

ANNUAL REPORT 2013

AUSTRALIAN MEDICAL ASSOCIATION VICTORIA LTD



Advancing the medical profession
Advancing the health of Victorians



"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 MISSION STATEMENT/VALUES

**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.

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

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

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 health care services. Our policy covers the areas of public health, public hospitals and private health care service provision.

AMA Victoria is also concerned with improving 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 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 AMA Victoria 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.

Advisory services for members

AMA Victoria has a highly experienced team of industrial relations, legal, careers and practice management advisers 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, available at a discounted rate to members.

Professional ethics

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

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

Professional development, training and networking services

Every year, AMA Victoria runs a large number of events that cover a range of doctor groups and interests. Events that were well attended this year include the intern reception welcoming new graduates, careers nights, Mythbuster events for medical students, Retired Doctors tours 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 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.

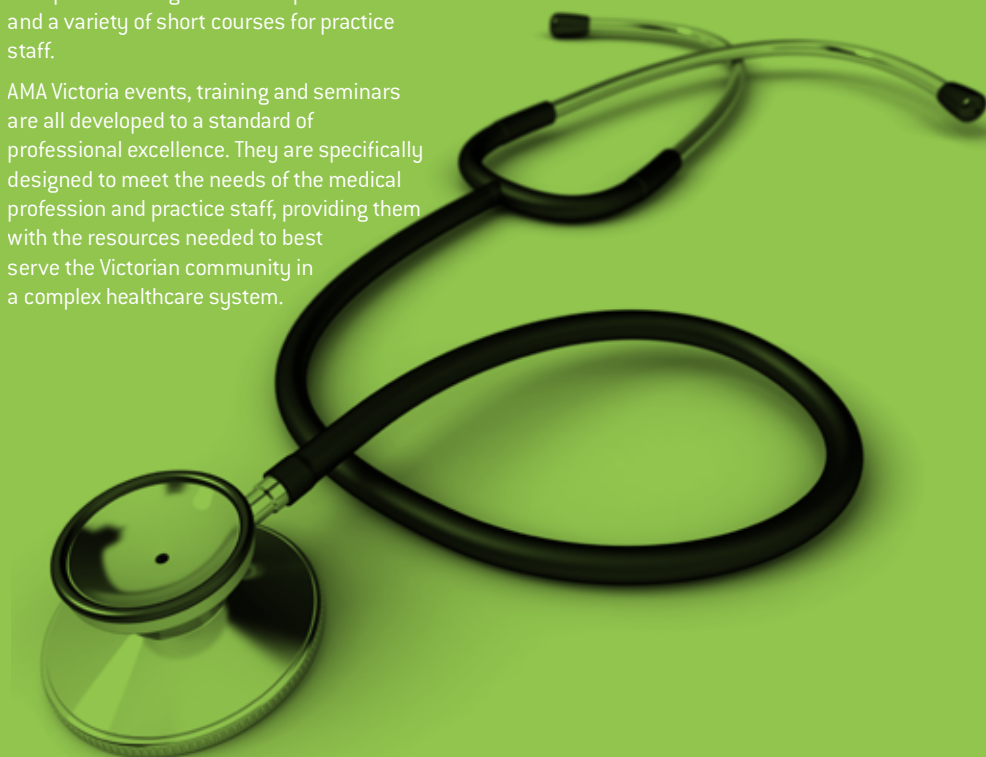
Publications and resources

Membership of AMA Victoria entitles members to receipt of the Medical Journal of Australia, the vicdoc membership magazine, AMA Victoria and Federal electronic newsletters and e-updates. Members can also access targeted member-only information – including medico-legal content – on the AMA Victoria 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, expert services to AMA members. They offer an array of benefits exclusive to members, including special offers and discounts on services.



PRESIDENT'S REPORT



Dr Stephen Parnis
President, AMA Victoria

I take great pride in reflecting upon AMA Victoria's considerable achievements in 2013. These accomplishments are considered in the context of workplace conditions for Victorian doctors in both the private and public systems, the implementation of essential public health initiatives, and the development of further supports and services for AMA members.

There have been a number of key health policy announcements this year: extra funding for the Royal Victorian Eye and Ear Hospital and Monash Children's Hospital, the State Government's decision to maintain the privacy of sperm donors by guaranteeing the anonymity of all donors prior to 1988, and the enactment of legislation to ban commercial tanning beds. The sale of a number of harmful synthetic drugs was outlawed, and smoking bans will now extend to children's playgrounds and all tram and train platforms. Melbourne City Council's Ban on smoking in the Causeway in the Central Business District sets a critical example for smoke-free outdoor dining areas.

A concerted and sustained campaign to overturn poor government policy was also necessary – the announcement in April, to impose a \$2,000 deductibility cap on professional self-education expenses, was ultimately dropped in November. This policy would have had destructive implications for medical education and CPD programs. Its abolition highlights the importance of strong AMA lobbying campaigns in the interests of the entire profession.

In 2013, AMA Victoria made submissions to the State Parliamentary Inquiry into Methamphetamine Use in Victoria, in response to the Department of Health's consultation paper on clinical mental health service catchments, and into the performance of the Australian Health Practitioner Regulation Agency. The expertise and guidance received from our members has been pivotal in assisting us to determine

our position on many public health and industry concerns.

I also highlight the development of a comprehensive policy and plan for action by AMA Victoria in the critically important area of end-of-life care. This follows a series of roundtable discussions chaired by Professor Richard Larkins, in August and September, with policy prioritisation developed at State Council.

Workplace and advocacy

Our industrial relations team has had an extremely successful year, achieving positive results that will benefit thousands of Victorian doctors for years to come.

AMA Victoria, representing over 200 GP practices, was successful in opposing an ANF application to bargain on behalf of practice nurses. On only the second occasion that the Fair Work Commission has ever heard such a matter, it determined to protect the rights of medical practice owners to continue to individually negotiate terms with practice nurses.

The AMA has welcomed the introduction of Medicare-rebated, GP-referred MRI items for patients who are 16 years of age and over. The AMA has been advocating for this measure for many years, and we are pleased that the Federal Government has heeded these calls.

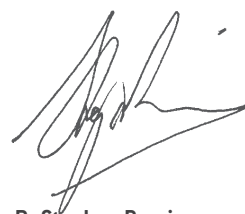
As a direct result of AMA Victoria advocacy, WorkSafe and the TAC have reversed the decision to withhold indexation for medical payments to compensable patients until July 2014, and will instead apply an indexation rate of 4.07% from 1 January 2014.

Following the endorsement by Victorian Public Hospital Doctors, who overwhelmingly voted in favour of agreements negotiated between AMA Victoria and the State Government, the Fair Work Commission approved the Victorian Public Health Sector (AMA Victoria) – Doctors in Training

Enterprise Agreement 2013 and the AMA Victoria – Victorian Public Health Sector Medical Specialists Enterprise Agreement 2013. This is a significant milestone in medical staff industrial relations. It enshrines key protections and conditions in federal employment law for Victorian doctors, certifies a four year program of wage indexation, and recognises the role of AMA Victoria as advocate and adviser to doctors in Victorian hospitals.

Thank you

AMA Victoria would not have been able to achieve all that it has in 2013 without the continuing support of a strong membership base. During my term as President, I have engaged with thousands of members. 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 my sincere appreciation to the AMA Victoria staff and, in particular, to our previous CEO Ms Jane Stephens. Jane will be leaving AMA Victoria after 10 years of outstanding dedication and service. We wish Ms Stephens every success in her future endeavours, and thank her for her exceptional contribution to the AMA.



