



**ANNUAL REPORT
2008 - 2009**

Annual General Meeting
Saturday 14th November 2009

Wilpena Pound Resort
Flinders Ranges

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President's Report November 2009

It is with pleasure that I submit this annual report. I apologize for being unable to make the AGM.

Thankfully this year I have not had to face the challenge that Steve Holmes had with the "Plan". On the local front the challenge has been negotiating with Country Health South Australia (CHSA) over the terms and conditions for engagement for rural doctors. This process is reaching end stage. The draft engagement and conditions documents are basically complete except for the remuneration numbers. RDASA has submitted to CHSA its recommended remuneration. We are still awaiting CHSA response. RDASA intention and CHSA stated intention is to have an engagement conditions and remuneration that will be attractive enough to both attract and retain rural doctors in the local communities. It was also the intention to have a package that would be acceptable to the majority of rural doctors.

On the broader front RDASA and RDAA is still pressing the case for adequate funding for training the next generation of doctors. There is a desperate need for infrastructure funding so practices have adequate room to accommodate medical students and junior doctors. This becomes more vital with dramatic increase in medical student. The data is very clear that students get high quality, valuable training in rural practices. I thank Vice President Peter Rischbieth for hosting the Prime Minister at Murray Bridge and opening the door on the national front a bit wider. RDASA is also of the view that we need dedicated procedural training places both in the larger rural centres but also in the tertiary hospital.

There are a number of very significant issues happening nationally that RDAA is trying to keep a rural voice including:

- The nurse practitioner and mid wife bills.
- The RRMA being replaced with ASHC RA reclassifying many practices.
- The National Health and Hospital Reform Commission.
- RDAA has been advocating for its rural rescue package to reflect the increased cost and complexity of rural practice.

It is pleasing to see an increase in membership from the IMG group. The greater the membership the better leverage we have with government. Therefore membership remains a priority and I encourage you all to maintain membership and spread the word with non members.

I would like to thank the committee for all their ideas and assistance. In particular I thank Peter Rischbieth for his advice, help and dedication to continuing to support rural doctors. His assistance has been invaluable. I also congratulate Peter on being awarded the 2009 RDAA/ACRRM Peter Graham "Cohuna" award at the recent RDAA/ACRRM national conference.

Graham Morris
RDASA President

Vice President Report - Industrial November 2009

RDASA has had a busy year advocating for South Australian rural doctors.

Through regular teleconferences with its regional representatives it has been able to be aware of the key issues facing rural doctors in many different areas. Our survey in February clearly showed how the important issues around on call and callbacks to the hospitals were impacting on rural doctors professional and private lives

The Rural doctors Contract working party consisting of Graham Morris, David Senior and Peter Rischbieth (assisted by Brian Whitford as Industrial adviser) have been working alongside the AMA and CHSA to develop an industrial contract for rural doctors outlining CHSA and doctors responsibilities as well as ensuring doctors are adequately recompensed for their work in country hospitals.

It is hoped that this will be finalized for rural doctors to sign off on in December recognizing that there are many differing arrangements around the state and it is hoped to bring some clarity and equity to conditions for rural doctors.

It is also hoped that a specialist's award will also be brokered in the New Year.

RDASA has also been lobbying for the rural generalist program for registrars to be introduced into SA as well as dedicated teaching posts in metro and rural hospitals with GP supervisor involvement in some towns.

Through regular meetings with CHSA it has been active in lobbying for better resourcing of rural hospitals as far as hospital drugs and equipment formularies as well as advocating for better IT/IM resources to link practices and hospitals.

International medical graduates remain an integral part of our health system and RDASA held a teleconference specifically focused on IMG needs earlier in the year.

Through direct representation to the Prime Minister and the State Minister of Health RDASA is advocating for better system supports for IMGs including access to Medicare and public schooling for their families.

It was very pleasing to see a large number of IMGs join RDASA earlier in the year and I urge all of you to encourage your colleagues including registrars to join RDASA. I encourage all members to be active members and to assist the organization in formulating policies and feedback to the Executive about key member issues.

