



GP SYNERGY

advancing medical training



# GP Synergy Limited

2009 - 2010 Annual Report



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# About Us



## GP Synergy

GP Synergy is one of seventeen Regional Training Providers (RTPs) delivering the Australian General Practice Training (AGPT) program.

GP Synergy was formed in 2009 with the merger of training providers the Sydney Institute of General Practice Education and Training (SIGPET) and New England Area Training Services (NEATS).

In January 2010 a further amalgamation occurred with the Institute of General Practice Education and Training (IGPE) training program. The result has been the creation of the second largest training provider in Australia, offering registrars a diverse range of training experiences in both urban and rural environments across metropolitan and outer-metropolitan Sydney and within the New England/ Northwest region of NSW.

## Our Mission

*"To train highly skilled medical practitioners contributing to healthier communities"*

## Our Vision

We will:

- Provide high quality general practice education and training;
- Build capacity by supporting and developing quality teaching environments centered on general practice;
- Promote the privileges, responsibilities and diverse career opportunities of general practice
- Develop internal processes and resources to ensure that the organisation learns and grows.

## Our Values

Our organisation is underpinned by the following values:

- Collaboration;
- Integrity;
- Equity;
- Leadership; and
- Commitment to excellence in life-long learning.

Providing a supportive and quality learning environment is a shared value amongst all GP Synergy medical educators, supervisors and training practices. GP Synergy's highly regarded reputation as a leading provider of general practice education and training is a testament to our ongoing commitment to helping registrars build lifelong skills to ensure their development into a confident and highly qualified General Practitioners.

# Our Regions



With the amalgamation of the IGPE training program in January 2010, the GP Synergy general pathway training region has been extended beyond northern, central, eastern, south eastern and inner western Sydney, to include the large geographical area of south and south western Sydney.

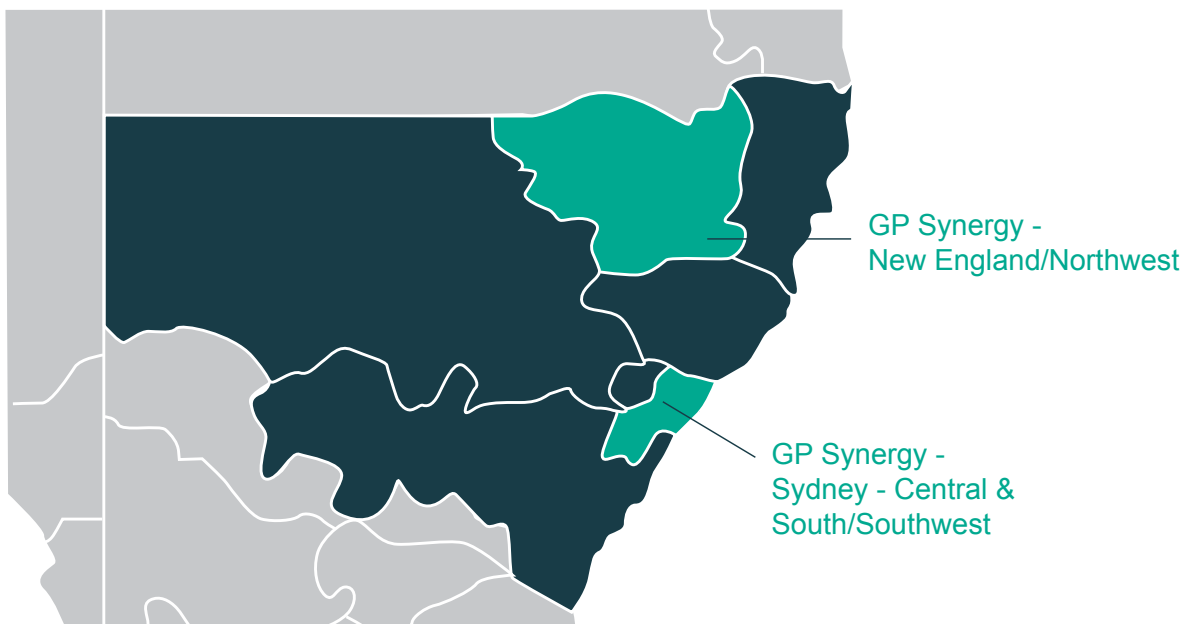
This creates many new opportunities for registrars to access a diverse range of training placements within both metropolitan and outer metropolitan parts of Sydney. The Sydney region contains a rich mix of practices each with their own unique patient profiles and clinical expertise.

GP Synergy has retained offices in central and south/southwest Sydney to ensure local support is available to practices and registrars training across the region.

The New England/Northwest region continues to offer registrars in both rural and general pathways the full range of rural practice experience from practicing in large regional centres to small country towns.

We have an office in Moree and have more recently established a satellite office to provide on-site administrative support to our Medical Education staff.

Teaching practices across the regions range from large multidisciplinary clinics to smaller practices, exposing trainees to a broad spectrum of practice styles and facilities.



# Sydney Region



The GP Synergy Sydney region stretches from Brooklyn and Hornsby in the north down beyond Campbelltown, Camden and Picton in the south. It includes the northern and southern coastal areas from the Northern Beaches to the Sutherland Shire. From the east coast our region extends west across central and inner western Sydney, through Bankstown, Liverpool and Fairfield local government areas.

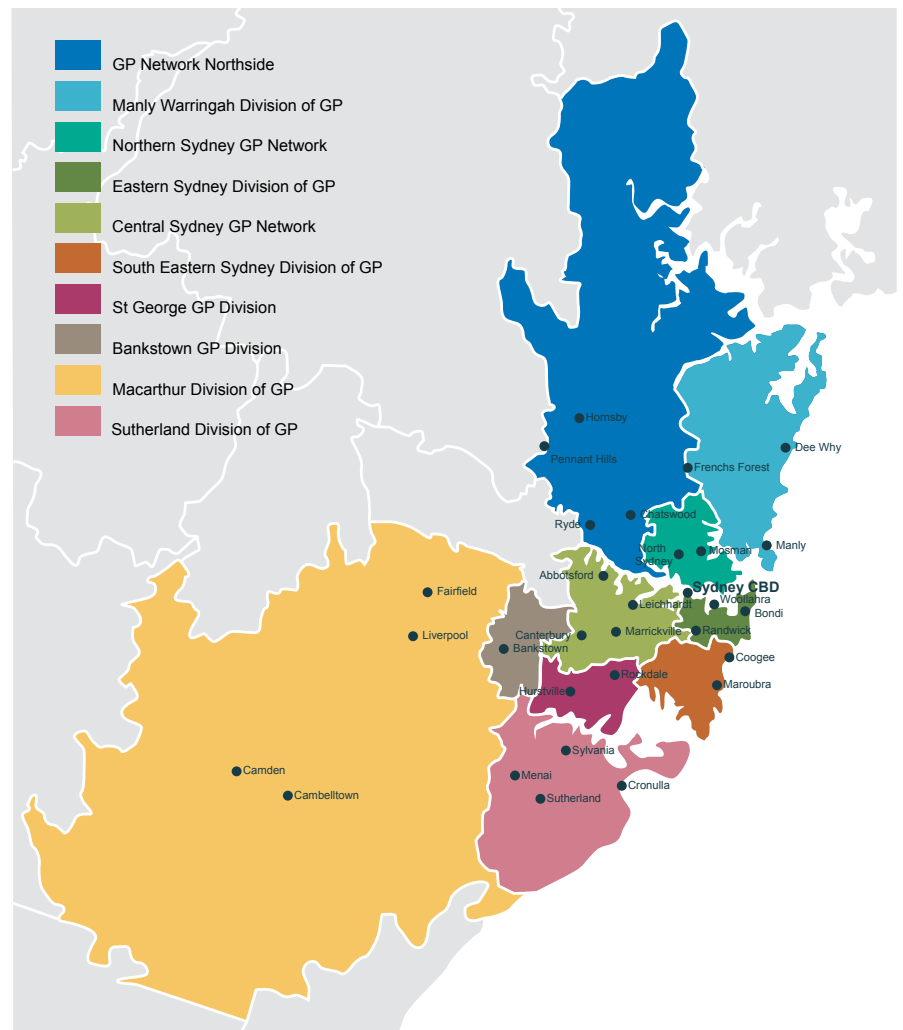
GP Synergy has over 270 training practices across metropolitan and outer metropolitan Sydney.

Within our Sydney boundaries we work with a number of Divisions of General Practice. As valued stakeholders, GP Synergy hosts regular Division Roundtable Meetings to keep a breast of developments within the General Practice environment.

- Bankstown Division of GP
- Central Sydney GP Network
- Eastern Sydney Division of GP
- General Practice Northside Network
- Macarthur Division of GP
- Manly Warringah Division of GP
- Northern Sydney GP Network
- South Eastern Sydney Division of GP
- St George Division of GP
- Sutherland Division of GP

GP Synergy is fortunate to have four of Australia's leading Universities within our Sydney region boundaries and enjoys a positive working relationship with each of them. These universities include:- the University of Notre Dame, the University of NSW, the University of Sydney and the University of Western Sydney.

Within the Sydney region, there are also eighteen teaching hospitals. GP Synergy is furthering relationships with many of these hospitals through the Prevocational General Practice Placements program (PGPPP) and collaborative marketing activities.



# New England/Northwest Region



The New England/Northwest area is at the centre of rural medical training development, with a new medical school recently established in the regional centre of Armidale and an integrated, modern teaching hospital located in Tamworth.

Renowned for its close-knit communities and lively festivals across the region, a New England/Northwest pathway offers a variety of General Practice experiences in large regional centres to smaller rural town to where registrars can expand their clinical skills and abilities in a supervised, safe environment.

GP Synergy has teaching practices in several towns across the region including Moree, Bingara, Wialda, Gunnedah, Inverell, Narrabri, Wee Waa and Manilla.

