

Annual report

2018–19



RACGP

Healthy Profession.
Healthy Australia.



RACGP

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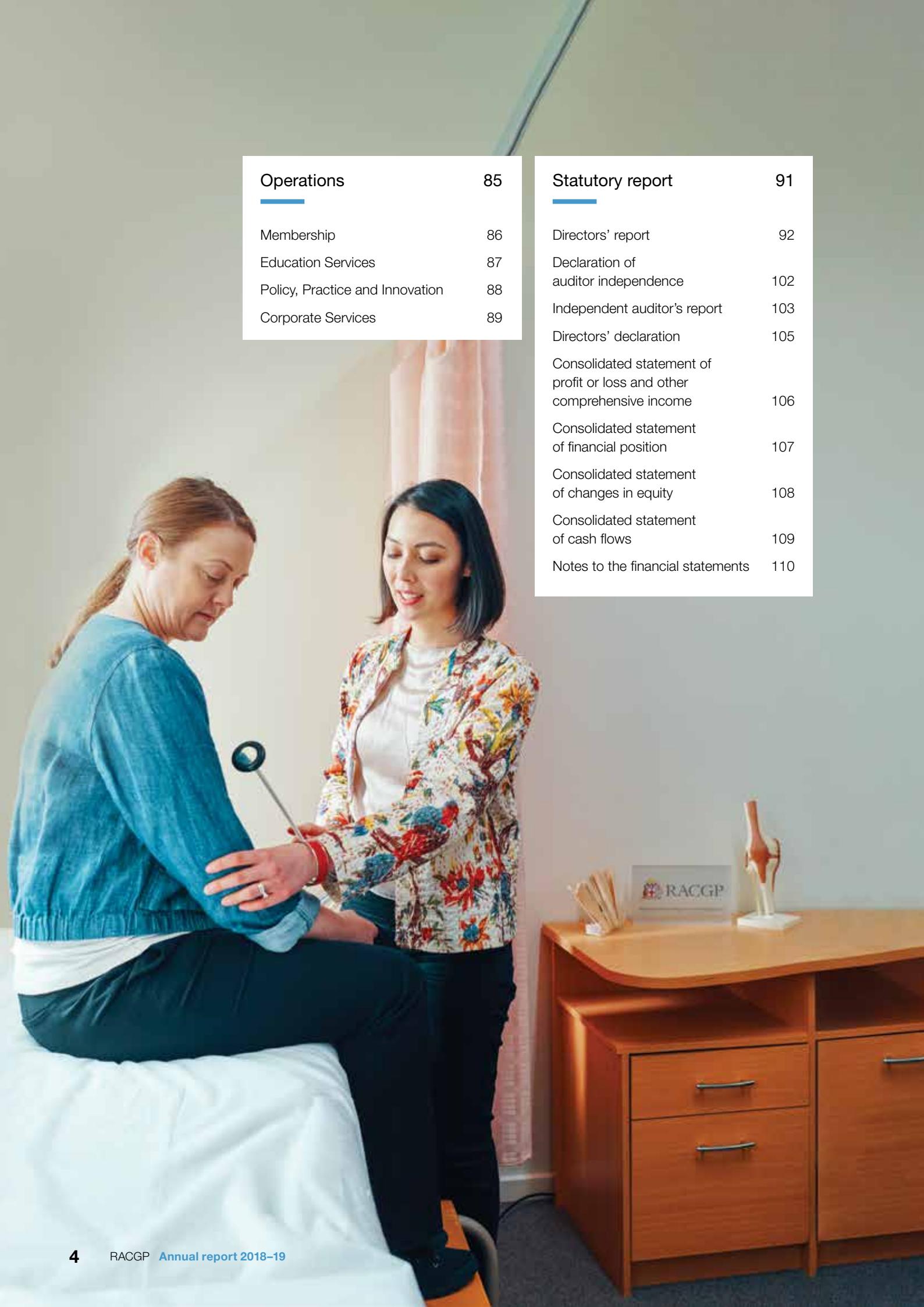
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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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About the RACGP

The Royal Australian College of General Practitioners (RACGP) is a medical college, an education provider, a standard-setter and an advocate for the health of all Australians.

It's a professional collective with patient-centred care at its heart; just like its more than 40,000 members, which includes nine in every 10 Australian general practitioners (GPs).

We support our members at all stages of their general practice journey – from medical student to doctor in training, to Fellowship and continuing professional development throughout their career, in all the varied geographic and social contexts in which GPs work.

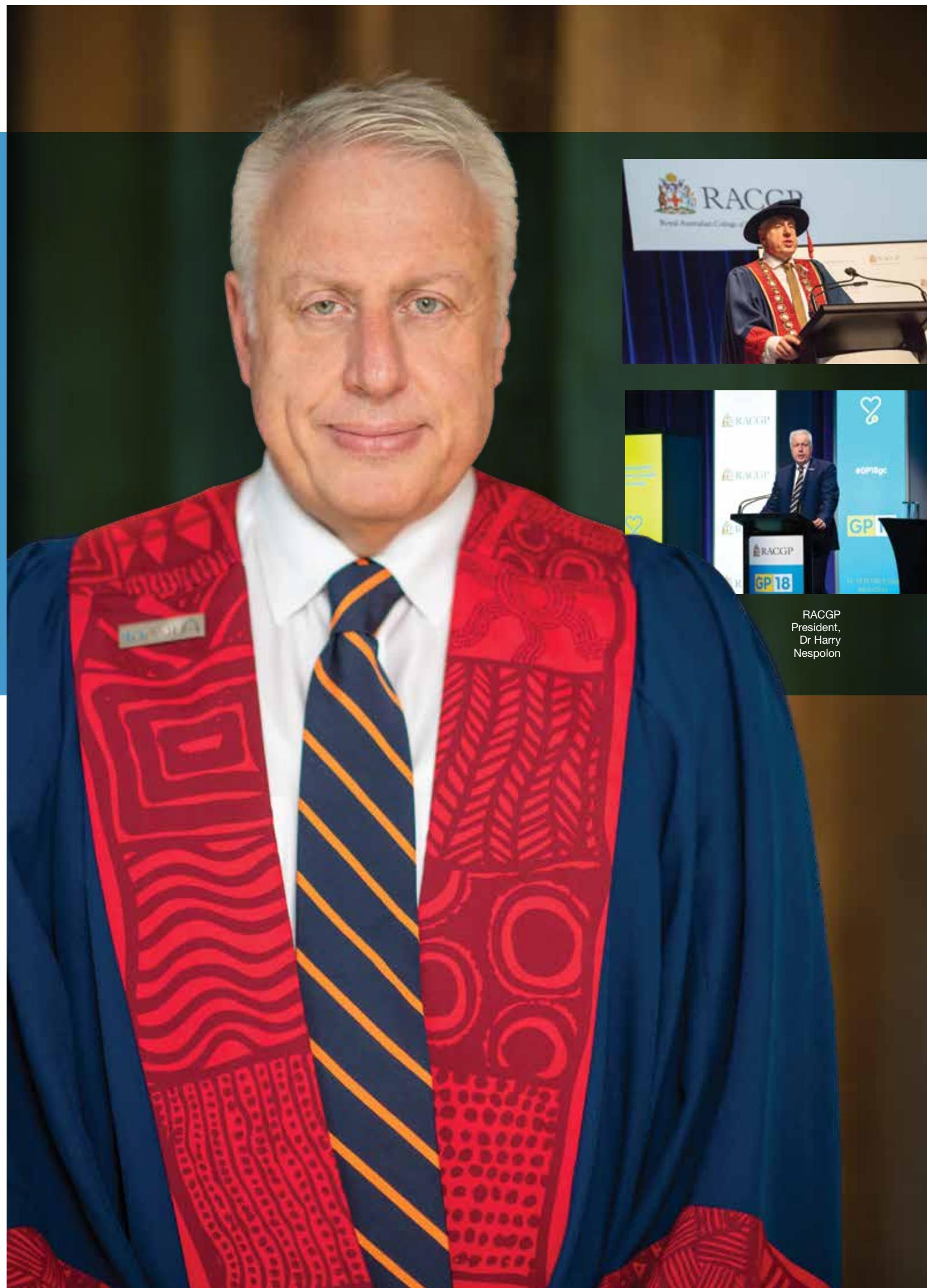
We carry out stringent assessments of doctors' skills and knowledge, develop resources and guidelines, and help GPs with issues that affect their practice to ensure high-quality healthcare for all Australians.

With more than two million Australians visiting a GP each week, the breadth of practice for a GP is unequalled among medical professionals. This is why the RACGP is a vocal advocate on many issues relating to the health of Australians. We have 30 specific interest networks focusing on topics including aged care, obesity management and psychological medicine.

We also have a focus on Aboriginal and Torres Strait Islander health. The more than 9000 members who either work in the Aboriginal and Torres Strait Islander healthcare sector or have a passion and interest in this area are supported by a dedicated faculty for Aboriginal and Torres Strait Islander health.

RACGP: Healthy Profession. Healthy Australia





RACGP
President,
Dr Harry
Nespolon

Message from the President

Dr Harry Nespolon

President, RACGP

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

Members are the heart and soul of the RACGP, and over the past 12 months the college has worked to meet the needs and aspirations of members and patients.

GPs see non-referred, undifferentiated patients. They can only guess at the next clinical problem to present – be it common or extremely rare. As such, there are few areas of health education not relevant to a GP. Making the planning learning and need (PLAN) activity voluntary, which was applauded, was the beginning of a renewed focus on members for the RACGP.

As President, I have focused on advocating on your behalf without hindrance. Our activities during the federal election showed our parliamentarians that we are willing to engage in the political process to support patient access to GPs. The outcome does show that we need to advocate for general practice on an ongoing basis, not just when an election is called. The RACGP has a respectful relationship with ministers and parliamentarians on all sides of politics, which will assist with efforts to build ongoing engagement.

The election also demonstrated that there is only one organisation that advocates solely for general practice and its patients. As part of this ongoing commitment, our

Vision for general practice and a sustainable healthcare system (Vision) is being implemented by the government, beginning with a focus on care of patients aged over 70 years.

The RACGP has been highly successful in all forms of mainstream media, leading the debate on myriad issues, including the privacy provisions of My Health Record and the Medicare Benefits Schedule (MBS) Review.

Anecdotally, more media outlets, patient groups and patients now support us. These advocates know the importance of general practice for their own health, that of their families and of their communities, and they are prepared to say it in multiple fora. The RACGP must continue expanding its sphere of influence to include these important groups.

While it is not possible to have 40,000 members agree on every issue, ensuring high-quality patient care and access to GPs binds us together. The RACGP has worked hard this year to ensure that patient access to high-quality medical care is not diluted by patients being funnelled to non-medical practitioners who wish to operate outside their scope of practice.

During the year we made over 200 submissions on a variety of clinical and non-clinical issues. The RACGP is an important voice in developing clinical standards and dealing with social issues that affect the day-to-day work of GPs.

I look forward to seeing the RACGP continue to grow in all the areas discussed over the next year, especially as we launch our Vision, due for release later in 2019.



Left: RACGP CEO, Dr Zena Burgess

Top: RACGP executive team

Bottom: Dr Burgess with the Bronze Australasian Reporting Award for the Annual report 2017-18

Message from the Chief Executive Officer

Dr Zena Burgess

Chief Executive Officer

PhD, MBA, MEd, DipEdPsych, BA, FAPS, FAICD

This has been a year of great advances for the RACGP, and I am delighted with the consistent and coordinated efforts made by everyone to ensure that the RACGP remains a dynamic force at the forefront of general practice education and advocacy. Membership has grown, our responsibilities have expanded, and we are offering more and better services and opportunities for our members.

We were delighted with the response to our first ever Practice Owners National Conference, which had approximately 480 attendees, with the second attracting 720 attendees. Creating more targeted conferences is the latest in a series of innovations aimed at providing our members with pertinent business and clinical information, partnering and networking opportunities, and mentoring and assistance.

A major win this year was our successful international bid to host the World Organization of Family Doctors (WONCA) World Conference in 2022. WONCA 2022 will mark 50 years since the global meeting was first held in Australia, and is expected to attract over 4000 family doctors from around the world.

This year we welcomed 1562 new members and are now more than 40,000 members strong. I am also extraordinarily proud that we have more than 50% female members, with the Board boasting 43% and faculty councils 49% female representation, something other organisations can only dream about. We are also proud of our 19,000 rural members, with more than 8500 living and working in rural and remote Australia.

We have continued to look at how we can better use technology to deliver services and engage with members. We are reviewing our member app with a focus on making it much easier to log and track continuing professional development (CPD) activities. *newsGP*, which we launched last year, has become one of the most widely read medical news services in Australia, having published more than 1000 articles and generated more than 1.3 million page views.

The RACGP is now four years into a five-year plan to raise community awareness through our brand campaign. Since launching this campaign, RACGP membership has grown from 37,138 to more than 40,000. We have also seen the percentage of patients who think it is important that their GP is a member of the RACGP rise from 15% to 36%. Further, the campaign played a pivotal role in the lifting of the Medicare rebate freeze, which for over a decade had been a severe burden on our members and their patients.

Our financial report shows that we retain our healthy financial base, upon which we can stake our present and future endeavours to consolidate, grow and, most importantly, provide exemplary service to our members. Management and staff work extremely hard to ensure we are delivering value for members and achieving efficiencies in the ways we operate.

Finally, I would like to thank Jo Raw, our recently retired Deputy Chief Executive Officer, for her valuable contribution to the RACGP over almost 10 years of service in many demanding roles.

I would also like to thank Board members for their contribution to making the RACGP one of the strongest medical representative bodies in the country.



Message from the Chair

**Associate Professor
Charlotte Hespe**

Chair, RACGP Board

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

Writing this report has allowed me to reflect on the progress the RACGP is making in supporting and advocating for GPs across Australia – GPs whose knowledge, experience, commitment and sometimes sheer endurance underpin the nation's health. Australia is extremely fortunate to be served by thousands of impressive and committed GPs. In turn, the RACGP, as our key GP membership organisation, aims to support GPs, representing their interests, advocating for the general practice profession and ensuring its ongoing viability. The RACGP's work is necessarily wide-ranging. Expert guidance and advice is needed on many fronts, and we are fortunate to be richly served in this respect by the many individuals and expert committees who are part of the governance overseeing the RACGP.

The past year has been productive for the Board, which implements key decisions on behalf of our membership. In December, the directors, senior management team and chairs of the expert committees met to refresh the RACGP's strategy for the next three years.

Since that time we have overseen multiple policy and advocacy issues for Australian GPs. This has included the 2019 federal election campaign, advocacy on health policy and funding decisions such as the Practice Incentives Program Quality Improvement (PIP QI), general practice education and training, and rural generalism; endorsed statements around voluntary assisted dying; and our *Vision for general practice and a sustainable healthcare system*. I would like to take this opportunity to acknowledge and thank Dr Tim Koh, outgoing Chair, for the guidance he has provided to the RACGP Board over the last three years; and our outgoing President, Dr Bastian Seidel, for his leadership over the last two years. Both left office in October 2018.

I welcome our current President, Dr Harry Nespolon, who has 'hit the ground running' and provided strong leadership on behalf of all members of the RACGP.

I would also like to thank all Board members for their dedication and strong work towards bettering the profession of general practice in Australia.

Finally, I extend my own and the Board's appreciation towards all of our members, and thank them for their continuing commitment to making Australia a healthier, happier place.

Message from the Censor-in-Chief

Dr Kaye Atkinson

RACGP Censor-in-Chief

BMed (Hons), FRACGP, MFM (Monash)

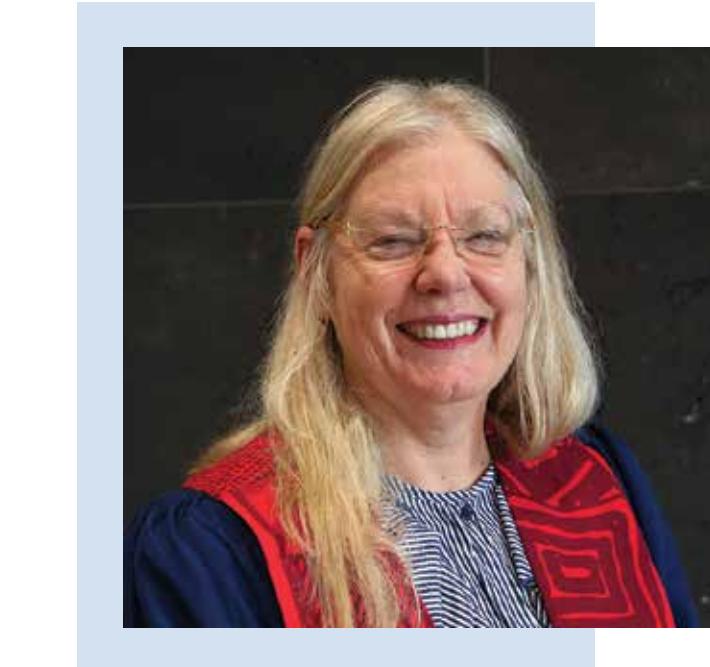
My focus as Censor-in-Chief continues to be our robust, integrated education framework for lifelong learning. This provides a comprehensive journey for our members by linking pre-vocational and vocational training, continuing professional development (CPD) and our post-Fellowship framework.

I am very proud of our members' enthusiasm to take the journey with us: to acquire, retain and gain skills and knowledge to meet the complex primary health needs of Australians.

I cannot emphasise enough the importance of how the RACGP, working collaboratively with Regional Training Organisations (RTOs) and other organisations both domestic and international, is achieving great outcomes for our members and the profession. While many think of education as separate from advocacy, our strength is that we combine both. This has seen the successful introduction of programs that are contextually relevant and responsive to the needs of members and their patients, and that take account of future training needs.

Our approach to training over the next few years will be 'steady as we go', ensuring that our general practice doctors in training, general practice supervisors and practices have stability. At the same time we will look to how we can increase support for all of our members working towards Fellowship, starting with the introduction of the Practice Experience Program for non-vocationally trained doctors.

We are seeking recognition of rural generalism as a specialised field of the specialty of general practice, working in collaboration with the federal



government and relevant external parties. Although a relatively difficult and elongated process, we are hopeful of achieving this outcome within the next 18 months.

We continue to develop curricula and education programs for our members wanting to develop additional skills in specific areas of practice. The first program – the Australian Defence Force Professional Performance Framework – has been approved, with more programs in specific areas of practice to come.

Internationally, via the RACGP's established and emerging relationships with international colleagues in general practice/family medicine, our work has focused on helping partners build strong primary health systems. We are also focused on how we can best support our international colleagues who come to work in Australia. We have developed a more robust and comprehensive program for specialist recognition, ensuring that doctors who want to work in Australian general practice have a smooth transition and receive the support they need to provide high-quality care to the community.

This year we delivered the largest-ever RACGP examinations, with 3051 participants completing the Key Feature Problem (KFP) examination, 2409 completing the Applied Knowledge Test (AKT) and 1974 completing the Objective Structured Clinical Examination (OSCE). We thank the many RACGP members who volunteer their expertise and time to prepare, organise and supervise the various assessments and exams, and congratulate participants who have successfully completed their exams.

RACGP at a glance

Figures are correct as at the end of the 2018–19 financial year.

In 2018–19, GPs and their teams provided almost **160 million** services to Australians.

General practice is at the very heart of Australian healthcare, with more than two million people visiting their GP every week across the country.





40,878**Total members**

RACGP membership has grown by 1562 since the 2017–18 financial year.

22,471**Fellows**

8221**Other**

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

4693**Doctors in training**

'Doctors in training' includes registrars, residents/interns and international medical graduates.

5493**Students**



We have almost 10,000 members working in, or passionate about, Aboriginal and Torres Strait Islander health

The RACGP continues to raise awareness of Aboriginal and Torres Strait Islander health needs and closing the gap. By understanding the cultural context, the RACGP works to foster Aboriginal and Torres Strait Islander healthcare professionals and provide the best possible outcomes for this patient population.

65

Aboriginal and Torres Strait Islander Fellows

55

Aboriginal and Torres Strait Islander doctors in training

19,000+
Rural members,
with more than
8500
living and working
in rural and
remote Australia



**The RACGP remains committed to the
needs of Australia's rural and remote
communities, and to those GPs who provide
care for these often under-served patients.**

9 convocation
items submitted,
6 items carried

18,000

Facebook followers

13,631

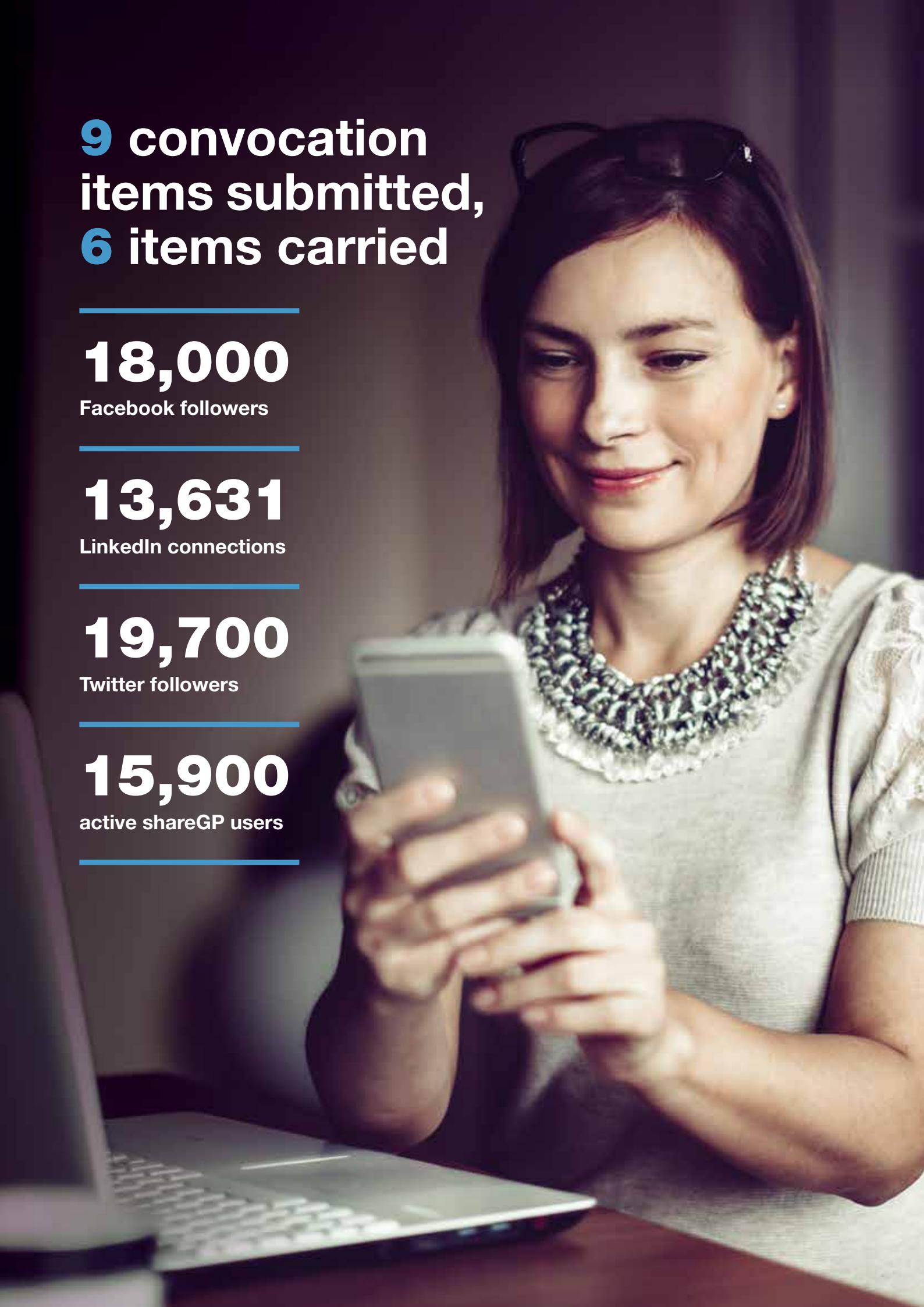
LinkedIn connections

19,700

Twitter followers

15,900

active shareGP users

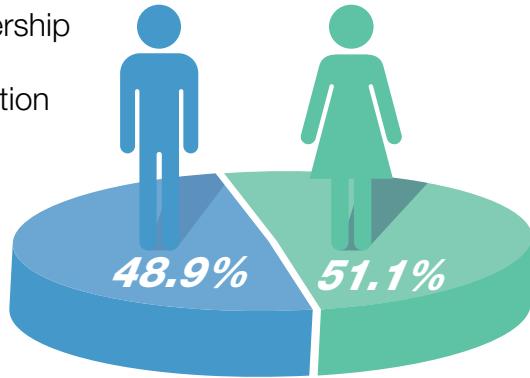


 <p>7650 GPs completing self-directed activities using myCPD*</p>	 <p>12,430 AJGP activities completed</p>	 <p>9155 Exam support modules</p>
 <p>16,634 <i>gplearning</i> modules</p>	 <p>26,755 <i>check</i> activities completed</p>	 <p>1000+ <i>newsGP</i> articles published</p>
 <p>112,000+ newsGP page views per month (total 1.34 million)</p>	 <p>119,204 Enquiries via phone and email to the national office; many more made to each of the state/territory offices</p>	 <p>4531 John Murtagh Library services used, including loans, journals and articles, searches, training, support and information</p>
 <p>252,387 Instances of GPs completing provider-accredited activities</p>	 <p>366,390 John Murtagh Library online resources used</p>	 <p>465,000+ AJGP page views per month (total 5.58 million)</p>
 <p>4721 recruitGP listings for members</p>	 <p>211 recruitGP listings for non-members</p>	 <p>*Approximation based on total numbers since the start of the triennium to date and divided over the months</p>

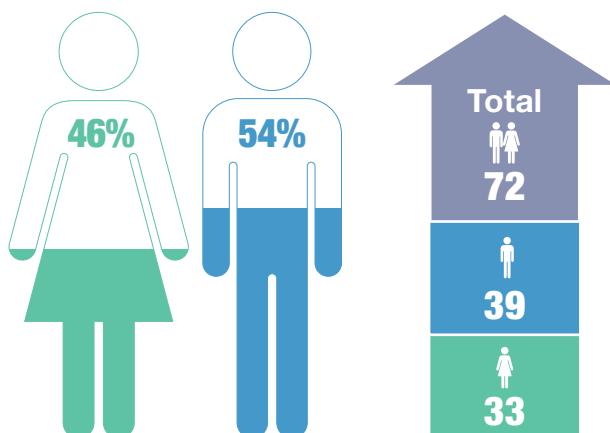
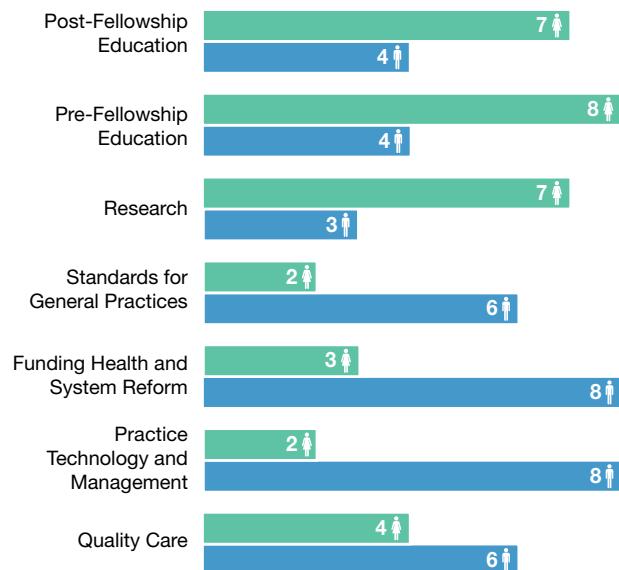
Current gender representation

