

2023 Annual General Meeting – Frequently asked questions

-Document as at 27 November 2023-

AGM resolution and related questions

Q: When will the AGM be held?

The 66th Annual General Meeting (AGM) will be held on Thursday 23 November 2023 from 7.00pm (AEDT) at RACGP, 100 Wellington Parade, East Melbourne and via webcast. The AGM is being held as a hybrid meeting, which allows you the flexibility to attend in-person or participate online.

Due to venue capacity limitations, in-person attendance at the AGM will be capped and pre-registration is required.

Q: I can't be there in person; can I still participate in the AGM?

Yes, you can. The AGM will be live streamed via webcast. You can register to attend the AGM live stream via the online registration form, and you will be sent the access details upon registration.

Registration for the AGM is available on the [RACGP website](#).

Q: How can I vote at the AGM?

Voting for the 2023 RACGP AGM resolutions opens at 12.00pm (AEDT), Monday 13 November 2023 until the announcement of the resolutions during the AGM on Thursday 23 November 2023.

Eligible voters will receive an email from our Returning Officers at OGL (generalmeetings@racgp.org.au). The email will contain your unique voting link to submit your vote via the BigPulse online voting platform. Please ensure you check your spam and junk folders for the voting email.

There is detailed voting information on the AGM webpage, and any additional questions about the process can be directed to the RACGP Returning Officer, Gavin Ryan, at generalmeetings@racgp.org.au or on 0403 336 829.

Q: How do I know if I'm eligible to vote?

RACGP Members eligibility to vote on AGM resolutions is outlined in the [RACGP Constitution](#).

- Fellows, Members and Registrar Associates can vote on all resolutions.
- Associate Members can vote on Ordinary Resolutions 1, 2 and 3 (Directors' remuneration) only.

*Affiliates are not eligible to vote on resolutions, however, you are welcome to attend the AGM.

"Member" does not include Honorary Members unless it is expressly stated so.



Q: Why are changes to the RACGP Constitution proposed?

The Board has undertaken a review of the *RACGP's Constitution* to ensure that it remains appropriate for the RACGP's current and proposed operations and structure.

The proposed changes to the Constitution are detailed in the table below:

Topic	Overview of proposed changes
<p>Special Resolution 1: Virtual Technology (Proposed new clause 44)</p>	<p>The RACGP's current Constitution is silent of the use of virtual meeting technology to hold general meetings.</p> <p>The proposed amended <i>RACGP Constitution</i> inserts a new clause following Clause 43, permitting the RACGP to hold a general meetings at (a) one or more physical venues, (b) one or more physical venues and using any virtual meeting technology, or (c) using virtual meeting technology only.</p> <p>This is consistent with best governance practices and industry norms, particularly post-COVID-19.</p>
<p>Special Resolution 2: Term of Chair of the Board (Clause 63 of the current Constitution)</p>	<p>The RACGP's current Constitution contemplates that a chair is elected (or re-elected) and appointed for a one-year term.</p> <p>The proposed amended <i>RACGP Constitution</i> extended the term of appointment to two years. This change is expected to provide greater continuity in the governance and leadership of the RACGP, whilst ensuring there is still periodic renewal.</p>
<p>Special Resolution 3: Director absence from office (Clause 69(f) of the current Constitution)</p>	<p>The RACGP's current Constitution requires that a Director vacates their office where they are absent from meetings for more than 6 months without the Board's permission and the Board resolves that their office is vacated.</p> <p>The proposed amended <i>RACGP Constitution</i> requires that an office will become vacant if a Director misses two consecutive Board meetings without leave from the Board. This is a common formulation that modern directors should be accustomed to complying with and highlights the important role that each Director plays in the ongoing governance and stewardship of the RACGP.</p>
<p>Special Resolution 4: Executive Committee (Part 10.2 of the current Constitution, with flow-on changes to clauses 72(b)-(c), 84(a) and 110 of the current Constitution)</p>	<p>The RACGP's current Constitution convenes an "Executive Committee", which the Board may delegate supervision of the day-to-day business of the College and other functions, as the Board sees fit.</p> <p>The RACGP has recently undertaken a comprehensive overhaul of its Delegations Policy and Framework, which has rendered the Executive Committee unnecessary. The proposed amended <i>RACGP Constitution</i> removes the relevant clauses which address the Executive Committee.</p>



