



Annual report 2019–20

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RACGP

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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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New challenges, new opportunities: A year at the RACGP

The *Annual report 2019–20* reflects the paradigm-shifting year we've had in general practice. GPs were on the frontline in a series of crises – bushfires, flooding, COVID-19 – that tested Australia's healthcare system.

These challenges gave us the opportunity to advocate for positive change in members' daily lives.

We worked to ensure adequate medical supplies reached fire-affected regions and connected GPs with mental health support. We fast-tracked our processes and pressed for emergency provider numbers so recently Felloved GPs could provide locum services – and much-needed relief – in these ravaged areas.

The COVID-19 pandemic confirmed general practice as a crucial healthcare pillar. GPs provided world-class care in difficult conditions, while managing to keep themselves and their staff relatively safe and healthy. Low infection rates were helped by the increase in

telehealth consultations – a direct result of RACGP advocacy and our 'Expert advice matters' campaign.

We also faced considerable internal change, with CEO Dr Zena Burgess leaving the college in October 2019. And as the 2020 Board elections approached, we prepared to welcome a new President, while farewelling the serving president, **Dr Harry Nespolon**, sooner than expected.

Establishing the RACGP GPs in Training faculty helped amplify the voice of future GPs. The crises of 2019–20 required all hands on deck, so taking the first steps to better support our GPs in training has been vital.

This report sums up an extraordinary year for the RACGP and in the lives of our GPs. We faced challenges and embraced opportunities to forge a better way forward for our organisation, our members and the Australian community.



RACGP

Royal Australian College of General Practitioners

In memory of Dr Harry Nespolon

1963–2020

RACGP President Dr Harry Nespolon passed away on 26 July 2020, aged 57 years, following a battle with pancreatic cancer. Even as his health was deteriorating, he showed extraordinary leadership during the COVID-19 pandemic, advocating on behalf of the profession to ensure that GPs can deliver the best possible care to patients.



From the moment he was elected RACGP President in July 2018, Dr Nespolon worked tirelessly on behalf of Australia's GPs and the general practice profession.

He was fundamental in the RACGP's efforts to secure \$500 million for GPs to fight COVID-19, expanding telehealth for all patients, and raising awareness of the vital role GPs play in every Australian community.

Dr Nespolon was a passionate advocate for general practice. His focus never wavered from his mission to improve support for GPs and healthcare for every patient across Australia. Nor did he shy from speaking to media and politicians about the mandatory reporting of medical professionals and voluntary assisted dying.

Similarly, he advocated to end the Medicare rebate freeze and spoke up on behalf of marginalised patient groups such as refugees and LGBTIQ people.

Before his time as RACGP President, Dr Nespolon enjoyed a long and varied career. After graduating with a Bachelor of Medicine and Surgery from Flinders University in South Australia in 1985, he went on to obtain his Diploma of Obstetrics from the Royal Australian College of Obstetricians and Gynaecologists.

He became a Fellow of the RACGP in 1992, and opened his first practice in 2003. After becoming a Fellow, Dr Nespolon was briefly part of the RACGP's SA&NT and NSW&ACT councils, and was involved in all aspects of the

college's examination process – examiner, quality assurance assessor, question reviewer and standard setter.

Dr Nespolon also represented the RACGP on various committees and working groups, including the Medicines Australia Code of Conduct Committee.

But his ambitions were not limited to medicine. While still practising as a GP, Dr Nespolon completed a Master of Business Administration (MBA), a Bachelor of Economics and Bachelor of Laws (Honours), and a Master of Health Law.

With such a long list of meaningful and lasting achievements, few would disagree that Dr Nespolon left the RACGP – and the general practice profession – in a better position than before he became President.

To continue his great work, the RACGP has set up an [In memoriam](#) page in his name. Donations made via this page will help establish a grant, scholarship or similar for the advancement of general practice in the areas about which Dr Nespolon was most passionate. We hope his vision for general practice will live on through these contributions.

Associate Professor Ayman Shenouda, RACGP Vice-President and Chair of RACGP Rural, assumed the role of Acting President after Dr Nespolon's passing.

This annual report is dedicated to Dr Nespolon and his family, to acknowledge his achievements during his time as President.

Vale, Dr Harry Nespolon.



1. Dr Nespolon after the GP18 academic ceremony. 2. Dr Nespolon with RACGP employee Alexius Mackay at GP19. 3. Dr Nespolon with The College of Physicians and Surgeons Pakistan Director General of International Relations Professor Dr Shoaib Shafi signing a Memorandum of Understanding with the RACGP on exchange of academic programs and training of general practitioners in Pakistan. 4. At the 2019 Health of the Nation launch. From left: Shadow Minister for Health, Hon Chris Bowen MP, Dr Nespolon, Member for Gilmore, NSW, Fiona Phillips MP, RACGP GPs in Training Chair, Dr Krystyna de Lange. 5. With Minister for Health Hon Greg Hunt MP at GP18. 6. Congratulating 2019 RACGP Rose-Hunt Award recipient Dr Evan Ackermann.



About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we've set the standards for general practice, supported the backbone of Australia's health system, and advocated 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. We're a point of connection for GPs serving communities in every corner of the country.

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, obesity management, 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.

Highlights of the financial year

August

A new triennium

We transform the [RACGP Continuing Professional Development \(CPD\) Program](#) to ensure that the new triennium has a simpler process, with a stronger education focus and a seamless experience.

September

General Practice: Health of the Nation 2019

- > Our annual [Health of the Nation](#) report reveals fascinating, alarming and insightful information about the state of general practice in Australia, including why mandatory reporting for GPs needs to be scrapped.

October

GP19

- > Our flagship [conference](#) is held in Adelaide, with an exciting new format and a focus on topics that affect GPs in their clinical settings.

Change of RACGP CEO

- > Longstanding Chief Executive Officer, Dr Zena Burgess PhD, resigns after almost 12 years at the helm. Chief Operating Officer, Nick Williamson, takes on the role of Acting CEO.

A vision for the future

- > Our revised [Vision for general practice and a sustainable healthcare system](#) provides a model of care that aims to address many of Australia's longstanding healthcare challenges.

November

Improving Aboriginal and Torres Strait Islander health outcomes

- > The RACGP re-signs its Memorandum of Understanding with the National Aboriginal Community Controlled Health Organisation (NACCHO), strengthening our great partnership.

December

Unprecedented scale of summer bushfires

- > With bushfires raging in parts of Australia, the RACGP springs into action to support its members, especially those working in fire-affected areas.

January

Revising CPD

- > RACGP seeks GP views on the Medical Board of Australia's (MBA's) proposal to shake up the CPD system, replacing the current points-based triennium system with a new target of 50 hours per year.

February

COVID-19 arrives on our shores

- > Not long after the catastrophic bushfires ravage communities, [COVID-19](#) starts to spread across the country. Taking lessons from the bushfires, we act swiftly to advocate for greater support for general practice, while providing timely information to GPs.

March

Uptake of telehealth consultations during COVID-19

- > More than 99% of general practices adopt telehealth options, enabling GPs to continue providing essential care while minimising the spread of the virus.

April

Reminding patients to turn to their GP during the pandemic

- > We launch the '[Expert advice matters](#)' campaign, reminding patients to take care of their health and wellbeing, and that safe consultations with their GP are available via telephone, video or in person.

Breakthrough move for GPs to send electronic prescriptions

- > Thanks to our advocacy efforts, the Australian Government's Department of Health announces new interim arrangements on electronic prescriptions to support telehealth consultations – patients can get a prescription from their GP directly sent to their pharmacy of choice via email or phone, and their medication can be delivered to their door.

May

Transitioning events to becoming fully digital

- > The pandemic forces us to cancel or postpone most face-to-face events in our 2020 program. Our events and CPD teams adapt quickly and develop an impressive program of digital activities delivered both live and on demand.

RACGP's strong anti-tobacco advocacy work recognised

- > We receive a 2020 World No Tobacco Day award for our valuable work that includes the release of new [smoking cessation guidelines](#).

June

Helping victims of family and domestic violence

With the pandemic resulting in an increase in family and domestic abuse and violence, the federal government announces \$300,000 in funding for us to update the RACGP's [Abuse and violence: Working with our patients in general practice \(White Book\)](#) to help the nation's GPs better recognise and respond to family and domestic violence.



Leadership

The college is made up of state and national faculties that provide the RACGP National Board with local and specialised perspectives that reflect the diversity of GPs around Australia. The chair of each faculty has a seat on the Board, along with the Chair, President, Censor-in-Chief and co-opted members.

The Board works with the CEO and executive leadership team to ensure effective governance and to set the organisation strategy.

Message from the President

No one could have predicted the seismic challenges confronting the Australian community and general practice over the last 12 months.

There have also been major changes within the RACGP.

Over the last 12 months, our long-standing Chief Executive Officer left and by the time you read this a new CEO will have been appointed. This enables us to rejuvenate the culture of the RACGP so that it aligns with the significant opportunities and challenges that will emerge in coming years.

I would like to take this opportunity to sincerely thank our Acting CEO Nick Williamson for his hard work during a time when we have had to navigate change within the college as well as once-in-a-lifetime health crises. The commitment of the entire RACGP staff also cannot be faulted. All our employees have worked extremely hard to ensure that as GPs we have the best support possible to continue providing world-class care to our patients.

The summer's record-breaking bushfires and the COVID-19 pandemic have forced GPs and general practice staff to rapidly adapt in order to remain viable and provide the highest possible standard of care. While a great deal of our energy and attention has understandably been directed towards the pandemic and bushfires, the college has continued throughout the year to prepare for the return of our training programs and to improve our Continuing Professional Development (CPD) Program, among other achievements.

The bushfires and pandemic have highlighted just how resourceful and innovative GPs are when our patients need us most. It is a source of immense pride to lead an organisation that represents more than 43,000 members during this hour when we have stood tall and responded admirably at every turn.

Our strong and consistent advocacy has allowed us to draw attention to the unheralded work of general practice. This includes widely publicised submissions on inquiries examining the bushfires, government handling of the pandemic, aged care, treatment of people in the disability sector and mental health.

Dr Harry Nespolon

President, RACGP

MBBS, DipRACOG, FRACGP, BEc,
LLB (Hons), GCLP, FACLM,
MBA, FAICD, MHL





Dr Nespolon doing an interview for The Project at the RACGP National Office.

The RACGP's calls for action have been heeded by government again and again. Reform on digital prescribing is being enacted and we saw the expansion of Medicare-subsidised telehealth consultations announced earlier this year. The college's advocacy has also resulted in more support for healthcare professionals experiencing mental health concerns during the pandemic.

Our '[Expert advice matters](#)' campaign reminded all patients to take care of their health and wellbeing during the pandemic. We have also issued salient warnings about misinformation circulating on social media platforms concerning COVID-19 and vaccinations.

Our [General Practice: Health of the Nation](#) report was well received and provided us with an opportunity to look at the health of patients as well as the GPs who care for them. Our [Vision for general practice and a sustainable healthcare system](#) provides a vital road map for improving our nation's health system.

The RACGP continues to produce many resources to assist members in addressing clinical and non-clinical issues. We are there to help GPs care for older patients, including those in aged care facilities, people with alcohol and other drug

problems and those experiencing family and domestic violence or seeking National Disability Insurance Scheme (NDIS) assistance.

We took giant strides in encouraging greater action on tobacco control. Our [smoking cessation guidelines](#) and warnings on 'heat not burn' products received international recognition from the World Health Organization.

As Australia's largest representative body of rural and remote GPs, we worked closely with the National Rural Health Commissioner on the development of the National Rural Generalist Pathway.

This year we also established the RACGP GPs in Training faculty and responded rapidly to the changing education and training needs of GPs during the pandemic.

The RACGP has been developing the Reconciliation Action Plan to work towards achieving equity in health outcomes for Aboriginal and Torres Strait Islander peoples.

It's been a demanding and successful 12 months for our organisation. I hope that when we reflect on the arduous journey we are taking that we look back on this period as a source of inspiration and pride.

Our patients will not easily forget that when they were at their most anxious, forced to socially isolate from loved ones or find new employment, their GP was there for them every step of the way. We will continue to do so, because it is what we do.

It has been an honour to serve as President over the last two years.

I would like to acknowledge the support of members; your advice and encouragement has been incredibly valuable. I would also like to particularly commend the Communications and Policy teams that have supported me as President; they have done an extraordinary amount of high-quality work to keep the RACGP at the forefront of media coverage and achieve tremendous success in our advocacy efforts. The challenging work undertaken by the RACGP Board this year also must be acknowledged as we prepare for major change within the college and in the general practice environment.

The last two years have delivered many positive reforms; however, this is just the beginning of an era of real change for the RACGP and general practice, and as members we need to embrace and manage these changes.

I am leaving this post at an uncertain time when we cannot be sure what path this pandemic will take. However, what I'm sure of is that the RACGP will fight for our members and that our GPs will continue to provide world-class care to our patients.

To the entire RACGP team, GPs and general practice staff including nurses, receptionists and administrative employees – thank you and keep up the great work.

The President's message was written by Dr Harry Nespolon prior to his passing on 26 July 2020.



Dr Nespolon at the RACGP pop-up shop at GP19 helping to sell socks.

Message from the Chair

Christine Nixon, APM

RACGP Board Chair

BA, MPA, Hon LLD, Hon LittD, DipLRellLaw, FIPAA, FANZSOG, FAIPM, FAIM



No one could have predicted the changes and challenges the Australian community has faced over the past year. A deadly bushfire season, the COVID-19 pandemic and major legislative reform all combined to create an incredibly turbulent year for GPs, the RACGP and the wider healthcare system. The RACGP ushered in a new era, undertaking a rigorous selection process for our new CEO that subsequently saw the appointment of Dr Matthew Miles, but we saw the end of another era with the loss of our President Dr Harry Nespolon. Harry worked tirelessly to establish a respectful and productive relationship with the federal government, counter misinformation during the pandemic and advance the interests of the RACGP and our members, despite his own health struggles.

Our members have adapted to the challenges of 2019–20 admirably. General practices across the country have proven agile in responding to constantly changing conditions and guidelines, scaling up their operations to deal with the most virulent pandemic of our lifetime, hot on the heels of dealing with the human toll of the bushfires. In the face of added trials such as shortages of personal protective equipment and the rapid expansion of telehealth, Australia's GPs have continued to provide high-quality care to their communities.

As an organisation, the RACGP has had to contend with many significant changes to the way we work. RACGP staff quickly transitioned to working from home to continue providing

members with the support they need during this trying time, as well as remaining a connected and cohesive team. Our Education Services team encountered significant upheaval as face-to-face examinations quickly became unfeasible. All Fellowship exams were pivoted to online delivery, and plans to replace the practical assessment were accelerated to 2021. On top of this, the team continues its great work in bringing GP training back to the RACGP and streamlining the continuing professional development process.

The RACGP, like many organisations, has not been immune to the financial consequences of the pandemic. The cancellation of conferences, exams and professional development sessions has meant we're now operating within tighter budgetary constraints while aiming to maintain a high level of member service and support. Throughout all this turmoil, the RACGP has continued to advocate on behalf of members, making hundreds of submissions to governments, committees, oversight bodies and inquiries on health policy.

I've been proud to witness our organisation evolve and respond to the many challenges of the past year. I'd like to thank my predecessor as Board Chair, Associate Professor Charlotte Hespe, for her continued support, and also my Board colleagues, Acting CEO Nick Williamson and the senior leadership and employees of the RACGP, who have worked in very difficult circumstances to continue their commitment to our members and to the health of the Australian community.

Message from the Acting Censor-in-Chief

Dr Tess van Duuren

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



My goal is to ensure that Fellowship of the RACGP is a qualification that engenders respect and confidence, and that the journey to Fellowship emphasises the knowledge, skills and qualities required of specialist GPs across Australia. I can only do this by working in close collaboration with the RACGP Board, employees, the various committees and councils, as well as our external stakeholders.

This has been a huge year for education and training at the RACGP, with many reviews and changes expedited by the COVID-19 pandemic. This public health crisis has touched just about every aspect of GP training and education – some quite drastically.

The RACGP has been engaged in an ongoing review of our assessment processes to ensure they remain contemporary and relevant – and now, safe. The COVID-19 pandemic has necessarily advanced our plans, compelling us to innovate in many areas.

Examinations

We've made the decision to cease the Objective Structured Clinical Examination (OSCE) and in 2021 move to the Clinical Competency Exam (CCE), a new clinical examination that aligns more closely with current assessment methodologies. This change has been in our plans for some time and is based on extensive candidate, examiner and key stakeholder feedback, as well as internal evaluation. The CCE will focus on the clinical competencies clearly articulated in the RACGP 2016 Curriculum for Australian General Practice (the

Curriculum) and will resolve some of the capacity issues around delivering this very large event.

For the 2020 period, we've developed the Remote Clinical Exam (RCE), a virtual exam that allows candidates to demonstrate competency and obtain their Fellowship while remaining safe and socially distanced. Though we've had to be agile and institute this change quickly, the RCE will be a high-quality exam that meets the same standards as the OSCE. The RCE will also pave the way to the new CCE in 2021.

I'd like to extend my thanks to the assessment teams, past Assessment Panel Chairs, the censors and all examiners – we couldn't have achieved all of this without their support and collaboration.

Practice Experience Program, Australian General Practice Training Program and training organisations

Another important educational change for 2019–20 is the streamlining of enrolment, eligibility and practice-suitability processes for the [Practice Experience Program \(PEP\)](#), including the online PEP Entry Assessment. The outcomes of our PEP Evaluation Project will inform future development, including potential research opportunities. We've established a number of teams to support participants – the PEP Risk Monitoring team, the Pathways Assistance team and the PEP Assistance Team

– and implemented processes to provide additional assistance. We're also developing additional PEP-specific resources, including podcasts and orientation materials.

We've worked extensively with the RACGP GPs in Training faculty to support those GPs in training not enrolled in the Australian General Practice Training (AGPT) Program, particularly during the pandemic. As of March 2020, the RACGP is responsible for administering AGPT policies, and reviewing and providing input into the AGPT policy suite, creating closer working relationships with the training organisations. New AGPT Registrar Policy Application processes and guidelines are currently in development.

Ongoing learning and the RACGP Curriculum

Lifelong learning for GPs remains a strong focus of the RACGP, so we've been busy publishing new guides on a dedicated new area of the RACGP website to keep GPs informed and up to date. A new policy framework has also been published, making policy and Fellowship pathways clearer and more accessible. And we're continuing with our ongoing streamlining and improvement of all education policies.

The big year in education continued with the ongoing stakeholder consultation on the planned revision of the 2016 Curriculum and development of an education framework. We also took into account the needs of rural communities for a review and upgrade of the Fellowship in Advanced Rural General Practice (FARGP) curriculum in order to better equip our future rural GPs.

The COVID-19 pandemic has prompted us make changes in how we deliver key education and training programs. The [Alcohol and Other Drugs \(AOD\) GP Education Program](#) has pivoted from face-to-face training to digital delivery, and we've developed online modules for the More Doctors for Rural Australia Program and PEP specialist programs. Social-distancing restrictions necessitated a rapid review of training programs to develop flexible options while maintaining high standards.

Overseas relationships

We've also broadened our focus [beyond our borders](#), with conjoint agreements with Hong Kong and Malaysia. Building on already strong relationships, we've made sure to reach out to these partners during the pandemic and pivot to new modes of communication. The 2019 riots in Hong Kong meant the RACGP was not able to perform quality assurance of the OSCE in person, instead developing a remote model within days. We also continue to review and oversee both the Academy of Family Physicians of Malaysia and the Hong Kong College of Family Physicians exams, and have held virtual meetings with the Malaysian faculty to provide support and advice on exam delivery during COVID-19.

Education councils and committees

The RACGP has begun a comprehensive review of all education committees to consider how they function and contribute to GP education, and to more broadly consider education governance within the college. The Council of Censors continues to oversee the quality of the RACGP Fellowship programs on behalf of the Board. Censors provide an important liaison function within the faculties for members in general and for all GPs in training.

Looking forward

Though we acknowledge the past year has been challenging, it has created exciting new opportunities for the RACGP to innovate and be more inclusive. Holding exams online creates increased flexibility and eases the burden on rural and regional candidates by eliminating the commute to metropolitan centres. Though this was an unanticipated change, it has encouraged us to work with exam vendors to consider more efficient options for the future.

We look forward to increased opportunities for collaboration with universities and training organisations, and to the ongoing improvement of RACGP assessments, including the move towards progressive assessment during training.

Our Board

Members of the 62nd RACGP Board

The RACGP is organised into state and national faculties, with the chair of each faculty a member of the RACGP National Board. The Board consists of 12 RACGP members who may co-opt up to five additional individuals (who need not be members).



Ms Christine Nixon, APM

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



Dr Harry Nespolon

MBBS, DipRACOG, FRACGP, BEc, LLB (Hons), GCLP, FACLM, MBA, FAICD, MHL
President



Associate Professor Ayman Shenouda

MBBCH, FRACGP, FARGP, DipDerm (UK), GAICD
Vice-President; Chair, RACGP Rural



Dr Tess van Duuren

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



Dr Krystyna de Lange

BPharm, MBBS, DRANZCOG, DCH, FRACGP, GAICD
Chair, RACGP GPs in Training



Associate Professor Charlotte Hespe

MBBS (Hons), FRACGP, DCH (Lon), GCUT, FAICD
Chair, RACGP NSW&ACT



Dr Cameron Loy

MBBS, BMedSc (Hons), FRACGP, FARGP, DCH, DRANZCOG, GAICD
Chair, RACGP Victoria



Professor Peter O'Mara

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



Dr Lara Roeske

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



Dr Sean Stevens

MBBS, DRACOG, FRACGP, MBA, GAICD
Chair, RACGP WA



Dr Timothy Jackson

MBBS, BMedSci, DRANCOG, Advanced Clinical Cert Skin Cancer and Surgery, GAICD
Chair, RACGP Tasmania



Dr Bruce Willett

MBBS, FRACGP
Chair, RACGP Queensland



Dr Zakaria Baig

MBBS, FRACGP, FACRRM
Chair, RACGP SA&NT



Mr Martin Walsh

FCA, FGIA, GAICD
Chair, Finance, Audit and Risk Management Committee; Chair, Oxygen Pty Ltd; co-opted Board member

Message from the Acting Chief Executive Officer

Nick Williamson

Acting Chief Executive Officer

BSc(Hons), JD, MComLaw



This was a year of incredible challenge and change at the RACGP. Much like the impact in other sectors, 2020 has demanded each of us rise to the challenge of forced disruption, and evolve the way we work, communicate, connect and care for each other. It's a year that has brought into focus the ways the RACGP can better support GPs and general practice and, in turn, support the Australian community.

RACGP leadership and advocacy

The summer bushfires

As the COVID-19 pandemic shows no signs of abating at the close of the financial year, it's easy to forget the RACGP's efforts to support our members and their patients impacted by the deadly bushfires of summer 2019–20.

The RACGP's content and resources, and general bushfire information for GPs, provided the most up-to-date material to support our affected members. Our strong and consistent advocacy, from councillors, members and the RACGP team, saw the federal government do more to prioritise support for GPs. Those able and willing to work in practices in bushfire-affected communities were fast-tracked to do so, bringing much-needed respite and support to already stretched local GPs. Additional funding was made available for bushfire mental health support, and there was an expansion of telehealth and telephone items.

A small number of RACGP employees directly impacted by the bushfires were given access to resources, leave options and support services through this difficult time.

In mobilising support, information and advocacy efforts during the bushfires, we learned as an organisation that the agility required to respond to and support GPs during a disaster would require a change to the way the RACGP organises its efforts internally. There was barely a moment to consider the necessary changes before the arrival and spread in Australia of the novel coronavirus (COVID-19).

The global COVID-19 pandemic

COVID-19 dominated the final quarter of the 2019–20 financial year. On the whole, I've been proud of our response to the pandemic and inspired by the energy, resilience and dedication of our members and employees alike. I know the increasing agility of our organisation in response to, first, the bushfires, and subsequently the pandemic, will be continued into the future. With the support of a cross-college working group involving employees, Board members and GPs with specific disaster preparedness expertise, time and again we've collectively pivoted to support our members with what they need at the frontline.

Most of our face-to-face events are now online so members can continue to access education and professional development activities. We're investigating how to deliver our final Fellowship examination remotely, and our regular RACGP COVID-19 bulletins and dedicated website updates quickly became a respected source of essential

resources and the most up-to-date information from health authorities across the country.

Most importantly, we've continued to lobby the federal government to help secure personal protective equipment (PPE) supply for GPs and new Medicare rebates for telephone and video consultations. RACGP advocacy directly contributed to two significant releases of surgical masks from the national medical stockpile in March and April, telehealth items being introduced, and consequently more patients being able to safely seek expert advice from their GP when they need it.

COVID-19 has had a serious impact on Australian business across all sectors of the economy, and the RACGP has been no exception. Our organisation has historically been financially strong, and this helped support us through the unanticipated economic impact of COVID-19.

We experienced a drop in revenue this year due to the postponement or cancellation of many events, including our 2020.1 Objective Structured Clinical Examination (OSCE). A period of particularly cautious financial management followed, with a reduction in discretionary expenditure, as well as embracing new digital opportunities as our entire workforce moved to remote working. By far and away the biggest support has been qualifying for the federal government's JobKeeper payments. The income support payments have seen us through to 30 June 2020 with a small and unexpected surplus. It's fair to say, without JobKeeper we would have been in a much more dire financial position.

Although the economic burden of COVID-19 is not over for our community or our organisation, we're doing all we can to minimise its long-term impact on members and employees.

Making CPD stronger, simpler and seamless for our members

The ongoing changes in the regulatory environment around [continuing professional development \(CPD\)](#) for GPs has made us consider even more carefully what we can do to support our members in their career-long



RACGP appoints new Chief Executive Officer

Following a national recruitment process undertaken in the 2019–20 financial year, Dr Matthew Miles was appointed as the new RACGP CEO.

Dr Miles comes to the RACGP following a seven-year stint as CEO of MS Research Australia, where under his leadership it became the first ever charity to win the New South Wales Telstra Business of the Year in 2017. That same year the organisation also won Telstra Australia Charity of the Year Award, and four years running it won the Australian Business Awards' Outstanding Achievement Award.

Dr Miles, a veterinarian by training, joins the RACGP from 3 August 2020 at a time when there are major challenges and opportunities ahead for both the college and general practice.

learning. To ensure we have a competitive framework that eases the administrative burden on GPs, we have redesigned RACGP CPD to be strong, simple and seamless. In response to feedback from members, this year we introduced an intuitive new CPD platform with a strong focus on education. The platform makes it simple for members to access and report their CPD activities, whether logging professional development activities or uploading supporting documents and photographs.

As the regulatory changes bring GP CPD reporting in line with all other medical specialties in Australia, it's an opportunity for us to improve our offerings and provide enhanced value for membership. This year we really have proven we do far more than just report on CPD compliance for our members.

Culture at the RACGP

We continue to rejuvenate the [RACGP's culture](#) to ensure we are all valued, enabled and productive. With many changes and challenges ahead, a united and supported team is necessary. June's World Café was a wonderful opportunity for RACGP employees and Board members to share experiences and ideas to move our organisation forward. I'm tremendously proud of our improvements around culture and communication, and I look forward to supporting the RACGP's incoming CEO, Dr Matthew Miles, to build on the gains we've made.

Thank you

It has been my absolute pleasure and privilege to act in the role of RACGP CEO over the past nine months. I'm grateful for the guidance, advice and support received from the RACGP Board, members, Executive Leadership Team and employees throughout this time. I've also learned a lot about the nuanced operations of the RACGP, the spirit of our members, the limitations and opportunities of political engagement and achieving the balance between delivering more member value and resource allocation.

I also want to sincerely thank all of our members who have volunteered their time this year to help shape the RACGP and Australian general practice. The estimated tally of GP volunteer hours would be almost 8000 throughout this year. Some of this work was done through faculty councils; media appearances; writing columns for *newsGP*; reading and reviewing resources; responding to surveys; providing expertise to events, papers and working groups; and engaging in processes such as our member value proposition.

Collectively we make a real difference to practices, patients and communities across the country, and this would not be possible without the generosity and expertise of members.

There will be many more challenges ahead, but this is an exciting time for the RACGP and Australian general practice.

Operations

To deliver the best possible value for our members, the RACGP's day-to-day operations are organised into a small number of divisions that deliver services to support members.

Positions as of 30 June 2020



Nick Williamson

Acting Chief Executive Officer,
appointed October 2019

*Previously Dr Zena Burgess
PhD, Chief Executive Officer,
until October 2019*



Simon Richardson

Acting Chief Operating Officer,
appointed November 2019

*Previously Nick Williamson,
Chief Operating Officer, until
October 2019*



Ruth Feltoe

General Counsel and
Company Secretary



Karli Middlewood

General Manager,
Finance



Paul Moloney

General Manager,
Human Resources



Roald Versteeg

General Manager,
Policy, Practice & Innovation



Dr Genevieve Yates

General Manager,
Education Services,
appointed January 2020

*Previously Dr Mark Rowe,
General Manager, Education
Services, until January 2020*



Christine Cook

General Manager,
Fellowship Pathways,
appointed May 2020

*Previously Stephen Lambert,
General Manager, Fellowship
Pathways, until May 2020*



Your RACGP during COVID-19

How the RACGP supported members, stayed ahead of the game and advocated for change in Australian healthcare to support general practice and patients during a very testing year.

Turning challenge into opportunity

Few would disagree that the past year has been one of the most challenging in living memory. And it was particularly demanding of the general practice profession. While bushfires still raged in parts of Australia, the COVID-19 virus arrived on our shores and swiftly escalated to pandemic status.

The RACGP quickly recognised the need for general practice to have a seat at the table during all key state, territory and federal government conversations about COVID-19. We have long advocated for GPs to be significantly involved in planning for and responding to health crises, including natural disasters and pandemics. We moved to further strengthen our relationships with federal Minister for Health, Greg Hunt, and the federal Department of Health to ensure GPs across Australia had a strong voice. To quote our late President Dr Harry Nespolon:

We believe the role of GPs as frontline health providers must be formally recognised in pandemic preparation, mitigation, response and recovery. GPs know their communities and

will be there for patients during and after this pandemic, so we should be front and centre.

Despite the speed at which the pandemic developed, the RACGP has been able to move fast enough to effect positive changes in our healthcare system and make a significant difference to the welfare of the Australian community – and to the wellbeing, professional development and financial stability of Australia's GPs.

Part of our success in responding to COVID-19 was our ability to work with governments at all levels to implement the kind of comprehensive, generational changes we have long been advocating for. Our years of work advocating on issues such as continuity of care, electronic prescriptions and universal access to telehealth consultations came to fruition thanks to the tireless efforts of hardworking multidisciplinary teams. In addition, our consistent and ongoing advocacy on behalf of health practitioners led to at least two significant releases of personal protective equipment (PPE) such as masks, gowns and gloves from the national stockpile, which were distributed via Primary Health Networks (PHNs).

Throughout the pandemic, the RACGP aimed to be a unified, authoritative voice for general practice by cutting through conflicting information to communicate accurate, timely updates to GPs and the general public. We called upon the wide range of expertise within the RACGP to develop strategies to support GPs on the front line of the pandemic, and our response teams implemented these strategies, developed resources for GPs and the community, and directly supported GPs via email and phone. Our strong media presence positioned the RACGP as the voice for GP 'boots on the ground' during this extraordinary health crisis.

In the following sections, we'll delve further into how the RACGP turned the challenges of this trying time into opportunities to advance the general practice profession, including how our expert committees, state, territory and national faculties, and staff provided specialised support to members when they needed it most.





Advocating for our members and the Australian community

The RACGP acted quickly at the beginning of the pandemic to advocate for greater support for general practice from all levels of government.

Expanded patient access to telehealth through new MBS items

The RACGP has a long history of robust and effective advocacy for Medicare-funded video and phone consultations. In March, this advocacy culminated in the temporary expansion of Medicare Benefits Schedule (MBS) items covering telehealth consultations for all Australians. These changes allowed all patients to safely consult with their GP on new and ongoing health issues without risking exposure to COVID-19 through a face-to-face consultation.

Further advocacy led to coverage amendments that meant patients could only access these services under the MBS through their regular GP

or practice, putting the brakes on the proliferation of low-value, 'pop-up' telehealth services during the pandemic. A patient's regular GP provides continuous, comprehensive and coordinated care by understanding that patient's unique needs. Services that offer clinical advice from doctors unfamiliar with the patients compromise the high-quality model of care Australia's GPs strive to deliver every day, with every patient. The RACGP has leveraged its significant media presence during the pandemic to urge all Australians to avoid new telehealth models and businesses, and to instead consult with their usual GP to ensure continuity of care and efficient use of health resources.

We continued to push for the new MBS items to remain beyond September 2020,* retaining the model that supports connection between a patient and their regular GP.

*The federal government announced that the Medicare subsidies would be extended to 31 March 2021, after they were due to expire on 30 September 2020. This falls outside the reporting time frame of the annual report.

Pushed for increased supplies of PPE for GPs

From the beginning of the pandemic, the RACGP worked diligently to address shortages of PPE available to GPs and their teams. It was one of the key focus areas of our [submission to the inquiry by the Senate Select Committee on COVID-19](#). We advocated strongly for the release of PPE from the national stockpile, and although multiple tranches of PPE were distributed to general practices via PHNs, we continued to advocate for more to be made available.

