

#### Recommended citation

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### Message from the Chair

#### Dr Tim Koh

Chair, RACGP Council

Rural and remote, city to city, coast to coast, general practice continues to grow throughout Australia, and the RACGP along with it. Membership numbers surpassed 35,000 in 2016–17 – more than 90% of GPs in Australia – and the RACGP has strengthened its position as the chief representative body for the profession.

The past year saw our role as the voice of general practice reach new levels of prominence. Not only did the RACGP see an unprecedented level of visibility in mainstream media, but our social media presence has also taken off across a number of channels, including Facebook, Twitter, and our own new professional collaboration space, shareGP.

shareGP, in particular, has proved a great success. Launched in September 2016, this new online space for GPs has allowed previously unimagined contact among RACGP members, as well as increased college engagement. The use of shareGP to run Convocation in 2017 resulted in a record number of items received for consideration, and voting numbers in June's Extraordinary General Meeting (EGM) were equally strong. While the result of the EGM vote on the governance review was ultimately no, we were extremely encouraged by the number of GPs who took place in the democratic process, again underlining a commitment to their vocation and the fact RACGP member connection is at an all-time high.

The efforts of the RACGP's expert committees and faculties across the country have also been vital. The RACGP works throughout the year to provide our members the best possible experience with their college, from active learning modules (ALMs) to exam workshops, major conferences to networking events, standards and guidelines to advocating through statements and positions papers, and much more.

I would like to take the opportunity to acknowledge all of the hard work undertaken by President Dr Bastian Seidel, whose leadership and availability have played a significant role in the RACGP's increased visibility. Dr Seidel has been a regular presence across all media and, during what has at times been a challenging year, he has not been afraid to answer the tough questions and reiterate the RACGP's vision.

I would also like to thank our Chief Executive Officer, Dr Zena Burgess, whose leadership has helped steer the RACGP throughout the year. Dr Burgess and her team continue to work tirelessly to help deliver our members the best service possible and their efforts, as always, are appreciated by all.

GPs, now more than ever, are truly Australia's specialists in life and I look forward to all of our contributions to healthcare in the coming year.

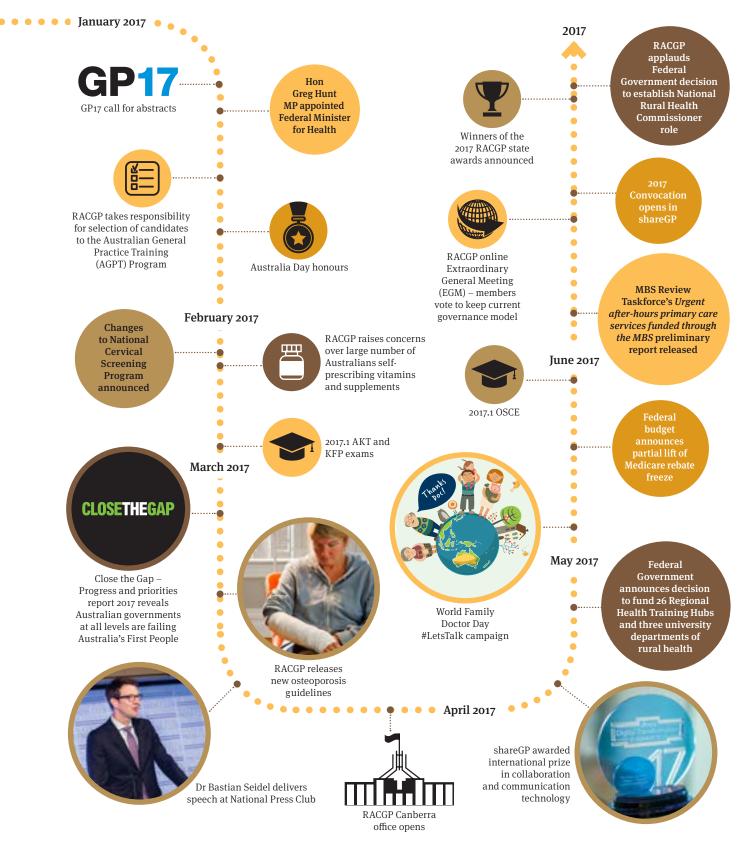






### RACGP timeline 2016–17





### RACGP governance review reflections

A 2013 Convocation item proposed that the RACGP review its governance structure. The result of this was a three-year review, involving broad member consultation and input from governance experts.

This review provided the opportunity to examine the RACGP's governance structure and incorporate streamlined operations and best governance practices. RACGP members and governance experts from within and outside the organisation were consulted extensively as part of the process.

The governance review concluded in June 2017, with RACGP Council endorsing a governance model it believed would reflect an efficient and modern structure while maintaining strong GP representation at each governance level.

The endorsed model was put to a member vote at the EGM in 2017.

RACGP Council has reflected extensively on the governance review and identified some clear successes and failures.

High voter participation compared with other recent general meetings, and the first use of an electronic

voting format for an RACGP general meeting, are among the clear successes. There was high engagement and participation among members, particularly on the RACGP's online collaboration platform, shareGP.

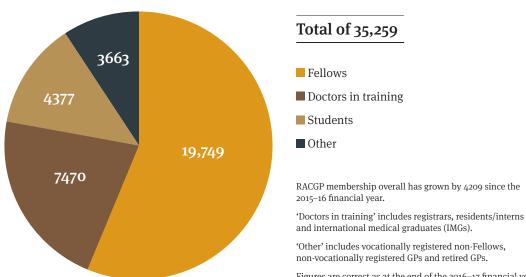
RACGP Council also believes the organisation has gained a better understanding of how to communicate with members.

Unfortunately, the governance review was a slow process taking many years, and it did not start with a clear vision of how it might conclude.

The RACGP experienced difficulty in educating the broader membership about governance, and ultimately the endorsed model was not accepted by the members.

The EGM on 30 May was adjourned due to a service provider technology failure and was successfully rescheduled and held on 14 June 2017. Despite the high engagement among members, the EGM had a relatively low attendance of approximately 2500 – although this was much higher than the usual Annual General Meeting (AGM) attendance of approximately 100 members.

### RACGP membership





general practice services are provided annually in Australia

# **share** GP **13,300**+

members logging in to shareGP





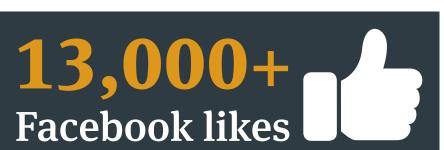
items submitted in 2017

# GP 16 1800 conference

conference delegates



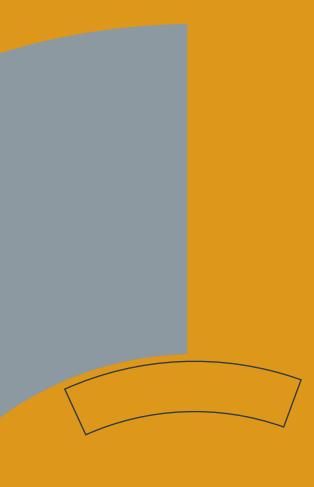
RACGP Specific Interest networks and working groups





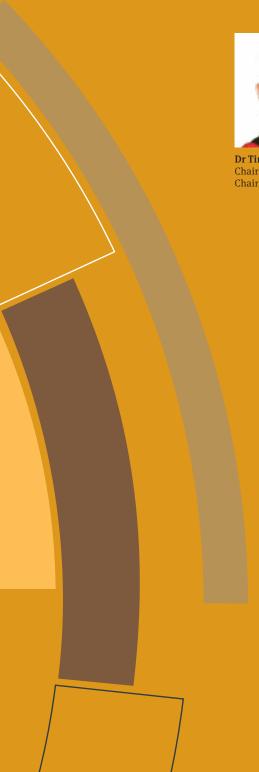
Aboriginal and Torres Strait Islander Fellows, general practice registrars, interns and medical students





# Members of the 59th RACGP Council

The Royal Australian College of General Practitioners (RACGP) is governed by the RACGP Council, comprised of the President, Vice-President, Censor-in-Chief, General Practice Registrar Representative, chair of each state and territory faculty, Chair of RACGP Rural, Chair of RACGP Aboriginal and Torres Strait Islander Health, Chair of the Finance, Audit and Risk Management Committee, and any additional members co-opted by Council to the extent allowable under the RACGP Constitution.





**Dr Tim Koh** Chair, RACGP Council Chair, RACGP WA



**Dr Bastian Seidel** RACGP President



**Dr Edwin Kruys** RACGP Vice-President Chair, RACGP Queensland



**Dr Daniel Byrne** Chair, RACGP SA&NT Chair, RACGP Specific Interests



**Dr Mark Miller** Censor-in-Chief



**Dr Clare Ballingall** Chair, RACGP Tasmania



**Dr Cameron Loy** Chair, RACGP Victoria



Ms Christine Nixon APM Co-opted Council member



Assoc Prof Peter O'Mara Chair, RACGP Aboriginal and Torres Strait Islander Health



Mr Martin Walsh Co-opted Council member, Chair, Finance, Audit and Risk Management Committee



**Dr Ayman Shenouda** Chair, RACGP Rural



**Dr Mary-Therese Wyatt** General Practice Registrar Representative



**Dr Guan Yeo**Chair, RACGP NSW&ACT

### Message from the President

#### Dr Bastian Seidel

**RACGP President** 

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What is the RACGP? If you were to ask that question of any member of the public as recently as two or three years ago, the answer would very possibly have been akin to a shrug of the shoulders. That response, however, has changed in 2017.

More people than ever are aware that the RACGP is the largest medical organisation in the country, with more than 35,000 active members across all states and territories. The college's far-reaching advocacy efforts, initiated under Immediate Past President, Dr Frank R Jones, have borne significant fruit and the RACGP is now widely recognised as *the* representative body, and voice, for the Australian general practice profession.

The momentum we have established with extensive and influential public awareness campaigns such as 'The Good GP Never Stops Learning' and 'Specialist in Life', both of which have been prominent in traditional and social media, has been essential in pushing the RACGP forward. We must all continue our dynamic efforts towards raising the profile of our profession and our college.

The RACGP has consolidated its leadership role, speaking on behalf of GPs and general practice throughout the past 12 months. Our collective voice was clearly heard on a number of key healthcare policy issues, including the Medicare freeze, pharmacy-based pathology tests and vaccinations, medicinal cannabis, closing the gap, after-hours care, Health Care Homes, the Rural General Practice Grants Program, and many more.

In maintaining such a clear national voice, the RACGP is fulfilling its role as the representative of more than 90% of Australia's GPs. We are providing vital leadership and standing up for what is best for our GPs and the profession.



- 1. RACGP President Bastian Seidel
- with the Hon Ken Wyatt AM MP. 2. With MC Virginia Haussegger at the RACGP Canberra launch.
- 3. RACGP President Bastian Seidel.
- 4. Dr Seidel faces the media pack at the RACGP Canberra launch.
- 5. With Andrew Wilkie MP at the National Press Club, Canberra.



The 2017 opening of the RACGP Canberra office was another major step forward. A robust presence in Canberra is essential if we are to successfully raise the levels of health literacy among the Australian public, press and decision makers. Such a firmly established position in the nation's capital is allowing us to keep a finger on the political pulse, reinforcing the RACGP's role to inform and advise on contemporary and evidence-based health policies that will ultimately improve the health outcomes of all Australians.

This position in Canberra, however, will not see the RACGP stray from its fundamental role as an academic medical college. We will always advocate for the public interest while remaining politically agnostic. Politics should be kept out of healthcare, because there is no Labor, Liberal, National, or Green approach to looking after patients.

As an academic medical college, the RACGP's advocacy will always be based on strong data and the patient experience and, as such, we will continue to call for a commitment to evidence-based health policies. I have had the pleasure of working closely with Federal Health Minister, Greg Hunt, and Shadow Minister for Health and Medicare, Catherine King, over the past year. These meetings have been productive and positive, and we will continue to build on the relationships already established in Canberra.

The RACGP will also use its place in Canberra for advocacy on behalf of GPs and patients outside of the major cities. More than 30% of Australians live and work in rural and remote areas, yet these Australians receive far less than 30% of health funding, and I applaud the Federal Government's decision to establish the role of the National Rural Health Commissioner. Having discussed with

Federal Health Assistant Minister David Gillespie the type of candidate the RACGP believes should take up the new role – an experienced rural GP with a good understanding of national rural workforce issues, digital health and patient-centred approaches to care – I am confident the National Rural Health Commissioner will play a significant part in improving the health of people in rural and remote Australia.

The RACGP also welcomed the Federal Government's decision to undertake a review of urgent after-hours home visit services. The Medicare Benefits Schedule (MBS) Review Taskforce's recommendation that higher Medicare rebates for urgent after-hours services should only be payable to GPs who normally work during the day and believe a patient needs to see a doctor mirrors the RACGP's 'After-hours home visiting services in primary healthcare' position statement, released in June 2016. Access to appropriate after-hours care is critical for all Australians, and this and other recommendations will help to ensure support of continuity of care between patients and their regular GPs.

The beginning of 2017 was also a watershed time in general practice training, with the RACGP assuming responsibility for selection of 90% of candidates into the Australian General Practice Training (AGPT) Program. By directly managing the process, the RACGP, in conjunction with regional training organisations (RTOs), is now able to better align selection to the knowledge, skills and approach required of an RACGP Fellow. Fellowship of the RACGP (FRACGP) is a specialist qualification, one that signifies a GP has been assessed as competent across the core skills of general practice, and it is therefore vital the college maintains oversight of the training selection process.

The overwhelmingly positive response from candidates for selection into the 2018 AGPT Program is evidence that we are on the right training track.

I am delighted with the continued evolution of the RACGP and all of our members. We are leaders and advocates in the country's broader healthcare landscape, and I look forward to continuing to serve Australian general practice and its GPs and patients for many years to come.



- 6–7. RACGP President Bastian Seidel at the National Press Club.
- 8–9. Dr Seidel launches the Specialist in Life campaign.
- 10. At GP16 in Perth.
- 11. Dr Seidel and Immediate Past President Dr Frank R Jones with international guests at GP16 in Perth.





# Message from the Chief Executive Officer

#### Dr Zena Burgess PhD

**Chief Executive Officer** 

In what has been another tumultuous but positive year for general practice, the RACGP has continued to grow significantly and deliver outstanding service to our members.

The RACGP's core role is to highlight and support our members in order to ensure every GP in Australia is represented and their patients provided the very best healthcare. I am incredibly proud of the work we have undertaken throughout the year to help grow and improve services for our members, allowing them to remain dedicated to safeguarding the health of all Australians, and so we can guarantee public health remains a priority for the government, other medical professions, the media and all Australians.

The RACGP has experienced considerable expansion, with member numbers now exceeding 35,000. Each of these members has access to more RACGP services than ever before.

RACGP membership also reached an important, and very welcome, milestone in 2017, with the number of female members outnumbering males for the first time in our history. The 2016–17 member ratio of 50.2% female and 49.8% male is a significant change from as recently as 2012–13, when those numbers were 47% female and 53% male.

