RACGP
Royal Australian College of General Practitioners

Healthy Profession. Healthy Australia.

2026 Annual General Meeting – Frequently asked questions

Document as at 19 November 2026.

AGM resolutions and related questions

Q: When will the AGM be held?

The 69th Annual General Meeting (AGM) will be held on Thursday 19 November 2026 from 5.00 pm ACDT / 5.30 pm AEDT at GP26, Adelaide Convention Centre and via zoom webinar. The AGM is being held as a hybrid meeting, which allows the flexibility for members to attend in-person or participate online.

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

Yes, you can. The AGM will be live streamed by zoom webinar. You can register to attend the AGM via the online registration form, and you will be sent 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 69th AGM resolutions opens at 12.00 pm AEDT, Monday 9 November 2026 and closes at the AGM on Thursday 19 November 2026, following the presentation of the resolutions.

Eligible voters will receive an email from the RACGP Returning Officers via the Electify voting platform. The email will contain their unique voting link for submitting their vote via the Electify platform. They should check their spam or junk mail folders and contact the Returning Officers if they haven't received the voting email.

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

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

RACGP members eligibility to vote on the AGM resolutions is outlined in the *RACGP Constitution*.

- Fellows, Members, GPs in Training and Associate members may vote on Ordinary Resolutions 6.1 and 6.2.
- Fellows, Members and GPs in Training may vote on Special Resolutions 7.1, 7.2 and 7.3.
- Affiliate members are not eligible to vote.
- Honorary Fellows and honorary members have those voting rights and privileges as were available to them in their capacity as a 'member' prior to receiving their award.

Any member ordinarily entitled to vote, but those whose annual subscription is more than three months in arrears, is not entitled to vote, to be counted in a quorum or speak at the AGM.

Q: Can I appoint a Proxy at the AGM?

Yes, you can. The Proxy Appointment Form can be used to appoint a Fellow, Member or GP in Training to act as your Proxy.

The Proxy Appointment Form needs to be submitted to the Returning Officers by 5.30 pm AEDT, Tuesday 17 November 2026. Any forms received after this time cannot be accepted.

Q: How much does the RACGP President get paid?

The President remuneration resolution that members are asked to vote on is:

Ordinary Resolution 6.2: 'The total amount to remunerate the RACGP President in performing the constitutional duties of the President is $355,601, including superannuation, effective from the 2026 AGM to the 2027 AGM.'

The President's role is defined in a position description and has been independently benchmarked and classified using the Korn Ferry Hay methodology. The President's fee is reviewed annually using this methodology. It's proposed increase the fee to $355,601, or by 2%, including superannuation, for 1FTE, to retain close alignment with the midpoint of the benchmarked fee range.

In addition, the standard director fee will continue to be paid to reflect the President's duties, responsibilities and liabilities as a director.

Q: How much do our Board directors get paid?

The RACGP directors currently receive a Director fee of $51,500, including superannuation, which is for the 2026–2027 financial year and was approved by members at the 2025 AGM. Fees are also paid to the Board directors in addition to the Director fee for the following positions:

- Board Chair: $72,100, including superannuation
- Vice-President: $26,533, including superannuation
- Chair of Finance, Audit and Risk Management Committee: $25,750, including superannuation
- Chair of People, Culture, Nominations and Remuneration Committee: $25,750, including superannuation.

At the 2026 AGM, members will be asked to vote on the Directors' remuneration for the 2027–2027 financial year:

Ordinary Resolution 6.1: 'The total amount available to remunerate directors is $897,300, including superannuation, for the 2027–2028 financial year (1 July 2027 to 30 June 2028), but excluding the President's remuneration.'

Under Clause 100(b) of the RACGP Constitution, Board director remuneration must be approved by members.

For the financial year 1 July 2027 to 30 June 2028, the RACGP Board recommends a 3% increase to its fees, which aligns with the budget provision for executive salary increases. The proposed fees include statutory superannuation of 12%, and are proposed as follows:

- Director Fee from $51,500 to $53,045.
- Board Chair Fee from $72,100 to $74,263.
- Vice-President Fee from $26,533 to $27,329.
- Board Committee Chair Fee from $25,700 to $26,523.

