

Annual Report 2011

Australian Medical Association Victoria Ltd



Advancing the medical profession
Advancing the health of Victorians



Why are you an AMA member?

I have enjoyed being an AMA member since being a medical student.

As a medical student, I found many benefits in being a part of the AMA network – attending medical student events such as Mythbusters, careers and electives information nights.

Now, as a junior doctor, I believe that being a member means that I am part of a wider medical community and has certainly drawn my attention to the workplace and training issues which affect our daily practice. I have also enjoyed being an active member of the Doctors in Training Subdivision – being a part of a committee of junior doctors who are motivated to influence change in the system. I have also enjoyed the events that being an AMA member offers – including motivating global health and Women in Medicine events.”

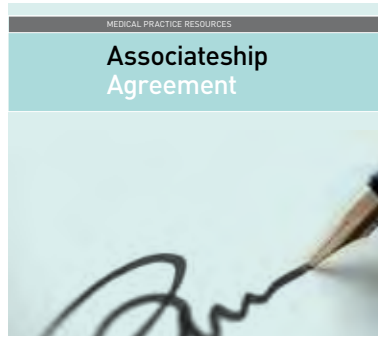
“I do feel that AMA has protected me. I have been able to speak out because I am part of an organisation, I have felt backed by the organisation, for example in the workers’ compensation area, and they have not been backward in coming forward.”

“As a general practitioner, being an AMA member is important to me. The AMA offers a voice to general practitioners in the political arena, ensuring that the important views of GPs are heard and the integral role of general practice is not forgotten when it comes to health reform. My membership provides a sense of collegiality in what is otherwise sometimes an isolated area of medicine. At a practice level, knowing the AMA can support me with the various challenges facing a small independent practice is reassuring. Just like any other profession, doctors need political and social representation and I believe the AMA helps to fill in this gap.”



Contents

MISSION STATEMENT/VALUES	4	OUR COMMUNITY ACTIVITIES	20
PRESIDENT'S REPORT	6	OUR PEOPLE	22
Summary of year		Governance	23
Thank you		AMA Victoria Sub-Committees	
CEO'S REPORT	7	Industrial Relations Sub-Committee	
HIGHLIGHTS FOR 2011	8	WorkSafe/TAC Sub-Committee	
OUR MEMBERSHIP SERVICES	12	AMA Victoria Council 2011	
Communications		Affiliates	24
Events		Professional Affiliated Organisations	
Membership		Academic Affiliated Organisations	
OUR INFLUENCE	14	AMA Subdivision program	
Public health		Subdivision Council Representatives	25
Submissions		AMA Section Chairs	26
Fostering relationships		AMA Victoria Secretariat and staff	
OUR ADVOCACY	16	RECOGNISING ONGOING ACHIEVEMENT	27
Workplace relations		Awards	
Legal		Queen's Birthday Honours 2011	
TRAINING AND PRACTICE SUPPORT	18	Australia Day Honours 2011	
Medical centre construction project management		Deceased Members	
Short courses		OUR FINANCIAL STATEMENTS	28
Achievement of Registered Training Organisation (RTO) status		Treasurer's Report	
Medical Practice Resource publications			
AMA4 Impairment Assessment training	19		



AMA Victoria's mission

Advancing the medical profession.
Advancing the health of all Victorians.



Lobbying government and decision-makers
Advocacy in industrial and legal disputes
Submitting expert views and recommendations on a wide range of health-related inquiries and consultations
Using our voice through the media and public campaigns



Practice management services
Training and development advice and opportunities
Networking, medico-legal, finance and career events
Publications and resources to inform and ensure compliance



Information and assistance by phone and in person, for doctors needing:
information about their work rights and entitlements help with workplace difficulties
managing a challenging role, in a complex system.

The Australian Medical Association (Victoria) is the key professional association for Victorian doctors, playing a pivotal role in advancing health policy and practice to improve the health of Victorians.

AMA Victoria has accrued decades of experience – through its members and staff – in advocating on behalf of doctors, guiding doctors in managing their careers and their practices, and providing expert assistance and support when it is needed.

Together

We are the only organisation that unites doctors across all sectors of the profession – doctors in training, general practitioners, specialists, salaried medical officers, academics, medical students, researchers and retirees.

AMA Victoria provides services, advice, representation and support, through its dedicated and experienced staff, to more than 7,000 members, who access professional and commercial benefits.



Key services and products

AMA Victoria's goal is to support and equip its members to deliver exceptional medical care to the Victorian community.

Health policy and lobbying

AMA Victoria represents the medical profession in its responses to and submissions on government policy in relation to the nature, mode of delivery and funding for health care services in the areas of public health, public hospital and private health care service provision.

AMA Victoria is also concerned to improve the health of the community through:

- greater community awareness of the importance of maintaining a healthy lifestyle
- increased participation in early detection and prevention programs
- lobbying governments for new legislation and/or increased funding for preventive health and research efforts.

AMA Victoria's structure provides many opportunities for members to be involved in the development of AMA policy and in AMA activities, through Subdivision and Section membership to representation on AMA Victoria Council. AMA Victoria actively seeks and encourages member input, and debate and feedback are encouraged.

AMA Victoria is independent, holds a position of influence, is active in the media and ensures that its diverse membership is represented.

Advisory services for members

AMA Victoria has a highly-experienced team of industrial relations, legal, and practice management advisers available to provide advice and representation for members in the areas of:

- industrial relations
- medical fees
- practice management services

- legal services
- corporatisation of practices.

AMA Victoria provides specialist service, supporting members in the workplace in managing their practice and in negotiating challenges that can arise throughout a medical career. This includes services such as the Peer Support Service, a confidential telephone service for doctors, by doctors.

Professional ethics

AMA Victoria publishes a Code of Ethics for medical practitioners, which articulates and promotes a body of ethical principles to guide doctors' conduct in their relationships with patients, colleagues and society. The AMA accepts responsibility for setting the standards of ethical behaviour expected of doctors.

This Code has grown out of other similar ethical codes stretching back into history with origins in the Hippocratic Oath. Changes in society, science and the law constantly raise new ethical issues and may challenge existing ethical perspectives.

Professional development, training and networking services

AMA Victoria runs a large number of events during the year, from the intern reception welcoming new graduates, to careers nights, the Mythbuster events, Legal Series, to the Retired Doctors tours and luncheons. These events provide information and advice on a wide range of topics, targeted to particular doctor groups based on interest or level of experience. Other events, such as the Inspiring Women in Medicine events, showcase doctors who excel in their fields.

AMA Victoria also offers, through its training unit, a variety of short courses

aimed at practice staff, impairment assessment training and tailored workplace training, suited to meet the needs of busy practitioners and their staff.

AMA Victoria events, training and seminars are all geared to ensure professional excellence, providing medical practitioners and their staff with the resources to meet the needs of a diverse Victorian community, in a complex healthcare system.

Publications and resources

Membership of AMA Victoria entitles members to receipt of the *Medical Journal of Australia*, the *vicdoc* membership magazine, electronic updates and newsletters, and access to a variety of member-only information – including medico-legal content – on the AMA Victoria website.

Members are also able to subscribe to the Award service and other valuable Medical Practice Resources, such as the *Private Practice Manual* and the *Policy & Procedure Manual* – developed by mp practice solutions – at discounted rates.

Preferred Provider benefits

Membership of the AMA provides an array of benefits, including access to discounts and special offers through AMA's Preferred Providers, a group of commercial organisations committed to delivering quality services to AMA members.



Dr Harry Hemley
President, AMA Victoria



President's report

2011 was a significant year for the Victorian health system. The Commonwealth and State Governments signed off on the landmark Health and Hospitals Reform Agreement, the newly elected Baillieu Government began to implement its health policies, and a record number of students graduated from Victorian medical schools. Throughout all this, AMA Victoria was a strong and consistent voice advocating on behalf of the medical profession.

Public health

It was a successful year for AMA Victoria's efforts to improve public health. We successfully lobbied for an extension of the Government's whooping cough vaccine program and were instrumental in securing a ban on the dangerous synthetic drug, Kronic. We have contributed to a whole-of-government review of alcohol and drug policies and continue to be a prominent voice in the campaign to reduce obesity rates.

We have also worked with a number of other advocacy groups on public health campaigns including Quit Victoria, the Obesity Policy Coalition and Diabetes Australia.

Lobbying

The new Victorian Government has been very receptive to the views of the AMA and the medical profession. In response to lobbying from AMA Victoria, the state government developed and released a ten-year plan for the Victorian health system.

Minister Davis and Departmental managers came to AMA Victoria Council and subdivision meetings to hear the views of our membership.

AMA Victoria also helped to secure a review of violence and security arrangements in public hospitals to make sure that doctors are safe in their workplace. The Government has also committed to reducing red tape for doctors in general practice and has begun to move more of its (many) forms online.

Workplace and advocacy

In addition to its lobbying work on behalf of the medical profession, AMA Victoria continues to provide important advice to individual members. The Workplace and Advocacy Unit has provided invaluable assistance and advice to many members about their obligations and entitlements as both employers and employees. From Fair Work Australia to friendly fireside chats — AMA Victoria provides the best possible advocacy for doctors.

Membership and marketing

One of the benefits of being a member of AMA Victoria is the opportunity to attend events with colleagues. In 2011 a wide range of events were held for the membership with thousands of members attending at least one AMA event. In 2011 I was able to engage with members at a number of metropolitan, rural and regional subdivision meetings. These meetings allowed AMA Victoria members across all disciplines and craft groups to

come together and discuss issues of relevance to the profession. One highlight of the year was being able to attend the AMA Victoria 'road shows' that visited the Goulburn Valley and Gippsland regions. There I was able to meet with members in their practices, in regional hospitals and at subdivision meetings.

The association's success in providing services to individual members and advocating and lobbying for the profession is reflected by the increasing number of Victorian doctors joining our ranks. Once again, AMA Victoria saw a growth in its membership over 2011.

