annual report

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Chair's report

In 2005–2006 GPDV continued the themes of building division capacity, building practice capacity through divisions and strengthening our links with other parts of the health system. In this year we achieved national recognition for our work in organisation and governance and substantially strengthened our partnerships with DHS and state-funded services.

A focus on primary health care policy was a major theme for GPDV this year. GPDV is committed to the development of a primary health care policy that is shared equally by divisions of general practice and state-funded health services. To this end we consulted extensively with Victorian divisions to develop our advice to ADGP on the development of a national position paper on primary care. Since ADGP's policy launch, GPDV has used the paper as a basis for discussion with state health. A focus in 2006–2007 will be to develop an agreed Victorian position on primary health care that may serve as a basis for cooperative action at the state level.

A shared policy position would consolidate the links that we have steadily established with DHS and state-funded services. In 2005–2006 GPDV took a lead role in representation to DHS of GP concerns about their role in disaster planning and emergency response. We strengthened our links with Primary Care Partnerships through support for divisions in the Small Grants Program: 18 new grants were approved, demonstrating an ever greater commitment on the part of divisions and PCPs to working together.

GPDV continued the Aged Care program with a strong focus on strengthening the aged-care–acute interface. We also worked closely with state health to communicate with Victorian divisions on the organisation of clinical attachments for palliative care. There were 75 possible places available in Victoria and all 75 places were filled. DHS attributed the success of the Victorian PEPA 2 Clinical Attachments to the capacity to organise communication with GPs through GPDV and Victorian divisions.

Building links with the other parts of the health system continues to be one GPDV's main concern and strengths. As Chair of GPDV I presented to the International Conference of Physiotherapists to discuss ways of building bridges between GPs and physiotherapists. Similarly, we continue to strengthen our partnership with pharmacists through meetings with the Pharmacy Guild and the Pharmaceutical Society of Australia.

GPDV continued to strengthen the relationship between GPs and hospitals, especially through advocating for recognition of the role of GPLOs. DHS funding has led to an increase in the number of General Practice Liaison Officers (GPLOs) in major public hospitals from seven in 2001 to 33 by June 2006. We assisted DHS in its review of the role in 2006 and await the report with interest.

Priorities for the immediate future include a strengthening of our partnership with VACCHO through a review of the issues for improving access to GP services by Aboriginal people and support of divisions involved in Aboriginal Health Promotion & Chronic Care (AHPACC) partnerships. More generally on chronic disease management, GPDV will support divisions in the implementation of the Australian Better Health Initiative, an initiative that aims to promote good health and reduce the burden of chronic disease.

Finally, GPDV has invested large amounts of time and effort over the last five years into governance training for boards and CQI for accreditation. A major achievement in 2005–2006 was the recognition of GPDV's work in governance by awarding GPDV the contract to conduct the Lead Team's program nationally. We expect that all Victorian divisions will be accredited by June 2007 so the board has been discussing whether some of these resources should be allocated to other priorities. Some areas in which we have not been active are workforce and GP education. There is also scope for more investment in policy and planning if the board, and Victorian divisions, see influencing the direction of the Divisions Program and the Victorian health system as a priority.

Once again GPDV has had the benefit of excellent staff and great leadership from our CEO, resulting in another successful year.

Dr John Meaney
Chair

CEO's report

National

The past year has seen the bedding down of many of the changes introduced through the Phillips report on *The Future Role of the Divisions Network* (2003), although the delay in developing the promised new approach to the divisions' funding formula has risked giving the impression that the Review Implementation Committee (RIC) process has slowed to such an extent that it is no longer a priority.

A significant development this year was the recognition by the government that the collection of useful clinical information about general practice depends entirely on the development of information management skills and systems in general practice and in divisions. The funding of Regional Health Information Management Officers in State Based Organisations (SBOs) and the continuation of the Broadband for Health Program are the first small steps in reversing DoHA's reluctance to fund improvements in information management in general practice.

The introduction by DoHA of a large national program for Nursing in General Practice (NGP) has given fresh impetus to the development of programs for systems change in practices, and has enabled GPDV to continue its promotion of an integrated approach to practice capacity. In spite of a rushed and difficult introduction, the Practice Nursing Program has now become a part of the Divisions Network's core activities, showing that the network can cope with poor planning with aplomb.

The NGP Program was one of many about which GPDV has advocated to DoHA on behalf of Victorian divisions about the growing tendency of DoHA branches to fund ADGP and SBOs, but not divisions, for the roll-out of programs. In June, SBOs took a stand on this over the proposed allocation of funds by DoHA to SBOs (but not to divisions) for the National Bowel Cancer Screening Program, even though ADGP had proposed that divisions be funded as well. This matter was still under discussion at year's end.

Victoria

GPDV's priority continues to be the integration of general practice and divisions into the state health system and the advocacy of divisions as the most effective way to reach GPs. By continuing GPDV work with all levels of DHS, and through the DHS-funded Representatives Program by which GPs are appointed to DHS working groups and committees, the Divisions Network has been able to influence DHS policy and programs and to achieve a large increase in DHS funding for divisions' involvement in DHS programs. GPDV has also received DHS funding for several important statewide projects listed below in this report.

As a member of the Victorian Primary & Community Health Network, GPDV takes a lead role in consulting and collaborating with DHS and the state-funded primary care sector to ensure that the Divisions Network in Victoria is able to work effectively with the strong community-based network of agencies in the Victorian primary health care sector. The GPDV board has adopted a policy of negotiation with other parts of primary health to develop a collaborative model for Victoria that builds on the strengths of all components.

The future

The Divisions Network is at an important watershed as it debates the questions arising from the increasing recognition of divisions as the most effective way to reach GPs and to engage general practice more effectively in national and state initiatives in health.

Are divisions change agents to improve the quality and effectiveness of general practice and to support general practice or will divisions themselves hold budgets as funders or deliverers of primary care services? Are the two roles incompatible? Could divisions do both? The likely form of general practice in future is bound up in these questions which may reflect the tensions in the debate about whether divisions of general practice should become over time divisions of primary care. Behind the concerns lies the question of whether the current model of general practice can be maintained in the face of current workforce trends and the doubt about the availability of funds for future investment in practices.

Bill Newton
CEO

1 GPDV achievements 2005-2006

Highlights of the year

Taken at the Queensland Lead Teams Workshop in November 2005

Divisions' development

Lead teams

In 2005 the Commonwealth Department of Health & Aging (DoHA) awarded GPDV a significant national contract to develop and provide a two-day workshop for board members and CEOs of divisions of general practice throughout Australia. GPDV consultants delivered the workshop in five states and the Northern Territory between November 2005 and June 2006. The Lead Teams workshops proved extremely popular, attracting representatives from 76% of Australian divisions.

Division accreditation

Eight Victorian divisions achieved accreditation in the last 12 months bringing the total to 14. Others are actively preparing for a first accreditation review and it is expected that all Victorian divisions will have achieved accreditation by March 2007.

Partnerships in health

DHS invested substantially in the relationship between GPs and DHS services through extension of the Small Grants Program, extension of the Hepatitis C Program, funding for a study of partnerships between GPs and palliative care services, use of divisions to roll out a program of clinical attachments in palliative care, support for Lifescripts, funding to three divisions for a pilot program in diabetes prevention, and funding to GPDV to support GP representation on DHS committees. DHS also committed funds to a number of other partnership projects to be undertaken in 2006-2007.

Small grants

Primary Health Branch has increased the funding to divisions eightfold since 2001. Almost half of the funds are for small grants to promote joint work between divisions and primary care partnerships. Since 2001, divisions have conducted 59 projects in partnership with PCPs demonstrating a high level of commitment in general practice and in state-funded primary care to working in partnership. Eighteen small grant applications were successful in 2005–2006. The amount available was increased from $10,000 to budgets up to $20,000 each.

Public health

The Immunisation and Public Health Program helps ensure divisions and GPs are integral contributors to the prevention of communicable diseases. GPDV has strongly represented the key role that general practice plays to the Department of Human Services, and has over this year been able to reinforce the agreed protocol for communication with general practice about urgent health alerts. With uptake of the hepatitis C resources across all Victorian divisions, the program has been so successful that it has been extended for a further two years. In addition, GPDV continues to play an integral role in planning for the Victorian Pandemic Influenza Strategy.

Lifescripts

A significant highlight of the year has been the overwhelming interest in the Lifescripts initiative. As divisions received only minimal funding to implement Lifescripts, voluntary uptake by 27 Victorian divisions has been a great achievement.

A further highlight has been the allocation of small grant funding from the Victorian Department of Human Services to 14 Divisions and other key stakeholders to support Lifescripts implementation.

PEPA 2 clinical attachments

GPDV worked closely with DHS to communicate with Victorian divisions on the organisation of clinical attachments for the Program of Experience in the Palliative Approach (PEPA). There were 75 possible places available in Victoria and all 75 places were filled—an achievement unmatched in any other state. DHS attributed the success of the Victorian PEPA 2 clinical attachments to the capacity to organise communication with GPs through GPDV and Victorian divisions.

GP partnerships with palliative care services

DHS funded a study to run in parallel with the PEPA 2 clinical attachments to explore the state of the partnership between general practice and palliative care services. This study involved semi-structured interviews with divisions of general practice and palliative care services. The study culminated in a Forum attended by division staff, palliative care nurses and physicians, as well as DoHA and DHS. The study identified successful models of partnership and recommended trials to apply these models more widely.

GPDV & quality

Re-accreditation

In June 2006 GPDV successfully underwent a re-accreditation review by QICSA against the Quality Improvement Council's 5th edition of *Health & community services standards*. A very positive report from the QICSA Review Team found that GPDV met all of the QIC standards and awarded 'leading practice' ratings for its performance against three of the standards.

Standard 1.1 Leadership and management

Standard 2.2 Focusing on positive outcomes

Standard 3.3 Incorporation of and contribution to good practice.

In its report summary the review team found, 'As a peak body, GPDV is fulfilling its role as a leader in the field, gaining national and local recognition. Internal processes are transparent and rigorous particularly in risk management and financial accountability where constant evaluation is taking place to improve systems…Interviews validated the contributions which GPDV has made to the Divisions Network and the high regard in which the organisation is held by stakeholders.'

Commitment to research

PHCRED Fellowships

Michelle Wills was successful in obtaining a Primary Health Care Research, Evaluation & Development (PHCRED) Fellowship through the Department of General Practice at The University of Melbourne. Michelle's research will focus on the knowledge of and attitudes to viral hepatitis (especially hepatitis C) of nurses in general practice.

Michelle Wills

Lenora Lippmann completed her PHCRED Fellowship on the role of the General Practice Liaison Officer. See p.13 for a summary of the findings.

Lenora Lippmann

Divisions' development

Star Divisions Program

The Star Divisions Program was strengthened in 2005-2006, reflecting GPDV's strong commitment to the ongoing development of effective leadership and management in divisions. The program has three key strands:

- ✓ Governance development
- ✓ Management and organisational development
- ✓ Knowledge sharing

Governance development

In 2005 the Commonwealth Department of Health & Aging (DoHA) awarded GPDV a significant national contract to develop and provide a two-day workshop for board members and CEOs of divisions of general practice throughout Australia. GPDV consultants delivered the workshop in five states and the Northern Territory between November 2005 and June 2006. The Lead Teams workshops proved extremely popular attracting representatives from 76% of Australian divisions. The program built on GPDV's substantial investment over five years in the provision of 'Star Boards' governance development workshops, which reached over 60% of board members in Victorian divisions.

Dr John Kastrissios, President, QDGP Board at the Queensland workshop, November 2005

Lead Teams workshop

Growth and development in governance

The workshop series provides evidence that divisions' boards have an interest in working to national governance standards as an integral part of effective leadership. GPs attending the workshops responded enthusiastically to the content and took up the challenge set by the consultants by identifying numerous areas for board performance growth and development. These include the development of more robust systems for strategic planning, for division sustainability, for financial governance and risk management, for managing the board-CEO relationship and for board composition and performance review.

Participants showed in their responses that they believe that divisions need to invest in quality improvement in governance through ongoing director recruitment and development and strong systems for performance review. They recognise that they have the responsibility to ensure that the majority of their board members are adequately trained, experienced and prepared to be effective in governance.

Directors in positions of great trust

The Lead Team series may come to be seen as a watershed in the history of the Divisions Network. The workshops reached about 28% of board members, well above the 20% regarded as the 'tipping point' for the successful spread of innovation in a primary care collaborative. It suggests that directors of divisions are increasingly well-informed about the functions of the board. In particular, individual board members are more likely to distinguish between their roles as GPs and their roles as directors, with greater recognition of their roles and responsibilities as leaders and of the position of trust that membership of a board entails.