Dr Stephen Parnis
President, AMA Victoria

CEO'S REPORT



Frances Mirabelli
CEO, AMA Victoria

While I have only been CEO of AMA Victoria for a short time, it is evident that 2013 was a productive year for our association. Our achievements included the successful negotiation of a fair EBA for hospital staff. We also won the case against the Australian Nursing Federation, with their application for industry-wide bargaining for practice nurses, our building renovations were completed, and we have continued to support thousands of members.

Our members

It is a truism that strength lies in numbers, but never more apparent to us than when it came time to negotiate our EBA. Months of work went into achieving the outcome we wanted – a fair EBA for our members. We are confident that we have achieved this and now anticipate that our members will be able to work in suitable conditions and receive fair entitlements.

We recognise that we would not be able to do the work that we do without our members. We rely on our members, board, subdivision chairs and council representatives to raise awareness throughout the medical profession of the work that we do.

Our new foundation

Late 2013 saw us launch the AMA Victoria Foundation, set up by AMA Victoria to enable members and others to contribute funds to worthy projects aimed at reducing, controlling and preventing 'lifestyle diseases'. These include obesity and conditions arising from obesity, smoking-related diseases, drug and alcohol-related diseases, sexually transmitted diseases and depressive and mood disorders arising from lifestyle factors.

Our goal is to raise funds to promote greater community knowledge, understanding and support for those affected by lifestyle-related illness.

Our events

Some of 2013's memorable events included: the Inspiring Women in Medicine Seminars, the Western Subdivision that detailed the new anti-bullying measures in the Fair Work Act 2009, the Retired Doctors tour of the Missions to Seafarers in the Docklands, the Junior Doctors' highly successful Annual Ball, and the August State Council Forum. This particular forum focussed on the imminent Federal Election and was enriched by an informed debate between parliamentary representatives of Labor, the Coalition, and the Greens.

These events are pivotal to AMA Victoria's success, as they allow for collegial networking, the raising of concerns and discussion on health policy, and they detail new government or industry reforms that impact on doctors. The AMA values its members' views, which are used to formulate our policy and direction.

Our key priorities for 2014

I will make a personal commitment to all members that we will continue to work tirelessly for the medical profession. We have outlined some key priorities that we intend to address this year:

- End of life care planning and patient choices
- Medical training – internships and junior doctor positions
- Minimising the harms of alcohol and drug abuse
- Improving access to mental health services
- Improving public health, in particular obesity, alcohol consumption and smoking rates
- Monitoring and working to improve the health of prisoners
- Ensuring the Coalition's election promises are fulfilled in the lead up to November 2014.

Our people

The dedication of our staff and members is one of AMA Victoria's strengths. I would like to acknowledge and thank them for their hard work and loyalty to the organisation. I would also like to thank our Board Members and other committee's members for their ongoing support. Everyone at AMA has been very welcoming to me over the last few months.

I would also like to take this opportunity to acknowledge outgoing CEO, Ms Jane Stephens. She was dedicated to AMA for 10 years and laid the foundations of a successful organisation. Jane will be remembered for her leadership and constant pursuit of great outcomes for our members. She was also the inspiration behind the establishment of the archives committee, which has been diligently working on retrieving and restoring our archives.

Finally, to all our members, a very big thank you for your ongoing support. We are optimistic that 2014 will bring further opportunities for us to strengthen the medical profession.

Frances Mirabelli
Chief Executive Officer, AMA Victoria

HIGHLIGHTS OF 2013

January

In January, AMA Victoria continued to lobby for wider tobacco reforms in Victoria, following the Coalition's ban on smoking between the flags on beaches and a crackdown on shopper loyalty schemes for tobacco-related products.

With the Victorian Doctors' Health Program facing a cut in funding, AMA Victoria began drafting a submission to the Victorian Parliamentary Inquiry into the national registration scheme run by AHPRA, arguing for doctor health programs to be funded in each state and territory. This was ultimately met with success, after the Medical Board announced in March that it would fund an external health program or programs for 2013–14.

AMA Victoria's annual Intern Reception was held in January, where we welcomed over 300 graduates to the profession. January also saw the first sales of the digitally reproduced Minutes of the Port Phillip Medical Association (1846–51), a fascinating record of Victorian medical history.

Event: Intern Reception

Media highlights: Dr Bartone addressed the sale and use of synthetic cannabinoids, emphasising they are not safe for consumption [*Herald Sun* 4/1].

February

In February AMA Victoria welcomed the release of the first whole-of-government strategy to reduce the impact of alcohol and drug abuse in Victoria. AMA Victoria again called for a statewide ban on smoking in outdoor dining and drinking areas, and lodged its final submissions to the Fair Work Commission regarding the Australian

Nursing Federation's claim to be authorised to bargain on behalf of practice nurses.

After extensive lobbying by AMA Victoria, the Federal Government announced in February that the proposed retrospective \$107 million in cuts to public hospital funding would be reinstated.

With the new e-Health PIP coming into force in February, AMA Victoria hosted a seminar by National E-Health Transition Authority expert Dr Mukesh Haikerwal AO.

Event: Retired Doctors Winery Tour.

Media Highlights: Dr Parnis was interviewed by Channel 9 News about strict new hygiene rules in childcare centres. [*Channel 9 News* 30/1].

March

On 8 March the Senate committee overseeing the inquiry into the implementation of the National Health Reform Agreement released a report directly responding to concerns raised by AMA Victoria's submission to the inquiry. These concerns regarded the Federal Governments conduct in relation to funding for public hospitals, and AMA Victoria welcomed the reports' recommendation that the government commit to not implementing cuts of this nature in the future.

Subdivision meetings: Eastern, Wimmera, Southern.

Event: Finance Forum.

Media highlights: Dr Parnis discussed the use of cannabis for medicinal purposes, saying there is a growing body of evidence that supports its use in conditions of certain types, such as chronic pain and nausea. [*Riverine Herald*, Echuca 11/3].

April

In April AMA Victoria met with the Minister for Health and Ageing, David Davis, to discuss our budget submission and government funding priorities. Dr Parnis pressed the minister on two over-due election promises, the release of the hidden outpatient waiting list and the Health and Capital Resources Plan 2022.

AMA Victoria also began evaluating the results of the controversial nurse endoscopist trial in the Austin Hospital following its completion in February, with particular concern for the implications for junior doctors' training opportunities.

April also saw the announcement of the Federal Government's cap on self-education expenses, sparking backlash from the medical and other professions and the foundation of the ultimately successful Scrap The Cap Alliance.

Subdivision meetings: East Gippsland, Western, Geelong, Peninsula.

Events: Legal Seminar, Mythbusters.

Media highlights: AMA Victoria rejected a proposal to instate armed guards in hospital EDs, arguing that the best way to increase the risk of violence would be to introduce weapons into this environment. [*Herald Sun* 1/4].

May

After eight months of negotiations, an agreed basis of settlement was finally struck in the 2013 hospital medical staff enterprise bargaining. AMA Victoria was able to inform members of the details of the enterprise bargaining process and its outcomes, which were a good result considering the economic environment at the time.



HIGHLIGHTS OF 2013

AMA Victoria was pleased with a number of funding commitments announced in the state budget for 2013–14. Funding to support first and second-year doctors in public hospitals was particularly welcome, as was a \$421 million competitive funding pool to drive efficiencies in elective surgery.

The Women in Medicine Charity event was held in May, with proceeds going to White Ribbon Foundation.

Subdivision meetings: Ballarat, Northern, Central West, South Gippsland, Bendigo.

