolution Service Consumer Liaison Committee Temazepam Injecting Professional Reference Group
Jeff Jenkinson	VACGP/RWAV Rural Sub-committee
Raymond Martyres	GPDV Mental Health Reference Group
Richard McClelland	DHS Promoting Partnerships in Palliative Care Services Working Group
Richard Milner	ASHM/Alfred Hospital GP Hep C & HIV Training Program Steering Committee and Hep C Clinical Sub-Committee
David Monash	GPDV Mental Health Reference Group
Larry Osborne	ASHM/Alfred Hospital GP Hep C & HIV Training Program Steering Committee and Hep C Clinical Sub-Committee GPDV Mental Health Reference Group
Jenny Ouliaris	GPDV Mental Health Reference Group
David Pearce	GPDV Mental Health Reference Group
Alan Randell	Victorian Dementia Advisory Committee
Peter Waxman	PCP Service Coordination Reference Group

GPDV Board Representatives

Wendy Bissinger	DHS Immunisation Advisory Committee DHS GP Engagement Working Group RWAV Board
Rob Grenfell	RWAV Board
Harry Hemley	RWAV Board
Nola Maxfield	Victorian Advisory Committee on General Practice DHS Rural Birthing Services Planning Framework
John McEncroe	DHS Hopsital Admission Risk Program Primary Care and Population Health Committee – Royal Vcitorian Eye and Ear
John Meaney	Victorian Medical Advisory Service GPDV Mental Health Reference Group Victorian Advisory Committee on General Practice
Sharon Monagle	DHS Advisory Committee on Access to Elective Surgery

GPDV Staff Representatives

Belinda Caldwell	DHS Immunisation Advisory Committee DHS Infuenza Pandemic Planning Steering Committee
Anne Diamond	Primary Care Mental Health Training Project DHS Mental Health Workforce Study Project Group
Peter Larter	Smoking Cessation and Practice Nurse Project Committee
Lenora Lippmann	Refugee Health Initiatives Project Reference Group DHS Advisory Committee on the Home and Community Care Program DHS Review of Effective Discharge Strategy
Bill Newton	Board of the Australian Institute for Primary Care Victorian PHC RED Partnership Reference Group Quality Improvement & Community Services Accreditation Council Victorian Advanced Training Program for General Practice (VATGP) Advisory Group Victorian PHC RED Statewide Committee Pre-Diabetes Early Intervention Project DHS Community Health Policy Framework Reference Group Primary and Community Health Network
Sonya Tremellen	DHS Immunisation Advisory Committee
Sonya Tremellen	Reference Group for the Evaluation and Support of the Local Diabetes Service Development Program and accompanying Diabetes Workforce Development Program
Susan Webster	Victorian Advisory Committee on Koori Health: Indigenous Health Workforce Issues Sub-Committee

ADGP Representatives

Trevor Adcock	ADGP National Divisions Youth Alliance Management Committee
Ralph Audehm	ADGP National Diabetes Data Working Group
Geoffrey Campbell	ADGP Business Management Advisory Group (BMAG)
Peter Eizenberg	ADGP National Immunisation Committee
Sue Furphy	ADGP Continence Management Advisory Committee (CMAC)
Simon Leslie	ADGP Australian Technical Advisory Group on Immunisation
Joanne Molloy	ADGP General Practice Immunisation Incentives (GPII) Advisory Group
Chris Pearce	ADGP Board
Ray Moore	ADGP General Practice Education and Training Ltd (GPET) Accreditation Committee
Michael Stobie	ADGP Department of Health and Ageing Private Health Industry Quality and Safety Committee
Julie Thompson	ADGP National Breast Cancer Centre (NBCC) – General Practice Reference Group
Helen Threlfall	ADGP Quality Framework for Divisions Taskforce

Financial Statements

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2004.

Directors

The names of the directors in office at any time during or since the end of the financial year are:

Wendy Bissinger (Appointed 14/11/2003)	John McEncroe
Robert Grenfell	John Meaney
Harry Hemley (Ceased 14/11/2003)	Sharon Monagle
David Kelly (Resigned 31/3/2004)	Julie Thompson (Appointed 1/4/2004)
Nola Maxfield	David Tillett

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Operating Results

The loss of the company for the financial year after providing for income tax amounted to $17.

