



# ANNUAL REPORT 2015-16

A POWERFUL VOICE



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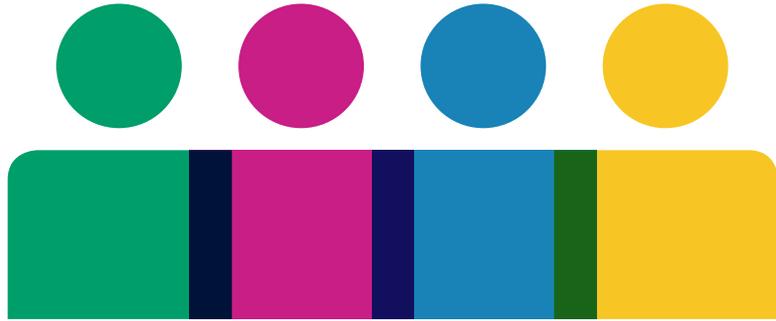
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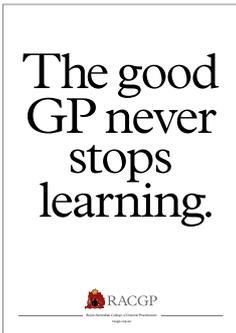
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*We recognise the traditional custodians of the land and sea on which we work and live.*



RACGP launches the 'Good GP' community awareness campaign



RACGP launches antifreeze campaign



Independent nurse-led clinics in primary healthcare position statement released



RACGP launches its Vision for general practice and a sustainable healthcare system



**GP15**

Melbourne

58th Annual General Meeting and Convocation

RACGP awards announced



RACGP expert committees announced



Guide for the use of social media in general practice



The RACGP General practice patient charter released

2015.2 AKT and KFP exams



Academic Session, Fellowship and Awards Ceremony



World Mental Health Day



e-Mental health: A guide for GPs released

# RACGP highlights 2015-16

The new RACGP curriculum approved



The RACGP's overview of the 2015-16 mid-year economic and fiscal outlook released



RACGP released first draft of Standards for general practices, 5th edition



2015.2 OSCE



2016.1 AKT and KFP exams



Australia Day Honours

NOV

DEC

JAN

FEB



RACGP launches phase 2 the 'Good GP' community awareness campaign

**GP 16**

Call for abstracts

Medicare Benefits Schedule Fee Summary updated



RACGP 2016-17 pre-budget submission urges lift of Medicare rebate freeze

RACGP launches national television campaign against Medicare rebate freeze



RACGP Rural launches Fellowship in Advanced Rural General Practice (FARGP): Advanced rural skills training (ARST) – Curriculum for palliative care

RACGP releases second list of Choosing Wisely recommendations

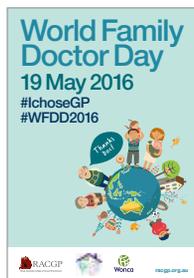
10th anniversary of Close the Gap Day celebrated across the nation

**CLOSE THE GAP**

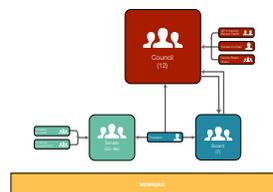


Digital health incentive resources released

World Family Doctor Day



RACGP releases preferred governance model for member consideration



RACGP Council election

MARCH

APRIL

MAY

JUNE 2016



Privacy policy template for general practices released

RACGP Specific Interests endorses Disability network

RACGP Rural launches online focused psychological strategies skills training (FPS ST)



Handbook of non-drug interventions (HANDI) wins NPS award – Excellence in ehealth resources

Federal budget announces extended Medicare freeze

2016.1 OSCE



RACGP hosts inaugural Member and Presidential Forum



RACGP welcomes Royal Commission into Family Violence report



Federal election announced for 2 July 2016

After-hours home visiting services in primary healthcare position statement released



'As I mature as a GP, although appreciating the continuing professional advocacy and educational support from my College, I am more concerned about the RACGP's role and performance in creating better healthcare journeys for our patients, especially for Aboriginal and Torres Strait Islander, rural and remote and aged care patients.'

**Dr Hung The Nguyen**  
Fellow, member since 1998



# Message from the Chair

Dr Tim Koh



'I am delighted to present the RACGP Annual Report 2015–16, with the overarching theme, "A powerful voice".'

---

The vast majority of Australia's GPs are members of the RACGP. They represent the frontline of primary healthcare, providing more than 140 million services every year across the length and breadth of Australia.

As the voice of general practice, the RACGP's goal is to keep the progressive evolution of primary healthcare at the top of mind. The RACGP's vision, 'Healthy Profession. Healthy Australia.' is at the heart of everything it does. In this year's report, you can read about the diverse activities of the RACGP and many of its key achievements.

I would like to acknowledge the extraordinary hard work and efforts of my fellow councillors and, in particular, our outgoing President, Dr Frank R Jones. This year has been a challenging one for the President and Council as we strived to advocate for our members during a time of political uncertainty. Dr Jones has worked tirelessly in this regard, and his face and comments have become familiar to millions of Australians through the media.

I would also like to thank our Chief Executive Officer, Dr Zena Burgess, and her superb management team for their work behind the scenes to deliver great service to our members. Finally, I would like to acknowledge the wonderful faculties and their staff across the country for their efforts.

I sincerely look forward to the coming year.

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More than eight out of 10 GPs in Australia are with the RACGP

# 10x

GP care can cost up to 10 times less than similar care in a hospital

# 80%

The RACGP's *Standards for general practices* are used by over 80% of Australian general practices for accreditation



# 83%

Collectively, GPs, who are on the frontline of preventive medicine, see more than 83% of Australians every year

# 140,000,000

More than 140 million general practice services are provided annually in Australia



The RACGP advocates passionately on behalf of members and their patients. Over the past 12 months, the range of issues has included:

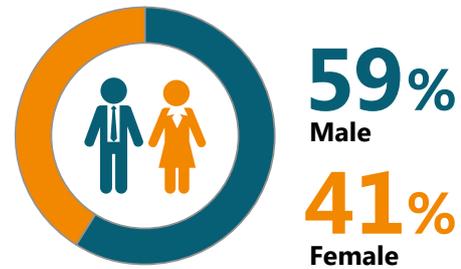
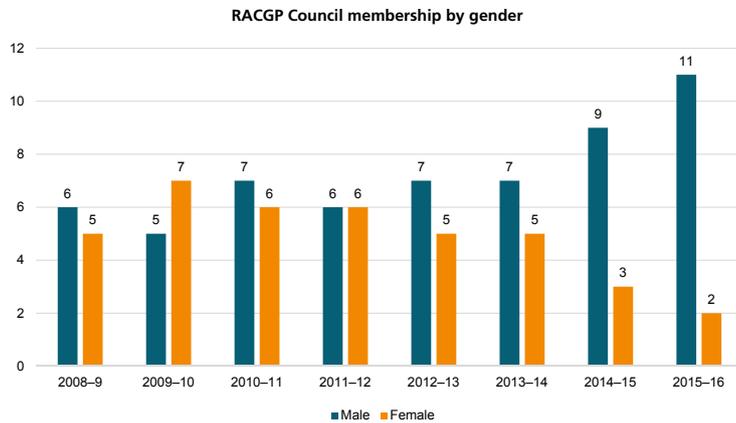
- opposing the extended indexation freeze on Medicare patient rebates
- calling for the trial of the patient-centred medical home
- calling for patient safety to come before any expansion to the role of pharmacists.

**1**

**About  
the RACGP**

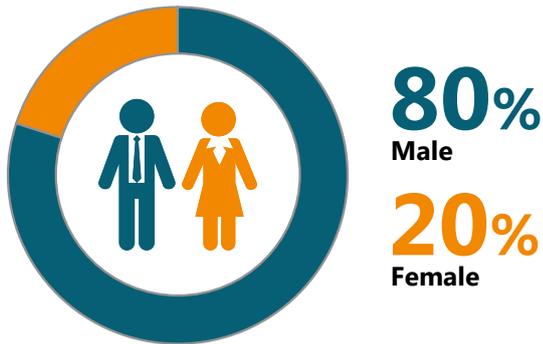
# Women in RACGP leadership positions

## RACGP Council



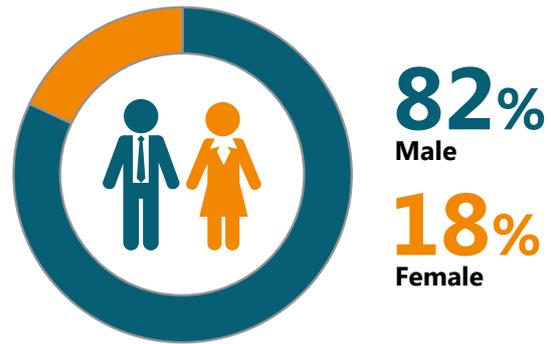
RACGP Council membership was 59% male and 41% female over the total period 2008–16

## Other medical colleges



\*Elections held every three years to a maximum of nine years

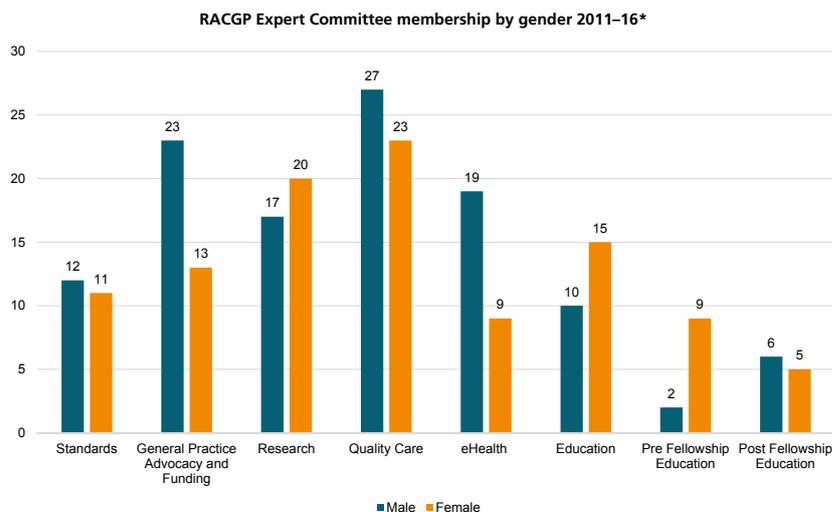
RACS Council membership was 80% male and 20% female over the total period 2012–16



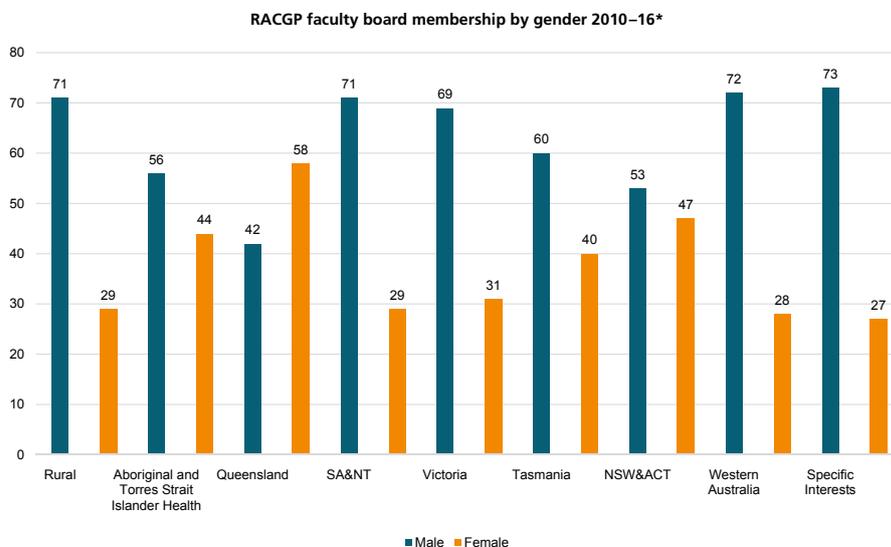
\*Elections held every two years to a maximum of four years

RACP Council membership was 82% male and 18% female over the total period 2012–16

## RACGP committees and boards



**52%** Male **48%** Female



**63%** Male **37%** Female

\*Average membership over the stated period

## Gender diversity initiatives

- Equal representation of men and women in the RACGP's GP leadership program
- Women make up 45% of RACGP representatives on committees
- Funds allocated to faculties to support GP advocacy programs for women

## Members of the 58th RACGP Council

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



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



**Dr Edwin Kruys**  
Chair, RACGP Queensland



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



**Dr Frank R Jones**  
RACGP President



**Assoc Prof Morton Rawlin**  
RACGP Vice-President; Chair,  
RACGP Victoria



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



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



**Assoc Prof Brad Murphy**  
Chair, RACGP Aboriginal and  
Torres Strait Islander Health



**Dr Nina Robertson**  
General Practice Registrar  
Representative



**Dr Bastian M Seidel**  
Chair, RACGP Tasmania



**Dr Ayman Shenouda**  
Chair, RACGP Rural



**Ms Lynelle Briggs AO**  
Co-opted Council member



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

# Message from the President

Dr Frank R Jones



'I believe 2016 will be seen as a watershed for the RACGP and general practice, when the voice of GPs assumed national prominence.'

A core *raison d'être* for any learned college is to provide the academic platform on which to base quality clinical care. The RACGP is no different. Its fundamental role is to ensure that the standards that define our profession are constantly evolving and reflect recognised best practice.

Systems that inhibit this core function must be opposed, as they impact on the quality and consistency of care we are able to provide for our patients and communities.

Over the past two years, general practice and the provision of quality primary care has been under increased pressure because of the lack of recognition of the critical role GPs play within the health system and, as a natural consequence, the RACGP has assumed an increased role in advocacy.

I believe 2016 will be seen as a watershed for the RACGP and general practice, when the voice of GPs assumed national prominence.

The announcement of an extended freeze of the Medicare Benefits Schedule (MBS) announced in May's federal budget was both unexpected and unwelcome, but it gave our 'You've been targeted campaign', originally launched in July 2015, a renewed currency. Our relaunched campaign on 8 May fortuitously coincided with the launch of the federal election and was widely covered in the national media.

The RACGP's 'You've been targeted' and the 'Good GP' campaigns gained considerable public traction and were instrumental in placing general practice, health and Medicare

at the epicentre of Australia's political debate during the lead-up to the election.

Moving into the advocacy space was in direct response to member feedback.

The need for adequate funding and a legitimate long-term plan for Medicare and preventive health does not end with the election. The RACGP will continue to debate and advocate for the sustainability of general practice.

General practice funding issues have also impacted on our general practice training programs. Australian General Practitioner Training (AGPT) underwent significant changes in 2015, resulting in a reduction in the number of regional training organisations. Nine training organisations now cover 11 designated regions.

This transition was not without its own difficulties and a number of major challenges remain; however, it has resulted in several positives, most notably a strengthening of the RACGP regional training organisation accreditation program, and an increased level of collaboration with training providers and the Department of Health.

The changes to vocational training also led to the opportunity to assume appropriate responsibility for the selection of candidates into the AGPT, the funding of registrar remediation, determination of registrar appeals, and the delivery of academic registrar posts and educational research grants.



Dr Frank R. Jones presents the Vision to Federal Health Minister, Sussan Ley.