Gave GPs a voice on government committees and working groups

In our [submission to the inquiry by the Senate Select Committee on COVID-19](#) into the federal government's response to the COVID-19 pandemic, the RACGP warned more was needed from government to assist hardworking GPs. The submission included recommendations on issues including:

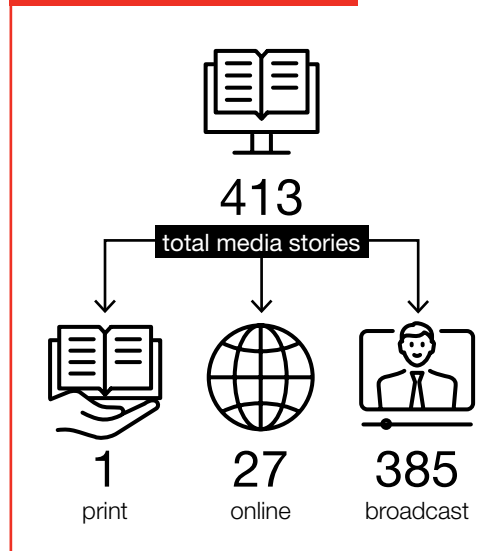
- PPE availability
- MBS telehealth items
- improved messaging and neutralising of misinformation
- pathology rental agreements
- Aboriginal and Torres Strait Islander health
- racism in healthcare.

We also provided expert GP representation in working groups and contributed to the Primary Care COVID-19 Preparedness Forum and the Aged Care COVID-19 Preparedness Forum.

Reassured the community that GPs are the best source of health information

Our '[Expert advice matters](#)' campaign encouraged patients to continue consulting with their regular

'Expert advice matters': Launch day media coverage



For more information on the results of the 'Expert advice matters' campaign, refer to [page 74](#).

GP on all health concerns during the pandemic, either via telehealth or safely in person. The campaign reached one in four adults across television and social media. It reminded people that their best source for reliable, accurate and personalised health information is their regular GP, and that ongoing health issues should not be neglected during the pandemic. The campaign was a winner in the 2020 Prime Awards in the category Creativity in Communication – Consumer.*

Helped ensure sufficient supply of influenza vaccine to GPs and encouraged all eligible patients to get vaccinated

Well ahead of the traditional flu season, in March 2020, the RACGP strongly advised all eligible patients to receive the influenza vaccine as soon as it became available. Knowing the flu season would likely coincide with the peak of the pandemic, we sought to reduce stress on a

*Announced in September 2020, which is outside the reporting time frame of this annual report.

health system that could potentially become overwhelmed with COVID-19 patients. As a result of this action, 8.8 million flu shots were dispensed from March to mid-July – around two million more than last year. Combined with the effects of social distancing and more vigilant hand hygiene, this meant cases of regular flu dropped from **18,692 in April 2019 to just 308 in April 2020**.

We called on the federal Department of Health to prioritise distribution of the influenza vaccine to general practices ahead of other healthcare providers, such as pharmacies, knowing that practices would be flooded with requests. We raised with the department these consistent distribution issues and advised on prioritisation of more vulnerable patient groups, as well as the need to be clearer that the flu vaccine was only free for over-65s when administered by a GP. We aim to follow a similar path if and when a COVID-19 vaccine becomes available.

Greatly increased our media presence to counter misinformation and keep GPs informed

Despite his own health issues, Dr Harry Nespolon worked tenaciously to give GPs a compelling voice in the medical and mainstream media. In regular national television appearances, Dr Nespolon called for GPs to be front and centre in managing the pandemic and debunked misinformation and outright fabrications concerning supposed COVID-19 remedies.

Our *newsGP* team also worked diligently to keep GPs informed of the latest COVID-19 news, producing hundreds of articles that cut through often conflicting information from authorities and racked up record numbers of page views.

RACGP in the media

- Featured in more than **8870** radio, television, print and online media stories during the pandemic

- Reached a potential audience of more than **15 million** Australians



newsGP

newsGP COVID-19 coverage



Total articles
206



Total page views –
more than
1.8 million

Directly supporting our members

As well as advocating for GPs at all levels of government, the RACGP focused on providing timely, concrete support to our members during an incredibly stressful time. GPs not only had to deal with the clinical issues of treating patients during a pandemic, but they also faced financial distress, their own mental health issues, continuing professional development (CPD) requirements, and an onslaught of ever-changing and often conflicting information from authorities.

Developed telehealth and other COVID-19 resources

The increase in telehealth consultations during COVID-19 caught some GPs unprepared, if just

from a technology standpoint. More than 99% of general practices have now adopted telehealth options, enabling GPs to continue providing essential care while minimising the spread of the virus. However, not all general practices were appropriately set up to consult virtually, so the RACGP developed **online resources** dedicated to helping practices and GPs prepare for and deliver effective telehealth consultations.

Many of our publications had extremely short turnarounds to address urgent, and often changing, issues related to helping GPs manage COVID-19. These included fact sheets on COVID-19 infection control, electronic prescribing, diabetes management during the pandemic, and dealing with family violence; guides for both patients and GPs to



*Telephone consultations
with patients requiring
an interpreter*
Information and support for GPs



This document provides guidance and support for general practitioners (GPs) providing telehealth consultations with patients who require an interpreter.

As GPs have rapidly made the shift to telehealth to ensure ongoing care during the COVID-19 pandemic, it is important that the same continuous, high-quality care is provided to patients from non-English-speaking backgrounds.


The Royal Australian College of General Practitioners (RACGP) has developed a suite of resources to support GPs and practices with continued care provision during the COVID-19 pandemic, including guidance for telephone and video consultations. We recommend that you read relevant resources from this suite in conjunction with this resource.

People from culturally and linguistically diverse (CALD) backgrounds have multiple barriers when accessing healthcare, including language barriers, health literacy issues and difficulty navigating the healthcare system. In some cases, these difficulties will be exacerbated with the increasing use of telehealth in general practice and the broader healthcare system.


Equitable access to primary healthcare services via telehealth for the CALD community is vital to ensuring vulnerable people do not miss out on essential care.

racgp.org.au

Healthy Profession.
Healthy Australia.



*Video consultations
with patients suspected
of having COVID-19*



This document outlines the steps for conducting a video consultation with a patient who may have COVID-19.

We recommend using video consultations over phone consultations for patients who may have COVID-19. If a phone consultation is the only option, you can still use this document (noting the lack of visual cues and opportunities for visual examination).

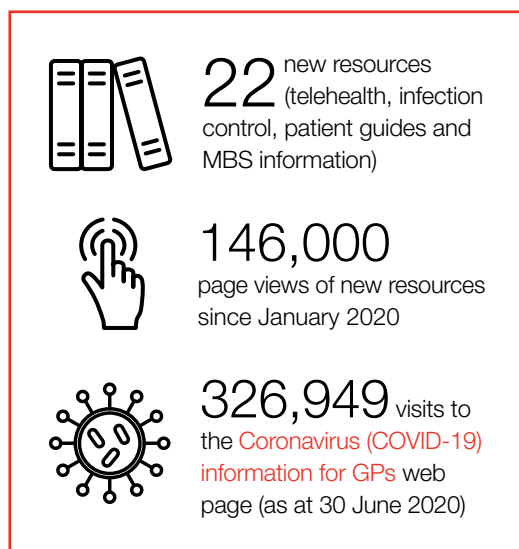
You can find general advice and steps for setting up your practice for, and conducting, phone and video telehealth consultations on the RACGP website. We recommend that you read this resource first.

These steps are a guide only. Practices can alter and amend their systems and processes for conducting telehealth consultations to suit their usual operations.

racgp.org.au

Healthy Profession.
Healthy Australia.

telephone and video consultations, and for GPs managing face-to-face COVID-19 cases; a risk stratification tool; and a frequently updated coronavirus poster for display at general practices.



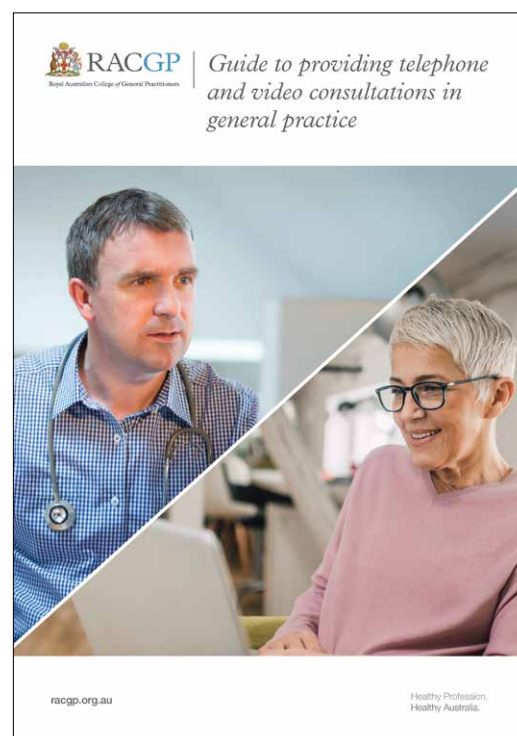
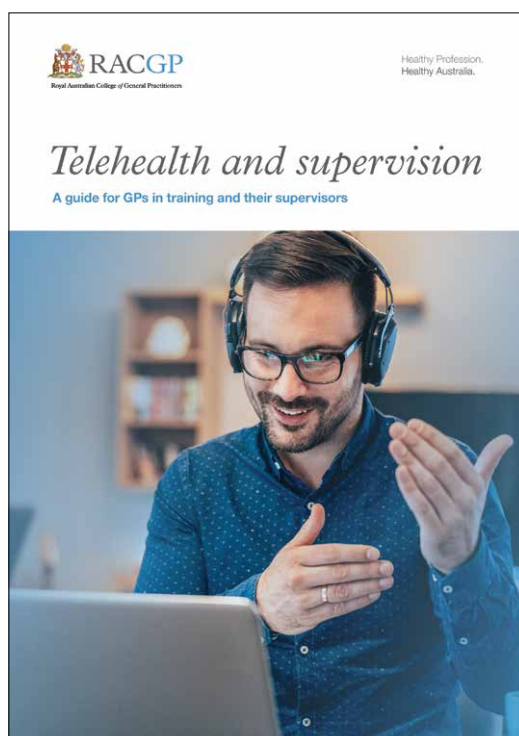
Looked out for the mental and physical wellbeing of our GPs

The pandemic crisis was a good time to remind members that their RACGP membership comes with access to a [GP support program](#). This free, confidential psychological support service helps members through issues such as work pressures, anxiety and depression, alcohol and drug dependency, and grief and loss.

We also took every opportunity to direct members to [DRS4DRS](#), a confidential service that promotes the health and wellbeing of doctors and medical students.

Launched a daily COVID-19 update bulletin for GPs

On 12 March 2020, we began distributing a daily email bulletin to cut through the noise and deliver COVID-19-related updates relevant to GPs. All RACGP state, territory and national faculties



contributed content that assisted GPs in not just treating the virus, but also keeping abreast of Medicare changes, staying in line with the latest clinical recommendations, and handling the financial and people-management sides of their practices.

As the pandemic eased in most parts of the country, the bulletin decreased to three days and then just once a week. However, in response to increasing case rates in Victoria and New South Wales in the middle of the year, we increased frequency in those states to three days a week.

RACGP COVID-19 bulletin statistics compared with industry benchmarks

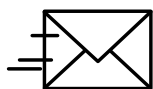
| | Open rate | Click rate |
|--------------------------|-----------|------------|
| RACGP bulletin | 41.0% | 9.0% |
| Healthcare services | 24.3% | 2.8% |
| Non-profit | 27.1% | 4.0% |
| Average (all industries) | 18.7% | 2.8% |

Source: Campaign Monitor

Supported continuing professional development

In response to COVID-19, the RACGP Continuing Professional Development (CPD) Program worked with education providers to quickly convert CPD activities into online formats, providing easy access to CPD and time-critical education related to COVID-19. The RACGP Board also agreed to allocate 25 CPD points to all members who require CPD compliance in recognition of the research and reading they've had to complete to deliver COVID-19-related care.

RACGP COVID-19 bulletin (as at 30 June 2020)



Average distribution –
43,185 GPs



Average open rate –
41%
(peaked at 57%)

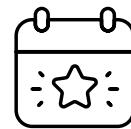


Average click rate –
9%
(peaked at 24%)

Changing how we work to navigate COVID-19 and support members

Closed our offices and switched to working from home

In March 2020, the RACGP Board and Executive Leadership Team made the decision to close all RACGP office locations and asked staff to work from home. This rapid and profound change placed a variety of pressures on staff to balance work and home life, stay connected with colleagues, and continue to provide members with high-quality service. But despite the difficult transition, our commitment to supporting our GPs and delivering strong leadership during the pandemic has not waived.



The RACGP held a total of **621** events in 2019–20.

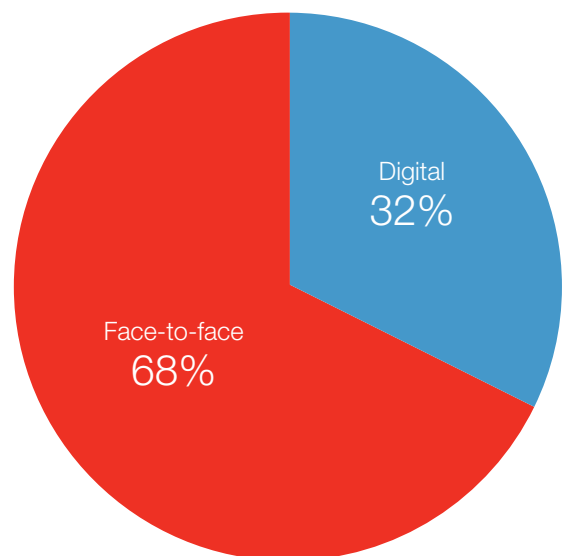
Before the COVID-19 pandemic necessitated a very nimble switch to digital events, we hosted 422 face-to-face events.

Transitioned our events program to become fully digital

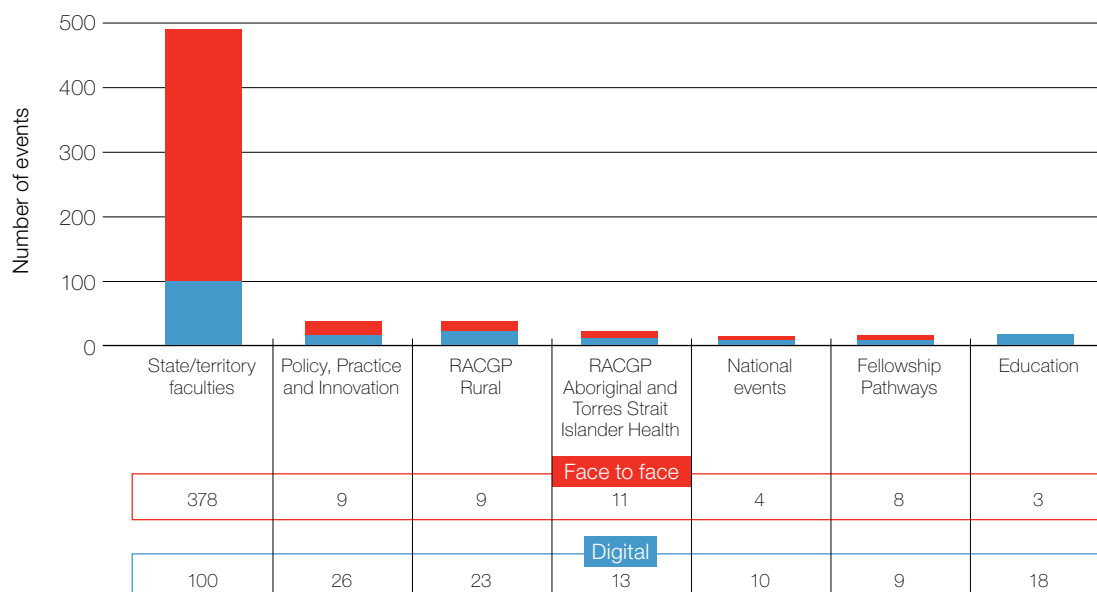
The pandemic forced us to cancel or postpone most of the face-to-face events in our 2020 program. To continue to support members, we had to find ways to balance the need to socially distance and stay safe with the need for GPs to continue to learn, connect with peers and keep abreast of key legislative changes. The RACGP events and CPD teams adapted quickly and developed an impressive program of digital activities delivered both live and on demand.

The **RACGP Events** web page was updated so members could easily find the topics and events they were interested in. Whenever possible, events were free for RACGP members and CPD Program participants to acknowledge their continued support of and commitment to the RACGP. We'll continue to develop our digital event and CPD activity offerings so members can keep learning and connecting during the COVID-19 restrictions.

Proportion of digital and face-to-face events



Breakdown of digital and face-to-face events



Changed the Fellowship examinations

The COVID-19 pandemic presented a significant challenge to the RACGP's Fellowship examinations. The exams have traditionally been run face-to-face, with thousands of candidates, examiners and support staff gathering in numerous locations across the country at the same time. In early 2020, the RACGP made the difficult decision to postpone the 2020.1 Objective Structured Clinical Examination (OSCE) and 2020.2 Applied Knowledge Test and Key Feature Problem exams. Despite the disappointment and anxiety we know this caused some candidates, it simply wouldn't have been safe or responsible to hold the exams in their usual format. The rescheduled exams will be delivered remotely in 2020.

The OSCE is now more than 20 years old, and plans to review it began in 2017. The circumstances of COVID-19 provided an opportunity to expedite this, making the exam more competency-based and bring it in line with contemporary assessment principles. After extensive consultation with training organisations and other stakeholders, we've

replaced the OSCE with the transitional Remote Clinical Exam and, ultimately, with the new Clinical Competency Exam in late 2021. We're committed to continuing to set standards and assess competency for specialist general practice and award Fellowship of the RACGP (FRACGP) within the evolving COVID-19 environment. The Education Services division and state faculties have adapted quickly and worked hard to meet the needs of members during this transitional period.

Supported members with COVID-19-related enquiries

Responded to more than 800 member enquiries on:

- the RACGP's advocacy efforts
- assessment and management of COVID-19 and other clinical matters
- telehealth, including bulk-billing arrangements
- use/lack of PPE.

Navigating the financial challenges of the pandemic

As with many businesses and not-for-profit organisations, the RACGP experienced a sharp downturn in forecast revenue as a result of the pandemic. The college realised a loss of \$1.8 million before the JobKeeper wage subsidy, with a total surplus after tax and JobKeeper of \$1.9 million.

Financial movements for the 2019–20 financial year are primarily attributed as follows.

Revenue

- A \$5.9 million decrease in education, course registration and other fees revenue due to postponement of the final Fellowship clinical exam
- Reduction of \$1.4 million in advertising and sponsorship revenue
- Offset by an increase in research, other grants and donations of \$2.7 million and other \$0.4 million
- JobKeeper wage subsidy of \$3.7 million included in other income

Expenditure

- An increase in employee costs of \$7.2 million, external grant project administration of \$2.4 million and consultancy of \$1.5 million supporting initiatives and growth in grants-related activities
- Savings primarily due to austerity measures related to the impact of COVID-19, including GP sessional and sitting payments of \$2.7 million; publications, advertising and media of \$1.8 million; conferences and travel of \$1.4 million; and other \$0.8 million

The Board has approved the surplus to be directed to the RACGP reserve fund.

The RACGP reserve fund

Across similar not-for-profit organisations, funds are set aside in a reserve to secure the future should circumstances change. The Board established the RACGP reserve fund in 2018–19 with plans to meet the minimum target reserve to cover three months' operating expenses. A benchmarking exercise of not-for-profit organisations found that a reserve fund of this value is comparable within the range of 3–6 months on average.

The Board policy sets clear guidelines on circumstances when the reserve fund can be used:

- meeting a shortfall due to significant changes to funding and/or market conditions, such as changes in government funding
- funding disaster recovery (such as after a natural disaster or other event that might trigger the incident management plan)
- making payment of a deductible or an excess on an existing policy or to cover an uninsured loss
- purchasing a significant asset or group of assets
- making long-term strategic investments in education, staffing, research and development, technology, a merger or to implement major change.

While the RACGP's emergency response, significant spending cuts and successful application for the federal government's Jobkeeper wage subsidy stabilised the RACGP through the first months of the COVID-19 crisis, the longer term impacts of the pandemic are unknown. The reserve fund was established to provide the capacity to weather further uncertainty impacting the business to ensure long-term sustainability.

Support from faculties, teams and committees

State/territory faculties



RACGP Queensland

- Facilitated a representative for general practice and primary care to sit on the Queensland State Health Emergency Coordination Committee, which gives key stakeholders a voice at the planning table and should now be a permanent fixture linking Queensland Health and emergency services with our sector during future statewide emergencies



RACGP NSW&ACT

- Established an RACGP NSW&ACT COVID-19 virtual community of practice (vCoP) with key GP leaders for information dissemination and collection
- Involved with leadership research as a result of the vCoP
- Delivered *Just a GP* and *Practice THAT!* podcasts with useful information on COVID-19 for GPs and practice managers
- Established the GP Disaster Advisory Group at the beginning of bushfire season, with the focus evolving to include COVID-19
- Developed a digitally distanced pre-employment structured clinical interview (PESCI) with RACGP Tasmania and RACGP SA&NT to help overseas-trained doctors practise in Australia
- Advocated to government for aged care on behalf of the NSW Aged Care roundtable in relation to end-of-life care and older people experiencing homelessness
- Contacted practices in COVID-19 hot spots of Albury and Liverpool to check on the wellbeing of members



RACGP Tasmania

- Contacted every practice in north-west Tasmania, where the state experienced its largest outbreak, to offer support
- Delivered care packages to doctors who were sick or having a particularly difficult time
- Advocated to state and federal politicians on issues facing general practice, resulting in every practice in Tasmania receiving a one-off payment of \$10,000 to help cover additional costs involved in purchasing PPE and supporting their teams during COVID-19



RACGP SA&NT

- Secured GP liaison position in SA Health
- Of the 443 positive patients in South Australia, 338 were managed or assessed by the COVID-19 GP assessment team (as at 30 June 2020)
- Provided telehealth consultations for international travellers in hotel quarantine



RACGP Western Australia

- Held regular meetings with a rapid response primary care working group, including Western Australian Health Minister, Chief Medical Officer and Director General of Health
- Delivered *The good GP* podcast, including 14 COVID-19 episodes
- Ran a range of fortnightly virtual member meet-ups to help Western Australian GPs stay connected



RACGP Victoria

- Strengthened relationship with the Department of Health and Human Services (DHHS) and delivered joint COVID-19 update webinars
- Represented GPs in the DHHS COVID-19-Primary Care Advisory Group, Clinical Leadership Expert Group COVID-19 and Safer Care Victoria PPE Taskforce
- Successfully lobbied the Chief Health Officer to help improve testing and notification protocols
- Became a focal point for members via webinars, website updates and regular bulletins

National faculties

RACGP Rural

- Communicated concerns to governments about GPs' capacity to meet demand for care should COVID-19 take hold in rural communities
- Met regularly with the federal minister to discuss rural concerns and priorities
- Created dedicated COVID-19 web page for rural and remote GPs
- Held virtual member meet-ups to stay connected

RACGP Specific Interests

- Psychological Medicine network piloted national online peer support groups with expert GP facilitators
- Diabetes network helped develop the 'Diabetes management during the coronavirus pandemic: Being proactive and prepared' resource

RACGP Aboriginal and Torres Strait Islander Health

- Supported a highly effective Aboriginal and Torres Strait Islander-led response to COVID-19
- Collaborated with National Aboriginal Community Controlled Health Organisation, the Lowitja Institute and the Australian National University on **evidence-based recommendations** to help health professionals prevent and manage COVID-19 in Aboriginal and Torres Strait Islander patients and communities

RACGP GPs in Training

- Contributed to, and regularly reviewed, dedicated **COVID-19 web page** for GPs in training (GPITs)
- Sat on the GPIT Support COVID-19 Response Group, which developed a dedicated web page for GPIT wellbeing during COVID-19 as well as a suite of wellbeing resources
- Held virtual member meet-ups to stay connected
- Developed a telehealth and supervision guide to support the use of telehealth by GPITs during COVID-19
- Participated in webinars with Department of Health, General Practice Registrars Australia (GPRA) and General Practice Supervisors Australia to discuss the impact of COVID-19 on GPs in training
- Attended GPRA and Australian Medical Association Council of Doctors in Training meetings to discuss impacts of COVID-19 on GPs in training

Learn more about the RACGP faculties on [page 106](#).

RACGP expert committees

Practice Technology and Management

Developed resources to help GPs provide care during COVID-19 while maintaining their safety and that of their team and patients, including:

- [use and adoption of telehealth](#)
- [infection control principles](#), and [videos](#) and [posters on the use of PPE](#)
- [guiding principles for establishing and managing GP-led respiratory clinics](#)
- [practice signage for alerting patients](#)
- [caring for patients with mild COVID-19 in their home](#)
- [letter templates](#) for requests for medical clearances and exemptions from wearing a mask
- Represented GPs in Australian Digital Health Agency consultations on the fast-tracking of electronic prescribing to support telehealth consultations

Funding and Health System Reform

- Contributed to the RACGP's response to new telehealth items and the federal government's response to the COVID-19 emergency
- Advocated for changes to telehealth to limit 'pop-up telehealth businesses' from impacting continuity of patient care
- Advocated for GPs needing to cross state and regional borders, including the development of a letter template to show evidence

Quality Care

- Represented the RACGP on the [National COVID-19 Clinical Evidence Taskforce](#) to produce dynamic, living guidelines
- Identified patient groups at higher risk from COVID-19, including people with diabetes
- Developed resources to help GPs [manage patients with type 2 diabetes](#) during the pandemic
- Developed a resource on [COVID-19 and family violence](#) in response to higher rates observed during lockdown

Research

- Extended RACGP Foundation grants application period to allow researchers to delay or adapt projects affected by COVID-19
- Supported the development of RACGP Foundation/HCF Research Foundation COVID-19 Research grants to respond to identified gaps in virus knowledge

Pre-Fellowship Education

- Set up the GPs in Training Support During COVID Response Group
- Developed the [GP in Training Wellbeing](#) web page, a monthly wellbeing calendar and online social events for GPs in training
- Provided support to GPs in training by developing the [COVID-19 information for GPs in training](#) web page


Post-Fellowship Education

- Provided feedback on content and accessibility of COVID-19 resources for GPs

Standards for General Practices

- Continued to work on three new sets of standards for piloting in residential aged care facilities, immigration detention facilities and prisons before the onset of the pandemic; subsequently planned for two of the standards to be piloted in their respective settings during a COVID-19 recovery phase
- [Consulted with the profession in other ways](#) to maintain momentum on these important projects

Learn more about the RACGP expert committees on [page 106](#).

A photograph of a female doctor with blonde hair, wearing a patterned blazer and a stethoscope, examining a baby. The baby is being held by a woman with reddish-brown hair in a ponytail, wearing a dark green long-sleeved shirt. The doctor is using a stethoscope to listen to the baby's chest. The mother is holding the baby and looking down at it. The background shows a clinical setting with a framed certificate on the wall and a window. A blue geometric overlay is in the bottom left corner.

Galvanising general practice

In the past year, the RACGP stepped up to provide extra support for our members and to leverage the challenges into opportunities to stretch our capabilities, change our way of thinking and do things differently.

RACGP members: A snapshot

Members 2019–20



Members caring for rural and remote communities

20,000+

rural members with more than **9500** living and working in rural and remote Australia

Members with an interest in Aboriginal and Torres Strait Islander health

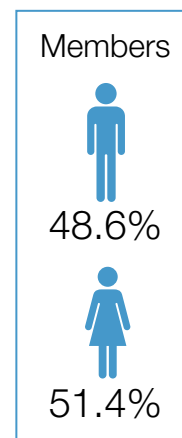
55 Aboriginal and Torres Strait Islander Fellows

38 Aboriginal and Torres Strait Islander GPs in training

11,300 members who have an interest in Aboriginal and Torres Strait Islander health

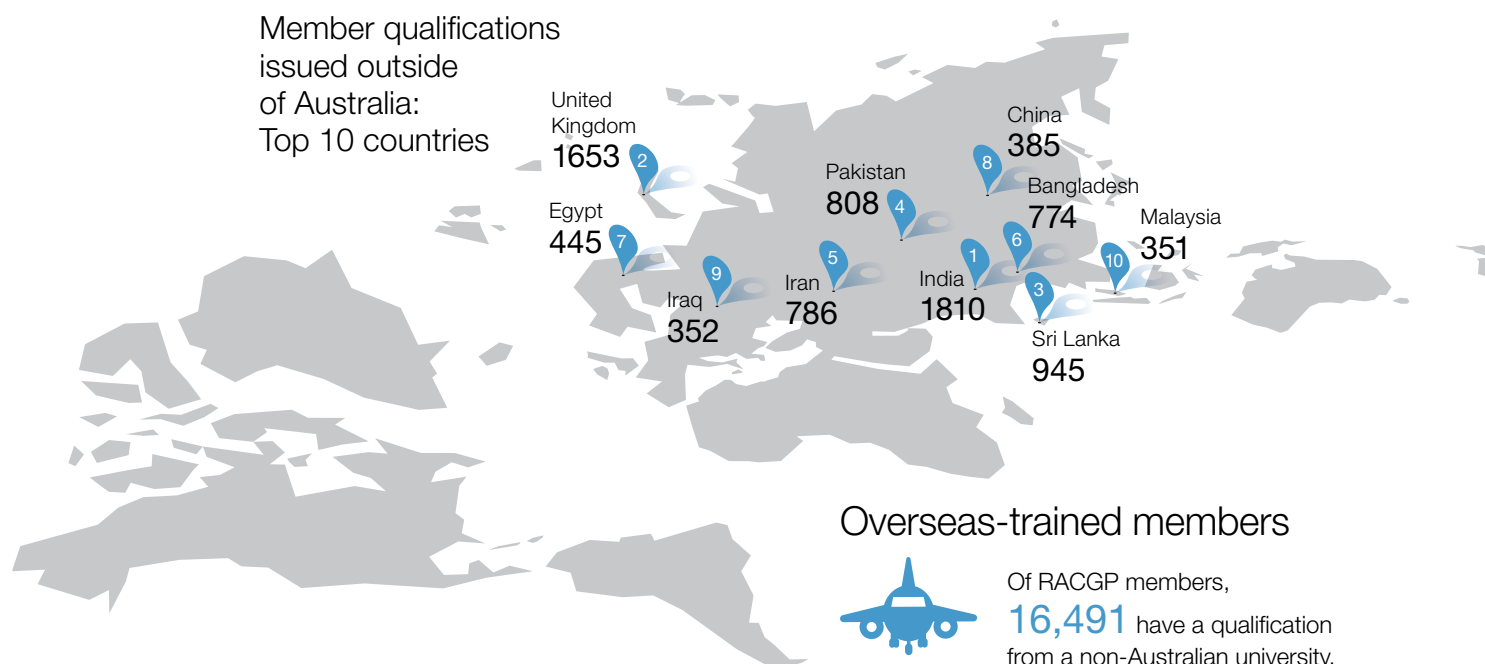
Gender representation at the RACGP

The RACGP aims to create a gender-balanced college. The general practice profession is favoured by female medical graduates, with women accounting for more than half of the country's GPs. Women also hold many senior positions throughout the college. There are five women on our 14-person Board (including the Chair), and more than half of the RACGP faculty councils are chaired by women.



| Board members | | |
|------------------------------------|-----------------|-----------------|
| | | |
| Co-opted | 1 | 1 |
| Elected | 8 | 4 |
| Total | 9 (64%) | 5 (36%) |
| Expert committees | | |
| | | |
| Quality Care | 6 | 5 |
| Research | 3 | 7 |
| Standards for General Practices | 6 | 5 |
| Funding and Health System Reform | 8 | 3 |
| Pre-Fellowship Education | 4 | 6 |
| Post-Fellowship Education | 4 | 6 |
| Practice Technology and Management | 8 | 2 |
| Total | 39 (53%) | 34 (47%) |

Member qualifications
issued outside
of Australia:
Top 10 countries





Overseas-trained members





Of RACGP members,
16,491 have a qualification
from a non-Australian university.

State and national
faculty councils

| |  |  |
|--|--|--|
| RACGP NSW&ACT | 12 | 20 |
| RACGP SA&NT | 11 | 11 |
| RACGP WA | 15 | 11 |
| RACGP Queensland | 14 | 12 |
| RACGP Tasmania | 4 | 12 |
| RACGP Victoria | 16 | 12 |
| RACGP Rural | 12 | 6 |
| RACGP Specific Interests | 12 | 19 |
| RACGP Aboriginal and Torres Strait Islander Health | 4 | 10 |
| RACGP GPs in Training | 3 | 6 |
| Total | 103 (46%) | 119 (54%) |

RACGP Advisory
Council of Assessment

| |  |  |
|---|--|--|
| Censors | 5 | 4 |
| Assessment panel chairs (until March 2020) | 6 | 3 |
| National assessment advisors | 4 | 1 |
| Recent Fellow | 1 | 0 |
| Total | 16 (67%) | 8 (33%) |

gplearning

The RACGP's *gplearning* online portal provides free general practice education to members with a current login.

Every educational activity on *gplearning* is evidence-based, peer-reviewed and developed by GPs for GPs.



231 courses currently available
for the 2020–22 triennium



35,235 courses completed
by members

Data from 1 January to 30 June 2020

Our volunteers

Our members volunteer their time and expertise in many ways, from providing care on the front lines of natural disasters to making important contributions on councils and working groups. In times of crisis, our volunteers are the first to step into the fray. Here are some reflections on this commendable group of hardworking GPs.



