



NEW ZEALAND
RURAL
GENERAL PRACTICE NETWORK



Annual Report

For the year ended 30 June 2009

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Cover photo: IRENE OLSEN

about us ...

Welcome to the New Zealand Rural General Practice Network's (the Network) Annual Report for the year ended 30 June 2009.

The Network was established in 2000 as a not-for-profit incorporated society and is the only nationwide membership-based organisation in New Zealand representing the many interests of rural general practice teams and in particular rural health workforce issues.

The Network is governed by an Executive Board of 12: Chair, Deputy Chair, Treasurer, Secretary and eight regional representatives—all of whom are elected biennially at the annual general meeting.

In 2001 the Ministry of Health engaged the Network to manage the Rural Locum Support Scheme. In 2004 the Rural Primary Health Care Practitioner Recruitment Service was introduced. The purpose of these two contracts are as follows: the rural locum support scheme is aimed at supporting workforce retention i.e. to provide short-term relief to eligible GPs so that they can access up to two weeks cover per 1.0 FTE, per annum; the purpose of the rural recruitment contract is to support workforce recruitment i.e. to provide assistance with the recruitment of long-term or permanent general practitioners. Both contracts are managed under the brand name of NZLocums.

In July 2006 following a strategic planning exercise, in which the need to capitalise on the organisation's recruitment, medical registration and immigration expertise, as well as the need to diversify its revenue streams were identified, NZMedics was established. NZMedics provides medical and specialist recruitment services to urban general practices and secondary services.

Activity across all divisions of the Network is firmly focussed on achieving the Network's ultimate vision, which is to be universally acknowledged as New Zealand's pre-eminent rural health workforce support and advocacy organisation.

from the chair ...

KIRSTY MURRELL-MCMILLAN



During the last year a number of senior general practitioners and some rural nursing colleagues have fallen ill or died; replacements have been found, at short notice. It signals the fragile state of rural general practice, where many practices operate with one rural doctor or nurse. We notice our colleagues' absence, more in rural communities. The outcome is usually that the neighbouring practice shoulders the burden either as a clinical supervisor, providing care for the practice's patients either by default or by taking on extra work. Pat Farry's sudden death while working as a locum at Twizel, has left us with a huge gap to fill as a rural leader, educator, friend, wise counsel and doctor relief for many South Island communities, as well to his own community. There is no doubt that Pat's magic touch and wisdom was deep and personal for so many. The establishment and launching of the Pat Farry Rural Education Trust may help to continue to develop his vision. I ask you all to support this worthy Trust in order that our future doctors and nurses further their careers in rural health.

This year we have seen a rise in the number of rural practices with vacancies. The Network has risen to this challenge with the offer of solutions, filling gaps with locum replacements or finding permanent practitioners. It is worth noting that NZLocums was devised by rural general practitioners as a solution to the isolation and workforce issues facing them. I wish to acknowledge the very hard work of CEO Michelle Meads, Linda Reynolds and Julie Wilson and their recruitment teams in liaising with practices, finding solutions for issues such as supervision, juggling immigration issues and working hard to strengthen the rural work force through NZLocums. I also congratulate Julie Wilson General Manager Recruitment on achieving the status of Immigration Consultant that gives the Network the edge in recruiting practitioners from overseas. Rob Olsen has led the conference organising once again and his role in membership and communications has added greatly to the heart of the Network. I wish to thank Michelle for her extraordinary work in building a successful team at the Network office in Wellington and her tireless work for members and stakeholders with whom she built many very good relationships. It was with great regret the Board accepted Michelle's resignation effective January 31, 2010 and we wish her well for her future ventures. In the meantime we welcome back Michelle Thompson as interim CEO until a permanent replacement is found.

