

# Annual report 2020–21



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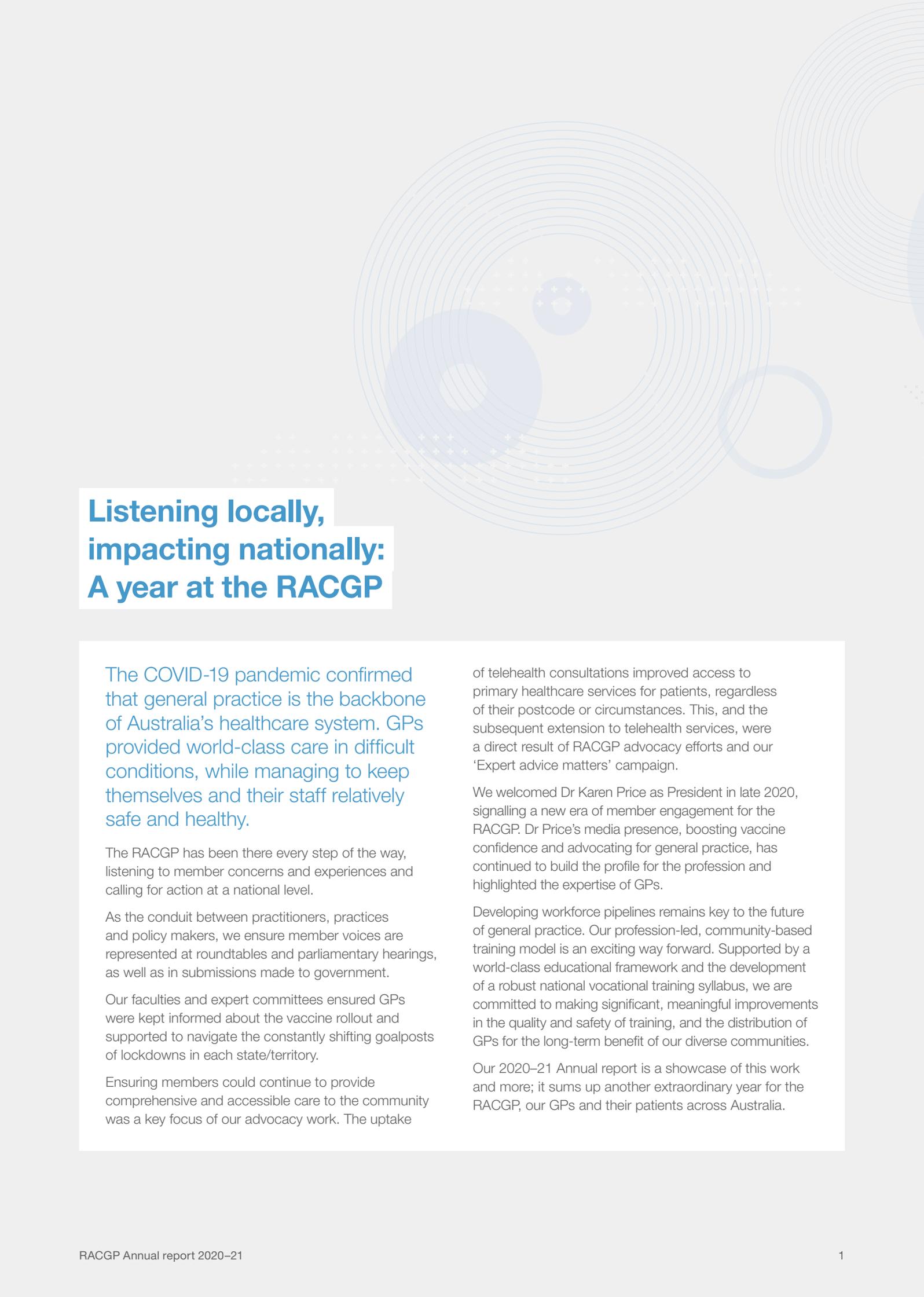
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*We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.*

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## Listening locally, impacting nationally: A year at the RACGP

The COVID-19 pandemic confirmed that general practice is the backbone of Australia's healthcare system. GPs provided world-class care in difficult conditions, while managing to keep themselves and their staff relatively safe and healthy.

The RACGP has been there every step of the way, listening to member concerns and experiences and calling for action at a national level.

As the conduit between practitioners, practices and policy makers, we ensure member voices are represented at roundtables and parliamentary hearings, as well as in submissions made to government.

Our faculties and expert committees ensured GPs were kept informed about the vaccine rollout and supported to navigate the constantly shifting goalposts of lockdowns in each state/territory.

Ensuring members could continue to provide comprehensive and accessible care to the community was a key focus of our advocacy work. The uptake

of telehealth consultations improved access to primary healthcare services for patients, regardless of their postcode or circumstances. This, and the subsequent extension to telehealth services, were a direct result of RACGP advocacy efforts and our 'Expert advice matters' campaign.

We welcomed Dr Karen Price as President in late 2020, signalling a new era of member engagement for the RACGP. Dr Price's media presence, boosting vaccine confidence and advocating for general practice, has continued to build the profile for the profession and highlighted the expertise of GPs.

Developing workforce pipelines remains key to the future of general practice. Our profession-led, community-based training model is an exciting way forward. Supported by a world-class educational framework and the development of a robust national vocational training syllabus, we are committed to making significant, meaningful improvements in the quality and safety of training, and the distribution of GPs for the long-term benefit of our diverse communities.

Our 2020–21 Annual report is a showcase of this work and more; it sums up another extraordinary year for the RACGP, our GPs and their patients across Australia.



## About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia.

For more than 60 years, we've been the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare, and help with the unique issues that affect their practices.

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

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.



# Milestones: 2020–21

2020

July

- Dr Matthew Miles appointed as CEO.
- We mourned the loss of Dr Harry Nespolon, who passed away following a short battle with pancreatic cancer. Dr Nespolon displayed extraordinary leadership during his time as RACGP President, advocating on behalf of GPs and the general practice profession to ensure Australia's primary health clinicians can deliver patients the best possible care. Associate Professor Ayman Shenouda stepped in as interim President.

August

- In a parliamentary hearing, the RACGP highlighted the need for greater GP engagement in the initial phases of the COVID-19 pandemic. At the time, Victoria grappled with over 7500 active COVID-19 cases, including aged care residents and staff and public housing towers.

September

- Dr Karen Price announced as President-elect (with her term beginning in November 2020).

October

- The RACGP faced one of its biggest challenges following the technical failure of the Key Feature Problem (KFP) exam and subsequent cancellation of the Applied Knowledge Test (AKT). We supported every candidate during this difficult time and provided assistance to help them resit their exam/s.

November

- We launched our Innovate [Reconciliation Action Plan \(RAP\)](#), our second RAP – an exciting milestone demonstrating our ongoing commitment to reconciliation and closing the gap.
- Our annual conference, [GP20](#), was held as a fully digital experience to enable all members to come together, network, learn and share knowledge. Content for over 30 topics was available as on-demand viewing, as well as a series of live events.

December

- We announced the appointment of the first ever Aboriginal Censor, Dr Olivia O'Donoghue, a descendant of the Yankunytjatjara people and the Narungga Nations people. As Censor, Dr O'Donoghue is responsible for maintaining the standards, fairness and integrity of the RACGP Fellowship program – the largest training program for GPs in urban and rural Australia.

# 2021

## January

- At a press conference with Minister for Health, Greg Hunt, RACGP President, Dr Karen Price, spoke of the critical role played by GPs in responding to COVID-19 and facilitating the vaccine rollout.

## February

- Publication of the [RACGP educational framework](#). The world-class framework supports the delivery of evidence-based, quality education, and links with the RACGP's 10 education guiding principles and strategic plan.

## March

- Extreme flooding across the east coast of Australia devastated communities and refreshed calls for general practice to be involved in disaster planning, as the profession assisted patients to contend with the aftermath.
- The AstraZeneca rollout began in general practice. Dr Price continued her media campaign, advocating for Australia's GPs and drawing public attention to vaccine supply issues, vaccine hesitancy and patient frustrations.
- Our first [engageGP member forum](#) was held. Members from across Australia came together online to hear from Dr Price and a panel of RACGP leaders and to discuss advocacy priorities and future initiatives.

## April

- We released our profession-led, community-based training position paper, which outlines the operating model the RACGP will establish to manage and deliver the Australian General Practice Training (AGPT) Program.
- RACGP NSW&ACT Chair, Associate Professor Charlotte Hespe, represented the RACGP at the [Senate Select Committee on COVID-19](#). The committee conducted an inquiry into the Federal Government's response to the pandemic, and Associate Professor Hespe advocated for GPs to be formally recognised as part of the pandemic preparation, response and recovery, and spoke of the key role played by GPs in the vaccine rollout.
- The results of our [member census](#) were released. These results provided a benchmark to drive significant and visible transformation at the RACGP.

## May

- We recorded over 860,000 views of [newsGP](#) for the month of May – our highest number of views for the year (and second ever highest rating), which represented an 86% increase on our April traffic.

## June

- We welcomed the announcement by the Federal Government of a new vaccine counselling Medicare Benefits Schedule (MBS) item for patients over 50 years, supporting the vital work done by GPs to counter vaccine hesitancy. In the press conference announcing the rebate, Minister for Health, Greg Hunt, thanked the RACGP for guidance on the new MBS item number.

## Leadership

The college is made up of state and national faculties that provide the RACGP Board with local and specialised perspectives that represent the diverse experiences, knowledge and skills of GPs across Australia. The chair of each faculty has a seat on the Board, along with the Chair, President, Censor-in-Chief and co-opted members.

The Board works with the CEO and Executive Leadership Team to ensure effective governance and to set the organisation strategy.

## Message from the President



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### Dr Karen L Price

MBBS, FRACGP  
RACGP President

The past 12 months have presented many challenges for general practice and the patients we serve. The COVID-19 pandemic, lockdowns and vaccine rollout have tested the nation's GPs like never before.

However, once again, in the face of great challenges, GPs, nurses, receptionists and administrative staff stood tall and performed with distinction and courage.

The COVID-19 pandemic and vaccine rollout have tested the resolve of GPs everywhere. For many, it has been a difficult time.

Concerns about adequate communication from health officials and sufficient supply of the vaccine have left many GPs understandably frustrated and fatigued. However, I'm immensely proud that GPs have been getting on with the job.

We've been the backbone of the vaccine rollout.

Every step of the way, general practice has quietly gone about delivering vaccines and continuing to provide high-quality care to our patients. We're standing up to challenges again and again and delivering for the Australian community. Because that is what general practice does best.

Your college, the RACGP, has been fighting for GPs every step of the way.

We've called for better supply of the vaccine and urged patients to treat all nurses, receptionists and administrative staff with respect. For any general practice feeling disheartened, just remember – the RACGP has your back.

You told us that vaccine hesitancy was among your greatest concerns, and we've been acting to address this and build vaccine confidence.

## Message from the President

We've urged vaccine-hesitant patients to get vaccinated as soon as they are eligible. More recently, the RACGP successfully called on the Federal Government to step up a national campaign aimed at boosting vaccine confidence. We'll be watching closely to see the impact of the new campaign.

The rollout is, of course, far from over, and the RACGP will continue to advocate strongly for GPs on the frontline. General practice is effectively a mass vaccination effort, and our GPs deserve all the support they can get.

Our advocacy work has succeeded on many fronts, with Government listening and acting on our calls for action. The RACGP successfully called for the extension of telehealth consultations and, following our advocacy, measures were also put in place to reduce low-value use of Medicare-subsidised telehealth services.

The Federal Government also heeded the RACGP's calls for new Medicare items for the counselling of vaccine-hesitant patients. While initially it wasn't quite the item number our advocacy intended, it has since been broadened to cover all adults, which is important. We've also achieved reforms enabling GPs to vaccinate patients in aged care and residential facilities.

Over the past 12 months, the RACGP has put forward vital [submissions on a range of issues](#), including the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, the Australian Competition & Consumer Commission (ACCC) consultation on the application put forward by Honeysuckle Health Pty Ltd and nib Health Funds Ltd, and many more. We gave compelling evidence before the Senate Select Committee on COVID-19, an inquiry into the Australian Government's response to the COVID-19 pandemic.

Our annual health check-up, the [General Practice: Health of the Nation report](#), was once again well received, serving as a powerful tool to highlight issues and advocate for positive change for general practice. This year's report called for government to better involve GPs in health crisis planning and support.

The benefits of the [Vision for general practice and a sustainable healthcare system](#) were highlighted via independent modelling. It found conservative direct benefits of implementing the vision to be in the order of \$5.6 billion over the next five years at a minimum.

In late June, I travelled to Canberra with Professor Peter O'Mara to promote our shared commitment to improving Aboriginal and Torres Strait Islander health outcomes with partners and parliamentarians. Our discussions reinforced the RACGP's support for the Uluru Statement from the Heart that underpins our work as GPs and as a college.

I'm pleased to report that thousands of members have invested in their skills to support patients with alcohol and other drug issues. Members are reporting very high satisfaction rates with the [Alcohol and Other Drugs \(AOD\) GP Education Program](#), designed by GPs for GPs.

Our work on smoking cessation has also continued apace. The RACGP has backed decisions to limit access to heat-not-burn and e-cigarette products in Australia, because we're simply not convinced the evidence stacks up.

On the rural front, the RACGP has taken an active role in developing rural and remote workforce solutions by engaging directly with members and stakeholders of GP workforce and training organisations. Since the [RACGP Rural Summit](#) in February 2020, we've progressed more than half of the ideas proposed by delegates in key areas. The RACGP launched the [Practice to Practice pilot program](#) in March 2021 and we're developing a [Rural Generalist Fellowship](#) to strengthen our rural pathways.

As detailed elsewhere in this report, our [RACGP census](#) was a great success. We wanted to hear more from you, our members, about what you wanted from the RACGP, and already it's reaping dividends, including the engageGP member forums. I encourage all members to take part and tell us how we can help you.

There were considerable challenges along the way too. The cancellation of the Key Feature Problem (KFP) and Applied Knowledge Test (AKT) exams in October last year caused enormous distress and disruption for candidates. We've learnt lessons from this experience and haven't forgotten the impact it had on exam candidates.

## Message from the President



Brisbane Fellowship ceremony (L–R): Dr Nick Hummel (QLD Censor), Dr Eleanor Chew (QLD Provost), Dr Bruce Willett (QLD Chair), Dr Karen Price.

Legislative changes mean that members have more flexibility in completing their [continuing professional development \(CPD\)](#) without being a member of a medical college. However, it's heartening that our renewal campaigns have shown that our members value the work we do, and that the majority are renewing. We have one of the highest Australian Medical Council accreditation ratings for CPD, and we continue to work hard to uphold high-quality education standards.

This dedication to quality is clear and our members are sticking with us.

Thank you.

There are many positive developments on the horizon for the RACGP. [General practice training is returning to the RACGP](#) soon – where it belongs. The transition will take some work, but the result will be a huge reward for significant advocacy work over many years.

I began my presidency at an uncertain time and had to dive in headfirst. It has been a challenging, but incredibly rewarding, experience. Thank you to all the members and RACGP staff who have helped me enormously by working so diligently and selflessly over the past 12

months. I would like to particularly thank those who send personal messages of support; this means a lot.

The RACGP Board also deserves recognition for making tough decisions at a time when the college is undergoing considerable change and managing public health crises, such as the pandemic.

I can't be certain what path this pandemic and the vaccine rollout will take. Every week seems to bring change and new challenges. However, I'm confident and proud that we have the best GPs, nurses, receptionists and administrative workers to rely on. Our practice staff deserve recognition for the vital role that they play in delivering healthcare to the nation.

To everyone who has rolled with the punches, adapted to the changes forced upon us, supported their colleagues and friends and done everything possible to help bring top quality care to the Australian community, my message is simple – thank you.

Never forget you are doing a great job with each and every patient. One at a time, you deliver world-class healthcare, and you deserve support. The RACGP and I, as President, will be with you in that mission every step of the way.

## Message from the Chair



### Christine Nixon AO, APM

BA, MPA, Hon LLD, Hon LittD, DipLRelLaw,  
FIPAA, FANZSOG, FAIPM, FAIM  
RACGP Board Chair

Each year passes more quickly than the last. It's how the passage of time works.

But 2020–21 has been different. With lockdowns, stay-at-home-orders, travel restrictions and any number of other obstacles, it somehow felt fast and slow at the same time.

With the reality of the COVID-19 pandemic having been in our lives since March 2020, the past financial year will rank as one of the most challenging in the history of our entire country, especially in terms of delivering healthcare, and the RACGP faced those challenges head on.

The whole college team, as well as the Board and GP members around the country, should be extraordinarily proud of the work they've done to keep our communities safe.

As the first point of healthcare contact for almost every Australian, GPs have been on the frontline since the beginning of the pandemic – from consulting with the first COVID patients to administering vaccines as soon as they became available – and the RACGP has been there to support them every step of the way.

But we faced our own challenges.

The death of President, Dr Harry Nespolon, in July 2020 following a nine-month battle with pancreatic cancer was a blow to us all. Harry was a passionate and effective advocate for general practice, and the impacts of his work continue to echo throughout the profession.

Vice President, Associate Professor Ayman Shenouda, stepped into the role and acted as President until the formal appointment of Dr Karen Price in November 2020.

## Message from the Chair



Dr Price's election coincided with the election of the Censor-in-Chief, Dr Tess van Duuren. Elected Chairs, Dr Anita Muñoz, Dr Sean Black-Tiong and Dr Michael Clements, were also appointed to the RACGP Board following the departure of Dr Krystyna de Lange, Dr Cameron Loy and Associate Professor Shenouda.

While the COVID-19 pandemic has dominated the headlines, the RACGP has continued to provide guidance and support to members in many other areas of healthcare, making more than [170 submissions](#) to various inquiries and royal commissions, and to government.

The past year also saw us step up our advocacy efforts, taking a leading position in areas such as telehealth, profession-led training, COVID testing and the vaccine rollout, mental health support, aged care and more.

Conducting Fellowship exams during a pandemic proved to be another challenge, but once again we were able to overcome considerable obstacles. Moving to an online structure to facilitate exams and keep people safe during COVID lockdowns wasn't easy, and it's no secret we had some major setbacks with the Key Feature Problem (KFP) exam and Applied Knowledge Test (AKT), but we have learnt from the failure. Rapidly returning to paper-based exams, we implemented effective solutions that

showed the resilience of GPs in training, and the college's Education Services team should be commended for its considerable efforts.

Financially, we were able to access JobKeeper in 2020–21 and retain our valued team members – and I'm proud to say we have a good financial base on which to underpin our future.

The move to profession-led, community-based training has involved a significant commitment from the President, Vice President, CEO and the entire Fellowship Pathways team, and we're now moving to a viable training model that we're negotiating with the Federal Government and Regional Training Organisations (RTOs), as well as many other interested parties.

Internally, much has been accomplished in reforming policy, systems and processes within the RACGP.

This process was led by CEO, Dr Matthew Miles, and the Executive Leadership Team, and I thank them all for their great work through very difficult times.

To the RACGP members and their teams who have given so much to the Australian community – thank you. Your college sees you and appreciates everything you do for the health of people around the country.

## Message from the Chief Executive Officer



**Dr Matthew W Miles**

BVSc, GAICD, FAIM, MBA  
RACGP Chief Executive Officer

We have had a terrific year. I say that confidently because of the way that our RACGP members and staff have tackled adversity. Some years, everything just goes right; others, you have frustrating external challenges that no one could have predicted. It's often the inherent test of the latter that is the true measure of good leadership.

I would just like to say how impressed I am with how the RACGP team responded to whatever the global pandemic could throw at them. Resilience, hard work and perseverance from many, many people meant that the RACGP could continue to be successful in a once-in-a-generation, volatile and challenging circumstance.

### **Setting a new strategic direction and understanding member perspectives**

One of my first actions on joining the RACGP was to set a new strategic direction within my first 100 days. With our new 2020–22 strategic plan, we've defined four organisational priorities as we navigate through to the end of 2022. Although our objectives are focused, there remains enough scope to be agile in responding to our environment, which remains fluid. Read more about our strategic objectives on page 18.

This year, we also conducted the first in-depth member census since 2018. Our goal for this externally run census was to kickstart honest, meaningful and long-lasting change that ensures our work meets your expectations. This, along with the work we completed with the RACGP culture and capability review, were the hallmarks of the very beginnings of a new era of improving accountability and being able to measure our successes against our stated goals.

## Message from the Chief Executive Officer

In reference to the member census, we were happy to discover that almost 70% of GPs value their RACGP membership and consider it important to them, while also recognising more than eight in 10 would like to see us make some improvements. You identified three key areas where you'd like us to focus our efforts:

- Being a strong advocate for GPs
- Ensuring the work of the RACGP is guided by member views
- Supporting training and education for GPs in training and managing Fellowship exams

We're looking forward to rising to this challenge over the coming year, and have committed to retesting member sentiment and our progress each year.

You can read more about the census results on page [74](#).

### A year of advocacy

It was evident from the census results that advocacy is the top priority for RACGP members over the coming year. Your expectation is very clearly to see an increase in funding for general practice, including through the patient rebate. It is also important that we promote our advocacy activities and successes to our membership. The exact role the RACGP played in some of these advocacy wins wasn't always clear to our members. Our visibility needed to be increased and we needed more staff on the ground in Canberra to deliver to our GP members, which we have done this year. I started the ball rolling with that. I strongly believe that advocacy and communications/media need to work closely together, and I was thrilled to see that relationship strengthened during the year.

One of the advocacy challenges I've learned of is that, for every additional \$1 added to a patient rebate, an additional \$500 million is needed in the government's forward estimates. This sort of funding can build new hospitals, roads or schools, which tend to attract high-profile media coverage.

And still, we persist because appropriate investment in primary care saves money in the long run. Modelling conducted for the [RACGP's Vision for general practice and a sustainable healthcare system](#) found direct benefits of implementing the Vision to be in the order of \$1 billion in 2021 and \$5.6 billion over the next five years at a minimum.

So while we continue to lobby for an appropriately funded primary healthcare system, we've made some other wins over the past year, including:

- successfully calling on the Federal Government to remove the bulk billing requirement for Medicare-subsidised telehealth services provided by GPs
- successfully lobbying the government to extend patient access to rebates for telehealth services until 31 December 2021
- giving GPs a powerful voice on the issues that matter most to them through government committees and public inquiries related to mental health, support for aged care and expanded access to Medicare Benefits Schedule (MBS) items
- securing government support for our proposed profession-led, community-based model for general practice training ahead of a transition of training back to the college in 2023 (read more on page [45](#))

There is more to do, and we don't underestimate the challenge before us, but I believe our strategy of concentrating on the federal, state and local political landscape is the right path forward.

### Futureproofing RACGP exams

In my first months as CEO came one of the most challenging times for the RACGP and GPs in training, when in October 2020, the RACGP's Applied Knowledge Test (AKT) and Key Feature Problem (KFP) exam were cancelled after candidates were unable to complete – or in some cases, start – their exams.

I acknowledge that the cancellation of the exams caused significant distress to candidates. And while the RACGP promptly made the decision that candidates could re-sit the exams for free and recognised that refunds of fees should be made, we've listened closely to the feedback from impacted candidates.