(at 30 June 2019)

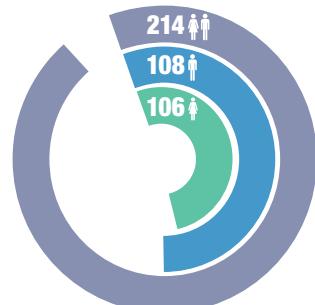
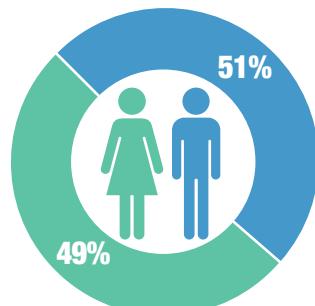
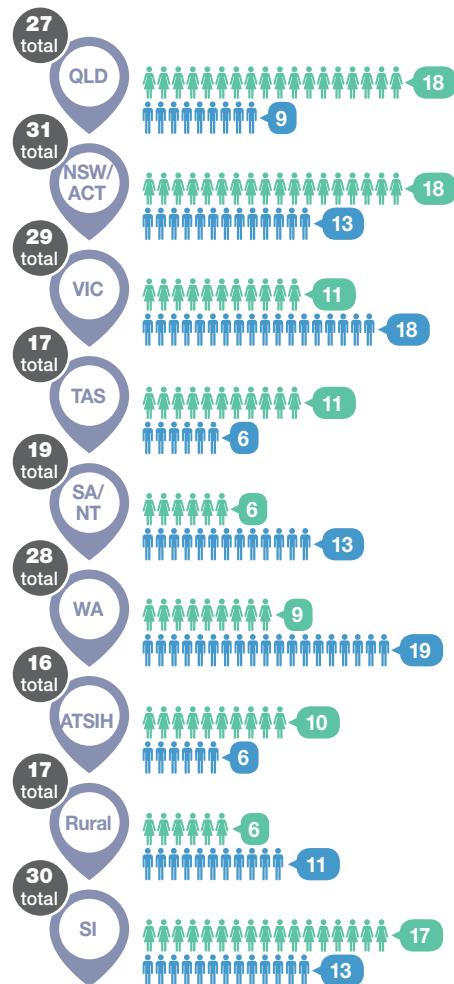
Membership
gender
distribution



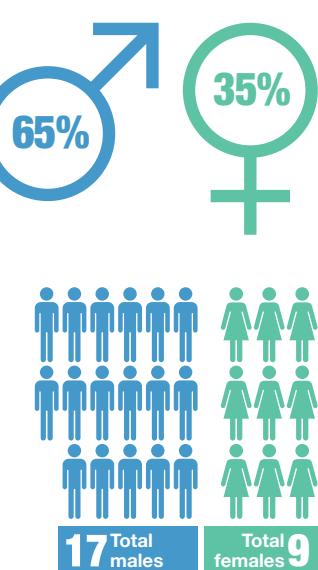
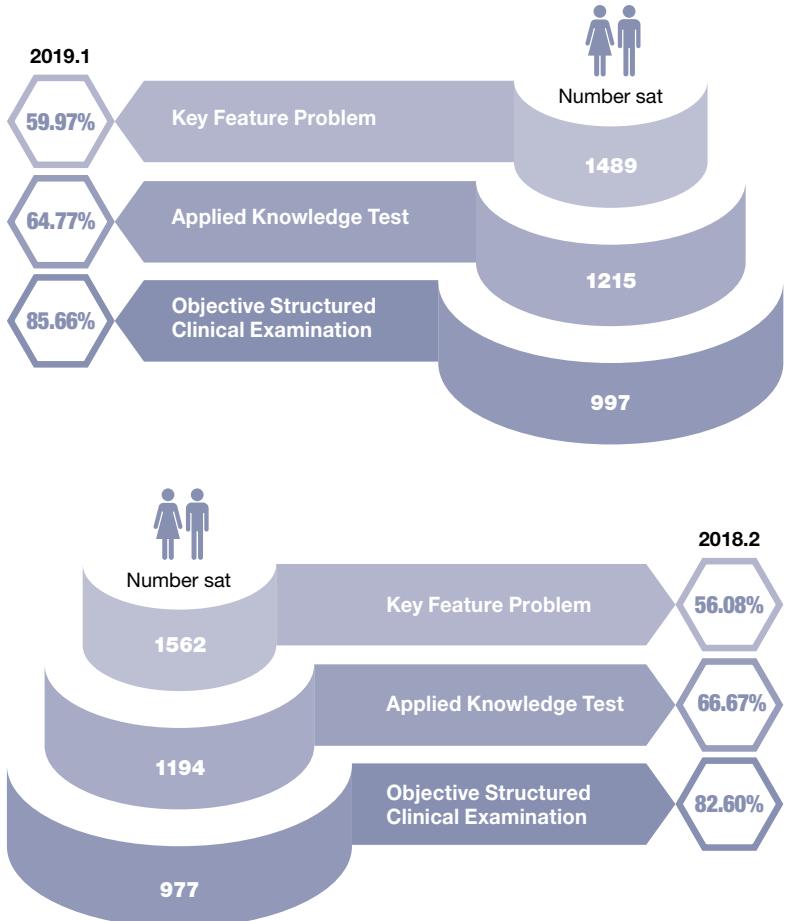
Expert committees



Faculties



Number of exam candidates and pass rates



Governance

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

Members of the 61st RACGP Board



Associate Professor Charlotte Hespe
MBBS (Hons), FRACGP, DCH (Lon), GCUT, FAICD
Chair, RACGP Board;
Chair, RACGP NSW&ACT



Dr Harry Nespolon
BMBS, DipRACOG, FRACGP, BEc, LLB (Hons), GCLP, FACLM, MBA, FAICD, MHL President



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



Dr Kaye Atkinson
BMed (Hons), FRACGP, MFM (Monash)
Censor-in-Chief



Dr Krystyna de Lange
BPharm, MBBS, DRANZCOG, DCH, CertEM, FRACGP, MAICD Registrar Representative



Dr Zakaria Baig
MBBS, FRACGP, FACRRM
Chair, RACGP SA&NT



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



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



Associate Professor Jennifer Presser
BSc, PhD, BMBS, DRANZCOG, DipChildHealth, FRACGP, MHPE
Chair, RACGP Tasmania



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



Dr Sean Stevens
MBBS, DRACOG, FRACGP, MBA, GAICD
Chair, RACGP WA



Dr Bruce Willett
MBBS, FRACGP
Chair, RACGP Queensland



Ms Christine Nixon, APM
BA, APM, Hon LLD, Hon LittD, MPA, DipLReLLaw
Co-opted Board member



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



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

Corporate governance statement

The Board

The RACGP's Board of Directors is appointed in accordance with the Constitution.

The Board is accountable to the RACGP members through general meetings, with any changes to the Constitution subject to approval by a special majority of eligible members (75%) in a general meeting. The Board's remuneration, including the President's allowance, is approved annually at the Annual General Meeting (AGM) by eligible members.

The Board's conduct is self-managed with reference to the *Australian Charities and Not for Profits Act 2012* (Cwlth), the *Corporations Act 2001* (Cwlth), the RACGP Constitution, the RACGP Conflict of Interest Policy and the RACGP Member Code of Conduct. A copy of the RACGP Constitution and other governance information is available on the RACGP website.

Board composition

The Board consists of 12 RACGP members, who may co-opt up to five additional individuals (who need not be members). The Board currently has two such individuals. Board members are called 'directors'. Nine directors are drawn from the chairs of the national and state faculties. The RACGP President, Censor-in-Chief and Registrar Representative are elected by general ballot. The Board is structured to maximise member representation (as opposed to skills or diversity).

Co-opted directors are appointed by majority Board decision. The Board elects its Chair and the Vice-President annually from within. The RACGP Constitution and the RACGP Elections Policy detail the process for Board appointment.



The Directors' Report includes relevant details for the President, Chair, Censor-in-Chief, Registrar Representative, Directors and Company Secretary, including names and qualifications.

Role of Board

The Board is responsible for the RACGP's overall corporate governance and performance. Its objectives are stipulated in Part 1 of the Constitution, and its powers in Part 9 of the Constitution. Its role includes approving and periodically reviewing the RACGP's strategy, and monitoring organisational and financial performance. The Board is the ultimate decision-maker on clinical, educational and professional matters, and reserves a number of decisions of this nature for its determination.

Board and the Chief Executive Officer

The Chief Executive Officer (CEO) is appointed by the Board and is responsible for the day-to-day management of the RACGP in accordance with approved strategy, policies and delegated authority framework.

Faculty committees

Part 3 of the RACGP Constitution establishes the RACGP's faculties, and part 7.1 appoints each faculty chair to be a director. Faculty committees are established by section 59(a) (vii) of the RACGP Constitution. Faculty committees consist of three member types: elected, ex officio and co-opted. Elected members are on the faculty committee pursuant



to faculty elections, which are held each year as approximately half of the elected faculty committee members retire.

Board committees

Part 10.3 of the RACGP Constitution authorises the Board to establish Board committees, and clinical, educational and professional committees. All such committees perform an advisory role; the Board is the ultimate decision-maker on clinical, educational and professional matters. It reserves a number of decisions of this nature for its determination.

Awards Committee

The Awards Committee is responsible for oversight of the RACGP awards process on behalf of the Board.

Finance, Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee (FARM) is responsible for assisting the Board to fulfil its oversight responsibility of the RACGP's risk management, internal controls and the integrity of the RACGP's financial statements.

Nomination and Remuneration Committee

The Nomination and Remuneration Committee (NRC) is responsible for assisting the Board with oversight of the process for appointments to the Board and RACGP expert committees, as well as Board and CEO remuneration, performance evaluation and succession planning.

Chair of RACGP Aboriginal and Torres Strait Islander Health, Associate Professor Peter O'Mara; Chair of RACGP Rural, Associate Professor Ayman Shenouda; and Chair of RACGP Victoria, Dr Cameron Loy



RACGP expert committees

There are seven RACGP expert committees (RECs), each responsible for separate portfolios in areas of expertise considered crucial to the RACGP and to general practice. The RECs are Funding Health and System Reform, Quality Care, Research, Standards for General Practices, Pre-Fellowship Education, Post-Fellowship Education, and Practice Technology and Management. REC chairs are appointed by the Board, with REC members appointed via a combination of expertise and expressions of interest.

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

Council of Censors

The Council of Censors (CoC) considers standards of clinical practice and competence and assesses candidate competency for Fellowship eligibility.

The CoC ensures the RACGP adopts a defensible, sustainable, unified and

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

Council of Assessment

The Council of Assessment (CoA) considers standards of clinical practice and competence, and assesses candidate competency concerning Fellowship eligibility.

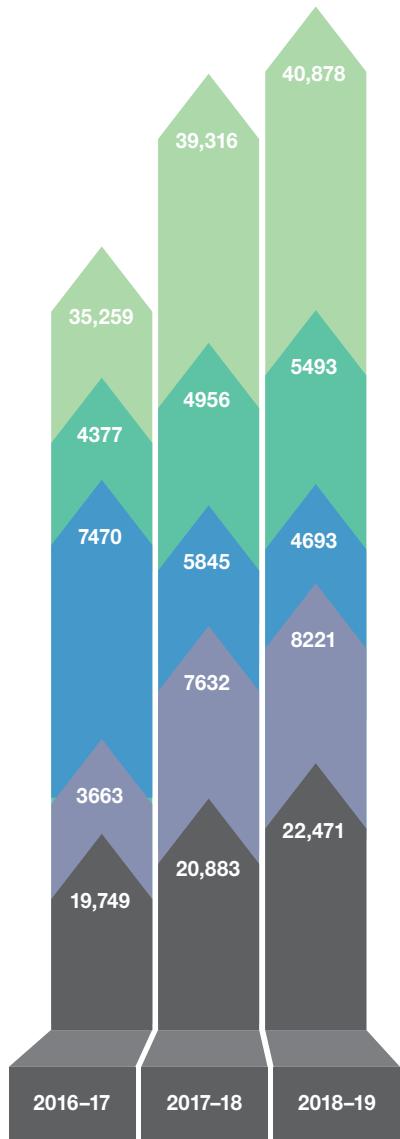
The CoA ensures the RACGP adopts a defensible, sustainable, unified and coordinated approach across all faculties for establishing and maintaining standards relating to assessment of candidates presenting for Fellowship.

The CoA comprises all CoC members, Assessment Panels chairs, national examination coordinators, and a general practice doctor in training. The Assessment Panel chairs and national examination coordinators are employed on recommendation of the Censor-in-Chief and the General Manager, Education Services.



Membership

Historical membership growth



Outline of member benefits

The RACGP community provides members with the environment and opportunities to collaborate and connect with peers, get support, further their education and have their say to shape the profession.

Learning and education

Members can enhance their lifelong learning with accredited educational resources and stay ahead in the ever-evolving profession of general practice through the:

- Continuing Professional Development (CPD) Program
- *gplearning*
- *Australian Journal of General Practice (AJGP)*
- John Murtagh Library (JML)
- *check* program
- RACGP Clinical Conference
- Practice Owners National Conference.

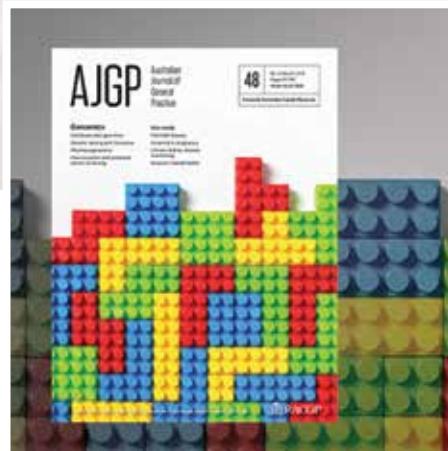
Advocacy

The RACGP plays a vital role in advocating for important matters affecting the general practice profession and its patients. The RACGP:

- regularly meets with health ministers and their advisers, gives evidence at parliamentary hearings and prepares submissions on matters that impact the profession
- engages members in advocacy work through consultations, polls, workshops and surveys
- produces *General Practice: Health of the Nation*, the only comprehensive, sector-led report of Australian general practice, which draws on specifically commissioned research involving RACGP Fellows from all over Australia.



In the financial year, the various divisions of the RACGP made over 200 submissions to state and federal governments.



Support

RACGP membership gives members access to an array of resources to support personal wellbeing, career development, and practice and patient care, including:

- tailored support to members who are interested in or already working in a specialised area of general practice
- technology that allows free and easy communication and encourages collaboration between members (shareGP)
- a daily news service (*newsGP*) covering medical and health news, not just RACGP-specific information



- a member app to help members track and record CPD activities
- the GP Support Program, a free service providing professional advice to help members with issues that can affect wellbeing, work performance, safety, workplace morale and psychological health
- clinical guidelines and information, including the *Handbook of non-drug interventions (HANDI)*
- business management tools
- recruitGP – free classified listings for general practice-related employment
- discounts on publications and resources
- exclusive member offers and discounts, including financial and wealth products, travel deals, wellbeing incentives, insurance offers, discounts on publications and resources, and discounts on auto and retail purchases.

In its first full year, *newsGP* – the RACGP's daily news service – published more than 1000 articles and generated more than 1.3 million page views. This puts *newsGP* among the most widely read medical news publications in Australia.

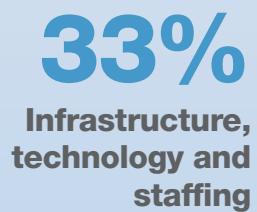
recruitGP posted 6325 advertisements during the financial year. Of these, 5810 were advertisements posted by members, providing \$2.2 million in free member advertising in the last financial year.

Resources published

The RACGP produced the following key resources in 2018–19.

2018

- *General Practice: Health of the Nation 2018*
- *Standards for after-hours and medical deputising services, 5th edition*
- *MBS fee summary, 2018*
- *Standards for point-of-care testing, 5th edition*
- *Improving health record quality in general practice: How to create and maintain health records that are fit for purpose*



Member contribution

Breakdown of each member dollar spent

2%

Library



7%

Standards,
clinical guidelines
and quality

27%

Advocacy
and policy



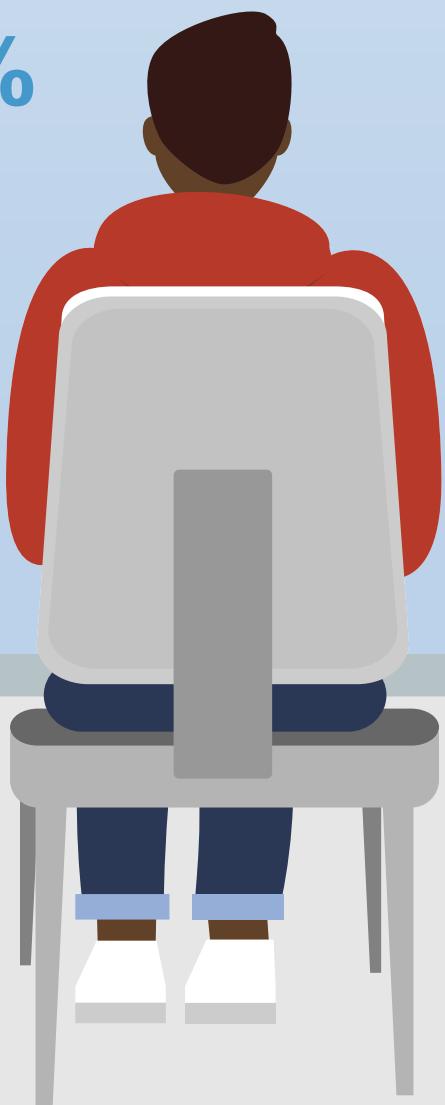
2%

Education
(Exams and CPD)



21%

Faculties



- *Exam report AKT 2018.2*
- Practice Experience Program (PEP), suite of resources
- *Guideline for the management of knee and hip osteoarthritis, 2nd edition*
 - *Guideline for the management of knee and hip osteoarthritis: Administrative report*
 - *Guideline for the management of knee and hip osteoarthritis: Implementation plan*
- *Overview of the 2018–19 Mid-Year Economic and Fiscal Outlook (MYFO)*

2019

- *Minimum requirements for general practice clinical information systems to improve usability*
- ‘Changes to the RACGP Standards for general practices (5th edition)’, factsheet
- *Toolkit for developing practice-specific questionnaires*
- *Pre-budget submission 2019–20*
- *Federal election statement 2019*
- *Custodial health in Australia: Tips for providing healthcare to people in prison*
- *Selection guide for entry into the 2020 AGPT Program*
- *Views and attitudes towards technological innovation in general practice: Survey report 2018*
- *Social media in general practice*
- *Telehealth video consultations guide*
- *Working with the Stepped Care Model: Mental health services through general practice* (General Practice Mental Health Standards Collaboration [GPMHSC])
- *Practice guide: Communication between medical and mental health professionals (GPMHSC)*
- *Education Research Grant 2020 program 2020: RACGP application guide*

Collaboration

The RACGP enables members to connect to a large, diverse and trusted community of peers through:

- shareGP* – Australia’s first GP professional collaboration space; a highly secure and professional member-only online environment
- special interest groups, networks and events
- state faculty support
- RACGP committees
- discounted local workshops and complimentary webinars.

*At the end of the financial year, shareGP had **15,900** active users

Top: Delegates in the GP18 exhibition hall
Bottom: RACGP Aboriginal and Torres Strait Islander health resources



State and national faculties



The RACGP constantly strives to engage with its 40,000 plus members and offer them the best possible services. Representing members and the profession, faculties continue to be a strong voice for the profession, patients and the community. Events and activities are held throughout the year by state and territory faculties, RACGP expert committees, specific interest networks, and many others.

RACGP NSW&ACT

Associate Professor Charlotte Hespe

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

Chair, RACGP NSW&ACT

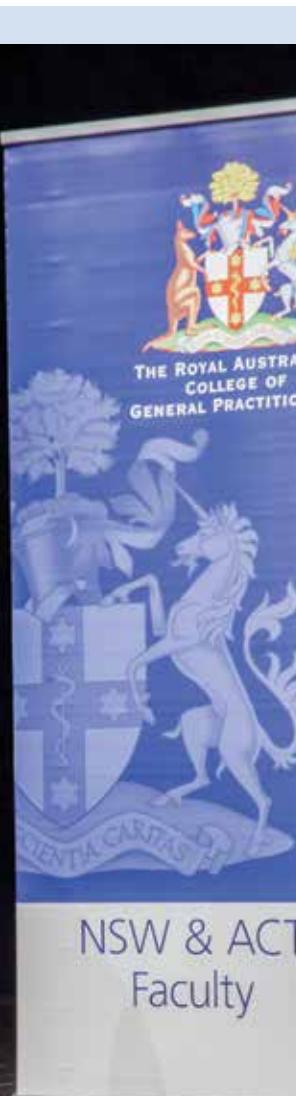
RACGP NSW&ACT had a great 2018–19. We serve over 12,000 members, requiring a huge coordination effort for networking events, formal assessments and external campaigns.

The Objective Structured Clinical Examinations (OSCEs) were a highlight in 2019, as RACGP NSW&ACT conducted the largest exam in RACGP history. With 16 rotations of candidates at four venues in Sydney and Canberra, the examination team coordinated 312 candidates, 283 examiners and 51 quality assurance examiners. The exam's success is a true testament to all involved, and I was pleased to hear positive feedback from both candidates and examiners.

RACGP NSW&ACT had a full calendar of social and educational events throughout the year. The NSW Health partnership delivered clinical education to more than 1500 NSW GPs, who each attended an average of three education sessions. Simultaneously, the faculty has partnered with multiple Primary Health Networks (PHNs), including the Capital Health Network, to deliver active learning modules (ALMs) on topics ranging from mental health to chronic conditions, and alcohol and substance misuse. GP networking and collaboration has also been a priority, with the New Fellows Connect series and inaugural Wellbeing Weekend recording fantastic attendances. The Charles Bridges-Webb Oration, the new Eric Fisher Award and the Fellowship ceremonies were other highlights.



The New South Wales state and federal elections were focal points in the advocacy space as the RACGP continues to tackle rising out-of-pocket patient costs, GP inaccessibility and inadequate Medicare rebates. Deputy Chair Dr Michael Wright and I were pleased with productive meetings with MPs such as Dr Kerryn Phelps, with the election results only reinforcing the need for ongoing engagement with politicians of all political persuasions.



NSW & ACT Faculty



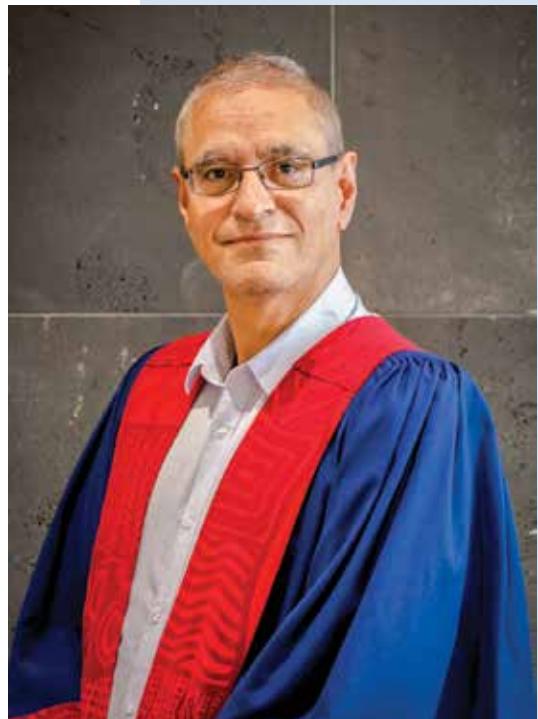
Top: RACGP Chair,
Associate Professor
Charlotte Hespe, with
RACGP NSW&ACT
Council members
Bottom: New Fellows

Throughout the year the faculty has consistently communicated with its members about changes in the general practice landscape. The September 2018 announcement of changes to the planning learning and need (PLAN) activity was well received, alongside timely reminders on measles, syphilis and human immunodeficiency virus (HIV) clusters. The faculty Council continues to seek out new ways to get important messages directly to our members, including via podcast and through newsletters.

I am excited to begin work with our Women in General Practice NSW&ACT Committee. This new committee will focus on barriers to female leadership in general practice and will conduct events to encourage and support female GPs. As new models of care and new funding arrangements impact all GPs, we will also continue to support and advise our RACGP NSW&ACT members.

We look forward to the 2019–20 financial year.

RACGP SA&NT



Above: Chair of RACGP SA&NT, Dr Zakaria Baig
Bottom and right: South Australian and Northern Territory Fellowship and Awards Ceremony

Dr Zakaria Baig

MBBS, FRACGP, FACRRM

Chair, RACGP SA&NT

In the past 12 months, RACGP SA&NT has been developing strategies to further support our members, placing significant importance on the valuable relationship between GPs and the health and wellbeing of their patients.

General practice remains the most accessed form of healthcare. As part of the largest professional general practice organisation in Australia, RACGP SA&NT has increased its local advocacy to ensure greater commitment to high-quality and accessible services. Areas of strategic focus include:

- meeting with federal election candidates to motivate investment in healthcare
- engaging with the South Australian Minister for Health and Wellbeing on policy changes and education for GPs
- meeting with the Northern Territory Minister for Health and RACGP Rural Chair to discuss the future of rural generalism





- presenting funding proposals to Health Translation SA
- campaigning against the closure of SHINE SA sites
- education collaborations with stakeholders
- meetings with Regional Training Organisations (RTOs) and Primary Health Networks (PHNs).

I am also proud of our education achievements, as we expanded our calendar of events to include new webinars, workshops and learning opportunities. In 2018–19, we delivered education through 55 workshops, which attracted more than 1100 participants.

The New Fellows Committee continues to play a key role in supporting our members, incorporating an inaugural retreat in our calendar of events. Held in August 2018, members enjoyed the surrounds of the Barossa region during this 1.5-day education program. Given the success of the retreat's social networking and professional development opportunities, we have decided to make this an annual event.