Key highlights for the year:

- Successful roll-out of \$5 million for after-hours to practices providing 24/7 care for rural communities
- Successful involvement of key NZRGPN members in the development of the new PRIME curriculum and manual funded by ACC
- Opportunities have been offered to the NZRGPN to host a working party with the Ministry of Health and DHBs around defining rurality and rural funding during February this year
- Opportunities are being taken to participate with ACC to re-negotiating rural contracts for both general practice and rural nursing
- Opportunities have been offered to NZRGPN to submit an expression of interest to the Minister around development of health services in rural areas
- The Network took the opportunity to provide advice to the Minister of Health in formulating how voluntary bonding should work in order that rural areas might benefit from increased numbers of rural GPs, nurses and rural midwives for areas most in need
- The Network met regularly with a number of rural organisations including Rural Hospital Managers, NZ Institute of Rural health; Rural Hospital Doctors; Mobile Surgical Services to bring together a forum of people to start the conversations flowing through the rural health sector.

from the ceo's desk

OUT-GOING CEO MICHELLE MEADS



The last year has most definitely been one of challenge, growth and change for the Network. We have seen the successful implementation of a new recruitment and membership database - affectionately known as BOND, the launch of three new-look websites - one each for the Network, NZLocums and NZMedics; the launch of three new logos for each of the business units; restructuring of the Network's teams; the expansion of Network operations to two floors in its Wellington base and the development of an immigration service for overseas recruits and their families. That's a challenge for any organisation and along with other changes within the Network during the past year, collectively equals a major achievement in operational and strategic terms. First and foremost, I want to congratulate the teams for their energy and commitment in seeing these important projects and measures through and set in place. It is no mean achievement considering day-to-day business carries on while these new systems and ways of operating are adopted. Secondly I would like to thank the Board for their vision and support in these areas.

In tandem with the website re-launches, three new logos were developed for the Network, NZLocums and NZMedics; a logo designed to reflect the three-way relationship within the organisation in a more concise way. The development, design and inception of all the above initiatives were practically seamless and all involved can be proud of the results. Restructuring of NZLocums' and NZMedics' teams has resulted in closer working relationships with rural practices and urban centres, as the newly-created relationship managers were given specific responsibilities for geographic areas. Restructuring has also seen both teams come under the guidance of the newly-created General Manager Recruitment. That responsibility fell to the feet of NZMedics manager Julie Wilson. Linda Reynolds, who formerly managed the NZLocums' team moved to the role of Development Manager within the Network team. Linda outlines her role in another section of this report (see page 7).

Julie Wilson has also been instrumental in the development of the crucial role of Immigration Adviser. Necessitated by a May 4 law change that requires anybody in New Zealand providing immigration advice to be licensed, Julie acquired a provisional licence as an accredited adviser from the Immigration Advisers Authority, which falls under the auspices of the Department of Labour. There are three levels of adviser accreditation: Full, limited or provisional. Full accreditation should take about 12 months. I want to acknowledge the hard work and tenacity Julie has shown to develop this important new service.

There have been other key areas of growth and achievement: the Network News and the Rural Networker – the organisation's paper- and electronic-based publications have had a makeover; there has been ongoing work developing relationships with allied health organisations such as dentists, pharmacists and vets and successful recent UK and US recruitment expos and training for our recruitment teams. The Network is again hosting a successful annual rural general practitioners' conference, this time in Christchurch.

So, I think you'll agree it has been a year of growth and change and all this in the midst of a so-called recession.

On a personal note, I leave the Network after almost two years with fond memories, a sense of achievement and of having made professional as well as life-long friends.

I would like to express my thanks and appreciation to everyone involved with the organisation during my time as its CEO.

the core executive ...

Kirsty Murrell-McMillan

Chairperson, Southland/Otago

In the last year Kirsty has achieved a life-long ambition to work in rural general practice in a collegial team. After several years teaching at Otago Polytechnic School of Nursing, she is now Nurse Practitioner at Matura Medical Centre in Southland and enjoys a close working relationship with her GP and nursing colleagues. She also provides weekend after-hours care for eastern Southland when her practice is on-call. In late 2009 Kirsty was appointed by the University of Otago as a Professional Practice Fellow to develop Invercargill as a centre for learning in General Practice. In addition to this, with the merging of the Otago Southland PHOs, she was appointed to serve on the Transition Board.

