



RACGP
Royal Australian College
of General Practitioners



Annual report

2021–22



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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Foreword from the RACGP leadership

Helping our members be the heart of their communities

The past year has been a big one for general practice. Again and again, our GPs have shown that they truly are the heart of their communities, and those communities have never needed their GP more.

For our GPs on the frontline, the COVID-19 vaccination rollout dominated most of the second half of 2021, while 2022 brought fresh waves of the virus on top of dealing with a backlog of unaddressed health concerns. For the RACGP, the focus was on pushing government for immediate support and to redress decades of underfunding, and safeguarding the wellbeing of our GPs.

We also began the transition of general practice training back to the college in earnest, developing a new curriculum and syllabus to ensure our future GPs receive the best training and support possible.

In everything the RACGP did over 2021–22, our goal was to better serve our members – to advocate on behalf of GPs and their patients, to offer the most relevant and accessible CPD program, to build the best GP training program, to ensure a steady pipeline of New Fellows and be there for our members at every step of their journey, from training to retirement.

Watch a recap of the year that was for our community through the lenses of our President, Board Chair, Censor-in-Chief and CEO.

Message from the President

Adjunct Professor Karen L Price

MBBS, FRACGP
President



Hear our President, Adj Prof Karen Price, talk about another challenging year for our GPs, as the pandemic continued with the vaccine rollout and the RACGP kept up the fight for appropriate funding for general practice.

No wonder our non-GP specialists marvel at our diagnostic and management breadth. GPs are amazing and experts in complexity.

[▶ Watch the RACGP President's message](#)

Message from the Board Chair

Ms Christine Nixon, AO, APM

BA, MPA, Hon LLD, DipLRelLaw,
FIPAA, FANZSOG, FAIPM, FAIM
Board Chair, co-opted Board member



Hear our Board Chair, Christine Nixon, speak about some big college milestones, as well as the RACGP's advocacy activities across 2021–22 and how we gave GPs a voice at the table in discussions at all levels of government.

RACGP policy and research has informed so many decisions in government and in the broader community. We've been at the heart of COVID discussions with our President, Board members and RACGP staff, who have worked tirelessly with members on behalf of the community to dramatically improve Australia's response to the pandemic.

[▶ Watch the RACGP Board Chair's message](#)

Message from the Censor-in-Chief

Dr Tess van Duuren

MBChB, BSc (Hons) (Sports Med), FRACGP, GAICD
Censor-in-Chief



Hear our Censor-in-Chief, Dr Tess van Duuren, discuss the road to college-led training, the preparations for major CPD changes in 2023 and the support the RACGP provided our GPs in training as they made their way towards Fellowship.

This year has been productive as we laid the groundwork for college-led training, adjusted to changes to CPD requirements, developed a replacement to the PEP, and also delivered business as usual.

[▶ Watch the RACGP Censor-in-Chief's message](#)

Message from the Chief Executive Officer

Paul Wappett

BComm, LLB, MBA, GAICD
Chief Executive Officer



Hear our CEO, Paul Wappett, talk about all the work the RACGP has done over the past 12 months to help our members serve their communities to improve the health and wellbeing of all Australians.

One of the things I really love about this job is the sense of community we have here. We know that GPs serving their communities, treating their patients, is the best way for Australia to be well and healthy.

[▶ Watch the RACGP CEO's message](#)



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The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia.

About the RACGP

For more than 60 years, we've been the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare, and help with the unique issues that affect their practices.

Our aim is to help GPs improve the health and wellbeing of all Australians through events, activities and resources.

Australia's GPs see more than two million patients each week, and support Australians through every stage of life. The scope of general practice is unmatched among medical professionals, so the RACGP supports members to be involved in all areas of care, including aged care, mental health, preventive care and Aboriginal and Torres Strait Islander health.

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.



Dr Naomi Wall

Goolwa (Ngarrindjeri Country), South Australia

RACGP members who practise outside our big cities and towns are truly the heart and soul of their communities.

You won't find many doctors who have honed their skills in more places around Australia than rural GP, Dr Naomi Wall. Her journey to Fellowship began at Flinders University in South Australia, and then in WAGPET's rural general practice training program. Naomi then headed to rural Tasmania to continue her training, with a focus on the emergency medicine skills she knew are vital to rural communities. After that it was back to Adelaide before heading off to Broken Hill (Wilyakali), New South Wales, for a year with the Royal Flying Doctor Service (RFDS), which took her all around rural communities in New South Wales and South Australia. It was this experience that solidified Naomi's interest in Aboriginal and Torres Strait Islander health.

Naomi didn't take a direct route to medicine; however, she always knew where she wanted to practise. Her first career as a geologist in remote areas of Western Australia, the Northern Territory and Queensland gave her an appreciation of the challenges facing

those communities, which encouraged her to go back to university to begin her medical training.

'I love that you have time to get to know people,' Naomi says of practising in a rural setting. 'Our consults are long – we get to understand all the determinants of health, not just an absence of ill health. That's when you can actually start to come up with client-centric goals and treatments.'

Naomi also relishes the chance to be outdoors, from camping and bushwalking to swimming, sailing and kayaking on the Murray River or the Southern Ocean at Goolwa Beach. She loves the connection with the land, and how that builds a shared understanding with her Aboriginal and Torres Strait Islander patients.

'I've seen newborn babies born, with the women singing the baby into the world. All sorts of things that are just beautiful in rural and remote settings,' Naomi shares. 'I've also seen some terrible trauma as part of the RFDS. I've seen it both ways. It's been an amazing experience.'

Source: [This Rural Life](#)



Dr Ellie Woodward

Alice Springs (Arrernte Country), Northern Territory

Our GPs in training are the future of general practice. Over 2021–22, more than 6000 GPs in training continued their journey towards Fellowship and explored the myriad options the RACGP offers them.

When GP in training, Dr Ellie Woodward, crossed the Tasman from New Zealand in 2012, it wasn't for a holiday. She came to Sydney to study medicine, and hasn't slowed down since.

During her course, she got the chance to travel to the Northern Territory for a placement with the Royal Darwin Hospital physician outreach service. After working as a registrar in medicine and public health in Darwin (Garramilla), Ellie chose to specialise in general practice and began the Australian General Practice Training (AGPT) Program in Alice Springs (Mparntwe) in 2021.

This year, Ellie is dividing her training between the Central Australian Aboriginal Congress and the Alice Springs Centre for Disease Control, where she's completing an extended skills post in public health. Spurred by an interest in the upstream drivers of health and disease, she's undertaking dual training in Public Health Medicine with the Australasian Faculty of Public Health Medicine.

Ellie is energised and enriched by her surroundings. 'It's a privilege to live and work on Arrernte Country, and I've been fortunate to engage in two-way learning with patients and colleagues here to learn more about central desert cultures,' she says.

Ellie will consolidate the skills she'll need in rural practice by starting the RACGP's Rural Generalist (RG) Fellowship training next year. She's applied to work for the Primary Healthcare Branch of the Central Australia Health Service, which provides care to remote communities around central Australia, and she's excited about the knowledge and opportunities she'll amass during focused rural training. The new RG Fellowship will help address workforce shortages by preparing and delivering greater numbers of highly trained specialist GPs with additional skills to rural and remote communities.

Ellie is looking forward to upskilling in areas, such as Aboriginal and Torres Strait Islander health, tropical medicine, emergency medicine and procedural skills. In the meantime, she relishes the everyday rewards of general practice – committing to the entire patient journey, enjoying the diversity of presentations, and taking on extra responsibility when other specialists aren't accessible to her patients.

Source: [newsGP](#)



Dr Awal Rajendra

Sarina (Ilbilbie), Central Queensland

More than one-third of RACGP members did their medical training outside Australia, and this group grows each year. These doctors bring a diverse range of perspectives to Australian general practice, benefitting all Australians.

Dr Awal Rajendra is a classic example of a hardworking, community-minded RACGP member – he's a caring GP, enterprising practice owner and a dedicated GP educator.

After earning his MBBS from the University of South Pacific, Awal worked in various hospitals in Fiji and ran a general practice clinic out of his house. He developed a focus on obstetrics and gynaecology, earning his specialist diploma from New Zealand's Otago University.

Awal made the big move to Australia in 2001 when he started working at Sarina Hospital in Central Queensland.

General practice was lucky enough to welcome Awal in 2005, and in 2008 he attained Fellowship of the RACGP. He started his own practice in 2010, and is now the principal doctor at Awal Medical Centre in Sarina, which now has seven doctors serving its rural community. Awal even finds time to pursue a special interest in minor surgery and dermatology.

Awal enjoys the versatility and flexibility of being a GP because it allows him to teach, train and mentor the next generation of GPs – something he's very passionate about. He's a mentor for the John Flynn Placement Program and a senior lecturer at James Cook University, and he conducts weekly training sessions from his practice.



Dr Lizzie Elliott

Hobart (nipaluna), Tasmania

More than half of the RACGP membership is female. General practice offers women a level of flexibility and autonomy not possible in other medical specialties, or in many careers outside medicine. And for the particularly adventurous, the possibilities are endless.

From the tropics to the polar ice caps, Dr Lizzie Elliott is hoping her journey can inspire other female doctors to consider general practice.

The proportion of female GPs in the Australian workforce is gradually increasing, but issues of gender inequality continue to be a concern for the health sector. The RACGP is helping redress the balance by establishing committees for women in general practices through many of our faculties, and running events dedicated to sharing and addressing the specific challenges of being a female GP.

Dr Lizzie Elliott is sharing her amazing story to inspire female junior doctors to consider a career in general practice – although she herself wasn't always a convert.

'I resisted general practice initially, as I considered it not "exciting" enough. It didn't appeal to my desire to travel, take risks and be challenged. Clearly, I was wrong,' she says.

These days, Lizzie acknowledges that no other specialist training would have offered her the same clinical variety and range of life-enriching experiences. General practice has allowed Lizzie to fulfil her passion for diversity, travel and adventure, and enjoy a unique level of flexibility.

After a year interning in Tasmania, Lizzie's sense of adventure took her to remote medical officer positions in the Arctic and Antarctic. She has since worked her way around the world, including stints in Greenland, the Solomon Islands and Antarctica, as an expedition medical officer, including providing diving medical support. She now sub-specialises in hyperbaric and diving medicine at the Royal Hobart Hospital Hyperbaric Medicine Unit.

As well as her day job as a community- and hospital-based GP, Lizzie finds time to broaden her interest in hyperbaric and diving medicine and lifestyle medicine.

'Without the broad scope of practice that general practice encompasses, I'd never have had such an exciting career,' she says. 'I'd also like to acknowledge those who identify as gender diverse and applaud their significant contribution to healthcare.'

Source: [newsGP](#)



Milestones: 2021–22

2021

September

- Following a formal presentation from Northern Territory members at the September Board meeting, the RACGP Board agreed to establish a new RACGP faculty in the Northern Territory, separating RACGP SA&NT into two dedicated faculties for Northern Territory and South Australian GPs.

October

- After an extensive national search, Paul Wappett joined the RACGP as CEO.
- We released the 2021 *General Practice: Health of the Nation* report, which was based on member survey data and other government and non-government sources. The report gave an insight into the state of Australian general practice, with a focus on the complexities of GP care coordination for multimorbidity, mental health and aged care patients.

November

- 91% of members voted in favour of bringing general practice training back to the RACGP in 2023 at an Annual General Meeting.

December

- After a hiatus in 2020, the **RACGP Convocation** returned. Attendees reviewed four member-generated ideas to help shape RACGP policies, position statements, events and activities and then voted to progress all of them: public education about Medicare, specialist in general practice family medicine, trauma-informed healthcare, and emergency support team for GPs.
- Following heavy lobbying and advocacy by the RACGP for the retention of telehealth (including telephone), we welcomed the Federal Government announcement that telehealth would be a permanent feature of the healthcare system, one of the biggest changes to general practice prompted by the pandemic and a move we were central to securing.

2022

January

- The RACGP became the sole member of regional training organisation GP Synergy, putting us in a strong position to deliver a profession-led, community-based model of the Australian General Practice Training (AGPT) Program in NSW and the ACT from 1 February 2023. (The funding contract with the Federal Government to run the AGPT was finalised in September 2022.)
 - We launched our 2022 federal election campaign, **Time to care**, to stoke member and public support for our general practice agenda by raising systemic issues, outlining their impact on access to top-quality healthcare and suggesting how they could be solved – resulting in widespread coverage of the plight of general practice.
-

Milestones: 2021–22

2022

February

- We relaunched our [Become a GP campaign](#) to encourage junior doctors and medical students to choose general practice as their specialty.

April

- We partnered with parkrun Australia to boost the health and wellbeing of patients and general practice staff by becoming 'parkrun practices', and encouraging patients and staff to join social runs/walks at their local parks.
- RACGP Rural commemorated its 30-year anniversary. Over the past 30 years, the faculty has made significant contributions to education and advocacy, and supported thousands of rural and remote GPs on their general practice journeys.

May

- In preparation for bringing training back to the college, we launched the [RACGP curriculum and syllabus](#) for Australian general practice. This essential tool for general practice education outlines the outcomes that describe the skills, knowledge and values of a GP at the point of Fellowship.
 - Following ongoing advocacy and discussion with all sides of politics, we hailed Labor's plan to boost general practice funding by \$970 million in communities across Australia. The announced funding includes infrastructure grants, additional support for general practice chronic disease management, complex care, team-based care and after-hours care.
 - We established an interim faculty council for RACGP Northern Territory to lead the faculty until elections are held in 2023 as part of the regular election cycle.
-

Our member events



The RACGP understands that a diverse membership requires a diverse program of events, delivered in a range of formats, both in person and online. Each year, our event teams work with our subject-matter experts to put together a comprehensive and responsive calendar of educational activities, information sessions and networking opportunities to help our busy members meet their CPD requirements, and stay up to date with the latest in clinical practice to continually improve patient health and wellbeing.

As the COVID-19 pandemic entered a more manageable phase in 2021–22, it was wonderful to ramp up the number of in-person events to 107. We're really proud of the way our events teams adapted quickly to an all-online environment (delivering 316 digital events), but being able to meet in person was so important for our overworked and stressed GPs to catch up with their colleagues face to face.

We'll continue to build on our extensive online library of on-demand and pre-recorded content to ensure equitable access to events, particularly for our rural/remote members and those not yet ready to spend time in groups.

Practice Owners National Conference

The highlight of our 2021–22 calendar was the Practice Owners National Conference in Hobart in May. In addition to 460 in-person attendees, almost 300 people joined us online. Practice owners, managers and industry experts enjoyed a program covering leadership, wellbeing, planning, marketing, financial growth and business sustainability, with the aim of promoting clinical excellence and patient outcomes by ensuring that practices are run in a sustainable and viable manner.

You can find out more on [our website](#).

'You may attend thinking that you're surrounded by experts (which you are) and have nothing to contribute, but that's not the case – be prepared to tell your story, and enjoy.'

— Dr Andrew Jackson, GP

'A jam-packed weekend hearing from business industry leaders on how to make our clinic a better experience for our patients and our staff. We're a new small business, and we're constantly learning. Our learning needs were more than met at this year's conference. Looking forward to next year's event.'

— Dr Natasha Vavrek, Director of The Bubble Launceston



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Leadership

The college is made up of geographic and interest-based faculties that provide the RACGP Board with local and specialised perspectives, and represent the diverse experiences, knowledge and skills of GPs across Australia. The chair of each faculty has a seat on the Board, along with the Chair, President, Censor-in-Chief and co-opted, skills-based members.

The Board works with the CEO and Executive Team to ensure effective governance and to set the organisation strategy.

Strategic framework: Supporting the health of the profession

Over the last few months of 2021–22, our Board and Executive Team worked to develop the RACGP strategic framework for 2022–25. The framework is our roadmap towards our purpose of ensuring a strong general practice profession for the health and wellbeing of all Australians. This underpins all that we do – from events to resources – our focus is keeping Australia healthy.

Our organisation goal is that Australia's health outcomes improve because every person in Australia, regardless of their postcode or their circumstances, can – and does – regularly see a GP.

Objectives underpinning the 2022–25 RACGP strategic framework



Career attractiveness

More doctors see the GP specialisation as their first choice of medical career.



Optimal coverage

All communities in Australia have access to well-trained, competent GPs who deliver high-quality, evidence-based care.



Whole-person care

People regularly consult a GP as an essential part of maintaining and improving their health and wellbeing.

Objectives underpinning the 2022–25 RACGP strategic framework



Supportive policy and funding settings

The value of GPs is reflected in policy settings and funding arrangements to support quality and sustainable patient services.



Connection and lifelong learning

GPs choose to be members of the RACGP in order to be part of a supportive community of practice in which they can gain and share knowledge, resources and experiences throughout their career.



Great employer

People want to work at the RACGP because we do meaningful, challenging work and have an extraordinary culture and employee value proposition.



Financial stewardship

We use members', public and other funds responsibly and sustainably.

Our Board



**Ms Christine Nixon,
AO, APM**

BA, MPA, Hon LLD,
DiplRelLaw, FIPAA,
FANZSOG,
FAIPM, FAIM
Chair RACGP Board,
co-opted Board Member



**Adjunct Professor
Karen L Price**

MBBS, FRACGP
RACGP President



Dr Bruce Willett

MBBS, FRACGP
Vice President and Chair
RACGP Queensland



Dr Tess van Duuren

MBChB, BSc (Hons)
(Sports Med),
FRACGP, GAICD
Censor-in-Chief and Chair,
Education and Workforce
Committee



Dr Zakaria Baig

MBBS, FRACGP, FACRRM
Chair RACGP SA&NT
(until November 2021)



Dr Sean Black-Tiong

MBBS, FRACGP, GAICD
Chair RACGP GPs in
Training



Dr Daniel Byrne

MBBS, FRACGP, GAICD
Chair RACGP SA&NT



**Dr Michael
Clements**

BEcon (Hons), MBBS,
DAVmed, MPH, MHM,
FRACGP, FARGP, FRACMA,
FACAsM, GAICD
Chair RACGP Rural

Our Board



**Associate Professor
Charlotte Hespe**

MBBS (Hons), FRACGP,
DCH, GCUT, FAICD
Chair RACGP NSW&ACT
and Chair, People,
Culture, Nominations and
Remuneration Committee



Dr Tim Jackson

MBBS, BMedSci, DRACOG,
ACCSCMS, GAICD
Chair RACGP Tasmania



Dr Anita Muñoz

MBBS (Hons), FRACGP,
Grad Cert Clin Teach, MPH,
GAICD
Chair RACGP Victoria



**Professor Peter
O'Mara**

FRACGP, FARGP,
MBBS, GradDipRural
Chair RACGP Aboriginal
and Torres Strait Islander
Health



Dr Ramya Raman

FRACGP, MBBS, Dip Child
Health, BSSC (Psych)
Chair RACGP WA



Dr Lara Roeske

BMedSc, MBBS (Hons),
FRACGP, DipVen, MAICD
Chair RACGP Specific
Interests



Dr Sean Stevens

MBBS, DRACOG, FRACGP,
MBA, GAICD
Chair RACGP WA
(until November 2021)



Mr Martin Walsh

FCA, FAICD
Chair Finance, Audit
and Risk Management
Committee, co-opted Board
member



Executive Team

Our Executive Team ensures the smooth running of the RACGP's day-to-day operations, allowing each division to deliver relevant services and vital information to support our members.

In this section, our Executive Team outlines how their role contributes to improving general practice and delivering the best possible value for our members and communities.