We're pursuing a claim against the service provider, Genix Ventures Pty Ltd, and we've committed to overhauling internal processes around project management, contract management and procurement as a result of an internal review.

## Message from the Chief Executive Officer

### Navigating an unpredictable working environment

One of the strengths of the RACGP is its national footprint through faculty offices in Adelaide, Darwin, Perth, Brisbane, Sydney, Melbourne and Canberra. These offices allow us to work locally with members and connect to local health authorities, which has been critical to navigate the uncertainty of the pandemic for both members and our own staff. It's only through these local faculty offices that we can make a national impact.

This past year, we've navigated lockdowns in South Australia, Queensland, New South Wales, Western Australia, and the Northern Territory, as well as four Victorian lockdowns, including the gruelling 112 days in the second half of 2020. This has forced us – like many other organisations – to move to a hybrid working environment, pushing ahead with a mobilisation of our

workforce that, without the pandemic, would have happened at a much slower pace. Across the year, we held 66,342 Zoom meetings, migrated more than 500 staff accounts to the cloud-based Microsoft Office 365, rolled out a COVID-safe QR code for safe onsite visits and held 581 webinars with almost 55,000 attendees.

While there's more work to be done to lock in our future way of working in a COVID-normal environment, I'm immensely proud of the way the team has pivoted so that we can keep supporting members.

Finally, I am incredibly grateful to the RACGP Board, my executive team and the broader staff during this past year. In particular, I'd like to thank Board Chair, Christine Nixon, for her wisdom and guidance, and Julie Caporetto and Clare Emmanuel for their unwavering support.



## Message from the Censor-in-Chief



### Dr Tess van Duuren

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

The past year, set against the background of the ongoing COVID-19 pandemic, has been one of rapid adaptation to an ever-changing environment, and we've experienced success and failure in different measures.

Working as we have in the face of many other major changes, we leaned heavily on our membership and key stakeholders to provide us with input, feedback and guidance. I'm extremely grateful for the wisdom provided by supervisors, examiners, GPs in training, medical educators and Regional Training Organisation (RTO) staff.

Our greatest successes – and, undeniably, our biggest failure – came in our Fellowship exams.

The failure to deliver the Key Feature Problem (KFP) exam in October 2020, followed by the subsequent decision to cancel the Applied Knowledge Test (AKT), continues to cause ripple effects across all levels. We know apologies, however heartfelt, are not sufficient and we've worked hard to mitigate the effects as far as we were able. The situation also taught the college many lessons, which we've implemented in all decision-making and planning for the delivery of our exams.

The inaugural Remote Clinical Exam (RCE), on the other hand, was an outstanding success. Introduced as an interim assessment to replace the face-to-face Objective Structured Clinical Examination (OSCE), the RCE represented an enormous shift in clinical assessment for the RACGP – not only is the exam itself in a different format, but it's delivered entirely remotely, and it went off without a hitch.

The RCE ran successfully during the pandemic and, notably, during a weekend of significant floods that inundated much of the Australian east coast, and this success couldn't have been realised without the incredible commitment of our examiners, censors and staff.

## Message from the Censor-in-Chief

We've also continued to work to deliver RACGP members a simpler, stronger and seamless [continuing professional development \(CPD\)](#) experience in a changing environment. The development of online activities has kept pace with the need for contemporaneous clinical information, and webinars and podcasts have offered learning opportunities when face-to-face education has been restricted. Our continuous enhancement of the myCPD portal has strengthened engagement, with 32% all GPs having self-recorded their CPD activities in 2020–21.

The move to profession-led, community-based training has continued apace, and we're deep into preparations for the transition of the Australian General Practice Training (AGPT) Program management and delivery from the Department of Health and the RTOs. As such, it's been a busy year of engagement with RTOs, General Practice Registrars Australia (GPRA) and GP Supervisors Australia (GPSA).

Our preparation includes a range of projects to assist the college in the delivery of the program from 2023.

We released the [RACGP profession-led community-based training](#) position paper in March 2021, outlining the operating model we'll establish to manage and deliver the AGPT Program. Since the release of the paper, the RACGP has consulted widely with the sector to assist with the refinement of the operating model.

Our [educational framework](#) provides a conceptual representation of the college's approach to education across the Australian GP's learning continuum.

We're also in the process of updating the guiding instruments that support the education framework and provide direction for learners and education providers at all levels of general practice education.

The national GP vocational training syllabus enabled the delivery of an efficient and effective vocational training program, while our national supervisor professional development program will support GP supervision in all training and workforce program contexts, including educational resources required for the delivery of supervisor professional development.

Assisting non-vocationally registered (VR) doctors to gain RACGP Fellowship has continued to be a key part of our education work. Since its first intake in January 2019, the RACGP Practice Experience Program (PEP) has delivered educational support to 669 non-VR doctors. As at June 2021, we had 573 active non-VR doctors in the program, with 81% of participants working across practices in Modified Monash Model (MMM) 2–7 locations. We implemented a number of evidence-based improvements to the program in 2021, including the introduction of the PEP Exam Preparation term, increased workplace-based assessment opportunities and the move to non-mandatory learning unit requirements. I'm pleased to say feedback from participants across a number of cohorts has indicated high satisfaction with the PEP to date.

From a program-delivery perspective, we continue to engage with RTO program delivery staff through a monthly webinar and a weekly email newsletter. These engagement activities provide training organisations with key program updates, as well as opportunities to provide feedback.

# Our Board



**Ms Christine Nixon,  
AO, APM**

BA, MPA, Hon LLD,  
Hon LittD, DipLRelLaw,  
FIPAA, FANZSOG,  
FAIPM, FAIM  
Chair RACGP Board,  
Co-opted Board Member



**Dr Karen L Price**

MBBS, FRACGP  
RACGP President



**Dr Bruce Willett**

MBBS, FRACGP  
Vice President and Chair  
RACGP Queensland



**Dr Tess van Duuren**

MChB, BSc (Hons)  
(Sports Med), FRACGP  
Censor-in-Chief and  
Chair, Education and  
Workforce Committee



**Dr Zakaria Baig**

MBBS, FRACGP,  
FACRRM  
Chair RACGP SA&NT



**Dr Sean  
Black-Tiong**

MBBS, FRACGP, GAICD  
Chair RACGP GPs in  
Training



**Dr Michael  
Clements**

BEcon (Hons), MBBS,  
DAVmed, MPH, MHM,  
FRACGP, FARGP,  
FRACMA, FACAsM,  
GAICD  
Chair RACGP Rural



**Associate  
Professor  
Charlotte Hespe**

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

## Our Board (continued)



**Dr Tim Jackson**

MBBS, BMedSci,  
DRACOG, ACCSCMS,  
GAICD  
Chair RACGP Tasmania



**Dr Anita Muñoz**

MBBS (Hons), FRACGP,  
Grad Cert Clin Teach,  
MPH, GAICD  
Chair RACGP Victoria



**Professor Peter  
O'Mara**

FRACGP, FARGP,  
MBBS, GradDipRural  
Chair RACGP Aboriginal  
and Torres Strait Islander  
Health



**Dr Lara Roeske**

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



**Dr Sean Stevens**

MBBS, DRACOG,  
FRACGP, MBA, GAICD  
Chair RACGP WA



**Mr Martin Walsh**

FCA, GAICD  
Chair of Finance, Audit and  
Risk Management Committee,  
Board Member ACN  
147560638 Pty Ltd (formerly  
known as RACGP Oxygen Pty  
Ltd) (In Liquidation), Co-opted  
Board member

# Strategic priorities: Supporting the health of the profession

## Strategic priorities

Just as general practice keeps Australia healthy, the RACGP's strategic priorities support the health of the profession.

The *RACGP strategic plan 2020–22* details our priorities to achieve our mission to champion better health for all Australians – every patient, family and community.

Deliver exceptional membership experiences and value.



Advocate for quality, well-funded general practice to remain at the heart of effective Australian healthcare.



Develop and implement a nation-leading educational framework for general practice.



Strive for excellence in delivering world-class services by reinforcing a strong, lean and effective RACGP that will always work for Australia's GPs.





# Executive Leadership Team

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

These divisions are led by our Executive Leadership Team.

Positions as of 30 June 2021.



**Dr Matthew W Miles**  
BVSc, GAICD, FAIM, MBA  
Chief Executive Officer



**Christine Cook**  
General Manager  
Fellowship Pathways



**Jess Daly**  
BJourn, MA International  
Relations  
General Manager  
Strategic Marketing  
& Communications



**Ruth Feltoe**  
BA (Hons), LLB, LLM,  
GradDip CSP,  
GAICD, AGIA  
General Manager  
Legal, Risk & Compliance



**David Goldberg**  
LLB (Hons), BA, GAICD  
Company Secretary

## Executive Leadership Team (continued)



**Sharon Hallett**

Acting General Manager,  
Human Resources,  
appointed March–July  
2021  
(Previously Paul Moloney  
until March 2021)



**Milad Kruze**

BIT, MPM, AdvDipPM,  
CPPD  
General Manager  
Information Technology



**Rob LoPresti**

BPhysio (Hons), MC-MGMT  
General Manager  
Education Services,  
appointed May 2021  
(Previously Dr Genevieve  
Yates until March 2021)



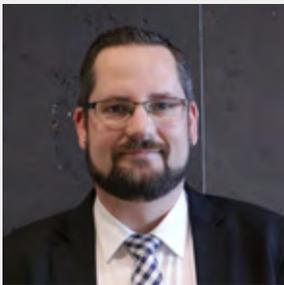
**Karli Middlewood**

BBA (Fin & Mktg), MBA,  
ASA (CPA Aust)  
General Manager  
Finance



**Simon Richardson**

MBA (Candidate),  
DipBus  
General Manager  
Operations



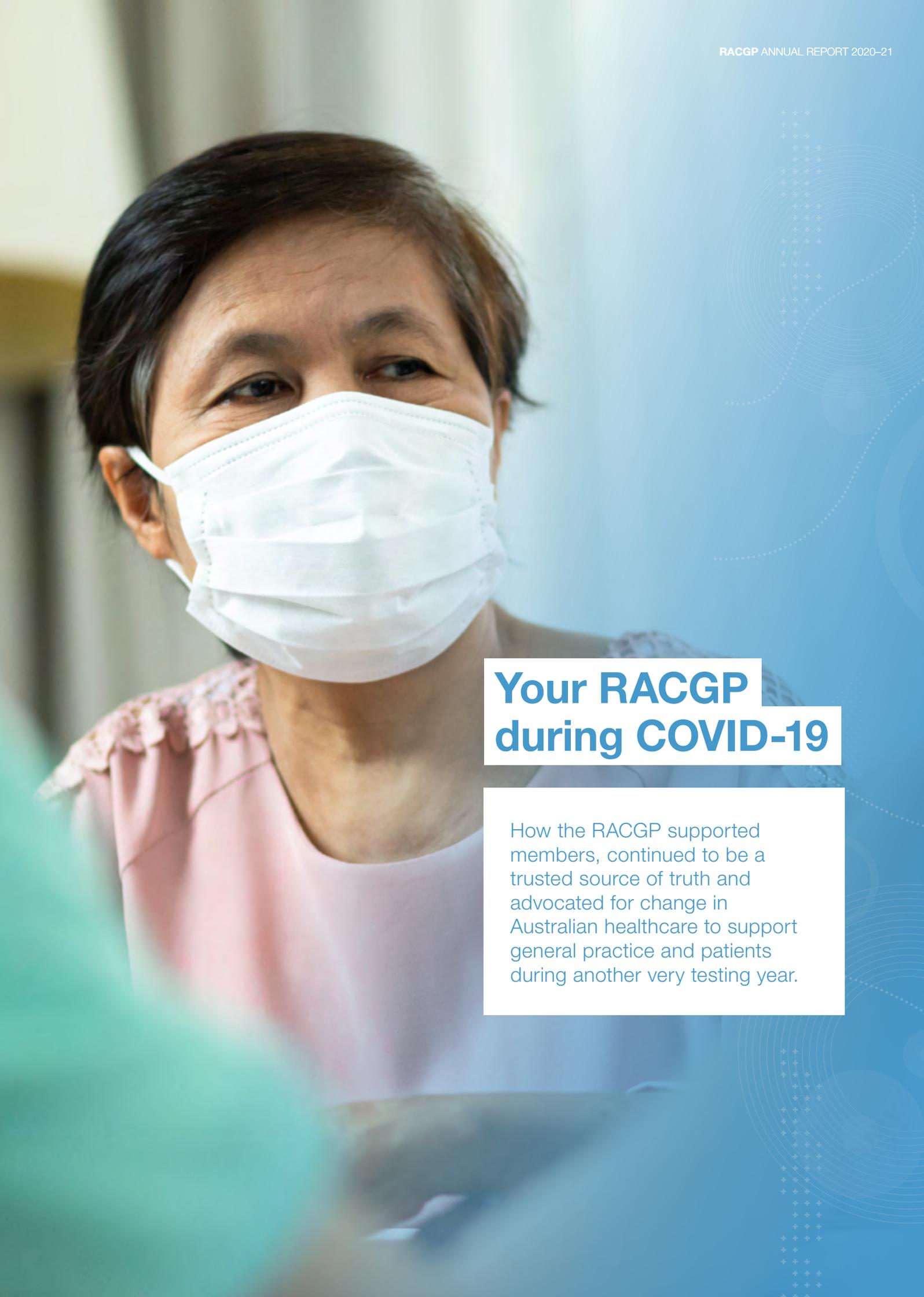
**Roald Versteeg**

BBus  
General Manager  
Government Relations,  
Policy & Practice



**Nick Williamson**

BSC (Hons), JD,  
M Comm Law  
General Manager  
Membership &  
Transformation



## Your RACGP during COVID-19

How the RACGP supported members, continued to be a trusted source of truth and advocated for change in Australian healthcare to support general practice and patients during another very testing year.

## How the RACGP worked with members to turn local concerns into national action

General practice endured another very demanding year as the COVID-19 pandemic continued. Misinformation about the virus and the vaccines was rife, and GPs did a great deal of unacknowledged work tackling COVID myths and vaccine hesitancy in the absence of a cohesive national public education campaign.

The RACGP drew on the specialist knowledge and expertise of teams across the college to support GPs as they continued to provide quality healthcare while carrying this extra load. We added to our already extensive library of clinical and informational COVID resources and training activities, and continued to deliver a broad range of events and networking opportunities.

The pandemic once again dominated our advocacy efforts across 2020–21, especially our continued support for a fully Medicare-funded, ongoing telephone and telehealth service for all Australians. We celebrated many successes in this area, including the repeal of the bulk-billing requirement, the extension of telehealth funding until December 2021 and the expansion of the electronic prescription program.

We began a sustained relationship-building campaign to strengthen our connections with health ministers and chief health officers across the country to ensure the voices of GPs on the ground were heard at all levels of government. Our President, Dr Karen Price, continued to be our main spokesperson, but we also ran media and advocacy training for other college leaders to broaden our influence, amplify our messages and increase the visibility of the RACGP at this crucial time.

Across another challenging year, the RACGP was a consistent, authoritative voice for general practice, cutting through conflicting information and being a dependable source of truth for GPs and the general public.

In this section, we take an in-depth look at how the RACGP heard the concerns of GPs on the frontline of the COVID-19 pandemic and used this input to effect lasting positive change for the general practice profession across Australia. We show how our expert committees; state, territory and national faculties; and dedicated teams supported our members during trying times.

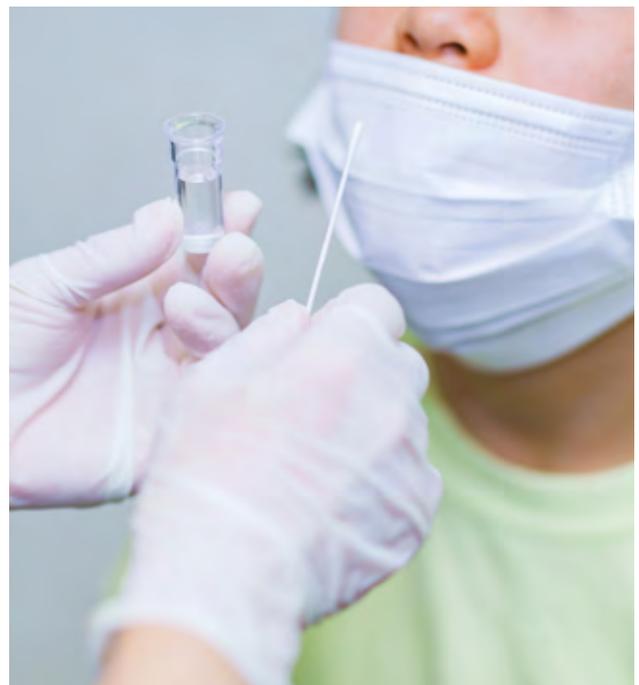
## Advocating for our members and the Australian community

Over the past year, as the pandemic continued, we've stepped up our advocacy efforts to increase practical and financial support for general practice from all levels of government. We also leveraged our significant media presence to support our members by countering misinformation and being a source of accurate medical advice for GPs and the general public.

### Became a source of truth for COVID-19 and vaccine information

As the pandemic continued, we spoke out against non-evidence-based treatments for COVID-19, including hydroxychloroquine, and took to the media to warn the public to be wary of companies' spurious claims of 'antiviral' products, such as 'antivirus activewear' and 'light frequency machines'. In some cases, this resulted in the offenders being fined thousands of dollars for misrepresenting the truth.

Before it became a government mandate in many cities, we consistently encouraged people to wear face masks to increase protection against contracting COVID-19, noting that some people have legitimate reasons for not being able to wear a mask.



## Your RACGP during COVID-19

RACGP NSW&ACT Chair, Associate Professor Charlotte Hespe represented the RACGP at the Senate Select Committee on COVID-19 in April. The committee was conducting an inquiry into the Federal Government's response to the pandemic, and the RACGP previously provided a submission to the inquiry in June 2020. Associate Professor Hespe highlighted GPs' contribution to Australia's pandemic response, including:

- the ways in which the general practice community has adapted to provide quality care during the pandemic
- the role of general practice in vaccinating the community
- the additional time spent educating patients about the vaccine rollout.

### Reversed mandated bulk-billing of telehealth consultations

Mandated bulk-billing of telehealth services during the pandemic pushed overall bulk-billing rates to record levels, which had a substantial impact on practice income, threatening the viability of clinics and negatively impacting GPs' mental wellbeing.

We successfully called on the Federal Government to remove the bulk-billing requirement for Medicare-subsidised telehealth services provided by GPs. GPs were then able to apply their usual billing processes to telehealth services – a change that enabled GPs to continue providing high-quality, patient-centred care without worrying about the sustainability of their practices.

### Continued to support telehealth to maintain the health of the Australian community

The best primary care is the most accessible care – especially during a pandemic. Throughout the various lockdowns, telehealth was a lifeline between vulnerable patients and their GPs. Our view is that it should become a permanent feature of Australia's healthcare system.

RACGP advocacy directly contributed to the further extension of MBS telehealth items to December 2021, giving the sector time to develop a permanent post-pandemic telehealth model. We plan to keep advocating for ongoing telehealth support in our discussions with government.

We also pushed for the reinstatement of item numbers for longer phone consultations, allowing patients to safely seek the advice of their GP on new and ongoing health issues without risking exposure to COVID-19 through face-to-face consultations.

To further support telehealth consultations, we worked with the Australian Digital Health Agency to advance electronic prescribing, and we produced a suite of resources to support GPs to get on board with this revolutionary change to the healthcare landscape. Electronic prescriptions are now available to most Australians, and as of April 2021 more than 6.5 million electronic prescriptions had been issued.

### Supported culturally and linguistically diverse (CALD) communities to have equal access to healthcare

In August, we helped ensure CALD patients had better access to healthcare during COVID-19. Our GPs had voiced concerns about CALD patients avoiding medical care due to fear of the virus, while also being more likely to suffer mental health issues exacerbated by increased isolation and loneliness.

A targeted version of our 'Expert advice matters' campaign with information translated into the most commonly spoken languages other than English ensured no community was left behind. The website informed CALD patients on safely consulting with their GP, including accessing free interpreters for telehealth appointments. Videos of members speaking languages other than English were widely shared on social media and used to great effect by local councils.

### Ensured general practice was central to the vaccine rollout

From the very beginning, we worked with the Federal Government to try and ensure general practice was at the heart of the COVID-19 vaccine rollout. Australia's GPs have a proven track record of delivering all kinds of vaccines, so we pushed for changes to the COVID-19 vaccination training program modules to recognise the experience and existing knowledge of our GPs and their teams. As a result, the training was streamlined, meaning the amount of time experienced GPs had to spend completing the modules was greatly reduced, and they could elect to skip the introductory module altogether.

Among our advocacy successes during the rollout was lobbying for increased AstraZeneca vaccine supply into general practice and pushing for Pfizer to be administered through general practice. Supply still fell well below expectations and requirements, but many more patients were able to receive a vaccine from their GP.

## Your RACGP during COVID-19

Throughout the vaccine rollout, we have pushed the Federal Government for increased consultation ahead of the public announcement of changes to vaccine delivery and patient eligibility to ensure GPs are adequately prepared for patient questions. We also publicly urged patients not to vent their frustrations on practice receptionists and administrative staff over vaccine confusion and difficulty in getting an appointment.

An RACGP survey revealed that 92% of our members said public education about COVID-19 vaccines was urgently needed. In response, we called on the Federal Government to produce an awareness campaign targeted at specific cohorts to address vaccine safety, clarify the successive changes to AstraZeneca vaccine eligibility and encourage more eligible people to get vaccinated.

To further boost public confidence in the vaccines, we successfully advocated for new MBS item numbers to subsidise vaccine counselling and give GPs enough time to properly discuss patient concerns. New items were introduced for patients aged over 50 years and then expanded to all patients.

### Leveraged our media presence to counter misinformation and keep GPs and the public informed

Across all forms of media, RACGP spokespersons called for better support for GPs during the pandemic and vaccine rollout, and demanded a voice for general practice in response planning. Our message was consistent and effective: general practice is the backbone of Australia's response to the COVID-19 pandemic.

Dr Price worked tirelessly through the media to give GPs a voice in vaccine rollout decisions, including at a joint press conference with Health Minister, Greg Hunt. Dr Price shared the load with an army of other media-trained RACGP spokespersons, amplifying the voice of our GPs across radio, TV, print and online media.

To mark the start of the AstraZeneca rollout to general practice in March, we invited journalists to capture the first vaccinations and get comments from our spokespersons, resulting in extensive media coverage for the crucial role of Australia's GPs. We then swiftly drew mainstream media attention to vaccine supply issues and GP and patient frustrations.

We also leveraged the media to call for increased funding for general practices that had volunteered to administer vaccines. We successfully lobbied for a new Medicare item for vaccine counselling and then pushed the Federal Government to provide the necessary supporting information.

In the face of rising vaccine hesitancy, and amid inconsistent government messaging, our media messaging was clear: people should listen to the experts and get vaccinated as soon as they are eligible.

#### *newsGP*

*newsGP* continued to be an essential source of accurate, timely and relevant COVID-19 news for GPs, who racked up millions of page views over the last year. Hundreds of articles were produced that cut through conflicting government information and guidance on pandemic support and the vaccine rollout.