I am delighted with this continued evolution of the RACGP's membership and look forward to all new and existing members continuing to serve Australian general practice and its patients for many years to come.

The RACGP also took great strides towards better connecting with its existing members, particularly in the online world. The 2016 launch of shareGP has provided GPs and general practice registrars with an online collaboration space.

Having now been in operation for close to a year, shareGP has proven a major hit with members, who

use it to come together around individual interests and subjects, and share content or research in a fully secure environment. It had provided a convenient avenue for members to vote in this year's Extraordinary General Meeting (EGM) and to run Convocation, with a record number of items received in 2017. We are excited to see how this space grows over the next 12 months.

The RACGP has become a prominent and hugely influential organisation in recent years. This transformation has evolved under the leadership of Immediate Past President Dr Frank R Jones and current President Dr Bastian Seidel.

I would like to extend my sincere gratitude to both Dr Jones and Dr Seidel for their strong, enthusiastic and compassionate leadership, and to the 59th RACGP Council for its diligence in leading and defining the strategic direction of the RACGP throughout the past year.

I would also like to acknowledge the professionalism and dedication displayed by all RACGP staff who work tirelessly to support our members, raise the profile of general practice in Australia and contribute to the ongoing success of the RACGP. A special mention must be made of the senior leadership team: Josephine Raw, Deputy CEO and General Manager, Policy, Practice and Innovation; Mark Klose, General Manager, Finance and Technology; Dr Mark Rowe, General Manager, Education Services; Greg Price, General Manager, Brand and Communications; Craig Martin, General Manager, Products; and Paul Moloney, General Manager, Human Resources.

I am very much looking forward to the next 12 months as we continue to build on the diversity and strengths of the general practice profession and provide members with a strong and relevant professional home.

### Message from the Finance, Audit and Risk Management Committee Chair

#### Martin Walsh

Chair, Finance, Audit and Risk Management Committee

Members of the Finance, Audit and Risk Management (FARM) Committee for the 2016–17 financial year:

- Mr Martin Walsh, Chair and Independent Councillor
- Dr Bastian Seidel, President (appointed October 2016)
- Dr Frank R Jones, Immediate Past President (resigned October 2016)
- Dr Guan Yeo, Chair, RACGP NSW&ACT
- Dr Daniel Byrne, Chair, RACGP SA&NT
- Dr Charlotte Hespe, RACGP Fellow (resigned October 2016)
- Dr Kevin Sweeney, RACGP Fellow (appointed February 2017)
- Mr Mark Evans, external representative with information technology (IT) expertise.

The RACGP's consolidated operating performance remains very positive, the balance sheet position is strong and the organisation maintains a healthy long-term liquidity position.

The RACGP utilises independent firm DFK Kidsons as its internal auditor and the firm of RSM as its external auditor, with representatives of each attending FARM Committee meetings during the year. Internal auditors have reported no material issues and external auditors have issued an unqualified opinion on the consolidated financial statements for the year ended 30 June 2017.

The RACGP continued to strengthen and develop its whole-of-organisation risk-management approach, and the FARM Committee monitors the risk appetite reporting by management on a quarterly basis. The design and development of an integrated IT project plan for a new member engagement system continues to be a focus for the FARM Committee.

The FARM Committee recommended appointing Escala Partners as the RACGP's investment advisors after conducting an extensive tender process and work has since begun on implementing an appropriate investment strategy for the long-term security of the college.

The FARM Committee also maintains oversight of the RACGP subsidiary, RACGP Oxygen Pty Ltd, and the RACGP Foundation.

I would like to express my thanks for the support that has been provided by all councillors and committee members, as well as the RACGP's senior leadership team, particularly CEO Dr Zena Burgess, General Manager of Finance and Technology Mark Klose and Finance Manager Sherryna Fung.



The RACGP's consolidated operating performance remains very positive, the balance sheet position is strong and the organisation maintains a strong cash and long-term liquidity position



#### Dr Mark Miller

Message from

Censor-in-Chief

'The more I learn the more I realise how much I don't know' – Albert Einstein

the Censor-in-Chief

When I speak to fellow GPs (both new and experienced) about where they land on a professional continuum – novice, apprentice, journeyman, expert and master – they most often choose the journeyman category. The vastness of the general practice curriculum and the rapidly changing landscape within medicine, particularly community-based care, means we can never sit back and be complacent in our current knowledge.

The RACGP awarded 1844 GPs their Fellowships in the past year and I offer them all warm congratulations from Council and the Board of Assessment in this achievement.

This year has come with some significant projects, most notably the selection process for entry into the Australian General Practice Training (AGPT) Program, along with appeals and remediation, once again being the responsibly of the RACGP. In addition, the college is also responsible for providing more educational support for those outside of the AGPT Program in their progression in a unified assessment pathway, with incorporation of enhanced programmatic assessment.

The excellent work of the RACGP staff helps to support the work and major projects of members at all levels within the college, and amongst its educators and faculty committees. This allows us to achieve the milestones to further the work of a professional college in areas of advocacy, awareness, education, assessment and collegiality.

I hope candidates and members are reading the public exam reports and availing themselves of the additional support and active learning modules (ALMs) that are designed to assist those who wish to support our members and New Fellows, and increase their knowledge of the RACGP Curriculum, competency profile and assessment structures. The RACGP's national assessment advisors are constantly trying to improve communication with candidates and contribute to our examination process. Delivery of high quality assessments to around 1000 candidates twice a year, as well as the addition of AGPT selection, remains a complex task that requires a skilled team drawn from all parts of the RACGP.

My congratulations to the Hong Kong College of Family Physicians, which this year celebrates its 40th anniversary and shares the RACGP's ideals for delivery of the highest quality general practice within its region.

I also encourage all members to continue to engage with each other within the RACGP's shareGP online collaboration space. Despite technical issues, the digital approach to this year's Extraordinary General Meeting (EGM) was a great success in obtaining member input from more than the few who can physically attend such a meeting, and I hope we continue to embrace the inclusiveness that it has the potential to provide.



The 2016 Academic Session was held at the University of Western Australia on 28 September 2016, with the RACGP formally recognising the achievements of its members and meeting with delegates of Australian and international medical colleges.

Tasmania's Dr Bastian Seidel was inaugurated as RACGP President, while New Fellows were presented with their diplomas in front of friends and families. A number of awards were also presented at the Academic Session, including the General Practitioner of the Year, General Practice of the Year, General Practice Supervisor of the Year and General Practice Registrar of the Year.















# RACGP Expert Committee – General Practice Advocacy and Funding

#### Dr Beres Wenck

Chair, RACGP Expert Committee - General Practice Advocacy and Funding

The RACGP Expert Committee – General Practice Advocacy and Funding (REC–GPAF) advocates for recognition of the integral role GPs and general practice play in the Australian healthcare system. The committee's members are practising GPs who own or work in a general practice, complemented by a practice manager representative.

The REC-GPAF led development of RACGP submissions and positions on a range of issues in 2016–17, including:

- The Medicare Benefits Schedule (MBS) and the outcomes of the MBS Review Taskforce
- pharmacy remuneration and regulation
- the development of a quality improvement practice incentives program (PIP)
- the medical complaints process
- the life insurance industry
- private health insurance in primary healthcare
- expanding competition and user choice in human services sectors
- on-demand telehealth services.

The REC-GPAF also oversaw the development of the RACGP's 2017–18 pre-budget submission and revised the widely used *MBS fee summary*, which was released to members in August 2017.

The REC-GPAF advocates for recognition of the integral role GPs and general practice play in the Australian healthcare system



The RACGP Expert Committee – Standards for General Practices (REC–SGP) has been focused on finalising the updated fifth edition of the RACGP's *Standards* for general practices (the Standards), to be launched at GP17. The committee has also updated the *Patient feedback guide* and *Resource guide*, which are aimed at supporting practices as they prepare for accreditation.

The REC-SGP has also provided guidance on the Standards implementation process for a range

of stakeholders, including general practices, accreditation agencies, primary healthcare networks, peak bodies and Aboriginal medical services.

In addition, REC–SGP members have drafted the *Standards for after-hours services* in preparation for stakeholder consultation and piloting. A first draft of the after-hours standards will be released in August 2017 and finalised in early 2018.

# RACGP Expert Committee – eHealth and Practice Systems

### Dr Nathan Pinskier

Chair, RACGP Expert Committee – eHealth and Practice Systems

The RACGP Expert Committee – eHealth and Practice Systems (REC-eH&PS) focuses on eHealth developments, information management, health data privacy and other issues impacting the operations of Australian general practice.

The RE-eH&PS hosted its second annual eHealth forum in 2016. The forum featured discussions on the challenges of implementing interoperable secure electronic communications, clinical usability principles to design general practice systems, and the inundation of data in general practice.

The REC-eH&PS has developed a number of resources throughout the year, including a position statement on the use of secure electronic communication, calling for the implementation of two-way secure electronic communication across healthcare within the next three years, and mHealth in general practice: A toolkit for effective and secure use of mobile technology for practices, which considers the use of mobile devices in general practice.

The REC-eH&PS is also undertaking a substantive revision of the RACGP's Computer and information security standards (CISS), which is designed to provide contemporary guidance regarding appropriate practises to protect data and ensure business continuity.

# RACGP Expert Committee – Quality Care

#### Dr Evan Ackermann

Chair, RACGP Expert Committee - Quality Care

The RACGP Expert Committee – Quality Care (REC–QC) is responsible for matters of clinical significance to the RACGP and general practice.

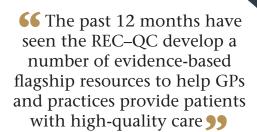
The past 12 months have seen the REC-QC develop a number of evidence-based flagship resources to help GPs and practices provide patients with high-quality care. These resources include:

- the ninth edition of Guidelines for preventive activities in general practice (Red Book)
- General practice management of type 2 diabetes 2016–18
- Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age
- Handbook of non-drug interventions (HANDI)
- webinars on e-mental health and family violence
- position statements on mental health care, medical cannabis and non-GP-initiated testing.

In addition, the REC-QC is currently developing:

- the third edition of *Putting prevention into practice:* Guidelines for the implementation of prevention in the general practice setting (Green Book)
- Prescribing drugs of dependence in general practice: Opioids
- educational resources addressing family violence
- a guide on genomic medicine in general practice
- guidelines for hip and knee osteoarthritis.

The REC-QC continues to provide the RACGP with advice and direction on matters of clinical significance, including responding to a large number of government and stakeholder consultations, as well as the ongoing leadership and management of the RACGP's representative and endorsement programs.



# RACGP Expert Committee – Pre Fellowship Education

#### Dr Kaye Atkinson

Chair, RACGP Expert Committee - Pre Fellowship Education

The major focus of the RACGP Expert Committee – Pre Fellowship Education (REC–PreFE) throughout 2017 has been working with RACGP Education Services in the area of Fellowship training pathways.

The RACGP assumed responsibility for core functions of the Australian General Practice Training (AGPT) Program in 2017, including selection, remediation, academic posts and appeals. The RACGP selection process is competency-based, ensuring doctors selected for training have the requisite qualities to train to become competent GPs.

The RACGP has also been working on a single pathway to Fellowship for all doctors external to the AGPT Program. The unified pathway, as it is currently known, encompasses the previous RACGP Fellowship pathways of general practice experience, specialist, practice-based assessment and, international recognition.

Responsibility for AGPT selection and the implementation of an integrated education framework have enabled the RACGP to progress to a contemporary programmatic approach to medical education assessment. Work has commenced on programmatic assessment for the unified pathway.

With the transfer of many AGPT functions from the Department of Health to the RACGP (selection, clinical appeals, academic posts, remediation, return to work and educational research), the REC-PreFE supported the development of policies and processes, particularly in relation to selection. The REC-PreFE also provided clarity around the competencies required at various points in the training program,

strengthening RACGP work on training progression and remediation interventions.

The REC-PreFE would like to thank Dr Mark Rowe, General Manager, Education Services and the Education Services teams for their professional commitment to prevocational and vocational general practice training.

The REC-PreFE also thanks all RACGP education committees for their ongoing support and expert advice throughout the year, as well as the members of RACGP Council for their ongoing support of prevocational and vocational training. All members look forward to continuing to progress the work in producing competent GPs for Australian communities.







66 Key areas of focus for the committee have included revalidation, the launch of the 2017–19 QI&CPD triennium and the introduction of PLAN

# RACGP Expert Committee – Post Fellowship Education

#### Dr Janice Bell

Chair, RACGP Expert Committee - Post Fellowship Education

The RACGP Expert Committee – Post Fellowship Education (REC–PostFE) has continued to focus on a number of major issues under its charter over the past 12 months.

Revalidation has been a key topic for the REC-PostFE, with the committee contributing to the RACGP's response to the Medical Board of Australia's, 'Options for revalidation in Australia: Discussion paper'. In addition, the REC-PostFE examined several tools that could be useful in developing a model for revalidation. For example, the Primary Care Practice Improvement Tool (PC-PIT) for identifying gaps for individual GPs via a model that involved ongoing review of the practice's processes and focused on improvements, and Multi-Source Feedback (MSF), which is currently in use by other medical colleges in Australia and in the UK.

The REC-PostFE also helped shape the program for the 2017–19 Quality Improvement and Continuing Professional Development (QI&CPD) triennium, with a view to including areas that could be required as part of revalidation. The major feature of the new triennium was the introduction of the planning

learning and need (PLAN) quality improvement activity as a compulsory activity for all participants, on which committee members assisted with development and testing.

REC-PostFE members led and contributed to a workshop that considered how to strengthen the RACGP QI&CPD Program, how the RACGP can manage underperforming doctors and the best way to transition New Fellows to the QI&CPD Program.

The REC-PostFE is preparing a comprehensive New Fellows strategy designed to include a modified QI&CPD Program, involvement of the faculties and a range of relevant activities.

The committee liaised with the REC-eH&PS to identify resources in the *General practice management toolkit*, an area of interest to many New Fellows.

REC-PostFE members also contributed feedback and advice on a return-to-work template, the definition of the scope of general practice, development of a post-Fellowship framework to recognise advanced skills, and the creation of an assessment framework to cover the lifelong journey of general practice, including remediation at every stage of that journey.

# RACGP Expert Committee – Research

#### Prof Tania Winzenberg

Chair, RACGP Expert Committee - Research

The RACGP Expert Committee – Research (REC-R) aims to establish a profile for general practice research and promote its uniqueness and importance to clinical practice. REC-R activities and achievements over the past 12 months include:

- completion of a project aimed at determining ways to build career support for GPs who undertake research, with results to be presented at GP17
- developing a 'train the trainer'
  workshop to improve the capacity
  of medical educators and
  general practice supervisors
  to support general practice
  registrars to develop research
  and critical-thinking skills
- promoting the importance of the academic registrar program, and of accommodating that within vocational training
- a successful GP16 session that engaged GPs and promoted high-quality research
- developing a plan to identify general practice research priorities in Australia
- successful advocacy for general practice research (eg participating in the Medical Research Future Fund Consultation in order to ensure primary healthcare research was a priority, federal budget lobbying that led to funding for a National Health and Medical Research Council [NHMRC] Centre of Research Excellence for Primary Health Care).