(Positions as of 30 June 2022)



Paul Wappett, Chief Executive Officer

BComm, LLB, MBA, GAICD

From 11 October 2021

(Preceded by Dr Matthew Miles)

It's one of life's great privileges to be able to lead the RACGP. Growing up in regional Australia, I've seen firsthand the centrality of GPs to the health and wellbeing of Australians, and the commitment that everyone who works in general practice – GPs, nurses, allied health professionals, practice managers, receptionists, cleaners – has to treating patients and serving the community. Our entire team at the RACGP and I want to repay our members' service to the community by ensuring that the college fights for you; gives you access to the resources and tools you need to provide quality care in a way that's financially sustainable for you; and provides opportunities to share knowledge, resources and experience with other members. We're setting about embedding a culture of service here at the college, and that starts with me.



Matthew Rush, Chief Member Officer

Grad DipEd to BSc (MedSci),
Grad DipEd, DipBus

From 1 February 2022

I've worked with, for and on behalf of GPs for around 40 years. I have a strong connection with what I see as the values of general practice: evidence, care, altruism and community connection. I've proudly been part of the RACGP team for 17 years and still have a passion for the support of our members and their hopes and priorities. We need to do better to attract new GPs to the profession and champion the positive outcomes that better access to a GP will guarantee. The evidence that this is true is very clear.

Executive Team



Roald Versteeg, Chief Policy Officer

BBM, currently studying a Master of Health Economics

From 1 February 2022; previously General Manager, Government Relations, Policy and Practice from 30 June 2021 to 31 January 2022

Having worked with and for GPs for over 17 years, I'm passionate about general practice and the role it plays in the health system. General practice is the most efficient and effective part of the health system – and without GPs it falls over. The Policy and Advocacy team and I work hard to support our members in everyday practise, including the development of clinical guidelines, business tools, standards, information and resources. We also advocate for our members on a range of issues, including general practice funding, Australian Health Practitioner Regulation Agency and Medicare compliance, GP workforce, pandemics and emergencies, workforce encroachment and eHealth.



Lydia Sandercock, Chief of Staff

Executive MBA

From 1 February 2022

As a receptionist in a general practice clinic while studying and now in my role at the RACGP, I've been fortunate to see firsthand the breadth of knowledge and dedication that GPs provide our community. In my role as Chief of Staff, I form a bridge between the agenda of the President and the voice of the members to the RACGP operational teams and strategy. My key responsibilities include delivering organisational objectives and ensuring that, as an organisation on a journey to be more member-centric, we ensure that the service and admiration for general practice flows through everything we do.

Executive Team



Rob LoPresti, Chief Education Officer

BPhysio (Hons), MC-MGMT

From 1 February 2022; previously General Manager, Education Services from 30 June 2021 to 31 January 2022

As the Chief Education Officer, I'm dedicated to ensuring Australia's GPs have the best possible experience with the RACGP. The Education division delivers some of the most important milestones in a GP's career: their application to enter training, their final exams and the award of Fellowship; and their ongoing CPD that helps them stay up-to-date and keep learning. I admire the care and dedication GPs bring to the Australian community and strive to ensure they can expect that same care and dedication from their college.



Sue Black, Chief People Officer

BS (Hons) in Natural Resource Management, Professional DipHR

From 1 February 2022; previously Head of People, Culture and Learning from 12 July 2021 to 31 January 2022

For my family and me, we're lucky to be part of a community that has access to amazing GPs who have really supported us. One of the main reasons that I joined the college was that this organisation has a great purpose, and I wanted to contribute to all Australians having access to great GPs to support their health outcomes. My role at the RACGP with our People, Capability and Transformation team supports the college to attract, retain and develop great people. We create an environment and enable our people through trusted advice, programs and policy, and creating a culture where people can deliver on their role and provide exceptional service for our members.

Executive Team



Coretta Bessi, Chief Operating Officer

BCom, MBA, GAICD

From 14 February 2022

I have absolute respect for all medical practitioners who strive in their careers to help humanity in their health and wellbeing. I have the utmost admiration for general practice given the breadth and complexity of their problem-solving skills and their dedication to supporting the whole community, regardless of social circumstances. As a leader of corporate services, I endeavour to enable all our employees and stakeholders at the RACGP with advice, facilities and technology to allow a great user experience with strong financial stewardship to drive sustainable value for our members.



Georgina van de Water, Chief General Practice Training Officer

MBA, GAICD

From 22 February 2022

I value the contribution general practice makes to the future of community-based primary care, witnessing daily the dedication of GPs across the country. I'm proud to be a part of a profession that's truly committed to quality, and I endeavour to ensure that the training program achieves ongoing access to care in the communities where it's most needed. My 14 years in general practice training has been sustained through seeing registrars progress from their interview through training and then onto their roles as GPs, often returning as GP supervisors to support the next generation of professionals.



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The RACGP during COVID-19

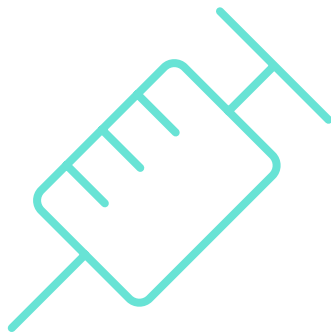
The GP's place at the heart of the Australian community was never clearer than over the past year of the COVID-19 pandemic, and the RACGP has been there for our members every step of the way.

Navigating a way forward during the pandemic

On top of providing high-quality everyday care and treating COVID-19 patients at home, GPs undeniably spearheaded Australia's COVID-19 vaccination program. As of 30 June 2022, general practice had administered almost 50% of all vaccination doses given, and close to 80% of all doses delivered in a primary care setting.¹

The RACGP has supported members every step of the way, fighting for increased financial and practical support from government, and highlighting the physical and mental toll the continuing state of emergency took on our GPs.

We upheld our role as a trusted source of truth by providing expert advice to GPs, patients and governments, and battling misinformation and outright lies. We advocated for urgent reform in the Australian healthcare system to ensure the sustainability of general practice and guarantee access to high-quality primary care for all Australians. Recognising the immense pressure on GPs, we made sure they knew help was available whenever they needed it, with wellbeing resources and small business support.



60,316,656

doses administered
nationally



37,692,939

doses administered in
primary care



30,114,686

doses administered by
general practice

1. Includes Commonwealth vaccination clinics, Aboriginal community health centres, the Royal Flying Doctor Service and other Commonwealth vaccination facilities. Source: www.health.gov.au/sites/default/files/documents/2022/07/covid-19-vaccine-rollout-update-1-july-2022.pdf

Challenges faced by general practice during the pandemic

Healthcare worker burnout and mental health concerns

GPs were undeniably the backbone of the vaccine rollout over 2021–22, while also coping with a surge in demand for general practice care following successive lockdowns. Our GPs have cared for COVID-positive patients via telehealth, patients dealing with delays to elective surgery, and those with mental health issues compounded by fear and isolation.

Carrying that load has had a devastating effect on the mental health of Australia's healthcare workforce, including general practice staff. A 2022 *Australian & New Zealand Journal of Psychiatry* research article¹ concluded that:

One in 10 Australian healthcare workers reported thoughts of suicide or self-harm during the pandemic, with certain groups being more vulnerable. Most healthcare workers with thoughts of suicide or self-harm did not seek professional help. Strong and sustained action to protect the safety of healthcare workers, and provide meaningful support is urgently needed.

Further compounding the general practice workload was constant furloughing of staff due to mandatory isolation requirements after contracting COVID-19 or being identified as a close contact.

Frequent and rapid changes to COVID-19 management and vaccine protocols

As the virus spread and mutated, and health authorities and governments raced to keep up, GPs faced a constant battle to stay on top of rapidly changing COVID-19 management protocols and vaccine guidelines.

Poor timing of major announcements from government and regulatory bodies had significant repercussions for GPs and the RACGP and their ability to respond to changes and keep their communities safe.

Healthcare worker abuse

Disappointingly, our overworked GPs and general practice staff continued to receive abuse from anti-vaccine activists, which escalated with the rollout of the paediatric vaccines.

How the RACGP supported members in 2021–22

Teams across the college pulled together to help our members manage an incredibly difficult situation.

Our Policy and Advocacy team advocated tirelessly for general practice at all levels of government, while the RACGP Media team and our squad of spokespeople lobbied for greater support and combatted misinformation.

1. Bismark M, Scurrah K, Pascoe A, Willis K, Jain R, Smallwood N. Thoughts of suicide or self-harm among Australian healthcare workers during the COVID-19 pandemic. *Aust N Z J Psychiatry* 2022. doi: 10.1177/00048674221075540.

Our RACGP expert committees (RECs) and Practice Technology and Management team provided expert advice and guidance to GPs, practice staff and patients to cut through the noise and keep us all safe and informed. We also supported our members with timely and reliable information via [newsGP](#) and the regular COVID-19 bulletin.

Our state/territory and national RACGP faculties adapted to a constantly changing environment, advocating on behalf of their members on issues affecting general practice.

Along with our Events team, the faculties have continued to provide a broad program of educational and networking events to keep GPs informed and connected, with the aim of improving patient health and wellbeing.

Additionally, our Education team went above and beyond time and time again to make sure our GPs in training progressed towards Fellowship with minimum disruption and no additional stress.

Supported GPs to be at the heart of the COVID-19 response and vaccination rollout

Many general practices taking part in the vaccine rollout struggled to absorb the costs, and the RACGP fought hard to secure additional funding.

In December 2021, RACGP advocacy resulted in GPs receiving an additional \$10 per COVID-19 booster dose administered. This was an essential injection of extra funding, as the college simultaneously worked to encourage booster uptake, a vital part of the ongoing COVID-19 response.

The 2022–23 federal budget included \$1.6 billion to provide equitable access to rapid antigen tests (RATs) in the community, which was essential to ensuring the safety of general practice staff.

In addition, the RACGP continued to fight for more funding to help practices run after-hours and weekend vaccination clinics.

Kept GPs informed and amplified the general practice voice

Our faculties advocated at the state/territory level to ensure GPs had a seat at the table when COVID policies and guidelines were developed so the impacts

on general practice were understood and considered. They also consolidated relationships with state/territory health departments to run targeted webinars that provided members with the latest evidence-based information to safely care for their communities.

- **RACGP NSW&ACT** strengthened its relationships with the state and territory governments, contributed to the NSW Primary Care Community of Practice for COVID and the ACT Primary Care Emergency Response Group, gave input into all COVID-related consultations, and attended meetings on COVID planning to ensure GPs were kept in the loop. The faculty also participated in the Basecamp platform COVID community of practice, using member feedback to secure NSW Health funding for COVID-related HealthPathways updates across NSW and the ACT.
- **RACGP Queensland** attended the weekly Queensland Government State Health Emergency Coordination Centre primary care and general practice pandemic management briefings and sub-meetings to ensure a strong voice for general practice. GP representation was further amplified through the work of the Queensland GP Alliance (RACGP, AMA Queensland, ACRRM and Rural Doctors Association of QLD), which advised Queensland Health on the COVID-19 and flu response.
- **RACGP SA&NT** continued to actively contribute to the South Australian COVID-19 response via the SA COVID-19 Primary Care Taskforce, and by running a series of member webinars with SA Health, NT Health, Adelaide PHN, Northern Territory PHN and AMA (SA) on vaccination, COVID variants, long COVID, managing COVID in remote and Aboriginal and Torres Strait Islander populations, schools and universities, and setting up a COVID-safe practice.
- **RACGP Tasmania** held fortnightly COVID stakeholder meetings with the Premier, Health Minister, the Tasmanian Department of Health and the Tasmanian Health Service. Faculty representatives joined Primary Health Tasmania and the AMA TAS in weekly Tasmanian General Practice Forum meetings to discuss the pandemic response and offer expert feedback to government on behalf of general practice. The faculty also worked closely with the aged care sector, clinical emergency operation committees

and COVID@Home to report on specific issues and discuss clinical care pathways.

- **RACGP Victoria** focused on advocating for increased funding to support Victorian general practice, securing \$23 million for state-funded GP respiratory clinics and \$14 million for GP-led urgent care centres. The faculty also obtained funding for general practice vaccination clinics, school-based vaccine clinics, a free flu vaccine program for winter 2022, GP vaccinators in state-run vaccine clinics, and GP clinical champions to promote vaccination to targeted populations. RACGP Victoria consolidated a collaborative and mutually respectful relationship with the Victorian Department of Health that led directly to funding for general practices for public health initiatives. The Victorian Department of Health also invited the faculty to advise on programs, including the [Victorian Virtual Emergency Department, COVID Positive Pathways](#) and the statewide elective surgery taskforce.
- **RACGP Western Australia** worked consistently with WA Health to develop GP-specific guidelines for managing COVID-19, successfully advocated for general practices to receive 10 free RATs to keep staff safe, and collaborated with primary care stakeholders and WA Health to streamline the process for prescribing COVID antivirals. The faculty also worked alongside members to push the WA Government to ensure mask requirements included general practice settings. RACGP WA ran several webinars featuring state and national health leaders, and [The Good GP podcast](#) ran four COVID-specific episodes. The faculty's successful COVID WhatsApp group also continued to be a critical platform for members to engage, ask tricky questions, share resources and provide valuable peer support in real time.
- **RACGP Aboriginal and Torres Strait Islander Health** advocated for a greater focus on increasing vaccination rates among Aboriginal and Torres Strait Islander peoples. Throughout the year, the faculty focused on providing advice and support across the RACGP to members and external stakeholders to increase awareness about the importance of closing the gap in vaccine coverage between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.
- **RACGP National Faculty for GPs in Training** focused on promoting doctors' health and wellbeing during the pandemic, holding dedicated forums and practical webinars for members to share their struggles and concerns. The faculty worked closely with the exams team to ensure GPs in training had the information they needed during uncertain periods leading up to exams, and conveyed feedback to improve communications for subsequent exams.
- **RACGP Rural** represented rural GPs on the national Rural Stakeholder COVID-19 Group and the Rural and Remote COVID-19 Vaccine Stakeholder Group to share real member stories and feedback. The faculty also combated isolation by connecting rural and remote GPs at regular meet-ups and via its [Facebook page](#).
- **RACGP Specific Interests** supported GPs to tackle vaccine hesitancy and misinformation, with [educational webinars](#) on the unique needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, people with cognitive disabilities and children. The Specific Interest Group Chairs also shared their expertise with the RACGP COVID-19 Working Group on patient care for specific populations and environments, including migrants, refugees and asylum seekers; children/young people; people with disabilities; and people in natural disaster areas.

Secured telehealth as a permanent feature of general practice care

Telehealth has been a life-saving solution for keeping patients and general practice staff safe throughout the pandemic. Over the past year, telehealth was a valuable complement to face-to-face care, and improved access to essential care for some of Australia's most vulnerable patients.

The enshrining of permanent MBS telehealth arrangements in January 2022 was welcomed by the RACGP after months of strong advocacy. The RACGP also worked hard to ensure that telehealth items were added to the calculation of the Standardised Whole Patient Equivalent (SWPE) value, which is used to determine Practice Incentives Program and Workforce Incentive Program payments. The SWPE calculation underpins practice funding, and we had been



calling for the inclusion of phone and video consultations since telehealth was established – a huge win for GPs across Australia.

RACGP advocacy also resulted in the deferral of the new 30/20 rule for phone services from January to October 2022.

Supported the sustainability of general practices

The COVID-19 pandemic has placed significant financial pressures on general practices. In late 2021, the RACGP and our Business Sustainability Working Group, a subgroup of the REC – Funding and Health System Reform (FHSR), began encouraging members to review their billing model to assess if it's sufficient to cover their practice and personal expenses.

In March 2022, we ran a webinar on introducing mixed billing (a combination of bulk billing and private billing) in your practice, which had around 850 registrations and more than 450 attendees, and presented a plenary session on this topic at the 2022 Practice Owners National Conference in May. The REC–FHSR also developed a library of regularly reviewed and updated [resources](#) to help GPs manage their billing.

Secured temporary restoration of rebates for longer telehealth phone consultations

Despite RACGP opposition, the Federal Government ended most MBS patient rebates for phone consultations on 1 July 2021. We immediately began advocating for their reinstatement to restore telehealth access for many of the most marginalised Australians, who often lack the necessary equipment or know-how to conduct video calls.

In the RACGP's 2022 federal election statement, our REC–FHSR called for longer phone consultations to be part of the permanent telehealth model, along with rebates for mental health and chronic disease management phone consultations.

As a result of determined RACGP advocacy, patient rebates for phone consultations longer than 20 minutes were temporarily reinstated in July 2021 and again in January 2022, keeping practice staff and patients safe during rolling COVID-19

outbreaks. (We continue to advocate for the introduction of permanent patient rebates for longer phone consults.) We also secured a permanent MBS item for mental health phone consultations of more than 20 minutes.

Helped GPs comply with Medicare requirements

GPs had to digest a number of sudden changes to Medicare requirements over the last year, and they looked to the RACGP to be a single source of truth to help them remain compliant when billing MBS items.

The 2022 Practice Owners National Conference featured a session on Medicare compliance, which outlined how to keep up with changes to the MBS and Medicare rules and how GPs should proceed if they face compliance action, such as a targeted compliance letter or audit. In November 2021, the REC–FHSR worked with the RACGP National Faculty for GPs in Training to deliver a webinar on Medicare compliance for GPs in training.

Helped our GPs to keep learning and meet their CPD requirements

In 2021, the college awarded an extra 25 CPD points to all GPs participating in the RACGP CPD Program to recognise the work done in updating their knowledge and skills to support their communities during the pandemic. In total, the RACGP granted participants 75 CPD points for COVID-related education activities (equivalent to 37.5 hours) across 2021–22.

To further recognise the extra work GPs have done to keep up with COVID requirements, and to help them meet their 2020–22 triennium requirements, we developed the COVID Management form to easily translate their experiences of modified practices into a recordable professional development and quality-improvement activity. Around 3900 GPs completed the activity and earned 40 CPD points.

In March, our CPD team surveyed GPs to understand the impact of the pandemic on CPD activities and gauge member needs for the remainder of the triennium. More than 6000 GPs responded, and [the results](#) will help enhance our CPD offering and inform our CPD activities in 2022 and beyond.

Kept our future GPs on track to Fellowship

The dedication and agility of our Education team helped our GPs in training stay on track to Fellowship, despite COVID restrictions, garnering praise from the Australian Medical Council. Pandemic conditions made in-person exams unsafe for much of the year, so the team delivered fully online assessments – the Remote Clinical Exam (RCE) in July 2021 and the new Clinical Competency Exam (CCE) in November 2021 and June 2022.

Thanks to their hard work, and with the support of RACGP staff, every candidate disrupted by COVID was able to sit their clinical exam.



Across three
clinical exams,

2244

candidates completed



22,834

assessments thanks
to hundreds of RACGP
examiners, role players
and staff.

The successful delivery of the CCE marks the culmination of our plans to modernise the clinical exam and align it with contemporary assessment principles, the RACGP Curriculum and RACGP vocational training standards. As an online assessment, the CCE can be run safely and efficiently in most conditions, while also improving access for regional, rural and remote candidates by eliminating travel costs and reducing time out of practice.

Due to the exam failure in 2020 and its impact on candidates, the RACGP has been very careful in initiating plans to fully digitise the Key Feature Problem (KFP) exam and Applied Knowledge Test (AKT). However, in 2021–22 we were able to run COVID-safe in-person written exams in July 2021 and February 2022, with safety measures in place, including social distancing, rapid testing, mask use and density limits.



3984

written exams were held
in more than 50 venues
around Australia.

Candidates and pass rates

Assessment	Candidates	Pass rate
2021.1 RCE	622	84.89%
2021.2 KFP	1264	59.34%
2021.2 AKT	1022	76.42%
2021.2 CCE	842	83.25%
2022.1 KFP	948	81.84%
2022.1 AKT	750	75.33%
2022.1 CCE	780	85.00%

Harnessed the media to advocate for GPs

The RACGP used a strong and consistent media presence to highlight the pandemic-related pressures on GPs and fight for more government support.