Thank you

The successes of the AMA are possible because of the hard work of the AMA Victoria staff, led by Chief Executive Officer Jane Stephens. On behalf of the Board and the membership I would like to extend my thanks to all of those who make AMA Victoria strong and by doing so contribute to the wellbeing of the medical profession and our patients.



Jane Stephens
CEO, AMA Victoria

CEO's report

During 2011 – a challenging year for many – AMA Victoria continued to advocate strongly on behalf of its diverse membership, and deliver a wide range of tailored member services. Our capacity to deliver training services has been enhanced by our successfully obtaining registered training organisation (RTO) status, which will allow us to utilise our expertise in medical practice to deliver training to practice management staff. Our commercial businesses are continuing to develop, and their income is growing.

Testament to our importance as a member organisation – as the only one that represents the whole of the medical profession – our membership has continued to grow, even as membership of many associations declines. Our online engagement continues to improve, via online communications, and our new website has delivered greater accessibility and value for members.

We are having increasing interest in AMA involvement from doctors across the spectrum of their careers, from the most junior to the very senior, including retired doctors. We are also incredibly fortunate to have a number of active volunteers, for example through the Archives Project, lending their time and expertise.

As a member organisation AMA Victoria relies on member support, financially and also in developing policy and engaging in broader advocacy. Our Subdivisions play an important role in this process, and 2011 was a busy year for Subdivision

Forums, with a new briefing and feedback system ensuring that we communicate issues raised and responded to.

On a national level, during the year we have been working cooperatively with other state AMAs and the Federal AMA to develop new services for members. The Federal AMA works proactively in the media and politically, ensuring the position of the AMA – as developed by representatives from all states and territories – is strongly pushed.

AMA Victoria delivered a record number of submissions in 2011, to a range of Victorian Government Inquiries. Each submission was well-researched and informed by the expertise of members, and, in relation to two in particular, we were also invited to give evidence at public hearings. We engaged in issues such as advance care planning, and organ and tissue donation, across a number of areas, including contributing to the development of a Department of Health training package for doctors.

We also achieved significant industrial relations wins for individual members, and are representing a large number of practices in relation to the Australian Nursing Federation's log of claims in relation to practice nurses, continuing to provide ongoing support.

2011 was a highly productive and successful year for AMA Victoria and we succeeded in ensuring the concerns of the profession were kept to the fore. I thank each of our staff members, and the senior staff team,

for their work, and the board for its continuing commitment and support throughout this year, as well as all of the members of all of our Subdivisions, Sections and committees for their ongoing contribution.

Our strategic focus for 2012 is to ensure we remain the pre-eminent influence on health outcomes for Victorians, and the industry authority on medical practice. We are committed to providing excellent value and services for members, and to continue to support both professional and personal wellbeing for all doctors.



Highlights for 2011

January

The year started for AMA Victoria with a focus on public health, particularly obesity – with Dr Hemley proposing a Quit-style advertisement, demonstrating the impact of obesity on the heart, as reported in the *Sunday Age* – and tobacco, with calls to ban smoking in communal outdoor areas, reported widely, including in the *Ballarat Courier*. After a query by AMA Victoria, the new year also saw the clarification of whether non-practising doctors would be disciplined for performing ‘Good Samaritan’ acts under the new national registration laws. The answer: they would not.

Event: Graduate functions.

February

New National Health Reform Heads of Agreement were signed off by COAG. The Federal Government’s tobacco control initiatives were welcomed by AMA Victoria, and the public health focus continued, with concerns being raised about the failure of 13 per cent of government schools to meet mandatory healthy food government guidelines. Dr Hemley identified medical training as a critical issue to be addressed by the new Bailleu Government, to ensure ongoing quality would be maintained, particularly in the provision of specialist training places. AMA Vice President Dr Stephen Parnis was quoted in *The Age* on this issue, warning of its potential impact on waiting times for elective surgery and emergency treatment in the future. Also in the news was Dr Hemley’s strong criticism of the HealthSMART hospital IT system.

Event: Women in Medicine.

March

March saw the continuation of AMA Victoria’s input into the State Government’s promised health plan, lobbying on red tape, as well as ongoing work on implementation of the EBA. Dr Hemley spoke out against Medicare Locals, as reported in a variety of media sources, also putting forward an alternative model that retained care-coordinators in clinics on Croakey, the Crikey website health blog. We also continued our long-running campaign against smoking,

applauding proactive council bans on smoking in communal areas, such as by Monash.

Budget submission media stories continued in March with a *Sunday Age* article on AMA Victoria’s proposed aged care ‘step out’ facility – a share-house style of accommodation for older Victorians that are not sick enough to be in hospital or well enough to return home. AMA Victoria provided commentary for media across the country on the state of Victoria’s health system in the lead-up to the COAG health negotiations.

Subdivision meetings: Western, Wimmera, Southern, Peninsula, Ballarat, Geelong, East Gippsland.

Event: Retired Doctors.

April

Subdivision forums in March and April gave members the opportunity to provide input into the State Health Services Plan, with Department of Health representatives present, as reported in local media. AMA Victoria continued its pressure on the Federal and State Government in relation to Medicare Locals. We sat at Mental Health Act review roundtables, and worked with Small Business Victoria to identify 100 government forms bedevilling doctors. Dr Hemley attended the rally against medical research cuts, as reported in *The Age*, and we congratulated our former President Dr Mukesh Haikerwal, AO on his election to the World Medical Association Council Chair.

Subdivision meetings: Mallee, Eastern, Central SW Gippsland

Events: IMG Briefing, Working Overseas Seminar, Care Factor Forum, Mythbusters.

May

May is Budget month. Dr Hemley appeared across a number of television networks providing AMA Victoria’s response to the State Budget, also meeting Health Minister Davis immediately after the Budget release. Medicare Locals stayed on the agenda, as we canvassed a range of views for a special feature in our *vicdoc* magazine, and we were asked to provide briefings. AMA Victoria made submissions



Highlights for 2011

to a Parliamentary Liveability Inquiry, called on the State Government to lift its game on planning regulations and raised concerns about proposed armed guards in emergency departments, through Vice President Dr Stephen Parnis, who featured in television and print media including the *Herald Sun*. Our GP Forum looked at the role of nurses in primary care, as Victoria is one of the only states remaining without a stand-alone nurse practitioner clinic.

Subdivision meetings: Bendigo, Northern.

Events: Legal Series 1, Careers in Medicine, Careers Electives, Council AGM, Mythbusters, Finance Forum, GP Forum, National Conference, DiT Black and White Ball.

June

End-of-life care, organ donation (as quoted in *The Age*), and guardianship and administration were the subject of AMA Victoria's submissions in June, as well as media commentary. We also continued to provide input into the State Health Plans, and demanded better hospital funding (Dr Hemley, in the *Herald Sun*). Our Subdivision focus was on mandatory reporting of doctors by doctors, an issue of ongoing concern, also debated at May's National Conference.

Events: Retired Doctors, Women in Medicine, Working Overseas Seminar, Legal Series 2.

July

AMA Victoria celebrated the work of GPs during Family Doctor Week, while joining its voice to the campaign against cuts to Better Access rebates. Cold winter weather brought warnings from Dr Hemley, (*The Age*), about the increased risk of transmission of respiratory diseases, and from Dr Parnis (*The Age*) about ICU bed shortages, increasing the demand on emergency departments. AMA Victoria called for a ban on synthetic cannabinoids as well as mandatory pre-commitment for electronic gaming machines. The Goulburn Valley Road Show gave Dr Hemley an opportunity to meet with regional members, who were vocal about the negative impact of national health reforms on country areas. AMA Victoria's calls for a Rural Rescue Package in 2010 were responded to by the State Government, which

delivered a GP – Rural Generalist Program, and additional funding. The well-attended President's Reception offered an opportunity to reflect on achievements of the past year.

Subdivision meetings: Road Show – Goulburn/ Echuca, Geelong

Events: Careers in Medicine, President's Reception, Legal Series 3.

August

Many medical practices were served with a log of claims by the Australian Nursing Federation in relation to practice nurses, and the Workplace and Advocacy team was swift to act – communicating with practices, providing advice and information. AMA Victoria continued to meet with the state Health Minister, raising issues such as the implementation of Medicare Locals, the Victorian Doctors' Health Program, mandatory reportage and the shortage of specialist training positions in Victoria. The inquiry into violence in hospitals kept the issue in the media, with Dr Stephen Parnis quoted in *The Age*. Hot political issues such as pokies reform and carbon tax also had health elements, with AMA Victoria commenting. Preventative health is a key focus for AMA Victoria, as obesity continued to be the subject of much debate, with Dr Hemley reiterating AMA Victoria policy on food labelling, banning of junk food and obesity clinics, in *The Age* and *Herald Sun*. The August Council Meeting focussed on end-of-life care, advance care planning and organ donation, all sensitive but critical areas.

Subdivision meetings: Southern, Western, Bendigo

Events: Women in Medicine (Ballarat), DiT Cocktail Function, Health and Wellbeing Seminar, Legal Series 4, Finance Forum.

September

In early September Dr Hemley travelled to Sale, Bairnsdale, Moe and Traralgon as part of another Road Show. Ongoing doubts about recent Commonwealth reforms were expressed, and concerns about the impact on general practice. The September *vicdoc* edition focussed on health for the most vulnerable, canvassing issues such as aged



Highlights for 2011

care, palliative care for children, disability and the role of carers. AMA Victoria also welcomed the opening of the state's first female-only psychiatric ward, after advocating for gender-segregated wards in the lead-up to the 2010 state election. It was a busy month for events, focussed on career choices for medical students, and the realities and pressures of life as a doctor, through the frank Mythbusters panel session and the Workplace Relations Forum, looking at resilience and relationships in the workplace.

Subdivision meetings: Gippsland Roadshow, Eastern, Mallee, Peninsula

Events: Retired Doctors, Workplace Relations, Mythbusters, Career Electives, Psychiatric Essentials.