National governance and leadership workshops

Management and organisational development

Three main strategies underpin GPDV's work in this area:

Divisions consultancy

Division consultants offer services at no cost to all Victorian divisions of general practice, tailored to the needs of individual divisions in response to requests from CEOs and boards. Facilitation, resource provision and support services span strategic planning, board performance review, CEO recruitment, contract management and developing effective systems, processes and procedures for governance and management. In 2005-2006, 38% of all direct service provision to divisions in this area related to preparation for accreditation, while another 40% was general management and governance consultancy.

CEO Network

Quarterly CEO Network meetings provide opportunities for CEOs to meet regularly with Commonwealth and state representatives and take part in professional development sessions. This year included an introduction to proposed changes in industrial relations legislation along with sessions on marketing skills, business acumen and income generation.

Participation in CEO Network meetings

	Q1	Q2	Q3	Q4	Total Divisions for Whole Year
VIC	23	23	25	21	29
TAS	3	2	2	3	3

Promoting accreditation

GPDV continued to support and encourage divisions to become accredited. CQI and Accreditation Network meetings provided input and resources to assist divisions to meet standards in risk management and in governance and to develop sound Quality Work Plans. A further eight Victorian divisions achieved accreditation in the last 12 months bringing the total to 14. Others are actively preparing for a first accreditation review and it is expected that all Victorian divisions will have achieved accreditation by March 2007.

Knowledge sharing

In 2005–2006 an extensive calendar of 45 events drew 989 participants from Victorian and Tasmanian divisions and 564 participants from other organisations.

Significant among these workshops are the orientation workshops which introduce Victorian division staff to the wealth of networking, professional development and knowledge sharing opportunities provided through GPDV. These workshops provide new CEOs and program staff with essential frameworks for understanding the nature of general practice and the work of divisions. Interest in these workshops has grown significantly over the past year with versions adapted and re-developed for other audiences including staff in government departments, in primary care agencies and organisations such as the Cancer Council.

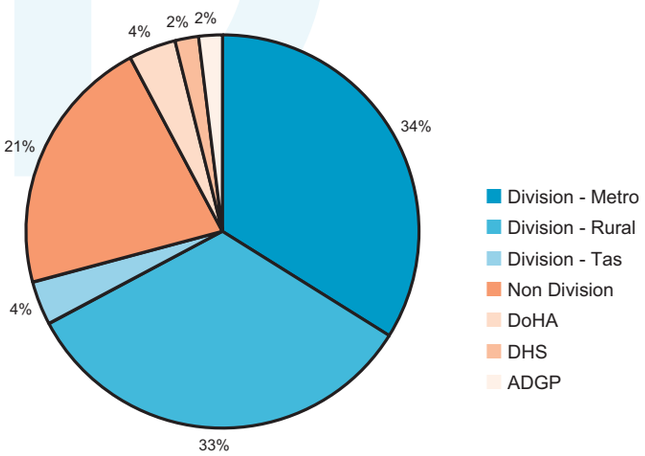
New events this year included:

- Palliative care
- Lifescripts
- Briefing for CEOs on partnership development

(Two series of workshops, the Trusted Adviser workshops and Lead Teams workshops, were seen as special categories and are accounted for in other sections, so are not included in these figures).

The following chart shows the breakdown of participation by division and non-division as well as the relative balance of rural and metropolitan participation by Victorian divisions.

Participation in GPDV workshops 2005-2006



Divisions' development *(cont.)*

Better Capacity Better Care Program

To support divisions' capacity in their work with practices, GPDV is informed by research conducted by the Centre for General Practice Integration Studies. This research into the features of general practice that support best management of chronic disease has identified four key areas:

- teamwork in practices
- linkages with other health services
- information management maturity
- effective business and financial management

http://www.cgpis.unsw.edu.au/practice_capacity.htm

In addition to this best practice evidence, GPDV is guided by the new Quality and Performance Framework for divisions, which clearly identifies chronic disease management and prevention and early intervention as key areas for work with practices. To assist divisions with the development of quality in this area of work GPDV updated the statistics package within the Primary Care Update, which is sent monthly to the divisions. This enables divisions and their staff to benchmark their performance against other divisions, and between program areas—a key component of a quality approach. Efforts have been made to ensure the data are as up to date as possible, to represent to DoHA and Medicare Australia the importance of quality data for improved performance, and to represent to DoHA the importance of appropriate boundaries between divisions in order to enhance the provision of sound data.

CDM support to divisions

The Australian Government funded GPDV to support the introduction of the new Chronic Disease Management (CDM) Medicare items in Victoria. The CDM Medicare items replaced the old Enhanced Primary Care (EPC) care planning items that have been available since 1999–2000. The six new CDM items provide more flexibility for GPs in the management of chronic disease. The items also provide an increased role for a practice nurse, Aboriginal health worker or other health professional in preparing or reviewing the GP Management Plan (GPMP) or Team Care Arrangements (TCA).

GPDV coordinated the provision of a series of speakers to raise awareness of the new CDM items. With the help of divisions, we recruited a dynamic group of CDM speakers. The team comprised seven GPs, a practice nurse (Ges Hammer) and a clinical case manager (Carole Meade). All of the speakers had experience in using or supporting the use of the items. Dr Trina Gregory and Michael Janssen from Complete Primary Care provided training.

In all, there were 27 events held in 22 Victorian and three Tasmanian divisions from January to August 2006. The events were allocated two Continuing Professional Development (CPD) points per hour. Approximately 680 participants attended comprising GPs (58%), practice nurses (31%) and practice managers (8%).

Participant evaluations showed that the workshops achieved the objectives (rated out of five) to a high degree. The objectives were for participants to express an increased understanding of:

- how to use new items (4.24)
- how other members of the Primary Care Team can assist (4.14)
- how and when to refer to Medicare funded Allied Health Services (4.05).

GPDV CDM Team Members:
Dr John Meaney, Dr Rob Grenfell, Dr Ralph Audehm, Dr Peter Meggyesy, Dr Tim Foo, Carole Meade, Dr John Buckley, Dr Precious McGuire, Ges Hammer.

Better Capacity Better Care poster

GPDV provides an important service in clarifying and marketing relevant changes to the MBS so that division staff, GPs and those with whom they work can better understand and use the available items.

To promote better understanding of relevant changes, GPDV updated the 2002 Better Capacity Better Care poster. The poster incorporates the introduction of the new CDM items, expansion of the suite of Health Assessment Items (Comprehensive Medical Assessments for residents of aged care facilities, and the Aboriginal & Torres Strait Islander [ATSI] Adult Health Check), expansion of the Medication Review Items (new Residential Medication Management Review [RMMR] item) and the Medicare funded allied health items. A key feature of the poster is the introduction of a new row demonstrating the potential role of the practice nurse or Aboriginal health worker.

Seventeen hundred posters have been distributed to Victorian divisions for distribution to general practices. The poster can also be viewed and downloaded from the GPDV website: http://www.gpdv.com.au

Lifescripts

The Lifescripts initiative provides general practice with comprehensive tools to assist patients to make healthier lifestyle choices.

To assist divisions to implement Lifescripts, GPDV facilitated two statewide workshops. The first workshop, held in September 2005, introduced the Lifescripts initiative and resources, discussed the rationale for risk factor management in general practice, introduced behaviour change and motivational interviewing theories and identified opportunities for integrating Lifescripts into division activities. Expert speakers from Kinect Australia, Quit and the National Heart Foundation spoke on risk factor management.

The second workshop, held in May 2006, provided an update on state and Commonwealth Lifescripts developments and enabled divisions to share strategies and success stories for implementing Lifescripts. Highlights included a demonstration of the North East Valley Division's website for Lifescripts and a presentation from Whitehorse Division on building capacity to use Lifescripts within other division programs.

Resources for the Lifescripts Program

Nursing in general practice

The Nursing in General Practice Program, a major new funded initiative, assists GPDV and the divisions to build the teamwork component in the development of practice capacity.

The program, funded by DoHA until June 2008, has two objectives:

- to build the capacity of divisions to deliver support services for nursing in general practice, in particular to recruit and retain nurses in general practice;
- to broker, coordinate and fund education and professional development opportunities for nurses in general practice in collaboration with divisions.

In 2005–2006, GPDV strategic approaches included education, the establishment of a practice nurse network, resource development and planning. A highlight has been the brokerage and funding of education and professional development opportunities for practice nurses. In the last 12 months, this training included mentoring, pap smear testing, wound management, diabetes education, team building, chronic disease self management, Koori cross-cultural training, how practice nurses add value to and complement practice work and wound management for rural nurses. 58% of all nurses attending training were from rural divisions.

Access to general practice services

GP services in aged care homes

The Aged Care GP Panels Initiative (ACGPPI) aims to improve access to medical care provided to residents of aged care homes and to enhance the quality of medical care. The main strategy is to establish local panels of GPs who undertake to provide care in aged care facilities. Funded by the Department of Health & Ageing under *Strengthening Medicare*, it began in 2004–2005. A related development is the Comprehensive Medical Assessment Medicare Item, which was introduced as a complementary measure.

The Aged Care Panels Program is a vital program for both the Australian and Victorian Governments, as older people tend to be admitted to residential care later and with higher and increasingly complex needs. The role of divisions in building relationships with GPs and aged care facilities is an essential building block to improving the quality of medical care provided to residents.

Local networks

In the first year of the program, GPDV built on a strong statewide network in Victoria. This network continues to strengthen with regular education, training and networking opportunities provided in quarterly regional and statewide meetings. Over the last 12 months the network meetings concentrated on the relationship between aged care and acute services as well as on marketing and communication. In addition to the statewide meetings, divisions formed regional networks where they undertake local coordination of educational activities and a sharing of resources and ideas.

Quality of GP panels

In 2005–2006, the local panels concentrated on improving medication management systems, IT solutions, provision of education for GPs and aged care staff and advanced care planning. Efforts to improve medication management were particularly successful with MBS data showing that Victorian GPs billed Medicare for 5139 Residential Medication Management Reviews (RMMRs) in 2005–2006. This was 30.3% of the national total, a higher proportion than expected as Victoria has 25% of the national population.

Aboriginal health

In February 2006 the Workforce Sub-Committee of the Victorian Advisory Council on Koori Health finalised a Victorian state operational plan with the aim of developing a more coordinated approach to new programs and initiatives in Aboriginal health. GPDV was a member of the Workforce Sub-committee. The objectives outlined in the state operational plan, and which have the agreement of stakeholder groups, include:

- Increase the number of ATSI people working across all health professions
- Improve the clarity of roles and recognition of ATSI health workers as a key component of the health workforce and improve vocational education and training sector support for them
- Address the role and development needs of other health workforce groups contributing to ATSI health (this includes GPs)
- Improve the effectiveness of training, recruitment and retention measures targeting both non-indigenous Australian and indigenous Australian health staff working within Aboriginal primary health services.

GPDV has maintained its commitment to working within the priority areas agreed to by the Victorian Aboriginal Community Controlled Health Services. GP recruitment and retention in ACCHSs and Victorian divisions' support for General Practice accreditation and improved use of MBS incentives for systematic care of chronic conditions in ACCHSs continue to be the key focus of our work in this area.

Partnerships in health

GP-hospital communication

GPDV has encouraged and assisted DHS's growing interest in the links between secondary and primary care. We ensured that the general practice perspective was recognised in many program reviews including maternity services, stroke care, cancer care, palliative care, dementia and the Auditor General's review of outpatient services. In the primary care sector GPDV worked with many primary care and acute agencies to increase their understanding of general practice and the incentives for better coordination through Broadband for Health, MBS, SIP, and PIP.

In supporting the Aged Care Panels Initiative GPDV worked in partnership with the aged care peak bodies, the Department of Health & Ageing, and DHS to address common statewide issues such as discharge medication charts and planning for new facilities, in addition to supporting divisions in their partnerships with aged care facilities at the local level.

Provision of up-to-date GP contact details to Victorian hospitals

During 2005–2006 GPDV produced the last update of the General Practitioner Register (GPR) and, where GPs consented, transferred the data to the Human Service Directory (HSD) which is now maintained by a private contractor to DHS. There have been major technical problems for hospitals in switching over from the GPR to the HSD. GPDV has assisted in identifying the problems and bringing them to the attention of the relevant parties. While the GPR provided a comprehensive and validated database of GP contact details, the lack of a credible database of GP contact details in the HSD has slowed the rate of GP-hospital communication about patients in the past year. We are optimistic that the problems will be rectified in 2006–2007 and that the GP data in the HSD will be incorporated into an integrated hospital and community health statewide patient information system from 2008.