Nationwide, our team of GP spokespeople appeared across TV, radio and print media to push for increased funding for GPs to deliver COVID-19 booster shots and care for COVID-positive patients at home. Our media presence was instrumental in securing a permanent telehealth model, and for the temporary extension of longer phone consultations during periods of escalating COVID-19 cases.

We were loud and clear on the many challenges of the vaccine rollout, drawing attention to supply issues and poor communication with GPs. We also harnessed the media to counter vaccine misinformation and highlight anti-vaxxer abuse towards general practice teams.

We ramped up our media presence in the lead-up to the 2022 federal election, calling for genuine, long-term reform to properly fund primary care, address years of underfunding, attract new GPs to the profession and ensure the sustainability of general practice.

RACGP media appearances



11,754

online articles



5303

radio appearances



2916

TV spots



905

print stories



20,878

total appearances

Provided timely, reliable information to members

As COVID-19 case numbers rose in late 2021, the RACGP continued to publish new and updated resources for GPs and their patients. The RACGP also continued to be a member and key contributor to the [National COVID-19 Clinical Evidence Taskforce](#).

The **REC – Practice Technology and Management** produced:

- [Home-care guidelines for patients with COVID-19](#) (GP resource)
- [Caring for patients with post-COVID-19 conditions](#) (GP resource)
- [Managing COVID-19 at home](#) (patient resource)
- [Managing post-COVID-19 symptoms](#) (patient resource)

In addition, the **REC – Standards for General Practices**:

- updated the [Standards for general practices](#) (5th edition) to include expanded explanatory materials on telehealth consultations, broadened infection prevention and control requirements, and more
- developed a [winter planning toolkit](#) to help general practices prepare for the flu season and handle the increased number of COVID-19 cases expected in the colder months.

Disappointingly, general practice staff experienced increased rates of violence and abuse during the COVID-19 vaccine rollout. In response, the RACGP published a [guide to preventing and managing patient aggression and violence](#), along with posters and messaging to use in practices.

We also kept members informed of the latest developments via *newsGP*, *In Practice*, the COVID-19 bulletin and timely updates on our website.

COVID-19 bulletin

The COVID-19 bulletin continued to provide members the latest national updates and state/territory-specific information and guidance on COVID-19, the vaccine rollout and relevant regulatory changes.

- 163 COVID-19 bulletins sent
- More than 42,000 recipients
- Open rate 41% (industry average 26.6%)

(Source: Campaign monitor)

COVID-19 webpages

We regularly updated the COVID-19 vaccine information for GPs and COVID-19 information for GPs webpages so that our members had timely, accurate information from reliable sources.



Webpage	Views
	Start of pandemic to 30 June 2022
COVID-19 information for GPs	808,517
COVID-19 vaccine information for GPs	184,167

Maintained a full program of member events

The RACGP embraced agility and flexibility in delivering its program of member events across 2021–22. In response to rapidly changing pandemic conditions, including lockdowns and COVID-safe requirements, our events teams across Australia became adept at pivoting quickly to online gatherings when possible and seizing the chance to stage in-person events when restrictions eased.

Our members were able to continue upskilling and working towards their CPD requirements, and stay connected with their college and colleagues.



316
online events



107
in-person events



5
hybrid events



428
total events

Responded to COVID-related enquiries from members

Our Member Services team responded to COVID-related enquiries on:

- access to PPE supplies
- COVID-19 testing
- available resources
- COVID-19 and sitting exams
- RAT supplies.

Funded essential research on the COVID-19 pandemic and general practice

To address a scarcity of funding for research into the impacts of COVID-19 on general practice, the RACGP Foundation and HCF Research Foundation came together in early 2020 to fund two grants to the value of \$100,000.

We received more than 100 applications, and the two successful projects were completed in 2022:

- ‘The effect of COVID-19 and the introduction of temporary telehealth items on use and costs of GP services: A whole-of-population linked data study’ (Dr Danielle Butler, Australian National University) – studied the effect of the pandemic and the introduction of temporary telehealth items on the use and cost of GP services; demonstrated that changes in use and costs varied by population group, guiding policy and practice change to ensure all Australians can access primary care; earned further funding from the Medical Research Future Fund to extend the project scope.
- ‘Prioritising essential clinical services in general practice during the COVID-19 pandemic: An evaluation of the Royal College of General Practitioners (UK) guidance for the Australian context’ (Prof Danielle Mazza, Monash University) – documented the experiences of Australian GPs during the height of the pandemic and explored the impact of new MBS telehealth items on service delivery.

The RACGP Foundation and HCF Research Foundation congratulate Prof Mazza and Dr Butler on the success of their projects and thank them and their teams for this important work.



Prof Danielle Mazza

Supported our members through the financial challenges of the pandemic

The past year presented more financial challenges for the RACGP as the COVID-19 pandemic continued to affect our economic drivers.

To support our members who were experiencing financial hardship during the pandemic, we offered flexible payment options for membership fees. Overall, RACGP membership remained stable, with a 3% increase in revenue in 2021–22.

The biggest financial challenge for the college to navigate was the end of the Federal Government JobKeeper program, which contributed \$8.2 million in the previous financial year and allowed the college to keep its staff employed and able to serve members, despite a reduction in revenue. We also invested heavily in systems, resources and processes to prepare for college-led training in 2023.

On the positive side, easing of COVID restrictions around Australia meant the college was able to catch up on disrupted and cancelled exams and the number of candidates bounced back, meaning exam revenue increased by 38% from the previous year.

We were also able to make cost savings in the travel, office space, advertising, sponsorship and promotion categories, largely due to the ongoing pandemic restrictions in certain parts of the country.

The RACGP ended another pandemic year with a \$1.6 million operating deficit. However, we laid a solid foundation throughout the year through investments in technology projects to lead a recovery post-pandemic and in time for the launch of RACGP-led training.



4

Galvanising general practice

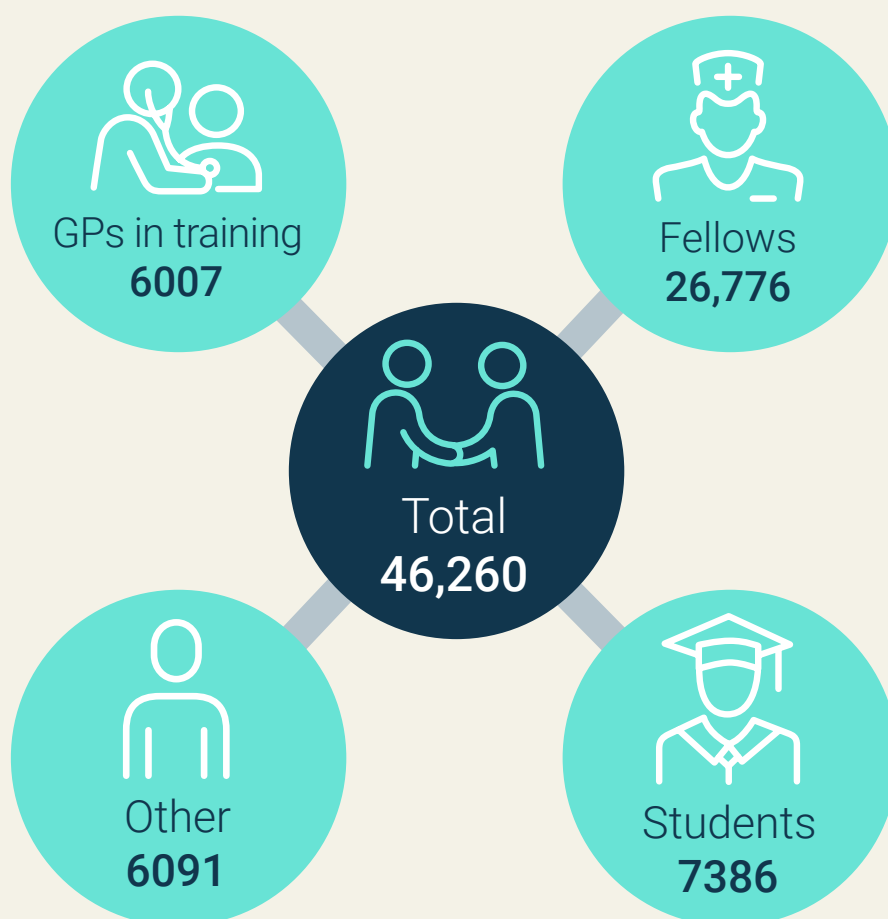
Beyond the ongoing pandemic, the RACGP has continued to be the voice for GPs and patients.

RACGP: A snapshot

Members 2021–22

The general practice profession is favoured by female medical graduates, with women accounting for more than half of the country's GPs.

Gender	Total
Female	24,133
Male	22,094
Not specified	33
Total	46,260



Member qualifications issued outside Australia: Top 10 countries

We're proud of the diverse
experiences and skills of
our members.



Of RACGP members,

16,681

have a qualification from a
non-Australian university.

Country	Total
India	1842
UK	1583
Sri Lanka	977
Pakistan	828
Iran	822
Bangladesh	812
Egypt	446
China	418
Iraq	368
Myanmar	364

Members with an interest in Aboriginal and Torres Strait Islander health

Fellows	5468
GPs in training	2293
Students	3782
Other	1577
Total	13,120

Members caring for rural and remote communities

Fellows	13,145
GPs in training	2781
Students	4620
Other	2285
Total	22,831



22,831

rural members, with

9205

living and working in rural
and remote Australia.

Thanking our volunteers

Despite the ever-increasing demands of modern general practice, RACGP members generously volunteered their time and expertise across 2021–22 to support their profession in a range of different ways. They helped future GPs on their journey to Fellowship, ensured clinical recommendations and primary healthcare policies supported best-practice care, and generally advanced their profession for the benefit of the Australian community.

Each year, our members:

- facilitate faculty council and expert committee activities
- contribute to working groups and stakeholder meetings
- respond to consultations, submissions and reports
- provide guidance and support to colleagues
- advocate for general practice in the media
- give insight into RACGP projects and initiatives.

We sincerely thank them for their knowledge and efforts, especially in yet another trying year.

Here's a snapshot of some of the ways RACGP members have volunteered to enrich general practice in 2021–22.

Activity	Time (hours)
RACGP council meetings and discussions	4416
Consultations, submissions and reports	468
Media interviews and media contributions	205
Consultation with members, including providing resources and updates	666
Help with education and member events, conferences and activities	1882
Advocacy and representation in working groups and peak body meetings	648
Total hours	8285

Honouring our GPs

The RACGP celebrates the dedication of GPs across Australia and recognises excellence in general practice by awarding accolades for the year's best GP, supervisor, GP in training, general practice, rural GP and rural GP in training, and others, as well as the Rose-Hunt Award, the RACGP's highest accolade.

RACGP award winners

Rose-Hunt Award 2021

Dr Penny Burns
Dr Cameron Loy

The RACGP's most prestigious award, recognising outstanding service in promoting the aims and objectives of the RACGP.

Honorary Membership 2021

Assoc Prof Lauren Ball

General Practitioner of the Year 2021

Dr Hung The Nguyen

Presented to a GP who has demonstrated outstanding commitment to the profession, excellence in primary healthcare provision and significant involvement in training and continuing professional development.

General Practice of the Year 2021

Gateway Health

Recognises a practice's approach to patient health and wellbeing, exemplary service and quality of care, health-promotion initiatives and the practice's involvement in general practice teaching.



Dr Penny Burns



Dr Cameron Loy

General Practice Supervisor of the Year 2021

Dr Toby Gardner

Recognises the dedication of a GP who has significantly contributed towards the training and mentoring of GPs in training, leading by example and inspiring those coming through the system to gain a strong appreciation of the general practice profession.

General Practitioner in Training of the Year 2021

Dr Isabel Hanson

Recognises the strong commitment made by a GP in training to learn the general practice profession and the provision of high-quality patient care.

RACGP Rural Brian Williams Award 2021

Dr Richard Mayes

RACGP Rural's highest accolade, awarded to a member of the RACGP who has made a significant contribution to the personal and professional welfare of rural doctors.

RACGP Rural Community Project of the Year 2021

Dr Khean Shang Wong

Presented to a recipient of the Fellowship in Advanced Rural General Practice who has completed an innovative project that contributed to healthcare and community improvement in a rural community.

RACGP Rural GP in Training of the Year 2021

Dr Mubashar Sherazi

Presented to a GP in training who has demonstrated a deep commitment to rural general practice, learning and education, and service to rural patients and rural communities.

RACGP Rural Medical Student Bursary 2021

Ms Sophie Witherspoon

Awarded to a medical student who is a member of a rural health students' club at an Australian university who submits the best essay (maximum 1200 words) a rural and remote health topic.



Dr Hung The Nguyen

RACGP Aboriginal and Torres Strait Islander Health Standing Strong Together 2021

VACCHO GP Expert Advisory Group

Recognises partnerships between GPs and Aboriginal and Torres Strait Islander peoples in improving the health of Indigenous Australians.

2021 RACGP General Practitioner of the Year

Dr Hung The Nguyen

Dandenong and District Aborigines Co-operative Limited's, Dr Hung The Nguyen, has worked extensively as a GP and medical and cultural educator in urban, rural and remote Aboriginal community health services throughout the Northern Territory and Victoria.

Dr Nguyen has a commitment to multicultural health and Aboriginal and Torres Strait Islander health. He has worked in a variety of rural communities in Australia and has been inspired by understanding the application of medicine in developing countries.

National honours – RACGP members

Australia Day Honours 2022

Officer (AO) in the general division of the Order of Australia

Professor Sandra Jean Eades, Victoria

Member (AM) in the general division of the Order of Australia

- Dr Cuong Trong Bui, Queensland
- Professor Gregory Brian Crawford, South Australia
- Dr Margaret Patricia Kay, Queensland

Medal (OAM) of the Order of Australia in the general division

- Dr Denis Hugh Gordon, New South Wales
- Associate Professor Matthew Gray, New South Wales
- Dr Kerry Lyn Hancock, South Australia
- Dr Simon Hooton, Queensland
- Dr Anthony Michaelson, Victoria
- Associate Professor Bradley Charles Murphy, Queensland
- Dr Harald Alexander Pope, New South Wales
- Dr Walter Geoffrey Roper, New South Wales
- Dr Arnold Shmerling, Victoria
- Dr Deborah Simmons, Queensland
- Dr Edmund Bruce Spork, Queensland
- Dr Furio John Virant, New South Wales

Queen's Birthday Honours 2022

Member of the Order of Australia

- Dr Steve Hambleton, Queensland
- Dr Peter Heysen, South Australia
- Dr Ewen McPhee, Queensland

Medal of the Order of Australia

- Dr Sunday Adebisi, Queensland
- Dr Michael Asher, New South Wales
- Dr Peter Bevan, Queensland
- Dr Chris Hogan, Victoria
- Dr Stephanos Herodotou, Victoria
- Dr Peter McGeoch, New South Wales
- Wing Commander Michael O'Donoghue, New South Wales

Foundation grants

The RACGP Foundation awarded more than \$400,000 in general practice research grants in 2021–22, including the inaugural Harry Nespolon Grant. This would not have been possible without the generosity of our partners and our members.

General practice research underpins clinical practice and is the foundation of the quality, innovative, efficient and effective general practice required to

deliver positive patient outcomes and a healthier Australia.

Thank you to our GP researchers who have shared their stories in the media, in our publications and online.

We thank our members, and the generous individual donors, trusts, foundations and corporate partners who continue to support the work of the RACGP Foundation.

Investment in medical research leads to higher standards of healthcare, which benefits us all.

Donors

The Foundation thanks the following generous individuals who kindly donated in 2021–22.

\$100–\$499

Dr Katy Abraham	Assoc Prof Charlotte Hespe
Dr Amal Ahmed	Dr Mary Holland
Dr Ammar Alruhaimi	Dr Mohammed Hussain
Dr Suruchi Amarasena	Dr Ban Jamel
Dr Sana Aqil	Dr Peter Joseph AM
Dr Gilars Blicavs	Dr Savita Kaila
Dr Daniel Caines	Dr Carolyn Kamenjarin
Dr Graham Cato	Dr Andrew Kerwin
Dr Chayadevi Chayadevi	Dr Beom Koh
Dr Alicia Chmielowska	Dr Carlos Ledesma
Dr Michael Chomyn	Dr Muniswaran Letchumanan
Dr Princewill Chuka	Prof Siaw-Teng Liaw
Dr Carol Clifford	Dr Ian Light
Dr Quoc Dang	Dr Julian Ma
Dr Marc Daniels	Dr Manmit Madan
Dr Celestine Ezekwe	Dr Karen Magraith
Dr David Foley	Dr Aye Mar
Dr Gwenyth Francis	Dr Melanie Nugara
Dr Peter Hakewill	Dr Onoja Ogiji
Dr John Harvey	Dr Paramaswamy Paramsothy

Dr Gopi Patel
Dr Vajna Rafeek
Dr Vijaya Ravikumar
Mr Paul Reddy
Dr Gavin Reid
Dr Sandra Rizzo
Dr Penelope Roberts-Thomson
Dr Joy Rowland
Dr Devaprabhu Samuel
Dr Reshma Saseendran
Dr Saravanan Shanmugam
Dr Tharumalingam Sinnathurai
Dr Deborah Smith
Dr Graeme Smith
Dr Peter Smith
Dr Sarah Smith
Dr Win Thein
Dr Bronwyn Thompson
Dr Kathleen Tree

Dr Rohini Wickramaratne
Dr Mustarshad Zaka
Dr Nelly Zwatzrka

\$500–\$999

Lyndon Chan
Dr David Voon

\$1000–\$2000

Dr James Berryman
Dr Tina Blight
Dr Mathew Coleman
Prof Gerard Gill
Dr John Gruner
Dr Kevin Henderson
Dr Rosemary Isaacs
Dr Ajay Jayaprakash
Prof Mark Nelson
Dr Allan Pascoe

\$3000+

Dr Candice Simpson



Partners

The RACGP Foundation thanks our partners for their generous support in 2021–22:

- Diabetes Australia
- HCF Research Foundation
- Motor Accident Insurance Commission
- Therapeutic Guidelines Limited

It is through the support of our partners that we can continue to strengthen and grow general practice research in Australia to the benefit of general practice, the practitioners within it and the health of our community.

In August 2021, the RACGP was delighted to award the first Harry Nespolon Grant to Assoc Prof Jill Benson for her project, 'Finding meaning through diversity – Exploring the role of career and job diversity in GPs' wellbeing'.

Thank you to the Medibank Better Health Foundation, Sonic and all who donated to the Harry Nespolon Memorial Fund for making this possible. The RACGP looks forward to receiving the outcomes of Assoc Prof Benson's work and determining how the RACGP and others can better support the wellbeing of GPs.

The RACGP is also grateful to the Windermere Foundation for its continued support of general practice and primary care research through the Translating Research Outcomes into the Primary Health Interface (TROPHI) Project. The RACGP is excited to have embarked on this project with Monash University and the University of Melbourne and looks forward to sharing developments in the coming years.

Foundation grants and awards: Recipients for 2021–22

The RACGP Foundation congratulates the 13 grant recipients for 2021–22. We are excited to see the outcomes of your research and the positive impact it will have on general practice and primary care. Thank you to our supporters for making general practice research possible.