Events: Council AGM, Women in Medicine Charity event, Finance Forum, Mythbusters.

Media highlights: Dr Lorraine Baker spoke out against the Screen for Life medical clinics targeting the elderly by mail for unnecessary heart and stroke screenings (ABC Radio Melbourne 28/5).

June

In June AMA Victoria sought an explanation from the Drugs and Poisons Regulation Unit for the increases in delays in issuing Schedule 8 permits.

After receiving feedback from members dealing with Medicare Local after-hours funding contracts, AMA Victoria began consulting at a federal level and with Australian Medicare Locals Alliance (AMLA) to secure a more even-handed contract to govern GP practice funding for after-hours care. AMA Victoria also praised the Australian and New Zealand College of Anaesthetists (ANZCA)'s new medical guidelines, which contain a strengthened policy on smoking, and continued to finalise negotiations with public hospitals on the two enterprise agreements.

The Junior Doctors' Ball was a success, providing our junior doctors with a chance to take some much needed time out.

Events: Junior Doctors' Ball, Retired Doctors Lunch and theatre.

Media highlights: Dr Parnis told the *Herald Sun* that urging smokers to quit before undergoing surgery was not about banning people but giving them the best chance to benefit (*Herald Sun*, 16/6).

July

AMA Victoria welcomed the launch of Disability Care, the Federal Government's National Disability Insurance Scheme, on 1 July, with the first stage being rolled out in the Barwon region. In July AMA Victoria also welcomed the announcement that the Victorian Government would buy back the Mildura Base Hospital. In response to members' concerns, AMA Victoria had been lobbying for changes to this system for the past two years. The move will help to ensure that the hospital's resources are in line with patient demand and population growth.

The *Herald Sun's* launched its Take a Stand campaign against family violence in July, which AMA Victoria supported.

Event: Finance Forum.

Media highlights: July was a busy month in the media for AMA Victoria, with overcrowding and ambulance ramping in the state's EDs making headlines. Dr Parnis told *The Age* that the problem could only be fixed by greater investment in bed infrastructure.

August

The President's Reception was held on 1 August. As well as thanking some key

members and health stakeholders, Dr Parnis took the opportunity to launch two AMA Victoria projects. These were the *The History of the Port Phillip Medical Association Minute Book* and the AMA Victoria Foundation, a charitable foundation established to fund projects that educate or aim to reduce or prevent 'lifestyle diseases'. The AMA Victoria Gold Medal was also awarded on the night, to Dr Richard Whiting for his long-term contribution to AMA Victoria.

AMA Victoria participated in a roundtable workshop to discuss the Victorian Patient Transport and Accommodation Scheme and how it might be improved for Victorians who have to travel for treatment. We also provided our response to the first stage of the review of the State Health Emergency Response Plan, which focused on issues including the role of Regional Medical Officers across Victoria, the importance of establishing procedures that respond to children's needs in an emergency, and AMA Victoria's support for clarifying the roles and expectations of the various agencies involved in emergency responses.

The first of AMA Victoria's End of Life Care Roundtables was held at the end of August. It was attended by experts from the medical, nursing and legal professions along with leaders in aged care and community sectors. The meeting reflected on the need for an improved model for advance care planning and the ways by which to increase the effectiveness and uptake of advance care directives. Chaired by Professor Richard Larkins AO, this was the first of three roundtables in total to be hosted by AMA Victoria on the subject, and covered several key areas associated with advance care planning.



HIGHLIGHTS OF 2013

Subdivision meetings: Geelong, Senior Salaried Staff.

Events: President's Reception, Women in Medicine, Finance Forum, Working Overseas in Crisis Areas.

Media highlights: Dr Parnis spoke of the need for asylum seekers and refugees to have access to the same level of health care as Australian citizens. [*Leader*, 9/8].

September

Australia went to the polls in September, and AMA Victoria began examining the likely health priorities of the new Coalition Government and its Health Minister, Peter Dutton. The Coalition's focus during the election campaign was on primary care, chronic disease and the PBS.

Dr Parnis and AMA Federal President Dr Steve Hambleton wrote to Health Minister David Davis urging him to implement the Electronic Recording and Reporting of Controlled Drugs (ERRCD) system. Misuse of controlled drugs remains an intractable problem, and implementing the ERRCD system will help medical practitioners to prevent it.

AMA Victoria welcomed Melbourne City Council's smoking ban in the Causeway laneway in September. AMA Victoria suggested the ban earlier in 2013, and strongly encouraged the State Government to follow suit in banning smoking in outdoor eating areas.

Also in September, AMA Victoria began work on a submission to the Improving Hospital Safety and Security Ministerial Advisory Committee, highlighting the severity and rate of violent acts committed in general practice and other settings in addition to hospital EDs.

Subdivision meetings: Peninsula, Southern, Ballarat.

Events: Mythbusters, Retired Doctors Lunch.

Media highlights: Dr Parnis was interviewed on Channel 10 News regarding the trial smoking ban in the Causeway laneway. [Channel 10 News, 11/9].

October

In October, AMA Victoria welcomed the passing of new state legislation banning commercial tanning units in Victoria from 2015. The legislation comes after years of lobbying by the AMA, and brings Victoria into line with the law in NSW, SA and Tasmania.

Ambulance Victoria responded to concerns raised by Dr Parnis, as part of a renewal of efforts to improve care in EDs by encouraging Ambulance Victoria staff to bring patient medications with them every time they transport someone to an ED.

A submission was made by AMA Victoria to the Drugs and Crime Prevention Committee's inquiry into methamphetamine use in Victoria. The submission reflected the views and experiences of members from a variety of specialties and geographic locations. A report from the inquiry is expected by August 2014.

Dr Baker also responded in the media to a recent MJA study that found that 50 per cent of female GPs have been sexually harassed by their patients.

Subdivision meetings: Eastern, Northern.

Events: Women in Medicine, Section of Psychiatry AGM, Section of General Practice AGM, Social Media Seminar, Leadership Seminar.

Media highlights: Dr Parnis urged the state government to address longer waiting times

for elective surgery, as revealed by the Australian Institute of Health and Welfare's latest report. [Channel 10 News, 4/10].

November

An article in *The Age* newspaper in November prompted AMA Victoria to write a letter to the editor challenging the paper's decision to publish details of a patient's medical condition during their reporting on the typhoon in the Philippines. In Australia, patient privacy is sacred, and it is our view that our medial outlets should show the same level of respect to all patients, regardless of the country they are in.

AMA Victoria made a submission in response to the Department of Health's consultation paper on clinical mental health service catchments, which had suggested the possibility of aligning adult area mental health boundaries with aged care, child and adolescent, Medicare Local, Local Government Area and Department of Human Services boundaries. Our submission was informed by detailed feedback from the Section of Psychiatry.

Subdivision meeting: Western.

Events: Finance Forum, Careers in Medicine, Global Health Forum.

Media highlights: Dr Parnis spoke to *The Australian* on violence in hospitals as a result of alcohol and stimulants such as ice [*The Australian*, 5/11].

December

AMA Victoria made a submission to the State Parliamentary Inquiry into Methamphetamine use in Victoria and a submission in response to the Department of Health's consultation paper on clinical mental health service catchments.



AMA VICTORIA COMMITTEE STRUCTURE



OUR MARKETING AND MEMBERSHIP SERVICES



Michelle Bourke Director
Membership Marketing &
Communications

The Membership, Marketing and Communications team spent 2013 working hard to increase membership and member engagement, providing members with numerous opportunities to make the most of their membership. Our communications focus was greater uptake of social media, which was used extensively to promote member events and workshops as well as big news items such as the announcement of the enterprise bargaining outcomes for public hospital doctors.

