



ADVANCING THE MEDICAL PROFESSION
ADVANCING THE HEALTH OF VICTORIANS

ANNUAL REPORT 2014

AUSTRALIAN MEDICAL ASSOCIATION VICTORIA LTD





"I feel the best way for me to act in my patients' and the community's best interests as a doctor on a broader, health policy level is through the AMA. The AMA plays a vital role in advocacy of best quality health care for Australia at local, state and federal levels, and I have been able to find an incredibly satisfying way to participate through the organisation at every level of my medical career, from medical student to specialist. To learn from and engage through the AMA with other doctors from such varied backgrounds and experience, who are passionate about contributing to such a wide range of issues above their day to day clinical practice, and to be able to improve our healthcare system in this way, immeasurably broadens my professional satisfaction."

Dr Sarah Whitelaw, Emergency Medicine Physician



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AMA VICTORIA'S MISSION STATEMENT

*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 7,000 members, who access professional and commercial benefits.

OUR SERVICES

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 on managing a challenging role, in a complex system.

ADVOCACY

- Active and effective lobbying of government and decision-makers
- Member advocacy in industrial and legal disputes
- Submission of expert views and recommendations on a wide range of health-related inquiries and consultations
- Using our voice, through the media and public campaigns

MANAGEMENT

We provide doctors with:

- 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.

KEY SERVICES AND PRODUCTS



ADVISORY SERVICES FOR MEMBERS

AMA Victoria has a highly experienced team available to provide advice and representation for members, in the areas of:

- industrial relations
- medical fees
- practice management services
- career development
- legal services
- corporatisation of practices.

AMA Victoria provides specialised service, supporting members in the workplace, in managing their practice, and in negotiating challenges that can arise throughout a medical career. This service now includes one-on-one careers advisory consultations.

HEALTH POLICY AND LOBBYING

Through submissions and responses to government policy, AMA Victoria represents the interests of the medical profession in relation to the nature, mode of delivery and funding of healthcare services. Our policy covers the areas of public health, public hospitals and private healthcare service provision.

AMA Victoria is also concerned with improving the health of the community through:

- increased participation in early detection and prevention programs
- greater community awareness of the importance of maintaining a healthy lifestyle

- lobbying governments for new legislation and 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. The Subdivisions, Sections and Council are channels that allow input into AMA policy, as do requests for member feedback or specific policy forums held throughout the year.

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

PROFESSIONAL DEVELOPMENT, TRAINING AND NETWORKING SERVICES

Every year, AMA Victoria runs a large number of events that cover a range of doctor groups and interests. Events that were well attended in 2014 include the intern reception welcoming new graduates, State Election Debate, the GP Dinner, careers nights, Mythbuster events for medical students, Retired Doctor Luncheons and Inspiring Women in Medicine events. These events provide information and advice on a wide range of topics or showcase doctors who excel in their fields.

AMA Victoria also offers, through its training unit, impairment assessment training, workplace training tailored to specific needs and a variety of short courses for practice staff.

AMA Victoria's events, training and seminars are all developed to a standard of professional excellence. They are specifically designed to meet the needs of the medical profession and practice staff, providing them with the resources needed to best serve the Victorian community in a complex healthcare system.

PUBLICATIONS AND RESOURCES

Membership of AMA Victoria entitles members to receipt of the *Medical Journal of Australia*, *vicdoc* magazine, AMA Victoria and Federal e-updates. Members can also access targeted member-only information, including medico-legal content, on AMA Victoria's website.

Members may subscribe to the Award service and other valuable Medical Practice Resources, such as the Private Practice Manual and the Policy & Procedure Manual at discounted rates.

PREFERRED PROVIDER BENEFITS

AMA Victoria's Preferred Providers are a group of leading commercial organisations committed to delivering quality and expert services to AMA members. They offer an array of benefits exclusive to members, including special offers and discounts on services.

2014 PREFERRED PROVIDERS



PRESIDENT'S REPORT

DR TONY BARTONE

2014 has been a very busy and successful year at AMA Victoria.

As I approach the end of the first year since being elected President in May 2014, it is a perfect time to reflect on what has been an incredibly fast-paced and politically-charged road. Despite having served previously as Vice President and Chair of the GP Section, the enormity of the task did not escape me. The year did not disappoint, serving up a number of successes and challenges along the way and I am very proud of what we have been able to achieve throughout the year.

