*Policy approved by GPDV Board 14/6/02*

# GPDV Representation Policy

June 2002

The GPDV representation policy has been developed in order to provide a clear description of the purpose and processes of the GPDV Representation Program to all stakeholders.

## 1. GPDV will provide representatives for committees

- which are auspiced by a statewide body, or which have a statewide brief.
- which have a genuine need for General Practice/Divisional input;
- whose aims and activities are in line with GPDV's strategic goals;

Requests for national level representation will be directed to ADGP. Organisations operating at a local rather than statewide level should approach their local division/s of general practice for GP/Division representation.

## 2. GPDV provides representatives to external bodies in order to[1]

- provide high quality representation of General Practice and Divisions of General Practice to appropriate committees (including advisory committees, reference groups, working parties, management committees) and consultations;
- provide input to other organisations regarding the views, capacities, priorities and needs of Victorian Divisions of General Practice and their members, and in turn to receive information and input about the policies and priorities of other stakeholders in primary health care;
- build up General Practitioners' skills and experience in statewide representation, negotiation and policy development, and thus provide both a form of professional development and a potential component of a career path for Victorian members of Divisions of General Practice.

## 3. A GPDV representative should[2]

- actively represent GPDV and Victorian Divisions of General Practice;
- inform themselves of GPDV policy;
- undergo training and briefing as representatives;
- regularly report back both verbally and in writing to GPDV on the issues and outcomes of meetings, consultation, etc attended or undertaken in their capacity as GPDV representatives;
- seek advice from GPDV on major issues under discussion by the representative's committee before endorsing on GPDV position;
- be informed whether they are a voting member of the organisation/committee/Board to which they are nominated;
- be actively involved in the development of consultation drafts, position papers and other documents relevant to their area of expertise; and
- comprehensively brief incoming representatives at the end of their term.

[1] Source: This section of policy was ratified by the GPDV board at the 8/12/00 meeting.
[2] Source: Australian Divisions of General Practice, Representation Program, December 2000.

**4. The Board delegates to the CEO responsibility for determining at what level GPDV will be represented applying the following criteria**

a) GPDV Board member representation is warranted where important national general practice policy development is involved.
b) Division member representation is warranted where specialist expertise is required.
c) a GPDV staff member may represent GPDV in the following circumstances:
   - where the requesting organisation specifically asks that a staff member be appointed,
   - where the work of the committee does not require the presence of a GP to provide expert knowledge or for strategic reasons;
   - when GPDV has a staff member whose experience and area of expertise is appropriate for the committee;
   - when GPDV determines that it is an appropriate use of resources to devote a staff member's time to the committee

The CEO may decide that representation is not warranted.

**5. The GPDV selection process for representation will[3]**

- be accountable and transparent in the selections made;
- select the persons most suited in experience, skills and qualifications to represent GPDV and Victorian divisions;
- establish a pool of qualified people with specific expertise to draw on for both active representation roles through appointment to committees and for the support of appointed representatives; and
- encourage the involvement of GPs active in divisions and staff of divisions in representation and advocacy.

**5.1 Method of Selection[4]**

GPDV will use appropriate methods of selection for representation including:
(a) selection by a vote of the board from candidates nominated by divisions.
(b) appointment by the board of a member of the board.
(c) appointment by the board of a specific person.

**5.2 Call for Nominations**

All positions where it is determined that a GP representative is required will be advertised to all divisions, except when a GPDV Board member is appointed, in which case divisions will be informed.

**5.3 Notification of Appointment of Representation**[5]

On receipt of notification of appointment GPDV will
- Advise the successful nominee and their division of their appointment and implement the GPDV Representative support/briefing process; and
- Advise all unsuccessful nominees and Divisions.

[3] Source: Australian Divisions of General Practice, Representation Program, December 2000
[4] Source: This section of policy was ratified by the GPDV board at the 15/3/99 meeting.
[5] Source: Australian Divisions of General Practice, Representation Program, December 2000

### 5.4 Terms of Appointment[6]

GPDV will review appointments after 12 months. At this time GPDV will consider the strategic importance of the committee and the contribution of the GPDV representative.

At the end of the term of appointment GPDV will consider GPDV's ongoing representation by the previous representative or call for the nomination of another candidate. Existing representatives may be asked to provide input to the review of ongoing representation.

Where the committee is considered to have limited or no further strategic significance GPDV representation may be withdrawn.

### 5.5 The GPDV Board may rescind the appointment of any of its representatives[7]

In such circumstances as, though not limited to, the representative;

- consistently misrepresenting the GPDV position;
- failing to satisfactorily meet GPDV reporting requirements;
- is dismissed as a divisional member, office bearer or staff member;
- is deregistered as a General Practitioner; or
- is convicted of an indictable offence.

Responsibility for implementation: The GPDV Board will notify the representative in writing of its intention to rescind the appointment and the reasons for this decision. The representative will be provided with an opportunity to respond to the Board's concerns in writing or by attending a meeting of the board.

## 6. General Practitioner representatives will be remunerated for their work as GPDV representatives.

Rates of remuneration and reimbursement of expenses will be set at no less than rates specified by Commonwealth Government Australian Public Service Rates (1998) obtained from Department of Health and Aging. Where GPDV provides a salaried staff member as a representative, any remuneration will be paid to GPDV.

Where a GP representative position is funded under arrangements between GPDV and DHS, the GP representative will be remunerated within the limits set by the contract arrangements.

## 7. A GPDV staff member will be designated to liaise with each GPDV representative[8]

The staff member will:

- provide background briefing to GPDV representatives on appointment
- assist the representative in dealing with their committee secretariat;
- be available to discuss issues before their committee;
- provide advice on the format and appropriate content of reports to the GPDV Board;
- act as a liaison point between the representative and GPDV Board, where necessary;
- undertake basic and limited research by negotiation.

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[6] Source: Australian Divisions of General Practice, Representation Program, December 2000
[7] Adapted From: Australian Divisions of General Practice, Representation Program, December 2000
[8] Source: Australian Divisions of General Practice, Representation Program, December 2000


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