RACGP NSW&ACT

## Dr Guan Yeo

Chair, RACGP NSW&ACT

RACGP NSW&ACT has achieved many significant highlights and several records over the past 12 months.

Two Objective Structured Clinical Examinations (OSCEs) supported more than 520 doctors to undertake the RACGP Fellowship examinations, the largest number of candidates on record.

March 2017 saw the close of the 2014-16 Quality Improvement and Continuing Professional Development (QI&CPD) triennium, which included an RACGP NSW&ACT record of more than 98% of GPs successful in attaining compliance.

RACGP NSW&ACT forged a partnership with NSW Health in support of the RACGP's 'Specialist in Life' consumer campaign. The faculty will be working with several ministry branches to deliver essential health messages and education across many diseases to assist GPs across metropolitan and rural areas.

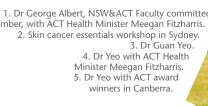
The NSW&ACT New Fellows committee was established to support GPs in their career paths and access the myriad RACGP services that are available to assist them throughout their career journey.

The launch of the intervarsity challenge was another first for RACGP NSW&ACT. This is an online knowledge contest among all state universities. Congratulations to Newcastle University for taking out top spot.

Thanks must be extended to the hundreds of examiners and tutors who assisted throughout the year to deliver an extensive program of online training, face-to-face workshops and examinations.

**66** RACGP NSW&ACT has achieved many significant highlights and several records over the past 12 months, including more than 520 doctors undertaking the RACGP Fellowship examinations, the largest number of candidates on record 99





# RACGP Victoria

## Dr Cameron Loy

Chair, RACGP Victoria

RACGP Victoria has continued to engage members with educational and collegial opportunities. The faculty works with the strategic vision and objectives of the RACGP in accomplishing its goals in member engagement and educational activities, continuing to advocate for member views and working to support GPs.

The annual RACGP Victoria members meeting, held in August, was combined with the presentation of faculty awards for the first time in an evening of collegiality and recognition of member achievement and contribution.

The 2016 RACGP Victoria Fellowship and Awards Ceremony was the largest to date, with more than 1000 in attendance. RACGP Victoria welcomed 228 New Fellows and presented 38 life memberships along with other significant member awards.

The faculty hosted a number of educational activities throughout the year, delivering more than 40 workshops and webinars. RACGP Victoria also provided members with a number of workshops for the newly introduced planning learning and need (PLAN) quality improvement activity.

The Objective Structured Clinical Examination (OSCE) is a large member-engagement activity, with sites in metropolitan Melbourne and regional Victoria. Close to 5% of Fellows engaged in the delivery of the OSCE which, as part of the RACGP assessment, is a key event delivering against the objectives of the RACGP.

RACGP Victoria advocated for the profession with submissions to the State Government and by attending meetings with government ministers,, as well as Victorian Primary Health Networks, the has continued to engage members with educational and collegial opportunities, advocating for member views and working to support GPs

1. RACGP Victoria Skin cancer: Theory and practice workshop.

2. Dr Cameron Loy.

 RACGP Victoria Fellowship and Awards Ceremony November 2016.

Australian Medical Association (AMA) Victoria, and several other external stakeholders, advancing leadership of the profession and advocating for general practice.

RACGP Victoria was successful in securing the state contract, as represented by the Department of Health and Human Services, to deliver training to prescribers interested in participating in the Victorian Opioid Pharmacotherapy Program.

The faculty has continued to provide external organisations with expert GP representation. The commitment of RACGP Victoria member representatives on many committees and working groups ensures that appropriately experienced GPs provide a professional voice and clinical advocacy for general practice.

# RACGP Queensland

## Dr Edwin Kruys

Chair, RACGP Queensland

RACGP Queensland has actively engaged with the State Government and other stakeholders and voiced concerns about a number of issues, such as pharmacybased vaccination and pathology programs.

The faculty has focused on rural and remote general practice across the state, increasing rural representation on RACGP Queensland, and developing and implementing a new Regional Support Committee to act as a conduit between our rural and remote members and the faculty. In partnership with RACGP Rural, the past year also saw RACGP Queensland attend the World Organization of Family Doctors (WONCA) conference in Cairns and the Rural Doctors Association of Queensland (RDAQ) conference in Townsville.

RACGP Queensland successfully delivered a number of innovative education programs, such as the exam preparation webinars and the New Fellows education series, including the inaugural New Fellows Conference. The faculty has established a new

Objective Structured Clinical Examination (OSCE) venue at the Gold Coast to accommodate the large number of candidates.

RACGP Queensland has undertaken a local leadership development program for its members, which is designed to encourage active leadership in all facets of our professional lives and inspire our future leaders.

Other highlights from 2016–17 include the opening of new RACGP Queensland offices, providing a stimulating place for members to meet, learn and grow; and the development of more opportunities for members to access professional development in rural and remote areas through the delivery of a new regional education program.





RACGP WA was extremely pleased to work alongside the national events team to facilitate the presentation of GP16 in Perth, particularly the 2016 National Academic Session, Fellowship and Awards Ceremony. It was very gratifying to see more than 1800 delegates come to Perth, making GP16 the country's largest ever conference for general practice.

Support for WA practice owners was formalised during the past year with a business of general practice event bringing together current and aspiring practice owners from around the state. More than 80 attendees discussed human resources (HR), medico-legal matters, strategic management, the future of practice ownership, and many more topics with well-known industry professionals and experienced GPs. This event was the impetus for establishing the RACGP Specific Interests Business of General Practice network.

Engagement with WA members beyond the metropolitan area has long presented a challenge, but RACGP WA continues to find ways to connect with rural and remote members through greater use

of technology, such as online webinars. Topics for these webinars included envenomation management, WA HealthPathways in collaboration with WA Primary Health Alliance (WAPHA), and the 'Shared care of the patient undergoing psychotherapy' mental health series.

Finding different ways to engage with all members is a current priority for RACGP WA. To that end, the inaugural 'Get quizzical' RACGP WA Quiz Night was held in May to great success and the faculty looks forward to growing the event in 2018.

The one-day 'Skin deep: Dermatology update' active learning module (ALM), which featured 75 attendees, was a real highlight from the past year.

The 2017 revitalisation of 'New Fellows connect', which saw 35 participants at each of its four sessions, also proved very popular. The faculty experimented with a combination of clinical (dermoscopy, hearing loss, ophthalmology and addiction) and non-clinical sessions, during which industry experts provided advice on the financial side of general practice.

# **RACGP Tasmania**

## Dr Clare Ballingall

Chair, RACGP Tasmania

The past year has indeed been a busy and exciting one for RACGP Tasmania. I am extremely proud of the faculty's efforts, in terms of the stunning achievements of its members and the courage and clarity of the messages to stakeholders and the community. The mantle of 'specialist in life' sits well over Tasmanian winter woollies.

The year started by welcoming Tasmania's own Dr Bastian Seidel to the position of RACGP President, and the faculty then went on to successfully host the RACGP Council meeting in February, sharing faculty space with chairs from across the geographic and contextual scope of the profession.

RACGP Tasmania has undertaken more than 40 stakeholder meetings in the past year, including meeting with state and federal MPs, and partnering with colleagues and people in the community to examine, advocate and support in areas as diverse as public hospital capacity, refugee detainment and the use of medicinal cannabis.

Personally speaking, the interactions I have had with general practice registrars and medical students, as well as the Tasmanian University Medical Students Society (TUMSS) career evening in May, have been real highlights of the past year. I was delighted by the enthusiasm and interest shown for general practice by medical students across all experience levels.

I spent a morning supervising medical students in the HealthStop tent at Agfest, Tasmania's annual agricultural and machinery field event. This fantastic collaborative initiative between RACGP Tasmania and the University of Tasmania, Faculty of Health, highlighted how extraordinarily keen students are to learn about general practice. I truly believe the future of our specialty is in safe hands.

Other highlights from 2016–17 include the RACGP awards for General Practitioner of the Year and General Practice Registrar of the Year going to Tasmanians, successful lobbying with Tasmanian federal politicians for the relaxation of the Medicare freeze, retaining the diversity of RACGP Tasmania and celebrating the state's strong female GPs taking part in the RACGP leadership program.





Exam preparation workshops continue to be held twice a year to help candidates prepare for the RACGP Fellowship examinations. RACGP SA&NT also introduced six weekly tutorial series to provide further learning opportunities for the written and clinical components of the examination.

**RACGP** 

SA&NT

Chair, RACGP SA&NT

Dr Daniel Byrne

RACGP SA&NT has advocated on behalf of its members

affect general practice. These

participation in the campaign to end the Medicare rebate freeze, forums on medicinal cannabis and meetings with

in key areas that directly

advocacy efforts include

South Australia.

The RACGP SA&NT Education and Training and New Fellows committees played a pivotal role in tailoring the year's calendar of events to include high-quality education and learning opportunities for members. An inaugural New Fellows social event was another occasion during which members could network and promote a sense of community and belonging.

RACGP SA&NT continued to promote general practice as a career choice and was well represented at more than 15 medical student career weeks and general practice registrar professional development days.

The faculty celebrated the largest-ever Northern Territory Fellowship Awards Ceremony in October 2016, with 90 guests on hand to see and 21 members accepting their Fellowship award.

The RACGP SA&NT GP cardiopulmonary resuscitation (CPR)/basic life support (BLS) 'train the trainer'

1. RACGP SA&NT New Fellows networking event. 2. Dr Daniel Byrne. 3. NT New Fellows at the 2016 Fellowship and Awards Ceremony in Darwin. 4. Dr Byrne presents at GP16 in Perth.

project has been particularly successful. The faculty has delivered CPR training to 83 GPs and 77 practice staff members in the past 12 months under this project alone.

Other highlights from 2016-17 include RACGP SA&NT hosting a series of workshops with more than 850 participants attending 45 educational events, and the faculty facilitating 10 healthcare webinars, held in conjunction with SA Health and Chronic Disease Program Development, with 859 participant views recorded.

The entire faculty would like to thank its members for their continuous involvement and support.

# RACGP Aboriginal and Torres Strait Islander Health

#### Assoc Prof Peter O'Mara

Chair, RACGP Aboriginal and Torres Strait Islander Health

It has been a very busy 12 months. I would like to acknowledge the work of former and founding Chair, Assoc Prof Brad Murphy, and seek to emulate the considerable contribution he made during his tenure with RACGP Aboriginal and Torres Strait Islander Health.

Stakeholder engagement continues to be a priority through involvement with the Close the Gap Steering Committee and ongoing engagement with key professional bodies, such as the Australian Indigenous Doctor's Association, National Aboriginal and Community Controlled Health Organisation (NACCHO) and the Indigenous General Practice Registrars Network.

The RACGP is also a key signatory of the Redfern Statement. I was privileged to attend the Redfern Statement Parliamentary breakfast, held in Canberra in February, where Aboriginal and Torres Strait Islander leaders handed the Prime Minister a blueprint for change in improving Aboriginal and Torres Strait Islander affairs.

The RACGP's ongoing commitment to growing the Aboriginal and Torres Strait Islander GP workforce has seen the faculty playing a greater role in supporting candidates applying for the Australian General Practice Training (AGPT) Program and developing a strategy to improve retention rates of Aboriginal and Torres Strait Islander general practice registrars while on the AGPT pathway.

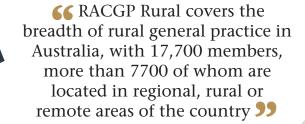
1. 2016 Standing Strong Together Award recipients with RACGP Immediate Past President Dr Frank R Jones. 2. Associate Prof Brad Murphy at the 2016 Academic Session. 3. Assoc Prof Peter O'Mara. 4. Dr Catherine Engelke presents at GP16 in Perth. The annual Indigenous Fellowship Excellence Program, which provides advice and key tips for Aboriginal and Torres Strait Islander general practice registrars when preparing for the Fellowship exams, continues to be a great support for our future GP workforce.

RACGP Aboriginal and Torres Strait Islander Health also held a webinar on preventive health assessments for Aboriginal and Torres Strait Islander peoples during National Reconciliation Week. The faculty's ongoing collaboration with NACCHO to update the *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* (third edition) is close to completion and due for release in early 2018.

Ongoing advocacy in relation to Aboriginal and Torres Strait Islander health continues to be a priority. Submissions have been made to, among others, the Department of Health's *My Life*, *My Lead* 

- Implementation Plan Advisory Group Consultation
- Social and cultural determinants of health.





**RACGP** Rural

## Dr Ayman Shenouda

Chair, RACGP Rural

RACGP Rural has more than 17,700 members, including 7700 who work in rural Australia, and it has supported these members via enhanced education opportunities throughout the year.

The faculty's cognitive behavioural therapy active learning module (ALM), coupled with the new Focussed Psychological Strategies Skills Training (FPS ST) Program, has enabled members to complete the requirements for accessing Medicare Benefits Schedule (MBS) items for FPS services while remaining in their rural town. Our 'Introduction to point-of-care ultrasound for rural GPs' workshop series has helped members to learn how to utilise new technology and gain insights from leaders in the field.

The Rural Education Committee and Rural Censor have a key role in ensuring RACGP Rural is meeting the education needs of its members and is positioning the faculty to meet emerging trends and workforce changes. Curriculum development has seen the release of one new advanced rural skills training (ARST) curriculum in palliative care, and revised ARST curricula in child health and emergency medicine.

1. RACGP Rural at GP16 in Perth.
2. Dr Ayman Shenouda.
3. Rural Education Committee members
Drs Greg Gladman, John Buckley, Ross Wilson,
Karin Jodlowski-Tan, Ritta Partanen and Kaye Atkinson.
4. RACGP Rural Point-of-care ultrasound workshop at GP16.
5. Dr John Kramer presents on behalf of RACGP Rural at GP16.

With sustained leadership, RACGP Rural has remained firm in its advocacy for members. Positon papers on aged care and rural generalism 2020 have enabled RACGP Rural to continue its engagement with stakeholders and to advocate for improvements to health outcomes in rural Australia.

Other highlights from 2016–17 include 37 new graduates of the Fellowship in Advanced Rural General Practice (FARGP), the presentation of nine papers and workshops, plus two posters, at the international World Organization of Family Doctors (WONCA) rural conference, and a total of 20 meetings with key stakeholders, including engagement with MPs, rural workforce agencies and registered training organisations.

# **RACGP Specific Interests**

## Dr Daniel Byrne

Chair, RACGP Specific Interests

RACGP Specific Interests members choose to join the faculty based on their clinical or occupational interests. This uniqueness has resulted in extraordinary growth, with 2506 new members joining RACGP Specific Interests during 2016–17, bringing the total membership to 3825.

