

# Annual report

2022–23



**RACGP**

Royal Australian College  
of General Practitioners





**Recommended citation**

The Royal Australian College of General Practitioners.  
Annual report 2022–23 East Melbourne, Vic: RACGP, 2023.

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ABN: 34 000 223 807  
ISSN: 2201-0505

Published October 2023

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2023

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

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# Message from the President

The RACGP has had a transformative year in a rapidly changing environment.

The RACGP is the members. It is us. The role of President is to be your voice into the College, the Board, to government and decision makers.

Nine out of 10 Australians see a GP every year, and we are proud to support more than 40,000 members and the general practice profession. Some key facts about our membership and the profession are:

- one in two members have obtained their primary degree overseas
- four out of five rural doctors are RACGP members
- two out of three GPs in training are women.

As I reflect on the past year, it's evident that we have never faced such big challenges and opportunities in how we work, how we are funded, models of care and how we are regulated. While education, quality and standards remain the core of the RACGP, advocacy, workforce and cultural reform are an increasing focus.

Too often we don't celebrate our successes and we have had some big ones this year:

- General practice training successfully returned home to the RACGP
- The Government announced a vital injection of a landmark \$5.7 billion investment in Medicare in the Federal Budget – largely aimed at general practice – and a \$1.5 billion investment in Medicare indexation
- The fiscal outlook of the RACGP was turned around due to difficult, but necessary decisions by the Board
- In response to the Medical Board's requirements, the RACGP rolled out an easy-to-use CPD app and program
- We increased our sphere of influence at the decision-making tables
- The RACGP significantly increased its visibility in the media
- We increased our member engagement via the weekly Friday Fax, which informs members of what has happened in the RACGP that week
- *newsGP* continues to grow and advocate for the profession, delivering the news members need to know
- Our Practice Owners National Conference connected members and set the tone for the year

Emerging from COVID, we have navigated the complexities of a rapidly evolving landscape of internal restructure and government reform with resilience and adaptability. Never before has the profession had to deal with a diversity of challenges such as payroll tax, the Kruk Review, supporting international medical graduates, addressing rural workforce shortages, and recommendations from the Strengthening Medicare Taskforce.

In the face of adversity and financial challenges, we have had an unwavering commitment to a strong and fiscally sound College on behalf of members. We made difficult decisions to ensure a thriving RACGP for members into the future.

This report shows just some of the work towards those outcomes, and how the RACGP continues to respond to what members ask for and need.

We've had real wins in our work to rebuild general practice and make it the first choice for more junior doctors. We're increasingly among the first to be consulted on solutions to the challenges our health system faces.

This report shows how we got into the room, but this is not the end of our work, it's the beginning.



**Dr Nicole Higgins**

MBBS, FRACGP, DRANZCOG, GAICD  
President

# Message from the Chair of the Board

In 2022–23, the RACGP had many key achievements despite an external environment dominated by economic pressures and pandemic recovery, which highlights our principal place in strengthening Australia’s GPs, supporting the health system, and improving the health of Australians.

In February 2023, a key milestone was the commencement of the Australian General Practice Training (AGPT) Program under the RACGP and Australian College of Rural and Remote Medicine (ACRRM). This was marked as an historic day for the profession and will shape our next generation of GPs. I would like to thank the entire RACGP staff for their roles in a task of significant complexity and scale that has resulted in the first terms of successful delivery of general practice training.

We entered into a joint venture agreement with ACRRM to establish Joint Colleges Training Services, providing our registrars with mentorship, cultural education, housing in remote communities and delivering Aboriginal and Torres Strait Islander health strategic plans and policies.

Significant changes at the governance level were completed to streamline RACGP Board operations, approve a cost-reduction program, and support the transition of training back to the College. This did not come without challenge, which we faced together as a Board and organisation, addressing the operating deficit and impact of the organisational restructure. We welcomed many new staff and acknowledged those who left.

Our commitment to ensuring the Board’s governance reflects best practice saw the completion of an independent Board review that was positive overall. A governance taskforce will oversee several recommendations that will further strengthen our governance.

The College adopted a **new Constitution** and new Board governance structure for RACGP Training Services (formerly GP Synergy), our wholly owned subsidiary to employ our staff teaching in and supporting the AGPT Program. Many thanks to past GP Synergy board members and directors for their support.

The RACGP is currently developing our next Reconciliation Action Plan (RAP) in demonstration of our commitment to reconciliation and positive health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

This year saw significant Board renewal, with long-serving directors completing terms. We farewell and thank them for their work, and welcome our new directors, including Dr Sam Heard, interim Chair of the inaugural Northern Territory faculty, which opened in July 2022.

With the world gradually moving into post-pandemic recovery, GPs play a critical role in their communities: continuing vaccine coverage, managing long COVID, pandemic planning and disaster preparedness – their College continues to support them.

On behalf of the RACGP Board I would like to offer sincere thanks to the whole RACGP team, our valued members, and stakeholders for their support and for helping the RACGP to grow as the peak body and standard setter for Australian general practice.

With more than 40,000 members, growing from 38,874 in 2021–22 to 40,287 in 2023, the RACGP is Australia’s largest medical college and is the voice of GPs across our cities and rural and remote communities. Our successes and our determination to address challenges are testament to the strength of the RACGP brand and commitment of our members to lifelong learning and quality as one of the most trusted professions serving Australians.



**Dr Lara Roeske**

BMedSc, MBBS (Hons), FRACGP  
DipVen, MAICD  
Chair of the Board

# Message from the Censor-in-Chief

The 2022–23 financial year was one of transition as general practice training returned to the RACGP.

The thoughtful and well-managed transition built on the preparation by both the RACGP and regional training organisations (RTOs), and the onboarding of more than 700 staff from the RTOs, allowed us to retain valuable institutional memory and benefit from a wealth of cumulative experience, while minimising disruptions to registrars. The reports from the Education and GP Training teams demonstrate the volume of work, and highlight just some of their success.

Over the year, we awarded Fellowship to 1389 new GPs, including 242 rural generalists – totalling 305 with those awarded the Fellowship in Advanced Rural General Practice. A further 81 received their International Conjoint Fellowship of the RACGP.

We also farewelled the last Practice Experience Program (PEP) cohort in June 2023 after successfully running this program from 14 January 2019 and providing an education program for 1806 doctors, 228 of whom have completed the program and achieved Fellowship, with more approaching their Fellowship exams.

The Fellowship Support Program (FSP) succeeds PEP and began on 23 January 2023, with an initial intake of 160 GPs in training. The second intake has been bigger, with 184 in the cohort.

Congratulations to all our new Fellows, and my sincere thanks to our transition team and others who worked to support our GPs in training, new Fellows, and the communities they serve.



**Dr Tess van Duuren**

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

# Message from the CEO

The RACGP has an important role in advancing health and education in Australia through its work to train and provide continuing professional development (CPD) for GPs, supporting primary care research, and providing advice and advocacy for high-quality, accessible healthcare for all patients. We also have a responsibility to our members to ensure the RACGP maintains its financial sustainability.



**Paul Wappett**

BComm, LLB, MBA, GAICD  
Chief Executive Officer

In the 2022–23 financial year we implemented the first part of our three-year plan to position the RACGP to be more financially sustainable.

The RACGP's financial plan included a cost-reduction exercise – namely reducing employee numbers to a sustainable level and reducing other controllable costs such as travel and consultant costs. We also restructured our membership categories. We now have fewer membership categories, which reduces administration costs, but we still accommodate members who find it difficult to pay the full membership fee. We are confident that with these and other measures, the RACGP is headed to a position of greater financial stability and sustainability.

Following the Medical Board of Australia introducing significant changes to CPD for all medical practitioners across Australia in 2023, the RACGP acted decisively to make these changes as seamless as possible for our hardworking members.

We have listened carefully to what members want from their CPD home – quality, relevant CPD and systems that make it simple to access, track and log their CPD. The RACGP introduced the myCPD application as well as a new learning management system, and initiated multiple CPD projects designed by GPs for GPs. Our aim is to ensure all members access CPD that suits their work style and scope of practice.

Already, around 23,000 members have downloaded and are using our myCPD app, which is an excellent result.

We finalised negotiations with the Department of Health and Aged Care on the final Australian General Practice Training (AGPT) funding agreement executed in August 2022, just six months before transitioning general practice training into the RACGP on 1 February 2023. We opened recruitment of staff to fill general practice training positions immediately, which resulted in more than 700 general practice training staff from the sector being retained.

The stability of the program has been maintained in terms of registrar progression and placement and we continue to improve our operations. Listening and responding to staff, registrars, supervisors and stakeholders in the sector has been crucial to this smooth transition.

# About the RACGP

For more than 60 years, we've been the backbone of Australia's primary health system. We set the standards for education and practice and advocate for better health and wellbeing for all Australians.

We cultivate a stronger profession by supporting GPs at every stage of their career, from medical students and GPs in training, to experienced GPs. We help GPs continue their professional development throughout their careers. And we develop resources and guidelines to support GPs to provide their patients with world-class healthcare, and help with the unique issues that affect their practices.

We help GPs improve the health and wellbeing of all Australians through events, activities and resources.

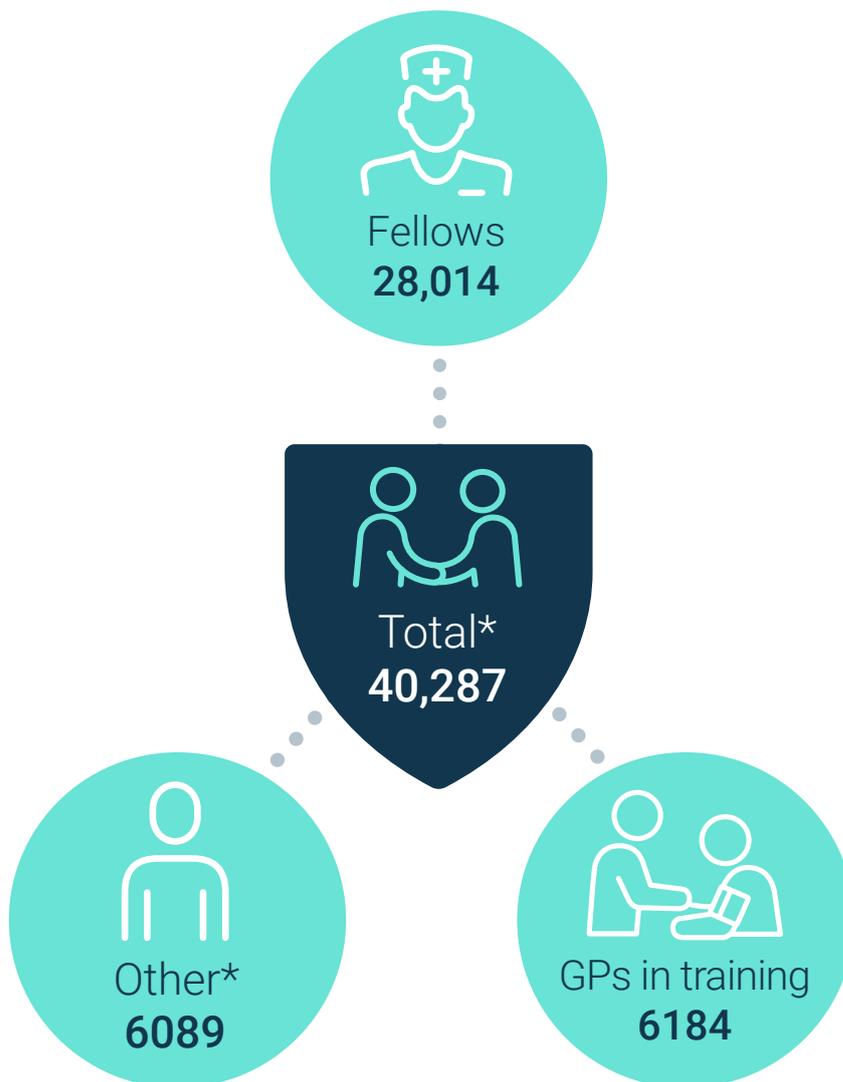
We are also the leading advocacy voice for GPs. We work to ensure the value the community places on GPs is reflected in policies and funding arrangements that support high-quality and sustainable patient services.

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

# Membership snapshot

## Members 2022–23

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



Students are no longer included in this total. Year-on-year, RACGP membership, excluding students, grew from 38,874 in 2021–22 to 40,287 in 2022–23.

\* 'Other' includes vocationally registered non-Fellows, non-vocationally registered GPs, and retired GPs.

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

### Top 10 countries where members received their qualifications (outside of Australia)

Country	Total
India	1956
UK	1709
Sri Lanka	1040
Pakistan	918
Iran	850
Bangladesh	876
Egypt	471
China	453
Myanmar	413
Malaysia	400



Of RACGP members,

# 17,550

have a qualification from a non-Australian university

### Members by career stage

Late career (35+ years)	4996
Mid career (6–35 years)	20,679
New Fellow (0–5 years)	7752
Pre-Fellowship (registrars, international medical graduates,, resident interns)	6854
<b>Total members</b>	<b>40,287</b>
Students	7784



Members with an interest in Aboriginal and Torres Strait Islander health

# 10,081

### Aboriginal and Torres Strait Islander members

Aboriginal but not Torres Strait Islander	189
Torres Strait Islander but not Aboriginal	9
Aboriginal and Torres Strait Islander	23
<b>Total</b>	<b>221</b>

### Rural and regional members by location\*

	Total
Metro	10,099
Rural	7452
Other	1300

\*Defined by being in Modified Monash Model (MMM) regions 2–7

### Gender

	Total
Female	20,753
Male	19,503
Not specified	31
<b>Total</b>	<b>40,287</b>

# The Board



**Dr Lara Roeske**  
BMedSc, MBBS (Hons),  
FRACGP, DipVen, MAICD  
Chair, RACGP Board of  
Directors and RACGP  
Specific Interests



**Dr Nicole Higgins**  
MBBS, FRACGP,  
DRANZCOG, GAICD  
President, RACGP



**Dr Bruce Willett**  
MBBS, FRACGP  
Vice President and Chair,  
RACGP Queensland



**Dr Tess van Duuren**  
MBChB, BSc (Hons) (Sports  
Med), FRACGP, GAICD  
Censor-in-Chief and Chair,  
Education and Workforce  
Committee



**Dr Sean Black-Tiong**  
MBBS, FRACGP, GAICD  
Chair, RACGP GPs  
in Training



**Associate Professor  
Michael Clements**  
BEcon (Hons), MBBS,  
DAVmed, MPH, MHM,  
FRACGP, FARGP, FRACMA,  
FACAsM, GAICD  
Chair, RACGP Rural



**Dr Siân Goodson**  
BMedSci, BMBS, MRCP,  
DRCOG, FRACGP  
Chair, RACGP South  
Australia



**Dr Sam Heard**  
MBBS, MRCP, FRACGP  
Chair (interim), RACGP  
Northern Territory



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



**Dr Tim Jackson**  
MBBS, BMedSci, DRACOG,  
ACCSCMS, GAICD  
Chair, RACGP Tasmania



**Scott King**  
MAICD  
Co-opted Independent  
Director and Chair,  
Finance Audit and Risk  
Management Committee



**Dr Anita Muñoz**  
MBBS (Hons), FRACGP,  
Grad Cert Clin Teach, MPH,  
GAICD  
Chair, RACGP Victoria



**Dr Karen Nicholls**  
BMed, FRACGP, Dip Child  
Health  
Chair, RACGP Aboriginal  
and Torres Strait Islander  
Health



**Dr Ramya Raman**  
MBBS, FRACGP, Dip Child  
Health, BSSC (Psych)  
Chair, RACGP WA



**Dr Michael  
Stanford AM**  
MBA, FAICD  
Co-opted Independent  
Director

## Board members until November 2022



**Ms Christine Nixon**  
AQ, APM, BA, MPA, Hon  
LLD, DipLReLaw, FIPAA,  
FANZSCOG, FAIPM, FAIM  
Chair of the Board



**Adj Professor  
Karen Price**  
MBBS, FRACGP  
President



**Dr Daniel Byrne**  
MBBS, FRACGP, GAICD  
Chair RACGP SA&NT



**Professor  
Peter O'Mara**  
MBBS, FRACGP, FARGP,  
GradDipRural  
Chair RACGP Aboriginal  
and Torres Strait Islander  
Health



**Mr Martin Walsh**  
FCA, FAICD  
Chair Finance, Audit  
and Risk Management  
Committee

# Executive team



**Paul Wappett**  
BComm, LLB, MBA, GAICD  
Chief Executive Officer



**Sue Black**  
BS (Hons) in Natural Resource  
Management, Professional DipHR  
Chief People/Operating Officer



**Pranay Lodhiya**  
FCPA, BCom, MBA, GAICD  
Chief Financial Officer



**Rob LoPresti**  
BPhysio (Hons), MC-MGMT  
Chief Education Officer



**Lydia Sandercock**  
Executive MBA  
Chief Member Experience Officer



**Amanda Semertzian**  
GAICD, FGIA, FCG, BA UniMelb,  
GradDipACGRM  
Company Secretary



**Shayne Sutton**  
BPolSciPA, BCom (Hons), GAICD  
Chief Policy Officer



**Georgina van de Water**  
MBA, GAICD  
Chief General Practice  
Training Officer

## Executive team members who left during the year



**Coretta Bessi**  
BCom, MBA, GAICD  
Chief Operating Officer  
(until 31 March 2023)



**Matthew Rush**  
Grad DipEd to BSc (MedSci),  
Grad DipEd, DipBus  
Chief Member Officer  
(until 13 March 2023)



**Roald Versteeg**  
BBM  
Chief Policy Officer  
(until 18 January 2023)

# Member Census and the RACGP's response

The 2022 Member Census was carried out in November 2022, with 3288 members completing it, compared with 2799 who completed the April 2021 Member Census.

Overall performance metrics indicate a statistically significant improvement in sentiment toward the RACGP, suggesting we have made meaningful improvements since the 2021 Member Census in the eyes of members.

