



FAIR WORK  
AUSTRALIA

5 October 2010

Mr. Gary Bucknall  
Executive Officer (Industrial)  
Australian Salaried Medical Officers Federation  
Western Australian Branch

email: Gary.Bucknall@amawa.com.au

Dear Mr Bucknall

**Financial reports of the Australian Salaried Medical Officers Federation - Western Australian Branch for the years ended 31 December 2008 and 2009 (FR2008/601 and 2009/10277)**

Thank you for forwarding the operating reports in relation to the financial reports of the Western Australian Branch of the Australian Salaried Medical Officers Federation for the years ended 31 December 2008 and 2009; this has been placed with the documents previously lodged

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'L Powell'.

Larry Powell  
Tribunal Services and Organisations

## **POWELL, Larry**

---

**From:** Gary Bucknall [Gary.Bucknall@amawa.com.au]  
**Sent:** Tuesday, 28 September 2010 7:08 PM  
**To:** POWELL, Larry  
**Subject:** ASMOF WA Branch financial reports - Operating Reports for 2008 and 2009  
**Attachments:** ASMOF\_2009.pdf; ASMOF\_2008.pdf

Dear Mr Powell

Further to our recent email discussions and the undertakings that I provided to you.

I can confirm that the attached 2008 and 2009 Operating Reports for ASMOF WA Branch were posted in the Associations Website on the 2<sup>nd</sup> September 2010.

That a General meeting of members was held on the 20<sup>th</sup> September 2010.

The resolution in relation to the Operating reports was as follows:

“2008 ASMOF WA Branch Operating Report

That the ASMOF WA Branch Operating Report for 2008 be endorsed.

2009 ASMOF WA Branch Operating Report

That the ASMOF WA Branch Operating Report for 2009 be endorsed.”

I trust that the above now satisfies the requirements of ASMOF WA financial reporting requirements.

Kind regards

**Gary Bucknall | Executive Officer (Industrial)**  
**Australian Medical Association (WA)**  
14 Stirling Highway, Nedlands WA 6009 Australia | Tel: +61 8 9273 3023 | Fax: +61 8 9273 3073  
Web: [www.amawa.com.au](http://www.amawa.com.au) | Email: [Gary.Bucknall@amawa.com.au](mailto:Gary.Bucknall@amawa.com.au)  
Please consider the environment before printing this email.

**Not a member of the AMA? Know someone who should be?**  
**Then get an application form from [www.amawa.com.au](http://www.amawa.com.au)**

Please consider the environment before printing this email.

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# Australian Salaried Medical Officers Federation Western Australian Branch

## Operating Report for the year Ended 31<sup>st</sup> December 2008

### Principle Activities

The principle activities of the Branch during the financial year were:

- To promote and protect the broad interests of Salaried Medical Officers
- To provide services to members;
- To advocate the provision and development of Quality Health Services
- To provide industrial services to the members with particular emphasis on protecting and improving the interests of members

### Results of Principle Activities

The Branch's principle activities resulted in maintaining and improving services provided to members, promoting and protecting the broad interests of salaried medical practitioners and advocating the provision of quality health services.

### Significant Changes in the Nature of the Principle Activities

There were no significant changes in the nature of the Branch's principal activities.

### Significant changes to the Branch's Financial Affairs

There were no significant changes affecting the financial affairs of the Branch

### Number of Members

The number of persons who, at the end of the financial year, were recorded on the register of members was 576

### Number of Employees

There were no persons who were employed by the Branch during the financial year

### Members of the Committee of Management

The persons who held office as members of the Committee of Management of the Branch at the beginning of the financial year were:

Branch President:	Dr Geoffrey Dobb
Branch Vice President:	Dr Michael O'Sullivan
Branch Secretary:	Dr Gary Geelhoed
Branch Assistant Secretary/Treasurer:	Dr Ian Jenkins

### Manner of resignation – s254 (2)(c)

Members may resign from the Branch in accordance with Rule 11 (Resignation) which reads as follows:

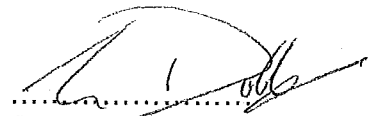
## Australian Salaried Medical Officers Federation Western Australian Branch

- (1) A member of the Federation may resign from membership by written notice addressed and delivered to the Branch Secretary.
- (2) Notice of resignation from membership of the Federation takes effect:
  - (i) where the member ceases to be eligible to become a member of the Federation:
    - (a) on the day on which the notice is received by the Federation;  
or
    - (b) on the day specified in the notice, which is a day not earlier than the day when the member ceases to be eligible to become a member.whichever is later, or
  - (ii) in any other case:
    - (a) at the end of two weeks after the notice is received by the Federation, or
    - (b) on the day specified in the notice;whichever is later.
- (3) Any dues payable but not paid by a former member of the Federation, in relation to a period before the member's resignation from the Federation took effect, may be sued for and recovered in the name of the Federation, in a court of competent jurisdiction, as a debt to the Federation.
- (4) A notice delivered to the person mentioned in sub-rule (1) shall be taken to have received by the Federation when it was delivered.
- (5) A notice of resignation that has been received by the Federation is not invalid because it was not addressed and delivered in accordance with sub-rule (1).
- (6) A resignation from membership of the Federation is valid even if it is not effected in accordance with this Rule if the member is informed in writing by or on behalf of the Federation that the resignation has been accepted.
- (7) In special circumstances the Federal Council may by resolution accept the resignation of a member and release the member from any or all outstanding obligations to the Federation, notwithstanding that the provisions of these Rules have not been complied with.

Australian Salaried Medical Officers Federation  
Western Australian Branch

**Superannuation Entity s254 (2)(d)**

No officer or member of the reporting unit holds a position as a trustee or director of a superannuation entity or exempt public sector superannuation scheme where the criterion for holding such position is that they are an officer or member of an organisation

A handwritten signature in black ink, appearing to read 'G Dobb', written over a horizontal dotted line.

Prof G Dobb

President

01 September 2010



FAIR WORK  
AUSTRALIA

27 August 2010

Mr Gary Bucknall  
Industrial Officer  
Australian Salaried Medical Officers Federation  
Western Australian Branch

Email: Gary.Bucknall@amawa.com.au

Dear Mr Bucknall,

**Re: Financial reports of the Australian Salaried Medical Officers Federation for the years ended 31 December 2008 and 31 December 2009 (FR2008/601 and 2009/10277)**

Thank you for lodging the financial reports of the Western Australian Branch of the Australian Salaried Medical Officers Federation for the years ended 31 December 2008 and 2009. The documents were lodged in this office on 1 June 2010.

I also acknowledge receipt of amended financial reports for the above financial reports which were lodged in this office on 19 August 2010.

I further acknowledge receipt of the operating reports in relation to the above financial reports which were lodged in this office on 26 August 2010.

The financial reports have now been filed.

Examination of the financial report for the year ended 31 December 2008 has shown that matters requiring advice have either been corrected or repeated in relation to the Branch's financial report for the year ended 31 December 2009.

I direct your attention to the following comment concerning the above financial reports and the financial reporting obligations under Schedule 1 of the Workplace Relations Act 1996 (RAO Schedule) [now Fair Work (Registered Organisations) Act 2009] (RO Act). Please note that this matter is advised for assistance in the future preparation of financial reports; no further action is required in respect of the subject documents.

**Timescale Provisions**

As you are aware, an organisation is required under the RO Act to undertake certain steps in accordance with specified timelines. Information about these timeline requirements can be found on the [Fair Work Australia website](#). In particular, I draw your attention to [fact sheet 08](#) which explains the timeline requirements, and [fact sheet 09](#) which sets out the timeline requirements in diagrammatical form.

Where the full report is presented to a committee of management meeting, it must be first provided to members within 5 months of the end of the financial year [section 265(5)(b)] and presented to the committee of management meeting within 6 months of the end of the financial year( section 266).

It is noted that this did not occur within the timeframe. If this course of action is to be repeated in future financial years, please ensure that the full report is provided to members within 5 months and presented to a committee of management meeting within 6 months.

Should you wish to discuss any of the matters raised in this letter, I may be contacted on (03) 8661 7993 or by email at [larry.powell@fwa.gov.au](mailto:larry.powell@fwa.gov.au).

Yours sincerely

A handwritten signature in black ink, appearing to read 'L. Powell'.

Larry Powell  
Tribunal Services and Organisations  
Fair Work Australia

# Australian Salaried Medical Officers Federation Western Australian Branch

## Operating Report for the year Ended 31<sup>st</sup> December 2008

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or
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Australian Salaried Medical Officers Federation  
Western Australian Branch

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# AUSTRALIAN MEDICAL ASSOCIATION



WESTERN AUSTRALIA

A-130-1

Mr Larry Powell  
Statutory Services Branch  
Fair Work Australia  
GPO Box 1994  
Melbourne Victoria 3001

Dear Mr Powell

**Re: Australian Salaried Medical Officers Federation, Western Australian Branch financial reports for the year ended 31<sup>st</sup> December 2008**

Enclosed are the Financial Reports and relevant certificates for the Australian Salaried Medical Officers Federation (WA Branch) for the year ended 31 December 2008.

Should you require further information please contact the undersigned on 9273 3023 or [Gary.Bucknall@amawa.com.au](mailto:Gary.Bucknall@amawa.com.au)

Yours Sincerely

A handwritten signature in cursive script that reads "Gary Bucknall".

Mr Gary Bucknall  
Industrial Officer

Encl.

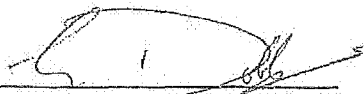
17<sup>th</sup> August 2010

**WORPLACE RELATIONS ACT, 1996**

**Australian Salaried Medical Officers' Federation  
Western Australian Branch**

Certificate pursuant to Section 268 of the Workplace Relations Act 1966

I, Dr Geoff Dobb, President of the Australian Salaried Medical Officers' Federation (Western Australian Branch) hereby certify that the attached documents are full copies of the Auditor's report, accounts and statements for the financial year 2007/8 provided to the membership by publication on the Federations Website on 14<sup>th</sup> July 2010 and presented to the Committee of Management on the 16<sup>th</sup> August 2010 in accordance with the Workplace Relations Act 1966

  
Dr Geoff Dobb

17<sup>th</sup> August 2010

**Australian Salaried Medical Officers Federation  
Western Australian Branch  
Committee of Management Statement**

On 29<sup>th</sup> June 2010 the Committee of Management of the Australian Salaried Medical Officers Federation – Western Australian Branch (the reporting unit) passed the following resolution in relation to the General Purpose Financial Report of the reporting unit for the year ended 31<sup>st</sup> December 2008.

That the Committee of Management declares that in relation to the General Purpose Financial Report that in its opinion;

- (a) The financial statements and notes comply with the Australian Accounting Standards;
- (b) The financial statements and notes comply with the reporting guidelines of the Industrial Registrar;
- (c) The financial statements and notes give a true and fair view of the financial performance, financial position and cash flows of this reporting unit for the financial year to which they related;
- (d) There are reasonable grounds to believe that the reporting unit will be able to pay its debts as and when they become due and payable;
- (e) During the financial year to which the General Purpose Financial Report relates and since the end of that year:
  - (i) Meetings of the Committee of Management were held in accordance with the rules of the Australian Salaried Medical Officers Federation, including the rules concerning branches of that Federation;
  - (ii) The financial affairs of the reporting unit have been managed in accordance with the rules of the Australian Salaried Medical officers Federation, including the rules concerning Branches of that Federation;
  - (iii) The financial records of the reporting unit have been kept and maintained in accordance with the RAO Schedule and RAO Regulations;
  - (iv) The financial records of the reporting unit have been kept, as far as practicable, in a consistent manner to each of the reporting units of the Australian Salaried Medical Officers Federation;
  - (v) The information sought in any request of a member of the reporting unit or a Registrar duly made under section 272 of the RAO Schedule has been furnished to the member or Registrar;



**Australian Salaried Medical Officers Federation  
Western Australian Branch  
Financial Report for the Year Ended 31 December 2008**

**Australian Salaried Medical Officers Federation**  
**Western Australian Branch**

**INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2008**

	<b>Note</b>	<b>2008</b>	<b>2007</b>
		<b>\$</b>	<b>\$</b>
Revenue		-	-
Other expenses		(62)	(37)
<b>Profit / (Loss) before income tax</b>		<u>(62)</u>	<u>(37)</u>
Income tax expense		-	-
<b>Profit / (Loss) for the year</b>		<u>(62)</u>	<u>(37)</u>

The accompanying notes form part of these financial statements.



**Australian Salaried Medical Officers Federation**  
**Western Australian Branch**

**BALANCE SHEET AS AT 31 DECEMBER 2008**

	<b>Note</b>	<b>2008</b>	<b>2007</b>
		<b>\$</b>	<b>\$</b>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	1,905	1,967
<b>TOTAL CURRENT ASSETS</b>		<u>1,905</u>	<u>1,967</u>
<b>TOTAL ASSETS</b>		<u>1,905</u>	<u>1,967</u>
<b>NET ASSETS</b>		<u>1,905</u>	<u>1,967</u>
<b>EQUITY</b>			
Retained earnings		1,905	1,967
<b>TOTAL EQUITY</b>		<u>1,905</u>	<u>1,967</u>

The accompanying notes form part of these financial statements.

**Australian Salaried Medical Officers Federation**  
**Western Australian Branch**

**STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 DECEMBER 2008**

	<b>Retained Earnings</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>
<b>Balance at 1 January 2007</b>	<b>2,004</b>	<b>2,004</b>
Loss attributable to members	(37)	(37)
<b>Balance at 31 December 2007</b>	<b>1,967</b>	<b>1,967</b>
Loss attributable to members	(62)	(62)
<b>Balance at 31 December 2008</b>	<b>1,905</b>	<b>1,905</b>

The accompanying notes form part of these financial statements.

