

# ANNUAL REPORT 2012

Australian Medical Association Victoria Ltd



Advancing the medical profession  
Advancing the health of Victorians

# 02

“AMA provides a unique platform for doctors of all generations, specialities and backgrounds to make a vital contribution to healthcare policy and the future of medicine.”

Dr Clare Finnigan, Junior Doctor





## Contents

<b>MISSION STATEMENT/VALUES</b>	4	Hospital disciplinary proceedings	22
<b>PRESIDENT'S REPORT</b>	6	Protecting general practice – ANF claim	
<b>CEO'S REPORT</b>	7	TAC and WorkCover	
<b>HIGHLIGHTS FOR 2012</b>	8	Legal assistance	
<b>MARKETING AND MEMBERSHIP SERVICES</b>	13	Briefings and training	
Membership		<b>OUR PEOPLE</b>	24
Customer service levels		AMA Victoria Sub-Committees	25
Communications		Industrial Relations Sub-Committee	
Events		WorkSafe/TAC Sub-Committee	
Community partnerships and projects	15	Retired Doctors	
<b>MEMBER SERVICES</b>	17	Section of Medico-legal	
AMA4 Impairment Assessment Training		Section of Psychiatry	
Short courses		Section of General Practice	
Medical Practice Resource publications		DiT Sub-Committee Women in Medicine	
Achievement of Registered Training Organisation (RTO) status		AMA Victoria Council 2012	26
Peer Support Service		Professional Affiliated Organisations	
Doctor Support Service		Academic Affiliated Organisations	27
Peer Visitor Program		AMA Subdivision program	
<b>OUR INFLUENCE</b>	19	Subdivision Council Representatives	
Public health		AMA Section Chairs	
Submissions		AMA Victoria Secretariat	28
Fostering relationships		<b>RECOGNISING ONGOING ACHIEVEMENT</b>	
<b>ADVOCACY, ADVICE AND SUPPORT</b>	21	Awards	
Enterprise bargaining for hospital-employed doctors		Queen's Birthday Honours 2012	
Workplace conditions of employment advice line		Australia Day Honours 2012	
GP and specialist staff conditions		Deceased Members	
Agreement compliance for hospital-employed doctors		<b>OUR FINANCIAL STATEMENTS</b>	29
Unfair dismissals		Treasurer's Report	

## AMA Victoria's mission

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

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 7,500 members, who access professional and commercial benefits.

#### ADVOCACY

Active and effective lobbying of government and decision-makers

Member advocacy in industrial and legal disputes

Submission of expert views and recommendations to a wide range of health-related inquiries and consultations

Using our voice through the media and public campaigns

#### MANAGEMENT

Practice management services

Training and development advice, seminars and workshops

Networking, medico-legal, finance and career events

Publications and resources to inform and ensure compliance

#### ASSISTANCE

Information and assistance by phone and in person, for doctors needing:

- information about their work rights and entitlements
- legal advice and help with workplace difficulties
- advice about managing a challenging role, in a complex system.



## 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

In its responses to and submissions on government policy, AMA Victoria represents the medical profession 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 programs 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 that 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.

### 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, a Legal Series, and 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 nights, showcase doctors who excel in their fields.

Through its training unit, AMA Victoria also offers short courses for practice staff, impairment assessment training and tailored workplace training 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 and electronic updates and newsletters. Members also have access to a variety of member-only information – including medico-legal content – on the AMA Victoria website.

Members are able to subscribe to the Award Subscriber Service and other valuable Medical Practice Resources, such as the Private Practice Manual and the Policy & Procedures Manual – developed by mppracticesolutions – 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.

## President's report

This year, my first as AMA Victoria President, has been incredibly busy and there are many issues on which to report. It has been pleasing to see both state and federal governments take positive steps to address structural changes in the health system and we have high expectations that 2013 will be a year of action on the health agenda. In particular, recent efforts to enhance collaboration between governments are necessary for nation-wide reform.

### Public health

There have been some landmark public health policies announced and realised this year. Australia now leads the way on tobacco control with the passing of plain packaging legislation through the High Court this year. The AMA has lobbied for years on this issue. We welcomed the Commonwealth's announcement of a National Disability Insurance Scheme (NDIS) and, National Injury Insurance Scheme (NIIS).

We welcome state government action on violence against doctors in hospitals, an issue that has been high on the agenda for the past year. In 2012 we also prosecuted the argument that the time for supervised injecting facilities in Victoria has come, and pushed the case for Advance Care Directives for existing and future conditions, to allow Victorians to make the right choices for their future health care needs.

### Workplace and advocacy

Our industrial relations team has been hard at work on two fronts in particular this year – tackling the Australian Nursing Federation's (ANF) pay claim before Fair Work Australia, and negotiating a new enterprise bargaining agreement with hospitals and government. Our current enterprise bargaining Heads of Agreement expired on 1 December 2012.

Our new claim provides a platform for negotiating conditions that are modest, sensible and fair in the context of the current challenging economic times. We trust that hospitals and the Department of Health share this view.

We have had considerable support from a number of doctors in the proceedings before Fair Work Australia, fighting the ANF pay claim. Doctors have consented to being represented by AMA Victoria in this matter, and many have provided witness statements defending the action.

### Membership

The AMA Victoria membership made its collective voice heard in 2012. My roadshows around the state were a particular highlight. I was able to put regional concerns in context and to speak with local doctors and media about the many concerns they have. I travelled around the state, giving doctors the opportunity to air their views on a range of current health topics – notably the roll-out of Medicare Locals.

I was able to engage in a beneficial and robust dialogue with the members who attended our many subdivision meetings, which allow AMA Victoria members across all disciplines and craft groups to contribute, via their membership and participation, to the public policy debate. We take members views seriously, using them to formulate policy and submissions which we then take to the table in our discussions with government.

### Thank you

AMA Victoria would not have been able to achieve all that it has in 2012 without the support of a strong membership base. I would like to thank our members for their continued support of our organisation. I would also like to take this opportunity, on behalf of the Board and members, to extend thanks to the AMA Victoria staff and Chief Executive Officer Jane Stephens, with whom I have worked so successfully in this first year as President. These combined contributions make our important work possible.



**Dr Stephen Parnis**  
President, AMA Victoria



**Dr Stephen Parnis**  
President, AMA Victoria

## CEO's report

In 2012 we continued to refine our service offerings – including our careers advice, practice support and training businesses – and to advocate on behalf of Victorian doctors. We are the only member organisation that encompasses the entire medical profession, and our membership figures continue to reflect the esteem in which we are held by those we represent.

AMA Victoria relies on member support not only financially, but also in developing policy and engaging in broader advocacy. Our Subdivisions play an important role in this process, and 2012 was a busy year for Subdivision Forums.

AMA Victoria delivered a number of submissions in 2012 on a range of important policy issues. Each submission was well-researched and informed by the information we receive from members at subdivision meetings. Our engagement in issues such as tobacco control, hospital violence and advance care planning has helped to shape the healthcare debate at state and national levels.

This year we prosecuted two important industrial relations battles for our members, and the profession as a whole, by representing a large number of practices in relation to the ANF's log of claims in relation to practice nurses, and by negotiating a new Enterprise Bargaining Agreement with hospitals and government.

2012 saw the number of communications platforms we use expanded to include regular Facebook updates – keeping doctors connected to our initiatives and events – a presence on Twitter, and an increased number of ways to share information from our e-newsletter, the Weekly Update and YouTube channel. All this has occurred while our traditional publications continue to play an important role in disseminating our message. We also recently launched *A History of the Port Phillip Medical Association Minute Book 1846–1851* CD and booklet, which reproduces an important piece of medical history.