I would like to thank Cass McNeil our Executive Officer for all her hard work during the year as well as Graham Morris and the Executive and Regional Representatives for their fine work during the year.

Peter Rischbieth
Vice President (Industrial)

Vice President's Report November 2009

Colleagues,

With pleasure I present my report and thank you for the opportunity to contribute to our Association in this position.

Thank you also for supporting our association by coming to this conference and Annual General Meeting of RDASA. Our Association remains a legitimate voice for South Australian rural doctors.

This is consistently emphasized during times of industrial negotiation as we have now. It often surprises me that we have many non-members who are freeloaders on the work which our members perform at the expense of their free and family time. In general our involved members reap no special reward, except for their opportunity to do something to maintain the great values of our profession.

In my report last year I predicted the looming changes that would significantly affect our practice and indeed our independence. Sadly that assessment was correct, and I repeat my prediction that without the broader interest and involvement of members in this Association, we will be consistently under represented in areas which affect our very professional existence.

Some of the areas to which my remarks apply include representation of the Association in forums that seek our opinion. South Australia is a city-state and whilst our connections with the city are important, our ability to balance the relationships should not be underestimated. Our specialized rural medical input is needed in areas that include drugs and therapeutics, the clinical networks, IT, the development of the General Hospitals, and cancer care.

In the area of safety and quality with which I am somewhat familiar when working at Country Health SA, I can say with reasonable certainty that it will continue to be included, and that its role will grow in health care planning. I have never thought that we should set that aside, but rather to engage the process and to provide the specialized rural input which again is crucial to ensuring a balanced approach. Whilst we must not neglect consumer opinion I think that we must be ready to constructively respond to consumer concerns using our professional expertise.

So I repeat the theme of this report which asks that more country doctors anticipate the challenges which the system poses to our professionalism and respond in an organized way. We know from the dispute which occurred last year that our communities value their local health care systems. It is important that we do not assume anything when thinking about that situation.

D. R. Rosenthal
Vice President

Treasurer's Report November 2009

I would like to acknowledge and thank George Kokar for the contribution he has made to RDASA in his role since being appointed founding Treasurer 17 years ago, and his assistance and support during the last 12 months.

I present the audited financial statement for the last financial year.

This year we returned a loss of \$10 630.23. At the end of June 2009 there was approximately \$40 460 in the bank. The main contributors to the loss were a fall in annual membership, an increase in professional fees and an increase in the secretarial services costs.

The annual membership subscription was increased from \$330 in 2007/08 to \$360 for full time rural doctors in 2008/09 however, due to a fall in paid membership; the income from membership subscriptions was significantly lower. In an effort to boost membership numbers, a mail out to non members offering free membership from March to June 09 occurred contributing to higher printing and postage costs.

Professional fees for legal services required to help negotiate a new contract with Country Health SA was also a significantly higher expense of \$2 460 when compared with the previous financial year.

The higher secretarial costs in part reflect the extra time and effort required to mount the campaign to support country hospitals at the end of the previous financial year, but billed at the start of the 2008/09 financial year.

The RDAA moiety remains at \$220 (inc GST) for each full time member.

As George has stated numerous times in the past, it is essential that we increase our membership numbers (by approximately 60 members) in order to prevent ongoing losses in subsequent financial years or further increase the cost of our subscriptions.

Joanna Rutzen
Treasurer

Rural Doctors Association of SA Inc

Statement by Members of the Committee

The Committee has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Committee the financial report:

1. Presents a true and fair view of the financial position of Rural Doctors Association of SA Inc as at 30 June 2009 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Rural Doctors Association of SA Inc will be able to pay its debts as and when they fall due.

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

.....

CHAIRPERSON

.....