Noteworthy progress includes:

- 48% said they are very satisfied or satisfied with the RACGP (up from 41% in 2021)
- 65% reported they would recommend membership in the RACGP (60% in 2021)
- 56% stated their expectations for the RACGP are met or exceeded (48% in 2021)
- 43% said the RACGP is a strong advocate for GPs with government/Australian Health Practitioner Regulation Agency (Ahpra) (33% in 2021)
- 54% responded that the RACGP consults GPs and seeks their views on its work (39% in 2021)
- 44% said the RACGP is raising the profile of GPs' contribution to health (39% in 2021)
- 49% said the RACGP supports profession through media presence (40% in 2021)
- 53% were satisfied with the media presence of the RACGP (35% in 2021)

While there were improvements in satisfaction across several important areas, a third of members said the RACGP fails to meet their expectations. Approximately one in five is dissatisfied and the same number said they would not recommend becoming a member of the RACGP.

Advocacy is top of mind for members as the most important area in which the RACGP supports the profession. The four most important topics mentioned were:

- increasing government funding for GPs and general practice
- reducing unnecessary and unfair Ahpra and Medical Board compliance
- reducing bureaucracy in the healthcare system
- addressing workforce issues, including the supply, distribution and retention of GPs.

Since the Member Census was carried out, the RACGP has honed its focus on advocacy at both a state and national level, and also increased its communication with members about its advocacy work.

The RACGP's commitment to advocacy was most prominent in the lead up to the 2023 Federal Budget, including a widely covered address to media at the [National Press Club](#) by our President, Nicole Higgins. Dr Higgins was in Canberra on the night the Budget was released, and featured prominently in the media coverage, which included nearly all the measures the RACGP called for and marked the [biggest investment](#) in general practice care in Australia in decades.

The RACGP also continued its **public advocacy** in other areas including Ahpra compliance campaigns and pushing back against unfounded roting claims, pharmacy reform including 60-day dispensing, the effects of underfunding on health equity and access, and rural health.

CPD, professional resources, and standards were also areas the census found to be important for members. The Medical Board of Australia's changes to CPD requirements, which came into effect on 1 January 2023, were a significant concern for census respondents, with a third of members not feeling confident in their ability to meet the new CPD requirements.

Professional resources and guidelines provided by the RACGP were however found to be well regarded, particularly among those at the pre-Fellowship stage of their career.

The RACGP ran a campaign to help members understand and prepare for the new requirements, including individual support. Notably, more than 23,000 members downloaded the RACGP's CPD mobile app, which allows members to easily access and track their CPD, and the app received very positive feedback.

As the triennium continues, the RACGP continues to engage with members to better understand their CPD needs.

# Operating Plan 2022-2025

The purpose of the RACGP is to ensure a strong general practice profession that keeps Australia healthy.

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

**Objectives underpinning the 2022-25 Operating Plan – how we'll know if we're meeting our goal**



## Career attractiveness

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



## Optimal coverage

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



## Whole-person care

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



## Supportive regulatory settings

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



## Connection and lifelong learning

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



## Great employer

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



## Financial stewardship

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

# Attracting GPs

## Summary

- The RACGP launched a major campaign in March 2023 to inspire doctors to pursue a career in general practice.
- A \$32 million State Government investment helped to incentivise general practice training in Victoria.
- We have been working with the Federal Department of Health and Aged Care to increase the number of doctors on visas eligible for the Australian General Practice Training Program in 2024.

↑ 19% increase in registered applications

↑ 8% increase in application submissions

With Australia facing a potential shortfall of 11,000 GPs by 2032, we must inspire junior doctors and medical students to join the profession. Rural and regional communities already face challenges in GP access, with reports of practices that are unable to attract sufficient GPs closing or being required to fund remuneration packages as high as \$1 million. Even in major cities, wait times to see a GP for urgent care have increased. Meanwhile, our 2022 Member Census showed 75% of members would express concern if the RACGP didn't raise the profile of the profession, making it one of the RACGP's top five priorities. And improving the attractiveness of the GP specialisation is a matter of public health and public benefit.

The RACGP has developed campaigns at state, territory and national levels to grow interest in general practice specialist training, pushed governments to increase support for GPs in training, and advocated for improved pathways for international medical graduates (IMGs) to train as GPs.

This has delivered a 19% increase in registered applications and an 8% increase in application submissions since last year.

## Inspiring the next generation of GPs

In March 2023, the RACGP launched a campaign to inspire young doctors to pursue a career in general practice, highlighting the diversity and choice in this career path.

The campaign insight is that choosing to be a GP means gaining more, not less of what our target audience wants professionally. The focus of the messaging is on the positives of the profession with a strong call to action (apply now). Our approach uses a distinctive and ownable device of multiple-choice questions to show how being a GP means you don't have to choose just one thing; you can have it all. This coincided with applications opening for the 2024 Australian General Practice Training (AGPT) Program and used a combination of marketing channels including digital, social media, radio and print advertising, supported by webinars and information sessions in 81 hospitals.



Career attractiveness

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

Since the launch, we have seen significant increases in website traffic to our 2024 AGPT Program webpages. This includes increases in expressions of interest and applicant general practice training guide webform page views of 124% and 632%, respectively, compared to the same period last year.

## Additional work to boost our workforce

To build interest in general practice, we also introduced a new team dedicated to finding potential GPs among students and doctors and nurturing them into a career in general practice. With representatives for each state and territory, this team works closely with universities and hospitals to promote general practice through on-campus events and sponsorship activities. They also provide direct case management support to help guide and nurture leads through to conversion onto an RACGP program in partnership with other RACGP teams.

The RACGP has also been working with the Department of Health and Aged Care to increase the number of doctors on visas that are eligible to train on the 2024 AGPT Program. This enabled 14 IMGs who did not have permanent residency to apply. Previously, these doctors would not have been eligible unless they had permanent residency by the close of the application period.

We are also improving and streamlining the national selection process. In the first intake, we facilitated 10 candidates to continue to their selection journey by being able to sit the Candidate Assessment Applied Knowledge Test in an overseas location.

These activities to grow interest in the profession were bolstered by other work by our faculties. Following numerous advocacy activities by the RACGP Victoria faculty, the state government announced an investment of \$32 million, or up to \$40,000 for first-year GPs in training, commencing in 2024. All 2024 places in Victoria have been filled.

The RACGP GPs in Training faculty collaborated with the RACGP Specific Interests faculty to run a 'Find your path in general practice' webinar, video and social media series to promote general practice as a valuable and sustainable profession. This series illustrated the varied and interesting career paths for junior doctors and sought to re-engage early-stage career GPs in the opportunities available to them.

## What will we do next year to attract the next generation of GPs?

The RACGP is working to better understand perceptions of general practice among medical students and prevocational doctors. We will find new ways to engage with members to help encourage students and doctors into a career in general practice, and to enhance their experience to maintain their attraction.

The RACGP will continue to advocate for improved access and entry to medical degrees, and for a greater focus on general practice content in medical degrees to improve and secure access to healthcare for all people in Australia, regardless of their postcode.



## Career attractiveness

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

# General practice training delivery



Optimal coverage

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

## Summary

- The RACGP began delivery of the Australian General Practice Training Program on 1 February 2023.
- Transition for registrars and supervisors has been relatively smooth with stakeholder groups providing advice to minimise disruption.
- Feedback is being sought and issues addressed on a continuous improvement basis.
- The Rural Generalist Fellowship was launched in July 2022.

In September 2022, the RACGP signed a milestone contract with the Federal Health Department to deliver general practice training in Australia from 1 February 2023. This was the largest medical vocational training contract in history by an Australian Government and the largest contract in the history of the RACGP, signalling successive governments' trust in the RACGP to deliver high-quality general practice training for our communities, more than 20 years after the establishment of regional vocational training.



More than  
**700**  
training and support staff  
onboarded from RTOs



**18** separate IT  
platforms merged  
into one TMS and  
one LMS



More than  
**500**  
Rural Generalist  
Fellowship applications

Our transition team partnered with regional training organisation (RTO) staff to deliver a smooth transition to the RACGP that honoured the legacy of RTO delivery, and supervisors and registrars remained the central focus ensuring minimal disruption to their training. The collective efforts of registrars, supervisors, medical education and operational teams have provided stability at a time of considerable change throughout transition. We continue to work to meet member expectations and our contractual obligations to the Department of Health and Aged Care.

The 2022 Member Census showed 75% of members said supporting the training and education of GPs in training was important to them, and they expressed a desire to see the training program remain locally delivered.

## Consistency prioritised for general practice training transition

The RACGP's general practice training program started on 1 February 2023. More than 700 experienced staff brought a history of positive working relationships and knowledge of the AGPT Program to the RACGP. It was a significant change, merging the people, working cultures, systems and processes of eight separate organisations into the RACGP. We also prepared to start our joint training venture with the Australian College of Rural and Remote Medicine (ACRRM), [Joint Colleges Training Services](#), to deliver a range of services on behalf of both colleges.

Our policies, processes and systems have ensured continuity for registrars and supervisors, ultimately resulting in a smooth transition. Registrars continued to enrol, progressed in and completed their training as they have for more than 20 years without disruption. And while the intention has long been a nationally consistent, regionally supported and locally delivered training program, local relationships were key to the transition's success.

## Registrar and supervisor communication

The RACGP established stakeholder and trainee advisory groups to engage members on training. General Practice Registrars Australia and General Practice Supervision Australia were engaged to ensure we stayed across issues affecting participants and opportunities to improve the program in real time. Keeping program delivery local also ensured GPs in training, supervisors and staff felt connected and valued.

## Technology and intellectual property transfer

Eighteen separate IT platforms were replaced with two: registrars, supervisors, practice managers and staff managed placement, payment and training information through one national training management system (TMS), and continued online learning through the RACGP's national learning management system (LMS). All educational intellectual property, online learning modules, registrar and practice records from RTOs were successfully transferred to the RACGP.

## Rural Generalist Fellowship launched

The Rural Generalist (RG) Fellowship officially launched in July 2022 and resulted in more than 500 applications. More than 240 members were awarded their RG Fellowship in 2022–23.

## Training for Aboriginal and Torres Strait Islander GPs

The Yagila Wadamba Program continues to support Aboriginal and Torres Strait Islander GP registrars. Attendees are supported to not only perform at their best in the Applied Knowledge Test and Key Feature Problem exams, but to thrive throughout their general practice training journey. For the first time, we ran this adjacent to the Indigenous General Practice Registrar Network (IGPRN) workshop to support our registrars to attend both events. Given the success of this work, we will continue to run this shared program with IGPRN.



Optimal coverage

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

## What's next in delivery of general practice training?

The 2023 program replicated long-established local programs to ensure continuity for registrars and medical educators. These programs will be harmonised thoughtfully into the future.

Building on the continuity and stability established in 2022–23 and IT investments, the RACGP will prioritise stakeholder engagement in the coming year. We will continue to listen and learn from our colleagues and participants, minimising unnecessary red tape and enabling positive experiences for registrars and practices.

We are working with the Rural Health Commissioner and ACRRM to have rural generalist medicine formally recognised as a specialised field of practice. This will improve our communities' access to GPs with the training and knowledge to provide additional emergency medicine, mental health, obstetrics, and other disciplines that are essential for the sustainability of rural communities. Work continues and will be a focus next year.

A GPs in Training Wellbeing Committee will form in September to provide a supportive governance channel for trainee wellbeing. It will seek to attract diverse representation, and deliver projects and initiatives that support GPs in training.



Optimal coverage

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# Exams



Optimal coverage

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## Summary

- The RACGP has developed a new progressive assessment framework.
- Workplace-based assessment, with assessments occurring throughout training, will be a focus in the new framework.
- RACGP online exams continued to run successfully, providing confidence for GPs in training.
- Rigorous testing, revealed a potential issue; the Applied Knowledge Test and Key Feature Problem exams will be on paper for the immediate future.

The education provided by the RACGP ensures people in Australia have access to expert GPs, and our exams ensure anyone seeing a GP can expect they will receive exceptional standard of advice and healthcare. The RACGP continued its focus on exam delivery in 2022–23. We stabilised Fellowship exam delivery, with all exams proceeding in 2022–23 and no delays impacting trainee progression.

Responses to the 2022 Member Census show:

- 67% of members indicated the importance of managing Fellowship exams
- 60% said the RACGP's management of Fellowship exams meets or exceeds their expectations.

## Online assessment

The RACGP invested in online testing software for the Applied Knowledge Test (AKT) and the Key Feature Problem (KFP) written Fellowship exams, focusing on reliability for candidates. We worked alongside a vendor experienced in delivering Fellowship exams for other specialist medical colleges to create new systems while ensuring the exams could also be delivered to members safely, consistently and reliably around Australia. The AKT was successfully delivered online in July 2022 and February 2023, and the KFP was delivered on paper in the same venues.

The KFP question types and marking require a bespoke solution for online assessment. An online KFP exam was developed, and a total of 1052 members participated in testing for the new online exam platform as part of a rigorous due diligence process. A survey conducted in November 2022 indicated 92% of the 418 respondents had a moderate to extremely high level of confidence in the RACGP's ability to deliver online Fellowship exams in a safe, secure and robust manner.

Ongoing rigorous testing of the product, however, revealed an issue that could adversely impact candidates' exams. The RACGP determined the best option would be to deliver the AKT and KFP on paper for the immediate future rather than risk any disruption to candidates on the day of the exam. In June 2023 the RACGP terminated its relationship with the new exam software vendor.

The RACGP also continued to deliver its Clinical Competency Exam via Zoom to candidates, engaging more than 1000 examiners, 1500 candidates and hundreds of staff to deliver this exam.

## New framework to shift focus to workplace-based assessment

With the return to college-led training and implementation of the Fellowship Support Program, the RACGP has developed a new progressive assessment framework informed by best practice in medical education and with input from a range of stakeholders. It builds on what has been working well in the vocational training programs and aligns with the *RACGP educational framework*.

Workplace-based assessment is a focus of the new progressive assessment framework that seeks to both support contextual learning for GPs in training and high standards of care that are grounded in clinical practice. It supports assessment for learning, with assessments occurring over the course of training so there are multiple opportunities for feedback and for trainees to demonstrate evidence of learning.

The workplace-based assessment framework was validated by an international expert in progressive assessment of medical practitioners, Professor Lambert Schuwirth, who endorsed it with very positive feedback.

Separately, access to Self-Assessment Progress Testing exam preparation resources was improved for GPs in training following open conversations between the RACGP and representatives of training programs.

## What's next in exams?

The RACGP has strengthened its relationship with its printing partner and will focus next year on safely and securely delivering exams on paper, while gathering requirements to contemplate a return to developing online exam delivery.

A review of our holistic assessment framework is planned for the 2023–24 financial year, spanning from entry, to training, to the award of Fellowship.



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# Clinical guidelines and standards



Optimal coverage

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## Summary

- Our guidelines, standards, and resources are developed by GPs, for GPs.
- The RACGP updated a range of resources and standards and launched innovative new resources to support high-quality care.
- The *Standards for health services in Australian prisons* (2nd edition) and the *Standards for general practice residential aged care* (1st edition) were finalised and launched.

The RACGP advances public health, education, and safety by setting standards for the profession and providing clinical guidelines for the profession, informed by expert committees.

Members highlighted clinical guidelines, resources and standards as a key priority in the 2022 Member Census, making it clear they value the RACGP's work in this area and want it to remain a priority. The census showed that of responding members:

- 80% said the RACGP was meeting or exceeding their expectations in setting clinical guidelines and standards
- 78% said the RACGP was meeting or exceeding their expectations in providing clinical information, guidelines and resources.

Producing these resources supports our members to deliver high-quality care to Australian communities, stay informed of emerging evidence, understand their responsibilities in response to changing regulations and legislation, and demonstrates the profession's leadership and that as a specialty, we remain responsible for setting our own standards and scope of practice.

In 2022–23, the RACGP launched a new clinical resource and updated and refreshed several existing, well-regarded publications.

*First do no harm: A guide to choosing wisely in general practice* was launched at GP22. Its primary focus is on reducing patient harms and avoiding low-value care. This online, 'living' resource will provide both GPs and patients with information on:

- overused tests
- overdiagnosed and overtreated conditions
- interventions with insufficient evidence.

Importantly, *First do no harm* is designed to enable positive and constructive conversations between GPs and patients, providing information and tools to assist in shared decision making that empowers patients to make informed decisions about their health with their GP.

We also updated several key resources, including:

- **Genomics in general practice**, which presents a snapshot view of the identification and diagnosis of a range of genetic conditions, and the use of genetic testing and technologies encountered in general practice and across this rapidly evolving area of medicine.
- **Information security in general practice** – With the now-constant threat of malicious cyber-attacks, understanding how to protect your sensitive data and prepare, respond to and recover from crisis situations is more important than ever.
- **Healthy Habits**, a digital app that practices can use to encourage patients to engage in better nutrition and physical activity. This new tool tests how technology and the therapeutic relationship can be harnessed to motivate behaviour change.
- **Infection prevention and control guidelines** to include knowledge and advances gained during the pandemic.

## What's next in clinical guidelines and standards?

Next year the RACGP will launch a new and refreshed *Guidelines for preventative activities in general practice* (Red Book) and publish updated editions of the *Diabetes Handbook* and *Standards for general practices* (6th edition).



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# Healthcare access and funding



Whole-person care

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

## Summary

- The RACGP's Federal Budget advocacy delivered \$5.7 billion for strengthening Medicare, and \$1.5 billion for Medicare indexation.
- Our advocacy resulted in less administration for GPs in their provision and prescribing of essential medicines.
- There is more to be done to reform Australia's primary health system – our work continues.



**\$5.7 billion**  
2023 Budget package to  
strengthen Medicare



**\$1.5 billion**  
for Medicare indexation

The RACGP continues to focus on advocacy that support GPs to provide holistic, high-quality care to all patients. Key advocacy areas included calling for greater investment in general practice in the May Federal Budget, highlighting business sustainability challenges in the *General Practice: Health of the Nation 2022* report and advocating for GP and patient interests by pushing back against unsafe pharmacy reforms.