Within our New England/Northwest boundaries, there are several Divisions of General Practice with whom we maintain close relationships:-

- Barwon Division of General Practice
- New England Division of General Practice
- Northwest Slopes Division of General Practice

GP Synergy works closely with the local University located within the New England/Northwest region, the University of New England and is continuing to explore vertical integration education opportunities.

GP Synergy also maintains strong relationships with the two training hospitals in the region – Tamworth Rural Referral Hospital and Armidale Hospital. Both sites supported procedural skills placements in the 2009-2010 period.





# Chairs Report



Dr Harry Nespolon

## The importance of primary care

Throughout 2009 the words on everyone's lips has been the need for a strong primary care sector to help manage the inevitable 'tsunami' of chronic medical illnesses and the care that those patients will require. This will require a well trained primary care workforce, which, is not necessarily only doctors.

Fortunately, there is also a 'tsunami' of medical graduates coming in the next few years. These young doctors will also be looking to obtain high quality training in General Practice. While the two tsunamis will hit at the same time it will be interesting to see whether they cancel each other. My own thoughts are that it is unlikely that we will have enough doctors in General Practice to deal with the large demands which are already being felt.

To meet this demand it will be important that a broader range of professionals be trained in General Practice. The first small step is the expanded Prevocational General Practice Placement Program (PGPPP). At a strategic level, the Board has identified the need to broaden our offering based on our core and deep relationship with our supervisors and their practice. It is heartening to see the take up of PGPPP doctors.

The other major issue that arose during the year is the potential change that

many of our member organisations that interact with General Practice may undergo in becoming Primary Health Care Organisations (PHCOs or Medicare Locals). There are differing views as to what should be the relationship between PHCOs and Regional Training Providers (RTPs), like GP Synergy. One clear, and often repeated view, is that whenever an educational function (like an RTP) is merged with a service organisation (like a PHCO), the education function suffers. This should not be surprising given that the core skills to operate both organisations are quite different. In the commercial world, there is academic and many real world examples that doubt the success of organisations that undertake unrelated diversification.

The Board's current view is that an independent GP Synergy provides the best educational and organisational outcomes for all stakeholders – registrars, supervisors, staff and members.

The merger of the original GP Synergy with IGPE has been successful by most measures. It has provided GP Synergy with sufficient size to be able to take on the potential opportunities that the changing environment may provide.

GP Synergy's core skills with its efficient organisational size and operations ideally place it to take on any roles which may come our way. We should be able to assist any professional college that may wish to train their members in the primary care setting.

This year's Board was formed by the merger of the original GP Synergy and the IGPE Boards. I would like to congratulate the merged Board on the way that it has worked together. I would also like to belatedly and formally welcome the new staff that have joined us and thank them for helping to continue the excellent work that GP Synergy undertakes. On behalf of the Board, I would like to congratulate our CEO, John Oldfield and his expanding team on the excellent work that they do. Having GP Synergy well run allows the GP Synergy Board to concentrate on strategic and governance rather than operational issues. We should also acknowledge and thank the continuing support of Board and staff of General Practice Education and Training Ltd (GPET).

**Harry Nespolon**  
Chair, GP Synergy

# Chief Executive Officer Report



John Oldfield

It is no secret that the nation faces significant challenges in meeting its future healthcare needs. A robust health workforce is integral to meeting this challenge and primary care clearly has the attention and commitment of government. Over recent years there has been a significant increase of medical student numbers leading a number of capacity development initiatives in the vocational training sector.

As a result we have experienced year on year, progressive increases in GP registrar numbers entering Australian General Practice Training (AGPT). This trend is set to escalate over the coming years. Added to this trend is significant federal government support for junior doctors in the hospital system to undertake General Practice experience in the community setting auspiced by the Prevocational General Practice Training Program (PGPPP). This program now comes under AGPT and national administration by General Practice Education and Training (GPET) with local administration and delivery by Regional Training Providers (RTPs) under contract. To date PGPPP is a reasonably mature program in all states other than NSW however, with federal backing and commitment, it now forms a core component of training delivered by RTPs. The program is set to increase from approximately 380 available placements in 2010 to 965 in 2011. We expect NSW to undergo a major transformation with respect to this program over the following year to develop capacities in

the state that will support the promotion of General Practice as a career choice and to an extent, alleviate training capacity shortages faced by hospital networks over the coming two years in particular. Likewise, PGPPP will be a key area of strategic focus for GP Synergy and recently Mrs Jani Mal has been appointed to the development of PGPPP in liaison with management. We anticipate this program to be an ongoing area of focus in 2011 and 2012.

At the same time GPET has been consolidating the RTP network and as at the commencement of 2010, GP Synergy's contract was extended to include the South and Southwest region of Sydney. In effect this required a second amalgamation in as many years to include the operations of the Institute of General Practice Education (IGPE). These amalgamations, albeit rather consuming, have provided enormous benefit to GP Synergy. We enjoy a training program that now provides all aspects of urban, rural and outer metropolitan General Practice experience in catchments under our management. As an organization we have benefited greatly by the additional administrative and educational staff who have joined our team. As per our experience of amalgamation with New England Area Training Services (NEATS), new ideas, resources, expertise and increased scale have strengthened the overall program.

Matters of governance and member communications have always been a high priority for the board of GP Synergy. Dr Harry Nespolon has provided exemplar leadership through a period of considerable expansion. With a greatly increased membership, there has been a lot of work carried out to develop a robust and transparent nomination and elections process that will support the appointment of board members based on their skills and attributes. We are working hard to ensure subcommittees of the board, named Regional Advisory Councils, operate as more effective conduits for communication and feedback between members and the board. We learned a lot from the first amalgamation which has greatly informed the development of our nominations and elections process going forward. I wish to acknowledge and commend all directors for their constructive input, good will and professionalism during these transitional phases. It has been a real challenge to work through the complexities inherent to a transitional governance environment and all directors, ongoing and retired, have ensured GP Synergy is well structured at the governance level for the present and the future growth of the company.

As our operations grow we have found new premises at Chippendale on the Southern edge of Sydney for the Sydney Central node. We are very proud of our new abode and the facilities provide the most suitable resources and workflows to effectively manage the program. We



are working towards establishing the same type of facility at Liverpool for the South/Southwest regional node. Liverpool is seen to provide the most appropriate access and is the center of gravity for trainees and trainers who engage the program in that region. We have also expanded our rural operation with a supporting office at Armidale aimed at providing the necessary facility and supports for medical education staff. Mrs Miriam White has been appointed administrative assistant to medical education staff in the region and extends our events management team.

It has been a big year, and a successful year at that. In no small measure this is a reflection of our team's exemplary performance and dedication to the task of supporting registrars through their training and delivering the most suitable medical education tailored to the needs of our trainees and communities they serve. I wish to thank and acknowledge the work of Dr Jeremy Bunker, our Director of Training who, despite navigating the ever changing policy environment, continues to uphold the highest standards in the development of our programs. As always, Jeremy is highly regarded by the team and we are very fortunate to work with him.

Jeremy is also supported by Dr Linda Mann as Deputy Director of Training, Dr's Barb Moritz and Anne Eastwood as Regional Education Directors who ensure the education needs of each region is well supported. Then there is the expanding

education team who work diligently in their roles to deliver the very best in medical education and training. Mrs Dianne Hill has accepted the role of Regional Business Manager Sydney South/Southwest and brings with her a wealth of experience and knowhow. Her support and dedication to the task of amalgamation this year has been simply invaluable. Mr Pat Worthing continues as Regional Business Manager for New England/Northwest region and has also taken up the role of Chief Financial Officer. Likewise, Pat has provided invaluable support in bringing together the rural and urban operations of the company. I am privileged to work with people of such high professional caliber and talent.

Our senior management team includes the aforementioned and Mrs Kate Froggatt who heads up corporate services, marketing and events management. Kate's work is vital to the strategic positioning and promotion of GP Synergy to attract the most suitable applicants. Kate's work promotes the face of GP Synergy and reflects the values and ethos of what we do.

Such tumultuous change over the last two years brings with it many hurdles and it's not always easy or smooth sailing. It's fair to say that our administrative staff have felt the brunt of many of these changes, affecting the ways that we operate and the role of each individual, without exception. Yet it never ceases to amaze me how the professionalism and good

will of our admin staff shines through to work collectively as a team. Albeit despite change and geography, the spirit of the organization is exemplified through our people.

Similarly our supervisors have faced a turbulent period of change. They too have demonstrated commitment and undying enthusiasm for GP training and are integral to the success of the program.

We have grown to a size where individual recognition is not possible without writing a small book, nevertheless I wish to acknowledge the many staff and directors and who have contributed so much to the success and spirit of our company. It is their contribution, dedication and success that had made 2010 such a fruitful year and I continue to look forward to working with people of such high caliber in what is shaping up to be a very exciting 2011.

**John Oldfield**  
Chief Executive Officer

# Director of Training Report



Dr Jeremy Bunker

It has been another superb year for this organisation. We have developed and grown with a merger with the Institute of General Practice Education, and now cover two thirds of Sydney as well as the New England/North West of NSW. We anticipate recruiting 83 general pathway registrars for the commencement of training in 2011, and 20 rural pathway registrars.

Whilst mergers can be distracting, I dwell on the many positives. The greatest benefit has been the ability to learn from the three predecessor organisations, which approached vocational and prevocational training in different ways. We have been able to combine the best of the three organisations – NEATS, SIGPET, and IGPE, and GP Synergy is the result.

I pay tribute to the staff of IGPE, who have brought enormous enthusiasm and experience to the organisation, and to all staff who have coped cheerfully and constructively with the inevitable complexities of the merger.

Our primary aim has been to preserve and extend excellence in training for general practice, preserving the expectations with which current registrars entered training, and to make it very clear to potential registrars what training with an enlarged GP Synergy would involve.

