

A stylized, red-toned graphic of a dragon's head, facing left, with a crown-like crest and a large, curved horn. The dragon is rendered in a simple, bold line-art style with some internal shading. It is positioned in the upper right quadrant of the red background.

**St George Division  
of General Practice**

**ANNUAL REPORT 2011**

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### EXECUTIVE DIRECTOR

Dr Klaus Stelter



It might be thought that things at the Division “are just staying the same” but that would belie the enthusiasm and effort that the St George Division Staff have put into the:

- SGL Program
- The UZ Youth Health Clinic
- Psychological Services under ATAPS
- St George DGP Women’s Health Clinic
- Osteoporosis & Fall Prevention Service
- Preventative Health Services

New to the list is the St George Men’s Shed at 32 The Avenue Hurstville.

All this on top of our Practice Support, Aged Care and Community focus.

### CHAIRPERSON

Dr Wayne Cooper



“For the times they are a changin’”. ... I wonder whether Bob Dylan envisaged himself being involved in the ‘rumblings’ of the evolving Australian health care environment when he penned those poignant words several decades ago.

For those few words very succinctly describe the landscape that the St George Divisional Board has confronted over the past year. A realisation that the comforts and familiarities of the Division that we have come to ‘know and love’, are being put under threat as the Federal agenda is to amalgamate and expand the entity to a Medicare Local.

It would seem that through Federal eyes, Divisions have done well, but there is more that needs to be done. The ‘healthspeak’ is that ‘gaps need filling’ and ‘patient journeys need smoothing’. Admirable principles, but realities yet to be determined.

This is what your Board has been dealing with over recent months. Navigating a path for our Division through these uncharted waters.

Interesting and challenging times lay ahead.

At a local level, the Division has continued to impact on Primary Healthcare in numerous areas. Projects as varied as our Bone Mineral Densitometer, Pap smear Clinics and Men’s Sheds are just a few that have come under consideration by the Board this past year. These projects have all made, or will make a difference in the future to patient outcomes in the St George area.

The St George Divisional Board has seen several changes in the past year. The resignation of Dr Alan Lawford as a Board member after years of invaluable service.

The decision by Dr Roslyn Ridgway to stand down as Chairperson after doing an excellent job in this role ,and the addition to the Board of Mr Glenn Paull, Clinical Nurse Consultant at St George Public Hospital.

As the present Chairman, I would like to thank each Board member for their contribution and efforts towards the Division over this past year.

Dr Klaus Stelter, has continued to demonstrate enthusiasm, inspiration and vision in his role as the CEO of the St George Division. His understanding of the “nuts and bolts” of primary healthcare , coupled with his drive to promote the central role of General Practitioners in the health system, has been a major reason behind the success of the St George Division. On behalf of the GP’s of the St George Division I offer a “big” vote of thanks to Klaus.

Finally, I would like to thank Linden Harper and all of the Staff of the St George Division for their work and devotion to general practice in the St George Region. Through their efforts and support our daily lives as GPs is made a little easier.

All the best for the year ahead.

### VICE CHAIRPERSON

Ms Elizabeth Martin



The Board meets on a monthly basis. It is comprised of eight members, GPs, Nurses and consumer representative, all of whom have equal voting rights. The Board scrutinises the Division's financial position, monitors activities of the various clinical programs, considers new initiatives and reviews its relationship with St George Hospital, stakeholders and community organisations.

We are cognisant of the importance of our role as Board Members and are very aware of the responsibility we have to the membership of the St George Division of General Practice. The Board regularly reviews Corporate Governance principles and the Division's risk profile. We conduct an annual review of our own performance.

This year our efforts have largely been directed towards better understanding the opportunities and risks associated with the impending launch of Medicare Locals. With the knowledge that Commonwealth Funding to Divisions of General Practice is to cease on 30 June 2012,

### TREASURER

Dr Phil Taplin



The Division remains in a strong financial position with a substantial surplus of available cash. The Division will cease to exist as an entity over the next 9 months and strategies are in place to honour existing commitments and if needs be, to satisfy any needs for redundancy payments.

Once again we have aimed to reduce our surplus by continuing support of the Women's Clinic at Rockdale, The Healthy Lifestyle Clinic and in recent times, the lease of premises in The Avenue for our Psychologists and the headquarters of the Men's Shed.

and that "Medicare Locals", as recommended by the National Health and Hospitals Reform Commission, will all be operational, nation-wide, by 1 July 2012, the Board has had much to contemplate.

The Government has pre-determined the establishment of a South Eastern Sydney Medicare Local, and in response, both the St George and Sutherland Divisions of General Practice appointed Board Working Parties to explore the feasibility of amalgamation and the submission of a combined application to transition into such an organisation. Significant strategic and operational effort was devoted to the preparation of a joint application, which has been submitted to the Federal Government, and at the time of printing, remains under review.

The Board commends the dedication, professionalism and optimism of the Division's hardworking staff, particularly in this current climate of change.

We have financed a Bone Densitometer for use at Ferndale Nursing Home. Note that this facility is available to any patient who satisfies the guidelines for this study. The service has been an invaluable addition to existing diagnostic services in the St George Area.

It is expected that with the demise of the Division and the start of a Medicare Local we will have a significant buffer to smooth out any problems in the transition process