Final negotiations for the transition of responsibility are near completion.

The RACGP also made significant changes to the re-establishment of two other training pathways, the General Practice Experience (GPE) and the Practice-Based Assessment (PBA). Significant planning and the implementation of the GPE pathway pilot have been undertaken, and the new PBA pilot will begin early in 2017.

The RACGP's annual Conference for General Practice – GP15 – held in Melbourne in September, was one of the great highlights of 2015. Under the theme 'Our future in practice', GP15 was the biggest and best of the general practice conferences yet, with registration numbers topping 1500. The calibre of content delivered in the program was outstanding and I was fortunate to be part of many great discussions on issues such as mental health, drug-seeking patients, chronic conditions and how technology is helping general practice to evolve.

GP15 was also the stage for the RACGP to present its seminal position paper, the *Vision for general practice and a sustainable healthcare system* (the Vision) funding model. The Vision calls for a major overhaul of the current funding system for general practice and sets the tone for delivering more efficient and sustainable healthcare. It also outlines a realistic approach for implementing the medical home in Australia.

I am happy to report that the past year has seen RACGP Aboriginal and Torres Strait Islander Health continue its focus on strengthening partnerships with key national stakeholder bodies in the areas of advocacy, education and service provision. The

RACGP celebrated the 10th anniversary of Close the Gap Day at the national office in Melbourne on 17 March 2016. Council members and staff were joined by Wurundjeri traditional owners and representatives from several community organisations.

Increasing numbers of Aboriginal and Torres Strait Islander registrars gain RACGP Fellowship every year and become a powerful force in improving health outcomes for Aboriginal and Torres Strait Islander peoples.

In my last year as President, I was honoured to represent the RACGP membership at a multitude of plenaries and meetings. This included consultations and conversations with colleagues from other specialties, other key organisations and critical personnel in high levels of government, including the Federal Minister for Health, Sussan Ley.

I also had the privilege of representing Australia's GPs at the Academy of Family Physicians of Malaysia Convocation Ceremony in Kuala Lumpur and Conference for General Practice Quality Symposium in New Zealand.

It has been an absolute honour and privilege to serve as your President for the past two years, during which time general practice's collective voice has grown louder and its influence stronger.

I have no doubt the RACGP, under its new president Dr Bastian Seidel, will continue to play a crucial role in shaping the better health of all Australians.



A campaign poster for the RACGP election. It features a target graphic with an arrow hitting the bullseye. The text reads: "YOU AND YOUR FAMILY'S HEALTH IS BEING TARGETED" with a "DANGER" stamp. Below this, it says "The extended freeze on Medicare rebates means you will pay more!". A table compares Medicare rebate percentages: "Australians already pay more out of pocket costs for medical care than many other countries." with a table showing 20% (Australia) vs 14% (USA), and 13% (UK) vs 10% (Canada). At the bottom, it says "2016 FEDERAL ELECTION" and "Support your GP and help your local community that you support the extended freeze on your general practice." The RACGP logo and website are at the bottom.

Dr Frank R. Jones at GP15; RACGP election campaign 'You've been targeted'.

# Message from the Chief Executive Officer

Dr Zena Burgess



'The RACGP's primary function is to provide members with world-class resources in the development of education, training and guidelines.'

This has been a tumultuous year of change, challenge and growth.

The RACGP has seen a continued expansion with member numbers exceeding 32,000. Eight out of 10 Australian GPs are with the RACGP. As these numbers grow, our collective voice becomes louder and more powerful.

Recent and established members alike have been calling for the RACGP to take a stronger and more vocal stand on health-related issues that affect their patients, and highlight government policies that threaten primary healthcare.

As a result, this year, the RACGP's voice resonated further and wider than ever before and, using new technologies, our voice was heard in many different ways.

Advocacy is becoming increasingly important, but the RACGP's role as the peak body for Australian GPs is of equal importance.

The RACGP's primary function is to provide members with world-class resources in the development of education, training and guidelines. The work of the expert committees continues to be vital in this regard. I thank these committees for their extraordinary efforts in developing RACGP positions on an array of issues.

This year saw the RACGP reiterate its call for the release of asylum-seeker families in detention as an urgent priority. We also demanded an end to violence against women and welcomed the Royal Commission into Family Violence.

In the midst of a federal election, the RACGP took a bold step in launching an integrated media 'You've been targeted' campaign to argue against the extended indexation freeze of the Medicare Benefits Schedule (MBS) announced in this year's federal budget.

This advocacy work showed very fruitful results, with more stories mentioning the RACGP appearing in traditional, digital and social media than during any previous campaign. In the lead up to July's federal election, the 'You've been targeted' campaign, along with the #youvebeentargeted hashtag, was featured in multiple front-page articles in newspapers such as *The Age*, *The Sydney Morning Herald*, *The Canberra Times*, *The Sun-Herald* and *The Guardian*, as well as in nationwide television and radio coverage.

This notable increase in advocacy also led to a leap in the number of our supporters on social media. The RACGP increased its Twitter followers in the last 12 months from 8000 to more than 11,200 and Facebook likes doubled to more than 10,000.

The RACGP's social media presence and commentary is now a familiar feature for many members and our importance as a commentator on health in the social media sphere will continue to grow.

This year also saw the RACGP try new ways to engage more effectively with grassroots members. In June, our first-ever Presidential Forum gave candidates the opportunity to speak directly to members and answer questions. The Presidential



Kathryn Marshall, Holly Ransom, Laura and Jessica Anderson with Dr Zena Burgess at 2015 CEO Circle function.



Dr Zena Burgess and Dr Frank R Jones.

Forum was broadcast online and viewed more than 1800 times in the week prior to the RACGP election.

Building on this idea, a new Q&A-style Member Forum was also launched in June, with a panel of RACGP experts discussing topics of interest to membership with an invited RACGP audience. Funding for primary healthcare and antimicrobial stewardship were the themes at this inaugural debate, which was lively and interesting. Another Member Forum will be held at GP16 in Perth in September 2016.

The RACGP's annual conference for general practice is always a highlight of the year for GPs and a 'must attend' event. It is my hope that GP16 in Perth (29 September – 1 October), with its trio of themes 'Clinical, Digital, Leadership', will continue to be as successful.

The RACGP is a truly national organisation, covering not only every major metropolitan area in Australia, but also regional, rural and remote locations, where more than 7353 members are located. I am very proud of the dedicated work we are doing to improve the health of all of our communities, particularly Aboriginal and Torres Strait Islander peoples.

I would like to extend my warmest thanks to all of the new chairs of the RACGP expert committees for the 2015–18 triennium:

- Dr Nathan Pinski, eHealth and Practice Systems
- Dr Beres Wenck, GP Advocacy and Funding
- Dr Kaye Atkinson, Pre Fellowship Education
- Dr Janice Bell, Post Fellowship Education
- Dr Evan Ackermann, Quality Care
- Prof Tania Winzenberg, Research
- Dr Mike Civil, Standards for General Practices

I thank these committees for their extraordinary efforts developing RACGP positions on an array of issues.

I would like to acknowledge the staff members in our organisation for their extraordinary level of commitment and effort, which is the backbone of the RACGP's success. In particular, I congratulate the senior leadership team: Josephine Raw, Deputy CEO and General Manager, Policy, Practice and Innovation; Mark Klose, General Manager, Member Services and Operations; Mark Rowe, General Manager, Education Services; Greg Price, General Manager, Brand and Communications; Craig Martin, General Manager, Products; and Paul Moloney, General Manager, Human Resources.

Finally, I would like to thank the 58th Council for its work in shaping a more dynamic RACGP and I sincerely express my best wishes to the outgoing President, Dr Frank R Jones, for helping to give the organisation an increasingly powerful voice.

# Message from the Finance, Audit and Risk Management Committee

Mr Martin Walsh



‘The RACGP’s consolidated operating performance continues to be positive, the balance sheet position remains strong and the organisation maintains a strong cash and long-term asset position.’

Members of the Finance, Audit and Risk Management Committee for the 2015–16 financial year include:

- Mr Martin Walsh, Chair and Independent Councillor
- Dr Frank R Jones, President
- Dr Guan Yeo, Chair, RACGP NSW&ACT
- Dr Daniel Byrne, Chair, SA&NT
- Dr Charlotte Hesper, RACGP Fellow
- Mr Mark Evans, external representative with IT expertise.

The RACGP’s consolidated operating performance continues to be positive, the balance sheet position remains strong and the organisation maintains a strong cash and long-term asset position.

The RACGP has retained independent firm DFK Kidsons as its internal auditor and RSM as its external auditor, with relevant auditors attending Finance, Audit and Risk Management (FARM) Committee meetings during the year. Internal auditors have reported no material issues, and external auditors have issued an unqualified opinion on the consolidated financial statements for the year ended 30 June 2016.

The RACGP continued to strengthen and develop its whole-of-organisation risk management approach, and the FARM Committee terms of reference and risk management framework have been revised and updated.

The FARM Committee has also developed an investment strategy to support the goal of long-term financial stability, and an environmental and social statement for consideration by members, as requested by the GP15 Convocation.

In addition, the FARM committee continues to maintain oversight of the RACGP subsidiary and RACGP Foundation.

I would like to express my thanks for the support that has been provided by all councillors and committee members, together with the RACGP’s senior leadership team, in particular: Zena Burgess, CEO; Mark Klose, General Manager, Member Services and Operations; and Sherryng Fung, Finance Manager.

# Message from the Censor-in-Chief

Dr Mark Miller



'In the past year, the RACGP awarded 1471 GPs their Fellowships and I offer my heartfelt congratulations from Council and the Board of Assessment to these new and recent Fellows.'

'We look on past ages with condescension, as a mere preparation for us ... but what if we are a mere after-glow of them?' – *J G Farrell*

Whether you agree with this author or his quote, or like his books, this is an interesting question to contemplate. I am privileged to be continuing in my role as the RACGP's Censor-in-Chief for another two years, but am mindful that many of the achievements over the past 12 months would not have been possible without the evolutionary body of work that has already taken place under the guidance of many previous censors-in-chief, RACGP members and education staff members who work very hard to support the position.

In the past year, the RACGP awarded 1471 GPs their Fellowships and I offer my heartfelt congratulations from Council and the Board of Assessment to these new and recent Fellows.

Delivering exams to around 1000 candidates remains a complex process and requires a highly skilled team of examiners and support staff drawn from all parts of the RACGP. There is an aggressive quality assurance/quality improvement program in place to ensure we provide candidates with the most well-run exams possible. This remains a challenge, as we must balance between maintaining a high-quality exam while looking to future innovations in our assessment processes.

Some of the achievements for the year include the development and release of public exam reports, which I hope will be read widely by candidates and those who support them educationally. An RACGP curriculum review and development of the competency profile of the Australian general practitioner framework were both significant bodies of work in the past two years, and the RACGP's national assessment advisors have undertaken a large and complex blueprinting exercise for our exam database, enabling efficient use of assessment material mapped to the curriculum and competency profile. We have developed active learning modules for case writing to engage members in constructing assessment and practice materials.

A more supported Practice-Based Assessment pathway for 2017 represents another forward step for the RACGP. There has also been progress in the use of more collaborative software, which should enhance connection between members.

We should not expect any slowing to the pace of change over the next two years. We encourage members to support the RACGP, and contribute to discussions and innovations that will support our peers and patients into the future.

# Message from the General Practice Registrar Representative

Dr Nina Robertson



‘Registrars have faced particular challenges this year with the transition to the new regional training organisations (RTOs), the stress of which was increased by the fact it occurred only weeks before exams.’

Another year, another challenge (or three) for general practice.

Registrars have faced particular challenges this year with the transition to the new regional training organisations (RTOs), the stress of which was increased by the fact it occurred only weeks before exams.

The RACGP has endeavoured to support its registrar members during the transition and will continue to closely monitor and support the new organisations to ensure general practice training continues to be of a high standard and a quality experience for all registrars.

In addition to my role as General Practice Registrar Representative, I am also Chair of the recently established Registrars Membership Advisory Committee (RMAC). RMAC’s purpose is to better engage with our registrar members. Since its formation in 2015, RMAC members have provided timely and comprehensive feedback on issues including vocational training standards, exam processes and the RTO transition. RMAC will continue to provide a voice for registrars directly to Council and RACGP leadership.

I will step down from the role of General Practice Registrar Representative in September and I congratulate my successor, Dr Mary Wyatt, who I know will be excellent in this role. I would like to thank all the registrars and the RACGP for the opportunity to serve on Council. It has been a privilege and an altogether unforgettable experience.

# GP15 – The RACGP’s Conference for general practice

GP15

About the RACGP



Held at the Melbourne Convention and Exhibition Centre from 21 – 23 September 2015, GP15 was hosted by RACGP Victoria and convened by Assoc Prof Morton Rawlin under the theme *Our future in practice*. Melbourne attracted more than 1600 delegates including GPs, registrars, students, medical professionals, exhibitors, sponsors and key stakeholders. The Academic Session honoured more than 170 New Fellows and the exhibition welcomed 112 organisations.



'Being a GP working in Aboriginal and Torres Strait Islander peoples' health, I have always found that advocacy has been very important when providing care to patients. I feel supported knowing that the RACGP is advocating on the behalf of members to ensure a sustainable and high-quality primary care system is maintained for all.'

**Dr Karen Nicholls**

Fellow, member since 2006

# 2

## **RACGP expert committees**

# RACGP expert committees

## RACGP Expert Committee – General Practice Advocacy and Funding

### Dr Beres Wenck

The RACGP Expert Committee – General Practice Advocacy and Funding (REC–GPAF) advocates for the integral role of GPs in the Australian healthcare system.

REC–GPAF led the finalisation and September 2015 launch of the RACGP’s *Vision for general practice and a sustainable healthcare system*, which calls for greater investment in general practice services. The committee also guided the development and implementation of the RACGP’s 2016 federal election campaign.

REC–GPAF has also led RACGP contributions to the:

- Standing committee on health inquiry into chronic disease prevention and management in primary healthcare
- Primary health care advisory group
- Medicare Benefits Schedule (MBS) review taskforce
- Senate community affairs references committee Inquiry into the future of Australia’s aged care sector workforce
- Senate select committee on health
- Medicare compliance group.

In addition, REC–GPAF revised and updated the highly used *Medicare Benefits Schedule fee summary*, which was distributed to RACGP members in April 2016.



Dr Beres Wenck.

## RACGP Expert Committee – Standards for General Practices

### Dr Michael Civil



Dr Michael Civil.



Standards for general practices (5th edition) consultation draft.

The RACGP Expert Committee – Standards for General Practices (REC–SGP) consists of GPs as well as practice management and practice nursing staff, and consumer representatives.

The past year has seen REC–SGP focused on developing the RACGP’s *Standards for general practices, 5th edition*, (the Standards).

A first draft of the Standards was released in February 2016 for a six-week period of stakeholder consultation, with a small-scale pilot running during the same period. More than 80 stakeholders provided feedback during the consultation phase. The range of stakeholders included:

- GPs
- practice managers, nurses and other staff
- Aboriginal medical services
- medical defence organisations
- Primary Health Networks
- accreditation agencies and surveyors
- consumers
- peak bodies and government agencies.