Enough of the generalities. Our effectiveness is illustrated by the specifics. So what have been the changes over the last year?

## In education design and delivery:

### 1. Assessment at the commencement of training:

We have developed a formal assessment for all registrars before the beginning of their first GP term. The results of this are made available to supervisors and registrars to guide learning and teaching in the first few weeks and months of general practice. Dr Donna Quinn and Jann Tuart have led the development of this and piloted it in New England, and have then worked with Dr Anna Sallos to generalise this.

### 2. Assessment during training:

We are introducing continuing assessment of knowledge into our formal education release program. Dr Anne Eastwood is leading this process, building on the program developed at IGPE to which provides more concrete and summative assessment to supplement the extensive formative assessment they receive during training.

### 3. Increased identification and support of registrars:

We have developed a number of tools to assist in the identification of registrars requiring increased support and delivering innovative interventions. Dr Barb Moritz and Dr Donna Quinn have developed "tandem" clinical teaching visits

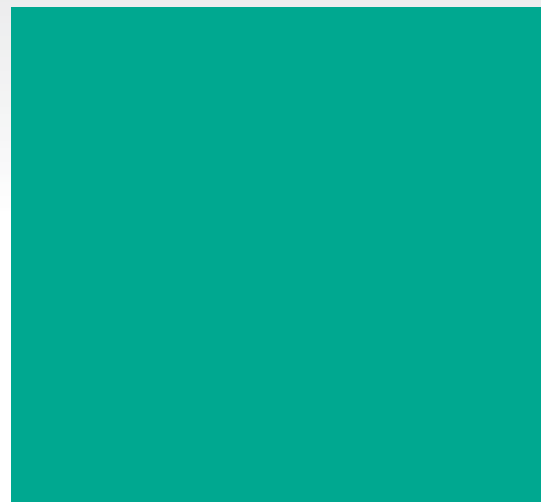
– where an educator debriefs patients after they have seen a registrar, adding to the assessment of the educator who is observing the consultations. This has been a boon to assisting registrars who have difficulty in assessing whether and how patients perceive the consultation.

### 4. Feedback to practices:

We have developed a process to give teaching practices regular and formal feedback on their performance, identifying strengths and opportunities for improvement. This assessment is based on registrar feedback, supervisor self assessment, medical educator assessment, and clinical teaching visit reports. Our supervisors like our registrars, want more feedback than they were receiving previously.

### 5. Supervisor development:

The education program for supervisors has been further refined, and there are now up to ten opportunities every year for our supervisors to participate in supervisor continuing professional development. Our weekend workshop in June 2010 tackled boundaries and attitudes; the clinical teacher training workshop was held in Armidale in March 2010; and we had a number of weekday and evening workshops as well as teleconferences in all nodes sprinkled through the year. In addition Dr James Best, an experienced GP Supervisor, has commenced a peer to peer practice visiting program.



## 6. Formal education activities for registrars:

During 2010 we have worked to combine and integrate our formal education program for registrars. For 2011 we will be delivering a common education program to our general pathway registrars, from two sites in Sydney.

## In the development of capacity

### 1. Practice recruitment:

We have recruited 16 new teaching practices mainly in outer metropolitan Sydney and/or in areas of clinical service need. We have recruited these practices through extensive cooperation with Macarthur and Sutherland Divisions of General Practice.

### 2. Prevocational General Practice Placements Program:

12 of our leading registrar teaching practices have agreed to host placements for junior hospital doctors. This introduces doctors to General Practice during the phase that they are making decisions about their specialty destination. For those who don't eventually choose General Practice, they will benefit from a closer understanding of what General Practitioners do. Jani Mal, Kate Froggatt, Dianne Hill, John Mal, Kate Froggatt, Dianne Hill, John Oldfield, Dr Anne Eastwood, Dr Barb

Moritz and myself have led this task, and the flowering of PGPPP (Prevocational General Practice Placements Program) in 2011 is much anticipated. We will then be offering significant training across prevocational and vocational training.

### 3. Matching of registrars to practices:

We have developed new ways of assigning registrars to practices. This is to successfully deal with the reality that most of our registrars live away from most of our patients! It also more equitably shares the burdens of commuting and relocation.

### 4. Rural Generalist Pathway:

We have been party to the discussions establishing the development of this training route and professional destination. Felicity Gemmell-Smith has been representing the organisation in this, along with Dr Barb Moritz. Felicity continues to manage the challenges of the procedural training posts.

## Matching registrars to practices

### 1. Medical education staff:

Drs Barb Moritz, Linda Mann, Hooi Toh and Anne Eastwood provided leadership and support as Regional Education Directors to our enlarging medical educator team. Particularly encouraging has been the involvement of a number of ex-registrars

as Medical Educators – Drs Su Yang, Jenny Lonergan, Vanessa Moran, Winston Lo, Graham Lee are all permanent members of the team, and ex registrars of varying vintages. Drs Soheyl Aran, Donna Quinn, Eszter Fenessy, Roland Loeve, Russell King and Hadia Mukhtar are our experienced senior medical educators, and we rely on an extensive team of GPs and GP Supervisors to participate in our clinical teaching visit program.

### 2. Supervisor and registrar liaison:

Drs Marisa Magiros and Wicky Wong have been sterling in their role as Registrar Liaison Officers and Drs Ian Kamerman and John Stanford have advocated effectively for Supervisors, supported by the Supervisor Advisory Forum.

### 3. Training Co-ordinators:

Dr Sonia Cattley, Ms Brenda Rees-Smith and Ms Michelle Van Dongen have been the primary point of contact for general and rural pathway registrars respectively.

### 4. Medical Educator professional development:

I also need to acknowledge my senior medical educator colleagues – Drs Barb Moritz, Anne Eastwood, Linda Mann, and Hooi Toh. I also pay tribute to the outstanding support from Dianne Hill, our Deputy CEO and Pat Worthing, Chief Financial Officer and Regional Business Manager, New England/North West and

# Director of Training Report ...Continued



the integral roles undertaken by Special Projects Officer – Felicity Gemmell-Smith, Education and Evaluations Officer – Margaret Simpson, Marketing and Events Manager – Kate Froggatt, PGPPP Officer – Jani Mal, Project Manager – David Ward and Registrar Intake and Support Officer – Jann Tuart.

Of course GP Synergy would cease to function without the invaluable work and support of staff Denise McSorley, Carol Thorndike, Eliza Canty, Lucy Adams and Ruth Fletcher and Belinda Palamara who have been the glue that keeps the organisation together and our accounting team, Ken Glover and Tina Barwick-Taylor.

Till the next year...

**Dr Jeremy Bunker**  
[Director of Training](#)



# Our Board



**Dr Harry Nespolon**

MB BS, Dip RACOG, B.Ec LL.B (Hons),  
FRACGP, FACLM, GCLP, MBA, FAICD  
31 October 2007 – present



**Dr Ian Adair**

MB BS (Syd), MBA (Macq), AFAIM, FAICD  
20 December 2004 – present



**Dr Martyn Baker**

M.A., M.B., B.Chir [Cantab], D.Obst RCOG  
[London], D.C.H [London], Dip RACOG.  
30 August 2006 – present



**Dr Rebecca Blake**

B Sc (Med), MB BS (UNSW), FRACGP  
6 February 2007 – 23 October 2009



**Dr Owen Brookes**

MB BS (Syd), FRACGP  
1 January 2010 – present



**Dr Ashok Chalasani**

MB BS, FRACGP, MFM (Monash)  
30 June 2005 – present



**Associate Professor  
Lyn Fragar**

MB BS (USYD), DTM&H (USYD), MPH  
(USYD), Dip Ag Ec (UNE), FAFPHM, Grad  
Dip Ornithology (CSU)  
21 May 2003 – present



**Dr Matthew Gray**

B.Med, B.Ec, FRACGP  
1 January 2010 – present



**Associate Professor  
Michelle Guppy**

MB BS, FRACGP, MPH  
11 October 2006 – present



**Dr Charlotte Hespe**

MB BS (Hons) (Syd), DCH (Lon),  
FRACGP, GAICD  
27 December 2001 – present



**Dr Ian Kamerman**

DipCD, SFCD, MB BS, FACRRM,  
DRANZCOG, DA  
2 January 2009 – 23 October 2009



**Dr Jacqueline Korner**

MB BS, DRCOG, MRCGP  
20 December 2006 – present



**Dr Linda Mann**

MB BS, BSc (Med), Dip RANZCOG, DRCOG,  
FRACGP, GAICD  
6 May 2003 - 10 March 2010



**Dr Rod Martin**

B Sc (UQ), MB BS (UQ), FACRRM  
(Anaes/Obstets)  
9 June 2008 - present



**Dr Greg McGuigan**

MB BS, FRACGP  
2 May 2007 - 23 October 2009



**Associate Professor  
Eugen Molodysky**

MB BS (Syd), DRACOG, PhD (Syd), OAM  
27 December 2001 - 23 October 2009



**Dr Alison Rose**

MB BS, FRACGP  
1 January 2010 – present



**Dr Narelle Shadbolt**

MB BS, FRACGP, MFM (Monash)  
30 June 2005 – present

## Our Board ... Continued



**Prof Siaw-Teng Liaw**

MB BS, Dip Obst, PhD, FRACGP, FACHI  
1 January 2010 - present



**Dr Kim Strong**

MB BS  
2 January 2009 - 23 October 2009



**Dr Les Woollard**

DRANZCOG, DRCOG DA MB BS  
(Melbourne)  
13 February 2002 - present

# Our Staff - Administration



**John Oldfield**

MBA (Macq), FAICD  
CEO



**Dianne Hill**

Dip Comm. (Acctg), BBus(Hons) CPA ACIS  
Deputy CEO, Regional Business Manager  
Sydney South/Southwest