We have succeeded, in 2012, in ensuring that the concerns of the profession are front and centre of the public debate. This would not have been possible without the support of our members, the board and our dedicated staff. Our staff members, in particular, have achieved all this against a backdrop of renovations to our office premises, and there has been minimal disruption so far on that front. I thank them for their efforts.

We welcomed our new President, Dr Stephen Parnis, who has worked tirelessly to promote our aims, not only during an exhaustive round of roadshows across the state, but through media appearances and his constant availability and enthusiasm.

I also thank our outgoing President, Dr Harry Hemley. He was a strong and effective leader during his tenure.

My hope is that in 2013 our influence continues to grow and that the issues doctors are committed to – good patient outcomes, a robust health system and an equitable working environment for doctors – remain firmly on the public agenda and in the minds of decision makers.



**Jane Stephens**  
Chief Executive Officer, AMA Victoria



**Jane Stephens**  
CEO, AMA Victoria

08





## Highlights for 2012



### January

In January, AMA Victoria made submissions to the government regarding the Victorian state budget 2012-13, calling for initiatives to ease pressure on public hospitals, improve patient safety and enhance patients' access to doctors. The submission outlined the need for greater funding of IT and resources to support post-graduate training.

On 6 January, AMA Victoria wrote to the Minister for Health expressing concern at the Victorian government's failure to publish a number of key health reports and publications in 2011. The government responded by publishing the results of the 2009 population health survey.

January also saw the first intern reception to be held at an off-site location, due to the increase in graduates attending. The first of the Deakin graduates started to filter through and were invited to this event.

**Event:** Intern reception

**Media highlights:** Dr Hemley warned that elective surgery waiting lists in Victoria's hospitals could increase even further than the targets, as happened last financial year in many hospitals (*Herald Sun* 6/1).

### February

In February, AMA Victoria called on the Department of Health to revise its Specialist Outpatient Clinics Access Policy in light of significant shortcomings. We were concerned that the policy would not lead to improved access to specialist outpatient services for patients with chronic and complex conditions and did not address the role of hospitals in teaching students and junior doctors in outpatient settings.

Also in February, the first Women in Medicine Charity event was held, with proceeds going to the Ovarian Cancer Research Foundation.

**Subdivision meeting:** East Gippsland.

**Events:** Retired Doctors Winery Tour, Inspiring Women in Medicine charity event.

**Media Highlights:** AMA Victoria called for bed data transparency (*Herald Sun*, 10/2).

### March

In March, AMA Victoria made a submission to the review of health records regulations, stating that, while patients should not be charged unfair or prohibitive amounts for access to medical records, the fees medical practitioners could charge under the regulations should properly cover the costs incurred by medical practices as a result. The submission also argued that any prescribed fees should maintain parity with average weekly earnings and doctors should be entitled to charge a nominal amount, in addition to costs, when responding to requests by third parties such as solicitors, courts, WorkSafe or TAC.

**Subdivision meetings:** Geelong, Western, Central West South Gippsland, Central Highlands, Wimmera, Southern, Peninsula.

**Event:** Finance Forum.

**Media highlights:** Dr Hemley told Channel 10 that complementary medicine should be appropriately regulated (*Channel 10*, 14/3).

### April

AMA Victoria representatives met with Hanover Welfare Services to discuss AMA Victoria's state budget submission calls for an allocation of \$2.8 million over four years to 50 extra beds for homeless patients discharged from hospital at night.

The AMA Victoria Section of GP and RACGP Faculty Board Victoria Branch conducted their annual joint meeting at AMA House to discuss matters of importance to GPs. The groups committed to work together on a number of lobbying fronts, including obtaining better remuneration for GPs teaching students and registrars, and how to improve the quality of the training provided.



The first Inspiring Women in Medicine charity event was held in February

# 10



**Subdivision meetings:** Mallee, Bendigo, Ballarat.

**Events:** Fellows Dinner, Mythbusters.

**Media highlights:** AMA Victoria called for more hospital beds in lead up to the state budget (ABC Radio, 30/4).

## May

AMA Victoria President Dr Harry Hemley met frequently with Minister for Health and Ageing David Davis during May 2012, discussing the Coalition's recently proposed legislation to increase penalties for assaults on ED staff, the state budget announcements and the implications of the Federal Budget on Victoria's health system.

AMA Victoria was pleased with a number of funding commitments announced by the Victorian government in its 2012-13 budget – especially the extra funding for rural and metropolitan hospitals and IT facilities, as well as the boost in resources for hospitals to facilitate the rising rates of organ donation in the state.

In May, AMA Victoria farewelled outgoing President Dr Harry Hemley and welcomed Dr Stephen Parnis to the role. Dr Parnis started his tenure by writing to the Minister for Health calling on the state government to extend its guarantee on internships beyond 2013 to accommodate the increased numbers of medical graduates.

Also in May, we made a submission on proposed clinical urgency categories, expressing our support for consistent and transparent categorisation of patients for elective surgery across all public health services.

**Subdivision meetings:** Eastern, Northern.

**Events:** Working overseas in crisis areas, Medical careers expo, Career Electives, Council AGM, Mythbusters, DiT Black and White Ball, National Conference including DiT Forum.

## June

In June AMA Victoria was pleased to see the release of the government's proposed health records regulations, in direct response to our earlier submission, which called for an increase in fees that doctors are able to charge for providing access to health records.

We also held two successful member seminars. A financial presentation addressed the financial aspects of starting and running a successful medical practice, while our legal seminar covered notifications and patient complaints and the law of negligence.

**Events:** Retired Doctors, Finance Forum, Legal Seminar.

**Media highlights:** Dr Parnis commented on revelations of acute patients dying from malnourishment and dehydration in Victorian Hospitals (*Herald Sun*, 15/6).

## July

From 1 July 2012, the Commonwealth government ceased funding GP Divisions and these were largely replaced by Medical Locals, 17 of which are located in Victoria. In late July Dr Parnis travelled to Sale, Warragul, Churchill and Traralgon for the first roadshow of his presidency. This afforded him an opportunity to speak to members in the area to hear about their local concerns.

July was a busy month for the new president, who also wrote to the Minister for Health regarding the ongoing contractual negotiations occurring in relation to the management of Mildura Base Hospital, urging the government to address a number of key issues during negotiations including matters related to governance, reporting, training and taxation.

**Subdivision meetings:** Roadshow – Gippsland.

**Event:** Careers in Medicine.

**Media highlights:** Dr Stephen Parnis spoke on issues regarding the health care of Victorian Prisoners (*The Age*, 21/?).

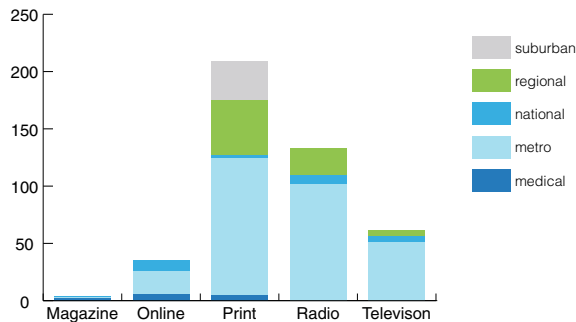
## August

The President's Reception was well attended and featured the launch of the Peer Visitor Program.

**Subdivision meetings:** Southern, Bendigo, Wimmera.

**Events:** President's Reception, Building Your Practice Conference, Women in Medicine (Geelong), Global Health Symposium, Mythbusters, Psychiatric Essentials Seminar.