Membership

Some membership categories remained steady in 2013. Our aim in 2014 is to improve our figures. In particular, we will be encouraging doctors in the GP and Specialist categories to join.

We ran three campaigns this year to encourage members to join or renew, including a blanket mailout of the March issue of vicdoc to all doctors in Victoria. The June online campaign centred around the benefits of renewing before June 30 to claim membership fees on their tax, and in November and December we offered membership for those final two months

of 2013 free when members renewed for 2014. The March issue of vicdoc focused on AMA Victoria's policy efforts on behalf of the profession and also featured articles on a number of member benefits, such as the Peer Support Service.

Customer service levels

We conducted our annual member survey in July this year. This is always a valuable tool for us, in understanding what members consider to be AMA Victoria's strengths and where there may be room for improvement.

The survey was targeted separately at each member category, including medical students. Some of our key findings:

- 86.5 per cent of medical student respondents perceived AMA Victoria as a professional association that supports them in their career, and 85.2 per cent of DiT 2 and 3 members said they would refer a colleague for membership.
- The majority of interns had joined primarily for the security of knowing AMA would be there to help them if they needed it. GPs and specialists in private practice said their primary reason for

joining was that they required or might require industrial or legal advice or advocacy.

- The impact of public hospital funding cuts was the current issue most concerning to privately practising and senior salaried specialists, general practitioners, registrars and trainees. The issue most pressing for DiTs 2 and 3 and interns was junior doctor training and education.

Communications

We continued to build our online presence this year, recognising the value that digital and social media can add to our communication with members. Our Facebook page has gone from strength to strength. Our Twitter account has generated quite a degree of discussion on health-related issues, and I am pleased to report that we received an award at the AMA National Conference in May for "The Most Innovative Use of Website or New Media", for our creative use of Twitter to keep members informed of breaking news, membership updates and general information. This was a great effort by our social media team.



There have been 10 videos uploaded to our YouTube channel since the beginning of the year, with an average of 138 views per video. We plan to develop and promote more YouTube videos to encourage views and channel subscribers in 2014. 2013 saw us add a presence on LinkedIn to our suite of online channels, which currently has a modest following but is growing steadily.

We also maintained our more “traditional” forms of communications via the Weekly Update email and the magazine, *vicdoc*, which is available in print and online.

Our community activities

AMA Victoria plays a role in the community through public advocacy on health issues, as well as supporting a range of community projects, both as a stakeholder and 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.

AMA Victoria staff members regularly conduct fundraising for a variety of charities, including, in 2013, the Philippines typhoon relief effort, Movember, Cupcakes for Cancer, Australia’s Biggest Morning and The Warwick Cancer Foundation.

In lieu of sending Christmas cards, AMA Victoria donated to the Research Foundation of Cerebral Palsy Alliance. The money aided research into the therapeutic potential of umbilical stem cells in cerebral palsy.

The AMA Victoria Charitable Foundation

AMA Victoria is committed to preventive public health measures and has worked hard in the past to secure wins in this area, for example lobbying for the banning of sunbeds, and our continuing work towards improved tobacco control.

In keeping with this focus, the AMA Victoria Charitable Foundation was launched in 2013,



the result of much time and effort on behalf of AMA Victoria and its Board Members.

New DiTs community health grant

This year, our DiT subdivision introduced a public health and community projects small grants scheme, which awarded grants to medical students and doctors-in-training who develop or undertake projects aimed at improving the health of the Victorian community.

The grants committee was impressed with the quality of the applicants for the grants and four DiT members and their projects received grants to help them further their good work. Judged a success, the scheme will be continuing in 2014.

Doctors for the Environment bike ride

Dr Tim Ross spoke at a Doctors for the Environment (DEA) community bike riding event in September. This event highlighted the co-benefits of cycling for health reasons and the environment, and it marked the end of Code Green Week in Victoria, a national collaborative campaign between the Australian Medical Students’ Association and DEA to raise awareness among medical students of climate change as a global health issue.

Our partners

We value the strong relationships we have with our preferred provider partners. In 2013 we introduced a new preferred provider arrangement with Experien – our new insurance service providers. We would like to thank them, and our long-standing partners: Investec Specialist Bank, AVBS, William Buck, mpstaff, Tresscox, CBA, Auscellar Door and Platinum Travel, for their ongoing support and the commercial benefits they offer our members. These commercial offerings strengthen our value proposition for members.



OUR PARTNERS





OUR MEMBER SERVICES



Andrea Ravas
Practice Services Manager

Medical Practice Practice Solutions (mpps)

mpps delivered business income similar to last year but improved their result by \$30k.

Overall revenue was lower than 2012 due to the bi-annual Building Your Practice Conference that enjoyed a once off revenue influx of \$38k. A Building Your Practice conference is planned for the second half of 2014.

During 2013 mpps engaged nine clients in project management builds or refurbishment of practices, three of which were completed in 2013.

Solutions Plus Training Impairment Assessment Training

AMA Victoria conducts the only ministerially-approved impairment assessment training in Victoria. In 2013, 16 training sessions took place, covering 15 different modules, with a total of 154 individual attendances.

Modules delivered in 2013 included:

- Core
- Ear, Nose & Throat
- Urology
- Nervous System
- Gynaecology
- Spine
- Hand & Upper Extremities
- Cardiovascular
- Lower Extremities
- Nervous 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 and Customised Training

AMA Victoria – through Solutions Plus Training – delivers a range of short courses and tailored training for practitioners and practice staff. In 2013, 13 Short Courses and customised training sessions were delivered.

Topics included:

- Conflict Resolution
- Understanding TAC and Worksafe
- Writing Policies and Procedures
- Privacy, confidentiality and access to medical records
- Bullying in the workplace
- Team Building
- Doctor-Patient Communication
- Disinfection and Sterilisation for medical practices.

Member Seminars

AMA Victoria – Through Solutions Plus Training – delivers Member Seminars, free of charge to AMA Victoria members, to provide up to date, relevant and interesting information and professional development opportunities to all members. 12 Member Seminars took place over 2013, covering a diverse range of topics:

- Social Media Seminar
- Finance Forums (Five different topics aimed at doctors at all stages of their careers)
- Mythbusters
- Working Overseas in Crisis Areas
- Leadership
- Careers in Medicine
- Global Health.

Surgery For Lawyers

AMA Victoria – Through Solutions Plus Training delivered training seminars designed specifically for lawyers to broaden their understanding of common medical pathologies and procedures in relation to impairment assessment.



Rebekah Byrd
Training Manager

THE
CAUSEWAY
CLOSED TO
VEHICULAR
TRAFFIC
BETWEEN
8^{AM} - MID^{NIGHT}
MON. - SUN.

 The Causeway

THE CAUSEWAY

OUR INFLUENCE



Rachael Edginton
Director, Policy & Public Affairs

In 2013, AMA Victoria had a number of policy successes at both a state and federal level, particularly following a strong lobbying campaign maintained in the lead up to, and throughout, the federal election. The Coalition Government's planned investment in general practice is a resounding endorsement of our calls for better recognition of the role of primary care.

A stand-out policy win was also, of course, the recent reversal of the proposed cap on tax deductions for work related self education expenses. The AMA was at the forefront of this campaign as one of the founders of the Scrap The Cap Alliance, which grew to include over 70 members representing different organisations and industries, and which gained remarkable traction in the media.