**Pat Worthing**

B Fin Admin / CPA  
CFO, Regional Business Manager  
New England/Northwest



**Kate Froggatt**

BA Management, MComm Marketing  
Marketing & Events Manager



**Tina Barwick-Taylor**

Accounts Manager  
New England/Northwest



**Eliza Canty**

Events & Marketing Coordinator  
Sydney Central



**Sonia Cattley**

Education Manager



**Ruth Fletcher**

Officer Administrator / Regional  
Event Coordinator  
New England/Northwest



**Felicity Gemmell-Smith**

Procedural Training & Special  
Education Programs Officer

# Our Staff - Administration



**Ken Glover**

AASA, ACIS, Grad Dip Marketing  
Accounts Manager  
Sydney Central



**Jani Mal**

MBA (Macq), FAICD  
PGPPP Officer



**Denise McSorley**

Administrative Officer  
Sydney Central

**Belinda Palamara**

Administration & Workshop Coordinator  
Sydney South/Southwest



**Vanessa Jelic**

Administration Officer  
Sydney South/Southwest



**Carol Thorndike**

Office Manager  
Sydney Central

**Lucy Adams**

Officer Administrator  
New England/Northwest

**Brenda Rees-Smith**

RN, RM, BN  
Training Coordinator  
New England/Northwest



**Jann Tuart**

Bachelor Social Work  
Registrar Intake & Support Officer  
New England/Northwest



**Michelle Van Dongen**

Senior Administrator Officer  
Sydney South/Southwest



**David Ward**

Program and Academic Research  
& Development Manager  
Sydney Central

# Our Staff - Medical Education



**Dr Jeremy Bunker**

MB BS (Hons), FRACGP  
Director of Training



**Dr Linda Mann**

MB BS, BSc (Med), Dip RANZCOG,  
DRCOG, FRACG  
Deputy Director of Training / Regional  
Education Director. Sydney Central



**Dr Barb Moritz**

MB BS, DRANZCOG  
Regional Education Director  
New England/Northwest



**Dr Hooi Toh**

MB BS, FRACGP  
Regional Education Director  
Sydney South/Southwest



**Dr Anne Eastwood**

MBCbB, FRACGP, MGP, MPH  
Senior Medical Educator  
Sydney South/Southwest



**Dr Soheyl Aran**

MBBch, FRACGP, DCH  
Medical Educator  
Sydney South/Southwest



**Dr Carmen Ast**

MB BS, FRACGP, IBCLC  
Regional Education Director  
New England/Northwest



**Dr James Best**

MB BS, FRACGP, Dip Paed  
Medical Educator  
Sydney Central



**Dr Eszter Fenessey**

MB BS, FRACGP  
Medical Educator  
Sydney Central

# Our Staff - Medical Education



**Dr Russell King**

MB BS MRCP FRACGP

Medical Educator

New England/Northwest



**Dr Winston Lo**

MB BS, FRACGP

Medical Educator

Sydney Central



**Dr Roland Loeve**

MB BS, FRACGP, FAFMM,

Grad Cert Pain Medicine

Medical Educator

New England/Northwest



**Dr Jenny Lonergan**

BMed (Hons), MPH, DRANZCOG, FRACGP

Medical Educator

Sydney Central



**Dr Vanessa Moran**

BSc (Hons), MB BS, FRACGP, Dip Paed

Medical Educator

Sydney Central



**Dr Hadia Muhktar**

BSc (Hons), MB BS, FRACGP, Dip Ger

FRACGP Medicine, LLB (Hons),

Grad Cert Prof Ed

Medical Educator. Sydney Central



**Dr Anna Sallos**

MB BS, BSc (Med), Dip Paeds, FRACGP

Medical Educator

Sydney Central

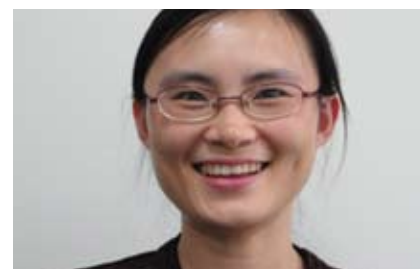


**Dr Donna Quinn**

B. Med (Hons), FRACGP

Medical Educator

New England/Northwest



**Dr Su Yang**

MB BS BSc (Med), Dip Child Health,

FRACGP

Education & Evaluation Officer

Sydney Central

# Our Staff - Medical Education



**Val Dahlstrom**  
Aboriginal & Torres Strait Islander  
Liaison Officer



**Dr Ian Kamerman**  
Supervisor Liaison Officer



**Dr Marisa Magiros**  
Registrar Medical Educator / Registrar  
Liaison Officer



**Margaret Simpson**  
Education & Evaluations Officer



**Dr Wicky Wong**  
Registrar Liaison Officer

**Dr John Stanford**  
Supervisor Liaison Officer



# Supporting Supervisors & Maximising In-Practice Experience



## Training Practices

GP Synergy has over 270 accredited teaching practices across our regions. In 2010 GP Synergy revised its accreditation processes to more effectively recruit training practices to meet the joint requirement of providing quality training placements at the same time as addressing general practice workforce needs. This involves six monthly reviews of training capacity requirements and targeted recruitment campaigns.

## Supervisor professional development program

In 2009 & 2010 GP Synergy continued to provide its supervisors with a comprehensive supervisor professional development program to help supervisors develop their teaching skills and maximize registrar's in-practice learning experiences.

The program is built on a matrix of resources for GP supervisors which includes education designed to increase knowledge of the General Practice curriculum and GP Synergy education program, as well as explore and promote methods of clinical teaching.

In 2009-2010 GP Synergy hosted educational workshops for supervisors in each region as well as cross-nodal educational activities.

This included the popular annual GP Supervisor Development weekend, which continues to remain a highlight of the program for both the professional development and networking experience it provides.

In the 2009-2010 period, three weekend workshops were held.

In the latter half of 2009, GP Synergy held the workshop 'Learning and behavioural difficulties in childhood' initially in Tamworth and then again a month later in Sydney. The workshop was developed by Medical Educator (and GP supervisor) Dr James Best. By using Autism and related conditions as a template, the workshop sought to help supervisors develop the skills to teach registrars how to manage a complicated chronic condition, and one that involves a wide range of other professionals, where the patient or their carer will often have greater exposure to information related to the condition.

In the first half of 2010, GP Synergy held another weekend professional development event entitled 'Master Class in Supervision'. Coordinated by Medical Educator Dr Hadia Muhktar, the event attracted forty-three supervisors from across all three GP Synergy nodes, offering the opportunity to share and explore the challenges that can occur in the General Practice teaching environment. Experts presented participants with tools to assist supervisors in recognising differences,

identifying relationships at risk, sharing strategies and devising systems that pre-empt and manage risk. The workshop was highly rated by participants across all areas.

"I really liked the use of conjecture, exploring how various people would address the scenarios and learning from each other within a small group format. I found this a useful workshop and it was helpful to listen to the experiences of colleagues. I hope to translate some of this into practice."

*Master class supervisor participant*

GP Synergy also ran for the eighth consecutive year the Clinical Teacher Training Workshop. Held in Armidale, the workshop was well attended by supervisors across all nodes.

## Supervisor support & advocacy

GP Synergy continues to support the Supervisor Advisory Forum (SAF) which meets at regular intervals to discuss supervisor related issues and provide input into the supervisor education program. Supervisor support and advocacy was also available through two GP Synergy Supervisor Liaison Officers (SLOs) Dr John Stanford and Dr Ian Kamerman.

# Developing Competent & Confident Registrars



## Fellowship

GP Synergy is proud to congratulate the sixty-four GP Synergy registrars who achieved their fellowship in the 2009-2010 period. GP Synergy held two bi-annual exam preparation series consisting of six workshops in each series to support registrars preparing for their exams.

GP Synergy would like to extend a special congratulations to GP Synergy registrar, Dr Julia Menzies, who won the RACGP Tony Buhagiar Medal for being the GP candidate in NSW & ACT who passed all three examinations on their first attempt in the last three years and received the highest OSCE score in 2010.1. Julia is the second GP Synergy registrar to be awarded this honour in as many years.

## Registrar Education

GP Synergy provides registrars with a comprehensive and quality education program aligned with the College curriculum/s. Over the 2009-2010 period the educational programs of all GP Synergy nodes continued to be aligned with an increasing number of cross nodal educational activities. Whilst this increases the number of educational opportunities for registrars, the importance of maintaining local education delivery has been recognised and retained.

As registrars progress through training, GP Synergy provides extracurricular

workshops to enhance their training and transition into independent practice, such as the Expand Workshop Series managed by Dr Winston Lo.

## Pre-GPT1 Assessment

GP Synergy New England/Northwest Medical Educators Dr Donna Quinn, Dr Barb Moritz and staff member Jann Tuart developed a program to assess registrars basic skills set before undertaking a GPT1 term. The program was modelled from RTP CSQTC's assessment program and adapted to GP Synergy's needs.

The tool assesses key areas such as consultation skills, script and referral writing, as well as medical knowledge, particularly in relation to safe practice, the latter assessed in the form of a key feature problem exam.

The tool has been used to identify any practical, knowledge and communication issues for registrars early in their training, allowing learning plans to be developed to reflect the needs and strengths of the registrar. This also informs the medical educators and GP supervisors of priority areas needing to be addressed.

The program was piloted initially amongst rural pathway registrars in New England/Northwest and due to the positive response it was extended to general pathway registrars in Sydney in 2009 and is now a core feature of GP Synergy's registrar program.

Evaluations have revealed that registrars who have participated in this new initiative overwhelmingly perceive it as being a valuable needs assessment tool that has assisted them with the development of their learning plans.

## Practical Skills Workshop

Each year GP Synergy bi-annually co-hosts a collaborative educational event with other regional training providers, General Practice Training – valley to coast and North Coast GP Training.