The increases take into consideration financial and operational performance and budgeted remuneration increases for executive roles, as set out in the remuneration principles in the RACGP Board Remuneration Policy.

The total amount proposed for member approval is $897,300, including superannuation, is a 6.75% decrease compared to the total approved for Financial Year 2027. The main changes are the reduction in the overall size of the Board from 15 to 14 directors, as the Censor-in-Chief role will no longer be a Board member, and provision for the Chair, Academic Committee has also been removed as an independent co-opted Committee member has

been appointed to this role. Provision for President-elect on-boarding activities has also been excluded as it falls outside of the election cycle, and it's anticipated that the allocation will reduce in future years as they are no longer a director during this period.

An independent fee review is scheduled every three years, with the next review due in 2027 to apply for Financial Year 2029.

Q: What roles make up the RACGP Board?

The RACGP Board of Directors currently has 15 members and consists of the following positions:

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

*The Censor-in-Chief role will no longer be a Board director, effective from the date of the AGM.

Constitutional change questions

Q: What changes are being proposed to the Constitution and why?

The RACGP Future Governance Project: The RACGP has continued to undertake a project to review, revise and improve its governance structure. The RACGP has sought legal support from Russell Kennedy with drafting revisions to the RACGP Constitution. Russell Kennedy regularly assists medical colleges with constitution and governance reforms.

The RACGP undertook a range of consultations and meetings with its members on the proposed changes to the Constitution. Member feedback has informed the changes to the Constitution to be considered and voted upon at the Annual General Meeting on 19 November 2026.

What could change and why it matters

Special Resolution 7.1: GPs in Training

The impacted clauses are 15(d), 60A(a), 60(e)(iii) – Chair of the National Faculty of GPs in Training, part 2.5 and 7 of the Constitution.

The GPs in Training Chair Director presently has a maximum of six years. Noting that this role is early career, it is proposed to allow the Chair of the National Faculty of GPs in Training to subsequently seek election or appointment to a different position in the Board after a three-year gap for a three-year term with a maximum of six years in office, in any other position other than as a GP in Training.

Special Resolution 7.2: Chair of the Finance, Audit and Risk Management (FARM) Committee

The impacted clause is 66(a) – Chair of the FARM Committee, part 7.7 of the Constitution.

It is proposed that clause 66(a) be amended to allow a three-year term. This would allow the Chair of the Finance, Audit and Risk Management (FARM) Committee to hold office as Chair FARM Committee *until the earlier of* three years or the date they are due to retire as a Director (if prior to three years) in order to be consistent with three-year director terms and terms of other Faculty Chairs as set out in clause 60(a)(vii). The effect would also be to allow present Chair FARM Committee to serve until the 2028 AGM unless they are due to retire earlier.

Special Resolution 7.3: Ballot, Poll, Electronic Voting, Hybrid Meetings and Appointment of a Proxy

The impacted clauses are 45, 49, 50, 51, 53, 54, 55, 59 and 108 – Electronic Voting, parts 6.2, 6.3, 6.4 and 11.9 of the Constitution.

As required by section 249R of the *Corporations Act 2001* (Cth), changes were previously made to insert clause 44 to allow the College to hold general meetings in one or more physical venues and using virtual technology (ie. a Hybrid Meeting) or using virtual technology only. However, at that time, changes were not made to Part 6.2 to allow for and clarify the process regarding Electronic Voting at such meetings, where voting was conducted in the usual manner of a “show of hands”.

While clause 59 allows for a Ballot to be conducted electronically or by any web based system, this is specifically related to a Ballot which is voting conducted in lieu of a meeting, rather than in conjunction with an “in-person” meeting and voting on a “show of hands”. Where voting in conjunction with a meeting, the current practice with voting platform technology has been to include both electronic online voting and in-person voting on a show of hands without authorisation under the Constitution, other than as considered “authorised by the Board” under clause 59.

The College considers that there is no procedural irregularity with its past electronic online voting (and certainly no substantial injustices have occurred). However, the College has identified several improvements to better align with current, contemporary electronic online voting.