Review of Operations

A review of the operations of the company during the financial year and the results of those operations found that during the year, the company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

Significant Changes in State of Affairs

No significant changes in the state of affairs of the company occurred during the financial year.

Principal Activities

The principal activities of the company during the financial year were to provide a regular forum and advocate for divisions and for general practice in Victoria.

No significant change in the nature of these activities occurred during the year.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

Likely Developments

The company expects to maintain the present status and level of operations and hence there are no likely developments in the company's operations.

Environmental Issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

Dividends Paid or Recommended

No dividends were paid or declared since the start of the financial year. No recommendation for payment of dividends has been made.

Information on Directors

The information on directors is as follows:

		Qualifications
Wendy Bissinger	Director	MB BS
Robert Grenfell	Director	MB BS, DipRACOG, MPH, FAFPHM
Harry Hemley	Director	MB BS
David Kelly	Director	MB BS, Dip OBS, Dip Child Health
Nola Maxfield	Chairperson	MB BS
John McEncroe	Director	MB BS
John Meaney	Deputy Chairperson	MB BS
Sharon Monagle	Director	MB BS
Julie Thompson	Director	MB BS
David Tillett	Director, Treasurer	MB BS, DRACOG, FRACGP

Options

No options over issued shares or interests in the company were granted during or since the end of the financial year and there were no options outstanding at the end of the financial year.

Indemnification of Officer or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

Proceedings on Behalf of the Company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

Signed in accordance with a resolution of the Board of Directors:

Director .....

Nola Maxfield

Director .....

David Tillett

Dated this 8th day of October 2004

STATEMENT OF FINANCIAL PERFORMANCE
For the year ended 30 June 2004

	Notes	2004 $	2003 $
Revenue from ordinary activities	2	**1,917,200**	2,060,839
Employee benefits expense		**(1,313,157)**	(1,368,201)
Depreciation and amortisation expenses	3	**(40,643)**	(64,251)
Advertising		**(15,835)**	(4,100)
Conference expenses		**(27,186)**	(131,271)
Project contracts		**(96,373)**	(114,599)
Rent		**(144,084)**	(139,350)
Workshop expenses		**(90,428)**	(83,504)
Other expenses from ordinary activities		**(189,511)**	(215,650)
Profit from ordinary activities		**(17)**	(60,087)
Total changes in equity other than those resulting from transactions with owners as owners		**(17)**	(60,087)
CURRENT ASSETS			
Cash assets	4	**422,300**	357,205
Receivables	5	**25,360**	-
Other	6	**36,629**	62,918
TOTAL CURRENT ASSETS		**484,289**	420,123
NON-CURRENT ASSETS			
Property, plant and equipment	7	**104,896**	81,266
TOTAL NON-CURRENT ASSETS		**104,896**	81,266
TOTAL ASSETS		**589,185**	501,389
CURRENT LIABILITIES			
Payables	8	**120,697**	114,356
Provisions	9	**74,960**	79,059
Other	10	**119,274**	87,846
TOTAL CURRENT LIABILITIES		**314,931**	281,261
NON-CURRENT LIABILITIES			
Provisions	9	**54,143**	-
TOTAL NON-CURRENT LIABILITIES		**54,143**	-
TOTAL LIABILITIES		**369,074**	281,261
NET ASSETS		**220,111**	220,128
EQUITY	14		
Retained profits	11	**220,111**	220,128
TOTAL EQUITY		**220,111**	220,128

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS
For the year ended 30 June 2004

	Notes	2004 $	2003 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from government and customers		**2,107,083**	2,272,746
Payments to suppliers and employees		**(1,998,117)**	(2,208,929)
Interest received		**14,566**	9,244
Net cash provided by operating activities	13 (b)	**123,532**	73,061
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		**23,711**	19,992
Payment for property, plant and equipment		**(82,148)**	(41,462)
Net cash used in investing activities		**(58,437)**	(21,470)
Net increase in cash held		**65,095**	51,591
Cash at beginning of financial year		**357,205**	305,614
Cash at end of financial year	13 (a)	**422,300**	357,205

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial report preparation requirements of the Corporations Act 2001. The directors have determined that the company is not a reporting entity.

The financial report is for the entity General Practice Divisions - Victoria Ltd as an individual entity. General Practice Divisions - Victoria Ltd is a company limited by guarantee, incorporated and domiciled in Australia.