#### RACGP COVID-19 advocacy in the media



**17,800**

radio, TV, print and online media stories about COVID-19



**683M**

potential audience reached

#### *newsGP* COVID-19 coverage



**363**

Total number of COVID articles



**2,652,844**

Total page views

## Your RACGP during COVID-19

### Directly supporting our members

As well as advocating for GPs at all levels of government, our teams worked hard to provide members with timely, reliable support and practical resources as the pandemic wore on.

GPs continued to face the dual challenge of maintaining the health of their communities (and themselves and their staff) and staying abreast of ever-changing health information and government requirements.

The RACGP continued to cut through the noise and add to a now extensive range of [COVID-19 resources](#), including guidelines, posters, fact sheets, bulletins and web pages, as well as establishing podcasts and WhatsApp discussion groups.

### Joined the National COVID-19 Clinical Evidence Taskforce

The RACGP was invited to join the National COVID-19 Clinical Evidence Taskforce, an independent consortium of 32 national peak clinical groups, including major medical colleges and specialist societies. The hundreds of expert clinicians that make up the taskforce review the latest research on COVID-19 and maintain up-to-date, evidence-based recommendations for GPs and other health professionals.

We gave a voice to GPs through our representatives on numerous committees, groups and panels within the taskforce.

### Produced GP and patient COVID-19 resources

#### Infection-control resources

- [Keeping your practice COVID-safe](#)
- [COVID Safety Plan template](#)
- [Optimising the use of personal protective equipment in general practice during COVID-19](#)
- [Posters/practice signage – mask requirements and symptoms](#)
- [Letter template for patients seeking mask exemptions](#)
- [Clinical care resources](#)
- [Managing patients who present with respiratory symptoms in the context of COVID-19](#)
- [Home-care guidelines for adult patients with mild COVID-19](#)

#### Patient resources

- [Managing mild COVID-19 at home with assistance from your GP](#)
- [Managing post-COVID-19 symptoms](#)
- [COVIDSafe fact sheet](#)

#### Websites

Our [Coronavirus \(COVID-19\) information for GPs](#) page proved a vital source of truth for GPs, receiving more than 66,600 views between July 2020 and June 2021.

Even more popular was our [COVID-19 vaccine information for GPs](#), which received more 100,000 views between January and June 2021.

Our [Items for COVID-19 telehealth and phone services](#) page reflects changes to telehealth items since they were first introduced in March 2020. To counter confusion about the 'existing relationship' requirement for MBS-funded telehealth introduced in July 2020, we published dedicated [frequently asked questions](#) to help GPs remain compliant. On 30 June 2021, we launched the [Changes to MBS telehealth services](#) page.

To assist our GPs during the vaccine rollout, we published a page on the [MBS COVID-19 vaccine suitability assessment service](#).

#### Regular COVID-19 bulletins

Over the past year, we continued to publish our regular COVID-19 update bulletin with information relevant to general practice. As fresh outbreaks of the virus cropped up in various states in the second half of 2020, we kept the focus on helping GPs keep up with changing clinical advice and government guidance. In early 2021, as everyone's great work paid dividends in slowing the spread, the bulletin pivoted to supporting the critical role of general practice in the vaccine rollout.

The RACGP state/territory and national faculties continued to contribute relevant and timely information to make sure GPs were informed of changes in vaccine clinical guidance, eligibility requirements, safety data, decision-making supports and Medicare items.

The bulletin garnered fantastic open and click rates, showing that it continued to be a valuable member resource in difficult times.

## Your RACGP during COVID-19

### RACGP COVID-19 bulletin (to 30 June 2021)

Average distribution 43,197 GPs

### RACGP COVID-19 bulletin statistics compared with industry benchmarks (to 30 June 2021)

	Open rate	Click rate
RACGP bulletin	37.7%	4.7%
Healthcare services bulletins	25.7%	3%
Non-profit sector bulletins	27.7%	3.8%
Average (all industries)	20.6%	3.1%

Source: Campaign Monitor

### Podcasts

The RACGP's popular podcast series, *The Good GP* and *Practice THAT!*, became a vital channel for supporting the wellbeing of our GPs and their practice teams during the pandemic. The podcast by GPs for GPs, *Just a GP*, shared valuable resources and clinical information.

### WhatsApp group for GPs working in GP-led respiratory clinics

The RACGP introduced a WhatsApp group for members who established or were working in a GP-led respiratory clinic. This self-moderated group lets GPs share clinical insights, lessons and tips with peers about the clinical aspects of these clinics across Australia.

### Sought member feedback through various surveys

We ran several member surveys to track the GP experience and inform our advocacy work during the pandemic.

The surveys included:

- understanding the experiences of GPs using telehealth, in particular the use of video platforms (June/July 2020)
- assessing demand for personal protective equipment (PPE) (July 2020)
- hearing from GPs working in or near COVID-19 hotspots at the beginning of the second wave in Melbourne (July 2020)
- understanding GP experiences with testing for COVID-19 (September/October 2020)

- gauging interest and readiness to participate in the COVID-19 vaccine rollout in general practice (January 2021)
- gauging interest in administering mRNA COVID-19 vaccines in general practice and the experiences to date with the AstraZeneca rollout in general practice (June 2021).

### Supported continuing professional development (CPD)

Our CPD team continued to program an extensive range of online educational activities to help GPs keep up with their requirements for the 2020–22 triennium.

We worked with the Department of Health (DoH) to integrate the CPD Quick Log into the DoH COVID-19 website so GPs could easily record CPD points for COVID-related training. In April 2021 alone, 7700 COVID-19 vaccination Quick Log entries were made, 6500 of which were logged directly through the DoH site.

### Staying flexible to maintain member service quality

#### Evolved our events program to feature online, face-to-face and hybrid events

RACGP did not let lockdowns and other pandemic restrictions stop us from delivering a fantastic program of education and networking events. Over the past year, we ran an incredible 449 events so GPs could continue to learn, connect with peers and stay on top of key legislative changes.

Most of our events were run online using a range of technologies, from our vast program of webinars and workshops on Zoom to multi-day conferences delivered on customised digital platforms.

Our biggest conference of the year, GP20, became our first-ever purely online conference. We built on that success with the Practice Owners National Conference in June 2021, which was a hybrid event held face-to-face in Brisbane and delivered online on another specially designed platform. Content from both conferences was made available to registered participants on demand, adding even more value.

Some states/territories were able to get back to face-to-face events sooner than others, and we worked closely with venues to make sure events were COVID-safe.



## Your RACGP during COVID-19

### 2020–21 events

The RACGP held a total of 449 events in 2020–21.

- In-person events: 88
- Digital events: 349
- Hybrid events: 12

2020–21 events Department/ faculty/team	Number of events		
	In-person	Digital only	Hybrid
National events	1	45	1
RACGP NSW&ACT	5	69	1
RACGP Queensland	14	51	1
RACGP SA&NT	11	21	0
RACGP Tasmania	24	9	0
RACGP Victoria	7	45	0
RACGP WA	25	30	2
RACGP Aboriginal and Torres Strait Islander Health	0	7	7
RACGP Rural	1	39	0
RACGP Specific Interests	0	12	0
eHealth & Quality Care team	0	2	0
Policy & Advocacy team	0	1	0
Training programs	0	4	0
GPs in Training	0	14	0
	<b>88</b>	<b>349</b>	<b>12</b>
		<b>Total</b>	<b>449</b>

### Kept our GPs in training on track to Fellowship

During another disruptive year for our GPs in training, the RACGP's Education Services team remained focused on innovation that is effective, efficient and sustainable to help future GPs continue their education and assessment programs. As always, the ultimate aim is to maintain a qualified health workforce that can adequately address the health needs of communities throughout the country.

We made significant improvements to our education and assessment programs following extensive evaluation and stakeholder engagement. The pandemic pushed the college to be flexible and to build futureproof solutions to keep the Fellowship exams on track. While we haven't always got this right, noting the failure to deliver the Applied Knowledge Test (AKT) and subsequent cancellation of the Key Feature Problem (KFP) exam in October 2020, we have aimed to keep GPs in training progressing toward Fellowship.

Read more about how we support GPs on their lifelong learning journey on page 42.

### Supported members with COVID-19-related queries

More than 1200 calls were made to practices in August 2020, as part of an outbound call campaign.

Calls were very well received by members and practices appreciated the opportunity to ask us questions about:

- access to PPE supplies via their public health unit
- COVID-19 testing uptake by their patients
- resources we had available to support them during the pandemic
- further assistance they felt was needed at a local or national level.

### Returned to the office – gradually and safely

The majority of RACGP staff continued to adapt to working remotely, with some fantastic support and new technologies provided by our IT team. For most of the past year, our East Melbourne head office was closed in line with public health advice and state regulations.

Over the first half of 2021, RACGP offices that had been closed due to hard lockdowns or 'if you can work from home, stay at home' mandates gradually reopened. Our building managers put in place various measures to meet government regulations and keep staff safe, including density caps and check-in systems. When mandated, our staff wore masks while in the office and worked at desks at least 1.5 metres apart.

The return to the office continues to be managed in stages, respectful of COVID directives, health and safety, and individuals' comfort levels and health concerns.

# Navigating a way forward during the pandemic

Despite another challenging year of the COVID-19 pandemic, the RACGP was able to navigate a way forward, thanks to the strong and continuing support of our members.

Our membership remained strong, and our Board ensured that members who were impacted most by the pandemic could remain members, by offering payment options.

With careful cash management through continued austerity measures in discretionary expenditure, we navigated unexpected volatility related to the exams and other disruptions, such as lockdowns around the nation.

Securing JobKeeper of \$8.2 million, as well as a wage freeze for non-EBA employees, helped ensure job security, avoiding staff furloughs during the pandemic.

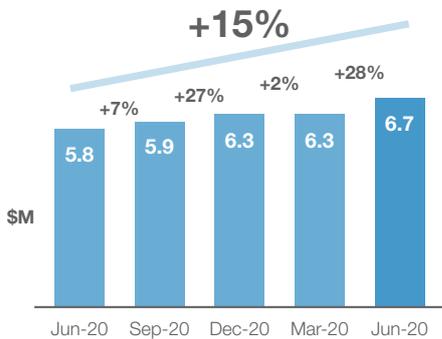
These measures all played an important part in the \$5.9 million operating result and a strong recovery.

Additionally, a strong rebound in share markets that resulted in a \$6.7 million valuation in our investment funds, an increase of 15% from the prior year, elevated the outcome to \$7 million surplus after tax, which will contribute to the sustainability of operations as we continue to combat uncertainty in the coming year.

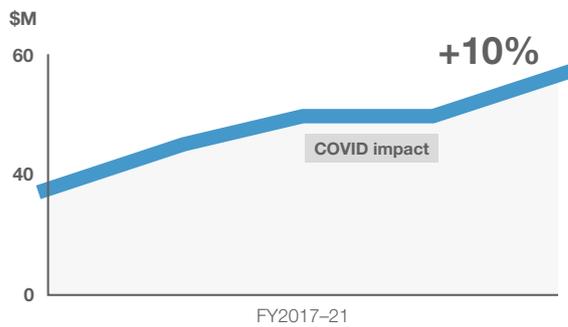
Other key recovery indicators include significant growth from the property portfolio revaluation of \$5.4 million over the past year for our Melbourne site.

The college remains cautiously optimistic through the next phase of transformations and ongoing outbreaks to push forward into a new post-COVID world.

Key financial performance outcomes in comparison to prior year primarily attributed as follows.



**Investment fund performance**



**Property portfolio valuation**

## Navigating a way forward during the pandemic

### Revenue

- Membership renewals performed well, demonstrating confidence by our members with revenues relatively consistent from last year at \$31.7 million
- Despite a significant slowdown, the RACGP realised moderate growth in grant-funded activities of \$4.7 million to \$19.4 million for general practice training, the Alcohol and Other Drugs (AOD) GP Education Program and other research-related grants
- Securing JobKeeper of \$8.2 million, up \$4.5 million from prior year
- Revenue from conferences, sponsorship and advertising remained flat over the financial year, as the college moved to a digital hybrid format in response to disruptions caused by the pandemic nationwide

### Expenditure

- An increase in employee costs of \$4.9 million primarily related to growth in grant-related activities for general practice training and resourcing for new exam formats, moderated by wage freezes for non-EBA employees
- Annual leave provisions continue to be a challenge, as a result of travel restrictions and lockdowns
- External grant administration of \$10 million, up by \$2.8 million from previous year
- GP sessional and sitting payments up from previous year by \$1.4 million to a total of \$4.9 million, as the RACGP continued to deliver exams, despite interruptions and delayed exam from fiscal year 2020
- Continued savings related to implemented austerity measures, conferences, travel and accommodation of \$4.6 million; consulting and professional services of \$0.6 million; and publications, advertising and media of \$1.1 million

The Board has approved \$3 million of the surplus to be directed to the RACGP reserve fund to ensure ongoing operational sustainability as we continue to navigate further COVID effects over the coming year.

### The RACGP reserve fund

Across similar not-for-profit organisations, funds are set aside in a reserve to secure the future should circumstances change. The Board established the RACGP reserve fund in 2018–19 with plans to meet the minimum target reserve to cover three months' operating expenses. A benchmarking exercise of not-for-profit organisations found that a reserve fund of this value is comparable within the range of 3–6 months on average.

The Board policy sets clear guidelines on circumstances when the reserve fund can be used:

- meeting a shortfall due to significant changes to funding and/or market conditions, such as changes in government funding
- funding disaster recovery (such as after a natural disaster or other event that might trigger the incident management plan)
- making payment of a deductible or an excess on an existing policy or to cover an uninsured loss
- purchasing a significant asset or group of assets
- making long-term strategic investments in education, staffing, research and development, technology, a merger or to implement major change.

While the RACGP's emergency response, significant spending cuts and successful application for the Federal Government's JobKeeper wage subsidy stabilised the RACGP and our workforce through the COVID-19 crisis, the longer-term impacts of the pandemic are unknown.

The reserve fund was established to provide the capacity to weather further uncertainty impacting the business to ensure long-term sustainability.

## Navigating a way forward during the pandemic

### Practical and moral support provided to members across the country

#### State/territory faculties



- Developed and delivered the *Suddenly I'm a Leader* podcast and resources with the Future Leaders program to help GPs cope with unexpected leadership roles brought about by the pandemic environment.
- Worked with the RACGP National Faculty for GPs in Training to develop and deliver exam preparation webinars to support candidates through changing exam conditions during the pandemic
- During the New South Wales floods, phoned 31 practices in the affected areas to provide moral support and sent RACGP postcards to 130 practices featuring a QR code linking to RACGP mental health resources
- Ran regular New South Wales COVID-19 update webinars with RACGP NSW&ACT Chair, Associate Professor Charlotte Hespe; New South Wales Chief Health Officer, Dr Kerry Chant; and RACGP Disaster Management Committee Chair, Dr Penny Burns, plus a specialist in a relevant field (vaccine, virus, research, disaster, etc)
- In response to member questions, ran a booked-out national webinar on thrombosis and thrombocytopenia syndrome and the AstraZeneca vaccine, featuring disaster management and haematologists speakers, the recording of which has received more than 2500 viewings
- Held a sold-out GP wellbeing weekend in April



- Faculty Chair and Manager were active participants in weekly Queensland State Health Emergency Coordination Centre (SHECC) Primary Care and General Practice pandemic briefings

- Leveraged daily SHECC Situation Reports to inform faculty operational decisions and keep members up to date
- Provided a written submission and attended a public hearing of the Inquiry into the Queensland Government's response to COVID-19
- Continued to expand online delivery of events and activities to allow more members across the state to participate



- Held our first-ever online Annual Member Meeting; keynote speaker, Professor Michael Kidd, spoke about impact of the COVID-19 crisis on general practice
- Increased member engagement across metropolitan, rural and remote locations with 17 online webinars covering a wide variety of topics
- Delivered the first-ever accredited activity online to help members meet their CPD requirements despite the pandemic
- Initiated a digital version of the pre-employment structured clinical interview for South Australia candidates



- Joined the Tasmanian Department of Health Aged Care Emergency Operations Committee to give both clinical and stakeholder advice and review the vaccine rollout in the aged care sector
- Participated in the Tasmanian Department of Health Tasmanian Vaccination Emergency Operations Committee
- Attended weekly meetings of the Tasmanian General Practice Forum, chaired by Primary Health Tasmania, to discuss COVID-19 and the vaccine rollout, in particular to the homeless population, people with disability and people in remote areas
- Met with the Tasmanian Health Minister and key health stakeholders monthly to advocate for issues, such as an increase in Medicare rebates for administering vaccines, as well as communicating member concerns about the rollout

## Navigating a way forward during the pandemic



### RACGP Victoria

- Became a key source of reliable information for members via regular webinars, bulletins and online resources
- Ran fortnightly RACGP Victoria–Victorian Department of Health webinars on the state’s vaccination rollout and pandemic updates
- Held monthly ‘Alt-Wednesday’ webinars to educate members on matters of clinic importance regarding COVID-19
- Lobbied the Victorian Government to divert its surplus vaccine doses to general practice, which was approved by the Federal Government
- Represented general practice and provided advice to the Department of Health’s COVID-19 Vaccine Expert Advisory Group and Primary Care COVID-19 Vaccination Engagement Group
- Provided one-on-one support to members affected by telehealth compliance letters



### RACGP Western Australia

- Participated in numerous WA Health ‘influencer’ meetings
- Partnered with WA Health in February to deliver a webinar on COVID-19 vaccinations
- Held a webinar in March about the practicalities of the vaccine rollout in Western Australia
- Enabled two vaccine-related episodes of *The Good GP* podcast
- Held regular meetings with WA Primary Health Alliance, WA Health and the Australian Medical Association (AMA) to discuss the vaccine rollout
- Established a highly effective WhatsApp group for members to discuss the vaccine rollout
- Continued to facilitate member meet-ups via Zoom into late 2020
- Updated members regularly via the [RACGP WA Faculty Facebook group](#)

## National faculties

### RACGP Aboriginal and Torres Strait Islander Health

- Continued to support the Aboriginal and Torres Strait Islander-led response to COVID-19, including the vaccine rollout
- Completed an after-action review with the National Aboriginal Community Controlled Health Organisation, the Lowitja Institute and the Australian National University to reflect on key lessons from the process of preventing and managing COVID-19 in Aboriginal and Torres Strait Islander patients and communities to support future pandemic planning
- Held a two-part vaccine webinar series covering the rollout and vaccine safety and efficacy

### RACGP National Faculty for GPs in Training

- Regular review of, and contribution to, website content updates, ensuring GPs in training were kept informed of important messages
- Provided fortnightly input into exam steering committee discussions
- Delivered webinars to support GPs in training
- Provided guidance and information to GPs in training via email and social media, and acted on feedback received through these channels
- Collaborated with key trainee representative organisations, such as General Practice Registrars Australia (GPRA) and the AMA, and participated in joint meetings

### RACGP Rural

- Leveraged the [RACGP Rural Facebook group](#) to gather member feedback and concerns around the pandemic
- Met regularly with Federal Minister for Regional Health, Mark Coultou, to discuss rural concerns and priorities related to COVID-19
- Represented rural GPs on the Department of Health’s Rural Health Stakeholder COVID-19 group and the Rural and Remote COVID-19 Vaccine Stakeholder group to provide real member stories and valuable feedback to influence the response
- Held monthly virtual member meet-ups to help members stay connected
- Supported RACGP Rural Chair, Dr Michael Clements, to participate in a range of media opportunities to raise awareness of COVID-19 issues specific to rural and remote communities

## Navigating a way forward during the pandemic

- Worked with the Department of Health to make online training eligible for rural procedural grants so GPs could continue to access grants for upskilling opportunities
- Ran an inaugural online Rural Member Forum in October to bring rural members together for education, networking and updates
- Transitioned our emergency medicine for rural GPs workshop to online delivery to continue offering valuable education to members

### RACGP Specific Interests

- Held an on-demand sexual and reproductive health webinar to update members on cervical and breast screening and approaches to antenatal and postnatal care and contraception during COVID-19 lockdowns, presented by RACGP Specific Interests Breast Medicine, Antenatal and Postnatal Care, and Sexual Health Medicine groups
- Ran an on-demand webinar on preparing for COVID-19 cases in aged care, during which an expert panel shared their experiences of COVID-19 in residential aged care facilities in Melbourne with GPs across Australia
- Held an on-demand webinar on COVID-19 and child mental health in conjunction with Emerging Minds to explain the impact of the pandemic on children's mental health and discuss management options

Learn more about the RACGP faculties on page 85.

### Expert committee highlights

#### Quality Care

- Played a key role in the National COVID-19 Clinical Evidence Taskforce, working with the taskforce to provide clinicians with evidence-based advice and recommendations

#### Funding and Health System Reform

- Focused on funding and initiatives to support patients and GPs during the COVID-19 pandemic, such as the introduction of Medicare-funded telehealth and the COVID-19 vaccine program. As part of this work we:
  - successfully called on the Federal Government to remove the bulk-billing requirement for Medicare-subsidised telehealth services provided by GPs
  - pushed for the reinstatement of item numbers for longer phone consultations, allowing patients to safely seek the advice of their GP on new and ongoing health issues without risking exposure to COVID-19 through face-to-face consultations

- successfully advocated for the removal of the GP-only restriction requiring telehealth consultations to be bulk-billed for certain groups of patients
- successfully advocated for an additional vaccine counselling item number and additional remuneration for residents of aged care and supported care

### Practice Technology and Management

- Developed resources supporting the [pandemic response](#) and the significant uptake of [telehealth](#)
- Advocated for better GP support and inclusion when changes to the vaccine rollout have been made, and sought clarity for GPs on the impact of the changes
- Advocated for general practice through participation on committees, consultations and projects, including calling for changes to the COVID-19 vaccination training program modules to recognise the experience and knowledge of GPs and their teams in managing vaccines
- Worked with government to ensure general practice was front and centre in the COVID-19 vaccine rollout

### Standards for General Practices

- Reviewed and updated the *Standards for general practices* and accompanying resources in response to increasingly rigorous infection prevention and control measures and high uptake of telehealth consultations as a result of the pandemic. These updates supported members through changes that impacted how they run their practices and the quality care they provide to patients

### Research

- Advocated for general practice research. The COVID-19 pandemic has highlighted a significant gap in Australian primary care research capacity. Australia does not have a framework, infrastructure and linkages between individual practice-based research networks. This limits our ability to rapidly generate evidence from primary care, where the majority of healthcare is undertaken
- Provided advice to the RACGP Foundation about how best to support GP researchers whose projects were affected by COVID-19. The additional pressure on practices, practice teams and patients meant that the recruitment and progression of existing studies were affected, and flexibility was required with respect to timelines, reporting and other deliverables
- Supported the RACGP Foundation/HCF Research Foundation COVID-19 Research grants awarded

Learn more about the RACGP expert committees on page 106.



## Galvanising general practice

Beyond the ongoing pandemic, the RACGP has continued to be the voice for GPs and patients.

We're committed to advocating for a strengthened primary healthcare system, increased resourcing of general practice and improved health outcomes for every patient, family and community.

The scope of general practice is unmatched among medical professionals, so it's vital that GPs are recognised, valued and supported to fulfil their crucial roles.