AMA Victoria was one of the earliest opponents of the scheme, with our views communicated directly to the state government, all Victorian members of federal parliament and the wider community following the announcement. The end result of these collective efforts is that the \$2,000 cap will go no further – welcome news for junior and senior doctors across Australia.

Public health

Public health scored some incremental wins in 2013, with the announcement of new state-wide bans that will prohibit smoking at all Victorian railway platforms and raised tram stops from early next year. The reforms come in addition to the smoking ban in covered areas of train platforms and within tram and bus shelters, as well as the previously announced restrictions on smoking at children's playgrounds, public swimming pools, skate parks and children's sporting events.

AMA Victoria's work to initiate a trial ban on smoking in the Melbourne CBD was another great outcome of 2013. The trial is being implemented in Melbourne's Causeway laneway, which runs between Bourke Street and Little Collins Street, until 31 March 2014. We are monitoring the effectiveness of the trial, with a view to pursuing wider implementation of the policy across Victoria.

In October, we also welcomed new state legislation to ban commercial tanning units in Victoria from 2015 – the ban is consistent with the law in NSW, SA and Tasmania, and comes after years of lobbying by the AMA.

Synthetic drugs used to achieve "legal highs" will also be prohibited under new laws introduced by the State Government this year that will outlaw substances that mimic the effects of illegal drugs, including cannabis, ecstasy and LSD. The new rules follow similar bans on a range of synthetic cannabinoids in 2011 and broader restrictions in 2012. AMA Victoria was instrumental in achieving these changes through numerous submissions to government and a high profile media campaign.

Our work to protect the identities of sperm donors also met with success, as the government has announced that while state law will be changed to help children find donor parents, consent will remain a necessary requirement. Children born via sperm donors before 1988 will have the ability to find out the identity of their biological parents only if the donor consents.

AMA Victoria maintained a strong line in the media on this issue and the government's decision followed our submission to the public inquiry and ongoing discussions with the Health Minister about the importance of preserving donors' identities.

Submissions

As always, we aim to ensure that each AMA Victoria policy is developed in close consultation with members, other experts in the field and relevant stakeholders. The final positions we adopt are always subject to approval via a number of different procedures, which vary according to the type of matter being considered.

AMA Victoria's focus in 2014 will be on the state election. Our priorities will be the enhancement of medical training opportunities in Victoria, alcohol reform, and ensuring the Coalition's hospital capacity pledges from the last election are honoured. We are hopeful that the government will continue to focus on improving IT systems in Victoria's public hospital system.

Our work on end-of-life care planning will also continue, as we strive for effective, system-wide processes which will improve the uptake of advance care directives by the entire Victorian population.

OUR ADVOCACY, ADVICE AND SUPPORT



Geoff O'Kearney
Director, Workplace and Advocacy

Enterprise bargaining for hospital-employed doctors

In 2013 we saw more than a year of enterprise bargaining agreement (EBA) negotiations conclude, with an outcome that we believe acknowledges the value of the work of doctors employed in our public hospitals, provides scope for influencing hospital management behaviours in the current economic climate, and provides the greatest protection of medical staff entitlements in the country. The two agreements, one for junior doctors and one for hospital specialists, were approved by the Fair Work Commission (FWC) in December. They lock in place entitlements and working conditions for our public hospital-employed members under federal legislation, which, considering [for example] the treatment of Queensland hospital doctors by their government in 2013, is an important safeguard for Victorian doctors. Significantly, the specialist agreement is the first single federally legislated agreement to cover all specialists employed in public hospitals in any state.

The EBA was a huge achievement by AMA Victoria on behalf of our members, and we need to capitalise on this outcome by ensuring that non-members are encouraged to join.

Submission to WorkSafe on certificates of capacity

We made a submission to WorkSafe regarding their revision of certificates of capacity in 2013. The proposed changes would see the certification process shift from focusing on a claimant's incapacity to work due to injury to focusing on their capacity to work.

Lobbying to stop removal of fringe benefits advantage for all hospital-employed doctors

Towards the end of 2012 we made a submission to the Not-for-Profit Tax Concessions Working Group arguing that no changes should be made to fringe benefits for public hospital-employed doctors. It was understood that the group was proposing that these benefits, which keep doctors working in the public hospital system, should be eliminated. After significant lobbying by AMA Victoria, during the term of the previous Labor government, that group's report did not see the light of day. AMA Victoria lobbied hard to preserve what we believe is an important incentive to retain doctors in our public hospital system

Protecting general practice – Medicare Locals

An area of concern to GP members this year was after-hours contracts between practices and Medicare Locals. After receiving complaints and calls for advice from members, we fought to ensure these contracts were fair and equitable.

We helped a number of GP members with negotiation of employment contracts, and to further aid members with this often tricky process, we published the booklet *Negotiating Contractual Arrangements between GPs*. This booklet has been well received by members, as was new content on our website for GPs – both employers and employees – covering some frequently asked questions of the Workplace and Advocacy Unit.

Unfair dismissal of Dr Colson

The unfair dismissal case brought by Dr Colson against Barwon Health began in June 2012. Over the course of the case, Barwon Health was thrice found to be in breach of federal unfair dismissal laws, with a final finding by the Fair Work Commission in November 2013 that Barwon Health pay maximum compensation to Dr Colson. We provided significant support to Dr Colson and his legal team throughout this case, the outcome of which was a clear message to hospital managers that they must follow due process when dealing with medical staff.

ANF claim against general practices

AMA Victoria successfully represented over 200 general practices in opposing a claim before Fair Work Australia brought by the Australian Nursing Federation (ANF), which was seeking a "one size fits all" collective bargaining agreement for practice nurses.

This is only the second time that the FWC has ever heard such a matter, and the first time it has decided against allowing the union involved to bargain collectively with employers. The case involved more than 60 witnesses giving evidence, and was one of the largest legal defences mounted by AMA Victoria in recent history. AMA Victoria put considerable resources, including gathering the support of members, into defending general practice against a claim that would have impeded productivity and potentially hampered good relations with practice nurses.



WorkSafe and TAC rebate indexing

We lobbied strongly for WorkSafe and TAC to reverse their decision not to index rebates for injured claimants in 2014. We are pleased to say we had a significant win in this matter, with the two insurers deciding to reverse the decision by no small amount, increasing patient rebates by 4.07 per cent.

Careers Advisory Service

Our Careers Advisory Service was enhanced this year by the addition of a one-on-one consultancy service. Careers consultant Mardi O’Keefe has twenty years of experience in career assessment, career planning and pathways, career decision and transition and skills development for successful career management. The service has already been utilised by a number of members.

Representing practice owners

Our unit was busy in private practice in 2013. AMA Victoria represented GP members in six unfair dismissal claims brought before the Fair Work Commission for conciliation, helping to negotiate outcomes in each case. Members were appreciative of the help that AMA could provide in navigating the requirements of the Fair Work Act in these cases.

Peer Support Service

2013 marked five years of AMA Victoria’s Peer Support Service, an anonymous and confidential telephone counselling service staffed by trained volunteers and run by doctors for doctors. The service is an essential support for doctors in distress – it first opened in 2008, and a call was received the same day. Doctors wanting a listening ear can call a toll-free phone number, 1300 853 338, for help with taking the next step to resolve their situation. It is available between 8 am and 10 pm, 365 days a year.

Doctor Support Service

The Doctor Support Service was developed to provide a “friend for the road” to doctors facing prolonged periods of distress. This might be as a result of a legal or disciplinary procedure, or workplace disputes. The Doctor Support volunteer is a medical practitioner who is also a trained support person, and provides support separate to the expert advice and representation given by AMA Victoria and these cases.