2014 will be remembered as the year of the co-payment dispute. The Commonwealth Government's Budget included a range of Medicare changes that the AMA successfully fought off. Much of the year was focussed on stopping the various editions of the co-payment including the initial \$7 co-payment for all GP, pathology and diagnostic imaging services. This policy caused immense anger throughout the medical profession. As the realities of the later revisions of the co-payment, rebate indexation freeze and changes to the GP Level B / standard rebate came to light, the medical community, led by the AMA, stood up to these policies which were undeniably an attack on the quality of our healthcare system. It should come as no surprise that when certain health policies are formulated without our consultation, that jeopardise patient care, and that are unfair on doctors - we will fight them. This was the case with the co-payment.

The year has also seen many important wins for AMA Victoria. The new *Mental Health Act 2014* (Vic) commenced on 1 July and several of AMA Victoria's recommendations were included in the final Bill. The main improvements to the final Bill include: the removal of criminal penalties for doctors, it no longer has prescriptive professional practice instructions, and it ensures that doctors in training, HMOs and GPs can undertake a range of functions that were previously prohibited in the exposure draft.

Following ongoing discussions with the Department of Health on the need to improve end of life care, we received funding to complete an advance care planning project. This project has involved consulting widely amongst the profession to develop a state-wide resource to assist doctors undertake advance care planning discussions with patients. 74% of Australians want to die at home, but only 16% do. These discouraging statistics suggest that not all Australians have what they perceive to be a "good death" - the crux of which is, arguably, choice: choosing where you die and choosing the level of treatment that you receive. Advance care planning plays a big role in supporting patients to talk about dying and plan for a "good death" based on their own preferences.

The Victorian State Election was a key focus over the second half of the year. AMA Victoria worked solidly in the lead up to the November election and developed an Election Manifesto, which identified key areas within Victoria's health system that need to be addressed. It was pleasing to see that each of our Election Manifesto's recommendations were considered and committed to by the political parties. One of the biggest commitments which we look forward to seeing come into effect is Labor's \$200m Western Women and Children's Hospital in Sunshine.

Finally, in what has been a year of change and new beginnings, I want to acknowledge one of AMA Victoria's biggest changes of the year – the recruitment of our new CEO, Frances Mirabelli. Since commencing in February, Frances has executed AMA Victoria's strategic direction with an astute business mind, a thorough understanding of the health sector and superior stakeholder engagement. I am extremely thankful for Frances' leadership and also for the dedication of her staff.

I thank all of AMA Victoria's members for

their ongoing support and commitment. I also thank my Vice President Dr Gary Speck and my fellow Board members for their counsel.

As President of the organisation, I am happy to report that we had a very successful 2014, our influence and importance continues to grow, and we are well placed to continue to support, represent and protect the medical profession.



Dr Tony Bartone
President
AMA Victoria

CEO'S REPORT

FRANCES MIRABELLI

With the writing of this report I have now completed my first year as Chief Executive Officer of AMA Victoria. It has been a huge year both personally and professionally, and the organisation has undertaken substantial changes, advances and improvements throughout 2014 – all of which will benefit our members.

AMA Victoria is a diverse organisation: we offer a range of services, host a variety of events and our membership base is broad. I am proud to say that 2014 saw the AMA stand out as a leader, and this was highlighted by our continuous lobbying to have the GP co-payment withdrawn. We were successful with this endeavour and it is a testament to our influence, and our importance.

Our members continue to utilise our workplace, IR and legal services. Membership surveys confirm that these are our most valued services, as they ensure members have first rate employment contracts and that all of their entitlements are upheld. A number of workplace issues and disputes have successfully been resolved by AMA Victoria – much to the gratitude and relief of individual members.

Our policy unit had a successful year, the highlight of which was seeing the major political parties commit to our Election Manifesto in the lead up to the Victorian State Election. Our Election Manifesto detailed various deficiencies in Victoria's health system that need to be addressed, such as hospital capacity, health IT and public health. Our recommendations sat under three pillars: advocacy for doctors, advocacy for patients, and advocacy for the community.

A number of successful events were held throughout the year and confirmed our standing as an important collegiate organisation.

- In November, AMA Victoria was a joint host of the H2o International Health Summit. The Summit was convened in collaboration with the World Medical Association and federal AMA to elevate health as an important issue for world

leaders. This Summit was held in response to the omission of health from the G20 agenda. A number of leading health experts convened in Melbourne and the two day event was a highlight on the international health policy calendar. Topics ranged from Ebola to the impact of non-communicable diseases.