**Australian Salaried Medical Officers Federation  
Western Australian Branch**

**STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2008**

	<b>Note</b>	<b>2008</b>	<b>2007</b>
		<b>\$</b>	<b>\$</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Payments to suppliers and employees		(62)	(37)
Net cash used in operating activities	5	(62)	(37)
Net decrease in cash held		(62)	(37)
Cash and cash equivalents at beginning of financial year		1,967	2,004
Cash and cash equivalents at end of financial year		1,905	1,967

The accompanying notes form part of these financial statements.

# Australian Salaried Medical Officers Federation

## Western Australian Branch

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008

The financial statements cover Australian Salaried Medical Officers Federation Western Australian Branch as an individual entity.

#### NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, including Australian Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board as well as the requirements of the Fair Work (Registered Organisations) Act 2009. Compliance with Australian Accounting Standards ensures that the financials statements and notes also comply with International Financial Reporting Standards.

The financial report is prepared on an accrual basis and is based on historical costs and does not take into account changing money values, or except where stated, the current value of non-monetary assets.

The accounting policies adopted have been consistently applied, unless otherwise stated.

##### Accounting Policies

###### a. Income Tax

The Entity is exempt from income tax, under section 50 of the Income Tax Assessment Act.

###### b. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

###### c. Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements. The difference between the amount initially recognised and the amount ultimately received is interest revenue.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the provision of membership subscriptions is recognised on a straight-line basis over the financial year.

All revenue is stated net of the amount of goods and services tax (GST).

###### d. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. 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 in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

## Australian Salaried Medical Officers Federation

### Western Australian Branch

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008

e. **Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Where the entity has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

f. **New Accounting Standards and Interpretations**

There have been new Australian Accounting Standards and Interpretations issued/ or amended that are applicable to the Australian Salaried Medical Officers Western Australian Branch but not yet effective. They have been considered and it is believed that they have no material impact on the presentation on the financial report.

**Australian Salaried Medical Officers Federation**  
**Western Australian Branch**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008**

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 2: CASH AND CASH EQUIVALENTS</b>		
Cash at bank and in hand	1,905	1,967
Short-term bank deposits	-	-
	<u>1,905</u>	<u>1,967</u>

No interest was earned on cash balances in current or previous year.

**Reconciliation of cash**

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash and cash equivalents	<u>1,905</u>	<u>1,967</u>
	<u>1,905</u>	<u>1,967</u>

**Credit risk**

The entity has no credit risk as only financial assets held relate to cash at bank.

**NOTE 3: CAPITAL AND LEASING COMMITMENTS**

Entity has no capital or leasing commitments.

**NOTE 4: CONTINGENT LIABILITIES AND CONTINGENT ASSETS**

No contingent assets or liabilities have been identified.

**NOTE 5: CASH FLOW INFORMATION**

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
<b>Reconciliation of Cash Flow from Operations with Loss after Income Tax</b>		
Loss after income tax	(62)	(37)
Net cash flow from operations	<u>(62)</u>	<u>(37)</u>

# Australian Salaried Medical Officers Federation

## Western Australian Branch

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2009

#### NOTE 6: FINANCIAL RISK MANAGEMENT

The entity's financial instruments consist solely of cash at bank.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2008 \$	2007 \$
<b>Financial assets</b>			
Cash and cash equivalents		1,905	1,967
<b>Total financial assets</b>		1,905	1,967

#### Financial Risk Management Policies

The entity's treasurer is responsible for, among other issues, monitoring and managing financial risk exposures of the entity. The treasurer monitors the entity's transactions and reviews the effectiveness of controls relating to credit risk, financial risk and interest rate risk. Due to the limited activity of the entity and of the financial instruments held, the Treasury is solely responsible for monitoring and managing financial risk exposure.

The treasurer's overall risk management strategy seeks to ensure that the entity meets its financial targets, while minimising potential adverse effects of cash flow shortfalls.

#### Specific Financial Risk Exposures and Management

The main risks the entity is exposed to through its financial instruments are interest rate risk, liquidity risk, credit risk and equity price risk.

##### a. Credit risk

No credit risk in the entity exists as total financial assets held are limited to cash at bank.

##### b. Liquidity risk

No liquidity risk exists as the entity has no financial liabilities.

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2008 \$	2007 \$	2008 \$	2007 \$	2008 \$	2007 \$	2008 \$	2007 \$
<b>Financial assets — cash flows realisable</b>								
Cash and cash equivalents	1,905	1,967	-	-	-	-	1,905	1,967
<b>Total anticipated inflows</b>	1,905	1,967	-	-	-	-	1,905	1,967
<b>Net (outflow)/inflow on financial instruments</b>	1,905	1,967	-	-	-	-	1,905	1,967

## Australian Salaried Medical Officers Federation Western Australian Branch

### NOTE 6: FINANCIAL RISK MANAGEMENT (CONTINUED)

#### *Financial assets pledged as collateral*

No financial assets have been pledged as security for any financial liability.

#### c. **Market risk**

##### (i) *Interest rate risk*

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows.

At 31 December 2008, no financial assets or liabilities are exposed to interest rate risk.

##### (ii) *Price risk*

Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices of securities held.

The entity has no exposure to price risk.

#### *Sensitivity analysis*

No sensitivity analysis has been performed on interest rate and foreign exchange risk, as the entity is not exposed to interest rate and foreign currency fluctuations.

#### **Net Fair Values**

##### **Fair value estimation**

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgment, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgment and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices.



# Australian Salaried Medical Officers Federation

## Western Australian Branch

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2009

#### NOTE 6: FINANCIAL RISK MANAGEMENT (CONTINUED)

	Footnote	2008		2007	
		Net Carrying Value	Net Fair Value	Net Carrying Value	Net Fair Value
		\$	\$	\$	\$
<b>Financial assets</b>					
Cash and cash equivalents	(i)	1,905	1,905	1,967	1,967
<b>Total financial assets</b>		<b>1,905</b>	<b>1,905</b>	<b>1,967</b>	<b>1,967</b>
<b>Financial liabilities</b>					
<b>Total financial liabilities</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

The fair values disclosed in the above table have been determined based on the following methodologies:

- (i) Cash and cash equivalents, trade and other receivables and trade and other payables are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for relating to annual leave, which is not considered a financial instrument.

#### Financial Instruments Measured at Fair Value

No financial instruments recognised at fair value exist in the entity. No analysis has been performed.

#### NOTE 7: CAPITAL MANAGEMENT

The Treasurer controls the capital of the entity to ensure that adequate cash flows are generated to fund its operations and that returns from investments are maximised. The Treasurer ensures that the overall risk management strategy is in line with this objective.

The entity's capital consists of total equity.

Management effectively manages the entity's capital by assessing the entity's financial risks and responding to changes in these risks and in the market. These responses may include consideration of debt levels.

There have been no changes to the strategy adopted by management to control the capital of the entity since the previous year. The strategy of the entity is to maintain a gearing ratio of 0%.

The gearing ratios for the years ended 31 December 2008 and 31 December 2007 are as follows:

	Note	2008	2007
		\$	\$
Trade and other payables		-	-
Total financial liabilities		-	-
Total equity (reserves plus retained earnings)		1,905	1,967
<b>Total capital</b>		<b>1,905</b>	<b>1,967</b>
Gearing ratio		0%	0%

# Australian Salaried Medical Officers Federation

## Western Australian Branch

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2009

#### NOTE 8: ORGANISATION DETAILS

The registered office of the entity is:

Australian Salaried Medical Officers Federation Western Australian Branch.

14 Stirling Hwy

Nedlands WA 6009

The principal places of business is:

Australian Salaried Medical Officers Federation Western Australian Branch.

14 Stirling Hwy

Nedlands WA 6009

#### NOTE 9: SEGMENT REPORTING

The entity operates predominantly in one business and geographical segment, being the trade union sector, providing industrial representation to members of the entity throughout Western Australia.

#### NOTE 10: NOTICE REQUIRED UNDER THE FAIR WORK (REGISTERED ORGANISATIONS ) ACT 2009

In accordance with the requirements of the Fair Work (Registered Organisations) Act 2009, the attention of members is drawn to the following provisions of the Act:-

##### S.272

- (1) A member of the reporting unit, or a Registrar, may apply to the reporting unit for specified prescribed information in relation to the reporting unit to be made available to the person making the application.
- (2) The application must be in writing and must specify the period with which, and the manner in which, the information is to be made available. The period must not be less than 14 days after the application is given to the reporting unit.
- (3) A reporting unit must comply with an application made under subsection (1).

#### NOTE 11: RELATED PARTY INFORMATION

Persons holding positions as executive (committee of management) members during the year were:-

Dr Geoff Dobb                      Branch President

Dr Michael O'Sullivan      Branch Vice-President

Dr Gary Geelhoed              Branch Secretary

Dr Ian Jenkins                      Branch Assistant Secretary/Treasurer

No remuneration was received by Officers or Executive members during the year.



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**Independent Auditor's Report  
To the Members of Australian Salaried Medical Officers Federation Western  
Australian Branch**

We have audited the accompanying general purpose financial report of Australian Salaried Medical Officers Federation Western Australian Branch which comprises the balance sheet as at 31 December 2008, and the income statement, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes to the financial statements, the statement by the Committee of Management and Operating Report of Australian Salaried Medical Officers Federation Western Australian Branch.

**Responsibility of the Committee of Management for the financial report**

The Committee of Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Fair Work (Registered Organisations) Act 2009 (RO Act). This responsibility includes 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 and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances. In Note 1 the Committee of Management also states, in accordance with Accounting Standard AASB 101: Presentation of Financial Statements, that compliance with the Australian equivalents to International Financial Reporting Standards ensures that the financial report, comprising the financial statements and notes, complies with International Financial Reporting Standards.

**Auditor's responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards, which require us to comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance as to whether the financial report is free of material misstatement.

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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 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 internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee of Management, 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 have complied with the applicable independence requirements of the Accounting Professional and Ethical Standards Board.

#### **Auditor's opinion**

In our opinion:

- a satisfactory accounting records were kept by the Branch in respect of the year ended 31 December 2008, including:
  - i records of the sources and nature of the income of the Branch (including income from members); and
  - ii records of the nature and purposes of expenditure of the Branch; and
- b the general purpose financial report presents fairly, in all material respects, in accordance with the requirements imposed by the RO Act and applicable Australian Accounting Standards including the Australian Accounting Interpretations, the financial position of the Branch as at 31 December 2008, and of its performance and its cash flows for the year then ended.
- c the financial statements also comply with International Financial Reporting Standards as disclosed in Note 1.

We have obtained all the information and explanations we required from the officers and employees of the Branch, which were necessary for the purposes of our audit, and there were no deficiencies, failures or shortcomings in relation to the matters referred to above.

GRANT THORNTON AUDIT PTY LTD  
Chartered Accountants



J W Vibert CA  
Registered Company Auditor  
Director - Audit & Assurance Services  
Perth, 5 July 2010



FAIR WORK  
AUSTRALIA

23 June 2010

Mr Gary Bucknall  
Industrial Officer  
Australian Salaried Medical Officers Federation  
Western Australian Branch

Email: [Gary.Bucknall@amawa.com.au](mailto:Gary.Bucknall@amawa.com.au)  
Cc: [admin@qtw.com.au](mailto:admin@qtw.com.au)

Dear Mr Bucknall,

**Re: Financial reports of the Australian Salaried Medical Officers Federation – Western Australian Branch for the years ended 31 December 2008 and 31 December 2009 (FR2008/601 and 2009/10277)**

Thank you for lodging the financial reports of the Western Australian Branch of the Australian Salaried Medical Officers Federation for the years ended 31 December 2008 and 2009. The documents were lodged in this office on 1 June 2010.

I also acknowledge receipt of auditor's reports dated 17 May 2010 in relation to the above financial reports which were lodged in this office on 17 June 2010.

I also note your advice of 17 June 2010 advising that the auditor's reports in relation to the financial reports have not been supplied to members.

Examination of the financial report for the year ended 31 December 2008 has shown that matters requiring advice have either been corrected or repeated in relation to the Branch's financial report for the year ended 31 December 2009.

I direct your attention to the following comments concerning the above financial reports and the financial reporting obligations under Schedule 1 of the Workplace Relations Act 1996 (RAO Schedule) [now Fair Work (Registered Organisations) Act 2009]. Please note that the financial reports will not be filed until the requested information has been lodged in this office.

**1. Financial Report**

The financial reporting requirements contained in the RAO Schedule were intended to encourage efficient management of organisations and ensure that they were accountable to their members. They have not changed under the *Fair Work (Registered Organisations) Act 2009*.

The requirements comprise a number of steps. In summary, financial reports have to be prepared, audited, supplied to members, presented to a meeting and lodged in Fair Work Australia. In addition, those steps have to be performed in a particular order, within a specified timeframe.

Throughout the year, the Branch is required to keep financial records. As soon as practicable after the end of the financial year, a general purpose financial report ("GPFR") must be prepared from the financial records. The contents of the GPFR were set out in [section 253](#) of the RAO Schedule (now [section 253](#) of the *Fair Work (Registered Organisations) Act 2009*).

One component of the GPFR is the Committee of Management statement. The Branch Committee of Management must meet after the financial statements and notes have been prepared. The purpose of this meeting is to authorise the Committee of Management (as the Branch's management group) to make a statement dealing with the matters in [item 25](#) of the Reporting Guidelines (note also items 24 and 26).

After the Committee of Management statement has been signed it must be forwarded, along with the other financial statements and notes, to the Branch's auditor so an auditor's report can be prepared.

Next, the GPFR (including the Committee of Management statement and auditor's report) together with an [Operating Report](#) are provided to members. Then, all of the material must be placed before either a second Committee of Management meeting, or a meeting of the Branch's membership. The purpose of this meeting is for the Branch (taken as a whole) to adopt the financial reporting material for the year.