Peer Visitor Program

AMA Victoria’s Peer Visitor Program offers companionship to older doctors who may be living in a residential care facility or simply feeling isolated. This service facilitates links between elderly doctors and volunteer visitors – medical practitioners who can provide regular contact and companionship. The Peer Visitor Program works alongside established Community Visitor Schemes and our volunteer medical practitioners are screened and participate in training.



A number of fractional specialists in public hospitals sought our help this year after finding their fractional allocation being reduced by hospitals. This seems to be becoming a more common issue for our members as hospitals try to save on costs.

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

The Chief Executive Officer

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



Dr Stephen Parnis
MBBS Dip SurgAnat. FACEM
President AMA Victoria
from May 2012
Non executive director
since May 2006



Dr Anthony Bartone
MBBS FRACGP MBA
Vice President
Board Member
AMA Victoria
Non executive Director
since May 2010



Dr Lorraine Baker
MBBS Dip RANZCOG
GradDip.WomHlth
Board Member
AMA Victoria
Non executive Director
since May 2010



Dr Robert Conyers
MBBS FRCPA
Treasurer AMA Victoria
Non executive Director
since May 2006



Dr Robyn Langham
MBBS PhD FRACP MAICD
Board Member
AMA Victoria
Non executive Director
since May 2012



Dr Michael Levick
MBBS
Board Member
AMA Victoria
Non Executive Director
since May 2013



Dr Leon Massage
MBBS
Board Member
AMA Victoria
Non executive Director
since May 2011



Dr Roderick McRae
MBBS FRANZCA BMedSc
Board Member/
Chairman of Council
AMA Victoria
Non executive Director
since May 2009



Dr Tim Ross
MBBS FRACGP
Board Member
AMA Victoria
Non executive Director
since November 2012



Dr Gary Speck
MBBS BMedSc FRACS
(Orth)
Board Member
AMA Victoria
Non executive Director
since May 2010



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
April 2004- March 2014

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 Committee

Dr Kevin Macdonald (Chair)
Representatives:
Dr Geoffrey Pearce
Dr Ken Nicholson
Dr Bob Newnham
Dr Jean Allison
Dr Tony Sahhar
Dr Ron Speechley
Dr Rodney Abud
Dr David Lunn

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 Szoek
Dr Michael Troy
Dr George Wahr
Dr Barrymore Walters
Dr Roy Wilkinson

Section of Psychiatry

Dr Graham Burrows (Chair)
Dr Ajit Selvendra (Secretary)
Prof Nicholas Keks (Treasurer)
Dr Norman Lewis
Dr Angelo Ferraro
Prof George Mendelson
Dr Ian Katz
Dr Etelina Witis
c.c. Dr Eleanor Curran

Section of General Practice

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

DiT Subdivision

January 2013 – May 2013

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

June 2013 – December 2013

Dr Bernadette Wilks (President)
Dr Danika Thiemt (Vice President)
Dr Mali Okada
Dr Harley Myers
Dr Rachel Goh
Dr Felicity Connon
Dr Nicole Krzys
Dr Navita Mysore
Dr Jenny Tran
Dr Andrew Jarzebowski
Dr Edward Stanley
Dr Jason Ray
Dr Xavier Yu

Women in Medicine Committee

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

AMA VICTORIA COUNCIL

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.

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.

Affiliates

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

To become affiliated with AMA Victoria an organisation must have a minimum of 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 Sanjay Raghav

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

(to September)

Dr Andrew Schneider

(from October)

Australian Society of Orthopaedic Surgeons (Victorian Branch)

Dr Gary Speck

Australian Society of Plastic Surgeons (Victoria)

Vacant

Bayside General Practice Network

Vacant

Greater Monash GP Network

Dr Peter Giles

Infiniti Health Solutions

Dr David Andrew

Italian Medical Society of Victoria

Dr Anthony Mariani

Medical Association for the Prevention of War (Victorian Branch)

Dr John Merory

Melbourne East General Practice Network

Dr Bernard Crimmins

National Association of Specialist Obstetricians and Gynaecologists

Dr Christine Thevathasan

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

Vacant

Southern Health Senior Medical Staff Association

Dr Dimitri Giannios

St Vincent's Hospital Senior Medical Staff Association

Vacant

Thoracic Society of Australia and New Zealand (Victorian Branch)

Dr Jeremy Goldin

Urological Society of Australia and New Zealand (Victorian Branch)

Dr Peter Liodakis

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)

Vacant

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 Terence Ahern
Dr Sandra Hacker
Dr William McCubbery
Dr Gerald Segal
Dr Mark Yates

Independent Members

Dr John Mathew
Dr Bernadette Wilks
Dr Xavier Yu

Student Representatives

Deakin University Medical Students Society
Mr Greg Evans
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 Thomas Carins
Ms Melissa Lee

Board Members (not included elsewhere)
Dr Lorraine Baker
Dr Anthony Bartone
Dr Bob Conyers
Dr Robyn Langham
Dr Stephen Parnis

Federal Councillors (not included elsewhere)

Mr James Churchill
Dr Richard Whiting

Subdivision Council Representatives

Albury/Wodonga
Vacant

Ballarat & District
Dr James Mullany

Bendigo & District
Dr Albert Rudock

Central Highlands
Dr Emmanuel Ndukwe

Central West/South Gippsland
Dr Dennis Danso

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

East Gippsland
Dr Rakesh Nandha

Eastern Suburban
Dr Timothy Ross

Geelong and District
Dr Shaun Waring

Goulburn Valley
Vacant

Mallee
Dr Barry Dowty

Northern Suburban
Dr Michael Levick

Otway
Dr Neil Jackson

Peninsula
Dr Daniel Stanszus

Senior Salaried Staff
Dr Albert Rudock

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 (resigned as chair October 2013)

Dr Michael Levick (Elected as chair October 2013)