- Prior to the Victorian State Election on November 28, AMA Victoria hosted a State Election Debate, with guest speakers including the Minister for Health David Davis (Liberal), the Shadow Minister for Health Gavin Jennings (Labor) and Spokesperson for Health Colleen Hartland (Greens). The politicians' attendance and speeches at this event highlighted the importance of the AMA in health politics, and the unprecedented respect and access we garner in regard to politicians.
- Much of 2014 was defined by the Commonwealth Government's GP co-payment. AMA Victoria worked tirelessly to overcome this health policy. In June, we hosted a GP Dinner that included a presentation by the Grattan Institute's Stephen Duckett. This was a well-attended and fiery evening, with many glad to see general practice centre stage.

AMA Victoria has entered into an arrangement with the Commonwealth Bank as our new preferred provider of banking services. The Commonwealth Bank was selected after extensive consideration and negotiation to determine which bank offered the best benefits for our members. Our members can now access exclusive and enviable financial discounts on home loans, mortgage insurance, credit card fees and wealth packages.

AMA Victoria re-launched two of its businesses – AMA Victoria Practice Solutions and AMA Training. These subsidiaries of AMA Victoria provide unique, specialised and coveted services to doctors. AMA Practice Solutions assists members to renovate and build first rate medical practices, ensuring compliancy is met and the latest features

covered. While AMA Training organises and hosts CPD points-approved courses for doctors and/or their practice nurses. New staff, new services and new branding across these two businesses will enable both businesses to continue to grow and develop.

We have also restructured our staffing across all units – workplace, legal, policy, membership, events and marketing structures have all been adapted to best service the organisation. I want to thank my staff for their hard work throughout the year. Resources are stretched and they have all contributed enormously to the cause.

I would like to thank the President, Dr Tony Bartone, who has shown great leadership throughout the year. It has been an enjoyable experience and I am looking forward to working together in the coming year. I would also like to thank the Board for their support and commitment. The amount of time each of you contribute to the organisation is extraordinary and I commend you for your efforts.

Finally, to our members, you are the backbone of this organisation. Without our membership base, the AMA would cease to exist. I want to thank each of you for your contribution and I am looking forward to meeting even more of you in the coming year.



Frances Mirabelli
CEO
AMA Victoria

WORKPLACE RELATIONS

Specialists and Doctors in Training (DiTs) employed by public hospitals received a 3.33% salary increase on August 1. This increase came as a result of our most recent enterprise bargaining campaign. New Enterprise Agreements for members were negotiated with Family Planning Victoria and the Victorian Institute of Forensic Medicine.

A number of public hospital employed specialists experienced difficulties in obtaining their Continuing Medical Education (CME) entitlements. AMA Victoria and the Victorian Hospitals' Industrial Association established a CME working group with the aim of clarifying entitlements and providing answers to key provisions of this benefit. We agreed to review current health service policies on CME, write a Q&A, develop a model policy and agree on people who could arbitrate disputes if needed.

We continued with "award enforcement" activities during the year. DiTs were represented in underpayment of wages claims at a number of major hospitals, including Monash and Melbourne Health Services.

Practice owners were provided with a series of private practice fact sheets dealing with issues ranging from anti-discrimination laws, through to unfair dismissal and small business. This was a major increase in the level of resources available to members dealing with such employment issues.

Five medical practices were represented in defending against claims by former employees who were dismissed. The matters were subject to conciliation proceedings.

We received a steady stream of calls from practice managers and principals over the changes to the industrial awards applying

to medical practices. Both major awards went through a final round of transitioning to the new modern awards.

An increasing number of calls were received from GPs who are engaged by practices. To help these doctors (and principals) we developed a GP Q&A section on our website. This area covers issues such as obligations on leaving a practice, contracts and rates of pay. 2014 saw the launch of the AMA Victoria, NSW and Queensland salary survey, "Joining the Dots in General Practice".

The implementation of the new *Mental Health Act 2014 (Vic)* caused concern for many members working in a stretched public hospital system. We provided briefing sessions and undertook consultations with members aimed at identifying the industrial issues associated with its implementation. This discussion paper became a keen part of the debate around changes to work practices. Issues raised included:

- The right of involuntary patients to second opinions but without rostering of doctors to perform this.
- The new Mental Health Tribunal was likely to require consultant psychiatrists to prepare for and attend hearings on a range of matters.
- Provisions for advance statements, 'nominated persons' with a quasi-attorney / advocate role, and other administrative innovations would impact on resourcing public mental health services.

We supported a member in Geelong with a claim against the hospital for unfair dismissal. The matter was subject to three separate decisions. We also represented a number of members employed by Latrobe Regional Health who were the

subject of inappropriate use of disciplinary procedures. The value of AMA Victoria is clearly evident when hospitals breach the requirements of the *Fair Work Act*.