October

Drugs and alcohol were the subject of AMA Victoria submissions and media comment, including on the rising numbers of liquor licences. The increase in prescription drug abuse is an ongoing concern for many medical professionals, with AMA Victoria recommending better education and support for GPs and patients and real-time prescription monitoring. Members reported that hospital budgets were being cut, staff hours reduced and beds closed, despite the Baillieu Government promising new beds. Dr Hemley was quoted in a number of media reports, including in *The Age*, stating that the lack of resources was putting too much pressure on hospitals, particularly emergency departments. The Department of Health advised of the rollout of a number of 'SmartForms', a success in AMA Victoria's war on red tape.

Subdivision meetings: Northern, Wimmera, Ballarat

November

With increased numbers of medical graduates soon to enter the workforce, the issue of medical training has been of concern to AMA Victoria, and the subject of much advocacy at both state and federal levels. The November Council Meeting considered the future of medical training, which includes specialist training positions as well as the impact upon senior doctors who will be called upon to provide mentoring and training. The opening of the new

Royal Children's Hospital was welcomed by AMA Victoria, but the release of the Department of Health's Annual Report confirmed what has long been in evidence – that the state system is struggling to keep up with demand. AMA Victoria released its Report on the Baillieu Government's First Year, showing that the Baillieu Government had performed well in the areas of mental health, preventative health and ambulance services but failed in regard to public hospitals and Aboriginal health. Dr Hemley called on the government to release its 'hidden' waiting lists.

Subdivision meetings: Senior Salaried

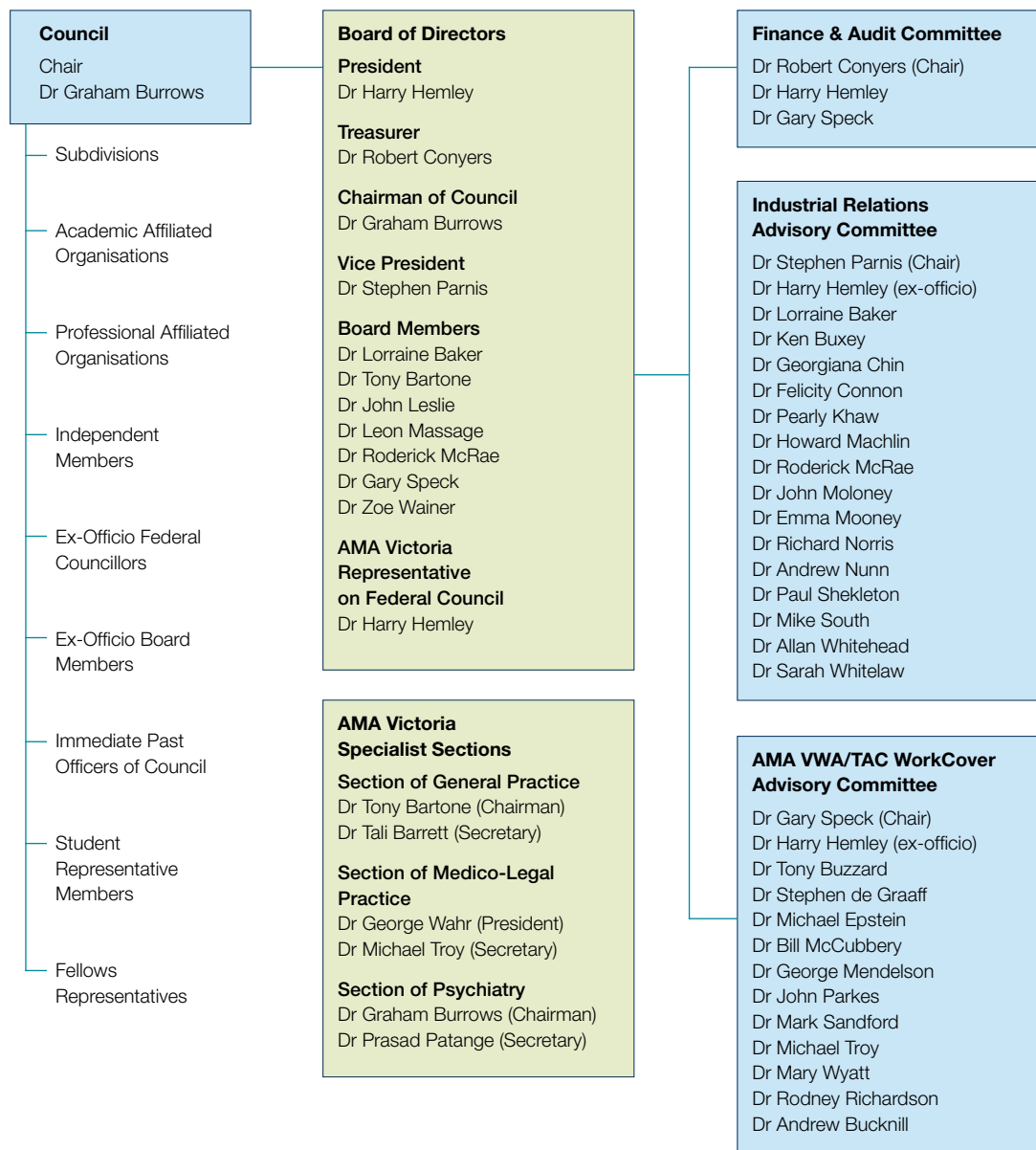
Events: Global Health Forum, Ethics Forum, Finance Forum

December

December saw the announcement of a federal Cabinet reshuffle, resulting in a new Health Minister, Tanya Plibersek, as well as the elevation of the Minister for Mental Health and Ageing to Cabinet. AMA Victoria continued its meetings with AHPRA, communicating ongoing concerns about the implementation of the national registration scheme, a source of much irritation for doctors. We continued to offer support to doctors subjected to Medicare and TAC/WorkSafe audits, as well as respondents to the ANF Log of Claims. AMA Victoria also announced a new service for older doctors, the Peer Visitor Program. The Baillieu Government released its Rural and Regional Health Plan, with AMA Victoria welcoming the recognition of the role of the rural medical workforce, but warning that more needed to be done to attract and retain doctors in rural areas.



AMA Victoria Committee Structure





Michelle Bourke
Director of Marketing
and Membership



Our membership services

It has been a busy and highly productive year for our Membership and Marketing team. Our strategic imperatives are to grow membership of AMA Victoria, to retain existing members with quality services and to raise awareness of our brand. We do this by deploying numerous strategies which take advantage of our many communications channels, such as *vicdoc* magazine, the AMA Victoria website, electronic newsletters and updates and marketing for the organisation. We also build alliances in the community through a number of key partnerships, projects and events.

Membership

Membership numbers continued to increase in 2011, with 0.4 per cent growth. While there was a slight decrease in membership of GPs and specialists, DiT membership increased by 9.8 per cent, and student membership increased by 47 per cent. It is encouraging that so many students and younger doctors are seeing the value of belonging to their professional association, and we continue to work hard to show what we can achieve for all members, through campaigns and other activity.

During the year, AMA Victoria undertook member surveys on its performance. Close to 300 doctors participated in the surveys. Overall, members are happy with their membership, with almost 75 per cent satisfied or extremely satisfied,

and most renewing automatically at renewal time.

We asked why respondents became or remained a member of AMA. The AMA services rated as most important included policy development and lobbying of government, industrial advice and advocacy and legal information and advice.

In terms of service value, members rated AMA publications – including the MJA and *vicdoc* – very highly, and appreciated the industrial relations advice and website information, as well as member benefits.

Communications

In 2011 we expanded our online presence, as part of our broader communications strategy. In May 2011 we launched our new AMA Victoria website, with functionality that allows members to easily manage their memberships, register for events and access a range of other content quickly and easily online. A new online membership form means that joining AMA Victoria and renewing an existing membership is easier and more streamlined than ever before, also improving processing times.

The AMA Victoria Facebook page was a key focus in 2011, as we increased our social media presence, bringing up-to-date and timely news to our followers and sharing information about events and other activities. In 2012 the focus will be on delivering good content, to continue

driving interest to our communications portals, encompassing traditional print publications and social media.

Our website contains valuable tools and information for members, such as the Wage Calculator and the medico-legal and practice management fact sheets and templates, and we continue to build on and enhance this content, such as by making more of *vicdoc* available online. Some content is member-only content, but the majority is available for public viewing, sharing the expertise and work of AMA Victoria with a broad audience.

Events

Two graduate receptions kick-started 2011, with AMA Victoria welcoming more than 150 new graduates to the medical profession, with the majority becoming AMA Victoria members.

The year's Subdivision member forums started off with the State Department of Health consulting the profession on the future of the Victorian health care system and articulating the government's commitment in its development. More than 300 members attended these forums to provide their thoughts and ideas towards the plan.

The Inspiring Women in Medicine events again proved popular, particularly with junior doctors, some travelling to regional Victoria to attend to hear interesting and highly engaging women talk about their experiences as medical professionals.



“Feel it is important for doctors to have a voice and that voice is only powerful if it actually represents the majority of doctors.”

Survey comment

AMA Victoria has again worked closely with government, encouraging many government representatives to attend and present at various events during the year, including the Honourable Mary Wooldridge, Minister for Mental Health, Women’s Affairs and Community Services, who addressed Section of Psychiatry members at their AGM.

The 2011 President’s Reception also saw its highest attendance, with many VIPs attending from various associations, as well as Committee Representatives, Board Members, health sector stakeholders and key sponsors.

Thirteen member seminars were offered in 2011, with overall attendance rates increasing by 16 per cent. The highlights of the year were the Care Factor Workshop, which was attended by 70 medical students, and the April Mythbusters Q and A session, which was attended by 107 medical students.

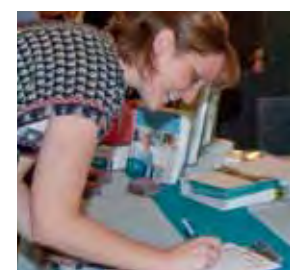
Total subdivision meetings: 19,
total attendance: 601

Total member seminars: 13,
total attendance: 708

Total other events (including Women in Medicine, DiT Ball): 11,
total attendance: 1115

AMA Victoria events, training and seminars are all geared to ensure professional excellence, providing medical practitioners and their staff with the resources to meet the needs of a diverse Victorian community, in a complex healthcare system.