Grant/award	Lead investigator	Project title	Co-investigators	State
Therapeutic Guidelines Ltd/ RACGP Foundation Research Grant	Dr Jacqueline Frayne	'GPs' knowledge, utilisation of resources and guidelines in understanding prescribing issues with psychotropic medication use in pregnancy and breastfeeding: A mixed methods study'	Dr Thanh Nguyen and Mrs Tamara Lebedevs	Western Australia
RACGP Foundation/ HCF Research Foundation Research Grant	Dr Elizabeth Sturgiss	'Change talk – Supporting high-quality behaviour change in general practice'	Assoc Prof Lauren Ball, Prof Lauren Williams, Dr Pallavi Prathivadi, Dr Jenny Advocat and Prof Alex Clark	Victoria
RACGP Foundation/ HCF Research Foundation Research Grant	Prof Mark Nelson	'Understanding the impact of serum lipid profiles on disability-free survival, cardiovascular disease, and other major geriatric-related diseases in the healthy elderly'	Prof John McNeil, Prof Andrew Tonkin, Prof Christopher Reid, Assoc Prof Robyn Woods and Dr Zhen Zhou	Tasmania
RACGP Foundation/ Diabetes Australia Research Grant	Dr Soumya Soumya	'Do patients with pre-diabetes managed with Metformin achieve better glycaemic control? A national study using general practice data'	Dr Habiba Jahan, Miss Mingyue Zheng, Assoc Prof David Gonzalez-Chica, Prof Nigel Stocks and Dr Carla Bernardo	South Australia
RACGP Foundation Harry Nespolon Grant	Assoc Prof Jill Benson	'Finding meaning through diversity – Exploring the role of career and job diversity in GPs' wellbeing'	Dr Penny Need and Mr Shaun Prentice	South Australia

Grant/award	Lead investigator	Project title	Co-investigators	State
RACGP Foundation ANEDGP Innovation Grant	Dr Stephanie Daly	‘Timely diagnosis of dementia in primary care – Improving your practice performance’	Dr Patrick Daly	South Australia
RACGP Foundation Family Medical Care Education and Research Grant	Dr Hayley Thomas	‘Exploring security in the GP–patient relationship: A qualitative study’	Dr Johanna Lynch, Dr Nancy Sturman, Dr Lauren Ball and Dr Elizabeth Sturgiss	Queensland
RACGP Foundation Family Medical Care Education and Research Grant	Dr Kylie Vuong	‘Building mutual trust in general practice’	Dr Kerry Uebel, Marie Agaliotis, Dr Sundresan Naicker, Dr Alexandra Hawkey and Mr Christopher Chan	New South Wales
RACGP Foundation Indigenous Health Award	Dr Yolande Knight	‘Point-of-care testing for oropharyngeal group A streptococcal carriage in the Pilbara region of Australia’		Western Australia
RACGP Foundation Walpole Grieve Award (travel award)	Dr Oliver van Hecke	‘Co-designing a data-enabled brief intervention to optimise antibiotic prescribing for children’		UK
RACGP Foundation Charles Bridges-Webb Memorial Award	Dr Katie Fisher	‘The prevalence and associations of telehealth consultations in GP registrars’ practice: A cross-sectional study nested within the Registrar Clinical Encounters in Training (ReCEnT) study’	Prof Parker Magin, Prof Mieke van Driel and Ms Amanda Tapley	New South Wales
RACGP Foundation Charles Bridges-Webb Memorial Award	Dr Brent Venning	‘A discrete choice experiment: Preferences and willingness to pay for a DNA test to assess cancer risk’		Victoria
Best General Practice Research Article in the AJGP Award	Dr Jessie Andrewartha	‘Escape to the country – Lessons from interviews with rural general practice interns’	Dr Penny Allen, Dr Lynn Hemmings, Dr Ben Dodds and Assoc Prof Lizzi Shires	Tasmania



RACGP: Your CPD home

With more than 30 years of experience and expertise in delivering timely, relevant continuing professional development (CPD) to GPs across the country, the RACGP is the trusted CPD home for general practice in Australia.

Quality healthcare is driven by lifelong learning, and we understand the professional development GPs need to effectively treat and support their patients. Over the past year, we offered the largest range of educational resources in Australia, delivered via a network of more than 450 education providers.

Supporting our GPs to meet their requirements

To help GPs understand how their CPD home could help them meet their requirements for the 2020–22 triennium, we hosted a series of webinars over the last 12 months and delivered informative sessions to more than 1000 members. We then made the recordings available on demand for all members on the RACGP events portal.

To support GPs to easily meet their CPD requirements for the triennium, we developed some new accredited activities, including:

- **Disaster Management form:** helped members reflect on their experiences during natural disasters, such as the bushfires and flooding in Queensland and NSW
- **COVID Management form:** recognised the extensive professional development and quality improvement activities completed by GPs in response to the COVID-19 pandemic
- **Health of the Nation – Business Sustainability:** encouraged GPs to critically review their billing policy, consider and test alternative billing strategies to help improve their practice viability.

More than 4700 GPs have completed these activities and claimed their 40 CPD points for each activity.

Preparing our members for the upcoming changes to CPD

In 2021–22, our CPD team has been preparing for the Medical Board of Australia changes to the CPD that will take effect in 2023.

Thanks to the new RACGP myCPD dashboard, members won't be caught unprepared. Among other helpful features, members can create RACGP-verified, Australian Health Practitioner Regulation Agency-ready CPD statements, taking the stress and administrative burden away from busy GPs.

Under the changes, all GPs must complete an annual professional development plan (PDP) to consider their goals and map out their learning. In February, the RACGP sought feedback from more than 1000 members on our online PDP tool to refine it ready for the new triennium.

In March, 6114 GPs participated in our 2022 CPD survey to tell us what they want from the RACGP CPD Program. Some of the key findings include that members wanted us to:

- continue offering a range of CPD education activities
- resume in-person CPD education activities when it was safe to do so
- include 'incidental education' in CPD points.

CPD by the numbers

Helping GPs help their communities



2146

new CPD activities developed



50,443

total Quick Log entries
for the financial year



179,982

individual GP attendances
at CPD activities



473

CPD providers delivering education
meeting the RACGP CPD standards



40%

of activities delivered online



Bringing general practice training back to the RACGP

On 1 February 2023, general practice training will come home to the RACGP.

In 2017, then Federal Health Minister, Greg Hunt, announced that the general practice colleges would assume responsibility for the Australian General Practice Training (AGPT) Program, ushering our future GPs into the profession from training through to Fellowship and a career of lifelong learning.

Since that time, the RACGP has been hard at work developing a robust educational model, processes and systems ready for the handover.

Obtaining funding and getting our house in order

Our chief task during 2021–22 was to submit a response to the government grant opportunity to ensure funding for all the necessary infrastructure and resources, which we did in January. The funding agreement was finalised in September

2022, meaning we could move on to the next phase of our preparations.

We then set about a significant amount of internal housekeeping, including a major organisational restructure and preparations to welcome more than 900 new team members to more than 28 locations across the country.

Strengthening relationships and prioritising communication

A major priority for the college over the past year has been maintaining effective communication and engagement with our key stakeholders, including the Department of Health and the regional training organisations (RTOs).

We strengthened our valuable relationships with RTO leaders, allowing us to leverage a wealth of existing materials, including organisation charts and other data, and seek indispensable advice as we move forward. These relationships have allowed

the RACGP to continue the meaningful legacy of these organisations and their contributions to general practice, which will result in fantastic outcomes for all parties. This essential sector knowledge will help us forge a nationally consistent, regionally supported and locally delivered program, organisation and operating structure.

We also worked with the Australian College of Rural and Remote Medicine (ACRRM), who will share responsibility for general practice training, with the aim of minimising disruption to the sector by harmonising Aboriginal and Torres Strait Islander health strategic plans, dual practice and supervisor accreditation and supervisor professional development requirements, and so on.

Establishing a firm foundation for quality training

Teams across the college have achieved some milestones in consultation with the sector to get us ready for the transition, including:

- finalising policy frameworks
- producing registrar and supervisor handbooks
- developing study resources
- drafting placement and accreditation agreements
- formulating assessment mechanisms.

Working alongside the Aboriginal and Torres Strait Islander health sector

We maintained a keen focus on embedding Aboriginal and Torres Strait Islander health into our training model, with the aim of:

- strengthening pipelines to enable Aboriginal and Torres Strait Islander people to undertake and complete general practice training
- increasing the number of general practice registrars undertaking training in Aboriginal and Torres Strait Islander health facilities
- providing a holistic and quality-driven Aboriginal and Torres Strait Islander cultural and health training program to all registrars

- ensuring that all general practice registrars, GP supervisors, medical educators and staff receive effective cultural safety training.

We also collaborated with the Federal Government and ACRRM to confirm the continuation of the National Cultural Educator and Cultural Mentor Network and the initiatives contained in Aboriginal and Torres Strait Islander health strategic plans.

This work ensures all Australians, especially the most vulnerable, will have access to culturally safe and effective healthcare. The tireless contributions of the Aboriginal and Torres Strait Islander sector to inform, guide and shape our work will make a substantial difference to the RACGP's ability to deliver a training program that's fit for purpose.

Ensuring a smooth transition

The RACGP's overall focus has been – and will continue to be – on things that matter most to our members, registrars, supervisors and medical educators. Our ultimate aim is to make sure all stakeholders experience little to no disruption during the transition and to offer a world-class general practice training program.

Acquisition of GP Synergy

A major milestone on our journey to profession-led training.

On 20 January 2022, the RACGP took an important step in our preparations to bring general practice training back to the college – we became the sole member of GP Synergy, an RTO that has delivered a consistently high standard of general practice training in NSW and the ACT for more than a decade.

This step will go a long way towards minimising any disruption to registrars, medical educators and supervisors in those geographies, and will ensure stability and continuity for the GP Synergy team.

Becoming GP Synergy's sole member puts the RACGP in the best position to deliver the AGPT Program under a nationally consistent, profession-led, community-based model from February 2023.

We look forward to working collaboratively to secure the future of Australia's primary health system and better meet the needs of GPs and their communities across the country. The RACGP Board and executive team would like to thank the GP Synergy Board and all staff for continuing to provide great support to the profession during this time of transition. We warmly welcome them into the expanded RACGP team and look forward to working together to support the next generations of Australian general practice.



Although it occurred after the end of the period of the 2021–22 Annual report, we would also like to note here that the RACGP's contract with the Federal Department of Health was finalised on 9 September 2022, confirming funding for the administration of the AGPT Program from 1 February 2023.

RACGP advocacy

Our advocacy work

Advocacy continued to be a major priority for RACGP activities across 2021–22. The college advocated strongly and exhaustively on behalf of our members on all the issues and reforms affecting general practice and the Australian community.

The RACGP works tirelessly to ensure the GP voice is heard on committees and in forums, in response to government and stakeholder consultation, through evidence-based position statements and reports, through the media, in regular meetings with stakeholders and at all levels of government.

This voice is amplified by the support of the RACGP Board, expert committees (Quality Care, Funding and Health System Reform, Practice Technology and Management, Standards for General Practice, and Research), working groups, state/territory and national faculty councils, specific interest groups and our dedicated expert membership. You can find more details on our website.

We made more than 140 submissions to government and other key stakeholders at a national level, and many more state and territory submissions. Our representatives have participated in 96 external committees and forums and presented at numerous inquiries at all levels of government.

Our work has been critical in affirming the role of general practice as the centre of community and primary healthcare.

Over the course of the year, RACGP advocacy encompassed the COVID-19 response, disability, aged care, disaster management, family violence, dementia, mental health, digital reforms, prevention, pharmacy, business sustainability and Medicare Benefits Schedule (MBS) reform.

We secured permanent funding for telehealth through the MBS and ensured telehealth services were included in the calculation of the Standardised Whole Patient Equivalent value for Practice Incentives Program payments.

We successfully pushed for flexible accreditation arrangements for practices affected by the COVID-19 pandemic and for extensions for practices in flood-affected regions.

We launched a compelling and uncompromising federal election statement in January 2022 that:

- spoke directly to all political parties about urgent general practice reform

It's time to
care about...
the care we all
count on.



- supported GPs to campaign for general practice and engage with their local MPs
- informed the general public about the threats to safe access to quality primary care.

The statement was used to push all major political parties to commit to supporting general practice with increased funding and other Medicare reforms, and it helped extract a promise from the new Labor government of close to \$1 billion in funding for primary care. We're now working closely with the new government to guide the allocation of this funding and other key measures.

Appropriate targeting of Medicare-compliance activities and a more informative approach to compliance has also been a key focus of RACGP advocacy. We successfully advocated for a nine-month deferral of new prescribed pattern-of-service rules for telehealth.

We've persisted in pushing for appropriate support for GPs as they continued to be the backbone of the COVID-19 vaccination rollout, securing a new MBS item for administering COVID-19 booster doses and new MBS remote-supervision vaccine-suitability assessment items. We were also instrumental in shaping and influencing the rollout of electronic prescribing.

And after many years of persistent RACGP advocacy, point-of-care diabetes testing in general practice is now funded following the introduction in November of an HbA1C MBS item.

These activities are just a small part of our work representing our members and pushing for a health system that better meets patient needs.

Guiding government and the community

Across 2021–22, the RACGP provided extensive recommendations and advice to government, external agencies and statutory organisations, including formal responses to a number of high-profile government and independent inquiries.

Government and community requests for RACGP input covered a range of topics that reflect the broad scope of general practice, including:

- community health issues
- clinical guidelines
- government policy
- medical professional standards, education and training.

All RACGP responses provide evidence-based advice in the form of written submissions and in-person representation at meetings and inquiries.

Ensuring the voice of the profession is heard and acknowledged in the right circles also means working collaboratively with external organisations. Throughout the past year, we've continued to actively engage with organisations including the Department of Health, Council of Presidents of Medical Colleges, Australian Medical Association, National Disability Insurance Agency, Australian Health Practitioner Regulation Agency, Medical Board of Australia, Australian Commission on Safety and Quality in Health Care, Australian Practice Nurse Association, Australian Digital Health Agency, Australian Association of Practice Management, medical defence organisations, and many other government and non-governmental organisations.

The RACGP's expert guidance takes considerable time and resources, and we thank our members for their commitment and contributions to our advocacy.



More than

140

national submissions



Participated in

96

committees and forums



RACGP representatives

The work of our representatives is an essential part of our advocacy efforts. Over 2021–22, our members have provided critical insights at almost 100 meetings held by all levels of government and a range of peak bodies and non-governmental organisations.

Requests for RACGP representation came from a variety of organisations, including:

- other medical colleges
- state/territory and federal health departments
- universities and research institutes
- the Medical Board of Australia
- Cancer Australia
- Medicines Australia
- Heart Foundation
- NPS MedicineWise
- Australian Commission on Safety and Quality of Health Care
- the Australian Health Practitioner Regulation Agency
- National Asthma Council of Australia.

Speaking truth to power: Stagnation in Medicare funding and critical gaps in workforce supply

(July and November 2021)

Submission: The Primary Healthcare 10-Year Plan has been a key college focus throughout

Parliamentary inquiries/public hearings attended

Public hearing, Senate hearing for general practice and related primary health services inquiry (November 2021)

2021–22. We prepared two submissions in 2021 that highlighted the ongoing stagnation in Medicare funding and critical gaps in workforce supply.

Our submissions delivered a stark warning to government: unless there is significant investment and reform, the health system will fail.

Outcome: The Primary Health Care 10-Year Plan released in March 2022 included many recommendations by the RACGP.

Keeping government accountable: Review of expanded telehealth services

(June 2022)

Submission: The RACGP provided feedback to the Australian National Audit Office performance audit of the Department of Health's management of the expansion of telehealth services in response to COVID-19. Our submission covered mandatory bulk billing of MBS telehealth services, the removal of Medicare rebates for phone consultations in July 2021, the existing relationship requirement for GP telehealth services, and the Department of Health's 2021 telehealth compliance campaign.

National roundtables attended

- National Asthma Strategy, Insight Economics, National Asthma Council (February 2022)
- Cardiovascular Health Leadership Research Forum, Cardiovascular Alliance (February 2022)
- Lung Cancer Screening, Cancer Australia (February 2022)
- Roundtable on Heart Valve Disease, Baker Institute (March 2022)
- Pain Research Alliance, Australian and New Zealand College of Anaesthetists (March 2022)
- Antimicrobial Resistance Mission, CSIRO (March 2022)
- Roundtable on National Health Literacy Strategy, Department of Health (April 2022)
- Cholesterol Roundtable, Heart Foundation (June 2022)

It also discussed the RACGP's engagement with the Department of Health on telehealth and the quality and timeliness of information about MBS telehealth items.

Outcome: The audit will be tabled in parliament in December 2022.

Cutting through the red tape: The risks regulatory processes pose to general practice workforce sustainability

(June 2022)

Submission: The RACGP provided a submission to the Queensland Government Health and Environment Committee's (HEC) inquiry into the *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022*. We restated our concerns around some of the proposed amendments, particularly in relation to actions before the investigation process is complete. We also highlighted the risks posed by regulatory processes to the sustainability of the general practice workforce.

Outcome: The HEC's final report recommended the bill be passed. This legislation is the result of several years of work to make improvements to the national law, which has incorporated several RACGP recommendations.

Reaffirming the GP's role in cancer care

(2022)

Submission: The RACGP provided three submissions on cancer care/screening in general practice that highlighted the potential risks of current screening programs and the vital role general practice plays in cancer care.

- The RACGP drew attention to several risks that the **National Bowel Cancer Screening Program** should consider, including the impact of long public hospital waiting lists for colonoscopy and the need to improve standardised colonoscopy care. It also highlighted the importance of evidence-based guidelines to inform health professional care and follow up and the need for a registry that identifies and links colonoscopy

results from specialists and that can be accessed from general practice record systems, such as the National Cancer Screening Register.

- The RACGP cautiously supported the Medical Services Advisory Committee application for a lung cancer screening program for high-risk populations, while reaffirming that **general practice plays a central role in the screening program**. Our submission reiterated concerns about the defined target populations and the risks of overdiagnosis with associated harms. We advocated for continuous evaluation of the program to monitor for overdiagnosis and a rigorous evaluation built into the program design.
- Our **submission to the Australian Cancer Plan** advocated for funding for GPs to do essential practice population health and care coordination tasks and recommended the plan include strategies to improve all aspects of cancer care.

Outcome: Final outcomes for these consultations are expected in early 2023.

Codifying support for vulnerable patients: Bolstering the delivery of mental health and alcohol and drugs care

(2021 and 2022)

Submission: We submitted to two consultations on national workforce strategies – for **mental health** and for **alcohol and other drugs** (AOD).

Our submissions highlighted the central role of general practice in delivering mental health and AOD care and noted the importance of funded RACGP education programs, such as the **RACGP AOD GP Education Program** and the **General Practice Mental Health Standards Collaboration**. We also advocated for permanent changes to the MBS, such as telehealth consultations for mental health services and better MBS remuneration for GPs treating patients with AOD issues.

Outcome: The National Mental Health Workforce Strategy hasn't yet been released. The National Alcohol and Other Drug Workforce Development Strategy is expected in early 2023.

Streamlining data protection: Maximising the potential of the National Data Security Action Plan

(June 2022)

Submission: In principle, the RACGP supports the development of a National Data Security Action Plan. However, we provided some strong recommendations in our submission, including that:

- general practice must be involved in the implementation of the plan
- interoperability and the secure and seamless transfer of information between patients, GPs and other healthcare providers must be supported
- standards be prioritised to ensure consistency and compatibility
- the plan should consider health equity issues.

Outcome: The Department of Home Affairs has committed to working with us to explore the opportunities and challenges that the plan can address.

Watching your virtual backs: Raising member awareness of emerging cybersecurity challenges

(February 2022)

Submission: We called for expanded use of national infrastructure to create more streamlined and secure access to digital health technologies. To support privacy and cyber security, the RACGP encouraged the Australian Digital Health Agency (ADHA) to provide ongoing support and resources to peak healthcare bodies and individual health business, including general practices. Our submission argued that raising awareness of cyber security challenges among health professionals and education resources is paramount.