Stories

“

The first time I walked into an emergency operations centre during a disaster, I was tasked with being the GP liaison officer. I had no idea what my task was, nor what to expect. Bushfires were raging through the Blue Mountains, and GPs on the front line were disconnected and on their own trying to work out how they could contribute. As the community evacuated and hospitals were overwhelmed, I worked to link local GPs and GP groups with the broader disaster-response machine to help GPs understand what was happening and how they could help as the disaster unfolded.

The second time was just before Christmas 2014 during the Lindt Café siege in Sydney. Of all the different types of disasters, a terrorism event is possibly the one where the role of the GP is hardest to define. But the role of managing patients in distressed communities is absolutely crucial.

The role of GP liaison is inadequately defined in current disaster-response systems, but a new position has been proposed through the RACGP NSW & ACT General Practice Disaster Management Committee.

With the support of other disaster responders, we hope the value of general practice in this space will be endorsed and consolidated into planning for future disasters.

”

Dr Penny Burns

Chair, RACGP NSW&ACT General Practice Disaster Management Committee

“

The RACGP Specific Interests faculty has 31 volunteer special-interest group chairs and many members who are active and enthusiastic in their support of the RACGP and the general practice profession. Our members contribute invaluable time and expertise to advise, review, represent, educate and advocate on the current and emerging issues facing GPs. Through meetings, webinars, conferences, events, resources, emails, phone calls, informal catch-ups and much more, our members tirelessly volunteer to support, recognise and celebrate GPs with specific interests.

”

Dr Lara Roeske

Chair, RACGP Specific Interests

“

The RACGP GPs in Training faculty Council is an engaged and dynamic group with 10 volunteer members. From attending meetings and reviewing policies to contributing to clinical resources and running webinars and virtual events, our volunteers have put in countless hours. The faculty has achieved so much in its short existence, and this has only been possible thanks to their hard work and commitment.

”

Dr Krystyna de Lange

Chair, RACGP GPs in Training

“

The past 12 months at the RACGP Victoria faculty has seen an ever-increasing contribution by Victorian member volunteers. Volunteer-run committees (the New Fellows, Women in General Practice, Drug and Alcohol Specific Interest, International Graduates and GP–Psychiatry Liaison committees) have organised member-support activities such as webinars and networking events, which attract more than a thousand of our peers each year.

This year's COVID-19 webinar series – the joint update webinar we run with the Department of Health and Human Services and the deep-diving webinars on GP-specific issues run by Dr Sally Cockburn – have attracted 200–400 of our peers each session.

Our volunteers have also held important advocacy and representative roles, speaking for our members on community vaccination, the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework, the inquiry into WorkSafe complex claims, cancer care, the VicRoads fitness to drive review and many others. Victorian volunteers have also committed a significant amount of time to responding to various government inquiries this year.

”

Dr Cameron Loy

Chair, RACGP Victoria

“

I'm aware of the many ways that our members contribute to their communities in a volunteer capacity. An example is Dr Duncan MacKinnon. Duncan is a community advocate, volunteer and GP. And for decades, he's also been one of Bega Valley's quiet achievers.

In addition to his clinical work as a GP anaesthetist and visiting medical officer, Duncan is a senior lecturer and owner of a practice that's well known for being a place of kindness. Here are just some examples of the positive influence Duncan has had in caring for his community.

- He created a teen clinic to provide health access for teenagers. The clinic has grown and expanded to other rural towns in southeast New South Wales, and is now co-funded by Rotary.
- During the bushfires, Duncan coordinated the GP response, rostering practices to remain open, liaising with the hospital, helping at the evacuation centre, and advocating for the local psychological community to increase funding and support for counselling after the fires.
- During COVID-19, he led a community project to prevent local spread, partnering with Rotary, Lions Clubs and Bendigo Bank for hand-sanitiser stations and with a local distillery to produce hand sanitiser.

”

Associate Professor Charlotte Hespe

Chair, RACGP NSW&ACT



“

We couldn't function without the huge input from our volunteers!

In the early days of the COVID-19 crisis, RACGP Tasmania was a part of the Department of Health's virtual roundtable meetings with the Minister for Health and other health stakeholders. For the first few months, these meetings were held every Sunday, 1.00–3.00 pm, and Faculty Manager Catherine Back and I attended. Our Denison representative council member Dr Mandy Lo also volunteered to attend to boost our advocacy efforts and be an authentic voice for our GPs.

Every weekend for 8–10 weeks, Mandy altruistically offered this significant time commitment, unpaid. (We did shout her a home-delivered meal as a way of expressing our thanks!)

”

Dr Timothy Jackson

Chair, RACGP Tasmania

By the numbers

Every day at the RACGP, we rely on our member volunteers who give their time, expertise and passion to ensure that general practice can continue to innovate, add value to communities and provide the best possible care to patients across Australia.

The support of volunteers is vital to our efforts to advance general practice. Our members contribute their time to being part of faculty council and committee activities, facilitating the Continuing Professional Development (CPD) Program, advocating for GPs in the media and through their own channels, and much more. Their unique knowledge and experience have added immeasurably to RACGP projects and initiatives.

Our GPs generously gave almost 8000 hours in unpaid time to the RACGP in 2019–20. Here is a snapshot that shows the depth and breadth of how our volunteers enrich general practice.

RACGP expert committees

- Chairs and deputy chairs of [RACGP expert committees](#) (RECs) donate **more than 120 hours**, REC members donate around **1000 hours**, and representatives donate around **100 hours** each year.



Education committees

The [RACGP education committees](#) bring together other committees for education and vocational training across the RACGP.

- Education Misconduct Committee – **180 hours** each year between three members
- Rural Education Committee – **80 hours** each year between eight members
- RACGP Aboriginal and Torres Strait Islander Health Education Committee – **221 hours** each year between 13 members

- State/territory faculty education committees – **300 hours** each year between five members
- RACGP Specific Interests networks – **960 hours** each year between 32 members



Publications

The skills, knowledge and dedication of our member volunteers allows the RACGP to produce valuable, relevant and timely articles and publications for GPs.

- [Australian Journal of General Practice](#)
 - authors – **1980 hours** each year; writers spend an average of six hours on an article
 - reviewers – **248 hours** each year
- [newsGP](#) authors – **100 hours** each year; writers spend an average of two hours on an article



Campaigns

Our members play a big part in shaping RACGP campaigns. They contribute their stories and experiences, which steer the direction of our campaigns and help us connect with our audiences.

- Expert advice matters – **26 hours**
- Member value proposition – **34 hours**
- Community value proposition – **9 hours**
- Brand voice – **5 hours**
- Pre-Fellowship REC for the Practice Experience Program – **2 hours**
- COVID-19 wellbeing for GPs in training – **14 hours**



Media

Our spokespeople are regularly called upon to take to the airwaves to champion general practice. In 2020, the RACGP featured in more than 14,600 news stories across TV, print and online media.

- 15+ members, including faculty chairs and other key spokespeople – **42 hours**
- RACGP award winners – **4 hours**
- Rural GPs in training promoting the Australian General Practice Training Program – **2 hours**



Events

Our member volunteers were instrumental in developing programs for GP19, the Practice Owners Conference, our digital events calendar and more to ensure the content and experiences aligned with the needs of our diverse membership.

- National events – **152 hours** each year



Faculties all over Australia

Volunteers from faculties across Australia contributed thousands of hours to support our GPs and the Australian community. They donated around **2300+ hours** to advancing general practice, including:

- council meetings and regional representations
- political advocacy meetings
- local member engagement
- delegated representation in government and stakeholder space
- development of educational curriculum
- support for different member segments, such as women in general practice, international medical graduates and new Fellows
- awards and student presentations.

And much more.



Thank you.

The RACGP Board, Executive Leadership Team, employees and all members are so grateful to our volunteers for donating their time, efforts and expertise. Thank you to all of our volunteer members for your generous support and contributions to making Australia happier and healthier.

RACGP membership campaign 2019–20

Membership campaign 2019–20 results



Campaign renewal rate:
96.5%



Overall Net Promoter Score* of
51.9 across
534 survey responses

Our 2019–20 membership campaign aimed to demonstrate the collegiate value of RACGP membership that comes with belonging to Australia's largest general practice community.

The RACGP maintained its freeze on membership fees, keeping them at the 2018–19 level.

We continued to support lifelong learning through accredited educational resources, and advocated on matters important to members.

The RACGP remained the go-to for policies and tools to support our members' career development, daily practice and patient care as well as their own health and wellbeing.

As always, the RACGP is a professional circle where our members can find safe spaces to collaborate and connect with their peers.

*Net Promoter Score (NPS) is a metric used in customer experience programs. NPS measures the loyalty of customers to a company. NPS scores are measured with a single question survey and reported with a number from –100 to +100. A higher score is desirable.

Convocation

The RACGP Convocation supports members to share their views with the RACGP Board and makes sure all matters important to general practice in Australia are properly considered by the RACGP.

An important submission to the GP19 Convocation was '[A GP for every doctor](#)', which brings the important topic of doctors' wellbeing into focus.

Enquiries



70,786 calls



39,995 emails



110,781 enquiries made to the National Office; many more to each of the state/territory offices

Overall Net Promoter Score* on member satisfaction:

52.4 with **2379** completed

Supporting lifelong GP learning

General practice is a constantly evolving field. Education and training are vital at every stage of a GP's career, from gaining their initial qualifications to maintaining their knowledge and expertise as experienced doctors.

The RACGP delivers career-long education, training and assessment for GPs, and is reviewing and expanding the RACGP curriculum for general practice training, developing frameworks for supervision in general practice, and building an overall education framework. We have continued to deliver the Fellowship exams, as well as assessing thousands of GPs and medical practitioners for entry into Fellowship pathways.

This year in particular, our trainees, program participants, exam candidates and pathway applicants have demonstrated their tenacity and dedication as we navigated the challenges of natural disasters and the COVID-19 pandemic. We worked to support trainees affected by the bushfire crisis by ensuring continuity for all affected GPs – whether they were living in bushfire-affected areas or travelling there to support those communities – as they worked towards Fellowship. We forged ahead to make significant improvements for our trainees, including:

- continuing to develop the rural generalist Fellowship and successfully advocating for increased flexibility for rural generalist trainees under Australian General Practice Training (AGPT)
- developing a new practical assessment (the Remote Clinical Exam) to ensure the safe and timely assessment of Fellowship candidates
- delivering the AGPT selection assessment (the Candidate Assessment and Applied Knowledge Test) remotely for the first time
- developing frameworks for GP education and supervision

Exam candidates and pass rates



2019.2 Key Feature Problem

| | | | |
|---|------------|---|-----------|
|  | Candidates |  | Pass rate |
| | 1378 | | 55.81% |

2019.2 Applied Knowledge Test

| | | | |
|---|------------|---|-----------|
|  | Candidates |  | Pass rate |
| | 1206 | | 77.53% |

2019.2 Objective Structured Clinical Exam

| | | | |
|---|------------|---|-----------|
|  | Candidates |  | Pass rate |
| | 983 | | 82.60% |

2020.1 Key Feature Problem

| | | | |
|---|------------|---|-----------|
|  | Candidates |  | Pass rate |
| | 1336 | | 68.86% |

2020.1 Applied Knowledge Test

| | | | |
|---|------------|---|-----------|
|  | Candidates |  | Pass rate |
| | 1021 | | 76.30% |

- removing Fellowship *ad eundem gradum* and offering workplace-based assessment and in-practice learning to support international medical graduates in Australia
- assessing the eligibility of thousands of individuals to enter pathways and readiness to receive Fellowship.

Helping GPs in training on their journey to Fellowship

The RACGP is working with the Department of Health to return GP training back to the profession.

Pathways to RACGP Fellowship

- [Australian General Practice Training \(AGPT\) Program](#)
- [Remote Vocational Training Scheme](#)
- [Practice Experience Program](#)
- [General Practice Experience Pathway \(ending 2022\)](#)
- [AGPT Rural Generalist training \(to be established\)](#)

RACGP-led training

At the RACGP Rural GP Summit held in Alice Springs in February, members, RACGP delegates and government stakeholders discussed ways to collaborate on delivering comprehensive, cohesive GP training across the whole country, rather than by training region.

The summit also gave us the opportunity to work with rural health organisations in developing a unified vision for the more equitable distribution of the GP workforce throughout all of Australia.

The successful conference strengthened the collective commitment to fortifying the national future of general practice in a way that enables GPs to provide high-quality healthcare that addresses the needs of every Australian community.

Practice Experience Program

The RACGP began delivering the Practice Experience Program (PEP) in January 2019 to provide educational support to non-vocationally

registered (non-VR) doctors who would otherwise have to prepare for the Fellowship exams alone. The program aims to help non-VR doctors get onto an approved RACGP training pathway and attain Fellowship. The PEP is funded by the federal Department of Health until June 2022.

PEP highlights

July 2019 – implemented the PEP Evaluation Plan to evaluate the PEP participant journey from application to program completion and beyond. Data collection includes participant and training organisation surveys, and analysis of program data and participant progress.

August 2019 – hosted the first PEP Strategic and Educational Review Workshop with our training organisation partners to give stakeholders and the RACGP a chance to review the data and share their views and ideas for improvement after the first eight months of the PEP.

March 2020 – launched PEP participant surveys to continue tracking participant experience and progress. Feedback revealed generally positive experiences across most aspects of the program, and overall high levels of satisfaction with the key PEP components.

June 2020 – recorded 309 active PEP participants, 67% of whom work in Modified Monash Model (MMM) 2–7 locations; 79 participants have successfully completed their time on the PEP.

More information on our PEP campaign is available on [page 78](#).

Alcohol and Other Drugs GP Education Program



644 GPs applied for the Alcohol and Other Drugs (AOD) GP Education Program – Treatment Skills training



353 GPs applied for AOD Live online workshops



291 GPs applied for self-directed learning

The RACGP Alcohol and Other Drugs (AOD) GP Education Program equips GPs to better support patients who use alcohol and other drugs, particularly relevant during the COVID-19 pandemic. The program has been tailored to help GPs in different community settings support patients in addressing their substance-use without fear of stigma or shame.

We have modified the AOD program in response to the pandemic. It is now delivered through live online workshops and self-directed e-learning modules, helping GPs improve their skills safely from their home or practice. The live sessions allow participants to listen to expert presenters, interact with their peers and discuss cases in small groups, as well as receive feedback from AOD expert GPs.



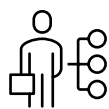
RACGP: Your CPD home

The new triennium has been heralded by significant changes to the RACGP Continuing Professional Development (CPD) Program. Some technological improvements have created a simpler, stronger and more automated system allowing GPs to easily record CPD activities and incorporate CPD into their everyday practice.

A new, mobile-responsive [myCPD dashboard](#) is the first step in a program of continuous technological improvement. New features include a 'Quick log' and improved search function. Activities can be recorded in hours undertaken and are automatically categorised to help GPs better understand the CPD changes proposed by the MBA. This has future-proofed the recording system and allowed a seamless transition for members.

We have introduced accredited CPD activities so members can be assured of the validity of the CPD activities offered. Members can also be confident of the quality of the education on offer, as the RACGP assesses all activities using revised education standards before making them available.

Throughout Australia, approximately 30,000 GPs are required to be CPD compliant. At the end of the 2017–19 triennium, 98% of GPs achieved compliance – a result reflected in the consistently high standard of safe and contemporary care our GPs offer their communities. The number of non-compliant GPs has decreased by 12% since the previous triennium – another indication of the quality of CPD available to our members.



30,000

GPs with CPD requirements for the 2017–19 triennium



98%

GP compliance for the triennium



12%

drop in non-compliance

The RACGP continues to advocate for a relevant CPD Program that recognises the unique nature of the work our GPs do. As part of this commitment, we gathered responses to the Medical Board of Australia's (MBA's) public consultation on proposed CPD changes from 1600 GP members and included them in our submission to the MBA on behalf of the profession.

recruitGP

recruitGP is the RACGP's job-search website, which lists GP-related job opportunities nationwide. It's free for members to search, and complimentary advertising comes as part of membership.



4327 free member job ads placed –
\$1,618,298 in complimentary
advertising for our members



226 non-member paid job ads placed
– \$84,422 in revenue collected

Supporting our GP Leaders

RACGP Future Leaders program

The RACGP Future Leaders program kicked off its fourth year in March 2020, switching to an online format with just five days' notice. The program is based on a GP Leader competency framework, and includes peer group sessions to support learning, collegiality and wellbeing. This year's Future Leaders cohort must be commended for their energy in pushing through the program and their adaptability during the pressures of a pandemic. Future Leaders are supported by a volunteer GP mentor, to whom we are also extremely grateful. By the end of October 2020, the Future Leaders alumni will comprise nearly 90 GPs formally trained through the RACGP in leadership skills relevant to the profession.

RACGP Future Leaders alumni program

At the peak of the pandemic, we offered crisis leadership training to Future Leaders alumni as

part of a short pilot program that ran over a three-month period from April 2020. We are fortunate to have many highly driven and connected alumni across the national GP workforce who actively engage with us, allowing us to respond quickly to identified needs. We will pursue a broader alumni program in 2021.

RACGP Mentoring program

We had a fantastic response to our advertisements for the RACGP Mentoring program. With more than 40 GP mentor-mentee pairs working together nationally, the launch of this program in late April 2020 was accompanied by ethics-approved formal research into the most appropriate mentoring model for general practice. We anticipate that this program will commence again in early 2021 and plan to share our research findings in February 2021.

Unavoidable delays to the program launch have not dampened the overall enthusiasm of our volunteer GP mentors, and we thank them sincerely for their commitment to the program.



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, as well as the [Rose–Hunt Award](#), the RACGP's highest accolade.

We held the national 2019 RACGP Awards ceremony at the Adelaide Convention Centre on 24 October, where nine awards were presented by our late RACGP President Dr Harry Nespolon and RACGP NSW&ACT Chair Associate Professor Charlotte Hespe.



Rose–Hunt Award

For South Australia's Dr Mark Miller, receiving the RACGP's highest accolade was an unexpected honour.

'I'm very humbled to be bestowed the Rose–Hunt award. Many individuals I hold in high esteem for their contribution to our college, both living and deceased, appear on this list,' he said. 'Many times before I have said it's possible to go through our careers as GPs "one consult and one patient at a time," but I do think we all have a broader role to play. For me personally, the RACGP has been the vehicle to provide that broader role.'

A rural GP in the tiny town of Goolwa, about 100 km south of Adelaide, Dr Miller and his family are embedded in the local community. He has done significant work with international medical graduates as a mentor and tutor.

RACGP award winners

The Rose–Hunt Award 2019

Dr Mark Miller

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

General Practitioner of the Year 2019

Dr David Lam

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 2019

Ashfield Country Practice, Queensland and Hawkins Medical Practice, South Australia

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

General Practice Supervisor of the Year 2019

Dr Raphael Torome

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

Brian Williams Award

For 2019 recipient Dr Kate Davey, winning the Brian Williams Award came as quite a surprise.

'I'd never really thought I was doing anything particularly special or, in fact, different to what other GPs were doing around the country,' she said.

A rural GP in north-east Victoria for more than three decades, Dr Davey was commended for her dedication, mentorship and support, and for holding many leadership roles in organisations providing medical education in the state.

'I've had an incredibly rewarding general practice career. I love the diversity of what each day brings and, because of my fortunate experience of working in one practice for a very long time, I feel connected to my community in a way that I feel is very special,' she said. 'I chose rural general practice because I believed the breadth of skills I'd need to develop and the responsibility for patient care I could undertake would fit well with what I anticipated would be an effective doctor.'

General Practice Supervisor of the Year

One thing you notice immediately about Dr Raphael Torome is his modesty. Ask him whether he's proud of receiving the award for General Practice Supervisor of the Year, he demurs. 'I'm the face of a lot of other people behind [this award]. My colleagues and staff do the majority of the work, and my practice manager. I'm only a small cog in the wheel,' he said. 'It just happens that I'm receiving the award.'

Dr Torome began his career working in Kenya, Somalia and South Africa. And for almost 20 years, he has been a stalwart GP in Barmera, a small town in the Riverlands on the Murray River.

'The long-time patients become part of you. You know them very well, their history,' he said.

'That's really different to all the other specialties; the fact you know the people you see really well. I like that, and the diversity of general practice.'



GP of the Year

Dr David Lam did not originally want to be a doctor.

'Initially, I wanted to study jazz at the Elder Conservatorium of Music,' he said. 'Fortunately, a career in general practice has allowed me to pursue both music and medicine professionally.'

Another rural GP from South Australia, Dr Lam was humbled to be named GP of the Year because 'there's still so much for me to learn.'

'I'm honoured to be commended by the rural community that I serve in Port Lincoln,' he said. 'As a Chinese Australian, it's my passion to make sure all Australians receive the same treatment and standard of healthcare, regardless of age, gender, race or postcode. As a GP, I love ensuring that young people in a rural area have just as many opportunities to grow up safe and healthy as those living anywhere else in Australia.'

General Practice Registrar of the Year 2019

Dr Pallavi Prathivadi

Recognises the strong commitment of a GP in training to learning, the general practice profession and provision of high-quality patient care

RACGP Rural Brian Williams Award 2019

Dr Kate Davey

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

RACGP Aboriginal and Torres Strait Islander Health Standing Strong Together Award 2019

Dr Peter Walsh

Recognises partnerships between GPs and Aboriginal and Torres Strait Islander peoples in

improving the health of Aboriginal and Torres Strait Islander Australians

Rural GP in Training of the Year 2019

Dr Jerry Abraham Alex

Presented to a GP in training who has demonstrated a deep commitment to improving the health and wellbeing of communities in rural or remote Australia

Monty Kent-Hughes Memorial Medals 2019

Dr Jordan Young and Dr Bhavana Mirpuri

Awarded to candidates who achieve the highest Objective Structured Clinical Examination score in Australia



National honours – RACGP members

Australia Day Honours 2020

Medal of the Order of Australia in the General Division

- Dr Anthony Lian-Lloyd OAM (South Australia)
- Dr Ian Chung OAM (New South Wales)
- Dr Wesley Jame OAM (Victoria)
- Dr Gunvantrai Naker OAM (New South Wales)
- Dr Vincent Gallichio OAM (Victoria)
- Dr Michael Connor OAM (Victoria)

Queen's Birthday Honours 2020

Member in the General Division of the Order of Australia

- Dr Jill Gordon AM (New South Wales)
- Professor Christine Phillips AM (Australian Capital Territory)

Medal (OAM) of the Order of Australia in the General Division

- Associate Professor Hadia Haikal-Mukhtar OAM (New South Wales)
- Dr Gerald Murphy OAM (Victoria)
- Dr Peter Barker OAM (Victoria)
- Dr David Cooke OAM (New South Wales)
- Dr Barry Fatovich OAM (Western Australia)
- Dr Sithamparapillai Thava Seelan OAM (New South Wales)
- Dr Ann Parker OAM (New South Wales)
- Dr Mulavana Santhadevi Parvathy OAM (New South Wales)
- Dr Laurie Warfe OAM (Victoria)
- Dr Brian Hassett OAM (Victoria)
- Dr Heather Simmons OAM (Victoria)
- Dr John Vaughan OAM (New South Wales)
- Dr John Daniels OAM (New South Wales)

Member (AM) in the Military Division

- Dr Isaac Seidl (Australian Capital Territory)

GP19: Your patients, your community, your solutions

More than 1800 delegates and 117 organisations attended GP19 on 24–26 October 2019 to celebrate the theme of 'Your patients, your community, your solutions'. During the three-day conference at the Adelaide Convention Centre, delegates attended presentations by more

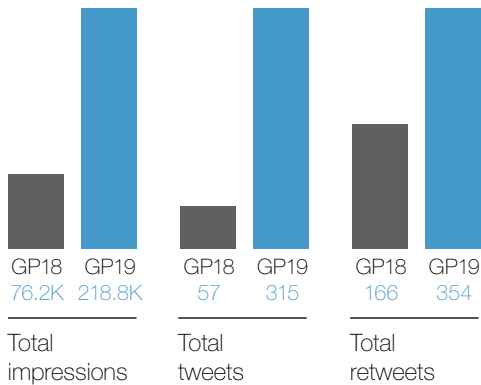
than 90 GPs and participated in 11 active learning module workshops. For the third consecutive year, the RACGP's volunteer program gave 21 medical student volunteers the chance to join conference sessions and connect with GPs to learn more about a career in general practice.



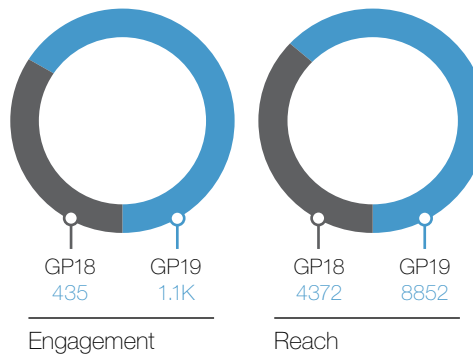
GP19 social media statistics



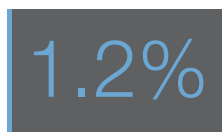
Twitter



Facebook



Retweet rate achieved during GP19 was 1.12 retweets per tweet



Average engagement rate was 1.2% during the conference



LinkedIn

(Not used for GP18)

42,000 4.25%

Impressions

Engagement rate



Instagram

(Not used for GP18)

19,430 1684 700

Impressions

Reach

Engagement

Foundation grants

The RACGP Foundation awarded more than \$526,000 in general practice research grants in 2019–20. This simply would not have been possible without the generosity of our partners and our members.

General practice research, informed at the primary care level, is vital to improving patient outcomes. Our general practice research community is dedicated to addressing healthcare and clinical care challenges and opportunities, from local level to national. Thank you to our GP researchers who have shared their stories in the media, in our publications and online.

We thank our members, 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 2019–20.

\$100–\$499

Dr Liyana Abeywickrama
Dr Shatha Al-Attayah
Dr Ziena Al-Obaidi
Dr Ahmad Al-Sharifi
Dr John Aquilina
Dr Jim Aroney
Dr Sonjoy Biswas
Dr Gilars Blicavs
Dr Adelaide Boylan
Dr David Browne
Dr Ferney Buitrago
Dr Joseph Casamento
Dr Ming-Yen Chen
Dr Eleanor Chew OAM
Dr Autumn Chien
Dr Christopher Chowdhury
Dr Marc Daniels
Dr Widanagamage Epa
Dr Seema Ghafoor

Dr Ramanpreet Gill
Dr Shaikh Hasan
Dr Katherine Hawkins
Dr Victor Hoang
Dr Trevor Hoffman
Dr Brett Ireland
Dr I Made Kamayana
Dr Arthur Kipouridis
Dr Sheila Knowlden
Dr Babatunde Kuku
Prof Albert Lee
Dr Lila Lila
Dr Olatoye Lotsu
Dr Getulio Lumbes
Dr Muhammad Mannan
Dr Jo-Anne Manski-Nankervis
Assoc Prof Brendan McQuillan
Dr Adrienne Medjites
Dr Judith Meldrum
Dr Vera Merey
Dr Atapattu Millawana
Dr Ayman Mourtada
Dr San San Myint
Dr Pathmanathan Naidoo
Dr Reza Nejad
Dr Richard Ng
Dr Godfrey Okeke
Dr Chaaron Oon
Dr Gopi Patel
Dr Diana Petropoulos
Dr Maree Poggio
Dr Mohammad Rahman
Dr Ahmed Ramadan
Dr Gemunu Ranawake
Dr Rasamogan Rasalingam
Dr Andrew Reedy
Dr Fiona Roberts
Dr Tanya Rodinov
Dr Joy Rowland
Dr Saeeda Saeed
Dr Ritu Sharma-Bahl
Dr Janaka Somarathna
Dr Clara Soo
Dr Frederick Spittel
Dr Mohammad Talukder
Dr Wesley Tam
Dr Rupert Templeman
Dr Vallipuram Thayaparan
Dr Hafis Tijani



The RACGP
Foundation
awarded
more than
\$526,000
in general practice
research grants.



The RACGP Foundation and the HCF Research Foundation have partnered to fund more than **\$900,000** in research grants for 18 GP-led research projects.

Dr Anefu Unobe
Prof Ian Webster AO
Dr John Woodall
Dr Li Yan
Dr Sawsan Zoghbar

\$500–\$1000

Dr Srinath Jayasinghe
Dr Andrew Kerwin
Dr Yang Dong Lin
Dr Carl Lisec
Dr Kerry McHale
Dr Nancy Sturman

\$1000+

Dr James Berryman
Dr Eric Drinkwater

Dr John Dunning
Prof Gerard Gill
Dr Ajay Jayaprakash
Dr Sarfraz Kailani
Dr Jagadish Krishnan
Dr Izabela Ostrowska-Kusiak

Partners

The RACGP Foundation thanks its partners for their generous support in 2019–20:

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

Partner in focus: HCF Research Foundation

For almost 10 years, the RACGP Foundation and the HCF Research Foundation have partnered to fund general practice research to inform practice and improve health services.

Together, the two organisations have funded more than \$900,000 in research grants for 18 GP-led research projects. This is no small feat. Given the scarcity in funding for general practice research, we're proud to have supported projects that might otherwise have gone unfunded.

It was in this spirit that the two foundations came together in early 2020, as the pandemic hit, to fund two COVID-19 general practice research grants to the value of \$100,000, in addition to the annual grant round. At the time, both organisations recognised the scarcity of funding for general practice research regarding COVID-19, and stepped into the breach.

The grant application process was a highly competitive one. The RACGP Foundation received more than 106 applications for these COVID-19 grants. Reviewing the applications was an enormous undertaking by both the HCF

Research Foundation Awards Committee and RACGP National Awards Committee and we are grateful to everyone who applied and to our reviewers. Thank you.

Professor Danielle Mazza and Dr Danielle Butler were the successful RACGP Foundation and HCF Foundation COVID-19 grant recipients. Professor Mazza received a grant for her project on GPs' experiences and approaches to delivering essential clinical services during the COVID-19 pandemic. Dr Butler received a grant for her project on the effect of COVID-19 and the introduction of temporary telehealth items on use and costs of GP services.

The two foundations are looking to the future and the increasing focus on translational research and measurable impact. Together we have funded research that spans from cradle to grave and across technology, models of care, treatments and interventions for particular illnesses, and policies and guidelines. Further information on research projects funded by the foundations of the RACGP and HCF is available on the [RACGP website](#).

We look forward to continuing our support of the general practice research community and to having a positive impact on general practice and the health of all Australians.

Foundation grants and awards: Recipients for 2019–20

The RACGP awarded Foundation grants to 17 recipients in 2019–20.
Thank you to our supporters for making general practice research possible.

| Grant/award | Lead investigator/ recipient | Co-investigators | Project title/purpose | State/ territory |
|--|---------------------------------|---|--|---------------------|
| Therapeutic Guidelines Limited (TGL)/RACGP Foundation Research Grant | Dr Jo-Anne Manski-Nankervis | Dr Ruby Biezen Ms Rachael Ball Dr Malcolm Clark Assoc Prof Kirsty Buising | 'Guidance GP: A new quality improvement activity for antibiotic prescribing in general practice' | Victoria |
| Therapeutic Guidelines Limited (TGL)/RACGP Foundation Research Grant | Prof Nigel Stocks | Dr Samuel Whittle Dr Robyn Clay-Williams Prof Rachelle Buchbinder | 'Use of osteoarthritis guidelines in general practice: An analysis of work-as-done using the functional resonance analysis method' | South Australia |
| Motor Accident Insurance Commission (MAIC)/RACGP Foundation Research Grant | Dr Sean Black-Tiong | Dr Carla Bernardo Dr David Gonzalez-Chica Dr Oliver Frank Dr Elizabeth Hoon | 'General practice management of physical and psychological trauma resulting from road traffic accidents, 2011–18' | South Australia |
| RACGP Foundation/HCF Research Foundation Research Grant | Dr Katrina Giskes | Prof Benjamin Freedman Assoc Prof Charlotte Hespe Dr Nicole Lowres Dr Ruth Webster | 'AF SELF SMART – Atrial Fibrillation Self-Screening, Management And Guideline Recommended Therapy' | New South Wales |
| RACGP Foundation/HCF Research Foundation Research Grant | Dr Matthew Grant | Dr Jon Emery Prof Jennifer Philip Dr Anna Collins Prof Vijaya Sundararajan Assoc Prof Joel Rhee | 'Establishing patterns of primary care usage at the end of life in cancer: Using indicators of quality end of life care in linked administrative data' | Victoria |
| RACGP Foundation/HCF Research Foundation Research Grant | Dr Oliver Frank | Dr David Gonzalez Dr Carla Bernardo | 'Increasing immunisation in general practice invasive pneumococcal disease and influenza in people under 65 years old whose chronic conditions put them at higher risk of and from these infections' | South Australia |
| RACGP Foundation/Diabetes Australia Research Grant | Dr Elizabeth Sturgiss | Prof Alexander Clark Dr Lauren Ball Dr Pallavi Prathivadi Prof Lauren Williams | 'Improving type 2 diabetes management in general practice: A realist evaluation of the 5As framework' | Victoria |

| Grant/award | Lead investigator/ recipient | Co-investigators | Project title/purpose | State/ territory |
|--|-------------------------------------|--|--|------------------------------|
| RACGP Foundation/BOQ Specialist Research Grant | Assoc Prof Gillian Gould | Miss Tabassum Rahman Dr Michelle Bovill Prof Amanda Baker | 'Step towards incorporating smoking relapse prevention in smoking cessation care for Indigenous Australian women: Detecting predictors and drivers of relapse in the women of reproductive age and exploring their quitting experience' | New South Wales |
| RACGP Foundation Family Medicine Care and Education Research Grant | Dr Hilary Gorges | Dr Leanne Hall Prof Clare Heal | 'Comparison of topical antibiotics with topical antiseptics and inert ointment for treatment of impetigo – protocol for a pilot prospective randomised double-blinded controlled trial for the topical treatment of impetigo in Australian general practice' | Queensland |
| RACGP Foundation Family Medicine Care and Education Research Grant | Dr Michael Wright | Assoc Prof Kees van Gool | 'Exploring methods to evaluate and compare primary care spending' | New South Wales |
| RACGP Foundation Chris Silagy Research Scholarship | Dr Kylie Vuong | Dr Michael Tam Dr Bala Anandasivam Dr Andrew Knight Prof John Hall Assoc Prof Kevin McGeechan | 'Melanoma risk perceptions among Australian general practitioners' | New South Wales |
| RACGP Foundation Indigenous Health Award | Prof Parker Magin | Dr Linda Klein Dr Alison Fielding Dr Anthony Paulson Prof Mieke van Driel Mr Christopher O'Brien | 'The Diploma in Practice Management in Aboriginal Medical Services – Impact on professional and personal development of graduates' | New South Wales |
| RACGP Foundation Walpole Grieve Award | Dr Melinda Choy | | 'Understanding international solutions to the digital health divide: A knowledge exchange to improve ehealth disparities in primary care' | Australian Capital Territory |
| RACGP Foundation Charles Bridges-Webb Memorial Award | Dr Roisin Bhamjee | | 'Adolescent health provision in the Australian school setting: Perspectives of primary care physicians on their preparedness' | Victoria |
| RACGP Foundation Peter Mudge Medal | Assoc Prof Jo-Anne Manski-Nankervis | | For the presentation: 'Simulation of a tool for antibiotic prescribing' | Victoria |
| RACGP Foundation Alan Chancellor Award | Dr Rita McMorrow | | For the presentation: 'Does r-CGM affect health service utilisation?' | Victoria |
| RACGP Foundation Iris and Edward Gawthorn Award | Dr Kate Robertson | | For the general practice registrar who has achieved the highest score in the cardiovascular and respiratory components on the 2019 Fellowship examinations | Victoria |

Foundation grant recipient:
Associate Professor
Michelle Guppy



Associate Professor Michelle Guppy received a 2016 RACGP research grant for her project 'Chronic kidney disease in general practice: GP attitudes and current practice with respect to the Australian 2015 chronic kidney disease (CKD) management in general practice guideline'.