After extensive lobbying, WorkSafe (formerly known as WorkCover) agreed to fund an independent review of medical payments. Victorian WorkCover claimants have long had difficulties in accessing certain types of medical treatment due to (amongst other issues) payments not recognising the work involved for the doctor. A report is expected in 2015.

WorkSafe proposed a new Certificate of Capacity which significantly changed the work requirements of certifiers. After much lobbying, the proposed certificate was amended to ensure that doctors were not required to assess a patient's capacity in areas that they were not credentialed.



Geoff O'Kearney
Director
Workplace Relations

A SUCCESSFUL YEAR OF LOBBYING

TIMELINE OF THE GOVERNMENT'S MBS REFORMS

Federal Government releases 1st Budget, outlining: **13.5.14**

- \$7 co-payment for GP consultations, pathology items and diagnostic imaging services. This will apply to all patients (concession card holders and under 16s have to reach ten visits before being eligible for bulk billing).
- Emergency Department will be able to charge a fee.
- \$5 increase to medications (80 cent increase for concession card holders).
- An increase in the Medicare Safety-net threshold.
- A freeze on private health insurance rebates.
- An increase to the PBS safety-net threshold.

AMA Victoria opposes the above reforms, warning that mandatory co-payments will have dire consequences for vulnerable groups – in particular, Aboriginal and Torres Strait Islanders, the elderly, the mentally ill and those with chronic diseases.

AMA Victoria did 27 media interviews (incl. 3AW, Herald Sun, The Age)

Changes to Level B rebates pass regulations **16.12.14**

- The Government passes the changes to Level B rebates via regulations. This reform does not need Senate approval.

The AMA continues to lead a strong political and public campaign against these cuts.

AMA sends a letter to Prime Minister Abbott **8.1.15**

- AMA President A/Prof Brian Owler sends a letter to Prime Minister Abbott imploring him to stop the Level B changes before they come into effect on 19 January.

The AMA publicly calls for Prime Minister Abbott to step in **15.1.15**

- The AMA issues a media release calling for the Prime Minister to step in and stop the Level B cuts.

The Government withdraws the Level B changes **15.1.15**

- Health Minister Sussan Ley withdraws the Level B cuts, four days before they were set to come into effect. Minister Ley says they are now “off the table” and that she will consult widely with the profession.

AMA Victoria hosts a Medicare Forum **8.2.15**

AMA Victoria did 12 media interviews (incl. The Guardian, Herald Sun, 6 Minutes)

9.12.14

Prime Minister Tony Abbott and Health Minister Peter Dutton announce \$7 co-payment overhaul:

- \$7 co-payment has been scrapped.
- Medicare rebate indexation to be frozen until 2018.
- From 19 January 2015, GP Level B consultations must now last a minimum of 10 minutes to receive standard rebate of \$37.05. Consultations less than 10 minutes will be categorised as Level A, with a \$16.95 rebate.
- From 1 July 2015, all MBS rebates for non-concession card holders will be cut by \$5 (i.e. a \$5 co-payment).

AMA Victoria strongly opposes a 4 year indexation freeze and significant rebate cut for shorter consultations.

10 media interviews by AMA Victoria (incl. Herald Sun, The Australian)

21.12.14

Sussan Ley replaces Peter Dutton as Health Minister

7.1.15

The AMA announces protest rallies will occur

- AMA announces protest rallies will occur throughout the country against the Level B cuts. The AMA calls on the Senate to disallow the regulations when they return to Parliament.

13.1.15

AMA Victoria makes front page of *The Age*

- AMA Victoria is front page of *The Age* newspaper opposing the Level B cuts and highlighting the importance of strong primary care.

AMA Victoria did 12 media interviews (incl. ABC 774, Channel 7 News, Channel 9 News, Channel 10 News)



22.1.15

Minister Ley meets for the first time with the AMA

5.2.15

The AMA appears before the Senate Select Committee on Health

3.3.15

Minister Ley announces the \$5 co-payment will not proceed

The MBS rebate freeze is going ahead. The AMA continues to work with the Government to address this issue and to consult on future health policies.



THE JEDI? Fresh doubt on Socceroo skipper's fitness **SPORT**



Medicare Threat to bulk-billing

Patients face \$20 GP bill

EXCLUSIVE
Julia Medew
Health Editor

Australian patients will be hit by a new \$20 fee for seeing their GP when changes to Medicare, introduced by the Abbott government to save billions of dollars, begin to take effect from next week.

Under a little-known "10 minute" rule predicted to blow out GP waiting times from January 18, Medicare will pay \$20.10 less for consultations lasting six to 10 minutes.