**FULL MEMBERS**

Ismail Abdurahman	Samuel Daniel	Geetha	Paul Ng	Liljana Stojanovska-
Sultan Adatia	Sumana Daniel	Kunjithapatham	Anthony Nigro	Petrovska
Leo Agajiotis	June Rosland	Blagoj Kuzmanovski	Paul Nouris	Mary Stuart
Nazma Alam	Dawson	Paul Lai	Khyne Nyunt	Emily Ta
Shamsul Alam	Joseph Doan	Lydia Lam	Kenneth Oey	Aldrin Tai
Elizabeth Amin	Graeme Dunlop	Paul Lam	Liana Oey	Kevin Tai
Wilhelm (Bill) Anell	Lynette Edward-	Venus Lam	Bar Chye Ong	Tim Talty
Jenny Appleton	Paul	Chi Wai William lau	Tony Ong	Hwee-Nee Tan
Asha Asawa	Lindsay D Edwards	Ming Hieng Lau	Lynette Ong	Ven Tan
Hany Assaad	Mark Eisenberg	Rafat Lawendy	Terence Ong	George Tang
Camille Awada	Shoshana Espinosa	Alan Lawford	Peter Pang	Rasiklal Tanna
Vasanth Bajpe	Federico Facchini	Chinh Le	Theodora	Phillip Taplin
Ben Balzer	Kitty Fok	Lynda Lee	Panopoulos	Vera Tatossian
Hany Basta	Eloise Fong	Alan Leung	Bill Papakostas	Dmitri Tcherkas
Carl Bazergy	Sau-Ling Cecilia	John Li	Peter Parras	Andrew Teo
Pamela Ann Bennett	Fong	Lye-Nee Liow	Chim Payda	Cedric Teo
Ashley Berry	Yvonne Gascoigne	Sze-Keong Liow	Barry Pearson	Thien Trinh
Gail Berto	John George	Thomas Low	Bruce Pirani	Anthony Tsamoglou
Harshita Bhatt	Mohsen Gerges	Ofelia Ludovice-	Padmanabh Prabhu	Thalia Tung
Amani Bishai	Seham Gerges	Santos	Ratnarajah	Narendra Vanza
Virginia Brennan	Partha K Ghosh	Robert Lugton	Premarajah	Sophie Vavladelis
John Cameron	Fiona Gifford	John Lui	Prithvi Raj	Virendra Verma
Genna Chan	Prithipal Gill	Andrew Ma	Sheela	Rasiah Vijayarasa
Kanchan Chauhan	Brett Gooley	Medhat Magar	Ramakrishna	Joyce Voon
Tarun Chauhan	Kaylene Grainger	Vikrant Mahajan	Sughan	Patricia Whitlow
Vanmali Chauhan	Nicholas Gregory	Wagih Y Makarie	Ramakrishna	Gregory Wilcox
Chris Chee	George Han	Ginni Mansberg	Jey Randhawa	Ron Wiseman
Elton Chen	Brian Harrison	Jock B Martel	Nadia Riad	Gina Windsor
Merry Chen-Lim	Peng Ho	Jennifer A Matthei	Roslyn Ridgway	Anita Wong
Loy Chin	Nouraddine Houfani	Angelo Mazzaferro	Kiro Ristevski	Benedict Wong
Irene Chow	Mahmoud Hourani	Susan Megaly	John Rizzuto	Mark Wong
George Chu	Robyn Hughes	Sandra Miles	Alan Roncevich	Meng Kim Wong
John Chu	Amy Huynh	Mervat Mohamed	Alison Rose	Michael JD Wong
Mary Chung	Nagat Iskander	Sam Monaha	Sofia Roubina	Raymond Wong
Francis Chung	Samy Iskander	Jonathon Moore	Agatino Ruello	Richard Wong
Ian Chung	Munirah Jangda	Subrahmanyam	Hafez Saleh	Mark Woo
Mary Chung	Nabil T Janji	Moosad	Leonorina Salonga	Leonie Yen
Toni Clarkson	Avinash Joshi	Anne-Marie	George Samra	Norman Yenson
Wayne Cooper	Mahmood Khan	Morrison	Zora Sebez	Louis Yip
Mary Cosman	Natverlal Khatri	Joy Mowbray	Janaki Seeramaran	Richard Yip
Monier Cosman	Atanaska Kichkin	Saraj Murthy	Antonie Selvaraj	Kam Young
Byron Cottier	Zlata A Kolmacic	Magy Nada	James Siokos	Megan Young
Rosa Criniti	Alexander Kotz	Gunu Naker	Yiotoula	Nagwa Youssef
Nick Cvetkovski	Kypros koutsoullis	Amani Nashed	Sotiropoulos	Dao-Hua Zhang
Hanan Daniel	Martin Krosiak	Hanady Nasreddine	Klaus Stelter	Michael Zhu

**ASSOCIATE MEMBERS**

Frank Ahmad	Estrella Campbell	Martin John	Michael Phipps	Josephine Wu
Soraya Alami	Jennifer Davis	Kennedy	Georgia Rigas	Eva Wydymus
Rachel Amin	Helen Dunn	Bao-Tram Lam	David Steele	Edward Youssef
Julie Anderson	Sybill Fischer	Medhat Melek	Margaret Tait	
Nalin Bhatt	Peter Gilkes	Mona Mikhail	Vivian Tsiakos	
Edith Borody	Louise Goggin	Odysseas Missiakos	Leonie Tuffs	
Joanne Burrough	Nebojsa Jankovic	Sarwat Moawad	Francis Weekes	
Ian Cameron	Ramah Juta	Paul Ong	Gavin Wong	

## AFTER HOURS

Dr Joy Mowbray

The St George GP After Hours Service is still in existence as we continue to treat over 400 patients per month. The clinic is held in St George Private Hospital on the ground floor each evening from 7pm until 10pm with weekends and Public Holidays from 1pm until 9pm. The 30 local General Practitioners work approximately once per month.

What will the future hold for us when Medicare Locals are functioning in 2012? We are probably going to amalgamate with Sutherland Division of General Practice. Who knows where we will hold the clinic then possibly in the Georges River!!

***Watch this ever changing space***

## GP SYNERGY

Dr Alison Rose

GP training for this area has now been under the amalgamated organization, GP Synergy since 31/7/2010.

The past 18 months have seen more sharing of ideas, processes and resources between the two Sydney nodes; Sydney Central (the old SIGPET) and South, Southwest (the old IGPE) and North West/ New England (the old NEATS). Supervisors may attend workshops in any region and we get to meet a wider range of people. Registrars attend some workshops in their regional area and others are organized for the whole organization.

SSW has moved its headquarters from Smithfield to newly refurbished premises in Liverpool, a location seen as more convenient by most people involved.

Very sadly, the previous Director of Training of GP Synergy, Jeremy Bunker passed away from cancer in early May. He is sadly missed by all of us who worked with him.

The new Director of Training is Associate Professor Rosa Canalese, who many will remember as a medical educator with the RACGP

programme and with IGPE. Regional Director of Training for SSW is Anne Eastwood.

I was previously on the IGPE board and the GP SYNERGY transitional board. Elections in last October reduced the board members from 16 to 9, and I was not re-elected. The SSW region, however is well-represented on the new board with Dr Owen Brookes from Sutherland Division and Professors Jenny Reith and Teng Liaw from the Universities of Western Sydney and New South Wales (Fairfield GP section) all being elected.