The financial report has been prepared in accordance with the requirements of the Corporations Act 2001, and the following applicable Accounting Standards:

AASB 1026:	Statement of Cash Flows
AASB 1025:	Application of the Reporting Entity Concept and Other Amendments
AASB 1034:	Financial Report Presentation and Disclosures
AASB 1040:	Statement of Financial Position
AASB 1031:	Materiality
AASB 1002:	Events Occurring After Reporting Date

No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The report is also prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this report:

(a) Property, Plant and Equipment

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

Plant and equipment

Plant and equipment is measured on the cost basis.

Depreciation

All assets, excluding freehold land and buildings, are depreciated on a straight line basis over their useful lives to the company.

(b) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and long service leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on-costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the company to an employee superannuation fund and are charged as expenses when incurred.

(c) Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand and at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months and net of bank overdrafts.

(d) Revenue

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

Finance and insurance revenue is recognised when the right to receive finance and insurance revenue has been established.

Other revenue is recognised when the right to receive the revenue has been established.

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

	Note	2004 $	2003 $
NOTE 2: REVENUE			
Operating activities			
- government grants		**1,796,913**	1,822,549
- conference income		**82**	135,817
- interest	2(a)	**14,566**	9,244
- rent		**18,516**	17,714
- workshop fees		**16,915**	12,399
- other revenue		**46,497**	43,124
		1,893,489	2,040,847
Non - operating activities			
- proceeds of sale of property, plant and equipment		**23,711**	19,992
Total Revenue		**1,917,200**	2,060,839
(a) Interest from: - other persons		**14,566**	9,244
NOTE 3: PROFIT FROM ORDINARY ACTIVITIES			
Profit (losses) from ordinary activities has been determined after:			
(a) Expenses:			
Depreciation of property, plant and equipment		**40,643**	64,251
Remuneration of the auditors for:			
- audit or review services		**6,500**	6,640
Rental expense on operating leases			
- Minimum lease payments		**144,084**	139,350
(b) Revenue and Net Gains			
Net gain on disposal of non-current assets			
- property, plant and equipment		**5,836**	2,602

NOTES TO THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

	Note	2004 $	2003 $
NOTE 4: CASH ASSETS			
Cash on hand		**295**	24
Cash at bank		**422,005**	357,181
		422,300	357,205
NOTE 5: RECEIVABLES			
CURRENT			
Trade debtors		**25,360**	-
NOTE 6: OTHER ASSETS			
CURRENT			
Prepayments		**8,840**	8,623
Grants Outstanding		**27,789**	54,295
		36,629	62,918
NOTE 7: PROPERTY, PLANT AND EQUIPMENT			
PLANT AND EQUIPMENT			
(a) Motor vehicles			
At cost		**42,949**	48,430
Less accumulated depreciation		**(23)**	(20,035)
		42,926	28,395
(b) Office equipment			
At cost		**74,601**	62,638
Less accumulated depreciation		**(49,610)**	(56,451)
		24,991	6,187
(c) Computer equipment			
At cost		**177,719**	174,999
Less accumulated depreciation		**(160,824)**	(149,972)
		16,895	25,027
(d) Furniture, fixtures and fittings			
At cost		**91,427**	90,519
Less accumulated depreciation		**(71,343)**	(68,862)
		20,084	21,657
Total property, plant and equipment		**104,896**	81,266
NOTE 8: PAYABLES			
CURRENT			
Unsecured liabilities			
Sundry creditors and accruals		**120,697**	114,356

	Note	2004	2003
		$	$
NOTE 9: PROVISIONS			
CURRENT			
Employee benefits	9(a)	**74,960**	79,059
NON-CURRENT			
Employee benefits	9(a)	**54,143**	-
(a) Aggregate employee benefits liability		**129,103**	79,059
NOTE 10: OTHER LIABILITIES			
CURRENT			
Grants received in advance		**119,274**	87,846
		119,274	87,846
NOTE 11: RETAINED PROFITS			
Retained profits at the beginning of the financial year		**220,128**	280,215
Net profit (loss) attributable to members of the entity		**(17)**	(60,087)
Retained profits at the end of the financial year		**220,111**	220,128
NOTE 12: CAPITAL AND LEASING COMMITMENTS			
(a) Operating lease commitments			
Non-cancellable operating leases contracted for but not capitalised in the financial statements:			
Payable			
- not later than one year		**149,142**	136,813
- later than one year and not later than five years		**273,772**	17,819
		422,914	154,632
NOTE 13: CASH FLOW INFORMATION			
(a) Reconciliation of cash			
Cash at the end of the financial year as shown in the statement of Cash Flows is reconciled to the related items in the statement of financial position as follows:			
Cash on hand		**295**	24
Cash at bank		**422,005**	357,181
		422,300	357,205