RACGP Specific Interests brings members together through collegiate activities, supports their learning through the development of various educational activities and seeks their guidance on policy and advocacy issues.

The highlight of the 2016–17 educational calendar was March's International Medicine in Addiction (IMiA17) Conference, which was hosted in Sydney by the RACGP, the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists. The event was a huge success, with more than 700 delegates from 15 different countries, including nearly 200 RACGP members, in attendance.

In addition, the RACGP Specific Interests Diabetes network was a significant contributor to the development of *General practice management of type 2 diabetes 2016–18*, which launched at GP16.

RACGP Specific Interests welcomed two new networks in 2016–17, the Respiratory and Cardiology networks, bringing the total number to 28.

RACGP Specific Interests will continue to support members on various topics. Key issues on the horizon include the rescheduling of over-the-counter products containing codeine, coming into effect in February 2018, and the introduction of new cervical screening guidelines from December 2017.

Dr Daniel Byrne with Dr Cameron Loy at the International Medicine in Addiction Conference 2017.

**66** RACGP Specific Interests has expanded to a total of 28 networks and working groups, further recognising and representing the broad range of expertise and additional interest areas held by GPs across Australia



## Prof Peter Mudge AM

Patron, RACGP Foundation

The RACGP Foundation has had another busy year, delivering a diverse range of research grants while ensuring general practice researchers are supported on their journey to build the evidence for improving health outcomes for all Australians.

The RACGP Foundation has been working diligently to support GPs as our 'specialists in life' by awarding 20 research grants and awards that aid research projects and provide financial assistance for medical education and travel.

GP16 proved a highlight of the past year, especially seeing eight RACGP Foundation award winners receive their awards in front of their peers. The RACGP Foundation's annual guided walking tour was again a success, with more than 40 GPs learning about the work of the Foundation and hearing about the interesting history of Perth.

The RACGP Foundation thanks all of its members, funding partners and people in the community for their continued support. I look forward to all of the exciting developments the next year will surely bring.

1. RACGP Foundation
gowned group Academic
Session GP16 Perth.
2. Dr Elizabeth Sturgiss
with Dr Frank R Jones at
the 2016 Academic Session.
3. Prof Peter Mudge AM.
4–5. 2016 Academic Session.
6. RACGP Foundation
walk at GP16 in Perth.







# Award winners

The RACGP awards salute the dedication of GPs across Australia and recognise excellence within general practice.



### **Rose-Hunt Award**

The Rose-Hunt Award is the RACGP's most prestigious and recognises outstanding service in promoting the aims and objectives of the RACGP.

**Dr John Litt**Rose-Hunt Award 2016



## General Practice Supervisor of the Year

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

**Dr Rohan Gay**RACGP General Practice
Supervisor of the Year 2010



# Rural Registrar of the Year

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

**Dr Fintan Andrews**RACGP Rural Registrar of the Year 2016



# General Practitioner of the Year

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

**Dr Jane Cooper**RACGP General
Practitioner of the Year 2016



## General Practice Registrar of the Year

Recognises the strong commitment made by a general practice registrar to learning, the general practice profession and provision of high-quality patient care.

## **Dr Chris Hughes**

RACGP General Practice Registrar of the Year 2016



#### General Practice of the Year

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.

#### Ararat Medical Centre, Victoria

RACGP General Practice of the Year 2016

#### Monty Kent-Hughes Memorial Medal

The Monty Kent-Hughes Memorial Medal is awarded to candidates who achieve the highest Objective Structured Clinical Examination (OSCE) score within Australia.

2016.1 – Dr Jessica Borgas 2016.2 – Dr Jodie Ross

Monty Kent-Hughes Memorial Medal 2016

#### **Brian Williams Award**

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

#### Dr Pat Giddings, NSW

Brian Williams Award 2016

### Medical Undergraduate Student Bursary

RACGP Rural's Medical Undergraduate Student Bursary is an essay prize awarded to a medical student who is a member of a rural health student club at an Australian university.

#### Ms Maeve Barlow, WA

Medical Undergraduate Student Bursary 2016

## RACGP Aboriginal and Torres Strait Islander Health – Standing Strong Together Award

This award provides recognition for partnerships between GPs and Aboriginal and Torres Strait Islander peoples in improving the health of Indigenous Australians.

#### Dr Jamie Fernando and the Glen Centre, NSW

RACGP Aboriginal and Torres Strait Islander Health – Standing Strong Together Award 2016

#### 2016 Honour Board

#### **Honorary Fellowship**

- Dr Jill Benson, SA
- Dr Stephen Wilson, WA

## Australia Day Honours 2017

#### Member of the Order of Australia (AM)

- Dr Andrew Wright
- Dr Susan Downes

#### Medal of the Order of Australia (OAM)

- Dr Albert Foreman
- Dr Anne Ellacott
- Dr Cameron Bardsley
- Dr David Chen
- Dr George 'Tony' Simpson
- Dr John Murray Flynn
- Dr John Terrence Flynn
- Dr Michael Armstrong
- Dr Mirza Datoo
- Dr Patrick Giddings
- Dr Purushottam Sawrikar
- Dr Vinh Lieu
- Dr Richard Schloeffel

Dr Bronwyn Stokes, who passed away in November 2016, received the OAM posthumously for service to medicine in regional NSW after a long career in Port Macquarie, Merriwa and Tamworth.



#### Queen's Birthday Honours 2017

#### Members (AM) in the General Division

- Dr Tim Mooney
- Dr Catherine Regan

#### OAM in the General Division

- Dr Roger Davidson
- Dr Geoff Harding
- Dr John Kramer
- Prof John Marley
- Dr Robert Rogers
- Dr Mehdi Sanati Pour
- · Dr Hugh Seward

# 2016 RACGP Foundation research grants, scholarship and award winners

#### Therapeutic Guidelines Ltd (TGL)/RACGP Research Grant

#### **Assoc Prof Michelle Guppy**

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.

#### Dr Carissa Bonner

Combining new guideline formats with patient communication tools to facilitate evidence-based risk assessment and management in cardiovascular disease prevention.

#### Prof Jane Gunn

The STOP study: Sensible Timely Options for reducing inappropriate antidepressant use in general practice.

#### RACGP/HCF Research Foundation Research Grant

#### Dr Tejas Kanhere

Accelerometers in monitoring physical activity in primary care (AMPACe).

#### Prof Moyez Jiwa

Informing policy for patients who have been prescribed antibiotics for an upper respiratory tract infection.

#### RACGP/Diabetes Australia Research Grant

#### **Assoc Prof Michelle Guppy**

A rural registry and chronic care model for chronic kidney disease and diabetes.

#### RACGP/Adelaide North East Division of General Practice (ANEDGP) Research Grant

#### Dr Colin Goodson

Development of a method of improving the efficiency of care of patients with endocrine problems.

#### RACGP Family Medical Care Education and Research Grant

#### **Dr Andrew Davey**

Antibiotic prescribing strategies of general practice registrars for acute respiratory tract infections: Prevalence and associations of delayed prescribing.

#### Dr Karen Price

The role of peer connection in general practice: What is the role of peer connection and its association to empathy and prevention of burnout in general practitioners?

#### **Dr Miriam Brooks**

Evaluation of Young Women's Clinic, Blue Mountains Women's Health and Resource Centre.

#### **RACGP Indigenous Health Award**

#### Ms Charmaine Earnshaw

Financial assistance for an elective placement in Canada in January 2017.

#### **Miss Madeline Thomson**

Indigenous wellbeing and climate change on country: Ltyentye Apurte community members' perspectives.

#### Mr Luke Walker

Financial assistance for a four-week placement in an indigenous community (central Australia) and a seven-week internship at the National Health and Medical Research Council (NHMRC) in Melbourne.



#### RACGP/MDA National Best General Practice Research Article in the *AFP* Journal Award

#### Dr Clare Willix

Willix C, Rasmussen S, Evans S, Walshe V. A comparison of vitamin D level in two antenatal populations in regional Western Australia. Aust Fam Physician 2015;44(3):141–44.

#### Peter Mudge Medal

#### **Prof Clare Heal**

Aqueous versus alcoholic antisepsis with chlorhexidine for skin excisions – The AVALANCHE Trial. Protocol for randomised controlled trial for the prevention of superficial surgical site infection after minor surgery in general practice.

#### **Alan Chancellor Award**

#### Dr Gillian Gould

What predicts intentions to quit smoking in Aboriginal tobacco smokers of reproductive age? Quantitative and qualitative findings of a cross-sectional survey in regional NSW.

#### Iris and Edward Gawthorn Award

#### Dr John Alec Tynan

A general practice registrar who has achieved the highest score in the cardiovascular and respiratory components of the Fellowship exam (based on the ICPC system) over the 2016 calendar year.





# Corporate governance statement

The Royal Australian College of General Practitioners (RACGP) is a public company limited by guarantee, governed by the RACGP's Constitution, regulations and policy.

#### The Board (Council)

The RACGP's Council is its board of directors. Council is responsible for the RACGP's corporate governance and performance. Its objectives are stipulated in Clause 2 of the Constitution, and its powers in Part 9 of the Constitution. Council is accountable to the RACGP members, with any changes to the Constitution subject to a special majority in general meeting.

Council is structured to maximise member representation (as opposed to skills or diversity). The President represents the general membership, the Censor-in-Chief represents the education committees, the General Practice Registrar Representative represents members enrolled in the Australian General Practice Training (AGPT) Program, and faculty chairs represent their faculty board and, by extension, their faculty.

Councillors are offered the Australian Institute of Company Directors (AICD) Program on commencement.

Council's conduct is self-managed with reference to the RACGP Conflict of Interest Policy, the RACGP Member Code of Conduct and individual engagement agreements.

The President's allowance is approved at the AGM by eligible members.

Directors receive payments from the RACGP, with increases approved by Council on an annual basis, usually aligned with the consumer price index.

Details of key management personnel compensation are included in the notes to the financial statements.

A copy of the RACGP Constitution and other governance information is available on the RACGP website. Council operations are outlined in policy and procedure frameworks.

#### **Council composition**

Council consists of at least 11 RACGP members and may co-opt up to five additional individuals (who

need not be members). Council currently has two such co-opted members.

Council members are referred to as 'councillors'. Eight councillors are drawn from the chairs of RACGP Aboriginal and Torres Strait Islander Health, RACGP Rural, RACGP NSW&ACT, RACGP Queensland, RACGP SA&NT, RACGP Tasmania, RACGP Victoria and RACGP WA. The RACGP President, Censor-in-Chief and General Practice Registrar Representative are elected by general ballot, with co-opted councillors appointed by majority Council decision. Council elects its Chair from within. The RACGP Constitution and the RACGP elections policy detail the process for councillor appointment.

The Director's report includes relevant details for the President, Chair, councillors and company secretary, including names and qualifications.

#### **Role of Council**

Council is responsible for the RACGP's overall corporate governance and performance. Its role includes setting and periodically reviewing the RACGP's strategy, and monitoring organisational and financial performance. Council focuses on a range of strategies, including summative and formative assessments, as part of its quality improvement activities. It is the ultimate decision-maker on clinical, educational and professional matters, and reserves a number of decisions of this nature for its determination.

#### Council and the Chief Executive Officer

The Chief Executive Officer (CEO) is appointed by Council and is responsible for the management of the RACGP in accordance with approved strategy, policies and delegated authority framework. Authority is delegated to the CEO in accordance with the Council Delegations of Authority policy. The CEO attends Board and Board Committee meetings; however, the CEO is not a director.

All RACGP staff members, including those in the senior leadership team, are subject to annual performance planning and reviews by their immediate supervisor. The CEO is reviewed by the Chair.

#### **Faculty committees**

Part 3 of the RACGP Constitution establishes the RACGP's faculties, and part 7.1 appoints each faculty chair to be a councillor (except for RACGP Specific Interests).

Faculty committees are established by section 59(a) (vii) of the RACGP Constitution. They are advisory bodies representing members' interests, and perform a number of functions delegated by Council or initiated by their Chair.

Faculty committees consist of three member types – elected, ex officio and co-opted. Elected members are on the faculty committee pursuant to faculty elections, which are held each year as approximately half of the elected faculty committee members retire.

#### **Board committees**

The RACGP Constitution established the faculty committees for specific regions or subjects. Council established board committees, and clinical, educational and professional committees. All committees perform an advisory role; Council is the ultimate decision-maker on clinical, educational and professional matters, and reserves a number of decisions of this nature for its determination.

#### Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee (FARM) is responsible for assisting Council to fulfil its oversight responsibility concerning the effectiveness of the RACGP's risk management identification, and controls and the integrity of the RACGP's financial statements (among other things).

FARM comprises the RACGP President, two RACGP councillors (one of whom must be a faculty chair), an RACGP Fellow with financial, audit and/or risk management experience, and two independent members – one is the FARM Chair with financial, audit and/or risk management experience, and the other with expertise in information systems in a business setting.

#### **RACGP** expert committees

There are seven RACGP expert committees (RECs), each responsible for separate portfolios in areas of expertise considered crucial to the RACGP and to general practice. The RECs are General Practice Advocacy and Funding, Quality Care, Research, Standards for General Practices, Pre Fellowship

Education, Post Fellowship Education, and eHealth and Practice Systems.

Each REC is to pursue a number of objectives within its area of expertise, including advising on the implementation of related initiatives; establishing links with relevant state, national and international groups; and increasing the profile of the RACGP. They also provide Council with assistance and advice within their area of expertise.

REC chairs are appointed by Council, with REC members appointed via a combination of expertise and expressions of interest.

#### **Board of Censors**

The Board of Censors (BoC) considers standards of clinical practice and competence, and assesses candidate competency concerning Fellowship eligibility. The BoC is ultimately responsible to Council, but reports through the General Manager, Education Services, as the CEO's delegate.

The BoC ensures the RACGP adopts a defensible, sustainable, unified and coordinated approach across all faculties for establishing and maintaining standards relating to assessment of candidates presenting for Fellowship. The BoC comprises the Censor-in-Chief, each faculty censor and up to two additional censors. The censors are employed on recommendation of the Censor-in-Chief and the General Manager, Education Services.

#### **Board of Assessment**

The Board of Assessment (BoA) considers standards of clinical practice and competence, and assesses candidate competency concerning Fellowship eligibility. The BoA is ultimately responsible to Council, but reports through the General Manager, Education Services, as the CEO's delegate.

The BoA ensures the RACGP adopts a defensible, sustainable, unified and coordinated approach across all faculties for establishing and maintaining standards relating to assessment of candidates presenting for Fellowship.

The BoA comprises all BoC members, Assessment Panel chairs, national examination coordinators, and a general practice registrar representative. The Assessment Panel chairs and national examination coordinators are employed on recommendation of the Censor-in-Chief and the General Manager, Education Services.

# 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 ('the company' or 'RACGP') and its controlled entities at the end of, or during, the financial year ended 30 June 2017.

#### **Principal 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) 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 improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principal activities of education, training and research and by assessing doctors' skills and knowledge, advocacy, supplying ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practice, and developing standards that general practices use to ensure high-quality healthcare.