If the Branch decides to place the full report before a meeting of its members, the GPFR and operating report must be provided to the members at least 21 days before the meeting. If the Branch instead decides to place the material before a second Committee of Management meeting, the GPFR and operating report must be provided to the members within 5 months of the end of the financial year.

Finally, within 14 days of presentation to the meeting, the full report and a [Designated Officer's Certificate](#), must be lodged with Fair Work Australia.

Unless all of these steps are taken, the financial report cannot be filed.

From the information available in relation to the Branch's financial reports for the years ended 31 December 2008 and 2009:

- the full report which included the Committee of Management statement and the Operating Report was provided to members by publication on the Federation's website on 5 May 2010;
- the auditor's report which is dated 17 May 2010 was not supplied to members;
- the Committee of Management statement is dated 18 May 2010;
- the Operating Report is undated and unsigned; and
- the financial report was presented to the Committee of Management on 17 May 2010.

It therefore appears that the Committee of Management statement and the Operating Report were supplied to members unsigned and/or undated. Further, because the auditor's report is dated before the Committee of Management statement the auditor could not have considered the Committee of Management statement when preparing his report. As such he could not have audited a GPFR within the meaning of the RAO Schedule.

If the dates on the documents are accurate, I advise the Branch will need to repeat certain steps in the reporting process. Specifically, the Branch is required to do the following:

- Arrange for the preparation of an Auditor's Report that provides an opinion that fully meets the requirements of the RAO Schedule (see item 2).
- Arrange for a notice to members to be prepared setting out the provisions of subsections 272(1), (2) and (3) of the RAO Schedule.

- The reporting unit should then supply the full report to its members, including as mentioned above, an amended Auditor's Report, Operating Report and Committee of Management Statement that have been prepared in accordance with the RAO Schedule as well as the notice to members.
- Present the full report to another meeting of the Branch Committee of Management or a General Meeting of members.
- Lodge the full report in this office within 14 days of the relevant meeting accompanied by a Designated Officer's Certificate (section 268).

## **2. Auditor's Report**

The opinion expressed by the auditor in their report has not fully met the requirements of the RAO Schedule. Section 257(5) now sets out the matters on which an auditor is required to state an opinion. An acceptable wording would be as follows:

"In our opinion the general purpose financial report presents fairly in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements in Australia and the requirements of the RAO Schedule."

I note that the auditor states that he has audited the financial report consisting of the statement of financial position, statement of comprehensive income, statement of changes in equity and statement of cash flows. As the auditor is required to take into account the Committee of Management statement when preparing their report it would be advisable for the auditor to indicate that he has audited the "full financial report" rather than identifying the beforementioned documents.

I further note the auditor states that the financial report is in accordance with the Associations Incorporation Act 1987. Such reference should be to the Fair Work (Registered Organisations) Act 2009.

## **3. Notice to members**

There should be included in the financial report a notice drawing attention to provisions of the Act that prescribed information is available to members on request and which sets out a copy of subsections 272(1), (2) and (3) - refer subsection 272(5) of the RAO Schedule and regulation 161(f) of the Workplace Relations (Registration and Accountability of Organisations) Regulations 2003.

Should you wish to discuss this letter or if you require further information on the financial reporting requirements of the Act, I may be contacted on (03) 8661 7993 or by email at [larry.powell@fwa.gov.au](mailto:larry.powell@fwa.gov.au).

Yours sincerely



Larry Powell  
Tribunal Services and Organisations

# AUSTRALIAN MEDICAL ASSOCIATION



Mr Larry Powell  
Statutory Services Branch  
Fair Work Australia  
GPO Box 1994  
Melbourne Victoria 3001

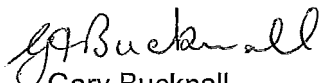
Dear Mr Powell

**Re: Australian Salaried Medical Officers Federation, Western Australian  
Branch financial reports for the year ended 31<sup>st</sup> December 2008**

Enclosed are the Financial Reports and relevant certificates for the Australian Salaried Medical Officers Federation (WA Branch) for the year ended 31 December 2008.

Should you require further information please contact the undersigned on 9273 3023 or [Gary.Bucknall@amawa.com.au](mailto:Gary.Bucknall@amawa.com.au)

Yours Sincerely

  
Gary Bucknall  
Industrial officer

Encl.

28 May 2010



# Australian Salaried Medical Officers Federation Western Australian Branch

## Operating Report for the year Ended 31<sup>st</sup> December 2008

### Principle Activities

The principle activities of the Branch during the financial year were:

- To promote and protect the broad interests of Salaried Medical Officers
- To provide services to members;
- To advocate the provision and development of Quality Health Services
- To provide industrial services to the members with particular emphasis on protecting and improving the interests of members

### Results of Principle Activities

The Branch's principle activities resulted in maintaining and improving services provided to members, promoting and protecting the broad interests of salaried medical practitioners and advocating the provision of quality health services.

### Significant Changes in the Nature of the Principle Activities

There were no significant changes in the nature of the Branch's principal activities.

### Significant changes to the Branch's Financial Affairs

There were no significant changes affecting the financial affairs of the Branch

### Number of Members

The number of persons who, at the end of the financial year, were recorded on the register of members was 576

### Number of Employees

There were no persons who were employed by the Branch during the financial year

### Members of the Committee of Management

The persons who held office as members of the Committee of Management of the Branch at the beginning of the financial year were:

Branch President:	Dr Geoffrey Dobb
Branch Vice President:	Dr Michael O'Sullivan
Branch Secretary:	Dr Gary Geelhoed
Branch Assistant Secretary/Treasurer:	Dr Ian Jenkins

### Manner of resignation – s254 (2)(c)

Members may resign from the Branch in accordance with Rule 11 (Resignation) which reads as follows:

## Australian Salaried Medical Officers Federation Western Australian Branch

- (1) A member of the Federation may resign from membership by written notice addressed and delivered to the Branch Secretary.
- (2) Notice of resignation from membership of the Federation takes effect:
  - (i) where the member ceases to be eligible to become a member of the Federation:
    - (a) on the day on which the notice is received by the Federation;  
or
    - (b) on the day specified in the notice, which is a day not earlier than the day when the member ceases to be eligible to become a member.

whichever is later, or
  - (ii) in any other case:
    - (a) at the end of two weeks after the notice is received by the Federation, or
    - (b) on the day specified in the notice;

whichever is later.
- (3) Any dues payable but not paid by a former member of the Federation, in relation to a period before the member's resignation from the Federation took effect, may be sued for and recovered in the name of the Federation, in a court of competent jurisdiction, as a debt to the Federation.
- (4) A notice delivered to the person mentioned in sub-rule (1) shall be taken to have received by the Federation when it was delivered.
- (5) A notice of resignation that has been received by the Federation is not invalid because it was not addressed and delivered in accordance with sub-rule (1).
- (6) A resignation from membership of the Federation is valid even if it is not effected in accordance with this Rule if the member is informed in writing by or on behalf of the Federation that the resignation has been accepted.
- (7) In special circumstances the Federal Council may by resolution accept the resignation of a member and release the member from any or all outstanding obligations to the Federation, notwithstanding that the provisions of these Rules have not been complied with.

Australian Salaried Medical Officers Federation  
Western Australian Branch

**Superannuation Entity s254 (2)(d)**

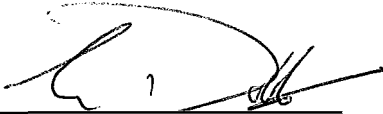
No officer or member of the reporting unit holds a position as a trustee or director of a superannuation entity or exempt public sector superannuation scheme where the criterion for holding such position is that they are an officer or member of an organisation

## **WORPLACE RELATIONS ACT, 1996**

### **Australian Salaried Medical Officers' Federation Western Australian Branch**

Certificate pursuant to Section 268 of the Workplace Relations Act 1966

I, Dr Geoff Dobb, President of the Australian Salaried Medical Officers' Federation (Western Australian Branch) hereby certify that the attached documents are full copies of the Auditor's report, accounts and statements for the financial year 2007/8 provided to the membership by publication on the Federations Website on 5<sup>th</sup> May 2010 and presented to the Committee of Management on the 17<sup>th</sup> May 2010 in accordance with the Workplace Relations Act 1966



Dr Geoff Dobb

17<sup>th</sup> May 2010

**Australian Salaried Medical Officers Federation  
Western Australian Branch  
Committee of Management Statement**

On 17<sup>th</sup> May 2010 the Committee of Management of the Australian Salaried Medical Officers Federation – Western Australian Branch (the reporting unit) passed the following resolution in relation to the General Purpose Financial Report of the reporting unit for the year ended 31<sup>st</sup> December 2008.

That the Committee of Management declares that in relation to the General Purpose Financial Report that in its opinion;

- (a) The financial statements and notes comply with the Australian Accounting Standards;
- (b) The financial statements and notes comply with the reporting guidelines of the Industrial Registrar;
- (c) The financial statements and notes give a true and fair view of the financial performance, financial position and cash flows of this reporting unit for the financial year to which they related;
- (d) There are reasonable grounds to believe that the reporting unit will be able to pay its debts as and when they become due and payable;
- (e) During the financial year to which the General Purpose Financial Report relates and since the end of that year:
  - (i) Meetings of the Committee of Management were held in accordance with the rules of the Australian Salaried Medical Officers Federation, including the rules concerning branches of that Federation;
  - (ii) The financial affairs of the reporting unit have been managed in accordance with the rules of the Australian Salaried Medical officers Federation, including the rules concerning Branches of that Federation;
  - (iii) The financial records of the reporting unit have been kept and maintained in accordance with the RAO Schedule and RAO Regulations;
  - (iv) The financial records of the reporting unit have been kept, as far as practicable, in a consistent manner to each of the reporting units of the Australian Salaried Medical Officers Federation;
  - (v) The information sought in any request of a member of the reporting unit or a Registrar duly made under section 272 of the RAO Schedule has been furnished to the member or Registrar;

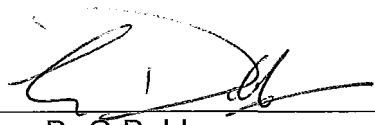
**Australian Salaried Medical Officers Federation  
Western Australian Branch  
Committee of Management Statement**

- (vi) No orders for the inspection of records have been made by the Commission under section 273 of the RAO Schedule.
  
- (f) In relation to the recovery of wages activity:
  - (i) There has been no such activity undertaken by the reporting unit.

From the Committee of Management

Title of Office Held: **President**

Signed: \_\_\_\_\_

  
Dr G Dobb

Date: 18<sup>th</sup> May 2010

Australian Salaried Medical Officers Federation

Western Australian Branch

Financial Report for the Year Ended 31 December 2008

INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2008

	Note	2008	2007
		\$	\$
Revenue		-	-
Other expenses		(62)	(37)
Loss before income tax		(62)	(37)
Income tax expense		-	-
Loss for the year		(62)	(37)

The accompanying notes form part of these financial statements.

**Australian Salaried Medical Officers Federation**

**Western Australian Branch**

**BALANCE SHEET AS AT 31 DECEMBER 2008**

	Note	2008	2007
		\$	\$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	1,905	1,967
<b>TOTAL CURRENT ASSETS</b>		<u>1,905</u>	<u>1,967</u>
<b>TOTAL ASSETS</b>		<u>1,905</u>	<u>1,967</u>
<b>NET ASSETS</b>			
		<u>1,905</u>	<u>1,967</u>
<b>EQUITY</b>			
Retained earnings		1,905	1,967
<b>TOTAL EQUITY</b>		<u>1,905</u>	<u>1,967</u>

The accompanying notes form part of these financial statements.



**Australian Salaried Medical Officers Federation**

**Western Australian Branch**

**STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 DECEMBER 2008**

	Retained Earnings	Total
	\$	\$
Balance at 1 January 2007	2,004	2,004
Loss attributable to members	(37)	(37)
<b>Balance at 31 December 2007</b>	<b>1,967</b>	<b>1,967</b>
Loss attributable to members	(62)	(62)
<b>Balance at 31 December 2008</b>	<b>1,905</b>	<b>1,905</b>

The accompanying notes form part of these financial statements.

Australian Salaried Medical Officers Federation  
Western Australian Branch

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2008

	Note	2008	2007
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments to suppliers and employees		(62)	(37)
Net cash used in operating activities	5	<u>(62)</u>	<u>(37)</u>
Net decrease in cash held		(62)	(37)
Cash and cash equivalents at beginning of financial year		<u>1,967</u>	<u>2,004</u>
Cash and cash equivalents at end of financial year		<u><u>1,905</u></u>	<u><u>1,967</u></u>

The accompanying notes form part of these financial statements.

## Australian Salaried Medical Officers Federation

### Western Australian Branch

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008

The financial statements cover Australian Salaried Medical Officers Federation Western Australian Branch as an individual entity.

#### NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### **Basis of Preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations and the *Associations Incorporation Act 1987*.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

##### **Accounting Policies**

###### **a. Income Tax**

The Association is exempt from income tax, under section 50 of the Income Tax Assessment Act.

###### **b. Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the statement of financial position.

###### **c. Revenue and Other Income**

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements. The difference between the amount initially recognised and the amount ultimately received is interest revenue.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the provision of membership subscriptions is recognised on a straight-line basis over the financial year.

All revenue is stated net of the amount of goods and services tax (GST).

###### **d. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. 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 in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

e. **Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Where the association has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

# Australian Salaried Medical Officers Federation

## Western Australian Branch

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008

	2008	2007
	\$	\$
NOTE 2: CASH AND CASH EQUIVALENTS		
Cash at bank and in hand	1,905	1,967
Short-term bank deposits	-	-
	<u>1,905</u>	<u>1,967</u>

No interest was earned on cash balances in current or previous year.

#### Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash and cash equivalents	1,905	1,967
	<u>1,905</u>	<u>1,967</u>

#### Credit risk

The entity has no credit risk as only financial assets held relate to cash at bank.

### NOTE 3: CAPITAL AND LEASING COMMITMENTS

Entity has no capital or leasing commitments.

### NOTE 4: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

No contingent assets or liabilities have been identified.

### NOTE 5: CASH FLOW INFORMATION

	2008	2007
	\$	\$
Reconciliation of Cash Flow from Operations with Loss after Income Tax		
Loss after income tax	(62)	(37)
Net cash flow from operations	<u>(62)</u>	<u>(37)</u>

# Australian Salaried Medical Officers Federation

## Western Australian Branch

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008

#### NOTE 6: FINANCIAL RISK MANAGEMENT

The association's financial instruments consist solely of cash at bank.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2008 \$	2007 \$
<b>Financial assets</b>			
Cash and cash equivalents		1,905	1,967
<b>Total financial assets</b>		1,905	1,967

#### Financial Risk Management Policies

The association's treasurer is responsible for, among other issues, monitoring and managing financial risk exposures of the association. The treasurer monitors the association's transactions and reviews the effectiveness of controls relating to credit risk, financial risk and interest rate risk. Due to the limited activity of the entity and of the financial instruments held, the Treasury is solely responsible for monitoring and managing financial risk exposure.

The treasurer's overall risk management strategy seeks to ensure that the association meets its financial targets, while minimising potential adverse effects of cash flow shortfalls.

#### Specific Financial Risk Exposures and Management

The main risks the association is exposed to through its financial instruments are interest rate risk, liquidity risk, credit risk and equity price risk.

a. **Credit risk**

No credit risk in the entity exists as total financial assets held are limited to cash at bank.

b. **Liquidity risk**

No liquidity risk exists as the entity has no financial liabilities.

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2008	2007	2008	2007	2008	2007	2008	2007
	\$	\$	\$	\$	\$	\$	\$	\$
<b>Financial assets — cash flows realisable</b>								
Cash and cash equivalents	1,905	1,967	-	-	-	-	1,905	1,967
<b>Total anticipated inflows</b>	1,905	1,967	-	-	-	-	1,905	1,967
<b>Net (outflow)/inflow on financial instruments</b>	1,905	1,967	-	-	-	-	1,905	1,967

## Australian Salaried Medical Officers Federation

### Western Australian Branch

#### NOTE 6: FINANCIAL RISK MANAGEMENT (CONTINUED)

##### *Financial assets pledged as collateral*

No financial assets have been pledged as security for any financial liability.

##### c. **Market risk**

###### (i) *Interest rate risk*

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows.

At 31 December 2008, no financial assets or liabilities are exposed to interest rate risk.

###### (ii) *Price risk*

Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices of securities held.

The association has no exposure to price risk.

##### *Sensitivity analysis*

No sensitivity analysis has been performed on interest rate and foreign exchange risk, as the association is not exposed to interest rate and foreign currency fluctuations.

##### **Net Fair Values**

##### **Fair value estimation**

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgment, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgment and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices.

**Australian Salaried Medical Officers Federation**

**Western Australian Branch**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008**

**NOTE 6: FINANCIAL RISK MANAGEMENT (CONTINUED)**

	Footnote	2008		2007	
		Net Carrying Value \$	Net Fair Value \$	Net Carrying Value \$	Net Fair Value \$
<b>Financial assets</b>					
Cash and cash equivalents	(i)	1,905	1,905	1,967	1,967
<b>Total financial assets</b>		<b>1,905</b>	<b>1,905</b>	<b>1,967</b>	<b>1,967</b>
<b>Financial liabilities</b>					
<b>Total financial liabilities</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

The fair values disclosed in the above table have been determined based on the following methodologies:

- (i) Cash and cash equivalents, trade and other receivables and trade and other payables are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for relating to annual leave, which is not considered a financial instrument.

**Financial Instruments Measured at Fair Value**

No financial instruments recognised at fair value exist in the association. No analysis has been performed.

**NOTE 7: CAPITAL MANAGEMENT**

The Treasurer controls the capital of the association to ensure that adequate cash flows are generated to fund its operations and that returns from investments are maximised. The Treasurer ensures that the overall risk management strategy is in line with this objective.

The association's capital consists of total equity.

Management effectively manages the entity's capital by assessing the entity's financial risks and responding to changes in these risks and in the market. These responses may include consideration of debt levels.

There have been no changes to the strategy adopted by management to control the capital of the association since the previous year. The strategy of the association is to maintain a gearing ratio of 0%.

The gearing ratios for the years ended 31 December 2008 and 31 December 2007 are as follows:

	Note	2008 \$	2007 \$
Trade and other payables		-	-
Total financial liabilities		-	-
Total equity (reserves plus retained earnings)		1,905	1,967
<b>Total capital</b>		<b>1,905</b>	<b>1,967</b>
Gearing ratio		0%	0%



**Australian Salaried Medical Officers Federation  
Western Australian Branch**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008**

**NOTE 8: ASSOCIATION DETAILS**

The registered office of the association is:

Australian Salaried Medical Officers Federation Western Australian Branch.

14 Stirling Hwy

Nedlands WA 6009

The principal places of business is:

Australian Salaried Medical Officers Federation Western Australian Branch.

14 Stirling Hwy

Nedlands WA 6009

**NOTE 9: SEGMENT REPORTING**

The association operates predominantly in one business and geographical segment, being the trade union sector, providing industrial representation to members of the association throughout Western Australia.

# Australian Salaried Medical Officers Federation

## Western Australian Branch

### STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee the financial report as set out on pages 1 to 11:

1. Presents a true and fair view of the financial position of Australian Salaried Medical Officers Federation Western Australian Branch as at 31 December 2008 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that Australian Salaried Medical Officers Federation Western Australian Branch will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:

President .....



Geoffrey Dobb

Treasurer .....



Ian Jenkins

Dated this 17 day of 5 2010



FAIR WORK  
AUSTRALIA

18 December 2009

Mr. Gary Bucknall  
Executive Officer (Industrial)  
Australian Salaried Medical Officers Federation  
Western Australian Branch  
14 Stirling Highway  
NEDLANDS WA 6009

Dear Mr Bucknall,

**Application for certificate of exemption from requirements of Chapter 8, Part 3 of the Fair Work (Registered Organisations) Act 2009 (FR2008/601)**

I acknowledge receipt of the 2008 annual report of The Australian Medical Association (WA) Incorporated. The report was received in Fair Work Australia on 27 October 2009 in response to telephone requests between officers of this office and your Branch on 14 April, 18 September and 27 October 2009.

In my correspondence of 11 March 2009 I invited Mr Jennings to submit any material he wished me to consider before I determined the application for an exemption under section 271 of the then Schedule 1 of the Workplace Relations Act 1996 exempting the Branch from its financial reporting obligations.

In response to my invitation, Mr Jennings in a letter dated 17 March 2009 stated that as a result of a conjoint arrangement that exists between the Australian Medical Association (the AMA) and the Australian Salaried Medical Officers Federation (the Federation) the Branch does not have any financial transactions.

As stated previously, the rules of your Branch indicate that the Branch does have financial affairs. The arrangement between the Australian Medical Association and the Australian Salaried Medical Officers Federation can only be a contractual one. In my view it is not possible for a reporting unit to avoid its financial obligations under the Act by contracting them out to a separate entity, whether an associated body or a third party. Ultimately, the Branch remains responsible and accountable for the management of its financial affairs.

On that basis I refuse to grant the application under section 271 for an exemption from the financial reporting requirements of Part 3 of Chapter 8 of the Act for the financial year ended 31 December 2008. Having reached that conclusion, I advise the Branch must forthwith prepare, circulate and lodge a financial report for the financial year ended 31 December 2008 in accordance with the requirements of the Act.

Should you wish to discuss this correspondence you are requested to contact Larry Powell on 03 8661 7993 or at [larry.powell@fwa.gov.au](mailto:larry.powell@fwa.gov.au).

Yours sincerely,



Terry Nassios

DELEGATE OF THE GENERAL MANAGER  
FAIR WORK AUSTRALIA

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# 2019 Annual Report



Prof G Geelhoed  
President



Prof G Dobb  
Immediate  
Past President



Dr D Mountain  
Vice President



Dr J. J. Wilson  
Vice President



Dr T. Stanger  
Treasurer



Dr J. J. Wilson  
Honorary secretary



Dr J. J. Wilson  
Assistant  
Honorary secretary



Dr R Choong  
Councillor



Dr J. J. Wilson  
Councillor



Dr P Garcia-Webb  
Councillor



Dr J Jenkins  
Councillor



Dr J. J. Wilson  
Councillor



Dr M O'Sullivan  
Councillor



Dr J. J. Wilson  
Councillor



Prof I Puddey  
Councillor



Dr S Baker  
Councillor



Dr J. J. Wilson  
Councillor



Dr M Gannon  
Councillor



Dr A Miller  
Councillor



Dr J. J. Wilson  
Councillor



Prof G Frost  
Councillor



Dr M Foreman  
Councillor



Dr P Maguire  
Councillor



Mr O McWilliam  
WAMSS Rep



Mr J Runciman  
MSAND Rep

# Annual Report The Australian Medical Association (WA) Incorporated

The year saw the fall of the Director General, the resolution of salaried negotiations, a change of Government, and towards the end, the emerging effects of the Global Financial Crisis with significant ramifications for the Australian economy, Government revenues, health funding and consequently the management of hospitals. The need for unity amongst the profession, strong lobbying and representation to Government and the media was essential in the emerging climate and reinforced the pivotal role the Association plays in representing the profession and advocating for improved health care services.

## Awards

There were many positives throughout the year. A number of members received various honours which reflect the contribution of member to society. Three AMA (WA) members were inducted into the Order of Australia as part of the 2008 Australia Day Honour's List, along with past Federal AMA President, Bill Glasson and 20 other AMA members across the nation. Of the WA members who were recognised, RPH Consultant Surgeon, Michael Lawrence-Brown was awarded an Officer of the Order of Australia for his leadership in Vascular Surgery, innovations and quality assurance activities. Past President and former Chief Executive of Path West Laboratory, Dr Keith Shilkin was recognised for his dedication to his profession as a Pathologist, contribution to research and was awarded a Member of the Order of Australia. The former head of King Edward Memorial Hospital Gynaecological Department, Dr Victor White, was also awarded a Member of the Order of Australia for his 40 year contribution to Gynaecology and Obstetrics in WA.

The Association's Awards Night and Gala Dinner held in July at Government House, was the highlight on the social calendar. Against the regal backdrop of the Government House Ballroom, distinguished guests, members and health industry executives came together to enjoy a memorable evening. Renowned Neurosurgeon, Professor Bryant Stokes won the 2008 AMA(WA) award for his contribution to medicine and commitment to improving the health and well being of the community. The AMA(WA) President's Award went to Mr Peter Forbes, Managing Director of the Medical Defence Association national group for his outstanding contribution and leadership in the field of medical defence over almost three decades. This devotion to ensuring doctors get the best advice available, made difficult in stressful times caused by legal predicaments. His leadership and help in seeking to resolve the indemnity crisis of 2002/03 was a popular choice.

A new initiative developed between AMA(WA) and Healthway was the introduction of the "Healthier WA Award" which was won by the MATES Men's Support Group from Busselton for outstanding success in reducing the incidence of domestic violence in the region. The award seeks to encourage and provide some financial support for the continuation of initiatives which improve health.

## National Conference

At the AMA's National Conference, our Past President, Dr Rosanna Capolingua was re-elected unopposed for a second term as AMA President. In addition, Professor Fiona Stanley was awarded the 2008 AMA Gold Medal and AMA(WA) Executive Director, Paul Boyatzis was one of three people to receive the 2008 AMA President's Award. AMA(WA) also succeeded again in winning the Federal AMA Best Lobby Campaign Award for its strategic approach to Industrial Negotiations between the AMA (WA) and the State Government which the judging panel described as "sophisticated, extremely well planned, extensively researched and successful in delivering a 43 per cent pay rise for Salaried Doctors in WA". AMA (WA) also won the Best Website Award from amongst all State AMAs and for the third year running was the winner of the AMA /ACOSH National Tobacco Scoreboard Award for progress in anti-smoking reform.

AMA was extremely active on a range of Public Health issues, foremost of which was its action throughout the year urging additional anti-tobacco reforms in a bid to reduce suffering and escalating health care costs.

## Executive Director

The Association's Executive Director, Paul Boyatzis celebrated his 20th Anniversary with the Association and a special dinner was held at the University Club attended by nearly all past AMA presidents, the Federal President Rosanna Capolingua, past AMA Federal President Mukesh Haikerwal and a number of other special guests and senior staff.

## Health Department

Significant changes occurred in the Health Department of WA with the departure of the Director General, Dr Neale Fong following various controversies and an adverse report from the Crime and Corruption Commission. Dr Peter Flett first acted and was then subsequently appointed as Director General, which marked a significant change in style.

## New Graduates and Training

Some 177 new graduates started their internship in January, the highest on record. Projected increases with the addition of University of Notre Dame and expansion of numbers saw this number increase from the traditional 125 in 2006 and will increase further to approximately 300 graduates in 2010. An exciting and challenging time, to absorb and facilitate training for the increased numbers of undergraduates, interns and prospective vocational trainees. Welcoming the interns at graduate ceremonies, orientations and at AMA functions was both an honour and a privilege.

Doctors in Training issues were an extremely strong focus, the AMA allocated additional secretariat resources to complement the strong leadership provided by Dr Camille Michener in 2007 and Dr Ruth Blackham in 2008 and address numerous issues some of which are addressed in this report.