I am now again St George Division's representative on the SSW Regional Advisory Committee, which meets about twice a year to feed regional issues to the board. I also remain as a GP Supervisor, a Clinical Teaching Visitor and may also be involved as an accreditation visitor for GP SYNERGY.

GP SYNERGY continues to deliver high quality GP training to the three regions now covered.

For more information go to their web-site; [www.gpsynergy.com.au](http://www.gpsynergy.com.au).

## **PROGRAM MANAGER PERFORMANCE REPORT**

Linden Harper

It was an enlightening experience to be a part of the Medicare Local Application. It reinforced the fact that the St George Division of General Practice has, in the last 17 years become an integral part of the community, has been accepted as a valuable service provider, has developed strong and formative partnerships and has retained over this time a team of knowledgeable, adaptable and dedicated team members.

Particular highlights of the past year include:

### **Mental Health Program**

**Staff:** Mariam Faraj

**Psychologists:** Fernando Gomez, Belinda Ivanovski, Cate Arciuli.

**Mental Health Nurses:** Mathew Austin, Julia Elkins

- In the period 2009-2010, 324 patients received 1733 focussed psychological sessions. Of these 229 (70.6%) were adults including CALD patients experiencing anxiety or depression, 18(5.6%) were women experiencing Perinatal depression, 61(18.8%) referrals were to the Adolescent Psychologist at the Up Zone for young people suffering from anxiety or depression, or homeless or at risk of homelessness. 16 (4.9%) were children experiencing mental health disorders.
- Improvements in the clinical management and treatment of people with mental illness and drug and alcohol disorders.
- Established systems of shared care and service linkages between general practices, mental health and drug and alcohol services.
- Improved referral pathways of local mental health and drug and alcohol services.
- Community mental health patients maintained in their environment and hospital admissions avoided.
- Together both Mental Health Nurses, Matthew Austin and Julia Elkins, currently carry a case load of 52 moderate to severe community sufferers of long term mental ill health.

### **St George Division Women's Health Clinic**

**Registered Nurse:** Wendy Jarrett RN.

- For the period 2008-2010, 586 women have undergone Pap smears and breast checks.
- 473 women were from a CALD background and/or were unscreened or under-screened.
- 75 (13%) of women had their first Pap smear
- 128 (22%) of women had >4 years since their last screen
- 17 (3%) of women had abnormal smears to follow up
- 16 women (3%) of women had breast lumps to follow up.
- 69 of our GPs have referred ladies to the service.

## **Antenatal Shared Care**

**Staff:** Lesley Pullen

- 137 (51%) of all GPs in the St George area are registered to the program
- Approximately 30% of all clinic patients elect to share their care with the GP.
- Orientation and education program in place to support ANSC GPs.

## **Lifestyle Clinics**

**Allied Health:** Jenny Chan and Michael Russo

- 203 community clients participated in our Diabetes Group.
- 1,536 attendees at the Get Fit Group. Improvements in DAAS and anthropometric measures since initiation in 2009.
- 11,415 Dietician consults since 1994.
- 183 Exercise Physiology consults conducted in the last year.
- Falls prevention strategy: St George DGP Bone Densitometry scanning with a core strengthening and lateral and linear balance program conducted by an Exercise Physiologist.

## **The Up Zone Youth Health Clinic**

**Staff:** Lesley Pullen

- The Up Zone Youth Health Centre (The UZ) - commenced in 2005 and developed as a response to the need to increase young people's access to health services, particularly disadvantaged and at-risk youth who may not be able to or feel comfortable in using traditional health services. Now has GP clinic, Sexual Health Clinic (outreach from Short St Centre (former SESIAHS), outreach from Sutherland Cannabis Clinic, ATAPS psychology service.
- The GP Youth Clinic incorporated within the UZ – to improve access to primary health care primarily for disadvantaged or disconnected young people commenced in 2009. Drs Nada, Stelter and Papakostas conduct this clinic every Wednesday afternoon and referrals have increased dramatically.

## **Small Group Learning Program**

**Staff:** Silvana Marangoni

- 149 GPs (63% of total GPs) attend 10 small group educational cells.
- 90% of attendees indicate that SGLs directly increase knowledge
- 91% of attendees indicate that their learning needs are met
- 66.7% of all attendees have implemented a change in clinical practice
- 70 local clinicians facilitate and educate 149 GPs.
- A Research paper compiled by Silvana and Klaus has been accepted for publication in the Australian Family Physician.

## **Regional Medical Advisory Committee (RMAC)**

**Staff:** Raelene Elliott

- This is an established process which effectively engages Clinicians, key personnel from the St George areas 42 Residential Aged Care Facilities, St George Hospital, Geriatrician, Geriatric Registrar, Aged Care GPs and Hospital and Community Pharmacists all who work within the Aged Care sector.

### **Other programs**

**Staff:** Joy Aldred, Sue Coxon, Sandy Johnston, Karen Christian, Maria Felicetti

- 75 (63%) of all practices in the St George region have reached Accreditation
- National Prescribing Service funds a facilitator, Sue Coxon to academically detail GPs, Practice Nurses, Nurses working in Residential Aged Care and Pharmacists to promote evidence based approaches to prescribing.
- The NSW Health partnership with the Connecting Care Program links chronically ill patients to a comprehensive care coordination model, Sandra Johnston, Connecting Care Coordinator, has 120 patients currently enrolled.
- Karen Christian, our Dietician and Immunisation Program Officer has, during her 16 years with the St George Division engaged the community, raised our Immunisation rates, educated, supported and delivered a highly professional and friendly service. We acknowledge her contribution and wish her success.
- All programs and services conducted by the Division could not have been the success they are without Maria as Administrator and Publications Officer.

I would like to thank this amazing, dedicated, adaptable, cohesive and engaging team and we look forward to the future with optimism.

**St George**  
**Division of General Practice Inc**  
*ABN 90 031 731 806*

**ANNUAL REPORT**  
**FOR THE YEAR ENDED**  
**30 JUNE 2011**

**Funded by the Australian Government Department of Health and Ageing**

**ANNUAL REPORT  
FOR THE YEAR ENDED  
30 June 2011**

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The financial report covers the St George Division of General Practice Inc as an individual entity. The financial report is presented in Australian currency with figures rounded to nearest dollar.

The financial report was authorised for issue by the Management Committee Members on 25<sup>th</sup> August 2011. The Association has the power to amend and reissue the financial report.