Associate Professor Guppy helped [re-establish a practice-based research network \(PBRN\)](#) in rural New South Wales. Funding received from the grant was critical to the revival of the PBRN and to Associate Professor Guppy's research, which she said was 'a good continuer' for the work the New England-based PBRN had been doing for years.

Making an impact in rural Australia

About halfway between Sydney and Brisbane, and a two-hour drive inland, sits the small cosmopolitan city of Armidale with a population of just 25,000. Here, surrounded by dense forests, breathtaking mountain gorges and pristine waterfalls, is where Associate Professor Guppy calls home.

It's also where she's carried out two key research projects, both supported by the RACGP Foundation, to tackle the biggest epidemic facing her patients: diabetes.

'Diabetes is bread and butter for general practice', says Associate Professor Guppy.

'We've had so many diabetic patients and that's where my research interest stemmed from. It's also been a bit of an evolution of ideas. Some renal physicians in the region had an interest in the topic, so we were all keen to know what research projects we should do.'

The GP and Associate Professor at the School of Rural Medicine, University of New England, received two big grants at the same time.

'I was really excited and completely terrified', she says. 'I'm trying to improve the health of rural Australia. So although it was challenging, I'm proud to have made a little bit of a difference.'

The Foundation has also helped Associate Professor Guppy to do a considerable amount of research for her PhD, and played a key part in establishing a track record in primary care medical research.

As she explains, it refined her 'eclectic list' of research interests into a consolidated focus.

'So now I'm in a better position to seek other grant opportunities that will further my research in diabetes and chronic kidney disease.'

'I hope that through my research I can make a difference for both GPs and patients in rural Australia.'

Creating partnerships: Supporting general practice and enhancing member value

The RACGP aims to create a unique and unrivalled ecosystem with community, industry and commercial partners that advances general practice and creates healthier communities.

Through our many partnerships we create shared value, provide mutual benefits and deliver financial strength for our members and partners.

Looking abroad

RACGP International collaborates with and supports international partners to improve global community health outcomes, and elevate education and assessment standards in general practice.

Our longest running collaborations have been based on collegiate relationships. An example is our partnership with the Hong Kong College of Family Physicians (HKCFP). This year marks the 34th anniversary of the RACGP working with Hong Kong to deliver conjoint Fellowship examinations. The first convocation of the conjoint examinations took place in Hong Kong at the 1986 World Organization of Family Doctors (WONCA) conference. The Hong Kong government and medical board witnessed the convocation and this milestone improved the recognition and critical role of GPs in Hong Kong's healthcare system.

RACGP has played a major role in raising the standard of primary care in Hong Kong. This has come with a significant amount of hard work by RACGP members behind the scenes in reviewing and attending exams.

On the 30th anniversary of the HKCFP and RACGP conjoint Fellowship examination, Dr Angus Mw Chan, President of HKCFP, stated, 'We are indebted to the RACGP for their never failing support. Throughout the years, the censors from RACGP have provided us not just the quality assurance, feedback but the everlasting friendship that we always cherish'.

The past year has seen the changing needs of general practice globally, and the need for information sharing has never been more important. The RACGP looks forward to building its global leadership and supporting our international colleagues to improve the health of communities around the world.

Partnering with parkrun to keep people healthy and connected

parkrun has been inspiring people of all ages around the world to get together and exercise. Everyone is welcome to participate, whether they walk, jog, run, volunteer or spectate. Since launching in Australia in 2011, parkrun has organised free weekly runs in local parks across the country, giving people the opportunity to get active and connect with others in their community.

The RACGP and parkrun have partnered to pioneer the social prescription of exercise in Australia and encourage GPs to prescribe exercise as a remedy for patients with chronic health problems.

This joint initiative also aims to improve the health and wellbeing of GPs, practice staff and the community. It encourages GPs and practices to sign up as participants or as a 'parkrun practice'.

The RACGP's support for parkrun stands to make a difference in people's lives. A similar partnership in the United Kingdom had great success, where parkrun was founded and more than 800 general practices have signed up as a 'parkrun practice'.

A photograph of a woman with long brown hair, seen from behind, wearing a red textured sweater. She is raising her right hand in a classroom or meeting setting. Other people are visible in the background, some blurred. The image has a blue gradient overlay on the top half.

Advocacy and communication

Advocacy and communication go hand in hand – great policies require powerful engagement and communication to effect systemic change. The ups and downs of the last year gave us the opportunity to strengthen our relationships at all levels of government, make submissions to various committees, and speak directly to the patient community of behalf of members.

We significantly expanded our media presence over 2019–20 to ensure members and the Australian community received reliable health advice during the succession of natural disasters. We published numerous resources and guidelines, and ran a major public health campaign. We also launched Facebook groups for each faculty.

Our advocacy work

The RACGP continues to play a pivotal role in advocating on behalf of its members on a range of issues and reforms affecting general practice and the delivery of high-quality and safe patient care. Relying on the expertise of our specialist membership base, we represent the GP voice by contributing to government and stakeholder consultations and releasing evidence-based position statements and reports.

We also continue to participate in varied government and stakeholder expert and advisory committees and reference groups, and regularly meet with federal and state health ministers, their advisers, federal and state health departments and a range of other key stakeholders. This vital advocacy work is supported by the RACGP Board, RACGP expert committees, state and national faculty councils and appointed Fellow representatives.

Over the course of the year the RACGP has made nearly 200 national submissions and many more state and territory submissions to governments and other key stakeholders. We continue to increase community awareness and understanding of the profession and the crucial role GPs play.

Meeting topics have included COVID-19; aged care; chemical restraints in aged care; bushfires; dementia; mental health (including suicide of veterans, depression and eating disorders); child safety; pain management; new opioids regulations; health information systems including My Health Record; national preventive health strategy; low back pain; and Medicare Benefits Schedule (MBS) reviews including otolaryngology, rural health, Aboriginal and Torres Strait Islander health, primary healthcare reform and point-of-care testing.



197
national
submissions



100+ national
representatives
appeared at
various state/territory and
national meetings, including
parliamentary hearings

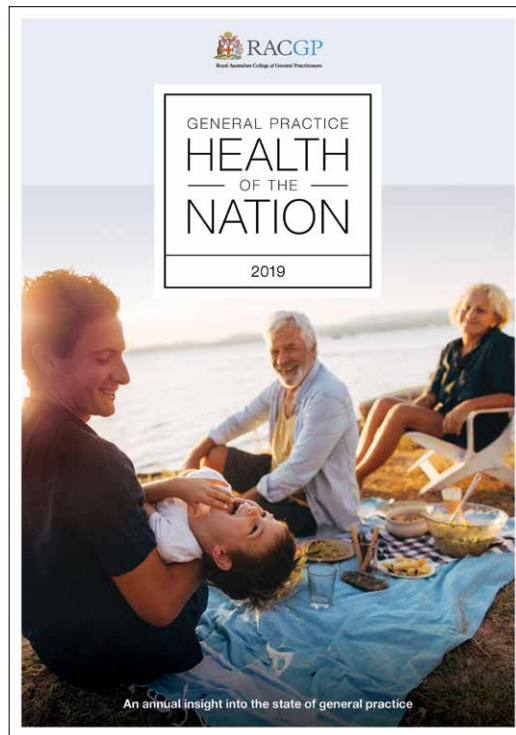
Health of the Nation

The RACGP's annual *General Practice: Health of the Nation* report reveals fascinating, alarming and insightful information about the state of general practice in Australia.

Health of the Nation collates data from various sources to provide a comprehensive overview of the general practice sector in Australia. Since it was launched in 2017, the report has provided in-depth insights about general practice in Australia.

In addition to providing information at a point in time, the report tracks trends and highlights changes across our profession from both a patient and a GP perspective.

The [2019 Health of the Nation report](#) was launched at a parliamentary breakfast in Canberra. The event was attended by some of Australia's key healthcare decision-makers, including the Federal Health Minister Greg Hunt MP, the Shadow Minister for Health Chris Bowen MP, the then Leader of the Australian Greens Senator Richard Di Natale, as well as media from all major networks and publications, resulting in widespread national coverage.



Key points from the 2019 report



Mental health continues to be the single most common issue managed by GPs



Access to general practice remains high, with 90% of the population continuing to visit their GP each year



The average patient out-of-pocket cost for general practice services is now higher than the patient rebate for a standard GP consultation



Almost one in 10 GPs state that they delay seeking care for their own wellbeing due to concerns about being reported to regulatory bodies



More medical graduates choose other medical specialties over general practice

RACGP submissions

Here are some of the highlights of the submissions that the RACGP made during the year. For a full list of submissions go to www.racgp.org.au/advocacy/reports-and-submissions



GP workforce

Title: Submission to the National Medical Workforce Strategy Steering Committee

Date: April 2020

About: The RACGP provided feedback regarding proposed solutions to issues facing the current and future medical workforce.

The RACGP aims to ensure that general practice is at the forefront of future workforce planning. We recommend that solutions supporting general practice, and incentivising careers in general practice, be prioritised. This includes plans to raise the profile and prestige of general practice, increase trainee numbers, modernise and improve the MBS, and support rollout of the rural generalist program.

Outcome: The National Medical Workforce Strategy will be published in 2021.*

Support for people with disability

Title: Submissions on the operation of the National Disability Insurance Scheme (NDIS) and care for people with disability

Date: September 2019, November 2019, April 2020

About: The RACGP provided submissions to the Joint Standing Committee on the NDIS inquiry into NDIS planning, and the review of the *National Disability Insurance Scheme Act 2013* (NDIS Act) and the new NDIS Participant Service Guarantee. These submissions provided feedback on the current operation of the NDIS and called for the role of GPs in the NDIS planning process to be enhanced. A submission was also provided to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, which highlighted issues with access to healthcare for people with cognitive disability, and the reasons why this demographic may experience violence, abuse, neglect or exploitation.

Outcome: The RACGP's advocacy has resulted in a closer, more productive working relationship with the National Disability Insurance Agency. The inquiry into NDIS planning and the Disability Royal Commission are due to be completed in 2020 and 2022* respectively, while the report from the review of the NDIS Act was handed to government in December 2019.

*Outside the reporting time frame of this annual report.



COVID-19 pandemic

Title: Submission to the Senate Select Committee on COVID-19 – Inquiry into the Australian Government’s response to the COVID-19 pandemic

Date: June 2020

About: The RACGP submission noted that GPs have responded decisively and proactively to the pandemic, implementing significant changes to the way they work. The submission addressed the impact of the pandemic on patients and specific aspects of the government’s response, including the introduction of new Medicare items for telehealth services and stimulus measures to support businesses. The submission also called for formal recognition of GPs in pandemic preparation, response and recovery. As frontline health workers, GPs must be supported by government to continue providing essential care to patients.

Outcome: The committee is due to present its final report by 30 June 2022.*



2020–21 pre-budget submission

Date: December 2019

About: The RACGP pre-budget submission called on the federal government to commit funds to:

- support the implementation of the RACGP’s [Vision for general practice and a sustainable healthcare system](#)
- conduct targeted research on how better use of general practice services can reduce emergency department presentations, hospital admissions and overall health expenditure
- address disparities in remuneration and benefits between hospital-based doctors and general practice registrars to ensure the sustainability of the future GP workforce
- fully fund the implementation of the National Rural Generalist Pathway.

Outcome: As a result of COVID-19, the RACGP made a supplementary submission in August 2020,* and the 2020–21 federal budget was delayed until October 2020.

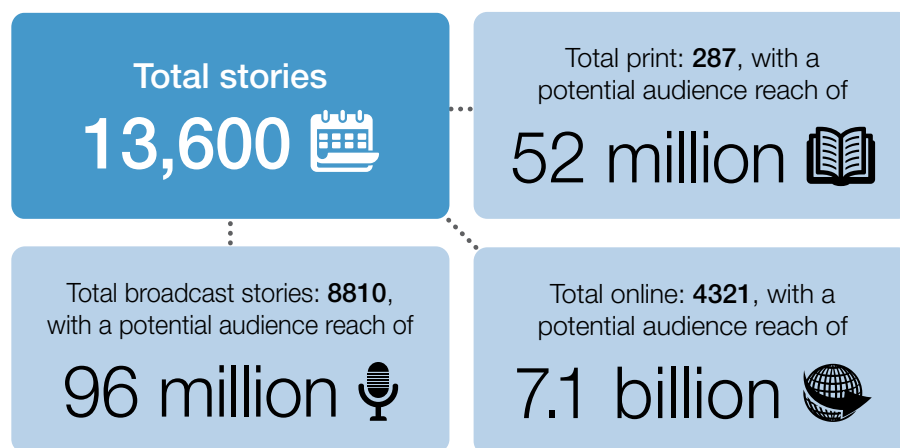
*Outside the reporting time frame of this annual report.

Media

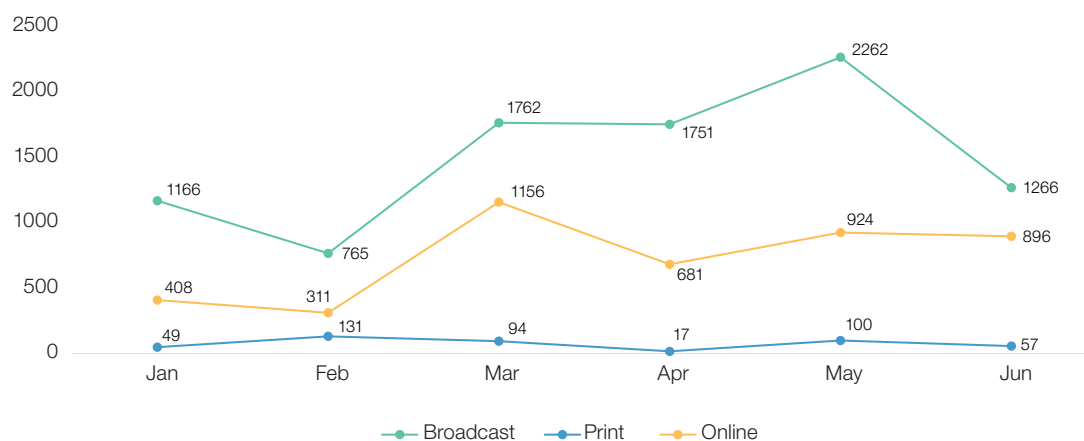
The media unit increased proactive media activities, promoting the RACGP's work and advocacy efforts. A big focus was highlighting the value of GPs in the response to COVID-19, and promoting key issues such as the need for more personal protective equipment and an extension to telehealth Medicare subsidies.

RACGP media coverage grew to new heights over the past financial year.

Total stories and audience reach*

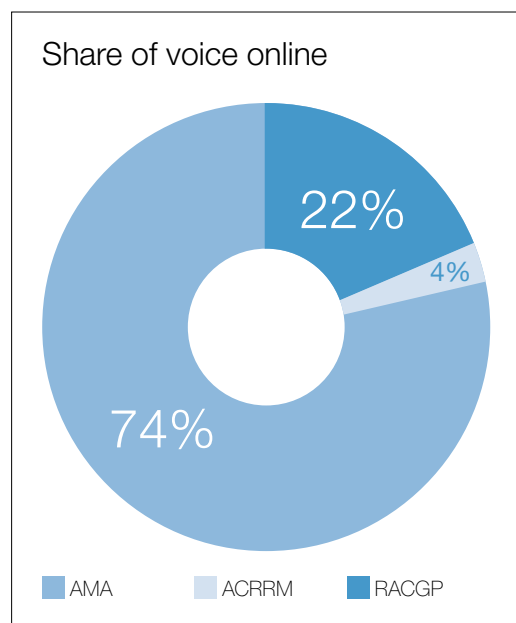
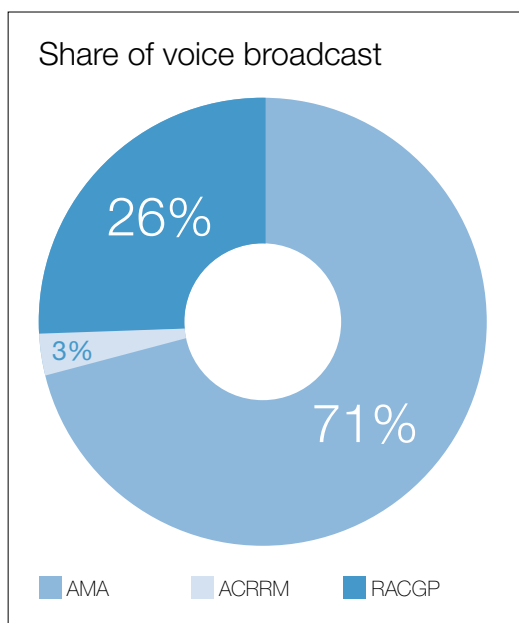


Volume of media



This graph shows the number of online, print articles and broadcast (Australian television and radio) segments that mention RACGP and its spokespeople for each month.

**All metrics are from 1 January 2020, when the RACGP started using the media monitoring platform Meltwater, to 30 June 2020.*



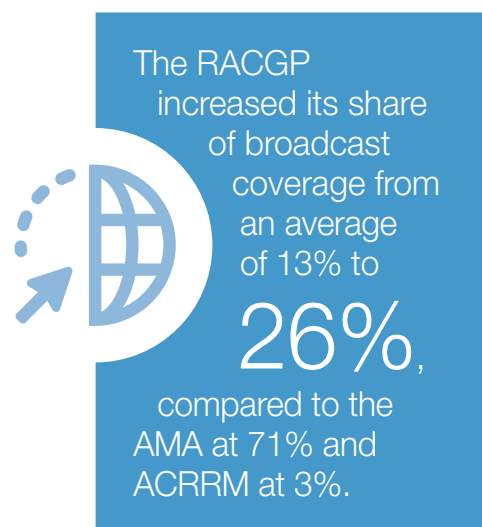
Growing share of voice

The RACGP's share of voice, or share of media coverage compared to other medical colleges, has grown.

With the increased focus on securing media to promote the value of general practice and issues of concern for GPs, the RACGP grew its share of media coverage during the financial year.

We compared our media coverage to Australia's only other general practice college, the Australian College of Rural and Remote Medicine (ACRRM), and the Australian Medical Association (AMA), which has a far larger scope of practice than the RACGP and so is typically expected to have far more media coverage.

Over the last six months of the financial year the RACGP increased its share of broadcast coverage from an average of 13% to 26%, compared to the AMA at 71% and ACRRM at 3%.



Significant media moments



A plethora of new clinical research launched at GP19

The release at GP19 of numerous new pieces of clinical research, including pre-pregnancy genetic testing, achieved coverage in mainstream media. The inaugural PitchFest was also covered by the *Adelaide Advertiser* newspaper. Medical media reported on several new RACGP projects, among them the Alcohol and Other Drug GP Education Program and the new Continuing Professional Development (CPD) Program triennium.

Sydney Morning Herald, 30 October: 'GPs urged to inform women about pre-pregnancy genetic testing'



Health of the Nation report puts GPs and mental health in the spotlight

The release of the *General Practice: Health of the Nation* report received significant media coverage, including a feature on Network Ten by Hugh Riminton, an interview on ABC Radio National Breakfast, as well as coverage in numerous radio bulletins and print articles. This allowed the RACGP to speak out on issues, including our opposition to mandatory reporting for GPs. In total, the RACGP was mentioned in 109 stories across print and broadcast media.

Sydney Morning Herald, 19 September: 'Depression, anxiety more common than coughs, colds in GP waiting rooms'



Award-winning smoking cessation guidelines

The RACGP has been particularly active in the tobacco control space. The release of our smoking cessation guidelines for GPs and a submission opposing 'heat not burn' tobacco products both received considerable media attention. The RACGP's efforts were also recognised with a World Health Organization World No Tobacco Day award.

Sydney Morning Herald, 16 February: 'Doctors hit back at "big tobacco" bid to sell vaping products in Australia'



Highlighting the essential role of general practice during bushfires

Unprecedented bushfires devastated many communities in Australia, with wide-ranging health implications. Mainstream media came to the RACGP for expert comment, particularly on the issue of bushfire smoke, and our spokespeople featured in numerous stories.

The media unit also secured widespread media coverage of the RACGP's submission to the [Royal Commission](#) investigating this national disaster. The submission highlighted the essential role of general practice in disasters, and we advocated strongly for GPs to be included in disaster planning, mitigation and response.

The Age, 22 April: 'Held up by red tape': GPs demand changes to ensure they can help in disasters'



Advocating for better support for GPs at the frontline of COVID-19

The media team rose to the occasion when the COVID-19 pandemic struck. Highlights included our advocacy on expanding Medicare subsidies for telehealth and telephone consultations, making more personal protective equipment available for general practice, and ensuring GPs are properly involved in planning, mitigation and response when health crises strike. Our late President Dr Harry Nespolon frequently featured on TV and radio news bulletins as well as in interviews across all major networks and stations – he was a prominent voice on the pandemic for many months. Our submission to the Senate inquiry into the government response to the COVID-19 pandemic featured on the front page of *The Sydney Morning Herald*.

Sunrise, 4 March: 'Anxiety grows among Aussie GPs on the front lines of coronavirus outbreak'

Sydney Morning Herald, 9 June: 'There will be another pandemic, so let's be ready, say GPs'

For more information on our work on managing the impact of COVID-19, please go to [page 29](#).

Social media

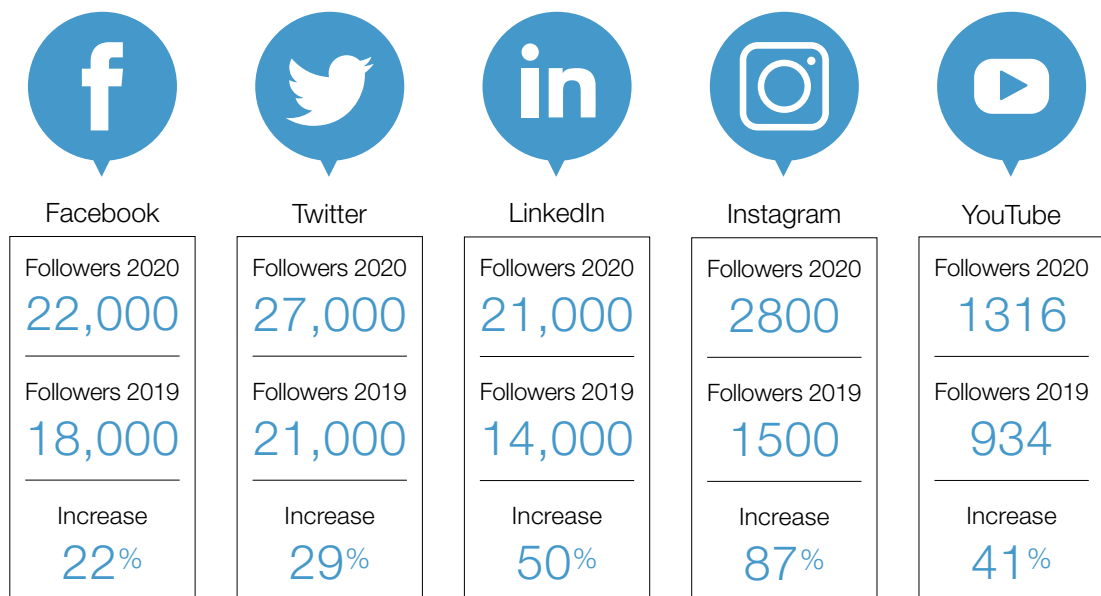
Social media is being used more than ever to keep GPs informed. The RACGP social media channels, which include Facebook, Twitter, LinkedIn, Instagram and YouTube, have not only become sources of reliable information for GPs and the community, but are also a platform to advocate on issues that matter to GPs and general practice. They also provide a space for GPs to share their thoughts and ideas with one another.



Across our channels there were **23,000** mentions of the RACGP – up **360%** from the previous year.

The RACGP social channels have continued to increase in mentions, following and engagement.

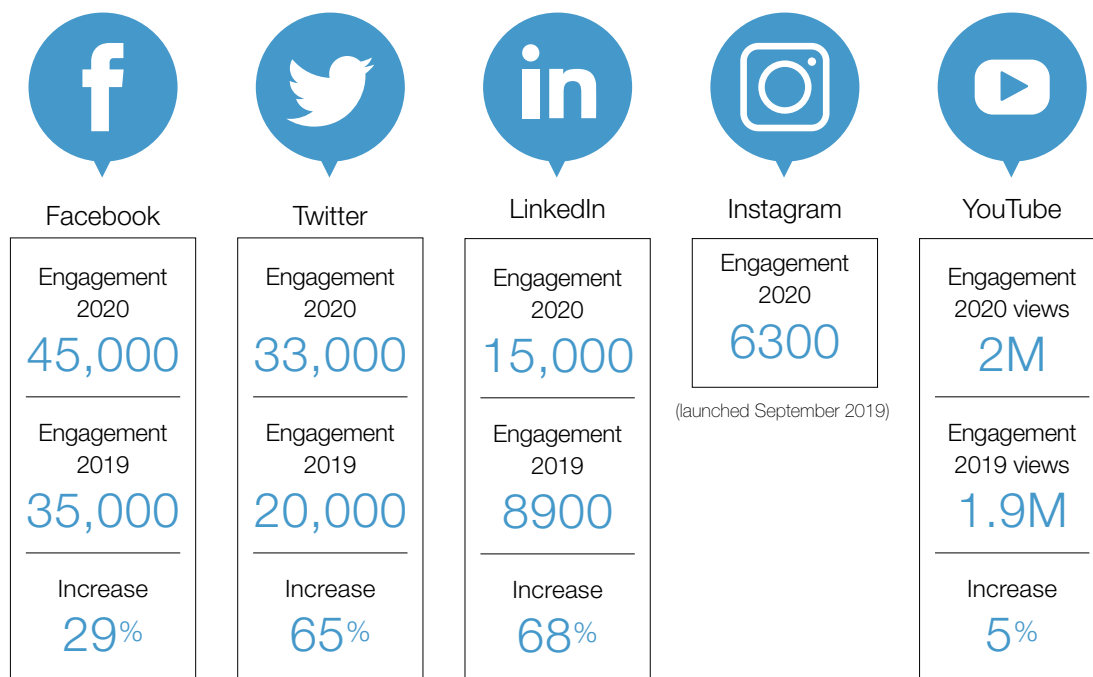
Followers



(launched September 2019)

Engagement

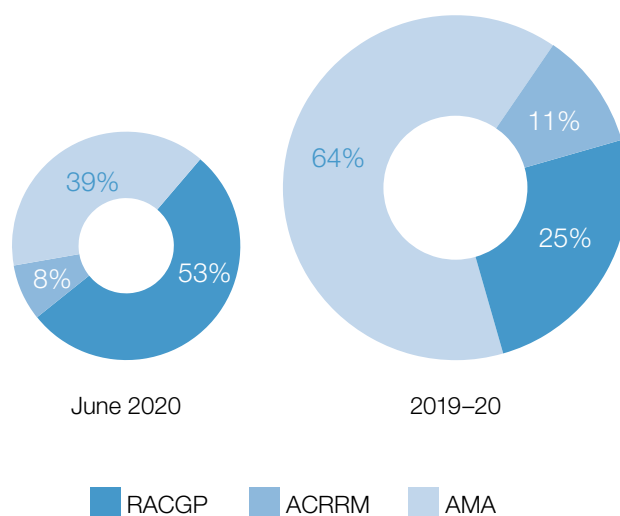
We made sure our GPs had access to the latest information including all-important resources and advice when it came to natural disasters and COVID-19 on social media. Our members have been engaging more with the content and this has been evident across our social media channels.



Social media share of voice

Our share of voice was steady at 25% over 2019–20, peaking in mid-June 2020 at 53% compared to 24% the same time last year. The increase over June was primarily due to our advocacy efforts on influenza vaccinations. A popular *newsGP* article, highlighting how [social distancing and good hand hygiene as a response to COVID-19](#) helped limit the spread of influenza, also contributed to this peak.

The charts compare the RACGP's social media share of voice for these periods with those achieved by the Australian Medical Association (AMA) and the Australian College of Rural and Remote Medicine (ACRRM).



Top social stories

We share information and, through advocacy and use of social media, champion the issues that matter to our members. Here are just some of the stories that made an impact this year.



Facebook

24 March 2020

The RACGP advocated for telehealth rebates during COVID-19

The *newsGP* story on the launch of telehealth during COVID-19 and its impact on frontline GPs earned 3304 engaged users across [Facebook](#).



RACGP

Published by Hootsuite 191 · March 24 ·

The Federal Government has heeded the call of thousands of GPs amid the #coronavirus pandemic, opening up the #telehealth eligibility criteria to all Australians <https://bit.ly/3af9Yqf>



Twitter

10 April 2020

During COVID-19, the RACGP continued to warn Australians against getting health advice from celebrities, and spoke out against those with anti-vaccination agendas.

Our late President Dr Harry Nespolon spoke out against anti-vaxxers during COVID-19. This [tweet](#) responding to Pete Evans received 713 retweets and 2300 likes.



Acting RACGP President
@RACGPPresident

A few months ago I advised anti-vaxxer/celebrity chef Pete Evans that he should stick to talking about 'activated almonds' and leave vaccinations alone. He's at it again, his time on #COVID-19 and he needs to stop.



Pete Evans is pushing a \$15,000 device to help fight coronavirus
Celebrity chef Pete Evans wants Australians to know that all they need to fight the deadly coronavirus is a \$15,000 frequency machine that uses 'harmonies ... four...
[news.com.au](#)

11:28 AM · Apr 10, 2020 · Twitter Web App

712 Retweets and comments 2.3K Likes

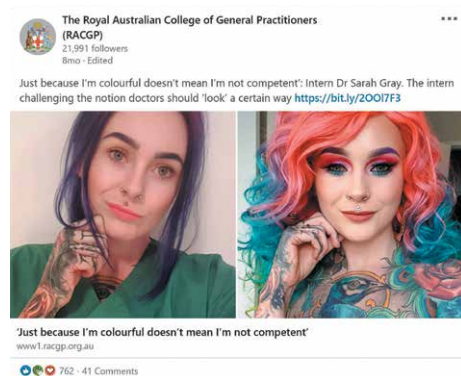


LinkedIn

28 November 2019

GPs play an integral role in our communities and make a real difference in their patients' lives.

Some medical professionals may look unconventional but are just as competent. This *newsGP* article shared on [LinkedIn](#), earning 36,538 impressions, 3791 link clicks and 764 post reactions, highlights just that.



Instagram

5 June 2020

The mental health of our members is incredibly important – that's why we've been supporting CrazySocks4Docs Day to raise awareness on the mental health of doctors in Australia.

After a phenomenal 2020 we acknowledge the hard work of our GPs and stress the importance of checking in with each another and talking openly about mental health on CrazySocks4Docs day. [This post](#) reached 1700 people and earned 146 likes.



Our online GP community

In January, we transitioned our members from the networking platform *shareGP* to Facebook groups, now home to our online GP community with over 4000 members.

The RACGP online [faculty Facebook groups](#) were set up for GPs to connect, share and collaborate through state and national faculty groups. A GP-led space, these groups allow our member GPs to talk about the issues within general practice that matter to them.