By facilitating lifelong learning, setting clinical guidelines and professional standards, and supporting evidence-based research, we equip GPs with the skills and knowledge to respond to all challenges and remain at the heart of Australian healthcare.

# RACGP: A snapshot

## Members 2020–21

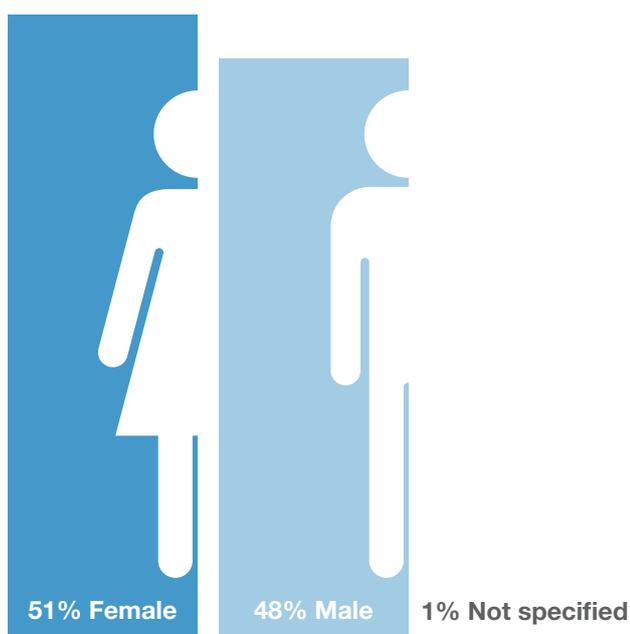


## Diversity at the RACGP

The general practice profession is favoured by female medical graduates, with women accounting for more than half of the country's GPs. Women hold many senior positions throughout the college.

On our Board, the Chair, President and four other positions are held by women, and more than half of the RACGP faculty councils are chaired by women.

Members	Total	
Female	23,086	51%
Male	21,482	48%
Not specified	38	<1%
<b>Total</b>	<b>44,606</b>	



Board members	Male	Female
Co-opted	1	1
Elected	7	5
<b>Total</b>	<b>8</b>	<b>6</b>

Expert committees	Male	Female
Quality Care	6	5
Research	3	7
Standards for General Practices	6	5
Funding and Health System Reform	7	3
Practice Technology and Management	7	3
<b>Total</b>	<b>30</b>	<b>21</b>

State and national faculty councils	Male	Female
RACGP NSW&ACT	12	18
RACGP SA&NT	10	11
RACGP WA	15	13
RACGP Queensland	13	11
RACGP Tasmania	6	11
RACGP Victoria	16	10
RACGP Rural	13	3
RACGP Specific Interests (group Chairs)	12	20
RACGP Aboriginal and Torres Strait Islander Health	4	12
RACGP GPs in Training	5	9
<b>Total</b>	<b>106</b>	<b>119</b>

National committees/representatives	Male	Female
Censors	4	5
National assessment advisors	2	3
National Research and Evaluation Ethics Committee	4	3
<b>Total</b>	<b>10</b>	<b>11</b>

### Members with an interest in Aboriginal and Torres Strait Islander health

Aboriginal and Torres Strait Islander Fellows	86
Aboriginal and Torres Strait Islander GPs in training	63
Aboriginal and Torres Strait Islander students	152
Members with an interest in Aboriginal and Torres Strait Islander health	12,167

### Members caring for rural and remote communities



**+22,700**  
rural members, with more than  
**9800**  
living and working in rural and remote Australia

### Overseas-trained members



Of RACGP members,  
**16,696**  
have a qualification from a non-Australian university.

### Member qualifications issued outside of Australia: Top 10 countries

We're proud of the diverse experiences and skills held by our members.

	Country	Total
1	India	1796
2	United Kingdom	1686
3	Sri Lanka	969
4	Pakistan	833
5	Bangladesh	787
6	Iran	781
7	Malaysia	619
8	Egypt	429
9	Myanmar	401
10	New Zealand	374

# Thanking our volunteers

Every day at the RACGP, members volunteer their time and expertise to ensure general practice continues to advance, and that clinical recommendations and primary healthcare policies support best-practice care.

Our members facilitate faculty council and expert committee activities; contribute to working groups and stakeholder meetings; respond to consultations, submissions and reports; provide guidance and support to peers; advocate for general practice in the media; share insight into RACGP projects and initiatives, and much more.

We sincerely thank them for their knowledge and efforts.

Here's a snapshot of some of the ways in which members have generously volunteered almost 8000 hours to enrich general practice in 2020–21.

Time (hours)	Activity
2095	Council meetings and associated RACGP discussions
597	Responding to consultations, submissions and reports
945	Media interviews and media contributions
778	Consultation with members/sharing of information or resources/creating education content
845	Assistance with, and representation at, educational and membership events, conferences and collegial activities
2620	Advocacy work and representation on working groups, at federal and state government engagements, and attendance at peak body meetings
<b>Total 7880</b>	

# Membership campaign 2020–21

The RACGP's 2020–21 membership campaign invited members of the RACGP to renew their membership and remain part of Australia's largest general practice community.

The campaign theme, 'We are who we stand for', highlights how the RACGP stands for its members, with a focus on powerful advocacy over the past 12 months. This included our public campaigns and continuing to point to our high-quality standards through education, training and continuing professional development (CPD).

In acknowledgement of the difficult year due to COVID-19 and the bushfires, RACGP membership included:

- exclusive member offers, in addition to the usual member rewards program, at no extra cost
- six months' complimentary access to online education webinars, on-demand content and simulated webcasts.

Who advocated for telehealth rebates during COVID-19?

**We did.**

When your patients were worried about seeing you in person, the RACGP successfully lobbied for new Medicare rebates for phone consultations. Through the media and in speaking with the Minister for Health, new telehealth items were established. Renew your membership at [racgp.org.au](http://racgp.org.au) today.

**We are who we stand for**

**RACGP**  
Royal Australian College of General Practitioners

**RACGP**

**RACGP Membership**

**2020–21**

**We are who we stand for**

**Renew today**

## RACGP membership campaign 2020–21

### RACGP membership

Supporting our members is at the heart of what we do. We're guided by our members voices to provide high-quality and relevant education, plus resources and support that safeguard, facilitate and empower them to care for their community.

We're committed to regularly checking in with members via surveys (such as the RACGP census) to gain further insight into needs of the profession and enable members to influence our advocacy work.

Below are just some of the many ways RACGP membership assists GPs to connect, advance their careers, and continue their professional development in order to deliver the best possible outcomes for patients.

#### Surveys



Overall Net Promoter Score\* on member satisfaction

35

with a customer satisfaction score of

7.9

#### Enquiries



125,551

enquiries received in the 2019–20 financial year

89,522 calls

36,029 emails

#### recruitGP

recruitGP is the RACGP's job-search website, listing GP-related job opportunities nationwide. It's free for members to search, and complimentary advertising comes as part of membership.



4769

free member job ads placed

470

non-member paid job ads placed



\$1,621,460\*\*

in complimentary advertising for our members



\$153,798 in revenue collected

#### RACGP Plus – Member benefits portal



RACGP Plus is RACGP's updated member benefits program, designed to support the evolving needs of GPs and practices.

RACGP Plus offers a range of digital offers and exclusive benefits that support members' professional and personal wellbeing, including access to offers on insurance, banking, travel, CPD, equipment and networking opportunities.

#### Library services – The John Murtagh Library

394,850

online library resources used

3450<sup>†</sup>

library services supplied, including loans, journal articles, searches, training, support and information



\*Net Promoter Score (NPS) is a metric used in customer experience programs. NPS measures the loyalty of customers to a company. NPS scores are measured with a single question survey and reported with a number from –100 to +100. A higher score is desirable.

\*\*Based on standard and non-discounted, non-member pricing.

†Lower than the previous year, as we couldn't provide hard copy loans during COVID-19 lockdown periods.

# Supporting lifelong GP learning

General practice is a constantly evolving field. Education and training are vital at every stage of a GP's career, from gaining their initial qualifications to maintaining their knowledge and expertise as experienced doctors.

The RACGP delivers career-long education, training and assessment for GPs, and provides support and resources to assist in this journey. Our work is underpinned by the new RACGP educational framework – providing a conceptual representation of our approach to education across the learning continuum of the Australian GP. The framework informs the development of all RACGP educational structures, programs and assessments.

## Education and assessment

The RACGP Fellowship exams are among the most important events for GPs in training. When COVID-19 emerged as a threat in Australia, we made the decision to postpone the 2020.1 Objective Structured Clinical Examination (OSCE) (scheduled for May 2020) and the 2020.2 Key Feature Problem (KFP) and Applied Knowledge Test (AKT) (scheduled for July 2020) into the second half of the year. We accelerated the development of a new clinical exam (the Remote Clinical Exam [RCE]) that could be delivered remotely, and worked to turn our well-established, computer-based testing capability into a remote proctored exam solution.

## Success in remote clinical assessment

The RCE has enabled over 2480 candidates to complete the college's final clinical exam. Driven by the need to safeguard participants and communities, this interim assessment replaced the face-to-face Objective Structured Clinical Examination (OSCE). The exam provided a rigorous yet flexible alternative to face-to-face exams. Exam candidates and examiners engaged proactively with new technologies, working alongside college staff to make this innovative exam a huge success.

The RCE will be replaced by the inaugural Clinical Competency Exam (CCE), which will be delivered in November 2021. Adopting features of both the OSCE and the RCE, and utilising international and national contemporary exam theory, this new exam presents an agile approach to clinical assessment and the maintenance of the standard of Fellowship.

## Supporting lifelong GP learning

### A disappointment in the written exam delivery

The RACGP has been delivering computer-based Fellowship exams twice a year for nearly a decade. The software regularly delivered exams simultaneously to more than 1000 exam candidates around Australia. As highlighted throughout this report, in October 2020, the RACGP's AKT and KFP exam were cancelled after candidates were unable to complete – or in some cases, start – their exams. The technical reports from the service provider, Genix Ventures Pty Ltd, found that the invigilation camera streaming software was unable to support the virtual exam process.

The RACGP has engaged legal advisors to prepare a claim against Genix.

### Support for candidates and re-run of the exams

Candidates affected by the failure of the invigilation camera streaming software were granted full refunds of their exam fee, and a re-run of the exam was organised at no cost to candidates for December, eight weeks after the October dates.

The re-run exam was a success and stands as tribute to the resilience of GPs in training, as well as the Fellows of the RACGP and staff who made the re-run possible. The exam was delivered on paper in 53 venues around Australia, all compliant with COVID-safe regulations. Candidates who did not wish to sit in December could choose to transfer to the February or July 2021 exam sessions, still at no cost to candidates.

All candidates were offered free psychological support and RACGP support for extensions to training and exam-related deadlines.

### Continuity of exam delivery

The 2021.1 AKT and KFP were delivered as originally scheduled in February 2021, with candidates in the following cohort not impacted. Following the failure of the computer-based delivery system, the exams have been delivered in pen-and-paper format while a new vendor is appointed to return to computer-based delivery.

### Exam candidates and pass rates

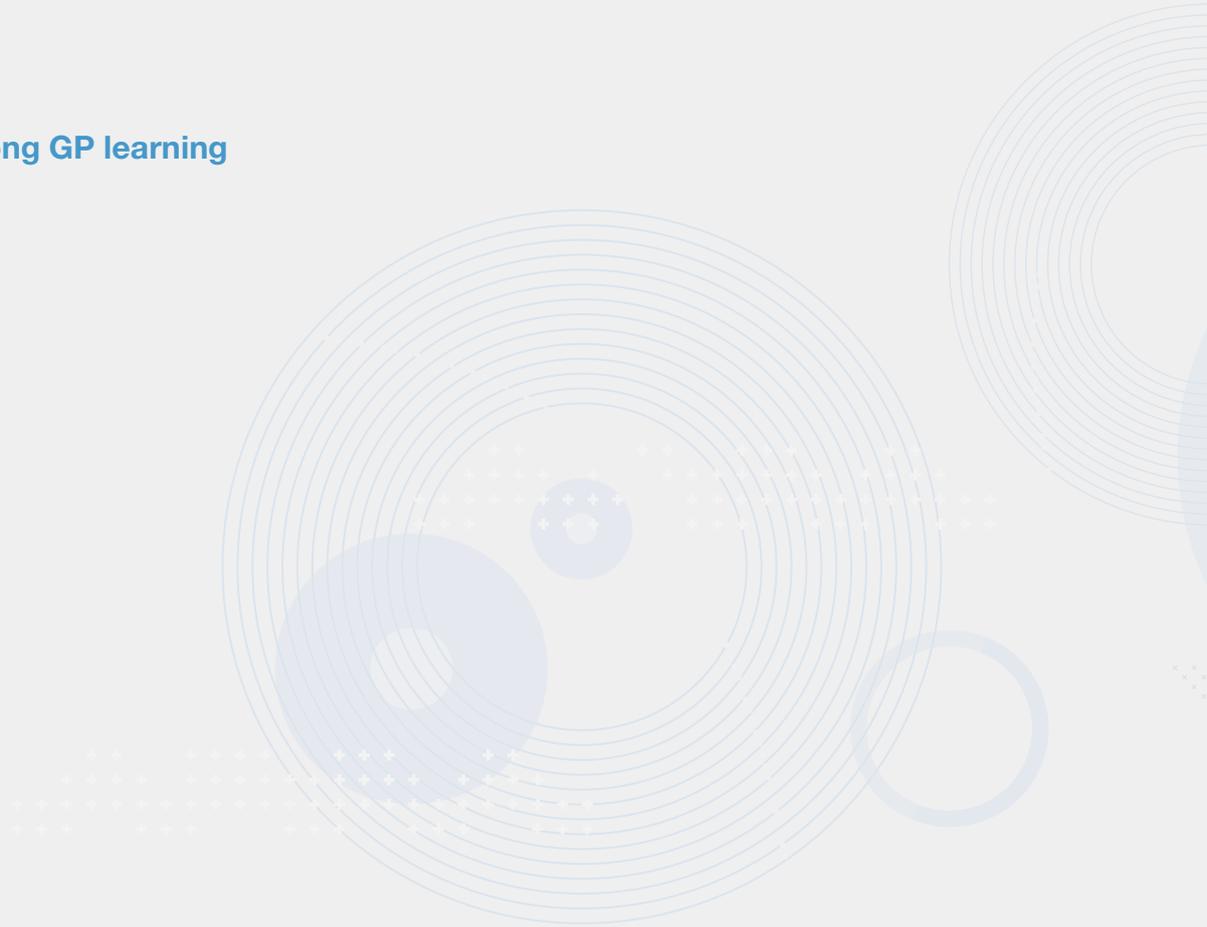
Assessment	Candidates	Pass rate (%)
2020.2 KFP	1251	67.15
2020.2 AKT	1089	72.64
2020.2 RCE	1114	78.99
2021.1 KFP	755	65.96
2021.1 AKT	748	86.10

### Strengthening rural curricula and assessments

The Fellowship in Advanced Rural General Practice (FARGP) curriculum has been updated to strengthen our rural pathways and deliver a flexible and robust training program that meets the changing needs of the rural GP workforce.

In line with the RACGP's transition to workplace-based assessment, we've developed a new assessment framework; 2022 candidates and supervisors will have the opportunity to complete their assessments online as part of a pilot to streamline the process and make it more efficient.

We've been consulting directly with training organisations and rural health stakeholders across the country to build good working partnerships and ensure that we capture the important views and feedback of all key organisations involved in the general practice training pipeline.



## RACGP educational framework: The way forward for GP education

The new **RACGP educational framework** is a conceptual representation of the RACGP's approach to general practice education. It brings together the components of RACGP education, represents their interrelationships, and covers the learning continuum of the Australian GP. It provides a streamlined, transparent and accountable process between RACGP values, educational structures and programs. The framework is intended to guide future RACGP educational development.

Developed collaboratively with GPs, experienced medical educators, stakeholders and subject matter experts, the framework reflects a shared vision of the values and standards of Australian general practice education.

The RACGP educational guiding principles are core to the framework. The principles inform our educational structures and programs and express the values, priorities, educational philosophy and scope of education to which the RACGP is committed.

Key educational structures with the educational framework are the RACGP *Profile of the general practitioner*, the Curriculum for Australian General Practice and the RACGP education policies and standards. We have called these three structures the 'guiding instruments'. Together, they provide direction for learners and education providers at all levels of general practice education, and support them to meet the evolving needs of patients in Australia.

The **RACGP educational framework** will be reviewed and evaluated regularly so that it can be revised as educational imperatives and environments change.

# Helping GPs in training on their journey to Fellowship

## Pathways to RACGP Fellowship

- Australian General Practice Training (AGPT) Program
- Remote Vocational Training Scheme (RVTS)
- Practice Experience Program (PEP)
- General Practice Experience Pathway
- AGPT Rural Generalist training

## Profession-led, community-based training

The transition of training back to the RACGP is a once-in-a-generation opportunity to reform general practice training and address some of the complex challenges associated with delivering quality healthcare across Australia.

The profession-led, community-based training proposal details the model that we will develop to manage and deliver the AGPT Program.

Presented to the Minister for Health, Greg Hunt, and the Department of Health in April 2021, our position paper received very positive feedback.

Our model draws on best practice research and evidence, member experiences and expert advice, with the aim of making significant, meaningful improvements in the quality and safety of general practice training and workforce distribution for the long-term benefit of the community and the profession.

## Preparing for the future of general practice training

It's important to us that changes to the delivery of general practice training meet the needs of GPs in training, supervisors and training practices, and that support is in place as we transition.

Seeking input from a range of stakeholders to inform our profession-led, community-based training work has been a priority for us.

We have been working closely with the nine Regional Training Organisations (RTOs) that deliver the current

AGPT Program to understand their programs and the local context to enable the development of individual transition plans.

We've also held over 30 consultation sessions with internal and external stakeholders on our education policy framework to understand what we can do to better to meet the needs of all parties when it comes to policies and their application.

A number of projects are underway that will support us to deliver world-class, career-long education, training and assessment for GPs:

- Educational framework – launched in February 2021; provides a conceptual representation of the RACGP's approach to education
- Education policy framework – we're transitioning the current RACGP, Department of Health and RTO policies and guidance documents into one user-friendly framework. This framework will regulate our educational activities and ensure they meet the RACGP **Standards for general practice training**
- Education policy decision register – a case management system to streamline requests and provide accurate data for evidence-based policy review. This system will enhance the experience of GPs in training when interacting with the RACGP on matters relating to their training
- Supervisor development program – a national syllabus and education program for supervisor professional development
- Remote supervision model – robust guidelines to ensure a safe and quality training experience for GPs in training working in practices where there is limited or no onsite supervisor available
- Progressive profile of a GP – a trainee progressive competency profile and scope of practice that will define key milestones in the progressive attainment of competencies and capabilities at three key privileging points on the pathway to RACGP Fellowship
- National vocational training syllabus – designed to support the learning and teaching of GPs in training across different vocational pathways with different levels of supervision and cultural backgrounds.

## Helping GPs in training on their journey to Fellowship

### Ensuring quality and consistency of general practice training

We worked closely with RTOs and the RVTS to ensure compliance with the RACGP *Standards for general practice training*. Formal re-accreditation of all 10 organisations was completed over the past 12 months. The re-accreditation process was reviewed and streamlined significantly during this time, making it more robust and efficient.

The Fellowship Pathways team also worked with the Council of Censors and clinical leads to review and strengthen ongoing monitoring and reporting mechanisms, such as critical incident and adverse event reporting, provision of annual reporting data and approval of alternate models of training. Improvements concentrated on consistency of reporting, collation of quantitative and qualitative data to identify trends and provide clearer national oversight of issues impacting GPs in training.

The RACGP is also committed to setting the standard for high-quality and evidence-based educational training in the PEP. The RACGP PEP monitoring and evaluation plan has been implemented across the PEP participant journey from application to program completion and Fellowship exams. Data gathered through PEP participant and RTO feedback actively informs continuous improvement of the program. This feedback underpinned key programmatic changes implemented in January 2021, including increasing workplace-based assessment activities and the development of the PEP Exam Preparation (PEPEXP) term. The PEPEXP term is an optional six-month course for PEP participants in their last term in the program. It provides medical educator-led targeted exam preparation support through a focus on written exam preparation, understanding of the general practice curriculum, study planning and learning modules.

We will continue to work with stakeholders to consolidate the gains of 2020–21 and explore how we can further enhance member experience and deliver robust general practice training.

### Nurturing research skills in medical education and training

Our Education Research Grant (ERG) program and Academic Post (AP) program aim to build research capacity for medical educators, RTO staff and GPs in training, and promote a culture of academic critique and use of evidence within general practice training.

COVID-19 caused some disruption to ERG and AP research activities undertaken by training organisations and GPs in training participating in the programs, but we ensured that ERG and AP participants were supported, and that appropriate flexibility was in place to overcome any obstacles presented by the pandemic.

Other highlights of 2020–21 include:

- all available AP and ERG grants awarded for 2021
- successful advocating for a policy change that enables ERG and AP participants to publish their research findings, increasing chances of their work being read and recognised
- new marketing strategy designed and delivered for the AP program, which led to a 40% increase in the number of applications for the 2020 program.

## Finding our future GPs: Campaigns promoting Fellowship

The value of highly trained GPs and the need for increased access to health services within our rural and remote areas have never been more evident.

Promoting the benefits of being an RACGP GP in training is key to our future medical workforce planning and our RACGP-led transition strategy.

### **AGPT Program: Broaden your horizons**

Our 2022 AGPT Program first-intake campaign highlighted the career opportunities available to those who choose a rural general practice training pathway with us, showcasing how our current GPs in training are broadening their horizons with rural experiences.

The GPs in training featured in our campaign shared their motivations for becoming a GP and how they've been able to personalise their pathway, combining continuity of care with sub-specialty interests.

These stories aimed to attract AGPT Program candidates who are passionate about rural primary healthcare so that we can support the development of GPs who are committed to living and working rurally and have the skills to meet the unique needs of all Australian communities.

*Start your  
GP journey*



RACGP



GP training is funded by the  
Australian Government through  
the Department of Health

## Finding our future GPs: Campaigns promoting Fellowship



The AGPT campaign is promoted through webinars, social media videos, digital screens in hospitals, eDMs and an outbound call campaign, where we assisted applicants to complete their submission.

The first intake in 2021 generated 1506 applications, with a total of 1684 registrations, seeing a demographic split of 59% female and 41% male. The campaign promoting the final 2022 intake will build on the learnings of intake one and runs until September 2021.



### 88%

increase in website traffic to campaign landing page



### 280%

increase in the 'apply now' click-throughs from campaign landing page compared with 2020 first intake



### 40%

increase in selection guide downloads compared with 2020 first intake



### 37%

increase in eligibility guide downloads compared with 2020 first intake

### Practice Experience Program: 'Unlock your practice potential'

The RACGP's Practice Experience Program (PEP) is the flexible, self-directed education and support program for non-vocationally registered (non-VR) doctors on their journey to Fellowship in regional, rural and remote Australia.

'Unlock your practice potential' encourages non-VR doctors to join PEP so that they are eligible to sit Fellowship exams and access A1 Medicare rebates while being supported by an experienced team of medical educators, a training organisation and a tailored online learning program.