Our advocacy on health system funding and other matters is driven and informed by both our members and our role in advancing the health and welfare of our communities. We have a long history of advocating for all communities to have access to primary healthcare via their GP, and for adequate public funding via the Medicare Benefits Schedule (MBS) so practices can provide bulk-billed consultations for patients who would otherwise delay or avoid healthcare. We have also strongly advocated for longer dispensing periods for medicines to reduce the burden of dispensing fees on patients with chronic, stable conditions. Members highlighted advocacy as a key priority in the 2022 Member Census, with 87% of census respondents placing a high importance on strong advocacy to government and the Australian Health Practitioner Regulation Agency (Ahpra), and 75% on raising the profile and value of GPs among the wider public.

## Success in advocacy for funding and dispensing

Our Federal Budget advocacy, including our [pre-Budget submission 2023–24](#), delivered \$5.7 billion for strengthening Medicare, increasing from the \$750 million we secured from the Labor Government last year, and \$1.5 billion for MBS indexation.



## Whole-person care

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

This followed increased advocacy to federal MPs and senators. Around 120 GPs and other healthcare representatives attended the **RACGP's General Practice Crisis Summit** in Canberra in October 2022. In November 2022, the RACGP **organised for 27 GPs** from across Australia to make their way to Parliament House in Canberra to call for reforms to ensure every patient can access the care they need when they need it. GPs met with politicians from all political parties and independents to voice concerns about the ailing state of primary care, and welcomed the launch of the Parliamentary Friends of General Practice group.

We also joined with eight health, medical and consumer groups to write an **open letter** to federal parliamentarians in support of 60-day dispensing. The **Consumers Health Forum of Australia** leveraged off this letter when launching its **website** to educate consumers about the reforms.

The RACGP continued to highlight safety concerns about pharmacist prescribing pilots with health ministers at federal and jurisdictional levels and through various submissions. This work is ongoing, and we continue to emphasise the importance of a GP's role in diagnosing and prescribing.

## How we consult on advocacy for better national health outcomes

Our annual **Health of the Nation report** gives GPs a chance to express their views and guide the advocacy work of the RACGP. Most recently, the focus of the report was on business sustainability in general practice. The findings of this report gave us the evidence we needed to advocate for funding and reform that will help ensure all patients can see a GP when they need to, regardless of their postcode or income.

Our advocacy continues to be underpinned by key member-informed documents such as the **RACGP Vision for general practice and a sustainable healthcare system**. Members with interests in an area, particularly areas aligned with the RACGP Specific Interests, are frequently consulted on submissions and policy. We also work closely with our expert committees to ensure our work reflects member experiences. The RACGP Rural faculty has also visited rural Queensland, Northern Territory, South Australia, New South Wales and Western Australia to discuss local and national issues, developed a rural advocacy priority statement and provided a rural perspective on our advocacy.

Advocacy is also strengthened through collaboration with other organisations at national and state and territory levels. Our faculties play a vital role in our advocacy work. The RACGP NSW&ACT faculty, for example, strengthened its collaboration with a range of stakeholders, including joint policy submissions and joint ministerial meetings with the Australian Medical Association, regular meetings with Ahpra, and involvement in a state-wide health reform committee convened by the NSW Primary Health Networks.

## What's next in healthcare access and funding?

We will continue to focus on advocating for funding to sustain access to GPs for all Australians, and for GPs' work to be appropriately valued to grow the general practice workforce, with the ultimate aim of improving patient health outcomes across Australia. We will continue to highlight the central role of GPs in ensuring patients can access high-quality, coordinated and continuous care, in alignment with evidence supporting best-practice primary care.

# Policy



## Supportive regulatory settings

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

### Summary

- The RACGP advocates directly to government on major policy areas, making 95 submissions in 2022–23.
- The RACGP achieved significant progress towards a resolution of payroll tax issues threatening GP access and practice viability in several states, with work ongoing.
- We continue to engage in regular dialogue with Ahpra and the Professional Services Review on compliance concerns among GPs.
- We delivered a strong rebuke to speculative claims of major Medicare rorting.



95  
national  
submissions

↓ 59%  
reduction in Ahpra use  
of investigatory powers

The RACGP has worked to inform and influence policy settings and funding arrangements to promote high-quality general practice care, optimal patient outcomes and a supportive environment for the general practice profession.

We seek and receive feedback from our members, key stakeholders, and other peak bodies that shapes our policy and advocacy efforts. We have kept members up to date about this work via member newsletters, social media channels and [news articles](#).

‘Being a strong advocate for GPs with government and Ahpra’ [the Australian Health Practitioner Regulation Agency] was the top priority identified in the 2022 Member Census. The RACGP’s 2022 [Health of the Nation report](#) also highlighted the administrative and regulatory burden facing GPs.

Payroll tax meanwhile was the greatest concern among attendees of the 2023 Practice Owners National Conference, with expectations including advocacy, policy guidance, education and awareness. The RACGP conducted a [poll](#) of its members regarding whether payroll tax should be imposed on the earnings of contractor GPs. Almost 20% indicated this would lead to their practice being unable to continue business, and almost 80% indicated they would either introduce or increase gap payments to patients.

## Payroll tax

The application of payroll tax to the earnings of independent GP contractors threatens to reduce access to general practice by causing increasing fees at practices to maintain positive revenue and potentially, repay retrospective taxation. Members expect the RACGP to provide guidance and resources on understanding and managing payroll tax obligations.

We developed a dedicated [web page](#) for member advocacy, shared resources, informed members with [webinars](#) and listened to their feedback. Our RACGP state faculties continue to engage with their governments. There have been [several developments](#), and GP successes, particularly in [Queensland](#) where a payroll tax amnesty was reached in April 2023, and in [South Australia](#), where an amnesty was reached in June 2023.

Both amnesties are the result of advocacy from staff and members. In Queensland, faculty members met with government departments on more than 10 occasions, and the voice of our members helped representatives understand the likely impact of payroll tax on our patients' access to healthcare.

Our other regional faculties continued to press for favourable resolutions on payroll tax for GPs with their respective state and territory governments, with promising conversations between the Western Australia faculty and the WA Premier's office towards the end of the fiscal year.

## Regulation, compliance and unfounded roting claims

The RACGP has played a major role in pushing for more clarity on ambiguous Medicare Benefits Schedule (MBS) claiming rules to reduce the risk of non-compliance, and the RACGP management meets with Ahpra leadership regularly to share concerns and raise issues.

The RACGP supported members who received compliance letters questioning their use of MBS items and continues to advocate for improvements in Ahpra's handling of vexatious notifications. In May 2023, Ahpra said its use of investigatory powers when reviewing notifications involving medical practitioners had [decreased by 59%](#) since 2020.

We also [strongly refuted](#) media allegations of Medicare roting amounting to \$8 billion a year. The final review found most Medicare leakage stems from non-compliance errors rather than fraud. To support our members to bill, the RACGP centralised MBS and compliance education resources on [our website](#). Our advocacy around [vexatious notifications](#) also led to the Medical Board of Australia (MBA) introducing a triage process to deal with frivolous complaints.

## RACGP policy submissions to government

The RACGP plays a significant role in representing and advocating for the general practice profession to government through submissions that shape and inform policy and media reporting.

Significant time and expertise from members and our teams inform each submission. Each response we develop on behalf of our members requires extensive input from our expert committees and working groups. Once the RACGP's position is developed, time permitting, we seek further input from across the broader membership. Feedback received from members is developed into comprehensive submissions utilising subject matter expertise from within the RACGP.

Over the course of 2022–23, RACGP advocacy resulted in 95 national submissions and many more state and territory submissions.

Notable RACGP policy submissions include:

- **National Health Reform Agreement review:** We called for measures to reduce the administrative burden on GPs, including standardisation and simplified processes for hospital referrals
- **Senate Inquiry into Universal Access to Reproductive Healthcare:** We discussed regulatory and cost barriers, called attention to workforce and training issues, and suggested measures to improve access. The resulting report supported measures called for by the RACGP, including training support for GPs for the insertion and removal of long-acting reversible contraceptives; better remuneration for GPs, nurses, and midwives to provide contraceptive services; and other measures to make contraception more affordable
- **General practice data and electronic clinical decision support (eCDS):** We have been vocal on the need for general practices to retain ownership of their data
- **Standing Committee on Health, Aged care and Sport’s inquiry into long COVID and repeated COVID infections:** We highlighted the central role GPs are playing in long COVID management and their need for support, resulting in a Senate report supporting many recommendations by the RACGP, including the establishment of a sports injury database and movement towards guidelines for GPs and return-to-play protocols
- The **MBA’s revised telehealth guidelines consultation:** In line with our recommendations, the MBA provided clear and consistent guidelines that support GPs providing telehealth for their patients
- **Independent Review of Overseas Health Practitioner Regulatory Settings (Interim Kruk Report):** We strongly advocated for settings that would improve the competitiveness of Australia for international medical graduates (IMGs) while maintaining high standards and committed to improving RACGP processes for IMGs.

Members with specific interests also play a key role in informing our policy submissions as subject matter experts. Members contributed to dozens of consultations, and particularly submissions on reproductive healthcare and attention deficit hyperactivity disorder, and our [submission on the extent and nature of poverty](#) in Australia.

## Other government engagement

Our regional and contextual faculties remain a vital and integral part of the RACGP. Without them, so much of what has been achieved over the 2022-2023 financial year would not have happened. Through them the RACGP continued to meet and work productively with governments across a range of other local and state-based issues, including:

- engagement by governments with the RACGP NSW&ACT faculty, giving GPs a greater role in shaping health policy in both the New South Wales and Australian Capital Territory jurisdictions. Over the 2022–23 financial year, the faculty received more than 70 consultation requests from state and territory health ministries and other government agencies. These requests included a request for specialist GP input on changes to legislation and policies on voluntary assisted dying, vaping, the *Poisons and Therapeutic Goods Act* and regulations, and planning for seasonal health issues such as managing winter respiratory illnesses



## Supportive regulatory settings

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



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- advocating successfully for the appointment of a Chief GP Advisor in Victoria to be a strong advocate for GPs and a conduit between the profession and government; this position was filled in June 2023. RACGP Victoria also worked with the Victorian Department of Health to improve clinical handovers, leveraging the work of RACGP Victoria's Clinical Handover Working Group and incorporating members of the group
- working with the Western Australian Government to deliver free influenza vaccinations for patients aged 12–64 years who are not eligible for the National Immunisation Program, and to remunerate GPs for their engagement on government-led projects. This enabled 45 GPs to be paid for more than 100 hours of representation on projects such as an outpatient reform program, a firearms regulations project and vaccination roundtables
- warning to SA Parliamentary Select Committee from RACGP President Dr Nicole Higgins and South Australia Chair Dr Siân Goodson that expanding pharmacy prescribing powers to treat urinary tract infections will compromise patient safety and wellbeing
- meeting over 70 times with Tasmanian politicians and organisations including the Premier, Health Minister, shadow ministry, Primary Health Tasmania, Department of Health, Chief Pharmacist and local branches of the Australian Medical Association, Australian College of Rural and Remote Medicine and Rural Doctors Association.

### What's next in policy?

The RACGP will continue to focus on advocating for a sustainable general practice landscape across the country to ensure continued access to healthcare for all Australia, including by engaging with our members and providing guidance, education and resources. This will include policy and advocacy work on payroll tax, compliance education and identifying gaps in existing resources to support compliant MBS use.

# Foundation

## Summary

- Supporting general practice research is of increasing importance to members.
- The RACGP Foundation awarded more than \$400,000 in grants in 2022–23 and has offered more than \$580,000 for 2023–24.
- Growing opportunities for general practice research is a priority for the Foundation.



*'The funding provided me with the skills for a future career as a GP clinician researcher. I was able to fund the research study and publish in Open Access journals. The grant was the beginning of the development of a track record in general practice research. I am now an Associate Investigator on successful NHMRC and National Health and Medical Research Council primary care research grants.'*

**Dr Rita McMorro, 2020 RACGP Foundation/Diabetes Australia Research grant recipient**

 **\$435,640**  
in grants in 2022–23, more than  
**\$580,000** for 2023–24.

The **RACGP Foundation** provides grants and awards to support general practice research that helps shape Australian primary care for a healthier tomorrow.

Strengthening general practice research is critical to improving the sustainability of general practice, attracting and retaining our future general practice community, and improving the health and wellbeing of our communities. Member interest in research is increasing. There were 230 registrants for RACGP's GP22 research breakfast (100 more on the wait list). The 2022 Member Census confirmed members' increasing interest in the RACGP supporting research into the development of the profession.

The work of the Foundation is complemented by the RACGP Research Strategy, developed by the RACGP Expert Committee – Research. This 2021–24 strategy aims to create a culture and systems that support the development of general practice research in Australia.

Supportive regulatory settings

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## How the Foundation is supporting general practice research

With only 1% of National Health and Medical Research Council (NHMRC) competitive funding awarded to primary health care projects, and only 1.6% of all Medical Research Future Fund (MRFF) funding committed over 10 years to primary health research, the funding and support provided through the Foundation is essential to overcoming the barriers for general practice research.

We have offered increased funding and time available to complete research under an HCF grant and with the introduction of the \$250,000 RACGP Foundation/Medibank grant into digital health. This would not have been possible without the generosity of our partners and our members. In 2023, the RACGP Foundation's partners included Medibank Better Health Foundation, Therapeutic Guidelines, HCF Research Foundation, Motor Accident Insurance Commission, Diabetes Australia, BOQ Specialist and CommBank Health.

The Foundation awarded approximately \$400,000 in grants in 2022–23 and has offered more than \$580,000 for 2023–24.

The Foundation has historically provided grant funding for clinical research or research focused on health systems. More recently the vision has expanded to a broader research focus including general practice priorities such as the general practice workforce, a stronger link between research and advocacy, and an increased emphasis on translation and capacity building.

The [Translating Research Outcomes into the Primary Health Interface \(TROPHI\)](#) project, a collaboration between the RACGP, Monash University and the University of Melbourne, provides a small pilot of a research and translation network that aims to help local practices engage in research and use the results in their practices.

## Supportive regulatory settings

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## Foundation grants and awards: Recipients for 2022–23

The RACGP Foundation congratulates the grant and award recipients for 2022–23. We look forward to finding out what new knowledge, insights and solutions they discover through their research, and the impact this will have on practice and patient outcomes. Thank you to our grant funding partners and donors for investing in this important research.

Grant/award	Lead investigator	Project title	Co-investigators	State/territory
Therapeutic Guidelines Ltd/ RACGP Foundation Research Grant	Dr Elizabeth Sturgiss	'Guidelines in the Deep End: An exploration of how GPs use clinical guidelines for patients from disadvantaged groups'	Assoc Prof Suzanne Nielson, Prof Helen Skouteris, Dr Taya Collyer, Prof Terry Haines, Ms Nilakshi Gunatillaka	Vic/ACT
Motor Accident Insurance Commission (MAIC)/RACGP Foundation Research Grant	Prof Katharine Wallis	'The 3-Domains screening toolkit for driving medical assessment in older drivers: Validation study in specialist driving assessment clinic'	Dr Geoffrey Spurling, Dr James Matthews	Qld
RACGP Foundation/ HCF Research Foundation Research Grant	Prof Tania Winzenberg	'Right care, right time, right place: Understanding high healthcare service utilisation in Tasmania: A data linkage study'	Dr Claire Morley, Miss Deidre McGowan, Dr Kelly Shaw	Tas
RACGP Foundation/ HCF Research Foundation Research Grant	Assoc Prof Joel Rhee	'Models of general practice care in people living in residential age care homes'	Prof Christopher Poulos, Assoc Prof Roslyn Poulos, Dr Andrew Montague, Ms Ebony Lewis, Assoc Prof Russell Pearson	NSW
RACGP Foundation/ Diabetes Australia Research Grant	Dr Hannah Woodall	'Person-centred care in the prevention and management of type 2 diabetes in general practice: Collaborative goal setting for self-management'	Assoc Prof Kay Brumpton, Dr Robert Heffernan, Ms Elizabeth Mahon, Assoc Prof Kylie Vuong, Dr Janani Pinidiyapathirage	Qld
RACGP Foundation ANEDGP Innovation Grant	Dr Rodney Pearce	'General practitioners' engagement in breast screening and women's health'		SA

### Supportive regulatory settings

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Grant/award	Lead investigator	Project title	Co-investigators	State/territory
RACGP Foundation Family Medical Care Education and Research Grant	Dr Brent Venning	'Exploring patient preferences for the investigation of cancer symptoms in general practice'	Prof Jon Emery, Assoc Prof Richard De Abreu Lourenco, Dr Rebecca Bergin, Dr Meena Rafiq, Dr Alex Lee	Vic
RACGP Foundation Family Medical Care Education and Research Grant	Dr Chavy Arora	'Diagnosing Doctor Google: Investigating clinician perspectives on older Victorians accessing vaccine-related information online'	Prof Grant Russell, Dr Chris Barton	Vic
RACGP Foundation Chris Silagy Research Scholarship	Dr Karyn Alexander	'Do you mind if I stand? An evaluation of GPs' use of sit stand desks'	Dr Nabeela Amien	Vic
RACGP Foundation Walpole Grieve Award (travel award)	Dr Brent Venning	'Collaborating on primary care cancer research in the UK'		Vic
RACGP Foundation Peter Mudge Medal	Prof Mark Nelson	'LDL-C and mortality outcomes amongst healthy older adults not taking lipid-lowering agents'		Tas
RACGP Foundation Alan Chancellor Award	Dr Catherine Pendrey	'Is climate change exacerbating healthcare workforce shortages for underserved populations?'		Vic

## The impact of our research, 2021–22

- The RACGP Foundation saw 22 research projects through to completion in 2022–23, and awarded 10 research grants.
- RACGP Foundation grants and awards produce, on average, two journal publications within two years of project completion.
- RACGP Foundation's major grants (valued over \$100,000) produce, on average, four journal publications within two years of project completion.