# St George Division of General Practice Inc

ABN 90 031 731 806

## MANAGEMENT COMMITTEE REPORT

The Management Committee Members present their report together with the financial report of St George Division of General Practice Inc for the year ended 30 June 2011 and the independent auditors' report thereon.

### 1 Management Committee Members

The Management Committee Members at any time during the financial year were:

Dr Angelo Mazzaferro – *Chair until 2010 AGM then Member*

Dr Roslyn Ridgway – *Chair to February 2011 then Member*

Dr Klaus Stelter – *Executive Director and Secretary*

Dr Phil Taplin – *Treasurer*

Ms Elizabeth Martin – *Vice-Chair from 2010 AGM and Consumer representative*

Dr Wayne Cooper – *Chair from February 2011*

Ms Margaret Ryan (RN) – *Member from 2010 AGM*

Mr Glenn Paul (RN) – *Member from 2010*

### 2 Division Particulars

St George Division of General Practice incorporated and domiciled in Australia, is an incorporated association. The address of the registered office is:

41-43 Dora Street

Hurstville NSW 2220

### 3 Principal Activity

The principal activity of the Division during the financial year was to provide support and services to local GPs that will enhance the health of the local community, and the provision of After Hours GP service operations conducted at St George Private Hospital.

### 4 Results of Operations

The Division recorded a deficit for the year ended 30 June 2011 of \$151,611 (2010: deficit \$19,441). The deficit arises from the results of the following programs:

DOHA - Outcomes Based Funding	(35,185)
32 The Avenue	(49,442)
Youth Clinic Nurse	(24,637)
Cervical Screening Rockdale	(20,365)
Bone Density Services	(14,012)
Dietetics	(6,410)
Mens Shed & Art Therapy	5,605
Lifestyle Clinic	5,878
Youth Clinic	5,999
Membership	30,959
Provision for redundancy – Member funded	(50,000)
<b>Total Deficit on operations</b>	<b>(151,611)</b>

### 5 State of Affairs

No significant changes in the state of affairs of the Division occurred during the financial year.

# St George Division of General Practice Inc

ABN 90 031 731 806

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## 6 Events Subsequent to Balance Date

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Management Committee Members of the Division to significantly affect the operations of the Division, the results of those operations, or the state of affairs of the Division in future financial years.

## 7 Environmental Regulations

The Division's operations are not subject to any significant environmental regulations under Australian Law.

## 8 Likely Developments

The Association has fully participated in the health reforms of the Australian Government in submitting an application to create a Medicare Local organisation. It is intended that the Association will during the transition period agreed with the Australian Government, transmit some or all of its grant funded activities to the new Medicare Local organisation. The Association has resolved not to cease operations but remain a viable entity providing services to its Members and representing them on the Board of the Medicare Local.

## 9 Insurance of Officers and Management Committee Members

### *Insurance Premiums*

During the financial year the Division has paid premiums in respect of Management Committee Members' and officers' liability insurance contracts for the year ended 30 June 2011 and since the financial year, the association has paid or agreed to pay on behalf of the association, premiums in respect of such insurance contracts for the year ending 30 June 2012. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been Management Committee Members or executive officers of the association.

The Management Committee Members have not included details of the nature of the liabilities covered or the amount of the premium paid in respect of the Management Committee Members' and officers' liability insurance contracts, as such disclosure is prohibited under the terms of the contracts.

## 10 Economic Dependence on Australian Government Grant Funding

The Association is economically dependent on the Australian Government Department of Health and Ageing for the majority of its revenue and has a current contract with the Department of Health and Ageing through to 30 June 2012. The Directors advise that the Association has submitted an application to create a Medicare Local organisation and some or all of the current grant funded activities currently conducted may transmit to the Medicare Local when established. The Association expects to continue its current grant funded activities on a transition basis for a period of not less than 12 months on the establishment of the Medicare Local.

- 11 This report and the financial report for 2011 was authorised for issue on 25<sup>th</sup> August 2011 by the Management Committee Members. The Management Committee has the power to reissue these reports.

**Signed in accordance with a resolution of the Management Committee:**



**Dr Wayne Cooper**  
Chair  
Sydney  
25 August 2011



**Dr Roslyn Ridgway**  
Past chair

**INDEPENDENT AUDITORS' REPORT  
TO THE MEMBERS OF  
ST GEORGE DIVISION OF GENERAL PRACTICE INC**

**Scope**

*Report on the Financial Report*

We have audited the accompanying financial report of the St George Division of General Practice Inc (the Association) which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cashflows, for the year ended on that date, a summary of significant accounting policies and other explanatory notes (notes 1 to 18), and the declaration by Members of the Management Committee, (page 7 ).

*Committee's Responsibility for the Financial Report*

The Management Committee Members of the Division are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Associations Incorporation Act 1984 NSW. This includes responsibility for establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

*Auditor's responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. Our audit was conducted in accordance with Australian Auditing Standards. These 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 is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments the auditor considers internal control relevant to the entity's preparation and fair presentation of the 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. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

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

**Independence**

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

**INDEPENDENT AUDITORS' REPORT**  
**TO THE MEMBERS OF**  
**ST GEORGE DIVISION OF GENERAL PRACTICE INC**

**Auditor's Opinion**

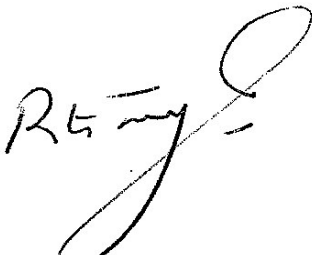
In our opinion:

The financial report of the St George Division of General Practice Inc complies with and is in accordance with the Associations Incorporation Act 1984 NSW including

- (i) giving a true and fair view of the Division's financial position as at 30 June 2011 and its performance and cashflows for the year ended on that date; and
- (ii) complying with Australian Accounting Standards (including Australian Interpretations) and the Associations Incorporation Act 1984 NSW

**Emphasis of Matter**

Without qualifying our opinion, we draw attention to Note 8 "Likely Developments" in the Management Committee Report dated 25/8/20 & Note 14 (iii) " Provision for Redundancy" of \$50,000 in the Financial Report dated 30/6/2011, in respect of staff retrenchments that could arise from loss of grant funded activities undertaken by the Division on behalf of the Department of Health & Ageing. This development indicates the existence of material uncertainty that may raise doubt about the Division's ability to continue as a going concern and therefore it may be unable to realise its assets and discharge its liabilities in the normal course of business.