Campaigns included social media content, display advertising, eDMs and materials within practices, and ran from 29 June to 16 July and 3–13 August 2020, 5–22 October 2020, 11–29 January 2021, 12 April to 3 May 2021 and 28 June to 19 July 2021.\*

\*These campaign bursts run outside of the reporting time frame of the Annual report.



# RACGP: Your CPD home

## We're making it easier for our members to browse and log their CPD

We continued to listen to our members feedback and make enhancements to support a comprehensive and holistic Continuing Professional Development (CPD) Program.

In the past financial year, we embedded a new survey tool into myCPD, giving our members the opportunity to share their feedback on the platform, so that we can make improvements that support our members' needs.

The latest upgrades to the myCPD platform build upon the introduction of Quick Log in 2020 and mobile accessibility updates to make it easier than ever for our members to browse activities and log their CPD.

## We connected our members to Australia's largest repository of CPD education for GPs

This year alone, 2633 new CPD activities have been developed, and at any one time, approximately 1500 are on offer through myCPD. These activities have been verified educationally and offer a diverse scope of content.

Despite COVID-19 making it difficult for members to access activities, particularly traditional face-to-face activities, GPs recorded more than 206,000 attendances at CPD activities from June 2020 to June 2021, adding up to 1.9 million hours. This equates to an average of 62 hours of CPD for each GP.

The necessary switch to a virtual learning environment has seen an increase in eLearning (45% of all activities), while face-to-face activities (28% of all activities) are also on the increase. The remaining 27% of activities are a mix of blended learning, peer group learning and audits.



Dr Ramya Raman

## Member experiences

'The RACGP CPD dashboard has been very user-friendly. [It's] simple to log on and load the activity details in a time efficient way.'

[Dr Ramya Raman](#)  
(Western Australia)

'The friendly local CPD staff are always available on the phone or email to assist with any questions or assistance needed.'

[Dr Mariam Bahemia](#)  
(Western Australia)

'I recently used the CPD dashboard to upload a postgraduate qualification. The follow up and advice from the RACGP team after I entered my submission was exceptional, and as a result, I received considerably more points than I originally expected. Overall, a very positive experience.'

[Dr Rebecca Jarvis](#)  
(Victoria)

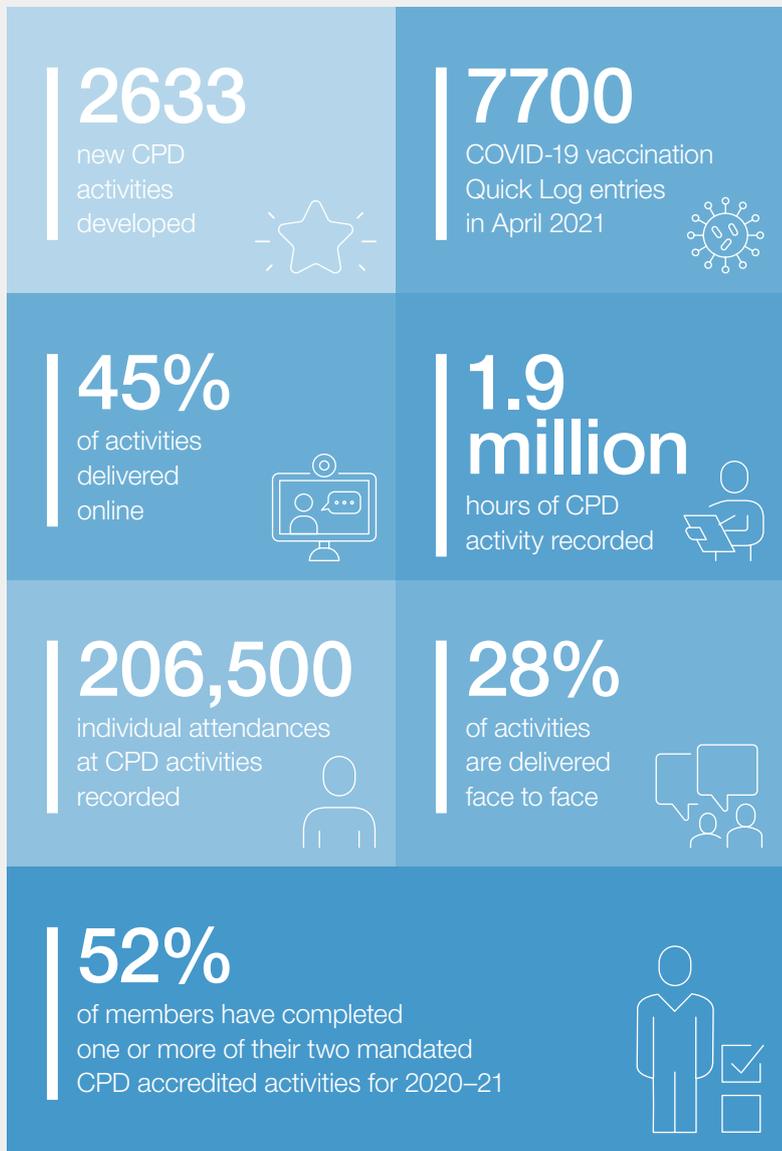
'Quick Log enables me to simply upload the reading I do in practice or practice meetings, and all the activities I regularly do.'

[Dr Mary Howes](#)  
(New South Wales)

**We worked with health regulators to support our members through change**

Changes to the *Health Insurance Act 1973* in late 2020 had the potential to affect some GPs' access to Medicare rebates. The RACGP worked closely with the Australia Health Practitioner Regulation Agency (AHPRA) to identify and alert all at-risk GPs. Our collaboration with AHPRA resulted in a successful transition to the new legislation, with only 27 GPs impacted by the change. RACGP President, Dr Karen Price, advocated directly to the Medical Board of Australia to ensure these GPs could continue to access their Medicare rebates and provide high-quality care to their community.

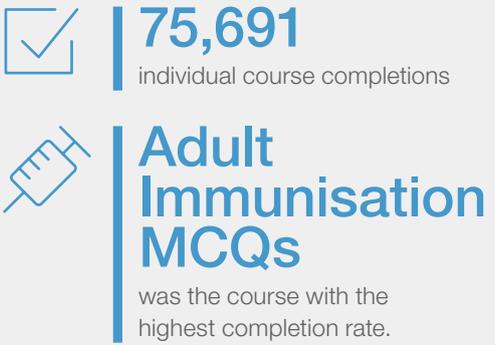
**CPD education: Supporting our members**



***glearning***

The RACGP's *glearning* online portal provides free general practice education to members with a current login. Every educational activity on *glearning* is evidence based, peer reviewed and developed by GPs for GPs.

From 1 January to 30 June 2021:



# Alcohol and Other Drugs GP Education Program

The RACGP Alcohol and Other Drugs (AOD) GP Education Program, funded by the Australian Government Department of Health, offers members the opportunity to upskill in support and treatment of patients who use AOD. This training opportunity is timely, given the impact and increased support many patients have required during the COVID-19 pandemic.

The purpose of this comprehensive skills-based education program is to enhance AOD consultation skills alongside clinical knowledge for patients who often have a complex range of comorbidities. GPs are encouraged to use their existing strengths and experience with chronic disease management to take a person-centred care approach to AOD.

Training is peer delivered by GPs for GPs, with a range of education options available. Participants select the training pathway that best suits their skill level and training preferences.

The program commenced in April 2020. Over 95% of participants who received a program grant payment reported that the training met their individual learning needs and was relevant to their practice.

More information on the AOD Program can be found on our website.

Between  
1 July 2020 and  
30 June 2021:

387

GPs completed  
Essential Skills Training

940

GPs completed  
Treatment Skills Training  
via *gplearning*

480

GPs completed  
Treatment Skills Training  
via Zoom workshops

50

GPs completed  
Advanced Skills Training

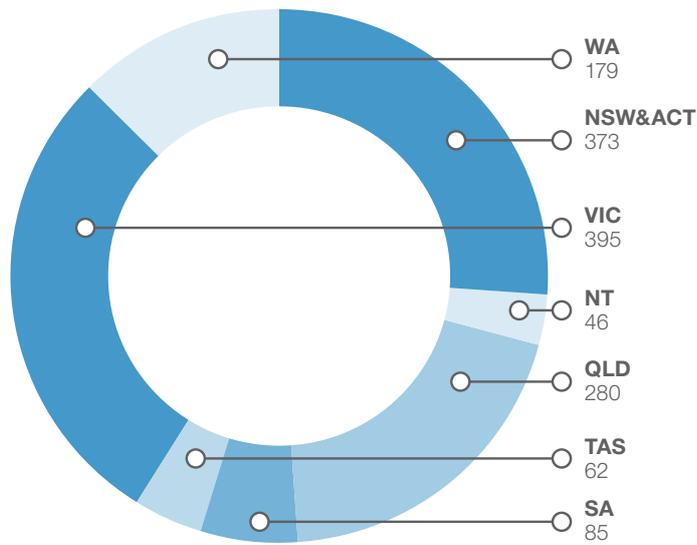
235

GPs participated in  
weekly online AOD case  
discussion sessions

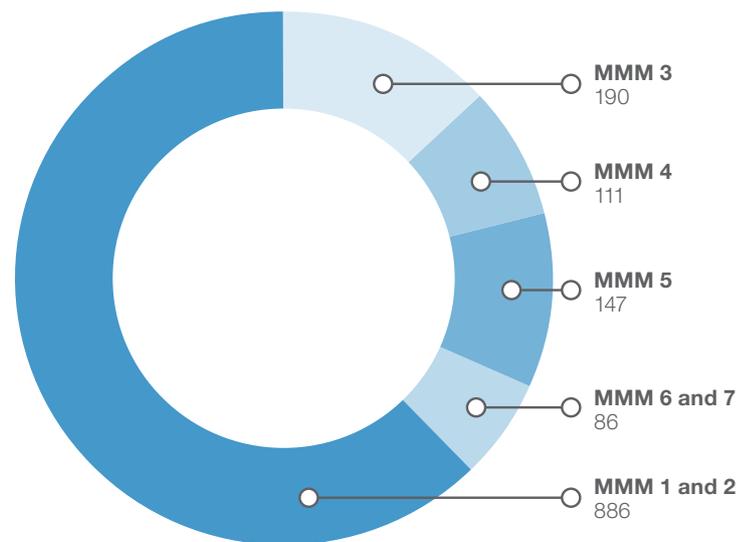
# Alcohol and Other Drugs GP Education Program

## Treatment skills training (1 July 2020 – 30 June 2021)

### Participation by state



### Participation by Modified Monash Model (MMM) location



# Supporting our GP leaders

The RACGP Leadership Development team delivers three programs to approximately 100 GPs every year. To date, over 250 of our members have been supported as they lead change and provide stewardship to others.

## RACGP Future Leaders program

The [Future Leaders program](#) helps GPs to identify their personal values and how they relate to their leadership qualities, plus explores techniques for influencing and achieving change. The 2020 Future Leaders program concluded in October last year, with a virtual event featuring UK guest speakers Professor Bill Irish and Dr Vijay Nayar, discussing leadership during COVID. 2021 marks the fifth year of the Future Leaders program. We received an unprecedented number of applications for this year's course, which launched in July 2021. We wish to thank our Future Leaders mentoring team who very graciously support our program participants as they embark on their leadership journey.

## RACGP Future Leaders alumni program

The RACGP Future Leaders alumni is now at 90, with all involved in leading significant and meaningful changes both in the college and within the wider general practice health system. Through a joint initiative with the NSW&ACT Faculty and our alumni, the *Suddenly I'm a Leader* pilot podcast was trialled in response to members' feedback during the height of the pandemic. We thank our alumni who participated in the podcast.

## RACGP Mentoring Program

The [RACGP Mentoring Program](#) is in its second year, with over 150 GPs participating as either mentors or mentees since its inception. In response to members' feedback, this year's program has expanded from New Fellows to any RACGP member seeking a mentor.



'My mentee really appreciated and benefited from the opportunity to speak outside of [the] constraints [of a commercial or educational setting], as one colleague to another; to hear the message that general practice in Australia is the place to be for clinical autonomy, professional satisfaction, a great income and the best working conditions you can get as a doctor.'

[Dr Nick Tellis, mentor, RACGP Mentoring Program](#)



# Honouring our GPs

The RACGP celebrates the dedication of GPs across Australia and recognises excellence in general practice by awarding accolades for the year's best GP, supervisor, GP in training, general practice, rural GP and rural GP in training, as well as the Rose–Hunt Award, the RACGP's highest accolade.



## Rose–Hunt Award 2020

For Bundaberg GP and founding Chair of RACGP Aboriginal and Torres Strait Islander Health, Associate Professor Brad Murphy, receiving the Rose–Hunt Award, was a great privilege.

'It is the greatest honour to receive the Rose–Hunt Award. It is extremely humbling ... to be among so many of the college's legends and mentors I have had along the way. There are so many deserving people,' Associate Professor Murphy said in his acceptance speech.

'Particularly on this 10th anniversary of us starting the National Faculty of Aboriginal and Torres Strait Islander Health, it's the greatest honour, and I think it's also acknowledgement of the great work the team within the faculty have done.'

Associate Professor Murphy, a Kamillaroi man, trained as a medic in the Royal Australian Navy before working with the NSW Ambulance Service and Royal Flying Doctor Service at Uluru. He was one of the first Aboriginal medical students at James Cook University and established his first solo general practice in 2008.

# RACGP award winners

## Rose–Hunt Award 2020

### Associate Professor Brad Murphy

The RACGP's most prestigious award, recognising outstanding service in promoting the aims and objectives of the RACGP.

## Future Leaders President's Medal 2020

### Dr Kerry Summerscales

Taking into consideration leadership behaviours taught and evidenced through the RACGP's Future Leaders program, Dr Kerry Summerscales was humbled to receive the medal.

'It wasn't something I expected, and it's certainly something I see as an honour,' she said in her acceptance speech.

Dr Summerscales transitioned into general practice following a 30-year career in the Australian Defence Force (ADF), and found herself drawn to veterans' health. Dr Summerscales devised a project to help promote the area of health to her GP colleagues and the general community through a series of educational dinners and materials.

'As a veteran myself and someone who sees increasingly more veterans – about 50–60% of my patient load is now veterans, which I love – I realise now that I've got out, I'm essentially doing the same job. I just get to wear a pretty dress when I'm doing it,' she said.

'It's an important cultural and health area that does need to be looked at, so I'm glad that I've been able to push this forward and get some information out there.'

## Honorary Fellowship 2020

### Dr Trina Gregory

## Honorary Membership 2020

### Mrs Fiona Edgecombe Mr Mark Evans

## Corlis Award 2020

### Dr Anne Eastwood

This award recognises an RACGP member and/or Fellow who has contributed substantially to the education and mentoring of doctors who are on any of the RACGP pathways to Fellowship.

## General Practitioner of the Year 2020

### Dr Duncan MacKinnon

Presented to a GP who has demonstrated outstanding commitment to the profession, excellence in primary healthcare provision and significant involvement in training and continuing professional development.

## General Practice of the Year 2020

### Saunders Street Clinic, Tasmania

Recognises a practice's approach to patient health and wellbeing, exemplary service and quality of care, health-promotion initiatives and the practice's involvement in general practice teaching.

## General Practice Supervisor of the Year 2020

### Dr Jim Berryman

Recognises the dedication of a GP who has significantly contributed towards the training and mentoring of general practice registrars, leading by example and inspiring those coming through the system to gain a strong appreciation of the general practice profession.

**'The Future Leaders President's Medal is awarded to a GP who makes a contribution to the RACGP and expects to continue doing so for the future of general practice.'**

## RACGP award winners

### General Practitioner in Training of the Year 2020

#### Dr Josephine Guyer

Recognises the strong commitment made by a general practitioner in training to learn the general practice profession and the provision of high-quality patient care.

### RACGP Rural Brian Williams Award 2020

#### Dr Lorri Hopkins

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

### RACGP Aboriginal and Torres Strait Islander Health – Standing Strong Together Award 2020

#### Dr Sarah Gleeson

Recognises partnerships between GPs and Aboriginal and Torres Strait Islander peoples in improving the health of Indigenous Australians.

### RACGP Aboriginal and Torres Strait Islander Health – Growing Strong Award 2020

#### Dr Justin Hunter

The Growing Strong Together Award recognises an exceptional Aboriginal and/or Torres Strait Islander GP in training.

### Rural GP in Training of the Year 2020

#### Dr Emma Thompson

Presented to a GP in training who has demonstrated a deep commitment to rural general practice, learning and education, and service to rural patients and rural communities



Dr Kerry Summerscales, recipient of the 2020 RACGP Future Leaders President's Medal.

## National honours – RACGP members

### Australia Day Honours 2021

#### Member in the General Division of the Order of Australia

- Dr Kenneth Fitch AM (Western Australia)

#### Medal of the Order of Australia in the General Division

- Dr James Bowie OAM (Western Australia)
- Dr Susan English-Donkers OAM (Victoria)
- Dr Amarjit More OAM (New South Wales), posthumously awarded
- Dr Frederick Morgan OAM (Queensland)
- Dr David Nelson OAM (Western Australia)
- Dr David Outridge OAM (New South Wales)
- Dr Susan Rowley OAM (New South Wales)

### Queen's Birthday Honours 2021

#### Officer of the Order of Australia in the General Division

- Professor Paul Glasziou AO (Queensland)
- Emeritus Professor Colin Binns AO (Western Australia)

#### Member of the Order of Australia in the General Division

- Professor Claire Jackson AM (Queensland)
- Professor Chris Del Mar AM (Queensland)
- Dr Betsy Williams AM (South Australia)
- Dr Annette Carruthers AM (New South Wales)
- Associate Professor Lynette Clearihan AM (Victoria)
- Dr Geoffrey Thompson AM (Northern Territory)

#### Medal of the Order of Australia in the General Division

- Dr Louise Baker OAM (New South Wales)
- Dr Albert Tonga OAM (Northern Territory)
- Dr David Francis Rowlands OAM (Queensland)
- Clinical Professor Alan Wolff OAM (Victoria)
- Dr Peter Baquie OAM (Victoria)
- Dr Rimas Liubinas OAM (Victoria)
- Dr Costas Costa OAM (Queensland)

#### Member of the Order of Australia in the Military Division

- Rear Admiral Dr Jennifer Firman AM (Australian Capital Territory)

#### Conspicuous Service Cross in the Military Division

- Commander Dr Chloe Ryan (Australian Capital Territory)
- Wing Commander Dr Collette Richards (South Australia)

# GP20

## Connect. Learn. Inspire

More than 1800 online participants and 43 organisations attended GP20, the first fully digital conference held by the RACGP.

The conference was held on 16–28 November 2020 and delivered more than 20 live presentations and 35 hours of on-demand content. During the two-week conference, delegates from 16 different countries participated via the conference digital platform.

Key program sessions focused on the global response to COVID-19, with interactive Q&A sessions with representatives from eight countries. The important role that GPs play in the frontline response to disasters and the related economic recovery was highlighted in the 'Disasters and general practice in the spotlight' opening plenary session.

The achievements of everyday GPs were celebrated during the RACGP National Awards ceremony, which saw a massive 188 award nominations received across every category of the RACGP awards in 2020.

### The GP20 experience

The conference's digital format allowed us to provide streams of content tailored to range of roles and interests. Attendees could browse the comprehensive program by topics, which included:

- Aboriginal and Torres Strait Islander health
- GPs in clinical practice
- New Fellows
- research
- GPs in training
- international
- rural

### Media exposure



Total stories: **94**



Broadcast: **37**  
(potential audience reach 18,500)



Online: **54**  
(potential audience reach 7.46m)



Print: **3**  
(potential audience reach 14,850)



# Practice Owners National Conference



Delegates at the Practice Owners National Conference.

Over 650 delegates and 36 organisations attended the Practice Owners National Conference on 19–20 June 2021. The conference offered a dynamic program for both in-person attendees at the Brisbane Convention & Exhibition Centre and, for those who were unable to meet in person, a fully digital experience. This meant delegates were able to attend from wherever they were in Australia or overseas. Presentations were also recorded and made available on demand.

The conference delivered an inspiring two-day program, specifically developed in consultation with GP practice owners, with the aim to meet the specific needs of practice owners and practice managers.

Education content covered a range of topics, including strategic business planning and funding models, billing structures and tips to improve business efficiencies and patient outcomes.

All conference sessions were presented by GP practice owners and subject-matter experts, giving attendees the opportunity to draw from a diverse range of experiences.

Interest in the Practice Owners National Conference has continued to grow over the past three years, reflecting a need among GPs for support to leverage data and digital technologies, and futureproof their practices.

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‘An excellent conference for practice owners, including use of new technology to grow our business, while providing quality healthcare to our patients.’

Dr Susan L Ledwidge

---

‘This was the best two days I have ever spent on my business. Relevant and fun!’

Dr Ruth Edwards

---

‘The conference was well organised and lived up to my expectations. Relevant streams for myself as an established practice owner. Very good range of providers/products in the trade display.’

Dr Lynne King

**Popular presentations from the Practice Owners National Conference:**

Developing key performance indicators (KPIs) for your practice

Using product thinking in general practice to create a successful clinic for the future

The evolution of a consumer-driven primary care clinic

Financial structures of billing

Marketing digital strategies – your website is key



# Foundation grants

The RACGP Foundation awarded more than \$600,000 in general practice research grants in 2020–21, including two grants specifically investigating the COVID-19 pandemic. This would not have been possible without the generosity of our partners and our members.

General practice research underpins clinical practice and is the foundation of the quality, innovative, efficient and effective general practice required to deliver positive patient outcomes and a healthier Australia.

Thank you to our GP researchers who have shared their stories in the media, in our publications and online.

We thank our members, the generous individual donors, trusts, foundations and corporate partners who continue to support the work of the RACGP Foundation.

Investment into medical research leads to higher standards of healthcare, which benefit all Australians.



# Donors

The Foundation thanks the following generous individuals who kindly donated in 2020–21.