These improvements are proposed as follows:

a) clause 45 – to allow Electronic Voting on a poll at a Hybrid Meeting or virtual only meeting and to allow meetings in person to include voting by both a show of hands and Electronic Voting;
b) clause 45 – to confirm that voting on a show of hands, includes voting by Electronic Voting;
c) clause 49 – to allow one vote which may be made in person or by Electronic Voting;
d) clause 50(a) and (f) and 51 – to allow an instrument appointment a proxy to be done online;
e) clause 53 – to include Electronic Voting as part of a Ballot either in person, by Hybrid Meeting or a wholly virtual meeting;
f) clause 54 – to change the notice period for Electronic Voting to 21 days from 30 days, in line with the usual *Corporations Act 2001* (Cth) notice requirements and to be consistent with the notice requirement set out in clause 38;
g) clause 55 – to confirm that, to be valid, Electronic Voting must be conducted before the close of the Ballot conducted in lieu of a meeting, or after the chair announces the closure of voting at the Hybrid Meeting or wholly virtual meeting where the Ballot is determined;
h) clause 59 – change to make the language of “Electronic Voting” consistent throughout and

specifically to allow a Ballot to be conducted by Electronic Voting;

i) clause 108, to insert the following definitions:

"Electronic Voting" means an electronic vote of members (including voting using electronic means, computer or online mediated voting and voting via email) conducted in accordance with this Constitution and any regulations made for this purpose from time to time;

"Hybrid Meeting" means a meeting held in two or more locations where some or all of the participants' attendance is enabled by audio and video conferencing or similar virtual meeting technology;

"poll" means a vote conducted at a general meeting pursuant to Part 6.2 (which may be conducted by Electronic Voting or as a Ballot). Following the declaration of the poll, all record of individual votes must be destroyed.

Questions from members on the proposed changes

Q: It is not clear to me why the recommendation is for a 3-year gap before the once GP in training Board member can nominate for a position on the Board. This seems a short time. The GP will still be early career bringing limited new perspectives/experience to the Board deliberations. If successful, there will likely be overlap with some previous members of the Board reducing the refreshment of the Board over time. I think a longer gap - perhaps 6 years - would make more sense.

The Future Governance Committee considered that a mandatory gap is necessary so that a former Chair of the GP in Training Faculty could not potentially serve a combined 12-year term on the Board in two consecutive Faculty Chair roles. The Committee considered different gaps, such as one or six years, which were considered as either too short or too restrictive.

Members were consulted about this proposal, including the proposed minimum gap in Board service, with varied feedback including support for three years, that three years is too long, too short, and unnecessary. After weighing up member feedback, three years is being recommended as most reasonable as a "minimum buffer" requirement.

The Committee considered the following factors:

- Sufficient time for the former Chair of the GP in Training Faculty to have gained other experience outside the RACGP Board.
- Chairs of the GP in Training Faculty are generally Fellows and so are more experienced than may be appreciated. Fellows remain part of the GPs in Training faculty for five years after Fellowship, also meaning that some GP in Training Faculty Chairs may not serve a full six-year term.
- This means that Former Chairs of the GP in Training Faculty may/are likely to have been a fellow for at least 8 years before being eligible again to nominate for election as faculty chair of another faculty, and the view is they should be given flexibility about when they want to stand for chair of another faculty, after a minimum gap.
- To do so they need to be elected to another Faculty Council and then be elected as Chair by the Faculty Council - which may not be successful and is likely to take longer than three years regardless of the minimum gap required.
- Three years is also aligned with terms for elected Faculty Council and Board members.

Although a former Chair of the GP in Training Faculty could potentially be re-elected as Faculty Chair of another Council and their return to the Board overlap with another Board member, reducing turnover overall, the risk of this happening is considered low as not all former Chairs of the GP in Training Faculty will want to return to the RACGP Board or succeed in being re-elected and there are 12 elected member positions on the Board (including President).

Questions from members

Q: Executive remuneration: What is the President's total remuneration, including any additional director fees, allowances and benefits? What are the expected working hours and responsibilities, and how is performance assessed?

The proposed President's fee is $355,601, including superannuation**,** for performing the constitutional duties of President from the 2026 AGM to the 2027 AGM. The fee is based on a 1.0 FTE commitment and represents a 2% increase. In addition, the President receives the standard director fee, reflecting the separate duties and responsibilities held as a director. On the indicative 2027–28 fee structure, the President's combined remuneration would be $408,646, including superannuation**.** The President doesn't receive annual or personal leave or accrue LSL, and there are no additional allowances or benefits outside of covering the cost of travel for RACGP business in line with College policy.