Outcome: We'll release updated resources in consultation with external stakeholders, including the ADHA, to ensure members are aware of changes to the cybersecurity threat landscape and are well prepared to manage new and ongoing cybersecurity requirements.

Guidelines, resources and standards

RACGP clinical guidelines, standards and practice management resources are internationally recognised, and support members to deliver high-quality care. They also complement and underpin our advocacy work by demonstrating the breadth of expertise of our members, enabling us to advocate from a point of authority.

Over the year, we developed the following new resources:

- *Abuse and violence: Working with our patients in general practice* (5th edition) (White Book)
- *Winter planning toolkit: Helping you and your practice team prepare for winter*
- *Supporting smoking cessation: A guide for health professionals*
- *Greening up: Environmental sustainability in general practice*



5

Faculty highlights

Our state and national faculties continued to demonstrate agility and flexibility over 2021-22. We adapted, learned and evolved in response to a constantly changing COVID environment, playing a pivotal role in advocating on behalf of members on a range of issues and reforms affecting general practice.

RACGP NSW&ACT

Assoc Prof Charlotte Hespe, Chair



RACGP NSW&ACT put in place a responsive and evolving communication strategy to ensure we met members' needs amid a rapidly changing policy landscape across 2021–22. At the peak of the COVID-19 pandemic, we held popular weekly webinars with NSW Health, attracting more than 650 members each session.

We delivered 39 accredited webinars with our partners, which attracted an average of 183 members who gave consistently excellent feedback.

Unfortunately, we had to support members through more flooding events over 2021–22. We checked on our members via phone, SMS and email to make sure they were OK and had what they needed, for their practice and themselves. We also launched a flood response group to advocate for flood-affected practices with bodies such as Essential Energy, Services Australia, and the Australian Commission on Safety and Quality in Health Care.

We began planning for our new flagship faculty office in north Sydney (which is expected to open in October 2022) while the team again pivoted to remote working arrangements under the leadership of our new Faculty Manager, Mia Dhillon, who joined us in December 2021.

We delivered 39 accredited webinars with our partners, which attracted an average of 183 members who gave consistently excellent feedback – in fact, we received a 98% rating for our webinar on cervical screening. Our 2021–22 webinars covered a wide range of topics, including communicable diseases, alcohol and other drugs, and GP involvement in patient care planning with surgical specialities.

The easing of COVID restrictions meant a welcome return of in-person events. In April, nearly 50 members joined us in Newcastle for a wellbeing weekend designed to encourage GPs to look after their own health. We got some excellent feedback on topics ranging from recognising burnout and setting professional boundaries to using watercolour painting to promote fun and self-care.

Perhaps the highlight of the year was the Fellowship ceremonies we were able to hold in Sydney and Canberra after COVID restrictions were lifted. Along with their loved ones, we applauded the outstanding achievement of 365 New Fellows who soldiered on during difficult pandemic conditions to earn their Fellowship.

RACGP Queensland

Dr Bruce Willett, Chair



Across four webinars, 1214 members helped make it a very successful virtual series.

RACGP Queensland has continued its advocacy activities over 2021–22 to provide strong representation for GPs around the state, including meetings with the QLD Minister for Health, QLD Health Director-General, QLD Chief Health Officer, QLD Chief Medical Officer and QLD Chief Allied Health Officer, and collaborations with other general practice peak bodies through the Queensland GP Alliance. During the year, the RACGP re-launched a members' advocacy resources page with a section on the college's ongoing fight against pharmacy incursion into general practice, along with many resources to support members to join this battle.

In late 2021, our plans for increasing the reach and visibility of the RACGP across Queensland became a reality with the opening of an RACGP office in Townsville. Located at James Cook University, the office is a base for six RACGP staff. With locally based staff, we hope to see a significant increase in member engagement opportunities in Townsville and across north Queensland.

As part of our 2019 commitment to conduct an annual Fellowship ceremony in regional Queensland, the faculty hosted a ceremony in Mackay in April 2022 with more than 120 attendees. RACGP President Adj Prof Karen Price was on hand to congratulate 37 New Fellows. Our annual Brisbane Fellowship ceremony in October 2021 saw another 130 New Fellows celebrate their achievement with their loved ones and members of the RACGP Queensland faculty council.

Although ongoing pandemic restrictions played havoc with several planned in-person member activities, we were able to pivot seamlessly to virtual engagement. The faculty was pleased to again partner with the Queensland Children's Hospital to deliver the Paediatrics Masterclass for GPs in October and November 2021. Across four webinars, 1214 members helped make it a very successful virtual series.

RACGP SA&NT

Dr Daniel Byrne, Chair



The committee's objectives are to educate, elevate, empower, enhance and encourage women in general practice and to identify their unique interests, needs and challenges.

Despite experiencing another challenging year in general practice, RACGP SA&NT members displayed their resilience to meet the demands of the changing COVID-19 situation. The faculty supported members with regular COVID-19 update webinars, led by Dr Emily Kirkpatrick and other subject-matter experts, as well as around 30 in-person and online education events.

The RACGP was excited to announce the founding of a dedicated Northern Territory faculty – the first time in 11 years the RACGP has developed a faculty from the ground up. An interim RACGP Northern Territory faculty council was appointed in May 2022 to identify the representational and contextual structures of the new faculty and will lead the faculty until formal elections are held in 2023 as part of the regular election cycle.

RACGP SA&NT introduced a Women in General Practice Committee, chaired by Dr Sian Goodson. The committee's objectives are to educate, elevate, empower, enhance and encourage women in general practice and to identify their unique interests, needs and challenges.

Outstanding commitment to general practice was demonstrated through nominations for the 2021 RACGP awards. The successful faculty winners were:

- Dr Penelope Steele – RACGP SA&NT GP of the Year
- Dr William Staridis – RACGP SA&NT General Practice Supervisor of the Year
- Dr Nathan Lam – RACGP SA&NT GP in Training of the Year
- Goolwa Medical Centre – RACGP SA&NT General Practice of the Year Award



RACGP Tasmania

Dr Tim Jackson, Chair



The past year was a great one for RACGP Tasmania.

RACGP President Adj Prof Karen Price visited Tasmania in April and, along with Faculty Manager Cathy Back and me, travelled through the north of the state meeting with members and students. In May, RACGP Rural Chair Dr Michael Clements, RACGP CEO Paul Wappett and I visited practices in the Huon Valley, met with members and discussed alternative ways of supporting the community. The RACGP Board also met in Hobart in May and held a well-attended member engagement meeting.

Hobart also played host to the Practice Owners National Conference and the Future Leaders conference.

Thanks to the effective advocacy work done by RACGP Tasmania, we're now a part of all primary healthcare discussions – from the Premier onwards.

Some of the major outcomes of our advocacy include:

- ongoing discussions with the Tasmanian Department of Health regarding general practice skin cancer accreditation, with agreement on no further random audits of skin cancer until a stakeholder roundtable decides on a system that allows GPs to practise to the full extent of their skills while safeguarding the public
- reimbursement of practices that use their own private stock to administer free flu vaccinations under the State Government program
- co-creation of an education program for voluntary assisted dying participants
- establishment of the COVID@home and COVID@homeplus programs
- submission to the Tasmanian Government on 'Our Healthcare Future: Advancing Tasmania's Health'.

The faculty also delivered successful Fellowship exams and well-supported CPD events.

The highlight of our year was the celebration of our New Fellows with a reception at Government House hosted by the Governor of Tasmania, Her Excellency the Honourable Barbara Baker, followed by the Fellowship and Awards ceremony in Hobart, where Dr Toby Gardner was awarded RACGP National Award for GP Supervisor of the Year.

I visited practices in the Huon Valley, met with members and discussed alternative ways of supporting the community.

RACGP Victoria

Dr Anita Muñoz, Chair



Much of 2021–22 at RACGP Victoria was spent advocating on behalf of members for increased funding and support for general practice from the Victorian Government. We lobbied for the rollout of state-led general practice respiratory clinics, as well as advising on the operational and funding models of more than \$54 million.

We also advocated for and advised the State Government on a \$14 million investment in five general practices to provide extended-hours services for category 4 and 5 emergencies, and provided advice and advocacy on seven pandemic response committees.

As our GPs continued to spearhead the COVID-19 vaccination rollout and added the flu vaccine program to their workloads, we pushed for grant funding for general practice vaccination activities and school-based vaccination clinics.

All of this was achieved through regular meetings with the Victorian Department of Health to advise on general practice and public health matters. The consolidation of RACGP Victoria's already strong relationship with the Victorian Department of Health led to some great wins for our GPs.

RACGP Victoria Faculty Manager Kon Kakris secured a number of grants to help our GPs tackle issues in the Victoria community that were exacerbated by successive lockdowns:

- \$300,000 for faculty-led **education on domestic violence**
- \$250,000 for faculty-led **post-COVID-19 community of practice** education
- Two \$100,000 grants for **focused psychological strategies training for rural GPs**
- Ongoing funding for Victorian GPs to provide advice to the government on health matters

Our member engagement activities finally took off again as movement returned to Victoria. The team welcomed the return to in-person events, holding five Fellowship ceremonies to celebrate the wonderful achievements of our New Fellows, who completed their training and exams under very trying circumstances during the pandemic lockdowns.

Also on the event front, we continued our popular webinar series with the Department of Health to keep our members up to date on COVID-19 and other public health issues.

And after the disappointment of having to postpone a couple of times, our Women in General Practice Committee hosted the long-awaited 'Brainy women: A healthy mind and body' conference in May, which was a rousing success.

RACGP Western Australia

Dr Ramya Raman, Chair



In a productive year, the priority for RACGP Western Australia was supporting general practice in the shift towards 'living with COVID'. We focused on invigorating existing primary healthcare stakeholder relationships and growing our engagement with the WA Government.

RACGP WA played a key role in establishing a COVID-19 Primary Care Forum. Along with the WA Primary Health Alliance (WAPHA) and AMA (WA), we advocated for the '[COVID-19 guidelines for healthcare practices in the community](#)', for increased availability of PPE for general practice, for the distribution of rapid antigen tests to general practices, and for greater vaccine availability.

In March 2022, WA Health announced that general practice was the preferred pathway for prescribing COVID-19 antivirals – a critical step for fully reopening the state. The RACGP WA team provided significant input into the process for access to COVID-19 disease-modifying treatments in WA and successfully advocated for extending mask-wearing requirements in healthcare settings, including general practices.

When WA Health implemented the free flu vaccination program in June and July, we negotiated a \$2000 per practice grant payment to meet vaccine delivery overheads, in addition to payments for administering each flu vaccine dose.

We also secured a grant from WA Health to remunerate GPs for attending committee meetings and working groups, and we worked with WAPHA and Rural Health West to form a remunerated GP Advisory Group.

During 2021, the WhyGP committee was formed to engage with urban and rural tertiary hospitals and embed GP-led teaching within the hospital teaching curriculum. The project aims to raise the profile of general practice and educate junior doctors on the depth and breadth of clinical practice within our specialty.

Due to strict COVID safety restrictions, most member engagement events were held online over 2021–22, and I thank our RACGP WA staff who delivered numerous webinars outside of working hours. Webinars and podcasts were crucial in helping our members access timely and relevant information. On a related note, one of our big success stories was the COVID WhatsApp group, which allowed members to ask and answer tricky questions, share resources and provide valuable peer support in real time.

We held a very successful COVID-safe Fellowship ceremony in October 2021, and in November we held our first dedicated awards evening, both of which were well received and attended.

Finally, I'd like to thank my executive team and all the RACGP WA staff, along with all the GPs in WA for their continued support and commitment to the college and our community. We look forward to continuing to represent and support you in 2022–23.

RACGP Aboriginal and Torres Strait Islander Health

Prof Peter O'Mara, Chair



Aboriginal and Torres Strait Islander culture and health has been integrated into the RACGP college-led, community-based training operating model.

RACGP Aboriginal and Torres Strait Islander Health has achieved many significant outcomes across 2021–22, but alas it's not possible to list them all here.

However, it's important I mention our work with the National Aboriginal Community Controlled Health Organisation to publish and implement resources to support effective, culturally safe healthcare that is valued by Aboriginal and Torres Strait Islander people. These resources include the fourth edition of the [National guide to preventive healthcare for Aboriginal and Torres Strait Islander people](#) (National Guide) and recommendations for annual health checks, both due for publication in October 2023.

To support this work, we conducted a user review of the National Guide. I'd like to thank those members of primary healthcare teams from across the country who took the time to respond to our survey.

I'm also pleased to report that, in the spirit of the RACGP's commitment to close the gap in health outcomes, Aboriginal and Torres Strait Islander culture and health has been integrated into the RACGP college-led, community-based training operating model, and Aboriginal and Torres Strait Islander health has now been categorised as essential post-vocational CPD learning.



RACGP GPs in Training

Dr Sean Black-Tiong, Chair



The overriding aim of the faculty is to establish a strong foundation of trainee voices and perspectives so the RACGP can continue to deliver internationally recognised specialist qualifications.

Over 2021–22, our faculty members were understandably most concerned with the transition of general practice training back to the RACGP. As such, we had a strong focus on ensuring input from GPs in training was included in all elements of the training model, right from the start.

The overriding aim of the faculty is to establish a strong foundation of trainee voices and perspectives so the RACGP can continue to deliver internationally recognised specialist qualifications. The faculty and our council have represented GPs in training in working groups for the national syllabus, the Progressive Profile of a GP, exams and assessment, and in a comprehensive review of training policies. We plan to continue this high level of engagement as the transition date of 1 February 2023 approaches, with a view to ensuring current GPs in training experience minimal disruption on their pathway to Fellowship.

The faculty will continue to provide trainee member voices and feedback to support ongoing improvements to the training program. Australia has an urgent need for increased numbers of GPs in training to ensure a sustainable GP workforce for the future, so we must strive for a world-leading training program – not only in terms of the quality of education, but also flexibility and support to back the wellbeing of our GPs in training.

RACGP Rural

Dr Michael Clements, Chair



RACGP Rural was formed on 26 April 1992, and in 2022 we commemorated our 30-year anniversary, sharing the journey with our members and acknowledging the significant developments in rural education, advocacy and rural and remote GP support initiatives.

We marked the date by coming together online with RACGP President Adj Prof Karen Price to celebrate our history and achievements and to share stories. We also celebrated in person with meet-ups in rural communities around Australia to bring our members back together.

The RACGP represents 80% of all rural and remote GPs in Australia, and over 2021–22 we worked hard to highlight the worsening workforce shortages and advocate for a significant increase in rural general practice funding. We met with many rural health stakeholders, and boosted our media presence to underline and collaborate on these issues.

I visited rural Tasmania, Queensland, the Northern Territory and South Australia to meet with local GPs and rural health stakeholders and discuss local and national issues, including financial and recruiting pressures.

We developed the [Rural Generalist Fellowship](#) (launched 1 July 2022), which aligns with the [National Rural Generalist Pathway](#) and better equips candidates to work as rural generalists in their communities.

Our increased offering of online events and education sessions supported members with professional development to address rural health needs during the pandemic. A return to in-person events was heralded with an emergency medicine for rural GPs workshop with NSW Health Education Training Institute at Bathurst Hospital and a point-of-care ultrasound workshop in Darwin.

As part of the transition to college-led training, we worked closely with the RACGP transition team to lead the rural work stream and build on pre-vocational engagement with Rural Generalist Coordination Units and universities.

Finally, we started a new gender-inclusive Doctors for Women in Rural Medicine committee to elevate, empower and encourage women working in rural and remote practice.

Our increased offering of online events and education sessions supported members with professional development to address rural health needs during the pandemic.

RACGP Specific Interests

Dr Lara Roeske, Chair



Our advocacy work is always important, and in this election year our Climate and Environmental Medicine Specific Interests group was particularly busy in leading the RACGP's advocacy efforts on climate change and health.

For the past 12 months, RACGP Specific Interests (RACGPSI) has been very focused on completing the Post-Fellowship Recognition (PFR) pilot. PFR is a way for the RACGP to formally recognise GPs with extended skills in an area of specific interest and acknowledge that a GP's skills and experience meet the recognition standard in that area.

Our hardworking GPs have volunteered more than 200 hours to identify the key extended skills in each of the five specific interest areas, map them to the RACGP curriculum and domains, and develop a set of learning outcomes.

They've been led by Dr Hester Wilson (Addiction Medicine), Dr Jeremy Hudson and Assoc Prof Morton Rawlin (Dermatology), Dr James Best and Assoc Prof Bob Davies (Developmental Disability, developed jointly by the RACGPSI Disability and Child and Young Person's Health), Dr Carolyn Ee (Integrative Medicine), and Dr Cathy Andronis (Psychological Medicine).

The PFR pilot was successfully completed and will now progress to a staged implementation, launching to members from late 2023.

Our advocacy work is always important, and in this election year our Climate and Environmental Medicine Specific Interests group was particularly busy in leading the RACGP's advocacy efforts on climate change and health.

The year also saw the establishment of two new Specific Interests groups: ADHD, ASD and Neurodiversity, led by Assoc Prof John Kramer as Chair, and Social Prescribing, led by Dr James Ibrahim.



8

Statutory report

Directors' report

The Board of the Royal Australian College of General Practitioners Ltd (RACGP) presents their report together with the financial statements for the financial year ended 30 June 2022.

Principal activities and objectives

The RACGP is Australia's largest professional general practice organisation and represents urban, rural, regional and remote general practitioners (GPs). The RACGP is a not-for-profit entity and is endorsed as a deductible gift recipient (DGR-1) under subdivision 30B of the *Income Tax Assessment Act 1997* for donations made for education or research in medical knowledge or science.

The RACGP's purpose is to ensure a strong general practice profession that keeps Australia healthy. The RACGP's goal is that Australia's health outcomes improve. To achieve this charitable purpose of advancing health, the RACGP's objectives are to:

- improve the health and wellbeing of individuals and communities by supporting the pursuit of clinical excellence and high-quality patient care, clinical practice, education and research for general practice
- establish and maintain high standards of knowledge, learning, experience, competence, learning, skills and conduct in general practice
- set the standards for, and provide training and continuing professional development programs in relation to, general practice and related areas to improve the knowledge and skill in those fields, or to extend knowledge and raise standards of learning and patient care
- set the standards for, and provide undergraduate and postgraduate educational programs in, general practice and related subjects at or in any general practice, community-based medical practice, medical college, university, medical school, hospital, laboratory or other educational institution

- provide grants or in-kind support in scholarly subjects related to general practice
- support and publish research by any persons (whether members of the RACGP or not) into general practice and related subjects
- award diplomas, certificates and other honours in recognition of competency, proficiency or attainment in general practice, or for outstanding work, or in appreciation of special services
- encourage suitably trained persons to enter the specialty of general practice
- promote social intercourse, good fellowship and peer support among members of the RACGP and people engaged in general practice, and promote good relations between such members and people and the community
- advocate on any issue that affects the ability of RACGP members to meet their responsibility to patients and the community.

Performance measures

The RACGP monitors and reports on performance to the RACGP Board through governance reporting mechanisms during:

- Board of Directors' meetings
- Finance Audit and Risk Management Committee meetings
- People, Culture, Nomination and Remuneration Committee meetings
- Education and Workforce Committee meetings
- Other Board sub-committees.

Financial results

- For the financial year ended 30 June 2022, the consolidated group recorded a surplus after tax of \$2.46m, which included a \$3.67m gain on business combination from the acquisition of GP Synergy Limited.