General Practice Liaison Officer positions in hospitals

Department of Human Services (DHS) funding has led to an increase in the number of General Practice Liaison Officers (GPLOs) in major public hospitals from seven in 2001 to 33 by June 2006.

GPDV has actively supported GPLOs in Victorian public hospitals through:

- facilitation of a statewide GPLO network
- undertaking a study into *The role and achievements of Victorian public sector GP liaison officers*
- orientation for new GPLOs, and
- assistance to DHS in the appointment of consultants to review GPLOs in Victoria.

GPDV also contributed significantly to DHS's review of the role of GPLOs and we await the results in the new financial year.

The role and achievements of Victorian public sector GP liaison officers

The study found that GPLOs focus on the structural issue of continuity between primary and secondary care as it affects a wide range of health service users.

GPLOs affected most GPs using the relevant hospital through the provision of hospital and patient information, and in every setting the GPLOs were seen to have affected at least five major hospital departments.

GPLOs improve the relationship and communication between hospitals and divisions. They improve the flow of information about hospital services to GPs; they improve the flow of useful patient information between GPs and hospitals, which allows better care as patients move between different healthcare settings. They help emergency departments and outpatient departments to improve their processes so they are more efficient and safer, and less frustrating for the public.

But GPLOs are only as effective as the support they get from divisions, hospitals and DHS. This support needs to be financial. It also needs regular communication between hospital senior personnel and the division leaders, active encouragement of hospital staff to engage with divisions and commitment to providing adequate resources (eg for hospital IT systems and Hospital Medical Officer [HMO] training).

This study conducted by Lenora Lippmann under a PHCRED Fellowship was completed in January 2006. A copy of the report is available on the GPDV website.

Partnerships with the primary care sector

Since 2001 Primary Health Branch of DHS has funded GPDV to strengthen the links between divisions and other primary care service providers. The aim is to build better working relationships, communication and coordination.

To achieve the aim, GPDV's main strategies are:

- to advocate for DHS funding to enable division participation in initiatives undertaken through and/or with Primary Care Partnerships (PCPs) and/or member agencies
- to advise DHS on appropriate roles for divisions to be included in implementation guidelines for DHS initiatives
- to support divisions and PCP member agencies to work together on achieving GP participation in service coordination and integrated health promotion.

Primary Health Branch has increased the funding to divisions ninefold since 2001, with approximately $850,000 available in 2005–2006.

Small grants

For the fourth consecutive year Primary Health Branch worked with GPDV to fund DHS small grants. The grants promote greater partnership between general practice and state-funded primary health services through joint projects between divisions and Primary Care Partnerships (PCPs). Eighteen Small Grant applications were successful in 2005–2006. The amount available was increased from $10,000 to budgets up to $20,000 each.

At a GPDV workshop in June 2005, divisions and PCPs strongly advised that greater alignment between Commonwealth and state directions was needed. The Guidelines for the Small Grants in 2005–2006 met this clearly identified need. The two categories of grants were service coordination and health promotion. The service coordination grants focused on improving referral and feedback for chronic disease management and on aligning the GP's use of the Medicare items for care planning with approaches to multidisciplinary care planning used by other service providers. Integrated health promotion focused on integrating division work on Lifescripts (a Commonwealth program) with health promotion activities undertaken in other primary care settings.

Since 2001, divisions have conducted 59 projects in partnership with PCPs, demonstrating a high level of commitment in general practice and in state-funded primary care to working in partnership.

Funded projects by year

	Number of projects funded:	
YEAR	Primary Health Branch	Regional DHS
2002–03	8	2
2003–04	14	2
2004–05	13	-
2005–06	19	1
Total	**54**	**5**

Number of projects conducted by divisions and PCPs

Number of projects conducted	Number of divisions	Number of PCPs
0 projects	2	3
1 project	3	8
2 projects	8	8
3 or more projects	13	12

Trusted adviser workshops

The idea of the trusted adviser as the basis for effective partnerships was the theme of a series of workshops funded by DHS and organised by GPDV. The purpose was to develop the skills for effective partnership between divisions and the primary care sector. GPDV engaged Andrew Hollo (Workwell consultancy) to develop content and to deliver the workshops. One workshop was delivered in each DHS region and more than 152 division staff and CEOs participated. On average, at the end of the workshop participants rated highly their ability to understand partner agencies' needs, to build trust quickly, to handle objections and to offer challenging views and advice in a constructive manner.

Victorian Statewide Referral Form

The VSRF is DHS's standard tool for referrals to state-funded services but was resisted by GPs as too complex and bureaucratic. GPDV facilitated the revision of the form with the assistance of a general practice working group and ensured that a template is included in Medical Director. The revised VSRF is far more GP friendly—it is significantly shorter; all duplication of information has been removed as has the bureaucratic language. Further work is needed to get the template into other software products and encourage its use by GPs.

Orientation to divisions

GPDV ran the *Orientation to divisions* workshops for primary care sector staff at two statewide workshops and two workshops for specific organisations. In total, 35 organisations participated, including community health, PCPs, ACCHOs, NGOs, DHS and DoHA. Participants rated the workshop content and process very highly, and valued the practical guidance contained in the 'Protocols for working with divisions'. This workshop will continue to be offered twice a year, and is available to organisations on request.

Strengthening the links with mental health

GPDV is funded by DoHA to support Victorian divisions' work with GPs in mental health. The focus of the work is on improving the systems and local relationships to promote high quality mental health care in general practice. GPDV represents general practice and divisions to both Commonwealth and state government departments, particularly DHS. A GPDV Mental Health Reference Group supports this role, providing valuable advice and recommendations to the GPDV board and to other peak bodies. GPDV is also represented on the GP–Psychiatry Liaison Committee, convened by the RACGP.

Policy, representation & advocacy

The Department of Premier and Cabinet invited GPDV to provide advice and representation on behalf of divisions and GPs as part of COAG process in 2006. Through this process, we were nominated as a member of the proposed state-wide Mental Health Outcomes Council recommended by the Boston Consulting Group in their report, *Improving mental health outcomes in Victoria: The next wave of reform*, commissioned by the Department of Premier and Cabinet.

We advised, advocated and represented GP and division views to ADGP, DoHA, DHS and other organisations especially on:

- access to mental health training for rural GPs
- contracts, performance indicators and data collection for Better Outcomes Access to Allied Psychological Services projects
- access for GPs working in non-accredited practices to participate in Better Outcomes
- regular liaison with Mental Health Branch, DHS concerning the continued development of Primary Mental and Early Intervention teams, discharge planning procedures, and hospital liaison with GPs.

GPDV participated on several statewide steering committees, including the Centre for Excellence in Eating Disorders (CEED), RACGP GP–Psychiatry Liaison Committee, DHS Counselling Reference Group, the MHS 2007 Steering Committee.

Systems development

GPDV worked with Mental Health Branch, DHS on the continued development of Primary Mental and Early Intervention teams, discharge planning procedures, and hospital liaison with GPs to develop better communication between Area Mental Health Services, divisions and GPs. Since the commencement of the discharge planning program by the Branch, almost half the Area Mental Health Services have submitted protocols. In some areas and there has been excellent liaison with divisions resulting in the development of effective protocols supported by the specialist services and the participating divisions, for example in North West Melbourne, Mornington Peninsula, and Geelong.

Networking, training and development

On 24 November 2005, GPDV convened the Primary Mental Health Forum, held with national and state speakers including Senator Lynn Allison, Chair, Senate Select Committee on Mental Health; John Mendoza, CEO, Mental Health Council of Australia; Jane Westley, Senior Project Officer, ADGP; and Dr Ruth Vine, Director, Mental Health Branch, DHS. The focus of the Forum was on the how the Senate Inquiry was including general practice. GPDV had provided a submission to the Senate Select Committee on Mental Health earlier in the year, based on consultation with GPs and the Forum in November 2004.

We maintained statewide training and networking opportunities for divisions through quarterly workshop meetings with division staff and state-funded clinicians.

There were high rates of satisfaction with GPDV Mental Health Access to Allied Psychological Services (ATAPS) Network meetings and regular attendance by Victorian and Tasmanian divisions.

Broadband for Health

The Broadband for Health (BFH) program promoted the uptake of broadband through information sessions and distribution of communication material to practices through divisions of general practice.

By May 2006, a total of 660 Victorian practices (37.14% of those eligible) had taken up the Broadband for Health incentives. This represented an increase of 101 in 2005–2006, up from 559 (31.46%) at June 2005.

A contributing success factor was the division practice support and IT staff visiting practices and assisting them with completion of the Security Awareness and Conformance Report. A survey of rural divisions conducted by RWAV revealed previously existing high levels of broadband connection which may explain lower than expected levels of BFH take-up in Victoria. It is also important to note that most of the uptake of incentives in the last financial year occurred in June 2005. We can reasonably expect a similar spike in the figures for 2005–2006 but the June figures were not available in time for this report.

A weakness of the program was the lack of information management funding in divisions of general practice. The result was a need for GPDV to deal directly with general practices, a departure from our usual model of working with divisions. The BFH program highlighted the urgent need for practice support in IM/IT.

eHealth integration – state and Commonwealth

As part of this project GPDV promoted the integration of Broadband for Health and state-funded ICT networks (Health alliances) to increase GP engagement in eHealth. DHS has established eight regional partnerships (Health Alliances) of health services to share an information technology intranet. They are managed by Chief Information Officers (CIOs). Before BFH there was no funding to enable GPs to be part of these networks. By June 2006 three of the eight health alliances were approved as 'qualified' providers under the BFH program and a further two were considering this.

GPs and public health

Hepatitis C

The prevalence of hepatitis C in the community is higher than is generally recognised and there is scope for improvement in diagnosis, referral and treatment. GPDV provided data to divisions on the incidence of hepatitis C and evidence-based information on the proportion of sufferers who were receiving appropriate treatment. We then designed an education program which was offered to divisions to run for their GP members. The education package included learning modules, information for GPs, speakers for divisions to use and CPD points for participation. The program has had a very high uptake of GPs and is recognised by DHS as a model for successful engagement of GPs, especially on an issue that is not one of the more common problems seen in general practice. The education program continues with the initial 12-month pilot extended for a further two years. The education events offer the opportunity for GPs to interact with local specialists wherever possible thus developing or strengthening linkages.

The Hepatitis C Advisory Committee identified a need for a resource designed specifically for use in general practice. A one-page laminated guide was developed as a quick reference and was distributed to all 30 Victorian divisions' GP members.

Immunisation

In the national immunisation ranking for divisions, eight Victorian divisions are in the top 15 and, in the February 2006 recalculation of national data on the General Practice Immunisation Incentive scheme (GPII) uptake, all but two divisions achieved immunisation rates over 89.3%. However, the immunisation rates in Victoria have been following a national trend, declining slightly over the last 12 months.

The Immunisation Network meetings bring together not only all the divisional immunisation program officers but also other immunisation stakeholders for an exchange of information and ideas. The stakeholders include representatives from ADGP, ACIR and DHS for national and state immunisation updates. Guest speakers are invited from areas such as immunisation research, travel medicine and other specialty areas connected with immunisation. The meetings discuss current issues within immunisation to allow not only information exchange but also to ensure that a state-based approach is developed on issues. This approach ensures that all general practices in Victoria are receiving the same information.

Partnerships with palliative care

PEPA 2 clinical attachments

GPDV worked closely with DHS to communicate with Victorian divisions on the organisation of clinical attachments for palliative care. There were 75 possible places available in Victoria and all 75 places were filled – an achievement unmatched in any other state. DHS attributed the success of the Victorian PEPA 2 Clinical Attachments to the capacity to organise communication with GPs through GPDV and Victorian divisions. GPDV prepared resources and information in a format acceptable to divisions; consulted with Chairs through metropolitan and rural teleconferences about an appropriate model for Victoria, used the network to recruit interested GPs to participate; brokered a $500 payment to divisions to cover administrative costs; and negotiated the removal of the controversial police checks for participating GPs.

Study of partnership between GPs and palliative care services

DHS funded a study to run in parallel with the PEPA 2 clinical attachments to explore the state of the partnership between general practice and palliative care services. This study involved semi-structured interviews with 12 divisions of general practice and 9 palliative care services. The study culminated in a Forum attended by division staff, palliative care nurses and physicians, as well as DoHA and DHS.