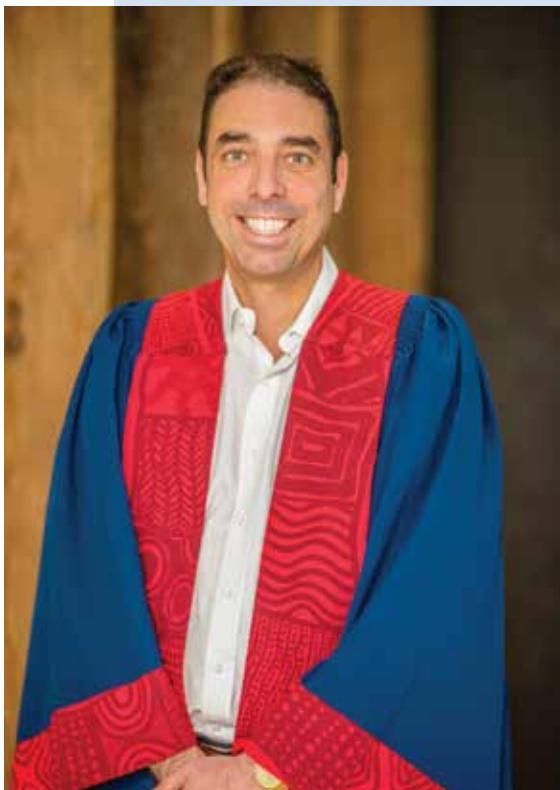
The increased level of member activity in the Northern Territory was particularly evident at

the Fellowship and Awards Ceremony held on 8 September 2018 in Darwin, with 94 guests celebrating 20 members accepting their Fellowship. We also attracted 51 participants to a dermatology workshop held in Darwin in August 2018, which provided our Northern Territory members with a great opportunity to enhance their clinical skills.

Another major highlight from 2018–19 involved our very own Dr Holly Deer from the Crystal Brook Medical Practice in South Australia. Dr Deer was chosen, from among other state finalists, as the 2018 RACGP General Practice Supervisor of the Year. This award recognises the dedication of a GP who has contributed significantly towards the training and mentoring of general practice doctors in training, leading by example and inspiring those coming through the system to gain a strong appreciation of the profession.

We remain committed to represent the best interests of urban and rural GPs in South Australia and the Northern Territory.

I feel privileged to lead our passionate and dedicated team in providing high-quality education, training, resources and support to our members.



RACGP WA

Dr Sean Stevens

MBBS, FRACGP, MBA, GAICD

Chair, RACGP WA

Member engagement, education, innovation and advocacy have been the focus for RACGP WA.

During the past year, our GPs connected with colleagues at over 60 educational and collegial events attended by more than 1700 members. This is in addition to more than 30 exam preparation activities and the Fellowship of the Royal Australian College of General Practitioners (FRACGP) examinations.



Highlights of the year include:

- a sell-out GP wellbeing workshop with comedian and GP, Dr Ahmed Kazmi
- the inaugural New Fellows Conference developed by the New Fellows Committee to support GPs in their first five years post-Fellowship
- a highly successful series of 11 doctor-in-training workshops
- support for local practice owners and aspiring business owners with a ‘Business of general practice’ workshop
- three dermatology workshops held with 150 attendees combined.

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

use of technology. Two successful webinars were delivered, and we plan to roll out a webinar series in late 2019. The Chair and State Manager Hamish Milne visited the Southern Regional hub of Albany in June, and RACGP WA also collaborated with key stakeholders to enable delivery of several events in rural areas. Engaging regional members will again be a focus in 2019–20.

Throughout the year, 163 Western Australian GPs attained FRACGP. Two Objective Structured Clinical Examinations (OSCEs) supported 195 doctors to undertake the FRACGP examinations, with the participation of approximately 230 examiners.

More than 370 people attended the 2018 RACGP WA Fellowship and Awards Ceremony, with 96 new Fellows recognised. The evening also acknowledged the WA RACGP award recipients, exam award winners and the two GPs who attained their Fellowship of Advanced Rural General Practice (FARGP).

The future of general practice is looking bright in Western Australia, with an engaged group of general practice doctors in training attending a significantly higher number of education activities than previous years.

During the past 12 months, RACGP WA engaged with the state government Sustainable Health Review, the Ministerial Expert Panel on voluntary assisted dying, and contributed to development of the state government Urgent Care Clinics trial.

The RACGP WA Council held a strategic planning day to identify priorities for the near-to-medium future. In addition to better engagement with non-metropolitan members, we will seek more regular engagement with state and federal politicians and other stakeholders.



Immediate past
RACGP WA Chair,
Dr Tim Koh, at the
2018 Fellowship and
Awards Ceremony



RACGP Queensland

Dr Bruce Willett

MBBS, FRACGP

Chair, RACGP Queensland



Over the past 12 months, RACGP Queensland has welcomed 379 new Fellows, conducted a staggering 275 activities across the state, and connected directly with over 3300 members and hundreds of stakeholders.

RACGP Queensland representatives have also become regular faces around Parliament House, advocating on a broad range of issues



Left: Chair of RACGP Queensland, Dr Bruce Willett; and Dr Willett during an ABC radio interview
Above: Delegates in a GP18 ALM session

on behalf of our members. This has included significant lobbying work, meetings with elected representatives from both sides of the house, seven written submissions and three appearances to provide evidence to parliamentary hearings.

In February, we conducted our first and very successful 'MP check-up' session in Parliament House. Over 20 Queensland MPs dropped in to have their blood pressure checked and other health assessments and discuss with us the importance of having a regular GP and the significant work that the RACGP is doing across Queensland.

RACGP Queensland continues to offer Objective Structured Clinical Examinations (OSCE) in Townsville and has now added mock-OSCE and examiner training sessions in Cairns and Townsville, together with Applied Knowledge Test (AKT) and Key Feature Problem (KFP) preparation sessions in Cairns.

As part of a commitment to provide more member activities outside Brisbane, I have already conducted three 'meet and greet' sessions in Townsville, Mackay and Cairns, and plan to make these regional member and stakeholder meeting trips a regular occurrence two or three times a year. RACGP Queensland will now be hosting two Fellowship ceremonies each year, one in Brisbane and one in regional Queensland, with the first Townsville ceremony in August 2019, and Cairns planned for September 2020.

Finally, the May Queensland Clinical Update Weekend was a great gathering again this year, with over 150 members present and more than 50 speakers on a diverse range of topics. It was a fitting farewell to the current format, with Clinical Update Weekend moving to a new format under the national conference and events umbrella.



RACGP Tasmania

Associate Professor Jennifer Presser

BSc, PhD, BMBS, DRANZCOG,
DipChildHealth, FRACGP, MHPE

Chair, RACGP Tasmania

This year, RACGP Tasmania focused on building on its tradition of advocacy for our profession and our patients. I am always inspired by the quality of care that my colleagues provide, often in difficult circumstances, and by the spirit and commitment of our upcoming Tasmanian GPs.

A helpful aspect of life in our lovely island is that we usually have no more than three degrees of separation. So, one of the things that we do well at RACGP Tasmania is developing long-term relationships with local politicians of all persuasions with the aim to promote

understanding of general practice and its value to our health systems and communities.

During this year's election campaign, RACGP Tasmania Council members and I met with all Tasmanian sitting federal politicians, the Speaker of the House and the Tasmanian Minister for Health to talk about our election wish list. We were able to speak frankly and with authority about the RACGP's hopes for a better health system and ways we might achieve this.

While destructive bushfires in the state's south and central north raged in February, many hardworking GPs rolled up their sleeves to offer care in evacuation centres and support clinics. Everyone who worked extremely hard to help manage the impact of the fire – GPs and practice staff, volunteers, emergency workers, allied health professionals, homeowners and their families – deserve our gratitude and admiration.

This year, I attended several workplace health and safety training sessions at which there was much discussion about falls, electrocution, driving and use of machinery – all very important concerns. However, the biggest cause of lost workdays is mental health. I encourage GPs, as they review their own year, to think about how their workplace promotes mental health and wellbeing for all staff, including themselves. The old models of 'injury prevention' are not enough and we have continued to advocate that our members maintain GP self-care and wellbeing as a high priority, and we are offering both active contributions and support by way of lobbying and dissemination of information.

The highlight for me was the inspiring stories of the wonderful work of GPs in Tasmania. Our Tasmanian General Practice Supervisor of the Year and General Practitioner of the Year represent the best that GPs do, providing light and enrichment for communities, and identifying care processes that respond to patients' needs. I am reminded of a comment from a speech delivered by Richard Flanagan after winning the Man Booker Prize:

If you choose to take your compass from power, in the end you find only despair. But if you look around the world you can see and touch – the everyday world that is too easily dismissed as everyday – you see largeness, generosity, hope and change for the better.

RACGP Victoria

Dr Cameron Loy

MBBS, BMedSc (Hon), FRACGP,
FARGP, DCH, DRANZCOG, GAICD

Chair, RACGP Victoria



RACGP Victoria has a committee structure through which we provide niche educational offerings. Over the past 12 months we provided more than 40 educational and networking activities, including conferences, workshops and webinars. Many were developed with the guidance and expertise of RACGP Victoria committees, which contribute greatly to supporting the educational needs of members. The hard work of GPs who design and provide education should be recognised and acknowledged. We are surrounded by a remarkable fellowship of GPs.

Peer exams for Fellowship date back to the 1500s, and our RACGP has stood at the fore of professional medical colleges in Australia. Such exams are as good as the peers who conduct the assessments and, to that end, RACGP Victoria musters a large cohort of outstanding peers to examine each exam. Exams are substantial, complex undertakings conducted every year by a combination of committed faculty staff and GP examiners who usher in the next generation of GPs.

Our annual meeting and awards ceremonies saw huge attendances. Our members' meeting in August had a particularly large turnout, and it was a personal pleasure to present awards and commence another two years as faculty Chair. Our Fellowship and Awards Ceremony in November set a precedent with our oration, by Dr Gerard Ingham, ending in a group song. We love seeing more than 1000 people attend this event and observe firsthand the excellence that surrounds us.

All our committees found ways to engage GPs in our state, including via a new event, hosted by our New Fellows Committee, called NEXT, which helps new Fellows negotiate the myriad offerings of the RACGP.

RACGP Victoria Council members continue representing members and the profession on state government and other relevant stakeholder

working groups and committees, ensuring the voice of general practice is heard.

Representation continued in the lead-up to the 2019 federal election as RACGP Victoria Council members supported the RACGP election campaign, attending meetings with Victorian federal MPs to provide key messages and raise awareness about the importance of making the health of all Australians an election priority.

Victorian GPs are becoming more familiar with SafeScript, the new system to assist with high-risk prescription medicines, and how to

best use it in consultations. Once all medical software companies fully integrate SafeScript, results will further improve and uptake become wider. This is an example of years of advocacy leading to provision of the knowledge we need, when we need it – particularly in difficult clinical presentations where information is critical to saving lives and reducing harm.

As the year ends, Victoria is also seeing the introduction of voluntary assisted dying. Early interest shows that GPs are choosing to be involved in this, and the RACGP will continue to provide further guidance and information.



RACGP Victoria Fellowship and Awards Ceremony

RACGP Rural

Associate Professor Ayman Shenouda

MBBCH, FRACGP, FARGP,

DipDerm (UK), GAICD

Chair, RACGP Rural



With more than 19,000 members and over 8500 practising GPs working in rural and remote Australia, RACGP Rural continues to be a strong voice for rural GPs, their patients and their communities. This year we've worked hard to represent our membership, increase engagement and develop new educational opportunities. Growing a highly skilled rural and remote general practice workforce remains a key priority.

We met with and provided advice and feedback to state and federal governments, ministers and other stakeholders, and have been working closely with the National Rural Health Commissioner, Professor Paul Worley, on the Rural Generalist Taskforce and development of the National Rural Generalist Pathway (NRGP).

Co-led by the RACGP, the taskforce was created to guide NRGP development and harness rural health sector experience. The taskforce's [National Rural Generalist Pathway advice](#) was released in December, including recommendations aligned to RACGP's curriculum, standards, position statement and vision for NRGP implementation. A vital part of implementation is the recognition of rural generalism as a sub-speciality of general practice, and we are working on a joint taskforce application to progress this recognition.

Following consultation with rural members and general practice training organisations, the RACGP announced the development of our own component of the national plan – a Rural Generalist Fellowship (FRACGP-RG), which is now underway.

RACGP Rural members led the response, or provided input, to over 25 submissions and position statements, and were particularly active in contributing to the Medicare Benefits Schedule (MBS) Review Taskforce reports, a review into the Rural Procedural Grants Program (RPGP) guidelines,

and inquiries conducted by the Senate and the Productivity Commission into accessibility and quality of rural and remote mental health services.

Our General Practitioner Anaesthetist working group continues to provide advice as we negotiate with the Australian and New Zealand College of Anaesthetists (ANZCA) and the Australian College of Rural and Remote Medicine (ACRRM) to achieve the best diploma and governance outcomes for GPs. We are also working with other medical colleges on education initiatives.

Other highlights of 2018–19 included:

- rural representation at eight health conferences nationally
- delivering the Fellowship in Advanced Rural General Practice (FARGP), with 85 new enrolments
- delivering the 'Rural hospital clinical simulation' and the 'Point-of-care ultrasound for GPs' active learning modules (ALMs) at GP18
- providing educational activities, including five point-of-care ultrasound workshops, four online mental health skills training intakes, cognitive behavioural therapy skills for general practice and a webinar series on rural locuming
- administering up to \$9 million in rural procedural grants from the Rural Procedural Grants Program.

I would like to acknowledge the significant contribution and continued dedication of the RACGP Rural Council, Education Committee and faculty staff over the past 12 months, and I look forward to another exciting year ahead.

RACGP Specific Interests

Dr Lara Roeske

MBBS Hons, FRACGP, DipVen,
BMedSc, MAICD

Chair, RACGP Specific Interests

RACGP Specific Interests (RACGP SI) was this year elevated to a full national faculty following a constitutional change agreed upon at the 2018 RACGP Annual General Meeting (AGM). This change saw my appointment as the inaugural RACGP SI Chair, and I am privileged to be able to represent the faculty and its members on the RACGP Board for a two-year term. This change in the constitution reflects the growing and important role that RACGP SI has in representing, supporting and advocating for members with a specific interest in an area of general practice.



RACGP SI facilitates members' engagement in their areas of specific interest by way of educational, collegial and networking activities. Highlights of the 2018–19 RACGP SI education program included the GP18 active learning module (ALM) Developmental Disability: Less 'Dis' and More 'Ability', and the Integrative Approaches to Women's Health ALM. The Child and Young Persons Health SI network delivered a successful four-part webinar series in conjunction with Emerging Minds on child and adolescent mental health. Average participant numbers for each webinar were over 300. The Abuse and Violence SI network ran a successful family abuse and violence webinar with nearly 200 participants. The faculty also supported members of the Addiction Medicine SI network with the organisation of the International Medicine in Addiction (IMiA) Conference – a biennial conference initiative between the RACGP, the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists. Further, the Psychological Medicine SI network worked in consultation with the Australian Society for Psychological Medicine to run a two-day conference on trauma-informed care for GPs.

RACGP SI continues to provide opportunities for members to engage over their specific interest area, an example being a networking event held for Business of General Practice SI network members in Victoria. The popularity and success of this event has meant a second is planned for 2019–20.

The faculty continues to be a strong voice for the general practice profession, undertaking various policy and advocacy activities during the year. The faculty released three position statements during the year: on maternity services in general practice; obesity prevention and management; and climate change and human health. Members undertook formal representative roles in key policy areas such as maternity services, voluntary assisted dying, obesity prevention and management, and child health.

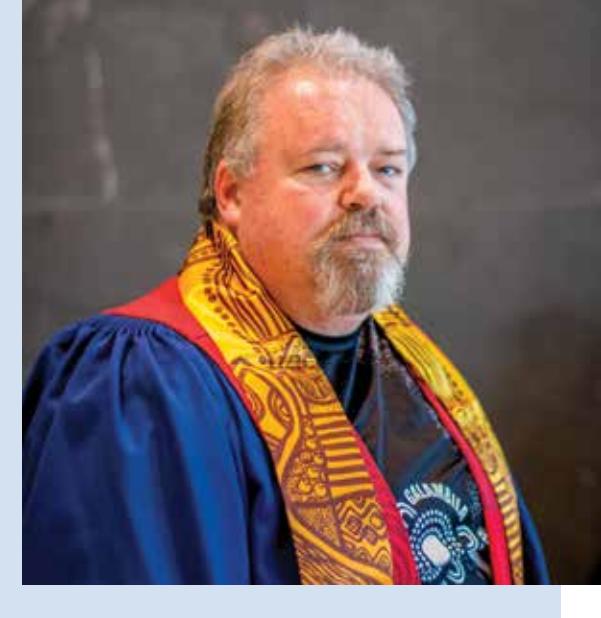
RACGP SI will continue to support members in 2019–20, with top priority areas being the implementation of the post-Fellowship recognition framework, developing a position statement on pill testing, running national member networking events on social prescribing, and leading the next IMiA conference.

RACGP Aboriginal and Torres Strait Islander Health

**Associate Professor
Peter O'Mara**

FRACGP

Chair, RACGP Aboriginal and
Torres Strait Islander Health



It was a privilege to be re-elected as the Chair of RACGP Aboriginal and Torres Strait Islander Health (the faculty) in August 2018, and I have relished the opportunity to continue working with the faculty Council and Education Committee.

This year, we have continued to promote and implement the National Aboriginal Community Controlled Health Organisation (NACCHO) and RACGP *National guide to a preventive health*

assessment for Aboriginal and Torres Strait Islander people, with over 4000 copies circulated across the country. Through our partnership with NACCHO, we continue to work with key stakeholders to advocate for the right of Aboriginal and Torres Strait Islander people to access culturally responsive healthcare, irrespective of where they seek care.

Developing and supporting a culturally safe and reflective general practice workforce remains a



key priority. We continue to support the delivery of our [online cultural awareness training](#) for GPs and practice staff; and in collaboration with RACGP NSW&ACT and the Aboriginal Health and Medical Research Council of NSW, we have also been conducting a series of [webinars](#) on a wide range of topics for GPs working in Aboriginal Community Controlled Health Services.

The RACGP is also working to strengthen the cultural knowledge and responsiveness of our staff. This year Leanne Bird, a Yorta Yorta and Taunurung woman from Victoria, and Ada Parry, a Brinkin woman from Woodygupildiyerre in the Daly River region, Northern Territory, joined the faculty. We will continue to identify strategies to increase the number of Aboriginal and Torres Strait Islander staff members at the RACGP.

We are pleased to see a steady number of Aboriginal and Torres Strait Islander candidates successfully apply for the Australian General Practice Training (AGPT) Program this year. Our annual support program for general practice

doctors in training, [Yagila Wadamba](#), continues to go from strength to strength, with candidates receiving individualised support to achieve success in their written exams.

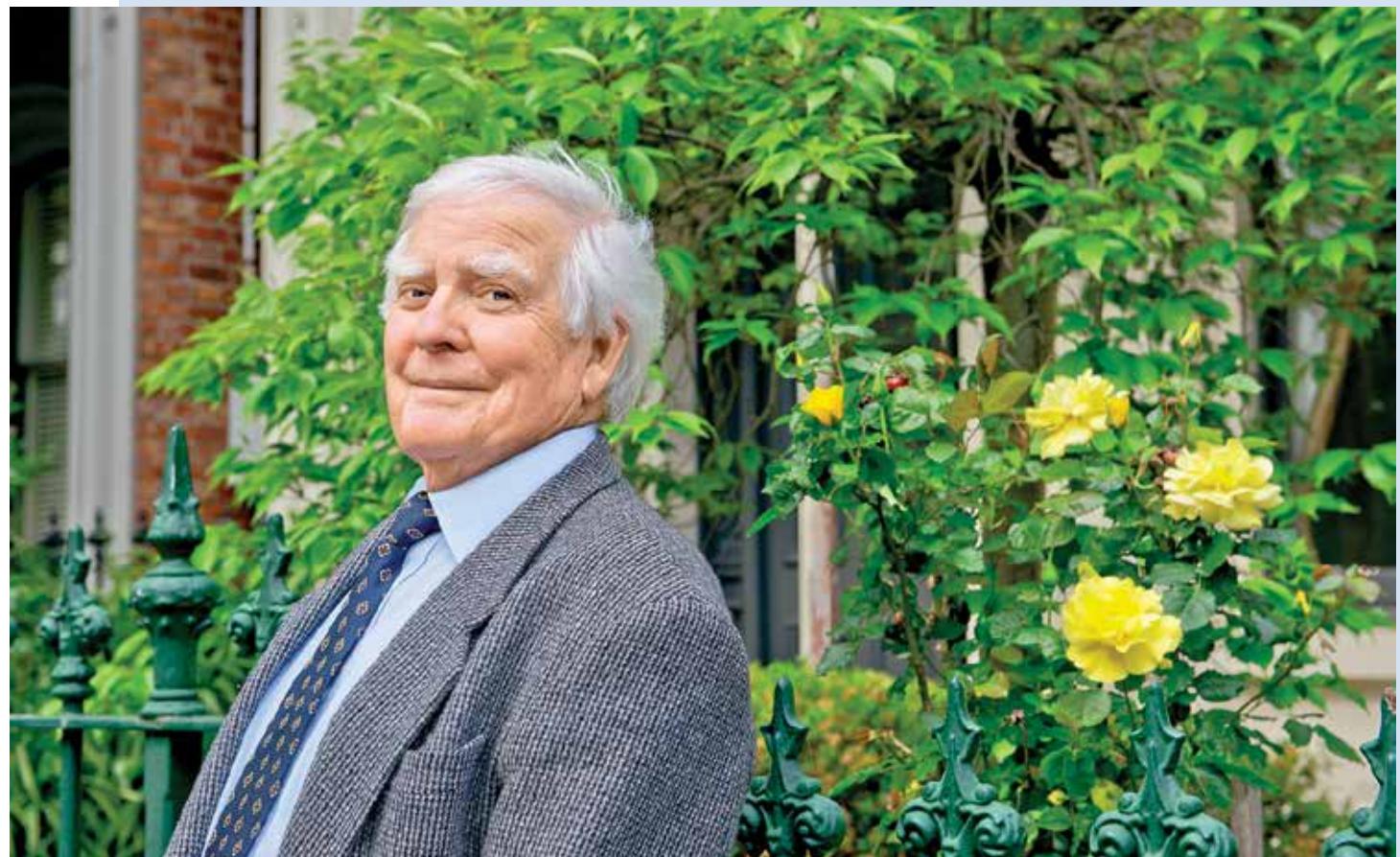
At GP18, we were honoured to announce winners in each of our award categories – Dr Kishan Pandithage (Standing Strong Together), Dr Casey Kalsi (Growing Strong) and Kayla Ramires (Student Bursary). Kayla has now gone on to join the RACGP Aboriginal and Torres Strait Islander Health Council as Student Representative.

On the advocacy front, several of our members have represented the RACGP on a range of advisory groups, covering clinical and policy issues. As a result of member advocacy, the RACGP formally endorsed the '[Uluru Statement from the Heart](#)' in NAIDOC Week, and released an updated '[Racism in the healthcare sector](#)' position statement.

I look forward to further engagement from our growing membership in the year ahead.

Associate Professor Peter O'Mara with winner of the RACGP Aboriginal and Torres Strait Islander Health – Growing Strong Award, Dr Casey Kalsi, and award sponsor, Dr Nathan Pinski





The RACGP Foundation

Professor Peter Mudge
MBBS, FRACGP, FAFPHM, RACGP
Foundation Patron
Chair, RACGP Foundation

This has been a year of consolidation as the RACGP Foundation embarked on developing a fundraising direction to bring in additional revenue to fund impactful general practice research into the future.

The RACGP Foundation hosted several strategy workshops and conducted interviews with representatives across the RACGP, and we are grateful to everyone who gave their time and thank them for their generosity.

The work continues and we look forward to sharing the Foundation's new strategic direction through upcoming RACGP communications.

The RACGP Foundation was thrilled in 2018 to receive the highest number of grant applications in recent history, with 107 applications from general practice researchers across Australia. In all, 15 projects received funding, with over \$340,000 in grants awarded.

Supporting general practice research to our current level would not be possible without the generosity of the RACGP Foundation's partners, whom we thank for their generous support.

We thank the generous individuals who kindly donated over \$73,000 in 2018–19, the members who generously donate a percentage of their membership fee annually to help support general practice research, and the corporate partners and many businesses, government agencies, non-governmental and community organisations that continue to support the work of the RACGP Foundation. We also sincerely thank members of the general practice research community who

have shared their stories in the media, in our publications and online. Thank you.

It is an exciting time in the RACGP Foundation's development as we work towards strengthening general practice research in Australia for the benefit of our members, general practice and the health of all Australians.

I am pleased to have been part of this development, which will provide clarity and direction for the RACGP Foundation and position it to remain a leader in general practice research well into the future. I thank everyone involved for their time and effort, the insights they have shared and their dedication.

Together we can strengthen the RACGP Foundation to help build a vibrant and dynamic general practice research landscape that drives positive social change to the benefit of the health of all Australians.

The Foundation thanks, moreover, all applicants for the time and effort they put in to applying, and we congratulate the researchers who received grants in 2018. Full details of projects funded by the RACGP Foundation are available at <https://foundation.racgp.org.au>

The Foundation looks forward to seeing the results of these projects and sharing the outcomes of this research in the years ahead.

Partners

The Foundation thanks the following partners for their generous support in 2018–19:

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

Donors

The Foundation thanks the following generous individuals who kindly donated in 2018–19:

Donors \$5000+

Dr Jagadish Krishnan

Donors \$1000–\$4999

Dr Meredith Arcus	Dr Allan Fasher
Dr Mathew Coleman	Dr Bella Freeman
Dr Eric Drinkwater	Dr Peter Joseph AM

Donors \$500–\$999

Dr Olugbenga Afilaka	Dr Sugantha Jagadeesan
Dr Tina Blight	Dr Yang Lin
Dr Hamdy Boulis	Dr Madan Mariappan
Dr Talat Choudhry	Prof Mark Nelson
Dr Seema Ghafoor	Dr Gopi Patel
Dr Douglas Graham	Dr John Gruner
Dr William Horwood	Dr Zhaoyi Si
Dr Rosemary Isaacs	Dr Mark Spanner
	Dr Monica Theron

Research projects that received RACGP Foundation Grants

Therapeutic Guidelines Limited (TGL)/RACGP Foundation Research Grant

Lead investigator: Prof Mieke van Driel

Co-investigators: Dr Laura Deckx, Prof Bogda Koczwara, Prof Paul Glasziou, Prof Marjan van den Akker, Prof Danielle Mazza

Project title: 'A toolkit that summarises clinical guidelines for people with multimorbidity'

State/territory: Queensland

Aim: To develop a multimorbidity toolkit that summarises the available evidence on interactions, harms and benefits of treatments for 10 diseases that are common in general practice. It will assess the utility of the toolkit and refine it through input from GPs and patients.

The multimorbidity toolkit will support GPs to make better-informed treatment decisions

by translating the evidence available in clinical guidelines into a summary for individual patients.