### \$100–\$499

Dr Carmen Abaffy  
Dr Nindhi Ahilan  
Dr Oluwamayowa Ajagbe  
Dr Ruth Alegarbes  
Dr Barbara Allen  
Dr Susan Allman  
Dr Simon Aung  
Dr Nagesuparan Baheerathan  
Dr Stephen Barnett  
Dr Gilars Blicavs  
Dr Daniel Byrne  
Dr Laura Carija  
Dr Michael Chomyn  
Dr Daryl Christian  
Dr Christopher Clohesy  
Dr Julian Collins  
Dr Maree Creighton  
Dr Fedwa Dakhil  
Dr John Deady  
Dr Juana DeEvans  
Dr Sandeep Doraiswamy  
Dr Karen Douglas  
Dr Shiromali Ekanayake  
Dr Allan Fasher  
Dr Lisha Feng  
Dr Angela Ferruccio  
Dr Vimala Forbes  
Dr Oliver Frank  
Dr Dominic Frawley AM  
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Dr Mukesh Haikerwal AC  
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Dr Kate Haslam  
Dr Chris Hayes  
Assoc Prof Charlotte Hespe

Dr Martin Hodgson  
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Dr Rosemary Howard  
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Dr Samantha Pillay  
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Ms Parvathy Radhakrishnan  
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Dr Kathryn Rainsford  
Dr Bronwyn Reddish  
Mr Paul Reddy  
Mr Simon Richardson  
Dr Jill Richardson  
Ms Fiona Rimmer  
Dr Sandra Rizzo  
Dr Fiona Roberts  
Dr Penelope Roberts-Thomson  
Ms Marianna Rogers  
Dr Anna Sallos  
Dr Deborah Sambo  
Dr K R Sandanayake  
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Dr Sithamparapillai Seelan  
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Dr Anuradha Singanamala  
Dr Graeme Smith  
Dr Sarah Smith  
Dr Deborah Smith  
Dr Nancy Sturman  
Ms Naomii Taylor  
Dr Paul Thomas  
Mr Greg Troughton  
Dr John Utete  
Dr Raghuraj Vasanthan  
Dr Susan Vickers  
Dr Sunil Vyas  
Dr Aseen Wajdi  
Dr Noela Whitby AM  
Dr MD Yousufzai  
Dr Huiyun Zhao  
Dr Li Zou

### \$500–\$999

Dr Eleanor Chew OAM  
Dr Mathew Coleman  
Assoc Prof Lynette Fragar AO  
Mr David Gross  
Dr Mark Hanikeri  
Dr Sugantha Jagadeesan  
Dr Madan Mariappan  
Mr Walter Nespolon  
Prof Dimity Pond  
Dr William Sands  
Prof Seong Tan  
Dr Lina Zbaidi

### \$1000–\$1999

Ms Zofia Di Stefano  
Dr William Errington  
Ms Kerry Evripidou  
Prof Gerard Gill  
Ms Camilla Milazzo  
Dr Mark Miller  
Dr Pushparani Ravindranayagam

### \$3000–\$4000

Dr Tina Blight

### \$6000+

Dr John Prossor

### Partners

The RACGP Foundation thanks its partners for their generous support in 2020–21:

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

The RACGP Foundation thanks the HCF Foundation for providing two additional research grants to fund research projects relating to COVID-19 and general practice. These grants are over and above HCF Foundation's annual grant contribution and recognise the central role GPs play in caring for our communities during the pandemic.

Following the passing of Dr Harry Nespolon in July 2020, the RACGP, Medibank Better Health Foundation and Sonic Health established the inaugural RACGP Foundation Harry Nespolon Research Grant. We thank Medibank and Sonic for their support and wish to acknowledge all who donated to the memorial fund. The grant will fund research into the wellbeing of GPs, including those that address factors that support GP self-care and peer support – themes for which the late RACGP president was a strong advocate.

The RACGP Foundation also acknowledges the generosity of the Windermere Foundation and their substantial investment into general practice and primary care research through the TROPHI Project. The RACGP looks forward to delivering on this important project with Monash University and the University of Melbourne in the coming years.

### Partner in focus

#### **Translating Research Outcomes into the Primary Health Interface (TROPHI)**

In late 2019, the RACGP and the Monash University Department of General Practice, in partnership with the University of Melbourne Department of General Practice (the Universities), separately responded to a request for a proposal from the Windermere Foundation.

The RACGP had taken a national perspective, whereas the Universities had crafted a local, grassroots response. Although different, the submissions made by the Universities and the RACGP were complementary. The Windermere Foundation saw the value in bringing the two viewpoints together.

Together, we began a collaborative venture to establish a primary healthcare research translation interface in outer-eastern Melbourne.

The Victorian Collaboration for TROPHI drives high-quality research projects that provide contemporary, practice-based evidence to improve patient outcomes.

The TROPHI healthcare model coordinates research efforts, builds research capacity in the primary healthcare workforce and enables relevant research findings to be communicated efficiently and effectively to GPs.

Initially being trialled as a pilot program in the outer-eastern region of Melbourne, the plan is for TROPHI to expand nationally and inform a sustainable framework for general practice research in Australia.

We commend the Windermere Foundation for bringing together all parties under the banner of TROPHI and helping to overcome some of the fragmentation in primary healthcare research.

This opportunity allowed us to consolidate our efforts and leverage each other's strengths, improve efficiencies and create meaningful and sustainable engagement.

TROPHI has the potential to have a far-reaching, positive impact for practitioners, patients, the primary healthcare sector and the broader community.

# Foundation grants and awards: Recipients for 2020–21

The RACGP Foundation congratulates the 19 grant recipients for 2020–21. We look forward to seeing the outcomes of your research and the positive impact it will have on general practice and primary care. Thank you to our supporters for making general practice research possible.

Grant/award	Investigator	Co-investigators	Project title	State
Therapeutic Guidelines Limited (TGL)/RACGP Foundation Research Grant	Dr Mina Bakhit	Prof Tammy Hoffmann Prof Chris Del Mar	'Evaluating the usability and effectiveness of Therapeutic Guidelines' additional features on antibiotic prescribing for acute infections in general practice'	Queensland
Therapeutic Guidelines Limited (TGL)/RACGP Foundation Research Grant	Prof Lisa Amir	Dr Luke Grzeskowiak Dr Sharinne Crawford Dr Meabh Cullinane	'Understanding antibiotic prescribing for mastitis in breastfeeding women: A mixed-method study'	Victoria
Motor Accident Insurance Commission (MAIC)/RACGP Foundation Research Grant	Assoc Prof Katharine Wallis	Dr Geoffrey Spurling Dr James Matthews Dr Theresa Scott Dr Rory Melville Dr Kim Jackson	'The 3-Domains toolkit for assessing older drivers: Pilot study in general practices and validation study in driving assessment clinic'	Queensland
HCF Research Foundation/RACGP Foundation COVID-19 Research Grant	Dr Danielle Butler	Assoc Prof Rosemary Korda Prof Kirsty Douglas Dr Grace Joshy	'The effect of COVID-19 and the introduction of temporary telehealth items on use and costs of GP services: A whole-of-population linked data study'	Queensland
HCF Research Foundation/RACGP Foundation COVID-19 Research Grant	Prof Danielle Mazza	Dr Asvini Subasinghe Dr Natalie Amos Dr Dan Epstein Dr Pallavi Prathivadi	'Prioritising essential clinical services (ECS) in general practice during the COVID-19 pandemic: An evaluation of the Royal College of General Practitioners (RCGP) guidance for the Australian context'	Victoria
RACGP Foundation/HCF Research Foundation Research Grant	Dr Katrina Giskes	Prof Benjamin Freedman Assoc Prof Charlotte Hespe Dr Nicole Lowres Assoc Prof Ruth Webster Ms Jessica Orchard Ms Jialin Li	'AF TRENDS – Atrial fibrillation treatment, recommendations, electronic decision support and screening'	New South Wales
RACGP Foundation/HCF Research Foundation Research Grant	Prof Simon Willcock	Dr Claudia Rutherford Prof Kate White Dr Marguerite Tracy Dr Janani Mahadeva Mrs Julie Marker	'Transition from acute to primary healthcare for early colorectal cancer survivors: Using mixed methods to establish primary care providers opinions and current practices for managing symptoms and functions in the community'	New South Wales

## Foundation grants

Grant/award	Investigator	Co-investigators	Project title	State
RACGP Foundation/ Diabetes Australia Research Grant	Dr Rita McMorrow	Assoc Prof Jo-Anne Manski-Nankervis Dr Barbara Hunter Dr Christel Hendrieckx Prof Jane Speight Dr Nana Hempler	'Assessing and addressing diabetes distress in Australian general practice: A mixed method exploratory study of current practice'	Victoria
RACGP Foundation/BOQ Specialist Research Grant	Clinical Assoc Prof Sanjyot Vagholkar	Dr Janani Mahadeva Assoc Prof Melissa Kang Ms Yang Xiang	'A GP-Practice nurse team-based model providing sexual and reproductive healthcare for Mandarin-speaking university students'	New South Wales
RACGP Foundation/ ANEDGP Innovation Research Grant	Dr Cate Howell	Dr Neil Jensen Dr Gemma Skaczkowski Dr Kate Gunn Prof Deborah Turnbull	'Bridging the gap between primary care and mental health professionals: Scoping review to inform the development of an e-mental health solution'	South Australia
RACGP Foundation Family Medical Care, Education and Research Grant (FMCER)	Dr Marguerite Tracy	Prof Lyndal Trevena Dr Heather Shepherd	'Patient journeys to health information and the role of question prompt lists – A longitudinal qualitative study'	New South Wales
RACGP Foundation Family Medical Care, Education and Research Grant (FMCER)	Dr Bianca Perera	Dr Chris Barton Dr Christian Osadnik	'Enhancing care of patients by effective general practice follow up after an acute exacerbation of COPD'	Tasmania
RACGP Foundation Indigenous Health Award	Dr Annapurna Nori	Prof Vivienne Moore Dr Odette Pearson Prof Megan Warin	'The Care Project – Improving the wellbeing of older Kaurua and Ngarrindjeri women'	South Australia
RACGP Foundation Chris Silagy Research Scholarship	Dr Winnie Chen		'Using clinical decision support for chronic diseases? A systematic review of the past decade'	Northern Territory
RACGP Foundation Walpole Grieve Award	Dr Rita McMorrow		'International collaboration with Steno Diabetes Centre, Copenhagen'	Victoria
RACGP Foundation Charles Bridges-Webb Memorial Award	Dr Antony Bolton		'Barriers and enablers to the provision of structured healthcare to people who regularly use methamphetamine in general practice: A qualitative study'	New South Wales
RACGP Foundation Peter Mudge Award	Assoc Prof Jo-Anne Manski-Nankervis		'Guidance GP – Pilot of an antimicrobial stewardship quality improvement activity'	Victoria
RACGP Foundation Alan Chancellor Award	Dr Isaac Tranter		'Immunising older Australians – Perspectives from GP training'	Queensland
RACGP Foundation Iris and Edward Gawthorn Award	Pending			
RACGP Foundation Best General Practice Research Article in the AJGP Award	Dr Belinda O'Sullivan	Dr Deborah Russell, Assoc Prof Matthew McGrail Ms Marisa Sampson Ms Allyson Warrington Mr Glen Wallace Dr Michael Bentley Dr Danielle Couch	'Factors related to rural general practitioners supervising general practice registrars in Australia: A national cross-sectional study'	Victoria

# Creating partnerships: Supporting general practice and enhancing member value

The RACGP aims to create a unique and unrivalled ecosystem with community, industry and commercial partners that advances general practice and creates healthier communities. Through our many partnerships we create shared value, provide mutual benefits and deliver financial strength for our members and partners.

## Championing women's health with Jean Hailes

To help raise awareness about important health checks, the RACGP partnered with Jean Hailes ahead of Women's Health Week (7–11 September 2020).

The partnership urged women to book in with their GP and make sure their health screens were up to date.

Regular health checks and screenings should be an essential part of every woman's health routine, but concerningly, Medicare Benefits Schedule (MBS) data showed that the number of face-to-face GP attendances for women fell by almost 24% between March and June 2020 when compared to the same period the previous year.

The RACGP encouraged women to prioritise self-care and access their GP via telehealth for a number of services, including pregnancy, antenatal and postnatal care, as well as mental health discussions about loneliness and isolation.

## Building international partnerships

RACGP International collaborates with and supports international partners to improve global community health outcomes and elevate education and assessment standards in general practice.

In March 2021, we joined primary care experts from the UK, USA, Canada and the Gulf Cooperation Council (GCC) region for the Emirates Family Medicine Society (EFMS) Congress, held as a hybrid event in Dubai and online.

Our partnership with the EFMS provided opportunity to share Australian general practice initiatives with over 4700 delegates, ensuring healthcare professionals in the GCC region have access to quality medical education, resources and support.

The RACGP participated in four virtual congress sessions, presenting on the COVID-19 pandemic, chronic disease, medical research and education for GPs in training.

Our 'Agility and innovation in the face of adversity' session enabled lead RACGP medical educators to showcase the development and delivery of the Remote Clinical Exam (RCE) – the world's largest online multistation clinical Fellowship exam.



RACGP representatives who presented at the Emirates Family Society Congress.



## Advocacy and communication

Advocacy and communications are interrelated – great policies require powerful engagement and communication to effect meaningful change.

Using our voice to advocate for general practice and the primary care needs of our diverse communities is integral to our work.

We continued to expand our media presence over 2020–21, ensuring members and the Australian public received reliable and trustworthy health advice, and to counter misinformation, particularly around vaccine hesitancy.

Our focus is always on how we can work collectively with our members to transform our health system and ensure every Australian is able to prioritise their health with the support of their GP.

# Our advocacy work

In addition to our previously highlighted COVID-19 advocacy, the RACGP advocates extensively on behalf of its members on the full range of issues and reforms affecting general practice.

Using the energy and expertise of our membership base, we ensure the GP voice is heard by advocating for the profession's priorities and responding to government and stakeholder consultations, participating in committees and forums, producing evidence-based position statements and reports, and by regularly meeting one on one with federal and state health ministers, their advisers, federal and state health departments, and a range of other stakeholders.

This vital work is supported by the RACGP Board, RACGP expert committees (Quality Care, Funding and Health System Reform, Practice Technology and Management, Standards for General Practice, Research), state and national faculty councils, specific interest groups and our many dedicated representatives drawn from the broader membership.

**Our advocacy has stretched across topics, such as COVID-19, disability, aged care, disaster management, family violence, dementia, mental health, electronic prescribing, prevention and Medicare Benefits Schedule (MBS) reviews.**

Over the course of the year, this advocacy has resulted in over 170 national submissions and many more state and territory submissions to governments and other key stakeholders. Our representatives have participated in close to 100 committees and forums and presented at numerous royal commissions and parliamentary inquiries.

We know this work has resulted in general practice being at the heart of the COVID-19 vaccination rollout, increases to funding for COVID-19 vaccinations, implementation and maintenance of telehealth, enhancements to the palliative care schedule, enhanced support for residents of aged care facilities through mental health treatment MBS items, increased Practice Incentives Program payments, increased funding for aged care and subsidies to electronic prescribing costs, and has stemmed the encroachment of business models that threaten to undermine the safety and quality of Australia's health system.



Over  
**170**  
national submissions



**100+**  
national representatives  
at various state/  
territory and national  
meetings, including  
royal commissions and  
parliamentary inquiries

# Guiding government and the community

In 2020–21, the RACGP provided substantial recommendations and advice to government external agencies and statutory organisations (ie the Medical Board of Australia, the Australian Medical Council and the Australian Commission on Safety and Quality in Health Care), including high-profile Australian health enquiries, such as:

- royal commissions, including the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into Aged Care Quality and Safety
- government inquiries, including senate committee information requests.

Governmental and community requests for RACGP input and information cover a wide range of topic areas, reflecting the broad scope of general practice, including:

- advice on specific cases
- enquiries on particular health issues
- clinical guidelines
- government policy
- medical professional standards, education and training.

The need for this guidance often arises out of the changing health needs of the community, and the RACGP recognises that our profession also needs to adapt in order to provide appropriate and contemporary general practice care.

All RACGP responses provide evidence-based guidance on college-related activities in the requested area of focus in the form of written submissions and in-person representation at meetings and enquiries. In addition, there may be further RACGP outcomes; for example, the development of specific guidelines or educational activities.

Working with external organisations, so that the voice of the profession is heard and acknowledged, is a key RACGP strategy for ensuring that our health system responds to the continually evolving needs of our patients.

This expert guidance requires considerable time and resources, and the RACGP thanks our members for their commitment to embracing our social and ethical responsibilities for providing advocacy to help ensure the best possible general practice care for all Australians.

# RACGP representatives

A vital component of our advocacy is the work of our representatives. Between 30 June 2020 and 30 June 2021, RACGP representatives participated in 94 meetings held by various governmental agencies and stakeholder organisations.

Requests came from broad range of government and stakeholder organisations, including the Department of Health, Comcare, NPS MedicineWise, the Therapeutic Goods Administration, the Australian Commission on Safety and Quality in Health Care, Heart Foundation, Palliative Care Australia, Cancer Australia and the Department of the Prime Minister and Cabinet.

Topics included a pancreatic cancer roadmap, leukaemia national action plan, mental health and suicide prevention, the role of GPs in supporting work participation, quality use of medicines, asthma medication, stillbirth, pain management and palliative care, cognitive impairment, genetic testing and the physical health of patients with mental health issues.

## Parliamentary inquiries attended:

- Royal Commission into Aged Care Quality and Safety, established 8 October 2018. Final report issued 26 February 2021.
- Royal Commission into Disability, established 4 April 2019. Inquiry period 4 April 2019 to present (ongoing). Final report is not expected until 29 September 2023.
- Public hearing – Inquiry into lessons learned regarding the preparation, planning and recovery efforts following the 2019–20 Australian Bushfire season, 29 July 2020.
- House of Representatives public hearing – Select Committee on Mental Health and Suicide, 24 June 2021.
- Senate Select Hearing – COVID-19, 27 April 2021.
- Senate Community Affairs References Committee – Public hearing on fetal alcohol spectrum disorder, 16 September 2020.

## National roundtables attended:

- Mental Health & Life Insurance Roundtable, Financial Services Council, 17 May 2021.
- Ministerial Roundtable – Australian Cancer Plan, Department of Health, 21 April 2021.
- National Mental Health Roundtable, National Mental Health Commission, 30 March 2021.
- Suicide Prevention Roundtable, Black Dog Institute, 2 November 2020.
- National Mental Health Commission 2030 Roundtable, 26 October 2020.
- National workshop, National Disability Strategy – Beyond 2020, 15 September 2020.

# Health of the Nation

The RACGP's annual *General Practice: Health of the Nation* report reveals genuine insight from GPs into Australian general practice. It paints a picture of a point in time and tracks trends over the longer term.

The 2020 report surveyed more than 1700 GPs. It incorporates data from Medicare and the Australian Bureau of Statistics to produce a unique overview of general practice, including the early impacts of COVID-19 and the 2019–20 summer bushfires. The report discusses how national disasters impact the mental health of both GPs and their patients. Changes to the ways in which patients access care, including the introduction of new Medicare-supported telehealth models of care, were investigated. The report also looks at the challenges faced by GPs and practice owners to provide care in a rapidly changing pandemic environment, including decreased patient presentations and impacts to practice viability. Despite its challenges, GPs remain very satisfied with their career choice.

The report was [launched online](#) with supporting video addresses from the Federal Health Minister, Greg Hunt; former Shadow Minister for Health, Chris Bowen; and Leader of the Australian Greens, Adam Bandt.

**The digital report was viewed over 5500 times throughout the year**



GENERAL PRACTICE  
**HEALTH**  
OF THE  
**NATION**  
2020



A unique insight into the state of Australian general practice

## Key insights from the 2020 report:



**27%**

of GPs reported a deterioration in their mental health due to COVID-19



**97%**

of GPs reported they had used telehealth



**87.4%**

of Australians visited a GP in 2019–20, the lowest rate since 2014–15



**Seven in 10**

GPs reported that their income or revenue in April/May 2020 was lower than it was in the same period in 2019



**Nine in 10**

reported they are satisfied or very satisfied with their work overall

# RACGP submissions in the spotlight

We submitted over 170 submissions to government in 2020–21, advocating to improve the health of all Australians through patient-centred, continuous, comprehensive, coordinated, high-quality, accessible primary healthcare.

The following summaries reflect just a small number of the submissions and issues papers prepared by the RACGP. Further details of our submissions are available on our [website](#).

## Disability

**Title:** Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

**Date:** April/August/September 2020

**Details:** GPs are intrinsically involved in disability work. Often a patient's first point of contact in the healthcare system, GPs frequently develop a strong and ongoing relationship with people who have a disability. GPs play a key role in the prevention and detection of abuse against patients with a disability and provide vital support to those experiencing, or who they suspect may be subject to, violence, neglect or exploitation. The RACGP has made a number of submissions to the Disability Royal Commission (established in April 2019), outlining recommendations to increase the safety and wellbeing of people with disability through best-practice initiatives and improved access to care services.

**Outcome:** The Royal Commission will deliver a final report to the Australian Government by 29 September 2023. The report will recommend how to improve laws, policies, structures and practices to ensure a more inclusive and just society.

April 2020:

Issues paper: [Healthcare for people with cognitive disability](#)

August 2020:

Issues paper: [Emergency planning and response](#)

September 2020:

Issues paper: [Restrictive practices](#)

## Aged care

**Title:** Submissions to the Royal Commission into Aged Care Quality and Safety

**Date:** August–November 2020

**Details:** The RACGP provided two submissions to the Royal Commission in August 2020 and a final submission in November 2020. These submissions provided feedback and recommendations on the key issues raised throughout the July 2020 public hearings, as well as the draft propositions put forward by the Royal Commission later in the year. A key aspect of this included outlining the concerns of GPs with the proposed primary care model – recommending constructive changes to improve access to primary healthcare for older people. These submissions also highlighted the leadership provided by the RACGP in aged care, including the *RACGP aged care clinical guide (Silver Book)* and the current development of the *Standards for general practice residential aged care*.

**Outcome:** The Royal Commission final report was released in March 2021. The 2021–22 Federal Budget included \$17.7 billion in funding for aged care and the Federal Government's response to the Royal Commission final report was released in May 2021. As part of this, the Federal Government announced an increase to the Aged Care Access incentive.

[Read submission](#)

## RACGP submissions in the spotlight

### Mental health

**Title:** Submission to the Department of Health on the Productivity Commission Mental Health Inquiry report

**Date:** February 2021

**Details:** This submission built on our two submissions to the Productivity Commission Inquiry in 2020 and 2019. While the commission's final inquiry report acknowledged the role and contribution of GPs and their teams, it failed to grasp the extent of this. We advocated that primary healthcare is the key to building a more integrated and effective mental health system, and made recommendations on how health outcomes can be improved by better supporting general practice.

**Outcome:** Government is considering the inquiry recommendations, but its response will include a review of Better Access.

[Read submission](#)

### Preventive health

**Title:** Submission to the Department of Health on the Draft National Preventive Health Strategy

**Date:** April 2021

**Details:** We recommended that general practice should specifically be recognised as a prevention partner in the strategy. GPs and their teams must be better supported to deliver and embed prevention programs and activities. Funding must be directed to ensure that proactive preventive care services are a priority for GPs. We highlighted our joint report with the Consumer Health Forum and calls for a national social prescribing scheme.

**Outcome:** Final strategy expected in mid-late 2021.

[Read submission](#)

### Administration of the Health Practitioner Regulation National Law

**Title:** Submission to Senate inquiry into administration of registration and notifications by the Australian Health Practitioner Regulation Agency (AHPRA) and related entities under the Health Practitioner Regulation National Law

**Date:** May 2021

**About:** The administration of the Health Practitioner Regulation National Law has been subject to a number of reviews in the past several years, including previous Senate inquiries. The RACGP's response to the most recent inquiry identified outstanding issues that had not been appropriately addressed in previous inquiries, namely the communication, transparency and timeliness of the complaint mechanism and the importance of appropriate recognition of the impacts of assessment and investigation on a practitioner's mental health. The RACGP submission noted the number of notifications that are submitted to AHPRA and subsequently closed without any action, noting that these notifications are using a significant proportion of AHPRA resources, undoubtedly affecting their ability to appropriately manage remaining notifications. The RACGP recommended that the Senate Committee call for an overhaul of the current notification process, with the intent of easing pressure on AHPRA and the National Boards to ensure that they can dedicate resources to managing remaining notifications and supporting practitioners and notifiers through the process. The RACGP was asked to present at an inquiry hearing on 8 July 2021.