The study identified substantial variation in the role played by GPs in the provision of palliative care and in the role of divisions in supporting a relationship between GPs and palliative care services. Excellent local models were identified in Geelong and Frankston-Mornington Peninsula areas. The NHS Gold Standards Framework is also valuable a model for the GP role and for cooperation between GPs and specialist palliative care services.

Recommendations include the need to recognise and reward different levels of GP involvement in palliative care; the need for dedicated funding to divisions to support and develop the GP-palliative care partnership; local trials of partnership development in the palliative care consortia; funding of a special MBS item for the GP role in palliative care and wider support for a modified form of PEPA 2 clinical attachments modelled on the clinical attachment programs in Geelong and Mornington Peninsula.

Dr Deb Harley (GP Association of Geelong) at the Palliative Care Forum

Policy, consultation & representation

Policy development

Primary health care policy

The policy development focus of 2005–2006 was the development of a Victorian contribution to the Divisions Network's position paper on primary health care. In 2004–2005, GPDV prepared a Policy Issues Paper on *The need for a national primary health care policy*. In August 2005 we conducted a forum for the chairs of Victorian divisions and a follow-up consultation meeting in September 2005.

GPDV's main concerns in primary health care policy have been to ensure recognition of the evidence that supports a health system focused on primary care; to support the need for multidisciplinary team development in primary health care without losing the GP's central role in the team and without losing the value placed upon the GP–patient relationship; and to ensure that Victoria has a position on primary health care that is supported equally by the state-funded primary health sector and Victorian divisions of general practice.

ADGP's position paper on primary health care was launched at the national forum in November. Since then GPDV has used the paper as a basis for discussion with a range of Victorian primary health organisations. A focus in 2006–2007 will be to develop an agreed Victorian position on primary health care that may serve as a basis for co-operative action at the state level.

Submissions

GPDV made submissions to the Victorian government and synthesised divisions' input to ADGP on a range of national issues throughout the year.

These included input to:

- the Productivity Commission Workforce Consultation
- the (state) Review of the Coroner's Act
- Department of Human Services Ambulatory Care Planning Framework
- ADGP's nurse practitioner statement
- ADGP's Primary Health Care Position Statement
- ADGP's discussion paper (to present to the Commonwealth Department of Health and Ageing) on the divisional network infrastructure for the General Practice Immunisation Incentives (GPII) Scheme.

Consultation

GPDV uses a range of consultation mechanisms to ensure that our representation and advocacy is based on Victorian divisions' views. As well as exchanging views at staff level (through emails, invitations to comment, statewide events for division staff including CEO networks, and events for program consultants and coordinators) we provide opportunities for board members to meet, discuss issues and give GPDV their feedback so that we can take the next step, be that making a written submission, informing a GP representative's contribution through a committee, or some other action. Some of the ways we consulted division board members in 2005–2006 were through:

Forum meetings for Chairs or other board members. These meetings involved a detailed exploration one theme followed by a briefer discussion of a 'hot topic', often involving issues that require more immediate action.	*Issues for discussion:* • ADGP's primary health care position statement (Aug); • Primary Care Collaboratives (Nov); • Divisions and health call centres (May) *Hot topics including:* • RRMA funding formula • Review of Rural Workforce Agencies • Pandemic Flu Planning • Supervision of Division 2 nurses in general practice
Separate quarterly teleconferences for rural and metropolitan division chairs.	*Wide variety of issues, including:* • PEPA 2 clinical attachments • GP role in pandemic flu and other emergency planning issues • Early intervention in chronic diseases in community health services • Review of RWAs and RRMA • Primary health care position statement • Activities of the Review Implementation Committee
Visits by a GPDV board member to a division board meeting.	*Wide variety of issues, including:* • GP-hospital links • obtaining funding from DHS • implementation of practice nurse program. *GPDV is currently reviewing the effectiveness of the visits, in consultation with divisions.*

Representation

GPDV has ensured that divisions are represented on a wide range of state and national-level committees. We continue our policy of calling for nominations from all Victorian divisions and have been successful in encouraging DHS to formally recognise the need to engage GPs who have a constituency to report to rather than to select individual GPs who are not accountable to their colleagues. In 2005–2006, GPDV participated in a total of 42 committees. In 2005–2006, DHS also recognized the importance of the representation function by contributing $20,000 towards the cost of GP representation on its committees.

GPDV representatives on committees

Category	No. of committees
DHS committees	21
DoHA	3
Other	18
Total	**42**

For the second time, GPDV surveyed the representatives and the auspicing organisations that have GPDV representatives on their committees, to investigate the objectives sought in the last 12 months, progress towards them, and effectiveness of representation from both perspectives. The feedback shows that GPDV representatives are regular attendees and effective contributors to a wide range of committees. Auspicing agencies are generally very keen to continue to have GP representation and two committees that had completed their tasks reported excellent outcomes. GPDV will use the details of the survey findings to improve the representation process, including support and training for GPDV representatives.

The full list of committees and GPDV representatives is provided on pages 31 and 32.

Future directions

Primary health care policy

ADGP's position paper on primary health care was launched at the national forum in November 2005. Since then GPDV has used the paper as a basis for discussion with a range of Victorian primary health organisations. A focus in 2006–2007 will be to develop an agreed Victorian position on primary health care that may serve as a basis for cooperative action at the state level.

Access to GP services

Aboriginal health

GPDV will continue our DoHA-funded work with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) on collaboration in chronic disease management between divisions and Aboriginal health services. This work is to be complemented and enhanced by funding from DHS to review the issues for improving access to GP services by Aboriginal people. Divisions involved in and selected by AHPACC partnerships will receive allocations of approximately $20,000 to develop a protocol with AHPACC partnership agencies, and to implement and evaluate up to two quality improvement activities identified within the general practice and primary health care settings. GPDV will support the development and implementation of these activities.

Aged care

The aged care beds allocations' process is undertaken at present without division or GP input. GPDV is working with the Department of Health & Ageing to ensure division input into the process. The Panels Program will provide the state and Commonwealth governments with a platform to roll out the development and training strategies in aged care, such as the DHS medication management training planned for the aged care sector in 2006–2007.

Integrating general practice with state health services

Our work to strengthen the primary health sector by the increasing integration of general practice into the state's health system will be enhanced by a number of newly funded programs, among them refugee health, lymphoedema education, clinical risk management in small rural hospitals and support for partnerships between divisions and community health services. Ongoing efforts in integration will include resolution of problems associated with the Health Services Directory and improvement of information transfer for residents of aged care services when they are discharged from hospital. As the Council of Australian Government (COAG) measures in mental health are implemented in Victoria in 2007 and beyond, the relationship between GPs and specialist mental health services will become an area requiring further attention.

Workforce

The introduction by DoHA of a large national program for Nursing in General Practice has given fresh impetus to the development of systems change in practices, and has enabled GPDV to continue its promotion of an integrated approach to practice capacity.

IM/ICT

A significant development this year was the recognition by the Australian Government that the collection of useful clinical information about general practice depends entirely on the development of information management skills and systems in general practice and in divisions. The funding of Regional Health Information Management Officers in SBOs and the continuation of the Broadband for Health Program are vital for supporting IT capacity in general practice and for the development of a capacity to use data aggregation through divisions to demonstrate the value of the network.

2 GPDV organisation & community of interest

Abbreviations used in this report.

ACCHSs	Aboriginal Community Controlled Health Services
ACGPPI	Aged Care GP Panels Initiative
ACIR	Australian Childhood Immunisation Register
ADGP	Australian Divisions of General Practice
AHPACC	Aboriginal Health Promotion & Chronic Care
ATAPS	Access to Allied Psychological Services
ATSI	Aboriginal & Torres Strait Islander
BBV/STI	Blood Borne Viruses/Sexually Transmissible Infections
BCBC	Better Capacity Better Care
BFH	Broadband for Health
CMAs	Comprehensive Medical Assessments
CDM	Chronic Disease Management
COAG	Council of Australian Governments
CPD	Continuing Professional Development
CQI	Continuous Quality Improvement
DHS	Department of Human Services (Victoria implied)
DoHA	Department of Health & Ageing
EPC	Enhanced Primary Care
GPII	General Practice Immunisation Incentives
GPMP	GP Management Plan
GPR	General Practitioners Register
HMO	Hospital Medical Officer
HMR	Home Medicines Review
HSD	Health Services Directory
MHS	Mental Health Service
MoU	Memorandum of Understanding
NGO	Non-government Organisation
P&CHN	Primary & Community Health Network
PCPs	Primary Care Partnerships
PEPA 2	Program of Experience in the Palliative Approach
PHCRED	Primary Health Care Research, Evaluation & Development
PIP	Practice Incentives Program
QIC	Quality Improvement Council
QICSA	Quality Improvement & Community Services Accreditation
QUM	Quality Use of Medicines
RIC	Review Implementation Committee
RMMR	Residential Medication Management Review
RRMA	Rural Remote Metropolitan Areas
RVEEH	Royal Victorian Eye and Ear Hospital
RWAs	Rural Workforce Agency
RWAV	Rural Workforce Agency Victoria
SBO	State-Based Organisation
SIP	Service Incentives Program
TCA	Team Care Arrangements
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VSRF	Victorian Statewide Referral Form

Our organisation

GPDV is the peak body for the 30 divisions of general practice in Victoria.

The national purpose of the Divisions Network is to assist general practice to provide services to the community within the context of a broader primary health care system. As a local resource, divisions provide leadership and generate partnerships that link general practice with the rest of the health care system.

Since 1998 GPDV has received its core funding from the Commonwealth Department of Health & Ageing as a State Based Organisation (SBO) within the network with the purpose of:

- providing leadership and advocacy for divisions to ensure that the state government is aware of opportunities that the Divisions Network provides to implement primary care initiatives relevant to general practice
- supporting divisions in continuing to build their organisational capacity for high quality program delivery.

GPDV is governed by an elected Board of Directors with equal representation from metropolitan and rural and regional divisions.

Our services

- Consultation with and advocacy for Victorian divisions and general practice
- Policy analysis and advice using a range of methods including consultation, background papers, submissions and policy issues papers
- An extensive needs-based program of statewide forums, workshops and meetings aimed at providing divisions with access to policy and decision makers, innovative approaches, current trends and skills training
- Resource development and dissemination
- Individual consultancy to divisions
- Regular communications with members and stakeholders through newsletters, updates, hosted email networks and our website.

Continuous quality improvement

In June 2006 GPDV successfully underwent a re-accreditation review by QICSA against the Quality Improvement Council's 5th edition of Health & community services standards. These standards are underpinned by a set of values about the features of a quality organisation which we share at GPDV.

QIC features of a quality organisation

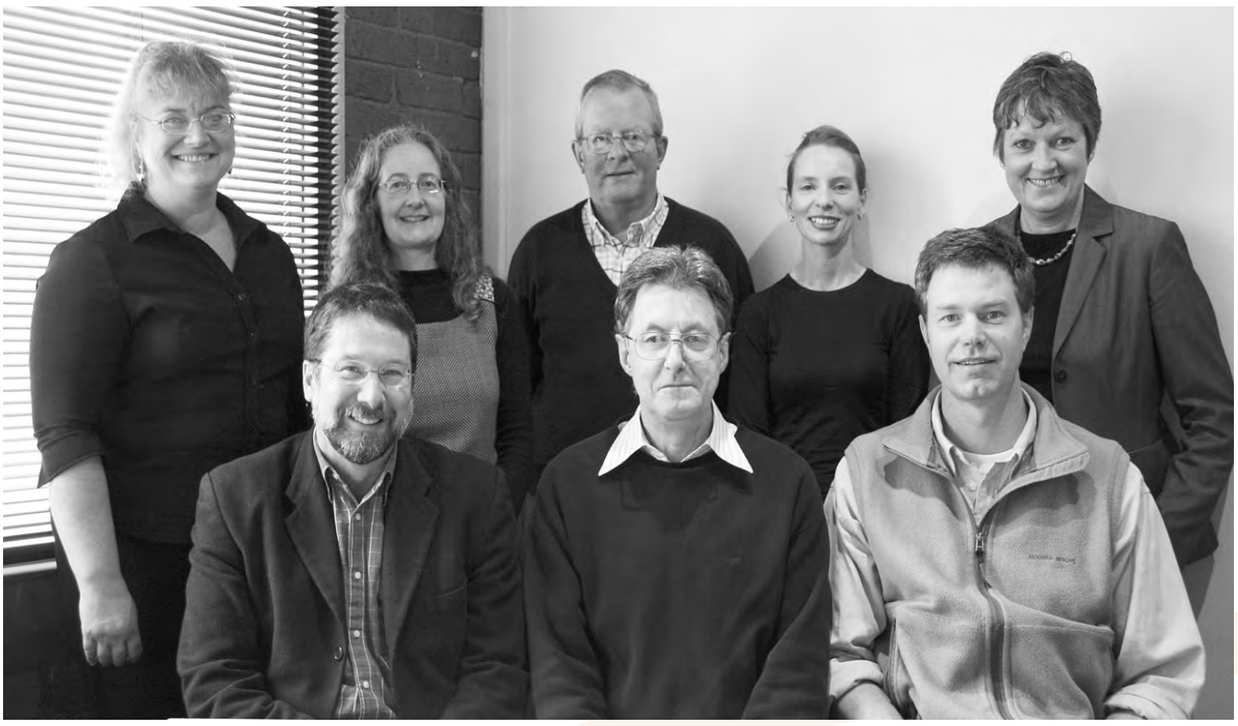
The organisation is:	Services and programs are:
Efficient	Effective
Legal	Competent
Accountable	Safe
Sustainable	Accessible
Participatory	Fair
Reflective	Responsible
Integrated	Inclusive and culturally sensitive
	Coordinated

Quality Improvement Council

A very positive report from the QICSA Review Team found that GPDV met all of the QIC standards and awarded 'leading practice' ratings for its performance against three of the standards:

- Standard 1.1 Leadership and management
- Standard 2.2 Focusing on positive outcomes
- Standard 3.3 Incorporation of and contribution to good practice.