RACGP Foundation/HCF Research Foundation Research Grant

Lead investigator: Prof Lyndal Trevena

Co-investigators: Dr Christopher Harrison, Dr Julie Gordon, Dr Carissa Bonner, Assoc Prof Simon Poon, Ms Niku Gorji

Project title: 'OCEAn – NETs (Occasions of Care Explained and Analysed – Nominated Extra Topics)'

State/territory: New South Wales

Aim: To support two studies, which will be conducted as sub-studies of the larger OCEAn (Occasions of Care Explained and Analysed) study. The first will show whether the use of formal cardiovascular disease (CVD) risk assessment tools is associated with reduced over- and under-treatment. The second will allow identification of areas where GPs could improve their osteoarthritis care and identify areas of variation that might be due to inequity and access issues.

The OCEAn study builds on the work conducted in the 1998–2016 Bettering the Evaluation and Care of Health (BEACH) study. OCEAn is a cross-sectional study that uses an electronic cloud-based interface to collect comprehensive data about the GP–patient encounter.

RACGP Foundation/HCF Research Foundation Research Grant

Lead investigator: Dr Jo-Anne Manski Nankervis

Co-investigators: Assoc Prof Michelle Dowsey, Dr Panagiota Chondros, Ms Sharmala Thuraisingam, Prof Peter Choong, Prof Jane Gunn

Project title: 'Developing a prediction model for total knee replacement surgery for people with osteoarthritis in general practice'

State/territory: Victoria

Aim: To develop a clinical risk prediction tool for use in the general practice setting that can identify those at risk of total knee replacement and non-responders to total knee replacement prior to referral to an orthopaedic surgeon. This will enable GPs to offer alternative therapies, and/or to target modifiable risk factors to reduce the likelihood of total knee replacement or improve the likelihood of surgery success.

RACGP Foundation/Diabetes Australia Research Grant

Lead investigator: Prof Tania Winzenberg

Co-investigators: Dr Emily Hansen, Dr Verity Cleland, Assoc Prof Emma Warnecke, Ms Aroub Lahham

Project title: 'Understanding the perspectives of general practitioners regarding sedentary behaviour management in primary care: A qualitative study'

State/territory: Tasmania

Aim: To shed light on GPs' views on sedentary behaviour assessment and management, with the goal of designing approaches to make this easier to assess and manage in general practice. The outcome of this study will be an essential step to understanding current practice, thus developing effective strategies informed by GPs' perspectives to optimise sedentary behaviour management in primary care.

RACGP Foundation/IPN Medical Centres Research Grant

Lead investigator: Dr Melinda Choy

Co-investigators: Dr Elizabeth Sturgiss, Assoc Prof Elizabeth Rieger, Prof Kirsty Douglas

Project title: 'eHealth and disadvantage: A mixed-methods study exploring how patients with chronic disease experience eHealth'

State/territory: ACT

Aim: To gather better information on the barriers to accessing eHealth in the context of chronic disease and low socioeconomic status. Interviews

with patients from low socioeconomic status populations and at least one chronic disease will be conducted. The interview information will form the basis of a patient survey to find the most important factors that determine how patients engage in eHealth.

RACGP Foundation/BOQ Specialist Research Grant

Lead investigator: Dr Karyn Alexander

Co-investigator: Prof Danielle Mazza

Project title: ‘Parents’ Evaluation of Developmental Status (PEDS) in general practice: A feasibility study of preventive health for young children’

State/territory: Victoria

Aim: To find out if Parents’ Evaluation of Developmental Status (PEDS) can be incorporated into routine general practice consultations, and determine how acceptable it is to both reception and clinical staff.

We anticipate that using the PEDES tool will improve clinicians’ knowledge and confidence regarding child preventive health and developmental assessment, and contribute to the early identification of child health problems, significantly improving the lifelong health trajectories of Australian children.

RACGP Foundation Indigenous Health Award

Lead investigator: Dr Geoffrey Spurling

Co-investigators: Dr Prabha Lakhan, Prof David Johnson, Ms Anna Cooney, Mr Gary Torrens, Mr Antonio Martinez Ortiz, Dr Dgarmenaan Palamuthusingam

Project title: ‘Aboriginal and Torres Strait Islander persons attending an urban Indigenous primary healthcare clinic and their experiences of living with chronic kidney disease (CKD)’

State/territory: Queensland

Aim: There are two parts to this study. The first part will identify the number of patients attending the clinic who are at risk of CKD.

There is little information about Aboriginal and Torres Strait Islander patients’ experiences of living with CKD and the quality of healthcare services provided to them. Therefore, the second part of the study will describe Aboriginal and Torres Strait Islander patients’ experiences of living with CKD. The findings of the study will be compared to others reported in the literature.

The main outcomes of this study will be to address the gap in knowledge regarding experiences of Aboriginal and Torres Strait Islander patients residing in an urban area and attending an Indigenous primary healthcare clinic, and areas of healthcare provision related to CKD requiring improvement.

RACGP Foundation Family Medical Care Education and Research Grant

Lead investigator: Dr Elizabeth Sturgiss

Co-investigators: Prof Kirsty Douglas, Prof Grant Russell

Project title: ‘Exploring effective general practice consultations for disadvantaged adults living with obesity’

State/territory: ACT

Aim: GPs are a critical part of obesity management in Australia, and the relationship between patients and their GP is an essential first step in successful, long-term management. But, national data on patient experience in healthcare suggests that disadvantaged patients feel they are less respected, less listened to, and have insufficient time with their GP compared to the general population.

This project is built on the idea that we can learn from the experiences of disadvantaged patients and their GPs who have been successful in managing obesity and will discover vital new knowledge to ensure general practice continues to work towards reducing health inequality across Australian communities.

RACGP Foundation Family Medical Care Education and Research Grant

Lead investigator: Dr Kirrily Ellerton

Co-investigators: Dr Rimmer Medres, Dr Harishan Tharmarajah, Dr Amanda Dolphin, Dr Sue McKellar, Assoc Prof Simon Craig

Project title: 'The VRIMM study. Virtual reality for immunisation pain: A randomised controlled clinical trial in general practice'

State/territory: Victoria

Aim: Routine immunisations are the most common reason children experience pain and distress as a result of interacting with a healthcare provider. Various techniques are recommended to reduce this pain and distress, including optimisation of positioning and injection techniques, tactile stimulation, topical anaesthesia and various distraction techniques.

This study seeks to compare, in the setting of a randomised trial, these standard techniques with virtual reality – to reduce the pain and distress experienced by children undergoing routine four-year-old vaccination in a general practice setting.

The project aims to demonstrate the utility of virtual reality for painful minor procedures in the general practice setting. The technology is easily applied to older children/adults undergoing similar procedures, and may reduce the development of needle phobia in later life.

RACGP Foundation Walpole Grieve Award

Recipient: Dr Lena von Schuckmann

Project title: 'Conference travel'

Aim: This grant provided the recipient with the opportunity to travel to two conferences to disseminate important research findings from her PhD work on the changes in patients' sun protection behaviours after diagnosis with a high-risk

melanoma. Findings of this study provide valuable information for GPs, who conduct the majority of behaviour change counselling for patients.

RACGP Foundation Chris Silagy Research Scholarship

Lead investigator: Dr Lucy Gilkes

Co-investigators: Assoc Prof Nahal Mavaddat, Prof Stephan Schug, Prof Gary Hulse, Prof Peter O'Sullivan

Project title: 'Devising a computerised chronic pain care plan tool (Pain-T) for general practice'

State/territory: Western Australia

Aim: This project will determine the key enablers and barriers to providing the best care for people with chronic pain in order to reduce long-term disability and the over-use of prescribed opioids. Based on findings and review of resources currently available to GPs for pain management, the study explores how to translate this information into a user-friendly tool to assist the GP with developing an appropriate and effective chronic pain management plan. The study will then ask selected GPs to test this tool to see whether they feel that it would help them plan better management of their patients with chronic pain.

RACGP Foundation Charles Bridges-Webb Memorial Award

Lead investigator: Dr Pallavi Prathivadi

Co-investigators: Dr Chris Barton, Prof Danielle Mazza

Project title: 'Qualitative insights into the opioid prescribing practices of Victorian general practice registrars'

State: Victoria

Aim: Encouraging safe prescribing of opioids (as recommended by scientific evidence) is a public health priority in Australia. This project will interview Victorian general practice registrars to

explore aspects of their opioid prescribing. This includes their knowledge, attitudes and practices relating to long-term opioid prescribing, managing chronic pain with opioids, and understanding their decision-making process when prescribing opioids. The findings will directly inform the development of an intervention to improve safe prescribing of opioids in general practice.

RACGP Foundation Best General Practice Research Article in AJGP Award

Authors: Dr Lisa Crossland,
Prof Claire Jackson

Research article: Successfully implementing a diabetic retinopathy screening service in general practice: What does the evidence tell us? Aust Fam Physician 2017;46(7):529–35.

State: Queensland

RACGP Foundation Peter Mudge Medal

Presenter: Dr Daniel Aronov

Presentation: ‘Social media video improves informed choice for breast cancer screening’

RACGP Foundation Alan Chancellor Award

Presenter: Dr Daniel Aronov

Presentation: ‘Social media video improves informed choice for breast cancer screening’

RACGP expert committee reports

The RACGP expert committees (RECs) provide the Board with information and advice on issues in general practice and oversee the implementation of initiatives developed in accordance with the RACGP's strategic plan. The committees support the development of a program of work at the beginning of each triennium in the committees' respective areas of expertise.





RACGP Expert Committee – Quality Care

Associate Professor Mark Morgan

Chair, RACGP Expert Committee – Quality Care

The RACGP Expert Committee – Quality Care (REC–QC) advises on matters of clinical significance to the RACGP and general practice and produces a suite of clinical resources. Our strategic focus includes data-driven quality improvement, antimicrobial resistance and guideline implementation.

It has been a whirlwind few months since my commencement as Chair in October 2018. I would like to take this opportunity to thank the outgoing Chair, Dr Evan Ackermann, and committee, and welcome our new and returning members.

In 2018–19, we released the second edition of the *Guideline for the non-surgical management of hip and knee osteoarthritis*. This is the first RACGP guideline using the new gold standard in guideline methodology, the Grading of Recommendations Assessment, Development and Evaluation (GRADE) evidence-to-decision framework. I would like to acknowledge the significant efforts of the multidisciplinary working group on the development of this guideline.

I would also like to acknowledge the ongoing *Handbook of non-drug interventions (HANDI)* project – a living and growing guideline promoting effective non-drug treatments.

Updated editions of *Medical care of older persons in residential aged care facilities* (Silver Book), *Supporting smoking cessation: A guide for health professionals*, and *General practice management of type 2 diabetes* will be released later this year. Work has also commenced on a new resource to help GPs avoid low-value or harmful care.

The REC–QC has continued to advocate for RACGP members by responding to more than 50 consultations to government and various stakeholders. Submissions were made to clinical reports released by the Medicare Benefits Schedule (MBS) Review Taskforce, and we provided feedback to the Royal Commission into Aged Care Quality and Safety on the important role of general practice and general practitioners in the care of residents in residential aged care facilities.

The REC–QC provides ongoing leadership and management of the RACGP's representative and endorsement programs. Over the past year our representatives were involved in more than 100 government and non-government organisation (NGO) committees and projects to ensure the voice of general practice and the views of the RACGP are expressed and communicated.

I anticipate another busy year. The REC–QC looks forward to continuing its role in advocacy, and in the development and update of new and existing evidence-based resources to help GPs and practices provide patients with high-quality care.

RACGP Expert Committee – Research

Professor Clare Heal

Chair, RACGP Expert Committee – Research

The RACGP Expert Committee – Research (REC–R) has continued to build the profile of general practice research and promote its uniqueness and importance to clinical practice. This year has seen a transition as I took on the role of Chair, and we welcomed several new committee members. I would like to acknowledge the significant contribution from outgoing Chair Tania Winzenberg, and outgoing members Parker Magin, Paul Glasziou, Bianca Bijnath and Fiona Millard.

During the year we undertook advocacy for general practice research through submissions to government as well as by participation in the National Health and Medical Research Council (NHMRC) Investigating Clinician Researcher Career Pathways Project. Submissions included the following.

- A submission to the Medical Research Future Fund (MRFF) 2018–2020 Priorities Consultation – REC–R members attended public forums and roundtables to advocate for general practice research and career support for GP researchers. The priorities were released in November 2018, and they align well with our submission. In particular, three of the 12 priorities – primary care research, clinical researcher capacity, and antimicrobial resistance – were specifically advocated for in our submission. We have submitted a proposal to the MRFF for supporting GP research careers and will continue to work with the MRFF to ensure research funds are directed to these priority areas.
- A submission to the Australian and New Zealand Standard Research Classification Review 2019, advocating for a ‘Fields of

Research’ classification for general practice, multimorbidity as a disease area to better represent the general practice population and promote preventive medicine as a clinical field.

We completed a project to identify general practice research priorities in Australia. The report has been provided to the MRFF, resulting in development of research questions for potential funding from specific MRFF programs.

We ran a successful research day at GP18 that aimed to engage end users of research and promote high-quality research.

The REC–R also started an academic career peer support group for early career GP researchers, and we continue to promote the importance of the Australian General Practice Training (AGPT) Academic Post Program. This includes working with the Council of Censors to better enable flexibility and equity in the program.

We successfully held our second research and critical thinking Train the Trainer workshop to improve the capacity of medical educators and general practice supervisors to support doctors in training to develop research and critical thinking skills. All 17 attendees joined the community of practice formed after the first workshop. This group meets regularly by webinar to share ideas and experiences.



RACGP Expert Committee – Standards for General Practices

Dr Louise Acland

Chair, RACGP Expert Committee – Standards for General Practices

The RACGP Expert Committee – Standards for General Practices (REC–SGP) has been busy over the past year. The end of 2018 saw a new Standards Committee and Chair and finalisation and launch of the RACGP *Standards for point-of-care testing (5th edition)*, and the launch of the RACGP *Standards for after-hours and medical deputising services (5th edition)* at GP18.

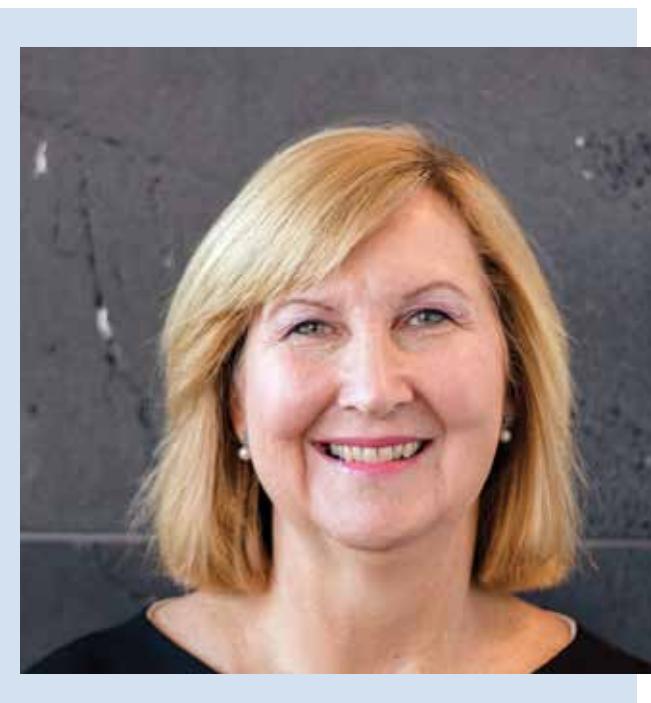
To support the implementation of the RACGP *Standards for general practice (5th edition)* (the Standards), the *Resource guide* was updated with supplementary information to help practices and services meet the requirements of the *Standards for point-of-care testing* and *Standards for after-hours and medical deputising services*.

The official shift of practices being accredited against the Standards fourth edition to the Standards fifth edition was implemented on 1 November 2018. The first half of 2018 focused on reinforcing the introduction of the Standards fifth edition via information sessions held across Australia.

In 2019, the Standards Committee prioritised three different sets of standards/guidelines for revision or development: the RACGP *Standards for health services in Australian prisons*, *Standards for health services in Australian immigration detention centres*, and the new *RACGP aged care clinical guide (Silver Book)*.

The *Standards for point-of-care testing* have also been submitted to the International Society for Quality in Health Care (ISQua) for accreditation.

The *Standards for general practice: Patient feedback guide (5th edition)*, *Toolkit for developing practice-specific questionnaires* and supporting resources have also undergone a Standards fifth edition refresh. Patient feedback resources for *Standards for after-hours and medical deputising services* and a web-based patient feedback decision support tool are currently under development.



RACGP Expert Committee – Funding and Health System Reform

Dr Michael Wright

Chair, RACGP Expert Committee – Funding and Health System Reform

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

In 2018–19, the REC–FHSR led the RACGP's advocacy relating to the Medicare Benefits Schedule (MBS) Review Taskforce and developed the submission to the [General Practice and Primary Care Clinical Committee](#). The REC–FHSR also drafted submissions to seven other reference groups and clinical committees of the MBS Review Taskforce, including the [Nurse Practitioners Reference Group](#) and the Specialist and Consultant Physician Clinical Committee. Other submissions to the MBS Review can be accessed [here](#).

The REC–FHSR developed and reviewed several core RACGP policies and resources, including:

- the [Vision for general practice and a sustainable healthcare system](#)
- the annual [General Practice: Health of the Nation](#) report
- the 2019 update of the [Medicare Benefits Schedule fee summary](#)
- the [Pre-budget submission 2019–20](#), overviews of the [federal Budget](#) and the [Mid-Year Economic and Fiscal Outlook](#)
- a pack for members to conduct local advocacy during the 2019 federal election, including the



RACGP's '[Federal election statement 2019](#)', [member guide for local advocacy](#), [member talking points](#), and [patient fact sheet](#).

Other activities undertaken by REC–FHSR on behalf of members in 2018–19 included:

- successfully advocating for the retention of the Practice Incentives Program General Practitioner Aged Care Access Incentive
- opposing expansion of the role of [pharmacists](#) and [nurses](#) into the GP scope of practice and medicine prescribing, and advocating for care to be coordinated through a patient's usual GP
- calling for [improved aged care assessment processes](#) so that GPs can better support older Australians, including the adoption of secure messaging systems by aged care services and better links to existing electronic medical record software
- opposing changes to [mandatory reporting laws](#) that create barriers for practitioners seeking care due to fear of being reported by their treating practitioner
- advocating for [better recognition of the role of GPs](#) in helping their patients return to work following injury or illness
- providing feedback on the proposed Shared Debt Recovery Scheme and supporting its intent of enabling debt to be recovered from practitioners and practices.

RACGP Expert Committee – Pre-Fellowship Education

Dr Genevieve Yates

Chair, RACGP Expert Committee – Pre-Fellowship Education

The past year has seen a changing of the guard for the RACGP Expert Committee – Pre-Fellowship Education (REC–PreFE). New members Dr Adelaide Boylan, Dr Ashlea Broomfield, Ms Megan Cahill, Dr Tamsin Cockayne, Dr Paul Dilena, Dr Gerard Ingham, Dr Konrad Kangru and Dr Jonathan Mortimer joined continuing members Dr Alison Green, Dr Rebecca Stewart and Dr Geeta Trehan, and I was handed the Chair baton from Dr Kaye Atkinson, who took up her new role as Censor-in-Chief.

With the support of Education Services staff and REC–PreFE's sister committee, the RACGP Expert Committee – Post-Fellowship Education (REC–PostFE), the new REC–PreFE hit the ground running in what is a very exciting and challenging time for the RACGP in the pre-Fellowship space.

January 2019 brought the commencement of the new Practice Experience Program (PEP), a support program for non-vocationally registered doctors to help them transition to Fellowship. The REC–PreFE has provided ongoing advice and input into the implementation and further development of PEP, particularly through formation of a stakeholder group, the Fellowship Pathways Reference Group, chaired by the REC–PreFE Chair, which meets monthly.

Of key interest to the REC–PreFE has been the transitional activities of the Australian General Practice Training (AGPT) Program, which is moving from the Department of Health to the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), with the transition to be completed by January 2022.

The committee has also provided Education Services with input into:

- proposed policy changes, including to advanced life support (ALS) and basic life support (BLS)



requirements for pre-Fellowship doctors, and other changes to Fellowship requirements

- educational research projects undertaken by Regional Training Organisations (RTOs)
- academic general practice for doctors in training
- pre-vocational (hospital) competencies and standards
- eHealth in the RACGP curriculum
- the new exam support program
- AGPT Program marketing and recruitment
- in-training and progressive assessment
- More Doctors for Rural Australia Program (MDRAP)
- supervision requirements for first-term general practice doctors in training
- scope of practice
- learning portfolios
- rural generalism
- removal of the *Fellowship ad eundem gradum* (FAEG) and transition of the Specialist Recognition Program to the PEP Specialist Stream
- RACGP member awards for non-AGPT Program trainees.

With the upcoming restructure of Education Services and increasing oversight over training, the year ahead is shaping up to be even busier than 2018–19 for the REC–PreFE.

I thank Dr Kaye Atkinson for her thoughtful leadership of the committee during 2015–18 and for the hard work performed by all involved in getting the RACGP to this most exciting point in pre-Fellowship education.

RACGP Expert Committee – Post-Fellowship Education

Adjunct Professor Janice Bell

Chair, RACGP Expert Committee – Post-Fellowship Education

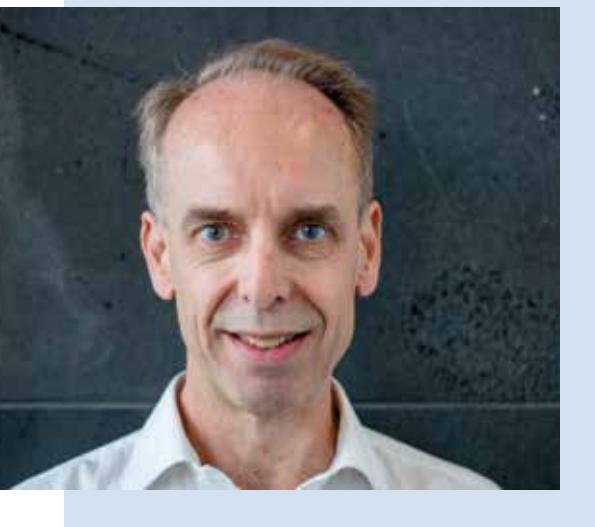
Over the past year, the RACGP Expert Committee – Post-Fellowship Education (REC–PostFE) has offered advice and expertise on a range of key conceptual and operational developments at the RACGP. Areas of work have included:

- input into the development of a new Continuing Professional Development (CPD) Program app, working with RACGP Technology, and initial exploration into the development of an online learning portfolio
- provision of advice regarding development of postgraduate and higher education qualifications, including the Post-Fellowship Speciality framework
- provision of advice and advocacy on two new resources to support GPs re-entering practice:
 - *A guide to re-entry to general practice*
 - *A guide to performance management for general practitioners*
- provision of advice on communications and advocacy relating to changes to PLAN
- implementation within the RACGP of the Medical Board of Australia's (MBA's) Professional Performance Framework
- provision of advice regarding how to define and describe a GP's scope of practice
- provision of advice regarding the update of cardiopulmonary resuscitation (CPR) and advanced life support (ALS) requirement terminology to align with the Australian Resuscitation Council
- provision of advice regarding rural generalism in the wake of the 2018 Collingrove Agreement

- development of 2020–22 triennium CPD Program requirements, including the management of those Fellowing within a given triennium.

Finally, the REC–PostFE has welcomed new members Dr John Drinkwater, Dr Katrina McLean, Dr Ameeta Patel, Dr Gina Sherry, Dr Melanie Smith and Dr Eugene Wong. I would like to thank all members, new and continuing, for their valuable contributions to the work of the REC–PostFE.





RACGP Expert Committee – Practice Technology and Management

Dr Rob Hosking

Chair, RACGP Expert Committee – Practice Technology and Management

The RACGP Expert Committee – Practice Technology and Management (REC-PTM) oversees and supports a program of work relating to eHealth developments and information and practice management, and addresses issues affecting the current and future operation of Australian general practice.

In 2018, the REC-PTM, via a group of GP ‘digital champions’, delivered the national ‘My Health Record in general practice’ education program to support general practice in the transition to an opt-out system, with over 2000 individuals attending webinars and face-to-face workshops across Australia. The REC-PTM, in consultation with members, also contributed to the Senate inquiry into My Health Record, successfully advocating for improvements that included strengthening privacy and security legislation and accessibility provisions for minors, in order to improve consumer and clinician confidence.

In 2018, the RACGP collaborated with the Australian Digital Health Agency and general practice software

developers to determine the feasibility of developing an agreed set of minimum requirements for general practice software. After three industry workshops, recommendations for minimum requirements were published. These will guide improvements in future usability and functionality.

Throughout 2019 the REC-PTM has delivered monthly webinars as part of the inaugural [RACGP eHealth webinar series](#). Attended by over 1100 GPs, practice managers and clinical staff over the first five months, these webinars provide concise and relevant information to support general practice. Topics have included the Notifiable Data Breaches scheme, My Health Record and medico-legal concerns, information security, SafeScript real-time prescription monitoring in Victoria for high-risk medication, and improving health record quality in general practice.

The REC-PTM has advocated for general practice on numerous committees, consultations and projects, including:

- Pathology Information, Terminology and Units Standardisation
- Child Digital Health Record (CDHR) Committee
- National Antenatal Record Harmonisation Expert Committee
- Electronic Prescription Project Technical Working Group
- Secure Messaging and Interoperability Steering Group
- health apps review panel
- primary healthcare data asset development
- draft National Framework for Tackling Mental Ill-health in Doctors and Medical Students
- regulation of medical devices, including Software as a Medical Device
- online safety issues, including cyber bullying and children’s mental health.

An annual highlight for the committee includes hosting the RACGP eHealth Forum, bringing together leaders in the eHealth space for collaboration and discussion on issues affecting the general practice profession and industry.

The REC-PTM continues to develop resources to support general practice. Resources published over the past year include the guides [Social media in general practice](#), [Improving health record quality in general practice](#) and [Telehealth video consultations guide](#), as well as the ‘[Responding to online reviews](#)’ and ‘[Notifiable Data Breaches scheme](#)’ fact sheets.

RACGP highlights of the year

A photograph of a young woman with short blonde hair, smiling warmly at the camera. She is wearing a bright red short-sleeved top and a necklace with large, colorful beads. Her right arm is resting on a dark wooden desk, and she is wearing a white Apple Watch on her left wrist. In the background, there's a teal-colored wire mesh basket and some papers on the desk.