The President's role is defined in a position description (attached) and has been independently benchmarked and classified using the Korn Ferry Hay methodology. The time commitment is reviewed annually between the Board Chair, President and Chief Executive Officer, having regard to the needs of the College.

The role also requires significant flexibility and availability outside normal business hours for advocacy, media, government and stakeholder engagement and other College responsibilities. In practice, this involves an ongoing, 24/7, availability expectation, although this does not equate to continuous working hours.

The President is elected by RACGP members for a two-year term and is therefore directly accountable to members through the electoral process. As a director, the President also participates in the Board's evaluation framework, which includes an annual review of Board effectiveness and an independent Board evaluation every three years.

The proposed $897,300, including superannuation, is the total amount available to remunerate directors for the 2027–28 financial year and excludes the President's separate remuneration.

The proposed standard director fee for 2027-28 is $53,045, including superannuation**,** representing a 3% increase from $51,500.

Directors attend a minimum of eight scheduled face-to-face Board meetings each year, generally from 9.00 am to 4.00 pm, in addition to preparation and reading, travel, Board committee responsibilities, additional meetings and other College activities. For practising GP directors, these responsibilities also require time away from clinical practice.

Separate payments may be made where a director performs an additional role or provides services outside their duties as a director. These payments are subject to the RACGP's related-party and conflict-of-interest requirements and are reported in the Directors' Report and Annual Financial Statements.

Q: Value for members: How does the Board justify these remuneration levels to ordinary GPs, many of whom face considerable financial and professional pressures? What measurable benefits are members receiving from this expenditure?

The Board considers that director remuneration should be proportionate, transparent and support effective governance of the RACGP.

The proposed $897,300 director remuneration pool is 6.75% lower than the amount approved for 2026–27. This principally reflects the reduction of the Board from 15 to 14 directors and the removal of provisions for President-elect onboarding and the Academic Committee Chair.

The RACGP Board Remuneration Policy provides that remuneration is intended to attract and retain appropriately skilled directors, recognise the complexity and time commitment involved in governing the College and reduce economic barriers to GPs contributing to College governance. The policy also provides for external benchmarking at least every three years against comparable for-purpose/not-for-profit organisations.

The Board also includes independent co-opted directors who contribute specialist capabilities to the Board's overall skills mix, including in areas such as finance, technology, digital transformation and artificial intelligence. Remuneration supports the RACGP's ability to attract suitably qualified candidates for these roles in a competitive market.

This approach reflects the considerations identified in the Australian Institute of Company Directors' Not-for-profit director remuneration guide: Considerations for boards. The AICD does not advocate that NFP (not-for-profit) directors should necessarily be remunerated. Rather, its guidance recognises the governance demands faced by larger and more complex NFP organisations and provides a structured, principles-based framework for considering whether remuneration is appropriate in an organisation's circumstances.

The AICD Director Remuneration Report 2025 similarly identifies organisational scale, sector-specific complexity and governance responsibilities as factors influencing director remuneration, while noting that unpaid positions remain prevalent in the NFP and charity sectors.

The RACGP's approach includes independent benchmarking and transparent disclosure of the proposed remuneration. The remuneration of the President and the overall amount available for director remuneration are presented separately to eligible members for approval at the AGM.

Further context on the roles is provided in videos prepared earlier this year in preparation for the 2026 President Election:

- President, Dr Michael Wright
- Board Chair, Dr Siân Goodson and CEO, Georgina van de Water

The Board acknowledges that members may hold different views about the appropriate level of remuneration and appreciates you taking the time to raise these matters.

Q: I am increasingly concerned that the RACGP has moved beyond its core responsibilities of education, professional standards and representation of general practitioners into contentious social and political advocacy. How does the College ensure that its public positions genuinely reflect the views of its membership?

The RACGP's core role remains supporting high-quality general practice through education, training, standards, quality improvement and advocacy on behalf of the profession. Advocacy has always been an important part of the College's role because government policy, regulation and health system design directly affect GPs' ability to provide safe, high-quality patient care. Our 2025 Member Engagement Survey results clearly showed advocacy remains one of the strongest expectations members have of the RACGP, with three-quarters of members rating being a strong advocate with government, Ahpra and regulators as "absolutely essential" in their survey responses.