The GPDV board



GPDV board 2006

Dr John Meaney

Dr John Meaney, chair of GPDV, has been in general practice in Dandenong for 30 years. He is past chairman of the Dandenong District Division and continues on the Dandenong Division board. He has a wide range of professional interests and has represented GPDV on many committees, including the Victorian Advisory Committee on General Practice, HARP Preselection Committee and working groups involved in Primary Care Partnerships, the development of Enhanced Primary Care items, hospital integration, after-hours and workforce issues.

- Chair of GPDV's Mental Health Reference Group
- Member of the RACGP Professional Peer Support Group Committee
- Board member of GPDV since 1998.

Dr Rob Grenfell

Rob has a Masters in Public Health and is a Public Health Physician. Rob currently practices in general practice in Horsham and is the solo GP at Natimuk. Rob brings to his work as a board member his knowledge of the issues facing rural general practice and rural divisions as they work with their members and practices to improve the quality and continuity of care for their communities.

- Rural Workforce Agency Victoria (RWAV) Board
- DHS GP Education Program – Hepatitis C
- Board member since 1999.

Dr David Tillett

David Tillett is the Treasurer of the GPDV board and has played a major role in establishing effective systems for financial governance. Recognition of his skills in financial governance and in general practice systems has led to his involvement in presenting at the Star Boards program for GPDV, on risk management for divisions, and on change management and a systems approach to practice management. As a GP surveyor with AGPAL he has developed a strong focus on practice management and accreditation issues.

- Board member since 2000.

Dr John McEncroe

John practices in Hawthorn. He has been a Board member of the Inner Eastern Melbourne Division since 1995 and was its chair for six years. He has been a Board member of GPDV since 1998 and a past chair. This year his major involvement has been as part of the Lead Teams Governance Workshops which have been attended by the division board members and CEOs throughout Australia. He is involved with General Practice Education and Training as Chair of the Victorian Metropolitan Alliance, the largest of the Regional Training Providers.

- Eye and Ear Hospital MoU Steering Group
- Member, Eye and Ear Public Health and Primary Care Advisory Committee
- Board member since 1998.

Dr Julie Thompson

Julie is currently a board member of the Central West Gippsland Division of General Practice and has had a long commitment to her division and to the Divisions Program. She is a past Chair ADGP. Julie has a sound understanding of corporate governance. She has held many representative positions on behalf of general practice and divisions over the past 10 years and values consultation and collaboration. Julie has had the opportunity to visit many divisions and has a deep understanding of the issues facing divisions and the practices they support.

- Board member since 2004.

Dr Nola Maxfield

Nola is a procedural rural doctor from Wonthaggi in South Gippsland, a partner in a large GP training practice for 21 years. Nola is a long standing board member and chair of her local Division in South Gippsland. Nola has experience of representation at many levels. These include her roles as chair of the South Coast Health Services Consortium Primary Care Partnership, member of the Gippsland Health Services Partnership, on Department of Human Services committees and with the Rural Doctors Association at state and previously national levels.

- Board member since 1998.

Dr Sharon Monagle

Sharon works part-time in general practice in Beaumaris. She has a long history of involvement in the Divisions Program, both rural and urban, having been an active committee member, Board member and employee of divisions. She is currently a member of Central Bayside, Monash and Dandenong Divisions. Sharon has a special interest in integration and access and also works for Southern Health, directing the Acute-Primary Care Liaison program.

- DHS Advisory Committee on Access to Elective Surgery
- DHS Statewide Elective Surgery Reference Group
- Emergency Access Reference Committee, Primary Care sub-committee
- Board member since 2001.

Dr Wendy Bissinger

Wendy has worked in general practice since graduating in 1983 and has a Masters of Public Health in health promotion and health policy planning. Wendy has been involved with divisions for the last 10 years, initially as a peer educator and GP advisor (Eastern Ranges and Knox) and then board level for six years (Knox).

- DHS Immunisation Advisory Committee
- Rural Workforce Agency Victoria (RWAV) Board
- DHS Emergency Access Reference Committee (EARC) – Aged Care
- sub committee
- DHS Emergency reference group
- DHD Pandemic planning group
- GPDV GP Panels Reference Group
- DHS GP Engagement Working Group
- Board member since 2003.

Performance review and development

The board again undertook a review of its governance performance in 2005 and identified key areas for development in the coming year. These included increasing its strategic focus and strategic planning efforts and reviewing and revising board succession planning and induction processes for new board members. Four members of the board attended the two-day Lead Teams governance and leadership workshop in February 2006.

Governance policies and procedures review

Following the national governance and leadership workshop the board reviewed and revised all of its governance policies and created strategic planning and risk management policies. The review ensured that governance processes are consistent with Quality Improvement Council standards, AS 8000 Good Governance Principles and the Australian Institute of Company Director code of conduct for boards.

Board attendance

	Total Attendance
Wendy Bissinger	7/9
Rob Grenfell	7/9
Nola Maxwell	7/9
John McEnroe	8/9
John Meaney	9/9
Sharon Monagle	6/9
Julie Thompson	9/9
David Tillett	9/9

Note: Board did not meet July 2005, January 2006 & May 2006

GPDV staff 2005-2006

Front row: *Warren Loorham, Katie Fitzgerald, Bill Newton, Anne Diamond, Helen Threlfall*
Middle Row: *Lany Mason, Robyn Shaw, Susan Webster, Michelle Wills, Rosemary Fenech, Lesley Czulowski*
Back Row: *Linda McKenzie, Rachel Overell, Rachel O'Neill, Christine Macdonald, Sonya Tremellen, Vanessa Collinson, Scott Bennett, Danielle Stephenson*
Absent: *Eliza Sanneman, Lenora Lippmann, Louise Willis, Craig Szucs*

Chief executive officer: Bill Newton

Division consultants/team leaders
Lenora Lippmann
Helen Threlfall
Susan Webster

Program consultants

Program	Staff member
Primary Health Care Integration	Sonya Tremellen
Population Health, Disease Prevention and Immunisation	Michelle Wills
General Practice Nursing	Belinda Caldwell (until December 2005) Lesley Czulowski (from February 2006)
Aboriginal Health	Lesley Czulowski (from February 2006)
Mental Health	Anne Diamond
GPs in Residential Aged Care Homes	Rosemary Fenech
Chronic Disease Support Items	Rosemary Fenech
General Practice Capacity for Chronic Disease Management	Rachel Overell (from March 2006)
QUM, HMR	Rachel Overell (from March 2006)
Lifescripts	Aimee Black Rachel Overell (from March 2006)
Broadband for Health	Melinda Roland Craig Szucs (March to June 2006)
Palliative Care	Christine Macdonald
Policy Analyst	Christine Macdonald
Policy Analyst	Louise Willis

Internal support team

The internal support team maintains the organisational systems and processes and provides assistance to team leaders and program staff. The support team is structured on the principle that while most staff have a main area of responsibility, the roles are flexible and all staff provide administrative and infrastructure support to the organisation as a whole.

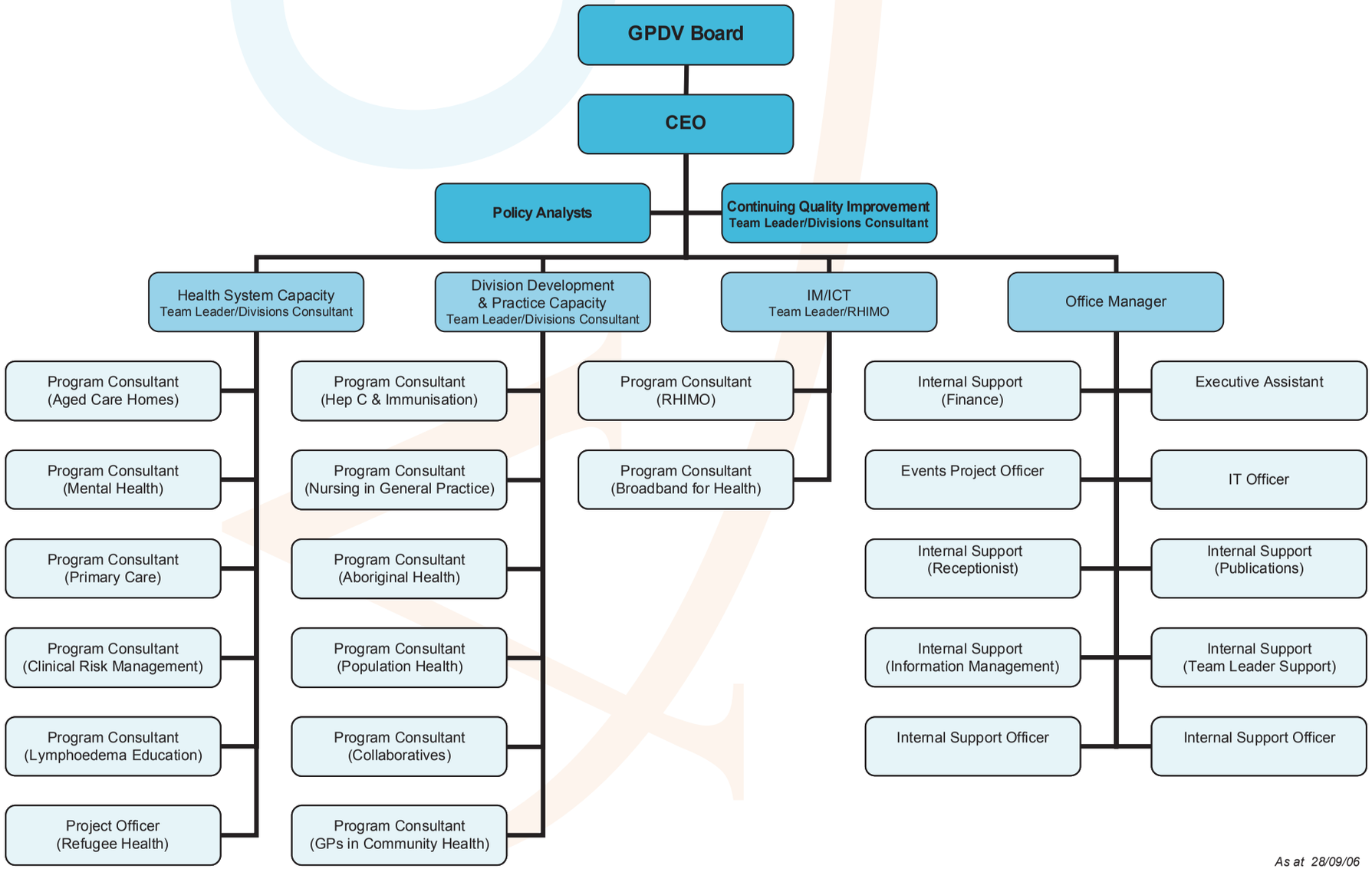
Office manager/team leader: Lany Mason

Support team
Scott Bennett
Vanessa Collinson
Katie Fitzgerald
Wade Hanna
Warren Loorham
Linda McKenzie
Rachel O'Neill
Eliza Sanneman
Robyn Shaw
Danielle Stephenson