**Outcome:** The Senate inquiry is due to report by 24 November 2021. The RACGP will remain involved in the inquiry during its course, and monitor outcomes following its conclusion.

[Read submission](#)

# RACGP census

To track members' expectations and the RACGP's performance, a census was undertaken between 11 February and 2 March 2021.

All RACGP members and Continuing Professional Development (CPD) Program participants were invited to complete our [member census](#) survey. With 2799 respondents, the margin of error was 1.79% at the 95% confidence level. This means if we ran the survey 100 times over, we'd get the results within  $\pm 1.79\%$  of this census 95 times.

We were happy to hear that almost 70% of GPs value their RACGP membership and consider it important to them, while also recognising just over eight in 10 GPs said they'd like us to make some improvements.

The RACGP has put in place initiatives to support the achievement of the three key focus areas, including:

- regular engageGP member events with updates from the President, CEO and key RACGP decision-makers, and a Q&A forum for members
- publicly sharing the Chair report after each RACGP Board meeting to provide greater insight into what's being discussed at the highest levels
- establishment of a market research panel of members who provide direct feedback on RACGP campaigns, messaging, products and services
- polling members regularly via *newsGP* on issues/products/services, so we're using their insights to inform our actions
- developing and socialising a profession-led, community-based training model for the future of general practice training to resolve inefficiencies and distribution challenges of the current Australian General Practice Training (AGPT) Program.

The RACGP has committed to an annual census to track our performance and ensure member voices are heard so that we can drive significant and visible transformation at the RACGP.

The top three areas on which members want us to focus our efforts:



Being a strong **advocate** for GPs



Ensuring the work of the RACGP is guided by **member views**



Supporting training, education for **GPs in training** and managing Fellowship exams

The top five advocacy issues they most want us to take on:



Increasing **government funding** for the primary health system



**Medicare Benefits Schedule** issues



Improving the primary health system for better **patient outcomes**



**Encroachment** of other health professionals on GP services



Reducing **bureaucracy** in the health system

## engageGP

We launched our [engageGP](#) event series as an additional avenue for members to connect with RACGP decision-makers, learn more about our advocacy work and provide their insights, experience and knowledge into strategic initiatives.

In May 2021, members from across Australia joined RACGP President, Dr Karen Price, and a panel of RACGP leaders for an online forum. Attendees discussed how general practice can be better supported to provide coordinated, comprehensive, patient-centred care to all Australian communities.

# Media

The RACGP doubled its total media coverage over the past financial year. The highlight of the year was our continued strong calls for better support for general practice, and recognition for GPs as the backbone of our response to the COVID-19 pandemic and vaccine rollout.

## Total stories and audience reach

Year-on-year coverage increased exponentially, up 54%, with around 29,000 mentions in media coverage from 30 June 2020 to 30 June 2021, compared with around 19,000 the previous financial year.

Total stories:

**29,000**



Online:

**11,200**

with a potential audience reach of **689.7 million**



TV:

**9000**

with potential audience reach of **57.3 million**



Radio:

**8100**

with potential audience reach of **63.6 million**



Print:

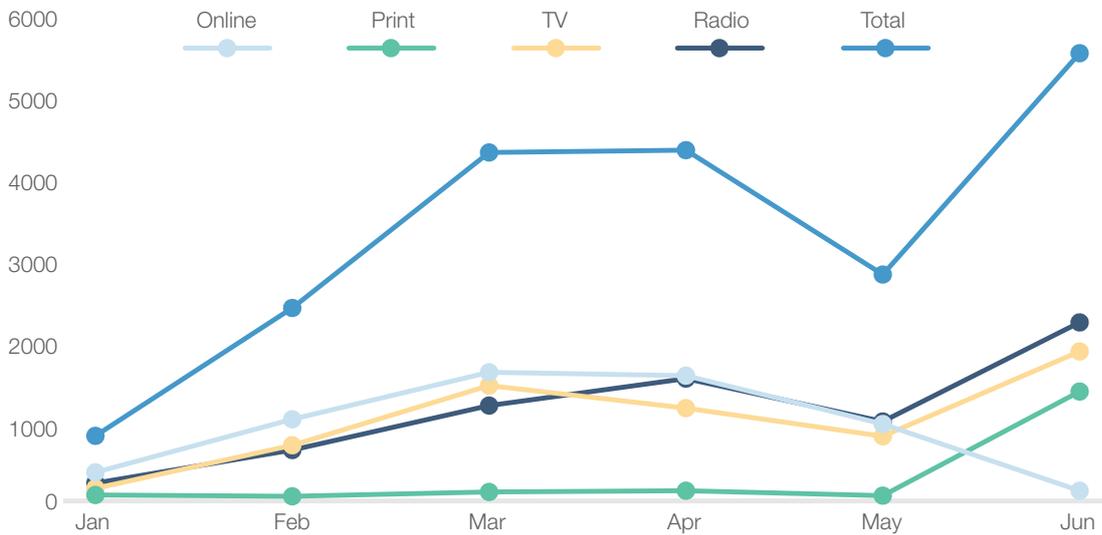
**894**

with potential audience reach of **49.5 million**



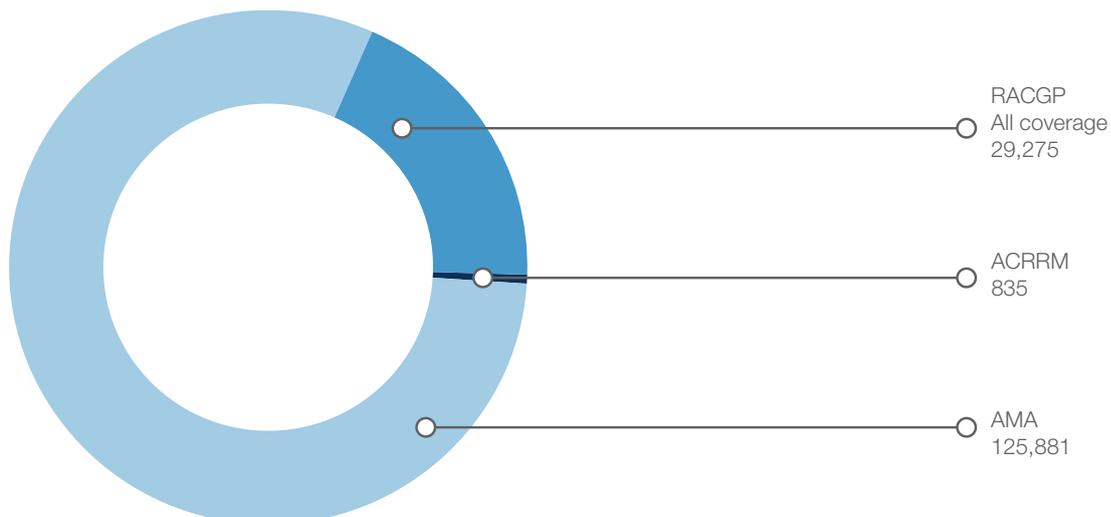
## Media

### Volume of media



### Share of coverage

Over the past 12 months, we've continued to leverage media opportunities, promoting the value of general practice and issues of concern for GPs. We had significantly more media coverage than Australia's only other general practice college, the Australian College of Rural and Remote Medicine (ACRRM). The Australian Medical Association (AMA) has a far larger scope of practice than the RACGP, and so is typically expected to have more media coverage.



# Significant media moments

### **New President and CEO attract attention**

The appointment of our new President, Dr Karen Price, attracted considerable mainstream media interest, including interview requests from health editors of Nine's newspaper, *The Age*, and News Ltd newspapers, including the *Herald Sun*. This demonstrates the RACGP's growing profile and reputation as the voice for general practice in the media.

### **Health of the Nation urges better funding for GPs**

The RACGP's annual *General Practice: Health of the Nation* report received prominent coverage in mainstream media, including a page four article in *The Sydney Morning Herald*, and in other Nine mastheads. This year's coverage included more of our key advocacy calls, including the urgent need to restructure funding for general practice to address many years of underfunding.

### **RACGP's Vision**

In early December 2020, the RACGP released economic modelling to support our *Vision for general practice and a sustainable healthcare system*. This also received prominent mainstream coverage, including in *The Sydney Morning Herald* and other Nine mastheads and radio stations across Australia. It drew new attention to the RACGP's Vision, which makes the case for reform to properly fund general practice and ensure a sustainable healthcare system.

### **Telehealth extension succeeds**

The RACGP successfully called for the extension of telehealth consultations, with consistent media coverage of our spokespeople advocating for the service to remain. RACGP spokespeople appeared in nationwide media coverage of the initial extension in September 2020, including *The Australian*, *The Guardian*, ABC News and *The Sydney Morning Herald*. Before this year's Federal Budget, our spokespeople featured in media coverage, again strongly calling for telehealth to remain as it stood, including Victorian Chair, Dr Anita Munoz, on ABC's PM program. The Government once again heeded the RACGP's calls – a fantastic result for general practices across Australia.

### **First Aboriginal censor celebrated**

We celebrated the appointment of the RACGP's first Aboriginal censor, Dr Olivia O'Donoghue, issuing a media release that received great coverage including on SBS News, and Nine News Darwin.

### **Attracting more to general practice training**

The media team supported RACGP marketing campaigns for the first time to boost the number of junior doctors choosing general practice, and rural practice as a rich and rewarding career. This led to great media coverage of the Australian General Practice Training (AGPT) Program and rural generalist training. This included interviews with some of our best and brightest up-and-coming trainees across the nation, including in local GWYN 7 and WIN TV stations, local ABC radio stations and online, *The Ballarat Courier* and *Townsville Bulletin*.

# Social media

Facebook, Twitter, LinkedIn, Instagram and YouTube continue to keep GPs informed and are valuable sources of reliable information for GPs and the community. Our channels also provide a dedicated space for GPs to share their thoughts and ideas, such as in the faculty-specific Facebook groups, and have continued to increase in mentions and following.

## Followers

There has been an increase in followers across all our social media channels from 2020 to 2021.

	2020	2021	Increase
Facebook	22,000	26,000	18.2%
Twitter	27,000	30,000	11.11%
Instagram	2,800	4,300	51.1%
LinkedIn	21,000	26,000	20.8%
YouTube	1316	1729	31.4%

## Mentions

There were 49,000 mentions of the RACGP across all our channels – up 119% from the previous year.

## Engagement

Social media continues to be an important platform for us to engage, connect and collaborate with our members. Facebook and Twitter achieved the most engagement in 2021. However, compared with 2020, Instagram was our best performing channel with a 32% increase in engagement. The decrease on our Facebook and LinkedIn platforms was due to a number of key

announcements, which received large-scale engagement from the GP community on social media. This included the government's telehealth announcements in March 2020. Content published in 2021 on these channels did not receive the same level of engagement.

Our online community of GPs has also increased by 50% from last year, with 6375 members across 31 Facebook groups. We also have several WhatsApp groups for GPs to connect with one another across Australia on important issues in general practice: a GP respiratory clinic group and a WA Faculty and Victoria Faculty COVID vaccine group.

## Engagement 2021

	2020	2021	Actual
Facebook	45000	37,000	17.7% decrease
Twitter	33000	36,000	9.09% increase
Instagram	6300	8,300	31.7% increase
LinkedIn	15000	9,500	36.6% decrease

## Youtube content performance

Our YouTube content continued to perform well, with GPs across the country turning to digital resources during the pandemic.



**6.2m**  
Lifetime views



**17,246**  
hours watched in the past 12 months

# Top stories

## Facebook

**RACGP** Published by Hootsuite · September 24, 2020

The RACGP Awards are here! The NSW/ACT GP in Training of the Year award winner is Dr Emma Thompson.

Emma moved to the Shoalhaven area eight years ago and has never looked back. She had this to say about doctors opting for a career outside of a major city: "There is some negativity associated with attracting doctors to work in communities outside of major cities but I can personally vouch that it is a very rewarding career path. "Your work in the local community is not taken for granted and you quickly develop a varied and comprehensive skill set. "So I encourage doctors, and indeed all healthcare workers, to give it a try." Give it a try indeed, you might even win an award!

<https://bit.ly/2G3IR7g>



SOUTHCOASTREGISTER.COM.AU  
Milton's Dr Emma Thompson wins Rural GP in Training of the Year Award [Learn More](#)

8,645 People Reached 1,444 Engagements [Boost Again](#)

Boosted on September 28, 2020 Completed By Gail Conlon

People Reached	4.5K	Post Engagements	491
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[View Results](#)

590 37 Comments 21 Shares

## Instagram



**the racgp**

More than ever before, we need to look after those that look after patients in Australia, and around the world. #WearColouredSocks Founder Dr Geoff 'Doodad' or 'Dadling' #mentalhealth stigma and creating a safe place for doctors to seek help. #newsGP

the racgp great initiative making sure the wellbeing of the medical practitioners are the number one priority. Self care is essential. Asking for help is a sign of courage, of awareness, of strength. Clear initiative creating

Liked by [valdianahelms](#) and 188 others

486 comments

## Twitter

**RACGP President** @RACGPPresident

It is unacceptable that Craig Kelly is persisting in disseminating misinformation concerning #COVID19 and to appear on this podcast with Pete Evans is very unhelpful. As @RACGP President I urge all public figures to act responsibly.



Craig Kelly defends Pete Evans podcast: 'ideas should be debated'  
Coalition MP Craig Kelly has defended his 30-minute appearance on a podcast from celebrity chef Pete Evans, saying ideas should be debated not censored.  
[the newdaily.com.au](http://thenewdaily.com.au)

10:38 AM - Feb 2, 2021 - Twitter Web App

389 Retweets 33 Quote Tweets 943 Likes

## LinkedIn

**The Royal Australian College of General Practitioners (RACGP)** 25,585 followers 6mo

Dr Olivia O'Donoghue, is the first #Aboriginal censor appointed by the **The Royal Australian College of General Practitioners (RACGP)** to support #GPstnTraining, and strengthen representation of #Aboriginal and #TorresStraitIslander doctors in the GP workforce. #newsGP



newsGP - RACGP appoints its first ever Aboriginal Censor  
[www.racgp.org.au](http://www.racgp.org.au) · 4 min read

264 · 8 comments

# Expert advice matters

At the height of the pandemic, our members told us that patients were hesitant to attend medical appointments, leaving their health concerns unchecked.

Our 'Expert advice matters' campaign reinforced the expert role played by GPs and advised the community that safe consultations were available via telephone, video or in person.

Across two phases (26 April – 22 May and 13 August – 13 September), the 'Expert advice matters' campaign lifted attitudes towards GPs and encouraged patients to continue to seek medical care during the pandemic.

As a result of the campaign, there was an increase in awareness of telehealth consultations, from 79% in phase one, to 86% following phase two.\*

Phase two of the campaign also addressed a critical area of need – engaging with patients from culturally and linguistically diverse (CALD) backgrounds. Our CALD messaging reached more than one in five adults\* and attracted a fantastic 11,732 unique views to our CALD language web pages.

We also engaged members to record 27 videos in languages other than English. These videos highlighted that GPs are available, accessible and safe to visit, and are the best source for health advice.



## 9423

people engaged with our **#GPexpertadvice** posts on social media

\*Baseline and post-campaign research conducted by the Navigators and weighted to the Australian adult population.



# Publications

The RACGP produces three serial publications:

- *Australian Journal of General Practice (AJGP)*
- *newsGP*
- *check*

Alongside the main RACGP website, more than 95% of GPs surveyed access one or more of these resources each month.\*

This year, the RACGP produced the podcast, *Generally Speaking*, which topped the charts as Australia's number one medical podcast in August 2020, according to Apple Podcast charts.

## AJGP

*AJGP* is the only peer-reviewed journal aimed at Australian GPs and is the flagship academic journal of the RACGP.

It publishes evidence-based clinical articles with research articles relevant to Australian GPs. During 2020–21, it also published many viewpoint articles on the evolving COVID-19 situation to help keep GPs informed.

The journal is indexed in MEDLINE and Index Medicus and Science Citation Index Expanded, has a 2021 impact factor of 0.852 and was ranked by members as the most important and most trusted resource according to the 2020 RACGP member census.

Focus topics for *AJGP* are chosen by practising Australian GPs to ensure they are relevant to members. In addition to ever-pertinent topics, such as cardiovascular disease risk factors, endocrine and metabolism, and orthopaedics, *AJGP* this year addressed some of the major topics arising from the continuing COVID-19 pandemic, such as mental health and vaccinations, as well as the emerging issue of medicinal cannabis.

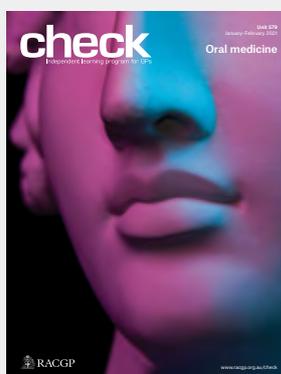
\* Primary Care GPs Readership & Digital Survey, 2020.  
Conducted on behalf of RACGP by Competitive Advantage Research.  
\*\*Kentico, average data 10 months to October 2019.



**Published 11 times a year, *AJGP* had an average net print distribution of almost 37,000 copies as of October 2020,\*\* while more than 280,000 users access the website every month.**

## Publications

In total, 36,000 RACGP members received *check* each month. Topics are chosen based on member survey responses and participant feedback.



## check

*check* is a peer-reviewed, independent learning program with CPD Program activities written by expert clinicians. Each unit includes four to six clinical cases addressing a particular theme, followed by 10 multiple choice questions, with answers as well as references and resources.

*check* is available in hard copy (printed quarterly) and online (11 units per year). It has a quarterly print volume distribution of 8000 copies, with average monthly CPD unit completions of 2400.



## Publications

### newsGP

*newsGP* is the RACGP's online news platform. Averaging more than 500,000 monthly page views over the year, *newsGP* has kept Australia's GPs informed through the continuing COVID-19 pandemic.

*newsGP* covers clinical, professional and RACGP-related content, as well as hosting podcasts from a range of RACGP and external partners. Delivered to your inbox Tuesday to Saturday morning, *newsGP* is agenda-setting, many times publishing stories on issues several days before medical or mainstream media cover them.

*newsGP* is RACGP's most-read publication and is relied upon by members, healthcare professionals, politicians and policy setters.

The *newsGP* poll is an opportunity for members to have their say on issues that matter to them in their daily practice. Implemented in May 2021, the poll has elicited a strong reaction, with more than 5670 responses across the first six questions asked (May–June 2021). Topics have included mental health and mandatory reporting, reconciliation action plans and the use of telehealth. Responses help to illuminate the college's understanding of our members so that we can provide the best support where they need it most.

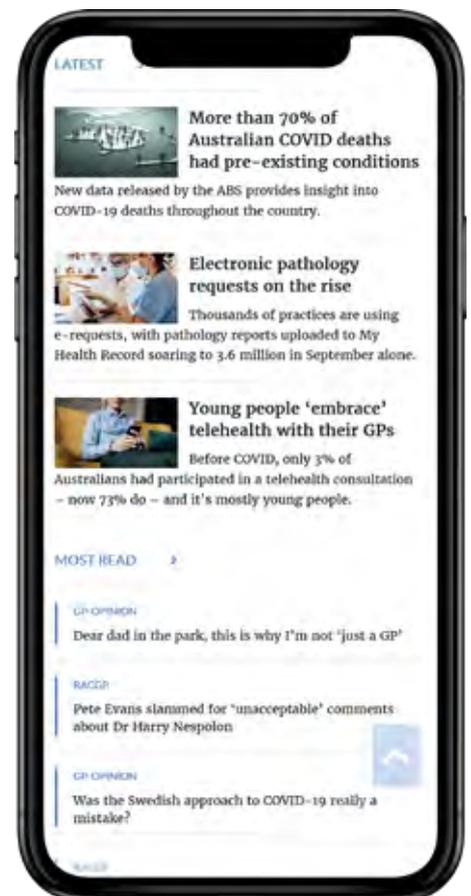
#### newsGP coverage

Total articles

899

Total page views

5,343,207





## Faculty and expert committee highlights

Our expert committees and state and national faculties continued to demonstrate agility and flexibility over 2020–21.

We adapted, learned and evolved in response to a constantly changing COVID environment, playing a pivotal role in advocating on behalf of members on a range of issues and reforms affecting general practice.

GPs have needed to respond decisively and proactively to the pandemic, and we're committed to supporting them in their education, training and practice so that they can continue to deliver high-quality and safe patient care.

# Faculties at a glance



RACGP faculty teams across Australia provided support for members in what was another challenging year. We've advocated strongly for members at a local and national level, and remained dedicated to highlighting the vital work undertaken by GPs at the medical coalface during the COVID-19 pandemic and in bushfire- and flood-affected regions.

There's never been a better time to shine the spotlight on our members' achievements and their commitment to improving healthcare outcomes for all Australians.

## National faculties



### RACGP Aboriginal and Torres Strait Islander Health

Presented three outstanding recipients with 2020 RACGP Aboriginal and Torres Strait Islander Health awards: Dr Sarah Gleeson for her outreach work in Boggabilla community, Queensland; Dr Justin Hunter, a Wiradjuri man and promising GP in training; and Joanne Kaczmarek, a talented medical student from the Torres Strait Islands.



### RACGP GPs in Training

Giving GPs in training and New Fellows a key role in shaping the future of the RACGP, with meaningful involvement at all levels of the college.



### RACGP Rural

Increased engagement to listen to and action the views and concerns of rural members. The majority of consultations were conducted virtually (in line with COVID restrictions), with some face-to-face visits to states and territories (including the Northern Territory and Tasmania) to partner with RACGP state faculties and respond to member issues.



### RACGP Specific Interests

Delivered 12 webinars across a range of topics, including 'Preparing for your first COVID-19 case in aged care: Lessons from Melbourne'. This webinar provided GPs with important insights into the tragic outbreaks in residential aged care facilities in Melbourne, and discussed the actions and priorities needed to manage clinical care provision in these facilities.

## Faculties at a glance

### State/territory faculties



RACGP  
NSW&ACT

Facilitated the development and delivery of a webinar to educate GPs on thrombosis with thrombocytopenia syndrome and its link to the AstraZeneca vaccination, in response to negative media coverage and misinformation. The webinar has been accessed over 1500 times.



RACGP  
SA&NT

Delivered the first online faculty member meeting, where we addressed the impact of the COVID crisis on the general practice profession and heard from keynote speaker, Professor Michael Kidd.



RACGP  
Western Australia

The faculty engaged in cross-college collaboration to present a GP-focused stream at the inaugural MedCon21 conference in Perth in June. Over 600 delegates attended MedCon, many of whom were medical students.



RACGP  
Queensland

Live streamed the Queensland Faculty Fellowship ceremony for the first time in April 2021, enabling 346 viewers from across the world to share in the achievement of their loved ones.



RACGP  
Tasmania

Joined forces with RACGP NSW&ACT to produce *Reception Insider*, an online podcast series that discusses a range of topics relevant to practices. Topics include the importance of a receptionist to the general practice team, confidentiality best practices, dealing with difficult patients and how to manage a chaperone or visitor in a consultation. The podcasts have proved popular and help to stimulate discussion and education within practice meetings.