For years, Medicare has paid \$27.05 towards these "Level B" visits made by millions of patients each year requiring a new prescription or blood pressure check, for example. It will now pay \$6.05, a move doctors warn will "destroy" free universal health care.

The Australian Medical Association says the change, estimated to cut \$500 million from Medicare in 2015, will prompt many doctors to stop bulk-billing shorter consultations because the payment does not meet their costs.

"This change alone will kill off a lot of bulk-billing," said Dr Michael Leticich, a spokesman for the AMA's Victorian branch. "This is a very sly way of cutting the [health] budget."

The change means people who currently pay to see their GP will receive \$20.10 less back from Medicare for consultations up to 10 minutes, meaning their "out of pocket" cost or "gap fee" (the difference between what their doctor

charges and what they receive back from Medicare) will increase.

Chair of the AMA's council of general practice Brian Martin said although bulk-billing GPs whose own charges their patients nothing could absorb the pay cut and receive \$28.15 for each consultation, they were unlikely to do so because Medicare payments were already falling to keep up with the costs of running a practice. Instead, he said that as of Monday, many GPs were likely to stop bulk-billing and charge a fee for short consultations, meaning some patients who currently receive free care will have to pay.

Dr Martin said it was also possible that doctors and their patients would stretch consultations out to meet the 10-minute threshold for a rebate of \$27.05 - the payment for consultations between 10 and 20 minutes. This would mean GPs would see fewer patients on average a day.

"It may be that patients and doctors extend the consultation unnecessarily to get over that 10-minute threshold and that will impact on access," he said.

Last financial year, about 30 million GP consultations, or 29 per cent of 124 million billed to Medicare, were under 10 minutes.

In the same year, the Australian Bureau of Statistics said one in five Australians who saw a GP said they waited longer than they felt was acceptable to get an appointment.

Continued Page 5

DECEMBER 14, 2014 \$3.00 RRP

INDEPENDENT ALWAYS

sundayage

\$100 GP fees in two years?

The average upfront cost of a 15-minute consultation with a GP could exceed \$100 within two years under the federal government's proposed changes to Medicare, the Doctors Reform Society says.

The society, a lobby group that supports publicly funded universal health care, says the Abbott government's plan to reduce the Medicare rebate for doctors by \$5 and freeze it until 2018 is promoting a "return to a failed privatised system of the past" with doctors free to charge what the market will bear.

Society national president and GP Con Costa said extending the current two-year-long freeze on Medicare rebates for another four years would hit GP clinics' budgets hard, driving many doctors away from bulk-billing and into increasing their fees for patients who do not have concession cards.

One GP said the changes would be devastating for the working poor and might stop them from seeking medical help.

In 2012, the former Labor government froze the Medicare rebate for a standard "Level B" consulta-

tion of up to 20 minutes at \$37.05. The Australian Medical Association recommends GPs charge \$75 for such consultations, meaning patients without concessions are usually out of pocket \$37.95.

But Dr Costa said, given some doctors were already charging \$80, it was likely some would be charging at least \$100 by 2016.

Under the government's new

Continued Page 2

Julia Medew

Stephen Duckett retweeted

AMA Victoria
@amavictoria

No one will bulk bill. Co-payment gone, but \$5 cut to MBS rebate means cost of seeing a GP will increase amavic.com.au/page/News/Co-p... @australian

9/12/2014 6:44 pm

41 RETWEETS 10 FAVORITES

AMA Victoria October 20, 2014 · @

Courageous 60 Minutes interview on Dr Ian Davis, who has motor neuron disease.

<http://www.smh.com.au/...a-six-pack-of-courage-one-mans-surrender>

<http://www.jurp-in.com.au/...october-the-courageous-dr-davis/>



A six-pack of courage: one man's surrender to a terminal disease

Ian Davis tells his story of the physical, emotional and social pain of being diagnosed with motor neuron disease - and how a love of beer has aided him on his most sobering journey.

20th OCT 2014

3,295 people reached Boost Post

Like Comment Share

Beagan Gattabai, Paulina Martin, Brendan Montrosey and 3d others like this.

THE AGE NUMBER 10,000 14 2014

COMMENT

THE AGE

The mythmaking behind the \$7 payment

The government has been more than a bit of sleight of hand in the Abbott government's protracted efforts to get its 2014-15 budget through the Senate. Ministers who are still on their toddler legs are learning that compromise is essential when the government does not control the Senate. But it is time they recognised that Australians do not appreciate lousy messages that border on deception.