Stretching over three days, the workshop features expert speakers on a range of topics from gastroenterology to Men's Health to Cervical Spine to ENT to Paediatric Dentistry.

Registrars attend from all GP Synergy regions, creating important networking opportunities and allowing relationships to be formed.

In 2010 GP Synergy added a fourth day to this workshop in the form of a practical skills day for GP Synergy registrars.

Developed by Sydney Central Medical Educator, Dr Su Yang, just under fifty registrars attended, rotating through three of four stations which included Implanon insertion, CPR, suturing and musculoskeletal injections. Feedback from the day was extremely positive. For



instance, 100% (29) of the participants rated the learning objectives as being 'fully met for the 'Insertion and removal of Etonogestrel implants' session. Due to the positive evaluation of the workshop, it will remain a component of the combined 'Fusion workshop' program.

## SCRIPT

GP Synergy provides each registrar with the SCRIPT handbook – the Syllabus & Curriculum Roadmap for Independent and In-practice Teaching. SCRIPT maps the RACGP curriculum against GP Synergy's education program, translating the vast RACGP curriculum landscape into a learning and teaching framework for GP Synergy registrars and supervisors.

## Tandem ECTV Trial

In 2009/2010 GP Synergy piloted the use of a tandem external clinical teacher visit as a tool for remediation. The pilot involves two medical educators, one sitting in on the consult undertaking the ECTV in the traditional sense, whilst the other educator does not witness the consultation and interviews the patient after the consultation occurs. The objective of this approach is to try to give the registrar immediate feedback not only from the medical educator (ME), but from the patient, about the effectiveness of their communication. The pilot has yielded some interesting preliminary findings and is being explored further.

## Registrar Liaison & Support

During the 2009-2010 period the GP Synergy Registrar Liaison Offer position was shared between two registrars; Dr Wicky Wong and Dr Marisa Magiros.

As RLOs, Marisa and Wicky keep registrars abreast of relevant news and developments concerning registrars and provide advocacy and support. Marisa and/or Wicky represented GP Synergy registrars at conferences such as the GPRA Breathing New Life conference and Future Series, the GPET Convention, WONCA and GP10.

## Academic Posts

GP Synergy has a proud history of supporting registrars in academic extended skills terms.

During the 2009-2010 financial period, GP registrar Dr Kate Kelso undertook an academic term with the University of Sydney exploring the career planning practices and needs of junior doctors in Australia. Kate presented her findings at the GPET Convention to a receptive audience.

## Adolescent Health

For several years GP Synergy has worked collaboratively with Dr Carol Kefford from

the University of Sydney Academic GP Unit at Hornsby, in the delivery of a community based adolescent health initiative.

The program, called 'GPs in Schools', involves GPs, GP registrars and medical students providing advice and information to high school students across Sydney.

The program provides registrars with an opportunity to improve their communication skills and keep up with matters of importance to younger generations. From a community standpoint, the program provides adolescents with invaluable preventative health information and contact with a GP. Many of the schools engaged in the program have students from a vast array of cultural and religious backgrounds where access to health information and advice may be difficult.

GP Synergy supported this program in 2009-2010 and looks forward to supporting this program in the future.

# Expanding the General Practice Profession



## Recruitment

Applications into the GP Synergy training program continue to be strong.

GP Synergy has implemented a targeted marketing strategy closely aligned with the organization's strategic objectives, leveraging GP Synergy's strengths and maximizing effectiveness of our resources.

Focus of the GP Synergy marketing effort continues to remain on attracting applicants into GP Synergy's rural pathway. This focus was commended by the GPET Accreditation team during the GP Synergy accreditation.

Applications into GP Synergy's rural pathway continue to increase with 19 first preference applications for the 2011 training program, up from 13 the year before. This rose significantly to 36 applicants after second preferences were completed.

An applicant information evening held in Tamworth for the first time proved highly successful with over twenty-two attendees including both prevocational doctors and medical students on rotation from UNE and Newcastle. GP Synergy continues to work closely with Tamworth Base Hospital as well as GP Student Network Clubs at UNE with the aim of fostering interest in General Practice and GP Synergy and on a wider scale with NSW marketing collaborative activities.

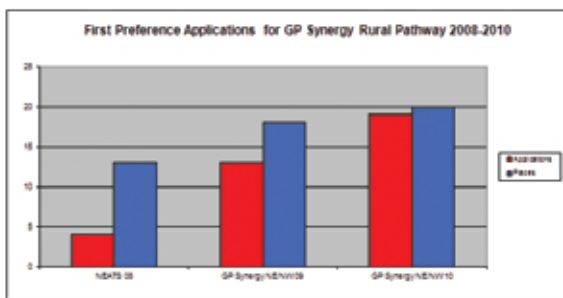
To enhance rural pathway attraction and rural rotations within the GP Synergy New England/Northwest region, GP Synergy developed a generous financial support package. This package is tiered to provide support for rural rotations within GP Synergy's rural region and distance from major regional centres.

For the second consecutive year GP Synergy held a workshop to help registrars plan for their rural terms with a presenter from the New England/Northwest medical

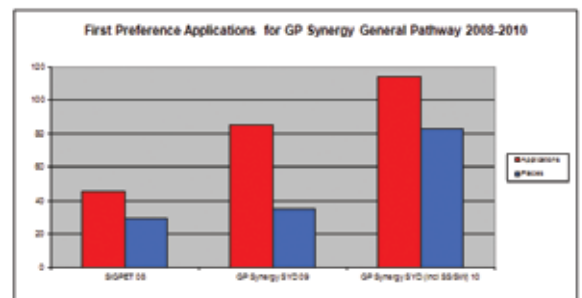
education team and cross-fertilisation continues to occur with increasing sharing of medical education expertise across the regions.

Applications to GP Synergy's general pathway remained steady and exceeded training places available. This was a positive outcome as it was unclear what effect the extension of the Sydney basin (to incorporate Sydney South/Southwest) may have on applicant decision making. Recent changes to Return of Service Obligations (ROSO) also created uncertainty for application projections, together with the impact of other RTP ROSO requirements compared to GP Synergy's policies in this area.

GP Synergy staff and registrars continued to support GP Student Network activities through the 2009-2010 period and develop relationships with hospitals through PGPPP and the NSW Marketing collaborative.



	Applications	Places
Sigpet 08	45	29
GP Synergy SYD 09	85	35
GP Synergy STD (inc SS/SW) 10	114	83



	Applications	Places
Neats 08	4	13
GP Synergy NE/NW 09	13	18
GP Synergy NE/NW 10	19	20



## PGPPP

GP Synergy was very excited at the Federal Government's announcement in 2009 to increase the funding for the Prevocational General Practice Placements Program (PGPPP). This program creates a welcome opportunity for prevocational Doctors to experience a General Practice rotation during their formative career decision making prevocational years.

Although the implementation of the program to date has been limited in NSW, GP Synergy has been fortunate to have two of its practices actively engaged in the program. This includes the Hornsby GP Unit, which has had the highest number of PGPPP rotators nationally and Northwest Health in Tamworth. Supervisors Drs Ian Kamerman, Liz Marles and Penny Browne, together with Practice Manager Julie Dominish, have played important advisory roles in helping GP Synergy plan the expansion of the program across the GP Synergy regions.

To drive this expansion, GP Synergy has employed PGPPP Officer, Jani Mal, to develop and manage placements.

The PGPPP program provides a unique opportunity to showcase the possibilities of a career in General Practice within our region and GP Synergy shares GPET's commitment to the program.

## GP Re-entry

Over the last year the GP Synergy Re-entry Program has assisted 20 GPs from across Australia to return to the clinical workforce.

The Program, now in its fifth year, continues to attract applications from doctors around Australia who have identified that they need some expert assistance prior to tackling the many demands of clinical general practice after an extended period of absence.

Led by Dr Aline Smith and Dr David Lim, participants are involved in education sessions particularly focussing on chronic and complex care including mental health, hyperlipidaemia, cancer screening and dysglycaemia. In addition, the orientation workshop features sessions on billing and prescribing, proactive patient care, working with the RACGP curriculum as well as the use of medical software and case vignettes.

With one of our former GP Re-Entry participants recently achieving success in the RACGP Fellowship examinations it is hoped the Program can continue to support doctors who remain committed to general practice.

## Collaborative Marketing

During the 2009-2010 period, GP Synergy continued to support the appointment of a NSW Marketing Officer, with the intention of improving promotional efficiency and reach into the prevocational sector.

The appointment of this position was undertaken by a GP Synergy staff member and continues to yield strong results with significant increases in both general pathway and rural pathway applications in NSW.

# Ongoing Commitment to Areas of Medical Need



## Return of Service Obligations

In 2009 GPET announced changes to the way general pathway GP registrars could complete their Return of Service Obligations (ROSO).

These changes involved registrars being able to nominate how they fulfilled their ROSO requirements. They could either undertake 12 months training in an outer metropolitan location, or 6 months training in an outer metropolitan location and 6 months training in a rural (RA 2-5) location, or 12 months training in a rural (RA 2-5) location.

The result of this change in policy meant that registrars may be able to complete all of their training in metropolitan areas, without any rural General Practice training exposure, which is what some RTPs are offering.

GP Synergy believes that most GP registrars gain significant educational and training advantages in incorporating some rural GP experience into their training. For this reason, GP Synergy has implemented a ROSO policy in which the majority of general pathway GP Synergy registrars will be required to undertake at least one six month rural training term.

GP Synergy has also reviewed the rural pathway ROSO requirements to ensure a diversity of training experiences

for registrars and respond to general practice workforce needs. GP Synergy rural pathway registrars will be required to complete at least one six month term in an RA 3-5 area, with financial support distributed accordingly.