The Facebook groups have been a particularly important resource for GPs during COVID-19 and a great way for faculties to communicate with their members, sharing relevant webinars and information to support GPs.



Campaigns

RACGP campaigns highlighted the value of general practice and the pivotal role of GPs in their communities – inspiring future GPs and reminding the public that their GP should be the first person they turn to with a health concern.

It's important our campaigns represent our members and we want to make sure we know what they think. Here's what we did.

Member value proposition (MVP) project

Through one-on-one interviews and online surveys, we heard from urban, rural and remote-based GPs, from GPs who undertake CPD only, through to GPs with full membership, to gain a broad picture of what the member experience with RACGP is like and understand what matters to members.

Undertaken between May and November 2019, the MVP project has given us four key areas of value, and helped us articulate our purpose, develop a value proposition and define activities we can undertake to deliver this value.

Over the next 12 months, we'll be embedding these pillars in all our communications with members.

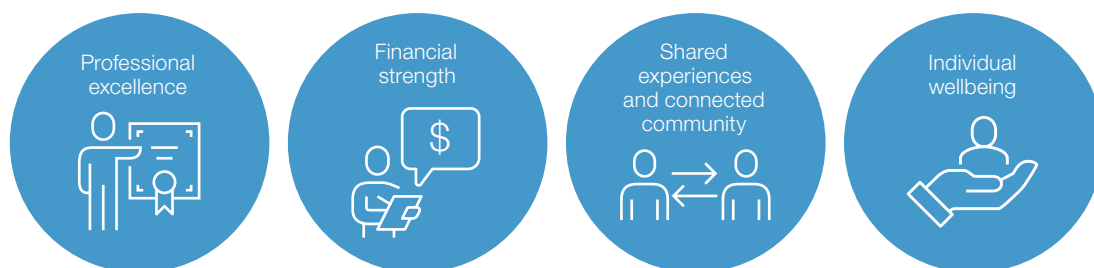
Community value proposition (CVP) project


We want our public-facing communications to reflect what the community values about GPs.

Between February and May 2020, via interviews and online surveys, we conducted qualitative and quantitative research with communities and patients from urban, rural and remote regions of Australia. We tested 'reasons to believe' statements and key features from the [Vision for general practice and a sustainable healthcare system](#) to determine which elements of the Vision resonated most.

The research showed the strongest proposition to be 'Your trusted health advisor'. It reflects the core value of GPs for the community and highlights the desired role that the community sees for GPs. It's not a tagline, but the underlying message that we will ensure all public-facing campaigns and communications deliver.

The four key areas of value are underpinned by a shared sense of purpose through advocacy.





Public campaign: 'Expert advice matters'

Running 26 April – 22 May 2020, 'Expert advice matters' reinforced the expert role of a GP in a range of scenarios, while advising the community that safe consultations are available via telephone, video or in person. We:

- communicated the importance of expert medical advice
- highlighted safe in-person and telehealth options
- encouraged the general public not to delay having health concerns checked.

Scenarios showed COVID-19, domestic and family violence, breast cancer, mental health, heart disease and vaccinations, and highlighted that now, more than ever, expert advice matters, and your GP has never been easier to reach.



77%

were aware of safe in-person consultations (up by 4% before the campaign was launched)



80%

were aware of that telehealth consultations were available (up by 5%)



The campaign reached
23% of the Australian adult population (almost one in four adults).





The campaign also significantly increased the public's consideration of visiting a GP in person and via telehealth

During the campaign period, the proportion of people feeling more positive about:

consulting a GP via telehealth increased from 42% to 63%

63%



↑21%

consulting in person increased from 45% to 67%

67%



↑22%

Telehealth options with GPs:

became more inclined to use a telephone consultation

59%



↑9%

considered using video consultations

57%



↑15%

For every 100 people who saw the campaign:



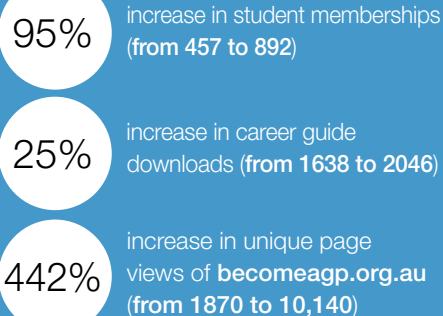
Campaigns promoting Fellowship

'Become a GP: Live a life of endless possibilities'

We focused on the 'endless possibilities' of general practice and the benefit of specialising in a variety of clinical areas as a GP.

This came after feedback from the RACGP expert committees for Pre-Fellowship Education and Post-Fellowship Education, along with research shared by Regional Training Organisations (RTOs) and focus groups run by the RACGP.

Comparing the period January–June 2019 with January–June 2020, we saw a:





To tell in-depth stories and highlight the benefits of general practice, we created a series of emails requiring opt-in. To better reach interns and residents, we increased our presence in hospitals and advertised on digital screens in hospitals. We also made more connections to the Australian General Practice Training (AGPT) Program and encouraged student membership. Campaigns ran 5 August – 29 September 2019, and 10 February – 10 April 2020.

AGPT: 'Take your next step towards a career of endless possibilities'

We worked with RTOs to encourage applications in the AGPT program to ensure that we reached our target audience with the right messages. Running 6 February – 14 May, the AGPT campaign was communicated via webinars,



Nearly **6 in 10**
AGPT applicants
were women.



social media, websites, podcasts and in e-newsletters through organisations including General Practice Registrars Australia, the Australian Medical Students' Association and the Australian Medical Association, and in the *Australian Journal of General Practice*. We ran an outbound call campaign to ask how we could help applicants complete their submission. We listened and learned about the obstacles they were facing.

The campaign generated 1174 applications, with a total of 2028 registrations at the end of the intake period, seeing a demographic split of 58% female and 42% male. The campaign promoting final 2021 intake highlights the opportunities of rural general practice and runs until September 2020.

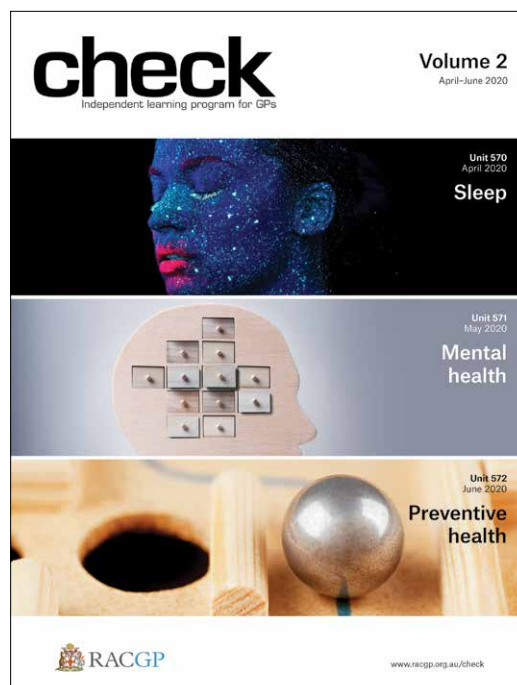


Practice Experience Program: 'Unlock your practice potential'

'Unlock your practice potential' focuses on the benefits of being in the Practice Experience Program (PEP) for non-vocationally registered doctors and for practice managers and owners in Modified Monash Model (MMM) areas 2–7, extending out to MMM1, with a view to using those benefits to entice people into regional Australia. Campaigns ran 5 August – 13 September 2019, 13–31 January 2020, 14 April – 4 May, and 29 June – 17 July 2020.*

**The final burst of the campaign runs outside of the reporting time frame of the annual report.*

Publications



Australian Journal of General Practice

The *Australian Journal of General Practice (AJGP)* publishes evidence-based articles to Australian GPs to help them provide the highest quality patient care, applicable to the varied geographic and social contexts in which GPs work and perform roles. All articles are subject to peer review. The journal is indexed in MEDLINE, Index Medicus and Science Citation Index Expanded.

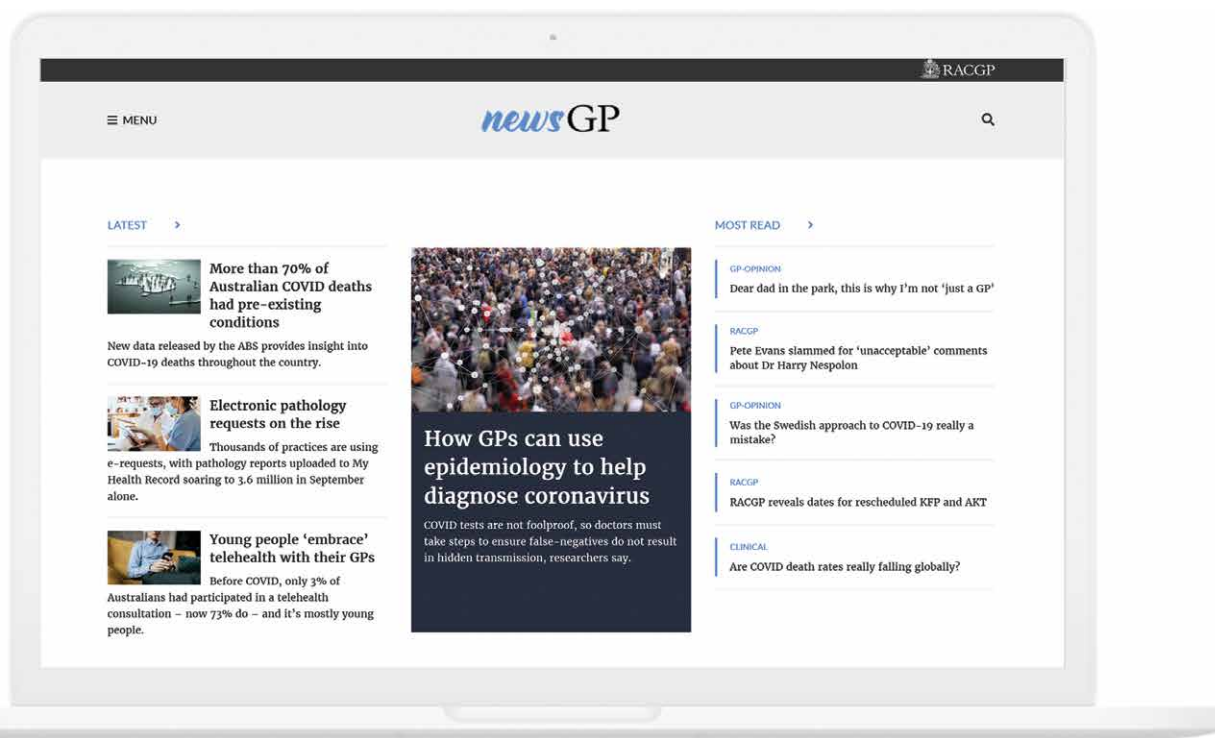
Focus topics for *AJGP* are chosen by practising Australian GPs to ensure they are relevant to members. In addition to ever-pertinent topics such as eye health, minor wounds, exercise and ageing, 2019 included an issue on the growing discipline of lifestyle medicine. Towards the end

of the financial year, we commenced preparations for an issue on sexology – a topic not previously covered by the journal – and vaccinations – a critical area as vaccine hesitancy increases, routine vaccinations are delayed and a COVID-19 vaccine is in development.

We moved to online-first publishing in April with a dedicated COVID-19 web page. Short, timely articles are peer reviewed and published digitally within 10 days of acceptance. We published 28 of these articles by the end of June, while also inviting authors to submit standard articles related to COVID-19 for print publication.

Published 11 times a year, *AJGP* had an average net print distribution of almost 37,000 copies as of October 2019,* while more than 250,000 users access the website every month.

*Audited Media Association of Australia CAB Total Distribution Audit, October 2019.



check

check is a peer-reviewed publication with Continuing Professional Development (CPD) Program activities written by expert clinicians. Each unit of *check* includes four to six clinical cases addressing a particular theme, followed by 10 multiple choice questions, with answers as well as references and resources.

check is available in hard copy (printed quarterly) and online (11 units per year). It has a quarterly print volume distribution of 8000 copies, with average monthly CPD unit completions of 2400. In total, 36,000 RACGP members received *check* each month.*

We choose topics for *check* based on member survey responses and participant feedback.

Popular topics from the second half of 2019 addressed cardiovascular health (1925 completions to date, with an additional 1081 for blood disorders), liver problems (1176 completions) and the central nervous system (1101 completions). In the first half of 2020, our stand-out units covered musculoskeletal health (1106 completions) and maternal and neonatal health (1065 completions).

newsGP

newsGP, the RACGP's online news platform, helped to keep Australia's GPs informed through a number of health crises in 2019–20, most notably Australia's summer bushfires and the COVID-19 pandemic.

*Kentico, average data 10 months to October 2019.

Our COVID-19 coverage, in particular, has been vital in providing GPs with the information most relevant to them during an unprecedented health crisis. The fact *newsGP* readership peaked at the height of the pandemic's initial wave – with 1,192,685 total page views in March 2020 – underlined the quality and value of the site's content.

We've kept members up to date with key professional information, such as the expansion and extension of telehealth subsidies, primary care funding, pharmacy prescribing, and more.

Members also turned to *newsGP* for college-related news and information important to them. Our reporting on the death of President Dr Harry Nespolon triggered an outpouring from GPs across Australia, with hundreds of members taking to the *newsGP* comments section to offer condolences and share stories of their experiences with Dr Nespolon.

For 2019–20, *newsGP* articles gained significant traction, as the following data indicate.

Referrals via social media to *newsGP*

Facebook was the most popular channel for referral traffic to the *newsGP* site.

Social network



Facebook
Page views
176,184



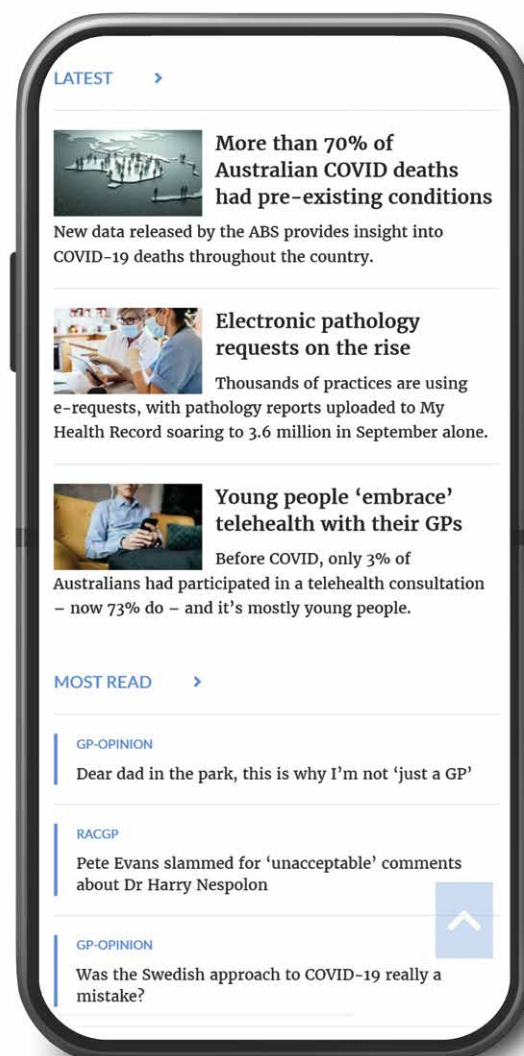
LinkedIn
Page views
25,502





Twitter
Page views
29,165

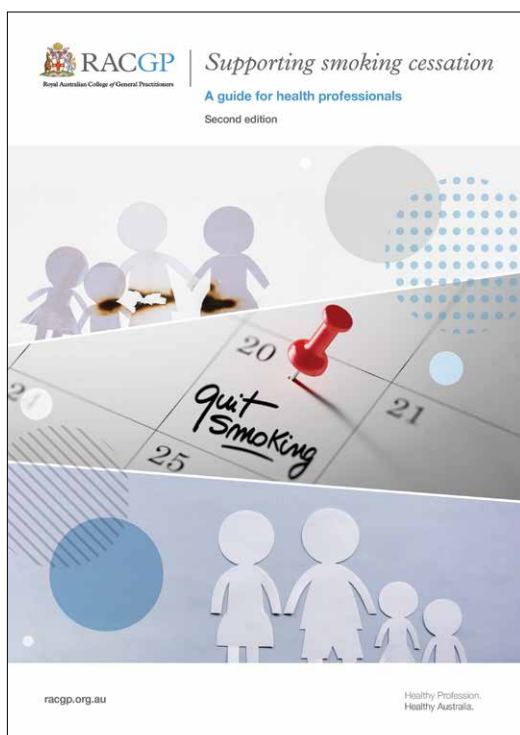


LinkedIn
Page views
287



newsGP coverage

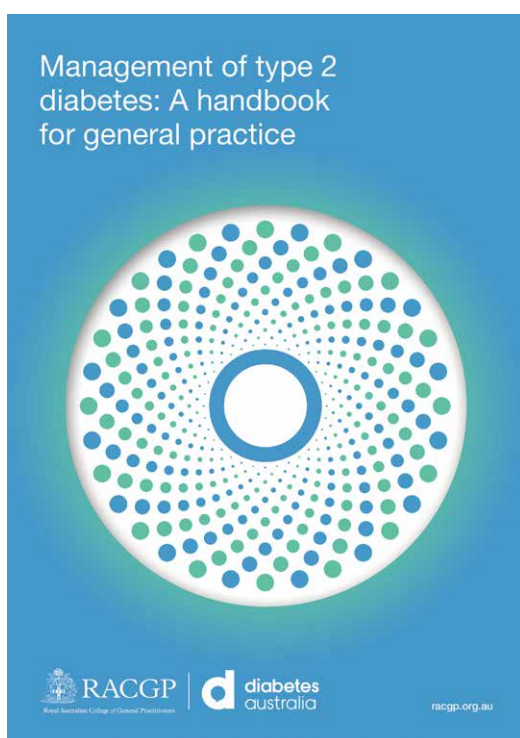
| | |
|---|--|
|  <p>Total articles 930</p> |  <p>Total page views 4,335,853</p> |
|---|--|



Long-form publications

The Publications unit worked closely with other RACGP units to produce new editions of a number of RACGP clinical guidelines, among them the [smoking cessation guidelines](#), the [Silver Book](#) parts A and B, and the [Diabetes Handbook](#).

Our other major projects for the year included the 2019 [General Practice: Health of the Nation](#) report, the updated [Vision for general practice and a sustainable healthcare system](#), and resources for the Continuing Professional Development (CPD) Program new triennium, the Practice Experience Program (PEP) and the Australian General Practice Training (AGPT) Program. The Medicare Benefits Schedule fee summary, exam reports and position statements are among many other materials we published.





Faculty and expert committee highlights

The agility and flexibility of our expert committees and state and national faculties has been tested over 2019–20 like never before. The remarkable pace at which these teams organised events, implemented initiatives and produced resources demonstrates their dedication to supporting members and patients during times of crisis.

Faculties at a glance

RACGP faculty teams across Australia ramped up their support for members affected by the bushfires and pandemic. We advocated strongly for local members throughout the COVID-19 pandemic, and remained dedicated to supporting them in their education, training and practice. Never has there been a better time to shine the spotlight on our members' achievements and commitment to their patients and profession.

State and national faculties



340 submissions, representations and advocacy opportunities



101 council meetings and engagements



346 webinars and education offerings



236 member collegial offerings



3000+ member interactions as councillors, examiners, assessors or representatives.



500+ undergraduate medical students heard presentations at careers evenings and graduations

National faculties

RACGP Aboriginal and Torres Strait Islander Health

Marked the faculty's 10th anniversary in 2020. Continued to pursue our vision for all Aboriginal and Torres Strait Islander people to receive optimal primary care from GPs and enjoy long and healthy lives.

RACGP GPs in Training

The RACGP's newest faculty, formed at the 2019 AGM to give GPs in training greater voice within the college.

RACGP Rural

Currently developing the rural generalist Fellowship, a four-year stand-alone program that aligns with a national rural generalist medicine training pathway.

RACGP Specific Interests (RACGPSI)

Continued the partnership between the RACGPSI Child and Young Person's Health network and Emerging Minds to produce a series of webinars on child and adolescent mental health.

State/territory faculties



RACGP NSW&ACT

Launched *Practice THAT!*, a new podcast for general practice managers, in March 2020, while the *Just a GP* podcast increased in subscriptions.



RACGP SA&NT

Pivoted from face-to-face to online webinars due to COVID-19. Ran 29 face-to-face workshops and collegial events and 20 webinars, attracting more than 4104 members in total.



RACGP Western Australia

Designed and delivered the Urgent Care procedural skills refresher training as part of a pilot project to establish a GP Urgent Care Clinic Network in metropolitan Perth and Bunbury.



RACGP Queensland

For the first time, held a regional Queensland Fellowship and Awards Ceremony in Townsville. This was in addition to the Brisbane ceremony, helping ensure support to members over the state.



RACGP Tasmania

Advocated to state and federal politicians on issues facing general practice, resulting in a one-off payment of \$10,000 to every general practice in Tasmania to help cover additional costs involved in purchasing personal protective equipment (PPE) and supporting their teams during COVID-19.



RACGP Victoria

Being in the state hardest hit by COVID-19, continued to advocate for better support for GPs, including greater GP involvement in pandemic planning and response, and appropriate provision of resources such as PPE.



Find out more about how the RACGP managed the impact of COVID-19 on page 29.

RACGP NSW&ACT

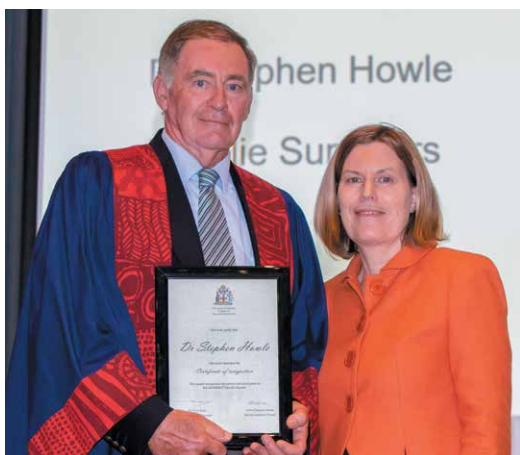
Associate Professor Charlotte Hespe

MBBS (Hons), FRACGP,
DCH (Lon), GCUT, FAICD

Chair, RACGP NSW&ACT

RACGP NSW&ACT had another big year in 2019–20. We supported our 13,271 members through bushfires and floods and now the COVID-19 pandemic, but still found time to celebrate important occasions such as the New South Wales and Australian Capital Territory Fellowship and awards ceremonies and run our busy calendar of education and networking events.

The floods and bushfires that ravaged so much of NSW and the ACT in the summer of 2020 had a profound impact on our GPs. In response, we formed the GP Disaster Advisory Group to gather and disseminate information to GPs in affected areas. We collaborated with a broad family of organisations – including the NSW Rural Doctors Network, the Australian College of Rural and Remote Medicine, GP Synergy, the Australian Medical Association, NSW Health and other



Dr Stephen Howle with Dr Kerry Chant.



Associate Professor Charlotte Hespe

state-based emergency response groups – to devise a cohesive plan for delivering respite locum services. We personally contacted many practice managers in affected areas to offer our support and assistance during this very stressful time.

Throughout these natural disasters, and now as we deal with the COVID-19 public health emergency, our faculty has joined with national RACGP leadership to advocate for GP involvement in planning for disaster response and management at federal, state and local levels. We have also advocated strongly for mental health services in the wake of these crises and created an RACGP NSW&ACT COVID-19 virtual community of practice with the involvement of GP leaders from across the state and territory.

The pandemic has shaken up many areas of general practice, not least education and training. Social-distancing measures meant the cancellation of the Objective Structured Clinical Examination (OSCE) and the creation of a transitional remote exam (the Remote Clinical Exam) and a new permanent exam (the Clinical Competency Exam). The RACGP NSW&ACT team has done its best to support candidates and examiners during this necessary upheaval.

Perhaps the biggest change to our profession caused by COVID-19 has been the introduction of new Medicare Benefits Schedule item numbers for telehealth services. I worked closely with our late President, Dr Harry Nespolon, to obtain funding to ensure NSW and ACT patients could continue to consult their regular GPs.

Our faculty office had to move due to works being undertaken in the building. We were lucky to find temporary accommodation in the adjacent building and continue business as usual.

In more positive news, we formed the Women in GP Leadership group in June last year to provide a forum for women in the profession to discuss and develop their leadership skills and networks, and share knowledge and resources. The group meets regularly and welcomes new members. And we held the ACT Fellowship and Awards Ceremony on 21 September, and

NSW Fellowship and Awards Ceremony on 16 November 2019, which were wonderful occasions and, of course, proud moments for our new Fellows and their families.

We're always looking for new ways to communicate with members, and in March we launched *Practice THAT!*, a new podcast for general practice managers. Meanwhile, our multilayered podcast for a multilayered profession, *Just a GP*, has gone from strength to strength, garnering great subscription and download figures.

Finally, I'd like to pay my respects to RACGP President Dr Harry Nespolon, who passed away in July after a brief battle with pancreatic cancer. Dr Nespolon was a tireless advocate for GPs and for the good health of all Australians. He will be missed.

We look forward to a productive and less turbulent 2020–21.



Left: Find your hobby – knitting session at 2020 Wellbeing Weekend in Coffs Harbour. **Top right:** Post-event networking at the 2019 Faculty Member Meeting, with Dr Kerry Chant and Associate Professor Charlotte Hespe. **Bottom right:** Post-event networking at the 2019 Faculty Member Meeting, with (L–R) Dr Mary Beth MacIsaac, Dr Rebekah Hoffman and Dr Jessica Tidemann.

RACGP SA&NT

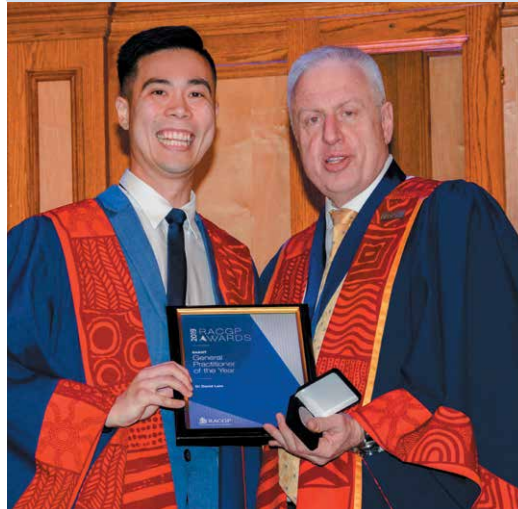
Dr Zakaria Baig

MBBS, FRACGP, FACRRM
Chair, RACGP SA&NT

This year has been challenging for all of us with the COVID-19 pandemic. It has, however, shown the nation how resilient, dedicated and resourceful our GPs really are.

RACGP SA&NT has been consulting closely with SA Health on COVID-19 and how best to equip GPs and primary care to battle this pandemic. We began delivering webinars tailored to local GPs and practice teams, and these soon became regular statewide collaborative events involving key stakeholders.

We were instrumental in ensuring that GPs were positioned within SA Health. The GP Liaison role was created under the instruction of the Chief Public Health Officer, Associate Professor Nicola Spurrier, who identified early in the pandemic the vital role GPs play in not only testing patients but also in delivering care to those who test positive.



RACGP SA&NT 2019 Fellowship and Awards Ceremony – Dr David Lam, 2019 GP of the Year and Dr Harry Nespolon, RACGP President.

Dr Daniel Byrne (former RACGP SA&NT Chair) and Dr Emily Kirkpatrick (current RACGP SA&NT Deputy Chair) created clear links between the Department for Health and Wellbeing, GPs and the community, ensuring GPs were included in the pandemic response. Their communication with the primary care sector has been praised, and has earned overwhelming support from RACGP members. We continue to discuss this vital role with the SA Minister for Health and Wellbeing to ensure that this new integration of GPs remains a priority.



NT 2019 Fellowship and Awards Ceremony – New Fellows.

We have also continued to advocate for general practice through several meetings with the following:

- SA Minister for Health and Wellbeing – regarding areas such as COVID-19 public health information sessions, updates, community advice and the current response, and workforce concerns
- SA Shadow Minister for Health and Wellbeing – regarding the COVID-19 response
- NT Health Minister – regarding COVID-19 support for GPs and practices, personal protective equipment and workforce concerns
- Wellbeing SA (SA Health) – regarding preventive health activities, committees and collaborations
- National Medical Workforce Strategy Consultation Forum
- SA Health, Adelaide PHN, SA Pathology and the Aboriginal Health Council of South Australia – regarding the impact of COVID-19, the GP workforce and management of the virus
- South Australian Health and Medical Research Institute (SAHMRI) – regarding bowel cancer screening
- National Medical Workforce Strategy
- SA Health – regarding Priority Care Centres

- Regional Training Organisations (RTOs), Primary Health Networks (PHNs) and ReturntoWorkSA.

Although we've had to cease face-to-face education for most of 2020, we expanded our calendar of events to include a range of webinars. Across the 2019–20 year, we've delivered education through 29 face-to-face workshops and collegial events and 20 webinars, which attracted more than 4100 members.

We're also extremely proud of our 2019 RACGP SA&NT award winners and three national award winners:

- Dr David Lam – RACGP SA&NT and national General Practitioner of the Year
- Dr Raphael Torome – RACGP SA&NT and national General Practice Supervisor of the Year
- Dr Rebecca Mott-Lake – RACGP SA&NT General Practice Registrar of the Year
- Hawkins Medical Clinic, Mount Gambier – RACGP SA&NT and national General Practice of the Year
- Dr Mark Miller – The Rose–Hunt Award

Through these challenging times, we remain committed to representing the best interests of urban, rural and remote GPs in South Australia and the Northern Territory.



SA 2019 Fellowship and Awards Ceremony – New Fellows.

RACGP WA

Dr Sean Stevens

MBBS, DRACOG, FRACGP, MBA, GAICD
Chair, RACGP WA

Proactive political engagement with state and federal politicians by RACGP WA councillors has been our priority during the year. These engagements, in addition to regular meetings with the Western Australian (WA) Minister for Health and participation in ministerial roundtables, have been strategic in intent. The development of longer-term relationships has already led to requests for input into the implementation of voluntary assisted dying legislation and the consequent interest in improving palliative care.

During 2019, the faculty team contributed to the design and delivery of Urgent Care procedural skills refresher training as part of a pilot project to establish a GP Urgent Care Clinic Network in metropolitan Perth and Bunbury. Our project involvement allowed us to engage with a range of GP members with special skills and interests to ensure the education was GP-led and relevant to the urgent care setting in general practice. We also worked with non-GP specialists and allied health professionals, including physiotherapists as well as senior nurses with extended skills and experience in burns and other wound management.



Dr Sean Stevens

Involvement with the project has strengthened our relationship with WA Primary Health Alliance, Australian Medical Association (WA) and WA Health.

Another noteworthy activity in the 2019–20 calendar was the second annual New Fellows Conference, held at The Vines Resort in the Swan Valley. After a day's clinical education with 50 participants, most stayed overnight and attended a memorable family barbeque in the evening. On the following day, a half-day Business of General Practice workshop attracted more attendees to learn about the commercial and related aspects of practising as a GP.



Left: Suturing workshop, International Women's Day breakfast. **Right:** Panellists (L–R) Dr Olga Ward, Dr Jodi White, Professor Desiree Silva, Dr Mariam Bahemia and Professor Megan Galbally.

RACGP Queensland

Dr Bruce Willett

MBBS, FRACGP

Chair, RACGP Queensland

The 2019–20 year began with a celebration of achievement and collegiality with two Queensland Fellowship and Awards ceremonies. In addition to our annual Brisbane ceremony, attended by 171 new Fellows and award winners, we held a regional ceremony. Twenty-six new Fellows, academic and faculty award winners, and their families and friends were joined in Townsville by the RACGP President, Vice-President, RACGP Queensland Council and local, state and federal government representatives. The regional ceremony will now be an annual feature on the faculty calendar.

Another new tradition, which began in Townsville, is inviting a member of the graduating class to share the story of their pathway to Fellowship. Listening to this story in Townsville was a



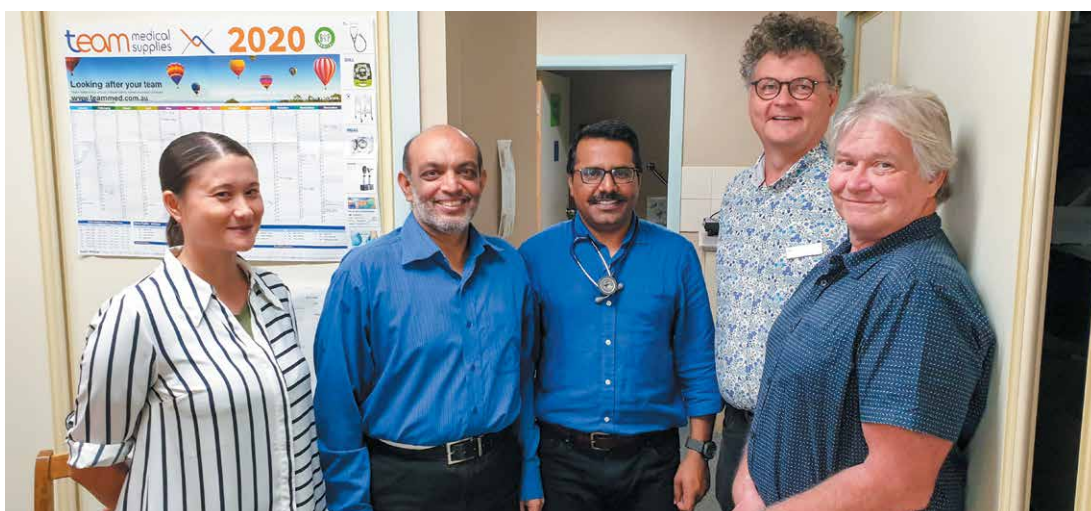
Dr Bruce Willett (left) with Associate Professor Brad Murphy.

wonderful experience and a reminder that each of us has a personal journey – the living narrative of general practice.