We say so much because it is apparent there has been a significant shift in the justification for the proposed \$7 co-payment for visits to medical practitioners, which is surely one of the most poorly conceived aspects of the budget. The government said on budget night that "every dollar of savings from health expenditure reforms in this budget will be invested in a new, capital-protected, Medical Research Future Fund". Indeed, budget papers for the Health portfolio state that "25 from every \$7 patient contribution will be directed to the Medical Research Future Fund". The \$2 balance was to go to the doctor or non-hospital provider of pathology and medical imaging services.

was at it again yesterday, suggesting the government might need to take "emergency action" and, in a brain-snap on a separate point, arguing that the "poorest people either don't have cars or actually don't drive very far in many cases". As we have said previously, Mr Hockey is clearly under pressure.

It is evident that the government does not have sufficient support from crossbenchers in the Senate to get the \$7 co-payment through in its current form. At the weekend, former treasurer Peter Costello suggested the government should cut its losses, dump the \$7 co-payment proposal and "reboot the argument" about Medicare pressures by bringing forward the release of the next Intergenerational Report, which is due in January.

Rebooting the argument will not change the problem, as far as we are concerned. We hail the efforts of the Australian Medical Association in trying to persuade the government to change the proposal, if not back off entirely. We especially support the AMA's argument that there is an overarching need to encourage health prevention and proper management of chronic diseases. The AMA is deeply concerned about the

2014 EVENTS



FINANCIAL REPORT



Dr Robert Conyers
Treasurer



David Cotton
Director Corporate Services

The net result of the operations of the group for the year ended 31 December 2014 was a consolidated loss after tax of \$226,373 (2013: loss \$243,915).

The consolidated result for the AMA Victoria group of companies includes the activities of AMA Victoria Ltd, Medical Society of Victoria Inc, AMA Victoria Services Pty Ltd, Solutions Plus Training Ltd and the AMA Victoria Charitable Foundation.

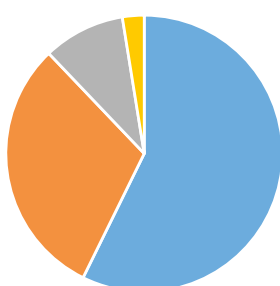
Member subscriptions of \$2,870,132 were up \$157,386 or 6% on the previous year, while total revenue improved by 10% with growth in event and sponsorship income. The investment portfolio generated a net gain of \$213,832.

The operating costs before depreciation during 2014 increased by 8% on the previous year, however these included significant one off costs resulting from a review of operations. The benefits of the operational review will be reflected in 2015 and future years.

The Balance Sheet remains strong with net assets of \$10,368,026 and no borrowed debt.

OPERATING RESULT

for the year ended 31 December 2014

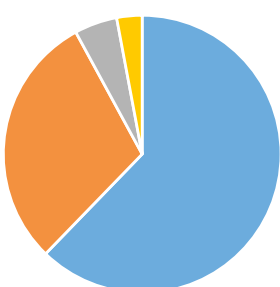


- Member subscriptions
- Member activities
- Investment income
- Other income

REVENUE

Member subscriptions
Member activities
Investment income
Other income

	2014	2013
	\$	\$
Member subscriptions	2,870,132	2,712,746
Member activities	1,532,598	1,388,247
Investment income	479,884	473,698
Other income	127,297	462
	5,009,911	4,575,153



- Employee benefits
- Member activities, support and advocacy
- Property costs
- Depreciation

EXPENSES

Employee benefits
Member activities, support and advocacy
Property costs
Depreciation

	2014	2013
	\$	\$
Employee benefits	3,259,623	3,212,321
Member activities, support and advocacy	1,561,038	1,134,561
Property costs	261,033	352,254
Depreciation	154,590	119,932
	5,236,284	4,819,068
	-226,373	-243,915

FINANCIAL POSITION

as at 31 December 2014

	2014	2013
	\$	\$
ASSETS		
Cash and cash equivalents	3,154,965	3,072,442
Financial Assets	3,362,610	3,965,220
Property and equipment	7,577,467	7,374,593
Other	215,200	144,807
	14,310,242	14,557,062
LIABILITIES		
Trade and other payables	1,090,632	752,425
Member subscriptions in advance	1,145,706	1,284,290
Federal moiety payable	1,264,298	1,489,275
Employee entitlements	441,580	437,673
	3,942,216	3,963,663
MEMBERS FUNDS	10,368,026	10,593,399

Further financial information can be obtained from the full Annual Financial Report which is available free of charge on request from the company. A copy may be requested by telephoning David Cotton Director Corporate Services AMA Victoria on 03 9280 8722.