**Media highlights:** Dr Parnis told the *Herald Sun* that reported incidences of violence against health workers were "just the tip of the iceberg" (*Herald Sun*, 4/8).



## 2012 MEDIA MENTIONS BY MEDIA TYPE

### September

AMA Victoria made a submission to the review of Victoria's health services complaints system, including the role of the Health Services Commissioner, arguing that the review needed to focus on strengthening the health services complaints system without unnecessarily undermining or duplicating the work of existing agencies.

Dr Parnis visited Mildura Base Hospital to discuss members' concerns about the hospital's governance, training, reporting and transparency and employment conditions.

In September Dr Parnis travelled to Warrnambool, Hamilton, Colac and Geelong as part of his second roadshow.

**Subdivision meetings:** Otway roadshow, Ballarat, Eastern, Northern.

**Events:** Retired Doctors, Finance Forum, Ethics Workshop, Career Electives, Legal Seminar.

**Media highlights:** Dr Parnis discussed the Australia 21 report into illicit drugs policy in Australia (*Herald Sun*, 10/9).

### October

Early in October, Dr Parnis met with the Hon Mary Wooldridge, Minister for Mental Health, Community Services and Women's Affairs, to discuss the state disability plan for 2013-16, the national disability and injury insurance schemes, mental health services in prisons and the whole-of-government Victorian alcohol and drug strategy. Dr Parnis raised AMA Victoria's support for a trial of supervised injecting facilities in Victoria and particularly emphasised the need for action to address the current high levels of prescription drug abuse.

Dr Parnis travelled to Wangaratta, Albury, Wodonga, Benalla and Seymour as part of the Albury Wodonga roadshow.

**Subdivision meetings:** Peninsula, Western, Albury Wodonga roadshow, Mallee.

**Events:** Women in Medicine, Section of GP AGM, Section of Psychiatry AGM.

**Media highlights:** AMA Victoria addressed a number of media in a push for supervised injecting facility trial.

### November

AMA Victoria's public advocacy focused on the fact that, despite a shortage of doctors in many rural Australian communities, it was predicted that hundreds of medical graduates from Australian medical schools would be unable to obtain an internship in Australia and would therefore be unable to work as doctors.

We submitted a Freedom of Information (FOI) request in November to ascertain the number of public hospital beds in Victoria during 2011-12. We are committed to ensuring that the Government honours its election commitment to improve public hospital capacity.

Dr Parnis also continued to highlight the impact of funding cuts upon already stretched public health services and called for an end to federal-state funding disputes.

**Subdivision meeting:** Senior Salaried.

**Events:** Retired Doctors, Finance Forum.

**Media highlights:** AMA Victoria called for more hospital funding and an end to the blame game between state and federal governments (*The Australian*, 1/11).

### December

In December, AMA Victoria welcomed the Government's announcement that commercial solariums will be banned in Victoria from 31 December 2014, under its Skin Cancer Prevention Framework 2013-2017.

As part of a Coalition of health organisations, AMA Victoria actively lobbied for the ban by writing to all Victorian MPs and launching an online petition.

AMA Victoria has also lobbied the Victorian Coalition government for stricter controls on tobacco in the state.

**Media highlights:** After the death of a baby left in a hot car, Dr Parnis emphasised the danger of hot cars in summer for children (*Channel 7 News*, 12/12).

**Regular meetings:** held throughout the year, including:

- WorkSafe/TAC committee
- DiT Subdivision
- Industrial Relations Sub-committee
- Finance and Audit committee
- Sections of General Practice and Medico-legal.

12



## Our marketing and membership services

In 2012 the Membership and Marketing team worked hard to maintain and increase member engagement, manage events and provide a contact point for members through our numerous communications channels. We also focused on marketing for the organisation, and our community partnerships and projects.

### Membership

While membership in the preceding year grew at 0.4 per cent, 2012 saw membership grow by a much higher margin of 2.1 per cent.

In 2011 there was a slight decrease in some categories – for example, GPs and specialists. By contrast, in 2012 there was an increase in all membership categories, notably in the SMO membership (3.62 per cent) and specialist membership (2.37 per cent).

Our numbers of medical students continue to increase, with over 12.65 per cent growth for the year. These figures demonstrate that students and younger doctors value the collegiality of belonging to their professional association.

We ran two membership campaigns encouraging doctors to join or renew. The June campaign urged members to renew before June 30 to claim fees on their tax return, and in November and December we offered the final two months of 2012 free on a 2013 membership. Both campaigns were successful in increasing our membership.

### Customer service levels

Comprehensive member surveys were conducted in August. The surveys were segmented by member category, and a separate survey sent to new members who joined in the previous six months. A snap shot of the key data shows us that:

- Overall, member satisfaction was at 79 per cent. Some reasons for dissatisfaction included membership fees being too high and unfair focus on some specialities over others. Reasons for satisfaction included the feeling that membership is a 'safety net' and 'back up'.
- Overall, member satisfaction with fees was at 80 per cent. Some members commented that fees with AMA Victoria were cheaper than those they must pay to their colleges. Others, particularly retired doctors, felt the fees were too high.

- Salaried Medical Officers, DiTs and all other membership categories ranked industrial advice and advocacy as their most valued membership service. GPs ranked policy development and lobbying of government most valued and retired doctors and all other member categories ranked the Medical Journal of Australia highest.
- Overall, customer satisfaction is at a high level. We are addressing areas of concern as best we can. Recent addition of a lower fee for retired doctors and Year 4 Doctors in Training is an example of our response to member dissatisfaction with high membership fees.

### Communications and online

AMA Victoria's communication channels multiplied in 2012. We rolled out our digital marketing strategy which resulted in an increase of traffic to our Facebook page and new functionality in our e-newsletter, Weekly Update, allowing recipients to 'share' information on our social media platforms – Facebook and Twitter. We ran a Facebook promotion in June, which drew a lot of interest. In 2012 we made an effort to post events and issues more consistently. We have also introduced a mix of content including photos and videos to generate discussion and to draw attention to the page.

The AMA Victoria YouTube channel has had a boost this year, with the release of four video 'vodcasts'. One video featured DiT Subdivision President Dr Sarah Gamboni. The other three were vodcasts by Dr Stephen Parnis.

With more online and social media integration we hope to promote the channel heavily in 2013 to encourage further member engagement.

The recently introduced online membership form means that joining AMA Victoria is easier and more streamlined than ever before, also improving processing times. Members are joining and renewing online increased numbers in 2012.



Michelle Bourke  
Director Membership Marketing  
& Communications

# 14

The Membership and Marketing team is here to answer any questions you may have about belonging to AMA Victoria. We look forward to working with you in 2013.

## Events

The Intern Reception kick-started 2012, with AMA Victoria welcoming more than 250 new graduates to the medical profession. The majority went on to become AMA Victoria members. Traditionally this event is run over two nights at AMA House. This year's event was the first to be held in a CBD location over one night only.

This year's Subdivision member forums commenced with discussion on the Medicare Locals and the community hospital interface. These forums continue to be the coalface of member discussion and participation in our policy formation and refinement.

The Inspiring Women in Medicine events saw its highest attendance. The number of attendees increased by more than 100 per cent, with the Geelong Subdivision also receiving record attendances this year.

AMA Victoria has again worked closely with government. The Honourable Mary Wooldridge, Minister for Mental Health, Women's Affairs and Community Services, addressed the Ballarat Subdivision for the first time on mental health priorities in rural Victoria in 2012.