The following staff were at GPDV for part of 2005-2006:

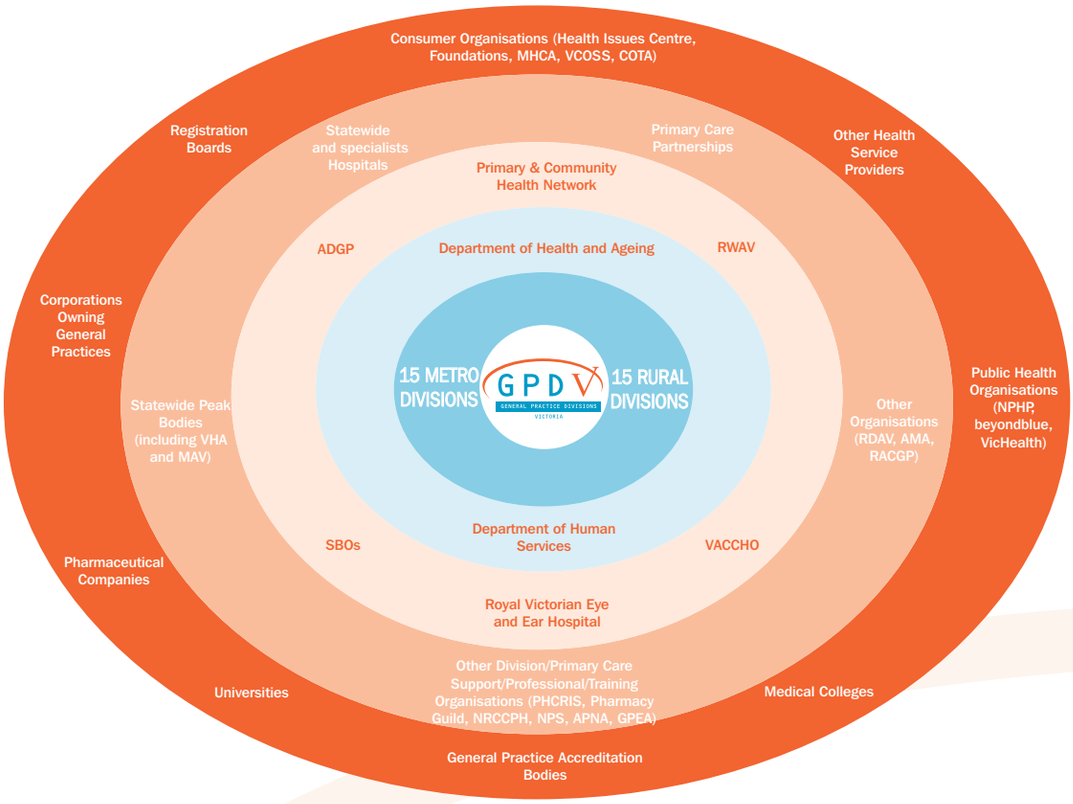
Aimee Black (Program consultant Lifescripts until November 2005)
Belinda Caldwell (Program consultant until December 2005)
Diana Capovilla (Internal support officer until March 2006)
Angela Fielder (Internal support officer until March 2006)
Peter Larter (Program consultant until September 2005)
Melinda Roland (Broadband for Health until February 2006)

GPDV Organisational Chart



As at 28/09/06

Community of interest



GPDV has a large community of interest comprising the 30 Victorian divisions as members, Commonwealth and state departments of health, the peak bodies for divisions (SBOs) in the other states and territories, and our special partnerships with particular organisations. We also work with a wide range of state-funded organisations in primary and secondary care as well as with professional organisations and health foundations.

DoHA

Australian Government
Department of Health and Ageing

GPDV acknowledges the commitment and support of the Commonwealth Department of Health & Ageing from which we receive substantial funding. We value the productive and cooperative relationship extended to us by the staff of the Department's Victorian Office.

DHS

Victoria
The Place To Be
Department of Human Services

The Victorian Department of Human Services (DHS) has shown substantial recognition that general practitioners and divisions of general practice have an important role to play in service coordination, health promotion, integrated disease management, integrated service planning and in the delivery of primary care services in our state. GPDV appreciates the department's partnership approach and financial support for our collaborative efforts to improve health care for Victorians.

ADGP

adgp

Australian Divisions of General Practice Ltd. (ADGP) is the peak national body representing 119 divisions of general practice and eight state-based organisations (SBOs) across Australia. ADGP and GPDV work closely together as members of the ADGP-SBO coalition to identify and discuss key strategic health issues and to facilitate coordination, collaboration and communication among coalition member organisations.

Partnership agreements

MoU with VACCHO

VACCHO

This Memorandum commits GPDV and VACCHO to act together and co-operatively with the common purpose:

1. To support the development and provision, through divisions of general practice, of opportunities for general practitioners in Victoria to enhance their awareness of issues in Aboriginal health and of the factors which will ensure effective, high-quality primary health care services in Aboriginal communities within Victoria.
2. To work towards achieving the goal of each Aboriginal community having its own community-based, locally-owned, culturally-appropriate and adequately-resourced primary health care facility in which general practitioners have a role.
3. To support involvement of divisions of general practice in initiatives which encourage Aboriginal people to take up careers as health service providers.

GPDV has maintained its commitment to working within the priority areas agreed to by the Victorian Aboriginal Community Controlled Health Services. GP recruitment and retention in ACCHSs and Victorian divisions' support for General Practice accreditation and improved use of MBS incentives for systematic care of chronic conditions in ACCHSs continue to be the key focus of our work in this area.

MoU with RWAV

RWAV
Rural Workforce Agency, Victoria
Supporting Victoria's Rural Doctors

This MoU commits GPDV and RWAV to:

- deliver a coordinated program of events and workshops for rural divisions of general practice;
- support rural divisions of general practice and GPs to work with Aboriginal Community Controlled Health Services, in a way that is consistent with the MoUs between GPDV, RWAV and VACCHO;
- joint advocacy for improved GP data collection and analysis;
- work together where possible on administrative processes that will build the capacity of each organisation to support rural general practice.

GPDV and RWAV have worked together at policy and representation level including support of RWAV through the review of rural workforce agencies. RWAV participates in GPDV's Rural CEO network meetings and the organisations work closely together in their partnerships with VACCHO. Two GPDV board members are on the board of RWAV and provide a statewide divisions perspective. The CEOs of RWAV and GPDV meet regularly to ensure the maintenance of cooperation and mutual understanding.

MoU with RVEEH

Eye & Ear Hospital
caring in every sense

Under the MoU the key areas for attention were:

- the high number of primary care presentations to Eye and Ear emergency department;
- the long waits for outpatient appointments and ophthalmology procedures, and
- the lack of information from the Eye and Ear to GPs about their patients' attendance, diagnosis, and treatment.

During 2005–2006 the RVEEH

- mapped the areas of referral of primary, secondary, and tertiary patients
- drafted patient management and referral guidelines for 6 primary care type-conditions commonly presenting in the RVEEH Emergency Department
- improved the letters to GPs from outpatients
- worked on systems for producing electronic discharge summaries
- reduced waiting times for outpatient appointments and ophthalmology procedures.

These initiatives were undertaken with advice from the GPDV members of the MoU Steering Committee and from the two closest divisions, Inner Eastern Melbourne and Melbourne Divisions. In the coming year the focus will be on finalising the guidelines, exploring educational opportunities for GPs and practice nurses, and redeveloping the GP section of the RVEEH website.

MoU with Primary & Community Health Network

PRIMARY & COMMUNITY
HEALTH NETWORK
VICTORIA

The Primary and Community Health Network (P&CHN) is an alliance established with the aim of promoting debate and influencing policy development about issues relevant to primary and community health in Victoria. It currently comprises representatives from the Centre for Development and Innovation in Health at the Australian Institute for Primary Care, La Trobe University; Community Health Victoria (VHA); the Municipal Association of Victoria; Royal District Nursing Service; the Victorian Community Health Association and the Women's Health Association of Victoria.

The Primary and Community Health Branch of the Department of Human Services Victoria is a funder of the Network and has observer status at Network meetings.

GPDV values the opportunity to be part of this Network and regularly participates in and contributes to the planning of Network events.

Participation in GPDV advisory groups

GPDV has three advisory or reference groups for specific programs. A total of 13 GPs from Victorian divisions and GPDV participate as members of these groups.

Aged Care Reference Group members

Dr Wendy Bissinger	GPDV board member (Chair)
Caroline Lee	Aged Care Australia, Victoria (ACA)
Gill Pearce	Carers Victoria
Dianne Petchell	Department of Health & Ageing
Jill Linklater	Manager, Aged and Community Care Branch, DoHA
Margaret Summers	Manager, Residential Care Strategy, DHS
Angela Edwards	Manger Residential Services Unit, DHS
Dr Jane Fyfield	Medical Advisor, Department of Veteran's Affairs
Mary Lyttle	CEO, Residents Care Rights Association
David Cooper	CEO, The Aged Care Accreditation Agency
Mel Blachford (Until 17/11/2005)	Pharmacy Guild
Dr Peter Webster	Greater South Eastern Division, Urban GP Representative
Dr John Dyson-Berry (Until 17/11/2005)	Mallee Division, Rural GP Representative
Danielle Campbell-Manley (Until 17/11/2005)	Victorian Association of Health & Extended Care
Rosie Fenech	GPDV
Lenora Lippmann	GPDV
Rachel O'Neill	GPDV

GPDV Mental Health Reference Group

Dr Kaye Ferguson	Central Bayside Division of General Practice
Dr Steve Fryman	General Practice Association of Geelong
Dr Raymond Martyres	Melbourne Division of General Practice
Dr John Meaney	GPDV board member
Dr David Monash (elected Feb 2006)	East Gippsland Division of General Practice
Dr Larry Osborne	Inner Eastern Melbourne Division of General Practice
Dr David Pierce	Ballarat Division of General Practice
Dr Julie Thompson	Central West Gippsland Division of General Practice
Anne Diamond	GPDV

GPDV Hepatitis C Advisory Committee

Dr Rob Grenfell	GPDV board member
Dr John Lockwood	Eastern Ranges Division
Maria Karvelas	BBV/STI program, DHS
Helen McNeill	Hepatitis C Council, Victoria
Jacqui Richmond	Victorian Viral Hepatitis Educator
Dr Joe Sasadeusz	Infectious Diseases Physician
Michelle Wills	GPDV

GPDV representation

The lists below include all committees that operated for all or part of July 2005 to June 2006

DHS committees

DHS Advisory Committee on the Home and Community Care Program (HACC)	Rosemary Fenech~
DHS Community Advisory Group (Care in your Community)	Bill Newton~
DHS Emergency Access Ref. Committee (EARC)	Bill Newton~
DHS Emergency Access Ref. Committee (EARC) Aged Care Sub Committee	Dr Wendy Bissinger*
DHS Emergency Access Ref. Committee (EARC) Primary Care Sub Committee	Bill Newton~
DHS Emergency Department Project Ref. Group	Dr Wendy Bissinger*
DHS Expert Advisory Group on Stroke Care	Lenora Lippmann~
DHS GP Engagement Working Group	Dr Geoffrey Campbell Dr Jill Grogan Dr Andrew Batty Dr Michael Stobie Dr Stuart Garrow
DHS GP Influenza Planning & Preparedness Kit	Bill Newton~
DHS Immunisation Advisory Committee	Michelle Wills~ Dr Wendy Bissinger*
DHS Influenza Pandemic Planning Steering Committee	Dr Wendy Bissinger* Michelle Wills~
DHS Patient Flow Collaboration II – Outpatients Expert Group	Dr David Isaac
DHS Post Acute Care Program (PAC) Advisory Group	Lenora Lippmann~
DHS Resource Kit Development Project Reference Group	Rosemary Fenech~
DHS Rural Emergency Services; Capability Based Planning Framework	Dr Nola Maxfield*
DHS Rural Procedural Services Planning Framework Advisory Group	Dr Graham Slaney
DHS Service Coordination Tool Template Revision Steering Committee Ref. Group	Lenora Lippmann~
DHS State Health Emergency Response Plan Working Group (SHERP)	Bill Newton~
DHS Statewide Elective Surgery Reference Group	Dr Sharon Monagle*
DHS Victorian Wound Management Project (VWMP)	Dr Simon Cooper
DHS Victorian Maternity Record (VMR) Pilot Program	Dr Lorraine Baker (Complete)