The Marketing and Membership team is here to answer any questions you may have about belonging to AMA Victoria. We look forward to working with you in 2012





Bryce Prosser

Director, Policy &
Public Affairs

Our influence

Over the past year, the Policy and Public Affairs Unit has delivered real and measurable benefits for Victorian doctors and for all Victorians. We have worked hard to enhance AMA Victoria's influence on government policy and to strengthen our already robust reputation as the voice of the medical profession. Accordingly we are proud to see that our achievements reflect these efforts.

After securing a raft of positive health reforms from the Baillieu Government in its 2010 pre-election commitments, we have taken care to ensure that the Government delivers on its promises. Our sustained media campaigns have ensured that the funding allocations in the 2011–12 State Budget mirrored our demands with the introduction of 800 new hospital beds, a strong rural rescue package, women-only mental health wards and mechanisms which will bring greater transparency to the Victorian health system.

From the outset we strongly opposed the national Medicare Locals scheme and contacted all GP members to advise them of our concerns for existing GP networks. In response to our representations to the state government, it has agreed to develop a patient treatment coordinator scheme based on AMA Victoria's care coordinator model – our alternative to Medicare Locals.

We undertook significant activity during the year to keep members informed of the changes to nurse practitioner prescribing rights, as well as advising GPs on how to respond when contacted by a nurse practitioner. We take pride in the fact that Victoria is still one of the only states in Australia to remain nurse practitioner clinic-free.

We have also made pleasing progress in our war on red tape with the Government having developed online versions of a set of forms most commonly used by medical practitioners and pharmacists.

Public health

Throughout 2011, we have responded swiftly to the concerns of doctors ranging from issues within hospitals to public health matters including sexual health education and alcohol and drug abuse. Our contact with state and federal public officials ensures that the opinions of the medical profession are heard, and acted on, at a state and national level.

Following reports of widespread misuse of the synthetic cannabinoid "Kronic", we called on the Victorian Government to ban the drug and, after talks between AMA Victoria President and the Minister for Health, the government acted promptly to do so. Strong campaigns by AMA Victoria, as well as our state and federal colleagues, have also meant that warnings about drinking alcohol during pregnancy are to be mandated across Australia.

Our views are regularly expressed in Parliament and our comments are consistently featured in all major metropolitan and regional newspapers and television networks. Our opinion is sought on all matters affecting the public's health.

Submissions

We have supplied no less than seventeen substantial submissions to state inquiries this year on areas of policy undergoing reform and have made a considerable number of separate written submissions directly to Government.

Our work to address the unacceptably high rate of violence in Victorian public hospitals was recognised in Parliament and, in accordance with our recommendations, the Government's proposal to employ armed security officers in emergency departments was rejected. The findings of the inquiry into primary health and aged care also endorsed our views and the Committee subsequently advised the government to encourage the Commonwealth to review the Medicare rebate for medical services provided by GPs visiting residential aged care facilities.

AMA Victoria Council forums have proved an invaluable means of ascertaining members' opinions and have directly informed AMA Victoria policy and subsequent submissions. We look forward to canvassing additional topics in 2012.

Fostering relationships

We have fostered strong relationships with key figures in health including Government and Shadow Ministers and senior department executives. This includes attendance at more than 50 meetings and briefings. We have strengthened our relationships with stakeholders and have actively engaged with the legal profession, the Ombudsman's Office of Victoria and AHPRA as well as the training Colleges, community health and environmental groups, and Indigenous health organisations.

We are keeping a close eye on all aspects of health policy and will strive hard in 2012 to achieve more still. We will ensure that health stays firmly at the top of the government agenda.

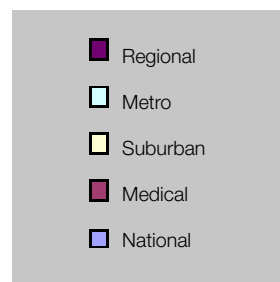
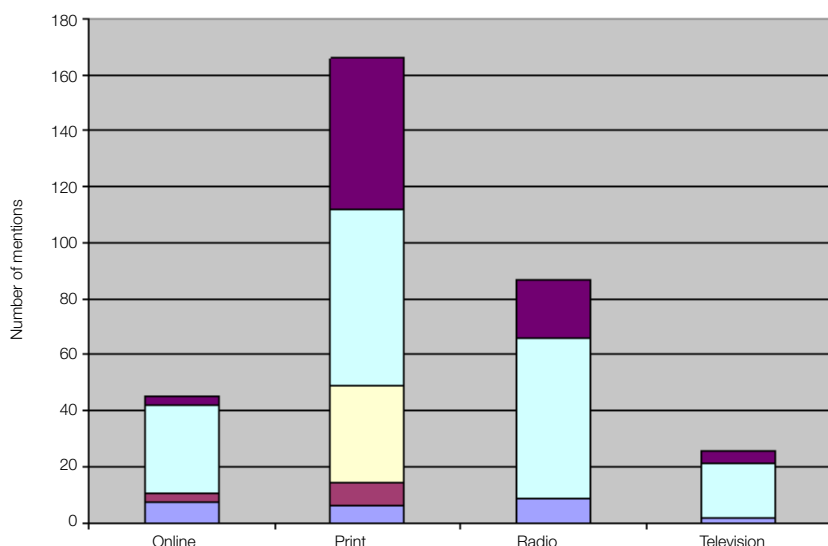


AMA Victoria was mentioned in over 500 separate media stories in 2011. On average, 10 per cent were TV stories, 27 per cent were radio stories and 63 per cent were print or online stories.



We issued 53 media releases in 2011.

Media mentions by media type (April 2011 - November 2011)





Geoff O'Kearney
Director, Workplace
& Advocacy



Our advocacy

AMA Victoria advocates on behalf of the profession as a whole, but we also provide assistance to individuals, by way of legal and industrial relations advice, and to groups of individuals, through collective bargaining. The unit also provides support to doctors who need a non judgemental 'listening ear' through our peer support services.

Workplace conditions of employment advice line

We receive a significant number of calls each day from members and their practice managers wanting advice on employment conditions for staff. Our telephone advisers have assisted in identifying correct classifications for employment of staff and award obligations. Both industrial awards that cover practice staff were varied through the year to take into account Fair Work Australia Annual Wage Review and the 'phasing in' of the modern award pay rates.

Agreement compliance

In 2011 we ran a number of cases before Fair Work Australia. Some resolved at conciliation, others proceeded to arbitration.

The non-compliance covered a range of areas, including:

- incorrect classification
- training time
- health services requesting that DiTs on rotation pay utilities fees
- offering of secondary contracts

- unpaid overtime
- underpayment of wages.

A member was delighted when AMA Victoria's intervention in a maternity leave matter brought resolution, after months of unsuccessful attempts to address the issue alone.

Members are encouraged to notify us if they become aware of non-compliance or concerned about their correct entitlements.

Workplace bullying

In 2011, changes to the *Crimes Act 1958 (Vic)* were introduced so that conduct that can be defined as bullying is now covered under stalking legislation, with potential penalties of up to ten years in jail. Workplace bullying is an ever-increasing problem, according to the reports that AMA Victoria receives.

The year saw our first General Protections ('adverse action') claim under the *Fair Work Act* and our first 'threat to injure' application under our Doctors in Training Enterprise Agreement. The applications were discontinued after a substantial apology was provided by the hospital.

In a recent Fair Work Australia decision, Commissioner Sams¹ noted that claims of bullying and harassment too often arise in circumstances where the employer is merely seeking to manage the improvement of an employee's conduct. It is important that all doctors both as employers and employees understand this distinction.

Senior Industrial Relations Adviser Andrew Lewis, like his colleagues, advises and advocates for many of our members who experience bullying. "Victims of bullying are generally in a state of anxiety, often because they feel isolated and alone. Talking to us gives them a vital opportunity to 'debrief' and start to plan a way out from their current situation. They say it to us over and over again: 'I feel so relieved'."

Performance management and disciplinary proceedings

In 2011 AMA Victoria represented members subject to performance management and disciplinary action, which can be very challenging for doctors. A number of hospitals now recognise that having AMA Victoria involvement can assist in the process, and encourage doctors to contact us. A lack of procedural rigour and clear communication in some cases is concerning.

Representing practices subject to the ANF practice nurse claim

In June the Australian Nursing Federation wrote to more than 1,000 medical practices in Victoria, Tasmania and New South Wales, seeking a 'one size fits all' collective bargaining agreement. The ANF then applied to Fair Work Australia for a Low Paid Bargaining Authorisation – an application that is due to be heard mid-2012. AMA Victoria has been advising and meeting with a number of

1. Evans v Calstores P/L FWA (6858) Oct 2011



A member was delighted when AMA Victoria's intervention in a maternity leave matter brought resolution, after months of unsuccessfully attempting to address the issue alone.

practices, to discuss their views and options, as well as working with the federal AMA to design a survey to go to all practices asking for information on the structure of the practice and wages paid to nurses, in preparation for the upcoming hearing.

TAC/WorkCover

In 2011 AMA Victoria continued to provide assistance to a number of doctors who were subject to audit by either the TAC or WorkSafe. We have also worked on:

- indexing of WorkSafe and TAC rebates
- the model Work, Health and Safety Laws
- WorkSafe/TAC, IME contract review
- review of requirements of WorkSafe Serious Injury Protocols
- review of the Worksafe/TAC Treatment Payment and Connectivity Program.

Legal assistance

We answer regular enquiries including contract review, practice structures, access to medical records and mandatory reporting, to name a few. We have also published our updated medico-legal factsheets on our website.

Medical registration continued to be a source of significant stress for many members. We received a large number of calls from doctors having difficulty with renewal of their registration.

Briefings and training

Our 2011 Legal Series of medico-legal education seminars provided doctors with information about topical issues, such as mental health law, mandatory reporting and coronial inquests. Practice managers and doctors also attended our Know Your Award training sessions.