Timeline

Date	Highlight	Description
3 July 2018	Announcement of 2018–20 President	Dr Harry Nespolon, a Sydney-based GP and practice owner, was announced President-elect.
9 August 2018	Launch of the <i>Standards for after-hours and medical deputising services</i>	The Standards aim to improve the quality and safety of after-hours health services. The Department of Health made changes to urgent after-hours items as a result of RACGP advocacy.
27 August 2018	Inaugural RACGP Practice Owners National Conference	The conference addressed specific needs of practice owners and business managers through education, professional development and information updates. The success of the conference was confirmed by the attendance of more than 450 delegates.
28 August 2018	Launch of <i>Guideline for the management of knee and hip osteoarthritis</i>	The guideline reflects changing evidence in treatment for osteoarthritis, including reducing overreliance on measures such as surgery, imaging technology and medication, and was approved by the National Health and Medical Research Council.
29 August 2018	Adoption of the RACGP Environmental and Social Governance Investment Policy	The policy outlines how the RACGP plans to carry out investments with consideration for ethical, environmental, corporate governance and social issues.
19 September 2018	Launch of <i>General Practice: Health of the Nation</i> report	For the second year, the RACGP compiled its annual health check-up on general practice, showing the areas where Australia's primary healthcare system continues to thrive, while also highlighting areas of concern.
5 October 2018	Launch of social media campaign #doctorsforasylumseekers	Together with the Royal Australian College of Physicians, Australasian College for Emergency Medicine and Australian Medical Students' Association, the RACGP led the #doctorsforasylumseekers social media campaign to call on the federal government to act urgently to address the health and wellbeing of asylum seekers and refugees in Australia's offshore detention centres. The campaign received wide media coverage and increased awareness of health issues for asylum seekers.
18 January 2019	Launch of RACGP Practice Experience Program	The RACGP aims to ensure all doctors working in general practice in Australia have relevant training and hold GP qualifications, and that patients receive the best care possible. Funded by the federal government and in partnership with Regional Training Organisations and the Remote Vocational Training Scheme (RVTS), the new program is a self-directed education program designed to support non-vocationally registered doctors on their pathway to achieving RACGP Fellowship.

Date	Highlight	Description
2 February 2019	Launch of 'Become a GP' campaign	Targeted at medical students, the RACGP hopes to build interest in the general practice profession. 'Become a GP' highlights the clinical challenges of general practice, the opportunities to make a difference to patients and their communities, the supportive and passionate collegial network of GPs and, most importantly, the relationships we are able to form with our patients over a lifetime.
18 February 2019	RACGP President Dr Harry Nespolon appears at the Royal Commission into Aged Care Quality and Safety	Dr Harry Nespolon told the Royal Commission that GPs don't receive enough support when treating patients in residential aged care facilities (RACFs), and that inadequate remuneration, communication breakdown and a lack of physical infrastructure in RACFs are further barriers to GPs providing onsite care.
26 February 2019	Australian GPs provide a 'house visit' for Queensland MPs	RACGP Queensland Chair, Dr Bruce Willett, and Registrar Representative, Dr Krystyna de Lange, took over Queensland Parliament to provide MPs with important health checks and reinforce the need for affordable and accessible GP visits, no matter how busy life may be.
13 March 2019	Launch of <i>Custodial health in Australia: Tips for providing healthcare to people in prison</i>	Developed by the RACGP Specific Interests Custodial Health network, the resource covers recommendations to best support patients for positive outcomes once released from prison, including prevention of suicide risk, substance abuse and self-harm.
April 2019	Launch of RACGP federal election campaign	The RACGP advocated strongly for members during the 2019 election campaign, highlighting the impact of the Medicare freezes from successive governments on patients' access to GPs. The campaign finished with an open letter from President Dr Harry Nespolon that asked key political figures: 'Who will care for all Australians?'
April 2019	The RACGP takes responsibility for training of GP candidates under the Australian General Practice Training Program	The RACGP signed a contract with the Department of Health to be the responsible entity for delivery of the Australian General Practice Training (AGPT) Program and the Remote Vocational Training Scheme (RVTS). This was an historic moment for general practice and reflects the professionalism and expertise of the RACGP.
18–19 May 2019	RACGP Practice Owners National Conference	Following the success of the 2018 Practice Owners National Conference, the 2019 conference was held at the International Convention Centre in Sydney, hosting more than 720 delegates from across Australia.

Awards and GP honours

Rose-Hunt Award 2018

Dr Evan Ackermann, Queensland

For more than 10 years Dr Evan Ackermann has been an invaluable asset to the RACGP, where he has been highly respected for his energetic leadership as Chair of the RACGP Expert Committee – Quality Care (REC-QC) and as a member of the RACGP Queensland Faculty Board.

Dr Ackermann is a prominent and passionate advocate for the RACGP, the general practice profession and, more broadly, high-quality healthcare for Australians. His advocacy is grounded in evidence and the practical reality of general practice.

Dr Ackermann has continually demonstrated exceptional leadership and has been instrumental in contributing to and shaping RACGP policy and advocacy during his time as Chair of the REC-QC. He has been instrumental in many RACGP initiatives – in particular, in his work developing the RACGP's prescribing drugs of dependence in general practice series and ongoing development of the *Guidelines for preventive activities in general practice* (Red Book). His knowledge and expertise in the area of pain management and opioids were critical during the 2017–18 codeine change in Australia, and he was essential in informing Australian patients through the media on the importance of ongoing and sustainable pain management through general practice.

Dr Ackermann has been a consistently reliable, willing and confident spokesperson for the RACGP on a range of health issues. He has been interviewed, or provided media speaking points for other RACGP spokespeople, on important issues including influenza vaccinations, pharmacy, antibiotics use in general practice,

The RACGP salutes the dedication of GPs across Australia and recognises excellence in general practice with awards for the year's best GP, supervisor, registrar, general practice, rural GP, and rural registrar, as well as the Rose-Hunt Award, the RACGP's highest accolade.

long-acting reversible contraceptives, medicinal cannabis, and the risks around expanding primary care services in pharmacies.

Dr Ackermann's peers describe him as having an incredible energy and capacity despite working full time in practice. They recognise the time he takes to lead numerous quality initiatives in areas such as drugs of dependence, imaging and clinical indicators. Dr Ackermann has made a significant contribution to supporting growth and change within general practice.

Honorary Fellowship 2018

Dr Kerry Hancock, South Australia

Dr Kerry Hancock's exemplary training of generations of medical students and general practice registrars over the past 30 years highlights her valuable role within the general practice profession and the RACGP.



Known for her expertise in community management of asthma, Dr Hancock has dedicated countless hours to upskill the GPs of Australia in asthma management through her work on the Asthma Council, National Asthma Plans and more recently as Chair of the RACGP Specific Interests Respiratory Medicine network. Dr Hancock has played a significant role in writing asthma and chronic obstructive pulmonary disease (COPD) management guidelines, as well as in her work for the Asthma Council.

Dr Hancock's commitment and involvement in the broader general practice community warrants special recognition, upholding to perfection the aims and objectives of the RACGP through continuous improvement, forward thinking and the pursuit of highest quality in general practice. Dr Hancock is an executive member, Coordinating Committee COPD National Program, Lung Foundation Australia; member, GP Asthma Group, National Asthma Council; and Board member, Asthma Foundation SA.

Dr Hancock is one of two original founders of Chandlers Hill Surgery, Happy Valley, South Australia, where she has been at the forefront of innovative practice management such as early adoption of practice nurses and eHealth.

Going above and beyond in her care not only for patients but also for medical students, Dr Hancock is heavily involved with medical student teaching in Adelaide. In her surgery she is considered a role model, mentoring doctors and nurses, supervising medical students, and willingly providing advice and education.

Honorary Membership 2018

Mr Alan Brown, Victoria

Mr Alan Brown led RACGP efforts in Aboriginal and Torres Strait Islander health in his role as Manager of the Aboriginal and Torres Strait Islander Health Unit between 2006 and 2009. He is a well-respected Gunditjamara Elder who has been critical in building trust between Aboriginal individuals and organisations and the RACGP over the past 30 years.



Above: Dr Graham Embleton, RACGP Corlis Award winner

Top right: Dr William Sands, RACGP General Practitioner of the Year

Bottom right: Dr Simon Morgan, RACGP Corlis Award winner

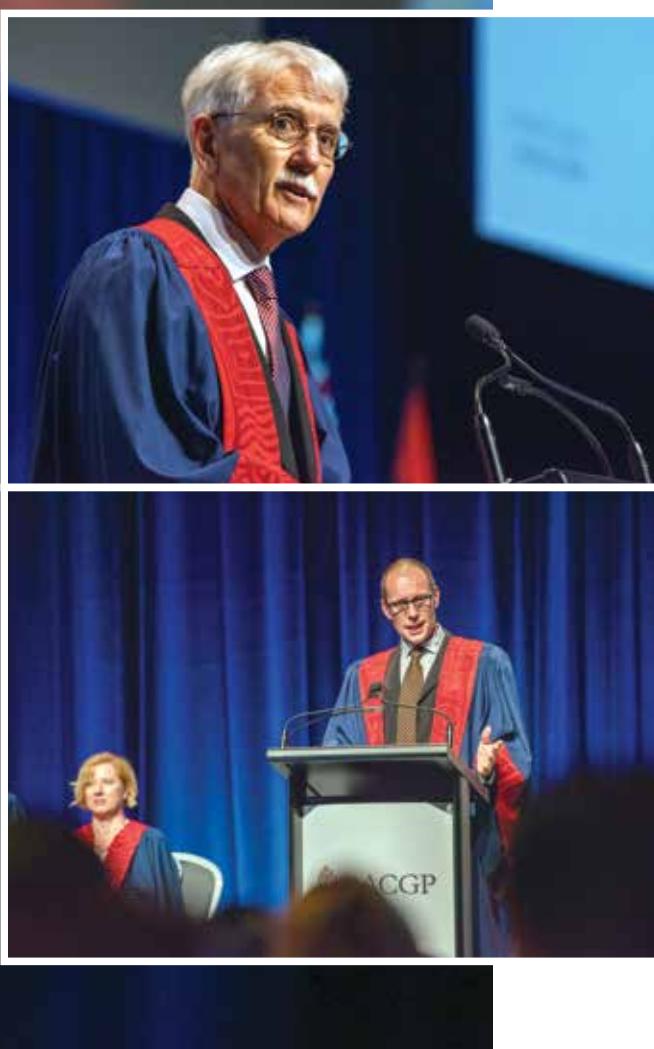
Mr Brown has played an active role as community representative on the RACGP Aboriginal and Torres Strait Islander Health Council, promoting the RACGP and its initiatives in this key area of health. He has been essential to developing and implementing strategic and business plans, coordinating communications and to making funding applications.

Mr Brown has remained involved as a community representative on various committees, engaging roles with the RACGP and elsewhere that see him advocating for Aboriginal and Torres Strait Islander health. He has assumed leadership and management roles in the Aboriginal community-controlled health sector at national and Victorian levels, and he continues to advocate for the RACGP,

supporting and guiding opportunities to improve Aboriginal and Torres Strait Islander health.

During Mr Brown's time with RACGP Aboriginal and Torres Strait Islander Health, the Standing Strong Together Award was launched to recognise collaborations between GPs and Aboriginal and Torres Strait Islander peoples. The RACGP also became a founding member of the Close the Gap Steering Committee and founding signatory to the Close the Gap statement of intent.

Mr Brown continues to represent the RACGP on steering and standing committees and advisory groups, including the Beyond Blue Impact of Discrimination Advisory Group, and is regularly sought as a subject matter expert. The RACGP's current position as a leader in Aboriginal and



Torres Strait Islander health is in no small part due to the early leadership and work of Mr Brown and his continued involvement.

Corlis Awards 2019

Dr Graham Emblen, Queensland

Dr Graham Emblen is recognised for his contribution to the RACGP over the past 25 years in general practice training locally, regionally and nationally, both directly and indirectly, in leadership roles, innovative processes and at policy levels.

Dr Emblen is described by his peers as an inspirational medical educator, providing enthusiastic support and willing to share his

knowledge, skills and reflections, encouraging and training many general practice registrars locally and beyond as they move towards their Fellowship.

The workshops delivered by Dr Emblen to fellow educators demonstrate his reflective manner, considered approach and continuing interest in education to ensure general practice doctors in training are taught by well-informed and highly trained educators.

Dr Emblen is an innovator and a reflective teacher who continually strives for educational excellence, collaborative sharing of knowledge and skills, and a dynamic approach when faced with change. His successful mentorship at all levels has led him to become a highly respected educator, held in esteem by his peers.

Dr Simon Morgan, New South Wales

Dr Simon Morgan is known for his superior work as a medical educator, his contributions to the field of medical research, his passion in the supervisor role of continuing professional development, and for his work as a GP.

Dr Morgan's many articles in journals such as *Australian Family Physician* (now *Australian Journal of General Practice*) on general practice registrars are highly regarded as core reading for medical educators and supervisors, and have been presented at medical conferences such GPEX 2017 in Adelaide.

Dr Morgan has contributed to the development of RACGP resources, most recently serving in the Advisory Group for the *Genomics in general practice* guide for GPs and healthcare professionals.

General Practitioner of the Year 2018

Dr William Sands, Western Australia

Dr William Sands is a highly respected West Australian GP who has cared for his Fremantle community for over 35 years, providing extraordinary care in GP obstetrics and elderly

care. Dr Sands provides a high level of dedication to patients in nursing homes, making frequent visits while continuing to provide the full spectrum of services as a GP.

Dr Sands has a deep clinical understanding with extensive knowledge of medical literature, and is committed to finding clinical answers. His peers define him as generous, perceptive and open minded, with a gentle demeanour but an extraordinary strength in character. He demonstrates superior clinical skills and a broad understanding of the role of general practice.

Within his practice, Dr Sands has created systems to efficiently manage chronic disease prevention, infection control, incident management and formal clinical meetings.

Dr Sands sees the teaching of future generations of GPs, both medical students and doctors in training, as an integral

part of being a GP. He plans his teaching engagements carefully to ensure content of high quality and considers appropriate methods to provide engaging and educative tutorials.

Dr Sands believes the RACGP is an essential professional representative body for GPs, and he has contributed to the college in many ways through examiner positions and acting on the RACGP WA faculty Board. He was a founding Board member of the Fremantle Division of General Practice.

In addition to his clinical contributions to his local area, Dr Sands has strong ties with his community as an active member of St Patrick's Basilica congregation, and by learning Italian to ensure he can treat the large number of Italian-speaking people living in Fremantle.



Clockwise from above:
Dr Holly Deer, RACGP
Supervisor of the Year;
Medeco Inala, RACGP
General Practice of the
Year; Dr Daniel Epstein,
RACGP General Practice
Registrar of the Year

General Practice Supervisor of the Year 2018

Dr Holly Deer, South Australia

Dr Holly Deer is a practising GP at Crystal Brook Medical Practice in South Australia and a valued trainer with experience at all levels of the AGPT Program. Described as comforting and supportive, and drawing from her passion for local community, Dr Deer has an innate ability to settle doctors in training into rural general practice.

Dr Deer's commitment to general practice has been evident since early in her career, when she obtained Fellowship of both the RACGP and the Australian College of Rural and Remote Medicine.

Dr Deer is a strong advocate for good time management and for avoiding burnout, and gives doctors in training practical strategies they can apply in their own lives to improve their health and wellbeing. She has been an RACGP examiner, thereby further helping registrars navigate the final stages of their training to obtain Fellowship.

Dr Deer has demonstrated her passion for, and understanding of, health needs in her local community. Her approach to rural general practice is holistic. To ensure her patients always receive the best and most relevant care possible, Dr Deer fosters a love of learning and is always seeking ways to challenge and improve herself clinically. This approach benefits not only her patients but provides an invaluable example and experience for her doctors in training.

Dr Deer demonstrates collegial relationships with other staff, values safe practice and works hard to build an atmosphere of trust within Crystal Brook Medical Practice.

General Practice Registrar of the Year 2018

Dr Daniel Epstein, Victoria

Dr Daniel Epstein is committed to a future career in the field of general practice, with particular interests in preventive and primary healthcare innovation and health economics.

Having grown up in regional Victoria in the Yarra Valley, Dr Epstein wishes to continue his practice to benefit rural and remote communities through a John Flynn Rural Health Scholarship and spending time in Aboriginal communities.

Dr Epstein has a polite, respectful and holistic approach with his patients, and routinely seeks the advice of senior clinicians when required. He is a safe practising registrar with excellent applied clinical knowledge. He continually strives for self-improvement, pursues ongoing learning, and brings enthusiasm and passion to all aspects of the profession.

After completing a research project on alternative payment system economic modelling for more sustainable primary health access for marginalised populations, Dr Epstein was accepted as an RACGP academic registrar, and is working in education at Monash University with fourth-year medical students in their general practice term.

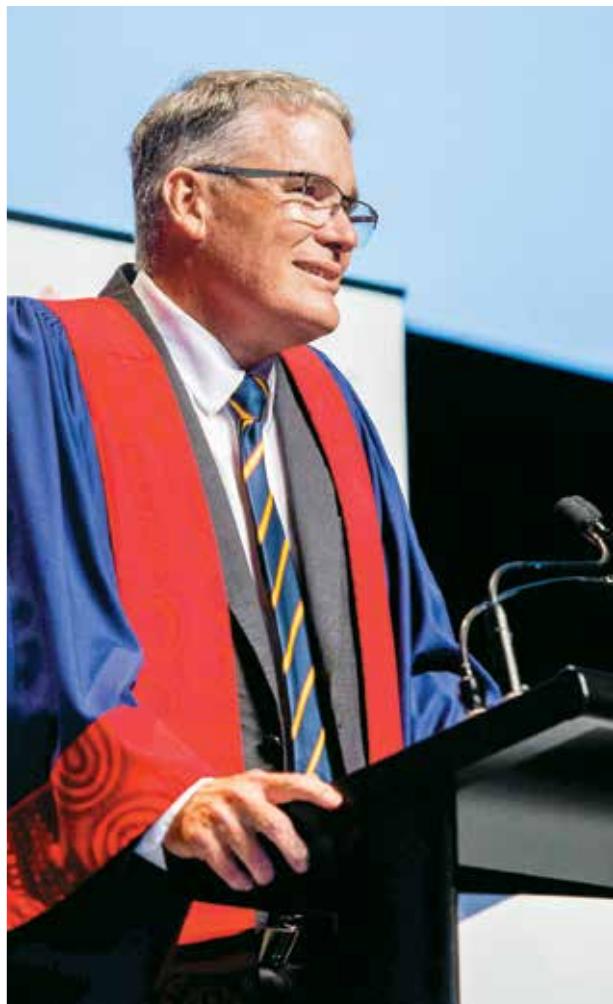
Already recognised as an up-and-coming leader in the field of innovation and creative problem solving in primary health, Dr Epstein is the founder and director of a primary health education company that produces Vaxcards – a collectible card game that acts as education and reward during the vaccination period for children, who can collect character cards belonging to the diseases being inoculated against. He successfully crowdfunded this project in 2017, raising over \$30,000. The game is now being played in 25 countries, and featured in an article in *The Lancet* in 2017. It has won a number of awards, and is currently being piloted in community vaccination clinics in the eastern suburbs of Melbourne.

General Practice of the Year 2018

Medeco Inala, Queensland

Medeco Inala is a general practice dedicated to innovation and ongoing improvement in delivering medical care in a low socioeconomic area – an area challenged by high rates of substance abuse, social disadvantage and a sense of disenfranchisement. Medeco Inala

Below: Rose-Hunt Award
winner Dr Evan Ackermann
(right) with RACGP President
Dr Harry Nespolon



is proud of Inala's working class, blue collar roots, and shares a sense of community with its patients.

Medeco Inala doctors reach out to the community, speaking at community-based events such as Liver Life, and making culturally sensitive presentations for the Aboriginal, Torres Strait Islander and Samoan communities.

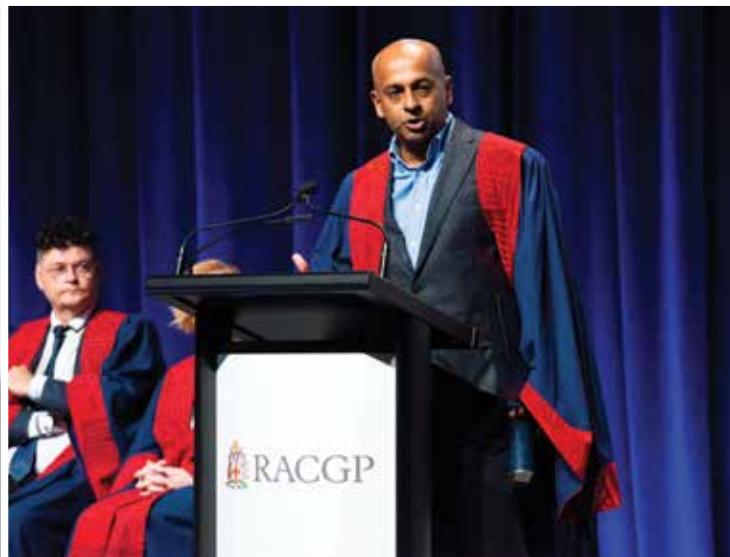
Care and compassion is delivered from the administrative team all the way through to the doctors and nurses. The Medeco Inala team understand the importance of interpersonal relationships with patients and that sometimes a cuppa and empathic shoulder to cry on works more wonders than any medical expertise.

All Medeco Inala staff deliver their brand of positivity, enthusiasm and passion. Having a happy team has led to better outcomes in many ways. The high morale has, for example, ensured

a united front in the fight against the many adversities seen in the suburb of Inala.

Medeco Inala's crusade against hepatitis C has been an immense success and serves as a model for other Queensland practices. The clinic is working with Logan Hospital to launch an innovative mass screening of every emergency department patient that attends, testing for hepatitis C. Positively diagnosed people will then be channelled into the Medeco Inala practice or the Hepatitis C Kombi Clinic for cure.

The clinic's hepatitis C eradication project has also shown young doctors that primary care is an ideal setting in which to launch ambitious projects. The practice has contributed to the training of registrars and medical students since 2006. Education is a passion for the staff of Medeco Inala, and they hope to educate a new generation to the rewards that working in a disadvantaged area can bring to medical life.



Dr Kishan Pandithage,
Aboriginal and Torres
Strait Islander Health
– Standing Strong
Together Award winner

RACGP Rural Brian Williams Award 2018

Dr Stewart Jackson, Queensland

Dr Stewart Jackson has been a GP in Ingham, North Queensland for 22 years. This long-term service to his community has equipped him with unique expertise and knowledge that he shares generously in his daily work while mentoring his colleagues and practice staff. This results in an excellent level of care and efficient use of practice resources.

Dr Jackson has a deep understanding of social disadvantage, behaviour change, addiction medicine, persistent pain, aged care and palliative care. His positive and supportive approach encourages educational conversations with his peers, doctors in training and practice staff on the more challenging aspects of primary care, contributing to better outcomes for patients.

Doctors in training in Dr Jackson's practice comment on his leadership and guidance during their transition into a rural general practice setting. Dr Jackson's approachability and guidance create a safe and supportive environment, thus addressing one of the main barriers for doctors in training undertaking rural work. The doctors in training suggested that the qualities exemplified by Dr Jackson could, if demonstrated in other practices, encourage more young GPs to work in rural areas.

As an avid swimmer and a coach for the local school and adult swim squad, Dr Jackson also leads by example in promoting good health. He can, with authenticity, convey the benefits of exercise to his patients.

RACGP Aboriginal and Torres Strait Islander Health – Growing Strong Award 2018

Dr Casey Kalsi, Queensland

Dr Casey Kalsi is a proud Aboriginal general practice doctor in training based in Brisbane. Despite being told by many, including her school teacher, that she wasn't smart enough and wouldn't be more than a retail assistant, Dr Kalsi worked hard at school, attended university and became a teacher. She went on to medical school and is now close to completing her general practice training.

According to Dr Kalsi, practising medicine is not a right but a privilege. The resilience of her patients and community members inspires her to be the best GP she can be.

Dr Kalsi looks forward to a rewarding career in general practice where she will be able to work closely with her mob to help close the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

RACGP Aboriginal and Torres Strait Islander Health – Standing Strong Together Award 2018

Dr Kishan Pandithage, Northern Territory

Indigenous health workforce parity is essential in achieving health equality between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Dr Kishan Pandithage received the 2018 Standing Strong Together Award for working in partnership with Aboriginal and Torres Strait Islander doctors in training, Fellows and organisations such as the Indigenous General Practice Registrar Network (IGPRN) to help grow the Aboriginal and Torres Strait Islander GP workforce.

Dr Pandithage is a GP, medical educator and general practice supervisor who has demonstrated an outstanding commitment to supporting Aboriginal and Torres Strait Islander doctors as they work towards Fellowship. The RACGP received overwhelming support from Aboriginal and Torres Strait Islander Fellows and members, recognising him for his dedication in establishing and maintaining strong connections with doctors undertaking general practice training.

A strong ally in building and strengthening the Indigenous GP workforce and the communities doctors serve, Dr Pandithage's commitment to improving Aboriginal and Torres Strait Islander health outcomes and supporting Aboriginal and Torres Strait Islander doctors is widely recognised.

