

**Questions on notice to AGPN from the
Senate Finance and Public Administration Committee:
COAG reforms relating to health and hospitals**

June 2010

1. *How many staff are employed in your national, state and other divisional offices, or however they are described?*

At 30 June 2008 there was a total of 3 000 staff (1988 FTE) employed by Divisions¹.

2. *I would also like some detail on your structure—perhaps an organisation chart—that shows how the AGPN works?*

AGPN is the national peak body for divisions of general practice. As at June 2010 AGPN has a staff body of 27.4 FTE comprising an executive, policy advisers, program managers and administrative staff. With regard to overall Network structure, there are currently 111 local Divisions (now known as general practice networks, or GPNs) across Australia, 8 State Based Organisations (SBOs) one in each state/territory and 1 national peak body (AGPN). GPNs and SBOs are members of AGPN.

3. *From where do you obtain your funding, and how much of that funding is spent on advocacy related issues as opposed to service delivery?*

Funding for the network is provided through a mix of:

- core funding through the Department of Health and Ageing (DoHA)
- program contracts (various federal/state government funds) and
- other organisations such as pharmaceutical companies, not for profit organisations and/or other commercial sources as arranged individually by Network members.

In 2007-08, the total funding allocation for core Division activities was \$69.81 million GST exclusive. Total additional funding reported by Divisions in 2007-08 was approximately \$178 million GST exclusive¹.

At the division level, virtually all funds are spent directly (through programs such as ATAPS², MAHS and the like) or indirectly (eg through practice support, education programs and workforce initiatives) on program or service delivery.

Exact figures for funds spent within the Network on advocacy are not available. As an estimate, approximately 10 FTE across the SBOs and AGPN are employed in policy roles. These roles can be deemed to include a degree of advocacy in terms of policy development, submissions and the like.

4. *How many of your doctors are actually in those non-practising roles as opposed to the practising ones?*

In 2007-08, 311 GP staff (10.4% of total staff numbers) contributed 36.3 FTE (1.8% of the total staff FTE)¹. GP roles within Divisions include medical adviser roles, governance (both clinical and corporate), representation and occasionally, CEO roles.

¹ Statistics provided are based on the latest available (07-08) obtained from the Annual Survey of Divisions 07-08 at: http://www.phcris.org.au/products/asd/results/07_08.php Chapter 4

² ATAPS: Access To Allied Psychological Services; MAHS: More Allied Health Services