	Importantly, Part 10.3 which permits the Board to establish other Committees as and when it thinks fit, will be unchanged. This will preserve the Board's ability to establish and delegate to Committees in the future.
<p>Special Resolution 5: Execution of Documents (Clause 99 of the current Constitution)</p>	<p>The RACGP's current Constitution provides that a document may be signed where affixed by a common seal and 2 directors and a director / secretary sign a document. This reflects an out-of-date formulation for execution of documents.</p> <p>The proposed amended <i>RACGP Constitution</i> has been updated to reflect the optionality for execution permitted under statute, which will promote more efficient operations on a day-to-day basis for RACGP. In particular, it aligns with requirements under the <i>Corporations Act 2001</i> (Cth), which permits RACGP to sign or execute a document, including a deed, electronically or by affixing a seal.</p>
<p>Special Resolution 6: Indemnity (Part 11.8 of the current Constitution)</p>	<p>The RACGP's current Constitution permits the RACGP to indemnify any person who has been an officer or auditor of the College in certain circumstances. In particular, the current Constitution imposes limitations on this indemnity which do not reflect market practice and are unusually onerous on the Directors of the Board.</p> <p>The proposed amended <i>RACGP Constitution</i> updates the language to ensure it is consistent with current practice and statute and clarifies the scope of the RACGP's indemnity obligations. The changes also clarify that the RACGP's indemnity is a continuing one and the indemnified persons can be a former officer (which is consistent with current governance practice) and ensures that the RACGP can enter into a customary Deed of Access, Indemnity and Insurance with Directors.</p>

Q: How much does the RACGP President get paid?

The RACGP President is currently paid a director fee of \$41,457.15 and a Presential fee of \$196,800 exclusive of superannuation. The total annual remuneration including superannuation is \$264,465; the Presidential fee including superannuation is currently \$218,448 for 0.8 FTE.

The salary of the President's role was independently benchmarked in June 2023 and the recommended increase suggested as a result. The Board, in making the recommendation, has also considered the increase in the time commitment of the presidential role to engage with our members, key stakeholders and the media on advocacy issues. At the AGM, members will be asked to vote on making the maximum aggregate amount available to remunerate the President in performing the Constitutional duties of the role is \$324,158 including superannuation, effective from the 2023 AGM through to the 2024 AGM.

Further clarification on the proposed resolution (added 21 November 2023).

Last year, members approved the maximum fee payable of \$240,000 for full time (1.0) position. Currently, the role of RACGP President is remunerated as a part-time (0.8) position, with an annual salary of \$218,448, including base fee and 11% superannuation. Independent benchmarking and evaluation of the role against equivalent roles



in June 2023 suggested an increase to \$324,158, also including base fee and superannuation. The board wishes to recognise the role, which requires availability for advocacy and media duties seven days a week, as a full-time position. In making the recommendation, the board acknowledges the significant and increasing commitment required for the role.

Q: How much do our Board Directors get paid?

The RACGP Directors receive a Director Fee payment of \$41,457.15 plus superannuation. Fees are also paid to Board Directors in addition to the Director Fee for the following positions.

- Board Chair – \$58,971.02
- Vice-President – \$20,727.46
- Chair, Finance, Audit and Risk Management Committee – \$20,727.46
- Chair, People, Culture, Nominations and Remuneration Committee – \$20,727.46

There is a small CPI increase of 2.5% proposed for the 2023 AGM, in addition to federally mandated superannuation increases.

Q: What roles make up the RACGP Board?

The RACGP Board of Directors currently consists of the following positions:

- Board Chair
- President
- Vice-President
- Chair, Finance, Audit and Risk Management Committee / Co-opted Board director
- Chair, People, Culture, Nominations and Remuneration Committee
- Censor-in-Chief
- Chair, RACGP Aboriginal and Torres Strait Islander Health Faculty
- Chair, RACGP GPs in Training Faculty
- Chair, RACGP Rural Faculty
- Chair, RACGP Specific Interests Faculty
- Chair, RACGP New South Wales & Australian Capital Territory
- Chair, RACGP Northern Territory Faculty
- Chair, RACGP Queensland Faculty
- Chair, RACGP South Australia Faculty
- Chair, RACGP Tasmania Faculty
- Chair, RACGP Victoria Faculty
- Chair, RACGP Western Australian Faculty
- Co-opted independent Board director

Q: Can I appoint a Proxy for the AGM?

Yes, you can. The [Proxy Appointment Form](#) can be used for appoint a Fellow, Member or Registrar Associate to act as your Proxy.

Proxy Appointment Form need to be submitted to the Returning Officers by 4.30pm AEDT, Tuesday 21 November 2023. Any forms received after this time cannot be accepted.