Other award recipients

Monty Kent-Hughes Memorial Medals

2017.2 – Dr Jacob Mackenzie, South Australia

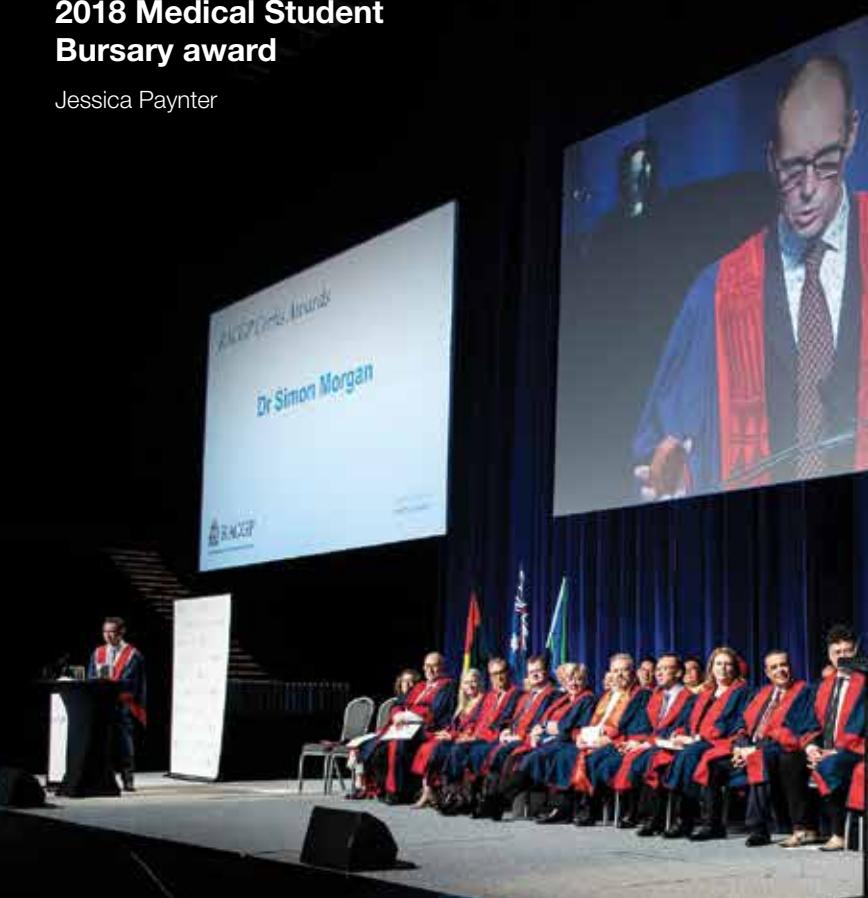
2018.1 – Dr Hiba Gundru, Queensland

Rural Registrar of the Year

Dr Kate Fox (WA)

2018 Medical Student Bursary award

Jessica Paynter





Above: Dr Simon Morgan accepts the RACGP Corlett Award

Above right: GP18 keynote speaker, Professor Felicity Goodyear-Smith

Bottom right: National Practice Owners Conference 2019 keynote speaker, Dr Louise Schaper



Top: RACGP new Fellows at GP18 Fellowship and Awards Ceremony
Middle: Associate Professor Ruth McNair
Bottom: RACGP Board members



National honours – RACGP members

Australia Day Honours

Member (AM) in the General Division of the Order of Australia

Professor Neil Spike (Vic)

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

Dr Venny Armando (NSW)

Dr Phillip Brownlie (NSW)

Dr Eleanor Chew (Qld)

Dr Peter Davidson (NSW)

Dr Craig Hassed (Vic)

Dr Stephen Howle (NSW)

Dr Peter Marendy (Qld)

Dr Robert Marr (NSW)

Emeritus Professor John Murtagh AO (Vic)

Dr Gregory Thompson (Qld)

Dr Robert Wight (SA)

Queen's Birthday Honours

Member (AM) in the General Division of the Order of Australia

Dr Jennifer Kendrick (NSW)

Associate Professor Ruth McNair (Vic)

Emeritus Professor Anthony Radford (SA)

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

Dr Michelle Crockett (NSW)

Dr Geraldine Duncan (NSW)

Dr Hector Faulkner (WA)

Dr Sam Heard (NT)

Dr Milton Sales (NSW)

Dr Tony Trachtenberg (NSW)

Dr Adam Zagorski (Vic)

National events

Overview of the change to conference structure

The structure of the RACGP national conferences will transition over the coming years to multiple events rather than a single major event. The aim of this is to provide targeted education and professional development that is specialised to members' needs and the variety of interests that exist throughout the membership.

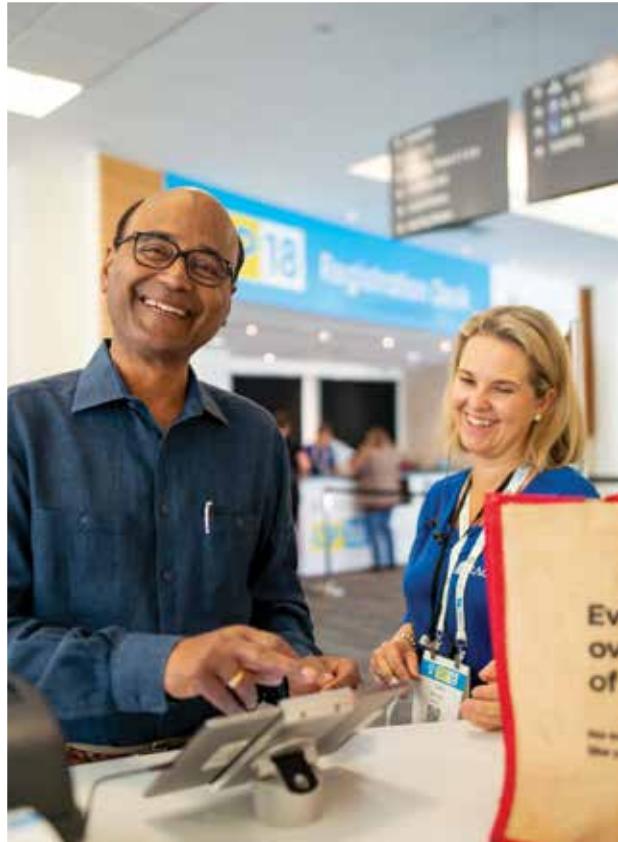
2018 Academic Session, Fellowship and Awards Ceremony

The 2018 National Academic Session, Fellowship and Awards Ceremony was held at the Gold Coast Convention and Exhibition Centre in Queensland on Wednesday 10 October 2018. The William Arnold Conolly Oration was presented by Dr Mark Miller, RACGP Censor-in-Chief and Chair of the RACGP Board of Censors and Board of Assessment, 2014–18. More than 200 new Fellows were presented at the ceremony.

GP18 – General practice: The centre of health in Australia

'General practice: The centre of health in Australia' was the theme for the RACGP's annual conference, GP18, held at the Gold Coast Convention and Exhibition Centre on the Gold Coast on 11–13 October 2018. More than 2000 delegates attended, including 48 medical students, and the conference exhibition welcomed 124 organisations.

During the three-day conference delegates attended presentations by over 100 GPs, and on Wednesday 10 October, immediately prior to the conference, participated in 15 active learning module workshops.



Top: Delegates at GP18
Bottom: Practice Owners National Conference 2019 Committee (L-R): David Dahm, Assoc Prof Charlotte Hespe, Dr Harry Nespolon, Dr Louise Schaper, Dr Sean Stevens, Dr Prakash Appanna and Dr John Deery

2018 RACGP Practice Owners National Conference

The inaugural RACGP Practice Owners National Conference was held at the Sofitel Melbourne on Collins on 25–26 August 2018. More than 450 delegates attended, and the conference exhibition welcomed 12 organisations. During the two-day conference, delegates attended presentations across two streams tailored for established practice owners and new and/or aspiring practice owners.

2019 RACGP Practice Owners National Conference

Following the overwhelming response to the inaugural conference, the 2019 RACGP Practice Owners National Conference was held at the International Convention Centre in Sydney on 18–19 May. More than 720 delegates attended and the conference exhibition welcomed 27 organisations. The program saw the introduction of a new stream for practice managers, in addition to presentations for established practice owners and new and/or aspiring practice owners.



Delegates at GP18



Advocacy

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

We also continue to participate in varied government and stakeholder expert and advisory committees and reference groups, and regularly meet with federal and state health ministers, their advisers, federal and state health departments and a range of other key stakeholders.

This vital advocacy work is supported by the RACGP Board, RACGP expert committees, state and national faculty councils and appointed Fellow representatives.

The RACGP has made over 200 submissions to governments and other key stakeholders and continues to promote its public awareness campaign to increase community awareness and understanding of the profession and the crucial role GPs play.

RACGP submissions

Below is a selection of major submissions made by the RACGP during the financial year.

Theme: Aboriginal and Torres Strait Islander health

Title: Submission to the Joint Select Committee on Constitutional Recognition relating to Aboriginal and Torres Strait Islander peoples 2018

Date: 11 July 2018

About: The RACGP provided a submission to the Joint Select Committee on Constitutional Recognition, as a long-time supporter of constitutional recognition, to raise issues related to the Close the Gap campaign and in support of Aboriginal and Torres Strait Islander leadership.

Outcome: RACGP endorsed the Uluru Statement from the Heart.

Theme: Aged care

Title: Submission and witness evidence to the Royal Commission into Aged Care Quality and Safety

Date: February 2019 – ongoing

About: The RACGP was invited by the Royal Commission into Aged Care Quality and Safety to give evidence at hearings held in February 2019. The RACGP was also asked to prepare a statement in advance of the hearings.

Outcome: RACGP President, Dr Harry Nespolon, provided evidence at the hearing on 18 February 2019 in Adelaide. Hearings are currently ongoing, and the RACGP will continue to advocate on the role of general practice and GPs in the care of residents in residential aged care facilities.

Title: Changes to Medicare Benefits Schedule (MBS) items for GP attendances in residential aged care

Date: 1 March 2019

About: The RACGP has undertaken significant analysis and advocacy to address changes to MBS items for GP professional attendances at residential aged care facilities. The changes, implemented on 1 March 2019, result in a loss of approximately \$12 million in essential funding for the sector.

Outcome: The RACGP is continuing its advocacy to the government to ensure that the new rebates do not result in a loss of funding for GPs and their patients in residential aged care facilities.

Title: Retention of the Practice Incentives Program General Practitioner Aged Care Access Incentive

Date: 2 April 2019

About: In the 2016–17 federal Budget it was announced that several existing Practice Incentives Program (PIP) payments, including the General Practitioner (GP) Aged Care Access Incentive, would be rolled into the new Quality Improvement Incentive. Since this announcement, the RACGP successfully advocated for the retention of the procedural and Indigenous incentives. The RACGP has been continuing to advocate for the retention of the GP Aged Care Access Incentive due to it providing significant and essential support to GPs and their patients in residential aged care facilities.

Outcome: In the 2019–20 federal Budget, the government announced that it will retain the PIP Aged Care Access Incentive instead of rolling it into the Quality Improvement Incentive as planned.

Theme: eHealth and health data

Title: My Health Record

Date: 14 September 2018

About: My Health Record is Australia's national electronic health record. In the 2017–18 federal Budget, the Australian Government announced that every person known to Medicare or the Department of Veterans' Affairs who has not already registered for a My Health Record will automatically have a record created for them unless they choose to opt out. The opt-out model raised concerns for consumer privacy and security within the system. The RACGP advocated for strengthening of My Health Record legislation to address these concerns through ongoing communications with the Minister for Health and a submission to the Senate Community Affairs References Committee inquiry in the My Health Record system.

Outcome: My Health Record legislation was amended to improve consumer and clinician confidence. Changes included:

- an extension to the opt-out period to ensure consumers were aware of the changes
- increased funding for further consumer awareness
- changes to s. 70 of the *My Health Records Act 2012*, requiring a court order for the release of any identifiable information from an individual's My Health Record
- permanent deletion of health information stored by the system operator where an individual cancels their registration with My Health Record
- increased penalties for unauthorised access of a consumer's record
- removal of default parental/guardian access to a minor's My Health Record from the age of 14 years.

Title: National Primary Health Care Data Asset

Date: 28 June 2019

About: The Australian Institute of Health and Welfare (AIHW) received funding in the May 2018 federal Budget to develop an enduring National Primary Health Care Data Asset. The RACGP made a submission to the consultation advocating for strong general practice representation in the development and implementation of the data asset and outlined recommendations and concerns.

Outcome: The RACGP continues to advocate for the appropriate use of data generated by general practice.

Theme: Mental health

Title: Submission to the Productivity Commission Inquiry into Mental Health

Date: 10 April 2019

About: The Australian Government released the terms of reference and an issues paper for the Productivity Commission's Inquiry into Mental Health. The RACGP submission highlighted the important role of general practice and GPs in mental health care, and examined ways in which supporting general practice for the prevention, diagnosis and management of issues related to mental health can provide significant cost effectiveness.

Outcome: The Productivity Commission is drafting a report in response to this inquiry, with a final report to the government scheduled for 23 May 2020.

Title: Response to the Australian Mental Health Outcomes and Classification Network on *National mental health and suicide prevention information priorities*, 3rd edition

Date: 15 May 2019

About: The third edition of *National mental health and suicide prevention information priorities* from the Mental Health Information Strategy Standing Committee provides strategic priorities for information development in Australian Government–funded mental health care and support services over the next decade. Revising these priorities is an action of the Fifth National Mental Health and Suicide Prevention Plan. The RACGP's response covered the important role of GPs in mental health care and recommendations on data to be collected.

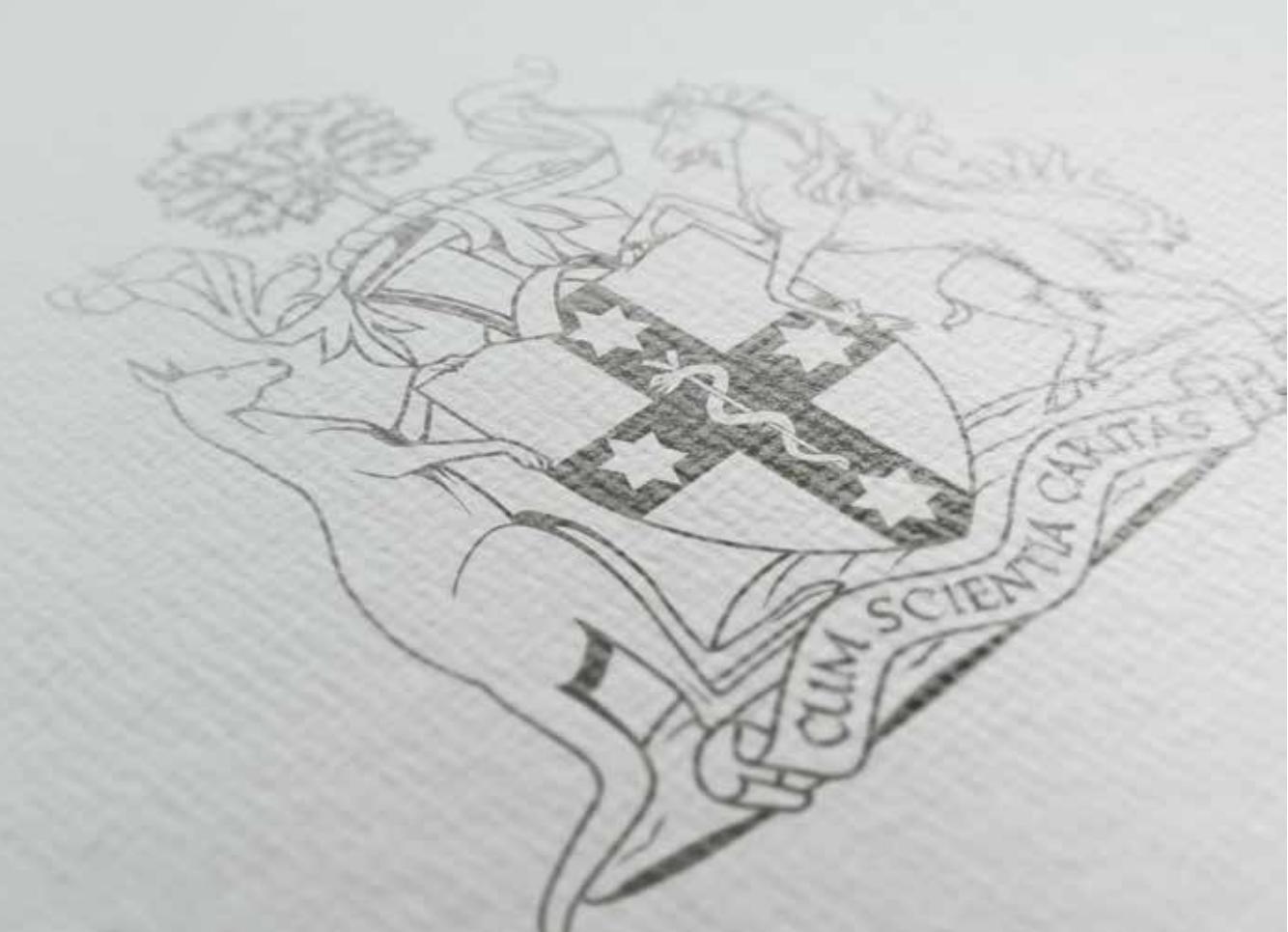
Outcome: Currently awaiting update. This submission can be further used to advocate for the role on GPs in mental health care.

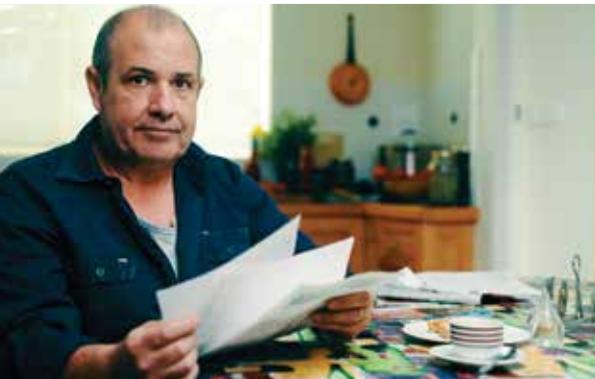
Title: Advocating for a new MBS item number to support GPs and their patients for 40 minutes or more

Date: Throughout 2018–19

About: In both its election statement and its pre-budget submission, the RACGP called for a new MBS item to support general practice mental health consultations for 40 minutes or more for GPs to discuss mental health with their patients.

Outcome: The RACGP is continuing discussions with the Minister for Health regarding the introduction of the new MBS item number.





Top: RACGP President, Dr Harry Nespolon, with Associate Professor Brendan Murphy at the launch of *General Practice: Health of the Nation 2018*

Middle: Dr Krystyna de Lange performs a health check on Queensland Shadow Minister for Health and Ambulance and Shadow Minister for Women, Ros Bates MP, in Queensland Parliament

Bottom: RACGP 2019 federal election campaign TV commercial

Theme: MBS compliance

Title: Advocating for better approaches to Medicare compliance – Opioid prescribing

Date: Throughout 2018–19

About: The RACGP raised concerns on behalf of members in relation to the Department of Health's compliance campaign targeting opioid prescribing, specifically in regard to GPs who received letters warning them about their high level of opioid prescribing despite working with a population of patients where the prescribing levels would be considered appropriate (eg in palliative care).

Outcome: The Department of Health and the Chief Medical Advisor have since publicly acknowledged the stress caused by the campaign and noted that the campaign did target compliant GPs. The Chief Medical Advisor has emphasised that GPs working with patients in palliative care should be supported to continue to prescribe appropriate opioids as required.

Theme: MBS review

Title: Submissions to the MBS Review Taskforce committees and reference groups

Date: Throughout 2018–19

About: The RACGP made submissions to more than 20 committees and reference groups of the MBS Review Taskforce this financial year, most notably to the [General Practice and Primary Care Clinical Committee](#), the Mental Health Reference Group, and the [Nurse Practitioners Reference Group](#).

Outcome: The Chair of the MBS Review Taskforce, Professor Bruce Robinson, has engaged closely with the RACGP regarding its responses to the review, arranging several meetings to discuss submissions in more detail. Many recommendations made in the RACGP's responses have been welcomed formally in MBS Review Taskforce final reports or informally in discussions with Professor Robinson.

The MBS Review Taskforce has also recognised the RACGP's advocacy efforts of previous years. For example, the RACGP recently provided a [submission](#) to the Specialist and Consultant Physician Clinical Committee, which had recommended introducing time-tiered attendances for non-GP specialists. This recommendation echoed ongoing RACGP advocacy calling for time-tiered attendances for non-GP specialists to help address current value disparities between professions within the MBS, and resolve issues GPs experience with non-GP specialists' dishonouring of referral validity.

Theme: Pharmacy and prescribing issues

Title: Submission to the Therapeutic Goods Administration on 'Proposed Criteria for Appendix M of the Poisons Standard to support rescheduling of substances from Schedule 4 (Prescription only) to Schedule 3 (Pharmacist only)'

Date: 10 April 2019

About: The Therapeutic Goods Administration (TGA) proposed a framework for the use of Appendix M of the Poisons Standard. Appendix M is intended to include substances that have formerly been scheduled as Schedule 4 and have required a prescription by a medical practitioner, but if rescheduled to Schedule 3 could be dispensed by a pharmacist with specific controls in place that help ensure appropriate use.

The RACGP emphasises that it is critical to ensure that consumers are not harmed by the resulting fragmentation of care that is likely to arise through this proposed down-scheduling – including conflicts of interest that may arise when pharmacies both advise and supply medicines – and that there is strong pharmaceutical industry influence within pharmacies. The RACGP has strongly recommended that the TGA reconsider a number of its proposed criteria.

Outcome: According to the TGA, a final framework for Appendix M will be developed based on feedback received and agreed upon with key stakeholders. Guidance for applicants will be updated accordingly on the TGA website and any identified changes to process implemented by mid-2019. There has been no update as yet.

Title: Submission to Pharmacy Board of Australia regarding pharmacy prescribing

Date: 15 April 2019

About: The RACGP made a [submission](#) to the Pharmacy Board of Australia opposing the three pharmacy prescribing models put forward for stakeholder consideration, noting that none of the models proposed are appropriate in primary care.

Outcome: The Pharmacy Board of Australia is yet to comment on the submission. The submission is being used by the RACGP to continue advocacy regarding the inappropriateness of expanding pharmacy prescribing in primary care in Australia.

Title: Submission to the Nursing and Midwifery Board of Australia regarding nurses prescribing in partnership

Date: 21 September 2018

About: As part of its advocacy against non-medical prescribing, the RACGP submitted to the Nursing and Midwifery Board of Australia [opposing its model for nurses prescribing in partnership](#), which could result in nurses prescribing with no GP oversight.

Outcome: The RACGP has since been invited to attend further discussions on the proposed prescribing model. The RACGP continues to advocate against the model and more generally against increased prescribing rights for non-medical prescribers where there is no link to a patient's GP.

Title: Position statements on the topic of pharmacy

Date: April 2019

About: The RACGP released two position statements on the topic of pharmacy, one [identifying issues with the retail model of pharmacy](#) and the other [supporting the trial of general practice-based pharmacist models in Australia](#).

Outcome: The position statements have provided a strong foundation for RACGP members to continue to advocate against provision of medical services in the retail pharmacy setting, or in support of alternative models of pharmacy that promote high-quality patient care.

Theme: Obesity

Title: Obesity prevention and management position statement

Date: February 2019

About: The RACGP developed a position statement to highlight the significant role of GPs in the prevention and management of obesity. The statement strengthened calls from the RACGP for increased government support of evidence-based services and treatment to tackle this significant health issue.

Outcome: Following the launch of the position statement, the RACGP was invited to present at the Department of Health's National Obesity Summit in Canberra in February 2019.

RACGP campaigns

The RACGP is now four years into a five-year plan to raise community awareness through our brand campaign. Since the launch of the community awareness campaign, the RACGP has experienced membership growth from 37,138 to now more than 40,000. We have also seen the percentage of patients who think it is important that their GP is a member of the RACGP rise from 15% to 36%.

The campaign played a pivotal role in the lifting of the Medicare rebate freeze, which was a severe burden on our members and their patients for over a decade.

The RACGP will continue to develop and deliver campaigns that highlight the value of general practice in the Australian health landscape.

Your Specialist in Life

The 'Your Specialist in Life' campaign aims to raise further awareness of the importance of general practice and highlight the breadth and impact of the role of specialist GPs in the Australian community. This phase of the campaign focuses on the key message that 'Every week, over two million of us visit a GP'. This was especially relevant in the lead-up to the federal election campaign when it highlighted the connection GPs have with the voting public.

Become a GP

The 'Become a GP' campaign was launched at the start of 2019 to encourage junior doctors and medical students to consider a career in general practice. The campaign highlights that a day in the life of a GP is as diverse as it is rewarding.

The largely digital campaign focused on real stories of GPs across Australia, highlighting the clinical challenges of general practice, the opportunities to make a difference to patients and their communities, the supportive and passionate



collegial network GPs belong to and, most importantly, the relationships GPs are able to form with patients over a lifetime.

The first burst of 'Become a GP' saw more than 450,000 video reviews, 32,000 visits to the campaign website, and 2245 downloads of the RACGP's career guide. Importantly, the first campaign burst has helped build a pipeline of future members, with 1784 requests to be contacted – future members who can be nurtured on their journey to Become a GP. Subsequent bursts will build on learnings, continue to align with key university admission dates and, leveraging insights from the RACGP Expert Committee – Pre-Fellowship Education, explore opportunities to reach students and junior doctors in hospitals and via career information events.

Federal election

In the lead-up to the 2019 federal election, the RACGP launched a public advocacy campaign calling on all sides of politics to commit to improving the health of the nation and patients' access to their GP.

The targeted public campaign, 'This election, put your health first', reminded all political parties that the two million patients who visit their GP every week deserve better, and focused on the urgent need to lift Medicare rebates to the level they would be had the Medicare rebate freeze not been introduced.

Before the launch of the campaign, RACGP President Dr Harry Nespolon asked members to get involved in the lead-up to the election and meet with local candidates to discuss the four key areas identified in the RACGP election statement:

1. Modernising medicine
2. Reducing patient out-of-pocket costs
3. Supporting mental health services
4. Supporting complex care for those who need it most

Approximately 10% of candidates throughout Australia were visited by RACGP members before the election. Post-campaign research conducted with members by EY Sweeney revealed one in two (53%) members supported this specific campaign, and there is broad



**This election,
put your health first.**

Find out how

RACGP

Authorised by Z. Burgess for the Royal Australian College of General Practitioners, Melbourne.

support among the membership for the RACGP to continue to advocate for GPs via campaigns.

The public campaign used a television commercial and digital advertisement to call on voters to pressure their local candidates into ensuring people get the care they deserve. Post-campaign research conducted by EY Sweeney showed the campaign proved thought-provoking among members of the community. Of those who recalled seeing the commercial or advertisement during the campaign, one in four said they thought about the impact the Medicare rebate freeze could have on *them*. A similar proportion ‘discussed the ad with family or friends’ (21%). Importantly, this research also confirmed members of the general public continue to feel overwhelmingly positive towards GPs as a profession, with eight in 10 (83%) stating they feel either ‘reasonably’ or ‘strongly positive’ about the work of GPs.

Health of the Nation

The RACGP’s annual *General Practice: Health of the Nation* report collates data from various sources to provide a comprehensive overview of the general practice sector in Australia. Since it was launched in 2017, the report has provided in-depth insights about general practice in Australia. In addition to providing information

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

The 2018 *General Practice: Health of the Nation* report was launched at a parliamentary breakfast in Canberra. The event was attended by some of Australia’s key healthcare decision-makers, including the Federal Health Minister Greg Hunt MP, the then Federal Opposition Leader Bill Shorten MP, the then Federal Opposition Health Minister Catherine King MP, the Leader of the Australian Greens Senator Richard Di Natale, and the Chief Medical Officer Professor Brendan Murphy, as well as media from all major networks and publications, resulting in widespread national coverage.

Key points of the 2018 report include:

- managing psychological issues and obesity is among the most significant concerns for GPs
- urgent government action is required on Medicare, including better support for mental health services and obesity prevention
- nearly 90% of Australians see a GP every year, the majority more than once a year
- despite general practice being the most widely accessed healthcare service, it receives less than 9% of overall government healthcare funding.

Operations

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



Zena Burgess
Chief Executive Officer



Nick Williamson
Chief Operating Officer



Ruth Feltoe
General Counsel and Company Secretary



Karli Middlewood
General Manager, Finance



Paul Moloney
General Manager, Human Resources



Josephine Raw
Director, Special Projects



Simon Richardson
General Manager, Corporate Services



Mark Rowe
General Manager, Education Services



Roald Versteeg
General Manager, Policy, Practice and Innovation



Membership

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

The Membership division works closely with other areas of the RACGP to provide member GPs with a valuable membership experience, a connected

community, high-quality education, advocacy and general support for them as individuals.