The feedback gathered during the consultation phase was used to inform the development of the next draft of the

Standards. The second draft is currently out for consultation and a large-scale pilot is also in progress. Feedback from this consultation phase will be used to further refine the Standards before the 5th edition is formally released in October 2017.

### RACGP Expert Committee – eHealth and Practice Systems

#### Dr Nathan Pinskiar

The RACGP Expert Committee – eHealth and Practice Systems (REC–eHPS) provides advice on eHealth developments, information management, eHealth standards and other areas that impact on the future operation of Australian general practice.

A key initiative has been a submission opposing the revision of the Practice Incentives Program (PIP) eHealth Incentive eligibility criteria. Instead of shared health summary upload targets to My Health Record, the RACGP advocates for incentives that support data accuracy and quality, and its appropriate and timely sharing across the sector.

The REC–eHPS hosted the first RACGP eHealth Forum in October 2015 to help determine key focus areas for the committee. These include:

- systems and processes in general practice need to be simple, usable and safe



Dr Nathan Pinskiar.

- solutions for the uptake of eHealth across the entire healthcare community
- working with all stakeholders to ensure robust, quality-driven outcomes.

Resources developed by the REC–eHPS include:

- a privacy policy template for compliance with the requirements of the Australian Privacy Principles (APPs)
- a privacy pamphlet template to inform patients on how their information is collected, managed and stored
- information to help members make an informed choice about participating in the ePIP and My Health Record.

### RACGP Expert Committee – Quality Care

#### Dr Evan Ackermann



Dr Evan Ackermann.



*eMental health: a guide for GPs.*

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

Over the past year, the REC–QC has developed a number of innovative, evidence-based resources to equip GPs and practices to provide their patients with high-quality care. These include a position statement on homeopathy and responding to patient requests for tests not considered clinically appropriate, the *Handbook of non-drug interventions (HANDI)*, *Female genital cosmetic surgery – A resource for general practitioners and other health professionals*, 10 recommendations for *Choosing Wisely*

Australia, *e-Mental health: A guide for GPs* and a patient information sheet, ‘Should I have prostate cancer screening?’

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

**RACGP Expert Committee – Pre Fellowship Education**

**Dr Kaye Atkinson**

The RACGP Expert Committee – Pre Fellowship Education (REC–PreFE) was established at GP15 in order to help clarify and maintain a strategic agenda for general practice education in Australia for Council, with a particular focus on pre-Fellowship and vocational training.

REC–PreFE works closely with the RACGP Expert Committee – Post Fellowship Education, Board of Censors, Board of Assessment, Rural Education Committee and the Aboriginal and Torres Strait Islander Health Education Committee to effectively monitor trends in relation to education access across the lifecycle of general practice and incorporate suitable innovations into RACGP programs.

In 2016, REC–PreFE provided:

- critical support and strategic guidance for RACGP education and worked on key areas in general practice training and Fellowship pathways, including selection, progression through training and remediation
- strategic guidance for the implementation of the RACGP competency profile and the education policy framework
- strategic support for Fellowship pathways such as the Practice-Based Assessment Pathway, Specialist Pathway and Fellowship Pathway (to replace the Practice Eligible route to Fellowship).

REC–PreFE will continue this work throughout 2016–17 to ensure consistency and clarity in training stages and pathways, and to ensure that participants are appropriately supported to progress and achieve Fellowship.

**RACGP Expert Committee – Post Fellowship Education**

**Dr Janice Bell**

The RACGP Council decided to split the work of the then National Standing Committee on education into pre-Fellowship and post-Fellowship groups in 2014. This decision recognised that while the majority of general practice education occurs post-Fellowship, that period has not received sufficient attention in recent years.



Dr Kaye Atkinson.



Dr Janice Bell.



New Fellows at the GP15 Academic Session.

At the same time, the Medical Board of Australia (MBA) signalled its intention to proceed with some form of revalidation. Advice suggests a more robust approach to quality improvement and continuing professional development (QI&CPD) may meet this requirement, recognising that no international form of revalidation identifies the under-performing doctor in a reliable, valid, practical and affordable manner.

The RACGP Expert Committee – Post Fellowship Education (REC–PostFE) has met with Prof Liz Farmer, Chair of the Revalidation Expert Advisory Group, and contributed to several prototypes based on each member’s expertise and experience. While the QI&CPD 2017–19 triennium has been signed off by Council, the REC–PostFE is looking at how revalidation – or similar – can be continuous throughout the journey towards becoming a GP.

The REC–PostFE has also explored other pressing facets, such as returning to work after a period of absence and the immediate post-Fellowship period, when little has traditionally been expected of, or tailored to, New Fellows.

The ability to develop a single general practice education and training pathway remains a key objective of the REC–PostFE. With the competency chart and the aligned pathways to and beyond Fellowship moving towards synchronicity, the RACGP is well placed to deliver processes and mechanisms that lead to quality practitioners of our craft.

### RACGP Expert Committee – Research

#### Prof Tania Winzenberg

The RACGP Expert Committee – Research (REC–R) aims to establish a profile for primary care research and promote a strategic agenda for research in Australia and within the RACGP.

REC–R activities and achievements include:

- the development of *gplearning* critical thinking active learning module (ALM)

- lobbying for an increase in research-related questions in the Fellowship examination and providing input for examination questions
- making a submission to the curriculum review for increased presence of critical thinking and research aspects
- investigating possibilities of dual training pathways towards Fellowship and research higher degrees
- raising the profile of research at the RACGP’s annual conference for general practice
- developing and initiating a project on outcomes of RACGP grant and award projects for the past 10 years, providing a publication on outcomes
- lobbying for continued academic registrar support
- lobbying for a national primary healthcare research strategy
- developing plans to coordinate regionalised training sessions on teaching critical evaluation and evidence-based medicine research training
- developing plans for a general practice research strategic agenda, and developing initial synthesis and data tables
- following up on outcomes of the REC–R-initiated general practice careers research project in order to facilitate building career support for GPs who undertake research
- consideration of submission to the Medical Research Future Fund
- providing a REC–R representative on the Australian Association for Academic Primary Care Executive.



Prof Tania Winzenberg.



'As a GP in a rapidly changing health space, I am continually supported by the RACGP to remain knowledgeable and well informed. Through its various educational and QI&CPD activities, the RACGP provides me with great opportunities to ensure my knowledge remains current and relevant to general practice.'

**Dr Deborah Sambo**  
Fellow, member since 2002

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## Member services

# Membership overview

Through its guiding principles of ‘education, advocacy, support and collegiality’, the RACGP aims to support its more than 32,000 members at every stage of their general practice journey, across metropolitan, regional, rural and remote areas in Australia and overseas.

In 2015, the RACGP launched the ‘Good GP’ community awareness campaign. The aim of the campaign is to increase the community’s understanding of general practice, and raise the profile of the RACGP and its members.

The RACGP experienced significant growth in membership in 2015–16. This is expected to continue with the support of new and ongoing initiatives, including the continuation of the ‘Good GP’ campaign, increased presence at associated medical conferences, and the extension of our annual membership campaign to engage new members.

The RACGP introduced a new member-focused online initiative in 2016. The *myRACGP* member portal is designed to deliver

customised access to popular resources and products on the RACGP website. The second phase of *myRACGP* will include additional features and will be launched in September at the RACGP’s annual Conference for general practice, GP16, in Perth.

‘The RACGP experienced significant growth in membership in 2015–16’

As we prepare to move into a new Quality Improvement and Continuing Professional Development (QI&CPD) triennium, the RACGP remains dedicated to supporting its members’ daily practice and lifelong learning commitments, and to improving the health and wellbeing of all Australians.

Member services

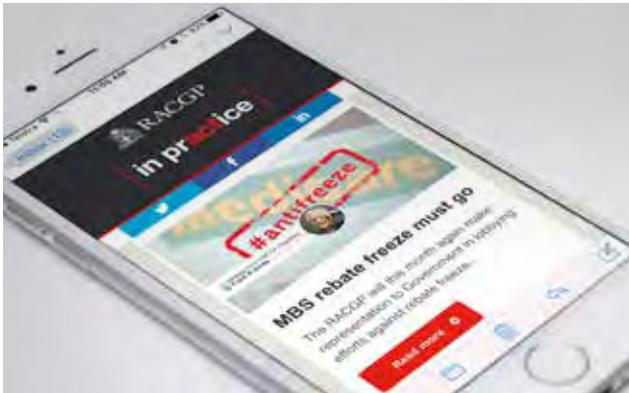


Images from the ‘Good GP’ community awareness campaign.

# Education



# Advocacy



**YOU AND YOUR  
FAMILY'S HEALTH  
IS BEING TARGETED**

**DANGER**

# Support



**Foundation**



# Collegiality



# RACGP NSW&ACT

Dr Guan Yeo

RACGP NSW&ACT has continued to grow thanks to the considerable efforts of so many of its members, including examiners, board members, regional representatives, facilitators and education providers.



Member services

RACGP NSW&ACT had 1659 new members as of the end of April 2016, making for a grand total of 10,348 faculty members, including 195 international medical graduates and 460 New Fellows. Student membership has also grown, with more than 1200 student and online student members resulting from our presence at campus functions.

This growth can be attributed to many factors; however, the contribution by so many of our members is testament to a strong and collegiate faculty. We thank them all.

The launch of the 'Good GP' community awareness campaign in June 2015 highlighted the critical role that GPs play in our communities. It also opened the doors to many state and federal government ministers, allowing us access

to discuss the RACGP's *Vision for general practice and a sustainable healthcare system* funding model.

'The launch of the the 'Good GP' community awareness campaign in June 2015 highlighted the critical role that GPs play in our communities'

RACGP NSW&ACT hosted the inaugural Charles Bridges-Webb Oration in conjunction with the faculty member meeting in August 2015. The faculty was honoured as Dr Paul Torzillo AM and the late Paul Pholeros AM from Healthhabitat presented on their work for better health outcomes in remote and disadvantaged communities around the world.

# RACGP Victoria

Assoc Prof Morton Rawlin

As the host of last year's successful annual conference for general practice in Melbourne, RACGP Victoria had a busy year spent advocating for member views and the provision of educational opportunities.

Hosting the RACGP's conference for general practice, GP15, in September was a major highlight, with 1640 registered attendees, more than 130 speakers, 32 workshops, 12 active learning modules (ALMs) and 24 CPR courses. In addition, 170 New Fellows were welcomed at the Academic Session.

Important advocacy work included communicating the RACGP's *Vision for general practice and a sustainable healthcare system* funding model to the Victorian Minister of Health, Shadow Minister for Health and Victorian Primary Health Networks, and the Health2040 submission to the Victorian State Government.

RACGP Victoria also made submissions to the Department of Health and Human Services on the Victorian Pharmacist-Administered Vaccination Program and proposed laws to create safe access zones around abortion services.

Education included the continued delivery of quality learning activities for members, as exemplified by 22 workshops, including 'Eating disorders and body image', developed and delivered in conjunction with the Royal Australian and New Zealand College of Psychiatrists.

The faculty also offered education via webinar and, in an exciting first, webinar capability was used to provide exam preparation workshops for Fellowship candidates.

RACGP Victoria provided more face-to-face learning opportunities to regional GPs, including Clinical Emergency Management Program (CEMP) training in Bendigo and Objective Structured Clinical Examination (OSCE) in Shepparton.



Dr Frank R Jones, Assoc Prof Morton Rawlin, Dr Zena Burgess and Dr Mark Miller at GP15.



'Putting it all together' expert panel at GP ADD 2016 – Breaking the Ice.

# RACGP Queensland

Dr Edwin Kruids

The past 12 months have made an exciting year, with a great deal of change and collaboration, resulting in outstanding outcomes. RACGP Queensland has worked hard and shown ongoing determination to ensure it is able to serve its members and meet their many needs.

RACGP Queensland continues to work hard on developing strong working relationships with the state's seven Primary Health Networks (PHNs), supporting the RACGP's position statement on PHNs. RACGP Queensland also worked closely with the Office of Industrial Relations to improve the Workers' compensation capacity certificate, in addition to supporting Queensland Health in the development and ongoing review of the clinical prioritisation criteria project.

As a member of the Queensland Clinical Senate, RACGP Queensland participated in a forum on obesity prevention and early intervention with key national stakeholders, identifying strategies and recommendations to address this significant health issue.



Dr Deb Nichols, Dr Maria Carla Collat, James Stewart, Karan Singh, Dr Nick Hummel and Dr Edwin Kruids at the 59th Clinical Update Weekend.



Faculty stall at registration for the 59th Clinical Update Weekend.

'RACGP Queensland continues to work hard on developing strong working relationships with the state's seven Primary Health Networks (PHNs), supporting the RACGP's position statement on PHNs'

The 2015 Fellowship and Awards ceremony was RACGP Queensland's biggest on record, with 511 people in attendance – 113 New Fellows and nine life members were recognised at the ceremony. RACGP Queensland also hosted the 59th Clinical Update Weekend in May 2016, providing an opportunity for members to consider the future direction of general practice.

# RACGP Western Australia

Dr Tim Koh

RACGP Western Australia maintained its participation in strategy and policy development, and continued to ensure members throughout the state are well represented by the RACGP and have a professional and welcoming 'home' at College House in Perth.



WA Legend Award winner Mariam Bahemia with State Manager, Vicky Moriarty at the Fellowship and Awards ceremony.



Dr Tim Koh.

The RACGP Western Australia Board consists of 29 members who are actively involved in RACGP strategy and policy development. Many members have been highly engaged with key state-based stakeholder groups, such as health networks and general practice training and workforce bodies. This year has seen the addition of dedicated 'New Fellows' and 'Medical Student' board members.

A key message from board meetings has been the need to play a greater advocacy role and the board supports a strong GP presence at stakeholder meetings at state and national levels.

The past year has seen RACGP Western Australia engaged with Western Australia Primary Health Alliance (WAPHA) as it seeks to establish projects such as the medical home, support

for mental health and telehealth services, and a focus on improving delivery of services through general practice.

*'This year has seen the addition of dedicated 'New Fellows' and 'Medical Student' board members'*

The RACGP Western Australia Education Committee has continued to develop innovative education activities, including a large business ownership event for GPs, a series of webinars to support registrars and events for New Fellows. RACGP Western Australia has also been busy planning the scientific program for the upcoming Conference for general practice, GP16, which offers a chance to showcase Perth as the conference host.

# RACGP Tasmania

Dr Bastian Seidel

It has been a busy and exciting year for RACGP Tasmania, with the faculty going to considerable lengths to further advocate for, and actively connect with, all of its key pillars – members, patients and stakeholders.

This year's 18-strong RACGP Tasmania Board displayed a healthy diversity and genuine representation of its membership, with equal numbers of men and women, three international medical graduates and one member who identifies as Aboriginal.

RACGP Tasmania's growing public local and national profile was evidenced by an active presence in the media, with 26 media engagements across television, radio and print. We also engaged in more direct public interaction, providing blood pressure checks to more than 1200 people at the Agfest Community Engagement event.

GPs were able to improve their skills and meet with colleagues at 11 education workshops and events delivered by RACGP Tasmania. The faculty also held four rotations of the Objective

Structured Clinical Examination (OSCE) that covered the north and south of the state. Members have also given 10 presentations to external conferences and workshops.