Official Observers

Victorian Medical College Committee of Chairs
Dr Peter Ebeling

Retiring Directors

Dr Harry Hemley
Dr John Leslie



2013 AMA VICTORIA SECRETARIAT

Chief Executive Officer

Ms Jane Stephens

Executive Assistant

Ms Judith Clark

Membership Marketing & Communications Director

Ms Michelle Bourke

Events Coordinator

Ms Lisa Busuttil

Membership and Marketing Administrator

Ms Lindy Jones

– to May 2013

Ms Catherine Powers

– to June 2013

Belinda Gay –

from May 2013

Marketing and Communications Coordinator

Ms Nicole Saccaro

Editor and writer

Ms Susanna Nelson

– to January 2013

Ms Sarah Fraser

– from February 2013

Publications Officer

Ms Niki Vounoridis

Receptionist/Membership Assistant

Ms Belinda Gay

– to May 2013

Ms Eren Tuncer

– from May 2013 to November 2013

Ms Fiona Stephens –

from December 2013

Policy and Public Affairs Director

Mr Bryce Prosser

– to July 2013

Ms Rachael Edginton

– from June 2013

Policy Assistant

Ms Elizabeth Muhlebach

– to November 2013

Ms Katherine Walsh

– from December 2013

Media and Public Affairs Officer

Mr Luke Buesnel

– to March 2013

Ms Felicity Ryan

– from May 2013

Administrative Assistant

Ms Joanna Robin

– from December 2013

Member Services Director

Ms Jacquie O'Brien

– to June 2013

Training Manager

Ms Rebekah Wilkins-Byrd

– from June 2013

Training Administrator

Ms Julie Mineely

Training Assistant

Ms Debbi Grierson

– from August 2013

to December 2013

mppracticesolutions

Practice Services Manager

Ms Andrea Ravas

Practice Services Consultant

Mr David Kelly

– from May 2013

Ms Jasmine Hlongwane

– from September 2013

Administrative Officer

Ms Catherine Powers

– to June 2013

Ms Jade Manson

– from June 2013

Corporate Services Director

Mr John Fisher

Corporate Services Coordinator

Ms Nicole Pinnone

Finance Officer

Ms Matilda Stathopoulos

– January 2013

Mr John Milburn-Clark

– from February 2013

Property Services and Membership Data Officer

Ms Judy Saunders

Accounts Assistant

Ms Roseann Testagrossa

– to June 2013

Ms Anna Chu

– from August 2013

Workplace and Advocacy Director

Mr Geoff O'Kearney

Senior Industrial Relations Advisers

Mr Rod Felmingham

Mr Andrew Lewis

Project Officer

Ms Kay Dunkley

Workplace Relations Officer

Mr David Kelly

Ms Aspa Papas

Ms Michelle Chia

– from May 2013

Legal Services Solicitor

Ms Melanie Earles

Legal Services Officer

Ms Annie Morrison

Recognising ongoing achievement

Awards

Australia Day Honours 2013

Member of the Order of Australia Award (AM)

Prof Samuel F Berkovic

Dr Harry Hemley

Dr Stewart A Hart

Prof Richard King

Medal of the Order of Australia Award (OAM)

Dr Graham W S Cato

Assoc Prof Bruce

P Waxman

Dr James B Brown

Dr Eugenie M Tuck - PSM

Stawell Prize 2012 Winner

The acute surgical unit as

a novel model of care for

patients presenting with

acute cholecystitis

Lester Pepingco

Guy D Eslick and

Michael R Cox

Med J Aust 2012; 196 (8):

509-510

Highly Commended:

Reduced emergency

calls and improved

weekend discharge after

introduction of a new

electronic handover

system.

Boloor S Rao

Gail O Lowe and

Andrew J Hughes

Med J Aust 2012; 197 (10):

569-573

In memoriam

Deceased Members

Dr Stephen Bruce Baker

Prof John Ivan Balla

Dr Peter T Banting

Dr Norman Campbell Birnie

Dr John A Booth

Dr Anthony George Capes

Dr James Robert Chenhall

Dr William N Chin

Dr Theresa Marie Cockbill

Dr Edmund Bryant Collins

Dr Graham W Cooper

Dr Ruth A M Davoren

Dr Judith Egan

Assoc Prof Donald Esmore

Dr Ian C Farmer

Dr Leon Anthony Fennessy

Dr Leon Desmond Gilsenan

Dr William Felix Glaser

Dr Ian C Goy

Dr George Lionel Gray

Dr Richard Hume Hall

Dr William H Hardy

Dr Leila Harris

Dr John Harry

Dr William S C Hare

Dr Gregory Perry

Hildebrand

Dr Richard W Horton

Dr Howard D Irish

Dr Peter J Johnston

Dr Henry J Karsz

Dr Serge Kunstler

Dr Barry Lauritz

Dr Keith B Layton

Dr Annie Leong

Dr Leonard Rubin Levin

Dr Gerald James Little

Dr Hector Maclean

Dr Wilfred Magri

Dr George Maragoudakis

Dr Richard Anthony James

McArthur

Dr Hugh McDonald

Dr John K Monk

Dr Derrick Morris

Dr John Graham Munro

Dr Gordon J Mushin

Dr Edward Perlman

Dr John Riley

Dr William Bruce Robinson

Dr Shatin Roman

Prof Issac Schweitzer

Dr Pat M Scrivenor

Dr Ronald Charles Suss

Dr William Eric Swaney

Dr Verner W Threlkeld

Dr Diana N Tolhurst

Dr John Frederick Williams

Dr Bernard D Worsam

OUR FINANCIAL STATEMENTS



John Fisher
Director, Corporate Services

Treasurer's Report (incorporating Corporate Services)

Member subscriptions of \$2,712,746 were up \$48,241 or 1.8 per cent on last year's figure of \$2,664,505. Although higher than last year, the outcome fell below expectations by 2.2 per cent. Overall revenue was 2.2 per cent lower than last year, largely due to lower interest revenue from the investment in the building refurbishment. \$1.1 million was invested in the refurbishment of 293 Royal Parade.



Dr Robert Conyers
Treasurer

The consolidated results 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 \$187,961.

Included in this figure is a net gain of \$82,367 from our investment portfolio. Compared to last year, interest revenue reduced by \$113,642 due to the investment in the building refurbishment and slightly lowered interest rates.

On a positive note the operating result before depreciation, interest and revaluation improved in 2013 over 2012 by \$71,746 reflecting the focus on improving operating results.

Cost management has been a major focus of 2013 and operating expenses before depreciation actually fell from \$4,278,812 to \$4,180,529.

The balance sheet remains very strong with no borrowed debt. The Current Ratio (ability to pay debts and measures the solvency of the business) is in excess of 2 to 1. Two (2) is the bench mark for a strong balance sheet as recommended by Commonwealth Bank. Cash Balance to Total Liabilities at 86 per cent is strong and above recommended ratio of 50 per cent.

Dr Robert Conyers
Treasurer

REPORT OF DIRECTORS

Your Directors present their report on the consolidated entity consisting of Australian Medical Association (Victoria) Limited and the entities it controlled for the year ended 31 December 2013.

Directors

The following persons held office as Directors at the date of this report:

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

Dr Michael Levick was appointed a Director on 9 May 2013 and continues in office at the date of this report. Dr Graham Burrows was a Director from the beginning of the financial year until his resignation on 9 May 2013.

Principal activities

The principal continuing activities of the consolidated entity consisted of the provision of services to the medical profession.

Results

The net result of operations after income tax for the year ended 31 December 2013 was a consolidated loss after tax of \$(187,961) (2012: a consolidated loss after tax of \$(29,893). The 2013 loss of \$(187,961) included a non cash fair value gain to the financial assets of \$165,067 (2012: gain of \$(202,429). This adjustment is a result of the application of Australian International Financial Reporting Standards adopted by Australian Medical Association (Vic) Limited to the investments portfolio.

Dividends

No dividends were declared or paid. (31 December 2012: Nil).

Review of Operations and significant changes

The Directors continue to develop operations to provide for the stability and security of the consolidated entity. 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 2013 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 future financial years.

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 2013.

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 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 Michael Levick MBBS
Non Executive Director since May 2013

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 Consolidated Entity's Board of Directors held during the year ended 31 December 2013, and the number of meetings attended by each Director was:

	No. of meetings	
	A	E
Dr L Baker	9	10
Dr A Bartone	10	10
Dr G Burrows	4	4
Dr R Conyers	9	10
Dr R Langham	6	10
Dr Levick	6	6
Dr R McRae	10	10
Dr L Massage	7	10
Dr S Parnis	10	10
Dr T Ross	8	10
Dr G Speck	8	10
Dr X Yu	9	10

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

Directors' benefits

Since the date of incorporation, no Director of the Consolidated Entity 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 Consolidated Entity or of a related entity) because of a contract made by the Consolidated Entity or a related body corporate with the Director 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 Consolidated Entity paid a premium in respect of a contract insuring the above Directors, Executive Officers and certain Directors of related bodies corporate against a liability incurred as such 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 any liability and the amount of the premium.