In November 2009 the NZRGPN Board met to formulate the 2010 – 2012 strategic plan. The Board has worked energetically during the past 12 months in support of the Network. "I wish to thank Board Members for their support and assistance with projects as they have arisen. Without their goodwill and time we would not be able to govern effectively.

"This year the Network faces a number of challenges. Work has begun again on the rural ranking score and how best to fund rural health services. ACC has issued notice to terminate the Rural General Practice and Rural Nursing contracts to evaluate them. In addition the Minister has asked at grassroots how health costs in primary care can be contained. The NZRGPN meets the Minister and senior Ministry officials regularly with its GPLF colleagues. The Network Chairperson has also maintained direct relationship with the Minister, so that the views and voice of rural practitioners can be shared. This has proven to be a fruitful relationship and I am in no doubt one that will continue to grow. So in 2010 we look forward to opportunities and new challenges in supporting our rural colleagues."



Dr Tim Malloy

Deputy Chairperson, Wellsford

Tim has been actively involved as a member of the Network for 15 of his 22 years as a rural general practitioner and has made a valuable contribution of his time, expertise and business acumen by holding the Chairmanship of the Executive Board in recent years.

"There are a series of issues - system, financial and operational – facing us over the next year.

"We need to manage the fiscal environment carefully to ensure we don't allow our workforce to become any more brittle in spite of this climate, while at the same sensibly managing resources.

"As we progress towards new models of care we must ensure that our rural communities' and workforce's needs are effectively met. To that end, our strategy to develop a multi-disciplinary team approach must also continue to progress. "Network staff, who work so hard in our interests, must also be encouraged and supported. While we need to acknowledge their past efforts and achievements, we need to build on that work particularly around recruitment and in ensuring that the team knows that the Network leadership is working to support them."



Dr Stephen Graham

Treasurer, Te Anau

Stephen is a Te Anau-based GP who has been involved with the Network since 2003. He is currently treasurer and has convened two previous conferences.

Stephen was raised in central Auckland and has been in rural practice since 1997, immediately after finishing the GP training scheme in Wellington.

Stephen hopes that the Network can continue to strongly advocate for the medical and nursing workforce in rural New Zealand. The challenge remains to make rural New Zealand a desirable and challenging place to work. In particular it is important that young doctors and nurses see the "country" as the excellent place to live and work that it is. "There is a challenge, that the existing workforce provides a vibrant role model and supportive environment to students and young doctors and nurses. The interesting nature of the work requires an inspiring team approach."



Dr David Wilson

Secretary, Whitianga

David has been a general practitioner in Whitianga for 18 years and has been Network secretary for five years. He has also worked as a general practitioner in more remote rural New Zealand. After-hours care

and the rural ranking score are major focuses of his Network role. David is also on the Waikato DHB-Pinnacle after-hours board, is the Network's representative at the bi-monthly NZMA GP Council meeting and is the GP representative on the NZ Palliative Care Council .

"Amongst the highs for 2009 were working towards closer working ties with rural hospital doctors and with other rurally minded health professionals, and acknowledgement, especially from Midlands DHB of working towards funding for after-hours. On the downside, that deal is not perfect and has at times been divisive.

"There has also been frustration at the lack of progress as to who looks after health care at events in rural areas and a similar lack of traction from the Ministry of Health on a realistic rural ranking scale.

"Other concerns include the increasing cost of putting on decent conferences that Members would want to attend and uncertainty over the role of the GPLF."



regional representatives ...

Dr Andrew Minett

Eastern North Island representative (Matamata)

Andrew is GP principal at the Matamata Medical Centre, the board's Eastern Middle North Island representative and the Pinnacle Rural General Practice representative. Andrew has been a GP principal for 15 years and a Network Board member for four years.