- The parent entity RACGP recorded a deficit from operating activities of \$1.17m, with a total deficit, including investment activities, of \$1.65m. This underlying result was largely driven by investment in several key projects.
- The RACGP parent entity holds a strong net equity position of \$65.44m consisting of accumulated surplus of \$18.27m, cash reserves of \$11.38m and property revaluations of \$35.80m.

Significant changes in the state of affairs

ACN 147560638 Pty Ltd, formerly known as RACGP Oxygen Pty Ltd, was liquidated on 4 October 2021, and formally deregistered by ASIC on 8 January 2022.

As at 20 January 2022, the RACGP became the sole member of GP Synergy Limited. As a result, GP Synergy is included in the consolidated statutory report as a subsidiary of the RACGP from 20 January 2022.

The Chief Executive Officer, Dr Matthew Miles, resigned from the RACGP, with effect on 2 August 2021. Christine Nixon AO APM, Board Chair, was appointed to the role of Executive Chair until 8 November 2021 to cover the recruitment and onboarding period for the new Chief Executive Officer, Paul Wappett, who commenced on 11 October 2021.

There were no other significant changes in the state of affairs of the group that occurred during the financial year that are not otherwise disclosed in this report or the financial statements.

COVID-19 pandemic and response

COVID-19 continued to significantly impact RACGP operating rhythms throughout the year as it has the past three years. Due to restrictions introduced within states at various times, RACGP migrated major events to digital or hybrid formats and reduced attendance at in-person events.

This was the first year of the pandemic that RACGP had to navigate without the security of JobKeeper funding. The RACGP continues to manage these

impacts through adhering to and imposing measures outlined by government guidelines, allowing staff to work flexibly from home or office and maintaining an overdraft facility and reserves to ensure a strong liquidity position.

Events subsequent to the end of the financial year

The RACGP signed a contract with the Commonwealth of Australia represented by the Department of Health on 26 August 2022 to deliver General Practice training in Australia from 1 February 2023 through to the end of the 2025 training year. The agreement includes grant funding from the Commonwealth to the RACGP of \$364,370,001 (ex GST).

Likely developments and future results

The RACGP anticipates another challenging year in 2022–23 in establishing profession-led training, commencing in February 2023, while also entering a more contested membership environment with Continuous Professional Development homes providing pressure on membership rates. The RACGP has developed a three-year operating plan that outlines strategic objectives to deliver our charitable purpose and improve services to our members, while managing reserves for ongoing sustainability. The forecast budget outlines a financial recovery plan that is revenue led and optimises synergies across the business.

The RACGP is continually updating, reviewing and improving its management and governance practices to ensure that the objectives and obligations of the group and its directors are met and risks are mitigated. No other matters or circumstances have arisen since the end of the financial year that have significantly affected or that may affect the operations of the RACGP, the results of the operations or the state of affairs of the RACGP in the future financial years.

Dividends

The RACGP is limited by guarantee, and its Constitution precludes the payment of dividends.

Directors

The directors during the period 1 July 2021 to the date of this report, are as follows:

Director	Title	Appointed/retired
Ms Christine Nixon AO, APM BA, MPA, Hon LLD, DipLRelLaw, FIPAA, FANZSOG, FAIPM, FAIM	Chair Executive Chair	Appointed 30 September 2016 Appointed 2 August 2021 to 8 November 2021
Adjunct Professor Karen Price MBBS, FRACGP	President	Appointed 30 November 2020
Dr Bruce Willett MBBS, FRACGP	Vice President Chair RACGP Queensland	Appointed 30 November 2020 Appointed 27 October 2017
Dr Tess van Duuren MBChB, BSc (Hons) (Sports Med), FRACGP, GAICD	Censor-in-Chief Chair Education and Workforce Committee	Appointed 31 October 2019 Appointed 31 October 2019
Dr Zakaria Baig MBBS, FRACGP, FACRRM	Chair RACGP SA&NT	Appointed 27 October 2017 Retired 17 November 2021
Dr Sean Black-Tiong MBBS, FRACGP, GAICD	Chair RACGP GPs in Training	Appointed 30 November 2020
Dr Daniel Byrne MBBS, FRACGP, GAICD	Chair RACGP SA&NT	Appointed 17 November 2021
Dr Michael Clements BEcon (Hons), MBBS, DAvmed, MPH, MHM, FRACGP, FARGP, FRACMA, FACAsM, GAICD	Chair RACGP Rural	Appointed 14 August 2020
Associate Professor Charlotte Hespe MBBS (Hons), FRACGP, DCH, GCUT, FAICD	Chair RACGP NSW&ACT Chair People, Culture, Nominations and Remuneration Committee	Appointed 27 October 2017 Appointed 25 October 2019
Dr Tim Jackson MBBS, BMedSci, DRACOG, ACCSCMS, GAICD	Chair RACGP Tasmania	Appointed 13 January 2020
Dr Anita Muñoz MBBS (Hons), FRACGP, Grad Cert Clin Teach, MPH, GAICD	Chair RACGP Victoria	Appointed 30 November 2020
Professor Peter O'Mara FRACGP, FARGP, MBBS, GradDipRural	Chair RACGP Aboriginal and Torres Strait Islander Health	Appointed 30 September 2016
Dr Ramya Raman FRACGP, MBBS, Dip Child Health, BSSC (Psych)	Chair RACGP WA	Appointed 17 November 2021
Dr Lara Roeske BMedSc, MBBS (Hons), FRACGP, DipVen, MAICD	Chair RACGP Specific Interest	Appointed 14 November 2018
Dr Sean Stevens MBBS, DRACOG, FRACGP, MBA, GAICD	Chair RACGP WA	Appointed 11 October 2018 Retired 17 November 2021
Mr Martin Walsh FCA, FAICD	Chair Finance, Audit and Risk Management Committee	Appointed 21 September 2015

The Company Secretary during the period 1 July 2021 to the date of this report is as follows:

Company Secretary	Title	Appointed / Retired
Ms Amanda Semertzian BA, GAICD, GIA (cert)	Company Secretary (current)	Appointed 20 July 2022
Ms Coretta Bessi BCom, MBA, GAICD	Company Secretary (former)	Appointed 17 March 2022 to 20 July 2022
Mr David Goldberg LLB (Hons), BA, GAICD	Company Secretary (former)	Appointed 28 September 2020 Retired 11 March 2022

For company director biographies, visit www.racgp.org.au/the-racgp/board/board-members

RACGP member payments and remuneration

The People, Culture, Nominations and Remuneration committee was formed in August 2018. Chaired by Associate Professor Charlotte Hespe, and including Ms Christine Nixon, Adjunct Professor Karen Price, Dr Tess van Duuren, Dr Sean Black-Tiong, Dr Ramya Raman and Mr Paul Lefebvre, the committee has met nine times in 2021–22.

The levels of disclosure and transparency in reporting of remuneration of directors, management and members are in line with the regulatory requirements prescribed by the Australian Charities and Not-for-profits Commission (ACNC).

Directors' fees are determined in accordance with the RACGP Constitution and by member resolution. Directors' fees were within the maximum cap of \$850,000 plus superannuation, approved at and effective from the 64th AGM (held on 17 November 2021) for the 7.5 months to the end of the 2022 financial year.

The President's fees are determined in accordance with the RACGP Constitution and by member resolution. The President's fees were within the maximum aggregate cap of \$240,000 plus superannuation, approved at and effective from the 64th AGM (held on 17 November 2021) to the 2022 AGM.

Related party transactions are declared in accordance with regulatory reporting requirements and accounting standards. The RACGP Board has reviewed the information and recommends this remuneration report to the general meeting of members.

Table 1. RACGP Board remuneration

Remuneration by director	Total remuneration paid and payable for financial year 2021–22 (\$)*	Total remuneration paid and payable for financial year 2020–21 (\$)*
RACGP President	183,776	133,277
RACGP Board	865,597	812,970
Total RACGP**	1,049,373	946,247

*Total remuneration for Board includes salary, superannuation payments and payroll benefits.

**The above table is remuneration paid and payable from 1 July 2021 to 30 June 2022. Directors' fees were within the maximum cap of \$850,000 plus superannuation effective for the period 17 November 2021 to 30 June 2022, and the amount previously approved at the 2020 AGM, which covered until November 2021. The President's fees were within the maximum aggregate cap of \$240,000 plus superannuation effective for the period 17 November 2021 to the date of the 2022 AGM.

Table 2. Other payments to RACGP directors

Remuneration by director	Total other payments for financial year 2021–22 (\$)*	Total other payments for financial year 2020–21 (\$)*
Dr Anita Muñoz	34,182	482
Dr Tess van Duuren	291,993	–
Professor Peter O'Mara	13,285	–
Ms Christine Nixon	48,750	–
Associate Professor Charlotte Hespe	26,717	–
Dr Bruce Willett	56,326	–
Dr Lara Roeske	13,285	–
Dr Tim Jackson	13,285	–
Dr Michael Clements	13,285	–
Dr Sean Black-Tiong	17,515	–
Dr Ramya Raman	5,146	–
Dr Daniel Byrne	5,146	–
Total	538,915	482

*Other payments include professional services, salary and superannuation for services provided during the period they were a director.

In financial year 2021–22, and as outlined in the Notice of the 64th AGM (held on 17 November 2021), other payments to directors included:

- remuneration to each faculty Chair for the exercise of the role of faculty Chair
- executive payments to the Censor-in-Chief, Dr Tess van Duuren, in excess of directors' fees
- payments to the Vice President, Dr Bruce Willett, for performing additional executive responsibilities relating to the design, development and negotiation of the GP training model to be delivered by the RACGP when it assumes responsibility for AGPT in February 2023
- payments to the Chair, Christine Nixon, for performing the additional executive role as Executive Chair in the period between the departure of the former RACGP CEO, Dr Matthew Miles, and the commencement of the new RACGP CEO, Paul Wappett.

Other payments to directors in financial year 2021–22 also included back payments dating back to the 2020 financial year for an updated agreement with Dr Tess van Duuren for the Censor-in-Chief role. These back payments consisted of \$82,321 that related to the 2020 and 2021 financial years.

Table 3. RACGP key management personnel remuneration (excluding directors)

Remuneration by role	Total remuneration paid and payable for financial year 2021–22 (\$)*	Total remuneration paid and payable for prior financial year 2020–21 (\$)*
Chief Executive Officer – Paul Wappett**	389,248	–
Executive Chair– Christine Nixon***	48,750	–
Chief Executive Officer – Dr Matthew Miles****	226,623	361,539
Interim Chief Executive Officer – Nick Williamson	–	43,417
Other key management personnel (2022: n = 15, 2021: n = 14)	3,013,204	2,511,316
Total	3,677,825	2,916,272

*Total remuneration for Chief Executive Officer and other key management personnel includes salary, termination and superannuation payments.

**Paul Wappett commenced as CEO-designate on 11 October 2022 and as CEO from 8 November 2022. Remuneration package includes 20% remuneration at risk. Whether the Executive will be entitled to be paid any payments at risk, and the amount of any such payment, will be determined by the Board at its absolute discretion.

***Christine Nixon acted as Executive Chair from 2 August 2021 to 5 November 2021.

****Dr Matthew Miles left the RACGP on 2 August 2021.

Table 4. RACGP member remuneration

Category of member remuneration	Total remuneration paid for financial year 2021–22 (\$)*	Total remuneration paid for financial year 2020–21 (\$)*
Member professional services payments (2022: n = 1,361, 2021: n = 980) Note 1	3,984,555	4,712,760
Members employed as staff (2022: n = 158, 2021: n = 108) Note 2	3,784,896	3,586,012
RACGP Expert Committee Chair and member payments (2022: n = 70, 2021: n = 71)	149,620	146,995
Total	8,244,342	8,445,767

*Total remuneration includes salary and superannuation payments.

Notes:

1. Member professional services payments, RACGP Expert Committee Chair payments and RACGP Expert Committee member payments are paid as contractor payments.
2. Members employed as staff are paid salaries and wages, and appropriate PAYG tax is remitted to the Australian Taxation Office.

Board meetings

The number of Board meetings (including Board committee meetings) and number of meetings attended by each director in 2021–22 were as follows:

	Board		Finance, Audit and Risk Management		People, Culture, Nomination and Remuneration	
	Number attended	Number held	Number attended	Number held	Number attended	Number held
Adjunct Professor Karen Price	16	17	9	9	7	9
Dr Zakaria Baig	5	9	2	3	–	–
Dr Tess van Duuren	17	17	–	–	8	9
Associate Professor Charlotte Hespe	16	17	–	–	9	9
Dr Tim Jackson	17	17	8	9	–	–
Ms Christine Nixon	17	17	7	9	8	9
Professor Peter O'Mara	14	17	–	–	–	–
Dr Lara Roeske	16	17	3	4	–	–
Dr Sean Stevens	7	9	–	–	–	–
Mr Martin Walsh	16	17	9	9	–	–
Dr Bruce Willett	15	17	–	–	–	–
Dr Michael Clements	15	17	–	–	–	–
Dr Anita Muñoz	16	17	9	9	–	–
Dr Sean Black-Tiong	17	17	–	–	8	9
Dr Daniel Byrne	7	8	–	–	–	–
Dr Ramya Raman	8	8	–	–	4	4

	Awards		COVID-19 Advisory		Education & Workforce	
	Number attended	Number held	Number attended	Number held	Number attended	Number held
Adjunct Professor Karen Price	1	1	–	–	5	8
Dr Tess van Duuren	1	1	–	–	8	8
Ms Christine Nixon	1	1	–	–	4	8
Professor Peter O'Mara	–	–	–	–	2	8
Dr Lara Roeske	–	–	22	24	4	8
Dr Sean Stevens	–	–	9	12	–	–
Dr Sean Black-Tiong	–	–	–	–	2	3
Dr Anita Muñoz	–	–	24	24	5	5
Dr Michael Clements			–	–	4	8
Dr Ramya Raman			13	14	–	–

Federal election

	Number attended	Number held
Adjunct Professor Karen Price	6	6
Ms Christine Nixon	2	6
Dr Bruce Willett	5	6

Note: Not all directors were appointed to Board or the relevant committee for the entire year. The above columns show the number of Board meetings and relevant committee meetings that were held during each director's tenure on Board and those committees.

Auditor independence

A copy of the auditor's independence declaration is set out on the following page.

Corporate information

The RACGP registered office and principal place of business is:

100 Wellington Parade
East Melbourne, Victoria 3002

Corporate structure

The company is incorporated in New South Wales and domiciled in Australia as a company limited by guarantee, with the liability of its members limited to \$20 per member.

Signed in accordance with a resolution of the directors.



Christine Nixon, Chair of Board

20 October 2022
Melbourne

Declaration of auditor independence



Auditor's Independence Declaration to the Directors of Royal Australian College of General Practitioners

In relation to our audit of the financial report of Royal Australian College of General Practitioners for the year ended 30 June 2022, to the best of my knowledge and belief, there have been no contraventions of:

- (a) the auditor independence requirements of the *Corporations Act 2001* or the *Australian Charities and Not-for-Profits Commission Act 2012*; or
- (b) any applicable code of professional conduct.

PKF
Melbourne, 21 October 2022

Kenneth Weldin
Partner

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Independent auditor's report



Independent Auditor's Report to the Directors of Royal Australian College of General Practitioners

Our Opinion

We have audited the accompanying consolidated financial report of Royal Australian College of General Practitioners (the Company), which comprises the statement of financial position as at 30 June 2022 and the statements of profit or loss and other comprehensive income, changes in members' funds, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the directors' declaration.

In our opinion the accompanying financial report is in accordance with the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2022 and of its performance for the year then ended; and
- (b) complying with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-Profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Directors' Responsibilities for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-Profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using a going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our responsibility is to express an opinion on the financial report based on our audit. Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.

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Independent auditor's report (continued)



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the branch activities within the Company to express an opinion on the financial report. We are responsible for the direction, supervision and performance of the audit. We remain solely responsible for our audit opinion.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A stylized, handwritten signature of the PKF firm, consisting of the letters 'PKF' in a cursive, interconnected font.

PKF
Melbourne, 21 October 2022

A handwritten signature of Kenneth Weldin, written in a cursive style.

Kenneth Weldin
Partner

Directors' declaration

Per section 60.15 of the Australian Charities and Not-for-profits Commission Regulation 2013

The directors declare that in the directors' opinion:

- (a) there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable, and
- (b) the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2013.

On behalf of the directors



Christine Nixon

Chair of Board

21 October 2022

Melbourne

Consolidated statement of profit or loss and other comprehensive income

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2022	Notes	2022 (\$)	2021 (\$)
Revenue	2	133,530,411	81,990,886
Other income	2	–	8,228,150
Total revenue and income		133,530,411	90,219,036
Expenses			
Employee benefits and on-costs		68,461,004	48,824,240
GP sessional and sitting payments		5,260,938	4,868,200
Consultancy and professional services		12,193,312	5,427,872
Conferences, meetings, travel and accommodation		2,872,240	2,000,089
Telecommunications and office expenses		1,974,995	1,849,400
Postage and freight		650,161	623,619
Publications, advertising and media		2,648,604	1,978,584
Printing and stationery		610,666	558,197
Subscriptions and periodicals		935,659	882,991
IT-related costs		7,274,889	2,815,317
Grants and donations		288,423	303,523
External grant project administration		12,151,344	9,964,133
Finance costs		940,800	654,653
Depreciation and amortisation	3	4,176,541	3,081,981
Practice subsidy		5,526,943	–
Teaching allowance		3,652,763	–
Salary support		2,129,867	–
Registrar expenses		1,757,654	–
Supervisor expenses		440,564	–
Other expenses		310,108	484,755
Total expenses		134,257,475	84,317,554
(Deficit) / surplus from operating activities		(727,064)	5,901,482
Net investment (expenses)/income	7	(696,724)	857,918
Share of net surplus of associates accounted for using the equity method	9	216,690	222,862
Net gain on business combination	25	3,670,790	–
Total surplus after tax		2,463,692	6,982,262
Other comprehensive income			
Items that will not be reclassified to profit or loss:			
Revaluation increment to land and buildings	15	5,966,875	5,364,326
Other comprehensive income for the year, net of tax		8,430,567	12,346,588
Total comprehensive income for the year		8,430,567	12,346,588

The accompanying notes form part of these financial statements.

Consolidated statement of financial position

The Royal Australian College of General Practitioners Ltd

As at 30 June 2022	Notes	2022 (\$)	2021 (\$)
Current assets			
Cash and cash equivalents	4	103,767,326	93,020,432
Trade and other receivables	5	5,227,767	2,787,196
Financial assets	6	429,791	6,650
Other financial assets	7	5,973,661	6,673,739
Right-of-use asset	17	1,098,220	–
Non-current assets held for sale	8	5,100,000	–
Total current assets		121,596,765	102,488,017
Non-current assets			
Investments	9	973,551	831,861
Property, plant and equipment	10	54,172,429	53,355,382
Intangible assets	11	372,221	1,043,612
Financial assets	6	700,000	700,000
Right-of-use asset	17	4,003,591	1,320,219
Total non-current assets		60,221,792	57,251,074
Total assets		181,818,557	159,739,091
Current liabilities			
Trade and other payables*	12	17,500,277	13,009,715
Contract liabilities	13	74,244,684	77,213,004
Provisions	14	13,600,349	5,885,141
Lease liability	17	1,595,489	465,237
Total current liabilities		106,940,799	96,573,097
Non-current liabilities			
Provisions	14	1,756,918	996,040
Lease liability	17	3,558,852	1,038,533
Total non-current liabilities		5,315,770	2,034,573
Total liabilities		112,256,569	98,607,670
Net assets		69,561,988	61,131,421
Equity			
Reserves	15	47,174,819	41,207,944
Accumulated surplus*	15	22,387,169	19,923,477
Total equity		69,561,988	61,131,421

The accompanying notes form part of these financial statements.