The 2012 President's Reception included the launch of the Peer Visitor Program. Many VIPs attended from various associations, as well as Committee Representatives, Board Members, health sector stakeholders and key sponsors.

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.

AMA Victoria's membership department attended Orientation Week, at Melbourne, Monash and Deakin universities during 2012. The visits were to welcome the new medical students and introduce them to AMA Victoria and the services available with their free student membership. Other events were held during the year for higher level medical students at each university and corresponding clinical schools.

## Thank you to our preferred providers

As always, we received valuable support this year from our preferred providers, who sponsored events, seminars and more, as well as providing membership benefits.



In 2012 we held over 50 member events. These were well-received, and attended by around 3000 of our members.





### Community partnerships and projects

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 also as a contributor. We actively encourage and support the involvement of Victorian doctors in community and global health projects, as well as participating directly – through staff involvement – in fundraising for a variety of causes.

#### Refugee education: The Water Well Project

The Water Well Project, a refugee health education program initiated by the DiT Subdivision in partnership with the Brotherhood of St Laurence, is now in its second year. 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.

In 2012 the project hosted a Healthy Eating Family Picnic in collaboration with the New Hope Foundation. The picnic was an educational outing for whole families to discuss healthy eating concepts at all ages. Participants provided feedback indicating that it was a worthwhile event, giving parents and kids alike the opportunity to participate in age-appropriate activities. One African refugee commented that it was a really good idea to introduce healthy eating to children at a young age to help prevent various health issues at a later age, and some of the older people with health issues mentioned that it was a timely reminder for them to preserve their health by eating well.

The volunteers, including AMA Victoria junior doctors, were praised for their interpersonal communications skills and knowledge on a range of health topics of concern to the participants.

Visit [www.thewaterwellproject.org](http://www.thewaterwellproject.org) for more information.

### The Warwick Foundation

The Warwick Foundation is the first and largest charitable organisation in Australia focused on supporting young adults (18-40 years) on their cancer journey.

AMA Victoria provided support for the foundation in the form of free tenancy in our 293 Royal Parade, Parkville premises for eight months.

#### Teach the Teacher program

Teach the Teacher, led by University of Melbourne students, runs an annual peer group education program between medical and teaching students. It aims to empower teachers-in-training to feel comfortable discussing sexual health with young people. AMA Victoria supported the program to produce a resource book and website. Visit [www.teachtheteacher.com.au](http://www.teachtheteacher.com.au) for more information.

#### Fundraising and donations 2012

AMA Victoria staff members regularly conduct fundraising for a variety of charities, including, in 2012, Queensland Flood Relief, the Royal Doctors Flying Service, Australia's Biggest Morning Tea, Jeans for Genes Day, Cancer Council's Walk to Work Day and Pink Ribbon Day. In addition, our President, Dr Parnis, grew an enviable moustache for Movember.

In lieu of sending Christmas cards, in 2012 AMA Victoria donated to Zaidee's Rainbow Foundation. This foundation promotes organ and tissue donation awareness in the community.



16

# Maroondah Health Care

Your health Is our Inspiration





## Our member services

Following a minor restructure, Training and Practice Support became known as Member Services. The small team has achieved a lot in 2012, continuing to supply members with practice support and training services.

### AMA4 Impairment Assessment Training

AMA Victoria conducts the only ministerially-approved impairment assessment training in Victoria. In 2012 sessions were well attended, with 186 participants attending 16 sessions in total.

The module topics covered in 2012 were:

- core
- dermatology – skin and scarring
- digestive
- hand and upper extremities
- lower extremities
- nervous system
- psychiatry
- respiratory
- spine
- visual system.

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

### Short courses

AMA Victoria – through Solutions Plus Training – delivers a range of short courses and tailored training for practitioners and practice staff. In 2012, topics included:

- demystifying impairment assessment for lawyers
- dealing with difficult people and situations
- privacy, confidentiality and access to medical records
- contracts of employment
- communication skills for assertiveness
- 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.

### Medical practice resource publications

This year our purpose-designed publications have been in demand, particularly the Award Subscriber 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 through our new website. These publications can now be ordered online.

### Achievement of Registered Training Organisation (RTO) status

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

### Peer Support Service

The AMA Victoria Peer Support Service continued to provide anonymous and confidential telephone counselling using trained volunteers – for doctors by doctors. The service uses a toll-free phone number, 1300 853 338, which is directed to a mobile phone carried by a volunteer. Both parties remain anonymous and the service provides 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. The service operates between 8am and 10pm, 365 days a year.

### Doctor Support Service

The aim of developing the AMA Victoria Doctor Support Service was to assist doctors in distress by providing ongoing confidential collegiate support from a trained support person who is also a medical practitioner. Examples of situations where 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 “a companion for the road” during processes which can be prolonged and stressful.

### Peer Visitor Program

Our peer companionship program for older doctors is offered to those who may be living in a residential care facility or simply feeling isolated. The Peer Visitor Program facilitates links between elderly doctors and volunteer medical practitioner visitors who can provide regular contact and companionship. The service works alongside established Community Visitor Schemes and our volunteer medical practitioners are screened before participating in training.



Jacquie O'Brien  
Director of Member Services

18



## Our influence

Over 2012, AMA Victoria was heavily involved in the key health issues and debates impacting on doctors and the profession at both a state and national level. These included the \$107 million Commonwealth public hospital funding cuts in Victoria, the introduction of National Hospital Pricing reforms, intern and vocational medical training issues, primary care coordination, tobacco control, supervised injecting facilities, real-time prescription monitoring, Mildura Base Hospital contract negotiations and holding the government to account on its pre-election commitments.

We have been at the forefront of the drive for a better healthcare system and we have made a strong contribution, on behalf of the medical profession, to the key public health debates of 2012. Our influence is reflected in our public presence, with our representatives quoted regularly in local and national radio, television and print media.

We have worked cooperatively with the Coalition government during its first term in office, in particular on the issue of the medical intern crisis. AMA Victoria President, Dr Stephen Parnis, has been in regular contact with Health Minister David Davis and other key stakeholders on the issue of prevocational training. While we have seen definite improvements in this area, there is still work to be done in 2013, not only for interns but also for vocational training going forward. We continue to provide advice and support to the government on the challenges for vocational training and we are engaging with the colleges, the Postgraduate Medical Council of Victoria and Victorian medical schools on how Victoria can best meet the needs of our junior doctors.

We continued to keep the pressure on government to reveal hospital waiting times, with some success. The government has introduced welcome new measures to increase visibility, such as quarterly reporting of public hospital statistics and real-time emergency department data, but it has failed to reveal the hidden waiting list – a vital means of achieving real transparency. With Queensland having revealed its own hidden waiting list in 2012, Victoria shouldn't be left behind.

On a related note, Victorians were promised 100 new beds and we have been assured that they're out there; but where and what type, no one appears sure. We have submitted a new FOI request which will enable us to determine whether, as promised, the Coalition has introduced 100 new beds within the financial year.

### Public health

This year has been a watershed for public health policy. The federal government's groundbreaking success on tobacco control in the High Court was welcomed locally and internationally. The win represents a breakthrough for the AMA, which, along with a number of other public health organisations

has lobbied strongly and consistently to reduce public smoking.

The state government's record on tobacco control is less illustrious. In May 2012, Dr Parnis awarded the Baillieu Government the Dirty Ashtray for its failure to institute proven tobacco control initiatives over the preceding year. The government has responded by prohibiting smoking within a 50-metre radius of flags at patrolled beaches and to further limit shopper loyalty schemes in relation to tobacco products. We hope that further commitments are made to limit Victorians' exposure to smoking-related harm – including a state-wide ban on smoking in outdoor drinking and dining areas.