"2010 will be a challenging year in rural general practice. Set against a backdrop of a government which needs to justify its health budget, the sector will need to continue to show why it is a health funding priority. This is a challenge in a sector where we are all overburdened with demands, and an opportunity to show how we can supply the depth and range of services, which are simply unavailable from other providers. As a network our role is to ensure that government is aware of the needs but also the value inherent in our sector and can work with practices to ensure that each of them feels valued and listened to in the year ahead."

Dr Martin London

Northern South Island representative (West Coast)

Martin is a salaried Rural GP (West coast DHB) and a clinical senior lecturer for the University of Otago. Martin is the North of the South Island representative for NZRGPN. His South Westland Practice is based at Whataroa and covers five townships from Hari Hari to Haast. Martin commenced rural practice in Akaroa in 1983. He convened the Canterbury Rural GP Action Group in 1987 and the NZ Rural GP Network in 1992. He moved to suburban practice in Papanui, Christchurch in 1994 and established the Centre for Rural Health with rural nurse, Jean Ross. Martin worked with the University of Otago to create the first Rural Health Diploma and with the Health Funding Authority and Ministry of Health supporting rural



practices and drafting the *Implementation of the Primary Health Care Strategy in Rural New Zealand*. He moved to the South Westland practice in 2005.

"The sad and sudden death of Pat Farry was by far the biggest shock of 2009. This year above all, we owe it to Pat not to lose sight of his vision or slacken our efforts in drawing young professionals to our practices.

"There is an urgent requirement to bed-in and increasingly resource education in rural primary care. Building teaching practices and inspiring health trainees through them is vital for future rural services. In South Westland we are already starting to see some good results.

"Workforce retention remains the eternal issue and the huge work done by NZLocums' staff to support practitioners is critical to this and perhaps not fully appreciated.

"The Government has seen the light of *Integrated Family Health Care Centres* with their *Better, Sooner, More Convenient* catch phrase, but I ruefully reflect that it is what we have been trying to do in rural practice since the year dot."

Rachel Hale

North Island representative (Matamata)

Rachel is a clinical nurse specialist in general practice based at the Matamata Medical Centre. She holds MN and BBS qualifications and is the Network's North Island representative. She is also a member of State Contracts Committee representing the Board. She has been a Network Member for five years and a Board representative for three years.



Her nursing career spans more than 30 years, all except five in rural areas. Rachel has a passion for care and support of the elderly and wants to ensure they remain within a rural environment if they wish.

"2009 was a busy and challenging year as a rural health practitioner; a year during which I was privileged to be part of forming a strategic direction for the Network. This direction will lay a platform in the years to come, including the acknowledgement that health care in rural areas is provided by an expanded group of health professionals working as a team. I hope 2010 brings closer ties with other health professions, an expanded Network role and increased top quality care for our rural population."

Kim Gosman

Southern North Island representative

Kim is of Ngā Puhī, Ngāti Kāhūngunu ki Wāiroā and Ngāti Tautāhi descent and has lived in the central North Island plateau for 31 years, now residing in Turangi. She is a first-time Network Board member. From 1994 to 2009 Kim was CEO of Tuwhāretoa Health Services focusing on the development, implementation and provision of a range of community health services. She has extensive experience and expertise in a range of disciplines, particularly with women, child, family and Maori health including the introduction of culturally safe practices and organisational management. Kim partnered with



Moerewa GP Graeme Fenton as directors of rural health for the North Island within the Institute of Rural Health and teamed up with Dr Pat Farry, nurse educator Jean Ross and Dr Martin London during the three-year term. Key achievements were raising the profile of rural health within the Ministry of Health, representation on key committees responsible for the Rural Premium and the document *Implementing Primary Health in Rural New Zealand*. Kim has worked as a nurse educator at Waikato and was a foundation tutor at Parumoana Polytechnic (Whitireia) in Porirua. She is a member of Te Kaunihera O Neehi Maori, was a foundation member and inaugural vice-president of the College of Nurses Aotearoa for five years and secretary of the Hutt Valley Branch of the New Zealand Nurses Association.