The RACGP has a proud history of achievements, including the development of the *Standards for general practices* and introducing continuing professional development. The RACGP carries out its activities within the following areas of strategic focus:

- Education and training for general practice
- Innovation and policy for general practice
- Advocacy
- Collegiality

#### Performance measures

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

- Council meetings
- Finance, Audit and Risk Management (FARM)
   Committee meetings

 other Council sub-committee and advisory board meetings.

#### **Results of operations**

During the financial year ended 30 June 2017, the group recorded a total surplus after tax of \$495,056, compared to \$410,654 in 2016. Over the year, the net assets of the group increased from \$21,957,662 to \$27,753,968. As a result of asset revaluation during the year, an increment of \$5,301,250 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 with which it has not complied.

#### Likely developments and future results

The group anticipates that it will maintain its positive financial position in 2017–18. 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.

# Events subsequent to the end of the financial year

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

#### **Directors**

The names and details of the company's directors in office at the date of this report are as follows. The company's board of directors is also known as the RACGP Council.

#### Dr Tim Koh

#### MBBS, FRACGP

Chair, RACGP Council; Chair, RACGP WA

Dr Tim Koh is Chair of RACGP Council and Chair of RACGP WA. A practising GP in north-metropolitan Perth, Dr Koh is a second-generation GP who is originally from Three Springs, approximately 300 km north of Perth, where his father was a rural GP.

Dr Koh has been involved in general practice training with RACGP WA and Western Australian General Practice Education and Training (WAGPET) since 2002. He served as RACGP WA Assessment Panel Chair for six years and Education Committee Chair for four years.

Dr Koh became RACGP WA Deputy Chair in 2010 and was subsequently named Chair in 2014. He is a co-owner of Currambine and Ocean Keys family practices, where he supervises and mentors general practice registrars, residents and medical students.

#### Dr Bastian Seidel

MBBS, PhD, MACHI, MRCGP, FRACGP President

Dr Bastian Seidel is a partner and co-owner of a general practice in Tasmania's Huon Valley, southwest of Hobart. He joined RACGP Tasmania in 2009 and was elected Deputy Chair in 2011, before being named Chair in 2015.

Dr Seidel studied medicine in Germany and South Africa before completing his vocational training as a GP in the United Kingdom in 2006. He has been a general practice supervisor for general practice registrars and an RACGP examiner since 2007, and is a clinical professor at the University of Tasmania and Director of the National Asthma Council.

#### **Dr Edwin Kruys**

MD, FRACGP, GAICD, AdDipProjMgt Vice-President; Chair, RACGP Queensland

Dr Edwin Kruys is a full-time practising GP in Queensland's Sunshine Coast hinterlands, and

is RACGP Vice-President and Chair of RACGP Queensland. After graduating from of the University of Amsterdam and finishing his GP training in the Netherlands in 2004, Dr Kruys worked in various rural locations in Australia, including Cooktown and the remote Wujal Wujal and Hopevale Aboriginal communities in Cape York in Queensland, and Halls Creek in the Kimberley region of Western Australia. Dr Kruys is passionate about advocacy for general practice. He writes the popular general practice blog doctorsbag.net, focusing on healthcare politics, eHealth and social media. Dr Kruys is also a member of the Australian Medical Association Queensland Council of General Practice.

#### Dr Mark Miller

#### MBBS, DRANZCOG, FRACGP

Censor-in-Chief

Dr Mark Miller is the RACGP Censor-in-Chief and Chair of the RACGP Board of Censors and Board of Assessment. Dr Miller was previously Chair of the SA exam panel from 1997 to 2003 and RACGP SA&NT Censor. He has trained general practice registrars for more than 20 years, is a member of RACGP Rural and has been both a John Flynn and Ramus mentor.

Dr Miller has been a full-time rural GP in Goolwa on South Australia's Fleurieu Peninsula for more than 24 years. He is heavily involved in running the RACGP Fellowship assessments and has been a medical educator and facilitator at RACGP SA&NT-run workshops for many years. Dr Miller was awarded the 2013 RACGP GP of the Year Award in recognition of his outstanding commitment to the profession and was recently awarded a 25-year long-service medal for rural practice in South Australia.

In addition to a full-time clinical role, Dr Miller has been involved with teaching medical students from Flinders University and the University of Adelaide, and for more than 10 years his practice has hosted Parallel Rural Clinical Curriculum students as they completed their third year at Flinders University medical school. He has supervised more than 30 general practice registrars and enjoys the vibrancy they add to clinical practice, teaching, mentoring and learning. Dr Miller has also provided tuition and mentoring to a number of international medical graduates (IMGs) commencing general practice in Australia.

#### **Dr Clare Ballingall**

(appointed on 30 September 2016) MBChB, FRACGP

Chair, RACGP Tasmania

Dr Clare Ballingall is a GP from Newtown in Hobart, Tasmania, where she practises in a large group practice. Dr Ballingall has also worked for the federally funded phone triage service, GP Assist Tasmania, for 13 years, supporting rural GPs after hours.

Dr Ballingall was born in the UK, where she trained and worked in the hospital and primary healthcare sectors in Scotland. Upon relocating to Australia, Dr Ballingall spent two years working in psychiatry in Queensland before settling in Tasmania.

Dr Ballingall's first contact with the RACGP came 10 years ago as she was sitting her Fellowship exam, for which she was awarded the RACGP Tasmania medal for the highest aggregate score across the exam's three segments. She has since been an active examiner with the faculty and joined RACGP Tasmania as the Tasmania Regional Representative for Denison in 2015. Dr Ballingall has met regularly with local parliamentary members and is passionate about increasing awareness of current general practice issues.

#### **Dr Daniel Byrne**

#### MBBS, FRACGP

Chair, RACGP SA&NT; Chair, RACGP Specific Interests

Dr Daniel Byrne is a partner at Chandlers Hill Surgery in outer-metropolitan Adelaide and was elected to the RACGP Council in October 2014. He is Chair of RACGP SA&NT and became Chair of RACGP Specific Interests in 2015.

Dr Byrne has been a strong supporter of the RACGP since his training days in the early 1990s, leading to Fellowship of the RACGP in 1993. He has supported the RACGP by participating in exam preparation workshops for general practice registrars and IMGs, conducting Australian Health Practitioner Regulation Agency (AHPRA) interviews for IMGs wishing to enter Australian general practice and assisting as a quality assurance examiner at the Fellowship of the RACGP (FRACGP) Objective Structured Clinical Examinations (OSCEs). He has been a medical educator and general practice clinical advisor, and been involved in general practice—hospital liaison and eHealth for 20 years.

Dr Byrne believes having the highest regard for quality and standards will guide the RACGP through all in which it is involved, whether it is practice accreditation, practice guidelines, eHealth or general practice training. He believes the RACGP must set the standards and rigorously defend the profession's right to implement them.

#### **Dr Cameron Loy**

(appointed on 30 September 2016) MBBS, BMedSc(Hon), FRACGP, FARGP, DCH, DRANZCOG, GAICD

Chair, RACGP Victoria

Dr Cameron Loy is a practising GP in Lara, Victoria, and in correctional services. He has worked in southwestern 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 (GPRA) in 2002, Director of the Remote Vocational Training Scheme in 2006–10, and Director of Greater Green Triangle General Practice Education and Training (GPET) in 2001–03 and Chair in 2011. He has also held a number of roles within the RACGP, including Deputy Chair of RACGP Rural in 2003–14, and Deputy Chair 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 was on the advisory groups for the Victorian opioid substitution programs and hepatitis C therapy training programs for six years. He is a trustee of the Shepherd Foundation, providing research grants into prevention and occupational health. Dr Loy remains a committed general practice supervisor and mentor for general practice registrars, residents and medical students. In his spare time, he is a keen amateur astronomer.

#### Ms Christine Nixon APM

(appointed on 30 September 2016)

**Co-opted Council Member** 

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 and Chair of Monash College and the Good Shepherd Microfinance.

As Victoria Police Chief Commissioner from 2001–09, Ms Nixon was the first woman in such a role in any Australian state 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 US.

#### Dr Ayman Shenouda

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

Dr Ayman Shenouda was appointed Chair of RACGP Rural in October 2014, after having served 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 also current Chair of Wagga Wagga GP After Hours Services. Former roles include Chair of the Remote Vocational Training Scheme (RVTS), Director of Medical Education Coast City Country General Practice Training (CCCGPT) Riverina/Murrumbidgee, and Director on the board of the Riverina Division of General Practice and Primary Health.

Dr Shenouda was named the 2009 RACGP GP of the Year, while his Glenrock Country Practice was named the 2007 NSW&ACT General Practice of the Year and awarded three Australian General Practice Accreditation Limited (AGPAL) awards in 2009 and 2010.

After migrating from Egypt more than 20 years ago, Dr Shenouda commenced his medical career in Australia as a surgical registrar in Tasmania in 1995 and has been a rural GP in Wagga Wagga, New South Wales, for the last 17 years, where he established Glenrock Country Practice. Dr

Shenouda's main special interest is education and training, and he is passionate about developing quality frameworks and systematic management tools to enable and enhance the work undertaken by GPs.

#### **Dr Mary-Therese Wyatt**

(appointed on 30 September 2016) BSc (Biomedical), DipEd (Maths), MBBS, DCH, FRACGP, GAICD

**General Practice Registrar Representative** 

Dr Mary-Therese Wyatt is a recent Fellow of the RACGP who works in a long-established general practice in Perth, Western Australia. Prior to Fellowship, Dr Wyatt undertook general practice registrar training with Western Australian General Practice Education and Training (WAGPET). She was a registrar liaison officer for WAGPET in 2014–16, which included a role on the Advisory Council for GPRA.

Dr Wyatt has continued her association with GPRA in an ex-officio role, representing the RACGP in the advisory council. She was also a GPRA board director in 2009–13.

In her life prior to medical training, Dr Wyatt studied biomedical science and spent several years as a high school mathematics teacher, working in country New South Wales.

#### Dr Guan Yeo

FRACGP, MBBS, GAICD

Chair, RACGP NSW&ACT

Dr Guan Yeo is experienced in matters of corporate and clinical governance, advocacy, and education and assessment. He is a practising GP in outermetropolitan Sydney and a clinical training consultant in clinical communication, standards, clinical performance assessment, quality use of medicines, and professional regulation.

Dr Yeo is currently the RACGP National Assessment Advisor for the OSCE. In a previous role as Chair of the RACGP NSW&ACT Assessment Panel, Dr Yeo introduced programs to assist IMGs to prepare for RACGP Fellowship exams. He is a board director of Primary and Community Care Services and General Practice Network Northside, and a hearings member of the Medical Council of New South Wales (previously the Medical Board).

#### Assoc Prof Peter O'Mara

# (appointed on 30 September 2016) FRACGP

Chair, RACGP Aboriginal and Torres Strait Islander Health

Assoc Prof Peter O'Mara is from the Wiradjuri people of 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.

Assoc Prof O'Mara loves working with his patients in a one-on-one manner and 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.

Assoc Prof O'Mara began pursuing his other passion – making good doctors – in 2008 and took on the position of Associate Professor, Indigenous Medical Education and Head of Discipline, Indigenous Health at Newcastle University. Assoc Prof O'Mara has been a member of the Australian Indigenous Doctors' Association (AIDA) board for eight years and was AIDA President in 2009–12.

#### Mr Martin Walsh

#### FCA, FGIA, GAICD

Chair Finance, Audit and Risk Management Committee; board member, RACGP Oxygen Pty Ltd Co-opted Council member

Mr Martin Walsh has been an international partner and advisor in assurance and advisory services at both Ernst & Young and Deloitte. He is currently a director of the IOOF Group Regulated Entities, Hastings Funds Management, and the Compliance Committee of MoneyPlace AFSL. In addition, he is a director of Surf Life Saving Australia and is Chair of its foundation.

Mr Walsh has experience in financial services, infrastructure and consumer products, including due diligence, strategy, risk, compliance and governance. He is a Fellow of the Institute of Chartered Accountants and the Governance Institute, and a graduate member of the Institute of Company Directors.

#### Ms Lynelle Briggs AO

(resigned on 30 September 2016) BEc, GAICD Co-opted Council member

Ms Lynelle Briggs is Chair of the NSW Planning Assessment Commission, Chair of the General Insurance Code Governance Committee, and an independent director of Maritime Super and Goodstart Early Learning. She was also the independent member of the RACGP Council in 2014–16.

Ms Briggs was previously an Australian public servant, serving as the CEO of Medicare Australia and the Australian Public Service Commissioner. She was also a division head in the Department of Health and Ageing and the Department of Social Security, a deputy secretary in the Department of Transport and Regional Services and a branch head in the Department of the Prime Minister and Cabinet.

Ms Briggs has conducted major reviews in the areas of health, safety, workforce and organisational governance, and was the independent project facilitator for the Millers Point Accommodation Project. Ms Briggs is known for her strategic capabilities, expertise in leadership, ethics and governance, and knowledge of practical organisation management.

#### Adj Assoc Prof Frank R Jones

(resigned on 30 September 2016) MBBCh, DRCOG, DCH, FRACGP, MAICD President

Adj Assoc Prof Frank R Jones is a GP in Mandurah in southern Western Australia and was RACGP President in 2014–16. He was also RACGP Vice-President in 2013–14 and Chair of RACGP WA in 2010–14. Adj Assoc Prof Jones has been a member of RACGP WA since 2004 and was the faculty's Deputy Chair in 2006–10.

Adj Assoc Prof Jones has been in full-time general practice for 30 years and was a procedural GP obstetrician for 25 years. He is senior partner at the Murray Medical Centre in Mandurah, a large multidisciplinary practice that encourages GPs to extend their patient care skills within the practice, the local community and the regional hospital. He has also been a general practice supervisor for more than 15 years and is closely involved with the formal teaching program for general practice registrars, and has served as a general practice supervisor liaison officer for WAGPET.

Adj Assoc Prof Jones was previously Chair of the Medical Advisory Committee (MAC) for Murray District Hospital and became Chair of MAC at Peel Health Campus during the transition to the new health facility. He was appointed Adjunct Associate Professor of General Practice at the University of Notre Dame medical school in Fremantle in 2008, is a clinical lecturer at the University of Western Australia medical school and has an appointment as a visiting medical officer at Peel Health Campus.

#### **Assoc Prof Brad Murphy**

(resigned on 30 September 2016) JP(Qual), MBBS, FRACGP, AssocDipAppSc(Amb), CertST&D, FAIES, FAIM, MAICD, MACTM, MACAP, MAITD

Chair, RACGP Aboriginal and Torres Strait Islander Health

Assoc Prof Murphy is a GP in rural Queensland and an Aboriginal man from the Kamilaroi people (of north-west New South Wales). He joined the Royal Australian Navy at the age of 15, opting for a career as a medic. He later joined the NSW Ambulance Service, working as an intensive care paramedic from Sydney to central Australia, ultimately supervising and instructing in clinical paramedicine in New South Wales, the ACT and Oueensland.