'RACGP Tasmania's growing public local and national profile was evidenced by an active presence in the media'

RACGP Tasmania's advocacy and stakeholder engagement has been strong. Faculty representatives have met with more than 40 stakeholders, including state and federal politicians, other health organisations and providers, and state government departments, to build relationships and emphasise general practice's vital importance to primary healthcare in Australia.



Dr Bastian Seidel at Huon Valley Health Centre.

# RACGP SA&NT

Dr Daniel Byrne

RACGP SA&NT had a busy year, representing members at conferences across the region and collaborating with a variety of industry and government stakeholders on issues of policy, education, clinical practice and funding.

RACGP SA&NT worked hard to support students and trainees, from promoting general practice at career nights and attending graduation ceremonies, to liaising with registered training organisations (RTOs) on the best training models and delivering twice-yearly preparation workshops for those about to undergo the RACGP examinations. In addition, an annual 'Prize for general practice' was established for outstanding students at Adelaide and Flinders universities.

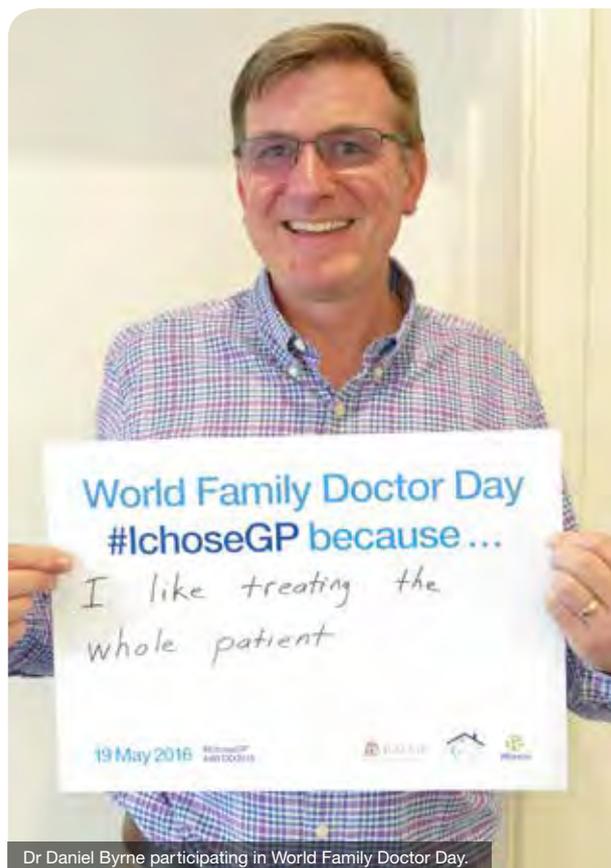
RACGP SA&NT hosted a series of educational workshops, with more than 700 participants attending 27 events.

RACGP SA&NT also advocated on issues that directly impact GPs and primary care. This included participation in events such as the Medicare Benefits Schedule (MBS) review stakeholder forum and meetings with federal members of parliament to discuss issues ranging from the Medicare rebate freeze to the Riverland Hub training proposal in South Australia.

'RACGP SA&NT has hosted a series of educational workshops, with more than 700 participants attending 27 events'

Two new subcommittees established within RACGP SA&NT – a New Fellows committee and an Education and Training committee – will provide organisation and guidance across the faculty.

RACGP SA&NT would like to thank members for their continuous involvement and support.



Dr Daniel Byrne participating in World Family Doctor Day.

# RACGP Aboriginal and Torres Strait Islander Health

Assoc Prof Brad Murphy

RACGP Aboriginal and Torres Strait Islander Health has continued to strengthen partnerships with key national stakeholders in advocacy, education and service provision for Aboriginal and Torres Strait Islander peoples.

RACGP Aboriginal and Torres Strait Islander Health stakeholders include the Australian Medical Association's National Indigenous Taskforce, the Human Rights Commission's National Close the Gap Steering Committee, the National Aboriginal and Community Controlled Health Organisation and the Australian Indigenous Doctors' Association.

The RACGP celebrated the 10th anniversary of Close the Gap Day in Melbourne on 17 March 2016. Council members and staff were joined by Wurundjeri traditional owners and representatives from several community organisations to acknowledge the successes of this campaign and reflect on the future work required.

The faculty continues to support Aboriginal and Torres Strait Islander registrars through its joint mentoring program with

the Australian Indigenous Doctors' Association and its Indigenous Fellowship Excellence Program.

'The RACGP celebrated the 10th anniversary of Close the Gap Day in Melbourne on 17 March 2016'

The faculty aims to ensure all GPs receive training to deliver culturally and clinically appropriate healthcare to all Aboriginal and Torres Strait Islander patients, was involved in the review of the RACGP curriculum and continues to roll out its active learning module, 'Can we do better than "I treat everyone the same?"'.

I thank those who have contributed to RACGP Aboriginal and Torres Strait Islander Health, including board and education committee members, and other staff.

Member services



Assoc Prof Brad Murphy.



Delegates and faculty staff at GP15.

# RACGP Rural

Dr Ayman Shenouda

RACGP Rural represents GPs throughout the country, and with member numbers reaching 14,814, more than 7353 of whom are located in regional, rural or remote areas, the faculty covers the breadth of rural general practice in Australia.

RACGP Rural takes pride in representing member interests, contributing to positive reforms for rural communities and delivering education initiatives through priority rural skills projects.

RACGP Rural has brought a rural focus to the RACGP through several areas:

- Action in policy – 30 key rural submissions, 21 of which resulted in 12 ministerial or high-level departmental deputations. In addition, 47 broader stakeholder meetings were undertaken, as well as four conference presentations and representation at 16 conferences.
- Member participation – more than 490 rural members participated in policy and research, while many more did so through discussion groups, education committees and webinars.



'There have been 24 FARGP graduates this year, taking the total number to 535'

- Priority skills projects – campaigns in mental health, palliative care and aged care helped place a focus on priority skills. This included the release of a new Fellowship in Advanced Rural General Practice (FARGP): Advanced rural skills training (ARST) – Curriculum for palliative care and key research in aged care.
- Education delivery – there have been 24 FARGP graduates this year, taking the total number to 535. The new rural mental health package is being piloted with 38 GPs, and more than 350 rural GPs have participated in RACGP rural-delivered education activities, including two active learning modules (ALMs) at GP15 and a series of webinars.

# RACGP Specific Interests

Dr Daniel Byrne

RACGP Specific Interests has expanded to a total of 26 networks and working groups, further recognising and representing the broad range of expertise and additional interest areas held by GPs across Australia.

RACGP Specific Interests is unique within the RACGP in that its members chose to join based on their own interests, rather than their geographical location or clinical practice.

A total of 320 RACGP members have joined RACGP Specific Interests in 2015–16, which expands our membership to 2800 network and working group members, representing 1400 individuals.

Mirroring RACGP values, our members have:

- provided progressive leadership – network and working group chairs represented the RACGP at the Doctors for Environment, STOP Domestic Violence and Future of General Practice conferences, and presented three active learning modules (ALMs) at GP15, representing the work of six of the RACGP Specific Interests groups
- provided quality advice on a wide range of issues and policies, and contributed to the RACGP standards, curriculum and expert committees



Dr Marion Bailes with delegates at the GP15 'Caring for socially disadvantaged patients' ALM.

- been ethical and professional in their approach, providing only the best evidence-based advice and educational activities for RACGP members.

'A total of 320 RACGP members have joined RACGP Specific Interests in 2015–16, which expands our membership to 2800'



'Ferrous man' at the GP15 'Iron therapy in general practice' workshop.

RACGP Specific Interests can only continue to expand as its GP members are drawn from more diverse backgrounds, looking for opportunities to share and expand their specific expertise and experiences.

# The RACGP Foundation

Prof Peter Mudge

The RACGP Foundation was honoured to receive the late Dr Lynn Harvey Joseph's very generous bequest of \$700,000, which will be used to establish the new 'M, N, L and D Joseph Bequest Research Fellow' research position.

It was my privilege to attend a private function in Sydney to receive Dr Lynn Harvey Joseph's bequest on behalf of the RACGP. The M, N, L and D Joseph Bequest Research Fellow will be appointed to review the evidence surrounding best practice for complex chronic disease treatment. This year saw 17 successful recipients awarded funds for research projects and financial assistance for medical education and travel.

The Foundation held a research networking lunch for the first time at GP15, which was well received by those who attended. We also saw 20 RACGP-funded researchers present their findings at the conference.

The Foundation Walk at GP15 was a tour of historical Melbourne that ended with the group making a mad dash to the finishing line after the Melbourne weather turned wet.

'This year saw 17 successful recipients awarded funds for research projects and financial assistance for medical education and travel'

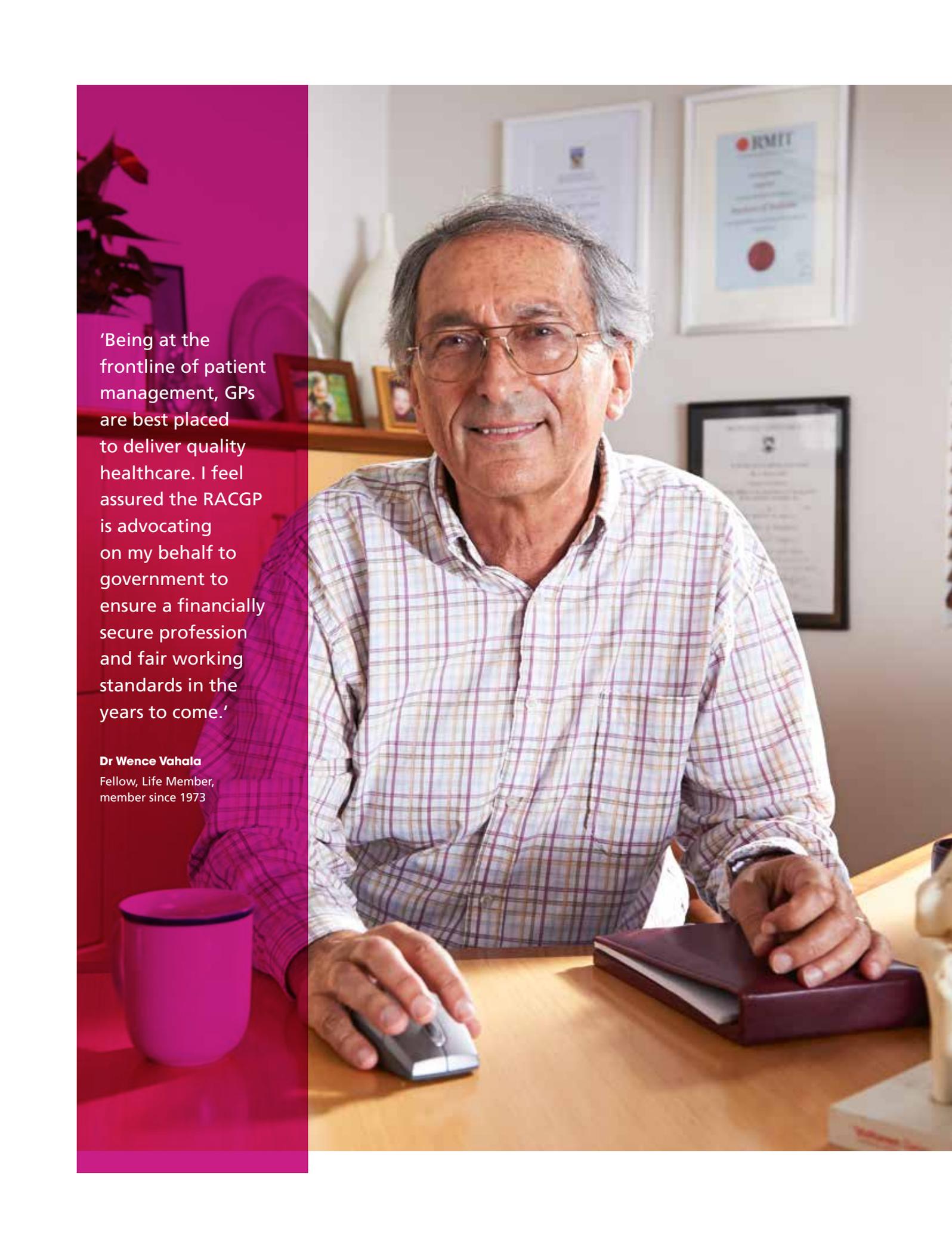
The RACGP Foundation thanks all members, funding partners and community members for their continued support. I look forward to all of the exciting developments that the next financial year has to bring.



Delegates and staff at the GP15 Foundation walk.



Prof Peter Mudge and Matthew Rush accepting Dr Lynn Harvey Joseph's bequest.



'Being at the  
frontline of patient  
management, GPs  
are best placed  
to deliver quality  
healthcare. I feel  
assured the RACGP  
is advocating  
on my behalf to  
government to  
ensure a financially  
secure profession  
and fair working  
standards in the  
years to come.'

**Dr Wence Vahala**

Fellow, Life Member,  
member since 1973

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## **RACGP awards and GP honours**

# Award winners

## Rose-Hunt Award



### Rose-Hunt Award

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

*'For the last 45 years, I have been an advocate for academic and rural general practice, Aboriginal healthcare, support for migrant doctors and the preservation of the history of the RACGP. My medical motto is: "General practice is a serious business, but it can be fun".'*

### Prof Max Kamien

Rose-Hunt Award 2015

## GP of the year awards



### General Practitioner of the Year

The GP of the Year awards provide an opportunity to salute the dedication of GPs across Australia and to recognise excellence within general practice.

*'General practice is a journey of learning and change, where the product of our work is more than the sum of its individual consultations. The strength of our teams and support networks allows us to improve what we do and how we do it.'*

### Dr Kean-Seng Lim

RACGP General Practitioner of the Year 2015



**General Practice Supervisor of the Year**

*'I would like to thank WAGPET for nominating me and the registrars for their support. It is a privilege to be trusted with mentoring these bright, young enthusiastic people. The reward I receive from watching them grow professionally and personally far outweighs any effort. I appreciate the RACGP providing many useful resources for this essential skills training.'*

**Dr Cathryn Milligan**

RACGP General Practice Supervisor of the Year 2015



**General Practice Registrar of the Year**

*'The general practice landscape is forever changing and I want to encourage all registrars and Fellows of the RACGP to continue to inspire our young doctors to enter general practice and get involved in continuing to make it the best career in medicine.'*

**Dr Ashlea Broomfield**

RACGP General Practice Registrar of the Year 2015



**Rural Registrar of the Year**

*'I am strongly committed to working with Aboriginal people to improve their health and wellbeing. Combining research and clinical practice is something I am passionate about and would like to continue to pursue.'*

**Dr Hannah Visser**

RACGP Rural Registrar of the Year 2015

### General Practice of the Year awards

National and Western Australian General Practice of the Year

**Collie River Valley Medical Centre, WA**

Queensland General Practice of the Year

**Camp Hill Healthcare, Qld**

New South Wales General Practice of the Year

**Hornsby, Brooklyn GP Unit, NSW**

Victorian General Practice of the Year

**Inglis Medical Centre, Vic**

South Australian General Practice of the Year

**Littlehampton Medical Centre, SA**

### Monty Kent-Hughes Memorial Medal

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

Monty Kent-Hughes Memorial Medal

**2015.1 – Dr Meredith Stewart, WA**

**2015.2 – Dr Daniel Wilson, SA**

### RACGP Rural awards

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

Brian Williams Award

**Dr Kenan Wanguhu, SA**

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

Medical Undergraduate Student Bursary

**Ms Maureen Krasnoff, WA**

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

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

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

**Mrs Sue Pinckham**

**Dr Liz Marles**

### 2015 Honour board

Honorary Fellowship

**Dr Frank Moloney, NSW**

**Mr Neil Greenaway, Vic**

### Australia Day Honours 2016

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

**Dr Peter William Ford AM, Toorak Gardens, SA**

**RACGP Fellow**

For significant service to medicine and to professional medical organisations, to healthcare delivery for the aged, and to the community.