Whenever the RACGP takes a public position, we seek to ensure it is informed by evidence, clinical expertise and member input. As part of our commitment to member-led advocacy, we consult with the President, RACGP Expert Committees, member-elected National, State and Territory Faculties and their Councils, GP Specific Interest Groups, and GP working groups. We also draw on member surveys, newsGP polls, targeted consultation processes and direct member feedback. The College also undertakes formal research to understand members' priorities and concerns, including through our annual member surveys and the RACGP's *Health of the Nation* survey. Through this research, members have highlighted role encroachment and scope of practice reforms as key concerns. These insights are supplemented by consultation-specific surveys and member engagement undertaken during signification reform processes and policy consultations.

It is important to recognise that the RACGP has more than 50,000 members with diverse backgrounds, experiences and views. Not every position taken by the College will reflect the views of every individual member. Our objective is not to achieve unanimity on every issue, but to develop positions that are evidence-informed, informed by member feedback, and consistent with the College's purpose of supporting general practice and improving patient care. In May 2026, after twelve months of consultation, the College launched its *Advocacy Plan 2026–30*. Consultation on the Plan included an invitation for individual member submissions, a member webinar, sessions at the Practice Owners Conference, a workshop with Expert Committee Chairs, and formal submissions from Faculties and our expert committees. We received 385 proposed advocacy objectives from across the College which were shaped into 192 advocacy objectives, refined to reflect member submissions, consultation feedback and national and state pre-budget priorities. Importantly, the Advocacy Plan:

- Anchors our advocacy activity in member priorities, providing focus and clarity for our advocacy efforts
- Empowers members to engage in our advocacy activity in their areas of interest and
- Creates transparency and accountability, enabling more effective reporting about our advocacy efforts.

We always welcome member feedback and regularly review our advocacy priorities, activities and policy positions to ensure they continue to reflect the issues of greatest importance to members and the communities they serve. Our member-elected President and Faculty Councils, Expert Committees, Specific Interest Groups, Future Leaders Program members, International Medical Graduates (IMG) and Supervisors Committees, the members of our GP Advocate Network and our College staff all play a role in advancing the objectives in the Advocacy Plan. The Plan is formally reviewed and updated each year, giving Faculty Councils and committees a structured opportunity to recommend that objectives be retained, refined, added or closed. Consultation on the 2027 Annual Update begins in late November 2026.

Q: What is the RACGP's position regarding the ethical responsibility of doctors to protect unborn human life? Has the College consulted its membership on its approach to abortion, and does it recognise the deeply held ethical and religious convictions of doctors who regard abortion as the taking of human life?

All doctors have a professional responsibility to be familiar with the Medical Board's code of conduct and to apply the guidance it contains. The code recognises doctors' right to not provide or directly participate in treatments to which you conscientiously object. The code also includes responsibilities on not allowing ones moral or religious views to deny patients access to medical care

All College material, including policy submissions and clinical guidance, is produced in consultation with members and is reviewed by our member based expert committees.

Q: I am similarly concerned about the normalisation of euthanasia and assisted suicide within Australian medicine. What is the College doing to defend the traditional medical commitment to preserving life, protecting vulnerable elderly and disabled patients, and ensuring that doctors are never pressured to participate in practices they consider fundamentally contrary to medical ethics?

The RACGP published a Position Statement in 2019:
https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Voluntary-assisted-dying.pdf

The RACGP curriculum includes older persons' health.

The RACGP produces the *Aged care guide*, a resource for GPs caring for older people in the community and residential aged care.

Q: Will the RACGP actively defend the right of doctors to conscientiously object to abortion and voluntary assisted dying, including where referral or facilitation would itself violate their deeply held convictions?

Doctors have a professional responsibility to be familiar with the Medical Board's code of conduct and to apply the guidance it contains. The RACGP does not have a role in policing doctors' adherence to the code or defending doctors that are in breach of it. Doctors should consult with their medical defence organisation. The code balances the right of doctors to conscientiously object with the right of patients to access legally available care.

The Board recognises that the RACGP represents GPs with a wide range of views and values, and we welcome your continued engagement.

-End-