Primary care research informs high quality general practice care in Australia, helps teaching universities attract top medical academics, and influences junior doctors deciding on a specialisation. It provides key structural support for a highly trained, trusted GP workforce. Yet less than 2% of Federal Government medical research funds are spent on primary care research, and the GP academic workforce is ageing.

The RACGP's Foundation is playing a growing role in funding projects that advance the health of Australians and the education and development of the next generation of GP researchers.

## Putting the spotlight on GP wellbeing

In 2021, the RACGP Foundation awarded a \$60,000 grant in memory of former RACGP President Harry Nespolon to Adelaide-based GP Associate Professor Jill Benson for her research project *'Finding meaning in diversity – exploring the role of career and job diversity in GPs' wellbeing.'*

This research uncovered the connections between career diversification, wellbeing, and burnout prevention among GPs. It found that as little as 1.5 days of diversification every fortnight enhanced career sustainability for GPs. Workshops attended by GPs in training, supervisors, practice managers, and GPs shared the findings with practices across Australia. The RACGP also integrated these insights into its Mentoring and Future Leaders programs.



Associate Professor Jill Benson, 2021 RACGP Foundation Harry Nespolon Grant recipient.

For Associate Professor Benson, the journey doesn't conclude here.

*'It is important that we continue to look for ways in which research like this can be integrated into training, policy, advocacy, and practice. It is only by all of us working together and using our research evidence that we will make a significant difference to the future of general practice – one that we have all created together!'*

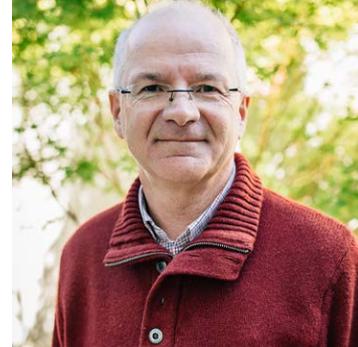
## From acorns great oaks grow

In October 2022, Professor Mark Nelson concluded a year-long research project funded by an RACGP Foundation/HCF Research Foundation Grant, *'Understanding the impact of serum lipid profiles on disability-free survival, cardiovascular disease, and other major geriatric-related diseases in the healthy elderly.'*

Drawing on data of over 12,000 older patients, the study investigated the link between LDL cholesterol and mortality risk in healthy older adults. Their findings highlighted a connection between favourable lipid profiles and reduced mortality risk from cardiovascular diseases among this population, although this correlation did not extend to other causes of mortality.

Professor Nelson hopes the research will have a positive impact on the care provided to older patients in general practice. His research assistant on the project, Dr Zhen Zhou, also secured a competitive National Heart Foundation Australia clinician Fellowship for further research in cardiac disease prevention and plans to pursue general practice training with the RACGP.

'From acorns great oaks grow. I think this grant has been seminal in kick starting a career in academic general practice of a brilliant young woman,' said Professor Nelson.



Professor Mark Nelson, 2021 RACGP Foundation/HCF Research Foundation Grant recipient.

## What's next for the Foundation?

In 2023–24, we aim to build and strengthen the RACGP Foundation to better support relevant research and translation in general practice. This will include:

- stakeholder consultation to inform the priorities for the Foundation's grants and awards
- increased opportunities for members to engage with and support the Foundation
- fundraising to enable expansion of our program.

The Foundation will fund two inaugural top-up scholarships for GPs embarking on PhDs.

# Media coverage

## Summary

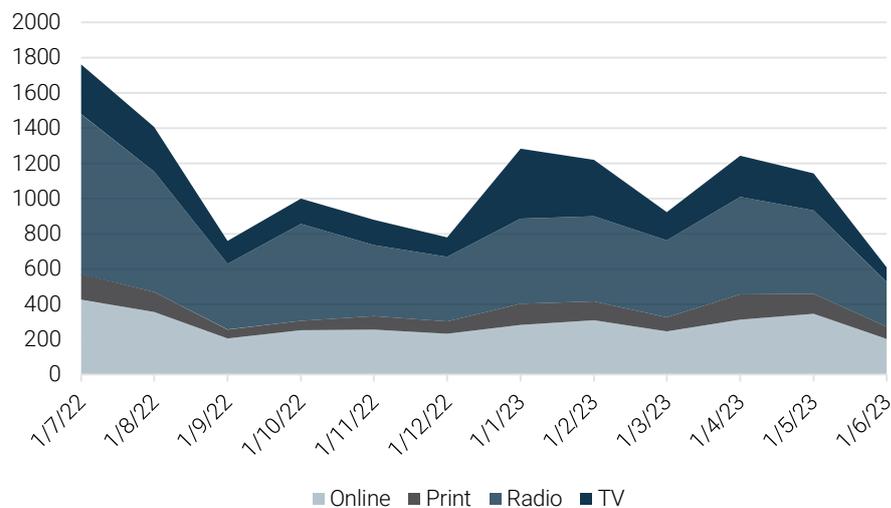
- The RACGP continued to grow its prominence in the media, highlighting challenges for the profession and opportunities to improve health and healthcare.
- Growing awareness of the strain underfunding had placed on GPs, highlighted by the RACGP, provided a strong backbone for advocacy in the media ahead of the Federal Budget.
- The RACGP pushed back hard against unsubstantiated claims by some outlets of widespread roting.

Public advocacy through the media influences public opinion and conversations among politicians, policymakers, and the public. RACGP spokespeople appear in the media to educate the public about health issues, advance health approaches that are informed by research and best practice, and advocate for strong and accessible public health and welfare through a primary health system that keeps people healthy at all stages of their lives. Advocacy is also a key priority for members. The 2022 Member Census showed:

- 75% said they value raising the profile of GPs among the general public
- 85% said we should be a strong advocate for GPs to the government and the Australian Health Practitioner Regulation Agency (Ahpra).

To give members visibility of its advocacy in the media, the RACGP began sharing weekly media statistics and key advocacy achievements in the weekly President's Update and continued to share key media appearances on social media channels.

RACGP media coverage by type



Source: Stroom media monitoring data, 2022-23.

Supportive regulatory settings

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

## Key issues for RACGP advocacy in the media

In total, the RACGP and its spokespeople were mentioned in 13,001 unique online, print, radio, and television news stories in the 2022-23 financial year. This is around 60% of the Australian Medical Association's (AMA's) total for the year and a significant improvement; the same figure was 23% in 2020–21. Key themes were as follows:

- **Health inequity and inadequate support:** The RACGP advocated strongly for the profession **ahead of the 2023 Federal Budget**, linking **growing health inequity** and **falling bulk-billing rates** to years of Medicare indexation freezes. The Budget included nearly all the measures the RACGP called for, marking the **biggest investment** in general practice care in Australia in decades.
- **Medicare compliance:** Following **unsubstantiated claims** of massive rorting in stories by ABC and Nine in October 2022, the RACGP **pushed back strongly**. GPs **were vindicated** in the independent review that followed, and separate research highlighted by the RACGP found GPs are likely undercharging due to compliance fears. The RACGP also highlighted the **complexity of adhering to** Ahpra compliance requirements and the **impact of vexatious complaints** on GPs. In June 2023, Ahpra announced it had **more than halved** its use of investigative powers since 2020.
- **60-day prescribing:** The RACGP **urged the government** to implement 60-day dispensing and gave **vocal support** to the policy, which will **reduce patients' costs** and free up appointments, including in a **joint effort** with patient organisations.
- **Rural health:** The RACGP continued to advocate for support **for rural health** and the need to address health inequity **between cities and rural areas**, achieving a 40.4% share of voice in rural health issues, a higher share of voice than in urban areas. This illustrates the important role the RACGP plays in ensuring both GPs' and patients' voices are represented to their communities and decision-makers.
- **Health-based approaches to illicit drugs and alcohol abuse:** The RACGP advocated for governments to **prioritise patients' health**, including by improving access to **opioid treatment** and **drug testing**, reforming **how illicit drugs are policed**, and by tackling a worrying **growth in harm from alcohol**.

## What's next for media coverage?

In 2023–24, the RACGP will continue its public advocacy through the media on the issues that matter to GPs, practice teams and the patients they care for. Our media efforts will continue to support our advocacy work, focusing on areas including: Medicare reform, particularly funding and compliance; reducing the administrative and 'red tape' burden on GPs; opposing payroll tax for tenant GPs and its potential to harm GP access and practice viability; and continuing to highlight the known risks pharmacy prescribing schemes pose to patients and public health.



Supportive regulatory settings

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

# Continuing Professional Development



Connection and lifelong learning

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

## Summary

- Members report CPD is important to their ability to meet regulatory requirements and ensure their patients receive the best possible healthcare.
- We have invested in CPD systems, including a new app that has been downloaded by more than 23,000 members.
- We supported members to complete the 2020–22 triennium, and to prepare for the new 2023–25 triennium requirements.
- We are working with providers to co-develop an increased range of CPD options.

Providing high-quality, innovative CPD, coupled with support for members to access and complete it, is a top priority for the RACGP. Maintaining exceptional CPD standards is imperative to ensuring high-quality patient care and a strong profession.

In light of the Medical Board of Australia's changes to CPD for the 2023–25 triennium, supporting our members throughout the CPD process is vital. The 2022 Member Census showed that, of responding members:

- 69% cited support to achieve their CPD requirements as important
- 66% said high-quality CPD content is important
- 80% stated CPD content quality met or exceeded their expectations
- 77% said the RACGP is meeting or exceeding expectations for supporting them to achieve CPD requirements.



More than  
**23,000**  
RACGP CPD  
app downloads

## How did we support members' CPD?

In 2022–23, we supported our members' CPD by:

- initiating an individualised campaign to help all members complete their CPD requirements for 2020–22
- launching an awareness campaign to prepare members for the new 2023 CPD requirements with live webinars, videos, presentations and recordings alongside personalised support



## Connection and lifelong learning

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- making a significant investment in IT systems, including the redevelopment of the CPD dashboard and introduction of a new app, allowing members to access their CPD anywhere, anytime. More than 23,000 members downloaded the new CPD app, giving very positive feedback
- investing in a new learning management system that brings an innovative look and feel to our member-centred CPD
- re-establishing relationships with major education providers and initiating new strategies to co-create an increased range of high-quality, GP-led CPD to ensure the best possible offering. In New South Wales and the Australian Capital Territory alone, the state faculty delivered 57 CPD e-learning activities and 16 face-to-face CPD activities, comprising more than 5619 CPD hours uploaded by members, as a result of work to secure funding and build relationships with government and learning institutions
- creating an extensive suite of tools and resources to streamline CPD, coupled with the creation and launch of a library of curated, readymade and practice-based CPD solutions with recognition of CPD completed in a GP's workday, enabling us to truly tailor CPD for our members.

### Specific interests for additional learning

The RACGP's Specific Interests faculty supports members with clinical and contextual interests that extend their general practice capabilities through additional learning and CPD. This allows members to gain additional knowledge and skills in their specific interest, network with GPs who share their interests, provide input into RACGP policy positions and submissions, and contribute to important health initiatives across communities.

The RACGP's Specific Interests faculty, chairs, and members developed roadmaps to enable members to navigate the new CPD requirements while upskilling in their areas of interest.

In 2022–23, we also established four new specific interest groups: Deprivation and Poverty, Hyperbaric and Diving Medicine, Urgent and Emergency Presentation to Primary Care, and Transgender and Gender-Diverse Healthcare.

### What's next in CPD?

The RACGP is working to engage with members to better understand their CPD needs for 2023 and beyond.

We will ensure members have the highest quality and largest range of CPD available to them via the RACGP. We will continue to focus on innovation, building systems that simplify CPD management, creating CPD that is relevant to our members and supporting our members with solutions that recognise the CPD they complete in their workday.

# Member engagement



Connection and lifelong learning

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

## Summary

- We continued to communicate regularly with our members via multiple channels, in particular keeping members informed of our advocacy work on their behalf.
- *newsGP* continued to deliver timely and high-quality news about the profession and clinical practice.
- Regular and timely communications supported the transition of general practice training back to the RACGP.



Our faculties remain a key touch point for our members. As a membership organisation, clear and forthright communication with our members is essential for an engaged, well-informed GP workforce that serves its communities' health and wellbeing through high-quality continuing professional development, the latest clinical guidelines, and developments in medicine and clinical education. Our 2022 Member Census showed 68% of members consider staying informed about the latest happenings in the profession important.

Respondents were mostly satisfied or neutral toward elements of communication from the RACGP. There was little change from 2021, though the census showed moderate improvement in satisfaction with the accuracy, quality, value, and timeliness of communications from the RACGP with fewer than 10% dissatisfied with any of these aspects.

## GPs in training communication

In February 2023, the Australian General Practice Training (AGPT) Program officially transitioned back to being delivered by the RACGP. February also saw the start of the general practice training program 2023 term 1, with a new cohort starting with the RACGP, while previous cohorts transitioned from the regional training organisations.

We established timely weekly communications to registrars, supervisors, and practice managers on pertinent issues and the RACGP's GP training and learning resources [website](#) provided the sector with a transparent single source of truth on the transition.

An important component of supporting this work is communicating with all our different groups of members to ensure they receive the information and resources they need. These groups include: new trainees; GPs in training who are transitioning to the RACGP; as well as our valued community of supervisors and practice teams who we make sure are well informed and able to continue delivery of the high-quality AGPT Program, which we know is a priority for the majority of our members.

## *newsGP* engages and informs GPs and the public

We also connected with our members and provided lifelong learning via *newsGP*, producing content that informed readers about RACGP activities, including advocacy work, events and continuing professional development offerings, as well as up-to-date clinical articles and stories on important professional issues.

We know our members expect *newsGP* to provide current, factual, and balanced coverage of the issues that matter most to them.

Members were also able to engage with the RACGP directly by commenting on articles, sharing content on social media, and participating in the *newsGP* weekly poll.

Member engagement with *newsGP* continues to grow. In 2022–23, we published more than 900 articles, received more than 1400 GP comments, and achieved record email open and click-through rates. Meanwhile, the site itself generated nearly 5.4 million views.

*newsGP* published more than 370 articles with a clinical focus, while also promoting workshops, webinars, and other resources in its weekly 'In Practice' column. Engagement was fostered via the weekly poll, which in 2022–23 attracted nearly 61,000 votes, allowing members to provide their perspectives on diverse topics and inform the RACGP's work in advancing GP education and public health.

## Establishment of a Northern Territory faculty

We established a new Northern Territory faculty to support and engage with members in this jurisdiction in July 2022. The new faculty has **established an interim faculty** council, engaged with stakeholders and government in the Northern Territory, and provided members with continuing professional development and networking opportunities relevant to their local context.

A focus for the next financial year is to ensure the faculty is resourced to deliver member services locally, advocate on issues relevant to the Northern Territory, and provide a structure through which members of the faculty can engage with the RACGP.

## What's next in member engagement?

We will continue to improve all our member communication channels including our member newsletters and our social media channels. *newsGP* will continue to refine the content it produces to ensure it not only meets member expectations, but exceeds them. Use of analytics and direct member feedback will help to inform this effort.



# Connection and lifelong learning

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

# Conferences and events

## Summary

- **GP22 in Melbourne brought GPs together after a two-year absence.**
- **The Practice Owners National Conference in Adelaide received strong praise from attendees for its relevance to their practices.**
- **A range of face-to-face events throughout the year allowed members to meet and share lessons.**

The RACGP ran two major conferences in 2022–23 and numerous small events, giving members opportunities to connect, train together and share ideas to solve challenges. The 2022 Member Census highlighted that training is the second most important area of focus for RACGP members. With 62% of members saying their expectations were met or exceeded, there is room for improvement.

On events specifically, 60% of members said they would find opportunities to connect with other GPs quite useful or very useful, with the highest format preferences being local face-to-face events (66%), events linked to professional development (60%) and small group events (53%).

## GP22

In November 2022, the RACGP hosted the annual GP22 conference at the Melbourne Convention and Exhibition Centre after a two-year absence, with 1086 full-paying registrations.

We delivered a dynamic, relevant and up-to-date program for GPs and included a series of plenary sessions discussing Australian public health, clinical updates, general practice research, Aboriginal and Torres Strait Islander health and rural health, as well as sessions for RACGP-led training, medical education and CPR workshops.



Connection and lifelong learning

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## Practice Owners National Conference

In May 2023, the RACGP hosted the fifth Practice Owners National Conference at the Adelaide Convention Centre. The conference focus was on the future of practice ownership, with case studies from practice owners, practical sessions on finance and optimising practice management, and inspirational presentations from industry leaders.

The conference achieved 606 registered delegates, with the Commonwealth Bank Masterclass pre-conference activity selling out with more than 80 delegates. In a post-event survey, 62% of delegates said all their learning needs were met and the remaining 38% said they were partially met.

## NACCHO roundtable

In March 2023 the RACGP Aboriginal and Torres Strait Islander Health faculty co-hosted a national roundtable with the National Aboriginal Community Controlled Health Organisation (NACCHO) to progress updating recommended activities for annual health checks alongside the development of the fourth edition of the *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people*.

Roundtable attendees discussed how to support shared decision making and respond to patient priorities and goals in the context of relationship-based primary healthcare. The need for a well-supported and strong workforce was also an important theme, as well as what is needed to support health services nationwide to provide prevention-focused and responsive healthcare that is equitable and free from racism.

## Other 2022–23 events

The RACGP and its national and regional faculties hold a wide range of events throughout the year, including professional development and training, networking and member engagement, and advocacy activities.

After celebrating its 30th anniversary in the previous financial year, RACGP Rural continued to engage members at 14 meet-ups in rural locations. The RACGP Queensland 63rd Clinical Update Conference brought 190 member delegates together from across Queensland, a 25% increase on previous years. RACGP Western Australia and RACGP Tasmania also made concerted efforts to engage more members through events, with a particular focus on events to help early career GPs develop their interests and to cultivate junior doctors' and medical students' interest in becoming GPs.