Kim is committed to supporting and retaining services for the health and well-being of people living and working in rural New Zealand and in particular, general practices in the southern North Island.

regional representatives ...

Graeme Fenton

Northern North Island representative (Kerikeri)

A Northland GP Graeme joined the Network Board as its Northern North Island representative in 2009. After graduating from Otago school of Medicine in 1965, Graeme established Moerewa Medical Services in Northland in 1967 and has looked after generations of families.

Graeme was made a Distinguished Fellow of the Royal New Zealand College of General Practitioners in September last year. He served on the RHA Board in 1997 and was Director of the Institute of Rural Health from 2000-2001. He established the Northern Rural General Practice Consortium and has served as Deputy Chair of the Te Tai Tokerau PHO Board since 2003. Recently he has been involved in improvements to the



after-hours service in the Mid-North. He has tirelessly worked in the background to improve access to healthcare for rural communities.

He is also on the NZRGPN's executive committee.

The death of Pat Farry last year and earlier death of Pat Ngati were lowlights of the recent past, says Graeme. "They contributed so much and leave huge holes to fill."

In the year ahead Graeme is concerned that rural health will be overshadowed again by the overall picture of general practice in New Zealand.

"We fought for decades saying this is a rural problem and we want to be supported and that actually started happening in the early 1990s.

"We really have to maintain what we've achieved and keep moving forward rather than lose ground. We may even have to become a lot more aggressive on certain issues."

Graeme favours working collaboratively with larger PHOs as opposed to being absorbed by them.

Sharon Hansen

Southern South Island representative (Geraldine-Temuka)

Sharon is a nurse practitioner and the Board's lower South Island representative. She is based in Temuka and in Twizel in South Canterbury on weekends.

Sharon's history with the Network extends to the early days of planning in the then nurses section and – with two degrees and a new registration in 2007 - as a new recruit on the Network board.

Sharon rates as a highlight of 2009 the payment by Government of an extra \$5 million towards rural after-hours services.

"It took two or three years to get the money and has made a huge difference to those practices that have got it.



"The Network conference in Wellington was great as usual and a great place to network and catch up with people."

For the year ahead she says the Network needs to look at how it supports rural nurse specialists and nurse practitioners particularly with things such as access to radiology and the ability to sign off WINZ forms, for example.

The Network needs to advocate at a high level to bring about some of these things.

Personally, she says she will advocate for nurse practitioners on such issues.

Other goals are to keep rural general practice in the limelight, celebrating "what we do and making sure the Government doesn't forget who we are".

The perennial issues of recruitment, retention and succession remain top priorities, she says.

Dr John Burton

Western Middle North Island representative (Kawhia)

John is a solo GP in Kawhia and is the Board's Western and Middle North Island representative. John was previously on the executive from 1996 to 1999 when he was the rural representative on the RNZCGP Council. In those days the Network only included GPs and the role of rural general practice "was just being discovered by the rest of the world".

"As rural practitioners we benefit from a close relationship with our patients, many of whom we also see when we are not working. Our concern for our patients' wellbeing and issues such as palliative care and availability of help after-hours can therefore take on an added dimension.

"Along with our commitment to our patients, is the need to look ahead to how to provide sustainable care, which is both



professional and personal. Some practices may be able to provide better overall services if they don't provide after-hours call. But it's then important that the centre which is seeing their patients after-hours is developed to become better able to provide this service."

Darran Lowes

Student representative

Darran is a fourth-year medical student from Tauranga studying at the University of Auckland. "This year I will be the medical student representative on the NZRGPN Board. I'm particularly interested in the challenges facing the rural GP workforce and how rural GP career paths can be promoted to medical students."

Darren replaces Lara Manson as student representative on the Board.