## Aboriginal Health

Improving the healthcare of indigenous health communities through registrar training is a shared commitment across GP Synergy's regions. During 2009-2010, GP Synergy had training posts within Aboriginal Medical Services in each region including Redfern Aboriginal Medical Service in Central Sydney, Tharawal Aboriginal Medical Service in South Western Sydney and Tamworth Aboriginal Service in New England/Northwest.

Through her work with GP registrars, GP Synergy's Aboriginal & Torres Strait Islander Officer, Val Dahlstrom, identified a gap in resources available which provided a different outlook about aboriginal health. In response to this, a DVD "Working in an Aboriginal Medical Service" was developed, showcasing employment and training opportunities in AMS facilities with testimonials from registrars and other Doctors who work in AMS practices. This DVD is available on the GP Synergy website and has been promoted widely.

As a complement to this DVD Val developed a quick guide publication for registrars training in the New England/

Northwest region outlining the aboriginal health facilities and services available in the region.

During the financial period, Val also worked on a resource for registrars (and others) called 'Give Us a Break'. This resource was based on the same format as the "Rebutting the Myths" publication which was aimed at trying to get non Aboriginal people to look at the myths/stories they believed about Aboriginal people. The "Give us a Break" publication used the same format and acknowledged the Federal governments past efforts and is being distributed by GPET.

Another initiative has been trialled, in which Val has worked with GPT1 registrars to ensure they complete their mandatory Aboriginal community placement. This has proven to be a very successful and beneficial strategy.

To ensure local Aboriginal representation and input into the cultural education and development of registrars, GP Synergy established in the GP Synergy and NEATS merger, the Aboriginal and Torres Strait Islander Advisory committee. Further action regarding its implementation continues.



## Procedural Training

During the 2009/2010 financial period GP Synergy continued to manage the Rural NSW GP Procedural Training Program, providing procedural training placements in the New England/North West region.

Procedural posts are intensive training placements, requiring considerable commitment and resourcing from partnering stakeholders such as training hospitals, staff and specialists. The posts offer a unique and valued opportunity for GPs and GP registrars to develop specialised skills and expertise, highly sought after in rural areas.

In 2009/2010 GP Synergy offered GP Procedural training in the disciplines of Obstetrics and Gynaecology, Mental Health, Surgery, Anaesthetics, and Emergency Medicine across two sites (Tamworth and Armidale).

The program has continued to contribute significantly to the healthcare provision in the New England/Northwest region.

Graduates are now located in Gunnedah, Armidale, Glen Innes, Moree, Tamworth and other regional areas.

We have continued to work closely with Tamworth and Armidale to develop quality procedural posts and thank them for their ongoing commitment to this valuable program. The strong working relationships

between Hunter New England Health, GP Synergy and NSW Health also continues, to the benefit of both the program, trainees and rural communities, with GP Synergy maintaining an active interest in discussions for the programs inclusion in future training models.

## Developmental Disability

Our commitment to developing the awareness, knowledge and skills of GP registrars and supervisors in the area of Developmental Disability continues.

Through the expertise of several key staff members such as Drs Linda Mann and James Best, GP Synergy has been able to develop Developmental Disability workshops. These workshops tackle the difficult task of teaching registrars the skills required to care for patients with developmental disabilities. GP Synergy looks forward to formally addressing this area further in the registrar education program in the coming year.

# GP SYNERGY LIMITED

A.B.N. 62 099 141 689

## ANNUAL REPORT FOR THE YEAR ENDED 30TH JUNE 2010

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## DIRECTORS' REPORT

The directors present their report together with the financial report of GP Synergy Limited for the year ended 30 June 2009 and the auditors' report thereon.

### 1. Directors

The directors at any time during or since the financial year were as follows:

	Period as Director
Dr C Hespe	27 December 2001 - present
A/Prof E Molodysky	27 December 2001 - 23 October 2009
Dr I Kamerman	2 January 2009 - 23 October 2009
Dr L Mann	6 May 2003 - 10 March 2010
Dr I Adair	20 December 2004 - present
Dr K Strong	2 January 2009 - 23 October 2009
Dr N Shadbolt	30 June 2005 - present
Dr M Baker	30 August 2006 - present
Dr L Woollard	2 January 2009 - to present
Dr J Korner	28 February 2007 - present
Dr R Blake	6 February 2007 - 23 October 2009
Dr M Guppy	2 January 2009 - to present
Dr G McGuigan	2 May 2007 - 23 October 2009
Dr H Nespolon	31 October 2007 - present
A/Prof L Fragar	2 January 2009 - to present
Dr R Martin	2 January 2009 - to present
Dr M Gray	1 January 2010 - present
Prof T Liaw	1 January 2010 - present
Dr O Brookes	1 January 2010 - present
Dr A Chalasani	1 January 2010 - present
Dr A Rose	1 January 2010 - present

### 2. Principal Activity During the Year

The principal activity of the company during the financial year was to promote and deliver general practice education and training. The company is economically dependent on Government funding to carry out its principal activity under the Australian General Practice Training which continues under present contract until 2013.

There was no significant change in the nature of this activity during the financial year.

GP Synergy's contract has been extended to incorporate the training programs previously undertaken by the Institute of General Practice Education Limited with the agreement of the latter's board.

### 3. Description of Short and Long-term Objectives

Promote and deliver integrated general practice education and training.

### 4. Strategy for Achieving Objectives

Continue to deliver general practice education and training within the terms of the Australian General Practice Training contract. The program will be intergrated to include pre-vocational training.

### 5. How Principal Activities Contributed to Achieving these Objectives

By continued compliance with the requirements of the AGPT contract for general practice education and training.

## 6. How Performance is Measured

AGPT measures company performance under terms of contract specifying specific performance indicators. GP Synergy is obliged to report against the performance indicators.

## 7. Members Liabilities

20 Members limited to \$10 per member, totalling \$200.

## 8. Directors' Meetings

During the financial year, the attendances of the directors were as follows:

Name	Attended	Eligible
Dr C Hespe	9	9
A/Prof E Molodysky	3	3
Dr I Kamerman	3	3
Dr L Mann	7	7
Dr I Adair	9	9
Dr K Strong	2	3
Dr N Shadbolt	9	9
Dr M Baker	8	9
Dr L Woollard	9	9
Dr J Korner	8	9
Dr R Blake	2	3
Dr M Guppy	9	9
Dr G McGuigan	3	3
Dr H Nespolon	9	9
A/Prof L Fragar	9	9
Dr R Martin	8	9
Dr M Gray	2	3
Prof T Liaw	3	3
Dr O Brookes	2	3
Dr A Chalasani	3	3
Dr A Rose	3	3

## DIRECTORS' REPORT continued

### Sub-committee's of the Board

During the financial year, the attendances of the directors at sub-committees were as follows:

#### Finance and Audit Committee

Name	Attended	Eligible
A/Prof Lyn Frager	8	9
A/Prof E Molodysky	3	3
Dr H Nespolon	9	9
Dr J Korner	6	9
Dr R Martin	3	3
Dr Matthew Gray	4	4
Dr Owen Brookes	4	4

#### Nominations and Constitutional Review Committee

Name	Attended	Eligible
Dr I Adair	4	5
Dr C Hespe	5	5
Dr I Kamerman	1	2
Dr K Strong	1	2
Dr A Chalasani	3	3
Dr R Martin	3	3

#### Education Committee

Name	Attended	Eligible
Dr N Shadbolt	5	6
Dr L Mann	3	3
Prof T Liaw	3	3
Dr A Rose	3	3
A/Prof M Guppy	4	6

#### Aboriginal & Torres Strait Islander Committee (ATSI)

Name	Attended	Eligible
Dr L Woollard	1	2

#### Regional Advisory Council - Sydney Central

Name	Attended	Eligible
Dr M Baker	3	3

## DIRECTORS' REPORT continued

### Regional Advisory Council - New England / North West

Name	Attended	Eligible
Dr L Woollard	1	1

### Regional Advisory Council - South / South West

Name	Attended	Eligible
Prof T Liaw	2	2
Dr M Gray	1	2
Dr A Chalasani	1	2
Dr O Brookes	2	2

### Joint Planning Committee - Amalgamations

Name	Attended	Eligible
Dr H Nespolon	2	2
Dr C Hespe	2	2
Dr L Mann	1	2

## DIRECTORS' REPORT continued

### 9. Lead Auditor's Independence Declaration

The lead auditor's independence is set out on the next page and forms part of the directors' report for the financial year ended 30 June 2010.

Signed in accordance with a resolution of the directors:

Director:



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Director:



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DATE 25/8/10  
Sydney

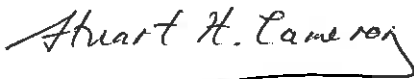
## DECLARATION OF AUDITOR INDEPENDENCE TO THE DIRECTORS OF GP SYNERGY LIMITED

As lead auditor of GP Synergy Limited for the year ended 30 June 2010, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- any applicable code of professional conduct in relation to the audit.

This declaration is in respect of GP Synergy Limited during the period.

KS Black & Co  
Chartered Accountants



Stuart H Cameron  
Partner  
Sydney; 25/8/10

# INDEPENDENT AUDIT REPORT TO THE MEMBERS OF GP SYNERGY LIMITED

## Report of the financial report

We have audited the accompanying financial report of GP Synergy Limited (the "company") which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in equity, and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration of the company.

## *Directors' Responsibility for the Financial Report*

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001. This responsibility includes 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.

## *Auditors' 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. These Auditing Standards require that we comply with relevant ethical requirements relating the 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 auditors' 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 company's preparation and fair presentation to 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 company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe 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 independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001 would be in the same terms if it had been given to the directors at the time this auditors' report was made.