## What's next in conferences and events?

GP23 will be integrated into the WONCA [World Organization of Family Doctors] World Conference in October 2023, and planning and promotion will begin for GP24 in Perth. These conferences will support GPs to achieve their CPD requirements with high-quality content including clinical information and guidelines.

The sixth Practice Owners National Conference in Cairns in 2024 will incorporate recommendations from previous attendees and enhance the program components members liked, such as the 'hot topics' panel. We will also explore different ideas for delivering content such as debates, fishbowls, fireside chats and Q&A with the audience as well as surveys and polling of sessions.



Connection and lifelong learning

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

# Supporting our employees



Great employer

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

## Summary

- **Transitioning general practice training back to the RACGP included onboarding more than 700 staff from regional training organisations.**
- **The RACGP now employs more members than ever.**
- **The RACGP implemented a new structure to cost effectively and efficiently meet our objectives.**

The RACGP underwent significant change in 2022–23, including onboarding and supporting around 700 new employees to deliver the Australian General Practice Training (AGPT) Program, implementing a new structure to support employees to deliver services for members, and to provide our employees with the opportunity to grow and develop as leaders.

## AGPT Program transition

This year in particular, members wanted us to be successful in transitioning the AGPT Program to the RACGP, securing the future pipeline of GPs while maintaining our reputation.

We therefore focused on supporting the successful transition of general practice training back to the RACGP and creating an environment where our employees can thrive at work to deliver for our members, for GPs in training, and for the health of the communities they serve.

We recruited, onboarded and mobilised more than 700 employees, largely from regional training organisations (RTOs), to deliver the AGPT Program through the RACGP. Eleven RACGP properties were opened around the country to support general practice training.

We also prepared to deliver shared services such as IT and people support for the Joint Colleges Training Services, our joint venture with the Australian College of Rural and Remote Medicine.

Most of the 700-plus new recruits brought on to deliver general practice training were successfully attracted from RTOs, which ensured continuity and support for registrars, practices and supervisors.

## Further employee support

A range of other programs and supports help attract and retain the best people at the RACGP so we can advance health and GP education and meet our commitment to members. We successfully bargained for the creation of the RACGP Enterprise Agreement 2022; launched a leadership development program delivered to more than 100 leaders; established our first Diversity, Equity and Inclusion Working Group and began developing the next RACGP Reconciliation Action Plan (RAP).

We also ensured our people were safe and risks were managed by improving safety and wellbeing management and establishing a Health and Safety Committee to suit our growing workforce.

To help our employees deliver for members, the RACGP implemented a new organisational structure to cost-effectively meet our operating plan objectives.

Employee surveys in November 2022 and May 2023 show improvement in engagement scores compared to previous years. This is despite the organisation tripling in size and its restructure. Feedback has been used to identify more opportunities for improvement.

We also now employ more members than ever before, giving them a deeper insight into and opportunities to contribute to the workings of the RACGP and efforts to improve the health of the nation and our members' experience, and access to expert general practice training for the benefit of members.

## What's next for employee support?

In the coming year we will improve key systems and processes so employees can be more effective. Another five properties will be opened with a focus on locations where GPs in training are working. We will also improve our IT and data systems to ensure we can better support members and our general practice training programs.

We will continue to track employee engagement and culture via an annual survey to ensure we're attracting and retaining talented employees.



Great employer

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

# Organisational change

## Summary

- The RACGP undertook a cost-reduction program in 2022–23.
- In 2023–24, the RACGP will focus on financial and cultural stabilisation and invest in systems to deliver member services efficiently and consistently.

The RACGP underwent two major change activities during the year: preparation for the integration of general practice training, and a cost-reduction program.

In 2022, the RACGP forecast an operating deficit of \$10 million dollars for 2022–23. In response, the RACGP Board approved a cost-reduction program, including an organisational restructure. Further details of the program can be found in the 'Financial position' section of this report ([page 47](#)).

General practice training-funded roles were excluded from the cost-reduction program as this work is funded by the Commonwealth, and it is a requirement that we do not commingle funds. Medical education employees remained informed via employee internal communication channels.

Key services were streamlined to increase efficiency while maintaining consistency. This was critical given the larger RACGP workforce required to deliver the general practice training program.

Members received communication from the President, Chair of the Board, Chief Executive Officer and Board members on the proposed changes and the need to reduce costs. The RACGP also held press conferences with medical media to clearly communicate the changes.



Great employer

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# Environmental sustainability

The RACGP recognises climate change as a key public health issue and is committed to advocacy, developing practical resources for members and understanding and reducing our environmental footprint.

## Advocacy for climate change impacts on health

Supported by the Climate and Environmental Medicine Specific Interest Group, the RACGP advocated on behalf of members on climate change issues that impact healthcare, including topics such as low-value care and the call for clean energy.

To encourage broader discussion around climate change, the RACGP also engaged in initiatives such as World Environment Day and Earth Hour.

## Practical resources for sustainability

Helping GPs manage the health impacts of climate change is a priority. The development of an online hub for Climate Change and Health provides easy access to sustainability resources for practices, tools to reduce practices' environmental footprints, and content and training on the health impacts of climate change.

The *Australian Journal of General Practice* and *newsGP* continues to cover topical issues on sustainable general practice and the impact of climate change on health.

## Understanding our environmental footprint

We have appointed a partner, Pangolin, to assist with our first carbon footprint report as we work towards minimising our environmental impact.

While advocating for emissions reduction in healthcare more broadly, we are committed to walking the talk. Our ongoing efforts will focus on identifying opportunities to decrease electricity consumption and reduce emissions within the RACGP as we journey towards net zero.



Financial stewardship

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

# Financial position



## Financial stewardship

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

### Summary

- The 2022–23 year was the first of the RACGP's three-year financial recovery plan.
- The RACGP started the year with a budgeted operating deficit of \$10 million. Through careful financial management and a cost-reduction program, the financial result is a deficit of \$5.7 million.
- Next year, we will continue to stabilise and improve cost management and develop opportunities to increase revenue.

The 2022–23 financial year was the first year of the RACGP's three-year financial recovery plan following the challenges of the previous years of the COVID-19 pandemic.

With cost increases over previous years, which had been offset by strong performance in some parts of the business and one-off items including COVID-19 financial support, the RACGP expected to face an operating deficit of \$10 million for 2022–23. The focus of the 2022–23 financial year was to manage that deficit while taking the actions required for financial recovery.

We briefed members on the cost-reduction program and membership category changes through our communication channels. The Chair of the RACGP Board, President, CEO and CFO also held three question-and-answer webinars with members in May 2023.

### What did the RACGP do to address the budget deficit?

The RACGP exercised prudent financial management throughout the financial year, and as a result our deficit at the end of the financial year was \$5.7 million.

During the year, we instigated a cost-reduction program. This sustainably reduced our planned cost base for the 2023–24 financial year by restructuring our business model to better support the growth resulting from the incorporation of the general practice training program.

We also reviewed our membership categories, making them simpler and fairer for our members. This review is also expected to increase revenue from 2023–24 onwards.

Taken together, these two initiatives keep the RACGP on its three-year financial recovery plan, with a small operating deficit of around \$2 million budgeted for 2023–24.

### What is the RACGP's focus for improving its financial position in 2023–24?

The financial year 2023–24 will be a year of stabilisation for the RACGP after the changes of general practice training delivery and the cost-reduction program. During 2023–24, we will continue to stabilise and improve cost management, invest in improving processes for the delivery of member services and general practice training, and develop opportunities to increase revenue beyond membership categories.

# Financial summary



## Financial stewardship

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

### Revenue

The RACGP's revenue for the year increased by 44% from 2022 to \$192.2 million. This increase was driven by revenue from grants, particularly Australian General Practice Training (AGPT) and related grant revenue of \$117.7 million in the 2022–23 fiscal year. Under accounting rules, the grant revenue is recognised as the RACGP expends the grant. So, grant revenue equals grant expenditure – with no surplus or deficit contributing to the RACGP's overall result.

The AGPT grant revenue included \$20.1 million in relation to expense to transition to the general practice training program and \$43.6 million for the delivery of training from 1 February 2023.

Grant revenue has become the major component of the RACGP's revenue (see Chart 1).

Chart 1. Revenue FY19–FY23: Grants and operational components

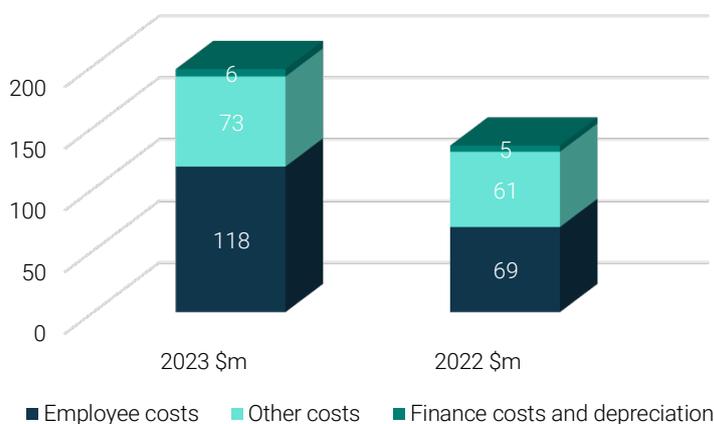


### Expenses

In taking on additional staff for the delivery of the general practice training program, employee costs have increased by 72% to \$118.4 million and now represent 60% of the expenses of the RACGP (see Chart 2). The employee costs associated with grants were \$72.0 million in the 2022–23 fiscal year. The employee costs for operational activities in the year were \$46.5 million, which was a 0.8% increase on the previous year. This marginal increase was despite the cost pressures and was achieved through the RACGP's cost-reduction program during the year.

The other costs of the RACGP increased predominantly due to the increased grant activity.

Chart 2. Expenses FY23 -v- FY22



## Deficit from Operating Activities

The result from Operating Activities is an indicator of the RACGP's underlying financial performance. The result for the 2022-23 fiscal year is a deficit of \$5.7 million compared with a deficit of \$0.7 million last year.

However, in recent years there have been one-off items included in the annual results (including COVID-related items). In the 2021-22 fiscal year, the Department of Health and Aged Care agreed to \$3.4 million of grant revenue which related to expenditure incurred and recorded in prior years. The revenue, after negotiations, was recorded that fiscal year. Since there was no expenditure for this grant income in the 2021-22 fiscal year, a more realistic view of the underlying operational deficit in that year is \$4.2 million, ie \$3.4 million more than the reported result of \$0.7 million.

The RACGP budgeted for a \$10 million deficit due to salary escalation and higher consumer price index (CPI) inflation, increased project activity, and reduced revenue due to fewer members on full fees, a low-fee indexation and fewer exam candidates. The RACGP contained its total result after tax to a deficit \$4.9 million primarily through its cost-reduction program.

## Statement of Financial Position

The total equity (also known as the 'net worth') of the RACGP reduced from \$69.6 million to \$64.7 million. This is primarily due to the deficit incurred during the year. This equity is predominantly represented by land and buildings of \$58.5 million.

The RACGP continues to hold large cash balances (\$126.2 million at 30 June 2023) but these are mainly due to income held in advance (being \$105.9 million of contract liabilities). This income in advance arises largely from membership, CPD program fees and examination fees received by 30 June 2023, along with grant income received in advance. (See Note 13 for detail.)



Financial stewardship

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

Overall liquidity is lower at 30 June 2023 compared to 30 June 2022 (see Table 1). There are two key drivers for this. Firstly, last year the RACGP's property in Sydney (Mount Street) was considered to be held for sale and so treated as a current asset. As at 30 June 2023, the RACGP is considering its options on the use of this property and it is no longer held as a current asset.

Secondly, although liquidity as shown in Table 1 is positive, it has worsened because of the operational deficit incurred during the year. The RACGP's cost-reduction program and the restructuring of membership fees during the year were designed to improve its liquidity position and contribute to the RACGP moving towards future surplus results.

**Table 1. Liquidity 30 June 2023 compared to 30 June 2022**

	2023 (\$m)	2022 (\$m)
Current assets	140.1	121.6
Current liabilities	139.0	106.9
<b>Difference</b>	<b>1.0</b>	<b>14.7</b>

## Statement of Cashflows

The Statement of Cashflows shows there was an increase in cash held of \$22.5 million in FY23. Of this, \$17.5 million is related to grants (driven by income in advance). The remaining \$5.0 million of the increase is attributable to the operational (non-grant) activities. Although the RACGP incurred a total deficit after tax of \$4.9 million, cash balances increased primarily due to increases in membership and CPD fees in the 2023–24 fiscal year received prior to 30 June and held as income in advance.

## Summary

The transition to and delivery of the AGPT Program increased the revenue and expenditure of the RACGP significantly during the year. As grant revenue is recognised as the RACGP expends the grant, the increased revenue does not affect the bottom-line result. The 2022–23 fiscal year saw a total deficit after tax of \$4.9 million. This was a smaller deficit than originally budgeted due to the RACGP's cost-reduction program implemented during the year. The restructuring of membership fees this year had a positive impact on the cash balances at 30 June 2023.

The financial statements show the positive financial impacts of the cost-reduction program and the restructuring of membership fees during the year. These were important steps in the first year of the three-year plan to restore the financial sustainability of the RACGP – which is on track.



# Financial stewardship

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

# RACGP 2022 award winners

## **The Rose-Hunt Award**

Associate Professor Ayman Shenouda

## **Life Fellowship**

Emeritus Professor Siaw-Teng Liaw

## **Honorary Fellowship**

Dr Timothy Jackson

## **Corlis Award**

Dr Rebecca Stewart

## **Future Leaders President's Medal**

Dr Michael Tam

## **General Practitioner of the Year Award**

Dr Anju Aggarwal

Dr Abhishek Verma

## **General Practice of the Year Award**

Barton Lane Practice

## **General Practice Supervisor of the Year Award**

Dr Alan Leeb

## **General Practitioner in Training of the Year Award**

Dr Karen Freilich

## **RACGP Rural Brian Williams Award**

Dr Margaret Garde

## **RACGP Rural Medical Student Bursary Award**

Jared Lawrence

## **RACGP Rural GP in Training of the Year Award**

Dr Kieran Webb-Sawyer

## **RACGP Rural Community Project of the Year Award**

Dr Matthew Poole

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

Ngununggula project team

## **RACGP Aboriginal and Torres Strait Islander Health Growing Strong Award**

Rebecca Davison

## **RACGP Aboriginal and Torres Strait Islander Health Medical Student Award**

Lauren Roth

# National honours

## Australia Day Honours 2023

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

- Dr Sonya Bennett, Australian Capital Territory
- Associate Professor John Dearin, New South Wales
- Dr Jennifer Delima, South Australia
- Dr Trina Gregory, Australian Capital Territory
- Professor Helen Milroy, Western Australia
- Dr Roger Sexton, South Australia
- Dr Michael Tedeschi, Australian Capital Territory

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

- Dr Bernard Chapman, Western Australia
- Dr Elizabeth McNaughton, Victoria

## King's Birthday Honours 2023

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

- Associate Professor Rosanna Capolingua, Western Australia
- Dr Caroline Jane Elliott, South Australia
- Associate Professor Gary Kilov, Tasmania
- Professor Danielle Mazza, Victoria
- Dr Elizabeth Dell Rickman, New South Wales
- Clinical Associate Professor Magdalena Simonis, Victoria
- Dr Robert Michael Whitby, Queensland
- Professor Simon Mark Willcock, New South Wales

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

- Dr Margaret Joy Beavis, Victoria
- Dr Virendra Kumar Berera, Victoria
- Dr William Ian Cameron, New South Wales

- Dr Paul Christopher Collett, New South Wales
- Dr Diana Elizabeth Coote, New South Wales
- Dr Andrew Davies, Perth
- Dr Mary Louise Dunne, Queensland
- Dr Clement Joseph Gordon, New South Wales
- Dr Clive Anthony Hume, South Australia
- Dr Stephen James Jamieson, Australian Capital Territory
- The late Dr Philomene Joshua Tenni, formerly of Box Hill Victoria
- Dr Frank Olaf Meumann, Tasmania
- Dr Micheal Monsour, Queensland
- Dr Stephen John Morris, New South Wales
- Dr Gerard Quigley, South Australia
- Dr Norman Roth, Victoria
- The late Dr Michael Leo Simpson, formerly of Montville Queensland
- Dr Keith Henry Skilbeck, Victoria
- Dr Dennis William Sundin, New South Wales

### Officer of the Order of Australia (AO)

- Professor Jane Gunn, Victoria
- Professor Michael Richard Kidd, New South Wales

### Member in the Military Division of the Order of Australia (AM)

- Royal Australian Navy Commodore Nicole Moyneen Curtis

# Thanking our volunteers

Despite the ever-increasing demands of modern general practice, RACGP members generously volunteered their time and expertise across 2022–23 to support their profession in a range of different ways. They helped future GPs on their journey to Fellowship, ensured clinical recommendations and primary healthcare policies supported best-practice care, and generally advanced their profession for the benefit of the Australian community.

Each year, our members:

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

We sincerely thank them for their knowledge and efforts.

# Statutory report



# Directors' report

The Board of the Royal Australian College of General Practitioners Ltd (RACGP) presents their report together with the financial statements for the financial year ended 30 June 2023.

## Principal activities and objectives

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. As Australia's largest professional general practice organisation RACGP represents urban, rural, regional and remote general practitioners (GPs). The RACGP is a membership-based not-for-profit entity and is endorsed as a deductible gift receipt (DGR-1) under subdivision 30B of the Income Assessment Act 1997 for donations made for education or research in medical knowledge or science.