DoHA committees

General Practice: Future Directions - Review Implementation Committee (RIC)	Bill Newton~
Funding Formula Working Group (FFWG) (sub-committee of RIC)	Bill Newton~
Structural Efficiency Working Group (SEWG) (sub-committee of RIC)	Bill Newton~
DoHA Victorian Advisory Committee on General Practice (VACGP) Now VGPIG Victorian General Practice Issue Group	Dr Nola Maxfield* Dr John Meaney*

GPDV representation *(cont.)*

Other committees/boards

3 Centres Collaboration Guidelines on Antenatal Care Review Advisory Groups	Dr Ruth Stewart (Complete)
ASHM/Alfred Hospital GP Hep C & HIV Training Program Steering Committee and Hepatitis C Clinical Sub-Committee	Dr Richard Milner Michelle Wills~
GP Education Program - Hep C	Dr Rob Grenfell* Dr John Lockwood Michelle Wills~
Lymphoedema Project Ref. Group (LAV)	Lenora Lippmann~
Monash Acute Low Back Pain Advisory Committee Project	Bill Newton~
Postgrad. Cert/Dip. In Primary Care Nursing Ref Group	Lesley Czulowski~
Primary and Community Health Network	Bill Newton~
Primary Care and Population Health Committee	Dr John McEncroe*
Royal Victorian Eye & Ear Hospital (RVEEH) MoU Steering Committee	Dr John McEncroe*
Primary Care Mental Health Training Project	Anne Diamond~
RACGP General Practice and Psychiatry Liaison Group	Dr James Antoniadis Dr Shane Conway
RACGP Professional Peer Support Group Committee	John Meaney*
RWAV Board	Dr Wendy Bissinger* Dr Rob Grenfell*
Shared Maternity Care Reaccreditation Committee	Dr Jenny Brown (Complete)
Supporting Primary Care Providers in Palliative Care Project	Christine Macdonald (Complete)~
Victorian Advisory Committee on Koori Health: Indigenous Health Workforce Issues Sub-Committee	Susan Webster (Complete)~
Victorian PHC RED Partnership Reference Group	Bill Newton~
Victorian PHC RED Statewide Committee	Bill Newton~

*GPDV board member
~GPDV staff member

ADGP committees

Dr Chris Pearce is Victoria's representative on the ADGP board. Victoria also has a number of GP representatives on ADGP committees. These representatives are not accountable to Victorian Divisions through GPDV and so do not appear here. A full list appears in the ADGP Annual Report.

Member rights and responsibilities

Approved by:
GPDV Board 19 May 2006

Background

GPDV's membership is made up of the 30 divisions of general practice in Victoria. GPDV is committed to effective contact, liaison and consultation with member divisions to ensure a state-wide perspective among GPDV Board members about member divisions and their issues and views. The Articles of Association describe categories of membership of GPDV and the rights of members which include:

- Attend and vote at general meetings of GPDV
- Appoint directors to the Board of GPDV
- Receive annual audited financial statements from GPDV
- Resign from membership of GPDV

GPDV board policy

1. GPDV will adopt an open transparent and consultative approach and be inclusive and accessible to member divisions.

2. The board will ensure systems are in place to facilitate regular, ongoing contact/ liaison with each board of member divisions.

3. The Board of GPDV recognises that divisions have a right to:
   - Recognition of their autonomy and diversity
   - Access all of GPDV's services and programs
   - Contribute to the development of state-wide policy positions
   - Be fairly and properly represented by GPDV
   - Expect that GPDV will act legally, ethically and competently and be accountable to its members
   - Have complaints about GPDV dealt with in a timely and fair manner

4. The Board of GPDV expects that as members divisions will
   - Advise GPDV of changes to the division's incorporation status and office bearers
   - Support the objects of GPDV particularly in relation to GPDV's roles in advocacy and representation
   - Be actively engaged with GPDV
   - Communicate their needs clearly to GPDV
   - Encourage the involvement and participation of General Practice in state-wide initiatives through division

GPDV Membership

Victorian divisions of general practice

Ballarat & District Division of General Practice Inc - 325
Website: www.bddgp.org.au

Bendigo & District Division of General Practice - 326
Website: www.bgodivgp.org.au

Border Division of General Practice - 329
Website: www.bordergp.org.au

Central Bayside General Practice Association Ltd - 313
Website: www.centralbayside.com.au

Central Highlands Division of General Practice - 318
Website: www.chdgp.com.au

Central West Gippsland Division of General Practice - 323
Website: www.cwgdogp.com.au

Dandenong & District Division of General Practice - 315
Website: www.dddgp.com.au

East Gippsland Division of General Practice - 328
Website: www.egdgp.com.au

Eastern Ranges General Practice Association - 320
Website: www.ergpa.com.au

General Practice Association of Geelong - 317
Website: www.gpageelong.com.au

The Goulburn Valley Division of General Practice Ltd - 327
Website: www.gvgp.com.au

Greater South Eastern Division of General Practice - 311
Website: www.gsedgp.com.au

Inner Eastern Melbourne Division of General Practice - 303
Website: www.iemdgp.com.au

Knox Division of General Practice Ltd - 314
Website: www.knoxdiv.com.au

Mallee Division of General Practice - 332
Website: www.malleedgp.com.au

Melbourne Division of General Practice Inc - 301
Website: www.mdgp.com.au

Monash Division of General Practice (Moorabbin) Inc - 312
Website: www.monashdivision.com.au

Mornington Peninsula Division of General Practice - 316
Website: www.mpdgp.org.au

Murray Plains Division of General Practice - 331
Website: www.mpdgp.com.au

North East Valley Division of General Practice Ltd - 302
Website: www.nevdgp.org.au

North East Victorian Division of General Practice Ltd - 319
Website: www.nevicdgp.org.au

North West Melbourne Division of General Practice Ltd - 307
Website: www.nwmdgp.org.au

The Northern Division of General Practice (Melbourne) Inc - 308
Website: www.ndgp.org.au

Otway Division of General Practice - 324
Website: www.otway.asn.au

General Practice Alliance South Gippsland Limited - 322
Website: www.gpasouthgippsland.com.au

Southcity General Practice Services - 304
Website: www.southcitygpservices.com.au

West Vic Division of General Practice - 330
Website: www.westvicdiv.asn.au

Western Melbourne Division of General Practice - 306
Website: www.westerngp.com.au

Westgate Division of General Practice - 305
Website: www.westgategp.com

Whitehorse Division of General Practice - 310
Website: www.wdgp.com.au

GPDV is a Company Limited by Guarantee, and all the Victorian Divisions of General Practice (and only Victorian Divisions of General Practice) are eligible to apply to be members. All Victorian Divisions have applied and are members.

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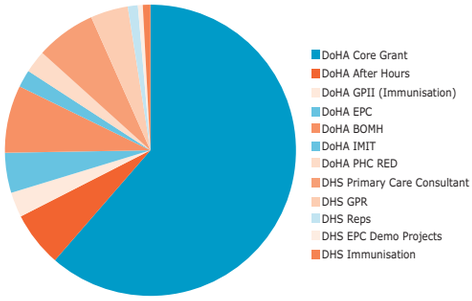
General Practice Divisions - Victoria Ltd

Financial Report
For the year ended 30 June 2006

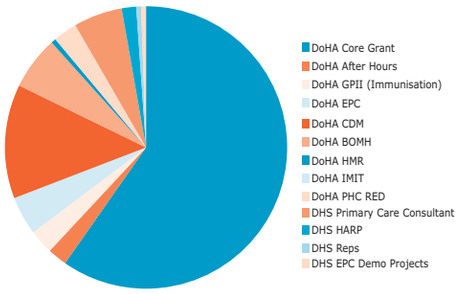
Five-Year Financial Overview

SOURCES OF INCOME

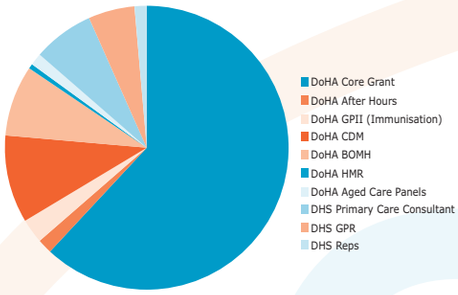
2001-2002



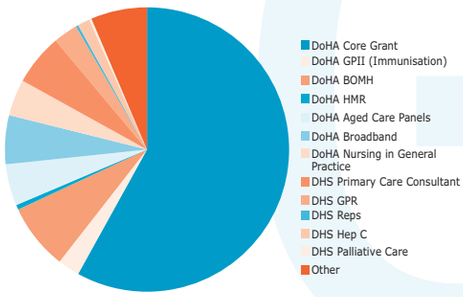
2002-2003



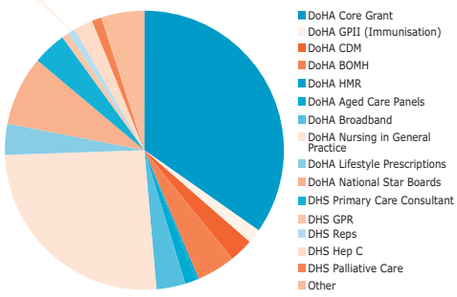
2003-2004



2004-2005

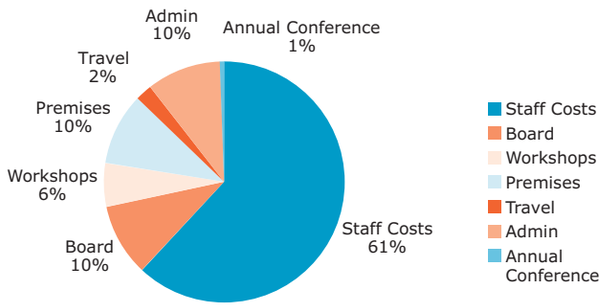


2005-2006

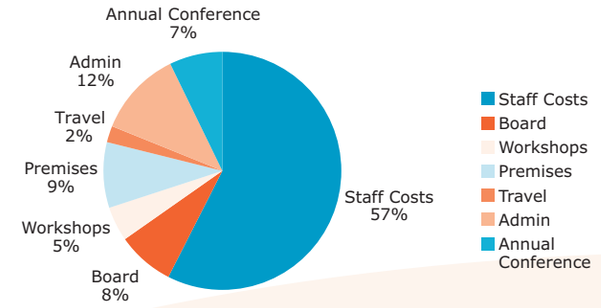


ALLOCATION OF RESOURCES

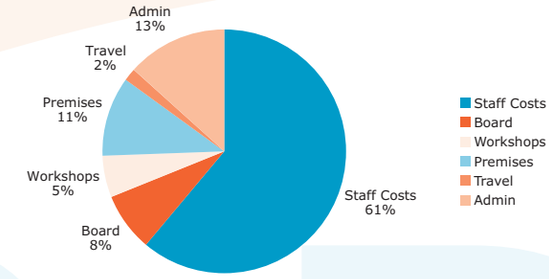
2001-2002



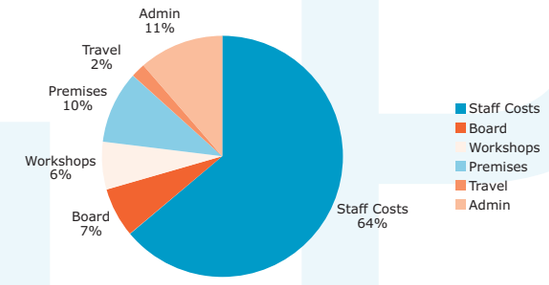
2002-2003



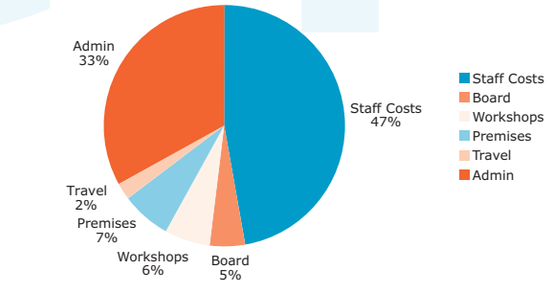
2003-2004



2004-2005



2005-2006



General Practice Divisions – Victoria Ltd

ABN 80 081 371 968

Table of Contents

Directors' Report

Your directors present their report on the company for the financial year ended 30 June 2006.