Each year, the Queensland faculty Chair and State Manager conduct a series of regional roadshows. Before COVID-19 travel restrictions commenced we completed one roadshow,



RACGP Queensland Council members with the RACGP President and Vice-President, Townsville.



Top: (L–R) Dr Joanne Miller, Dr Shafiq ur Rehman, Dr Muhammad Shah, Dr Bruce Willett and Dr Bradley Olsen visiting members at the Bundaberg West Medical Centre, February 2020. **Left:** Dr Michael Clements talking to future GPs at the JCU Graduating Doctors' Breakfast, sponsored by RACGP Queensland, Townsville, December 2019. **Right:** Dr Yakao Yasmitsu and Dr Anna Mullins enjoy morning tea at the RACGP Queensland New Fellows Hot Topics event, Brisbane, March 2020.

visiting the Wide Bay Burnett area. Meetings were held with local general practices and the local Primary Health Network (PHN) office. A feature of the regional roadshows is 'meet and greet' networking. At least a dozen local GPs attended our Bundaberg meeting. Our visit to the Wide Bay Burnett region concluded after an early morning catch-up with 25 college members preparing to sit the 2020.1 Key Feature Problem (KFP) examinations in Bundaberg.

RACGP Queensland continues to serve GPs from all over the state – remote, rural, regional, outer-metropolitan and inner-urban areas. In August, we held both our annual faculty members meeting and a Council meeting in Townsville. In November, our Deputy Chair and State Manager represented the faculty at a two-day summit hosted by Western Queensland

PHN in Mount Isa. We have also maintained our strong presence in the advocacy space, with briefings, submissions and meetings with many Queensland MPs and government departments, PHNs and other key stakeholders.

COVID-19 restrictions have had a huge impact on all of our lives. They have also affected many activities we'd planned for 2020. But, over the past four months, the faculty team has transitioned seamlessly through the restrictions, mastering cyberspace to deliver 17 Zoom meetings and webinars for more than 1780 members, on top of the usual business activities that occur in the background, unbeknown to most of us.

Last but by no means least, we will soon open a second office in Queensland to better support our members in the Top End of the state.

RACGP Tasmania

Dr Timothy Jackson

MBBS, BMedSci, DRANCOG, Advanced Clinical Cert Skin Cancer and Surgery, GAICD
Chair, RACGP Tasmania

The past year has been a time of considerable change for RACGP Tasmania. Faculty Chair, Associate Professor Jennifer Presser, stepped down at the end of 2019, and I was honoured to be elected to the role. In January, we welcomed a new State Manager, Catherine Back, who replaced Matthew Rush when he accepted a national role as Head of Faculties.

The COVID-19 pandemic resulted in the Tasmania team working from home from mid-March, returning to the office on 29 June. During this challenging time, faculty staff provided a commendably high standard of support and seamless continuity of services. The development of virtual meetings for members to stay connected with their colleagues was very successful.

Advocating for general practice is an integral role of the faculty, but during the COVID-19 pandemic this work increased dramatically. Catherine Back and I met regularly with state and federal politicians, the Department of Health, and state health stakeholders to promote a greater understanding of the issues facing general practice. This advocacy secured a \$10,000 General Practice State Grant for every general practice in Tasmania to assist in COVID preparedness and support practice teams. The Tasmanian Minister for Health, Sarah Courtney, continues to request advice and clarification on many issues, particularly the pandemic, directly from the faculty.

We have also been active members of the Tasmanian General Practice Forum this year, discussing and reviewing current information on pandemic preparedness, coronavirus testing and access to PPE and other issues related to general practice. As a united general practice group, we've used these collaborations to advocate for general practice to the state government.



Top: Dr Timothy Jackson. **Bottom:** New Fellows along with Council members and RACGP President Dr Harry Nespolon.

We are acutely aware of the challenges our members have faced as they worked on the frontline to protect our communities from the pandemic. I'm very proud of the resilience shown and hard work performed by our members, particularly those in the north-west who managed the localised COVID-19 outbreak so well. One of the strategies that the faculty employed to support some GPs and practice staff who were having a particularly difficult time was to surprise them with 'care packages' that contained Tasmanian-made 'medicinal fudge' and cordials, RACGP-branded socks and personal hand sanitisers, among other goodies. The response to these simple gifts has been heartfelt.

The year 2020 will be remembered for when the RACGP stood strong for general practice, GPs and our communities. Unprecedented advocacy and visibility around the COVID-19 pandemic response has underlined the utmost importance of a sustainable, world-class primary healthcare system as the cornerstone of a healthy nation.

I would like to thank my Council colleagues, faculty staff and the Tasmanian general practice community for their tireless work. The pandemic has brought out the very best in our profession.

RACGP Victoria

Dr Cameron Loy

MBBS, BMedSc (Hons),
FRACGP, FARGP, DCH,
DRANZCOG, GAICD
Chair, RACGP Victoria

History will show 2020 to be a year we'll be talking about for a long time. Catastrophic fires followed by a pandemic have tested us as GPs. We've seen changes in the way we work, and our communities and colleagues have repeatedly been tested. Few in our communities know those communities as well as GPs do. We're part of people's lives and are their most important health contact. During the fires, we experienced the consequences of a flawed Victorian disaster plan that did not include general practice in its response. And communities naturally turned to their GPs. Now, as the COVID-19 pandemic rolls on, we have daily conversations with patients and our colleagues as our communities ask questions, seek clarification and reveal their anxieties and fears.



Dr Cameron Loy at the Members Meeting and Awards Night 2019.

Nationally, we're seeing significant changes following the urgent implementation of telehealth and the redesign of our working days in this pandemic. These changes have brought the government of Victoria closer to general practice. This relationship is strong and will continue to strengthen.



Representatives from the Bendigo & District Aboriginal Co-operative (BDAC) – Victorian General Practice of the Year 2019.

Our faculty Council and staff have continued their work in difficult circumstances. We welcomed Kon Kakris as our new State Manager. We've faced challenges with having to postpone the Objective Structured Clinical Examination (OSCE) and redesign it for the future. My particular thanks go to Dr Maged Ghattas, who was our Assessment Panel Chair until May. The committees of our faculty have continued to advocate for members and deliver education and peer support. Faculty committees form an essential part of what we do and provide excellent opportunities for becoming involved in the RACGP and helping shape our programs.

The past 12 months have also seen the realisation of SafeScript, a real-time prescription monitoring service for which our faculty members have been key stakeholders, working together to make a significant public health initiative fit into our workflows as best we can. I think we saw the best public health intervention rollout I am likely to see in my career.

Our faculty sought to be a source of information and advice as the pandemic developed and as it continues to roll on. Activity on our website indicates how much members are seeking

information. Our ongoing and successful webinars provide direct face-to-face interactions with the Chief Health Officer's unit and government decision makers. In particular, Drs Anita Muñoz, Karen Price and Bernard Shiu have stepped in and expended considerable time and effort to help members get the information they need and raise concerns.

Victoria has seen outbreaks occur and we still have problems, especially with protective equipment, but the activities of faculty representatives have helped get our concerns heard. The pandemic will likely go on for many more months, if not years. Every practice and every GP has had to make changes, and we've demonstrated how flexible we can be and how important we are to the health of our communities. Our communities know that expert advice matters, and we've shown what we can deliver.

RACGP Victoria will continue to meet the challenges. For our members, now more than ever is the time to get involved and be part of the significant changes that are going to occur within our profession in the coming years.



Clockwise from top left: Victorian Council Chair, Dr Cameron Loy presenting certificate to Dr Jo-Anne Manski-Nankervis, recipient of the Therapeutic Guidelines Limited (TGL)/RACGP Foundation Research Grant. Dr Nirosh Amarasekera – Victorian General Practice Supervisor of the Year 2019. Dr Caroline Johnson – Victorian General Practitioner of the Year 2019. Group photo – Victoria Fellowship and Awards Ceremony 2019.

RACGP Rural

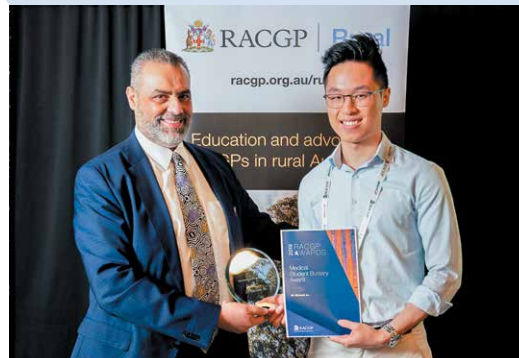
Associate Professor Ayman Shenouda

MBBCH, FRACGP, FARGP,
DipDerm (UK), GAICD
Chair, RACGP Rural

It's been a challenging year, and the critical role general practice plays in the health of rural communities has been highlighted during the response to COVID-19 and the devastating bushfires. The RACGP's commitment to rural GPs is stronger than ever. Over the last 12 months, we've undertaken vital work towards achieving equitable access to high-quality primary care in every rural and remote community.

With more than 20,000 members and more than 9500 practising GPs working in rural and remote Australia, RACGP Rural provides a strong voice for rural general practice at all government levels. We continue to advocate for a sustainable rural health system that is viable, safe and accessible.

We have engaged with the federal government to support and grow the rural and remote GP workforce, including continued collaboration with the National Rural Health Commissioner, Emeritus Professor Paul Worley, in his work on the National Rural Generalist Pathway (NRGP). As a member of the Rural Generalist Recognition Taskforce, we've overseen the process of applying to the



Associate Professor Ayman Shenouda presenting the 2019 Rural Student Bursary Award to Mr Michael Au at the Rural Member Meeting during GP19 in Adelaide.

Medical Board of Australia for recognition of rural generalist medicine as a protected title within the specialty of general practice.

We provide members with access to professional development that specifically addresses rural health needs, including the new RACGP Rural Generalist Fellowship currently in development. This new Fellowship demonstrates our commitment to flexible and robust training that meets the changing needs of the rural GP workforce.

We've been meeting with state and territory health departments and training organisations to discuss the implementation of the NRGP, and providing feedback as states and territories start establishing their coordination units.

We've also worked with the Department of Health to increase the flexibility of the AGPT Rural Generalist Policy, allowing trainees to opt into or out of the policy, depending on their needs and those of their community.

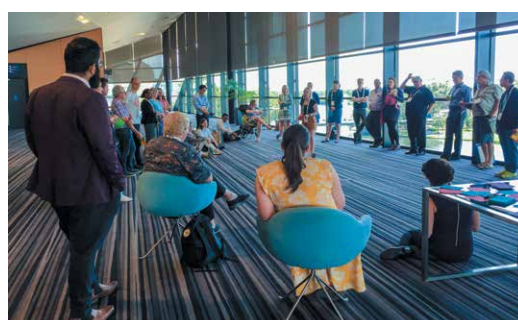


Members of the RACGP Rural Council at the 2019 Rural Member Meeting held during GP19 in Adelaide. L-R: Dr Rod Omond, Dr Lizzi Shires, Dr Chris Mitchell, Dr Tim Mooney, Associate Professor Ayman Shenouda, Dr Sue Page, Dr Michael Clements, Associate Professor John Kramer, Dr Lorin Monck.

And, we're proud to represent member interests, contribute to positive rural reforms and deliver education initiatives through the following:

- **Action in policy** – leading the response, or providing input, to 17 submissions, and attending more than 50 broader stakeholder meetings
- **Delivering our rural Fellowship** – overseeing 111 new Fellowship in Advanced Rural General Practice (FARGP) enrolments and 34 graduates, taking total graduates to 677
- **Modern, robust curricula** – updating the FARGP curricula to strengthen our rural training options as we transition to the new Rural Generalist Fellowship
- **Education delivery** – offering five point-of-care ultrasound workshops, five online mental health skills training intakes, cognitive behavioural therapy skills, the rural hospital clinical simulation and eight rural health webinars attended by more than 2000 rural GPs
- **Rural Procedural Grants Program** – processed a total of 1973 rural procedural grants claims
- **RACGP Rural GP Summit** – held in Alice Springs, arranging for more than 100 rural health delegates to discuss rural workforce distribution and identify practical solutions
- **GP Anaesthesia working group** – providing valuable advice and insight into all aspects of general practice anaesthesia practised in Australia

My thanks go out to all, including our faculty Council, Education Committee and the RACGP Rural faculty team, who made this success possible.



Top to bottom: GPs attending the Rural Hospital Clinical Simulation pre-conference active learning module for GP19, October 2019, held at the state-of-the-art Adelaide Health Simulation Centre. WA GPs attending the 'Introduction to point-of-care ultrasound workshop', February 2020, Geraldton. GPs attending RACGP Rural's session 'Rural mental health: The consult room and beyond' at GP19, facilitated by Dr Ashlea Broomfield. Associate Professor Ayman Shenouda, Hon Mark Coulton MP, Minister for Regional Health, Dr Ewen McPhee, ACRRM President, at the Rural Health Stakeholder roundtable meeting to bring together key stakeholders to develop rural health policy.

RACGP Specific Interests

Dr Lara Roeske

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

RACGP Specific Interests (RACGPSI) continues to play an important role within the RACGP in representing, supporting and advocating for members with a specific interest in an area of general practice. Our 31 chairs, who comprise the RACGPSI Council, regularly represent the RACGP on outside stakeholder committees. Members provide feedback for RACGP government submissions, senate inquiries and member resources, such as the update of the former *Medical care of older persons in residential aged care facilities* (Silver Book) to a fifth edition.

A highlight of the year has been the ongoing partnership between the RACGPSI Child and Young Person's Health network and Emerging Minds to produce a series of webinars on child and adolescent mental health.

The RACGPSI Sport and Exercise Medicine network has held webinars and state-based events in conjunction with parkrun Australia. The RACGPSI Refugee Health network continues to actively support the RACGP with guidance on matters related to refugees and asylum seekers. The Climate and Environmental Medicine network successfully advocated to the RACGP Board for the college to declare climate change a health emergency.

GP19 included the 'vulnerable groups' active learning module (ALM), a collaboration of four



Top: Dr Lara Roeske. **Bottom:** RACGPSI Chairs at the Council meeting, College House, 17 February 2020, pictured with Chair, RACGPSI, Dr Lara Roeske, and Chair, RACGP Board, Ms Christine Nixon.

networks – Abuse and Violence in Families, Addiction Medicine, Custodial Health, and Refugee Health. The Sexual Health Medicine network also ran a workshop – 'A sexual health medley: Detect, prevent, treat' – and many other network chairs and members contributed to sessions.

In response to the COVID-19 pandemic, we've refocused our activities. Many of our networks have developed resources and educational activities to support members during these challenging times. A priority for the RACGPSI in the coming year is a continuation of the pilot to implement the Post-Fellowship Recognition Pathway, with the faculty supporting four networks to advance the inaugural pilot. We continue to support networks and members in their specific interest areas, through education, advocacy and collegiality.

RACGP Aboriginal and Torres Strait Islander Health

Professor Peter O'Mara

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

This year has been one of many contrasts, and I'd like to acknowledge the hard work and dedication of our Council, Education Committee and faculty staff during this time.

I also acknowledge the support of our 11,300 faculty members as we all strive to improve health outcomes for Aboriginal and Torres Strait Islander people and communities in often adverse conditions.

I'm pleased to say, however, that we have cause to celebrate this year, which marks the 10th anniversary of RACGP Aboriginal and Torres Strait Islander Health. Thank you again to all those people who have made significant contributions to the faculty over the past 10 years.

Throughout the year, the faculty has been busy developing resources and providing advice to our members and our GPs in training as we all navigate these uncertain times.

Our partners and key stakeholders are crucial to supporting our work. This year we signed our second Memorandum of Understanding with the National Aboriginal Community Controlled Health Organisation (NACCHO).

In collaboration with NACCHO, the Lowitja Institute network and the Australian National University, we've developed a series of evidence-based recommendations to help respond to the COVID-19 pandemic.



Top: Professor Peter O'Mara. **Bottom:** Wurundjeri women's dance group Djirri Djirri opened the 10th anniversary celebration with songs and dances local to the country on which the National Office is located.



L-R: Jenny Reath, Hung The Nguyen, Brad Murphy and Alan Brown with awards of acknowledgement for their contributions in establishing the faculty. Photo by Jalaru Photography.

Focusing on prevention and management, these recommendations help answer questions for healthcare workers in Aboriginal Community Controlled Health Services and other primary care settings. The recommendations are available on the [NACCHO](#) website.

We've also been working with NACCHO to develop a [resource hub](#) to help GPs and practice teams provide culturally responsive, high-quality healthcare for Aboriginal and Torres Strait Islander people.

As we all transitioned to working in the new COVID-19 environment, our faculty was well placed to deliver online training opportunities for our members.

Working with the Aboriginal Health & Medical Research Council of NSW and NSW Health, we produced a series of [webinars](#) aimed at providing GPs and other health professionals working in

Aboriginal Community Controlled Health Services with the latest information to support culturally responsive primary healthcare.

We've also partnered with Cancer Australia to produce a three-part webinar series titled 'Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer'. These informative webinars can be found on our [resource hub](#).

Our advocacy work is also very important to us, and we're always grateful to our members who support us in these efforts.

In closing, I'd like to acknowledge the RACGP's commitment to reconciliation. With work on the Innovate Reconciliation Action Plan (RAP) commencing this year, I'm proud to be a member of an organisation that strives to improve the lives of Aboriginal and Torres Strait Islander people and communities.

RACGP Aboriginal and Torres Strait Islander Health: Celebrating 10 years

This year marked the 10-year anniversary of RACGP Aboriginal and Torres Strait Islander Health. With the faculty formally established on 19 February 2010, the 10-year anniversary highlights the RACGP's long-term commitment to prioritising Aboriginal and Torres Strait Islander health.

We are proud of what we have [achieved over the past 10 years](#), including the redesign of the RACGP Fellowship gown, the Memorandum of Understanding with NACCHO and our ongoing support for the [Close the Gap Campaign](#).

Faculty Council members, RACGP staff and the RACGP Reconciliation Action Plan Work Group and Advisory Group members celebrated the milestone at an event on 10 February 2020, held at the National Office in East Melbourne.



Wurundjeri women's dance group Djirri Djirri opened the 10th anniversary celebration with a series of songs in Woivurrung and dances local to the region of Melbourne where the National Office is located. Photo by Jalaru Photography.



RACGP Aboriginal and Torres Strait Islander Health 10th anniversary event attendees.



Tasmania Faculty Manager Catherine Back and Dr Tanya Schramm on National Close the Gap Day, March 2020. Photo by Jalaru Photography.



In March, staff recognised National Close the Gap Day at the RACGP with special guests Dr Jacinta Power, a GP at the Townsville Aboriginal and Torres Strait Islander Health Service, and Karl Briscoe, CEO of the National Aboriginal and Torres Strait Islander Health Worker Association. They spoke about initiatives aimed at achieving health equity and parity for Aboriginal and Torres Strait Islander peoples.

Debuting during National Reconciliation Week in May 2020, the RACGP's National Office window decal to commemorate the 10-year anniversary also featured Dr Power.



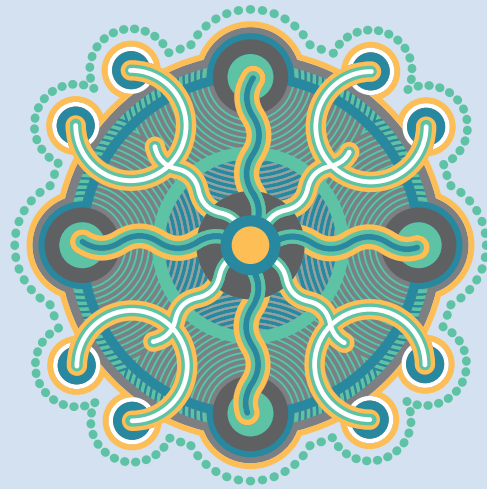
Top right and bottom: Peter O'Mara, Simon Raye and Danielle Arabena were presented with Fellowship sashes at the 10th anniversary event. Photos by Jalaru Photography.

Anniversary commemorative pin

To commemorate the 10th year anniversary, a pin was created using original artwork by Marcus Lee of Marcus Lee Design.

The artwork symbolises the RACGP's commitment to raising awareness of the health needs of Aboriginal and Torres Strait Islander people and communities throughout Australia.

At the core of the design, the artwork depicts a process of healing pathways. These pathways interconnect through the centre and divert outwards towards improved health outcomes, symbolised by the four angled stethoscopes.



RACGP National Office window decal featuring Townsville GP Dr Jacinta Power.

RACGP

GPs in Training

Dr Krystyna de Lange

BPharm, MBBS, DRANZCOG,
DCH, FRACGP, GAICD

Chair, RACGP GPs in Training

RACGP GPs in Training was established in October 2019 in order to increase the voice of all GPs in training within the RACGP. The vision statement for our faculty is 'The future of general practice and the RACGP now'. Since its inception, the faculty has focused on customised resources, support and advocacy for all GPs in training through consultation, collaboration and engagement in order to ensure a well-trained, connected and healthy GP workforce into the future.

The previous registrar committee, known as the Registrar Membership Advisory Committee, transitioned into the inaugural faculty Council. New positions were also created to increase representation of the many unique groups that make up early career GPs and to ensure greater diversity within the group. The faculty Council met several times throughout 2020 and has worked hard to represent our membership, increase engagement and develop new resources. The Council is a dynamic and engaged group that is providing valuable input at a very important time for the RACGP when there has been much disruption to training and education, not only due to the COVID-19 pandemic, but also in the broader context of the transition to RACGP-led training (RLT).

An immediate goal for our faculty has been to increase GP-in-training (GPiT) representation across all facets of the RACGP and to ensure that there is a strong trainee voice when it comes to training and education governance. To bring this to fruition, we have forged relationships with



Dr Krystyna de Lange

other departments and committees within the RACGP, including the:

- Pre-Fellowship RACGP Expert Committee
- GPiT Support COVID-19 Response Group (GPITS-CRG), which has been responsible for creating resources to support trainee wellbeing during the COVID-19 pandemic
- GP20 conference committee
- Policy team – our faculty has been incorporated into the workflow of training policy review to ensure that there is GPiT contribution to training policies ahead of the transition to RLT. The faculty Council has already started engaging in active feedback around policies
- Examination team – our faculty has been involved in providing feedback about the recent changes to exams as well as advocating for affected exam candidates
- Fellowship team – our faculty representatives attended and made a valuable contribution to the rural and RLT summits in Alice Springs.

GPs in Training is the RACGP's newest faculty, formed at the 2019 AGM to help GPs in training amplify their voice within the college.



We also engage with external stakeholders, including General Practice Registrars Australia and the Australian Medical Association Council of Doctors in Training.

The faculty Council has been committed to increasing visibility of our faculty within the membership as well as growing a sense of community for our GPiT members. We have worked with the Content and Communications team to help with faculty promotion; we now have our own faculty website and have established a faculty Facebook group to help build that sense of community and encourage member engagement. Within a few months of establishing this Facebook group, we have over 1300 active members and have held a number of virtual events in conjunction with the GPITS-CRG to help support wellbeing during COVID-19.

We have also been working on resources tailored to our members. We've been working with Membership Services to update and improve

GPs in training: Supporting members on their Fellowship journey (previously the registrar welcome pack), a resource that is distributed to members when they enter general practice training through any Fellowship pathway. With the widespread and rapid uptake of telehealth during COVID-19, we developed a telehealth supervision document to help GPiTs use telehealth as part of their suite of consultation options. Furthermore, we hosted monthly webinars as part of an exam series, identifying that the changes to Fellowship exams necessitated by COVID-19 have been a big pressure point for candidates.

RACGP GPs in Training continues to grow and is excited for the opportunities ahead.

RACGP expert committees at a glance

RACGP expert committees (RECs) provide the Board with information and advice on issues crucial to the RACGP and general practice. From creating resources such as the award-winning [smoking cessation guidelines](#), to outlining a vision for general practice, the RECs have been called upon to advocate for and support our members on the issues that matter to them most.



Quality Care

Promotes and advocates for general practice by developing and maintaining high-quality tools and resources to improve delivery of care.

Work on [Supporting smoking cessation: A guide for health professionals](#) received a World Health Organization World No Tobacco Day 2020 award for 'accomplishments in the area of tobacco control'.

deputising services and other primary medical services, ensuring the standards reflect high-quality practice and are independent of government policies and initiatives.

Achieved international accreditation for the RACGP Standards for point-of-care testing.



Practice Technology and Management

Responsible for advising on matters of digital technology and practice management.

Delivered [resources](#) and [webinars](#) to help members move to telehealth consultations and provide high-quality patient care during COVID-19.



Funding and Health System Reform

Advocates for GPs and general practice by offering advice on health system funding and reforms.

Released a revised [Vision for general practice and a sustainable healthcare system](#).



Standards for General Practice

Develops and maintains standards and associated resources for general practices, including GP education practices, medical



Post-Fellowship Education

Provides information and advice on post-Fellowship education, continuing professional development and educational development opportunities.

Contributed to development of education resources for GPs in training who have gained their primary medical qualification overseas.



Pre-Fellowship Education

Provides information and advice on education across the life cycle of general practice.

Supported the transition of the Australian General Practice Training (AGPT) Program from the Department of Health to the RACGP and the Australian College of Rural and Remote Medicine, with transition to be completed by January 2022.



Research

Provides advice and policy direction on research-related issues in general practice.

Developed a research strategy for the RACGP to create a culture and systems to support development of general practice research in Australia, advancing the discipline and leading to more informed policy and practice, and improved health and wellbeing of the community.

RACGP Expert Committee – Quality Care

Professor Mark Morgan

Chair, RACGP Expert Committee – Quality Care



Professor Mark Morgan

The RACGP Expert Committee – Quality Care (REC–QC) advises on matters of clinical significance to the RACGP and general practice. We've been as busy as ever this year, updating key RACGP clinical guidelines and responding as always to changes, or proposed changes, to clinical practice in Australian primary care.

We began 2020 with releases of the [RACGP aged care clinical guide \(Silver Book\)](#) Part B and [Supporting smoking cessation: A guide for health professionals](#). I'm proud to say we received a World Health Organization award for 'accomplishments in the area of tobacco control', recognising the quality of our smoking cessation resource and advocacy in the area of tobacco control. Smoking cessation remains an important area for GPs, and we'll continue our efforts in this area.

Throughout the year we continued to promote effective non-drug treatments through the ongoing [Handbook of non-drug interventions \(HANDI\)](#) project, and ended 2019–20 by releasing an education campaign about rare genetic conditions and how genetic carrier screening can help women and couples make informed reproductive choices.

In addition to guidelines, a key REC–QC activity is advocacy, via submissions, and the work of our representatives and endorsements program. This year we've highlighted the important role of GPs in aged care and mental health, especially in the context of the 2019–20 bushfires and the envisaged impact from the COVID-19 pandemic. Among many others, we've made submissions and

appearances for the Productivity Commission's inquiry into mental health, the ongoing Royal Commission into Aged Care Quality and Safety (through joint work with the RECs for Funding and Health System Reform and Standards for General Practice), and the Disability Royal Commission. In total, we made almost 50 submissions.

We ended the year with publication of *Management of type 2 diabetes: A handbook for general practice* – published as part of a longstanding partnership with Diabetes Australia – and updates are underway for *Guidelines for preventive activities in general practice* (Red Book), *Abuse and violence: Working with our patients in general practice* (White Book) and the Silver Book Part C. We're also continuing work on a new resource – *First do no harm: A guide to choosing wisely in general practice* – to help GPs and patients avoid low-value or harmful care.

RACGP Expert Committee – Research

Associate Professor Jo-Anne Manski-Nankervis

Chair, RACGP Expert Committee – Research



Associate Professor Jo-Anne Manski-Nankervis

The RACGP Expert Committee – Research (REC–R) provides advice and policy direction on research-related issues in general practice, supports the strengthening of a culture of research in general practice, and works to develop general practice research capacity, including academic career opportunities.

Our key work this year has included developing a research strategy for the RACGP. The aim of the strategy is to create a culture and systems to support development of general practice research in Australia, advancing the discipline and leading to more informed policy and practice, and improved health and wellbeing of the community.

The strategy has three priority areas:

- building general practice research capacity
- collaboration and advocacy
- building primary care research culture.

It's a time of great opportunity for advancing general practice research into the future. Implementing the strategy, alongside the transition of the Fellowship training program back to the RACGP, will provide more opportunities for our GPs in training to undertake research, and our advocacy for research at a federal level aligns with the Medical Research Future Fund's priorities for primary care research.

Other REC–R activities and achievements for the year include:

- working with RACGP Education Services and Fellowship Pathways divisions to provide greater flexibility to academic GPs in training and better

support them during their academic term, and to explore opportunities for GPs in training to undertake higher degree research training

- working with RACGP Events to increase research content at the annual conference, which resulted in dedicated research sessions at GP19 and a successful breakfast session showcasing general practice research
- developing a research webinar series to be run in late 2020, aimed at building the profile of, and encouraging participation in, general practice research
- publishing the results of our project to identify general practice research priorities in Australia in *Australian Journal of General Practice*
- advocacy for general practice research, including through the
 - RACGP federal pre-budget submission 2020–21, which included funding academic research among its four recommendations
 - Medical Research Future Fund: Mission for Dementia, Ageing and Aged Care – Roadmap consultation
 - NHMRC Postgraduate scholarship scheme consultation.

Thank you to our committee members for their contribution over the past year, in particular Prof Clare Heal, who stepped down as Chair in late 2019.

RACGP Expert Committee – Standards for General Practices

Dr Louise Acland

Chair, RACGP Expert Committee – Standards for General Practices

The RACGP Expert Committee – Standards for General Practices (REC–SGP) develops and maintains standards and associated resources for general practices, including medical deputising services and other primary healthcare services. We ensure that the standards for our profession reflect high-quality practice and are independent of government policies and initiatives.

In 2019–20, we drafted and released three new or revised standards for consultation with, and feedback from, the profession.

A draft of the new *Standards for general practice residential aged care* (Standards for GPRAC) has been written to support and enhance the delivery of high-quality and safe GP care to residents of residential aged care facilities (RACFs). These new standards align with the requirements of the Department of Health's [Aged Care Quality Standards](#), and their development has involved consultation with GPs, RACFs, practice managers, nurses, consumers, subject matter and technical experts, and many other stakeholders.

The REC–SGP made submissions to the Royal Commission into Aged Care Quality and Safety that highlighted the many issues facing general practice and clinical care in RACFs. We emphasised that implementing the Standards for GPRAC would be a means for RACFs to improve resident care.



Dr Louise Acland

As well as the Standards for GPRAC, we released draft second editions of the *Standards for health services in Australian prisons* (Prison Standards) and *Standards for health services in Australian immigration detention facilities* (IDF Standards) for initial stakeholder consultation. The Prison Standards and IDF Standards follow the modular format of the *Standards for general practices* (5th edition), and each provides support to health professionals and their employer organisations in providing high-quality healthcare to people in custodial or restricted settings.

The COVID-19 pandemic – with resulting state and national restrictions on travel, access to public facilities and visits to immune-compromised patient cohorts – has presented challenges to our committee, including a pause in accreditation activities by the relevant agencies. We've nevertheless planned for the Standards for GPRAC and the IDF Standards to be piloted in their respective settings during a COVID-19 recovery phase. Piloting of the Prison Standards will follow the conclusion of project's initial consultation and endorsement by the REC–SGP.

Finally, we were pleased to announce the accreditation of the RACGP *Standards for point-of-care testing* by the International Society for Quality in Health Care (ISQUA). The RACGP achieved this success following submission of detailed evidence regarding the development process, including planning, consultation, explanatory materials and technical expertise.

RACGP Expert Committee – Funding and Health System Reform

Dr Michael Wright

Chair, RACGP Expert Committee –
Funding and Health System Reform

The RACGP Expert Committee – Funding and Health System Reform (REC-FHSR) advocates for increased recognition and reward for the work that GPs do, and greater investment into general practice to support the delivery of high-quality, sustainable and efficient patient care.

A key outcome for us in 2019–20 was the release of a revised [Vision for general practice and a sustainable healthcare system](#) (the Vision). The Vision is the RACGP's key policy statement of what general practice should look like and how it should be supported in the years to come. Our work on implementing the Vision will continue in 2020–21 as the healthcare system learns from the COVID-19 public health emergency to find better ways to meet patients' health needs.

The REC-FHSR has provided advice throughout the pandemic, including during the multiple reforms related to introducing Medicare Benefits Schedule (MBS) funding for telehealth. We continue to advocate for the availability of these items beyond the pandemic in a sustainable way that supports safe and high-quality care for our patients. During the early peak of the pandemic in April, our committee met virtually to discuss its effect on GPs, patients and practices. The pandemic's impact on practice viability remains a concern.

Throughout the year we led RACGP policy work in a number of areas, including through:

- release of the annual [General Practice: Health of the Nation](#) report
- update of the [Medicare Benefits Schedule fee summary](#)



Dr Michael Wright

- development of the [Pre-budget submission 2020–21](#)
- publication of [member advocacy resources on pharmacy prescribing](#)
- release of a [member guide on the National Disability Insurance Scheme](#).