We have continued our advocacy for legislation that allows people to make binding instructional directives, that is, advance care directives, about current and future medical conditions. The government and opposition have indicated their in-principle support, but to date there has been no firm commitment on its introduction. We will keep pushing for these reforms.

Following the state Parliamentary Inquiry into violence and security arrangements in Victorian public hospitals, and sustained lobbying by AMA Victoria, the government has moved to introduce legislation which will see assaults on ED staff incur longer prison sentences.

We have consistently called for this reform, which will help to send the message that violence in hospitals, or towards any health worker, is unacceptable. In 2013, we will advocate that the legislation apply to assaults against all health workers, especially GPs and mental health staff.

### Submissions

We have continued to provide input on behalf of AMA Victoria to state government consultations and inquiries on issues including Victoria's health complaints system, patient access to medical records and public hospital elective surgery urgency categories. Our submissions are developed on the basis of in-depth research, analysis and consultation with members and relevant stakeholders.

AMA Victoria Council forums have been well attended this year and have facilitated discussion among doctors on various health policy and reform initiatives. The forums have involved informed and engaging guest speakers from a variety of professions and have covered diverse topics such as the national disability and injury insurance schemes, the professional services review and forward priorities for healthcare in Victoria.

We are keeping a close eye on all aspects of health policy and will strive hard in 2013 to achieve more still. We will ensure that health stays firmly at the top of the government's agenda.



**Bryce Prosser**  
Director, Policy & Public Affairs

20



## Our advocacy, advice and support

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 doctors, through collective bargaining.

### Enterprise bargaining for hospital-employed doctors

This year our unit has focused on ensuring we are well positioned for our enterprise bargaining campaign for 2012–13. This has involved consultation with members at every major hospital in metropolitan and regional Victoria, the preparation of a log of claims, researching of supporting material and entering into discussion with the Department of Health and Victorian hospitals to stake our claim. Discussions continue, with the aim of achieving a sustainable enterprise bargaining solution and agreements for both junior and senior medical staff in hospitals.

Our campaign is funded by member subscriptions, so we have encouraged and will continue to encourage non members to support the campaign by joining AMA Victoria.

### Workplace conditions of employment advice line

Our advice line continues to receive calls from members and their practice managers about legal and industrial relations issues. The questions vary from running a private medical practice, medical registration requirements, and colleague training through to employing staff and working as a doctor in public hospitals or general practice.

### GP and specialist staff conditions

Both industrial awards that cover practice staff – the nurses and clerical staff awards – were varied through the year to take into account Fair Work Australia Award and wage reviews, along with the phasing in of the modern award pay rates.

### Agreement compliance for hospital-employed doctors

In 2012 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
- DiTs on rotation paying utilities fees
- unpaid overtime
- underpayment of wages, and
- claims for overpayment of wages

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

AMA Victoria secured a repayment for a member of over one hundred thousand dollars in underpaid wages. This came about solely due to our intervention.

### Unfair dismissals

This year AMA Victoria advised countless members employing staff in private practice on matters including managing poorly performing staff and the restructure of their practices. Six members were represented in conciliation proceedings before Fair Work Australia – most of these proceedings resulted in an agreed settlement, while in one case, the employee withdrew the application after they were provided with a substantial defence worked on by AMA Victoria on behalf of the member.

Senior Industrial Relations Adviser Rod Felmingham advises and advocates for many specialists who experience difficulties in their hospital workplaces. This year has been a challenge as hospitals continue to march towards the introduction of big public health reforms while governments argue about funding.



Geoff O'Kearney  
Director, Workplace and Advocacy



### Hospital disciplinary proceedings

In 2012, AMA Victoria represented members subject to performance management and disciplinary action. A number of hospitals now recognise that having AMA Victoria involvement can assist in the process, and they encourage doctors to contact us. The most common causes of concern are the failure to follow procedure and a lack of communication.

### Protecting general practice – ANF claim

AMA Victoria is the largest representative of general practices in a claim before Fair Work Australia, representing 200 practices. The claim has been brought by the Australian Nursing Federation (ANF), and would increase the costs of employment of practice nurses. The ANF 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 trial has sat for in excess of twelve days, hearing from more than 60 witnesses. AMA Victoria representatives travelled around Victoria talking to practices and obtaining witness statements for the hearing. The matter will continue into 2013, and a decision is expected mid-year.

### TAC and WorkCover

In 2012 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
- inappropriate use of protocols
- a reduction of red tape

### Legal assistance

We receive regular enquiries for legal assistance, including contract review, practice structures, access to medical records and mandatory reporting, to name a few. We have published a considerable number of medico-legal factsheets on our website.

### Briefings and training

Our 2012 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 hugely successful half-day Contracting in Medical Practice training course.

## AMA Victoria Committee Structure



## Our people

### Governance

AMA Victoria is governed by 11 directors. At the May Special Council Meeting, the AMA Victoria Council elects members to the Board of Directors.

### The Board

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

### 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 Stephen Parnis**  
MBBS Dip SurgAnat.  
FACEM

President AMA Victoria  
from May 2012  
Non executive director  
since May 2006



**Dr Harry Hemley**  
MBBS FAMA

President AMA Victoria  
to May 2012  
Non executive Director  
since May 2005



**Dr Lorraine Baker**  
MBBS Dip RANZCOG  
GradDip.WomHlth

Board Member  
AMA Victoria  
Non executive Director  
since May 2010



**Dr Anthony Bartone**  
MBBS FRACGP MBA

Board Member  
AMA Victoria  
Non executive Director  
since May 2010



**Dr Graham Burrows**  
AO KCSJ MBChB MRANZCP

Board Member  
AMA Victoria  
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 – resigned  
September 2012  
Non executive Director  
since May 2009



**Dr Tim Ross**  
MBBS FRACGP

Board Member  
AMA Victoria  
Non executive Director  
since November 2012



**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  
Non executive Director  
since May 2010



**Dr Zoe Wainer**  
MBBS BHSc

Board Member AMA  
Victoria – resigned  
February 2012  
Non executive Director  
since 2008



**Dr Robyn Langham**  
MBBS PhD FRACP MAICD

Board Member  
AMA Victoria  
Non executive Director  
since May 2012



**Dr Xavier Yu**  
MBBS

Board Member  
AMA Victoria  
Non executive Director  
since May 2012



**Ms Jane Stephens**  
BA LLB (Hon) LLM GDipEd  
GDipBusAdmin

CEO  
AMA Victoria  
since April 2004



## AMA Victoria Sub-committees

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

### Industrial Relations Sub-committee

Dr Roderick McRae (Chair)  
 Dr Lorraine Baker  
 Dr Jomini Cheong  
 Dr Pearly Khaw  
 Dr Robyn Langham  
 Dr Howard Machlin  
 Dr John Moloney  
 Dr Richard Norris  
 Dr Andrew Nunn  
 Dr Stephen Parnis (ex officio)  
 Dr William Ross  
 Dr Sarah Whitelaw  
 Dr Paul Shekleton  
 Dr Mike South  
 Dr Danika Thiemt  
 Dr Allan Whitehead  
 Dr Bernadette Wilks  
 Dr Xavier Yu

### WorkSafe/TAC Sub-committee

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

### Retired Doctors

Dr Kevin MacDonald (Chair)  
 Representatives:  
 Dr Geoffrey Pearce  
 Dr Ken Nicholson  
 Dr Bob Newnham  
 Dr Jean Allison  
 Dr Tony Sahhar  
 Dr Ron Speechley