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

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

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

## Performance measures

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

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

## Financial results

- The Financial results for 2022-23 year are reflective of the increase in activity as a result of the Grant funding by the Government for GP training which was not part of prior years. As a result, the income and expenditure reflects increases to prior year.
- For the 2022-23 financial year the consolidated Revenue from activities was \$192.1 million which is a significant increase from prior year of \$133.5 million primary due to the government funded grant for GP Training.
- The College commenced delivery of GP Training from 1 February 2023 and there was significant

transition activity occurring prior to this date all of which was funded by the Department of Health and Aged Care. The transition to and delivery of GP Training provide the main drivers for the increase in Revenue and Expenditures. The College recognises Grant Revenue at the same time costs associated to the Grant are charged and so there is not an impact on the Operating Result.

- Net assets decreased by 7.0% to \$64.7million, compared to \$69.6 million as at June 30 2022 primarily due to the Operational deficit.
- The Operational deficit from consolidated activities was \$4.9 million. The College has implemented strategies during the financial year to focus on our operational sustainability. In prior year's the underlying operational result has included one off and unusual activities such as acquisitions, job keeper and covid impacts.
- Current Assets increased to \$140.1 million from \$121.6 million primarily due to cash received from Grant funding. The increase in grant cash also has a corresponding increase in liability as the cash sits within the income In Advance account.

## Significant changes in the state of affairs

RACGP's subsidiary entity changed its name from GP Synergy Ltd to RACGP Training Services Ltd (ABN 62 099 141 689) on 08 October 2022. RACGP Training Services Ltd incurred Medical Educator salary payments for conducting GP Training and various other training programs along with the costs of the wind down of GP Synergy operations. These two sets of operations were consolidated for reporting purposes.

RACGP commenced GP Training activities from 1 February 2023 funded by a Grant from the Department of Health and Aged Care. Training for General Practitioners was previously administered by nine Registered Training Organisations which, except for GP Synergy, were outside of the College. This was a significant uplift in Operations for the College. GP Training was established within the College under a Business Unit to account for its activities, including the costs incurred by RACGP Training Services Ltd on Medical Educator and other training program salaries.

The Royal Australian College of General Practitioners Limited (RACGP) entered into an equal Joint Venture agreement with The Australian

College of Rural and Remote Medicine (ACN 078 081 848)) to form Joint Colleges Training Services Pty Ltd (ACN 663 561 537). The principal objective of the joint venture is improving healthcare provided to Aboriginal and Torres Strait Islander peoples.

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

## Likely developments and future results

Under the Grant from the Department of Health and Aged Care, the College commenced the delivery of GP Training on 1 February 2023. The Financial Year 2023-24 will see a full year of GP Training and the College expects its revenue to increase accordingly. The College recognises Grant Revenue at the same time costs associated to the Grant are charged and so there is not expected to be an impact on the Operating Result. The Grant provides funding for the College to deliver GP Training until 31 December 2025. The College anticipates that AGPT Grant funding will continue past this date.

During 2022-23, the College revised its membership fees categories. This is expected to have a positive impact on the revenue of the College in future years.

The College will continue its 3-year financial recovery plan. FY 23/24 will be the second year of the plan where we expect to see the benefits of the membership category restructure and also further optimisation of our current sources of non-member operating revenue whilst continuing to seek further cost improvements.

The College's Practice Experience Program (PEP) ended in June 2023. This program was designed to support non-vocationally registered (non-VR) doctors on their journey to RACGP Fellowship and had been grant funded by the Government. The College's successor program for PEP, the Fellowship Support Program, commenced during 2022-23, but is not grant funded by the Government. This will affect the distribution of revenue between grant revenue and non-grant revenue in future years compared to the historic trend.

## Dividends

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

## Directors

The directors during the period 1 July 2022 to the date of this report, are as follows:

Director	Title	Appointed/retired
<b>Ms Christine Nixon</b> AO, APM, BA, MPA, Hon LLD, DipLReLaw, FIPAA, FANZSCOG, FAIPM, FAIM	Chair of the Board	Appointed 20 September 2016 Retired 24 November 2022
<b>Dr Lara Roeske</b> BMedSc, MBBS (Hons), FRACGP, DipVen, MAICD	Chair of the Board Chair RACGP Specific Interests	Appointed 24 November 2022 Appointed 14 November 2018
<b>Adj Professor Karen Price</b> MBBS, FRACGP	President	Appointed 30 November 2020 Retired 24 November 2022
<b>Dr Nicole Higgins</b> MBBS, FRACGP, GAICD	President -Elect  President	Appointed 12 September 2022 to 24 November 2022  Appointed 24 November 2022
<b>Dr Bruce Willett</b> MBBS, FRACGP	Vice President Chair RACGP Queensland	Appointed 30 November 2020 Appointed 27 October 2017
<b>Dr Tess van Duuren</b> MBChB, BSc (Hons) (Sports Med), FRACGP, GAICD	Censor-in-Chief Chair Education and Workforce Committee	Appointed 31 October 2019 Appointed 31 October 2019
<b>Dr Sean Black-Tiong</b> MBBS, FRACGP, GAICD	Chair RACGP GPs in Training	Appointed 30 November 2020
<b>Dr Daniel Byrne</b> MBBS, FRACGP, GAICD	Chair RACGP SA&NT	Appointed 17 November 2021 Retired 24 November 2022
<b>A/Professor Michael Clements</b> BEcon (Hons), MBBS, DAvmed, MPH, MHM, FRACGP, FARGP, FRACMA, FACAsM, GAICD	Chair RACGP Rural	Appointed 14 August 2020
<b>Dr Siân Goodson</b> BMedSci, BMBS, MRCP, DRCOG, FRACGP	Chair RACGP SA	Appointed 24 November 2022
<b>Dr Sam Heard</b> FRACGP	Chair (interim) RACGP NT	Appointed 24 November 2022
<b>Professor Charlotte Hespe</b> MBBS (Hons), FRACGP, DCH, GCUT, FAICD, PhD	Chair RACGP NSW&ACT Chair People, Culture, Nominations and Remuneration Committee	Appointed 27 October 2017 Appointed 25 October 2019
<b>Dr Tim Jackson</b> MBBS, BMedSci, DRACOG, ACCSCMS, GAICD	Chair RACGP Tasmania	Appointed 13 January 2020
<b>Mr Scott King</b> BEc, ACA, MAICD	Chair Finance, Audit and Risk Management Committee	Appointed 24 November 2022
<b>Dr Anita Muñoz</b> MBBS (Hons), FRACGP, Grad Cert Clin Teach, MHP, GAICD	Chair RACGP Victoria	Appointed 30 November 2020
<b>Professor Peter O'Mara</b> FRACGP, FARGP, MBBS, GradDipRural	Chair RACGP Aboriginal and Torres Strait Islander Health	Appointed 30 September 2016 Retired 24 November 2022
<b>Dr Karen Nicholls</b> B.Med, FRACGP, Dip Child Health	Chair RACGP Aboriginal and Torres Strait Islander Health	Appointed 24 November 2022
<b>Dr Ramya Raman</b> FRACGP, MBBS, Dip Child Health, BSSC (Psych)	Chair RACGP WA	Appointed 17 November 2021
<b>Dr Michael Stanford AM</b> MBBS, MBA, FAICD	Co-opted Independent Director	Appointed 24 November 2022
<b>Mr Martin Walsh</b> FCA, FAICD	Chair Finance, Audit and Risk Management Committee	Appointed 21 September 2015 Retired 24 November 2022

For company director biographies, visit [www.racgp.org.au/the-racgp/board/board-members](http://www.racgp.org.au/the-racgp/board/board-members)

The Company Secretary during the period of 1 July 2022 to the date of this report is as follows:

<b>Company Secretary</b>	<b>Title</b>	<b>Appointed/retired</b>
<b>Ms Amanda Semertzian</b> BA, GAICD, FGIA FCG	Company Secretary (current)	Appointed 20 July 2022
<b>Ms Coretta Bessi</b> BCom, MBA, GAICD	Company Secretary (former)	Appointed 17 March 2022 to 20 July 2022

## RACGP member payments and remuneration

The People, Culture, Nominations and Remuneration committee was formed in August 2018. This committee was chaired by Professor Charlotte Hespe, and included Ms Christine Nixon (until November 2022), Adjunct Professor Karen Price (until November 2022), Dr Nicole Higgins (from September 2022), Dr Tess van Duuren, Dr Sean Black-Tiong (until December 2022), Dr Ramya Raman (until December 2022), Dr Siân Goodson (from December 22) and Mr Paul Lefebvre. The committee met seven times in 2022–23.

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

Directors' fees are determined in accordance with the RACGP Constitution and by member resolution. Directors' fees were within the maximum cap of \$1,185,000, approved at the 2022 Extraordinary General Meeting (held on 28 June 2022) for the 2022–2023 financial year.

The President's fees are determined in accordance with the RACGP Constitution and by member resolution. The President's fees were within the maximum aggregate cap of \$240,000, approved at the 2022 AGM and effective from the 65th AGM (held on 24 November 2022) to the 2023 AGM.

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

Table 1. RACGP Board remuneration

Remuneration by director	Total remuneration paid and payable for financial year 2022–23 (\$)*	Total remuneration paid and payable for financial year 2021–22 (\$)*
RACGP President	217,286	183,776
RACGP Board	827,959	865,597
<b>Total RACGP</b>	<b>1,045,245</b>	<b>1,049,373</b>

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

Table 2. Other payments to RACGP directors

Remuneration by director	Total remuneration for financial year 2022–23 (\$)*	Total remuneration for financial year 2021–22 (\$)*
Dr Anita Muñoz	30,996	34,182
Dr Tess van Duuren	234,096	291,993
Professor Peter O'Mara	10,959	13,285
Ms Christine Nixon	-	48,750
Professor Charlotte Hespe	24,627	26,717
Dr Bruce Willett	22,525	56,326
Dr Lara Roeske	22,525	13,285
Dr Tim Jackson	22,525	13,285
A/Professor Michael Clements	22,525	13,285
Dr Sean Black-Tiong	23,885	17,515
Dr Ramya Raman	25,307	5,146
Dr Daniel Byrne	9,350	5,146
Dr Siân Goodson	14,025	-
Dr Samuel Heard	14,025	-
Dr Karen Nicholls	12,325	-
<b>Total</b>	<b>489,695</b>	<b>538,915</b>

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

In financial year 2022-23, and as outlined in the Notice of the 65th AGM (held on 24 November 2022), other payments to directors included:

- Remuneration to each faculty Chair for the exercise of the role of faculty Chair
- Executive payments to the Censor-in-Chief, Dr Tess van Duuren, in excess of directors' fees

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

Remuneration by role	Total remuneration paid and payable for financial year 2022-23 (\$)*	Total remuneration paid and payable for financial year 2021-22 (\$)*
Chief Executive Officer – Paul Wappett	636,874	389,248
Executive Chair – Christine Nixon**	-	48,750
Chief Executive Officer – Matthew Miles***	-	226,623
Other key management personnel (2023: n = 9, 2022: n = 15)	2,929,807	3,013,204
<b>Total</b>	<b>3,566,681</b>	<b>3,677,825</b>

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

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

\*\*\*Dr Matthew Miles left RACGP on 2 August 2021

Table 4. RACGP member remuneration

Category of member remuneration	Total remuneration paid for financial year 2022-23(\$)*	Total remuneration paid for financial year 2021-22(\$)*
Member professional services payments (2023: n = 1,334 ,2022: n = 1,361) Note 1	4,233,838	3,984,555
Members employed as staff (2023: n = 157, 2022: n = 158)	4,009,458	3,784,896
RACGP Expert Committee Chair and member payments (2023: n = 69, 2022: n = 70)	188,981	149,620
<b>Total</b>	<b>8,432,277</b>	<b>7,919,071</b>

\* Total remuneration includes salary and superannuation payments

**Notes:**

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

Members employed as staff are paid salaries and wages, and appropriate PAYG tax is remitted to the Australian Taxation Office

## Board meetings

The number of Board meetings (including Board committee meetings) and number of meetings attended by each director in 2022–2023 were as follows:

	Board		People, Culture, Nominations and Remuneration		Finance, Audit and Risk Management	
	Number attended	Number held	Number attended	Number held	Number attended	Number held
Christine Nixon AO APM	4	5	5	5	3	3
Adj Professor Karen Price	5	5	2	5	2	3
Martin Walsh	4	5	-	-	3	3
Professor Peter O'Mara	4	5	-	-	-	-
Dr Daniel Byrne	4	5	-	-	-	-
Dr Lara Roeske	12	12	2	2	5	5
Dr Nicole Higgins	10	10	2	4	5	6
Dr Bruce Willett	12	12	-	-	-	-
Dr Tess van Duuren	10	12	7	7	-	-
Dr Sean Black-Tiong	12	12	4	5	-	-
A/Prof Michael Clements	11	12	-	-	-	-
Dr Siân Goodson	7	7	2	2	-	-
Dr Sam Heard	6	7	-	-	-	-
Professor Charlotte Hespe	11	12	7	7	-	-
Dr Tim Jackson	11	12	-	-	8	8
Scott King	7	7	-	-	5	5
Dr Karen Nicholls	7	7	-	-	-	-
Dr Anita Muñoz	12	12	-	-	8	8
Dr Michael Stanford AM	7	7	-	-	5	5
Dr Ramya Raman	11	12	4	5	-	-

	Awards		Education & Workforce	
	Number attended	Number held	Number attended	Number held
Christine Nixon AO APM	1	1	1	2
Adj Professor Karen Price	-	1	1	2
Dr Bruce Willett	-	-	-	-
Dr Nicole Higgins	1	2	3	3
Dr Tess van Duuren	2	2	4	4
Dr Sean Black-Tiong	-	-	3	4
Dr Anita Muñoz	-	-	2	2
Dr Lara Roeske	-	-	2	2
A/Professor Michael Clements	-	-	3	4
Professor Peter O'Mara	-	-	1	2
Dr Karen Nicholls	-	-	2	2
Dr Ramya Raman	-	-	1	2
Professor Charlotte Hespe	-	-	-	-

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

## Auditor independence

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

## Corporate information

The RACGP registered office and principal place of business is:

100 Wellington Parade  
East Melbourne Victoria 3002

## Corporate structure

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

Signed in accordance with a resolution of the directors.



**Dr Lara Roeske, Chair of the Board**

19 October 2023  
Melbourne

# Declaration of auditor independence



PKF Melbourne Audit & Assurance Pty  
Ltd ABN 75 600 749 184  
Level 12, 440 Collins Street  
Melbourne, Victoria 3000  
T: +61 3 9679 2222  
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## Auditor's Independence Declaration to the Directors of Royal Australian College of General Practitioners

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as auditor for the audit of Royal Australian College of General Practitioners for the year ended 30 June 2023, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

A stylized, handwritten signature of the letters 'PKF' in black ink.

PKF  
Melbourne, 19 October 2023

A handwritten signature in black ink that reads 'Kenneth Weldin'.

Kenneth Weldin  
Partner

PKF Melbourne Audit & Assurance Pty Ltd is a member of PKF Global, the network of member firms of PKF International Limited, each of which is a separately owned legal entity and does not accept any responsibility or liability for the actions or inactions of any individual member or correspondent firm(s). Liability limited by a scheme approved under Professional Standards Legislation.

# Independent auditor's report



PKF Melbourne Audit & Assurance  
Pty Ltd ABN 75 600 749 184  
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## Independent Auditor's Report to the Members of Royal Australian College of General Practitioners

### Report on the Audit of the Financial Report

We have audited the accompanying financial report for Royal Australian College of General Practitioners ('the Company'), which comprises the statement of financial position as at 30 June 2023, and the statement of profit or loss and other comprehensive income, changes in changes in equity, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the directors' declaration.

In our opinion, the accompanying financial report of Royal Australian College of General Practitioners is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), including:

- a) giving a true and fair view of the company's financial position as at 30 June 2023 and of its financial performance for the year 2023 ended; and
- b) complying with Australian Accounting Standards – Simplified Disclosures, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

### Basis of Opinion

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

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

### The Directors' Responsibility 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 the Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

### Auditor's Responsibility

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

## Independent auditor's report (continued)



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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence and communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

A stylized handwritten signature of the letters 'PKF' in black ink.

**PKF**  
Melbourne, 19 October 2023

A handwritten signature in black ink that reads 'K. Weldin'.

**Kenneth Weldin**  
Partner

# Directors' declaration

**Per section 60.15 of the Australian Charities and Not-for-profits Commission Regulation 2022**

The directors declare that in the directors' opinion:

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

Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2022.

On behalf of the directors



**Dr Lara Roeske**

**Chair of the Board**

19 October 2023

Melbourne

# Consolidated statement of profit or loss and other comprehensive income

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2023	Notes	2023 (\$'000)	2022 (\$'000)
Revenue	2	192,177	133,530
<b>Total revenue and income</b>		<b>192,177</b>	<b>133,530</b>
<b>Expenses</b>			
Employee benefits and on-costs		118,369	68,461
GP sessional and sitting payments		5,892	5,261
Consultancy and professional services		10,976	12,193
Conferences, meetings, travel and accommodation		8,953	2,872
Telecommunications and office expenses		3,587	1,975
Postage and freight		760	650
Publications, advertising and media		2,929	2,649
Printing and stationary		710	611
Subscriptions and periodicals		731	936
IT-related costs		9,738	7,275
Grants and donations		533	288
Grants to Organisations for Program Delivery		9,988	12,151
GP training Payments		17,209	13,508
Other expenses		1,401	310
Finance Costs		1,033	941
Depreciation and amortisation	3	5,122	4,177
<b>Total expenses</b>		<b>197,931</b>	<b>134,258</b>
<b>(Deficit) / surplus from operating activities</b>		<b>(5,754)</b>	<b>(728)</b>
Net investment (expenses)/income	7	559	(697)
Share of net surplus of associates accounted for using the equity method	9	313	217
Net gain on business combination		-	3,671
<b>Total surplus</b>		<b>(4,882)</b>	<b>2,463</b>
<b>Other comprehensive income</b>			
Items that will not be reclassified to profit or loss:			
Revaluation change to land and buildings	15	-	5,967
<b>Other comprehensive income for the year, net of tax</b>		<b>(4,882)</b>	<b>8,430</b>
<b>Total comprehensive income for the year</b>		<b>(4,882)</b>	<b>8,430</b>

The accompanying notes form part of these Financial Statements.