**Dr Paul Raymond Mara AM, Gundagai, NSW**

**RACGP Fellow and Life member**

For significant service to medicine, particularly through the recruitment and retention of medical practitioners in rural and remote areas.

#### Medal (OAM) in the General Division

**Dr Creston Ivan Magasdi OAM, North Adelaide, SA**

**RACGP Member and Life member**

For service to local government, and to the community.

**Dr John Houston Paradise OAM, Scone, NSW**

**RACGP Associate member**

For service to the community, particularly as a GP.

**Dr Thakorbhai Babubhai Patel OAM, Lutwyche, Qld**

**RACGP Fellow and Life member**

For service to the community through a range of volunteer roles.

**Dr Jeffrey Shapiro OAM, Caulfield South, Vic  
RACGP Fellow and Life member**

For service to medicine as a GP, and to the community.

**Adjunct Assoc Prof Rashmi Sharma OAM,  
Isabella Plains, ACT  
RACGP Fellow**

For service to medicine, and to professional organisations.

*Queen's Birthday Honours 2016*

**Member (AM) in the General Division  
Assoc Prof Vicki Kotsirilos AM, Vic  
RACGP Fellow**

For significant service to integrative medicine, to health practitioner standards and regulation, to medical education, and to the environment.

**Dr Jennifer Ann May AM, Tamworth, NSW  
RACGP Fellow**

For significant service to community health in rural and regional areas, as a general practitioner, to professional medical groups, and to education.

**Emeritus Prof Peter Rowland Mudge AM,  
Acton Park, Tas  
RACGP Fellow and Life member**

For significant service to medicine through contributions to professional organisations, to research and tertiary education, and to the community

**Dr David Paul Sevier AM, Young, NSW  
RACGP Fellow and Life member**

For service to medicine as a general practitioner.

*2015 RACGP research grants, scholarships  
and award winners*

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

**Prof Mark Nelson**

Getting evidence to address general practitioner concern regarding the uptake of absolute risk guidelines for the prevention of cardiac disease.

**Prof Danielle Mazza**

Improving the implementation of obesity guidelines in Australia: Practice, practitioner and patient challenges and opportunities.

**HCF Research Foundation/RACGP  
Research Grant**

**Assoc Prof Christopher Pearce**

The GAUGE study: Understanding the relationship between general practice management of chronic disease in older people and their utilisation of secondary care services.

**Assoc Prof Paresh Dawda**

Can a GP clinic kiosk/pod improve clinical data quality and enhance patient empowerment?

**Diabetes Australia/RACGP Research Grant**

**Assoc Prof Peter Schattner**

How does diabetes management in general practice affect health outcomes in older people – A data linkage study.

**Independent Practitioner Network (IPN)  
Medical Centres/RACGP Research Grant**

**Dr John Carter**

A randomised controlled trial of an automated SMS messaging tool in the use of asthma plans in a patient population attending a busy, suburban Brisbane general practice.

**Primary Care Collaborative Cancer Clinical  
Trials Group (PC4)/RACGP Research Grant**

**Dr Elysia Thornton-Benko**

Pilot study of a cancer survivorship triage clinic.

**Australian Primary Health Care Research Institute  
(APHCRI)/RACGP Indigenous Health Award**

**Mr Wayne Ah-Sam**

Financial assistance with second year medical study at University of Newcastle.

**Family Medical Care, Education and Research  
(FMCER) Grant**

**Dr Kate Robins-Browne**

Responding to ethical dilemmas in primary care: An exploration of the acceptability and feasibility of primary care clinical ethics support services.

### **Dr Penelope Burns**

Roles for general practitioners in supporting comprehensive continuity of health care for their patients and local communities through disasters.

### **Assoc Prof Clare Heal**

Aqueous vs alcoholic chlorhexidine gluconate for preoperative skin antisepsis before clean surgery – Does it make a difference?

### **Iris and Edward Gawthorn Award**

#### **Dr Dorim Cho**

A general practice registrar who has achieved the highest score in the cardiovascular and respiratory components of the Fellowship Exam (based on the ICPC system), over the 2015 calendar year.

### **The RACGP PWH Grieve Memorial Award**

#### **Assoc Prof Clare Heal**

Aqueous vs alcoholic chlorhexidine gluconate for preoperative skin antisepsis before clean surgery – Does it make a difference?

### **RACGP Rex Walpole Travelling Fellowship**

#### **Dr Louise Stone**

Travel and accommodation for visits to three institutions in the UK researching narrative methodologies to be used in doctors' health.

### **RACGP/MDA National Best General Practice Research Article in the Australian Family Physician (AFP) Journal Award**

#### **Ms Jessica Orchard**

Orchard J, Freedman SB, Lowres N, Peiris D, Neubeck L. iPhone ECG screening by practice nurses and receptionists for atrial fibrillation in general practice: The GP-SEARCH qualitative pilot study. *Aust Fam Physician* 2014;43(5):315–19.

### **Peter Mudge Medal**

#### **Prof Moyez Jiwa**

How do general practitioners manage patients with cancer symptoms? A video-vignette study.

### **Alan Chancellor Award**

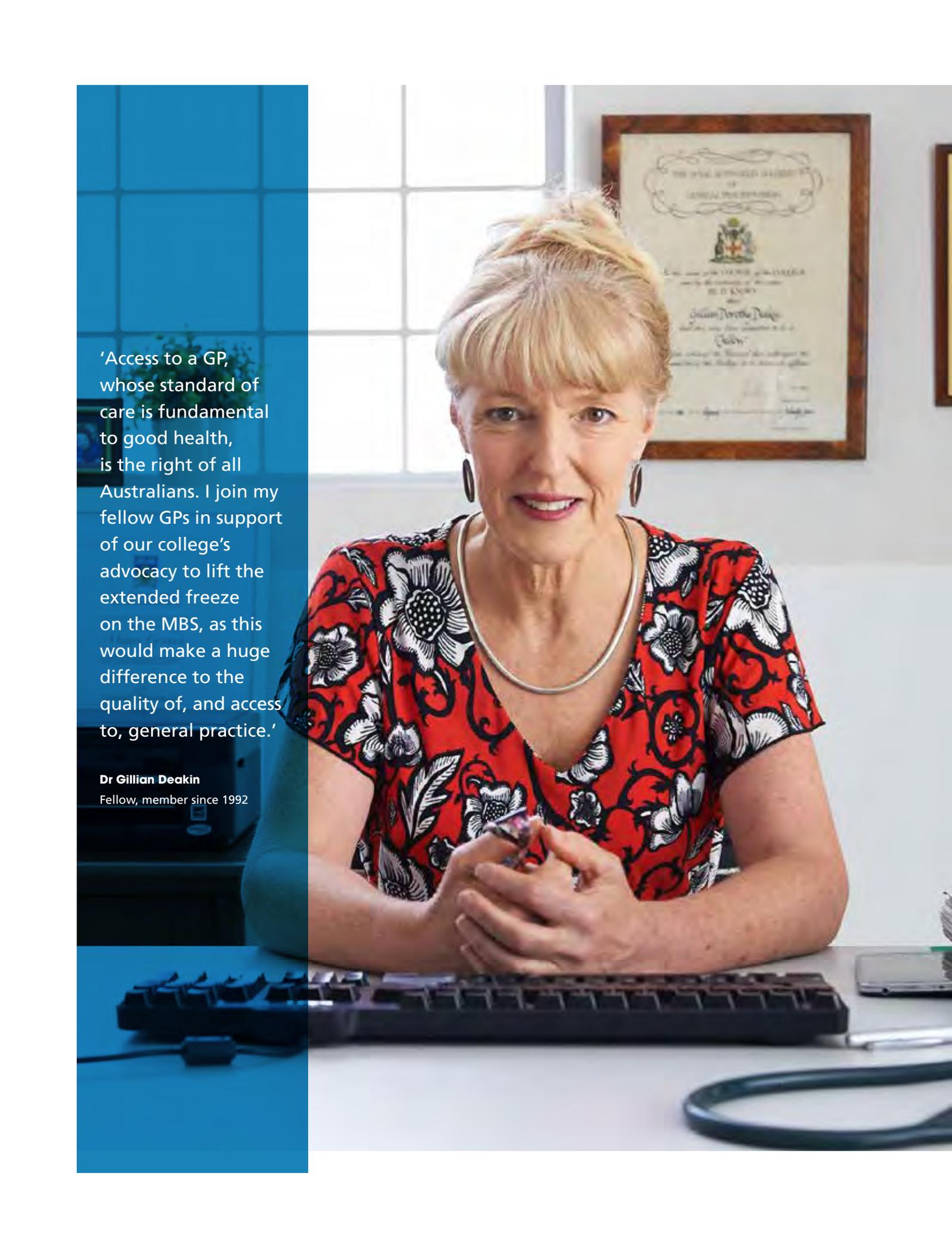
#### **Dr Colm McCarthy**

A study of GP and patient attitudes to the doctor's use of internet and other information sources during the consultation.





RACGP Awards presentation at the GP15 Academic Session.



'Access to a GP, whose standard of care is fundamental to good health, is the right of all Australians. I join my fellow GPs in support of our college's advocacy to lift the extended freeze on the MBS, as this would make a huge difference to the quality of, and access to, general practice.'

**Dr Gillian Deakin**  
Fellow, member since 1992

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## **Corporate Governance Statement and Statutory report**

# Corporate Governance Statement

The Royal Australian College of General Practitioners (RACGP) is a public company limited by guarantee and subject to the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act). It is also a deductible gift recipient (DGR) for donations made specifically for education or research in medical knowledge or science. The RACGP was founded in 1958, its stated aim was to improve the health and wellbeing of all Australians by supporting general practitioners, as well as the 'medical education of the undergraduate, recent graduate, and those already in practice'. The primary mission of the RACGP remains the improvement of the health and wellbeing of all Australians by supporting general practitioners.

## Governance at the RACGP

The RACGP Corporate Governance Statement is presented in terms of the *Corporate Governance Principles and Recommendations with 2010 Amendments* by the Australian Stock Exchange Corporate Governance Council. While the RACGP is not required to report against these principles, application demonstrates the RACGP's commitment to preserving stakeholder confidence.

A copy of the RACGP Constitution and other governance information is available on the RACGP website ([www.racgp.org.au](http://www.racgp.org.au)).

## Principle 1: Lay solid foundations for management and oversight

### Board of Directors – Role and responsibilities

The Board of Directors (Council) is responsible for the overall corporate governance of the RACGP, its performance and is accountable to the members.

The Board (Council) must also ensure that the RACGP complies with all of its contractual, statutory and other legal obligations, including the requirements of all applicable regulatory bodies.

The powers and duties of the Board (Council) are specified in the RACGP Constitution, the *Corporations Act 2001*, ACNC Act and other relevant legislation and law.

Key accountabilities and matters reserved for the Board (Council) include:

- setting and reviewing objectives, goals and strategic direction, and assessing performance against these benchmarks
- ensuring the RACGP is financially sound, meets prudential requirements and has appropriate financial reporting practices
- ensuring a process is in place for the maintenance of the integrity of internal controls, risk management, delegations of authority and financial and management information systems
- appointing, supporting, evaluating and rewarding the Chief Executive Officer (CEO)
- monitoring the executive succession plan and ensuring a process of evaluating and rewarding key executives
- ensuring high business standards, ethical conduct and fostering a culture of compliance and accountability
- reporting to members on the Board (Council)'s stewardship of the company and monitoring the achievement of the RACGP's strategic plans.

While the Board (Council) has overall governance responsibility for the RACGP, it has delegated a range of its powers, duties and responsibilities to its committees, office bearers and management. The Board (Council) reviews delegation policies annually.

### Management

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

All staff members, including those in the senior leadership team are subject to annual performance planning and reviews by their immediate supervisor. The RACGP Learning and Development policy supports the RACGP Performance Management System framework, which recognises and includes the identification of the development and training needs of an employee in order for them to acquire and use new skills, experience and knowledge within their position at the RACGP.

## Principle 2: Structure the Board to add value

### Board (Council) composition

The Board (Council) of the RACGP comprises 13 directors, including two co-opted directors.

Details of the Chair, directors and the Company Secretary, including names, qualifications, and any changes, are included in the Directors' report.

Directors are appointed in accordance with the RACGP Constitution, generally for a term of two years, except in the case of co-opted directors, who are appointed by the Board (Council) for one year.

### Chair

The Chair leads the Board (Council) and manages the meetings. The Chair has responsibility for ensuring the Board (Council) receives accurate, timely and clear information to enable the directors to analyse and constructively critique the performance of management and the RACGP as a whole. The Chair is elected by the Board (Council) from Board (Council) members for a term of one year.

### President

The President is elected by the members for a term of two years and is responsible for representing the Board (Council) to members and external stakeholders.

### Company Secretary

The Company Secretary is appointed by the Board (Council) and reports directly to the Chair in respect to that role. The Company Secretary is responsible for developing and maintaining information systems that are appropriate for Board (Council) to fulfil its role. The Company Secretary is also responsible for ensuring compliance with Board (Council) procedures and provides advice to the Board (Council), via the Chair, on governance matters.

### Director induction and education

The RACGP has an induction program for new directors, who are provided with a director handbook. Directors are

provided with detailed briefings by management on corporate strategy and current issues affecting the RACGP.

In order to achieve continuing improvement in Board (Council) performance, all directors are funded to attend continual professional development in board governance. Specifically, directors are provided with the resources and training to address skills gaps where they are identified. All directors have completed the Australian Institute of Company Directors course and exam.

### Conflicts of interest

All directors formally declare personal interests and potential conflicts with those of the RACGP and must keep the Board (Council) advised on an ongoing basis of any such interests. Each director is obliged to notify the other directors of any material personal interest that he or she may have in a matter that relates to the affairs of the RACGP. Directors who may have, or may be perceived to have, a material personal interest in a matter before the Board (Council), where appropriate, leave the meeting, do not participate in discussions and abstain from voting on that matter.

### Independent professional advice and access to company information

The Board (Council) and its committees may seek advice from independent experts whenever it is considered appropriate. With the consent of the Chair, individual directors may seek independent professional advice at the expense of the RACGP on any matter connected with the discharge of their responsibilities.

Each director has the right of access to all relevant RACGP information and all archive records.