Termination and management of practice staff

AMA Victoria receives at least one call per week from practices seeking advice on disciplinary proceedings or termination. We have represented six practices in conciliation before Fair Work Australia. This is still a relatively new area for members, and one which is growing. The reasons stated for unfair dismissal claims have included dismissal due to closure of practice, changes to job requirements, behaviour in the workplace, discrimination and harassment.

Peer Support Service

The AMA Victoria Peer Support Service provides anonymous and confidential telephone counselling using trained volunteers; for doctors by doctors. Both parties remain anonymous, with the service providing a first point of contact for doctors in distress, assisting them to take the next step to resolve their situation by providing a listening ear and referring to expert services where appropriate, 365 days a year.

Doctor Support Service

The aim of the AMA Victoria Doctor Support Service is to assist a doctor in distress by providing ongoing confidential practical support from a trained support person who is also a medical practitioner. Examples of situations when a Doctor Support volunteer may be helpful to a member include investigative, legal and disciplinary procedures or workplace disputes. While AMA Victoria staff, industrial and legal counsel will provide expert advice to a member, the Doctor Support volunteer is available to be 'a companion for the road' during processes which can be prolonged and stressful.

We appreciate the generous support of the Doctors Health Fund.





Jacquie O'Brien

Director of Training
& Practice Support



Training and Practice Support

Training and Practice Support is a small but focused and flexible team, and 2011 saw some staff changes, including the farewell in August to Judith Merrick as Director of Training and Practice Support, prior to my commencement, and our welcome of Tania Worroll as the new Practice Consultant for mp practice solutions in November.

In 2011 the Training and Practice Support Unit has been involved in a number of initiatives that help support the development and increase the productivity of medical practices, with a number of key achievements.

Medical centre construction project management

Late in 2011 saw the successful completion of mp practice solution's project management of a new purpose-built medical centre, the Woodleigh Waters Medical Practice in Berwick. This project saw the evolution of the medical practice from concept design to launch of the completed purpose-built centre. It includes seven consultation rooms, advanced medical equipment and onsite pathology. A dispensary will be added in the near future.

Short courses

AMA Victoria – through Solutions Plus Training – delivers a range of short courses and tailored training for practitioners and practice staff, which in 2011 included:

- Demystifying Impairment Assessment for lawyers
- Dealing with difficult people and situations
- Privacy, Confidentiality and Access to Medical Records
- Contracts of employment
- Working in a medical practice
- Communication skills for assertiveness
- Writing policies and procedures
- Privacy, Confidentiality and Access to Medical Records (Practice Staff)
- Conducting appraisals and getting the best from your staff
- Disinfection and sterilisation for medical practices and clinics
- Getting ready for new OHS requirements for 2012.

Achievement of Registered Training Organisation (RTO) status

The achievement of this status enables us to deliver nationally-accredited training, such as our new Diploma of Practice Management, and to support skill development of medical practice staff.

Medical Practice Resource publications

This year our purpose-designed publications have been in demand, particularly the Awards service, with many renewal subscriptions for the Private Practice Manual. These Medical Practice Resources have been developed specifically to meet the complex needs of those managing a medical practice, and to supplement the expert practice management advice AMA Victoria offers, and through our new website can now be ordered online.



Evaluation responses from participants showed that 98 per cent commented that the programs were worth attending and 99 per cent felt that obtained new ideas they could use in the future.

AMA4 Impairment Assessment training

AMA Victoria conducts the only ministerially approved Impairment Assessment training in Victoria. In 2011 sessions were well attended with more than 240 participants attending 19 sessions in total. The module topics covered in 2011 were:

- Core
- Endocrinology
- Spine
- Hand and Upper Extremities
- Cardiovascular
- Urology
- Lower Extremities
- Digestive
- Nervous System
- Psychiatry
- Ear, Nose and Throat
- Dermatology.

Attendees included medical practitioners interested in becoming accredited Impairment Assessors, as well as existing assessors participating in the program to ensure they remained current.

Dr Malios, a GP and the Community Medical Representative on the Committee of Management for the Impairment Assessment Training program delivered by AMA Victoria comments:

“It is very good for GPs to do – they are specialists in their own right – and I would like to encourage more to do the training. They have a very important role.”

“Having to do assessment and medico-legal reports requires practitioners to not only have diagnostic skills but it also requires a different perspective, and encourages reasoning and clear thinking. These skills are extremely helpful for your day-to-day practice.”

“Many medical conditions that become the subject of legal disputes are managed within general practice, too. It is work that you can build into your practice, as one way of diversifying it.”



Our community activities

AMA Victoria plays a role in the community through public advocacy on health issues, as well as supporting a range of community projects, both as a stakeholder and a contributor. We actively encourage and support the involvement of Victorian doctors in community and global health projects, as well as participating directly in fundraising for a variety of causes.

Refugee education: The Water Well project

This year saw the initiation of a refugee health education program by the DiT Subdivision in partnership with the Brotherhood of St Laurence, which has now evolved into The Water Well Project. The program is entirely voluntary and aims to deliver culturally appropriate, interactive health information sessions to refugee groups under the guidance of junior doctors and bilingual community leaders within the groups.

The project aims to empower migrant and refugee groups to take greater responsibility for their own health and to ask questions around health issues. A successful pilot session has been run with the Ethiopian Community Group, around discussion of general nutrition information. There are many more groups awaiting input from junior doctors, including the Ogaden and Oromo women, and the South Eastern Region Migrant Resource Centre.

Visit www.thewaterwellproject.org for more information.

Teddy Bear Hospital program

In September AMA Victoria supported the Teddy Bear Hospital to take in some new patients at the North Melbourne Primary School, teaching children about healthcare through their close friends – their teddy bears. The Teddy Bear Hospital program is believed to have originated in Norway over a decade ago and is now a truly global program, currently run by medical schools all over the world. It operates at each of the medical schools in Victoria, and is supported by AMA Victoria's DiT Subdivision and a number of health services. The University of Melbourne Teddy Bear Hospital program was launched in 2009 at North Melbourne Primary School, and now has more than 250 keen student volunteers on its books.

The premise of the program is to familiarise children with the health care consultation process in a fun and interactive manner. Children, acting as carers, bring their teddy bear patients to the mock hospital, where they are treated by medical students, AKA 'Teddy Doctors'. In addition, activity stations are run in the hospital waiting room to teach children about health-related topics such as basic anatomy, X-rays or exercise. There is a strong focus on health promotion, reinforcing health-lifestyle messages.

For more information about the Melbourne University program visit www.teddybearhospitalmelb.lifeyo.com

Fundraising and donations 2011

AMA Victoria staff members regularly conduct fundraising for a variety of charities, including, in 2011, Queensland Flood Relief, the Royal Doctors Flying Service, Australia's Biggest Morning Tea, Jeans for Genes Day, Cancer Council's Walk to Work Day, Pink Ribbon Day and Movember. Four members of the Workplace and Advocacy team grew moustaches for the cause. Pictured right, Mr George Joseph, Mr Geoff O'Kearney, Mr David Kelly and Mr Rod Felmingham.

In lieu of sending Christmas cards, in 2011 AMA Victoria donated \$2,000 to the Melbourne Citymission Frontyard Youth Service. Frontyard offers a range of integrated support programs for many clients who are homeless or marginalised.

Teach the Teacher

Teach the Teacher had a very productive year at the University of Melbourne in 2011, providing future teachers and doctors with information about the sexual health issues affecting young people. The medical students presented a series of seminars to future health teachers covering contraception, STIs and teenage pregnancy. Following that, the health method and medical students collaborated to create presentations for a broader group of education students. The topics included sexuality and the legal and moral obligations of teachers. The information was presented in tandem with the medical students discussing scientific details and the teaching students detailing the relevant pedagogy. The feedback was extremely positive.



AMA Victoria staff members are encouraged to be active in the community and in 2011 they participated in a variety of fundraising causes and events.



Our people

Governance

AMA Victoria is governed by eleven directors. At the May Special Council Meeting, the AMA Victoria Council elects members to the Board of Directors.

The Board:

- meets monthly
- is responsible under constitutional law for governance of the organisation
- appoints the Chief Executive Officer.

The Chief Executive Officer

The Chief Executive Officer is responsible for the day to day running of AMA Victoria and the delivery of services to members, the Board and the Council.



Dr Harry Hemley
MBBS FAMA

President AMA Victoria
Non executive Director
since May 2005



Dr Stephen Parnis
MBBS Dip SurgAnat.FACEM

Vice President AMA Victoria
Non executive Director
since May 2006



Dr Lorraine Baker
MBBS Dip RANZCOG
GradDip.WomHlth

Board Member AMA Victoria
(from 25 May 2010)
Non executive Director
since May 2010



Dr Anthony Bartone
MBBS FRACGP MBA

Board Member AMA Victoria
(from 25 May 2010)
Non executive Director
since May 2010



Dr Graham Burrows
AO KCSJ MBChB MRANZCP

Chairman of Council
Non executive Director
since May 2007



Dr Robert Conyers
MBBS FRCPA

Treasurer AMA Victoria
Non executive Director
since May 2006



Dr John Leslie
MBBS FRACS

Board Member AMA Victoria
Non executive Director
since May 2009



Dr Erwin Loh
MBBS LLB (Hons) MBA
MHSMgt FAICD FACLM
FCHSM FRACMA

Non executive Director
since May 2010
Board Member AMA Victoria
(from May 2010 until May 2011)



Dr Roderick McRae
MBBS FRANZCA BMedSc

Board Member AMA Victoria
Non executive Director
since May 2009



Dr Leon Massage
MBBS

Board Member AMA Victoria
Non executive Director
since May 2011



Dr Gary Speck
MBBS BMedSc FRACS (Orth)

Board Member AMA Victoria
(from 25 May 2010)
Non executive Director since
May 2010



Dr Zoe Wainer
MBBS BHSc

Board Member AMA Victoria
Non executive Director since
2008



AMA Victoria Sub-Committees

AMA Victoria also has sub-committees that meet on a regular basis to discuss and work on particular issues relating to medical practice.