DIRECTORS' REPORT

The directors present their report on the Australian Medical Association Victoria Ltd (“the Company”) consisting of the Company and the entities it controlled as at the end of, or during, the year ended 31 December 2014. Throughout the report, the Company and its controlled entities are referred to as the “Consolidated entity”.

DIRECTORS

The following persons were directors of the Company during the whole of the financial year and up to the date of this report:

Dr Stephen Parnis – resigned 13 May 2014

Dr Anthony Bartone

Dr Lorraine Baker

Dr Robert Conyers

Dr Robyn Langham

Dr Michael Levick

Dr Leon Massage

Dr Roderick McRae

Dr Timothy Ross – resigned 25 February 2014

Dr Gary Speck

Dr Bernadette Wilks – appointed 13 May 2014

Dr Mark Yates – appointed 13 May 2014, and

Dr Xavier Yu.

PRINCIPAL ACTIVITIES

The principal activities of the Consolidated entity and Company consisted of the provision of services to the medical profession and advocacy in public health.

REVIEW OF OPERATIONS AND RESULTS

The loss after tax from operating activities of the Consolidated entity for the year ended 31 December 2014 amounted to \$226,373 (2013: restated \$243,915). In addition, the Consolidated entity has net assets of \$10,368,026 as at 31 December 2014 (2013: restated \$10,594,399).

The profit after tax from operating activities of the Company for the year ended 31 December 2014 amounted to \$348,562 (2013: restated \$92,174). In addition, the Company has net liabilities of \$1,318,140 as at 31 December 2014 (2013: restated \$1,666,702).

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

OBJECTIVES AND STRATEGIES

The principal objectives of the Consolidated entity / Company are:

- To promote, maintain, protect, advance and extend the honour, interests and standing of the medical profession and of the Consolidated entity and to promote the science of medicine;
- To protect and preserve the standing of the profession and the professional and academic independence of members of the Consolidated entity, and to preserve, maintain, promote and advance their intellectual, philosophical, social, political and legal interests;
- To act as the principal coordinating body for the medical profession in the State of Victoria and a forum for the medical profession at which consultation and communication takes place;
- To become a member of or subscribe to or affiliate with any other organisation, whether incorporated or not, having objects altogether or in part similar to those of the Consolidated entity;
- To circulate such information as may be thought desirable through or by means of a periodical journal which shall be the official journal of the Consolidated entity and by the occasional publication of transactions or other papers;
- To advance exemplary professional conduct and efficiency, to promote fair and honourable practice, to discourage

or prevent malpractice or professional misconduct and to ensure the highest clinical, ethical and scientific standards in the delivery of health care to the community;

- To collect and circulate statistics and other information relating to the medical profession;
- To take an active part in the promotion of health care programs for the benefit of the people and to participate in the resolution of major social and community health issues;
- To consider, originate and promote improvements or alterations in the law relating to the medical profession, to petition the Parliament of the State of Victoria and take such other steps and proceedings as may be deemed expedient for carrying out this object;
- To consider, advise, and, if necessary, make recommendations on any subject connected with the appointments of legally qualified medical practitioners to public institutions positions and services;
- To consider and advise on any issue of medical policy;
- To consider and advise on any issue of health policy;
- To promote the unity of the medical profession between the various States and Territories of the Commonwealth of Australia and to enter into all such agreements and generally take, adopt and carry into effect all such steps as are by law authorised or required for such purposes;
- To assist either by donations or otherwise:
 - necessitous members of the medical profession and their wives or husbands and all or any of their children; and
 - organisations providing such assistance to any such persons mentioned in the sub-point above;

- To carry out such commercial or trading activities as are considered conducive to the advantage of members of the Consolidated entity by entering into arrangements or ventures where goods or services are provided to members of the medical profession including arrangements which exploit the intellectual property of the Consolidated entity, including the AMA Victoria name;
- To provide industrial advice and act on behalf of members in industrial matters; and
- To provide courses of training, advice, welfare and support services and other benefits to members of the Consolidated entity to support them in their professional life.

To achieve these objectives, the Consolidated entity / Company:

- Develops further the membership base;
- Promotes health initiatives and improvements in health science;
- Provides value through actions and communications in media, advocacy and industrial relations;
- Promotes healthy lifestyles;
- Promotes improved patient choice;
- Influences governments to improve health services; and
- Provides training opportunities for medical personnel to improve the medical sector.

DIVIDENDS

The Company is a company limited by guarantee and its Constitution precludes the payment of dividends.

SIGNIFICANT CHANGES IN THE STATE OF AFFAIRS

There were no significant changes in the state of affairs of the Consolidated entity / Company during the financial year.