Directors

The names of the directors in office at any time during or since the end of the financial year are:
Wendy Bissinger
Robert Grenfell
Julie Thompson
David Tillett
Nola Maxfield
John McEncroe
John Meaney
Sharon Monagle

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

Operating Results

The profit of the company for the financial year after providing for income tax amounted to $193,223.

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.

Directors' Report (continued)

Information on Directors

The information on directors is as follows:

Wendy Bissinger – Director
Qualifications – MB BS

Robert Grenfell – Deputy Chairperson
Qualifications – MB BS, DipRACOG, MPH, FAFPHM

Julie Thompson – Director
Qualifications – MB BS

David Tillett – Director, Treasurer
Qualifications – MB BS, DRACOG, FRACGP

Nola Maxfield – Director
Qualifications – MB BS

John McEncroe – Director
Qualifications – MB BS

John Meaney – Chairperson
Qualifications – MB BS

Sharon Monagle – Director
Qualifications – MB BS, FRACGP, MPH

Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
Wendy Bissinger	9	7
Robert Grenfell	9	7
Julie Thompson	9	9
David Tillett	9	9
Nola Maxfield	9	7
John McEncroe	9	8
John Meaney	9	9
Sharon Monagle	9	7

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.

Directors' Report (continued)

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

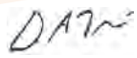
No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

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

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on page 4.

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

Director  Director 

John Meaney | David Tillett

Dated this 11th day of August 2006

General Practice Divisions - Victoria Ltd

ABN 80 081 371 968

Auditor's Independence Declaration under Section 307c of the Corporations Act 2001 to the directors of General Practice Divisions - Victoria Ltd

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

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

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

DANBY BLAND PROVAN & CO.
Chartered Accountants

R A LANE
Partner

11 August 2006

Income Statement
For the year ended 30 June 2006

	Notes	2006 $	2005 $
Revenue from ordinary activities	2	**3,288,331**	1,936,144
Employee benefits expense		**(1,427,092)**	(1,188,783)
Depreciation and amortisation expenses	3	**(57,198)**	(43,061)
Advertising		**(6,672)**	(7,104)
Conference expenses		**(40,852)**	(19,081)
Project contracts		**(607,481)**	(18,000)
Rent		**(150,712)**	(148,442)
Workshop expenses		**(183,741)**	(119,760)
Board costs		**(144,281)**	(124,702)
Travel expenses		**(62,677)**	(38,039)
Consulting fees		**(134,036)**	(7,350)
Other expenses from ordinary activities		**(280,366)**	(176,949)
Profit from ordinary activities		**193,223**	44,873
Total changes in equity other than those resulting from transactions with owners as owners		**193,223**	44,873

The accompanying notes form part of these financial statements.

Balance Sheet
As at 30 June 2006

	Notes	2006 $	2005 $
CURRENT ASSETS			
Cash and cash equivalents	4	**1,171,497**	1,315,636
Trade and other receivables	5	**326,390**	426,222
Other	6	**8,166**	13,173
TOTAL CURRENT ASSETS		**1,506,053**	1,755,031
NON-CURRENT ASSETS			
Property, plant and equipment	7	**103,993**	93,657
TOTAL NON-CURRENT ASSETS		**103,993**	93,657
TOTAL ASSETS		**1,610,046**	1,848,688
CURRENT LIABILITIES			
Trade and other payables	8	**196,606**	255,929
Provisions	9	**86,324**	64,632
Other	10	**733,788**	1,158,909
TOTAL CURRENT LIABILITIES		**1,016,718**	1,479,470
NON-CURRENT LIABILITIES			
Provisions	9	**135,120**	104,229
TOTAL NON-CURRENT LIABILITIES		**135,120**	104,229
TOTAL LIABILITIES		**1,151,838**	1,583,699
NET ASSETS		**458,208**	264,989
EQUITY	13		
Retained profits		**458,208**	264,985
TOTAL EQUITY		**458,208**	264,985

The accompanying notes form part of these financial statements.

General Practice Divisions - Victoria Ltd

ABN 80 081 371 968

Statement of Changes in Equity
For the year ended 30 June 2006

	Retained Earnings	Total
	$	$
Balance at 1 July 2004	220,112	220,112
Profit attributable to members of the entity	44,873	44,873
Balance at 30 June 2005	264,985	264,985
Profit attributable to members of the entity	193,223	193,223
Balance at 30 June 2006	458,208	458,208

The accompanying notes form part of these financial statements.

Cash Flow Statement
For the year ended 30 June 2006

	Notes	2006 $	2005 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		**3,205,791**	2,844,894
Payments to suppliers and employees		**(3,339,462)**	(1,936,096)
Interest received		**57,070**	16,360
Net cash provided by/(used in) operating activities	12(b)	**(76,601)**	925,158
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		**(67,538)**	(31,822)
Net cash used in investing activities		**(67,538)**	(31,822)
Net increase/(decrease) in cash held		**(144,139)**	893,336
Cash at beginning of financial year		**1,315,636**	422,300
Cash at end of financial year	12 (a)	**1,171,497**	1,315,636

The accompanying notes form part of these financial statements.

Notes to the Financial Statements
For the year ended 30 June 2006

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 101:	Presentation of Financial Statements
AASB 107:	Cash Flow Statements
AASB 108:	Accounting Policies, Changes in Accounting Estimates and Errors
AASB 1048:	Interpretation and Application of Standards

No other applicable Accounting Standards, Urgent Issues Group Interpretations 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.

Property

Freehold land and buildings are measured on the fair value basis being the amount which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction.

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 sick 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.

Notes to the Financial Statements
For the year ended 30 June 2006

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(d) Revenue

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	2006 $	2005 $
NOTE 2: REVENUE			
Operating activities			
- interest	2(a)	**57,070**	16,360
- rent		**18,066**	17,937
- workshop fees		**3,782**	19,416
- government grants		**3,137,153**	1,844,471
- other revenue		**72,260**	37,960
		3,288,331	1,936,144
(a) Interest from:			
- financial institutions		**57,070**	16,360
NOTE 3: PROFIT FROM ORDINARY ACTIVITIES			
Profit (losses) from ordinary activities has been determined after:			
(a) Expenses			
Depreciation of property, plant and equipment		**57,198**	43,061
Remuneration of the auditors for			
- audit or review services		**8,750**	6,521
(b) Revenue and Net Gains			
Net gain on disposal of non-current assets			
- property, plant and equipment		**2,317**	-
NOTE 4: CASH ASSETS			
Cash on hand		**156**	325
Cash at bank		**1,171,341**	1,315,311
		1,171,497	1,315,636

Notes to the Financial Statements
For the year ended 30 June 2006

	Note	2006 $	2005 $
NOTE 5: TRADE AND OTHER RECEIVABLES			
CURRENT			
Trade receivables		**326,390**	426,222
NOTE 6: OTHER ASSETS			
CURRENT			
Prepayments		**8,166**	13,173
NOTE 7: PROPERTY, PLANT AND EQUIPMENT			
PLANT AND EQUIPMENT			
(a) Motor vehicles			
At cost		**42,949**	42,949
Less accumulated depreciation		**(17,203)**	(8,613)
		25,746	34,336
(b) Office equipment			
At cost		**89,067**	78,293
Less accumulated depreciation		**(78,394)**	(64,878)
		10,673	13,415
(c) Computer equipment			
At cost		**230,379**	194,904
Less accumulated depreciation		**(192,522)**	(175,479)
		37,857	19,425
(d) Furniture, fixtures and fittings			
At cost		**110,291**	101,953
Less accumulated depreciation		**(80,574)**	(75,472)
		29,717	26,481
Total property, plant and equipment		**103,993**	93,657
NOTE 8: TRADE AND OTHER PAYABLES			
CURRENT			
Unsecured liabilities			
Trade creditors		**21,446**	12,001
Sundry creditors and accruals		**175,160**	243,928
		196,606	255,929

Notes to the Financial Statements
For the year ended 30 June 2006

	Note	2006 $	2005 $
NOTE 9: PROVISIONS			
CURRENT			
Employee benefits	9(a)	**86,324**	64,632
NON-CURRENT			
Employee benefits	9(a)	**135,120**	104,229
(a) Aggregate employee benefits liability		**221,444**	168,861
NOTE 10: OTHER LIABILITIES			
CURRENT			
Grants received in advance		**733,788**	1,158,909
		733,788	1,158,909
NOTE 11: CAPITAL AND LEASING COMMITMENTS			
(a) Operating lease commitments			
Non-cancellable operating leases contracted for but not capitalised in the financial statements:			
Payable - minimum lease payments			
- not longer than one year		**126,948**	115,878
- longer than one year but not longer than two years		**56,402**	157,895
		183,350	273,773

Notes to the Financial Statements
For the year ended 30 June 2006

	Note	2006 $	2005 $
NOTE 12: 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 balance sheet as follows:			
Cash on hand		**156**	325
Cash at bank		**1,171,341**	1,315,311
		1,171,497	1,315,636
(b) Reconciliation of cash flow from operations with profit from ordinary activities after income tax			
Profit from ordinary activities after income tax		**193,223**	44,873
Non-cash flows in profit from ordinary activities			
Depreciation		**57,198**	43,061
Changes in assets and liabilities			
(Increase)/decrease in receivables		**99,832**	(400,862)
Decrease in other assets		**5,007**	23,456
Increase/(decrease) in grants received in advance		**(425,122)**	1,039,635
Increase/(decrease) in payables		**(59,322)**	135,237
Increase in provisions		**52,583**	39,758
Cash flows from operations		**(76,601)**	925,158

NOTE 13: MEMBERS' GUARANTEE

The company is limited by guarantee. If the company is wound up, the articles of association state that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the company. At 30 June 2006 the number of members was 30 (2005: 30).

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:

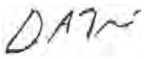
1. The financial statements and notes, as set out on pages 13 are in accordance with the Corporations Act 2001:

   (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 2006 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  Director 

John Meaney | David Tillett

Dated this 11th day of August 2006

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 2006 comprising the Directors' Declaration, Income Statement, Balance Sheet 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 2006 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

Partner

11 August 2006

Disclaimer to the members of
General Practice Divisions - Victoria Ltd

The additional financial data presented on pages 17 - 18 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 2006. 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

Partner

11 August 2006

Private Information for the directors on the 2006 Financial Statements

Detailed Profit and Loss
For the year ended 30 June 2006

	2006 $	2005 $
INCOME		
Interest	**57,070**	16,360
Rental income	**18,066**	17,937
Government Grants	**3,137,153**	1,844,471
Workshop fees	**3,782**	19,416
Other income	**74,577**	37,960
TOTAL INCOME	**3,290,648**	1,936,144
LESS EXPENSES		
Accounting fees	**3,579**	2,500
Advertising	**6,672**	7,104
Accreditation	**5,147**	5,022
Audit fees	**8,750**	6,521
Bank charges	**2,519**	2,735
Board Costs	**144,288**	124,702
Cleaning	**6,895**	7,768
Computer expenses	**26,437**	24,666
Conference/Seminar costs	**40,582**	19,081
Consultancy fees	**134,036**	7,350
Depreciation	**57,198**	43,061
Electricity	**8,157**	6,375
GP representatives	**23,507**	3,010
Holiday pay	**21,692**	(10,328)
Insurance	**11,700**	10,554
Legal costs	**6,473**	40
Long service leave	**30,891**	50,086
Motor vehicle expenses	**9,304**	8,462
Payroll tax	**26,892**	19,951
Postage	**11,008**	4,552
Printing and stationery	**45,874**	29,907
Project Contracts	**607,481**	18,000
Recruitment costs	**36,448**	16,117
Reference materials	**4,047**	2,640
Rent	**150,712**	148,442
Reference Groups	**5,524**	13,421
Repairs and maintenance	**39,792**	15,131
Salaries and wages	**1,225,670**	1,017,563
Staff training and welfare	**5,046**	13,085
Expenses carried forward	-	-

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

Private Information for the directors on the 2006 Financial Statements

Detailed Profit and Loss
For the year ended 30 June 2006

	2006 $	2005 $
Expenses brought forward	-	-
Subscriptions	**2,136**	445
Superannuation	**116,900**	98,426
Telephone	**24,307**	19,429
Travelling expenses	**56,648**	30,509
Workcare/WorkCover/Workers Compensation	**7,372**	5,184
Workshop expenses	**183,741**	119,760
TOTAL EXPENSES	**3,097,425**	1,891,271
OPERATING PROFIT/(LOSS)	**193,223**	44,873

General Practice Divisions - Victoria Ltd

ABN 80 081 371 968