*The 2021 comparative balance has been restated due to a prior year adjustment, as referenced in Note 15.

Consolidated statement of changes in equity

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2022	Notes	Accumulated surplus (\$)	Asset revaluation reserve (\$)	Reserve fund (\$)	Total (\$)
Balance at 1 July 2020		16,265,271	24,464,475	8,379,143	49,108,889
Total surplus for the year		6,982,262	–	–	6,982,262
Transfer		(3,000,000)	–	3,000,000	–
Total other comprehensive income for the year – revaluation increment to land and buildings		–	5,364,326	–	5,364,326
Balance at 30 June 2021	15	19,923,477	29,828,801	11,379,143	61,131,421
Restatement from prior year adjustment*		(324,056)	–	–	(324,056)
Restated balance at 30 June 2021	15	19,923,477	29,828,801	11,379,143	61,131,421
Total surplus for the year		2,463,692	–	–	2,463,692
Total other comprehensive income for the year – revaluation increment to land and buildings		–	5,966,875	–	5,966,875
Balance at 30 June 2022	15	22,387,169	35,795,676	11,379,143	69,561,898

The accompanying notes form part of these financial statements.

*The 2021 comparative balance has been restated due to a prior year adjustment, as referenced in Note 15.

Consolidated statement of cash flows

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2022	Notes	2022 (\$)	2021 (\$)
Cash flows from operating activities			
Receipts from membership activities, publications, government and other grants and JobKeeper (inclusive of GST)		133,047,229	117,031,237
Payments to suppliers and employees (inclusive of GST)		(145,660,576)	(89,971,114)
Net cash (outflow) / inflow from operating activities		(12,613,347)	27,060,123
Cash flows from investing activities			
Cash acquired on business combination		26,399,699	–
Purchase of property and office equipment		(535,898)	(266,371)
Purchase of intangibles assets		(8,127)	–
Interest received		59,191	17,316
Dividends received		75,000	100,000
Purchase of financial assets		(423,141)	(6,650)
Net cash outflow from investing activities		26,418,091	(155,705)
Cash flows from financing activities			
Repayment of lease liabilities including interest		(2,206,483)	(803,148)
Net cash outflow from financing activities		(2,206,483)	(803,148)
Net (decrease) / increase in cash held		(15,652,805)	26,101,270
Cash at beginning of financial year		93,020,432	66,919,162
Cash and cash equivalents at end of financial year	4	103,767,326	93,020,432
The accompanying notes form part of these financial statements.			

Notes to the financial statements

The Royal Australian College of General Practitioners Ltd
For the year ended 30 June 2022

Note 1. Statement of significant accounting policies

The consolidated financial statements ('financial statements') and notes represent those of The Royal Australian College of General Practitioners Ltd (RACGP) and controlled entities ('the group'). The Royal Australian College of General Practitioners Ltd is incorporated and domiciled in Australia.

The financial statements were authorised for issue by the directors on 20 October 2022. The directors have the power to amend and reissue the financial statements.

Statement of compliance

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission Act 2012. The group is a not-for-profit entity for the purpose of preparing the financial statements. The financial statements of the group comply with Australian Accounting Standards – Simplified Disclosures as issued by the Australian Accounting Standards Board (AASB).

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

New or amended standards adopted by the group

Any new or amended accounting standards or interpretations that are not yet mandatory have not been adopted.

The following accounting standards and interpretations are most relevant to the consolidated entity:

AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The consolidated entity has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel, related parties, tax and financial instruments.

Basis of preparation

The financial statements have been prepared on an accruals basis and are based on historical cost, except for the revaluation of certain non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

Items included in the financial statements of each of the group's entities are measured using the currency of the primary economic environment in which the entity operates ('the functional currency'). The financial statements are presented in Australian dollars, which is the group's functional and presentation currency.

The following significant accounting policies have been adopted in the preparation and presentation of the financial statements:

1.1 Basis of consolidation

The financial statements incorporate the assets and liabilities and results of The Royal Australian College of General Practitioners Ltd as at 30 June 2022 and the results of its subsidiary for the year then ended.

Subsidiaries are all entities (including structured entities) over which the group has control. The group controls an entity when the group is exposed to, or has rights

to, variable returns from its involvement with the entity and has the ability to affect those returns through its power to direct the activities of the entity. Subsidiaries are fully consolidated from the date on which control is transferred to the group. They are deconsolidated from the date that control ceases.

Income and expenses of the subsidiary are included in the 'Consolidated statement of profit or loss and other comprehensive income' from the effective date of acquisition and up to the effective date of disposal, as appropriate.

Where necessary, adjustments are made to the financial statements of the subsidiary to bring their accounting policies into line with those used by other members of the group.

All intra-group transactions, balances, income and expenses are eliminated in full on consolidation.

Changes in the group's ownership interests in its subsidiary that do not result in the group losing control are accounted for as equity transactions. The carrying amounts of the group's interests are adjusted to reflect the changes in their relative interests in the subsidiary.

When the group loses control of a subsidiary, the profit or loss on disposal is calculated as the difference between a) the aggregate of the fair value of the consolidation received and the fair value of any retained interest, and b) the previous carrying amount of the assets and liabilities of the subsidiary. When assets of the subsidiary are carried at revalued amounts or fair values, and the related cumulative gain or loss has been recognised in other comprehensive income and accumulated in equity, the amounts previously recognised in other comprehensive income and accumulated in equity are accounted for as if the group had directly disposed of the relevant assets (ie reclassified to the 'Consolidated statement of profit or loss and other comprehensive income', or transferred directly to accumulated surplus as specified by applicable standards).

1.2 Investments in associates

Associates are entities over which the group has significant influence but not control or joint control, generally accompanying a shareholding of between 20% and 50% of the voting rights. Investments in associates are accounted for in the group's financial statement using the equity method of accounting, after initially being recognised at cost.

The group's share of its associates' post-acquisition profits or losses is recognised in the 'Consolidated statement of profit or loss and other comprehensive income'. The cumulative post-acquisition movements are adjusted against the carrying amount of the investment. Dividends receivable from associates reduce the carrying amount of the investment (refer to Note 9).

When the group's share of losses in an associate equals or exceeds its interest in the associate, including any other unsecured long-term receivables, the group does not recognise further losses unless it has incurred obligations or made payments on behalf of the associate.

Unrealised gains on transactions between the group and its associates are eliminated to the extent of the group's interest in the associates. Unrealised losses are also eliminated unless the transaction provides evidence of an impairment of the asset transferred. Accounting policies of associates have been changed where necessary to ensure consistency with the policies adopted by the group.

1.3 Property, plant and equipment

Land and buildings are shown at fair value determined by the group and based on annual reviews effective 30 June of each year, which apply standard property valuation techniques, including reference to an independent valuer. Accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset, and the net amount is restated to the revalued amount of the asset. All other plant and equipment are 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 group and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the 'Consolidated statement of profit or loss and other comprehensive income' during the financial period in which they are incurred.

Any revaluation increases on the revaluation of land and buildings are credited to the asset revaluation reserve, except to the extent that it reverses a revaluation decrease for land and buildings previously recognised as an expense in the 'Consolidated statement of profit or loss and other comprehensive income'. In this case, the increase is credited to the 'Consolidated statement of profit or loss and other comprehensive income' to the extent of the decrease previously charged. A decrease in the carrying amount arising on revaluation of land and buildings is charged as an expense in the 'Consolidated statement of profit or loss and other comprehensive income' to the extent that it exceeds the balance, if any, held in the asset revaluation reserve relating to a previous revaluation of land and buildings.

1.4 Intangible assets

Costs incurred in developing the software, educational curriculum and training material are recognised as an intangible asset when it is probable that the costs incurred to develop the curriculum will generate future economic benefits and can be measured reliably. The expenditure recognised comprises all directly attributable costs, largely consisting of labour and direct costs of material. Other development expenditure that does not meet these criteria are recognised as an expense as incurred. The recognised costs are amortised from the date when the asset becomes available for use.

1.5 Impairment of assets

Assets are reviewed for impairment whenever events or changes in circumstances indicate that a carrying amount may not be recoverable. At a minimum, assets are reviewed for impairment annually. 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 value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash-generating units).

1.6 Depreciation and amortisation

Depreciation (except for land, which is not a depreciable item) is calculated on a straight-line basis so as to write off the net cost or revalued amount of each item of property, plant and equipment over its expected useful life or, in the case of leasehold improvements, the shorter lease term. Depreciation rates used are as follows:

Buildings	2.5%
Computer equipment	33.3% to 40%
Motor vehicles	22.5%
Leasehold improvements	10%
Other plant and equipment	7.5% to 15%
Intangibles	33.3%
Right-of-use assets	50% to 12.5%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period. 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 (Note 1.3). Gains and losses on disposals are determined by comparing proceeds with carrying amount. These are included in the 'Consolidated statement of profit or loss and other comprehensive income'. The

right-of-use assets' useful lives are reviewed and assessed based on the current rental contracts in place, which currently range from two to eight years (Note 1.8).

1.7 Lease liabilities

The RACGP leases various offices. Rental contracts are typically made for fixed periods of up to eight years, but may have extension options, as described below. Lease terms are negotiated on an individual basis and contain a range of terms and conditions. Assets and liabilities arising from a lease are initially measured on a present value basis. Lease liabilities include the net present value of the following lease payments:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payments that are based on an index or a rate, initially measured using the index or rate as at the commencement date
- the exercise price of a purchase option if the consolidated entity is reasonably certain to exercise that option
- payments of penalties for terminating the lease, if the lease term reflects the consolidated entity exercising that option.

Lease payments to be made under reasonably certain extension options are also included in the measurement of the liability. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the lessee's incremental borrowing rate is used, being the rate that the individual lessee would have to pay to borrow the funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions. To determine the incremental borrowing rate, the college uses bank borrowing rates. The college is exposed to potential future increases in variable lease payments based on an index or rate, which are not included in the lease liability until they take effect. When

adjustments to lease payments based on an index or rate take effect, the lease liability is reassessed and adjusted against the right-of-use asset.

Lease payments are allocated between principal and finance cost. The finance cost is charged to profit or loss over the lease period to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Right-of-use assets are measured at cost comprising the following:

- the amount of the initial measurement of lease liability
- any lease payments made on or before the commencement date, less any lease incentives received
- any initial direct costs
- restoration costs.

1.8 Right-of-use assets

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, or any initial direct costs incurred.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the RACGP expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of use assets are subject to impairment or adjusted for any remeasurement of lease liabilities. The useful life of the college's leases ranges from two to eight years.

1.9 Trade receivables

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

1.10 Trade payables

Trade payables represent liabilities for goods and services provided to the group prior to the end of the financial year that are unpaid. The amounts are unsecured and are usually paid within 60 days of recognition.

1.11 Contract liabilities

Contract liabilities represent the group's obligation to transfer goods or services to a customer, and are recognised when a customer pays consideration, or when the group recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the group has transferred the goods or services to the customer. Contract liabilities relate to income received in advance for membership subscriptions and Continuing Professional Development (CPD) Program fees, grants, examinations and other revenue items.

1.12 Employee benefits

The group has recognised and brought to account employee benefits as follows:

(a) Short-term obligations

Liabilities for wages and salaries, including non-monetary benefits and annual leave expected to be wholly settled within 12 months of the reporting date, are recognised in trade and other payables in respect of employees' services up to the reporting date, and are measured at the amounts expected to be paid when the liabilities are settled. The liabilities for annual leave and other short-term employee obligations are recognised in provisions for employee benefits.

(b) Other long-term employee benefit obligations

The liabilities for long service leave and annual leave that are not expected to be wholly settled within 12 months after the end of the period in which employees render the related service are recognised in the provision for employee benefits.

The provision amount is measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method.

Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on notional corporate bonds, with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

The obligations are presented as current liabilities in the statement of financial position if the group does not have an unconditional right to defer settlement for at least 12 months after the reporting date, regardless of when the actual settlement is expected to occur.

1.13 Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, and other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

1.14 Revenue recognition

Revenue is recognised at an amount that reflects the consideration to which the group is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the group identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price, which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling

price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Revenue is recognised on the following bases:

(a) Membership subscriptions

Subscriptions are recorded as revenue over time in the year to which the subscription relates. Subscriptions received in advance are shown in the 'Consolidated statement of financial position' as contract liabilities.

(b) CPD Program and other fees

Fees are recorded as revenue in the year to which the fees relate. Fees received in advance are shown in the 'Consolidated statement of financial position' as contract liabilities.

(c) Revenue from courses and examinations

All revenue and expenditure relating to specific courses/examinations is recognised upon completion of the course/examination.

(d) Specific-purpose grants

Grants are recognised as revenue over time, as and when the group delivers the performance obligations stated within the funding agreements. Grant monies received, but not yet expended – that is, when services have not yet been performed, or performance obligations have not been fulfilled – are shown in the 'Consolidated statement of financial position' as contract liabilities.

(e) Interest income

Interest income is recognised on a time proportion basis using the effective interest method.

(f) Dividends

Dividends are recognised as revenue when the right to receive payment is established.

1.15 Income tax

The parent company is endorsed as an income tax exempt charitable entity under subdivision 50-B of the *Income Tax Assessment Act 1997*. GP Synergy Limited is also endorsed as an income tax exempt charitable entity under subdivision 50-B of the *Income Tax Assessment Act 1997*.

The subsidiary of The Royal Australian College of General Practitioners Ltd, ACN 147560638 Pty Ltd (formerly known as RACGP Oxygen Pty Ltd), is not income tax exempt. Therefore, income tax for the period is the tax payable on the current period's taxable income based upon the applicable income tax rate for each jurisdiction adjusted by changes in deferred tax assets and liabilities attributable to temporary differences and to unused tax losses.

The current income tax charge is calculated on the basis of the tax laws enacted or substantively enacted at the end of the reporting period in Australia. Management periodically evaluates positions taken in tax returns with respect to situations in which applicable tax regulation is subject to interpretation. It establishes provisions where appropriate on the basis of amounts expected to be paid to the tax authorities.

1.16 Goods and services tax

Revenues and expenses from ordinary activities, 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. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or part of the item of the expenses from ordinary activities. Receivables and payables are stated with the amount of GST included. Items in the 'Consolidated statement of cash flows' are inclusive of GST where applicable.

1.17 Critical accounting estimates and judgements

The preparation of financial statements

requires the use of accounting estimates that, by definition, will seldom equal the actual results. Management also needs to exercise judgement in applying the group's accounting policies. The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best-available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the group. These include the following:

(a) Estimation of fair values of land and buildings – Refer to Note 10

Judgement has been exercised in considering the impacts that the current market has had, or may have, on the company on known information. This consideration extends to land and buildings measured at fair value. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions that may affect the company unfavourably as at the reporting date.

(b) Provision for employee benefits

Management uses judgement to determine when employees are likely to take annual leave and long service leave. Employee benefits that are expected to be settled within one year are measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year are measured at the present value of the estimated future cash outflows to be made for those benefits. Accordingly, assessments are made on employee wage increases and the probability the employee may not satisfy the vesting requirements. Likewise, these cash flows are discounted using market yields on corporate bonds with terms to maturity that match the expected timing of the cash outflow.

(c) Incremental borrowing rate

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the group estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

(d) Lease term

The lease term is a significant component in measuring both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create an economic incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date. Factors considered may include the importance of the asset to the group's operations, comparison of terms and conditions to prevailing market rates, incurrence of significant penalties, existence of significant leasehold improvements, and the costs and disruption to replace the asset. The group reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.

1.18 Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly

attributed to a particular category, they have been allocated to activities on a basis consistent with use of the resources.

1.19 Early adoption of standards

The group has not elected to apply any pronouncements before their operative date in the annual reporting period beginning 1 July 2021.

1.20 Parent entity financial information

The financial information for the parent entity, The Royal Australian College of General Practitioners Ltd, disclosed in Note 23, has been prepared on the same basis as the financial statements, with the exception of the policy set out below.

Investments in subsidiaries are accounted for at cost, while investments in associates are equity accounted in the financial statements of The Royal Australian College of General Practitioners Ltd.

1.21 Capital management

The objective of the group is to safeguard its ability to continue as a going concern, so that it can continue to provide benefits to its members.

1.22 Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This assumes that the transaction will take place either in the principal market or, in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interest. For non-financial assets, the fair

value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

1.23 Investments and other financial assets

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. They are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on the purpose of the acquisition, and subsequent reclassification to other categories is restricted. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred, and the consolidated entity has transferred substantially all the risks and rewards of ownership.

(a) Financial assets at fair value through profit or loss

Other financial assets are designated fair value through profit or loss on initial recognition, where they are managed on a fair value basis or to eliminate or significantly reduce an accounting mismatch. Fair value movements are recognised in profit or loss for the financial year.

(b) Impairment of financial assets

The consolidated entity assesses at the end of each reporting period whether there is any objective evidence that a financial asset or group of financial assets is impaired. Objective evidence includes significant financial difficulty of the issuer or obligor, a breach of contract such as default or delinquency in payments, the lender granting to a borrower concessions

due to economic or legal reasons that the lender would not otherwise grant, it becoming probable that the borrower will enter bankruptcy or other financial reorganisation, the disappearance of an active market for the financial asset, or observable data indicating that there is a measurable decrease in estimated future cash flows.

The amount of the impairment allowance for financial assets carried at cost is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the current market rate of return for similar financial assets.

1.24 Prior period error

In accordance with AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors, material prior period errors are retrospectively corrected by restating the comparative amounts for the prior period presented in which the error occurred. Any information presented about prior periods, is restated as far back as practicable. There has been a restatement of the comparatives due to a correction of an error in the 2020 financial year of an understatement in expenses of \$324,056. The comparative change is an increase in the 2021 Trade and Other Payables and a decrease in the 2021 Retained Earnings for this amount. Where necessary, comparatives have been reclassified and realigned for consistency with current year disclosures.

1.25 Business combinations

Business combinations are accounted for by applying the acquisition method which requires an acquiring entity to be identified in all cases. The acquisition date under this method is the date that the acquiring entity obtains control over the acquired entity.

The fair value of identifiable assets and liabilities acquired are recognised in the consolidated financial statements at the acquisition date.

Goodwill or gain on business combination may arise on the acquisition date, this is calculated by comparing the consideration transferred and the amount of non-controlling interest in the acquiree with the fair value of the net identifiable assets acquired. Where consideration is greater than the net assets acquired, the excess is recorded as goodwill. Where the net assets acquired are greater than the consideration, the measurement basis of the net assets are reassessed and then a gain from bargain purchase recognised is recognised in profit and loss.

All acquisition-related costs are recognised as expenses in the periods in which the costs are incurred except for costs to issue debt or equity securities.

Business combinations are initially accounted for on a provisional basis. The acquirer retrospectively adjusts the provisional amounts recognised and also recognises additional assets or liabilities during the measurement period, based on new information obtained about the facts and circumstances that existed at the acquisition-date. The measurement period ends on either the earlier of (i) 12 months from the date of the acquisition or (ii) when the acquirer receives all the information possible to determine fair value.

1.26 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use and a sale is considered highly probable. They are measured at the lower of their carrying amount and fair value less costs to sell.

Assets classified as held for sale are not amortised or depreciated.

Non-current assets classified as held for sale and any associated liabilities are presented separately in the statement of financial position as current assets.