# Consolidated statement of financial position

The Royal Australian College of General Practitioners Ltd

As at 30 June 2023	Notes	2023 (\$'000)	2022 (\$'000)
<b>Current assets</b>			
Cash and cash equivalents	4	126,226	103,767
Trade and other receivables	5	7,363	5,228
Financial assets	6	-	430
Other financial assets	7	6,529	5,974
Right-of-use-assets	17	-	1,098
Non-current assets held for sale	8	-	5,100
<b>Total current assets</b>		<b>140,118</b>	<b>121,597</b>
<b>Non-current assets</b>			
Investments	9	1,237	974
Property, plant and equipment	10	58,540	54,172
Intangible assets	11	2,434	372
Financial assets	6	1,436	700
Right-of-use-assets	17	8,567	4,004
<b>Total non-current assets</b>		<b>72,214</b>	<b>60,222</b>
<b>Total assets</b>		<b>212,332</b>	<b>181,819</b>
<b>Current liabilities</b>			
Trade and other payables	12	18,876	17,500
Contract liabilities	13	105,920	74,245
Provisions	14	11,578	13,600
Lease liability	17	2,589	1,595
<b>Total current liabilities</b>		<b>138,963</b>	<b>106,940</b>
<b>Non-current liabilities</b>			
Provisions	14	2,465	1,758
Lease liability	17	6,225	3,559
<b>Total non-current liabilities</b>		<b>8,690</b>	<b>5,317</b>
<b>Total liabilities</b>		<b>147,653</b>	<b>112,257</b>
<b>Net assets</b>		<b>64,679</b>	<b>69,562</b>
<b>Equity</b>			
Reserves	15	48,704	47,175
Accumulated surplus	15	15,975	22,387
<b>Total equity</b>		<b>64,679</b>	<b>69,562</b>

The accompanying notes form part of these Financial Statements.

# Consolidated statement of changes in equity

## The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2023	Notes	Accumulated surplus (\$'000)	Asset revaluation reserve (\$'000)	Reserve fund (\$'000)	Research Foundation Fund (\$'000)	Futures Fund (\$'000)	Total (\$'000)
<b>Balance at 30 June 2021</b>		<b>20,247</b>	<b>29,829</b>	<b>11,379</b>	-	-	<b>61,455</b>
Restatement from prior year adjustment		(324)	-	-			(324)
Restated Balance at 30 June 2021		19,923	29,829	11,379			61,131
Total deficit for the year		2,464	-	-			2,464
Total other comprehensive income for the year – revaluation increment to land and buildings		-	5,967	-			5,967
<b>Balance at 30 June 2022</b>		<b>22,387</b>	<b>35,796</b>	<b>11,379</b>	-	-	<b>69,562</b>
Balance at 30 June 2022		22,387	35,796	11,379	-	-	69,562
Total surplus for the year	15	(4,883)	-	-			(4,883)
-Transfer of Reserve Fund*		5,000		(5,000)	-	-	-
Recognition of Additional Reserve Funds**		(6,529)					-
					2,286	4,243	
Total other comprehensive income for the year – revaluation decrease to land and buildings		-		-			
<b>Balance at 30 June 2023</b>		<b>15,975</b>	<b>35,796</b>	<b>6,379</b>	<b>2,286</b>	<b>4,243</b>	<b>64,679</b>

The accompanying notes form part of these Financial Statements.

- \*\$5 million in the Reserve Fund was transferred to Operations Bank Account in April FY23 to support working capital requirements. This was replenished into the Reserve Account in July 2023.
- \*\* In FY23 the RACGP Board approved the recognition of two Reserve Funds for the Future Fund and Foundation Fund investment accounts. This balance was debited from the Accumulated Surplus.

# Consolidated statement of cash flows

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2023	Notes	2023 (\$'000)	2022 (\$'000)
<b>Cash flows from operating activities</b>			
Receipts from membership activities, publications, government and other grants (inclusive of GST)		251,966	133,047
Payments to suppliers and employees (inclusive of GST)		(224,135)	(145,660)
<b>Net cash inflow/ (outflow) from operating activities</b>		<b>27,831</b>	<b>(12,613)</b>
<b>Cash flows from investing activities</b>			
Cash acquired on business combination		-	26,400
Net cash movement on property, plant and equipment		(794)	(536)
Net cash movement on intangibles assets		(2,835)	(8)
Interest received		1,277	59
Net cash movement in Financial Investments		(988)	(423)
Dividends received		50	75
<b>Net cash (outflow) / inflow from investing activities</b>		<b>(3,290)</b>	<b>25,567</b>
<b>Cash flows from financing activities</b>			
Repayment of lease liabilities including interest		(2,082)	(2,206)
<b>Net cash outflow from financing activities</b>		<b>(2,082)</b>	<b>(2,206)</b>
Net increase in cash held		22,459	10,748
Cash at beginning of financial year		103,767	93,020
<b>Cash and cash equivalents at end of financial year</b>	<b>4</b>	<b>126,226</b>	<b>103,768</b>
The accompanying notes form part of these Financial Statements.			

# Notes to the financial statements

The Royal Australian College of  
General Practitioner Ltd  
For the year ended 30 June 2023

## Note 1. Statement of significant accounting policies

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

The Financial Statements were authorised for issue by the directors on 19 October 2023. The directors have the power to amend and reissue the Financial Statements.

## Statement of compliance

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

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

## New or amended standards adopted by the Group

The Group has not adopted any new or amended accounting standards or interpretations that are not yet mandatory.

## 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 current and non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

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

The following significant accounting policies have been adopted in the preparation and presentation of the Financial Statements:

### 1.1 Basis of consolidation

The Financial Statements incorporate the assets and liabilities and results of The Royal Australian College of General Practitioners Ltd as at 30 June 2023 and the results of its subsidiary for the year then ended.

Subsidiaries are all entities (including structured entities) over which the Group has control. The Group controls an entity when the Group is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power to direct the activities of the entity. Subsidiaries are fully consolidated from the date on which control is transferred to the Group. They are deconsolidated from the date that control ceases.

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

Where necessary, adjustments are made to the Financial Statements of the subsidiary to bring their accounting policies into line with those used by other members of the Group.

All Intra-Group transactions, balances, income and expenses are eliminated in full on consolidation.

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

When the Group loses control of a subsidiary, the profit or loss on disposal is calculated as the difference between a) the aggregate of the fair value of the consolidation received and the fair value of any retained interest, and b) the previous carrying amount of the assets and liabilities of the subsidiary. When assets of the subsidiary are carried at revalued amounts or fair values, and the related cumulative gain or loss has been recognised in other comprehensive income and accumulated in equity, the amounts previously recognised in other comprehensive income and accumulated in equity are accounted for as if the Group had directly disposed of the relevant assets (i.e. 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 Amounts reported

Amounts in this report have been rounded off to the nearest thousand dollars and represented as \$K.

## 1.3 Investments in associates

Associates are entities over which the Group has significant influence but not control or joint control, generally

accompanying a shareholding of between 20% and 50% of the voting rights.

Investments in associates are accounted for in the Group's Financial Statement using the equity method of accounting, after initially being recognised at cost.

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

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

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

The Group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust). The Unit Trust's principal activity is the production and sale of the Australian medicines handbook. The Unit Trust has a 30 June reporting period.

## 1.4 Investments in Joint Entity

The Group forms part of a Joint venture where it has a contractual arrangement with another party whereby both parties have established equal control of the Entity. The Group along with the other party of the joint venture combine activities and transfer all the relevant Assets and Liabilities. The Group is entitled to the agreed share of profits of the entity.

The Group accounts for its interest in the Joint Entity through the Equity method taking 50% share of the joint entity's profit or loss.

## 1.5 Property, plant and equipment

Land and buildings are shown at fair value determined by the Group and based on three year independent reviews and annual considerations on material changes effective at 30 June of each year, which apply standard property valuation techniques, including reference to an independent valuer. Accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset, and the net amount is restated to the revalued amount of the asset. All other plant and equipment are stated at historical cost less depreciation. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Group and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the 'Consolidated statement of profit or loss and other comprehensive income' during the financial period in which they are incurred.

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

statement of profit or loss and other comprehensive income' to the extent that it exceeds the balance, if any, held in the asset revaluation reserve relating to a previous revaluation of land and buildings.

## 1.6 Intangible assets

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

## 1.7 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).

## 1.8 Depreciation and amortisation

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

Depreciation rates used are as follows:

Buildings	2.5%
Computer equipment	33.3 to 40%
Motor vehicles	22.5%
Leasehold improvements	10%
Other plant and equipment	7.5 to 15%
Intangibles	33.3%
Right of use assets	5% to 12.5%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount (Note 1.5). Gains and losses on disposals are determined by comparing proceeds with carrying amount. These are included in the 'Consolidated statement of profit or loss and other comprehensive income'. The right-of-use assets' useful lives are reviewed and assessed based on the current rental contracts in place, which currently range from two to eight years (Note 1.8).

## 1.9 Lease liabilities

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

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

- payments of penalties for terminating the lease, if the lease term reflects the consolidated entity exercising that option.

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

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

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

## 1.10 Right-of-use assets

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

the commencement date net of any lease incentives received, or any initial direct costs incurred.

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

### 1.11 Trade receivables

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 to 90 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.

The group will raise a credit loss for debts greater than 90 days if there is a considered risk. Once the risk has been determined to be unrecoverable it will be written off as bad debt.

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

### 1.12 Trade payables

Trade payables represent liabilities for goods and services provided to the Group prior to the end of the financial year that are unpaid. The amounts are unsecured and have 30-day payment terms attached to each transaction. The carrying amounts of amounts payable approximate net fair values, as determined by reference to the expected future net cash flows and due to their short-term nature.

Other creditors and accruals include grant pass through funding on hand, which the Group is acting as an agent in accordance with AASB 15 *Revenue from Contracts with Customers*.

### 1.13 Contract liabilities

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

### 1.14 Employee benefits

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

#### (a) Short-term obligations

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

#### (b) Other long-term employee benefit obligations

The liabilities for long service leave and annual leave that are not expected to be wholly settled within 12 months after the end of the period in which employees render the related service are recognised in the provision for employee benefits. The provision amount is measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method.

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

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

## 1.15 Cash and cash equivalents

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

## 1.16 Revenue recognition

Revenue is recognised at an amount that reflects the consideration to which the Group is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Group identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price, which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Revenue is recognised on the following bases:

### (a) Membership subscriptions

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

### (b) CPD Program and other fees

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

### (c) Revenue from courses and examinations

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

### (d) Specific-purpose grants

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

### (e) Interest income

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

### (f) Dividends

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

## 1.17 Income tax

The Group is endorsed as an income tax exempt charitable entity under subdivision 50-B of the *Income Tax Assessment Act 1997*.

## 1.18 Goods and services tax

Revenues and expenses from ordinary activities, and assets, are recognised net of the amount of goods and services tax (GST),

except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or part of the item of the expenses from ordinary activities. Receivables and payables are stated with the amount of GST included. Items in the 'Consolidated statement of cash flows' are inclusive of GST where applicable.

### 1.19 Critical accounting estimates and judgements

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

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

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

#### **(b) Provision for employee benefits**

Management uses judgement to determine when employees are likely to take annual leave and long service leave. Employee benefits that are expected to be settled within one year are measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later

than one year are measured at the present value of the estimated future cash outflows to be made for those benefits. Accordingly, assessments are made on employee wage increases and the probability the employee may not satisfy the vesting requirements. Likewise, these cash flows are discounted using market yields on corporate bonds with terms to maturity that match the expected timing of the cash outflow.

#### **(c) Incremental borrowing rate**

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

#### **(d) Lease term**

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

## 1.20 Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to a particular category, they have been allocated to activities on a basis consistent with use of the resources.

## 1.21 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 2022.

## 1.22 Parent entity financial information

The financial information for the parent entity, The Royal Australian College of General Practitioners Ltd, is disclosed in Note 23 and has been prepared on the same basis as the Financial Statements, except for the policy set out below.

### a) Investments in subsidiaries and associates

Investments in subsidiaries are accounted for at cost, while investments in associates and joint ventures are equity accounted in the Financial Statements of The Royal Australian College of General Practitioners Ltd.

## 1.23 Capital management

The financial objective of the Group is to safeguard its ability to continue as a going concern, so that it can continue to deliver its charitable purpose.

## 1.24 Fair value measurement

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

in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interest. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

## 1.25 Investments and other financial assets

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

### 1.25.1 Financial assets at fair value through profit or loss

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

### 1.25.2 Impairment of financial assets

The Group assesses at the end of each reporting period whether there is any objective evidence that a financial asset or Group of financial assets is impaired. Objective evidence includes significant financial difficulty of the issuer or obligor, a breach of

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

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

## 1.26 Business combinations

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

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

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

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

Business combinations are initially accounted for on a provisional basis. The acquirer retrospectively adjusts the provisional amounts recognised and also

recognises additional assets or liabilities during the measurement period, based on new information obtained about the facts and circumstances that existed at the acquisition-date. The measurement period ends on either the earlier of (i) 12 months from the date of the acquisition or (ii) when the acquirer receives all the information possible to determine fair value. No provisional adjustment was made on the acquisition of GP Synergy as RACGP received confirmation on all provisional values 12 months after the date of acquisition.

## 1.27 Non-current assets held for sale

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

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

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

Where a non-current asset held for sale is no longer held for sale and needs to be re-classified, the asset will be recovered through its ongoing use through operations. The Asset will be amortised or depreciated from the date the decision is made to reclassify the asset.

## Note 2. Revenue from ordinary activities

	2023 (\$'000)	2022 (\$'000)
<b>Revenue from operating activities</b>		
Membership subscriptions	33,673	32,600
CPD Program fees	2,693	3,127
Education, course registration and other fees	25,829	28,768
Research and other grants*	117,475	61,989
Donations	251	40
Publications and subscriptions	61	76
Sponsorship, advertising and conference income	7,153	4,404
Other operating income	2,819	1,622
	<b>189,954</b>	<b>132,626</b>
<b>Other revenue from ordinary activities</b>		
Interest	1,512	59
Rent	711	845
<b>Total revenue</b>	<b>192,177</b>	<b>133,530</b>
<b>Revenue from contracts with customers by timing of revenue recognition under AASB 15</b>		
Revenue recognised over time	160,637	102,250
Revenue recognised at a point in time	29,317	30,376
<b>Total revenue from operating activities</b>	<b>189,954</b>	<b>132,626</b>

\*The Group commenced the delivery of GP Training activities from 1 February 2023. The transition to and delivery of this new activity significantly increased revenue in the Research and other Grants reporting line above between FY23 and FY22. The AGPT Grant revenue from 01 February 2023 includes \$20,100K for transition costs and \$43,600K for delivery of GP Training.

## Note 3. Expenses

	2023 (\$'000)	2022 (\$'000)
<b>Surplus from operating activities includes the following specific expenses</b>		
<b>Depreciation and amortisation</b>		
Property, plant & equipment	1,526	1,438
Intangible assets	773	680
Right-of-use assets*	2,823	2,059
	<b>5,122</b>	<b>4,177</b>
* 770K relates to Depreciation of leases for GP Training		
Rental expense relating to low value leases	13	115
Finance costs – interest on lease liabilities	300	143

The Group commenced the delivery of GP Training activities from 1 February 2023. The transition to and delivery of this new activity significantly increased a large number of expense reporting lines between FY23 and FY22.

## Note 4. Cash and cash equivalents

	2023 (\$'000)	2022 (\$'000)
Cash at bank and on hand	75,768	43,667
Deposits on call and term deposits	50,458	60,100
	<b>126,226</b>	<b>103,767</b>

Grant funds held for disbursement: \$73,193 (2022: \$29,176K).

Reserve funds held: \$6,419K (2022: \$11,401K). Refer to Note 15 regarding the requirements to use these funds.

Special purpose funds held for disbursement: \$3,072K (2022: \$1,801K).

RACGP Training Services: \$11,029K

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

\*2,252K are funds owed to RACGP from the Joint Venture (JCTS) for costs incurred by RACGP on behalf of JCTS activity.

## Note 5. Trade and other receivables

	2023 (\$'000)	2022 (\$'000)
<b>Current assets</b>		
Trade receivables*	4,270	1,221
Prepayments	3,018	3,350
Other receivables	75	657
	<b>7,363</b>	<b>5,228</b>

\*2,252K are funds owed to RACGP from the Joint Venture (JCTS) for costs incurred by RACGP on behalf of JCTS activity.

## Note 6. Financial assets

	2023 (\$'000)	2022 (\$'000)
<b>Current assets</b>		
Term deposits	-	430
<b>Non-current assets</b>		
Term deposits*	1,436	700

\*RACGP took out a \$1million Term deposit during 2023 to setup Bank Guarantees for new property sites required for GP Training. As Bank Guarantees are setup this will draw down on the Term Deposit security.

## Note 7. Other financial assets

	2023 (\$'000)	2022 (\$'000)
Cash and cash management accounts	355	687
Fixed-interest securities	2,174	1,800
Equity investments	4,000	3,487
	<b>6,529</b>	<b>5,974</b>

Other financial assets are investment funds separately managed by Escala Partners Ltd and are held at fair value through profit or loss.

### Net investment income

Net investment income is presented as net of investment management fees in the 'Consolidated statement of profit or loss and other comprehensive income'.

Interest	11	-
Trust distributions	119	143
Dividend income	12	26
Investment management fees	(31)	(34)
Foreign tax expense	(0)	(1)
Net realised gain/(loss) on investment	84	(278)
Net unrealised gain/(loss) on investment	365	(554)
	<b>560</b>	<b>(698)</b>

## Note 8. Non-current assets held for sale

	2023 (\$'000)	2022 (\$'000)
Buildings*	-	5,100

\*In June 2023, the premises situated at 12-14 Mount Street, North Sydney has been re-classified as a Property Plant and Equipment on the Balance Sheet. See Note 10 for further details.