Industrial Relations Sub-Committee

Dr Stephen J Parnis (Chair)
 Dr Ken Buxey
 Dr Georgiana Chin
 Dr Michael J Galvin
 Dr Harry Hemley
 Dr J Fergus Kerr
 Dr Pearly Y L Khaw
 Dr Raju Lakshmana
 Dr Arian Lasocki
 Dr John D Leslie
 Dr Howard A Machlin
 Dr Roderick J McRae
 Dr John T Moloney
 Dr Frank A Shann
 Dr Paul A Shekleton
 Dr Allan L Whitehead

WorkSafe/TAC Sub-Committee

Dr Gary Speck (Chair)
 Dr Lorraine Baker
 A/Prof Andrew Bucknill
 Mr Tony Buzzard
 Dr Stephen de Graaff
 Dr Michael Epstein
 Dr William McCubbery
 Dr F John Parkes
 Dr Rodney Richardson
 Dr Mark Sandford
 Dr Michael J Troy
 Dr Mary E Wyatt

AMA Victoria Council 2011

AMA Victoria is guided by a Council of members nominated by AMA Victoria Subdivisions, AMA Fellows, and Affiliated Organisations including the learned colleges.

Independent members of Council are elected annually by postal vote.

The AMA Victoria Council:

- meets quarterly at AMA House
- is a forum for members to raise and discuss issues affecting the profession and patients
- is a forum to influence policy and activities via recommendation to the Board.

In 2011 two of the Council Forums canvassed End-of-life care and the Future of Medical Training.

End-of-life care and organ and tissue donation

The forum helped advance AMA Victoria's policy work on both end-of-life care and organ and tissue donation and guided AMA input on the development of a National Advance Care Directive and the current Victorian Parliamentary Inquiry into Organ and Tissue Donation.

Also helped in producing an AMA Victoria policy paper 'Advance Care Directives and wishes as to Organ Donation'

The Future of Medical Training

The outcomes from the forum have and will help advance AMA Victoria's policy work on the Future of Medical Training and has provided input into the 2012-2013 State Budget.

Affiliates

One of the strengths of AMA Victoria is the membership, involvement and representation of a very broad cross section of the medical profession. It is the only association where doctors from every specialty, general practitioners, junior doctors and medical students can discuss issues and formulate solutions.

To become affiliated with AMA Victoria an organisation must have a minimum of 40 Victorian AMA members. Affiliated organisations can nominate a representative to AMA Victoria Council.

There are two types of organisations or groups which (as defined in the

Constitution of AMA Victoria) qualify for status as an affiliated organisation, Academic Affiliated Organisations and Professional Affiliated Organisations.

Professional Affiliated Organisations

Alfred Hospital Medical Staff Association

Dr Ian Porter

AMA Victoria Section of General Practice

Dr Dennis Gratton

Austin Hospital Senior Medical Staff Association

Dr Robert Weller

Australasian Integrative Medicine Association

Dr Vicki Kotsirilos

Australian Association of Consultant Physicians

Dr Andrew Nunn

Australian Association of Surgeons (Victoria)

Dr Stephen Clifforth

Australian Chinese Medical Association

Dr Theong Low

Australian Greek Medical Society of Victoria

Dr Paul Eleftheriou

Australian Medical Acupuncture College (Victoria)

Dr John Jagoda

Australian Salaried Medical Officers Federation

Dr Roderick McRae

Australian & New Zealand Society for Geriatric Medicine (Victorian Division)

Dr Henry Zeimer

Australian Society of Anaesthetists (Victorian Section)

Dr Elliot Rubinstein

Australian Society of Orthopaedic Surgeons (Victorian Branch)

Dr Gary Speck

Australian Society of Plastic Surgeons (Victoria)

Dr Mark Ashton

Bayside General Practice Network

Dr Baden Boan

Dandenong Casey General Practice Association

Dr Sally McDonald
(Disaffiliated August 2011)

Greater Monash GP Network

Dr Peter Giles

Italian Medical Society of Victoria

Dr Anthony Mariani

Medical Association for the Prevention of War (Victorian Branch)

Dr John Melroy

Melbourne East General Practice Network

Dr Bernard Crimmins

Melbourne General Practice Network

Dr Fiona Broderick

National Association of Specialist Obstetricians and Gynaecologists

Dr Christine Thevathasan

North East Valley Division of General Practice

Dr Anthony Sellars

Northern Division of General Practice

Dr David Andrew

Peninsula GP Network

Dr Geoffrey Campbell

Peninsula Health Medical Staff Association

Dr John Copland

Progressive Primary Health

Dr Catherine Hutton

Royal Children's Hospital Medical Staff Association

Dr Tim Cain

Rural Doctors Association of Victoria

Vacant

Skin and Cancer Foundation of Victoria

Dr Edward Upjohn

Southcity GP Services

Vacant
(Disaffiliated August 2011)

Southern Health Senior Medical Staff Association

Dr Olivia Gobbo

St Vincent's Hospital Senior Medical Staff Association

Dr Robyn Langham

Thoracic Society of Australia and New Zealand (Victorian Branch)

Dr Celia Lanteri

Urological Society of Australia and New Zealand (Victorian Branch)

Dr Andrew Troy

Victorian Medical Benevolent Association

Dr George Tippett

Victorian Medical Women's Society

Dr Natalie Marjanovic

Western Health Senior Medical Staff Association

Dr Rodney Jacobs

World Federation of Doctors Who Respect Human Life

Dr David Westmore

Academic Affiliated Organisations

Australasian College for Emergency Medicine (Victorian Faculty)

Dr Sarah Whitelaw

Australasian College of Dermatologists (Victorian Faculty)

Dr Douglas Gin

Australasian Faculty of Occupational & Environmental Medicine (Victorian Branch)

Dr Chris Baker

Australasian Faculty of Rehabilitation Medicine

Dr Michael Chou

Australian and New Zealand College of Anaesthetists (Vic)

Dr Mark Hurley

Australian Orthopaedic Association (Victorian Regional Committee)

Dr David Bainbridge

Australian Rheumatology Association (Victoria)

Dr Rachelle Buchbinder

Division of Paediatrics Royal Australasian College of Physicians

Dr Andrew Lovett

Royal Australasian College of Medical Administrators (Victorian State Branch)

Dr Peter Trye

Royal Australasian College of Physicians (Victorian Committee)

Dr Peter Ebeling

Royal Australasian College of Surgeons (Victorian State Committee)

Dr Andrew Cochrane

Royal Australian and New Zealand College of Obstetricians & Gynaecologists (Victorian State Committee)

Dr Amarendra Trivedi

Royal Australian and New Zealand College of Ophthalmologists

Dr Malcolm Ferguson



**Royal Australian and
New Zealand College of
Psychiatrists (Victorian
Branch)**

Prof Dr Graham Burrows

**Royal Australian and
New Zealand College of
Radiologists (Victorian
Branch)**

Dr Steven Stuckey

**Royal Australian College
of General Practitioners
(Victorian Faculty)**

Dr Naomi Harris

**Royal College of
Pathologists of Australasia
(Victorian State Committee)**

Dr David Ranson

**Victorian Medical Post
Graduate Foundation**

Dr Robert Moulds

Fellows' Representatives

Dr Gerald Segal

Dr Mark Yates

Dr Michael Troy

Dr Catherine Duncan

Dr Sandra Hacker

Independent

Dr Douglas Travis

Dr Terence Ahern

Dr John Mathew

**Student Representatives
(observers)**

Deakin University Medical

Students Society

Ms Tegan Dobbie

Ms Amy Wong

**Medical Students
Society Victoria**

Mr James Churchill

**Monash University
Medical Undergraduates**

Ms Catherine Pendrey

Ms Danika Thient

**University of Melbourne
Medical Students Society**

Mr Eric Lo

Ms Michelle Li

Official Observers

**Immediate Past
AMA Victoria Board**

Dr Erwin Loh

AMA Federal Council

Dr Rick McLean

**Victorian Medical College
Committee of Chairs**

Dr Peter Ebeling

Subdivisions

The AMA Victoria Subdivision member forums program provides members with an opportunity to network with colleagues from across all disciplines of medicine, socialise and address medical issues of mutual concern, at regular forums. Members can raise issues for discussion and influence the development of policy at AMA Victoria State Council through their subdivision representative.

AMA Victoria members are allocated to Subdivisions according to the location of their practice/workplace.

The first stream of meetings in 2011 looked at 'The future of the Victorian health care system', with representatives from the Department of Health providing briefings and updates on local issues. The second stream covered topics as diverse as medical and biotech research, mandatory reporting, e-Health and the truth about Medicare Locals.