**MMT Partners**  
*Accountants and Business Advisors*

**Mr R Thyer**  
**Director**

**Sydney**  
25<sup>th</sup> August 2011

# St George Division of General Practice Inc

ABN 90 031 731 806

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## MANAGEMENT COMMITTEE DECLARATION

In the opinion of the Management Committee:

- a** the financial statements and notes, set out on pages 9 to 24
  - (i) present fairly the financial position of the St George Division of General Practice Inc as at 30 June 2011 and of its performance, as represented by the results of its operations and its cash flows for the financial year ended on that date; and
  - (ii) comply with Australian Accounting Standards; and
- b** there are reasonable grounds to believe that the St George Division of General Practice Inc will be able to pay its debts as and when they become due and payable, and
- c** in relation to service contracts with the Australian and NSW State governments and non government funding entities, the St George Division of General Practice Inc has complied with its obligations in respect of the funds for each program.

**Signed in accordance with a resolution of the Management Committee Members:**



**Dr Wayne Cooper**  
*Chair*  
**Sydney**  
25 August 2011



**Dr Roslyn Ridgway**  
*Past chair*

# St George Division of General Practice Inc

ABN 90 031 731 806

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## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011 \$	2010 \$
Revenue from continuing activities	6	2,239,783	2,189,575
<b>Total Recognised Revenue</b>		<b>2,239,783</b>	<b>2,189,550</b>
Employee expenses		1,584,819	1,431,035
Superannuation		99,256	112,295
Depreciation		29,270	9,323
Other expenses from continuing activities	7	678,049	656,363
<b>Total Expenses</b>		<b>2,391,394</b>	<b>2,209,016</b>
<b>SURPLUS/(LOSS)</b>		<b>(151,611)</b>	<b>(19,441)</b>

# St George Division of General Practice Inc

ABN 90 031 731 806

## STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2011

	<i>Note</i>	2011 \$	2010 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	9	852,134	962,069
Receivables	10	244,596	89,511
Other	11	40,009	33,064
<b>TOTAL CURRENT ASSETS</b>		<b>1,136,739</b>	<b>1,084,644</b>
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	12 (i)	66,601	15,666
<b>TOTAL NON-CURRENT ASSETS</b>		<b>66,601</b>	<b>15,666</b>
<b>TOTAL ASSETS</b>		<b>1,203,340</b>	<b>1,100,310</b>
<b>CURRENT LIABILITIES</b>			
Grants Received - balance unspent	13 & 18	41,048	41,334
Grants Claimed - in advance	13	181,351	66,043
Payables & Accrued expenses	13	426,158	307,473
Employee Provisions	14 (i)	145,276	143,953
After Hours GP Provision	14 (ii)	26,723	41,997
<b>TOTAL CURRENT LIABILITIES</b>		<b>820,556</b>	<b>600,800</b>
<b>NON CURRENT LIABILITIES</b>			
Provision for redundancy	14(iii)	50,000	-
Grant funded asset liability	12 (ii)	22,370	15,666
<b>TOTAL NON CURENT LIABILITIES</b>		<b>72,370</b>	<b>15,666</b>
<b>TOTAL LIABILITIES</b>		<b>892,926</b>	<b>616,466</b>
<b>NET ASSETS</b>		<b>310,414</b>	<b>483,844</b>
<b>TOTAL EQUITY</b>		<b>310,414</b>	<b>483,844</b>

# St George Division of General Practice Inc

ABN 90 031 731 806

## STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011 \$	2010 \$
<b>TOTAL EQUITY AT THE BEGINNING OF THE FINANCIAL YEAR</b>		483,843	503,284
Surplus/(Loss)		(151,611)	(19,441)
Prior Year Adjustments – Grant funded Rental Bond		(21,818)	-
<b>TOTAL EQUITY AT THE END OF THE FINANCIAL YEAR</b>		<b>310,414</b>	<b>483,843</b>

## CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011 \$	2010 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Cash receipts in the course of operations		2,076,436	1,957,481
Interest received		33,064	25,814
Cash payments in the course of operations		(2,139,230)	(2,070,706)
<b>Net Cash ( Used in) / Provided by Operating Activities</b>	17ii	<b>(29,730)</b>	<b>(87,411)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payment for plant and equipment		(80,206)	(7,971)
<b>Net Cash (Used in) / Provided by Investing Activities</b>		<b>(80,206)</b>	<b>(7,971)</b>
<b>NET (DECREASE) / INCREASE IN CASH HELD</b>		<b>(109,935)</b>	<b>(95,382)</b>
Cash and cash equivalents at the Beginning of the Financial Year		962,069	1,057,451
<b>CASH &amp; CASH EQUIVALENTS AT THE END OF THE YEAR</b>	17i	<b>852,134</b>	<b>962,069</b>

The above statement of comprehensive income, statement of financial position, statement of changes in equity and cash flow statement should be read in conjunction with the accompanying notes.

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 June 2011**

**1 REPORTING ENTITY**

The financial report is for the St George Division of General Practice Inc as an individual entity, incorporated and domiciled in Australia. This financial report was authorised for issue on 25th August 2011 by the Management Committee who have the power to reissue the report.

**2 BASIS OF PREPARATION**

**A Statement of Compliance**

The financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards (AASBs) (including Australian Interpretations) adopted by the Australian Accounting Standards Board (AASB). The financial report of the entity also complies with the IFRSs and interpretations adopted by the International Accounting Standards Board.

**B Basis of Measurement**

The financial report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of non current assets. Cost is based on the fair values of the consideration given in exchange for assets.

**C Functional and presentation Currency**

The financial report is presented in Australian dollars which is the functional currency of the entity.

**D Use of estimates and judgements**

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are capitalised in the period in which the estimate is revised and in any future periods affected.

In particular, information about significant areas of estimation uncertainty and critical judgements in applying accounting policies that have the most significant effect on the amount capitalised in the financial statements are described in the following notes:

**3 DETERMINATION OF FAIR VALUES**

A number of the entity's accounting policies and disclosures require the determination of fair value, for both financial and non-financial assets and liabilities. Fair values equate to the carrying values of the relevant assets and liabilities.