MATTERS SUBSEQUENT TO THE END OF THE FINANCIAL YEAR

There has not been any matter or circumstance occurring since 31 December 2014 that has significantly affected, or may significantly affect:

- a) the operations of the Consolidated entity / Company in future financial years;
- b) the results of those operations in future financial years; or
- c) the state of affairs of the Consolidated entity / Company in future financial years.

LIKELY DEVELOPMENTS AND EXPECTED RESULTS OF OPERATIONS

The Directors are not aware of any specific developments likely to have a significant effect on the operations of the Consolidated entity / Company in financial years subsequent to 31 December 2014.

ENVIRONMENTAL REGULATION

The operations of the Consolidated entity / Company are not regulated by any significant environmental regulation under a law of the Commonwealth, State or Territory.

INFORMATION ON DIRECTORS

Dr Anthony Bartone

MBBS, FRACGP, MBA
President AMA Victoria
Non executive Director since May 2010

Dr Gary Speck AM

MBBS BMedSc FRACS (Orth)
Vice President AMA Victoria
Non executive Director since May 2010

Dr Robert Conyers

MBBS, FRCPA, FAMA
Treasurer AMA Victoria
Chair Finance & Audit Committee
Non executive Director since May 2006

Dr Lorraine Baker

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

Dr Robyn Langham

MBBS, PhD, FRACP, MAICD
Non executive Director since May 2012

Dr Michael Levick

MBBS
Non Executive Director since May 2013

Dr Leon Massage

MBBS
Non executive Director since May 2011

Dr Roderick McRae

FAMA, MBBS(Hons), BMedSc(Hons),
MBioeth, JD, PGDipPCCE
Non executive Director since May 2009

Dr Bernadette Wilks

MBBS
Non executive Director since May 2014

Dr Mark Yates

MBBS, FRACP
Non executive Director since May 2014

Dr Xavier Yu

MBBS
Non executive Director since May 2012

INSURANCE OF OFFICERS AND AUDITORS

During the financial year the Company paid a premium in respect of a contract insuring the directors of the Company and all executive officers of the company and of any related body corporate against a liability incurred as such a director, secretary or executive officer. The contract of insurance prohibits disclosure of the nature and the liability and the amount of the premium. The company has not otherwise, during or since the financial year, indemnified or agreed to indemnify an officer or auditor of the company or any related body corporate against a liability incurred as such an officer or auditor.

PROCEEDINGS ON BEHALF OF THE COMPANY

No proceedings have been brought or intervened in on behalf of the Company with leave of the Court under section 237 of the *Corporations Act 2001* (Cth).

NON-AUDIT SERVICES

The Company may decide to employ the auditor on assignments additional to their statutory audit duties where the auditor's expertise and experience with the Company and/or the Consolidated entity are important.

The Board of directors is satisfied that the provision of the non-audit services is compatible with the general standard of independence for auditors imposed by the *Corporations Act 2001*. The directors are satisfied that the provision of non-audit services by the auditor, did not compromise the auditor independence requirements of the *Corporations Act 2001* for the following reasons:

- all non-audit services have been reviewed by the Finance & Audit Committee to ensure they do not impact the impartiality and objectivity of the auditor; and
- none of the services undermine the general principles relating to auditor independence as set out in *APES 110 Code of Ethics for Professional Accountants*.

COMPANY SECRETARY

The Company Secretary is Frances Mirabelli, who was appointed to the position on 28 February 2014. Prior to this appointment, Jane Stephens was Company Secretary until her resignation on 28 February 2014.

MEETINGS OF DIRECTORS

The number of meetings of the Company's board of directors and of each committee held during the year ended 31 December 2014, and the number of meetings attended by each director were:

	Board meetings		Finance & Audit Committee	
	Eligible to attend	Attended	Eligible to attend	Attended
Dr Anthony Bartone	11	11	11	10
Dr Lorraine Baker	11	11	-	-
Dr Stephen Parnis	4	4	3	3
Dr Robert Conyers	11	10	11	11
Dr Robyn Langham	11	8	-	-
Dr Michael Levick	11	11	6	6
Dr Leon Massage	11	10	-	-
Dr Roderick McRae	11	9	-	-
Dr Timothy Ross	1	1	-	-
Dr Gary Speck	11	10	11	10
Dr Bernadette Wilks	7	7	-	-
Dr Mark Yates	7	5	-	-
Dr Xavier Yu	11	9	-	-



ADVANCING THE MEDICAL PROFESSION
ADVANCING THE HEALTH OF VICTORIANS

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