Our committee also led to the RACGP's responses and submissions regarding:

- introduction of telehealth items during COVID-19 and the [Senate inquiry into the COVID-19 response](#)
- the [Department of Health and the Professional Services Review's Medicare compliance activities and campaigns](#), calling for a more educative approach to compliance and highlighting the stress the campaigns place on GPs
- the long-running [MBS Review](#), supporting recommendations that provide greater autonomy for, or support to, GPs
- multiple [reviews and inquiries](#) into how the National Disability Insurance Scheme (NDIS) and the [health system works with people with disability](#), seeking recognition and support for the role of GPs in patient care
- the [National Medical Workforce Strategy](#), setting out the actions needed to support general practice and ensure doctors continue to choose to train as GPs.

I am grateful to the many RACGP members who have responded to surveys and public calls, which have greatly informed the work of the committee. I also want to thank the committee members and RACGP staff for their wise advice and tireless enthusiasm for the Committee's work.

RACGP Expert Committee – Pre-Fellowship Education

Dr Ashlea Broomfield

Acting Chair, RACGP Expert Committee – Pre-Fellowship Education



Dr Ashlea Broomfield

The past year has seen a change in leadership of the RACGP Expert Committee – Pre-Fellowship Education (REC-PreFE), with Dr Genevieve Yates stepping down in January to take up the position of General Manager – Education Services. Dr Yates chaired our committee with great distinction between 2018 and 2020.

The RACGP Board confirmed my appointment as acting Chair of the REC-PreFE in April 2020, and I take this opportunity to thank Dr Yates for her leadership and all committee members for their work over the past 12 months: Dr Adelaide Boylan, Ms Megan Cahill, Dr Tamsin Cockayne, Dr Paul Dilella, Dr Alison Green, Dr Gerard Ingham, Dr Konrad Kangru, Dr Jonathan Mortimer, Dr Rebecca Stewart and Dr Geeta Trehan.

With the support of Education Services staff and REC-PreFE's sister committee, the RACGP Expert Committee – Post-Fellowship Education, we've provided feedback to Education Services and the new Fellowship Pathways division during a tumultuous time, including the 2019–20 bushfires and the COVID-19 pandemic, each of which has brought challenges to members on their pathway to Fellowship, as practising GPs, and as community members.

Of key interest to our committee has been the transition of the Australian General Practice Training (AGPT) Program from the Department of Health to the RACGP and the Australian College of Rural and Remote Medicine, with the transition to be completed by January 2022.

The committee has provided Education Services, Fellowship Pathways, the RACGP Rural faculty and other RACGP divisions and teams with advice and input on a range of projects and activities:

- development of the RACGP Strategic Plan
- prevocational (hospital) competencies and standards
- development of the rural generalist Fellowship
- eHealth in the RACGP curriculum
- exam support program
- transition of the AGPT Program from the Department of Health to the RACGP
- supervisor framework
- marketing and recruitment for the AGPT Program and Practice Experience Program (PEP)
- member value proposition project
- evaluation of the PEP
- curriculum review and development of the new RACGP Educational Framework
- new RACGP awards for pre-Fellowship members
- workplace-based assessment
- scope of practice
- development of education resources for GPs in training who have gained their primary medical qualification overseas.

RACGP Expert Committee – Post-Fellowship Education

Dr Genevieve Yates

General Manager – Education Services



Dr Genevieve Yates

The long-time Chair of the RACGP Expert Committee – Post-Fellowship Education (REC-PostFE), Adj Prof Janice Bell, left the position in December 2019. Janice had chaired the committee since 2015, and we thank her for her outstanding service and support to the RACGP during that time.

We'd like to thank our committee members for their work over the last 12 months: Dr James Best, Dr John Drinkwater, Ms Sharon Flynn, Dr Katrina McLean, Dr Bruce Mugford, Dr Ameeta Patel, Dr Gina Sherry, Dr Melanie Smith, Dr Alison Soerensen and Dr Eugene Wong.

Over the course of the year, we've offered advice and input on a range of RACGP divisions and teams working in the following areas:

- development of the new Continuing Professional Development (CPD) Program website, with a strong emphasis on providing easy-to-use self-recording facilities for members (QuickLog)
- proposal for recognition of rural generalist medicine
- RACGP response to the Australian Government's proposal for a single-employer model
- eHealth in the RACGP curriculum
- development of education resources for GPs in training who've gained their primary medical qualification overseas
- member value proposition project
- curriculum review and development of the new RACGP Educational Framework
- scope of practice
- RACGP response to the Medical Board of Australia's proposed Professional Performance Framework.

RACGP Expert Committee – Practice Technology and Management



Dr Rob Hosking

Dr Rob Hosking

Chair, RACGP Expert Committee – Practice Technology and Management

The RACGP Expert Committee – Practice Technology and Management (REC-PTM) oversees and supports a program of work relating to eHealth developments, practice management and emergency preparedness and response. Needless to say, 2020 has been a big year for the world and for the committee.

The year will stand as one that catapulted technology into Australian general practice. While we've seen consistent growth in the use of practice-based technologies over the years, strong advocacy by the RACGP was heeded by federal government through the introduction of broad Medicare Benefits Schedule (MBS) items for telehealth (video and phone) consultations in general practice. These MBS items have allowed patients to have safe, continued access to their regular GP while providing vital financial support for practices during the pandemic. The REC-PTM was proud to deliver [resources](#) and [webinars](#) to support members in their adoption of telehealth consultations to provide high-quality patient care during COVID-19. We continue to work hand in hand with government to achieve a future beyond the pandemic, where telehealth remains a viable option for all Australians and their GPs.

The close of 2019, and the start of 2020 with all its hopes of new beginnings, was a terrible time for many Australians, having come out of years of drought to be faced with the unimaginable devastation of some of our country's worst bushfires. GPs stood up and served their

communities with honour. The committee, after significant member consultation, [submitted a response](#) to the Royal Commission into National Natural Disaster Arrangements (otherwise known as the 'Bushfire Royal Commission'). GPs are essential in supporting individuals and communities before, during and in the aftermath of natural disasters and emergencies. As a committee we continue to strongly advocate for greater support and inclusion of GPs in national natural disaster arrangements across planning, mitigation, response and recovery.

Beyond addressing the big news stories of 2019–20, we've advocated for general practice through a range of committees, consultations and projects, including the roll-out of electronic prescribing, the shift to active ingredient prescribing, the regulation of software as a medical device, the use of secure electronic communications, mHealth and the use of apps, use of an electronic medication chart in residential care and electronic health records.

As well as resources supporting [telehealth consultations](#) and the [pandemic response](#), we developed several resources to support members, including fact sheets on [using email in general practice](#), [drugs of dependence](#), [measles](#), [reducing the environmental impact of general practice](#), [Practice Incentives Program Quality Improvement Incentive \(PIP QI\)](#), [managing requests for the secondary use of de-identified general practice data](#), [using personal mobile devices for clinical photos](#), and various resources on [electronic prescribing](#).

We also enjoy engaging with members, sharing knowledge and ideas, during our popular monthly [Practice Essentials Webinar Series](#).

A woman with long dark hair, wearing a white button-down shirt and a black belt, is smiling and looking off to the side. She is holding a white and black RACGP coffee cup. The background is a blurred indoor setting with warm lighting. A dark blue semi-transparent box is overlaid on the right side of the image, containing the text.

Our staff

The RACGP is always striving to create an inclusive culture and a healthy workplace where our staff feel supported and engaged. Across the organisation, our people are dedicated to and passionate about advancing the general practice profession and supporting members so they can provide world-class healthcare.

Building a strong and positive culture

The RACGP aims to be a values-led and sustainable member-focused organisation. To do so, we strive to create a strong and positive culture within our workplaces across Australia. This culture plays an integral role in maintaining highly engaged employees, dedicated to supporting our members and improving healthcare for all Australians.

As part of our efforts in creating a strong and positive culture, throughout the past financial year we have focused on managing changes to systems, processes and leadership behaviour.

In June 2020, we held an online World Café with 285 RACGP employees and RACGP Board directors coming together for diverse and constructive conversations on how to improve our organisation.

RACGP Workplace: Keeping employees informed and connected

In August 2019, the RACGP introduced a new internal communication tool, Workplace, to increase collaboration on projects and opportunities for keeping in touch.

With employees working in offices across Australia, Workplace has played an important role in connecting everyone across the RACGP, no matter their location. Keeping the lines of communication open became more important during COVID-19, as employees began working from home.

Workforce profile

RACGP divisions

| Division | Count |
|---------------------------------|------------|
| Corporate Services | 90 |
| Membership | 149 |
| Education Services | 72 |
| Fellowship Pathways | 55 |
| Policy, Practice and Innovation | 46 |
| Total | 412 |

Headcount across Australia

| State | Count |
|--|------------|
| Victoria | 331 |
| New South Wales and Australian Capital Territory | 20 |
| Queensland | 23 |
| Tasmania | 10 |
| Western Australia | 13 |
| South Australia and Northern Territory | 15 |
| Total | 412 |

Gender

| Male | Female | Total |
|------|--------|-------|
| 117 | 295 | 412 |

Learning and development



7897 courses on the learning hub



100% completion of mandatory training requirements

Our divisions

Corporate Services

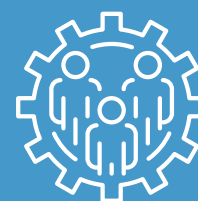
The Corporate Services division supports other parts of the RACGP to ensure the efficient and effective running of operations. It includes responsibilities for finance, human resources, legal services, digital technology, knowledge management and procurement.

As of 30 June 2020, the RACGP's Corporate Services has been replaced with three separate areas: Finance; Legal, Risk & Compliance; and Operations, which is made up of Human Resources and Information Technology.

Membership

The Membership division's focus is on assisting members by providing events, information, programs and support, as well as by supporting advocacy efforts through media, communications and marketing campaigns.

The Membership division works closely with other areas of the RACGP to provide each member GP with a valuable membership experience, a connected community, high-quality education, advocacy and general support.



- RACGP's Information Technology has supported members by delivering digital solutions to meet current and emerging needs through intuitive platforms such as the CPD dashboard.
- With greater awareness of security, Information Technology has increased security awareness among staff through online training modules.
- The Knowledge Management Unit is responsible for the John Murtagh Library, which houses thousands of resource collections both online and in print. The team has redesigned the library web pages to improve navigation and functionality. You can access this at www.racgp.org.au/clinical-resources/john-murtagh-library



Archives service

More than **1200** archival documents digitised for more efficient searching and retrieval

Library services – The John Murtagh Library



More than **402,000** online library resources used



More than **4000** library services supplied, including loans, journal articles, searches, training, support and information

Education Services

The Education Services division delivers career-long education, training and assessment for GPs. As part of this important role, Education Services is also responsible for the development and operations of assessments and examinations, as well as for education strategy and development. The division works closely with the federal government to ensure the training provided is relevant, high quality and satisfies the needs of the nation, patients and GPs.

This year, the division delivered key parts of the RACGP's response to both the Australian bushfire crisis and the global COVID-19 pandemic. As well as offering direct support to GPs affected by these disasters, Education Services dramatically accelerated planned work to redesign the clinical examination, and introduced flexibility in the limit on examination attempts for affected members. With a flexible workforce of dedicated administrative staff and experienced medical educators located around the country, the division's work has continued apace despite considerable challenges.

Fellowship Pathways

The RACGP established its Fellowship Pathways division in November 2019 through the Australian Government Stronger Rural Health Strategy to support GPs in training.

Fellowship Pathways aims to ensure consistent and high-quality delivery of training across all RACGP Fellowship pathways by maintaining services, standards and processes.

The division works closely with a multitude of external stakeholders involved in general practice training to lay the foundation for the delivery of the RACGP-led training program.

Policy, Practice and Innovation

The Policy, Practice and Innovation division is made up of four RACGP Expert Committees (RECs): Practice Technology and Management; Quality Care; Funding and Health System Reform; and Standards for General Practice. It also consists of two national faculty councils: RACGP Aboriginal and Torres Strait Islander Health and RACGP Specific Interests.

The division is responsible for representing member views in government and stakeholder consultations, and helps the RACGP Board and faculty councils make representations to state and national governments on key issues impacting on general practice.

The division produced more than 100 resources – such as position statements, clinical and practice guidelines and tools – that support members in providing high-quality healthcare to all Australians.

It made nearly 200 written submissions to government, and key stakeholders, took part in regular meetings with state and federal health department officials and supported Board members when meeting with health ministers, other MPs and political parties.

Statutory report



Directors' report

Your directors present this report to the members of the consolidated entity ('the group'), consisting of The Royal Australian College of General Practitioners Ltd ('the company' or 'RACGP') and its controlled entities at the end of, or during, the financial year ended 30 June 2020.

Principal objectives and activities

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.

Objectives

The RACGP's objectives are to:

- (a) 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
- (b) establish and maintain high standards of knowledge, learning, experience, competence, learning, skills and conduct in general practice
- (c) 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
- (d) 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

- (e) provide grants or in-kind support in scholarly subjects related to general practice
- (f) support and publish research by any persons (whether members of the RACGP or not) into general practice and related subjects
- (g) 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
- (h) encourage suitably trained persons to enter the specialty of general practice
- (i) 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
- (j) 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
- Nomination and Remuneration Committee meetings
- other Board sub-committees.

Results of operations

- For the 2019–20 financial year, the RACGP recorded a net surplus of \$1,879,143. The surplus was primarily driven by the RACGP's positive emergency response plans to the impacts from COVID-19, significant reduction in discretionary expenditure and the successful application for the Australian

Government's JobKeeper payment of \$2,118,000 during the year, with remainder of accrued amounts at 30 June 2020 of \$1,600,500 received in July and August 2020.

- Net assets increased by 7.2% to \$49,108,889, compared with \$45,806,721 at June 2019.
- Current assets increased to \$76,508,657 from \$68,024,172 primarily due to new grant funding of contracts.
- A new category of right-of-use assets and lease liabilities in accordance of the new lease accounting standard AASB 16 has been included within reporting.
- As a result of the land and buildings revaluation during the year, an increment of \$996,072 was taken to the asset revaluation reserve.

Significant changes in the state of affairs

There were no 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.

Performance in relation to environmental regulation

There was no environmental legislation applicable to the operations of the group that has not been complied with.

Likely developments and future results

The group anticipates that it will maintain in 2020–21 its positive financial position by making investments into the transition to a coronavirus (COVID-19)–compliant environment and improving operational efficiencies. We continue to strengthen the long-term sustainability of the RACGP by building reserves in line with the RACGP Reserve Fund Policy to manage risks to the organisation.

The group 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.

Dividends

The company is a company limited by guarantee and its Constitution precludes the payment of dividends.

COVID-19 pandemic, the RACGP's response and events subsequent to the end of the financial year

The RACGP's operations were affected in the following ways due to COVID-19, and we successfully implemented our emergency response plans through the following measures:

- moving to work from home for the majority of staff under the Flexible Working Policy
- developing the RACGP COVID-safe Policy and Plan
- transitioning in-person examination delivery to online
- moving major events to a digital forum
- redeploying staff to areas of critical need
- applying for and receiving the JobKeeper wage subsidy
- as a precautionary measure to improve liquidity, in September 2020 the RACGP increasing its overdraft facility with the Commonwealth Bank of Australia to \$7,500,000. This facility continues to be secured as part of the first registered mortgage as detailed in Note 9.

The situation is rapidly developing, with dependencies on measures imposed by Australian state and federal governments as well as other global governing bodies. These include measures such as maintaining social distancing requirements, quarantine, travel restrictions and economic stimulus packages. The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the RACGP at the

reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on the RACGP, its operations, its future results and financial position.

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.

Directors

The names and details of the company's directors in office at the date of this report are as follows.

Ms Christine Nixon APM

BA, MPA, Hon LLD, Hon LittD, DipLRellaw, FIPAA, FANZSOG, FAIPM, FAIM

Chair of the Board

Appointed on 30 September 2016

Ms Christine Nixon is a prominent, experienced public speaker and advocate for women, disadvantaged youth, and multi-faith and multicultural communities. She is the Deputy Chancellor at Monash University, Chair of Monash College, and was Chair of Good Shepherd Microfinance from 2011 to 2019.

As Victoria Police Chief Commissioner from 2001 to 2009, Ms Nixon was the first woman in such a role in any Australian police service. After leaving Victoria Police, she was appointed Chair of the Victorian Bushfire Reconstruction and Recovery Authority, a position she held from February 2009 to July 2010.

Ms Nixon has extensive experience in policing, organisational reform, risk management, crisis management, corruption prevention, emergency management and human resource management. She is also a published author, having written her memoir, *Fair cop*, with Jo Chandler in 2011, and *Women leading* with Professor Amanda Sinclair in 2017.

Ms Nixon has received numerous accolades for her services and achievements, including the Australia Police Medal in 1997 and Save the Children Foundation's White Flame Award in 2009. She also has four honorary doctorates from multiple Australian universities and a Masters of Public Administration from Harvard University in the United States.

Dr Harry Nespolon

MBBS, DipRACOG, FRACGP, BEc, LLB (Hons), GCLP, FACLM, MBA, FAICD, MHL

President

Appointed on 11 October 2018

With more than 30 years' experience in general medical practice, Dr Harry Nespolon is the principal of three general practices: in the City of Sydney, the lower North Shore and Northern Beaches.

Dr Nespolon is an experienced chair and company director. He is President of the RACGP and a member of its Board. He is a director of the Northern Sydney Local Health District, and a Fellow of the Australian Institute of Company Directors.

As Chair of GP Synergy Limited, Dr Nespolon successfully led the company to become the largest general practice training provider in Australia. He was the Chair of Sydney North Health Network, a Primary Health Network. He had been Chair of a Division of General Practice and Medicare Local, and a director of Therapeutic Guidelines Limited.

Both before and after becoming RACGP President, Dr Nespolon has been called upon regularly to provide advice on clinical and health policy issues by government, private and public organisations.

Dr Nespolon was a long-serving member of several disciplinary committees, including Medicine Australia's Code of Conduct committee. He had worked as a management consultant, advising predominately in insurance and financial areas. Prior to this he worked as a senior member of the federal office of the Australian Medical Association.

Dr Harry Nespolon died on 26 July 2020, and the college is the poorer for his passing.

Associate Professor Ayman Shenouda

MBBCH, FRACGP, FARGP, DipDerm (UK), GAICD

Vice-President; Chair, Rural Faculty

Appointed on 10 October 2014

Associate Professor Ayman Shenouda was appointed Chair of RACGP Rural in October 2014, after serving as Deputy Chair for six years. He is also a member of RACGP NSW&ACT and was on the RACGP National Standard Committee – Education for several years. He is current Chair of Wagga Wagga GP After Hours Services. Former roles include Chair of the Remote Vocational Training Scheme, Director of Medical

Education Coast City Country General Practice Training Riverina/Murrumbidgee, and Director on the board of the Riverina Division of General Practice and Primary Health.

After migrating from Egypt more than 28 years ago, Associate Professor Shenouda commenced his medical career in Australia as a surgical registrar in Tasmania in 1995, and has been a rural GP in Wagga Wagga for the past 20 years, where he established Glenrock Country Practice. His main special interest is education and training. He is passionate about developing quality frameworks and systematic management tools to enable and enhance the work undertaken by GPs, and about improving patient access and delivering equitable, high-quality patient care in rural and remote Australia.

Associate Professor Shenouda was named the 2009 RACGP General Practitioner of the Year. His Glenrock Country Practice was named the 2007 NSW&ACT General Practice of the Year and awarded three Australian General Practice Accreditation Limited awards in 2009 and 2010.

Associate Professor Shenouda became Acting President on 27 July 2020 on the death of Dr Harry Nespolon.

Dr Tess van Duuren (Tess Joubert)

MBChB, BSc(Hons) (Sports Med), FRACGP

Acting Censor-in-Chief
Appointed 31 October 2019

Dr Tess van Duuren was appointed as Acting Censor-in-Chief in October 2019. No stranger to the demands of such a role, Dr van Duuren was RACGP NSW&ACT Censor immediately before her appointment.

Dr van Duuren has a special interest in medical education and assessment. Since achieving Fellowship, she has served the RACGP and Regional Training Organisations (RTOs) in a number of different roles, including Assessment Panel Chair, Censor, Senior Medical Educator Assessment Progression and Bi-College GP Reviewer for the RACGP, and Director of Training and subsequently Director of Supervisor Education in two different RTOs.

Working in a large group practice in regional New South Wales, Dr van Duuren is an experienced supervisor, providing teaching and training to general practice doctors and medical students.

She has previously been a GP in South Africa and New Zealand, and navigated her way through the RACGP Fellowship examinations as an international medical graduate.

Dr Zakaria Baig

MBBS, FRACGP, FACRRM

Board member; Chair, SA&NT Faculty
Appointed on 27 October 2017

Dr Zak Baig is the Chair of RACGP SA&NT. He has been a GP for more than 20 years and has had extensive experience in rural and emergency medicine in Australia and the United Kingdom.

Dr Baig graduated from medical school in Pakistan and has since received additional training in the United Kingdom, Ireland and Australia. He worked in emergency medicine for many years before transitioning to rural medicine, practising on the Yorke Peninsula in South Australia for more than a decade. He currently practises as a GP in the northern suburbs of Adelaide.

Heavily involved in education for medical students and doctors in training, Dr Baig has a special interest in assisting international medical graduates with their training. He has also been an examiner for the RACGP and the Australian Medical Council for many years.

Dr Krystyna de Lange

BPharm, MBBS, DRANZCOG,
DCH, FRACGP, GAICD

Board member; Chair, GPs in Training Faculty
Appointed on 11 October 2018

Dr de Lange works at an Aboriginal Medical Service in Brisbane and holds a GP with Special Interest position at a tertiary Brisbane hospital. She is the inaugural Chair of the RACGP GPs in Training Faculty.

Dr de Lange graduated from the University of Queensland in 2011 and spent four years working in hospital-based specialties before entering general practice training. During her training she gained experience in both small and large clinics as well as in Aboriginal and Torres Strait Islander health.

Dr de Lange took an active role within the registrar advocacy space as the Registrar Liaison Officer for General Practice Training Queensland (GPTQ) between 2016 and 2018. She also has an interest in medical education, having worked as a Registrar Medical Educator for GPTQ.

Associate Professor Charlotte Hespe

MBBS (Hons), FRACGP, DCH (Lon), GCUT, FAICD
Board member; Chair, Nominations and Remuneration Committee; Chair, NSW&ACT Faculty
Appointed on 27 October 2017

Associate Professor Charlotte Hespe is a GP and owner of an inner-city Sydney practice where she has worked for the past 21 years. She is a general practice supervisor, and her practice functions as a teaching practice for medical students and general practice doctors in training. She also works as Associate Professor, Head of General Practice and General Practice Research for the University of Notre Dame Australia, School of Medicine, Sydney.

Involved with the RACGP since achieving her FRACGP, Associate professor Hespe served as Examiner, Co-assessment Panel Chair, NSW for four years; National Objective Structured Clinical Examination (OSCE) facilitator for two years; and member of the RACGP Expert Committee – Quality Care in 2016–17. She became Chair, RACGP NSW&ACT on 27 October 2017 when she was appointed Vice-President by the Board. From 12 October 2018 to 25 October 2019 she was Chair of the RACGP Board, and is currently Chair of Nominations and Remuneration Committee, being appointed on 25 October 2019.

Associate Professor Hespe is a Fellow of the Australian Institute of Company Directors (FAICD) and has extensive board experience, with 20 years' prior experience as chair or director on several boards with a primary healthcare focus, including EIS Health Ltd (Central and Eastern Sydney Primary Health Network) and GP Synergy Limited.

Dr Timothy Jackson

MBBS, BMedSci, DRANCOG, Advanced Clinical Cert Skin Cancer and Surgery, GAICD
Board member; Chair, Tasmania Faculty
Appointed on 13 January 2020

Dr Timothy Jackson has more than 25 years' experience as a GP and practice owner. He completed the RACGP Family Medicine Program in Launceston, Tasmania and Gosford, New South Wales. Together with his practice partners, he is co-principal of three general practices and a skin cancer clinic on Hobart's Eastern Shore.

Dr Jackson has previously worked as Supervisor Liaison Officer Southern Tasmania for General Practice Training Tasmania, and is a former Chair of General Practice Training Tasmania. He continues to provide supervision for registrars and medical students in his practices.

A graduate of the Australian Institute of Company Directors, Dr Jackson is also currently a Board member of The Hutchins School, Hobart and the not-for-profit organisation Skin Cancer Tasmania. He and his family live on their farm near Hobart.

Dr Cameron Loy

MBBS, BMedSc (Hons), FRACGP, FARGP, DCH, DRANZCOG, GAICD
Board member; Chair, Victoria Faculty
Appointed on 30 September 2016

Dr Cameron Loy is a practising GP in Lara, Victoria, and in correctional services. He has worked in south-western Victoria and internationally in Timor-Leste.

Dr Loy has held a number of prominent professional roles. He was Chair of the General Practice Registrars Association in 2002, Director of the Remote Vocational Training Scheme in 2006–10 and Chair in 2011, and Director of Greater Green Triangle General Practice Education and Training in 2001–03. He has also held a number of roles within the RACGP, including Deputy Chair of RACGP Rural in 2003–14, and Deputy Chair of RACGP Victoria in 2014. Dr Loy is an RACGP examiner and quality assurance examiner, was Chair of the RACGP Assessment Panel for six years, and was a member of the RACGP Expert Committee – Standards for General Practice.

Dr Loy is currently the Principal Medical Officer at Justice Health, Victoria. For six years he was on the advisory groups for the Victorian opioid substitution programs and hepatitis C therapy training programs. He is a trustee of the Shepherd Foundation, which provides grants for research into prevention and occupational health.

Dr Loy remains a committed general practice supervisor and mentor for general practice doctors in training, residents and medical students. In his spare time, he is a keen amateur astronomer.

Professor Peter O'Mara

FRACGP, MBBS, FARGP, GradDipRural

Board member; Chair, National Faculty of Aboriginal and Torres Strait Islander Health

Appointed on 30 September 2016

Professor Peter O'Mara is a Wiradjuri man from New South Wales. He has worked with the Tobwabba Aboriginal Medical Service since 2002 and describes himself as an Aboriginal man who loves being a doctor. With a love for working one-on-one with patients, Professor O'Mara finds satisfaction in the knowledge that, in his own small way, his work contributes toward closing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Professor O'Mara began pursuing his other passion – making good doctors – in 2008, where he took on the position of Associate Professor, Indigenous Medical Education and Head of Discipline, Indigenous Health at the University of Newcastle. He is now a professor at the university and Director of the Thuru Indigenous Health Unit within the School of Medicine and Public Health, Faculty of Medicine and Public Health.

Professor O'Mara has served on many national and government committees. He was President of the Australian Indigenous Doctors Association, 2009–12. He has received several awards, including the 2010 Deadly Award for Outstanding Achievement in Indigenous Health (individual), 2012 inductee into WACE International Hall of Fame, and the 2013 Leaders of Indigenous Medical Education (LIME) Award for Outstanding Leadership in Indigenous Health.

Dr Lara Roeske

BMedSc (Hons), MBBS (Hons), FRACGP, DipVen, MAICD

Board member; Chair, National Faculty of Specific Interests

Appointed on 14 November 2018

Dr Lara Roeske is a GP and practice owner, and has held many senior positions at the RACGP, such as Co-Deputy Chair of RACGP Specific Interests, RACGP Victoria Council member, inaugural Chair of the RACGP Specific Interests – Sexual Health Medicine network, and previous Chair of the Women in General Practice RACGP Victoria committee.

With a professional background spanning more than 15 years, Dr Roeske has worked in advisory roles to key stakeholders, on steering committees and guideline working parties, and has represented the RACGP across a range of domains relevant to sexual and reproductive health, cervical cancer prevention and translation of evidence into practice at state and national levels.

Dr Sean Stevens

MBBS, DRACOG, FRACGP, MBA, GAICD

Board member; Chair, WA Faculty

Appointed on 11 October 2018

Dr Sean Stevens is the Chair of RACGP WA and immediate past Chair of the RACGP Specific Interests – Business of General Practice network.

Dr Stevens is a second-generation GP, growing up in the town of Albany in the south-west of Western Australia. He went to medical school at the University of Western Australia and undertook his general practice training in Perth and country Western Australia. During his training, he served as the National Registrars Association (now General Practice Registrars Australia) representative for Western Australia and was intimately involved in negotiating the first national terms and conditions document.

In addition to being a practice owner for 17 years, Dr Stevens has supervised 30 general practice doctors and was awarded the 2005 General Practice Education and Training (GPET) Australian Supervisor of the Year. He is a founding member and the inaugural Chair of the RACGP Specific Interests – Business of General Practice network. He was also the inaugural Vice-Chair of the Australian GP Alliance and has been on the RACGP WA Council for nine years, four of those as Deputy Chair.

Mr Martin Walsh

FCA, FGIA, GAICD

Board member; Chair, Finance, Audit and Risk Management Committee; Chair, RACGP Oxygen Pty Ltd
Appointed on 21 September 2015

Mr Martin Walsh has been an international partner and advisor in assurance and advisory services at EY and Deloitte. He is currently Chair of the Trustee Board for the IOOF Group APRA Regulated Entities. In addition, he has been a director of

Hastings Funds Management Ltd, StatePlus Ltd and Surf Life Saving Australia Ltd. He has also participated in senior executive development courses at Mt Eliza Business School, Kellogg Business School and Harvard University.

Mr Walsh has experience in strategy, finance, investments, risk, compliance and governance. He is a Fellow of the Institute of Chartered Accountants and the Governance Institute, as well as a graduate member of the Australian Institute of Company Directors.

Dr Bruce Willett

MBBS, FRACGP

Board member; Chair, Queensland Faculty
Appointed on 27 October 2017

Dr Bruce Willett is a GP and practice owner in Victoria Point in Redland City, south of Brisbane. Most important to him is 'just being a good GP', but innovation, improvement and education in general practice are also passions.

Dr Willett has been enjoying his current practice – just a few kilometres from where he grew up – for the past 25 years.

Having been on the Board of General Practice Supervisors Australia (GPSA) since 2010, Dr Willett was Chair of GPSA in 2015–16, and Chair of the GP Supervisor Liaison Officer Network in 2010–15.

Dr Willett has been the Supervisor Liaison Officer and Medical Educator for General Practice Training Queensland. He has served on the boards of his local Division of General Practice and the Queensland Health Diabetes Network, and has been an RACGP examiner since 1994.

Company Secretary

Ms Ruth Feltoe

BA (Hons), LLB, LLM, GradDipCSP, GAICD, ACIS, AGIA

Company Secretary
Appointed on 27 February 2019

Ms Ruth Feltoe was appointed as the RACGP's General Counsel on 18 October 2018 and Company Secretary on 27 February 2019. She leads the RACGP's legal, secretariat and governance functions. She advises the CEO and the Board on legal matters

and is also responsible for delivering an integrated and consistent approach to corporate governance.

Ms Feltoe holds a Master of Laws, Bachelor of Laws and Bachelor of Arts (Hons) degrees, and a Graduate Diploma in Company Secretarial Practice. She is a member of the Law Institute of Victoria, the Governance Institute of Australia and the Australian Institute of Company Directors. She is also a Graduate of the Australian Institute of Company Directors.

RACGP member payments and remuneration

The Nomination and Remuneration Committee was formed in August 2018. Chaired by Associate Professor Charlotte Hespe, and including Dr Harry Nespolon, Ms Christine Nixon, Dr Tess van Duuren and Professor Peter O'Mara, the committee has met four times this year.

The committee has overseen the preparation of this remuneration report to be approved by the Board. In keeping with 2018–19, the levels of disclosure and transparency in reporting of remuneration of directors, management and members exceed the regulatory requirements prescribed by the Australian Charities and Not-for-profits Commission (ACNC).

The RACGP employed the services of independent external consultants (KPMG) in the latter half of 2019 in connection with the remuneration arrangements of the directors and President. Advice provided as part of this engagement supported the Board's recommendation for a 2.1% increase to the remuneration paid to the directors, including the President and Chair, effective from 25 October 2019. The 2.1% remuneration increase is within the maximum aggregate cap of \$950,000 approved by the members at the RACGP's 2019 Annual General Meeting (AGM). The President's allowance is approved by member vote at the AGM, based on the Board's recommendation.

The RACGP's Board has reviewed all of the information and commends this remuneration report to the general meeting of members.

Table 1. Board remuneration

| Remuneration by director | Total remuneration* paid and payable for financial year 2019–20 (\$) | Total remuneration* paid and payable for financial year 2018–19 (\$) |
|--------------------------|--|--|
| RACGP President | 132,081 | 128,680 |
| Board | 770,250 | 757,602 |
| Total | 902,331 | 886,282 |

*Total remuneration for Board includes salary and superannuation.

Table 2. Other payments to directors

| Remuneration by director | Total remuneration* for financial year 2019–20 (\$) | Total remuneration* paid for financial year 2018–19 (\$) |
|--------------------------|---|--|
| Harry Nespolon | 1,747 | 15,264 |
| Charlotte Hespe | – | 1,316 |
| Jennifer Presser | – | 54 |
| Bastian Seidel | – | 577 |
| Cameron Loy | 690 | 802 |
| Sean Stevens | – | 732 |
| Mark Miller | – | 404 |
| Zakaria Baig | 1,035 | – |
| Krystyna De Lange | 1,489 | – |
| Total | 4,961 | 19,149 |

*Other payments include professional services, salary and superannuation. Financial year 2018–19 includes applicable superannuation back payment.