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NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 June 2011

4 **SIGNIFICANT ACCOUNTING POLICIES**

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

**A Financial assets and instruments**

*Non-derivative financial instruments*

Non-derivative financial instruments comprise trade and other receivables, cash and cash equivalents, loans and borrowings, and trade and other payables.

Non-derivative financial instruments are capitalised initially at fair value plus, for instruments not at fair value through profit or loss, any directly attributable transaction costs, except as described below. Subsequent to initial recognition non-derivative financial instruments are measured as described below.

A financial instrument is capitalised if the entity becomes a party to the contractual provisions of the instrument. Financial assets are capitalised if the entity's contractual rights to the cash flows from the financial assets expire or if the entity transfers the financial asset to another party without retaining control or substantially all risks and rewards of the asset. Regular way purchases and sales of financial assets are accounted for at trade date, i.e., the date that the entity commits itself to purchase or sell the asset. Financial liabilities are capitalised if the entity's obligations specified in the contract expire or are discharged or cancelled.

Cash and cash equivalents comprise cash balances and call deposits. Bank overdrafts that are repayable on demand and form an integral part of the entity's cash management are included as a component of cash and cash equivalents for the purpose of the cash flow statement.

*Impairment of Financial Assets*

A financial asset is considered to be impaired if objective evidence indicates that one or more events have had a negative effect on the estimated future cash flows of that asset.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount, and the present value of the estimated future cash flows discounted at the original effective interest rate. An impairment loss in respect of an available-for-sale financial asset is calculated by reference to its current fair value.

**B Revenue Recognition**

Revenue is measured at the fair value of the consideration received or receivable.

***Revenue from Service contracts***

Revenue from service contracts with the Australian and NSW State governments and non government entities, is recognised excluding GST. When there are specific purpose conditions attaching to the service contract, the revenue is recognised in the balance sheet as a liability until such conditions are met or services provided whence it is released to revenue.

***Interest Revenue***

Interest revenue is recognised as it accrues.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 June 2011**

***Other Income***

Income from other sources is recognised when the fee in respect of other products or services provided is receivable.

**C Goods and Services Tax**

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as a current liability in the Balance Sheet.

Cash flows are included in the Cash Flow Statement on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

**D Income Tax**

The entity is exempt from income tax.

**E Receivables**

Receivables to be settled within 30 days are carried at amounts due. The collectibility of debts is assessed at balance date and specific provision is made for any doubtful accounts.

**F Leases**

Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases. Payments made under operating leases (net of any incentives received from the lessor) are charged to the Income Statement on a straight-line basis over the period of the lease.

**G Property, plant and equipment**

*Recognition and measurement*

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditures that are directly attributable to the acquisition of the asset. When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment

*Depreciation*

All plant and equipment have limited useful lives and are depreciated using the straight line method over their estimated useful lives.

Assets are depreciated from the date of acquisition.

Depreciation rates and methods are reviewed annually for appropriateness. When changes are made, adjustments are reflected prospectively in current and future periods only. Depreciation is expensed.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 June 2011**

The depreciation rates used for each class of asset are as follows:

	<b>Rate</b>	<b>Method</b>
<i>Plant and equipment</i>		
Computer Equipment line	33%	Straight
Plant and equipment line	25%	Straight

Grant funded assets have been fully depreciated to a zero net balance in 2011.

**H Payables**

Liabilities are recognised for amounts to be paid in the future for goods or services received. Trade accounts payable are normally settled within 30 days.

*Accrued expenses*

Contractual commitments made during the financial year are for amounts payable in the future and recognised as accrued expenses.

**I Employee benefits**

***Wages, salaries, annual leave and non-monetary benefits***

Liabilities for employee benefits for wages and salaries (including non-monetary benefits) and annual leave expected to be settled within 12 months of the reporting date representing present obligations resulting from employees' services provided up to reporting date are calculated at undiscounted amounts based on remuneration wage and salary rates that the entity expects to pay as at reporting date including related on-costs.

***Long Service Leave***

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

**J Superannuation Plan**

The entity contributes to a defined contribution employee superannuation plan. Contributions are charged against income as they are made.

**K i Grant Funds Claimed**

Liabilities are recognised for grant funds claimed but not received under contracts of service with Australian and NSW State governments and non government funding entities.

**K ii Grant Funds Liability – Unspent Cash**

Liabilities are recognised for grant funds received under contracts of service with Australian and NSW State governments and non government funding entities and unspent at balance date.

**K iii Grant Funds Liability – Non Cash Assets**

Where grant funds are spent on acquiring non cash assets (like fixed assets and prepayments) the entity remains liable to the funder for the net value of the assets. The liability for fixed assets is recognised in the accounts at the gross acquisition costs less the cumulative depreciation charge and for other non cash assets at acquisition cost.

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**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 June 2011**

**5 FINANCIAL RISK MANAGEMENT**

The entity has exposure to the following risks from their use of financial instruments:

- credit risk;
- liquidity risk; and
- market risk.

This note presents information about the entity's exposure to each of the above risks, their objectives, policies and processes for measuring and managing risk. Further quantitative disclosures are included throughout these financial statements. The Management Committee has overall responsibility for the establishment and oversight of the risk management framework.

Risk management policies are established to identify and analyse the risks faced by the entity, to set appropriate risk limits and controls, and to monitor risks and adherence to limits. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the entity's activities. The entity, through its training and management standards and procedures, aims to develop a disciplined and constructive control environment in which all employees understand their roles and obligations.

***Credit risk***

Credit risk is the risk of financial loss to the entity if a customer or counterparty to a financial instrument fails to meet its contractual obligations.

***Trade and other receivables***

The entity's exposure to credit risk is influenced mainly by the individual characteristics of each customer or member. The demographics of the entity's customer base, including the default risk of the industry and country in which they operate, has less of an influence on credit risk. Because of the nature of the entity's operations, no formal credit policy, in the opinion of the directors is required. However, receivables arising from operations are monitored by the Management Committee on a monthly basis.

***Liquidity risk***

Liquidity risk is the risk that the entity will not be able to meet its financial obligations as they fall due. The entity's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the entity's reputation.

Typically the entity ensures that it has sufficient cash on demand to meet expected operational expenses for a period of 30 days, including the servicing of financial obligations; this excludes the potential impact of extreme circumstances that cannot reasonably be predicted, such as natural disasters.