Kia Ora. 2009 was both a challenging and rewarding year for the recruitment teams within NZRGPN. NZLocums continues to support rural general practice by providing short-term, long-term and permanent recruitment solutions to those practices that have requested it. NZLocums achieved 79.3 percent delivery against requests, which is above the target set by the Ministry of Health. NZMedics has worked hard at building its brand and getting its name out to the health sector, initiating the new advertising strategy developed early last year. This strategy has successfully increased its lead generation, which is now up on previous years. Having started the year with new staff and a new internal

Linda Reynolds, Development Manager

Linda has worked at the Network since 2004, initially as a Relationship Manager in the NZLocums' recruitment team and then as NZLocums' Manager in 2008. This role grew and developed to the point where there were not enough hours in the day to effectively manage the day to day operations of the recruitment team and devote necessary time to key development projects. Linda's role in the newly-created position of Development Manager sees her working on Network strategies such as supervision of international medical graduates working as locums; addressing the challenges of some permanent vacancies, which have proved hard to fill and require concerted effort to do so; developing a Quality Plan and providing oversight/quality control of data held on the Network's recently implemented new relationship management system.



structure, both NZLocums and NZMedics continue to grow from strength to strength. In September 2009, the delivery and implementation of our new database system (BOND) went ahead as scheduled. This new system is a vast improvement on the previous one, allowing the teams more functionality and efficiency, which will translate into improved customer services. In addition to the new database, we also launched new websites for all three sectors of the business - The Network, NZLocums and NZMedics. All have a fresh and professional look and provide the user with information that is up-to-date, relevant and informative. For the two recruitment teams, an enhancement on the sites has included the ability for doctors around the world to register their interest online. These websites have allowed both recruitment teams the opportunity to showcase the advantages of working in New Zealand and promoting the fantastic working opportunities available here. The teams have also been active going on various practice and hospitals visits, meeting practice managers and GPs as well as HR personnel. These visits are crucial for our staff to really get to understand the challenges that face our medical practices and assist in establishing strong working relationships to ensure that we continue to recruit the right people for the right positions. Leading on from these visits and looking towards the next year, we will now also be involving the PHOs and the DHBs in the various regions – seeking assistance to resolving long-term and ongoing recruitment needs, especially in 'Hot Spot' areas and those practices that have had a request for permanent recruitment solutions. NZLocums and NZMedics are looking forward to the coming year and will be seeking to build on what they have accomplished so far, and remain passionate about providing the best recruitment solutions to all.



David Clarke, Independent Chairperson, State Contracts Committee ...

Reporting to the Network Board, the State Contracts Committee has responsibility for monitoring the Network's performance and delivery under the Ministry of Health-funded Rural Locum Support and Rural Recruitment Service contracts. The key focus of the committee during the last financial year has been to consider the following issues:

Protocols and delegations:

These have been defined and agreed, setting out how the NZLocums team fairly prioritises and handles issues such as: Hotspot cover, Board members' applications for locum cover and discretionary assistance.

A prioritisation model and reporting framework has been developed and is implemented within the NZLocums' procedures.

Review of recommendations made in the LECG audit report (August 2007):

Key outcomes of the review were to form the State Contracts Committee, ensure entitlement (to locum cover) criteria is

fairer and to develop an overarching Quality Plan for the NZLocums' service. Development of a Quality Plan is underway.

Service delivery to 'Hot Spot' practices:

Following extensive discussions about this issue the committee have expressed concern at the number of outstanding permanent vacancies on the NZLocums books. A formal request has been made to the Board for a strategy to be developed to address these long-held vacancies.