### Board (Council) meetings

The Board (Council) meets in regular session, currently nine times per year. Agendas for Board (Council) meetings are prepared in conjunction with the Chair, the President and the CEO. Board (Council) reports are circulated in advance of Board (Council) meetings. Management is regularly involved in Board (Council) discussions.

Meetings are conducted in accordance with Council standing orders.

### **Board (Council) performance**

The Board (Council) has review processes in place to assess its effectiveness. These include a discussion and review after each meeting, and the completion of an annual questionnaire by each director as part of its continuous improvement program.

### **Board (Council) committees**

To assist in the performance of its responsibilities, the Board (Council) has established a number of Board (Council) committees. Each committee operates under terms of reference approved by the Board (Council), which are reviewed periodically.

Board (Council) committees monitor and facilitate detailed discussion on particular issues and other matters as delegated by the Board (Council). They have no delegated authority, but make recommendations and report to Board (Council) on the delegated matters.

Details of committee membership and attendance are included in the Directors' report.

### **Principle 3: Promote ethical and responsible decision-making**

#### **Ethical standards**

The RACGP has documented key governance policies and procedures. These include the RACGP's Vision, Core strategic objectives, College principles with workplace values and behaviours. Board (Council)-approved policies also cover Code of conduct, Equity and diversity, Whistleblower and Occupational health and safety.

These Board (Council)-approved policies aim to clearly articulate the ethical standards expected of all directors and staff when dealing with members, stakeholders, suppliers and each other. Any action or omission that contravenes these policies is subject to counselling or disciplinary action appropriate to the circumstances.

All directors and staff must avoid conflicts, as well as the appearance of conflicts, between personal interests and the interests of the company.

The reporting of fraud and other inappropriate activity is encouraged by the Board (Council) and management via a policy framework that includes confidential reporting system and other internal processes.

### **Principle 4: Safeguard integrity in financial reporting**

#### **Finance, Audit and Risk Management Committee of the Board (Council)**

The role of the Finance, Audit and Risk Management Committee is to assist the Board (Council) in relation to financial performance and the reporting of financial information, risk management, audit and compliance. The Finance Audit and Risk Management Committee comprises four directors, two co-opted external members and an RACGP Fellow, and the CEO attends meetings by invitation. The Chair of the Finance Audit and Risk Management Committee is on the Board (Council).

Internal and external auditors met with the Finance, Audit and Risk Management Committee during the year, and were invited to meet the Committee without management being present.

#### **External audit**

In accordance with the ACNC Act, the RSM accounting firm audits the records and financial statements of the RACGP. The Finance, Audit and Risk Management Committee regularly reviews the independence of the external audit function.

#### **Internal audit**

DFK Kidsons provides the internal audit function for the RACGP. The Finance, Audit and Risk Management Committee regularly reviews the independence of the internal audit function.

#### **Internal control framework**

The Board (Council) is responsible for the overall internal control framework and for reviewing its effectiveness, but

recognises that no cost-effective internal control system will preclude all errors and irregularities. The key features of the control environment for the RACGP include the Board (Council) standing orders, terms of reference for each committee, a clear organisational structure with documented delegation of authority from the Board (Council) to office holders and management with defined procedures for the approval of major transactions and capital expenditure.

### **Principle 5: Make timely and balanced disclosure**

#### **Member communication**

The RACGP is committed to open and transparent disclosure to its members of matters affecting the college and the profession. This is achieved by direct communication with members through newsletters, emails, website notifications, social media, publications and faculty correspondence. In particular, a Board (Council) outcomes report is produced after each meeting and disseminated by each faculty to its members.

### **Principle 6: Respect the rights of members**

The rights and obligations of our members are detailed in the RACGP Constitution, which can be found at [www.racgp.org.au](http://www.racgp.org.au)

#### **Member information**

The RACGP is committed to the complete protection of its member information through the RACGP Privacy and personal information policy and RACGP Information and records management policy.

#### **Member engagement**

RACGP faculties promote engagement with members through regular communication, hosting events and encouraging member participation across all facets of the college. The Annual General Meeting (AGM) of members is held each year during the RACGP's annual conference. Formal reports are presented to members and members have the opportunity to ask questions of directors or raise issues on current or future strategy or direction. Outcomes from previous AGMs are available on the RACGP website.

### **Principle 7: Recognise and manage risk**

#### **Business risk management**

The RACGP has in place a system of business risk management that forms part of the business planning and monitoring process across all faculties and business units. Each business unit is responsible for assessing and updating its risk profiles, including related mitigation programs.

The Finance, Audit and Risk Management Committee reports on the status of business risks. Each year a full risk assessment and mitigation plan is prepared and endorsed by the Board (Council). The risk assessment process includes input from the Board (Council), executive and management across the business. The risk management methodology in place is based on Australian and New Zealand risk management standards. The committee receives regular updates on the status of key business risks, insurance and outcomes from internal and external audits.

### **Principle 8: Remunerate fairly and responsibly**

#### **Director and executive remuneration**

The President's allowance is approved by eligible members at the AGM. Directors receive payments from the RACGP, with increases approved by the Board (Council) on an annual basis that are usually set in accordance with the consumer price index. Details of key management personnel compensation are included in the notes to the financial statements.

# Directors' report

Your directors present this report to the members of the consolidated entity ('the group') consisting of The Royal Australian College of General Practitioners ('the company' or 'RACGP') and its controlled entities at the end of, or during, the financial year ended 30 June 2016.

## Principal activities

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

## Objectives

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

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

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

## Performance measures

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

- Council meetings
- Finance Audit and Risk Management Committee of Council meetings
- other Council sub-committee and advisory board meetings.

## Results of operations

During the financial year ended 30 June 2016, the group recorded a total surplus from operating activities of \$171,904 compared to \$248,960 in 2015. Over the year, the net assets of the group increased from \$19,876,576 to \$21,957,662. As a result of asset revaluation during the year, an increment of \$1,670,432 was taken to the asset revaluation reserve. During the financial year, the group increased spending in technology to modernise RACGP systems and members' digital applications. The group also increased spending in a number of community awareness campaigns and advocacy to raise awareness of the value of general practice and the importance of education and learning gained through the RACGP.

## 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, which has not been complied with.

## Likely developments and future results

The group anticipates that it will maintain in 2016–17 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

Subsequent to financial year ended 30 June 2016, the directors received an offer to sell 201 Logan Road, Woolloongabba, Queensland. The potential sale of 201 Logan Road is in line with the Council approval of

diversification of RACGP investments. The offer price is in excess of the carrying value of the property at 30 June 2016. The sale is expected to be completed during the 2016–17 financial year.

### Directors

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

#### Dr Tim Koh

MBBS, FRACGP  
Chair, RACGP Council; Chair, RACGP Western Australia

Dr Tim Koh is Chair of RACGP Council and Chair of RACGP Western Australia. He is a practising GP in Currabine and Clarkson in north-metropolitan Perth. He is a second-generation GP, 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 Western Australia and Western Australian General Practice Education and Training (WAGPET) since 2002. Dr Koh served as RACGP Western Australia Assessment Panel Chair for six years and Education Committee Chair for four years. He became Deputy Chair of RACGP Western Australia in 2010 and was subsequently named Chair in 2014. He is a co-owner of Currabine and Ocean Keys family practices, where he supervises and mentors general practice registrars, residents and medical students.

#### Adjunct Associate Professor Frank R Jones

MBBCh, DRCOG, DCH, FRACGP, MAICD  
President

Assoc Prof Jones is a GP in Mandurah in southern WA and is the RACGP President. He was also RACGP Vice-President and Chair of RACGP Western Australia from 2013–14, and has been a member of RACGP Western Australia since 2004, serving as Deputy Chair from 2006–10. Assoc Prof Jones has been in full-time general practice for 30 years and was a procedural GP obstetrician for 25 years. He is senior partner at the Murray Medical Centre in Mandurah, a large

multidisciplinary practice that encourages GPs to extend their patient care skills within the practice, the local community and the regional hospital. Assoc Prof Jones has been a general practice supervisor for more than 15 years and is closely involved with the formal teaching program for registrars. He has previously served as a general practice supervisor liaison officer for Western Australian General Practice Education and Training (WAGPET). He was previously Chair of the Medical Advisory Committee (MAC) for Murray District Hospital and assumed the MAC Chair at Peel Health Campus during the transition to the new health facility. Assoc Prof Jones was appointed Adjunct Associate Professor of General Practice at the University of Notre Dame medical school in Fremantle in 2008. He is also a clinical lecturer at the University of Western Australia medical school and has an appointment as a visiting medical officer at Peel Health Campus.

#### Associate Professor Morton Rawlin

BMed, MMedSc, FRACGP, FARGP, FACRRM, DipPractDerm, DipMedHyp, DipFP, DipBusAdmin, GAICD  
Vice-President; Chair, RACGP Victoria

Assoc Prof Rawlin is a practising GP in Melbourne and is the RACGP Vice-President and Chair of RACGP Victoria. He is also Chair of the RACGP Specific Interests Dermatology network. Assoc Prof Rawlin has extensive experience in general practice medical education at all levels, including as a general practice supervisor and medical educator. His past professional appointments include Medical Director of Dianella Community Health, RACGP National Manager of Fellowship Programs and RACGP Director of Education. He is currently Adjunct Associate Professor in General Practice at the University of Sydney, and Medical Director of the Royal Flying Doctor Service in Victoria. Assoc Prof Rawlin has a long-standing interest in competency assessment and training, and his research and teaching interests are in standards and teaching in general practice, dermatology and mental health. Assoc Prof Rawlin is Chair of the General Practice Mental Health Standards Collaboration (GPMHSC) and a member of ASPAC.

**Dr Mark Miller**

MBBS, DRANZCOG, FRACGP  
Censor-in-Chief

Dr Miller is the RACGP Censor-in-Chief and Chair of the RACGP Board of Censors/Board of Assessment. Dr Miller was previously Chair of the SA exam panel from 1997–2003 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 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. He was also awarded the 2013 RACGP GP of the Year Award in recognition of his outstanding commitment to the profession and was recently awarded a 25-year long service medal for rural practice in SA. Dr Miller has been a full-time rural GP in Goolwa, SA, for more than 24 years. In addition to a full-time clinical role, he has been involved with teaching medical students from Flinders and Adelaide universities and his practice has hosted Parallel Rural Clinical Curriculum students completing their third year at Flinders University medical school for more than 10 years. 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 international medical graduates (IMGs) commencing general practice in Australia.

**Ms Lynelle Briggs AO**

BEC, GAICD  
Co-opted Council member

Ms Briggs is Chair of the NSW Planning Assessment Commission, Chair of the General Insurance Code Governance Committee, and an independent director of Maritime Super and Goodstart Early Learning. She is the independent member of the RACGP Council. Ms Briggs was previously an Australian public servant, serving as the CEO of Medicare Australia and the Australian Public Service Commissioner. She was also a division head in the Department of Health and Aging and the Department of Social Security, a deputy secretary in the Department of Transport and Regional Services and a branch

head in the Department of the Prime Minister and Cabinet. Ms Briggs has conducted major reviews in the areas of health, safety, workforce and organisational governance, and was also the Independent Project Facilitator for the Millers Point Accommodation Project. Ms Briggs is known for her strategic capabilities, expertise in leadership, ethics and governance, and knowledge of practical organisation management.

**Dr Daniel Byrne**

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

Dr Byrne is a partner at Chandlers Hill Surgery in outer-metropolitan Adelaide and was elected to RACGP Council in October 2014. He is Chair of RACGP SA&NT and became Chair of RACGP Specific Interests in 2015. Dr Byrne has been a strong supporter of the RACGP since his training days in the early 1990s, leading to RACGP Fellowship in 1993. Dr Byrne has supported the RACGP by participating in exam preparation workshops for general practice registrars and international medical graduates (IMGs), conducting Australian Health Practitioner Regulation Agency (AHPRA) interviews for IMGs wishing to enter Australian general practice and assisting as a quality assurance examiner at the Fellowship of the RACGP (FRACGP) Objective Structured Clinical Examinations (OSCEs). He has been a medical educator, a general practice clinical advisor and has been involved in general practice–hospital liaison and eHealth for 20 years. Dr Byrne believes having the highest regard for quality and standards will guide the RACGP through all in which it is involved, whether it is practice accreditation, practice guidelines, eHealth or general practice training. He believes the RACGP must set the standards and rigorously defend the profession's right to implement them.

**Dr Edwin Krays (appointed on 22 September 2015)**

MD, FRACGP  
Chair, RACGP Queensland

Dr Krays is a full-time practising GP and Chair of RACGP Queensland. He is a graduate of the University of Amsterdam in the Netherlands and worked for six months in Kenya during his medical training. After finishing general practice training in

the Netherlands, Dr Kruys worked in various rural locations in Australia, including Cooktown and the remote Wujal Wujal and Hopevale Aboriginal communities in Cape York, Queensland, and Halls Creek in the Kimberley, WA. He is passionate about advocacy for general practice and writes the popular general practice blog [doctorsbag.net](http://doctorsbag.net), which focuses on healthcare politics, eHealth and social media. He is also a member of the Australian Medical Association Queensland (AMAQ) Council of General Practice. Dr Kruys lived in the rural town of Geraldton, WA, for seven years, where he co-owned a 20-doctor practice. Dr Kruys moved back to Queensland in 2014, and now lives in the Sunshine Coast Hinterland with his wife and three children.

#### **Associate Professor Brad Murphy**

JP(Qual), MBBS, FRACGP, AssocDipAppSc(Amb), CertST&D, FAIES, FAIM, MAICD, MACTM, MACAP, MAITD Chair, RACGP Aboriginal and Torres Strait Islander Health

Assoc Prof Murphy is a GP in rural Queensland and an Aboriginal man from the Kamilaroi people (of north-west New South Wales). He joined the Royal Australian Navy at the age of 15, opting for a career as a medic. He later joined the NSW Ambulance Service, working from Sydney to central Australia as an intensive care paramedic, ultimately supervising and instructing in clinical paramedicine in NSW, the ACT and Queensland. Assoc Prof Murphy also worked as an intensive care paramedic for the Royal Flying Doctor Service at Uluru. He was a founding trustee of the Jimmy Little Foundation, is a former director of the Australian Indigenous Doctors' Association and has served as a long-term member of the management committee and executive of the Rural Doctors Association of Queensland. Building on his work as inaugural Chair of the RACGP National Standing Committee – Aboriginal Health from 2007, Assoc Prof Murphy became the founding Chair of RACGP Aboriginal and Torres Strait Islander Health in February 2010 and continues in this position. He has also been a member of the RACGP Queensland Board since 2010. Assoc Prof Murphy represents the RACGP on various groups, including the National Closing the Gap Steering Committee and the Australian Medical Association National Taskforce on

Indigenous Health. He currently represents the RACGP and Committee of Presidents of Medical Colleges (CPMC) on the Australian Medical Council (AMC) Indigenous Planning Advisory Group. Assoc Prof Murphy was part of the founding board of the Wide Bay Hospital and Health Service in 2012 under the Queensland Health state-wide restructure and was recently appointed Chair of the Wide Bay Primary Health Network Clinical Council. He is the inaugural Associate Professor of Aboriginal and Torres Strait Islander Health at Bond University in Queensland.