The AMA continues to lobby for an integrated, fully resourced training plan for Doctors in Training which recognises the State's responsibility to teach the next generation and do so to the highest quality possible.

#### **Medico-political activities**

Medico politically, the Association was extraordinarily busy on a range of both State and National levels. Many submissions were formulated, detailed lobbying undertaken and intense regulations undertaken on some issues, details of which are reported elsewhere in this report.

Critical issues, such as the emergency department pressure, beds, teaching, training and equipment and the needs of General Practice and Doctors in Training received critical attention. Infrastructure planning and, negotiation on behalf of salaried doctors, which was a dominant issue in 2007, continued with resolution of the primary Metropolitan Health Services Agreement occurring, following the special general meeting held on December 18, 2007, which voted in favour of accepting the package thrashed out in the preceding 18 months. The Agreement was registered by the WA Industrial Relations Commission on February 7, 2008 and delivered extraordinary increases for members, from interns through to consultants, and provided the base for negotiations and resolutions of a number of other related agreements reported on elsewhere in this report.

#### **General Practice**

The AMA along with WAGPET undertook surveys of medical students to ascertain their career intentions in order to assist in developing targeted marketing to promote General Practice as a career choice for undergraduate medical students.

Many GP issues were also sought to be addressed through the AMAs Council of General Practice and Council as detailed in the General Practice report hereunder.

#### **State Government**

A critical change in the landscape was the change in State Government in September, like the previous year's change in the Federal Government, which took all commentators by surprise. The early election called by the Carpenter Labor Government in September 2008 backfired with a Liberal National partnership (not a Coalition) achieving a slim majority, seeing the first change in State Government in 8 years. AMA member, Dr Kim Hames was appointed Minister for Health, Minister for Indigenous Affairs and Deputy Leader, an extraordinarily prestigious achievement. Similarly, Dr Graham Jacobs was named Minister for the new discrete portfolio of Mental Health. Their predecessor, Jim McGinty was recognised as an extraordinarily effective Minister, who achieved a great deal in convincing Government to fund long term solutions to restructure public hospitals, smoking, modernise legislation that had been long overdue, was effective across a broad range of issues requiring attention, albeit relations with him had been variable, depending on the issue.

#### **PUBLIC HEALTH**

##### **Youth Programs**

2008 was again an exciting year for the Youth Friendly Doctor Training Program and the Dr Yes initiative. Four medical students coordinated the administration and management of the Dr YES program which delivered sessions to over 5,000 Year 10 – 12 high school students in metropolitan and rural areas of the State. With support from the Royal Flying Doctor Service, the Dr YES team was able to visit some more of the remote areas of the State, including the Kimberley and Pilbara region. Under the guidance of the AMA (WA) Director of Public Health and in conjunction with AMA(SA), the Youth Friendly Doctor Training Program commenced delivery to doctors in South Australia. Both programs continue to attract interest from other State AMAs and medical student groups throughout Australia.

##### **Traineeships / Apprenticeships and Community Programs**

The AMA in partnership with Government, continued during 2008 to deliver various employment, work experience and community programs. Various initiatives were developed during the year with excellent outcomes being achieved.

##### **Health, Aged Care and Community Care Training**

The AMA in association with Health Training Australia (HTA) continued in 2008, to deliver a reskilling and upskilling training program to a large number of hospital support workers and carers working in aged care facilities.

Training resources were developed during the year for various Certificate II and Certificate III health qualifications. Australia wide distribution of the resource handbooks commenced late 2008.

##### **Indigenous Training and Employment Programs**

In 2008, the AMA, in conjunction with Government and other partners, was involved in various Indigenous strategies. Initiatives included the delivery of employment and training programs through both the AMA and Health Training Australia, where by assistance was provided to some hundreds of Indigenous people. While most of the pre-vocational training and employment activity related to Indigenous people was based in metropolitan Perth, a specific strategy also involved services to Indigenous people in the greater southern area of Western Australia.

##### **Training Seminar Schedule**

During 2008, the training program for evening and week end sessions continued to grow. Presentations covered a range of professional, business and personal matters for both doctors and practice staff and medical students at the University of Notre Dame Australia.

##### **Legislation**

The new Medical Act of 2008, which was the product of 15 years of work and very strong representation by the AMA, was finally passed and achieved a reasonable compromise providing a substantial modernisation and important framework to seek to maintain and improve standards for

# Annual Report The Australian Medical Association (WA) Incorporated

care. Unfortunately, the Federal Government's National Registration and Accreditation agenda, which sought to effectively replace State Medical Boards and introduce ministerial control for both registration and accreditation, stood to dilute the achievements in the new Medical Act and was the subject of significant assessment and lobbying by AMA(WA) and Federal AMA during the year and continues.

Advanced health care directive legislation, which was originally tabled in 2006 and subject to vigorous debate during 2007 was also passed.

## Global Financial Crisis

The later part of the year saw the beginnings of the Global Financial Crisis which started to have a profound effect on Commonwealth and State funding with significant implications for health expenditure and "reform agendas". The new Government, largely to fund its election promises, also sought to apply a 3 per cent efficiency dividend or budget cut. The AMA subsequently appeared before a Parliamentary Committee and argued any increases in efficiency should be reinvested to try and address deficiencies in funding and provide for effective reform.

## Conclusion

The AMA has worked tirelessly throughout the year to represent the profession and serve its membership across all fronts. You can be very proud of the representation and services provided by the Association, its elected member representatives and dedicated staff.

As detailed further in this report, the level of strategic, analytical and representational services and activities the AMA provides to its members is truly remarkable. Without the extraordinary efforts of the Association in representing, liaising and negotiating with Government and other organisations, and meeting the demands in the public area, the outcomes and achievements detailed in this report would not have been possible.

I would also like to take this opportunity to thank our member representatives who contributed and participated in the Association. Your passion and continued support is greatly appreciated and is an essential element to develop and improve AMA services and activities. I would urge all doctors to join and become active in the Association.

I have thoroughly enjoyed representing members and the profession alike. I commend the Association's report to you.

## PROFESSOR GARY GEELHOED

### DIVISION OF STATE GOVERNMENT AND SALARIED SERVICE Salaried Agreements

2008 was a landmark year, which saw the finalisation and registration of the Department of Health Medical Practitioners (Metropolitan Health Services) AMA Industrial Agreement 2007 PSA AG2 of 2008, which was registered on

February 7, 2008. The increases conferred by this Agreement represented the largest aggregate set of increases ever secured by the Association. It was the culmination of 3 years of work in terms of formulation and hard negotiation which dominated the Association's activities during 2007, in particular, culminating in the General Meeting on October 10, 2007 and a subsequent one on December 18 to resolve issues associated with changes to mobility provisions. The ultimate package offered major improvement to both Doctors in Training, and importantly from their career perspective for senior practitioners as well, with increases of up to 43 per cent. The outcome was recognised by the Federal AMA, with the AMA(WA) winning the Best Lobby Award for the year.

In association with the Agreement, a number of special deals were also concluded, providing above agreement benefits to anaesthetists, general surgeons, pathologists and others. The process leading to the outcome and subsequently was characterised by a very strong communication strategy with the Association's members, evidenced by a "new industrial update" strategy introduced at the beginning of negotiations in 2006 to deal with the general agreement and other issues. Some 16 industrial updates were distributed during 2008.

As indicated in the updates, the resolution of the MHS Agreement also had a profound effect on seeking to resolve other agreements with the following Industrial Agreements being registered with the WA Industrial Relations Commission on 2 May:

1. Department of Health Medical Practitioners (Director General) AMA Industrial Agreement 2007
2. Department of Health Medical Practitioners (Drug and Alcohol Office) AMA Industrial Agreement 2007.

On September 24, 2008 after specific and difficult negotiations two further Agreements were registered, namely:

1. Department of Health Medical Practitioners (Clinical Academics) AMA Industrial Agreement 2008
2. Department of Health Medical Practitioners (WA Country Health Service) AMA Industrial Agreement 2008.

Negotiations were complex due to their particularities. In the case of Clinical Academics, significant improvements were secured over and above the general movements improving the relative position of Academics compared to their Consultant counterparts.

In the context of Rural Practitioners, negotiations proved to be particularly difficult, resulting in complex restructuring particularly in the North West, resulting in even larger increases than the MHS with non-specialists for the first time attaining access to Arrangement A and a Professional Development Expense Allowance and their salary scale being significantly restructured, differentiating between non procedural and procedural non specialists and lifting the commencement point and enhancing their career structures/packages. A significant dispute arose over understandings that the North West Arrangement A would or would not be back dated. The Department contended access to A would



only apply from the date of election notwithstanding the understandings reached in negotiations evidenced in various ways. The Association launched a significant campaign involving Rural Doctors in the North West to counter the employers approach. This was ultimately successful with AMA securing very significant back pay for members.

In addition, the Association maintained and sought to renegotiate various Private Sector Agreements:

1. The Royal Flying Doctors Services of Australia Western Operations, Medical Practitioners Industrial Agreement 2003/EAAG 23 of 2004.
2. Australian Red Cross Blood Service (WA) AMA Industrial Agreement 2004 AG 260 of 2004
3. St. John of God Healthcare Murdoch AMA Medical Practitioners Industrial Agreement 2005

Interim adjustments had previously been obtained in relation to the RFDS pending the outcome of the WACHS Agreement and were built on in the subsequent outcome.

Complexities due to changes to the Industrial Law as a consequence of a High Court decision in a Work Choices case essentially facilitated a change in jurisdiction from State to Federal of Industrial Regulation of employees covered by trading corporation, pursuant to the Corporations Power in the Federal Constitution. The renegotiations of these Agreements complicated some negotiations which were ultimately addressed in various ways depending on the circumstances resulting in:

1. A new RFDS Agreement reflecting very substantial improvements indeed being registered in the State Industrial Commission in March 2009.
2. The Red Cross Agreement being finalised but necessarily having to be registered as an employee collective agreement under Federal Legislation.
3. St John of God Health Care Agreement being negotiated as an employee collective agreement under Federal legislation.

All these Agreements contain very significant improvements for members. A large part of the Association's activities were also taken up in the implementation of these Agreements, with numerous meetings with doctors convened to explain the new Agreements and various advice published and distributed and implementation issues and problems addressed as and when they arose. The principle problems included translation across from the old to new scales, and delays in seeking to address major problems with the Health Corporate Network (responsible for payroll) implementing the Agreements with a very high error rate on their part, resulting in substantial underpayments in most instances and in some instances, overpayments. The Association's experience with HCN as reported elsewhere proved to be highly unsatisfactory and was the cause of major complaint amongst the profession and a considerable drain on the Association's resources.

#### **Work Choices**

A High Court decision examining the legality or otherwise constitutionality of the Liberal Party's Work Choices

legislation determined that the Federal Corporations power could be used to regulate industrial relations between "trading corporations" and their employees, thus providing for a massive transfer in responsibility for a large section of the industrial relations system from State to Federal jurisdiction. The decision itself also has profound implications for Commonwealth - State relations and "new federalism". The decision had a particular impact on AMA(WA) in terms of how it could represent doctors employed by trading corporations in the private sector.

The Association also ran a number of seminars to private practices across the State on the Work Choices regime.

The Labor Party campaigned very strenuously in the Federal Election against Work Choices and replaced the long serving Federal Liberal Government. New legislation was introduced which addressed some concerns with Work Choices but fundamentally retained the shift from State to Federal for employees of trading corporations.

#### **ASMOF**

The AMA(WA)/ASMOF conjoint agreement continued to provide potential access to the Federal Industrial jurisdiction to complement the AMA(WA) role on a State level. The potential importance of the Agreement, given the outcome of "Work Choices" extending Commonwealth powers over industrial relations in "trading corporations" is extremely important. ASMOF and AMA are seeking to ensure a conjoint agreement meets their respective needs

#### **Health Corporate Network**

Health Corporate Network was established several years ago to centralise and improve efficiency of payroll and supply services to hospitals. This unfortunately resulted in hospital resources being reduced and centralised with a diminution in some corporate support services and extremely poor experiences with payroll with numerous errors, delays and problems, resulting in very significant representations having to be made during the year to seek to address concerns. Various meetings were held with Health Corporate Network complemented by other representations to Government. The lack of progress and sheer volume of complaints resulted in the Association re-surveying practitioners to add weight to its representations. The results published in December were damning of HCN's performance, with clinicians being extraordinarily critical of HCN, signifying a major lack of confidence in their capabilities to address payroll issues and provide appropriate corporate support remote from hospital/ patient needs. Representations have continued in 2009 with a number of assurances being secured. However, the proof will be in the outcomes.

#### **Payslips**

A particular issue of concern for doctors has been the difficulties in understanding their payslips. Detailed representations were made to Government and advice provided to practitioners. A number of improvements were



# Annual Report The Australian Medical Association (WA) Incorporated

secured during the year however, technological platforms used by HCN continue to cause difficulties and fail to facilitate ease of understanding of payslips, including all basic information such as leave credits which do not assist in auditing and assessing accuracy of payments made.

## Emergency Services

A threat by WA Emergency Physicians to resign en masse because of lack of Consultants to help ease the pressures in their departments jolted the Government into action with promises of funding for an extra 36 doctors and other support staff. Other improvements were also secured. The ongoing problems with Access Block, lack of beds and the need to address the issues was highlighted constantly by the Association throughout the year. With the change of Government in September, the new Government undertook a study tour of the UK and invited the Association to participate to examine a UK "four hour rule" initiative and assess its appropriateness for WA. The Association's President accompanied the Minister and others on the study tour and a number of recommendations were made as to how the matter should be handled in 2009.

## Rural Doctors

The Association's successful completion of negotiations, referred to earlier, for a new Salaried Country Health Services Agreement provide for the extension of Arrangement A to non-specialists, substantial back pay and significantly enhances packages for members which should assist in securing health services for country patients in a number of areas where it is extremely difficult to attract and retain practitioners presently.