Assoc Prof Murphy also worked as an intensive care paramedic for the Royal Flying Doctor Service at Uluru. He was a founding trustee of the Jimmy Little Foundation, is a former director of the AIDA and has served as a long-term member of the management committee and executive of the Rural Doctors Association of Queensland.

Building on his work as inaugural Chair of the RACGP National Standing Committee – Aboriginal Health from 2007, Assoc Prof Murphy became founding Chair of RACGP Aboriginal and Torres Strait Islander Health in February 2010. He was also a member of RACGP Queensland in 2010–16. Assoc Prof Murphy represents the RACGP on various groups, including the Australian Indigenous HealthInfoNet Close the Gap Steering Committee and the Australian Medical Association National Taskforce on Indigenous Health. He has represented the RACGP and Committee of Presidents of Medical Colleges (CPMC) on the Australian Medical Council (AMC) Indigenous Planning Advisory Group.

Assoc Prof Murphy was part of the founding board of the Wide Bay Hospital and Health Service in 2012 under the Queensland Health state-wide restructure, and has been the Chair of the Wide Bay Primary Health Network Clinical Council since 2016. He was the inaugural Associate Professor of Aboriginal and Torres Strait Islander Health at Bond University in Queensland from 2011.

Assoc Prof Murphy was proud to be named AIDA's Indigenous Doctor of the Year in 2016 and features in the new publication *Bush doctors* by Annabelle Brayley.

#### **Assoc Prof Morton Rawlin**

(resigned on 30 September 2016) BMed, MMedSc, FRACGP, FARGP, FACRRM, DipPractDerm, DipMedHyp, DipFP, DipBusAdmin, GAICD

Vice-President; Chair, RACGP Victoria

Assoc Prof Morton Rawlin is a practising GP in Melbourne and is the former RACGP Vice-President and Chair of RACGP Victoria. He is currently Chair of the RACGP Specific Interests Dermatology network.

Assoc Prof Rawlin has extensive experience in general practice medical education at all levels, including as a general practice supervisor and medical educator. His past professional appointments include Medical Director of Dianella Community Health, RACGP National Manager of Fellowship Programs and RACGP Director of Education. He is currently Adjunct Associate Professor in General Practice at the University of Sydney, and Medical Director of the Royal Flying Doctor Service in Victoria.

Assoc Prof Rawlin has a long-standing interest in competency assessment and training, and his research and teaching interests lie in standards and teaching in general practice, dermatology and mental health. Assoc Prof Rawlin is Chair of the General Practice Mental Health Standards Collaboration (GPMHSC) and a member of ASPAC.

#### **Dr Nina Robertson**

(resigned on 30 September 2016) BA, CTEFLA, MBBS, FRACGP, GAICD General Practice Registrar Representative

Dr Nina Robertson is a recent Fellow of the RACGP who works in a long-established general practice clinic in northern New South Wales. Prior to Fellowship, Dr Robertson undertook general practice registrar training with North Coast GP Training (NCGPT), where she was a registrar liaison officer in 2011–13 and which included a role on the Advisory Council for GPRA. As General Practice Registrar Representative on the RACGP Council, Dr Robertson also served on GPRA's Advisory Council in an ex-officio capacity. Dr Robertson was a director of NCGPT in 2013–15, before retiring in order to focus on her director role with the RACGP.

Prior to medical training, Dr Robertson studied a Bachelor of Arts, majoring in ancient history, and travelled extensively, working in varied roles. She spent six months in 2000 volunteering with a humanitarian organisation in Nacala, Mozambique, an experience that inspired her to pursue a career in medicine.

#### **Company Secretary**

Dr Zena Burgess PhD, MBA, MEd, DipEdPsych, BA, FAPS, FAICD Company Secretary

Dr Burgess is CEO and Company Secretary of the RACGP. She is also a Director of RACGP Oxygen Pty Ltd and Director on the board of Australian Medicines Handbook Pty Ltd.

#### **RACGP** member payments and remuneration

Commencing from this year, the Directors have endorsed an increase in the level of reporting of payments made to GP members. The use of members in the capacities listed in the table below is integral to drawing on the appropriate subject matter expertise to maintain the RACGP as the pre-eminent GP organisation in Australia. The table summarises the amounts paid for each category. This level of disclosure is in excess of statutory Australian financial reporting requirements. Senior leadership team remuneration details are included as part of the key management personnel remuneration set out in note 14 of the financial report.

Category	\$
Directors' fees and allowances	815,275
Member professional services payments	3,722,817
Members employed as staff	1,925,746
RACGP Expert Committee Chair and member payments	153,414

This table has been audited.

#### **Notes:**

Directors' fees and allowances are paid as salaries and wages and appropriate PAYG tax is remitted to the Australian Taxation Office.

Member professional services payments and RACGP Expert Committee payments are paid as contractor payments.

Members employed as staff are paid as salaries and wages and appropriate PAYG tax is remitted to the Australian Taxation Office (ATO).



#### **Council meetings**

The number of meetings of Council (including meetings of committees of Council) held during the year and the numbers of meetings attended by each director were as follows:

	Council meetings		Finance, Audit and Risk Management		
	Maximum <sup>1</sup> possible	Attended	Maximum ¹ possible	Attended	
A Shenouda	7	7			
B Seidel	7	6	5	5	
B Murphy	2	2			
C Ballingall	5	4		-	
C Loy	5	4		-	
C Nixon	5	3			
D Byrne	7	6	5	4	
E Kruys	7	6			
F Jones	2	2	2	1	
G Yeo	7	7	5	4	
L Briggs	2	2			
M Miller	7	6			
M Walsh	7	6	5	5	
M Rawlin	2	2			
M Wyatt	5	5			
N Robertson	2	2			
P O'Mara	5	5			
T Koh	7	7			

Not a member of this committee of Council during the year.

#### **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 VIC 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.

### Dr Tim Koh, Chair of Council

17 August 2017 Melbourne

<sup>&</sup>lt;sup>1</sup> Not all directors were appointed to Council or the relevant committee for the entire year. This column shows the number of meetings of Council and relevant committees that were held during each director's tenure on Council and those committees.

# Auditor's independence declaration



#### RSM Avera ta Partners

#### **AUDITOR'S INDEPENDENCE DECLARATION**

As lead auditor for the audit of the financial report of the Royal Australian College of General Practitioners for the year ended 30 June 2017, 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
- $\hbox{(ii)} \qquad \hbox{any applicable code of professional conduct in relation to the audit.}$

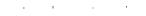
RSM AUSTRALIA PARTNERS

P A RANSOM Partner

Melbourne, Victoria Dated: 17 August 2017

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# Independent auditor's report



#### RSM Augura to Partners

## INDEPENDENT AUDITOR'S REPORT To the Members of the Royal Australian College of General Practitioners

#### Oninion

We have audited the financial report of the Royal Australian College of General Practitioners ("RACGP"), which comprises the consolidated statement of financial position as at 30 June 2017, 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 consolidated entity 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 consolidated entity's financial position as at 30 June 2017 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.

#### 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 2017, 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.

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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: <a href="http://www.auasb.gov.au/auditors">http://www.auasb.gov.au/auditors</a> responsibilities/ar4.pdf. This description forms part of our auditor's report.

RACGP Payments and Remuneration

We have audited the RACGP Payments and Remuneration included in the Directors' Report for the year ended 30 June 2017.

In our opinion, the RACGP Payments and Remuneration details included in the Directors' Report for the year ended 30 June 2017 give a true and fair view of the RACGP payments and remuneration which are disclosed.

RSM AUSTRALIA PARTNERS

P A RANSOM

Melbourne, Victoria

Dated: 17 August 2017

# Directors' declaration

#### The directors declare that:

- a. the financial statements and notes are in accordance with the Australian Charities and Notfor-profits Commission Act 2012, and
  - i. give a true and fair view of the financial position as at 30 June 2017 and of the performance for the year ended on that date of the consolidated group, and
  - ii. comply with Australian Accounting Standards;
- b. in the directors' opinion there are reasonable grounds to believe the consolidated group will be able to pay its debts as and when they become due and payable.

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

On behalf of the directors

**Dr Tim Koh** Chair of Council

17 August 2017 Melbourne

# Consolidated statement of profit or loss and other comprehensive income

## The Royal Australian College of General Practitioners

For the year ended 30 June 2017	Notes	2017 (\$)	2016 (\$)
Revenue	2	62,782,188	57,012,832
Total revenue		62,782,188	57,012,832
Expenses			
Employee benefits and on-costs		31,770,781	26,004,354
GP sessional and sitting payments		3,876,231	4,247,157
Cost of publications		719,040	900,608
Consultancy		1,310,950	1,392,999
Professional services		1,287,322	1,992,756
Travel and accommodation		2,011,805	1,817,854
Conference and meeting costs		3,505,047	2,861,758
Office accommodation		1,997,846	1,325,338
IT-related costs		4,243,872	4,602,469
Telecommunications		606,248	541,803
Advertising and media		4,951,292	6,613,897
Printing and stationery		286,311	497,015
Grants and donations		418,961	370,193
Finance costs		742,836	685,775
Depreciation		1,782,887	1,426,910
External grant project administration		1,398,814	154,013
Other expenses		1,708,789	1,406,029
Total expenses	3	62,619,032	56,840,928
Surplus from operating activities		163,156	171,904
Share of net surplus of associates and joint venture accounted for using the equity method	6	129,514	240,956
Net gain on disposal of land and buildings		207,500	=
Total surplus before tax		500,170	412,860
Income tax expense	1.13	5,114	2,206
Total surplus after tax	13	495,056	410,654
Other comprehensive income			
Items that will not be reclassified to profit or loss			
Revaluation increment to land and buildings	13	5,301,250	1,670,432
Income tax relating to these items		-	-
Other comprehensive income for the year, net of tax		5,796,306	2,081,086
Total comprehensive income for the year		5,796,306	2,081,086

The accompanying notes form part of these financial statements.

# Consolidated statement of financial position

## The Royal Australian College of General Practitioners

As at 30 June 2017	Notes	2017 (\$)	2016 (\$)
Current assets			
Cash and cash equivalents	4	32,370,250	19,937,153
Trade and other receivables	5	2,182,560	2,521,688
Total current assets	-	34,552,810	22,458,841
Non-current assets			
Investments accounted for using the equity method	6	578,578	524,064
Property and office equipment	7	41,088,038	39,052,812
Trade and other receivables	5	93,803	152,146
Investment – at cost	8	-	647,448
Financial assets	9	700,000	700,000
Total non-current assets		42,460,419	41,076,470
Total assets		77,013,229	63,535,311
Current liabilities			
Trade and other payables	10	6,943,099	6,888,617
Current tax liabilities		3,428	(2,215)
Income in advance	11	40,503,747	32,991,630
Provisions	12	1,281,622	1,183,950
Total current liabilities		48,731,896	41,061,982
Non-current liabilities			
Provisions	12	527,365	515,667
Total non-current liabilities		527,365	515,667
Total liabilities		49,259,261	41,577,649
Net assets		27,753,968	21,957,662
Equity			
Reserves	13	13,197,658	10,063,615
Accumulated surplus	13	14,556,310	11,894,047
Total equity		27,753,968	21,957,662

The accompanying notes form part of these financial statements.

# Consolidated statement of changes in equity

## The Royal Australian College of General Practitioners

For the year ended 30 June 2017	Notes	Accumulated surplus (\$)	Asset revaluation reserve (\$)	Total (\$)
Balance at 1 July 2015		11,483,393	8,393,183	19,876,576
Total surplus for the year		410,654	_	410,654
Total other comprehensive income for the year		_	1,670,432	1,670,432
Balance at 30 June 2016	13	11,894,047	10,063,615	21,957,662
Total surplus for the year		495,056	_	495,056
Total other comprehensive income for the year		=	5,301,250	5,301,250
Transfer to accumulated surplus		2,167,207	(2,167,207)	-
Balance at 30 June 2017	13	14,556,310	13,197,658	27,753,968

The accompanying notes form part of these financial statements.



# Consolidated statement of cash flows

# The Royal Australian College of General Practitioners

For the year ended 30 June 2017	Notes	2017 (\$)	2016 (\$)
Cash flows from operating activities			
Receipts from membership activities, publications, government and other grants (inclusive of GST)		75,127,725	65,908,760
Payments to suppliers and employees (inclusive of GST)		(64,785,569)	(60,827,328)
Income tax paid		529	(3,043)
Net cash inflow from operating activities		10,342,685	5,078,389
Cash flows from investing activities			
Proceeds on sale of property, plant and equipment		3,600,000	_
Purchase of property and office equipment	-	(1,909,362)	(1,355,566)
Interest received		324,774	255,468
Dividends received		75,000	150,000
Investment in term deposit		_	(700,000)
Net cash outflow from investing activities		2,090,412	(1,650,098)
Cash flows from financing activities			
Repayment of borrowings		_	=
Net cash inflow/(outflow) from financing activities		-	_
Net increase/(decrease) in cash held	-	12,433,097	3,428,291
Cash at beginning of financial year		19,937,153	16,508,862
Cash at end of financial year	4	32,370,250	19,937,153

The accompanying notes form part of these financial statements.



# Notes to the financial statements

# The Royal Australian College of General Practitioners

For the year ended 30 June 2017

# 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 and controlled entities ('the group').

The financial statements were authorised for issue by the directors on 17 August 2017. 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 (ACNC Act). 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.

### 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, liabilities and results of the subsidiary of The Royal Australian College of General Practitioners as at 30 June 2017, 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 (i) the aggregate of the fair value of the consolidation received and the fair value of any retained interest, and (ii) 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 6).

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. Any 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 which 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 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).

### 1.5 Depreciation

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:

Buildings	2.5%
Leasehold improvements	5.0%
Office equipment and training equipment	15.0%
Office furniture	7.5%
Computer equipment	33.3%

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'.

### 1.6 Leases

Operating lease payments net of incentives received from the lessor are expensed in the 'Consolidated statement of profit or loss and other comprehensive income' on a straight line basis over the period of the lease.

Lease income from operating leases where the group is a lessor is recognised in income on a straight line basis over the lease term. The respective leased assets are included in the 'Consolidated statement of financial position' based on their nature.

### 1.7 Trade receivables

Trade receivables are recognised initially at fair value less a provision for uncollectible debts.

Trade receivables are generally due for settlement on average within 30 days. They are presented as current assets unless collection is not expected for more than 12 months after the reporting date. Debts that are known to be uncollectible are written off. A provision for doubtful receivables is established when there is objective evidence that the group may not be able to collect all amounts due according to the original terms of receivables. The amount of the impairment loss is recognised in the 'Consolidated statement of profit or loss and other comprehensive income' within other expenses.

## 1.8 Trade payables

These amounts 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.

### 1.9 Borrowings

Borrowings are initially recognised at fair value, net of transaction costs incurred. Borrowings are subsequently measured at amortised cost. Any difference between the proceeds (net of transaction costs) and the redemption amount is recognised in profit or loss over the period of the borrowings using the effective interest method. Fees paid on the establishment of loan facilities are recognised as transaction costs of the loan.