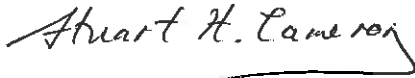
# INDEPENDENT AUDIT REPORT TO THE MEMBERS OF GP SYNERGY LIMITED

## Audit Opinion

In our opinion, the financial report of GP Synergy Limited is in accordance with the Corporations Act 2001, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2010 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

KS Black & Co  
Chartered Accountants



Stuart H Cameron  
Partner  
Sydney; 25/8/10

## DIRECTORS DECLARATION

In the opinion of the directors of GP Synergy Limited:

- a. The financial statements and notes, as set out on the following pages are in accordance with the Corporations Act 2001, including:
  - (i) giving a true and fair view of the financial position of the company as at 30 June 2010 and of its performance for the financial year ended on that date; and
  - (ii) complying with Australian Accounting Standards and the Corporations Regulations 2001; and
- b. there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors:

Director:



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Director:

Sydney 25/8/10



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## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2010

	Note	2010 \$	2009 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	4,477,687	3,872,631
Trade and other receivables	5	596,266	214,009
Other assets	6	191,971	103,329
		-----	-----
TOTAL CURRENT ASSETS		5,265,924	4,189,969
<b>NON-CURRENT ASSETS</b>			
Property, Plant & Equipment	7	1,088,454	290,009
		-----	-----
TOTAL NON-CURRENT ASSETS		1,088,454	290,009
		-----	-----
TOTAL ASSETS		6,354,378	4,479,978
<b>CURRENT LIABILITIES</b>			
Payables	8	1,090,007	582,182
Unearned revenue	9	4,903,058	3,623,158
Provisions	10	221,079	156,998
		-----	-----
TOTAL CURRENT LIABILITIES		6,214,144	4,362,388
<b>NON-CURRENT LIABILITIES</b>			
Provisions	10	73,007	50,483
		-----	-----
TOTAL NON-CURRENT LIABILITIES		73,007	50,483
		-----	-----
TOTAL LIABILITIES		6,287,151	4,412,821
		-----	-----
<b>NET ASSETS</b>		67,227	67,157
		=====	=====
<b>SHAREHOLDERS' EQUITY</b>			
Issued Capital		170	100
Retained Profits		67,057	67,057
		-----	-----
		67,227	67,157
		=====	=====

These financial statements must be read in conjunction with the accompanying notes

# STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 \$	2009 \$
Revenue	2	8,347,611	4,219,560
Employee benefits expense		2,024,145	1,297,274
Depreciation	3(a)	108,067	44,940
Practice reimbursements		829,666	692,345
Registrars expense		715,158	259,021
Supervisors education		158,682	95,617
Teaching allowance		501,898	389,444
Board expenses		150,068	105,153
Consultants and contractors		610,412	440,042
Insurance	3(b)	65,251	89,588
Rent	3(a)	138,594	60,336
Transfers		-	57,899
Loss on disposal of non current assets		108,877	-
Other expenses from ordinary activities	3(c)	2,774,134	687,901
		-----	-----
		8,184,954	4,219,560
		-----	-----
Surplus before income tax expense		-	-
Income tax expense		-	-
		-----	-----
Surplus for the year		-	-
		=====	=====

These financial statements must be read in conjunction with the accompanying notes

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
Total Equity at the Beginning of the financial year	67,157	100
Additional contributed equity	70	-
Surplus for the year	-	-
Prior year equity acquitted	-	67,057
	-----	-----
	67,227	67,157
	-----	-----

These financial statements must be read in conjunction with the accompanying notes

# STATEMENTS OF CASH FLOWS

## FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 \$	2009 \$
Cash Flows from Operating Activities			
Cash receipts from government and other sources		9,003,449	4,527,064
Interest received		162,657	104,047
Cash paid to suppliers and employees		(7,450,152)	(2,226,664)
Net Cash Provided by Operating activities	14(b)	1,715,954	2,404,447
Cash Flows from Investing Activities			
Payment for plant and equipment		(1,110,898)	(187,424)
Net Cash Used in Investing Activities		(1,110,898)	(187,424)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS			
		605,056	2,217,023
Cash and Cash Equivalents at the beginning of the Financial Year			
		3,872,631	1,655,608
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	14(a)	4,477,687	3,872,631

These financial statements must be read in conjunction with the accompanying notes

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial report are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

### (a) Basis of Preparation

This general purpose financial report has been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) adopted by the Australian Accounting Standards Board and the Corporations Act 2001.

The financial report has been prepared on an accruals basis and is based on historical costs.

### (b) Revenue Recognition

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

#### *Interest Revenue*

Interest revenue is recognised as it accrues.

#### *Other Income*

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

### (c) Government Grants

Grants from the government are recognised at their fair value where there is a reasonable assurance that the grant will be received and the Company will comply with all attached conditions.

Government grants relating to costs are deferred and recognised in the Statement of Comprehensive Income over the period necessary to match them with the costs that they are intended to compensate.

### (d) Goods and services tax

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

The net amount of GST recoverable from or payable to, the ATO is included as a current asset or liability in the Statement of Financial Position.

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

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

### (e) Income Tax

The income of the company is exempt from income tax under the provisions of the Income Tax Assessment Act.

### (f) Impairment of assets

Assets that are subject to depreciation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost. For purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units).

### (g) Trade receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost, less provision for doubtful debts. Trade receivables are due for settlement no more than 60 days from the date of recognition.

Collectibility of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful receivables is established when there is an objective that the company will not be able to collect all amounts due according to the original terms of receivables.

### (h) Plant and equipment

Plant and equipment is stated at historical cost less depreciation. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the Statement of Comprehensive Income during the financial period in which they are incurred.

Plant and equipment	2.5 to 13.3 years
Computer and software	2.5 years
Leasehold improvements	Shorter of lease term and useful life

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Leasehold improvements are required to be written down over the shorter of the assets useful life and the term of the lease.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

### (i) Trade payables

These amounts represent liabilities for goods and services provided to the Company prior to the end of financial year which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

### (j) Employee benefits

#### (i) Wages and salaries, annual and long service leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave are recognised in provisions, in respect of employees' services up to the reporting date and are measured at their nominal values.

Long service leave is measured at present value as it is not expected to be settled within 12 months.

#### (ii) Retirement benefit obligations

The company contributes to accumulation superannuation plans. Contributions are charged against income as they are made.

	2010	2009
	\$	\$
<b>2. REVENUE</b>		
Grants received	6,304,564	3,865,500
Other revenue	1,880,390	250,013
Interest received	162,657	104,047
	-----	-----
	8,347,611	4,219,560
	=====	=====
<b>3. EXPENSES</b>		
<b>(a) Surplus includes the following specific expenses</b>		
Depreciation	108,067	44,940
Rent	138,594	60,336
	-----	-----
<b>(b) INSURANCE</b>		
Insurance	65,251	52,141
Insurance - NEATS Directors' run-off cover	-	37,447
	-----	-----
	65,251	89,588
	=====	=====

These financial statements must be read in conjunction with the accompanying notes

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 \$	2009 \$
<b>3. EXPENSES (cont'd)</b>			
<b>(c) OTHER EXPENSES FROM ORDINARY ACTIVITIES</b>			
Advertising		29,753	11,354
Compliance Costs		71,206	50,326
Consumables		112,175	66,137
Freight & Cartage		13,777	6,624
Motor vehicles		5,268	3,475
Office Maintenance		64,199	21,292
Supervisor liaison costs		2,400	1,000
Telecommunications		60,854	32,265
Trading surplus (un-acquitted)**		2,414,502	495,427
		-----	-----
		2,774,134	687,900
		=====	=====

\*\* Trading surplus for 2010 includes one-off item of Accumulated Funds (Unexpensed Grant Funds) add back of \$1,382,385. Includes individual grants pertaining to 'office relocation and fit out, purchase of simulator equipment, videoconferencing equipment and other. This amount was expensed during 2010 in accordance with GPET policy and approval.

	Note	2010 \$	2009 \$
<b>4. CASH AND CASH EQUIVALENTS</b>			
<u>Current</u>			
Cash on hand		2,786	828
Cash at Bank		4,474,901	3,871,803
		-----	-----
		4,477,687	3,872,631
		=====	=====

These financial statements must be read in conjunction with the accompanying notes

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

	Note	20109 \$	2009 \$
<b>5. RECEIVABLES</b>			
<u>Current</u>			
Trade receivables		532,333	185,244
Other receivables		63,933	28,765
		-----	-----
		596,266	214,009
		=====	=====
<b>6. OTHER</b>			
<u>Current</u>			
Prepayments		191,971	103,329
		=====	=====
<b>7. PLANT AND EQUIPMENT</b>			
<u>Non-Current</u>			
Plant & equipment - at cost		828,361	271,877
Less: accumulated depreciation		(231,244)	(92,562)
		-----	-----
		597,117	179,315
		-----	-----
Computer and software - at cost		311,879	243,766
Less: accumulated depreciation		(236,473)	(176,381)
		-----	-----
		75,406	67,385
		-----	-----
Leasehold improvements - at cost		434,851	102,907
Less: accumulated depreciation		(18,920)	(59,598)
		-----	-----
		415,931	43,309
		-----	-----
		1,088,454	290,009
		=====	=====

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 \$	2009 \$
<b>7. PLANT AND EQUIPMENT (cont'd)</b>			
<u>Reconciliations</u>			
Reconciliations of carrying amounts for each class of plant and equipment are set out below:			
Plant and equipment			
Carrying amount at beginning of year		179,315	75,580
Additions		617,557	118,737
Disposals		(147,510)	-
Depreciation		(52,245)	(15,002)
		-----	-----
Carrying amount at end of year		597,117	179,315
Computer and software			
Carrying amount at beginning of year		67,385	34,608
Additions		69,830	57,168
Disposals		(27,462)	-
Depreciation		(34,347)	(24,391)
		-----	-----
Carrying amount at end of year		75,406	67,385
Leasehold improvements			
Carrying amount at beginning of year		43,309	37,327
Additions		423,511	11,529
Disposals		(29,414)	-
Depreciation		(21,475)	(5,547)
		-----	-----
Carrying amount at end of year		415,931	43,309
		-----	-----

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 \$	2009 \$
<b>8. PAYABLES</b>			
Current			
Trade payables		648,078	386,797
Accrued expenses		136,720	58,290
Other payables		305,209	137,095
		-----	-----
		1,090,007	582,182
		=====	=====
<b>9. UNEARNED REVENUE</b>			
Unearned revenue			
AGPT (Operational & accumulated funds)		4,869,788	3,531,658
NSW Health (Health One - Canterbury)		-	52,570
NSW Rural Doctors Network		33,270	38,750
		-----	-----
		4,903,058	3,623,158
		=====	=====

Unearned revenue for the current and prior years represents grant funding from General Practice Education and Training (GPET). Until these funding organisations and the company finalise an agreement relating to this excess, the funds remain liable to claim by the funding organisation and are disclosed as a liability.