ADMINISTRATION OFFICER

Dated

Independent Auditor's Report To the Members of the Rural Doctors Association of SA Inc

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Rural Doctors Association of SA Inc, which comprises the balance sheet as at 30 June 2009, and the income statement, statement of changes in equity and a summary of significant accounting policies, other explanatory notes and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act (South Australia), and are appropriate to meet the needs of the members. The committee's responsibilities also include establishing and maintaining internal control 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting under the Associations Incorporation Act (South Australia). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independent Auditor's Report (continued)
To the Members of the
Rural Doctors Association of SA Inc

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Auditor's Opinion

In our opinion, the financial report of Rural Doctors Association of SA Inc presents fairly, in all material respects the financial position of Rural Doctors Association of SA Inc as of 30 June 2009 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Grant Martinella CA RCA

WHK Audit Services

Dated

RURAL DOCTORS ASSOCIATION OF S.A. INC

Income and Expenditure Statement for the year Ended 30 June 2009

Income

Interest	\$ 213.23
Membership Subscriptions	\$ 17,857.02
Sales	\$ 309.09

TOTAL INCOME \$ 18,379.34

Less Expenditure

Advertising	\$ 111.07
Audit & Accounting Fees	\$ 390.00
Legal Fees	\$ 2,460.00
Postage & Delivery	\$ 367.84
Printing & Stationary	\$ 1,053.63
RDAA Levy	\$ 7,725.00
Secretarial Services	\$ 12,547.50
Telephone	\$ 3,737.39
Travel	\$ 299.00
Website	\$ 318.14

TOTAL EXPENDITURE \$ 29,009.57

Excess of Expenditure over Income -\$ 10,630.23

Balance Sheet as at 30 June 2009

Current Assets

Bank SA Cheque Account	\$ 40,458.29
GST Refundable	\$ 380.52
	\$ 40,838.81

Equity

Opening Balance 1 July 2008	\$ 51,469.04
Less excess of expenditure over income 2009	-\$ 10,630.23
	\$ 40,838.81

Rural Doctors Association of SA Inc
Comparison of Income and Expenditure
2008- 09 and 2007- 08

	<u>Jul '08 - Jun 09</u>	<u>Jul '07 - Jun 08</u>	<u>\$ Change</u>	<u>% Change</u>
Ordinary Income/Expense				
Income				
Interest	213.23	279.93	-66.70	-23.83%
Membership Subscriptions	17,857.02	48,743.10	30,886.08	-63.37%
Sales	<u>309.09</u>	<u>0.00</u>	<u>309.09</u>	<u>100.0%</u>
Total Income	18,379.34	49,023.03	30,643.69	-62.51%
Expense				
Media Expenses	0.00	100.00	-100.00	-100.0%
Miscellaneous	111.07	0.00	111.07	100.0%
Office Supplies				
IT	33.17	63.64	-30.47	-47.88%
Printing costs	573.37	374.04	199.33	53.29%
Website	<u>318.14</u>	<u>0.00</u>	<u>318.14</u>	<u>100.0%</u>
Total Office Supplies	924.68	437.68	487.00	111.27%
Postage and Delivery	367.84	13.64	354.20	2,596.77%
Printing and Reproduction	447.09	2,900.36	-2,453.27	-84.59%
Professional Fees				
Accounting	390.00	390.00	0.00	0.0%
Legal Fees	<u>2,460.00</u>	<u>0.00</u>	<u>2,460.00</u>	<u>100.0%</u>
Total Professional Fees	2,850.00	390.00	2,460.00	630.77%
RDAA levy	7,725.00	30,955.00	23,230.00	-75.04%
Reimbursement	0.00	490.91	-490.91	-100.0%
Secretarial Services	12,547.50	9,492.00	3,055.50	32.19%
Software Expense	0.00	331.82	-331.82	-100.0%
Telephone	3,737.39	3,487.35	250.04	7.17%
Travel & Ent				
Travel	<u>299.00</u>	<u>92.32</u>	<u>206.68</u>	<u>223.87%</u>
Total Travel & Ent	299.00	92.32	206.68	223.87%
Total Expense	<u>29,009.57</u>	<u>48,691.08</u>	<u>19,681.51</u>	<u>-40.42%</u>
Net Ordinary Income	<u>-10,630.23</u>	<u>331.95</u>	<u>10,962.18</u>	<u>3,302.36%</u>
Net Income	<u><u>-10,630.23</u></u>	<u><u>331.95</u></u>	<u><u>10,962.18</u></u>	<u><u>3,302.36%</u></u>