Note 2. Revenue from ordinary activities

	2022 (\$)	2021 (\$)
Revenue from operating activities		
Membership subscriptions and CPD Program fees	35,726,641	35,445,957
Education, course registration and other fees	28,767,965	22,250,508
Research and other grants and donations	62,029,158	19,356,478
Publications and subscriptions	76,307	80,850
Sponsorship, advertising and conference income	4,403,740	3,584,040
Other operating income	1,622,414	417,513
	132,626,225	81,135,346
Other revenue from ordinary activities		
Interest	59,191	17,316
Rent	844,995	838,224
Total revenue	133,530,411	81,990,886
Other income – JobKeeper wage subsidy	–	8,228,150
Revenue from contracts with customers by timing of revenue recognition under AASB 15		
Revenue recognised over time	102,250,388	58,276,730
Revenue recognised at a point in time	30,375,837	22,858,616
Total revenue from operating activities	132,626,225	81,135,346

Note 3. Expenses

	2022 (\$)	2021 (\$)
Surplus from operating activities includes the following specific expenses		
Depreciation and amortisation		
Property, plant & equipment	1,437,915	929,736
Intangible assets	679,518	1,695,997
Right-of-use assets	2,059,108	456,248
	4,176,541	3,081,981
Rental expense relating to low value leases	115,079	63,303
Finance costs – interest on lease liabilities	143,387	56,683

Note 4. Cash and cash equivalents

	2022 (\$)	2021 (\$)
Cash at bank and on hand	43,666,846	4,203,090
Deposits on call and term deposits	60,100,480	88,817,342
	103,767,326	93,020,432

Grant funds held for disbursement: \$29,176,005 (2021: \$39,684,201).

Reserve funds held: 2021: \$11,379,143. Refer to Note 15 regarding the requirements to use these funds.

Special purpose funds held for disbursement: \$1,800,783 (2021: \$2,105,300).

GP Synergy funds: \$26,918,929.

At 30 June, cash balances are traditionally higher as a result of receipts for the upcoming financial year membership renewals and examinations, which are collected in advance of the services being provided.

Note 5. Trade and other receivables

	2022 (\$)	2021 (\$)
Current assets		
Trade receivables*	1,220,765	1,223,016
Prepayments	3,349,989	1,385,168
Other receivables	657,013	179,012
	5,227,767	2,787,196

*Trade receivables are amounts due from customers for goods sold or services performed in the ordinary course of business. If collection of the amounts is expected in one year or less, they are classified as current assets. If not, they are presented as non-current assets. Trade receivables are generally due for settlement within 30 days, and therefore, are all classified as current. The carrying amounts of amounts receivable approximate net fair values, as determined by reference to the expected future net cash flows and due to their short-term nature.

Other receivables generally arise from transactions outside the usual operating activities of the group.

Note 6. Financial assets

	2022 (\$)	2021 (\$)
Current assets		
Term deposits	429,791	6,650
Non-current assets		
Term deposits*	700,000	700,000

*During the 2015–16 financial year, the RACGP received a bequest of \$700,000 from the Lynn Harvey Joseph estate. The Trust deed stipulates that the RACGP is to hold the \$700,000 for 50 years for defined purposes. Upon expiry of 50 years, the funds will become available to be applied as the RACGP determines appropriate.

Note 7. Other financial assets

	2022 (\$)	2021 (\$)
Cash and cash management accounts	686,762	1,124,300
Fixed-interest securities	1,800,354	1,688,377
Equity investments	3,486,546	3,861,062
	5,973,661	6,673,739
Other financial assets are investment funds separately managed by Escala Partners Ltd and are held at fair value through profit or loss.		
Net investment income		
Net investment income is presented as net of investment management fees in the 'Consolidated statement of profit or loss and other comprehensive income'.		
Trust distributions	142,727	83,632
Dividend income	26,131	33,734
Investment management fees	(33,547)	(30,524)
Foreign tax expense	(584)	(705)
Net realised gain/(loss) on investment	(277,702)	76,606
Net unrealised gain/(loss) on investment	(553,749)	695,175
	(696,724)	857,918

Note 8. Non-current assets held for sale

	2022 (\$)	2021 (\$)
Building	5,100,000	–
The vacant office situated at 12-14 Mount St, North Sydney NSW is currently for sale.		

Note 9. Investments accounted for using the equity method

	2022 (\$)	2021 (\$)
Share in associates	973,551	831,861
Share in associates		
i. The group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust). The Unit Trust's principal activity is the production and sale of the <i>Australian Medicines Handbook</i>. The Unit Trust has a 30 June reporting period. The group's share of the results of its associate's assets and liabilities are as follows:		
Group's share of:		
Assets	1,592,448	1,465,864
Liabilities	602,063	634,004
Revenue	1,477,705	1,827,138
Surplus after tax	216,690	222,862
ii. The movement in equity-accounted associates investments is as follows:		
Balance at the beginning of the financial year	831,861	708,999
Share of associate's surplus from ordinary activities after income tax	216,690	222,862
Less dividends received	(75,000)	(100,000)
	973,551	831,861
iii. There are no contingent liabilities/assets of the associate		

Note 10. Non-current assets – property and office equipment

	2022 (\$)	2021 (\$)
Freehold land and buildings		
Land and building – valuation	53,150,000	53,100,000
	53,150,000	53,100,000
Assets under construction at cost	328,665	127,663
	328,665	127,663
Computer equipment at cost	4,518,799	4,131,128
Less accumulated depreciation	(4,332,563)	(4,030,834)
	186,236	100,294
Motor vehicles at cost	314,234	–
Less accumulated depreciation	(314,234)	–
	–	–
Leasehold improvements at cost	5,141,948	–
Less accumulated depreciation	(4,663,737)	–
	478,211	–
Other plant and equipment at cost	372,621	121,986
Less accumulated depreciation	(343,304)	(94,561)
	29,317	27,425
Total written-down value	54,172,429	53,355,382
Reconciliations		
Freehold land and buildings		
Opening balance	53,100,000	48,425,000
Additions	–	39,752
Revaluation increment*	5,966,875	5,364,326
Reclassified to non-current asset held for sale**	(5,100,000)	–
Depreciation expense	(816,875)	(729,078)
Closing balance	53,150,000	53,100,000
Assets under construction		
Opening balances	127,663	126,528
Additions	328,665	210,176
Reclassified	(127,663)	–
Written-off	–	(209,041)
Closing balance	328,665	127,663
Computer equipment		
Opening balance	100,294	275,233
Acquired on business combination	2,548	–
Additions	207,233	16,443
Reclassified	127,663	–
Depreciation expense	(251,502)	(191,382)
Closing balance	186,236	100,294

Note 10. Non-current assets – property and office equipment (continued)	2022 (\$)	2021 (\$)
Motor vehicles		
Opening balance	–	–
Acquired on business combination	17,177	–
Depreciation expense	(17,177)	–
Closing balance	–	–
Leasehold improvements		
Opening balance	–	–
Acquired on business combination	812,647	–
Depreciation expense	(334,436)	–
Closing balance	478,211	–
Other plant and equipment		
Opening balance	27,425	36,701
Acquired on business combination	19,817	–
Depreciation expense	(17,925)	(9,276)
Closing balance	29,317	27,425
Total closing balances	54,172,429	53,355,382

The valuation basis of land and buildings is fair value, being the amounts for which the assets could be exchanged between market participants in an orderly manner, based on current prices in an active market for similar properties in the same locations and conditions.

*Freehold land and buildings were revalued to the amounts shown above as of 30 June 2022. The valuations recorded a net increase of \$5,966,875 through the asset revaluation reserve in relation to the increase in property values as of 30 June 2022. Independent valuations of the group's land and buildings were performed by the independent valuers Savills Pty Ltd (valuer) in their respective states to determine the market value of the properties for 30 June 2022.

The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington Parade, East Melbourne. This mortgage secures a total credit facility of \$8,138,176 (2021: \$8,138,176) as of 30 June 2022. This is made up of an overdraft of \$7,500,000 (2021: \$7,500,000), and other credit limits in relation to the RACGP's merchant facilities and corporate cards of \$638,176 (2021: \$638,176).

**The premises situated at 12-14 Mount St, North Sydney has been classified as an asset held for sale as its carrying amount is likely to be recovered principally through a sale transaction rather than through its continuing use. The RACGP is currently planning to sell the property.

Note 11. Intangible assets

	2022 (\$)	2021 (\$)
Opening balance	1,043,612	2,739,609
Additions	8,127	–
Amortisation expense	(679,518)	(1,695,997)
Closing balance	372,221	1,043,612

Note 12. Trade and other payables

	2022 (\$)	2021 (\$)
Trade creditors	4,704,906	2,485,366
Other creditors and accruals*	12,795,371	10,524,349
Total	17,500,277	13,009,715

Net fair values: Trade payables are unsecured and are usually paid within 30 days of recognition. The carrying amounts of amounts payable approximate net fair values, as determined by reference to the expected future net cash flows and due to their short-term nature.

*Other creditors and accruals includes grant pass through funding on hand, which the college is acting as an agent in accordance with AASB 15 *Revenue from Contracts with Customers*. The 2021 comparative balance has been restated due to a prior year adjustment, as referenced in Note 15.

Note 13. Contract liabilities

	2022 (\$)	2021 (\$)
Income in advance		
Membership subscriptions and CPD Program fees	30,106,275	29,424,964
Grants	36,376,249	36,675,864
Examinations	3,790,028	8,430,309
Other	3,972,132	2,681,867
Total	74,244,684	77,213,004

Note 14. Provisions

	2022 (\$)	2021 (\$)
Employee benefits – annual leave	6,491,128	3,949,890
Employee benefits – long service leave	3,584,169	1,710,251
Employee benefits – retention bonus***	1,908,238	–
Provision for make good*	994,170	–
Provision for future depreciation	397,644	–
Other provisions**	225,000	225,000
Total current provisions	13,600,349	5,885,141
Employee benefits – long service leave	1,756,918	996,040
Total non-current provisions	1,756,918	996,040
Total	15,357,267	6,881,181

*The provision for make-good recognises the estimated cost of the works required at the end of the GP Synergy leaseholds.

**Other provisions relate to expected costs for property remedial works in the next 12 months. The costs have been estimated to be in the vicinity of \$225,000, but actual costs may differ to this.

***Employee retention bonus offered to GP Synergy staff approved by the Board during the month of August 2021.

Note 15. Reserves and accumulated surplus

	2022 (\$)	2021 (\$)
Asset revaluation reserve*		
Balance at beginning of year	29,828,801	24,464,475
Revaluation of land and buildings	5,966,875	5,364,326
Balance at end of year	35,795,676	29,828,801
Accumulated surplus		
Movements in accumulated surplus		
Balance at beginning of year	19,923,477	16,265,271
Restatement from prior year adjustment**	–	(324,056)
Current year surplus	2,463,692	6,982,262
Transfer to reserve fund	–	(3,000,000)
Balance at end of year	22,387,169	19,923,477
Reserve fund		
Movements in reserve fund***		
Balance at beginning of year	11,379,143	8,379,143
Transfer from accumulated surplus	–	3,000,000
Balance at end of year	11,379,143	11,379,143

*The asset revaluation reserve is used to record increments and decrements in the value of those land and buildings measured at fair value.

**There has been a restatement of the comparatives due to a correction of an error in the 2020 financial year of an understatement in expenses of \$324,056. The comparative change is an increase in the 2021 Trade and Other Payables and a decrease in the 2021 Retained Earnings for this amount. Where necessary, comparatives have been reclassified and realigned for consistency with current year disclosures.

***The Reserve Fund is intended to provide financial flexibility to respond to emergencies, reducing impact during times of financial stress by establishing an internal source of funds for situations, such as a sudden increase in expenses, once-off, unanticipated loss in funding, or uninsured losses. It may also be used for once-off, non-recurring expenses that will build long-term capacity and forms part of the RACGP's general business continuity arrangements. It is not intended to replace a permanent loss of funds, or eliminate an ongoing budget gap, however, ensures sufficient working capital for a safety net when cash flows are unreliable or at risk without having to rely on lines of credit or external sources during shortfalls. It is the intention of the RACGP for the Reserve Fund to be used and replenished within a reasonably short period of time. For further details, refer to the policy on the RACGP website.

Note 16. Key management personnel compensation

	2022 (\$)	2021 (\$)
Key management personnel include those persons having authority and responsibility for planning, directing and controlling the activities of the group, directly or indirectly, including any director (whether executive or otherwise).		
Key management personnel	5,266,113	3,862,744
The above compensation includes salary, termination, superannuation payments, professional services and other benefits during the year.		

Note 17. Leases

	2022 (\$)	2021 (\$)
Right-of-use assets		
Buildings as at 1 July	1,320,219	1,776,467
Acquired on business combination	2,335,706	–
Additions	3,504,994	–
Less depreciation	(2,059,108)	(456,248)
Total	5,101,811	1,320,219
Lease liabilities		
Current	1,595,489	465,237
Non-current	3,558,852	1,038,533
Total	5,154,341	1,503,770
The total cash outflow for leases in 2022 was \$1,381,119 (2021: \$494,832). Depreciation of \$2,704,204 was recognised in 2022 (2021: \$456,248).		
Undiscounted Future Lease Payments		
Undiscounted future lease payments are due as follows:		
Within one year	1,721,499	510,793
One to five years	3,426,772	1,090,427
More than five years	388,975	–
	5,537,246	1,601,220

Note 18. Remuneration of auditors

	2022 (\$)	2021 (\$)
During the financial year the following fees were paid or payable for services provided by RSM Australia Partners and PKF, the auditors of RACGP. A change of auditors occurred during the 2022 financial year when PKF took over audit services from RSM Australia Partners. Remuneration of the GP Synergy auditors, National Audits Group Pty Ltd, is also included below.		
Audit services		
Audit of the consolidated financial statements – RSM	–	66,000
Audit of the consolidated financial statements – PKF	105,000	–
Audit of the subsidiary financial statements – National Audit Group Pty Ltd	29,000	–
Audit of grant financial acquittals – RSM	12,800	25,000
Audit of grant financial acquittals – PKF	15,000	–
Other services		
Tax Advice – RSM	–	18,950
Tax Advice – PKF	20,000	–
Other Services – RSM	18,420	37,913
Other Services – National Audits Group Pty Ltd	2,500	–
	202,720	147,863

Note 19. Commitments and contingencies

	2022 (\$)	2021 (\$)
The RACGP has given bank guarantees for security on lease properties of \$549,284 as at 30 June 2022 (2021: \$84,513).		
Capital commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Leasehold improvements	394,582	–
The RACGP has contracted fit out works to new leased premises.		

Note 20. Related party transactions

a) Equity interests in related parties

- Details of interest in associates are disclosed in Note 9 to the financial statements.
- Details of interest in subsidiaries are disclosed in Note 24 to the financial statements.

b) Key management personnel compensation

Disclosures relating to key management personnel compensation are set out in Note 16.

c) Key management personnel loans

There are no loans to or from key management personnel.

d) Transactions with key management personnel

The key management personnel have transactions with the group that occur within a normal supplier–customer relationship on terms and conditions no more favourable than those with which it is reasonable to expect the group would have adopted if dealing with the key management personnel at arm's length in similar circumstances. These transactions include the collection of membership dues and subscriptions and the provision of group services.

Note 21. Financial instruments

a) Liquidity risk

Liquidity risk refers to the risk that the group will encounter difficulty in meeting obligations concerning its financial liabilities. The group has the following financing arrangements. The group also has financial liabilities to its trade and other creditors and amounts invoiced in advance for services to be rendered, such as the group's membership subscriptions and grant arrangements. The group does not expect to settle the amounts invoiced in advance by cash payment; rather, these liabilities will be satisfied with the provision of the services. Liquidity risk is therefore insignificant as the group's cash reserves significantly exceed the remaining financial liabilities that it expects to settle by cash payment.

b) Financing arrangements

The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington Parade, East Melbourne. This mortgage secures a total credit facility of \$8,138,176 (2021: \$8,138,176) as at 30 June 2022. This is made up of an overdraft of \$7,500,000 (2021: \$7,500,000), which is undrawn throughout the year, and other credit limits in relation to the RACGP's merchant facilities and corporate cards of \$638,176 (2021: \$638,176).

The group had arranged the following undrawn borrowing facilities at the end of the reporting period.

Facilities:	2022 (\$)	2021 (\$)
Overdraft	7,500,000	7,500,000
Total undrawn facilities	7,500,000	7,500,000

Note 22. Events after the reporting period

The RACGP signed a contract with the Commonwealth of Australia represented by Department of Health on 26 August 2022 to deliver General Practice fellowship education and training in Australia from 1 February 2023 through to the end of the 2025 training year. This means the training that is currently run by the Regional Training Organisations will be run by the RACGP from February 2023. The agreement includes grant funding from the Commonwealth to the RACGP of \$364,370,001 (ex GST).

No other matters or circumstances have arisen since the end of the financial year that have significantly affected or may affect the operations of the RACGP, the results of the operations or the state of affairs of the RACGP in the future financial years.

Note 23. Parent entity information

	2022 (\$)	2021 (\$)
The accounting policies of the parent entity, which have been applied in determining the financial information shown below, are the same as those applied in the financial statements. Refer to Note 1 for a summary of the significant accounting policies relating to the group.		
Financial position		
Assets		
Current assets	92,693,270	102,488,017
Non-current assets	59,735,128	57,261,074
Total assets	152,428,398	159,749,091
Liabilities		
Current liabilities	82,026,080	96,259,074
Non-current liabilities	4,958,097	2,034,574
Total liabilities	86,984,177	98,293,648
Net assets	65,444,218	61,455,443
Equity		
Reserves	47,174,819	41,207,944
Accumulated surplus	18,269,399	20,247,499
Total equity	65,444,218	61,455,443
Financial performance		
Total (deficit) / surplus	(1,654,078)	7,141,079
Other comprehensive income for the year	5,966,875	5,364,326
Total comprehensive income for the year	4,312,797	12,505,405

Note 24. Subsidiaries

The financial statements incorporate the assets, liabilities and results of ACN 147560638 Pty Ltd, formerly known as RACGP Oxygen Pty Ltd, in accordance with the accounting policy described in Note 1.1. ACN 147560638 Pty Ltd, formerly known as RACGP Oxygen Pty Ltd, was liquidated on 4 October 2021, and formally deregistered by ASIC on 8 January 2022.

Name of entity	Country of incorporation	Class of shares	Equity holding	
			2022	2021
ACN 147560638 (formerly known as RACGP Oxygen Pty Ltd)	Australia	Ordinary	0%	100%
GP Synergy Limited	Australia	Sole member	100%	0%

Note 25. Business combination

On 20 January 2022, the RACGP became the sole member of GP Synergy Limited, and as a result gained effective control of 100% of GP Synergy Limited as at this date. The acquisition has been accounted as a Business Combination under AASB 3. GP Synergy Limited promotes and delivers general practice education and training, and ancillary programs. As GP Synergy's sole member, the RACGP will be best placed to administer the delivery of the Australian General Practice Training (AGPT) Program as profession-led community-based model from February 2023. The provisional fair values of the identifiable net assets acquired at the acquisition date are detailed below.

	Fair value (\$)
Net assets acquired:	
Cash and cash equivalents	26,399,699
Trade and other receivables	2,982,615
Other non-current assets	3,187,895
Trade and other payables	(3,538,606)
Income in advance	(15,865,277)
Provisions	(8,082,827)
Other liabilities	(1,412,708)
Total net identifiable assets acquired	3,670,790
Acquisition-date fair value of the total consideration transferred	–
Identifiable assets acquired and liabilities assumed	3,670,790
Net gain on business combination	3,670,790

Note 26. Statutory information

The Royal Australian College of General Practitioners Ltd registered office and principal place of business are:

100 Wellington Parade
East Melbourne VIC 3002



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2021–22 financial year



68,196

calls answered



40,173

emails responded to

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Other

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Journalists and media outlets seeking comment and information on political issues from the RACGP should contact our media team

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