#### **Dr Nina Robertson**

BA, CTEFLA, MBBS, FRACGP, GAICD  
General Practice Registrar Representative

Dr Robertson is a recent Fellow of the RACGP who works in a long-established general practice clinic in northern NSW. Prior to Fellowship, Dr Robertson undertook registrar training with North Coast GP Training (NCGPT), where she was a Registrar Liaison Officer from 2011–13, which included a role on the Advisory Council for General Practice Registrars Australia (GPRA). As Registrar Representative on the RACGP Council, Dr Robertson continues to serve on GPRA's Advisory Council in an ex-officio capacity. Dr Robertson was a director of NCGPT from 2013–15, before retiring in order to focus on her director role with the RACGP. Prior to medical training, Dr Robertson studied a Bachelor of Arts, majoring in ancient history, and travelled extensively, working in varied roles. She spent six months volunteering in Nacala, Mozambique, with a humanitarian organisation in 2000 – an experience that inspired her to pursue a career in medicine.

#### **Dr Bastian M Seidel (appointed on 22 September 2015)**

MBBS, PhD, MACHI, MRCGP, FRACGP  
Chair, RACGP Tasmania

Dr Seidel is a partner and co-owner of a general practice in Tasmania's Huon Valley, south-west of Hobart. He has been Chair of RACGP Tasmania since 2015, having joined its board in 2009, and was elected Deputy Chair in 2011. Dr Seidel studied medicine in Germany and South Africa and completed his vocational training as a GP in the United Kingdom in 2006.

Dr Seidel has been a 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 Ayman Shenouda**

MBBCH, FRACGP, FARGP, Dip Derm UK  
Chair, RACGP Rural

Dr Shenouda has been the Chair of RACGP Rural since October 2014, having served as Deputy Chair for five years prior to that. He is also a member of the RACGP NSW&ACT Board and was on the RACGP National Standard Committee – Education for several years. Dr Shenouda is Chair of the Remote Vocational Training Scheme, former Director of Medical Education Coast City Country General Practice Training (CCCGPT) Riverina/Murrumbidgee, former Chair of Wagga Wagga GP After Hours Services, and former Director on the Board of the Riverina Division of General Practice and Primary Health. Dr Shenouda was awarded RACGP GP of the Year in 2009. His practice was awarded NSW&ACT General Practice of the Year in 2007 and three Australian General Practice Accreditation Limited (AGPAL) awards in 2009 and 2010. Dr Shenouda migrated to Australia from Egypt 22 years ago. He commenced his medical career in Australia as a surgical registrar in Tasmania in 1995, and has been a rural GP in Wagga Wagga, NSW for the last 17 years, where he established Glenrock Country Practice. Dr Shenouda's main interest is education and training and his passion is to develop quality frameworks and systematic management tools to enable and enhance the work of GPs.

#### **Mr Martin Walsh (appointed on 22 September 2015)**

FCA, FGIA, GAICD  
Chair, Finance, Audit and Risk Management Committee; Board Member, RACGP Oxygen Pty Ltd  
Co-opted Council member

Mr Walsh has been an international partner and advisor in assurance and advisory services at both Ernst & Young and Deloitte in Australia, Papua New Guinea, South Korea and the United States for 35 years. He has experience in financial

services, infrastructure and consumer products, including due diligence, strategy, risk, compliance and governance. Mr Walsh is known as a multi-disciplined leader with vision-setting and change implementation expertise who is particularly skilled in managing complex stakeholder groups. He has assumed many board director roles, including with not-for-profit organisation Surf Life Saving Australia. He is a Fellow of the Institute of Chartered Accountants, the Governance Institute, and a graduate member of the Institute of Company Directors.

#### **Dr Guan Yeo**

FRACGP, MBBS, GAICD  
Chair, RACGP NSW&ACT

Dr Guan Yeo is Chair of RACGP NSW&ACT. He is experienced in matters of corporate and clinical governance, advocacy, and education and assessment. He is a practising GP in outer-metropolitan Sydney and a clinical training consultant in clinical communication, standards, clinical performance assessment, quality use of medicines, and professional regulation. Dr Yeo is currently the RACGP National Assessment Advisor for the Objective Structured Clinical Examination (OSCE). In a previous role as Assessment Panel Chair in NSW, he introduced programs to assist international medical graduates (IMGs) prepare for Fellowship of the RACGP (FRACGP) exams. He is a board director of primary and community care services at General Practice Network Northside and a hearings member of the Medical Council of NSW (previously Medical Board).

#### **Dr Eleanor Chew (resigned on 22 September 2015)**

MBBS, FRACGP, MMed (GP), GAICD  
Chair, RACGP Council, Chair, RACGP Queensland

Dr Chew is a GP in Brisbane. A graduate of the University of Queensland, she has practised for nearly 30 years in Darwin, Perth, Canberra and Brisbane and has worked in a variety of general practice settings. She was on the RACGP Council, as Chair of RACGP Queensland, from 2010–15. Dr Chew has held the position of RACGP Vice-President and Chair of Council. She has been involved in RACGP assessment processes for many years and was previously the Queensland Censor. She has served on the RACGP Board of Censors, Board

of Assessment and National Standing Committee – Education sub-committees. Dr Chew has had a long involvement in medical education and has been a clinical tutor and examiner of medical students at the Australian National University and the University of Queensland. Her special interests include quality and standards in medical education, the development of the next generation of GPs and ensuring that general practice remains the focal point in primary healthcare.

**Dr David Knowles (resigned on 22 September 2015)**

MBBS, FRACGP, DCH, MAICD  
Chair, RACGP Tasmania; Chair, Finance Audit and Risk Management Committee

Dr Knowles is a GP supervisor in Lauderdale, southern Tasmania. He completed his undergraduate training in Tasmania but began his general practice career in Perth. During this period, Dr Knowles worked as a medical educator for General Practice Education Australia and became involved in providing supervisor and international medical graduate (IMG) support to the regional training provider Western Australia General Practice Education and Training (WAGPET). He also served a two-year term as Examination Panel Chair (EPC) for the RACGP Western Australia Faculty. Dr Knowles relocated to Tasmania in 2005, taking the role as EPC and, in 2008, accepted the role of Deputy Chair of the Tasmania Faculty Board and became Chair in 2009. He has been an RACGP nominee on the Board of General Practice Education and Training (GPET) and a member on the RACGP Finance Audit and Risk Management Committee (FARM) from 2011–16, and Chair of the FARM committee in 2014–15. Dr Knowles was Chair of the RACGP Council from 2012–13.

## Company Secretary

**Dr Zena Burgess**

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

Dr Burgess is Chief Executive Officer and Company Secretary of the RACGP. She is also an executive director of RACGP Oxygen and a director on the Board of Australian Medicines Handbook Pty Ltd.

### Council meetings

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

	Council		Finance, Audit and Risk Management	
	Maximum <sup>1</sup> possible	Attended	Maximum <sup>1</sup> possible	Attended
T Koh	9	8	■	■
F Jones	9	9	7	7
M Rawlin	9	8	■	■
M Miller	9	9	■	■
L Briggs	9	8	■	■
D Byrne	9	8	7	6
E Kruys	6	6	■	■
B Murphy	9	8	■	■
N Robertson	9	9	■	■
B Seidel	6	4	■	■
A Shenouda	9	9	■	■
M Walsh	6	6	5	5
G Yeo	9	8	7	5
E Chew	3	3	■	■
D Knowles	3	3	2	2

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

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

### Auditor independence

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

### Corporate information

The RACGP registered office and principal place of business is:  
100 Wellington Parade  
East Melbourne Vic 3002.

### Corporate structure

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

Signed in accordance with a resolution of the Directors.



**Adjunct Associate Professor Frank R Jones, President**

11 August 2016  
Melbourne

# Declaration of auditor independence



# Independent auditor's report



**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF  
THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS**

We have audited the accompanying financial report of The Royal Australian College of General Practitioners, which comprises the consolidated statement of financial position as at 30 June 2016, and the consolidated statement of profit or loss and other comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration of the consolidated entity comprising the company and the entities it controlled at the year's end or from time to time during the financial year.

*Directors' Responsibility for the Financial Report*

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with 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 is free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

*Independence*

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

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REPORT TAXI CONSULTING

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in our opinion the financial report of The Royal Australian College of General Practitioners and controlled entities is in accordance with the ACNC Act, including:

- a) giving a true and fair view of the consolidated entity's financial position as at 30 June 2015 and of its performance for the year ended on that date, and
- b) complying with Australian Accounting Standards – Reduced Disclosure Requirement and the Australian Charities and Not-for-profits Commission Regulation 2013

*RSM*

**RSM AUSTRALIA PARTNERS**

A handwritten signature in black ink, appearing to read "P A Ransom".

**P A RANSOM**  
Partner

11 August 2016  
Melbourne

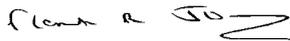
## Directors' declaration

The directors declare that:

- a. the financial statements and notes are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, and
  - i. give a true and fair view of the financial position as at 30 June 2016 and of the performance for the year ended on that date of the consolidated group, and
  - ii. comply with Australian Accounting Standards.
- b. in the directors' opinion there are reasonable grounds to believe the consolidated group will be able to pay its debts as and when they become due and payable.

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

On behalf of the directors



**Adjunct Associate Professor Frank R Jones,  
President**

11 August 2016  
Melbourne

# Consolidated statement of profit or loss and other comprehensive income

## The Royal Australian College of General Practitioners

For the year ended 30 June 2016	Notes	2016 \$	2015 \$
Revenue	2	57,012,832	49,840,260
<b>Total revenue</b>		<b>57,012,832</b>	<b>49,840,260</b>
<b>Expenses</b>			
Employee benefits and on-costs		25,255,809	23,285,984
GP sessional and sitting payments		4,325,798	4,357,476
Cost of publications		900,608	778,436
Consultancy		1,392,999	1,460,200
Professional services		2,662,660	1,959,730
Travel and accommodation		1,817,854	1,824,815
Conference and meeting costs		2,861,758	3,101,839
Office accommodation		1,325,338	1,580,640
IT-related costs		4,602,469	2,063,440
Telecommunications		541,803	526,567
Advertising and media		6,613,897	2,578,122
Printing and stationery		497,015	584,959
Grants and donations		370,193	478,762
Finance costs		685,775	811,371
Depreciation		1,426,910	1,724,638
External grant project administration		154,013	228,170
Other expenses		1,406,029	2,246,151
<b>Total expenses</b>	3	<b>56,840,928</b>	<b>49,591,300</b>
Surplus from operating activities		171,904	248,960
Share of net surplus of associates and joint venture accounted for using the equity method	6	240,956	150,146
<b>Total surplus before tax</b>		<b>412,860</b>	<b>399,106</b>
Income tax expense	1.13	2,206	6,026
<b>Total surplus after tax</b>	13	<b>410,654</b>	<b>393,080</b>
<b>Other comprehensive income</b>			
<i>Items that will not be reclassified to profit or loss</i>			
Revaluation increment to land and buildings	13	1,670,432	3,102,892
Income tax relating to these items		-	-
<b>Other comprehensive income for the year, net of tax</b>		<b>2,081,086</b>	<b>3,495,972</b>
<b>Total comprehensive income for the year</b>		<b>2,081,086</b>	<b>3,495,972</b>

The accompanying notes form part of these financial statements.

# Consolidated statement of financial position

The Royal Australian College of General Practitioners

As at 30 June 2016	Notes	2016 \$	2015 \$
<b>Current assets</b>			
Cash and cash equivalents	4	19,937,153	16,508,862
Trade and other receivables	5	2,521,688	2,155,920
<b>Total current assets</b>		<b>22,458,841</b>	<b>18,664,782</b>
<b>Non-current assets</b>			
Investments accounted for using the equity method	6	524,064	433,108
Property and office equipment	7	39,052,812	37,369,725
Trade and other receivables	5	152,146	170,973
Investment – at cost	8	647,448	-
Financial assets	9	700,000	-
<b>Total non-current assets</b>		<b>41,076,470</b>	<b>37,973,806</b>
<b>Total assets</b>		<b>63,535,311</b>	<b>56,638,588</b>
<b>Current liabilities</b>			
Trade and other payables	10	6,888,617	7,317,824
Current tax liabilities		(2,215)	(1,378)
Income in advance	11	32,991,630	27,761,865
Provisions	12	1,183,950	1,192,318
<b>Total current liabilities</b>		<b>41,061,982</b>	<b>36,270,629</b>
<b>Non-current liabilities</b>			
Provisions	12	515,667	491,383
<b>Total non-current liabilities</b>		<b>515,667</b>	<b>491,383</b>
<b>Total liabilities</b>		<b>41,577,649</b>	<b>36,762,012</b>
<b>Net assets</b>		<b>21,957,662</b>	<b>19,876,576</b>
<b>Equity</b>			
Reserves	13	10,063,615	8,393,183
Accumulated surplus	13	11,894,047	11,483,393
<b>Total equity</b>		<b>21,957,662</b>	<b>19,876,576</b>

The accompanying notes form part of these financial statements.

# Consolidated statement of changes in equity

The Royal Australian College of General Practitioners

For the year ended 30 June 2016	Notes	Accumulated surplus \$	Asset revaluation reserve \$	Total \$
Balance at 1 July 2014		11,090,313	5,290,291	16,380,604
Total surplus for the year		393,080	-	393,080
Total other comprehensive income for the year		-	3,102,892	3,102,892
<b>Balance at 30 June 2015</b>	<b>13</b>	<b>11,483,393</b>	<b>8,393,183</b>	<b>19,876,576</b>
Total surplus for the year		410,654	-	410,654
Total other comprehensive income for the year		-	1,670,432	1,670,432
<b>Balance at 30 June 2016</b>	<b>13</b>	<b>11,894,047</b>	<b>10,063,615</b>	<b>21,957,662</b>

The accompanying notes form part of these financial statements.

# Consolidated statement of cash flows

## The Royal Australian College of General Practitioners

For the year ended 30 June 2016	Notes	2016 \$	2015 \$
<b>Cash flows from operating activities</b>			
Receipts from membership activities, publications, government and other grants (inclusive of GST)		65,908,760	55,434,815
Payments to suppliers and employees (inclusive of GST)		(60,827,328)	(47,872,668)
Income tax paid		(3,043)	(43,405)
<b>Net cash inflow from operating activities</b>		<b>5,078,389</b>	<b>7,518,742</b>
<b>Cash flows from investing activities</b>			
Purchase of property and office equipment		(1,355,566)	(771,492)
Interest received		255,468	165,078
Dividends received		150,000	-
Investment in term deposit		(700,000)	-
<b>Net cash outflow from investing activities</b>		<b>(1,650,098)</b>	<b>(606,414)</b>
<b>Cash flows from financing activities</b>			
Repayment of borrowings		-	(6,500,000)
<b>Net cash inflow/(outflow) from financing activities</b>		<b>-</b>	<b>(6,500,000)</b>
Net increase/(decrease) in cash held		3,428,291	412,328
Cash at beginning of financial year		16,508,862	16,096,534
<b>Cash at end of financial year</b>	<b>4</b>	<b>19,937,153</b>	<b>16,508,862</b>

The accompanying notes form part of these financial statements.