## Safe hours

The Association continued its activities in relation to safe hours during the year. One issue that arose out of negotiations culminated in Government accepting that practitioners commencing shifts after 12 noon should not be rostered more than 12 hours. It raised a number of practical and operational considerations which the Association dealt with during the course of the year. The changes in the new Industrial Agreement provide another evolutionary step in addressing quality and safety issues.

## Visiting Medical Practitioners

The Association made submissions to the Department which were accepted and resulted in adjustments being made to the State Government's WA Public Hospital Fees Schedules of between 3.40 per cent and 4.28 per cent depending on movements in costs for the discipline concerned.

## Workers Compensation

The Association engaged WorkCover on various matters on workers compensation and also sought to assist with education programs for its staff. In terms of rebates, WorkCover accepted the submission to adjust workers compensation rebates by 4.78 per cent, effective from December 18, 2008.

## DOCTORS IN TRAINING (DIT) REPORT

2008 saw the Doctors in Training Committee continue its advocacy for Junior Doctors ensuring training opportunities and adequacy of supervision were maintained. Dr Ruth Blackham continued to Chair the DIT Committee with the assistance of Dr Michael O'Sullivan as Deputy Chair. Drs Blackham and O'Sullivan oversaw the broad range of issues facing Junior Doctors in 2008. Those issues, not discussed elsewhere in the main body of this Annual Report are detailed below:

### Communication

With increased staff within the Secretariat area there was a significant focus on ensuring that AMA (WA) was liaising and consulting with its DITs membership. AMA (WA) liaised with DITs via Industrial Updates (mentioned elsewhere in this report), regular emails regarding current issues, hospital visits, and the Hospital Ratings Survey 2008. In addition Dr Blackham started the AMA (WA) DIT Facebook Group which has also been utilised to broaden the communication tools available to the Association.

### Hospital Ratings Survey 2008

The Survey was held in early 2008. The Survey, like in 2004 focussed on identifying Junior Doctors' views regarding pay, leave entitlements, term allocations, education/supervision, rosters, safe hours, hospital administration, security and workplace and study facilities. For the most part across each of the hospitals the terms allocated and their capacity to meet training requirements was viewed positively. Likewise the Quality/Regularity of Formal Teaching, Access to Advice from Supervising Consultants also rates well. It was also reported that there were a number of areas requiring improvement such as ease of understanding payslips and accuracy of pay, adherence to timelines associated with confirmation of leave, adherence to safe working hours principles, access to taxi vouchers or reimbursement of expenses, access to secure lockers and adequacy of administrative work place facilities. In addition the Association was able to compare with the results of the 2004 Survey and identify where improvement had or had not occurred. Each of the teaching tertiary hospitals was advised of the outcome of the Survey and how each of their hospitals rated and identified where improvements were required.

### MHS Industrial Agreement 2007

Whilst the conclusion of the negotiations and the final registration of the Agreement in February 2008 facilitated significant improvements in employment conditions it also generated a number of issues that required investigation and resolution

- 12 after 12 – This provision was introduced to ensure safe working hours for Junior Doctors. The provision required that from July 1, 2008 practitioners should not be rostered for more than 12 consecutive hours after 12 noon. It was necessary for the AMA to ensure compliance with this provision. A special meeting was arranged on August 12 inviting both members and non-members to ensure that all issues were canvassed. The conclusion was that Junior Doctors supported the provision and sought to

have the AMA continue to advocate the matter with the employers.

- **Above Hours Doctor** – This issue arose regarding the interpretation of the overtime provisions within the Agreement with the employer recording public holidays, annual leave and professional development leave taken after 76 hours in a pay fortnight as above hours and only paying these hours at ordinary rates of pay. The Association has continued to advocate that these ought to be paid at the applicable overtime rate. The dispute with the employer continues.
- **Accessing Annual and Professional Development Leave** – From the results of the Hospital Ratings Survey and specific complaints it became evident that the employer was not complying with the provisions of the Agreement that required them to confirm within 2 weeks of receipt of an annual leave or professional development leave request whether the leave had been approved. The AMA formally raised this issue with the employers and continues to ensure compliance with this provision.
- **Payment of Overtime whilst on Secondment** – Issues arose when Junior Doctors were being seconded to non-government hospitals where payment for overtime in accordance with the Agreement was not being paid. The issue was formally raised with both the substantive employer and the non-government hospital concerned and whilst initial discussions were promising it is evident that the difficulties continue and therefore the Association continues to strongly advocate for compliance with the Agreement and for Junior Doctors to be appropriately compensated for the work they perform.

### **WACHS Industrial Agreement 2008**

The introduction of this Industrial Agreement saw significant improvement for Junior Doctors working North of the 260 South Latitude. Interns would commence at Pay Point 4 and RMO's at Level 5. Registrars would commence at Level 8 progressing through to Level 10 and then be considered Health Service Medical Practitioners Year 1 through to Year 4, then Senior Registrar would be equivalent to Health Service Medical Practitioners Year 5 and 6. The outcome is that Health Service Medical Practitioners thus Registrar Year 4 and above receive the same Arrangement A and Professional Development Expense Allowances as their Senior Practitioner colleagues. This has delivered a significant pay increase for junior practitioners in the North.

### **Fiona Stanley Hospital**

The DITs have been actively advocating for adequate workplace facilities at the new Fiona Stanley Hospital site. This has proved an ongoing concern and one that is continuing in 2009.

### **Physician Assistants and Nurse Practitioners**

The issues associated with task substitution by other health practitioners have been a significant item of debate at many DIT Committee meetings. The DIT Committee have strongly advocated that any decision about new health practitioner roles must be determined in the context of quality of care considerations and the massive increase in graduate medical

student numbers over the next five years. The Association needs to ensure that adequate provision is made for training and supervision of medical students and Junior Doctors and that there is no reduction in those aspects as a consequence of the current Governments budget uncertainties or move to introduce other workforce categories.

### **CPOE**

Significant issues were identified with nursing staff authorising requests for pathology tests in doctors names without any consultation with the doctor concerned. Various papers have been published regarding the iCM – Pathology Computerized Provider Order Entry process and the DITs have advocated for appropriate parameters to be put in place.

### **Rural Generalist Pathway (RGP)**

The RGP seeks to assist those Junior Doctors who are interested in establishing a career in rural medicine with a range of support services such as career planning and advice, mentorship and advocacy. Representatives from AMA (WA) and the DIT Committee have been actively participating in the RGP Working Party. As part of the working party AMA (WA) and the DIT Committee have been able to ensure that the professional, industrial and clinical interests of Junior Doctors are maintained and protected. Issues such as the need to ensure quality supervision and training, the adequacy of accommodation and access to annual leave whilst on rural rotation have been discussed at length.

### **Joondalup and WACHS as Primary Allocation Centres**

During 2008 both Joondalup Health Campus and WACHS have continued to pursue via the Post Graduate Medical Council of WA their desire to become Primary Allocation Centres. The DIT Committee have, via their representation on the PMCWA Committees been able to raise their concerns regarding these requests. At this point in time neither request has been approved by the PMCWA.

### **Representation on External Committees**

The DIT Committee continues to provide active representation both within the AMA and on external bodies and committees. This assists in ensuring that Junior Doctors' issues are appropriately raised and that issues of note can be appropriately debated at the monthly DIT Committee meetings. The DITs continue to actively participate in AMA Council, Inter Hospital Liaison Committee, AMACDT, Hospitals RMO Societies, Rural Generalist Pathway Working Party, Fiona Stanley Hospital Design Development Committee, Community Residencies Program Steering Committee, GP Registrar Forum, GP Reference Group, PMCWA Committees including PMCWA Executive, JMO Forum, Accreditation Committee, Education Committee and Workforce Committee.

### **Seminars and Workshops**

The DITs have continued to provide further education opportunities for their Junior Doctor colleagues with provision of seminars and workshops on CV Writing and Interview Skills and Getting Started in Clinical Research.

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These workshops will continue in 2009 and will be expanded to include Starting Out in Private Practice.

## Medical Students

The DIT Committee has continued its strong links with both medical student bodies, WAMSS and MSAND. The DIT Committee has representatives from both groups and WAMSS and MSAND are represented on AMA (WA) Council. This continued link ensures that the ongoing needs of Junior Doctors are adequately reflected on the DIT Committee agenda.

## Future Initiatives

There are a range of issues that require ongoing advocacy in 2009 including problems with HCN and ensuring that Junior Doctors are being paid correctly, above hour's doctor, adequacy of workplace facilities at Hospitals including Fiona Stanley, the significant issue of task substitution and the concerns associated with ensuring that there are sufficient positions available for Junior Doctors in the years to come particularly associated with the increase in medical student numbers.

## General Practice Training

For the past five years the AMA has been working with the Western Australian General Practice Education and Training (WAGPET) to encourage and support doctors interested in General Practice as a career. Extensive marketing, lobbying and support has been undertaken by the AMA to provide doctors with the opportunity to experience pre-vocational General Practice placements during their early hospital years and to promote General Practice as a career option for DITs. In 2008, on behalf of WAGPET and in conjunction with medical students from both the University of Notre Dame Australia and the University of Western Australia the AMA undertook a survey of students and interns career aspirations. A report on the outcomes was provided to WAGPET.

## GENERAL PRACTICE REPORT

The year for General Practice focused on a number of Federal and State issues including GP Super Clinics, Medicare 19(2) waiver, Pathology legislation, National Primary Care Strategy, GP levels in Aged Care, Maternity Services Review, GP training and GP red tape.

## GP Super Clinics

The AMA remains extremely concerned at the Federal Government's plan decision to proceed with its plan to invest \$220 million in GP Super Clinics. The AMA firmly believes, that the proposal as it stands, will do nothing to enhance General Practice and its capacity to provide services and care. The AMA views the proposal as competing with, and undermining those General Practitioners and their practices who are providing comprehensive whole patient care to the communities within which they serve. The AMA has met with the Divisions of General Practice and the RACGP to develop a common position with respect to dealing with the Super Clinic issue. The AMA maintains its position that it is vital that existing GP services are not undermined or made nonviable

with the introduction of a Super Clinic, a position that has received unanimous support from other GP organisations in WA. The AMA has also stressed the need for the Government to work with the profession and the community to ensure the GP Super Clinics are located where they are most needed. In addition, the Government must engage local GPs in areas where Super Clinics are planned, and give them every opportunity to have input into the GP Super Clinic model. Local solutions to local problems is one of the key points from the AMA's standpoint. The AMA has also recently responded to the Department of Health and Ageing's request for comment on the draft program overview of the GP Super Clinic initiative. The Association's submission sought to provide constructive advice on how the Super Clinic model and money can best complement existing services. The AMA (WA) has also undertaken a survey of GPs throughout the State, seeking their views on the Super Clinic initiative, the results of which show the majority of GPs are against its implementation.

## Medicare Section 19(2) waiver

There are a growing number of concerns amongst rural GPs regarding the WA Country Health Service to General Practitioners providing services in towns or areas with populations of less than 7000. The Section 19(2) Exemption under the Health Insurance Act (1973) is being used to enable Medicare rebates to be potentially claimed for Primary Health Care services delivered at public hospitals in towns or areas of recognised medical workforce shortage with populations of less than 7000. The initiative is designed to increase the services in remote/rural WA to provide greater access to underserved populations and not compete with General Practice. In short, it is not to be used as a cost shifting exercise. The Association has provided assistance to those GPs as well as expressing its concerns to the State Government regarding the State's initiative and believes there is a need to have very strict protocols in place to minimise any potential adverse implications for the doctors or the State. In the case of the doctors, the need to protect them from the risk of being investigated and/or prosecuted has prompted the Association to secure indemnity from the State Government and strengthen the protocols. However, doctors have been advised to still take their own legal advice on the appropriateness or otherwise of the cost shifting initiatives. The AMA will continue to rigorously pursue this issue and to ensure that General Practitioners working in rural communities are properly protected should the 19(2) waiver be considered for their community.

## Prohibited Pathology and Diagnostic Imaging Practices

The AMA has held a series of meetings with the Department of Health and Ageing with respect to the issues raised in their discussion papers regarding the proposed secondary legislation to support the Health Insurance Amendment (Inappropriate and Prohibited Practices and Other Measures) Act of 2007. The AMA has made its position clear that there is no value in the proposed amendments and is very concerned that further regulation will discourage smaller practices from co-locating with other providers and thus reduce patient access to pathology and diagnostic imaging services. It also

has the potential to have a significant financial impact on those General Practices which already have agreements with providers who have co-located with their practice. A submission to that end was made to the Department. As a consequence, the Department has advised it has addressed a number of the issues raised by the AMA and other groups, although the AMA has highlighted that the list of goods used for Pathology collection and storage is still too restrictive. Of particular concern to the AMA was the issue of market value and the need for the Department to deal with this issue appropriately, given the potential impact it will have on General Practice.

### **National Primary Health Care Strategy**

The AMA has noted the Federal Government's intention to develop a National Primary Health Care Strategy but has voiced its concerns over the Government's lack of transparency on how it intends to maintain high quality patient care while diverting patients from seeing doctors. The AMA has drawn the Government's attention to international studies demonstrating that GPs must remain at the centre of primary health care and that doing so keeps patients well and saves lives. The AMA has emphasised the need to put patient care at the centre of any health reform. The Association is concerned that the Government's proposed solution to patients needing to see a doctor is to falsely reassure them that seeing someone other than a doctor is the same thing. Other health providers are skilled and respected in their role in assisting with patient care, but in terms of comprehensive primary care, they are most effective for patients while under medical supervision, and it would be a backwards step to remove doctor's medical competency and skills from the first point of call in the health system. Therefore, the Association is keen to work on solutions for patients to get access to the best medical care, not short change patients with a quick fix that lowers safety and quality. As a consequence, the AMA has launched a Blueprint for the delivery of primary care services in Australia entitled "General Practice in Primary Care, Responding to Patients' Needs". This Blueprint demonstrates that while GP services accounts for less than one tenth per capita expenditure on health care, GPs provide all the care needed for 90 per cent of the health care problems they encounter. The Blueprint shows that Australian patients receive top quality health care from their family doctor, but it also shows that the Government should view GPs as excellent value for money. The Blueprint outlines the steps that must be taken to maintain and improve access to high quality primary health care for all Australians including an urgent requirement to fund more training places for GPs.