### Section of Medico-legal

Dr Chris Baker  
 Dr Peter Battlay  
 Dr David Bolzonello  
 Dr Malcolm Brown  
 Dr Stephen Campbell  
 Dr Kendall Francis  
 Dr David Gale  
 Dr Robert Helme  
 Dr John Henderson  
 Dr Tony Kostos  
 Dr Norman Lewis  
 Dr George Mendelson  
 Dr Kenneth Muirden  
 Dr Robert Nave  
 Dr John Parkes  
 Dr Edward Schutz  
 Dr John Silver  
 Dr Michael Silverstein  
 Dr Peter Stevenson  
 Dr Cassandra Szoeke  
 Dr Michael Troy  
 Dr George Wahr  
 Dr Barrymore Walters  
 Dr Roy Wilkinson

### Section of Psychiatry

Prof Graham Burrows (Chair)  
 Dr Ajit Selvendra (Secretary)  
 Prof Nicholas Keks (Treasurer - replaced Dr John Davis, who stood down from section after 25 years)  
 Dr Prasad Patange  
 Dr Norman Lewis  
 Dr Angelo Ferraro  
 Prof George Mendelson  
 Dr Ian Katz  
 Dr Etelina Witis

### Section of General Practice

Dr Anthony Bartone (Chair)  
 Dr Dennis Gratton (Secretary, replaced Tali Barrett)  
 Dr Nelum Soysa (Treasurer)  
 Dr David Andrew  
 Dr Hercules Duvel  
 Dr Harry Hemley  
 Dr Dennis Gratton  
 Dr Cathy Hutton  
 Dr Bill McCubbery  
 Dr Terry Ahern  
 Dr Tali Barrett

### DiT Subdivision

Dr Sarah Gamboni (President)  
 Dr Kate Barrett (Vice President)  
 Dr Georgina Lyons  
 Dr Felicity Connon  
 Dr Njeri Gikenye  
 Dr Swaroopini Thangarajah  
 Dr Will Ross  
 Dr David Humphreys  
 Dr Mali Okada  
 Dr Tim Lindsay  
 Dr Harley Myers  
 Dr Emily See  
 Dr Bernadette Wilks  
 Dr Jomini Cheong  
 Dr Lisa Tescher  
 Dr Linny Kimly Phuong  
 Dr Danika Thiemt  
 Dr Shueh Wen Lim

### Women in Medicine

Nayomi Perera (Chair)  
 Caitlin Paton (Vice Chair)  
 Rachel Goh – Secretary  
 Danielle Panaccio – Speaker Liaison  
 Sarah Beynon – Charity Liaison  
 Sponsorship Geelong – Morgan Smyth, Sarah Beynon  
 Sponsorship Melbourne – Alison Browning, Rachel Goh



## AMA Victoria Council 2012

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.

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 50 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 Howard Machlin

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 John Buntine

Australian Chinese Medical Association  
Dr Jason Oh

Australian Greek Medical Society of Victoria  
Dr Paul Eleftheriou

Australian Medical Acupuncture College (Victoria)  
Vacant

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 Matt Acheson

Australian Society of Orthopaedic Surgeons (Victorian Branch)  
Vacant

Australian Society of Plastic Surgeons (Victoria)  
Vacant

Bayside General Practice Network  
Vacant

Greater Monash GP Network  
Dr Peter Giles

Italian Medical Society of Victoria  
Vacant

Melbourne East General Practice Network  
Dr Bernard Crimmins

National Association of Specialist Obstetricians and Gynaecologists  
Dr Christine Thevathasan

Northern Division of General Practice  
Dr David Andrew

Peninsula GP Network  
Vacant

Peninsula Health Medical Staff Association  
Dr John Copland

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

Southern Health Senior Medical Staff Association  
Dr Andrew Schneider

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 Dominic Barbaro

Victorian Medical Women's Society  
Dr Natalie Marijanovic

Western Health Senior Medical Staff Association  
Dr Craig Nelson

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 James Ting

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 Ramesh Arora

Division of Paediatrics Royal Australasian College of Physicians  
Vacant

Royal Australasian College of Medical Administrators (Victorian State Branch)  
Dr Peter Dohrmann

Royal Australasian College of Physicians (Victorian Committee)  
Dr Ian Fraser

Royal Australasian College of Surgeons (Victorian State Committee)  
Dr Andrew Cochrane

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

Royal Australian and New Zealand College of Ophthalmologists  
Vacant

Royal Australian and New Zealand College of Psychiatrists (Victorian Branch)  
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  
Prof Robert Moulds

#### Fellows' Representatives

Dr Gerald Segal  
Dr Mark Yates  
Dr Michael Troy  
Dr George Tippet  
Dr Sandra Hacker

#### Independent Members

Dr Douglas Travis  
Dr Terence Ahern  
Dr John Mathew

#### Student Representatives (observers)

Deakin University Medical Students Society  
Mr Yota Yoshimitsu  
Ms Marian Biddle

Medical Students Society Victoria  
Mr Enis Kocak

Monash University Medical Undergraduates  
Ms Ashleigh Witt  
Ms Robert Evans

University of Melbourne Medical Students Society  
Mr Harsch Kotari  
Ms Michelle Kim

#### Official Observers

Victorian Medical College Committee of Chairs  
Dr Peter Ebeling

Board Members (not included elsewhere)  
Dr Lorraine Baker  
Dr Bob Conyers  
Dr Stephen Parnis  
Dr Gary Speck  
Dr Xavier Yu

#### Retiring Directors

Dr Harry Hemley  
Dr John Leslie

#### Federal Councillors (not included elsewhere)

Dr Anthony Bartone  
Mr James Churchill  
Dr Richard Whiting

#### Subdivision Council Representatives

Albury/Wodonga  
TBA

Ballarat & District  
Dr James Mullany

Bendigo & District  
Dr Albert Rudock

Central Highlands  
Dr Emmanuel Ndukwe

Central West/South Gippsland  
Dr Dennis Danso

Doctors in Training  
Dr Danika Theimt  
Dr Felicity Connon (Observer)  
Dr Sarah Gamboni (Observer)