Borrowings are classified as current liabilities unless the group has an unconditional right to defer settlement of the liability for at least 12 months after the reporting period.

All borrowing costs are expenses within the 'Consolidated statement of profit or loss and other comprehensive income'.

### 1.10 Employee benefits

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

### i. 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 is recognised in trade and other payables.

### ii. Other long-term employee benefit obligations

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

### 1.11 Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, 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. Bank overdrafts are shown within borrowings in current liabilities on the 'Consolidated statement of financial position'.

### 1.12 Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable. The group recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the group and specific criteria have been met for each of the group's activities as described below. Revenue is recognised on the following bases:

### i. Membership subscriptions

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

### ii. Quality improvement 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 current liabilities'.

### iii. Revenue from courses, examinations

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

### iv. Specific purpose grants

Grants received on the condition that specified services are delivered, or conditions are fulfilled, are considered reciprocal. Grant monies received for specific purposes are recorded as revenue in the period in which the amounts are expended – that is, the services have been performed or conditions have been fulfilled. Grant monies received but not yet expended – that is, when services have not yet been performed, or conditions have not been fulfilled – are shown in the 'Consolidated statement of financial position' as current liabilities.

### v. Interest income

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

### vi. Dividends

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

### 1.13 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, 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.

Deferred income tax is provided in full, using the liability method, on temporary differences arising between the tax bases of assets and liabilities and their carrying amounts in the consolidated financial statements. Deferred income tax is determined using tax rates (and laws) that have been enacted or substantially enacted by the end of the reporting period and are expected to apply when the related deferred income tax asset is realised or the deferred income tax liability is settled. Deferred tax assets are recognised for deductible temporary differences and unused tax losses only if it is probable that future taxable amounts will be available to use those temporary differences and losses. Deferred tax liabilities and assets are not recognised for temporary differences between the carrying amount and tax bases of investments in foreign operations where RACGP Oxygen Pty Ltd is able to control the timing of the reversal of the temporary differences and it is probable that the differences will not reverse in the foreseeable future. Deferred tax assets and liabilities are offset when there is a legally enforceable right to offset current tax assets and liabilities and when the deferred tax balances relate to the same taxation authority. Current tax assets and tax liabilities are offset where RACGP Oxygen Pty Ltd has a legally enforceable right to offset and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Current and deferred tax is recognised in the 'Consolidated statement of profit or loss and other comprehensive income', except to the extent that it relates to items recognised in other comprehensive income or directly in equity. In this case, the tax is also recognised in other comprehensive income or directly in equity, respectively.

### 1.14 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 (ATO). 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.

# 1.15 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:

# i. Estimation of fair values of land and buildings Refer to Note 7.

### ii. 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 12 months are measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than 12 months 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.

### 1.16 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 2016.

# 1.17 New and amended standards adopted by the group

There are no new and amended standards adopted by the group during this financial year that will have material impact to the financial report.

## 1.18 Parent entity financial information

The financial information for the parent entity, The Royal Australian College of General Practitioners, disclosed in Note 20, has been prepared on the same basis as the financial statements with the exception of the policy set out below:

# Investments in subsidiaries, associates and joint venture entities

Investments in subsidiaries, associates and joint venture entities are accounted for at cost in the financial statements of The Royal Australian College of General Practitioners.

### ii. 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*.

### 1.19 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.

## 1.20 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, and 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.



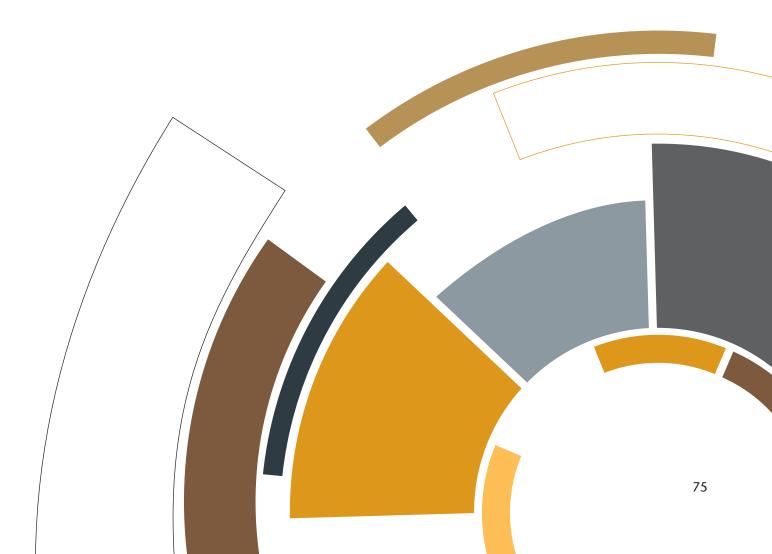
Membership, QRCPD fees         30,609,128         27,498,798           Education, course registration and other fees         22,876,044         21,029,186           Research and other grants and donations         3,909,413         2,958,345           Research and other grants and donations         274,504         426,882           Sponsorship and advertising         1,990,091         1,888,879           Other operating income         1,786,992         1,944,848           Other revenue from ordinary activities         324,774         255,468           Rent         1,011,242         1,040,726           Rent         1,011,242         1,040,726           Note 3. Expenses         2017 (8)         2016 (8)           Surplus from operating activities includes the following specific expenses:         2017 (8)         2016 (8)           Surplus from operating activities includes the following specific expenses:         2016 (8)         20,283           Computer equipment and software         1,261,574         889,799         20,283           Computer equipment and equipment         12,563         16,827         1,266,909         20,283           Rental expense relating to operating leases         126,039         82,348         20,165         20,165         20,663,555         20,663,555         20,663,555<	Note 2. Revenue from ordinary activities	2017 (\$)	2016 (\$)
Education, course registration and other fees	Revenue from operating activities		
Research and other grants and donations   3,009,413   2,958,345	Membership, QI&CPD fees	30,609,128	27,498,798
Publications and subscriptions         274,504         4,26,882           Sponsorship and advertising         1,990,091         1,858,579           Other operating income         1,786,992         1,944,848           Other operating income           Other operating income           324,774         255,468           Rent         1,011,242         1,040,726           62,782,188         57,012,832           Note 3. Expenses         2017 (\$)         2016 (\$)           Surplus from operating activities includes the following specific expenses:           Depreciation           Buildings         508,750         520,283           Computer equipment and software         1,261,574         889,799           Other plant and equipment         12,563         16,827           The plant and equipment         12,563         16,827           Rental expense relating to operating leases         126,039         82,218           Note 4. Cash and cash equivalents         2017 (\$)         2016 (\$)           Cash at bank         14,559,041         6,663,555           Deposits on call         10,304,733         12,005,6	Education, course registration and other fees	22,876,044	21,029,186
1,990,091   1,858,579   1,944,848   1,786,992   1,944,848   1,786,992   1,944,848   1,786,992   1,944,848   1,786,992   1,944,848   1,786,992   1,944,848   1,94	Research and other grants and donations	3,909,413	2,958,345
Other operating income         1,786,992         1,944,848           Other revenue from ordinary activities         1,944,848           Stephen         324,774         255,468           Rent         1,011,242         1,040,726           Cent         62,782,188         57,012,832           Note 3. Expenses         2017 (\$)         2016 (\$)           Surplus from operating activities includes the following specific expenses:         2016 (\$)           Depreciation         508,750         520,283           Computer equipment and software         1,261,574         889,799           Other plant and equipment         12,563         16,827           Rental expense relating to operating leases         126,039         82,218           Note 4. Cash and cash equivalents         2017 (\$)         2016 (\$)           Cash at bank         14,559,041         6,663,555           Deposits on call         10,304,733         12,005,651           Proceeds from sale of 201 Logan Road, Woolloongabba, Qld         3,600,000            Deposits on call – grant funds held for disbursement         3,906,476         1,267,947           Note 5. Trade and other receivables         2017 (\$)         2016 (\$)           Current assets         798,686         826,916	Publications and subscriptions	274,504	426,882
Description   Section	Sponsorship and advertising	1,990,091	1,858,579
Section   1,011,242   1,040,726   1,011,242   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,726   1,040,728   1,040,728   1,040,728   1,040,728   1,040,728   1,040,728   1,040,728   1,040,728   1,040,728   1,261,574   1,261,	Other operating income	1,786,992	1,944,848
Rent   1,011,242   1,040,726	Other revenue from ordinary activities		
Note 3. Expenses   2017 (\$)   2016 (\$)	Interest	324,774	255,468
Note 3. Expenses  Surplus from operating activities includes the following specific expenses:  Depreciation  Suitidings  Computer equipment and software  1,261,574  889,799  Other plant and equipment  12,663  1,782,887  1,426,909  Rental expense relating to operating leases  126,039  82,218  Note 4. Cash and cash equivalents  2017 (S)  2016 (S)  Cash at bank  14,559,041  6,663,555  Deposits on call  Proceeds from sale of 201 Logan Road, Woolloongabba, Qld  Deposits on call – grant funds held for disbursement  3,906,476  17,811,209  13,273,598  Note 5. Trade and other receivables  Current assets  Prepayments  Other receivables – lease incentive  291,662  82,309  2,182,560  2,521,688  Non-current assets	Rent	1,011,242	1,040,726
Depreciation   Sourplus from operating activities includes the following specific expenses:   Depreciation   Source	_	62,782,188	57,012,832
Depreciation   Solution   Solut	Note 3. Expenses	2017 (\$)	2016 (\$)
Seliditings   508,750   520,283     Computer equipment and software   1,261,574   889,799     Computer equipment   12,563   16,827     1,782,887   1,426,909     Rental expense relating to operating leases   126,039   82,218     Note 4. Cash and cash equivalents   2017 (\$)   2016 (\$)     Cash at bank   14,559,041   6,663,555     Deposits on call   10,304,733   12,005,651     Proceeds from sale of 201 Logan Road, Woolloongabba, Qld   3,600,000   -1     Deposits on call - grant funds held for disbursement   3,906,476   1,267,947     Deposits on call - grant funds held for disbursement   3,306,476   1,267,947     T7,811,209   13,273,598     Note 5. Trade and other receivables   2017 (\$)   2016 (\$)     Current assets   798,686   826,916     Prepayments   1,092,212   1,612,463     Other receivables - lease incentive   291,662   82,309     2,182,560   2,521,688     Non-current assets   2,218,2560   2,521,688     Non-current assets   2,218	Surplus from operating activities includes the following specific expenses:		
Computer equipment and software       1,261,574       889,799         Other plant and equipment       12,663       16,827         1,782,887       1,426,999       1,426,999         Rental expense relating to operating leases       126,039       82,218         Note 4. Cash and cash equivalents       2017 (\$)       2016 (\$)         Cash at bank       14,559,041       6,663,555         Deposits on call       10,304,733       12,005,651         Proceeds from sale of 201 Logan Road, Woolloongabba, Qld       3,600,000       -         Deposits on call – grant funds held for disbursement       3,906,476       1,267,947         Deposits on call – grant funds held for disbursement       32,370,250       19,937,153         Note 5. Trade and other receivables       2017 (\$)       2016 (\$)         Current assets       798,686       826,916         Prepayments       1,092,212       1,612,463         Other receivables – lease incentive       291,662       82,309         Non-current assets       2,521,688	Depreciation		
Other plant and equipment       12,563       16,827         1,782,887       1,426,909         Rental expense relating to operating leases       126,039       82,218         Note 4. Cash and cash equivalents       2017 (\$)       2016 (\$)         Cash at bank       14,559,041       6,663,555         Deposits on call       10,304,733       12,005,651         Proceeds from sale of 201 Logan Road, Woolloongabba, Qld       3,600,000       -         Deposits on call – grant funds held for disbursement       3,906,476       1,267,947         Deposits on call – grant funds held for disbursement       32,370,250       19,937,153         Note 5. Trade and other receivables       2017 (\$)       2016 (\$)         Current assets       798,686       826,916         Prepayments       1,092,212       1,612,463         Other receivables – lease incentive       291,662       82,309         Non-current assets       2,521,688	Buildings	508,750	520,283
1,782,887   1,426,909     Rental expense relating to operating leases   126,039   82,218     Note 4. Cash and cash equivalents   2017 (\$)   2016 (\$)     Cash at bank   14,559,041   6,663,555     Deposits on call   10,304,733   12,005,651     Proceeds from sale of 201 Logan Road, Woolloongabba, Qld   3,600,000	Computer equipment and software	1,261,574	889,799
Rental expense relating to operating leases       126,039       82,218         Note 4. Cash and cash equivalents       2017 (\$)       2016 (\$)         Cash at bank       14,559,041       6,663,555         Deposits on call       10,304,733       12,005,651         Proceeds from sale of 201 Logan Road, Woolloongabba, Qld       3,600,000       -         Deposits on call – grant funds held for disbursement       3,906,476       1,267,947         Note 5. Trade and other receivables       2017 (\$)       2016 (\$)         Current assets         Prepayments       7,98,686       826,916         Prepayments       1,092,212       1,612,463         Other receivables – lease incentive       291,662       82,309         Non-current assets	Other plant and equipment	12,563	16,827
Note 4. Cash and cash equivalents       2017 (\$)       2016 (\$)         Cash at bank       14,559,041       6,663,555         Deposits on call       10,304,733       12,005,651         Proceeds from sale of 201 Logan Road, Woolloongabba, Qld       3,600,000       —         Deposits on call – grant funds held for disbursement       3,906,476       1,267,947         Track – grant funds held for disbursement       32,370,250       19,937,153         Note 5. Trade and other receivables       2017 (\$)       2016 (\$)         Current assets       798,686       826,916         Prepayments       1,092,212       1,612,463         Other receivables – lease incentive       291,662       82,309         Non-current assets		1,782,887	1,426,909
Cash at bank       14,559,041       6,663,555         Deposits on call       10,304,733       12,005,651         Proceeds from sale of 201 Logan Road, Woolloongabba, Qld       3,600,000       —         Deposits on call – grant funds held for disbursement       3,906,476       1,267,947         17,811,209       13,273,598         Note 5. Trade and other receivables       2017 (\$)       2016 (\$)         Current assets         Prepayments       1,092,212       1,612,463         Other receivables – lease incentive       291,662       82,309         Non-current assets	Rental expense relating to operating leases	126,039	82,218
14,559,041   6,663,555     Deposits on call   10,304,733   12,005,651     Proceeds from sale of 201 Logan Road, Woolloongabba, Qld   3,600,000	Note 4. Cash and cash equivalents	2017 (\$)	2016 (\$)
Deposits on call 10,304,733 12,005,651 12,005,651 12,005,651 12,005,651 12,005,651 12,005,651 12,005,050 12,00	Cash at bank	14,559,041	6,663,555
Proceeds from sale of 201 Logan Road, Woolloongabba, Qld  Deposits on call – grant funds held for disbursement  17,811,209  13,273,598  12,370,250  19,937,153  Note 5. Trade and other receivables  Current assets  Trade receivables  798,686  826,916  Prepayments  1,092,212  1,612,463  Other receivables – lease incentive  291,662  82,309  2,182,560  2,521,688		14,559,041	6,663,555
Deposits on call – grant funds held for disbursement 3,906,476 1,267,947 17,811,209 13,273,598 32,370,250 19,937,153 Note 5. Trade and other receivables 2017 (\$) 2016 (\$) Current assets  Trade receivables 798,686 826,916 Prepayments 1,092,212 1,612,463 Other receivables – lease incentive 291,662 82,309 2,182,560 2,521,688 Non-current assets	Deposits on call	10,304,733	12,005,651
17,811,209 13,273,598 32,370,250 19,937,153 Note 5. Trade and other receivables Current assets Trade receivables 798,686 826,916 Prepayments 1,092,212 1,612,463 Other receivables – lease incentive 291,662 82,309 2,182,560 2,521,688 Non-current assets	Proceeds from sale of 201 Logan Road, Woolloongabba, Qld	3,600,000	=
32,370,250   19,937,153     Note 5. Trade and other receivables   2017 (\$)   2016 (\$)     Current assets     Trade receivables   798,686   826,916     Prepayments   1,092,212   1,612,463     Other receivables – lease incentive   291,662   82,309     2,182,560   2,521,688     Non-current assets	Deposits on call – grant funds held for disbursement	3,906,476	1,267,947
Note 5. Trade and other receivables       2017 (\$)       2016 (\$)         Current assets       798,686       826,916         Prepayments       1,092,212       1,612,463         Other receivables – lease incentive       291,662       82,309         Non-current assets       2,182,560       2,521,688		17,811,209	13,273,598
Current assets         Trade receivables       798,686       826,916         Prepayments       1,092,212       1,612,463         Other receivables – lease incentive       291,662       82,309         2,182,560       2,521,688         Non-current assets	-	32,370,250	19,937,153
Current assets         Trade receivables       798,686       826,916         Prepayments       1,092,212       1,612,463         Other receivables – lease incentive       291,662       82,309         2,182,560       2,521,688         Non-current assets	Note 5. Trade and other receivables	2017 (\$)	2016 (\$)
Prepayments 1,092,212 1,612,463 Other receivables – lease incentive 291,662 82,309 2,182,560 2,521,688 Non-current assets	Current assets		
291,662   82,309   2,182,560   2,521,688	Trade receivables	798,686	826,916
291,662   82,309   2,182,560   2,521,688	Prepayments	1,092,212	1,612,463
2,182,560 2,521,688 Non-current assets	Other receivables – lease incentive	291,662	82,309
Non-current assets		2,182,560	2,521,688
	Non-current assets		