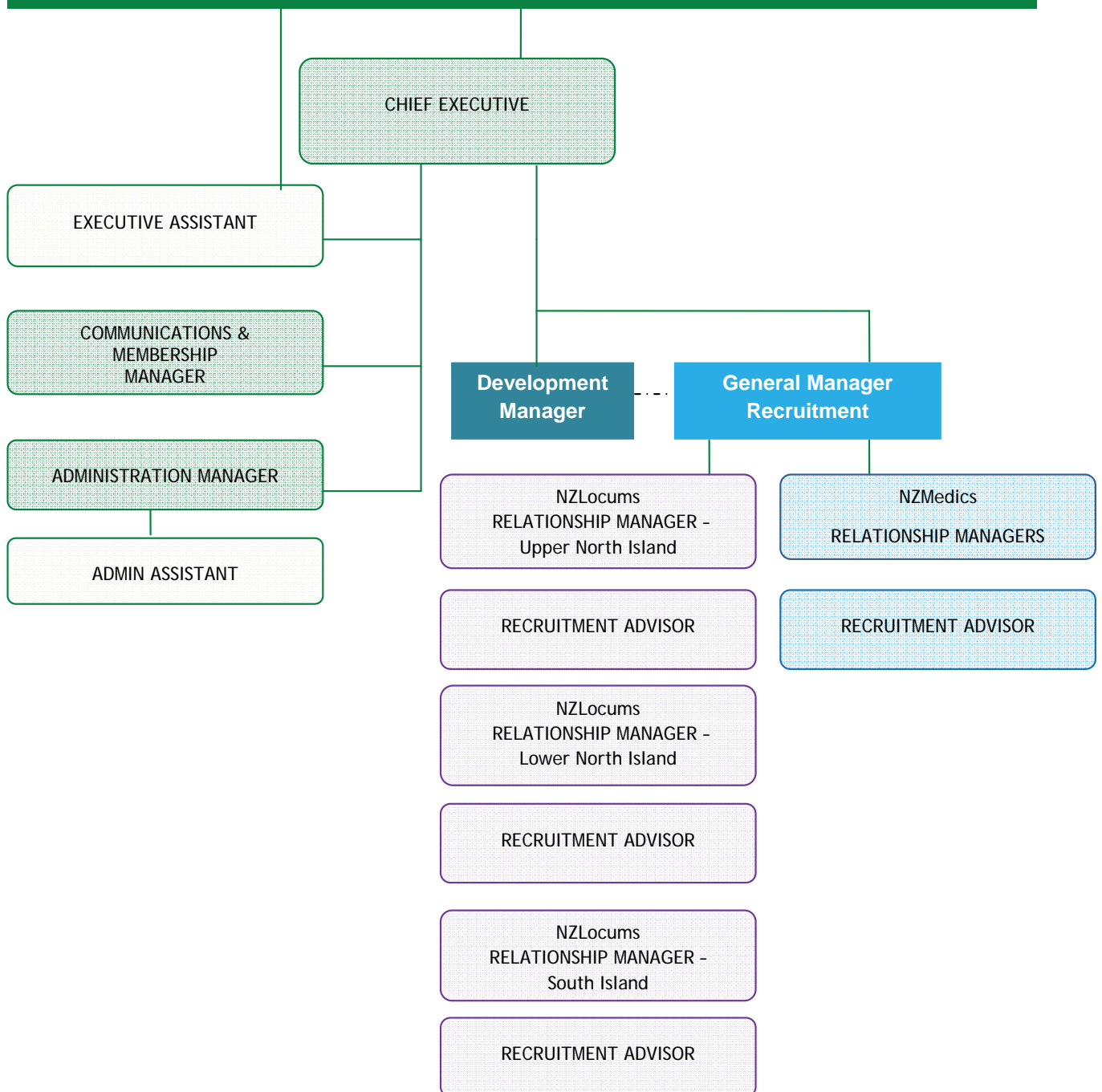
Risk Management:

The committee are in the process of developing a risk management plan, which will form part of the overall Quality Plan. The key element of this plan will be to ensure the Network retains the contracts through the tender process, which is expected to occur during the financial year.



organisational structure ...

New Zealand Rural General Practice Network as at November 2009



financial reports ...

- The following reports are extracts from our annual accounts. A full set of audited accounts are available to Members on request to the Chief Executive.

NEW ZEALAND RURAL GENERAL PRACTICE NETWORK INC.