### **Compliance Audits**

Commencing in January 2009, General Practitioners will be faced with even more compliance audits than previously. Medicare Australia will be funded to undertake an additional 2000 MBS Compliance Audits each financial year. Under this increased audit program, providers will be asked to justify their MBS claiming by providing explanations and supported documentation. Doctors, when requested, will be required to produce records and show compliance with the claiming requirements contained in the MBS. New legislation will be required to introduce these changes

including in certain circumstances, access to relevant excerpts or a provider's clinical notes. The AMA is extremely concerned at such a proposal and will be lobbying the Government to ensure the legislation does not impose unreasonable requirements on doctors, and in particular, properly protects the privacy of both the doctor being audited and the patient whose medical records may be subject to review.

### **GP levels in Aged Care reaching crisis point.**

The AMA is concerned that GPs working in Aged Care have warned that the new Aged Care Access Initiatives contain little incentives for doctors to work in aged care facilities. Under the initiative, accredited GPs who claim for 60 or more services within an Aged Care Home are eligible for an incentive payment. However, there is concern that many doctors working in aged care are not accredited. Concerns have also been raised that the incentive payment is only to the serving doctor where other similar incentive programs for conditions like Asthma and Diabetes have a practice payment to help fund the whole practice support for patients with these conditions. These include activities such as developing patient registers and supporting practice nurses. In addition, there is a \$2500 annual cap on the incentive payment. The budget cap removes any incentives for GPs who do large amounts of work within aged care. The AMA is meeting with the Department of Health and Ageing and relevant Minister to resolve these issues.

### **Maternity services review**

The AMA is also currently undertaking a detailed review and response of the recently launched discussion paper on improving maternity services in Australia by the Federal Minister for Health. The AMA is particularly concerned at the potential impact that such a review could have on further undermining GP Obstetric care. The AMA will be moving to ensure that part of the response highlights the problems that force GPs out of Obstetric care.

### **General Practice training**

The AMA has called on the Government to immediately lift the cap on General Practice training places. The Association has become extremely concerned that the Federal Government is still not taking this matter seriously after it was revealed that 200 would be GPs would be turned away, even though the Australian Institute of Health and Welfare reported that patient access to GPs in Australia has fallen since 2002. The AMA's position is that this matter requires immediate rectification and the Federal Government must urgently lift its cap on places for trainee GPs. A key aspect of the AMA's position in lobbying the Federal Government on the matter is that Australian patients enjoy continuing access to high quality Primary Health Care and the only answer to ensuring that this continues is to train more GPs.

### **Red tape in General Practices**

For General Practitioners and their practices, red tape is becoming a growing menace. Whether it is Centrelink forms or the paperwork requirements for service incentives, Chronic Disease items, or Authority Prescriptions, GPs are becoming more frustrated and burdened by the red tape imposition. It

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is now estimated that up to a quarter of GP's time is spent on paperwork. The AMA is currently undertaking a number of strategic lobbying activities in an endeavour to convince the Government to effectively deal with the red tape problem.

## MEMBERSHIP REPORT

AMA (WA) made a net gain of 169 for the year to take its membership at 31st December 2008 to 3400 members.

Membership 1st January 2008	3231
Transferred to other AMA States	29
Resigned	78
Deceased	18
Terminations	87
Transfer from other AMA States	11
Elected	306
Re-election of former members	64
Membership 31st December 2008	3400

## Obituaries

With deep regret, we record the deaths during 2008 of the following members of the AMA (WA):

Drs J Oiden; P Higgins; CL Anderson; SA Cullen; D Chelvanayagan; D Roden; ME Minchin; N Same; F Heyworth; IJ Lumsden; DC Pope; B O'Hara; AR Burkitt; WT Tong; R Joske; D Foster; M Vinar; JB Stokes

## Congratulations

The following members completed fifty years membership of the British Medical Association and the Australian Medical Association:

Drs Sasson Stephen Gubbay; Franciszek Wilczynski; George Bevan; Graham Cumpston; Bryant Stokes; Frank Webb; Martin John Williams

In 2008, the following members were honoured in the Australia Day Honours List:

Dr Keith Shilkin and Dr Victor White received a Member of the Order of Australia.

Dr Michael Lawrence-Brown was awarded an Officer of the Order of Australia.

## TREASURER'S REPORT 2008

The Association and its controlled entities AMA Services (WA) Pty Ltd, Amacis Pty Ltd and AMA Recruit International Pty Ltd were able to achieve a very healthy financial result for 2008 with an overall surplus of \$824,760.

In view of the economic conditions that prevailed through 2008 this was an extremely pleasing result and far exceeded budget expectations.

Net assets of the group increased to \$6,975,953.

Membership subscription income increased by 8 per cent, a combination of new members and a modest rate increase. Vigorous recruitment programs following the successful salary package negotiations in 2007 and 2008 resulted in a

substantial increase in salaried staff membership numbers. Specialist and General Practice numbers remained static.

The total subscriptions raised on behalf of the Federal AMA increased from \$1,033,294 in 2007 to \$1,120,522.

AMA Services (WA) Pty Ltd recorded a deficit of \$856,398, which included interest and royalties paid to the parent body, general administration expenses and support costs for the AMA (WA) Foundation.

Total revenue increased by 11 per cent to \$13,191,071.

As in previous years, 2008 was a busy year for the Recruitment and Training Division. Core business services with both private and public sector clients remained buoyant throughout the year. General workforce shortages continued to pose difficulties and all areas were active in developing strategies to maximize business opportunities. Many of the training and employment government contracts continued during this period, with minimal change, as none conclude until mid 2009. Employment services focused on the recruitment of doctors, both local graduates and overseas trained doctors, for placement in areas of workforce shortage in particular in rural Western Australia. During the year changes to Medical Board registration requirements was implemented for doctors trained overseas. Considerable time was dedicated to managing the various changes, ensuring support was provided to doctors.

The Medical Products Division had a highly successful year. It was exciting to see the increase in sales and customers being serviced. The medical products area operates in a very competitive market and during 2008 with staff stability and increased expertise, the business was able to develop to a new level. Medical student book sales and specials for AMA members also continued to be a focus, along with up skilling workshops for nurses and practice staff. Medical products are looking forward to further strategic developments in 2009 with the objective of increasing the return for the organisation.

The Financial Services Division once again performed beyond expectations in a year in which it experienced a number of difficulties; not the least of which was the untimely death of one of its stalwarts, Rose Tierney which resulted in a number of staff changes which, when coupled with the global financial crisis, put considerable pressure on the Division. It is a credit to John Gerrard and his team that they were able to achieve such an outstanding result.

The value of property, plant and equipment had increased by \$230,231 due mainly to the purchase of upgraded computer hardware and software, photocopiers and minor building renovations.

On behalf of all members I would like to thank the elected representatives and particularly the management team for their dedication and achievements in 2008.

**DR SIMON TOWLER**



# The Australian Medical Association (WA) Incorporated **Annual Report**

## STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER 2008

	2008	2007
	\$	\$
<b>INCOME</b>		
Members' subscriptions	2,686,805	2,482,659
Commission	87,238	75,510
Interest received	806,542	656,264
Royalty fees	802,437	741,693
Conference & other income	140,396	95,565
<b>TOTAL INCOME</b>	<b>4,523,418</b>	<b>4,051,691</b>
<b>EXPENDITURE</b>		
<i>Subscriptions:</i>		
Australian Medical Association (Federal)	1,120,522	1,033,294
<i>Cost of Administration:</i>		
Advertising & Promotions	30,101	12,686
AMA award trophies	3,714	14,878
AMA awards presentation	15,351	24,891
AMA golfing society	897	507
Annual general meeting	976	1,055
Audit fee	15,000	22,200
Bank charges	18,925	17,966
Catering	27,422	22,543
Computer support	17,460	19,374
Consultancy fees	1,650	-
Depreciation	11,073	8,055
E-Newsletter	-	2,883
Filing fees	1,614	-
Functions and entertainment	39,143	36,142
Fringe benefits tax	56,119	18,799
Healthway award	14,896	-
Impairment of loan to related entity	282,117	-5,974
Insurance	63,685	57,621
Interest	-	1,166
Legal	-	4,860
Member services	30,719	36,588
Member identification cards	8,660	1,594
Minor equipment purchases	314	100
Motor vehicle expenses	20,326	27,909
Office expenses	33,825	34,970
Office of the President	4,298	420
Payroll tax	78,366	70,100
Photocopying	16,409	20,003
Postage	26,519	25,398
Provision for employee leave benefits	-327,324	53,312
Public relations	14,703	12,685
Rates & taxes	4,675	2,351
Recruitment costs	-	8,675
Repairs & maintenance	-	1,478
RMO Costs	3,298	1,799
Salaries	1,121,014	1,025,120
Contractors	62,199	71,366
Seminars	2,177	423
Staff training	1,135	1,436
Stationery and printing	60,255	40,626
Subscriptions	3,324	3,693
Superannuation	241,569	167,409
Telephone	25,809	26,919
Travel	60,463	45,504
WA medical student expense	<b>2,999</b>	-
Wine society	2,563	-
	<b>2,098,438</b>	<b>1,939,530</b>
<b>TOTAL EXPENDITURE</b>	<b>3,218,960</b>	<b>2,972,824</b>
<b>(DEFICIT)/SURPLUS</b>	<b>1,304,458</b>	<b>1,078,867</b>

# The Australian Medical Association (WA) Incorporated **Annual Report**

## CONSOLIDATED BALANCE SHEET AT 31 DECEMBER 2008

	Consolidated	
	2008	2007
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	7,857,827	6,268,610
Trade and other receivables	1,211,131	1,356,279
Inventories	1,208,049	790,000
Other current assets	22,997	39,631
<b>TOTAL CURRENT ASSETS</b>	<b>10,300,004</b>	<b>8,454,520</b>
<b>NON-CURRENT ASSETS</b>		
Trade and other receivables	10,716	5,474
Property, plant & equipment	2,708,248	2,478,007
Financial assets	135,840	135,840
Deferred tax assets	50,805	41,553
<b>TOTAL NON-CURRENT ASSETS</b>	<b>2,905,609</b>	<b>2,660,874</b>
<b>TOTAL ASSETS</b>	<b>13,205,613</b>	<b>11,115,394</b>
<b>CURRENT LIABILITIES</b>		
Trade and other payables	5,543,170	4,264,895
Short-term borrowings	-	16,305
Short-term provisions	663,087	567,844
<b>TOTAL CURRENT LIABILITIES</b>	<b>6,206,257</b>	<b>4,849,044</b>
<b>NON-CURRENT LIABILITIES</b>		
Long-term borrowings	-	103,295
Long-term provisions	23,403	11,862
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>23,403</b>	<b>115,157</b>
<b>TOTAL LIABILITIES</b>	<b>6,229,660</b>	<b>4,964,201</b>
<b>NET ASSETS</b>	<b>6,975,953</b>	<b>6,151,193</b>
<b>EQUITY</b>		
<i>Parent Entity Interest</i>		
Reserves	817,440	817,440
Retained earnings	6,158,513	5,333,753
<b>TOTALEQUITY</b>	<b>6,975,953</b>	<b>6,151,193</b>

**AUSTRALIAN SALARIED MEDICAL OFFICERS' FEDERATION**  
**WESTERN AUSTRALIAN BRANCH**

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A-130-1

17 March 2009

Mr Terry Nassios  
Deputy Industrial Registrar  
Australian Industrial Registry  
GPO Box 1994  
Melbourne Victoria 3001

Dear Mr Nassios

**Re: Australian Salaried Medical Officers Federation, Western Australian Branch  
financial reports for the year ended 31<sup>st</sup> December 2008**

We refer to your correspondence dated 11 March 2009.

Consistent with our advice to Mr Powel dated 15<sup>th</sup> December 2009 in Western Australia the Australian Medical Association(WA) (the AMA ) has a conjoint membership arrangement with the Australian Salaried Medical Officers Federation (the Federation) through which the Federation recognises the pre eminent role of the AMA(WA). The AMA(WA) provides industrial advice and representation services on behalf of the Federations Branch members at no cost. No industrial agreements or industrial activity is currently being undertaken by this branch of the Federation .This reflects the longstanding status of the AMA in WA as the Union for Medical Practitioners under the State Industrial Relations Act (extracts attached).

As a result of the conjoint arrangement that exists between the AMA and the Federation the Branch of the Federation does not collect entrance fees, subscriptions, levies, donations or any other moneys and as a result there are no financial transactions.

I have attached schedule 1 of the conjoint agreement between the two organisations.

I draw your attention to subclause (1), (2) and (3) of schedule 1 in doing so advise that the AMA as referred to in the schedule is the federal body of the Australian Medical Association. The Branch receives no membership fees or income itself under the conjoint Agreement.

We repeat our earlier advice that under the conjoint membership arrangement that exists between the AMA and the Federation, membership of the Federation is a subset of the membership of the Association. As such there have been no financial transactions for the federation's WA Branch (as distinct from federally) in 2008, and therefore the WA Branch necessarily seeks a renewal of the exemption that has already been granted now for some years from the financial reporting requirements of the Act.



Should you wish to discuss this matter further please do not hesitate to contact me on 9273 3008.