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

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

Note 6. Investments accounted for using the equity method	2017 (\$)	2016 (\$)
Share in associates (Note 6a)	578,578	524,064
a. Share in associates		
i. The group holds 33.33% of the units in the Australian Medicines Handbook Unit 1 principal activity is the production and sale of the <i>Australian medicines handbook</i> period. The group's share of the results of its associate's assets and liabilities are	k. The Unit Trust has a 30	
Group's share of:		
Assets	970,277	824,127
Liabilities	391,699	300,063
Revenue	1,511,301	1,450,903
Profit/(loss) after tax	129,514	240,956
ii. The movement in equity-accounted associate's investments is as follows:		
Balance at the beginning of the financial year	524,064	433,108
Share of associate's surplus from ordinary activities after income tax	129,514	240,956
Less Dividends received	(75,000)	(150,000)
Balance at the end of the financial year	578,578	524,064

iii. There are no contingent liabilities/assets of the associate  $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($ 



Note 7. Non-current assets – property and office equipment	2017 (\$)	2016 (\$)
Freehold land and buildings		
Land and building – valuation	38,650,000	37,250,000
Less Accumulated amortisation	=	-
	38,650,000	37,250,000
Computer equipment and software at cost	5,203,783	8,330,212
Less Accumulated depreciation	(2,837,258)	(6,625,884)
	2,366,525	1,704,328
Other plant and equipment at cost	121,986	1,099,844
Less Accumulated depreciation	(50,473)	(1,001,360)
	71,513	98,484
Total written down value	41,088,038	39,052,812
Reconciliations		
Freehold land and buildings		
Opening balance	37,250,000	35,750,000
Additions	-	349,852
Revaluation increment/(decrement) <sup>1</sup>	5,301,250	1,670,432
Disposals	(3,392,500)	=
Depreciation expense	(508,750)	(520,284)
Closing balance	38,650,000	37,250,000
Computer equipment and software		
Opening balance	1,704,328	1,509,942
Additions	1,909,362	1,084,186
Reclassification	14,408	-
Depreciation expense	(1,261,573)	(889,800)
Closing balance	2,366,525	1,704,328
Other plant and equipment		
Opening balance	98,484	109,783
Additions	=	5,528
Reclassification	(14,408)	_
Depreciation expense	(12,563)	(16,827)
Closing balance	71,513	98,484
Total closing balance	41,088,038	39,052,812

The valuation basis of land and buildings is fair value, being the amounts for which the assets could be exchanged between willing parties in an arm's length transaction, based on current prices in an active market for similar properties in the same locations and conditions.

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 \$2,000,000 that was not used during the financial year ended 30 June 2017.

<sup>&</sup>lt;sup>1</sup> Freehold land and buildings were revalued to the amounts shown above as at 30 June 2017. The valuations recorded a net increase in the value of group properties. Under Australian Accounting Standards, \$5,301,250 has been recorded against the asset revaluation reserve in relation to this increase in property values.

Independent valuations of the group's land and buildings were performed by the independent valuers Savills Pty Ltd in their respective states to determine the market value of the properties for 30 June 2017.

Note 8. Investment – at cost	2017 (\$)	2016 (\$)
Investment – at cost	-	647,448

During the financial year, RACGP Oxygen Pty Ltd, a wholly controlled entity of the company, agreed with Health& Holdings Pty Ltd ('Health&') to terminate the contract to provide specific services to Health&. The contract provided RACGP Oxygen Pty Ltd with a 5% interest in Health& for zero cash consideration in exchange for providing the specific services to Health&. The termination during the financial year releases the company from providing the future services and from the liability related to the delivery of these services. This termination also results in an impairment of the investment in Health& to \$o.

Note 9. Financial assets	2017 (\$)	2016 (\$)
Term deposit	700,000	700,000

During the financial year 2015–16, RACGP received a bequest of \$700,000 from the Lynn Harvey Joseph estate. The Trust deed stipulates that 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 RACGP determines appropriate.

Note 10. Trade and other payables	2017 (\$)	2016 (\$)
Trade creditors	1,366,021	2,006,843
Other creditors and accruals	3,685,148	3,255,583
Employee benefits	1,891,930	1,626,191
Total	6,943,099	6,888,617

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 11. Income in advance	2017 (\$)	2016 (\$)
Income in advance		
Membership subscriptions and QI&CPD fees	27,119,983	23,519,963
Grants	3,923,277	1,007,152
Exams	7,398,840	7,507,465
Other	2,061,647	957,050
Total	40,503,747	32,991,630

Note 12. Provisions	2017 (\$)	2016 (\$)
Employee benefits – long service leave (current)	1,281,622	1,183,950
Employee benefits – long service leave (non-current)	527,365	515,667

Note 13. Reserves and accumulated surplus	2017 (\$)	2016 (\$)
Asset revaluation reserve		
i. Nature and purpose of reserve The asset revaluation reserve is used to record increments and decrements i measured at fair value.	n the value of those non-curre	nt assets
ii. Movements in reserve		
Balance at beginning of year	10,063,615	8,393,183
Revaluation of land and buildings	5,301,250	1,670,432
Transfer to accumulated surplus(*)	(2,167,207)	=
Balance at end of year	13,197,658	10,063,615
Movements in accumulated surplus		
Balance at beginning of year	11,894,047	11,483,393
Current year surplus	495,056	410,654
Transfer from asset revaluation reserve(*)	2,167,207	-
Dalaman at and afaire	14,556,310	11,894,047
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation		
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation	2017 (\$)	2016 (\$)
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.	2017 (\$) onsibility for planning, directin	<b>2016 (\$)</b>
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and responsation to the group, directly or indirectly, including any directly or indirectly.	2017 (\$)  Onsibility for planning, directive ctor/councillor (whether exec	<b>2016 (\$)</b>
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and response to the group, directly or indirectly, including any directly otherwise).	2017 (\$)  Onsibility for planning, directive ctor/councillor (whether exec	2016 (\$) ng and utive or
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and respondent person the group, directly or indirectly, including any directly otherwise).  Total compensation paid to key management personnel during the financial y Key management personnel	2017 (\$)  Onsibility for planning, directing ector/councillor (whether executed was:  3,237,454	2016 (\$) ng and utive or 2,740,330
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and respondent person to the group, directly or indirectly, including any directly or indirectly, including any directly or indirectly, including any directly compensation paid to key management personnel during the financial yet was management personnel.  Note 15. Commitments	2017 (\$)  consibility for planning, directing ector/councillor (whether executer was:	<b>2016 (\$)</b>
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and response to the group, directly or indirectly, including any directly otherwise).  Total compensation paid to key management personnel during the financial y Key management personnel  Note 15. Commitments  Operating leases	2017 (\$)  consibility for planning, directive ctor/councillor (whether execute rear was:  3,237,454  2017 (\$)	2016 (\$) ing and utive or  2,740,330  2016 (\$)
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and respondent person to the group, directly or indirectly, including any directly or indirectly, including any directly or indirectly, including any directly compensation paid to key management personnel during the financial yet was management personnel.  Note 15. Commitments	2017 (\$) Onsibility for planning, directing ector/councillor (whether executed was:  3,237,454  2017 (\$) expiring within one year. The	2016 (\$)  ng and  utive or  2,740,330  2016 (\$)
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and response to the group, directly or indirectly, including any directly otherwise).  Total compensation paid to key management personnel during the financial year management personnel  Note 15. Commitments  Operating leases  The group leases various office equipment under cancellable operating leases	2017 (\$) Onsibility for planning, directing ector/councillor (whether executed was:  3,237,454  2017 (\$) expiring within one year. The	2016 (\$)  ng and  utive or  2,740,330  2016 (\$)
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and respondent persontrolling the activities of the group, directly or indirectly, including any directly or indirectly, including any directly compensation paid to key management personnel during the financial year management personnel  Note 15. Commitments  Operating leases  The group leases various office equipment under cancellable operating leases varying terms and renewal rights. On renewal, the terms of the leases are renewal rights.	2017 (\$) Onsibility for planning, directing ector/councillor (whether executed was:  3,237,454  2017 (\$) expiring within one year. The	2016 (\$) ng and utive or  2,740,330  2016 (\$)
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and response to the group, directly or indirectly, including any directly otherwise).  Total compensation paid to key management personnel during the financial year management personnel  Note 15. Commitments  Operating leases  The group leases various office equipment under cancellable operating leases varying terms and renewal rights. On renewal, the terms of the leases are renewal minimum lease payments	2017 (\$)  consibility for planning, directing ector/councillor (whether execute ear was:  3,237,454  2017 (\$)  expiring within one year. The egotiable.	2016 (\$)  ng and utive or  2,740,330  2016 (\$)  leases have
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and response to the group, directly or indirectly, including any directly or indirectly, including any directly or indirectly, including any directly compensation paid to key management personnel during the financial year management personnel  Note 15. Commitments  Operating leases  The group leases various office equipment under cancellable operating leases varying terms and renewal rights. On renewal, the terms of the leases are renewal minimum lease payments  Within one year	2017 (\$)  consibility for planning, directing ector/councillor (whether executed was:  3,237,454  2017 (\$)  expiring within one year. The egotiable.	2016 (\$)  ng and utive or  2,740,330  2016 (\$)  leases have  45,700 48,556
(*) During the year, 201 Logan Road, Woolloongabba, Qld was sold. Within the asset revaluation rewith Australian Accounting Standards, this amount was transferred to accumulated surplus.  Note 14. Key management personnel compensation  Key management personnel include those persons having authority and response to the group, directly or indirectly, including any directly or indirectly, including any directly compensation paid to key management personnel during the financial year management personnel  Note 15. Commitments  Operating leases  The group leases various office equipment under cancellable operating leases varying terms and renewal rights. On renewal, the terms of the leases are renewal minimum lease payments  Within one year  Later than one year but not later than five years	2017 (\$) consibility for planning, directing ector/councillor (whether execute ear was:  3,237,454  2017 (\$) expiring within one year. The egotiable.  53,391 16,684	2016 (\$)  ng and utive or  2,740,330  2016 (\$)

Within 12 months

Building improvements

Total property and office equipment

### Note 16. Contingencies

The directors are not aware of any material contingent assets or liabilities as at 30 June 2017.

### Note 17. Related party transactions

#### Equity interests in related parties

### i. Equity interests in associates

Details of interest in associates are disclosed in Note 6 to the financial statements.

### ii. Equity interests in subsidiaries

Details of interest in subsidiaries are disclosed in Note 21 to the financial statements.

#### b. Key management personnel compensation

Disclosures relating to key management personnel compensation are set out in Note 14.

#### c. Key management personnel loans

There are no loans to or from key management personnel.

#### d. Transactions with key management personnel

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

### Note 18. Financial instruments

2017 (\$)

2016 (\$)

### 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.

### Financing arrangements

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

operations, the results of those operations or the state of affairs of the group in future financial years.

## Variable rate

Facilities:

 Overdraft
 2,000,000
 2,000,000

 Total undrawn facilities
 2,000,000
 2,000,000

Note 19. Events after the reporting period

# No circumstances have arisen since the end of the year that have significantly affected or may significantly affect the

# Note 20. Parent entity information 2017 (\$)

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.

2016 (\$)

Financial position		
Assets		
Current assets	34,513,047	22,458,841
Non-current assets	42,470,419	40,439,022
Total assets	76,983,466	62,897,863
Liabilities		
Current liabilities	48,867,975	40,578,445
Non-current liabilities	527,369	515,668
Total liabilities	49,395,344	41,094,113
Net assets	27,588,122	21,803,750
Equity		
Reserves	15,364,863	10,063,613
Accumulated surplus	12,223,259	11,740,137
Total equity	27,588,122	21,803,750
Financial performance		
Total surplus/(deficit)	483,122	405,505
Other comprehensive income for the year	5,301,250	1,670,432
Total comprehensive income for the year	5,784,372	2,075,937
Contingent liabilities of the parent entity		
The directors are not aware of any material contingent liabilities as at 30	o June 2017.	
Commitments for the acquisition of property, plant and equipm	ent by the parent entity	
Property and office equipment		
Within 12 months		
Building improvements		=
Total property and office equipment	_	_

## Note 21. 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.

Name of entity	Country of incorporation	Class of shares	Equity holding	
			2017	2016
RACGP Oxygen Pty Ltd	Australia	Ordinary	100%	100%