Please note that due to conflict of interest provisions, the Board directors will not be casting votes for, and the President, who will Chair the AGM, will not be casting any votes, including Proxy votes in the case of the Chair, from Board directors for Ordinary Resolution 6.1, 6.2 and 6.3.

Continuing professional development related questions

Q: CPD has changed in 2023. Who initiated the changes to CPD and what are they?

The Medical Board of Australia introduced changes to Continuing Professional Development for all medical practitioners in 2023.

The RACGP is your CPD home and we are here to support you to navigate these changes and complete your CPD requirements. [Visit the RACGP website for more detailed information.](#)

Q: How will the RACGP support me to complete the new CPD requirements in 2023 and beyond?

We've created CPD resources and solutions that are tailored to all scopes of practice and work styles to help you meet all of your CPD requirements. [Login to your RACGP account and visit the myCPD home resources page](#). You can also log activities that you do in practice or browse through activities by area of interest on your myCPD app or [myCPD website](#).

Q: What are the advantages of doing my CPD with the RACGP?

The RACGP is the CPD home for Specialist GPs. We offer you direct access to thousands of approved CPD activities that meet the MBA CPD standards, and we recognise the CPD that you do in your everyday work. With the RACGP, you can be confident that your CPD is checked to meet AMC standards.

Q: Our college has long history to develop and implement 3 yearly CPD requirement to improve General Practitioners' knowledge, experience, and training for many years. Medical Board requirements yearly CPD, which is not practically for most of busy GPs. Can our college advocate the medical board / government bodies to change back to 3 yearly CPD requirements, which are very practical assessment for most of GPs? (Question received during the AGM)

The changes to CPD, implemented in 2023, are a result of many years of research, consideration and consultation by the Medical Board of Australia. All medical colleges, the AMA and other stakeholders provided a range of feedback and input. Resources and documents that detail all this, including the RACGP's input are available on the AHPRA website [here](#). The RACGP supported some components of the CPD proposal and objected to other parts.

The new CPD registration standard applies to all doctors in Australia, not just GPs and CPD Homes are tasked with delivery of programs to support CPD. The RACGP is a CPD Home and the experience in 2023 – a transition year – is that the large majority of GPs (>90%) are actively engaged with their CPD and many have completed, or are close to completing, the requirements for 2023.

The RACGP provides a wide range of resources, available as part of College membership that enable GPs to complete CPD requirements annually, integrated with their daily work, and aligned with role and scope. The CPD website, dashboard and app, all make understanding CPD requirements, and logging CPD activities simple. Here are a couple of links that might be useful to you:

[myCPD](#) - where you can Browse for activities or log CPD that you do in your everyday work.



[RACGP CPD Resources](#) - where you'll find many CPD recommendations and links to activities based on scope of practice and interest area.

Our team are here to help. Please reach out to us via email cpd.national@racgp.org.au should you need any support to complete your CPD and a member of our team will gladly be in contact to help ensure you are able to reach the requirements.

Exam related questions

Q: Are there any updates on the status of the 2020.2 exam failure?

The RACGP has issued proceedings against Genix to pursue its claim in relation to losses resulting from the 2020.2 exam failure. Unfortunately, while this matter remains before the court, RACGP cannot comment on the failure in more detail.

While the RACGP received positive feedback from candidates regarding the use of the online assessment software, ultimately the RACGP decided in May 2023 to move back to paper based exams for the AKT and KFP.

Finance related questions

Q: Can we decrease deficiency down to zero in 2024? (Question received during the AGM)

The RACGP is hoping to reduce the financial deficient in 2024. As noted in the AGM by Scott King, Chair, Finance, Audit and Risk Management Committee and Pranay Lodhiya, Chief Financial Officer, we have budgeted for a relatively small (\$1.9m) deficit for the 2023–2024 financial year, but early indications are promising that we will return to a breakeven result or surplus this year, a year earlier than was envisaged in our 3-year plan back to financial surpluses.

Funding and Health System Reform related questions

Q: I would like to know if there are any risks of continuing private billing? For example some indemnity insurance companies may use it [as] a factor for increasing premiums.

Continuing private billing in general practice can have both benefits and risks. While it allows for more revenue per patient to be generated, there are considerations.

Some indemnity insurance providers might view private billing as a factor for increasing premiums. You should consult with your insurance provider to understand how your billing practices may impact your coverage.