## Note 9. Investments accounted for using the equity method

	2023 (\$'000)	2022 (\$'000)
<b>Share in associates</b>	<b>1,237</b>	<b>974</b>
<b>Share in associates</b>		
i. The Group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust). The Unit Trust's principal activity is the production and sale of the <i>Australian medicines handbook</i> . The Unit Trust has a 30 June reporting period. The Group's share of the results of its associate's assets and liabilities are as follows:		
Group's share of:		
Assets	1,852	1,592
Liabilities	615	602
Revenue	2,065	1,478
Surplus after tax	313	217
<b>ii. The movement in equity-accounted associates investments is as follows:</b>		
Balance at the beginning of the financial year	974	832
Share of associate's surplus from ordinary activities after income tax	313	217
Less dividends received	(50)	(75)
	<b>1,237</b>	<b>974</b>
<b>Share in Joint Venture</b>		
i. The Group has 50% joint control in the entity Joint Colleges Training Services Pty Ltd. The remaining 50% is controlled by the Australian College of Rural and Remote Medicine (ACRRM). The principal object of the joint venture is improving healthcare provided to Aboriginal and Torres Strait Islander peoples. The Joint Venture has a 30 June reporting period and receives its revenue as grant through RACGP and ACRRM. The Group's share of the results of the joint venture's assets and liabilities are as follows:		
Group's share of:		
Assets	4,624	-
Liabilities	4,624	-
Revenue	2,252	-
<b>Surplus after tax</b>	<b>-</b>	<b>-</b>
<b>ii. The movement in equity-accounted associates investments is as follows:</b>		
Balance at the beginning of the financial year	-	-
Share of joint venture surplus from ordinary activities after income tax	-	-
Less dividends received	-	-
*There are no contingent liabilities/assets of the associate.		

## Note 10. Non-current assets – property, plant and equipment

	2023 (\$'000)	2022 (\$'000)
<b>Freehold land and buildings</b>		
Land and building – valuation	57,460	53,150
	<b>57,460</b>	<b>53,150</b>
Assets under construction at cost	-	329
	<b>-</b>	<b>329</b>
Computer equipment at cost	4,589	4,519
Less accumulated depreciation	(4,394)	(4,333)
	<b>195</b>	<b>186</b>
Motor vehicles at cost	-	314
Less accumulated depreciation	-	(314)
	<b>-</b>	<b>-</b>
Leasehold improvements at cost	980	5,142
Less accumulated depreciation	(130)	(4,664)
	<b>850</b>	<b>478</b>
Other plant and equipment at cost	142	373
Less accumulated depreciation	(107)	(343)
	<b>35</b>	<b>29</b>
<b>Total written-down value</b>	<b>58,540</b>	<b>54,172</b>
<b>Reconciliations</b>		
<b>Freehold land and buildings</b>		
Opening balance	53,150	53,100
Additions	-	-
Revaluation reduction *		5,967
Reclassified of non-current asset held for sale**	5,100	(5,100)
Depreciation expense	(790)	(817)
<b>Closing balance</b>	<b>57,460</b>	<b>53,150</b>
<b>Assets under construction</b>		
Opening balances	329	128
Additions		329
Reclassified	(329)	(128)
Written-off	-	-
<b>Closing balance</b>	<b>0</b>	<b>329</b>
<b>Computer equipment</b>		
Opening balance	186	100

## Continued on from Note 10. Non-current assets – property, plant and equipment

	2023 (\$'000)	2022 (\$'000)
Acquired on business combination	-	3
Additions	123	207
Reclassified	-	128
Depreciation expense	(114)	(252)
<b>Closing balance</b>	<b>195</b>	<b>186</b>
<b>Motor vehicles</b>		
Opening balance	-	-
Acquired on business combination	-	17
Depreciation expense	-	(17)
<b>Closing balance</b>	<b>-</b>	<b>-</b>
<b>Leasehold improvements</b>		
Opening balance	478	-
Reclassified	329	-
Additions	651	
Acquired on business combination	-	813
Depreciation expense	(608)	(334)
<b>Closing balance</b>	<b>850</b>	<b>478</b>
<b>Other plant and equipment</b>		
Opening balance	29	27
Acquired on business combination		20
Additions	21	-
Depreciation expense	(15)	(18)
<b>Closing balance</b>	<b>35</b>	<b>29</b>
<b>Total closing balances</b>	<b>58,540</b>	<b>54,172</b>

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

\* With work being completed on the Colleges Property Investment strategy the directors chose not to complete a valuation for Freehold land and buildings as of June 30, 2023. The College will embed a 3-year property valuation policy in FY24 however will continue to test for impairment on an annual basis.

The freehold land and buildings had been revalued to the amounts shown above as of 30 June 2022, recording a net increase of \$5,967K through the asset revaluation reserve in relation to the net increase in property values as of 30 June 2021 (see Note 15).

The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington Parade, East Melbourne. This mortgage secures a total credit facility of \$8,388K as of 30 June 2023. This is made up of an overdraft of \$7,500K (2021: \$7,500K), and other credit limits in relation to the RACGP's merchant facilities and corporate cards of \$888K (2022: \$638K).

\*\*In June 2023, the premises situated at 12-14 Mount Street, North Sydney has been re-classified as a Property, Plant and Equipment on the Balance Sheet as its carrying amount is likely to be recovered principally through its continuing use and is no longer held for likely sale in the next 12 months. The premises is a strata lot within a common property. At 30 June 2023, access to the property is restricted due to remediation works required in the property. The College expects to be able to occupy the property during 2023-24 and is evaluating its options for operational use.

## Note 11. Intangible assets

	2023 (\$'000)	2022 (\$'000)
Intangible at Cost	7,563	5,137
Amortisation CY	(773)	(680)
Less accumulated amortisation	(4,356)	(4,085)
<b>Closing balance</b>	<b>2,434</b>	<b>372</b>
Opening balance	372	1,044
Additions*	2,835	8
Amortisation expense	(773)	(680)
<b>Closing balance</b>	<b>2,434</b>	<b>372</b>

\*\$2,835K taken up in intangible assets throughout the year in relation to ongoing CPD App and FSP project activity.

## Note 12. Trade and other payables

	2023 (\$'000)	2022 (\$'000)
Trade creditors*	6,397	4,705
Other creditors and accruals	12,365	12,795
Related Party - Joint Venture	114	-
<b>Total</b>	<b>18,876</b>	<b>17,500</b>

\* \$5,660K trade creditors relates to unspent grant funds in RACGP Training Services to be returned to the Department of Health. These unspent grant funds have been agreed to contribute further to the AGPT funding envelope for RACGP.

## Note 13. Contract liabilities

	2023 (\$'000)	2022 (\$'000)
<b>Income in advance</b>		
Membership subscriptions and CPD Program fees	36,404	30,106
Grants	60,921	36,376
Examinations	5,044	3,790
Other	3,551	3,973
<b>Total</b>	<b>105,920</b>	<b>74,245</b>

## Note 14. Provisions

	2023 (\$'000)	2022 (\$'000)
Employee benefits – annual leave	8,269	6,491
Employee benefits – long service leave	3,305	3,584
Employee benefits – retention bonus*	-	1,908
Provision for make good**	-	994
Provision for future depreciation	-	398
Other provisions	5	225
<b>Total current provisions</b>	<b>11,579</b>	<b>13,600</b>
Provision for make good (non-current)	433	-
Employee benefits – long service leave	2,031	1,758
<b>Total non-current provisions</b>	<b>2,464</b>	<b>1,758</b>
<b>Total</b>	<b>14,043</b>	<b>15,358</b>

\* \$1,908K in retention bonuses paid out to GP Synergy staff in FY2023. This was taken up as a provision in FY22.

\*\*The provision for make good in the current provisions related to GP Synergy leased properties which ceased in FY23 and thus the make good provisions were paid out. The new properties taken out by RACGP have make good provisions in "non-current provisions".

## Note 15. Reserves and accumulated surplus

	2023 (\$'000)	2022 (\$'000)
<b>Asset revaluation reserve*</b>		
Balance at beginning of year	35,796	29,829
Revaluation of land and buildings		5,967
<b>Balance at end of year</b>	<b>35,796</b>	<b>35,796</b>
<b>Accumulated surplus</b>		
<b>Movements in accumulated surplus</b>		
Balance at beginning of year	22,387	19,923
Current year surplus	(4,883)	2,464
Transfer from Reserve Fund	5,000	
Transfer to Future Fund	(4,243)	
Transfer to Foundation Fund	(2,286)	-
<b>Balance at end of year</b>	<b>15,975</b>	<b>22,387</b>
<b>Reserve fund</b>		
<b>Movements in reserve fund**</b>		
Balance at beginning of year	11,379	11,379
Transfer to accumulated surplus	(5,000)	-
<b>Balance at end of year</b>	<b>6,379</b>	<b>11,379</b>
<b>Future fund Reserve***</b>		
<b>Movements in reserve fund</b>		
Balance at beginning of year	-	-
Transfer from accumulated surplus	4,243	-
<b>Balance at end of year</b>	<b>4,243</b>	<b>-</b>
<b>Foundation fund Reserve***</b>		
<b>Movements in reserve fund</b>		
Balance at beginning of year	-	-
Transfer from accumulated surplus	2,286	-
<b>Balance at end of year</b>	<b>2,286</b>	<b>-</b>

\*The asset revaluation reserve is used to record increments and decrements in the value of those land and buildings measured at fair value. In FY22 the Asset revaluation on the Melbourne Office 100 Wellington Parade significantly improved the total comprehensive income result for the year. In contrast in FY23 the total comprehensive income result has not had a revaluation of property completed as the College is considering a Property Investment Strategy. The current market conditions are tough and expected to adversely affect property values over the next 12 months.

\*\*The Reserve Fund is intended to provide financial flexibility to respond to emergencies, reducing impact during times of financial stress by establishing an internal source of funds for situations, such as a sudden increase in expenses, once-off, unanticipated loss in funding, or uninsured losses. It may also be used for once-off, non-recurring expenses that will build long-term capacity and forms part of the RACGP's general business continuity arrangements. It is not intended to replace a permanent loss of funds, or eliminate an ongoing budget gap, however, ensures sufficient working capital for a safety net when cash flows are unreliable or at risk without having to rely on lines of credit or external sources during shortfalls. It is the intention of the RACGP for the Reserve Fund to be used and replenished within a reasonably short period of time. For further details, refer to the policy on the RACGP website. \$5,000K in the Reserve Fund was transferred to Operations Bank Account in April FY23 to support working capital requirements. This was replenished into the Reserve Account in July 2023.

\*\*\* RACGP Board approved the setup of the Future Fund Reserve and Foundation Fund Reserve. Details of these reserve funds are included in the Reserves policy available on the RACGP website.

## Note 16. Key management personnel compensation

Key management personnel include those persons having authority and responsibility for planning, directing and controlling the activities of the Group, directly or indirectly, including any director (whether executive or otherwise).

	2023 (\$'000)	2022 (\$'000)
<b>Key management personnel</b>	<b>5,111</b>	<b>5,266</b>

Key management personnel include Directors and RACGP Executive Management. The above compensation includes salary, termination, superannuation payments and other benefits during the year.

## Note 17. Leases

	2023 (\$'000)	2022 (\$'000)
<b>Right-of-use assets</b>		
Buildings as at 1 July	5,102	1,320
Acquired on business combination	-	2,336
Additions*	8,505	3,505
Less depreciation	(5,040)	(2,059)
<b>Total</b>	<b>8,567</b>	<b>5,102</b>
<b>Lease liabilities</b>		
Current	2,589	1,595
Non-current	6,225	3,559
<b>Total</b>	<b>8,814</b>	<b>5,154</b>
<b>Undiscounted Future Lease Payments</b>		
Undiscounted future lease payments are due as follows:		
Within one year	2,769	1,721
One to five years	7,032	3,427
More than five years	42	389
	<b>9,843</b>	<b>5,537</b>

\*There are an additional 11 sites added to lease schedule in FY23: Dubbo, Wagga Wagga, Newcastle, Newcastle 3A, Ballina, Liverpool, Churchill, Geelong, Perth, Maroochydore, Charles Darwin University

## Note 18. Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by RSM Australia Partners and PKF, the auditors of RACGP. A change of auditors occurred during the 2022 financial year when PKF took over audit services from RSM Australia Partners. Remuneration of the GP Synergy auditors, National Audits Group Pty Ltd, is also included below.

	2023 (\$'000)	2022 (\$'000)
<b>Audit Services</b>		
Audit of the consolidated Financial Statements - PKF	185	105
Audit of the subsidiary Financial Statements*	55	29
Audit of grant financial acquittals - RSM	0	13
Audit of grant financial acquittals - PKF	4	15
<b>Other Services</b>		
Tax Advice - PKF	52	20
Internal Audit - RSM	107	18
Other Services - PKF	2	
Other Services - National Audits Group Pty Ltd	-	2
	<b>405</b>	<b>202</b>

\*\$55K is an invoice paid to PKF in November 2022 which relates to the FY22 audit of the Subsidiary entity.

## Note 19. Commitments and contingencies

	2023 (\$'000)	2022 (\$'000)
<b>Capital Commitments</b>		
Committed at the reporting date but not recognised as liabilities, payable:	-	-
Leasehold improvements	-	395

The RACGP has given bank guarantees for security on lease properties of \$1,436K as at 30 June 2023 (2022: \$549K).

## Note 20. Related party transactions

### a) Equity interests in related parties

#### i. Equity interests in associates

Details of interest in associates are disclosed in Note 23 to the Financial Statements.

#### ii. Equity interests in subsidiaries

Details of interest in subsidiaries are disclosed in Note 23 to the Financial Statements.

#### iii. Equity interests in Joint Venture

Details of interest in Joint Venture are disclosed in Note 9 in the Financial Statements.

### b) Transactions with Joint Venture

Refer to note 12 for Joint Venture (JCTS) payable.

Shared Services Income received from Joint Venture (JCTS) of \$177K (FY22 nil).

### c) Key management personnel compensation

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

### d) Key management personnel loans

There are no loans to or from key management personnel.

### e) Transactions with key management personnel

The key management personnel have transactions with the Group in addition salaries and fees 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. Related party transactions for key management personnel are transactions that relate to Board members and RACGP Executive Management.

## Note 21. Financial instruments

### a) Liquidity risk

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

### b) Financing arrangements

The Commonwealth Bank of Australia holds a first registered mortgage over the land

and buildings at 100 Wellington Parade, East Melbourne. This mortgage secures a total credit facility of \$8,388K (2022: \$8,138K) as at 30 June 2023. This is made up of an overdraft of \$7,500K (2021: \$7,500K), which is undrawn throughout the year, and other credit limits in relation to the RACGP's merchant facilities and corporate cards of \$888K (2021: \$638K).

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

	2023 (\$'000)	2022 (\$'000)
Facilities:		
Overdraft	7,500	7,500
<b>Total undrawn facilities</b>	<b>7,500</b>	<b>7,500</b>

## Note 22. Events after the reporting period

No matters or circumstances have arisen since the end of the financial year that have significantly affected or may affect the operations of the RACGP,

the results of the operations or the state of affairs of the RACGP in the future financial years.

## Note 23. Parent entity information

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.

	2023 (\$'000)	2022 (\$'000)
<b>Financial position</b>		
<b>Assets</b>		
Current assets	128,974	92,693
Non-current assets	72,214	59,735
<b>Total assets</b>	<b>201,188</b>	<b>152,428</b>
<b>Liabilities</b>		
Current liabilities	132,043	82,036
Non-current liabilities	8,690	4,958
<b>Total liabilities</b>	<b>140,733</b>	<b>86,994</b>
<b>Net assets</b>	<b>60,455</b>	<b>65,434</b>
<b>Equity</b>		
Reserves	48,704	47,175
Accumulated surplus	11,751	18,259
<b>Total equity</b>	<b>60,455</b>	<b>65,434</b>
<b>Financial performance</b>		
Total (deficit) / surplus	(5,037)	(1,654)
Other comprehensive income for the year		5,967
<b>Total comprehensive income for the year</b>	<b>(5,037)</b>	<b>4,313</b>

Name of entity	Country of incorporation	Class of shares	Equity holding	
			2023	2022
RACGP Training Services Ltd	Australia	Sole member	100%	100%

## Note 24. Statutory Information

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

100 Wellington Parade  
East Melbourne VIC 3002

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[www.racgp.org.au/rural](http://www.racgp.org.au/rural)

### RACGP Specific Interests

100 Wellington Parade East  
Melbourne, Vic 3002

Tel 1800 090 588

[gpsi@racgp.org.au](mailto:gpsi@racgp.org.au)

[www.racgp.org.au/gpsi](http://www.racgp.org.au/gpsi)

### RACGP GPs in Training

100 Wellington Parade East  
Melbourne, Vic 3002

Tel 1800 472 247

[gpit@racgp.org.au](mailto:gpit@racgp.org.au)

[www.racgp.org.au/the-racgp/faculties/gp-in-training](http://www.racgp.org.au/the-racgp/faculties/gp-in-training)

## Other media

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

Tel 03 8699 0992

[media@racgp.org.au](mailto:media@racgp.org.au)

### Whistleblower disclosures

Do you have an allegation of misconduct or an improper state of affairs or circumstances relating to the RACGP? Make an anonymous disclosure

[www.racgp.org.au/make-a-disclosure](http://www.racgp.org.au/make-a-disclosure)

### Search and advertise for general practice jobs

Visit [recruitGP](http://recruitGP) for general practice vacancies across Australia [www1.racgp.org.au/recruitgp/home](http://www1.racgp.org.au/recruitgp/home)

### Lodge a complaint

Provide us with feedback  
[www.racgp.org.au/do-you-have-a-complaint](http://www.racgp.org.au/do-you-have-a-complaint)

### Advertise with us

Reach thousands of Australian GPs through a range of channels  
[www.racgp.org.au/advertising](http://www.racgp.org.au/advertising)



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Healthy Profession.  
Healthy Australia.