Subdivision Council Representatives

Albury/Wodonga

Vacant

Ballarat & District

Dr James Mullany

Bendigo & District

Dr Albert Rudock

Central Highlands

Dr Emmanuel Ndukwe

Central West/South Gippsland

Dr Robert Hall

Doctors in Training

Dr Xavier Yu

Dr Sam Merriel (Obeserver)

Dr Ann Boyapati (Observer)

East Gippsland

Dr Adrian Aitken

Eastern Suburban

Dr Kaenson Ang

Geelong & District

Dr Gil Stynes

Goulburn Valley

Vacant

Mallee

Dr Brian Murphy

Northern Suburban

Dr Dominic Barbaro

Otway

Dr Neil Jackson

Peninsula

Dr Daniel Stanzus

Senior Salaried Staff

Dr Stephen Parnis

Southern

Dr Leon Massage

Western

Dr Murray Verso

Wimmera

Dr David Leembruggen

Independent Members (Professional)

Dr Terence Ahern

Dr John Mathew

Dr Will Manovel

Dr Douglas Travis

AMA Section Chairs

Section of Medico-Legal Practice

Dr George Wahr

Section of Psychiatry

Dr Graham Burrows –
Chairman

Dr Prasad Patange –
Secretary

Section of General Practice

Dr Anthony Bartone

AMA Victoria Secretariat and staff

Chief Executive Officer

Ms Jane Stephens

Executive Assistant

Ms Judith Clark

Business Development/ Agency, Director

Mr Frank Spranger

Marketing and Membership Director

Ms Michelle Bourke

Events Coordinator

Ms Lisa Busuttill

Membership Assistant/ Receptionist

Nina Reicher

(until February 2011)

Ms Catherine Powers
(from May 2011)

Marketing and Membership Assistant

Ms Nicole Saccaro
(until May 2011)

Ms Lindy Jones
(from May 2011)

Membership Officer

Ms Fernanda Alberici

Marketing and Communications Coordinator

Mr Sean Mulquiney
(until May 2011)

Ms Nicole Saccaro
(from May 2011)

Editor and Writer

Ms Susanna Nelson
(maternity leave from
February 2011)

Ms Samantha Lawry
(from February 2011)

Publications Officer

Ms Niki Vounoridis

Policy and Public Affairs Director

Mr Ben Harris
(until March 2011)

Mr Bryce Prosser
(from May 2011)

Policy Assistant

Ms Madelene Fox
(until January 2011)

Ms Elizabeth Muhlebach
(from February 2011)

Media and Public Affairs

Ms Fronscasca

Jackson-Webb

(until February 2011)

Mr Seamus Coleman
(from February 2011)

Administrative Assistant

Ms Claire Bellett

Training and Professional Support Director

Ms Judith Merrick

(until August 2011)

Ms Jacquie O'Brien

(from August 2011)

mpstaff Recruitment Services Manager

Ms Katrina Cox

(until June 2011)

Recruitment Consultant

Ms Susan Gosel

(until June 2011)

Senior Training Administrator

Ms Julie Mineely

Education and Training Manager

Ms Christie Boucher

mp practice solutions Practice Services Manager

Ms Andrea Ravas

Practice Consultant

Tania Worroll

(from November 2011)

Administrative Assistant

Ms Rita Ng

Corporate Services Director

Mr John Fisher

Corporate Services Coordinator

Ms Nicole Pinnone

Finance Officer

Ms Matilda Stathopoulos

Property Services and Membership Data Officer

Ms Judy Saunders



Finance and Records Officer

Ms Cheryl Bird
(until June 2011)

Accounts Assistant

Ms Kerry Hall
(from September 2011)

Workplace & Advocacy Director

Mr Geoff O'Kearney

Administrative Assistant

Ms Aspa Papas

Senior Industrial Relations Adviser

Mr Rod Felmingham
Mr Andrew Lewis

Project Officer

Ms Kay Dunkley

Industrial Relations Adviser

Mr David Kelly

Legal Services Senior Adviser/Solicitor

Mr George Joseph (until
December 2011)

Legal Services Officer

Ms Annie Morrison

Solicitor

Ms Abby Neylon
(until April 2011)

Ms Beth Altson

(from May 2011)

Recognising ongoing achievement

Awards

Queen's Birthday Honours 2011

Member (AM) in the General Division

Dr Joanna Flynn
Professor Jeffrey Rosenfeld
Professor Suzanne Crowe

Former AMA President,
Professor Kerry Phelps,
was also made a Member
of the Order of Australia
(AM), for her service to
medicine, particularly
through leadership roles
with the Australian Medical
Association, to education
and community health, and
as a general practitioner.

Medal (OAM) in the General Division

Dr Anne D'arcy
Professor John Royle
Dr Andrew Tonkin
Dr Bruce Ingram
Dr Anne Moulden

Australia Day Honours 2011

Officer of the Order of Australia Award (AO)

Dr Mukesh Chandra
Haikerwal

Member of the Order of Australia Award (AM)

Dr Arthur Joseph Day
Prof Anthony John D'Apice
Prof George Jerums
Prof Hatem Hassan Salem

Medal of the Order of Australia Award (OAM)

Prof David Leon Copolov
Dr John Francis Oswald
Dr John Andrew Pickering
Dr Laurence Simpson
Prof Gregory Ian Snell

Public Service Medal (PSM)

Prof Christopher William
Brook

Deceased members

Dr Ross Andrews
Dr Simon Bernard
Dr Ida Brodrick
Dr Hilda Brous
Dr Ian Chau
Dr Peter Colville
Dr Colin Copland
Dr Robert Currie
Dr William Doig
Dr James Gardiner
Dr Ron Goodwach
Dr Michael Guiney
Dr George Hale
Dr Leonard Hartman
Dr Hilary Hill
Dr Raymond Hogan
Dr John Kelly
Dr Walter Lowen
Dr David Lowenstern
Dr John Macaulay
Dr Peter Maccallum
Dr Alan Maclean
Dr Jeffery Mander
Dr Robert Marshall
Dr Lena McEwan
Dr Lloyd Morgan
Dr Reginald Motteram
Dr Richmond Nell
Dr Stanley Pilbeam
Dr William Sacks
Dr Arthur Schwieger
Dr Kenneth Shepherd
Dr Albert Shulman
Dr Wolfgang Siegel
Dr Ivanka Silic
Dr Angela Spiers
Dr John Vernea

**John Fisher**

Director, Corporate Services

Our financial statements

**Dr Robert Conyers**

Treasurer

Treasurer's Report (incorporating Corporate Services)

The consolidated result for the AMA Victoria group of companies - including AMAV Ltd, MSV Inc and AMAVS Pty Ltd, and the new business ventures as part of AMAVS Pty Ltd - is a loss of \$663k. This included a number of non-budgeted expenses such as member publications and EBA expenses. The economic climate in 2010 resulted in, among other factors, an increase in interest rates. This was reflected in investment interest income, but also resulted in a fall in dividend income. The investment portfolio, which is part of a reserve for unforeseen contingencies, has shown a modest gain.

The new business ventures that are part of AMA Victoria Services Pty Ltd had a loss for the year of \$130k. The operation of these ventures is subject to periodic review. Overall AMA Victoria Services Pty Ltd results were \$76k better than the prior year. Both sales and function revenue have improved over last year although this has been offset partly by a fall in commission income. Member subscription income is close to last year's figure despite an increase in member numbers.

Operating costs have been maintained at levels close to the previous year, including personnel costs, which are similar to last year. Difficulties in finding a new Training Manager and delays in obtaining RTO registration have meant that Solutions Plus Training Ltd will not start trading until the second quarter of 2012. This should open up new training opportunities and revenue streams for AMA Victoria.

A handwritten signature in black ink that reads "Robert Conyers". The signature is written in a cursive style with a long, sweeping underline.

Dr Robert Conyers

Treasurer



Report of Directors

Report of Directors 31/12/2011

Your Directors present their report on the consolidated entity consisting of Australian Medical Association (Victoria) Limited and the entities it controlled at the end of the year ended 31 December 2011.

Directors

The following persons held office as Directors of Australian Medical Association (Victoria) Limited at the date of this report:

Dr L Baker
 Dr T Bartone
 Dr G Burrows
 Dr R Conyers
 Dr H Hemley
 Dr J Leslie
 Dr L Massage
 Dr R McRae
 Dr S Parnis
 Dr G Speck
 Dr Z Wainer

Principal activities

The principal continuing activities of the economic entity constituted by the Australian Medical Association (Victoria) Limited and the entities it controlled from time to time during the year consisted of the provision of services to the medical profession.

Results

The net result of operations for the year ended 31 December 2011 was a consolidated loss after tax of \$941,861 (2010: a consolidated loss after tax of \$662,838). The 2011 loss of \$941,861 includes a non cash fair value loss to the financial assets of \$204,325 (2010: gain of \$2,369). This adjustment is a result of the application of International Financial Reporting Standards adopted by Australian Medical Association (Victoria) Ltd. to the portfolio.

Dividends

No dividends were declared or paid during the year.

Review of operations

The Directors continue to develop operations to provide for the stability and security of the economic entity.

Significant changes

During the period the entity Solutions Plus Training Ltd commenced operations as a registered training organisation. Additionally, AMA Victoria Services Pty. Ltd, following a review of performance, outsourced MPStaff activity through a licence agreement, and continues to grow the remaining business.

Matters Subsequent to the end of the Financial Year

There is at the date of this report no matter or circumstance which has arisen since 31 December, 2011 that has significantly affected or may significantly affect:

- (i) the operations of the economic entity;
- (ii) the results of those operations; or
- (iii) the state of affairs of the economic entity;

in financial years subsequent to 31 December, 2011.

Likely developments

The Directors are not aware of any specific developments likely to have a significant effect on the operations of the consolidated entity constituted by the Australian Medical Association (Victoria) Limited and the entities it controls or the expected results of those operations in financial years subsequent to 31 December 2011.

Information on directors

Dr Harry Hemley MBBS, FAMA
 AMA (Victoria) President, Non executive Director since May 2005

Dr Lorraine Baker MBBS Dip RANZCOG GradDip. WomHlth
 Non executive Director since May 2010

Dr Tony Bartone MBBS FRACGP MBA
 Non executive Director since May 2010

Dr Graham Burrows AO KCSJ Bsc MB ChB DPM MD DipMHlthSc(Clinical Hypnosis)DSc FRANZCP FRCPsych MRACMA FACHAM
 Non executive Director since May 2007

Dr Robert Conyers MBBS, FRCPA, FAMA
 Non executive Director since May 2006

Dr J Leslie MBBS, FRACS
 Non executive Director since May 2009

Dr Leon Massage MBBS
 Non executive Director since May 2011

Dr R McRae MBBS, FANZCA, BMedSc
 Non executive Director since May 2009

Dr Stephen Parnis, MBBS, Dip SurgAnat. FACEM
 Non executive Director since May 2006

Dr Gary Speck MBBS BMedSc FRACS (Orth)
 Non executive Director since May 2010

Dr Zoe Wainer MBBS BHSc
 Non executive Director since May 2008



Meetings of directors

The number of meetings of the Company's Board of Directors held during the year ended 31 December 2011, and the number of meetings attended by each Director was:

Meetings Attended: **A** Meetings Eligible: **E**

	A	E
Dr L Baker	10	10
Dr T Bartone	10	10
Dr G Burrows	9	10
Dr R Conyers	10	10
Dr H Hemley	10	10
Dr J Leslie	6	10
Dr E Loh	3	4
Dr L Massage	4	6
Dr R McRae	7	10
Dr S Parnis	10	10
Dr G speck	9	10
Dr Z Wainer	6	10


Directors' benefits

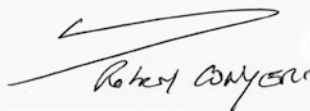
Since the date of Incorporation, no Director of the Company has received or become entitled to receive a benefit (other than a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the financial statements or the fixed salary as a full time employee of the Company or of a related corporation) because of a contract made by the company or a related body corporate with the Directors or with a Firm of which the Director is a member, or with a Company in which the Director has a substantial financial interest.