Kind Regards

A handwritten signature in black ink, appearing to read 'Peter Jennings', with a stylized flourish at the end.

Peter Jennings  
Executive Officer  
Australian Salaried Medical Officers Federation  
Western Australian Branch

**Industrial Relations Act 1979**

**Part II**            The Western Australian Industrial Relations Commission  
**Division 4**        Industrial organizations and associations

**s. 72B**

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*Industrial Gazette* and 30 days have expired since the day of publication.

- (4) On an application under subsection (2), the Full Bench may make one or more of the orders applied for, and may make any such order subject to any condition or limitation.
- (5) The Full Bench shall not make any order described in subsection (2) without giving persons who, in the opinion of the Full Bench, have a sufficient interest in the matter an opportunity of being heard.
- (6) Where an order is made under subsection (4), the Full Bench is to refer the matter to the President unless the Full Bench is satisfied that the rules of the organizations concerned do not need to be altered.
- (7) On a referral under subsection (6) the President shall, after giving the organizations concerned an opportunity of being heard, make such alterations (if any) to the rules of the organizations as are, in the President's opinion, necessary to reflect the order made by the Full Bench.
- (8) An alteration shall be made by instrument in writing signed by the President and shall take effect on a day specified in the instrument.

*[Section 72A inserted by No. 15 of 1993 s.20; amended by No. 79 of 1995 s.35.]*

**72B. AMA may represent interests of medical practitioners**

- (1) In this section —  
    “**medical practitioner**” means a medical practitioner as defined in the *Medical Act 1894*;  
    “**WA Branch of the AMA**” means the Western Australian Branch of the Australian Medical Association Incorporated.

- (2) The WA Branch of the AMA may represent under this Act the industrial interests of medical practitioners as if it were an organization of employees and for that purpose —
- (a) the references to “organization” in paragraphs (e), (i), (j), (k) and (l) of the definition of “industrial matter” in section 7(1) include the WA Branch of the AMA; and
  - (b) Divisions 2 and 3 of Part II, sections 80C(4) and 80F and Parts III and VIA apply to the WA Branch of the AMA as if it were an organization of employees.
- (3) The WA Branch of the AMA does not have the right, to the exclusion of an organization or organizations, to represent under this Act the industrial interests of medical practitioners, unless an order to that effect is made under section 72A.
- (4) Within 30 days of the coming into operation of section 36 of the *Industrial Relations Legislation Amendment and Repeal Act 1995*<sup>1</sup> the WA Branch of the AMA shall lodge with the Registrar a copy of its rules as then in force.
- (5) The WA Branch of the AMA shall lodge with the Registrar, within 30 days of the making of the alteration, any alteration made to the rules lodged under subsection (4) as altered from time to time.
- (6) The WA Branch of the AMA shall file with the Registrar once in each year, at such time as is prescribed —
- (a) a list of the names, residential addresses, and occupations of the persons holding offices in the Branch; and
  - (b) a record of the number of members of the Branch,
- certified by statutory declaration by the Executive Director of the Branch to be a correct statement of the information contained in the list and the record.

*[Section 72B inserted by No. 79 of 1995 s.36.]*

## **SCHEDULE 1**

### **FINANCIAL AND SERVICING ARRANGEMENTS – AMA and ASMOF**

1. On the 31<sup>st</sup> March each year AMA Victoria and AMA (WA) will collate lists of all current financial members covered by this Agreement and provide the list to the AMA.
2. Within 14 days of 1<sup>st</sup> April each year, or within 14 days of receipt of the lists referred to in point 1, whichever is the later, AMA shall remit to ASMOF, in relation to those members of AMA Victoria and AMA (WA) who are covered by this Agreement, a remittance equivalent to the current Federal Capitation Fee properly determined by the ASMOF Federal Council and endorsed by the parties to this Agreement for each person included on the list, being a financial member.
3. This total Federal Capitation Payment is made in the context of the registered rules of ASMOF (under which a member of AMA Victoria or AMA (WA) covered by this Agreement is deemed to be for all purposes of those Rules a financial member of ASMOF).
4. The annual fees to be paid by ASMOF to the AMA for industrial relations and membership services applied by the AMA shall be determined between ASMOF and the AMA on an annual basis.
5. Where an agreement has been reached pursuant to Clause 2.6.c of this Agreement to extend the categories of persons covered by the conjoint membership agreement the ASMOF Federal Capitation payments made by the AMA to ASMOF on behalf of the Associated Bodies and ASMOF Branches party to this agreement shall be calculated in accordance with the following:

5.1 Where the number of members subject to conjoint membership agreements between AMA and ASMOF would cause the total Federal Capitation payment to exceed the total Federal Capitation payment made by the AMA to ASMOF for the calendar year 2003 (the "2003 Total"), the total Federal Capitation payment shall be reduced to \$4 for each member in excess of the number of members that cause the total Federal Capitation payment to reach the 2003 Total.



**Australian Government**  
**Australian Industrial Registry**

11 March 2009

Mr. Peter Jennings  
Executive Officer  
Australian Salaried Medical Officers Federation  
Western Australian Branch  
14 Stirling Highway  
NEDLANDS WA 6009

By email: [mail@amawa.com.au](mailto:mail@amawa.com.au)

Dear Mr. Jennings,

**Re: Application for certificate of exemption from requirements of Chapter 8, Part 3, Schedule 1 of the Workplace Relations Act 1996 (FR 2008/601)**

I refer to your application dated 15 December 2008, under section 271 of the RAO Schedule, for an exemption from compliance with Part 3 of Chapter 8 of the Schedule for the Western Australian Branch in relation to the financial year ended 30 June 2008.

I note the contents of your letter of 22 January 2009 advising why the provisions of section 269 of Schedule 1 of the Workplace Relations Act 1996 would not be applicable to the Western Australian Branch. After considering your advice it appears the scheme of section 269 is not appropriate for the Western Australian Branch.

In the past I have granted exemptions under section 271 to the Western Australian Branch on the basis that the reporting unit did not have any financial affairs.

I have, however, recently conducted a review with respect to all registered organisations regarding the circumstances under which an exemption should be granted under section 271 of the RAO Schedule. Under section 271, I must be satisfied that the reporting unit did not have any financial affairs in the financial year.

In my view, that section is directed towards a state of affairs where there are no financial affairs of any kind. Such a state of affairs may arise for instance, where under the rules of the organisation the reporting entity earns no interest, rent or dividend income because it neither owns nor controls any assets, earns no income from membership subscriptions because all subscriptions are paid to the National Office of the organisation, does not receive sustentation fees and expends no monies because all expenses incurred in connection with the Branch's operations are paid directly by the National Office out of its funds. This is to be distinguished from circumstances where the reporting unit does have some (albeit limited) financial activity in which case, it would not be accurate to say that the reporting unit has no financial affairs of any kind.

Looking to the information before me regarding the financial affairs of the Western Australian Branch, the following rules of the organisation suggests to me that the Branch does have financial affairs:

- Rule 13(1) of the organisation's rules requires entrance fees and subscriptions to be paid to and collected by the Branch Assistant Secretary/Treasurer who deposits such moneys to a bank account in the name of the branch (rule 13(3)).

- Each branch is required to remit to the Federal Assistant Secretary/Treasurer quarterly such amounts of capitation dues and levies as fixed by Federal Council (rule 14(1) & (2)).
- The accounts and books of each branch are open for inspection by members (rule 44).
- Rule 61 provides that each branch shall have a Branch Fund consisting of, among other things, entrance fees, levies, donations and other monies received by the branch less so much of these amounts as is payable by the branch to the General Fund together with subscriptions received by the branch to the extent to which those subscriptions do not form part of the General Fund. Also, the Branch Fund may be invested in any manner approved by the Branch Council or Branch Executive who may authorise the disbursement of moneys of the Branch Fund (rule 61(4 & (5))).

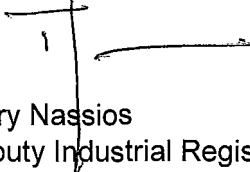
On the basis of the information presently before me, my preliminary view is that I must refuse to grant the application, under RAO section 271, for an exemption from the financial reporting requirements of Part 3 of Chapter 8 of the RAO Schedule for the financial year ended 30 June 2008.

As I noted above, I have in the past granted RAO section 271 applications made by the Western Australian Branch of the Australian Salaried Medical Officers Federation. On its face, the information contained in the present application is the same as that contained in applications granted before my review. I therefore invite you to provide any further material which you consider may be relevant to the present application. Such material must be lodged in the Industrial Registry by the close of business on Monday, 30 March 2009. I will then determine the application on the basis of all the material that is before me.

If I ultimately refuse the application, the Western Australian Branch of the Australian Salaried Medical Officers Federation would then have financial reporting obligations under Chapter 8 of the RAO Schedule. It would therefore be necessary for the Branch to prepare, distribute, present and lodge 30 June 2008 accounts, statements and reports with the Industrial Registry in accordance with the RAO Schedule. I note that certain timescale requirements would not be able to be complied with.

Should you wish to discuss this correspondence you are requested to contact Larry Powell on 03 8661 7993 or at [larry.powell@airc.gov.au](mailto:larry.powell@airc.gov.au).

Yours sincerely,



Terry Nassios  
Deputy Industrial Registrar

# AUSTRALIAN SALARIED MEDICAL OFFICERS' FEDERATION

## WESTERN AUSTRALIAN BRANCH

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22 January 2009

Mr Larry Powell  
Statutory Services Branch  
Australian Industrial Registry  
GPO Box 1994  
Melbourne Victoria 3001

Dear Mr Powell

**Re: Australian Salaried Medical Officers Federation, Western Australian Branch  
financial reports for the year ended 31<sup>st</sup> December 2008**

As you are aware that the Australian Salaried Medical Officers Federation (the Federation) has for a number of years made applications pursuant to section 271 "Exemption from this Part of certain reporting units" (see correspondence dated 15 December 2008)

In previous years the Registry has provided the Federation an exemption pursuant to that section of the Act.

Further to discussions with yourself on the 8<sup>th</sup> January 2009, we understand that the registry has asked that the Federation to examine and make application for exemption pursuant to section 269 (2) (a) of the act.

Having examined section 269 of the Act the Federation is of the opinion that section of the Act is inappropriate we set out below a number of reasons why we believe this to be:

- The Federation has a conjoint membership agreement with the Australian Medical Association (Western Australia) Incorporated (the Association) in relation to only a component of the Associations membership.
- The Association is not a registered organisation in accordance with the Industrial Relations Act 1979. The Association is deemed to be an organisation pursuant to section 72A of the Industrial Relations Act 1979 for the purposes of some of its membership.



- The Association is an organisation incorporated in accordance with the Western Australian Associations Incorporations Act 1987. Its membership is far broader than those covered by ASMOF(WA). Its officers are again not substantially the same and far broader.
- There is no requirement as prescribed by section 65 the Industrial Relations Act 1979 to submit audited accounts of the organisation to the Western Australian Industrial Relation Commission or the Western Australian Registry. The Association maintains financial records in accordance with the Western Australian Incorporations Act 1987 not the State IR Act.
- The accounts of the Association are audited and submitted as required by the Western Australian Incorporations Act 1987 to its members at an Annual General Meeting of that Association that is held each year.
- The audited accounts of the Association are provided to its members at the Annual General Meeting of the Association.

Given the above the Association does not fall within the cumulative requirements of section 269(1) (a) and (b) and (c) and will not be able to meet the requirements as set out in section 269 (2) (b) and (c).

The Federation is of the opinion that section 271 continues to be the relevant section of the Act for the Federation to seek a certificate in accordance with that section and past practice.

The Federation would appreciate it if the Registry could review its request in light of this correspondence and process our original application.

Should you believe I have misinterpreted the Act and wish to discuss this matter further please do not hesitate to contact me on 08 9273 3008.

Yours Sincerely



Peter Jennings  
Executive Officer  
Australian Salaried Medical Officers Federation  
Western Australian Branch



WESTERN AUSTRALIA

15<sup>th</sup> December 2008

Mr Larry Powell  
Statutory Services Branch  
Australian Industrial Registry  
GPO Box 1994  
Melbourne Victoria 3001

Dear Mr Powell

## **Section 271 Application**

On behalf of the Australian Salaried Medical Officers' Federation, Western Australian Branch ('the Federation'), I would like to apply for a certificate under section 271 of the Australian Workplace Relations Act 1996 ('the Act') for the financial period to 31 December 2008.

The grounds of the Application is made as follows:

1. The Federation is a branch of the Australian Salaried Medical Officers federation which is registered as an organisation registered under the Act (Organisation No. 132N).
2. The Branch compliments the State registered Australian Medical Association (Western Australia) Incorporated ('the Association')
3. The Association maintains a number of industrial agreements and is the pre eminent at a State level.
4. The Association maintains financial records in accordance with the Western Australian Associations Incorporations Act 1987.
5. The membership of the Federation is a subset of the membership of the Association.
6. A conjoint membership arrangement exists between the Association and the Federation through which the Federation recognises the pre eminent role of the Association. The Association provides industrial advice and representation services on behalf of Branch members. No industrial agreements or industrial activity is currently being undertaken by this branch.
7. The Branch does not hold any real or personal property.
8. The Branch does not act as a trustee in any form.
9. It has been previously recognised by your Registry that the financial activities of the Federation are such that the preparation of accounts in

accordance with the act has not been required and certificates under section 271A have previously been issued. There have been no changes in the activities or circumstances of the Branch.

For the above reasons we request that the federation be issued with a certificate in accordance with s. 271 of the Act.

Please contact me on 08 9273 3007 should you wish to discuss this further.

Kind Regards

Yours Sincerely

A handwritten signature in black ink that reads "Peter Jennings". The signature is written in a cursive style with a long horizontal stroke at the end.

Peter Jennings  
Executive Officer  
Australian Salaried Medical Officers Federation,  
Western Australian Branch