***Market risk***

Market risk is the risk that changes in market prices will affect the entity's income.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 June 2011**

**FINANCIAL RISK MANAGEMENT – continued**

***Interest rate risk***

The entity adopts a policy of ensuring that its exposure to changes in interest rates is minimised.

**Credit Risk**

*Exposure to Credit Risk*

The carrying amount of the group's financial assets represents the maximum credit exposure. The group's maximum exposure to credit risk at the reporting date made up of cash and cash equivalents and trade and other receivables totalling \$1,136,739 (2010: \$1,084,644).

*Impairment losses*

None of the association's receivables are past due (2010: Nil).

*Cash flow sensitivity analysis for variable rate instruments.*

A change of 100 basis points in interest rates at the reporting date would have increased/(decreased) equity and profit or loss by \$2,750 (2010: \$4,000) This analysis assumes that all other variables remain constant. The association is not reliant on interest rate movements for its continuing operations.

# St George Division of General Practice Inc

ABN 90 031 731 806

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

	2011	2010
	\$	\$
<b>6 REVENUE FROM CONTINUING ACTIVITIES</b>		
Grant Funds Released -Operating Expenses	1,523,652	1,545,894
Grant Funds Released- Asset Purchases	4,734	7,971
Interest received	33,064	26,000
After Hours GP Services	305,610	303,954
Clinical services	193,501	172,207
Sponsorships	47,652	56,125
Membership fees	18,150	24,200
Advertising	3,537	4,812
Rental Income	8,000	
Member funded Health program subsidy	86,608	26,540
Transfer from After Hours Reserve	15,275	21,872
	<b>2,239,783</b>	<b>2,189,575</b>
<b>7 OTHER EXPENSES INCLUDE</b>		
Payments to General Practitioners	21,334	41,392
Payments to Non GP & consumers	117,160	151,090
Administration	55,674	43,190
Accounting & audit services	61,320	58,345
Conferences and catering	52,830	83,326
Communications	85,207	74,122
Equipment costs	13,547	20,576
Insurances	17,747	25,675
Occupancy	147,784	100,578
Travel & kilometre	7,657	8,123
Transfer to AHGP Reserve	-	1,998
Purchase of assets	4,734	7,971
Medication expenses	5,009	7,291
Member funded Health program subsidy	86,608	26,540
Advertising & other	1,437	6,147
	<b>678,049</b>	<b>656,363</b>

**St George Division of General Practice Inc**  
*ABN 90 031 731 806*

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2011**

Note	2011 \$	2010 \$
<b>8 AUDITORS REMUNERATION</b>		
<b>Auditors of the Division – Monger Molloy Thyer</b>		
Audit Services:	10,320	9,345
Other Services	-	-
	<b>10,320</b>	<b>9,345</b>
<b>9 CASH and CASH EQUIVALENTS</b>		
Cash on hand	374	493
Cash at bank	576,610	561,576
Term Deposit	275,150	400,000
	<b>852,134</b>	<b>962,069</b>
<b>10 RECEIVABLES</b>		
Trade debtors: Grants claimed	199,487	72,647
Other debtors	45,109	16,864
	<b>244,596</b>	<b>89,511</b>
<b>11 OTHER ASSETS</b>		
Lease Bond deposit	22,370	21,819
Prepayments & other	17,639	11,245
	<b>40,009</b>	<b>33,064</b>
<b>12 (i) PLANT AND EQUIPMENT</b>		
Grant-funded Equipment – at cost	70,804	52,070
Less: Accumulated depreciation	70,804	36,404
	-	<b>15,666</b>
Member-owned Equipment - at cost	75,472	14,000
Less: Accumulated depreciation	8,871	14,000
	<b>66,601</b>	-
<b>TOTAL PLANT &amp; EQUIPMENT</b>	<b>66,601</b>	<b>15,666</b>
<b>12 (ii) GRANT FUNDED ASSET LIABILITY</b>	<b>22,370</b>	<b>15,666</b>

**St George Division of General Practice Inc**  
*ABN 90 031 731 806*

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2011**

Note	<b>RECONCILIATION OF PLANT AND EQUIPMENT</b>	2011 \$	2010 \$
<b>12 (i)</b>	<b>Grant-funded Equipment</b>		
	Carrying amount at beginning of year	15,666	17,018
	Additions	4,734	7,971
	Disposals	-	-
	Depreciation	(20,400)	(9,323)
	<b>Carrying amount at end of year</b>	<b>-</b>	<b>15,666</b>
<b>12 (i)</b>	<b>Member-owned Equipment</b>		
	Carrying amount at beginning of year	-	-
	Additions	75,472	-
	Disposals	-	-
	Depreciation	(8,871)	-
	<b>Carrying amount at end of year</b>	<b>66,601</b>	<b>-</b>
<b>13</b>	<b>PAYABLES</b>		
	<b>Grants Received Unspent</b>		
	Outcomes Based Funding (OBF)	-	3,261
	Aged Care Access Initiative	-	(6,526)
	Access to Mental Health (ATAPS) - Tier 1	(58,683)	-
	ATAPS - Tier 2	9,158	-
	Closing the Gap – IPHO	-	18,304
	Cervical screening recruitment	-	190
	National Prescribing Service	-	20,318
	RTC Medicare	-	(9,953)
	Mental Health Nurse Medicare/AHS*	(8,045)	2,000
	Healthy Active Community	-	(12,493)
	Collaboratives	3,881	3,881
	Youth Zone Cultural Diversity	3,905	7,280
	GP NSW - Nursing in GP	0	11,307
	Go 4 Fun	7,982	0
	NSW Health – Connecting Care	26,880	0
	GP NSW MH D&A SC	48,574	0
	Other Initiatives	7,396	3,765
		<b>41,048</b>	<b>41,334</b>