Consider a balanced approach with a mix of private billing and bulk billing to cater to a broad patient demographic. Ultimately the decision should be based on your practice's specific circumstances and goals, patient cohort, weighing the financial benefits against potential risks. It is advisable to approach professional consultants to make an informed choice.

Q: Is RACGP going to ask the Health Minister to abolish the need for useless exercises like patient documented consent for each Face-to-face bulk billed consult? Assigning Medicare benefits? Life of General Practitioners is hard as it is without these bureaucratic red tapes.

We know many members see assignment of benefit requirements as further red tape and a potential barrier to providing bulk billed care, and we are advocating for a better solution. The RACGP considers the need to



document consent using a form to be an antiquated requirement that must be urgently reviewed. We have raised our concerns with the Health Minister and are calling for a solution that reflects current workflows in general practice.

Following the RACGP's representations to Minister Butler regarding changes to assignment of benefit rules for telehealth services, the Minister advised that he has asked his department to provide options to address our concerns, including legislative amendments. The department has informed the Minister that until these changes are made, there are no plans to pursue any broad punitive actions on this issue unless it relates to fraudulent claims against Medicare.

The Department of Health and Aged Care has informed the RACGP it will adapt digital assignment of benefit forms for GPs to complete for bulk billed telehealth consultations, so they better integrate into some general practice software. This change will enable the forms to be uploaded to medical software and pre-populated with patients' details. The Department is engaging with software vendors to simplify the assignment of benefit process and lessen the administrative burden on GPs and practice staff. It also intends to commence stakeholder engagement around potential legislative reform in 2024.

The RACGP continues to seek clarity on assignment of benefit rules for different types of consultations and claiming channels. Please visit [our website](#) for the latest updates.

Q: I strongly advocate prioritising the establishment of a GP Pricing Authority. Creating evidence-based pricing in General Practice is crucial for fair fees, rebates and consistency. By making this a key priority, we champion the recognition of GPs' essential work, enhancing patient care and fortifying our healthcare system. I propose dedicating time in upcoming board meetings to discuss and influence the establishment of a GP Pricing Authority heading up to 2025 federal election.

General practice is the most efficient and cost-effective part of the health system. Undervaluing GP services within the MBS has the potential to reduce patient perceptions about the worth of GP services and negatively influence GP job satisfaction. MBS rebates are not indicative of the value of general practice services. Insufficient patient rebates reduce the capacity of the MBS to effectively subsidise patient access to high-quality general practice services.

It is difficult to ensure business viability as costs continue to rise. Inconsistent and insufficient indexation of the MBS has strained the viability of practices that offer bulk billing to their patients. Care needs to be taken in setting fees to ensure compliance with the **Competition and Consumer Act 2010**. The Australian Competition and Consumer Commission (ACCC) authorises GPs that practise in defined business structures to set intra-practice fees and to collectively bargain as single practices in relation to the provision of Visiting Medical Officer services to public hospitals and with Primary Health Networks.

The results of a national survey conducted by the RACGP revealed GPs' perceptions about the influences of intrapractice price setting. GPs tend to believe that intrapractice price setting may be associated with enhanced quality of patient care, in particular continuity of care. General practitioners are also likely to disagree with the idea that patient safety or quality of care can be jeopardised by intrapractice price setting.

It is important to set fees that appropriately reflect the cost of providing a service, including the time taken, practice costs and GP expertise. Patients need to know what fees are in place, whether there are any exceptions and what methods of payment are available.

The RACGP encourages GPs to educate patients on their billing practices or policies, considering what further support material is required to assist patients to understand how the MBS and other arrangements support their access to general practice care.



Member Engagement related questions

Q: Why hasn't convocation been run this year?

Following the 2022 Convocation, it was identified that a review of Convocation was required. 2023 was an ideal year to take a pause and review Convocation due to the WONCA 2023 conference being held. As this was an international conference, Convocation did not form part of the program. We look forward to bringing Convocation back in 2024.

We will continue to ensure that members are able to influence the RACGP through their feedback and ideas and it's something we plan to continue.

Q: Why did RACGP lose its training role at the first place and what made the return possible? (Question received during the AGM)

The reasons for losing training in the first place are quite complex but are essentially to do with the Government of the day wanting to have more local approaches to workforce distribution throughout Australia. The current and immediate past Federal Governments, though, saw merit in having the Colleges – who are responsible for standards and assessment against those standards – also responsible for the training to those standards. They also saw the benefits of having a nationally consistent education framework, and greater flexibility for registrars to move between regions in exceptional circumstances.

We are excited to have training return to the College and intend to show Government that this is the right place for training.

END -