Our contact centre answered approximately 70,000 queries from members, relating to issues such as eligibility pathways, member services and Continuing Professional Development (CPD) Program offerings. The RACGP's faculties also continued their high activity, hosting over 450 educational events and award ceremonies.

The RACGP ran a very successful series of events, including GP18 with over 1250 delegates, and the



2019 Practice Owners National Conference with over 800 delegates, and enjoyed full subscription to both its dermatology program and Clinical Emergency Management Program (CEMP).

The division ran three major campaigns supporting members and general practice. These were the 'Your Specialist in Life' campaign, highlighting the breadth of GP work in communities and with their patients (resulting in 46% of general public feeling more favourable about GPs); the 'Become a GP' campaign, encouraging medical students

to consider a career in general practice; and the federal election campaign designed to ensure health expenditure was maintained as an election topic (with the online video viewed over one million times, and the campaign cited or referred to almost 8000 times on radio, television and in print and online media).

The quality of the RACGP's flagship publications *Australian Journal of General Practice* (*AJGP*) and *newsGP* was reflected in record viewership, with *AJGP* averaging 436,064 monthly page views, and *newsGP* 112,000 page views per month.

The division looks forward to embracing new opportunities to put members at the heart of the RACGP's activities in the coming year.

Education Services

The Education Services division is responsible for all matters related to life-long learning for GPs, from pre-vocational training, the Fellowship pathways, the rural Fellowship pathways, Fellowship program operations, through to post-vocational and continuing professional development training. As part of this important role, Education Services is also responsible for the development and operations of assessments and examinations, as well as for education strategy and development. The division works closely with the federal government to ensure the training provided is relevant, high quality and satisfies the needs of the nation, patients and GPs.

For Education Services it was a watershed year – one that saw agreement struck on several major initiatives, and an increasing presence in input and determination of national primary healthcare policy. While Education Services is constantly in discussion with government and a range of representative organisations regarding change proposals and initiatives both macro and minor (totalling in excess of 40 separate initiatives), it is particularly pleasing to note the following highlights:

- The transition of responsibility for the Australian General Practice Training (AGPT) Program and the Remote Vocational Training Scheme (RVTS) to officially come to the RACGP in 2020.
- Implementation of an educational support program for non-vocationally recognised doctors pursuing Fellowship co-funded by the Commonwealth of Australia – an initiative aimed at doctors working in Australia who have not previously been supported educationally, to help them achieve Fellowship.
- Designation of the RACGP Fellowship pathway as a 3GA program under the *Health Insurance Act 1973*. For the first time, the RACGP will be able to administer provider numbers for general practice Fellowship programs.
- Development of more than 20 new resources for GPs across a range of clinical areas.
- Conduct of more than 12,000 individual entry and Fellowship examinations.

Policy, Practice and Innovation

The Policy, Practice and Innovation division is made up of four RACGP Expert Committees: Practice Technology and Management; Quality Care; Funding and Health System Reform; and Standards for General Practice. It also consists of two national faculty councils: RACGP Aboriginal and Torres Strait Islander Health, and RACGP Specific Interests. The division is responsible for developing and coordinating submissions representing member views to various government and stakeholder consultations, as well as for helping the RACGP Board and faculty councils make representations to state and national governments.

The division produced more than 25 resources, such as position statements or guidelines – which support members in providing high-quality



healthcare to all Australians – and over 120 submissions. It also held regular meetings with state and federal Health Department officials and supported Board meetings with health ministers and other politicians.

Corporate Services

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

Human Resources

Work health and safety

We are pleased to report that there were no reportable work health and safety (WHS) incidents this year. This is an excellent result for the RACGP and we congratulate staff for their attention to WHS.

Industrial relations

In December 2018, we submitted a draft three-year enterprise bargaining agreement (EBA) to the Fair Work Commission, which endorsed it in April 2019. The EBA is valid until 30 June 2022. We welcome the endorsement of this important agreement between the RACGP and our staff, and the stability it represents for our workplace over the next three years.

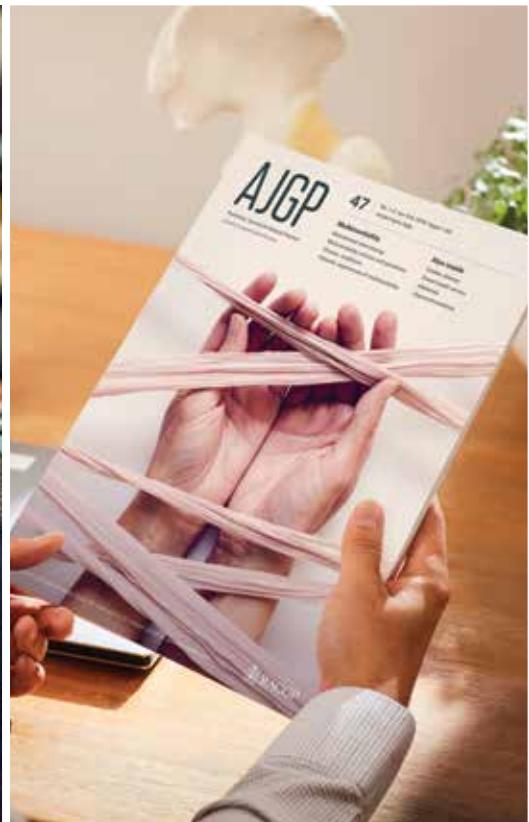
Employment

In the financial year 2018–19, the RACGP had 324 employees by headcount.





Above: Delegates
in a GP18 ALM
Right: AJGP



Future Leaders program

*Dr Mary Wyatt – Program Convenor,
Future Leaders*

The brainchild of former RACGP President Dr Frank Jones, the RACGP Future Leaders program was designed and developed in-house in 2017 to meet the leadership development needs of RACGP Fellows.

Benchmarked against a number of international medical leadership programs, Future Leaders started with 12 GPs and is now in its third year with 28 GPs. By the time GP19 launches, we are proud to say that we will have 60 Future Leaders alumni.

Running from March to October each year, Future Leaders incorporates a blended, action learning approach and covers organisation dynamics, change management, influencing, strategic thinking, advocacy and representation. Each participant undertakes a project, is allocated a mentor and engages in facilitated peer group discussions. As Program Manager, Vicky Moriarty designs and teaches on the program. Key content is delivered via two days of intensive face-to-face workshops at the start of the program, then supported online through webinars and

podcasts. This model has served the program well in engaging GPs from rural and remote communities, and more than 70% of program participants are female.

We have seen many alumni progress into key RACGP roles, work on local, national and global projects, and propose recommendations for the future of general practice – from peer group mentoring to recommendations for how primary care can address climate change.

Guest speakers have included RACGP Presidents, Professor Michael Kidd, Professor Claire Jackson, Dr Liz Sturgiss, Rabia Siddique, Dr Jenny Brockis and many more.

Future Leaders is preparing both current and future generations of GP leaders by critically evaluating and implementing evidence-based methodologies in leadership, connecting an ever-broadening network of GP leaders, and allowing new and relevant ideas to come to the fore and be put into action.

Statutory report

2018–19

Directors' report

Your directors present this report to the members of the consolidated entity ('the group'), consisting of The Royal Australian College of General Practitioners Ltd ('the company' or 'the RACGP') and its controlled entities at the end of, or during, the financial year ended 30 June 2019.

Principal objectives and activities

The RACGP is Australia's largest professional general practice organisation and represents urban, rural, regional and remote general practitioners (GPs). The RACGP is a not-for-profit entity and is endorsed as a deductible gift recipient (DGR) under subdivision 30B of the *Income Tax Assessment Act 1997* for donations made for education or research in medical knowledge or science.

Objectives

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

The RACGP has a proud history of achievements, including the development of the *Standards for general practices*

and introducing continuing professional development. The RACGP carries out its activities within the following areas of strategic direction:

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

Performance measures

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

- Board of Directors' meetings
- Finance Audit and Risk Management Committee meetings
- Nomination and Remuneration Committee meetings
- other directors' sub-committee and advisory board meetings.

Results of operations

During the financial year ended 30 June 2019, the group recorded a total surplus after tax of \$7,368,578 compared to \$413,430 in 2018, primarily due to operating activities resulting in new funding for contracts and education grants, lower spending in marketing and media, and underlying growth in both exam participants and membership. Over the year, the net assets of the group increased from \$34,017,398 to \$45,806,721. As a result of asset revaluation during the year, an increment of \$4,420,745 was taken to the asset revaluation reserve.

Significant changes in the state of affairs

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

Performance in relation to environmental regulation

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

Likely developments and future results

The group anticipates that it will maintain in 2019–20 its positive financial position. The group is continually updating, reviewing and improving its management and governance practices to ensure that the objectives and obligations of the group and its directors are met.

Dividends

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

Events subsequent to the end of the financial year

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

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

Directors

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

Associate Professor Charlotte Hespe
MBBS (Hons), FRACGP, DCH (Lon), GCUT, FAICD
Chair, RACGP Board; Chair, RACGP NSW&ACT

Assoc Prof Charlotte Hespe is a GP and owner of an inner-city Sydney practice where she has worked for the past 20 years. She is a general practice supervisor, and her practice functions as a teaching practice for medical students and general practice doctors in training. Dr Hespe also works as Associate Professor, Head of General Practice and General Practice Research for the University of Notre Dame, Australia, School of Medicine, Sydney.

Involved with the RACGP since achieving her Fellowship of the RACGP (FRACGP), Assoc Prof Hespe served as Examiner, Co-Assessment Panel Chair, NSW for four years; National Objective Structured Clinical Examination (OSCE) Facilitator for two years; and member of the RACGP Expert Committee – Quality Care in 2016–17. She became Chair of RACGP NSW&ACT in October 2017 when she was appointed Vice-President of the RACGP. In October 2018 she took on the role of Chair, RACGP Board.

Assoc Prof Hespe holds a Fellowship of the Australian Institute of Company Directors (FAICD) and has extensive experience in corporate governance, with 19 years' prior

experience as chair on several boards with a primary healthcare focus, including EIS Health Ltd (Central and Eastern Sydney Primary Health Network) and GP Synergy.

Dr Harry Nespolon

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

President

Appointed at the Annual General Meeting (AGM) on 11 October 2018

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

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

As Chair of GP Synergy, Dr Nespolon successfully led the company to become the largest GP training provider in Australia. He was the Chair of Sydney North Health Network, a Primary Health Network. He has been Chair of a Division of General Practice and Medicare Local, and a director of Therapeutic Guidelines Limited. He holds a Fellowship of the Australian Institute of Company Directors.

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

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

Associate Professor Ayman Shenouda MBBCH, FRACGP, FARGP, DipDerm (UK), GAICD

Vice-President; Chair, RACGP Rural

Assoc Prof Ayman Shenouda was appointed Chair of RACGP Rural in October 2014, after serving as Deputy Chair for six years. He is also a member of RACGP NSW&ACT and was on the RACGP National Standard Committee –

Education for several years. He is current Chair of Wagga Wagga GP After Hours Services. Former roles include Chair of the Remote Vocational Training Scheme, Director of Medical Education Coast City Country General Practice Training Riverina/Murrumbidgee, and Director on the board of the Riverina Division of General Practice and Primary Health.

Assoc Prof Shenouda was named the 2009 RACGP General Practitioner of the Year, while his Glenrock Country Practice was named the 2007 NSW&ACT General Practice of the Year and awarded three Australian General Practice Accreditation Limited awards in 2009 and 2010.

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

Dr Kaye Atkinson

BMed (Hons), FRACGP, MFM (Monash)

Censor-in-Chief

Appointed at the AGM on 11 October 2018

Dr Kaye Atkinson is the RACGP Censor-in-Chief. She was RACGP Victoria Censor for six years and was the first Chair of the RACGP Expert Committee – Pre-Fellowship Education (REC–PreFE). Dr Atkinson is also a member of the RACGP Specific Interests Council and chairs the Council of Censors and Advisory Council of Assessment. In her role as Censor-in-Chief she works closely with RACGP expert committees, including the REC–PreFE and RACGP Expert Committee – Post-Fellowship Education (REC–PostFE).

Dr Atkinson is committed to maintaining the Fellowship standards of the RACGP and working with the RACGP Council of Censors, Advisory Council of Assessment and RACGP Board to further the goals of the RACGP and general practice. She feels privileged to be GP and is

dedicated to ensuring that high-quality education and training are available for doctors interested in a career in general practice.

Dr Atkinson has extensive experience in medical education and has worked in assessment, education resource development, curriculum design, education policy development and education delivery. Beginning as a general practice supervisor in 1989, Dr Atkinson has worked closely with the RACGP and Regional Training Organisations (RTOs) to enhance general practice training and provide training for international medical graduates preparing for a career in general practice in Australia.

Dr Zakaria Baig
MBBS, FRACGP, FACRRM
Chair, RACGP SA&NT

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

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

Dr Baig currently practises as a GP in the northern suburbs of Adelaide.

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

Dr Krystyna de Lange
BPharm, MBBS, DRANZCOG, DCH, CertEM, FRACGP, MAICD
Registrar Representative
Appointed at the AGM on 11 October 2018

Dr Krystyna de Lange is the Registrar Representative on the RACGP Board. A recent Fellow, Dr de Lange works at an Aboriginal Medical Service in Brisbane and holds a GP with Special Interest position at a tertiary Brisbane hospital.

Dr de Lange graduated from the University of Queensland in 2011 and spent four years working in hospital-based specialties before entering general practice training. During her training she gained experience in both small and large clinics, as well as in Aboriginal and Torres Strait Islander health.

Dr de Lange took an active role within the registrar advocacy space as the Registrar Liaison Officer for General Practice Training Queensland (GPTQ) between 2016 and 2018. She also has an interest in medical education, having worked as a Registrar Medical Educator for GPTQ.

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

Dr Cameron Loy is a practising GP in Lara, Victoria, and in correctional services. He has worked in south-western Victoria and internationally in Timor-Leste.

Dr Loy has held a number of prominent professional roles. He was Chair of the General Practice Registrars Association in 2002, Director of the Remote Vocational Training Scheme in 2006–10 and Chair in 2011, and Director of Greater Green Triangle General Practice Education and Training in 2001–03. He has also held a number of roles within the RACGP, including Deputy Chair of RACGP Rural in 2003–14, and Deputy Chair of RACGP Victoria in 2014. Dr Loy is an RACGP examiner and quality assurance examiner, was Chair of the RACGP Assessment Panel for six years, and was a member of the RACGP Expert Committee – Standards for General Practice.

Dr Loy is currently the Principal Medical Officer at Justice Health, Victoria. For six years he was on the advisory groups for the Victorian opioid substitution programs and hepatitis C therapy training programs. He is a trustee of the Shepherd Foundation, providing research grants into prevention and occupational health.

Dr Loy remains a committed general practice supervisor and mentor for general practice doctors in training, residents and medical students. In his spare time, he is a keen amateur astronomer.

Ms Christine Nixon APM

**BA, APM, Hon LLD, Hon LittD, MPA,
DipLReILaw**

Co-opted Board member

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

As Victoria Police Chief Commissioner in 2001–09, Ms Nixon was the first woman in such a role in any Australian state police service. After leaving Victoria Police, she was appointed Chair of the Victorian Bushfire Reconstruction and Recovery Authority, a position she held from February 2009 to July 2010.

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

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

Associate Professor Peter O'Mara

FRACGP, MBBS, FARGP, GradDipRural

Chair, RACGP Aboriginal and Torres Strait Islander Health

Assoc Prof Peter O'Mara is from the Wiradjuri people of New South Wales. He has worked with the Tobwabba Aboriginal Medical Service since 2002 and describes himself as an Aboriginal man who loves being a doctor.

With a love of working one-on-one with patients, Assoc Prof O'Mara finds satisfaction in the knowledge that, in his own small way, his work contributes toward closing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

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

Associate Professor Jennifer Presser

**BSc, PhD, BMBS, DRANZCOG,
DipChildHealth, FRACGP, MHPE**

Chair, RACGP Tasmania

Assoc Prof Jennifer Presser is Chair of RACGP Tasmania and regional representative for Denison.

After working as a research scientist, Assoc Prof Presser entered medicine as a mature-aged student. Completing medical school at Flinders University in South Australia in 2002, she completed her general practice training with Northern Territory General Practice Education in 2009. She has worked in a variety of areas, including Aboriginal health, palliative care, family planning and community mental health.

Assoc Prof Presser has worked as a medical educator with General Practice Training Tasmania and Tropical Medical Training in Queensland. She is currently the Academic Lead for the University of Tasmania's Bachelor of Medicine and Bachelor of Surgery (MBBS) medical program.

With a strong interest in mental health, Assoc Prof Presser is an accredited Balint group leader and works at Headspace Hobart.

Dr Lara Roeske

**BMedSc, MBBS (Hons), FRACGP,
DipVen, MAICD**

Chair, RACGP Specific Interests

Appointed 14 November 2018

Dr Lara Roeske is a GP and practice owner, and has held many senior positions at the RACGP, such as Co-Deputy Chair of RACGP Specific Interests, Victoria Board member, inaugural Chair of the RACGP Specific Interests Sexual Health Medicine network, and previous Chair of the Women in General Practice RACGP Victoria committee.

With a professional background spanning more than 15 years, Dr Roeske has worked in advisory roles to key stakeholders, on steering committees,

guideline working parties, representing the RACGP across a range of domains relevant to sexual and reproductive health, cervical cancer prevention and translation of evidence into practice at state and national levels.

Dr Sean Stevens

MBBS, DRACOG, FRACGP, MBA, GAICD

Chair, RACGP WA

Appointed at the AGM on 11 October 2018

Dr Sean Stevens is the Chair of RACGP WA and Chair of the RACGP Specific Interests Business of General Practice network.

Dr Stevens is a second-generation GP, growing up in Albany in the south-west of Western Australia. He went to medical school at the University of Western Australia and undertook his general practice training in Perth and rural Western Australia. During his training, he served as the National Registrars Association (now General Practice Registrars Australia) representative for Western Australia and was intimately involved in the negotiation of the first national terms and conditions document.

In addition to being a practice owner for 15 years, Dr Stevens has supervised 30 general practice registrars and was awarded the 2005 General Practice Education and Training (GPET) Australian Supervisor of the Year. He is a founding member and the inaugural Chair of the RACGP Specific Interests Business of General Practice network. He was also the inaugural Vice-Chair of the Australian GP Alliance and has been on the RACGP WA Council for five years, four of those as Deputy Chair.

Mr Martin Walsh

FCA, FGIA, GAICD

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

Mr Martin Walsh has been an international partner and advisor in assurance and advisory services at EY and Deloitte. He is currently Chair of the Trustee Board for the IOOF Group APRA Regulated Entities. In addition, he has been a director of Hastings Funds Management Ltd, StatePlus Ltd and Surf Life Saving Australia Ltd.

Mr Walsh has experience in financial services, infrastructure and consumer products, including

due diligence, strategy, risk, compliance and governance. He is a Fellow of the Institute of Chartered Accountants and the Governance Institute, as well as a graduate member of the Australian Institute of Company Directors.

Dr Bruce Willett

MBBS, FRACGP

Chair, RACGP Queensland

Dr Bruce Willett is a GP and practice owner in Victoria Point in Redland City, south of Brisbane. Most important to him is 'just being a good GP', but innovation, improvement and education in general practice are also passions.

Dr Willett has been enjoying his current practice – just a few kilometres from where he grew up – for the past 25 years.

Having been on the board of General Practice Supervisors Australia (GPSA) since 2010, Dr Willett was Chair of GPSA from 2015 to 2016, and Chair of the GP Supervisor Liaison Officer Network from 2010 to 2015.

Dr Willett has been the Supervisor Liaison Officer and Medical Educator for General Practice Training Queensland. He has served on the boards of his local Division of General Practice and the Queensland Health Diabetes Network, and has been an RACGP examiner since 1994.

Dr Tim Koh

MBBS, FRACGP

Chair, RACGP Board; Chair, RACGP WA

Term ended 11 October 2018

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

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

He became RACGP WA Deputy Chair in 2010 and was subsequently named Chair in 2014. He is a co-owner of Currumbine and Ocean

Keys family practices, where he supervises and mentors general practice doctors in training, residents and medical students.

Dr Mark Miller

MBBS, DRANZCOG, FRACGP

Censor-in-Chief

Term ended 11 October 2018

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

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

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

Dr Andrew Png

MBBS, FRACGP, GAICD

Co-opted member

Term ended 11 October 2018

Dr Andrew Png is a GP and practice principal who has worked in Kwinana in the southern suburbs of Perth since obtaining his FRACGP in 1999. He has been an Australian General

Practice Training supervisor for the last 14 years and has also supervised junior doctors through the Prevocational General Practice Placements Program and the Remote Vocational Training Scheme. He is currently a member of the RACGP WA Board and is also serving on the board of Western Australian General Practice Education and Training, the RTO in Western Australia.

Dr Bastian Seidel

MBBS, PhD, MACHI, MRCGP, FRACGP

President

Term ended 11 October 2018

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

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

Dr Mary-Therese Wyatt

BSc (BioMed), DipEd (Maths), MBBS, DCH, FRACGP, GAICD

General Practice Registrar Representative

Term ended 11 October 2018

Dr Mary-Therese Wyatt, who recently obtained her FRACGP, works in a long-established general practice in Perth, Western Australia. Prior to Fellowship, Dr Wyatt undertook general practice registrar training with WAGPET. She was a registrar liaison officer for WAGPET in 2014–16, which included a role on the Advisory Council for General Practice Registrars Australia (GPRA).

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

Prior to medical training, Dr Wyatt studied biomedical science and spent several years as a high school mathematics teacher, working in rural New South Wales.

Company Secretary

Dr Zena Burgess

PhD, MBA, MEd, DipEdPsych, BA, FAPS, FAICD

Company Secretary

Resigned 27 February 2019

Dr Burgess is Chief Executive Officer (CEO) of the RACGP and until 27 February also held the role of Company Secretary. She is a director on the boards of the Victorian Farmers Federation, the Australian Medicines Handbook, Mental Health Professionals Network, Box Hill Institute and CAE, and is the President (Chair) of the Bicycle Network. She is a Fellow of the Australian Institute of Company Directors and the Australian Psychological Society.

Ms Ruth Feltoe

**BA (Hons), LLB, LLM, GradDipCSP,
GAICD, ACIS, AGIA**

Company Secretary

Appointed 27 February 2019

Ms Ruth Feltoe was appointed as the RACGP's General Counsel on 18 October 2018 and Company Secretary on 27 February 2019. She leads the RACGP's legal, secretariat and procurement functions. She advises the CEO and the Board on legal matters and is also responsible for delivering an integrated and consistent approach to corporate governance.

Ms Feltoe holds a Master of Laws, Bachelor of Laws and Bachelor of Arts (Hons) degrees, and a Graduate Diploma in Company Secretarial Practice. She is a member of the Law Institute of Victoria, the Governance Institute of Australia and the Australian Institute of Company

Directors. She is also a Graduate of the Australian Institute of Company Directors.

RACGP member payments and remuneration

The Nomination and Remuneration Committee was formed in August 2018. Comprising Ms Christine Nixon (Chair), Dr Charlotte Hespe, Dr Harry Nespolon and Dr Kaye Atkinson, the committee has met three times this year.

The committee has overseen the preparation of this remuneration report to be approved by the Board. In keeping with 2018, the levels of disclosure and transparency in reporting of remuneration of directors, management and members exceed the regulatory requirements prescribed by the Australian Charities and Not-for-profits Commission (ACNC).

The RACGP has employed the services of independent external consultants (KPMG) in connection with the remuneration arrangements of the directors and President. Advice provided as part of this engagement supported the Board's recommendation for a 2.1% increase to the remuneration paid to the directors, including the President and Chair. The 2.1% remuneration increase is within the maximum aggregate cap of \$950,000 approved by the members at the RACGP's 2018 Annual General Meeting. The President's allowance is approved by member vote at the AGM, based on the Board's recommendation.

The RACGP's Board has reviewed all of the information and recommends this remuneration report to the general meeting of members.

Remuneration by role	Total remuneration* paid and payable for financial year 2018–19 (\$)	Total remuneration* paid and payable for financial year 2017–18 (\$)
RACGP President	128,680	126,965
Chair of Board	103,767	101,000
Board	653,835	524,888
Independent FARM Committee members (non-Board)	4,470	2,770
Total	890,752	755,623

FARM, Finance, Audit and Risk Management

*Total remuneration for Board includes salary and superannuation.

Payments to directors for other roles

Remuneration by director	Total remuneration* for financial year 2018–19 (\$)	Total remuneration* paid for financial year 2017–18 (\$)
Harry Nespolon	15,264	–
Charlotte Hespe	1,316	2,170
Guan Yeo	–	39,135
Jennifer Presser	54	570
Bastian Seidel	577	–
Cameron Loy	802	–
Sean Stevens	732	–
Mark Miller	404	–
Total	19,149	41,875

*Total remuneration for payments to directors for other roles includes professional services, salary and superannuation. Financial year 2018–19 includes applicable superannuation back payment.

Key management personnel remuneration (excluding directors)

Remuneration by role	Total remuneration* paid and payable for financial year 2018–19 (\$)	Total remuneration* paid and payable for financial year 2017–18 (\$)
Chief Executive Officer	553,475	547,796
Other key management personnel (n = 10)	2,443,180	2,320,659
Total	2,996,655	2,868,455

*Total remuneration for executives includes salary, redundancy payments and superannuation.

RACGP member remuneration

Category of member remuneration	Total remuneration* paid for financial year 2018–19 (\$)	Total remuneration* paid for financial year 2017–18 (\$)
Member professional services payments (n = 2175) Note 1	5,894,266	3,591,724
Members employed as staff (n = 111) Note 2	2,706,347	2,251,054
RACGP Expert Committee chair and member payments (n = 125)	329,002	184,910
Oxygen directors (n = 3)	26,184	15,000
Total	8,955,798	6,042,688

*Total remuneration includes salary and superannuation.

Notes:

1. Member professional services payments, RACGP Expert Committee chair payments and RACGP Expert Committee member payments are paid as contractor payments.
2. Members employed as staff are paid as salaries and wages and appropriate PAYG tax is remitted to the Australian Taxation Office.

Board meetings

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

	Board meetings		Finance, Audit and Risk Management	
	Maximum possible*	Attended	Maximum possible*	Attended
A Png	2	2		
A Shenouda	12	10		
B Seidel	2	0	1	1
B Willett	12	12	4	4
C Hespe	12	12		
C Loy	12	11		
C Nixon	12	8		
H Nespolon	12	12	4	3
J Presser	12	10		
K Atkinson	10	10		
K de Lange	10	10		
L Roeske	8	7		
M Miller	2	2		
M Walsh	12	10	4	4
M Wyatt	2	2	1	1
P O'Mara	12	6		
S Stevens	10	10	1	1
T Koh	2	2		
Z Baig	12	11		

■ Not a member of this committee of Board during the year.

*Not all directors were appointed to Board or the relevant committee for the entire year. This column shows the number of meetings of Board and relevant committees that were held during each director's tenure on 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.