	Note	2004 $	2003 $
(b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax			
Loss from ordinary activities after income tax		**(17)**	(60,087)
Non-cash flows in profit from ordinary activities			
Depreciation		**40,643**	64,251
Net (gain) / loss on disposal of property, plant and equipment		**(5,836)**	(2,602)
Changes in assets and liabilities			
Increase in receivables		**(25,360)**	-
Decrease in other assets		**26,289**	170
Increase in grants received in advance		**31,428**	31,346
Increase in payables		**6,341**	25,621
Increase in provisions		**50,044**	14,362
Cash flows from operations		**123,532**	73,061

NOTE 14: MEMBERS' GUARANTEE

The company is limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the company. At 30 June 2004 the number of members was 30 (2003; 30).

NOTE 15: REMUNERATION AND RETIREMENT BENEFITS

(a) Directors' remuneration

Income paid or payable to all directors of the company by the company and any related parties	**103,079**	145,892

Number of directors whose income from the company or any related parties was within the following bands:

	No.	No.
$0 - $9,999	**4**	2
$10,000 - $19,999	**6**	6
$20,000 - $29,999	**-**	1

NOTE 16: COMPANY DETAILS

The registered office of the company is:
General Practice Divisions - Victoria Ltd
1st Floor
458 Swanston Street
CARLTON VIC 3053

DIRECTORS' DECLARATION

The directors have determined that the company is not a reporting entity. The directors have determined that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 5 to 9 are in accordance with the Corporations Act 2001:

   (a) comply with Accounting Standards as described in Note 1 to the financial statements and the Corporations Regulations 2001; and

   (b) give a true and fair view of the financial position as at 30 June 2004 and of the performance for the financial year ended on that date of the company in accordance with the accounting policies described in Note 1 to the financial statements.

2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the directors.

Director .....

Nola Maxfield

Director .....

David Tillett

Dated this 8th day of October 2004

Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
Wendy Bissinger (Appointed 14/11/2003)	5	4
Robert Grenfell	10	9
Harry Hemley (Ceased 14/11/2003)	5	2
David Kelly (Resigned 31/3/2004)	8	7
Nola Maxfield	10	10
John McEncroe	10	9
John Meaney	10	10
Sharon Monagle	10	8
Julie Thompson (Appointed 1/4/2004)	2	1
David Tillett	10	8

Independent Audit Report to the members of
General Practice Divisions - Victoria Ltd

Scope

We have audited the financial report, being a special purpose financial report of General Practice Divisions - Victoria Ltd for the financial year ended 30 June 2004 comprising the Directors' Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and notes to the financial statements.

The company's directors are responsible for the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Corporations Act 2001 and are appropriate to meet the needs of the members. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the company. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to the needs of the members.

The financial report has been prepared for distribution to the members for the purpose of fulfilling the directors' financial reporting requirements under the Corporations Act 2001. We disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 to the financial statements so as to present a view which is consistent with our understanding of the company's financial position, and performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

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

Audit Opinion

In our opinion, the financial report of General Practice Divisions - Victoria Ltd 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 2004 and of its performance for the financial year ended on that date in accordance with the accounting policies described in Note 1; and

(ii) complying with Accounting Standards in Australia to the extent described in Note 1 and the Corporations Regulations 2001; and

(b) other mandatory professional reporting requirements to the extent described in Note 1.

DANBY BLAND PROVAN & CO
Chartered Accountants
123 Camberwell Road
HAWTHORN EAST 3123

R A LANE 8 October 2004

Partner

These financial statements should be read in conjunction with the attached Disclaimer.