**NOTES TO THE FINANCIAL STATEMENTS  
 FOR THE YEAR ENDED 30 JUNE 2011**

	2011 \$	2010 \$
<b>13 Grants Claimed</b>		
Healthy Active Com School Grant	-	12,493
ATAPS – Tier 1	166,336	-
ATAPS – Tier 2	15,015	33,575
GP NSW Access to Aged Care	-	8,011
RTC Medicare	-	9,964
Other initiatives	-	2,000
	<b>181,351</b>	<b>66,043</b>
<b>13 Payables &amp; Accrued Expenses</b>		
Trade Creditors	142,131	177,249
BAS and superannuation payable	66,782	26,226
Accrued Expenses – Other	217,245	103,998
	<b>426,158</b>	<b>307,473</b>
<b>14 (i) EMPLOYEE PROVISIONS</b>		
Employee entitlements – annual leave	38,228	35,410
Employee entitlements – long service	98,468	105,346
Employee entitlements – time in lieu	8,580	3,197
Total employee provisions	<b>145,276</b>	<b>143,953</b>
Number of employees at year end	<b>53</b>	<b>53</b>
<b>14 (ii) AFTER HOURS GP PROVISION</b>		
Self insurance provision	20,000	20,000
Future Payments	6,723	21,997
<b>Total After Hours GP provision</b>	<b>26,723</b>	<b>41,997</b>
<b>14(iii) PROVISION FOR REDUNDANCY</b>	<b>50,000</b>	-
Employee Entitlements arising from staff retrenchments from loss of grant funded activities currently undertaken on behalf of the Department of Health & Ageing		
<b>15 LEASE COMMITMENTS</b>		
Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements.		
Increase due to renting 32 the Avenue		
Payable - minimum lease payments		
- not later than 12 months – to end June 2012	154,677	89,000

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2011**

**16 (i) RELATED PARTY TRANSACTIONS**

A member of the Association is the owner of the office premises occupied by the Division.

This person is excluded from deliberations by the Committee on all matters pertaining to Occupancy of the building. The annual rental commitments are stated in note 15 above.

**16(ii) KEY MANAGEMENT PERSONNEL**

**(a)** The key management of the Division are its Management Committee Members and the Executive Director.

**(b)** Payments made to the Directors during the year amounted to \$24,072 (2010: \$24,601)

**(c)** The total compensation paid and payable to the senior management consists of short term benefits of \$117,769 (2010: \$ 118,945)

# St George Division of General Practice Inc

ABN 90 031 731 806

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

### NOTES TO THE CASH FLOW STATEMENT

For the purposes of the Cash Flow Statement, Cash and Cash Equivalents includes Cash on hand, Cash at bank and Term Deposits.

Note	2011 \$	2010 \$
<b>17 (i)</b>		
Cash and cash equivalents as at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:		
Cash on hand	374	493
Cash at bank	576,610	561,576
Term Deposit	275,150	400,000
	<b>852,134</b>	<b>962,069</b>
<b>17 (ii)</b>		
<b>Reconciliation of Surplus(Loss) to Net Cash (Used in ) / Provided by Operating Activities:</b>		
Surplus/(Loss)	(151,611)	(19,441)
Depreciation	29,270	9,323
Prior Year Adjustments	(21,819)	-
<b>Changes in Assets and Liabilities</b>		
(Increase) / Decrease in trade debtors	(155,084)	176,726
(Increase) / Decrease in other assets	(6,946)	(2,939)
Increase / (Decrease) in payables	125,390	72,290
Increase / (Decrease) in grant funds unspent & in advance	115,023	(286,417)
Increase / (Decrease) in After Hours Provision	(15,275)	(19,874)
Increase/(Decrease) in provision for employee benefits	51,323	(17,079)
<b>Net Cash ( Used in ) / Provided by Operating Activities</b>	<b>(29,730)</b>	<b>(87,411)</b>

## St George Division of General Practice Inc

ABN 90 031 731 806

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

#### Note 18. CONTRACT FUNDS FLOW STATEMENT

Contract Name	Carry Over From 2010	Grant Funds Received 2010/11	Total Grant Funds 2010/11	Interest Credited in 2010/11	Other Funds Credited in 2010/11	Funds Spent & Accrued in 2010/11	Net Funds Spent on Fixed Assets	Balance Unspent EOM
	\$	\$	\$	\$	\$	\$	\$	\$
DOHA - OBF	3,261	687,552	690,813	7,678	63,412	757,664	4,238	-
DOHA – Immunisation		27,213	27,213			27,213		-
DOHA - Closing the Gap - IHPO	18,304	79,200	97,504			97,009	495	-
DOHA – ATAPS - Admin		38,051	38,051			49,618		(11,567)
DOHA - ATAPS - Youth Zone			0			12,732		(12,732)
DOHA - ATAPS - Perinatal		66,828	66,828			42,685		24,143
DOHA – ATAPS – Service		148,793	148,793			198,162		(49,369)
MH - Community Forum			0		5,450	5,450		-
CDAT – Funding			0		4,500	893		3,607
Cervical Screening Recruitment*	190	(190)	0		23,299	23,299		-
National Prescribing Service	20,318	87,840	108,158		99	108,257		-
Go 4 Fun		18,182	18,182			10,200		7,982
Healthy Active Community School	(12,493)	12,493	0					-
RTC Medicare	(9,953)	9,964	11			11		-
Nurse in youth Clinic*			0		24,637	24,637		-
Youth Clinic*			0	23	15,982	16,004		-
Youth Zone Cultural Diversity	7,280		7,280			3,375		3,905
Lifestyle Clinic*	1,976		1,976		16,420	18,396		-
Dietetics*			0		27,401	27,401		-

## St George Division of General Practice Inc

ABN 90 031 731 806

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

#### Note 18. CONTRACT FUNDS FLOW STATEMENT continued

Contract Name	Carry Over From 2010	Grant Funds Received 2010/11	Total Grant Funds 2010/11	Interest Credited in 2010/11	Other Funds Credited in 2010/11	Funds Spent & Accrued in 2010/11	Net Funds Spent on Fixed Assets	Balance Unspent EOM
	\$	\$	\$	\$	\$	\$	\$	\$
Collaboratives	3,881		3,881					3,881
Mental Health Nurse (Medicare/AHS)	2,000		2,000		110,640	120,685		(8,045)
GP NSW - ACAI - Admin		25,438	25,438			25,439		-
GP NSW - ACAI - Service	(6,526)	76,315	69,789			69,789		-
GP NSW Nurse Incentive Program	11,307	13,031	24,338			24,338		-
GP NSW MH D&A SC		125,000	125,000			76,426		48,574
NSW Health - CDM		90,000	90,000			63,120		26,880
Other Initiatives - Young Minds	1,789	2,000	3,789					3,789
<b>Total Grant Contracts</b>	<b>41,333</b>	<b>1,507,711</b>	<b>1,549,044</b>	<b>7,700</b>	<b>291,840</b>	<b>1,802,803</b>	<b>4,734</b>	<b>41,047</b>