Director

Director

Directors' declaration

The directors declare that in their opinion the concise financial report of the consolidated entry for the year ended 31 December 2013 as set out on pages 25 to 32 complies with Accounting Standard AASB 1039: Concise Financial Reports

The financial statements and specific disclosures included in concise financial report have been derived from the full financial report for the year ended 31 December 2013.

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.

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

Signed at Melbourne this 1st day of April 2014.

Director

Director








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

Report on the concise financial report

We have audited the accompanying concise financial report of Australian Medical Association (Victoria) Limited (the company) which comprises the consolidated balance sheet as at 31 December 2013, consolidated income statement, consolidated statement of comprehensive income, consolidated statement of changes in equity and consolidated cash flow statement for the year then ended, derived from the audited financial report of the company for the year ended 31 December 2013. 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 is 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 the company for the year ended 31 December 2013. We expressed an unmodified audit opinion on that financial report in our report dated 1 April 2014. 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.

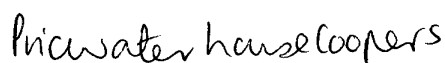
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions..

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 of the company for the year ended 31 December complies with Australian Accounting Standard AASB 1039 Concise Financial Reports.



PricewaterhouseCoopers



Amanda Campbell
Partner

Melbourne
26 March 2013

PricewaterhouseCoopers, ABN 52 780 433 757

Freshwater Place, 2 Southbank Boulevard, SOUTHBANK VIC 3006, GPO Box 1331, MELBOURNE VIC 3001

T: 61 3 8603 1000, F: 61 3 8603 1999, www.pwc.com.au

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Consolidated income statement

for the year ended 31 December 2013

	2013	2012
	\$	\$
Revenue from continuing operations	4,406,818	4,518,829
Fair value gains/(loss) through Profit or Loss	165,067	202,429
Profit/(Loss) from Sale of Assets	(82,700)	4,704
Employee benefits expense	(3,038,227)	(2,997,451)
Depreciation	(119,931)	(79,406)
Other expenses from ordinary activities	(1,518,988)	(1,678,998)
Net (Loss) before income tax	(187,961)	(29,893)
Income tax (expense)/benefit	—	—
Net Loss attributable to members of Australian Medical Association (Victoria) Limited	(187,961)	(29,893)

Consolidated statement of comprehensive income

for the year ended 31 December 2013

	2013	2012
	\$	\$
Profit / (Loss) for the year	(187,961)	(29,893)
Other Comprehensive Income		
Fair Value Change of Property, Plant and Equipment	(247,904)	132,492
Total Comprehensive Income for the year	(435,865)	102,599
Total comprehensive income / (loss) attributable to the Australian Medical Association (Victoria) Limited and controlled entities	(435,865)	102,599

Consolidated balance sheet

as at 31 December 2013

	2013	2012
	\$	\$
Current Assets		
Cash and cash equivalents	3,072,442	4,590,089
Receivables	157,477	280,489
Financial assets at fair value through profit & loss	3,965,220	3,681,840
Other	—	996
Total Current Assets	7,195,139	8,553,414
Non-Current Assets		
Property, plant and equipment	7,374,593	6,548,117
Investments	1	1
Total Non-Current Assets	7,374,594	6,548,118
Total Assets	14,569,733	15,101,532
Current Liabilities		
Payables	482,471	411,219
Non interest bearing liabilities	—	—
Provisions	327,920	406,559
Other	2,773,565	2,871,254
Total Current Liabilities	3,583,956	3,689,032
Non-Current Liabilities		
Provisions	109,753	100,611
Total Non-Current Liabilities	109,753	100,611
Total Liabilities	3,693,709	3,789,643
Net Assets	10,876,024	11,311,889
Equity		
Reserves	5,233,168	5,481,072
Retained profits	5,642,856	5,830,817
Total Equity	10,876,024	11,311,889

Consolidated statement of changes in equity

for the year ended 31 December 2013

	2013	2012
	\$	\$
Total equity at the beginning of the financial year	11,311,889	11,209,290
Gain(Loss) on revaluation of land, buildings and artwork	(247,904)	132,492
Net income recognised directly in equity	(247,904)	132,492
Profit (Loss) for the year	(187,961)	(29,893)
Total recognised income and expense for the year	(435,865)	102,599
Total equity at the end of the financial year	10,876,024	11,311,889

Consolidated cash flow statement

for the year ended 31 December 2013

	2013	2012
	\$	\$
Cash flows from Operating Activities		
Receipt from customers (inclusive of GST)	4,632,014	4,609,379
Payments to suppliers and employees (inclusive of GST)	(5,062,968)	(5,050,112)
Net Cash Inflow from Operating Activities	(430,954)	(440,733)
Cash Flows from Investing Activities		
Payments for Financial Assets at fair value through Profit & Loss	(118,313)	(200,762)
Payments for property plant and equipment	(1,194,311)	(537,670)
Interest received	203,584	337,695
Dividends received	105,047	88,072
Profit/(loss) from sale of financial assets	(82,700)	4,704
Net cash used in investing activities	(1,086,693)	(307,961)
Net increase / (decrease) in cash	(1,517,647)	(748,694)
Cash at the beginning of the year	4,590,089	5,338,783
Cash at the end of the year	3,072,442	4,590,089

Discussion and Analysis of Consolidated Financial Statements (unaudited)

Results of Operations

Revenue and losses from operating activities in 2013 reflect the following key points:

- Membership subscription revenue has increased slightly compared to 2012. This reflects a slight decrease in member numbers offset by a CPI increase in subscription rates. The fall in total revenue is largely due to lower interest, resulting from slightly lower interest rates but primarily from less surplus cash resulting from \$1.1 million invested in the building refurbishment at 293 Royal Parade.
- Dividend income increased but was more than offset by a lower fair value adjustment to our investment portfolio, which, although improving by \$165,067 was less than last year's improvement of \$202,429.
- Personnel costs have been managed to an increase less than 1 per cent.
- Overall operating expenses were less than 2012 reflecting the focus on cost management.

Assets

Assets have decreased from \$15.1 million in 2012 to \$14.5 million in 2013. Of this decrease, \$0.1 million relates to the decrease in debtors with the balance being a mix of cash investment in the building refurbishment and adjustment to the building valuation together with write off and disposal of replaced fixtures and fittings.

The land and buildings were re-valued as at 31 December 2013 with land holding its value at \$5 million and buildings valued at \$1,75 million.

Liabilities

There has been a small decrease in current liabilities with minor changes for all line items. Payables were up due to timing in creditor payments, provisions were down as some long serving employees left the business and prepayment of subscriptions slightly down on last year.

Cash Flows from Operating Activities

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

Cash Flows from Investing Activities

Cash flows from investing activities reflect the \$1.1 million investment in the building refurbishment, lower interest received due to lower cash reserves, loss on disposal of assets, the latter being fixtures and fittings replaced during refurbishment and dividends received.

Notes to the Consolidated Financial Statements for the year ended 31 December 2013

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 2013. 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 David Cotton (Director – Corporate Services), AMA (Victoria) Ltd. on (03) 9280 8722.



"I am proud to be a member of the AMA family. AMA sets the platform for the integrity of the medical profession as it represents the members best interests and gives a collective voice. AMA is able to address common issues faced by its members as and when they arise. Personally, as an AMA member, I have profited both financially and professionally. I can take solace from the fact that the AMA is extensively resourced to support me if required."

Dr Deep Joseph, GP



Advancing the medical profession
Advancing the health of Victorians

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

Telephone: 9280 8722
Facsimile: 9280 8786
Country Freecall: 1800 810 451
Email: amavic@amavic.com.au
Web: amavic.com.au