	Note	2010 \$	2009 \$
<b>10. PROVISIONS</b>			
<u>Current</u>			
Annual Leave		221,079	156,998
		=====	=====
<u>Non-Current</u>			
Long Service Leave		73,007	50,483
		=====	=====

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

## 11. EXPENDITURE COMMITMENTS

(a) Audit review of adherence to policy and procedures with respect to training placement and allocation.

The Auditor is satisfied that the policies and processes with respect to GP Synergy training allocation processes have been adhered to. It is a recommendation of the Auditor that there be additional documentation in future periods to provide added assurance that the policies and processes have been adhered to. The Auditor notes the development of policies and processes that will yield more detailed documentation of placement decisions for the term commencing 2011 calendar year.

At 30 June 2009, The Company held no investments in unlisted or listed securities

## 12. KEY MANAGEMENT PERSONNEL

(a) Key management personnel include the directors, the CEO, the Director of Training and the Acting (later Deputy) Director of Training of the company.

### (b) Directors

The names of each person holding the position of GP Synergy Limited during the financial year are:

Dr C Hespe	Dr I Adair	Dr G McGuigan	Prof T Liaw
A/Prof E Molodysky	Dr N Shadbolt	Dr I Kamerman	Dr A Chalasani
A/Prof L Fragar	Dr R Martin	Dr M Baker	Dr A Rose
Dr K Strong	Dr L Mann	Dr R Blake	
Dr L Woollard	Dr H Nespolon	Dr J Korner	
Dr M Guppy	Dr M Gray	Dr O Brooke	

(c) The compensation paid, payable or provided to other key management personnel consisted of short-term benefits of \$489,346 (2009 \$295,298). The increase is due to there now being two executives attached to training.

(d) The compensation paid, payable or provided to directors consisted of short-term benefits in the nature of Board fees of \$187,664 (2009 \$124,076), practice payments of \$494,109, teaching visits fees of \$2,408, and conference attendance fees of \$5,179.

Board fees of \$187,664 represent grossed up salary packaging including non-cash items, whereas actual payments made and received were \$138,367 (see table below).

Practice payments of \$494,109 represent payments made to practices which are connected with directors. However, these payments are not necessarily received directly by directors, as funds are paid to supervisors attached to the practice.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

Director	A Gross  Fees (excl salary package)	B Salary  Packaged Amount	C Grossed  Up salary package	D Superannuation	E Payroll  Benefits Received (A + C + D)
Ian Adair	2,583	4,063	7,594	596	10,774
Martyn Baker	6,370	-	-	573	6,943
Rebecca Blake <i>Ceased 23/10/2009</i>	-	3,125	5,841	381	6,123
Owen D Brookes	-	2,160	4,037	194	4,232
Ashok Chalasani	-	-	-	2,632	2,632
Prof Lyn Frager	2,625	4,120	7,701	607	10,933
Matthew Gray	-	2,535	4,738	228	4,967
Michelle Guppy	5,745	-	-	517	6,262
Charlotte Hespe	638	12,623	23,594	1,193	25,425
Ian Kamerman <i>Ceased 23/10/2009</i>	3,250	-	-	293	3,543
Jacqueline Korner	1,000	5,245	9,804	562	11,366
Liaw, Siaw - Teng	-	2,058	3,846	185	4,031
Linda Mann <i>Ceased Director 10/03/2009</i>	500	-	-	4,541	5,041
Rod Martin	5,205	540	1,009	517	6,731
Gregory McGuigan <i>Ceased 23/10/2009</i>	-	-	-	3,543	3,543
Eugene Molydysky <i>Ceased 23/10/2009</i>	-	6,125	11,449	551	12,000
Harry Nespolan	14,770	-	-	10,883	25,653
Alison Rose	-	3,003	5,612	270	5,883
Narelle Shadbolt	8,738	-	-	786	9,524
Kim Strong <i>Ceased 23/10/2009</i>	-	3,125	5,841	281	6,123
Les Wollard	250	7,995	14,944	742	15,936
<b>Total</b>	<b>51,673</b>	<b>56,715</b>	<b>106,012</b>	<b>29,980</b>	<b>187,664</b>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 \$	2009 \$
<b>13. REMUNERATION OF AUDITORS</b>			
Audit Services			
Audit of the financial report			
BDO Kendalls		-	4,106
K S Black & Co		12,975	12,475
		-----	-----
		12,975	16,581
		-----	-----
Other services - BDO Kendalls			
		-	8,741
- K S Black & Co		3,200	-
		-----	-----

## 14. NOTES TO THE CASH FLOW STATEMENT

- (a) For the purposes of the Cash Flow Statement, Cash and cash equivalents included cash on hand and cash at bank.

Cash and cash equivalents as at the end of the financial as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:

	2010 \$	2009 \$
Cash on hand	2,786	828
Cash at bank	4,474,901	3,871,803
	-----	-----
	4,477,687	3,872,631
	=====	=====

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
<b>14. NOTES TO THE CASH FLOW STATEMENT (cont'd)</b>		
<b>(b) Reconciliation of Net Surplus in Net Cash Provided by Operating Activities</b>		
Net Surplus	-	-
Depreciation	108,067	44,940
Loss on disposal of available for sale investment	108,877	-
Changes in Assets and Liabilities		
Decrease/(increase) in trade and other receivables	(470,899)	(227,969)
Decrease/increase in trade and other payables	507,895	322,484
Increase/(decrease) in provision for employee entitlements	86,605	91,441
Increase in unearned revenue	1,375,409	2,173,551
	-----	-----
Net Cash Provided by Operating Activities	1,715,954	2,404,447
	=====	=====

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

## 15 FINANCIAL RISK MANAGEMENT

### (a) General objectives, policies and processes

In common with all businesses, the company is exposed to risks that arise from its use of financial instruments. This note describes the company's objectives, policies and processes for managing those risks and the methods used to measure them. Further quantitative information in respect of these risks are presented throughout these financial statements.

There have been no substantive changes in the company's exposure to financial instrument risks, its objectives, policies and processes for managing those risks or the methods used to measure them from previous periods unless otherwise stated in this note.

The Board has overall responsibility for the determination of the company's risk management objectives and policies. The company's risk management policies and objectives are therefore designed to minimise the potential impacts of these risks on the results of objectives are therefore designed to minimise the potential impacts of these risks on the results of the company where such impacts may be material. The Board receives reports from the Chief Executive Officer through which it reviews the effectiveness of the process put in place and the appropriateness of the objectives and policies it sets.

The overall objective of the Board is to set policies that seek to reduce risk as far as possible. Further details regarding these policies are set out below:

### (b) Credit risk

Credit risk is the risk that the other party to a financial instrument will fail to discharge their obligation resulting in the company incurring a financial loss. There is no concentration of credit risk with respect to receivables as the company has government departments as receivables only.

As a result, the credit quality of financial assets that are neither past due nor impaired is good.

The maximum exposure to credit risk at balance date is as follows:

	2010	2009
	\$	\$
Receivables	596,266	214,009

### (c) Liquidity Risk

Liquidity risk is the risk that the company may encounter difficulties raising funds to meet commitments associated with financial instruments that is payables. It is the policy of the Board of Directors that the company maintains adequate funds.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

## 15 FINANCIAL RISK MANAGEMENT (cont'd)

### MATURITY ANALYSIS

2010	Carrying Amount	Contractual Cash Flows	< 6 months
	\$	\$	\$
Financial Liabilities			
Non-derivatives			
Current payables	1,090,008	1,090,008	1,090,008
	-----	-----	-----
Total financial liabilities at amortised cost	1,090,008	1,090,008	1,090,008
	-----	-----	-----
2009	Carrying Amount	Contractual Cash Flows	< 6 months
	\$	\$	\$
Financial Liabilities			
Non-derivatives			
Current payables	582,182	582,182	582,182
	-----	-----	-----
Total financial liabilities at amortised cost	582,182	582,182	582,182
	-----	-----	-----

(d) **Market Risk**

Market risk arises from the use of interest bearing financial instruments.

It is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in interest rates (interest rate risk)

(e) **Interest Rate Risk**

The company is constantly monitoring its exposure to trends and fluctuations in interest rates in order to manage interest rate risk.

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2010

## 15 FINANCIAL RISK MANAGEMENT (cont'd)

### Sensitivity Analysis

The following tables demonstrate the sensitivity to a reasonably possible change in interest rates, with all other variables held constant, of the company's surplus (through the impact on adjusted interest rate).

2010	Carrying Amount \$	+1% Interest Rate \$	-1% Interest Rate \$
Cash and cash equivalents	4,477,687	44,777	(44,777)

The above analysis assumes all other variables remain constant.  
The same analysis was performed for the period ended 30 June 2009.

2009	Carrying Amount \$	+1% Interest Rate \$	-1% Interest Rate \$
Cash and cash equivalents	3,872,631	38,726	(38,726)

The above analysis assumes all other variables remain constant.



GP



advancing medical training

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