Assoc Prof Charlotte Hespe, Chair of Board
21 August 2019 Melbourne

Declaration of auditor independence



RSM Australia Partners

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AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of the Royal Australian College of General Practitioners Ltd for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the Australian professional accounting bodies; and
- (ii) any applicable code of professional conduct in relation to the audit.

A handwritten signature in blue ink that reads 'P A Ransom'.

RSM AUSTRALIA PARTNERS

A handwritten signature in blue ink that appears to be 'P A Ransom'.

P A RANSOM
Partner

Dated: 21 August 2019
Melbourne, Victoria

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Independent auditor's report



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INDEPENDENT AUDITOR'S REPORT

To the Members of The Royal Australian College of General Practitioners Ltd

Opinion

We have audited the financial report of The Royal Australian College of General Practitioners Ltd ("RACGP"), which comprises the consolidated statement of financial position as at 30 June 2019, the consolidated statement of profit or loss and other comprehensive income, the consolidated statement of changes in equity and the consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration of the consolidated entity comprising the company and the entities it controlled at the year's end. In our opinion, the financial report of the RACGP has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the consolidated entity's financial position as at 30 June 2019 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards—Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

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

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

Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in the RACGP's annual report for the year ended 30 June 2019 but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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Other Information (Continued.)

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards- Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

RACGP Payments and Remuneration

We have audited the RACGP Member Payments and Remuneration details included in tables 1 to 4 of the Directors' Report for the year ended 30 June 2019.

In our opinion, the RACGP Member Payments and Remuneration details included in tables 1 to 4 of the Directors' Report for the year ended 30 June 2019 give a true and fair view of the RACGP payments and remuneration which are disclosed.

RSM

RSM AUSTRALIA PARTNERS

P A Ransom

P A RANSOM
Partner

Dated: 21 August 2019
Melbourne, Victoria

Directors' declaration

Per section 60.15 of the Australian Charities and Not-for-profits Commission Regulation 2013

The directors declare that in the directors' opinion:

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

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

On behalf of the directors



Assoc Prof Charlotte Hespe, Chair of Board
21 August 2019
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 2019	Notes	2019 (\$)	2018 (\$)
Revenue	2	83,104,302	74,705,187
Total revenue		83,104,302	74,705,187
Expenses			
Employee benefits and on-costs		36,674,607	34,560,539
GP sessional and sitting payments		6,237,476	3,792,670
Cost of publications		576,515	619,672
Consultancy		2,075,256	2,319,221
Professional services		2,470,486	2,028,967
Travel and accommodation		2,340,088	2,103,578
Conference and meeting costs		5,638,717	5,575,511
Office accommodation		1,649,416	1,831,719
IT-related costs		3,989,478	5,334,699
Telecommunications		384,663	771,763
Advertising and media		4,202,931	5,878,956
Printing and stationery		348,970	364,374
Grants and donations		346,340	296,644
Finance costs		547,556	587,517
Depreciation	3	2,014,001	1,627,804
External grant project administration		4,735,775	5,297,442
Other expenses		1,969,316	1,526,544
Total expenses		76,201,591	74,517,620
Surplus from operating activities			
Net investment income	7	313,363	133,478
Share of net surplus of associates accounted for using the equity method	8	152,504	118,240
Total surplus before tax		7,368,578	439,285
Income tax expense	1.14	–	25,855
Total surplus after tax		7,368,578	413,430
Other comprehensive income			
<i>Items that will not be reclassified to profit or loss</i>			
Revaluation increment to land and buildings	14	4,420,745	5,850,000
Other comprehensive income for the year, net of tax		11,789,323	6,263,430
Total comprehensive income for the year		11,789,323	6,263,430

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 2019	Notes	2019 (\$)	2018 (\$)
Current assets			
Cash and cash equivalents	4	57,588,132	33,420,327
Trade and other receivables	5	3,673,810	2,706,748
Financial assets	6	720,530	8,438,167
Other financial assets	7	6,041,700	5,731,688
Total current assets		68,024,172	50,296,930
Non-current assets			
Investments accounted for using the equity method	8	649,322	596,818
Property and office equipment	9	48,598,807	45,201,011
Intangibles assets	10	2,229,345	1,104,578
Financial assets	6	700,000	700,000
Trade and other receivables	5	53,733	85,973
Total non-current assets		52,231,207	47,688,380
Total assets		120,255,379	97,985,310
Current liabilities			
Trade and other payables	11	8,937,150	9,304,934
Current tax liabilities		(20,553)	21,868
Income in advance	12	63,269,215	52,648,695
Provisions	13	1,588,689	1,327,915
Total current liabilities		73,774,501	63,303,412
Non-current liabilities			
Provisions	13	674,157	664,500
Total non-current liabilities		674,157	664,500
Total liabilities		74,448,658	63,967,912
Net assets		45,806,721	34,017,398
Equity			
Reserves	14	29,968,403	19,047,658
Accumulated surplus	14	15,838,318	14,969,740
Total equity		45,806,721	34,017,398

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 2019	Notes	Accumulated surplus (\$)	Asset revaluation reserve (\$)	Reserve fund (\$)	Total (\$)
Balance at 1 July 2017		14,556,310	13,197,658	–	27,753,968
Total surplus for the year		413,430	–	–	413,430
Total other comprehensive income for the year		–	5,850,000	–	5,850,000
Balance at 30 June 2018	14	14,969,740	19,047,658	–	34,017,398
Total surplus for the year		7,368,578	–	–	7,368,578
Transfer		(6,500,000)	–	6,500,000	–
Total other comprehensive income for the year		–	4,420,745	–	4,420,745
Balance at 30 June 2019	14	15,838,318	23,468,403	6,500,000	45,806,721

The accompanying notes form part of these financial statements.

Consolidated statement of cash flows

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2019	Notes	2019 (\$)	2018 (\$)
Cash flows from operating activities			
Receipts from membership activities, publications, government and other grants (inclusive of GST)		99,250,592	93,444,471
Payments to suppliers and employees (inclusive of GST)		(81,362,830)	(77,815,521)
Income tax paid		(42,421)	(7,415)
Net cash inflow from operating activities		17,845,341	15,621,535
Cash flows from investing activities			
Purchase of property and office equipment		(417,279)	(518,156)
Purchase of intangibles assets		(1,839,377)	(588,985)
Interest received		593,041	354,736
Dividends received		100,000	100,000
Sale/purchase of financial assets		7,717,637	(14,036,376)
Investment income from other financial assets		168,442	117,324
Net cash inflow/(outflow) from investing activities		6,322,464	(14,571,458)
Cash flows from financing activities			
Repayment of borrowings		–	–
Net cash inflow/(outflow) from financing activities		–	–
Net increase in cash held		24,167,805	1,050,077
Cash at beginning of financial year		33,420,327	32,370,250
Cash and cash equivalents at end of financial year	4	57,588,132	33,420,327

The accompanying notes form part of these financial statements.

Notes to the financial statements

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2019

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 and controlled entities ('the group').

The financial statements were authorised for issue by the directors on 21 August 2019. The directors have the power to amend and reissue the financial statements.

Statement of compliance

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the *Australian Charities and Not-for-profits Commission Act 2012*. The group is a not-for-profit entity for the purpose of preparing the financial statements. The financial statements of the group comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

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

Basis of preparation

The financial statements have been prepared on an accruals basis and are based on historical cost, except for the revaluation of certain non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

Items included in the financial statements of each of the group's entities are measured using the

currency of the primary economic environment in which the entity operates ('the functional currency'). The financial statements are presented in Australian dollars, which is the group's functional and presentation currency.

The following significant accounting policies have been adopted in the preparation and presentation of the financial statements.

1.1 Basis of consolidation

The financial statements incorporate the assets and liabilities and results of the subsidiary of The Royal Australian College of General Practitioners Ltd as at 30 June 2019 and the results of its subsidiary for the year then ended.

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

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

Where necessary, adjustments are made to the financial statements of the subsidiary to bring their accounting policies into line with those used by other members of the group.

All intra-group transactions, balances, income and expenses are eliminated in full on consolidation.

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

When the group loses control of a subsidiary, the profit or loss on disposal is calculated as the difference between a) the aggregate of the fair value of the consolidation received and the fair value of any retained interest, and b) the previous carrying amount of the assets and liabilities of the subsidiary. When assets of the subsidiary are carried at revalued amounts or fair values, and the related cumulative gain or loss has been recognised in other comprehensive income and accumulated in equity, the amounts previously recognised in other comprehensive income and accumulated in equity are accounted for as if the group had directly disposed of the relevant assets (ie reclassified to the 'Consolidated statement of profit or loss and other comprehensive income', or transferred directly to accumulated surplus as specified by applicable standards).

1.2 Investments in associates

Associates are entities over which the group has significant influence but not control or joint control, generally accompanying a shareholding of between 20% and 50% of the voting rights. Investments in associates are accounted for in the group's financial statement using the equity method of accounting, after initially being recognised at cost.

The group's share of its associates' post-acquisition profits or losses is recognised in the 'Consolidated statement of profit or loss and other comprehensive income'. The cumulative post-acquisition movements are adjusted against the carrying amount of the investment. Dividends receivable from associates reduce the carrying amount of the investment (refer to Note 8).

When the group's share of losses in an associate equals or exceeds its interest

in the associate, including any other unsecured long-term receivables, the group does not recognise further losses unless it has incurred obligations or made payments on behalf of the associate.

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

1.3 Property and office equipment

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

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

Any revaluation increases on the revaluation of land and buildings are credited to the asset revaluation reserve, except to the extent that it reverses a revaluation decrease for land and buildings previously recognised as an expense in the 'Consolidated statement of profit or

loss and other comprehensive income', in which case the increase is credited to the 'Consolidated statement of profit or loss and other comprehensive income' to the extent of the decrease previously charged. A decrease in the carrying amount arising on revaluation of land and buildings is charged as an expense in the 'Consolidated statement of profit or loss and other comprehensive income' to the extent that it exceeds the balance, if any, held in the asset revaluation reserve relating to a previous revaluation of land and buildings.

1.4 Intangibles assets

Costs incurred in developing the software, educational curriculum and training material are recognised as an intangible asset when it is probable that the costs incurred to develop the curriculum will generate future economic benefits and can be measured reliably.

The expenditure recognised comprises all directly attributable costs, largely consisting of labour and direct costs of material. Other development expenditure that does not meet these criteria are recognised as an expense as incurred. The recognised costs are amortised from the date when the asset becomes available for use.

Intangible assets are classified as having a finite useful life and measured at cost less accumulated amortisation and any accumulated impairment losses. Amortisation is calculated on a straight-line basis over periods of three years.

1.5 Impairment of assets

Assets are reviewed for impairment whenever events or changes in circumstances indicate that a carrying amount may not be recoverable. At a minimum, assets are reviewed for impairment annually. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for

which there are separately identifiable cash flows (cash-generating units).

1.6 Depreciation

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

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

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 (refer to Note 1.3). Gains and losses on disposals are determined by comparing proceeds with carrying amount. These are included in the 'Consolidated statement of profit or loss and other comprehensive income'.

1.7 Leases

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

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

1.8 Trade receivables

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

1.9 Trade payables

These amounts represent liabilities for goods and services provided to the group prior to the end of the financial year that are unpaid. The amounts are unsecured and are usually paid within 60 days of recognition.

1.10 Borrowings

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

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

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

1.11 Employee benefits

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

a) Short-term obligations

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

b) Other long-term employee benefit obligations

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

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

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

1.12 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. Bank overdrafts are shown within borrowings in current liabilities on the 'Consolidated statement of financial position'.

1.13 Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable. The group recognises revenue when the amount of revenue can be reliably measured; it is probable that future economic benefits will flow to the group, and specific criteria have

been met for each of the group's activities, as described below. Revenue is recognised on the following bases.

a) Membership subscriptions

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

b) Continuing Professional Development (CPD) Program and other fees

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

c) Revenue from courses, examinations

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

d) Specific-purpose grants

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

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.

1.14 Income tax

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

The subsidiary of The Royal Australian College of General Practitioners Ltd, RACGP Oxygen Pty Ltd, is not income-tax exempt. Therefore, income tax for the period is the tax payable on the current period's taxable income based upon the applicable income tax rate for each jurisdiction adjusted by changes in deferred tax assets and liabilities attributable to temporary differences and to unused tax losses.

The current income tax charge is calculated on the basis of the tax laws enacted or substantively enacted at the end of the reporting period in Australia. Management periodically evaluates positions taken in tax returns with respect to situations in which applicable tax regulation is subject to interpretation. It establishes provisions, where appropriate, on the basis of amounts expected to be paid to the tax authorities.

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

offset when there is a legally enforceable right to offset current tax assets and liabilities and when the deferred tax balances relate to the same taxation authority. Current tax assets and tax liabilities are offset where RACGP Oxygen Pty Ltd has a legally enforceable right to offset and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

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

1.15 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.

1.16 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:

a) Estimation of fair values of land and buildings – Refer to Note 9

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.

1.17 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 2018.

1.18 New and amended standards adopted by the group

The group has adopted all of the new or amended Accounting Standards and Interpretations issued by the AASB that are mandatory for the current reporting period.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the group.

The following Accounting Standards and Interpretations are most relevant to the group.

AASB 9 Financial Instruments

The group has adopted AASB 9 from 1 July 2018. The standard introduced new classification and measurement models for financial assets. A financial asset shall be measured at amortised cost if it is held within a business model whose objective is

to hold assets in order to collect contractual cash flows which arise on specified dates and that are solely principal and interest.

All other financial assets are classified and measured at fair value through profit or loss. New impairment requirements use an ‘expected credit loss’ (ECL) model to recognise an allowance. Impairment is measured using a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition, in which case the lifetime ECL method is adopted. For receivables, a simplified approach to measuring expected credit losses using a lifetime expected loss allowance is available.

Impact of adoption

AASB 9 was adopted using the modified retrospective approach and as such comparatives have not been restated. There was no impact on opening retained profits as at 1 July 2018.

1.19 Parent entity financial information

The financial information for the parent entity, The Royal Australian College of General Practitioners Ltd, disclosed in Note 21, has been prepared on the same basis as the financial statements, with the exception of the policy set out below.

a) Investments in subsidiaries, associates and joint venture entities

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

b) Income tax

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

1.20 Capital management

The objective of the group is to safeguard its ability to continue as a going concern, so that it can continue to provide benefits to its members.

1.21 Fair value measurement

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

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

1.22 Investments and other financial assets

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

Financial assets at fair value through profit or loss

Other financial assets are designated fair value through profit or loss on initial recognition, where they are managed on a fair value basis or to eliminate or significantly reduce an accounting mismatch. Fair value movements are recognised in profit or loss.

Impairment of financial assets

The consolidated entity assesses at the end of each reporting period whether there is any objective evidence that a financial asset or group of financial assets is impaired. Objective evidence includes significant financial difficulty of the issuer or obligor; a breach of contract such as default or delinquency in payments; the lender granting to a borrower concessions due to economic or legal reasons that the lender would not otherwise grant; it becoming probable that the borrower will enter bankruptcy or other financial reorganisation; the disappearance of an active market for

the financial asset; or observable data indicating that there is a measurable decrease in estimated future cash flows.

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

1.23 Comparatives

Where necessary, comparatives have been reclassified and repositioned for consistency with current year disclosures.

Note 2. Revenue from ordinary activities

	2019 (\$)	2018 (\$)
Revenue from operating activities		
Membership subscriptions and CPD fees	34,571,647	32,415,629
Education, course registration and other fees	29,407,555	26,600,868
Research and other grants and donations	11,917,412	9,693,617
Publications and subscriptions	127,162	195,570
Sponsorship and advertising	3,057,515	2,206,055
Other operating income	2,369,043	2,309,302
Other revenue from ordinary activities		
Interest	630,367	354,736
Rent	1,023,601	929,410
	83,104,302	74,705,187

Note 3. Expenses

	2019 (\$)	2018 (\$)
Surplus from operating activities includes the following specific expenses		
Depreciation		
Buildings	595,625	525,000
Building improvements	120	–
Computer equipment	691,753	734,336
Intangibles assets	714,609	356,107
Other plant and equipment	11,894	12,360
	2,014,001	1,627,804
Rental expense relating to operating leases	599,497	588,428

Note 4. Cash and cash equivalents

	2019 (\$)	2018 (\$)
Cash at bank	12,137,371	4,566,814
	12,137,371	4,566,814
Deposits on call	25,292,794	17,959,265
Deposits on call – grant funds held for disbursement	20,157,967	10,894,248
	45,450,761	28,853,513
	57,588,132	33,420,327

Note 5. Trade and other receivables

	2019 (\$)	2018 (\$)
Current assets		
Trade receivables	2,109,247	1,819,475
Prepayments	1,494,997	882,365
Other receivables – lease incentive	69,566	4,908
	3,673,810	2,706,748
Non-current assets		
Other receivables – lease incentive	53,733	85,973
Trade receivables are amounts due from customers for goods sold or services performed in the ordinary course of business. If collection of the amounts is expected in one year or less they are classified as current assets. If not, they are presented as non-current assets. Trade receivables are generally due for settlement within 30 days and therefore are all classified as current. The carrying amounts of amounts receivable approximate net fair values, as determined by reference to the expected future net cash flows and due to their short-term nature.		
Other receivables generally arise from transactions outside the usual operating activities of the group.		

Note 6. Financial assets

	2019 (\$)	2018 (\$)
Current assets		
Term deposits	720,530	8,438,167
Non-current assets		
Term deposit*	700,000	700,000

*During the financial year 2015–16, the RACGP received a bequest of \$700,000 from the Lynn Harvey Joseph estate. The Trust deed stipulates that the RACGP is to hold the \$700,000 for 50 years while applying the income earned from the fund to research, education and training in general practice medicine. Upon expiry of 50 years the funds will become available to be applied as the RACGP determines appropriate.

Note 7. Other financial assets

	2019 (\$)	2018 (\$)
Cash management accounts	1,076,710	1,093,775
Fixed-interest securities	1,901,276	1,476,050
Equity Investment	3,063,714	3,161,863
	6,041,700	5,731,688

Other financial assets are managed by Escala Partners Ltd as one portfolio of investment.

Net investment income

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

	2019	2018
Interest	13,895	15,172
Trust distributions	103,393	52,815
Dividend income	104,209	60,424
Investment management fees	(33,509)	(17,898)
Foreign tax expense	(2,949)	(1,403)
Net realised (loss)/gain on investment	(16,596)	8,214
Net unrealised gain on investment	144,920	16,154
	313,363	133,478

Note 8. Investments accounted for using the equity method

	2019 (\$)	2018 (\$)
Share in associates	649,322	596,818
Share in associates		
i. The group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust). The Unit Trust's principal activity is the production and sale of the <i>Australian medicines handbook</i> . The Unit Trust has a 30 June reporting period. The group's share of the results of its associate's assets and liabilities are as follows:		
Group's share of:		
Assets	1,093,377	999,251
Liabilities	444,055	402,433
Revenue	1,703,600	1,633,796
Profit after tax	152,504	118,240
ii. The movement in equity-accounted associates investments is as follows:		
Balance at the beginning of the financial year	596,818	578,578
Share of associate's surplus from ordinary activities after income tax	152,504	118,240
Less Dividends received	(100,000)	(100,000)
Balance at the end of the financial year	649,322	596,818
iii. There are no contingent liabilities/assets of the associate		

Note 9. Non-current assets – property and office equipment

	2019 (\$)	2018 (\$)
Freehold land and buildings		
Land and building – valuation	48,050,000	43,975,000
Less Accumulated amortisation	–	–
	48,050,000	43,975,000
Computer equipment at cost	4,144,220	4,541,829
Less Accumulated depreciation	(3,642,672)	(3,374,971)
	501,548	1,166,858
Other plant and equipment at cost	121,986	121,986
Less Accumulated depreciation	(74,727)	(62,833)
	47,259	59,153
Total written-down value	48,598,807	45,201,011
Reconciliations		
Freehold land and buildings		
Opening balance	43,975,000	38,650,000
Additions	250,000	–
Revaluation increment/(decrement)*	4,420,745	5,850,000
Disposals	–	–
Depreciation expense	(595,745)	(525,000)
Closing balance	48,050,000	43,975,000
Computer equipment		
Opening balance	1,166,858	1,494,825
Additions	167,279	518,156
Reclassification	–	–
Disposals	(140,836)	(111,787)
Depreciation expense	(691,753)	(734,336)
Closing balance	501,548	1,166,858
Other plant and equipment		
Opening balance	59,153	71,513
Additions	–	–
Reclassification	–	–
Depreciation expense	(11,894)	(12,360)
Closing balance	47,259	59,153
Total closing balance	48,598,807	45,201,011

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

*Freehold land and buildings were revalued to the amounts shown above as at 30 June 2019. The valuations recorded a net increase in the value of group properties. Under Australian Accounting Standards, \$4,420,745 has been recorded against the asset revaluation reserve in relation to this increase in property values.

Independent valuations of the group's land and buildings were performed by the independent valuers Savills Pty Ltd in their respective states to determine the market value of the properties for 30 June 2019.

The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington Parade, East Melbourne.

This mortgage secures a credit facility of \$1,000,000 that was not used during the financial year ended 30 June 2019.

Note 10. Intangibles assets

	2019 (\$)	2018 (\$)
Opening balance	1,104,577	871,700
Additions	1,839,377	588,985
Depreciation expense	(714,609)	(356,107)
Closing balance	2,229,345	1,104,578

Note 11. Trade and other payables

	2019 (\$)	2018 (\$)
Trade creditors	1,258,409	964,676
Other creditors and accruals	5,191,802	6,202,488
Employee benefits	2,486,939	2,137,770
Total	8,937,150	9,304,934

Net fair values: Trade payables are unsecured and are usually paid within 30 days of recognition. The carrying amounts of amounts payable approximate net fair values, as determined by reference to the expected future net cash flows and due to their short-term nature.

Note 12. Income in advance

	2019 (\$)	2018 (\$)
Income in advance		
Membership subscriptions and CPD fees	29,299,149	29,172,656
Grants	22,294,985	10,330,978
Exams	8,116,205	8,467,031
Other	3,558,876	4,678,030
Total	63,269,215	52,648,695

Note 13. Provisions

	2019 (\$)	2018 (\$)
Employee benefits – long service leave (current)	1,588,689	1,327,915
Employee benefits – long service leave (non-current)	674,157	664,500

Note 14. Reserves and accumulated surplus

	2019 (\$)	2018 (\$)
Asset revaluation reserve		
i. Nature and purpose of reserve		
The asset revaluation reserve is used to record increments and decrements in the value of those non-current assets measured at fair value		
ii. Movements in asset revaluation reserve		
Balance at beginning of year	19,047,658	13,197,658
Revaluation of land and buildings	4,420,745	5,850,000
Balance at end of year	23,468,403	19,047,658
Accumulated surplus		
Movements in accumulated surplus		
Balance at beginning of year	14,969,740	14,556,310
Current year surplus	7,368,578	413,430
Transfer to reserve fund	(6,500,000)	–
Balance at end of year	15,838,318	14,969,740
Reserve fund		
Movements in reserve fund*		
Balance at beginning of year	–	–
Transfer from accumulated surplus	6,500,000	–
Balance at end of year	6,500,000	–

*The reserve fund was approved by the Board during the June 2019 Board meeting to institute a policy that strengthens financial stability and long-term sustainability for the RACGP. The new fund provides financial flexibility to respond to emergencies, reducing impact during times of financial stress by establishing an internal source of funds for situations such as a sudden increase in expenses, once-off, unanticipated loss in funding, or uninsured losses.

Note 15. Key management personnel compensation

	2019 (\$)	2018 (\$)
Key management personnel include those persons having authority and responsibility for planning, directing and controlling the activities of the group, directly or indirectly, including any director (whether executive or otherwise).		
Total compensation for key management personnel during the financial year was:		
Key management personnel	3,993,051	3,731,625
The above compensation includes salary, superannuation and long service leave entitled during the year.		

Note 16. Commitments

	2019 (\$)	2018 (\$)
Operating leases		
The group leases various pieces of office equipment and offices under cancellable operating leases expiring within one year. The leases have varying terms and renewal rights. On renewal, the terms of the leases are renegotiable.		
Minimum lease payments		
Within one year	376,581	330,139
Later than one year but not later than five years	949,103	682,813
More than five years	130,432	290,806
Total operating leases	1,456,116	1,303,758
Capital commitments		
Intangibles assets		
Within 12 months		
Intangibles assets	317,493	1,144,315
Total intangibles assets	317,493	1,144,315

Note 17. Contingencies

The RACGP has given bank guarantees as at 30 June 2019 of \$389,700 (2018: \$357,200).

Note 18. Related party transactions

a) Equity interests in related parties

i. Equity interests in associates

Details of interest in associates are disclosed in Note 8 to the financial statements.

ii. Equity interests in subsidiaries

Details of interest in subsidiaries are disclosed in Note 22 to the financial statements.

b) Key management personnel compensation

Disclosures relating to key management personnel compensation are set out in Note 15.

c) Key management personnel loans

There are no loans to or from key management personnel.

d) Transactions with key management personnel

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

Note 19. Financial instruments

Liquidity risk

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

Financing arrangements

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

Variable rate	2019 (\$)	2018 (\$)
Facilities:		
Overdraft	1,000,000	2,000,000
Total undrawn facilities	1,000,000	2,000,000

Note 20. Events after the reporting period

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

Note 21. Parent entity information

	2019 (\$)	2018 (\$)
The accounting policies of the parent entity, which have been applied in determining the financial information shown below, are the same as those applied in the financial statements. Refer to Note 1 for a summary of the significant accounting policies relating to the group.		
Financial position		
Assets		
Current assets	68,023,258	50,214,430
Non-current assets	52,241,208	47,698,380
Total assets	120,264,466	97,912,810
Liabilities		
Current liabilities	73,971,993	63,457,083
Non-current liabilities	674,163	664,503
Total liabilities	74,646,156	64,121,586
Net assets	45,618,310	33,791,224
Equity		
Reserves	29,968,401	19,047,656
Accumulated surplus	15,649,909	14,743,568
Total equity	45,618,310	33,791,224
Financial performance		
Total surplus/(deficit)	7,406,341	353,102
Other comprehensive income for the year	4,420,745	5,850,000
Total comprehensive income for the year	11,827,086	6,203,102
Contingent liabilities of the parent entity		
The RACGP has given bank guarantees as at 30 June 2019 of \$389,700 (2018: \$357,200).		
Commitments for the acquisition of intangibles assets by the parent entity		
Intangibles assets		
Within 12 months		
Intangibles assets	317,493	1,144,315
Total intangibles assets	317,493	1,144,315

Note 22. Subsidiaries

The financial statements incorporate the assets, liabilities and results of RACGP Oxygen Pty Ltd in accordance with the accounting policy described in Note 1.1.

Name of entity	Country of incorporation	Class of shares	Equity holding	
			2019	2018
RACGP Oxygen Pty Ltd	Australia	Ordinary	100%	100%





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