Directors' insurance

During the financial year the company paid a premium in respect of a contract insuring the Directors and certain Directors of related bodies corporate against a liability incurred as such by a Director, Secretary or Executive Officer to the extent permitted by the Corporations Act 2001. The contract of insurance prohibits disclosure of the nature of the liability and the amount of the premium.

Signed in accordance with a resolution of Directors at Melbourne this 27th day of March 2012.

Director 

Director 

Directors' declaration


The Directors declare that in their opinion, the concise financial report of the consolidated entity for the year ended 31 December 2011 as set out on pages 3 and 5 complies with Accounting Standard AASB 1039: Concise Financial Reports.

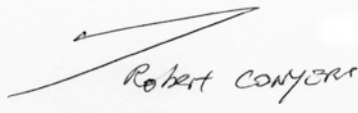
The financial statements and specific disclosures included in this concise financial report have been derived from the full financial report for the year ended 31 December 2011.

The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of the consolidated entity as the full financial report, which as indicated in note 3, is available on request.

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

Signed at Melbourne this 27th day of March 2012.

Director 

Director 

Independent auditor's report to the members of Australian Medical Association (Victoria) Limited

Report on the concise financial report

We have audited the accompanying concise financial report of Australian Medical Association (Victoria) Limited ("the company") which comprises the balance sheet as at 31 December 2011, income statement, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended and related notes, derived from the audited financial report of the company for the year ended 31 December 2011 for both Australian Medical Association (Victoria) Limited and the Australian Medical Association (Victoria) Limited and Controlled Entities (the consolidated entity). The concise financial report does not contain all the disclosures required by the Australian Accounting Standards and accordingly, reading the concise financial report is not a substitute for reading the audited financial report.

Directors' responsibility for the concise financial report

The directors are responsible for the preparation of the concise financial report in accordance with Accounting Standard AASB 1039 Concise Financial Reports, and the Corporations Act 2001, and for such internal control as the directors determine are necessary to enable the preparation of the concise financial report.

Auditor's responsibility

Our responsibility is to express an opinion on the concise financial report based on our audit procedures which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of Australian Medical Association (Victoria) Limited and Controlled Entities for the year ended 31 December 2011. We expressed an unmodified audit opinion on that financial report in our report dated 27 March 2012. The Australian Auditing Standards

require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the concise financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the concise financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the concise financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

Our procedures include testing that the information in the concise financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of audit evidence supporting the amounts and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with AASB 1039 Concise Financial Reports.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of Australian Medical Association (Victoria) Limited would be in the same terms if given to the directors as at the date of this auditor's report.

Auditor's opinion

In our opinion, the concise financial report of the consolidated entity for the year ended 31 December 2011 complies with Australian Accounting Standard AASB 1039 *Concise Financial Reports*.



PricewaterhouseCoopers



Amanda Campbell
Partner

Melbourne
27 March 2012

Consolidated balance sheet

as at 31 December 2011

	2011	2010
	\$	\$
Current Assets		
Cash and cash equivalents	5,338,783	5,985,348
Receivables	226,154	145,447
Other financial assets at fair value through profit & loss	3,278,649	3,464,854
Other	162,340	127,211
Total Current Assets	9,005,926	9,722,860
Non-Current Assets		
Property, plant and equipment	5,957,362	5,232,828
Investments	1	1
Total Non-Current Assets	5,957,363	5,232,829
Total Assets	14,963,289	14,955,689
Current Liabilities		
Payables	458,398	342,651
Provisions	417,706	396,087
Other	2,811,104	2,811,256
Total Current Liabilities	3,687,208	3,549,994
Non-Current Liabilities		
Provisions	66,793	62,330
Total Non-Current Liabilities	66,793	62,330
Total Liabilities	3,754,001	3,612,324
Net Assets	11,209,290	11,343,365
Equity		
Reserves	5,348,580	4,540,794
Retained profits	5,860,710	6,802,571
Total Equity	11,209,290	11,343,365

The above Balance Sheet should be read in conjunction with the accompanying notes.

Consolidated income statement

for the year ended 31 December 2011

	2011	2010
	\$	\$
Revenue from ordinary activities	4,508,920	4,431,670
Fair value gains/(loss) through Profit or Loss	(204,325)	2,369
Profit/(Loss) on Sale of Assets	(152,009)	16,107
Employee benefits expense	(3,161,744)	(3,097,371)
Depreciation	(110,366)	(216,169)
Other expenses from ordinary activities	(1,822,337)	(1,799,444)
Net Loss before income tax expense	(941,861)	(662,838)
Income tax (expense)/benefit	—	—
Net Loss attributable to members of Australian Medical Association (Victoria) Limited	(941,861)	(662,838)

The above Income Statement should be read in conjunction with the accompanying notes.

Consolidated statement of comprehensive income

for the year ended 31 December 2011

	2011	2010
	\$	\$
Loss for the year	(941,861)	(662,838)
Other Comprehensive Income		
Asset Revaluation Reserve	807,786	310,152
Total Comprehensive Income for the year	(134,075)	(352,686)
Total Comprehensive Income attributable to the Australian Medical Association (Victoria) Limited and controlled entities.	(134,075)	(352,686)

The above Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Consolidated statement of changes in equity

for the year ended 31 December 2011

	2011	2010
	\$	\$
Total equity at the beginning of the financial year	11,343,365	11,696,051
Gain on revaluation of land and buildings, net of tax	807,786	310,152
Net income recognised directly in equity	807,786	310,152
Loss for the year	(941,861)	(662,838)
Total recognised income and expense for the year	(134,075)	(352,686)
Total equity at the end of the financial year	11,209,290	11,343,365

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Consolidated cash flow statement

for the year ended 31 December 2011

	2011	2010
	\$	\$
Cash flows from Operating Activities		
Receipt from customers (inclusive of GST)	4,365,050	4,413,659
Payments to suppliers and employees (inclusive of GST)	(5,263,856)	(4,891,536)
Payments for Other Financial Assets at fair value through profit or loss	(18,120)	(134,317)
Net Cash Outflow from Operating Activities	(916,926)	(612,194)
Cash Flows from Investing Activities		
Payments for property plant and equipment	(27,115)	(53,569)
Interest received	340,929	362,243
Dividends received	108,555	76,874
Profit/(Loss) from sale of financial assets	(152,009)	—
Net cash Inflow from investing activities	270,360	385,548
Net decrease in cash	(646,565)	(226,646)
Cash at the beginning of the year	5,985,348	6,211,994
Cash at the end of the year	5,338,783	5,985,348

Discussion and analysis of consolidated financial statements

Results of Operations

Revenue and losses from operating activities in 2011 reflect the following key points:

- Membership subscription revenue has increased slightly compared to 2010. This reflects an increase in member numbers as well as a CPI increase in subscription rates. The fall in sales revenue is primarily due to MPStaff no longer being directly part of the AMAV group activities. This fall was more than offset by cost savings.
- Income from interest has fallen slightly and dividend income has increased. These movements are indicative of the current volatile economic climate post the GFC.
- Personnel costs have been restrained and have been held at close to 2010 levels.
- The revaluation of the investment portfolio in December resulted in a fair value loss of \$204k. In 2010 revaluation resulted in a fair value gain of \$2k.
- Apart from some non budgeted costs relating to renovations to allow for two new tenants expenditure has been kept mostly at or below 2010 levels.

Assets

There has been little movement in total assets in the financial year 2011. The drop in cash and term deposits held, as well as in the financial assets carried at fair value, was mostly offset by an increase in the value of AMA House following a revaluation. Delays with Council permits have caused MPPS receivables to extend beyond 30 days. This has led to an increase in receivables compared to 2010.

Liabilities

There has been a small increase in current liabilities as a result of a higher payables amount. This is predominantly a timing issue.

Cash Flows from Operating Activities

There was a movement downwards in cash flow from operating activities. This reflects a number of movements including an operating loss, and a decrease in receipts from customers.

Cash Flows from Investing Activities

Cash flows from investing activities reflect decreased interest income due to reduced cash holdings, despite higher yields. Dividend income is greater than the prior year. There was also a loss from the sale of some financial assets, in consequence of the current economic climate. Plant and equipment expenditure decreased compared to 2010.

Notes to the Consolidated Financial Statements for the year ended 31 December 2011

The concise financial report relates to the consolidated entity consisting of Australian Medical Association (Victoria) Limited and the entities it controlled at the end of, or during, the year ended 31 December 2011. The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of Australian Medical Association (Victoria) Limited and its controlled entities as the full financial report. The accounting policies adopted are consistent with those of the previous year.

1. Segment Information

The Company operates as a membership organisation within the health industry solely in Australia and its predominant activity is to provide benefits to its members.

2. Dividends

The Articles of Association specifically prohibit the payment of any dividends to any members.

3. Full Financial Report

Further financial information can be obtained from the full financial report, which is available, free of charge, on request from the company. A copy may be requested by telephoning Mr John Fisher (Director – Corporate Services), AMA (Victoria) Ltd. on (03) 9280 8722.

Australian Medical
Association Victoria
PO Box 21
293 Royal Parade
Parkville Victoria 3052

Telephone: 03 9280 8722
Facsimile: 03 9280 8786
Country Freecall 1800 810 451
Email: amavic@amavic.com.au
[http:// www.amavic.com.au](http://www.amavic.com.au)



Advancing the medical profession
Advancing the health of Victorians