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2009

	<u>2009</u>	<u>2008</u>
<u>INCOME</u>		
Income Received	5,296,881	4,663,028
<u>LESS : DIRECT COSTS</u>		
Direct Costs	2,778,441	2,512,546
GROSS PROFIT	<u>2,518,440</u>	<u>2,150,482</u>
<u>LESS: EXPENDITURE</u>		
Audit Fees	14,016	10,279
Legal Fees	99,093	61,383
Depreciation	3 47,271	49,630
Loss on Sale	2,429	3,427
Rent	51,596	51,596
Salaries & Wages	1,069,546	984,878
Other Expenses	<u>982,809</u>	<u>873,167</u>
TOTAL EXPENDITURE	<u>2,266,760</u>	<u>2,034,360</u>
<u>NET SURPLUS /(DEFICIT)</u>	<u>\$251,680</u>	<u>\$116,122</u>
(refer schedules of Income and Expenditure)		

financial reports ...


NEW ZEALAND RURAL GENERAL PRACTICE NETWORK INC.


STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2009

	<u>2009</u>	<u>2008</u>
<u>EQUITY</u>		
Accumulated Funds Account	1,704,925	1,453,245
TOTAL EQUITY	<u>\$1,704,925</u>	<u>\$1,453,245</u>
 Represented By :		
<u>CURRENT ASSETS</u>		
BNZ Bank Accounts	51,048	130,969
BNZ Term Deposits	1,318,941	1,177,876
Accounts Receivable	217,248	228,750
Interest Accrued	11,259	18,248
Accrued Income	23,334	0
GST Receivable	<u>36,804</u>	<u>9,392</u>
TOTAL CURRENT ASSETS	1,658,634	1,565,235
<u>FIXED ASSETS</u>	3 <u>142,746</u>	154,229
<u>INTANGIBLE ASSETS</u>	4 <u>262,281</u>	11,607
<u>TOTAL ASSETS</u>	2,063,661	1,731,071
 <u>CURRENT LIABILITIES</u>		
Accounts Payable	328,973	253,240
Income Received in Advance	2 <u>29,763</u>	<u>24,586</u>
TOTAL CURRENT LIABILITIES	<u>358,736</u>	<u>277,826</u>
<u>TOTAL LIABILITIES</u>	358,736	277,826
<u>NET ASSETS</u>	<u>\$1,704,925</u>	<u>\$1,453,245</u>

The New Zealand Rural General Practice Network Inc. authorised these financial statements

for issue on 4 December 2009

Chairman : 

Treasurer: 

PKF Martin Jarvie
Chartered Accountants



Accountants &
Business Advisers

Audit Report

To the Members of New Zealand General Practice Network Inc. (Network)

We have audited the financial report on pages 1 to 8. The financial report provides information about the past financial performance of the Network and its financial position as at 30 June 2009. This information is stated in accordance with the accounting policies set out on page 7.

Executive Board's Responsibilities

The Executive Board is responsible for the preparation of a financial report which fairly reflects the financial position of the Network as at 30 June 2009 and the results of its operations for the year ended on that date.

Auditor's Responsibilities

It is our responsibility to express to you an independent opinion on the financial report presented by the Executive Board.

Basis of Opinion

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial report. It also includes assessing:

- the significant estimates and judgements made by the Executive Board in the preparation of the financial report; and
- whether the accounting policies are appropriate to the Network's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with New Zealand Auditing Standards. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to obtain reasonable assurance that the financial report is free from material misstatements, whether caused by fraud or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial report.

Other than in our capacity as auditor we have no relationship with, or interest in, the Network.

Unqualified Opinion

In our opinion the financial report on pages 1 to 8 fairly reflects the financial position of New Zealand General Practice Network Inc. as at 30 June 2009 and the results of its operations for the year ended on that date.

Our audit was completed on 4 December 2009 and our unqualified opinion is expressed as at that date.

PKF Martin Jarvie
Wellington

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NEW ZEALAND
RURAL
GENERAL PRACTICE NETWORK

*Promoting the networking, support and advocacy
of the Rural General Practice Workforce*

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Incorporating