# Notes to the financial statements

## The Royal Australian College of General Practitioners

### For the year ended 30 June 2016

#### Note 1. Statement of significant accounting policies

The consolidated financial statements ('financial statements') and notes represent those of The Royal Australian College of General Practitioners and controlled entities ('the group').

The financial statements were authorised for issue by the directors on 11 August 2016. 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 ACNC Act. The group is a not-for-profit entity for the purpose of preparing the financial statements. The financial statements of the group comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

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

#### Basis of preparation

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

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

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

#### 1.1 Basis of consolidation

The financial statements incorporate the assets and liabilities and results of the subsidiary of The Royal Australian College of General Practitioners as at 30 June 2016 and the results of its subsidiary for the year then ended.

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

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

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

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

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

When the group loses control of a subsidiary, the profit or loss on disposal is calculated as the difference between (i) the aggregate of the fair value of the consolidation received and the fair value of any retained interest and (ii) the previous carrying amount of the assets, and liabilities of the subsidiary. When assets of the subsidiary are carried at revalued

**Note 1.** Statement of significant accounting policies (continued)

amounts or fair values and the related cumulative gain or loss has been recognised in other comprehensive income and accumulated in equity, the amounts previously recognised in other comprehensive income and accumulated in equity are accounted for as if the group had directly disposed of the relevant assets (ie reclassified to the 'Consolidated statement of profit or loss and other comprehensive income' or transferred directly to accumulated surplus as specified by applicable standards).

**1.2 Investments in associates**

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

The group's share of its associates' post-acquisition profits or losses is recognised in the 'Consolidated statement of profit or loss and other comprehensive income'. The cumulative post-acquisition movements are adjusted against the carrying amount of the investment. Dividends receivable from associates reduce the carrying amount of the investment (refer to Note 6).

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

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

**1.3 Property and office equipment**

Land and buildings are shown at fair value determined by the group and based on annual reviews effective 30 June

of each year, which apply standard property valuation techniques including reference to an independent valuer. Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset. All other property and office equipment are stated at historical cost less depreciation. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

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

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

**1.4 Impairment of assets**

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

in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash generating units).

### 1.5 Depreciation

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

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

The assets' residual values and useful lives are reviewed and adjusted if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount (Note 1.3). Gains and losses on disposals are determined by comparing proceeds with carrying amount. These are included in the 'Consolidated statement of profit or loss and other comprehensive income'.

### 1.6 Leases

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

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

### 1.7 Trade receivables

Trade receivables are recognised initially at fair value less a provision for uncollectible debts. Trade receivables are generally due for settlement on average within 30 days. They are presented as current assets unless collection is not

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

### 1.8 Trade payables

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

### 1.9 Borrowings

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

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

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

### 1.10 Employee benefits

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

#### i. Short-term obligations

Liabilities for wages and salaries, including non monetary benefits and annual leave expected to be wholly settled within 12 months of the reporting date are recognised in trade and other payables in respect of employees' services up to the reporting date and are measured at

**Note 1.** Statement of significant accounting policies (continued)

the amounts expected to be paid when the liabilities are settled. The liability for annual leave and other short-term employee obligations are recognised in trade and other payables.

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

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

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

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

**1.11 Cash and cash equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, other short term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Bank overdrafts are shown within borrowings in current liabilities on the 'Consolidated statement of financial position'.

**1.12 Revenue recognition**

Revenue is measured at the fair value of the consideration received or receivable. The group recognises revenue

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

**i. Membership subscriptions**

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

**ii. Quality improvement and other fees**

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

**iii. Revenue from courses, examinations**

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

**iv. Specific purpose grants**

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

**v. Interest income**

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

**vi. Dividends**

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

### 1.13 Income tax

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

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

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

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

offset where RACGP Oxygen Pty Ltd has a legally enforceable right to offset and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

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

### 1.14 Goods and services tax

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

### 1.15 Critical accounting estimates and judgements

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

**i. Estimation of fair values of land and buildings – refer to Note 7**

**ii. Provision for employee benefits**

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

**Note 1.** Statement of significant accounting policies (continued)

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.

**1.16 Early adoption of standards**

The group has not elected to apply any pronouncements before their operative date in the annual reporting period beginning 1 July 2015.

**1.17 New and amended standards adopted by the group**

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

**1.18 Parent entity financial information**

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

**i. Investments in subsidiaries, associates and joint venture entities**

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

**ii. Income tax**

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

**1.19 Capital management**

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

**1.20 Fair value measurement**

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

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

<b>Note 2. Revenue from ordinary activities</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Revenue from operating activities</b>		
Membership, QI&CPD fees	27,498,798	23,392,305
Education, course registration and other fees	21,029,186	18,201,649
Research and other grants and donations	2,958,345	2,996,825
Publications and subscriptions	426,882	478,273
Sponsorship and advertising	1,858,579	2,209,928
Other operating income	1,944,848	1,560,863
<b>Other revenue from ordinary activities</b>		
Interest	255,468	165,078
Rent	1,040,726	835,339
	<b>57,012,832</b>	<b>49,840,260</b>

<b>Note 3. Expenses</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Profit before income tax includes the following specific expenses:</b>		
<b>Depreciation</b>		
Buildings	520,283	494,028
Computer equipment and software	889,799	1,185,083
Other plant and equipment	16,827	45,527
	<b>1,426,909</b>	<b>1,724,638</b>
<b>Rental expense relating to operating leases</b>	<b>82,218</b>	<b>159,085</b>

<b>Note 4. Cash and cash equivalents</b>	<b>2016 \$</b>	<b>2015 \$</b>
Cash at bank	6,663,555	2,167,339
	<b>6,663,555</b>	<b>2,167,339</b>
Deposits on call	12,005,651	13,258,561
Deposits on call – grant funds held for disbursement	1,267,947	1,082,962
	<b>13,273,598</b>	<b>14,341,523</b>
	<b>19,937,153</b>	<b>16,508,862</b>

<b>Note 5. Trade and other receivables</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Current assets</b>		
Trade receivables	826,916	1,321,883
Prepayments	1,612,463	759,347
Other receivables – lease incentive	82,309	74,690
	<b>2,521,688</b>	<b>2,155,920</b>
<b>Non-current assets</b>		
Other receivables – lease incentive	<b>152,146</b>	<b>170,973</b>

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.

<b>Note 6. Investments accounted for using the equity method</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Share in associates (Note 6a)</b>	<b>524,064</b>	<b>433,108</b>
<b>a. Share in associates</b>		
i. The group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust). The Unit Trust's principal activity is the production and sale of the Australian Medicines Handbook. The Unit Trust has a 30 June reporting period. The group's share of the results of its associates assets and liabilities are as follows:		
Group's share of:		
Assets	824,127	504,412
Liabilities	300,063	216,451
Revenue	1,450,903	1,216,987
Profit/(loss) after tax	240,956	149,629
ii. The movement in equity accounted associates investments is as follows:		
Balance at the beginning of the financial year	433,108	283,479
Share of associate's surplus from ordinary activities after income tax	240,956	149,629
Less dividends received	(150,000)	-
<b>Balance at the end of the financial year</b>	<b>524,064</b>	<b>433,108</b>

iii. There are no contingent liabilities/assets of the associate.

#### **b. Interest in joint venture**

In previous years, RACGP Oxygen Pty Ltd, a wholly controlled entity of the company, had a 50% interest in Oxygen Services Pty Ltd, which is resident in Australia. Oxygen Services Pty Ltd principal activity is the production and sale of eHealth related products. Oxygen Services Pty Ltd was deregistered on 22 October 2014 and the interest in joint venture was written-off to nil.

<b>Note 7. Non-current assets – property and office equipment</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Freehold land and buildings</b>		
Land and building – valuation	37,250,000	35,750,000
Less accumulated amortisation	-	-
	<b>37,250,000</b>	<b>35,750,000</b>
Computer equipment and software at cost	8,330,212	7,246,026
Less accumulated depreciation	(6,625,884)	(5,736,083)
	<b>1,704,328</b>	<b>1,509,943</b>
Other plant and equipment at cost	1,099,844	1,094,316
Less accumulated depreciation	(1,001,360)	(984,534)
	<b>98,484</b>	<b>109,782</b>
<b>Total written down value</b>	<b>39,052,812</b>	<b>37,369,725</b>
<b>Reconciliations</b>		
<b>Freehold land and buildings</b>		
Opening balance	35,750,000	32,750,000
Additions	349,852	391,135
Revaluation increment/(decrement) <sup>i</sup>	1,670,432	3,102,893
Depreciation expense	(520,284)	(494,028)
<b>Closing balance</b>	<b>37,250,000</b>	<b>35,750,000</b>
<b>Computer equipment and software</b>		
Opening balance	1,509,942	2,559,708
Additions	1,084,186	348,902
Disposal	-	(213,585)
Depreciation expense	(889,800)	(1,185,083)
<b>Closing balance</b>	<b>1,704,328</b>	<b>1,509,942</b>
<b>Other plant and equipment</b>		
Opening balance	109,783	330,679
Additions	5,528	31,455
Disposal	-	(206,824)
Depreciation expense	(16,827)	(45,527)
<b>Closing balance</b>	<b>98,484</b>	<b>109,783</b>
<b>Total closing balance</b>	<b>39,052,812</b>	<b>37,369,725</b>

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

<sup>i</sup> Freehold land and buildings were revalued to the amounts shown above as at 30 June 2016. The valuations recorded a net increase in the value of group properties. Under Australian accounting standards, \$1,670,432 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 2016.

The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington Parade, East Melbourne. This mortgage secures a credit facility of \$2,000,000 that was not used during the financial year ended 30 June 2016.

<b>Note 8. Investment – at cost</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Investment – at cost</b>	<b>647,448</b>	<b>-</b>

During the financial year, RACGP Oxygen Pty Ltd, a wholly controlled entity of the company, has acquired a 5% interest in Health& Holdings Pty Ltd ('Health&') in exchange for providing specific services to Health&. Health& is not a listed entity and its shares are not publicly traded. As a consequence, the investment in Health& is recognised at cost due to the fair value of Health& being unable to be measured reliably.

<b>Note 9. Financial assets</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Term deposit</b>	<b>700,000</b>	<b>-</b>

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

<b>Note 10. Trade and other payables</b>	<b>2016 \$</b>	<b>2015 \$</b>
Trade creditors	2,006,843	3,069,199
Other creditors and accruals	3,255,583	2,786,015
Employee benefits	1,626,191	1,462,610
<b>Total</b>	<b>6,888,617</b>	<b>7,317,824</b>

**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.

<b>Note 11. Income in advance</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Income in advance</b>		
Membership subscriptions and QI&CPD fees	23,519,963	19,335,945
Grants	1,007,152	1,021,857
Exams	7,507,465	6,185,150
Other	957,050	1,218,913
<b>Total</b>	<b>32,991,630</b>	<b>27,761,865</b>

<b>Note 12. Provisions</b>	<b>2016 \$</b>	<b>2015 \$</b>
Employee benefits – long service leave (current)	1,183,950	1,192,318
Employee benefits – long service leave (non-current)	515,667	491,383

<b>Note 13. Reserves and accumulated surplus</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Asset revaluation reserve</b>		
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 reserve		
Balance at beginning of year	8,393,183	5,290,291
Revaluation of land and buildings	1,670,432	3,102,892
<b>Balance at end of year</b>	<b>10,063,615</b>	<b>8,393,183</b>
<b>Movements in accumulated surplus</b>		
Balance at beginning of year	11,483,393	11,090,313
Current year surplus	410,654	393,080
<b>Balance at end of year</b>	<b>11,894,047</b>	<b>11,483,393</b>

<b>Note 14. Key management personnel compensation</b>	<b>2016 \$</b>	<b>2015 \$</b>
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/councillor (whether executive or otherwise).		
Total compensation paid to key management personnel during the financial year was:		
<b>Key management personnel</b>	<b>1,333,586</b>	<b>1,232,858</b>

<b>Note 15. Commitments</b>	<b>2016 \$</b>	<b>2015 \$</b>
<b>Operating leases</b>		
The group leases various office equipment, 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.		
<b>Minimum lease payments:</b>		
within one year	45,700	45,700
later than one year but not later than five years	48,556	82,831
<b>Total operating leases</b>	<b>94,256</b>	<b>128,531</b>
<b>Capital commitments</b>		
<b>Property and office equipment within 12 months</b>		
Building improvements	-	277,200
<b>Total property and office equipment</b>	<b>-</b>	<b>277,200</b>

**Note 16. Contingencies**

The directors are not aware of any material contingent assets or liabilities as at 30 June 2016.

**Note 17. Related party transactions****a. Equity interests in related parties**

- i. Equity interests in associates  
Details of interest in associates are disclosed in Note 6 to the financial statements.
- ii. Equity interests in subsidiaries  
Details of interest in subsidiaries are disclosed in Note 6 to the financial statements.

**b. Key management personnel compensation**

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

**c. Key management personnel loans**

There are no loans to or from key management personnel.

**d. Transactions with key management personnel**

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

**Note 18. Financial instruments****2016 \$****2015 \$****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**

Facilities:

Overdraft	2,000,000	2,000,000
<b>Total undrawn facilities</b>	<b>2,000,000</b>	<b>2,000,000</b>

**Note 19. Events after the reporting period**

Subsequent to financial year ended 30 June 2016, the directors received an offer to sell 201 Logan Road, Woolloongabba, Queensland. The potential sale of 201 Logan Road is in line with the Council approval of diversification of RACGP investments. The offer price is in excess of the carrying value of the property at 30 June 2016. The sale is expected to be completed during the 2016–17 financial year.

<b>Note 20. Parent entity information</b>		<b>2016 \$</b>	<b>2015 \$</b>
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.			
<b>Financial position</b>			
<b>Assets</b>			
Current assets		22,458,841	18,664,783
Non-current assets		40,439,022	37,983,805
<b>Total assets</b>		<b>62,897,863</b>	<b>56,648,588</b>
<b>Liabilities</b>			
Current liabilities		40,578,445	36,429,391
Non-current liabilities		515,670	491,382
<b>Total liabilities</b>		<b>41,094,115</b>	<b>36,920,773</b>
<b>Net assets</b>		<b>21,803,748</b>	<b>19,727,815</b>
<b>Equity</b>			
Reserves		10,063,613	8,393,183
Accumulated surplus		11,740,137	11,334,632
<b>Total equity</b>		<b>21,803,750</b>	<b>19,727,815</b>
<b>Financial performance</b>			
Total surplus/(deficit)		405,505	378,503
<b>Other comprehensive income for the year</b>		<b>1,670,432</b>	<b>3,102,892</b>
<b>Total comprehensive income for the year</b>		<b>2,075,937</b>	<b>3,481,395</b>
<b>Contingent liabilities of the parent entity</b>			
The directors are not aware of any material contingent liabilities as at 30 June 2016.			
<b>Commitments for the acquisition of property, plant and equipment by the parent entity</b>			
<b>Property and office equipment within 12 months</b>			
Building improvements		-	227,200
<b>Total property and office equipment</b>		<b>-</b>	<b>227,200</b>

**Note 21. Subsidiaries**

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

Name of entity	Country of incorporation	Class of shares	Equity holding	
			2016	2015
RACGP Oxygen Pty Ltd	Australia	Ordinary	100%	100%





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