East Gippsland  
Dr Rakesh Nandha

Eastern Suburban  
Dr Timothy Ross

Geelong and District  
Dr Gil Stynes

Goulburn Valley  
TBA

Mallee  
Dr Barry Dowty

Northern Suburban  
Dr Michael Levick

Otway  
Dr Neil Jackson

Peninsula  
Dr Daniel Stanszus

Senior Salaried Staff  
Dr Allan Whitehead

Southern  
Dr Leon Massage

Western  
Dr Michael Hampton

Wimmera  
Dr David Leembruggen

#### 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

**Chief Executive Officer**  
Ms Jane Stephens

**Executive Assistant**  
Ms Judith Clark

**Business Development/  
Agency Director**

Mr Frank Spranger –  
to July 2012

**Membership and  
Marketing Director**  
Ms Michelle Bourke

**Events Coordinator**  
Ms Lisa Busuttill

**Membership and  
Marketing Administrator**  
Ms Lindy Jones  
Ms Catherine Powers –  
from August 2012

**Membership Officer**  
Ms Fernanda Alberici –  
to August 2012

**Marketing and  
Communications  
Coordinator**  
Ms Nicole Saccaro

**Editor and writer**  
Ms Sam Lawry –  
to March 2012

Ms Susanna Nelson –  
March 2012 to current

**Publications Officer**  
Ms Niki Vounoridis

**Receptionist/Membership  
Assistant**

Ms Catherine Powers  
– to August 2012

Ms Belinda Gay –  
from November 2012

**Policy and Public  
Affairs Director**  
Mr Bryce Prosser

**Policy Assistant**  
Ms Elizabeth Muhlebach

**Media and Public  
Affairs Officer**  
Mr Seamus Coleman –  
to March 2012

Mr Struan Robertson –  
March 2012 to October  
2012

Mr Luke Buesnel –  
December 2012

**Administrative Assistant**  
Ms Claire Bellett –  
to March 2012

**Training and Professional  
Support Director  
(now Member Services)**  
Ms Jacquie O'Brien

**Education and Training  
Coordinator**  
Ms Christie Boucher –  
to February 2012

**Training Administrator**  
Ms Julie Mineely

**mp practice solutions  
Practice Services  
Manager**  
Ms Andrea Ravas

**Practice Services  
Consultant**  
Ms Tanya Worroll –  
to April 2012

Ms Nanice Duckworth  
– October to November  
2012

**Practice Development  
Consultant**

Ms Mary Spaul – April  
2012 to June 2012

**Administrative Assistant**  
Ms Rita Ng – to June 2012

Ms Catherine Powers –  
June 2012 to current

**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

**Accounts Assistant**  
Ms Kerry Hall – to May  
2012

Mr Greg Caple – July 2012  
to October 2012

Ms Roseann Testagrossa  
– from December 2012

**Workplace and  
Advocacy Director**  
Mr Geoff O'Kearney

**Administrative Assistant**  
Ms Aspa Papas

**Senior IR Adviser**  
Mr Rod Felmingham

**Senior IR Adviser**  
Mr Andrew Lewis

**Project Officer**  
Ms Kay Dunkley

**IR Adviser**  
Mr David Kelly

**Legal Services  
Solicitor**

Ms Odette Richwol –  
June 2012 to August 2012

Ms Melanie Earles –  
from August 2012

**Legal Services Officer**  
Ms Annie Morrison

### Recognising ongoing achievement

#### Awards

Australia Day Honours  
2012

**Member of the Order of  
Australia Award (AM)**  
Prof Ian Meredith

**Medal of the Order of  
Australia Award (OAM)**

Dr Ian Robertson  
Dr Rodney Westhorpe

**Ambulance Service  
Medal (ASM)**  
Dr Andrew Bacon

#### Stawell Prize winner 2012

The 2012 Stawell Prize for medical research was awarded at the AMA Victoria AGM to a team from the Monash School of Public Health and Preventive Medicine for its study into the increasing demand for emergency ambulance services in Victoria's metropolitan area.

The team consisted of lead researcher Dr Judy Lowthian, Associate Professor Damien Jolley, Andrea Curtis, Alexander Currell, Professor Peter Cameron, Professor Johannes Stoelwinder and Professor John McNeil.

#### In memoriam

##### Deceased Members

Dr Ian Backwell  
Dr Ian Barker  
Dr Peter Blaubaum  
Dr Dennis Bleakley  
Dr Keith Edgar Brown  
Dr John Gallent  
Dr Jack Goldberg  
Dr C Timothy Golumbeck  
Dr Harold Grinblat  
Dr David Healy  
Dr Aubrey Jansz  
Dr George P Jeffrey  
Dr Paul Kitchen  
Dr William Kitchen  
Dr Barry Lansdell  
Dr Adam Liston  
Dr James Maclachlan  
Dr Robert Oliphant  
Dr Clifford Bruce Osborne  
Dr Robert Padanyi  
Dr Graeme Penington  
Dr Marcello Rigoni  
Dr Taranto Robert  
Dr Alan Rosenhain  
Dr Tom Selwood  
Dr Betty Sprinks  
Dr George Westlake  
Dr William Wilson  
Dr Allen Yung

## Our financial statements

### Treasurer's Report (incorporating Corporate Services)

July/August 2012 saw the economic climate begin to improve, resulting in, among other factors, an improvement in the value of our investment portfolio of 10% by year end. Conversely, interest rates continued to fall, which impacted on our cash investment income.

The consolidated result for the AMA Victoria group of Companies, which includes AMAV Ltd., MSV Inc., AMAVS P/L, (including MPPS) and Solutions Plus Training Ltd., was a loss of \$30k.

Included in this figure is a gain of \$5k from sale of equities and a gain of \$202k after Fair Value adjustment, both relating to the investment portfolio.

Adjusting for the portfolio gain and profit on sale of equities gives an operational loss for AMAV Ltd/MSV Inc. of \$237k, compared with a budgeted loss of \$272k. The loss of \$237k includes \$51k for the ANF claim and \$40k for Project 293, neither of which were budgeted for.

Member subscription income was up on the prior year's figure by 3.9%; this reflects the increase in subscription rates for 2012. Actual income for 2012, however, was \$96k under budget.

Total expenses have been maintained at close to budget levels. In mid 2012 a restructure was undertaken to further cut costs, resulting in a better-than-budgeted bottom line.



John Fisher  
Director, Corporate Services



Dr Robert Congers  
Treasurer

**Dr Robert Congers**  
Treasurer

# 30

## Report of Directors

### Report of Directors 31/12/2012

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 2012.

### Directors

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

Dr L Baker  
Dr A Bartone  
Dr G Burrows  
Dr R Conyers  
Dr R Langham  
Dr L Massage  
Dr R McRae  
Dr S Parnis  
Dr T Ross  
Dr G Speck  
Dr X Yu

### 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 2012 was a consolidated loss after tax of \$29,893 (2011: a consolidated loss after tax of \$941,861). The 2012 loss of \$29,893 includes a non cash fair value gain to the financial assets of \$202,429 (2011: loss of \$204,325). This adjustment is a result of the application of International Financial Reporting Standards adopted by Australian Medical Association (Victoria) Ltd. to the investment 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

Although the current economic climate still holds some uncertainty in the equity markets and the growth of new/ current businesses, the Directors are comfortable with the risk and performance make up of the holdings in the longer term.

### 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, 2012 that has significantly affected or may significantly affect:

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

in financial years subsequent to 31 December, 2012.

### 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 2012.

### Information on directors

**Dr Stephen Parnis**  
MBBS, Dip SurgAnat. FACEM  
AMA (Victoria) President,  
Non executive Director since May 2006

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

**Dr Anthony 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 Robyn Langham**  
MBBS, PhD,FRACP, MAICD  
Non executive Director since May 2012

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

**Dr Leon Massage**  
MBBS  
Non executive Director since May 2011

**Dr Timothy Ross**  
MBBS, FRACGP  
Non executive Director  
since November 2012

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

**Dr Xavier Yu**  
MBBS  
Non executive Director since May 2012

### Meetings of directors

The number of meetings of the Company's Board of Directors held during the year ended 31 December 2012, and the number of meetings attended by each Director was:

Meetings Attended: **A**

Meetings Eligible: **E**

	<b>A</b>	<b>E</b>
Dr L Baker	10	11
Dr A Bartone	11	11
Dr G Burrows	10	11
Dr R Congers	11	11
Dr H Hemley	4	4
Dr R Langham	5	7
Dr J Leslie	3	7
Dr R McRae	8	11
Dr L Massage	5	11
Dr S Parnis	10	11
Dr T Ross	2	2
Dr G Speck	8	11
Dr Z Wainer	1	2
Dr X Yu	7	7

### 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 26th day of March 2013.

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 2012 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 2012.

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 26th day of March 2013.