DETAILED PROFIT AND LOSS
For the year ended 30 June 2004

	2004 $	2003 $
INCOME		
Grants received	**1,796,913**	1,822,549
Interest	**14,566**	9,244
Rental income	**18,516**	17,714
Conference income	**82**	135,817
Workshop fees	**16,915**	12,399
Other income	**52,333**	45,726
TOTAL INCOME	**1,899,325**	2,043,449
LESS EXPENSES		
Accounting fees	**2,500**	2,462
Advertising	**15,835**	4,100
Audit fees	**6,500**	6,640
Bank charges	**3,102**	2,942
Board Costs	**130,175**	143,132
Cleaning	**8,330**	6,860
Computer expenses	**16,706**	35,058
Conference/Seminar costs	**27,186**	144,234
Consultancy fees	**2,495**	6,900
Delivery costs	**677**	1,032
Depreciation	**40,643**	64,251
Electricity	**6,600**	8,156
Filing fees	**-**	36
Fringe benefits	**-**	4,834
GP representatives	**10,327**	20,102
Holiday pay	**(4,099)**	14,362
Insurance	**10,801**	2,651
Legal costs	**560**	1,461
Long service leave	**54,143**	-
Motor vehicle expenses	**6,590**	11,644
Parking	**236**	5,831
Payroll tax	**18,270**	44,373
Postage	**5,454**	7,217
Printing and stationery	**34,087**	24,093
Project Contracts	**60,932**	56,244
Recruitment costs	**2,425**	10,176
Reference materials	**2,081**	4,656
Rent	**144,084**	139,350

General Practice Divisions - Victoria Ltd

ABN 80 081 371 968

Private information for the directors on the 2004 Financial Statements

DETAILED PROFIT AND LOSS
For the year ended 30 June 2004

	2004 $	2003 $
Reference Groups	**9,337**	6,402
Repairs and maintenance	**14,994**	10,321
Salaries and wages	**1,008,388**	1,050,779
Staff training	**9,596**	3,956
Subscriptions	**8,903**	3,469
Superannuation	**96,684**	106,764
Telephone	**23,007**	30,933
Travelling expenses	**23,740**	27,383
Workcare/WorkCover/Workers Compensation	**7,625**	7,228
Workshop expenses	**90,428**	83,504
TOTAL EXPENSES	**1,899,342**	2,103,536
OPERATING PROFIT/(LOSS)	**(17)**	(60,087)

DISCLAIMER TO THE MEMBERS OF
General Practice Divisions - Victoria Ltd

The additional financial data presented on pages 16 - 17 is in accordance with the books and records of the company which have been subjected to the auditing procedures applied in our statutory audit of the company for the financial year ended 30 June 2004. It will be appreciated that our statutory audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than General Practice Divisions - Victoria Ltd) in respect of such data, including any errors of omissions therein however caused.

DANBY BLAND PROVAN & CO
Chartered Accountants
123 Camberwell Road
HAWTHORN EAST 3123

R A LANE — 8 October 2004

Partner

ACRONYMS

ACRRM	Australian College of Rural and Remote Medicine
ADGP	Australian Divisions of General Practice
AMWAC	Australian Medical Workforce Advisory Committee
ASHM	Australasian Society of HIV Medicines
ATSI	Australian Torres Strait Islanders
CDM	Chronic Disease Management
CEO	Chief Executive Officer
CHF	Consumers' Health Forum of Australia
DHS	Department of General Practice
DoHA	Department of Health & Ageing
DVA	Department of Veteran Affairs
EDQUM	Enhanced Divisional Quality Use of Medicines
ED	Emergency Department
EPC	Enhanced Primary Care
CQI	Continuous Quality Improvement
GP	General Practitioner
GPDV	General Practice Divisions - Victoria
GPLO	General Practice Liaison Officer
GPII	General Practice Immunisation Incentives
GPR	General Practice Register
HMR	Home Medicines Review
IM	Information Management
IPA	Independent Health Service
IT	Information Technology
HARP	Hospital Admissions Risk Program
MMR	Medication Management Review
MH	Mental Health
MBS	Medical Benefits Scheme
NHS	National Health Service
NRCCPH	National Resource Centre for Consumer Participation in Health
OTD	Overseas Trained Doctor
PCP	Primary Care Partnership
PHCRED	Primary Health Care Research, Evaluation & Development
PHCRIS	Primary Health Care Research & Information Systems
QICSA	Quality Improvement & Community Services Accreditation
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian & New Zealand Collage of Psychiatry
RWAV	Rural Workforce Agency of Victoria
SBO	State Based Organisation
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VACGP	Victorian Advisory Committee of General Practice


GPDV
GENERAL PRACTICE DIVISIONS
VICTORIA