Table 3. Key management personnel remuneration (excluding directors)

| Remuneration by role | Total remuneration* paid and payable for financial year 2019–20 (\$) | Total remuneration* paid and payable for financial year 2018–19 (\$) |
|--|--|--|
| Chief Executive Officer (2020: n = 2, 2019: n = 1) | 1,383,578 | 553,475 |
| Other key management personnel (2020: n = 13, 2019: n = 10) | 2,468,612 | 2,443,180 |
| Total | 3,852,189 | 2,996,655 |

*Total remuneration for CEO and general managers includes salary, termination and superannuation payments.

Table 4. RACGP member remuneration

| Category of member remuneration | Total remuneration* paid for financial year 2019–20 (\$) | Total remuneration* paid for financial year 2018–19 (\$) |
|--|--|--|
| Member professional services payments (2020: n = 1705, 2019: n = 2175) Note 1 | 2,917,569 | 5,894,266 |
| Members employed as staff (2020: n = 71, 2019: n = 111) Note 2 | 2,421,289 | 2,706,347 |
| RACGP Expert Committee chair and member payments (2020: n = 90, 2019: n = 125) | 345,782 | 329,002 |
| Total | 5,684,640 | 8,929,615 |

*Total remuneration includes salary and superannuation.

Notes:

1. Member professional services payments, RACGP Expert Committee chair payments and RACGP Expert Committee member payments are paid as contractor payments. The financial year 2018–19 includes payment of superannuation for services provided to the RACGP prior to 2018–19. The change in member participation numbers between 2018–19 and 2019–20 reflects the cancellation of the 2020.1 Objective Structured Clinical Examination (OSCE).
2. Members employed as staff are paid as salaries and wages and appropriate PAYG tax is remitted to the Australian Taxation Office.

Board meetings

The number of meetings of Board (including meetings of committees of Board) held during the year and the numbers of meetings attended by each director were as follows.

| | Board | | Finance Audit and Risk Management | | Nomination and Remuneration | |
|-------------------|-----------------|-------------|-----------------------------------|-------------|-----------------------------|-------------|
| | Number attended | Number held | Number attended | Number held | Number attended | Number held |
| Zakaria Baig | 12 | 12 | 2 | 3 | – | – |
| Tess van Duuren | 8 | 9 | – | – | 2 | 3 |
| Krystyna de Lange | 12 | 12 | 3 | 3 | – | – |
| Charlotte Hespe | 12 | 12 | – | – | 4 | 4 |
| Timothy Jackson | 7 | 7 | – | – | – | – |
| Cameron Loy | 11 | 12 | – | – | – | – |
| Harry Nespolon | 12 | 12 | 3 | 4 | 4 | 4 |
| Christine Nixon | 12 | 12 | – | – | 4 | 4 |
| Peter O'Mara | 11 | 12 | – | – | 1 | 3 |
| Lara Roeske | 12 | 12 | – | – | – | – |
| Ayman Shenouda | 12 | 12 | – | – | – | – |
| Sean Stevens | 12 | 12 | 6 | 7 | – | – |
| Martin Walsh | 12 | 12 | 7 | 7 | – | – |
| Bruce Willett | 12 | 12 | 4 | 4 | – | – |
| Kaye Atkinson | 2 | 2 | – | – | 1 | 1 |
| Jennifer Presser | 2 | 2 | – | – | – | – |

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

| | Awards | | COVID-19 Advisory* | |
|-------------------|-----------------|-------------|--------------------|-------------|
| | Number attended | Number held | Number attended | Number held |
| Zakaria Baig | – | – | – | – |
| Tess van Duuren | 3 | 3 | – | – |
| Krystyna de Lange | – | – | – | – |
| Charlotte Hespe | 1 | 1 | 25 | 25 |
| Timothy Jackson | – | – | – | – |
| Cameron Loy | – | – | – | – |
| Harry Nespolon | 4 | 4 | – | – |
| Christine Nixon | 3 | 3 | – | – |
| Peter O'Mara | – | – | – | – |
| Lara Roeske | – | – | 25 | 25 |
| Ayman Shenouda | – | – | – | – |
| Sean Stevens | – | – | 25 | 25 |
| Martin Walsh | – | – | – | – |
| Bruce Willett | – | – | – | – |
| Kaye Atkinson | 1 | 1 | – | – |
| Jennifer Presser | – | – | – | – |

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

**The COVID-19 Advisory Committee was convened as a joint Board and management committee to enable the RACGP to respond to the rapidly changing events of the COVID-19 pandemic. The work of this committee has continued past 30 June 2020.*

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

17 September 2020
Melbourne

Declaration of auditor independence



RSM Australia Partners

Level 21, 55 Collins Street Melbourne VIC 3000
PO Box 248 Collins Street West VIC 8007

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of the Royal Australian College of General Practitioners Ltd for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the Australian professional accounting bodies; and
- (ii) any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink, appearing to read 'K J Dundon'.

RSM AUSTRALIA PARTNERS

A handwritten signature in black ink, appearing to read 'K J Dundon'.

K J DUNDON
Partner

Dated: 17 September 2020
Melbourne, Victoria

THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

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RSM Australia Partners ABN 36 965 185 036

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Independent auditor's report



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INDEPENDENT AUDITOR'S REPORT

To the Members of The Royal Australian College of General Practitioners Ltd

Opinion

We have audited the financial report of The Royal Australian College of General Practitioners Ltd ("RACGP"), which comprises the consolidated statement of financial position as at 30 June 2020, the consolidated statement of profit or loss and other comprehensive income, the consolidated statement of changes in equity and the consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration of the Group comprising the company and the entities it controlled at the year's end.

In our opinion, the financial report of the RACGP has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Group's financial position as at 30 June 2020 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards— Reduced Disclosure Requirements and Division 60 of 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 RACGP in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (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.

THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

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Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in the RACGP's annual report for the year ended 30 June 2020 but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance 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- Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) 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 RACGP's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the RACGP or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

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 the 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.



RACGP Member Payments and Remuneration

We have audited the RACGP Member Payments and Remuneration details included in tables 1 to 4 of the Directors' Report for the year ended 30 June 2020.

In our opinion, the RACGP Member Payments and Remuneration details included in tables 1 to 4 of the Directors' Report for the year ended 30 June 2020 give a true and fair view of the RACGP payments and remuneration which are disclosed.

Rsm

RSM AUSTRALIA PARTNERS

K J Dundon

K J DUNDON
Partner

Dated: 23 September 2020
Melbourne, Victoria

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
17 September 2020
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 2020 | Notes | 2020 (\$) | 2019 (\$) |
|--|-------|-------------------|-------------------|
| Revenue | 2 | 78,922,767 | 83,104,302 |
| Other income | 2 | 3,718,500 | – |
| Total revenue and income | | 82,641,267 | 83,104,302 |
| Expenses | | | |
| Employee benefits and on-costs | | 43,901,541 | 36,671,895 |
| GP sessional and sitting payments | | 3,495,219 | 6,240,188 |
| Consultancy and professional services | | 6,076,268 | 4,545,742 |
| Conferences, meetings, travel and accommodation | | 6,584,237 | 7,978,805 |
| Telecommunications and office expenses | | 2,088,327 | 2,034,079 |
| Postage and freight | | 624,246 | 745,303 |
| Publications, advertising and media | | 3,028,915 | 4,779,446 |
| Printing and stationary | | 242,139 | 348,970 |
| Subscriptions and periodicals | | 538,892 | 512,459 |
| IT-related costs | | 3,098,040 | 3,989,478 |
| Grants and donations | | 422,360 | 346,340 |
| External grant project administration | | 7,152,877 | 4,735,775 |
| Finance costs | | 585,112 | 547,556 |
| Depreciation and amortisation | 3 | 2,565,980 | 2,014,001 |
| Other expenses | | 298,357 | 711,554 |
| Total expenses | | 80,702,510 | 76,201,591 |
| Surplus from operation activities | | 1,938,757 | 6,902,711 |
| Net investment (expenses)/income | 7 | (219,291) | 313,363 |
| Share of net surplus of associates accounted for using the equity method | 8 | 159,677 | 152,504 |
| Total surplus after tax | | 1,879,143 | 7,368,578 |
| Other comprehensive income | | | |
| <i>Items that will not be reclassified to profit or loss:</i> | | | |
| Revaluation increment to land and buildings | 14 | 996,072 | 4,420,745 |
| Other comprehensive income for the year, net of tax | | 2,875,215 | 11,789,323 |
| Total comprehensive income for the year | | 2,875,215 | 11,789,323 |
| <i>The accompanying notes form part of these financial statements.</i> | | | |

Consolidated statement of financial position

The Royal Australian College of General Practitioners Ltd

| As at 30 June 2020 | Notes | 2020 (\$) | 2019 (\$) |
|--------------------------------------|-------|--------------------|--------------------|
| Current assets | | | |
| Cash and cash equivalents | 4 | 66,919,162 | 57,588,132 |
| Trade and other receivables | 5 | 3,770,621 | 3,673,810 |
| Financial assets | 6 | – | 720,530 |
| Other financial assets | 7 | 5,818,874 | 6,041,700 |
| Total current assets | | 76,508,657 | 68,024,172 |
| Non-current assets | | | |
| Investments | 8 | 708,999 | 649,322 |
| Property, plant and equipment | 9 | 48,863,462 | 48,598,807 |
| Intangible assets | 10 | 2,739,609 | 2,229,345 |
| Financial assets | 6 | 700,000 | 700,000 |
| Trade and other receivables | 5 | 21,493 | 53,733 |
| Right of use asset | 16 | 1,641,902 | – |
| Total non-current assets | | 54,675,465 | 52,231,207 |
| Total assets | | 131,184,122 | 120,255,379 |
| Current liabilities | | | |
| Trade and other payables | 11 | 5,815,628 | 6,450,211 |
| Current tax liabilities | | – | (20,553) |
| Contract liabilities | 12 | 68,745,921 | 63,269,215 |
| Provisions | 13 | 4,856,778 | 4,075,628 |
| Lease liability | 16 | 438,149 | – |
| Total current liabilities | | 79,856,476 | 73,774,501 |
| Non-current liabilities | | | |
| Provisions | 13 | 849,551 | 674,157 |
| Lease liability | 16 | 1,369,206 | – |
| Total non-current liabilities | | 2,218,757 | 674,157 |
| Total liabilities | | 82,075,233 | 74,448,658 |
| Net assets | | 49,108,889 | 45,806,721 |
| Equity | | | |
| Reserves | 14 | 32,843,618 | 29,968,403 |
| Accumulated surplus | 14 | 16,265,271 | 15,838,318 |
| Total equity | | 49,108,889 | 45,806,721 |

The accompanying notes form part of these financial statements.

Consolidated statement of changes in equity

The Royal Australian College of General Practitioners Ltd

| For the year ended 30 June 2020 | Notes | Accumulated surplus (\$) | Asset revaluation reserve (\$) | Reserve fund (\$) | Total (\$) |
|---|-----------|-----------------------------|-----------------------------------|----------------------|-------------------|
| Balance at 1 July 2018 | | 14,969,740 | 19,047,658 | – | 34,017,398 |
| Total surplus for the year | | 7,368,578 | – | – | 7,368,578 |
| Transfer | | (6,500,000) | – | 6,500,000 | – |
| Total other comprehensive income for the year | | – | 4,420,745 | – | 4,420,745 |
| Balance at 30 June 2019 | 14 | 15,838,318 | 23,468,403 | 6,500,000 | 45,806,721 |
| Adjustment for change in accounting policy | 14 | 426,953 | – | – | 426,953 |
| Total surplus for the year | | 1,879,143 | – | – | 1,879,143 |
| Transfer | | (1,879,143) | – | 1,879,143 | – |
| Total other comprehensive income for the year – revaluation increment to land and buildings | | – | 996,072 | – | 996,072 |
| Balance at 30 June 2020 | 14 | 16,265,271 | 24,464,475 | 8,379,143 | 49,108,889 |

The accompanying notes form part of these financial statements.

Consolidated statement of cash flows

The Royal Australian College of General Practitioners Ltd

| For the year ended 30 June 2020 | Notes | 2020 (\$) | 2019 (\$) |
|---|----------|-------------------|-------------------|
| Cash flows from operating activities | | | |
| Receipts from membership activities, publications, government and other grants and JobKeeper (inclusive of GST) | | 93,114,564 | 99,250,592 |
| Payments to suppliers and employees (inclusive of GST) | | (82,435,820) | (81,362,830) |
| Income tax received/(paid) | | 20,553 | (42,421) |
| Net cash inflow from operating activities | | 10,699,296 | 17,845,341 |
| Cash flows from investing activities | | | |
| Purchase of property and office equipment | | (313,114) | (417,279) |
| Purchase of intangibles assets | | (1,631,993) | (1,839,377) |
| Interest received | | 322,603 | 593,041 |
| Dividends received | | 100,000 | 100,000 |
| Sale of financial assets | | 623,252 | 7,717,637 |
| Investment income from other financial assets | | – | 168,442 |
| Net cash (outflow)/inflow from investing activities | | (899,251) | 6,322,464 |
| Cash flows from financing activities | | | |
| Repayment of lease liabilities including interest | | (469,015) | – |
| Net cash inflow/(outflow) from financing activities | | (469,015) | – |
| Net increase in cash held | | 9,331,030 | 24,167,805 |
| Cash at beginning of financial year | | 57,588,132 | 33,420,327 |
| Cash and cash equivalents at end of financial year | 4 | 66,919,162 | 57,588,132 |

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 2020

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 financial statements were authorised for issue by the directors on 17 September 2020. 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 – Reduced Disclosure Requirements 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 and amended standards adopted by the group

The group has adopted the following new standards for the first time for its annual reporting period commencing 1 July 2019:

- AASB 15 *Revenue from Contracts with Customers*
- AASB 1058 *Income of Not-for-Profit Entities*
- AASB 16 *Leases*

AASB 15 *Revenue from Contracts with Customers*

The RACGP has adopted AASB 15 from 1 July 2019. The standard provides a single, comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset or a receivable, depending on the relationship between the entity's performance and the customer's payment. Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

AASB 1058 *Income of Not-for-Profit Entities*

The RACGP has adopted AASB 1058 from 1 July 2019. The Australian Accounting Standards Board issued the new Australian accounting standard and implementation guidance on the recognition and measurement of income for not-for-profit (NFP) entities. This new standard establishes principles for NFP entities that apply specifically to transactions where the consideration to acquire an asset is significantly less than fair value principally to enable an NFP entity to further its objectives; and to volunteer services received. Where such a transaction meets the requirements of AASB 15 *Revenue*

from *Contracts with Customers*, revenue will be recognised in accordance with the requirements of this standard. Where a transaction does not meet the requirements to be accounted for under AASB 15, as it is either not an enforceable contract or the performance obligations are not sufficiently specific, the college needs to assess whether the transactions should be accounted for under AASB 1058.

Impact of adoption

AASB 15 and AASB 1058 were adopted using the modified retrospective approach, and as such comparatives have not been restated. The impact to opening retained earnings as at 1 July 2019 was an increase to accumulated surplus of \$547,204.

AASB 16 Leases

The RACGP has adopted AASB 16 from 1 July 2019. The standard replaces AASB 117 *Leases* and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. For classification within the statement of cash flows, the interest portion and the principal portion of the lease payments are separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

In applying AASB 16 for the first time, the group has used the following practical expedients permitted by the standard:

- applying a single discount rate to a portfolio of leases with reasonably similar characteristics
- relying on previous assessments on whether leases are onerous as an alternative to

performing an impairment review – there were no onerous contracts as at 1 July 2019

- accounting for operating leases with a remaining lease term of less than 12 months as at 1 July 2019 as short-term leases
- excluding initial direct costs for the measurement of the right-of-use asset at the date of initial application, and
- using hindsight in determining the lease term where the contract contains options to extend or terminate the lease.

Impact of adoption

AASB 16 was adopted using the modified retrospective approach and as such comparatives have not been restated. The college has applied AASB 16 practical expedient and elected not to recognise right-of-use assets and lease liabilities for short-term leases with less than 12 months of lease term and leases of low-value assets. Right-of-use assets are measured from lease commencement date. The following table shows the impact on the financial statements as at the date of initial adoption:

| | 1 July 2019 (\$) |
|---|------------------|
| Operating lease commitments as at 1 July 2019 (AASB 117) | 1,456,116 |
| Lease transition adjustment | 381,945 |
| Lease option extension applied | 254,809 |
| Operating lease commitments discounted based on the average incremental borrowing rate used under AASB 16 | (200,580) |
| Reduction in accumulated surplus as at 1 July 2019 | (120,251) |
| Right-of-use assets as at 1 July 2019 | 1,772,040 |

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 2020 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 8).

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 and office 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 property and office 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% |
| Leasehold improvements | 5.0% |
| Office equipment and training equipment | 15.0% |
| Office furniture | 7.5% |
| Computer equipment | 33.3% |
| Computer software | 33.3% to 14.3% |
| Right of use assets | 33.3% 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 three 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. Up until 30 June 2019, leases of property, plant and equipment were

classified as either finance leases or operating leases, with the college only having operating leases. From 1 July 2019, leases are recognised as a right-of-use asset and a corresponding liability at the date at which the right-of-use asset is available for use. 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 re-measurement of lease liabilities. The useful life of the college's leases range from three 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 trade and other payables.

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) Continuing Professional Development (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*.

The subsidiary of The Royal Australian College of General Practitioners Ltd, 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 and financial assets held at fair value – refer to Note 9 and Note 7

Judgement has been exercised in considering the impacts that the COVID-19 pandemic has had, or may have, on the company on known information. This consideration extends to land and buildings and financial assets 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 or subsequently as a result of the pandemic.

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 consolidated entity

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 2019.

1.20 Parent entity financial information

The financial information for the parent entity, The Royal Australian College of General Practitioners Ltd, disclosed in Note 21, has been prepared on the same basis as the financial statements, with the exception of the policy set out below.

a) Investments in subsidiaries and associates

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.

b) 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*.

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 Comparatives

Where necessary, comparatives have been reclassified and realigned for consistency with current year disclosures.

Note 2. Revenue from ordinary activities

| | 2020 (\$) | 2019 (\$) |
|---|-------------------|-------------------|
| Revenue from operating activities | | |
| Membership subscriptions and CPD Program fees | 35,510,527 | 34,571,647 |
| Education, course registration and other fees | 23,509,808 | 29,407,555 |
| Research and other grants and donations | 14,677,770 | 11,917,412 |
| Publications and subscriptions | 112,166 | 127,162 |
| Sponsorship and advertising | 1,620,790 | 3,057,515 |
| Other operating income | 2,135,126 | 2,369,043 |
| Other revenue from ordinary activities | | |
| Interest | 322,603 | 630,367 |
| Rent | 1,033,977 | 1,023,601 |
| Total revenue | 78,922,767 | 83,104,302 |
| Other income – JobKeeper wage subsidy | 3,718,500 | – |
| Revenue from contracts with customers by timing of revenue recognition under AASB 15 | | |
| Revenue recognised over time | 52,384,614 | 47,546,471 |
| Revenue recognised at a point in time | 25,181,573 | 33,903,863 |
| Total revenue from operating activities | 77,566,187 | 81,450,334 |

Note 3. Expenses

| | 2020 (\$) | 2019 (\$) |
|---|------------------|------------------|
| Surplus from operating activities includes the following specific expenses | | |
| Depreciation and amortisation | | |
| Buildings and building improvements | 697,500 | 595,745 |
| Computer equipment | 291,221 | 691,753 |
| Intangibles assets | 1,121,729 | 714,609 |
| Other plant and equipment | 10,558 | 11,894 |
| Right-of-use assets | 444,971 | – |
| | 2,565,980 | 2,014,001 |
| Rental expense relating to operating leases* | 67,532 | 599,497 |
| Finance costs – interest on lease liabilities | 69,245 | – |

*As a result of AASB 16 Leases, 30 June 2020 relates to low-value leases only.

Note 4. Cash and cash equivalents

| | 2020 (\$) | 2019 (\$) |
|------------------------------------|-------------------|-------------------|
| Cash at bank and on hand | 14,055,426 | 12,137,371 |
| | 14,055,426 | 12,137,371 |
| Deposits on call and term deposits | 52,863,736 | 45,450,761 |
| | 66,919,162 | 57,588,132 |

\$26,575,173 (2019: \$20,157,967) relate to grant funds held for disbursement.

Note 5. Trade and other receivables

| | 2020 (\$) | 2019 (\$) |
|--|------------------|------------------|
| Current assets | | |
| Trade receivables* | 1,077,669 | 2,109,247 |
| Prepayments | 1,014,971 | 1,494,997 |
| Other receivables | 1,664,055 | 69,566 |
| Income tax receivable | 13,926 | – |
| | 3,770,621 | 3,673,810 |
| Non-current assets | | |
| Other receivables – lease incentives | 21,493 | 53,733 |
| <p>*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.</p> <p>Other receivables generally arise from transactions outside the usual operating activities of the group.</p> | | |

Note 6. Financial assets

| | 2020 (\$) | 2019 (\$) |
|---|-----------|-----------|
| Current assets | | |
| Term deposits | – | 720,530 |
| Non-current assets | | |
| Term deposits* | 700,000 | 700,000 |
| <p>*During the financial year 2015–16, 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 while applying the income earned from the fund to research, education and training in general practice medicine. Upon expiry of 50 years the funds will become available to be applied as the RACGP determines appropriate.</p> | | |

Note 7. Other financial assets

| | 2020 (\$) | 2019 (\$) |
|--|------------------|------------------|
| Cash and cash management accounts | 1,056,167 | 1,009,442 |
| Fixed-interest securities | 1,639,103 | 1,901,276 |
| Equity investments | 3,123,604 | 3,130,982 |
| | 5,818,874 | 6,041,700 |
| <p>Other financial assets are managed by Escala Partners Ltd and are held at fair value. The economic downturn as a result of the COVID-19 pandemic may have an impact on the future fair value of these assets.</p> | | |
| Net investment income | | |
| <p>Net investment income is presented net of investment management fees in the 'Consolidated statement of profit or loss and other comprehensive income'.</p> | | |
| Interest | 4,972 | 13,895 |
| Trust distributions | 53,840 | 103,393 |
| Dividend income | 83,921 | 104,209 |
| Investment management fees | (35,353) | (33,509) |
| Foreign tax expense | (2,779) | (2,949) |
| Net realised gain/(loss) on investment | (67,687) | (16,596) |
| Net unrealised gain/(loss) on investment | (256,205) | 144,920 |
| | (219,291) | 313,363 |

Note 8. Investments accounted for using the equity method

| | 2020 (\$) | 2019 (\$) |
|---|----------------|----------------|
| Share in associates | 708,999 | 649,322 |
| 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 | 1,411,514 | 1,093,377 |
| Liabilities | 702,515 | 444,055 |
| Revenue | 1,764,292 | 1,703,600 |
| Profit after tax | 159,677 | 152,504 |
| ii. The movement in equity-accounted associates investments is as follows: | | |
| Balance at the beginning of the financial year | 649,322 | 596,818 |
| Share of associate's surplus from ordinary activities after income tax | 159,677 | 152,504 |
| Less Dividends received | (100,000) | (100,000) |
| Balance at the end of the financial year | 708,999 | 649,322 |
| iii. There are no contingent liabilities/assets of the associate | | |

Note 9. Non-current assets – Property and office equipment

| | 2020 (\$) | 2019 (\$) |
|--|-------------------|-------------------|
| Freehold land and buildings | | |
| Land and building – valuation | 48,425,000 | 48,050,000 |
| <i>Less</i> Accumulated depreciation | – | – |
| | 48,425,000 | 48,050,000 |
| Assets under construction at cost | | |
| Assets under construction at cost | 126,528 | – |
| | 126,528 | – |
| Computer equipment at cost | | |
| Computer equipment at cost | 4,114,685 | 4,144,220 |
| <i>Less</i> Accumulated depreciation | (3,839,452) | (3,642,672) |
| | 275,233 | 501,548 |
| Other plant and equipment at cost | | |
| Other plant and equipment at cost | 121,986 | 121,986 |
| <i>Less</i> Accumulated depreciation | (85,285) | (74,727) |
| | 36,701 | 47,259 |
| Total written-down value | 48,863,462 | 48,598,807 |
| Reconciliations | | |
| Freehold land and buildings | | |
| Opening balance | 48,050,000 | 43,975,000 |
| Additions | 76,428 | 250,000 |
| Revaluation increment/(decrement)* | 996,072 | 4,420,745 |
| Disposals | – | – |
| Depreciation expense | (697,500) | (595,745) |
| Closing balance | 48,425,000 | 48,050,000 |
| Assets under construction | | |
| Opening balances | – | – |
| Additions | 126,528 | – |
| Closing balance | 126,528 | – |
| Computer equipment | | |
| Opening balance | 501,548 | 1,166,858 |
| Additions | 109,890 | 167,279 |
| Disposals | (44,984) | (140,836) |
| Depreciation expense | (291,221) | (691,753) |
| Closing balance | 275,233 | 501,548 |
| Other plant and equipment | | |
| Opening balance | 47,259 | 59,153 |
| Additions | – | – |
| Depreciation expense | (10,558) | (11,894) |
| Closing balance | 36,701 | 47,259 |
| Total closing balances | 48,863,462 | 48,598,807 |

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 at 30 June 2020. The valuations recorded a net increase of \$996,072 through the asset revaluation reserve in relation to the increase in property values at 30 June 2020.

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 2020. The outbreak of COVID-19 was declared a 'global pandemic' by the World Health Organization on 11 March 2020. The real estate market is being impacted by the uncertainty that the COVID-19 outbreak has caused. Market conditions are changing daily at present. As at the date of valuation we consider that there is a significant market uncertainty. The value assessed herein may change significantly and unexpectedly over a relatively short period of time (including as a result of factors that the valuer could not reasonably have been aware of as at the date of valuation).

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 credit facility of \$2,549,700 as at 30 June 2020 that was not fully utilised during the financial year ended 30 June 2020.

Note 10. Intangible assets

| | 2020 (\$) | 2019 (\$) |
|------------------------|------------------|------------------|
| Opening balance | 2,229,346 | 1,104,577 |
| Additions | 1,631,992 | 1,839,377 |
| Amortisation expense | (1,121,729) | (714,609) |
| Closing balance | 2,739,609 | 2,229,345 |

Note 11. Trade and other payables

| | 2020 (\$) | 2019 (\$) |
|------------------------------|------------------|------------------|
| Trade creditors | 912,236 | 1,258,409 |
| Other creditors and accruals | 4,903,392 | 5,191,802 |
| Total | 5,815,628 | 6,450,211 |

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.

Note 12. Contract liabilities

| | 2020 (\$) | 2019 (\$) |
|---|-------------------|-------------------|
| Income in advance | | |
| Membership subscriptions and CPD Program fees | 28,747,593 | 29,299,149 |
| Grants | 28,886,979 | 22,294,985 |
| Examinations | 9,157,779 | 8,116,205 |
| Other | 1,953,570 | 3,558,876 |
| Total | 68,745,921 | 63,269,215 |

Note 13. Provisions

| | 2020 (\$) | 2019 (\$) |
|--|------------------|------------------|
| Employee benefits – annual leave (current) | 3,177,045 | 2,486,939 |
| Employee benefits – long service leave (current) | 1,454,733 | 1,588,689 |
| Employee benefits – long service leave (non-current) | 849,551 | 674,157 |
| Other provisions (current) | 225,000 | - |
| Total | 5,706,329 | 4,749,785 |

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 and the RACGP may be able to claim a portion of these costs through insurance.

Note 14. Reserves and accumulated surplus

| | 2020 (\$) | 2019 (\$) |
|---|-------------------|-------------------|
| Asset revaluation reserve* | | |
| Balance at beginning of year | 23,468,403 | 19,047,658 |
| Revaluation of land and buildings | 996,072 | 4,420,745 |
| Balance at end of year | 24,464,475 | 23,468,403 |
| Accumulated surplus | | |
| Movements in accumulated surplus | | |
| Balance at beginning of year | 15,838,318 | 14,969,740 |
| Changes in accounting policy† | 426,953 | – |
| Current year surplus | 1,879,143 | 7,368,578 |
| Transfer to reserve fund | (1,879,143) | (6,500,000) |
| Balance at end of year | 16,265,271 | 15,838,318 |
| Reserve fund | | |
| Movements in reserve fund‡ | | |
| Balance at beginning of year | 6,500,000 | – |
| Transfer from accumulated surplus | 1,879,143 | 6,500,000 |
| Balance at end of year | 8,379,143 | 6,500,000 |

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

†Relates to AASB 15 transition adjustments for an increase to accumulated surplus of \$547,204 at 1 July 2019, and for AASB 16 a decrease to the accumulated surplus of \$120,251 at the same date.

‡In line with the Board-approved RACGP Reserve Fund Policy and good financial governance and principles, the reserve fund provides 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.

Note 15. Key management personnel compensation

| | 2020 (\$) | 2019 (\$) |
|--|------------------|------------------|
| 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). | | |
| Total compensation for key management personnel during the financial year: | | |
| Key management personnel | 4,393,242 | 3,911,651 |
| The above compensation includes salary, termination and superannuation payments, plus other benefits and long service leave entitlements during the year. | | |

Note 16. Leases

| | 2020 (\$) | 2019 (\$) |
|--------------------------------------|------------------|-----------|
| Right-of-use assets | | |
| Buildings as at 1 July 2019 | 2,274,006 | – |
| Additions | 314,833 | – |
| <i>Less</i> Accumulated depreciation | (946,937) | – |
| Total | 1,641,902 | – |
| Lease liabilities | | |
| Current | 438,149 | – |
| Non-current | 1,369,206 | – |
| Total | 1,807,355 | – |

The total cash outflow for leases in 2020 was \$469,015. Depreciation of \$444,971 was recognised in the year.

Note 17. Commitments and contingencies

| | 2020 (\$) | 2019 (\$) |
|--|-----------|----------------|
| The RACGP has given bank guarantees as at 30 June 2020 of \$114,513 (2019: \$389,700). | | |
| Capital commitments | | |
| Intangibles assets | | |
| Within 12 months | | |
| Intangibles assets | – | 317,493 |
| Total intangibles assets | – | 317,493 |

Note 18. Related party transactions

| |
|--|
| a) Equity interests in related parties |
| <p>i. Equity interests in associates Details of interest in associates are disclosed in Note 8 to the financial statements.</p> <p>ii. Equity interests in subsidiaries Details of interest in subsidiaries are disclosed in Note 22 to the financial statements.</p> |
| b) Key management personnel compensation |
| Disclosures relating to key management personnel compensation are set out in Note 15. |
| 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 arms length in similar circumstances. These transactions include the collection of membership dues and subscriptions and the provision of group services. |

Note 19. 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. 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 group had arranged the following undrawn borrowing facilities at the end of the reporting period. | | |
| Facilities: | 2020 (\$) | 2019 (\$) |
| Overdraft | 2,000,000 | 1,000,000 |
| Total undrawn facilities | 2,000,000 | 1,000,000 |
| 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 credit facility of \$2,549,700 as at 30 June 2020 that was not fully utilised during the financial year ended 30 June 2020. The total secured credit facility consists of the overdraft and other credit limits in relation to the RACGP's merchant facilities and corporate cards. | | |

Note 20. Events after the reporting period

In September 2020, the RACGP increased its overdraft facility with the Commonwealth Bank of Australia (CBA) to \$7,500,000. This facility continues to be secured as part of the first registered mortgage as detailed in Note 9.

The COVID-19 situation is rapidly developing, with dependencies on measures imposed by Australian state and federal governments as well as other global governing bodies. These include measures such as maintaining social distancing requirements, quarantine, travel restrictions and economic stimulus packages. The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the RACGP at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on RACGP, its operations, its future results and financial position.

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 21. Parent entity information

| | 2020 (\$) | 2019 (\$) |
|--|--------------------|--------------------|
| 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 | 76,467,324 | 68,023,258 |
| Non-current assets | 54,685,465 | 52,241,208 |
| Total assets | 131,152,789 | 120,264,466 |
| Liabilities | | |
| Current liabilities | 79,983,996 | 73,971,993 |
| Non-current liabilities | 2,218,757 | 674,163 |
| Total liabilities | 82,202,753 | 74,646,156 |
| Net assets | 48,950,036 | 45,618,310 |
| Equity | | |
| Reserves | 32,843,618 | 29,968,401 |
| Accumulated surplus | 16,106,418 | 15,649,909 |
| Total equity | 48,950,036 | 45,618,310 |
| Financial performance | | |
| Total surplus/(deficit) | 1,821,728 | 7,406,341 |
| Other comprehensive income for the year | 996,072 | 4,420,745 |
| Total comprehensive income for the year | 2,817,800 | 11,827,086 |
| Contingent liabilities of the parent entity | | |
| The RACGP has given bank guarantees as at 30 June 2020 of \$114,513. | | |
| Commitments for the acquisition of intangibles assets by the parent entity | | |
| Intangibles assets | | |
| Within 12 months | | |
| Intangibles assets | – | 317,493 |
| Total intangibles assets | – | 317,493 |

Note 22. Subsidiaries

The financial statements incorporate the assets, liabilities and results of RACGP Oxygen Pty Ltd in accordance with the accounting policy described in Note 1.1. Note that RACGP Oxygen Pty Ltd is in the process of an orderly wind down.

| Name of entity | Country of incorporation | Class of shares | Equity holding | |
|----------------------|--------------------------|-----------------|----------------|------|
| | | | 2020 | 2019 |
| RACGP Oxygen Pty Ltd | Australia | Ordinary | 100% | 100% |

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