Director

Director

# 32



## 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 2012, 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 2012 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 2012. We expressed an unmodified audit opinion on that financial report in our report dated 26 March 2013. 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 2012 complies with Australian Accounting Standard AASB 1039 *Concise Financial Reports*.

*PricewaterhouseCoopers*

PricewaterhouseCoopers

*Amanda Campbell*

Amanda Campbell  
Partner

Melbourne  
26 March 2013

PricewaterhouseCoopers, ABN 52 780 433 757

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AUSTRALIAN MEDICAL ASSOCIATION (VICTORIA) LIMITED AND CONTROLLED ENTITIES (ABN 43 064 447 678)

**Consolidated balance sheet**

as at 31 December 2012

	<b>2012</b>	<b>2011</b>
	<b>\$</b>	<b>\$</b>
<b>Current Assets</b>		
Cash and cash equivalents	4,590,089	5,338,783
Receivables	149,948	226,154
Other financial assets at fair value through profit & loss	3,681,840	3,278,649
Other	131,537	162,340
<b>Total Current Assets</b>	<b>8,553,414</b>	<b>9,005,926</b>
<b>Non-Current Assets</b>		
Property, plant and equipment	6,548,117	5,957,362
Investments	1	1
<b>Total Non-Current Assets</b>	<b>6,548,118</b>	<b>5,957,363</b>
<b>Total Assets</b>	<b>15,101,532</b>	<b>14,963,289</b>
<b>Current Liabilities</b>		
Payables	371,967	458,398
Provisions	445,811	417,706
Other	2,871,254	2,811,104
<b>Total Current Liabilities</b>	<b>3,689,032</b>	<b>3,687,208</b>
<b>Non-Current Liabilities</b>		
Provisions	100,611	66,793
<b>Total Non-Current Liabilities</b>	<b>100,611</b>	<b>66,793</b>
<b>Total Liabilities</b>	<b>3,789,643</b>	<b>3,754,001</b>
<b>Net Assets</b>	<b>11,311,889</b>	<b>11,209,290</b>
<b>Equity</b>		
Reserves	5,481,072	5,348,580
Retained profits	5,830,817	5,860,710
<b>Total Equity</b>	<b>11,311,889</b>	<b>11,209,290</b>

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

**Consolidated income statement**  
for the year ended 31 December 2012

	2012	2011
	\$	\$
<b>Revenue from ordinary activities</b>	<b>4,518,829</b>	<b>4,508,920</b>
Fair value gains/(loss) through Profit or Loss	202,429	(204,325)
Profit/(Loss) on Sale of Assets	4,704	(152,009)
Employee benefits expense	(2,997,451)	(3,161,744)
Depreciation	(79,406)	(110,366)
Other expenses from ordinary activities	(1,678,998)	(1,822,337)
<b>Net Loss before income tax expense</b>	<b>(29,893)</b>	<b>(941,861)</b>
Income tax (expense)/benefit	—	—
<b>Net Loss attributable to members of Australian Medical Association (Victoria) Limited</b>	<b>(29,893)</b>	<b>(941,861)</b>

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

**Consolidated statement of comprehensive income**  
for the year ended 31 December 2012

	2012	2011
	\$	\$
<b>Loss for the year</b>	<b>(29,893)</b>	<b>(941,861)</b>
<b>Other Comprehensive Income</b>		
Asset Revaluation Reserve	132,492	807,786
<b>Total Comprehensive Income for the year</b>	<b>102,599</b>	<b>(134,075)</b>
<b>Total Comprehensive Income attributable to the Australian Medical Association (Victoria) Limited and controlled entities.</b>	<b>102,599</b>	<b>(134,075)</b>

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

## AUSTRALIAN MEDICAL ASSOCIATION (VICTORIA) LIMITED AND CONTROLLED ENTITIES (ABN 43 064 447 678)

### Consolidated statement of changes in equity

for the year ended 31 December 2012

	2012	2011
	\$	\$
<b>Total equity at the beginning of the financial year</b>	<b>11,209,290</b>	<b>11,343,365</b>
Gain on revaluation of land, buildings and artwork	132,492	807,786
<b>Net income recognised directly in equity</b>	<b>132,492</b>	<b>807,786</b>
<b>Loss for the year</b>	<b>(29,893)</b>	<b>(941,861)</b>
<b>Total recognised income and expense for the year</b>	<b>102,599</b>	<b>(134,075)</b>
<b>Total equity at the end of the financial year</b>	<b>11,311,889</b>	<b>11,209,290</b>

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 2012

	2012	2011
	\$	\$
<b>Cash flows from Operating Activities</b>		
Receipt from customers (inclusive of GST)	4,609,379	4,365,050
Payments to suppliers and employees (inclusive of GST)	(5,050,112)	(5,263,856)
Payments for Other Financial Assets at fair value through profit or loss	(200,762)	(18,120)
<b>Net Cash Outflow from Operating Activities</b>	<b>(641,495)</b>	<b>(916,926)</b>
<b>Cash Flows from Investing Activities</b>		
Payments for property plant and equipment	(537,670)	(27,115)
Interest received	337,695	340,929
Dividends received	88,072	108,555
Profit/(Loss) from sale of financial assets	4,704	(152,009)
<b>Net cash outflow/Inflow from investing activities</b>	<b>(107,199)</b>	<b>270,360</b>
Net decrease in cash	(748,694)	(646,565)
Cash at the beginning of the year	5,338,783	5,985,348
<b>Cash at the end of the year</b>	<b>4,590,089</b>	<b>5,338,783</b>

The above Cash Flow Statements should be read in conjunction with the accompanying notes.

## Discussion and Analysis of Consolidated Financial Statements (unaudited)

### Results of Operations

Revenue and losses from operating activities in 2012 reflect the following key points:

- Membership subscription revenue has increased slightly compared to 2011. 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. The increase in commission is due to a number of new member benefit providers.
- Income from interest has remained steady but dividend income has decreased. These movements are indicative of the current volatile economic climate post the GFC.
- Savings in personnel costs have resulted from a staff restructure.
- The revaluation of the investment portfolio in December resulted in a fair value gain of \$202k. In 2011 revaluation resulted in a fair value loss of \$204k.
- Apart from legal costs relating to the ANF claim expenditure has been kept mostly at or below 2011 levels.

### Assets

There has been small increase in total assets in the financial year 2012. The drop in cash and term deposits held has been partly offset by an increase in the financial assets carried at fair value. There was also an increase in the value of AMA House following a revaluation.

### Liabilities

There has been a small increase in total liabilities as a result of an increased provision for MPPS doubtful debts.

### Cash Flows from Operating Activities

There was a movement downwards in cash flow from operating activities. This reflects a number of movements including a small operating loss, and an increase in payments for financial assets.

### Cash Flows from Investing Activities

Cash flows from investing activities reflect expenses associated with the renovation of the building. Dividend income is slightly less than the prior year. There was also a profit from the sale of some financial assets.

## Notes to the Consolidated Financial Statements for the year ended 31 December 2012

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 2012. 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.

“Membership with AMA Victoria has been important to me at all stages of my career, from training as a resident through to my time working currently as a GP in practice. Along with the collegiate support, practical assistance has ranged from industrial relations advice and support as a young resident doctor then later as an employer of support staff. I have also benefited from reductions in bank interest rates and a range of other discounted services as well as practice management support and resources. The career representation and support provided to me by AMA Victoria has made me feel supported in my day-to-day professional life - whilst also providing me the peace of mind that the profession is being represented and protected now and for future generations.”

Dr Mark Kennedy, GP



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Advancing the medical profession  
Advancing the health of Victorians