RACGP  
Victoria

Strengthened relationships with the state via the Vaccine Expert Advisory Committee and Primary Care Engagement group participation, and ongoing Department of Health–RACGP Victoria webinars.

### State faculty honour boards

The names of the Provost and Chair of each state faculty from the 1950s onwards can be found on our new RACGP honour boards.

Find out more about the support provided to members during the pandemic by the RACGP faculties on page [32](#).

# RACGP NSW&ACT

## Associate Professor Charlotte Hespe

MBBS (Hons), FRACGP, DCH, GCUT, FAICD  
Chair, RACGP NSW&ACT

It has been another extraordinary year for RACGP NSW&ACT in 2020–21, with the COVID-19 pandemic still our greatest challenge; more flood emergencies in Sydney, the Hunter and North Coast; and ongoing recovery from the bushfires last year. Our GP Disaster Advisory Group continued to meet and monitor the impacts of the fires on communities in southern New South Wales and New South Wales more broadly. The COVID-19 virtual Community of Practice has also continued to be a dynamic space for sharing information, experiences and expertise, both online via Basecamp and in fortnightly virtual meetings.

With GPs so central to frontline response to the pandemic, our chief focus this year has been representation of the interests and concerns of GPs, our patients and the profession at state, territory and federal levels. Working closely with NSW Health, we have delivered more than 15 COVID-19 webinars to an average audience of more than 305 GPs. Regular co-presenters have included New South Wales Chief Health Officer, Dr Kerry Chant, and Chair, NSW&ACT GP Disaster Management Committee, Associate Professor Penny Burns.

Despite this challenging environment and all the extra effort required, the usual work of our faculty has continued, with delivery of the Continuing Professional Development (CPD) Program and the Fellowship assessment, including the Remote Clinical Exam (RCE), which was delivered via Zoom.

We continue to deliver large numbers of educational webinars – 53 this year across NSW Health and Macquarie University Hospital – and faculty events with an average attendance of 127.



Associate Professor Charlotte Hespe.

Our existing podcasts, *Just a GP* and *Practice THAT!*, have grown in reach, with 18 and 34 episodes produced, respectively. *Suddenly I'm a Leader* is a series of podcasts hosted by Anne Davis, RACGP NSW&ACT Faculty Manager, in partnership with RACGP's Future Leaders program. In each episode, Anne interviews Future Leaders program alumni about the practical application of leadership skills.

We were pleased to deliver four small Fellowship ceremonies in May 2021 to celebrate our New Fellows, after cancelling the previous year's ceremony due to COVID restrictions. Other live events included a wellbeing weekend in Newcastle in April 2021, and in the same month, we began contracted delivery of our medical receptionist training course and skin cancer essentials workshop to the Commonwealth Department of Defence.

I look forward (with trepidation and anticipation) to what 2022 holds in store for the RACGP, general practice and the New South Wales/Australian Capital Territory community. Let's hope that COVID does not feature so high on our agenda, and we can move past vaccinations into a more normal life.

# RACGP SA&NT

## Dr Zakaria Baig

MBBS, FRACGP, FACRRM

Chair, RACGP SA&NT

South Australia and Northern Territory have fared quite well through the past 12 months of the COVID-19 pandemic and have remained relatively safe places to work and live. Our GPs have worked diligently on the vaccine rollout and educated their patients, under the guidance of SA Health and NT Health. While practices have had to face many challenges to adapt to the ever-changing COVID-19 guidelines, the majority are safely and effectively delivering vaccines.

In conjunction with SA Health, and with the support of Dr Emily Kirkpatrick, Deputy Chief Public Health Officer and RACGP SA&NT Deputy Chair, the faculty provided practical advice to South Australia and Northern Territory members on setting up their practice and planning for the vaccine rollout.

We were able to adapt quickly to the rapidly evolving COVID-19 environment with an increased online presence, resulting in engagement with members located in metropolitan, rural and remote locations in both the Northern Territory and South Australia. Face-to-face gatherings returned in South Australia in February 2021, with nine education events incorporating member-networking opportunities.

In June 2021, the faculty delivered the SA Fellowship and Awards ceremony to make up for the one that did not take place in 2020. Sixty-five New Fellows were acknowledged in the presence of their families and peers.

Unfortunately, we were unable to deliver the NT Fellowship Awards ceremony and face-to-face education as intended in the Northern Territory due to COVID-19 restrictions. It is a key priority to deliver these activities again in 2021–22.

The COVID-19 pandemic highlighted the importance of telehealth in modern general practice. We would like to continue telehealth beyond the end of this year. We welcomed the development and implementation of real-time prescription monitoring, which is now live in South Australia and has proven to be a useful tool for our members.



Dr Zakaria Baig.

**‘In conjunction with SA Health, and with the support of Dr Emily Kirkpatrick, Deputy Chief Public Health Officer and RACGP SA&NT Deputy Chair, the faculty provided practical advice to South Australia and Northern Territory members on setting up their practice and planning for the vaccine rollout.’**

Regular engagement has been maintained with our stakeholders, including NT Health, SA Health, Primary Health Networks, the Regional Training Organisations, General Practice Education (GPEx), Northern Territory General Practice Education (NTGPE) and ReturntoWorkSA. Wellbeing SA kept the faculty informed on the progress of the Priority Care Centres project being run by GPs in South Australia. GPs are providing an excellent source of acute care and are reducing hospital admissions. However, we have advocated for the government to provide special provider numbers and Medicare Benefits Schedule (MBS) item numbers to support GPs involved in this project.

Members were keen to highlight the successes of GPs and practices through the 2020 RACGP Awards submitting a record high 34 nominations. The successful winners were:

- Dr Bronwyn Carson – RACGP SA&NT General Practitioner of the Year
- Dr Ronan Mackle – RACGP SA&NT General Practice Supervisor of the Year
- Dr Anna Kearney – RACGP SA&NT General Practitioner in Training of the Year
- Victor Medical Clinic – RACGP SA&NT General Practice of the Year Award



SA Fellowship and Awards ceremony, June 2021.

# RACGP WA

## Dr Sean Stevens

MBBS, DRACOG, FRACGP, MBA, GAICD  
Chair, RACGP WA

Proactive political engagement with politicians by RACGP WA councillors continues to be a priority. Building on existing relationships within primary health has meant increased invitations to participate in a range of forums throughout the year; a recent focus has been prevention of hospital emergency department admissions.

By far the most significant local engagements have been around the COVID-19 vaccination implementation, which have involved countless interactions with our local Primary Health Network (WA Primary Health Alliance [WAPHA]), the Australian Medical Association (WA) and representatives from WA Health throughout the year. Our council and staff continued their work in the COVID-19 space delivering numerous webinars and podcasts with the WA Health Communicable Disease Control Directorate, and helping members access timely and relevant information.

On 1 July this year, voluntary assisted dying became a legal choice for eligible people in Western Australia. Council, RACGP WA staff and numerous GPs consulted and engaged with the Voluntary Assisted Dying Implementation Leadership Team to assist the implementation of this historic Act.

In February, we were simultaneously faced with devastating bushfires in our north-metro region and a snap COVID-19 lockdown during the week of the Applied Knowledge Test (AKT) and Key Feature Problem (KFP) examinations. While our emergency action plan in circumstances, such as bushfires (and the cyclones that just months later ripped through our mid-west region), is something we have identified as an area to improve on, we were able to pivot quickly and advocate strongly for the exam candidates to obtain an exemption to the lockdown, allowing the examinations in Perth and Bunbury to proceed.

During 2020–21, the faculty team designed and delivered an innovative peer group learning program to support the GP Urgent Care Clinic Network pilot project in metropolitan Perth and Bunbury.



Dr Sean Stevens.



2020 Fellowship ceremony.



Co-Deputy Chairs, Dr Ramya Raman and Dr Lewis MacKinnon, reading the names of our newest Fellows at the 2020 Fellowship ceremony.



**Top:** 2020 Fellowship ceremony **Left:** International womens day panel, L–R: Dr Bennie Ng, Dr Ramya Raman, Dr Fiona Sluchniak, Carol Kaplanian and Dr Mariam Bahemia **Right:** Dermatology workshop.

Building on webinar skills developed throughout 2020, this WAPHA-funded program involved facilitated, multisession education with general practices and other groups made up of GPs from around the state.

Throughout these uncertain times, delivering quality education and collegial events continued to be a focus. In November 2020, we successfully held two back-to-back COVID-safe Fellowship ceremonies; the only RACGP Fellowship ceremonies in the country held in 2020. We celebrated the achievements of 125 New Fellows in front of family and friends; a very welcome event after a very trying year for all.

We were also fortunate to deliver in-person education at the end of 2020 and into 2021, including a dedicated GP stream at the inaugural Australian Medical Association (WA) MEDCON21 conference. Adapting to new technologies

because of COVID-19 has enabled us to reach more of our rural and remote Western Australia members this past year via webinars and the new hybrid face-to-face and online events, which became part of our education offering for GPs in training.

Throughout another challenging year, we have remained focused on representing the needs and interests of our members throughout Western Australia. We look forward to another year supporting our members, which will hopefully be less tumultuous.

# RACGP Queensland

## Dr Bruce Willett

MBBS, FRACGP

Chair, RACGP Queensland

General practice in Queensland stepped up to the difficult challenges of COVID-19 in 2020–21 in what has undoubtedly been an extremely difficult year for us all. The RACGP has been supporting and advocating for GPs throughout the pandemic crisis. Now with the vaccination rollout underway again, general practices have stepped up to provide more than half of the vaccinations across the state and remain the powerhouse of our vaccination program.

There has of course been some slow progress towards getting back to normal. RACGP Queensland has finally been able to host a number of in-person events this year. Importantly, Fellowship graduation ceremonies have restarted. In May, Cairns provided a friendly welcome to the RACGP for a wonderful graduation ceremony. To my knowledge, the RACGP remains the only college that conducts a Fellowship graduation ceremony outside of capital cities every year. After three false starts, the Brisbane Fellowship graduation ceremony was also able to resume to everyone's relief, providing our President, Dr Karen Price, with her first opportunity to preside over a Fellowship ceremony since taking office. In both cases, we managed to win the game of lockdown bingo.

In May, RACGP Queensland hosted the 62nd Clinical Update weekend in Brisbane. Initiated in May 1957, and originally known as the Gold Coast Postgraduate weekend, this uniquely Queensland event continues to be the jewel in RACGP Queensland's crown. Offering the first chance to attend an in-person event in over a year, this year's event was at capacity. The event not only provides high-quality contextual education by GPs for GPs, but remains a great opportunity to catch up with friends and have some fun.

Learning, education and collegiality remain a focus for the RACGP. RACGP Queensland conducted 66 member-engagement activities over the past 12 months, including 14 in-person and 51 digital events.



Dr Bruce Willett.

**‘Now with the vaccination rollout underway again, general practices have stepped up to provide more than half of the vaccinations across the state and remain the powerhouse of our vaccination program.’**

These activities were in addition to 28 faculty council and committee meetings, and numerous lobbying and advocacy meetings with key stakeholders and weekly attendance at the Queensland State Health Emergency Coordination Centre primary care and general practice COVID-19 pandemic briefings.

Finally, through the generosity of the Graham 'Bruce' Roberts Bequest, the Queensland Faculty has been able to commission the development and delivery of several continuing professional development (CPD) activities, provide event registration and travel support for medical students and GPs in training to attend the Clinical Update

weekend, as well as provide 20 GPs with an opportunity to attend the one-day Point-of-Care Ultrasound workshop in Toowoomba. RACGP Queensland is currently finalising plans for 30 members from across the state to receive co-funding to participate in the next three rounds of the RACGP Rural online Focused Psychological Strategies Skills Training (FPS ST) program.



**Top:** Professor Claire Jackson, Dr Peter McKain and Dr Bruce Willett enjoying the festivities at the networking function, May 2021 **Left:** Dr Casey Kalsi sharing her journey to Fellowship, April 2021 **Right:** New Fellows reciting the Oath of Fellowship, April 2021.

# RACGP Tasmania

## Dr Tim Jackson

MBBS, BMedSci, DRACOG, ACCSCMS, GAICD  
Chair, RACGP Tasmania

If last year was the year Tasmanian general practice made a huge contribution to fighting the COVID-19 pandemic, then this year saw perhaps an even greater contribution by the profession to the community immunisation rollout.

We've seen a strong uptake of GP-issued COVID vaccinations within our state and are pleased with the rates of immunisation of those aged over 70 years who are at the greatest risk of COVID.

Even though providing immunisation services in addition to our usual clinical workload has been a challenge for GPs, I know our patients are grateful and reassured by our efforts in providing immunisation advice and delivery. We should feel proud of our contribution to the fight. Both the RACGP and the profession have gained significant political and community goodwill as a result of our endeavours.

Advocacy work from RACGP Tasmania has continued to expand. RACGP opinion has been sought on significant national and state health issues, including proposed changes to the state immunisation rollout. We have worked closely with government and health stakeholders on issues, including voluntary assisted dying legislation, the introduction of medicinal cannabis prescribing, real-time prescription monitoring, emergency aged care, COVID response planning and Tasmanian emergency vaccination planning, proposed workers' compensation and Guardianship and Administration Board amendments, and made several government submissions, including on Our Healthcare Future.

The Tasmanian General Practice Forum (TGPF), consisting of Primary Health Tasmania, the RACGP, Australian Medical Association, Australian College of Rural and Remote Medicine and Rural Doctors Association – Tasmania, continued to hold weekly meetings to plan a coordinated general practice response (including timely advice and feedback) to federal and state governments on the ever-changing pandemic and immunisation rollout.



Dr Tim Jackson.

**‘Tasmania has a unique opportunity for close stakeholder collaboration to maximise health outcomes for our community through a well-resourced and integrated general practice and primary healthcare system.’**

Monthly statewide COVID-19 meetings were held with Health Ministers, Sarah Courtney and Jeremy Rockliff, and stakeholders, including TGPF members, the Australian Nursing and Midwifery Foundation, Pharmacy Guild of Australia, Health and Community Services Union, Public Health Unit of the Department of Health and Tasmanian Health Service.

RACGP Tasmania continued to support examinations for GPs in training and provide CPD support for members, as well as information and opportunities, despite the pandemic.

This year, we're planning to hold our graduation ceremony in person. I'm pleased that we'll be able to include last year's graduates who missed out on personally receiving their Fellowship due to COVID restrictions.

The RACGP Tasmania Council has a diverse representation of member views on a variety of issues affecting general practice, and I thank those the representatives who volunteer their time and energy in support of the RACGP. Council members have held advocacy meetings with four of our five Tasmanian Federal MPs – Julie Collins, Andrew Wilkie, Brian Mitchell and Bridget Archer.

RACGP Rural Chair, Dr Michael Clements, visited the faculty in June, and RACGP CEO, Dr Matthew Miles, visited in April. Meetings were arranged with stakeholders, including Health Minister, Jeremy Rockliff; Shadow Health Minister, Dr Bastian Seidel, Primary Health Tasmania; Health Recruitment Plus; GP Training Tasmania; the Department of Health Rural Workforce Agency; Utas Rural Clinical School; and rural GP representatives. The unanimous conclusion was that Tasmania has a unique opportunity for close stakeholder collaboration to maximise health outcomes for our community through a well-resourced and integrated general practice and primary healthcare system.

Due to the pandemic and a conscious effort from RACGP Tasmania to raise the political and public profiles of the RACGP, media exposure has significantly increased over the past 12 months, and our opinions on an array of health matters are routinely sought.

It's been a great honour and privilege to serve as Chair this year. I truly believe a strong RACGP can advocate for a healthy profession. A sustainably resourced and thriving general practice is our nation's best option to improve the health and wellbeing of all people in Australia. Thank you to our state council representatives; our state faculty staff; State Manager, Cathy Back; Faculty Censor, Dr Chris Hughes; and to our members for their hard work, input and support throughout the year – well done.

# RACGP Victoria

## Dr Anita Muñoz

MBBS (Hons), FRACGP, Grad Cert Clin Teach,  
MPH, GAICD

Chair, RACGP Victoria

As 2020 drew to its close last December, many Victorians hoped it would be relegated to history as the nadir of a generation, and that 2021 would bring the promises of vaccination and restored civil liberties to fruition.

The year 2021 has proved to be a whirlpool of successes and setbacks. The triumph of a world able to create and disperse previously impossible vaccines has been marred by devastating imperfections in rollout programs. The quarantine advantage of being an island nation soon turned to a catch 22 of low COVID-19 cases producing low vaccine uptake and an over-reliance of lockdown measures to contain outbreaks.

Victorian GPs have risen over and over again to a myriad of challenges. Practices have set up COVID-19 vaccination clinics, overcoming the complex logistics, safety concerns and uncertainties that vaccination has brought with it. We are now taking on the additional challenges of the Pfizer vaccine, and no doubt will do so with Moderna if it too becomes approved. We have parried a further two lockdowns, bracing ourselves and our patients against the emotional, economic and social despair these lockdowns have created.

Perhaps most importantly, Victoria's GPs have pivoted countless times to support the ever-changing medical information and vaccination program eligibility criteria. We do this to ensure Victorian patients can access truthful information and so that precious vaccine resources are used appropriately. I proudly marvel at the sheer determination and commitment of our members, because there is no doubt we are frustrated and we are fatigued. Yet none of us will give up at a time our communities need us most.

The RACGP has advocated week-in, week-out at a federal level to rationalise the troubled vaccine program, RACGP Victoria has done so with the state.



Dr Anita Muñoz.

**‘RACGP Victoria has also provided clinical champions to help with vaccine messaging across the state, and we feature on an almost weekly basis in mainstream and medical media.’**

Our relationship with the state has continued to strengthen via Vaccine Expert Advisory Committee and Primary Care Engagement Group participation and ongoing Department of Health RACGP Victoria webinars. State interest in general practice is genuine and respectful; our faculty is a much sought-after source of critical and up-to-date information and advice, not just for members but also for state decision-makers who seek to collaborate more meaningfully with our sector.

RACGP Victoria has also provided clinical champions to help with vaccine messaging across the state, and we feature on an almost weekly basis in mainstream and medical media to spread evidence-based word about the pandemic to the community. Sally Cockburn's Alt Wednesday series continues to complement the public health conversation with clinical updates, and RACGP Victoria is now a well-recognised repository of relevant clinical and programmatic updates.

Not all of our faculty's activities focus on the pandemic, of course. State Manager, Kon Kakris, and Executive Support Officer, Mary Lin, work indefatigably on all of the faculty's efforts, including strategic planning, project management, member support and advocacy undertakings. Co-Deputy Chairs, Marina Malcolm and Bernard Shiu, are active in delivering faculty events, and in representing general practice at a multitude of state forums, including family violence, emergency department access, disability support and political advocacy. Council members, Jennifer Anderson, Palmyra de Banks, Morton Rowland, Carl Jansen and Imran Marzook, have similarly flown our flag on matters such as WorkSafe reform, hospital discharge summaries, winter preparedness and voluntary assisted dying.

Finally, RACGP Victoria welcomed Lorraine O'Callaghan and James Garland to the team this year in events and member support roles, respectively. Victorian events are a focus, now that our team is replete, and we look forward to GP21, the Brainy Women conference for women in medicine, and Fellowship ceremonies for 750 New Fellows. While we acknowledge the challenges are by no means over, stopping to celebrate our members, our profession and our college feels like the perfect elixir for a tough 12 months.

# RACGP Rural

## Dr Michael Clements

BEcon (Hons), MBBS, DAvmed, MPH, MHM, FRACGP, FARGP, FRACMA, FACAsM, GAICD Chair, RACGP Rural

No-one could have predicted the challenges faced by GPs and their communities over the past year. More than ever, rural members needed our support. We represent the most rural and remote GPs of any group in Australia, and we acted quickly to provide a voice for rural general practice during the COVID-19 pandemic, as well as timely information to GPs.

RACGP Rural met quarterly with the Federal Minister for Regional Health to discuss RACGP concerns and priorities, and to advocate for equitable access to high-quality healthcare in our rural communities. We represented rural GPs on the Department of Health's COVID-19 rural health and vaccine stakeholder groups to put a rural lens on the response.

We saw increasing workforce shortages in rural areas, partly compounded by COVID-19 and international and state border uncertainty. We consulted closely with members to capture real stories of what was happening on the ground via monthly online member meet-ups, the [RACGP Rural Faculty Facebook group](#) and [RACGP Rural Council](#) to provide valuable input into rural health initiatives.

With the transition of training, increasing the number of highly trained GPs in rural and remote communities is a key priority. The RACGP's [model for general practice training](#) supports the rural GP workforce and aims to attract more graduates to become GPs and do their training in the communities that need them most. We've been engaging directly with members and stakeholders of GP workforce and training organisations across the country to find out exactly what their needs are and how we can contribute.

Since the [RACGP Rural GP Summit](#) in February 2020, we've progressed more than half of 27 proposals that were put forward by delegates in key areas of advocacy, training and rural general practice experience, and are continuing to do so.



Dr Michael Clements.



L-R: Australian College of Rural and Remote Medicine President, Dr Sarah Chalmers; RACGP Rural Chair, Dr Michael Clements; and Rural Doctors Association of Australia President, Dr John Hall, at the Press Club in Canberra for an address from the Rural Health Commissioner.



GPs at the Point-of-Care Ultrasound workshop in Coffs Harbour.



**Front:** RACGP Rural Chair, Dr Michael Clements presenting the FARGP at the Queensland Fellowship ceremony in Brisbane. **Back left:** Queensland Censor, Dr Nick Hummel. **Back middle:** Queensland Provost, Dr Eleanor Chew. **Back right:** Vice President and Queensland Chair, Dr Bruce Willett.

We launched the innovative [Practice to Practice pilot program](#) in March 2021, and are progressing work to develop a [Rural Generalist Fellowship](#).

The Fellowship in Advanced Rural General Practice (FARGP) curricula has been updated to strengthen our rural pathways and deliver a flexible and robust training program that meets changing workforce needs. Key developments will start to be incorporated into the FARGP from January 2022.

Most of the faculty's events and education were held online to continue to provide members with professional development to address rural health needs. We held an inaugural online Rural Member Forum, combining the annual member meeting, education and networking, and launched an emergency medicine workshop.

We also launched the 'Become a rural GP' webinar series to promote a career in rural general practice to students and junior doctors.

We worked closely with the Department of Health to make online training eligible for rural procedural grants, so that GPs could continue accessing grants for upskilling opportunities during this unprecedented time.

I would like to thank my council colleagues, faculty staff and the rural and remote general practice community for their tireless work.

# RACGP Specific Interests

## Dr Lara Roeske

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

Chair, RACGP Specific Interests

As GPs, we embark on a journey of career-long learning. We're responsive to the changing requirements of general practice, our patients and the communities we work in. However, the past 12 months have forced us to transform the way we work more than at any other time. I'm proud of how the RACGP Specific Interests members have risen to meet the challenges posed by the COVID-19 pandemic and contributed their time, knowledge and expertise.

As the pandemic unfolded at different locations and rates, it was critical to rapidly gain insights and information from our colleagues across Australia. The Specific Interests Aged Care group members in Victoria were quick to share what they were learning from the tragic outbreaks in residential aged care facilities in Melbourne. The webinar, 'Preparing for your first COVID-19 case in aged care: Lessons from Melbourne', gave GPs nationally important insights into what went wrong, and priorities and actions for managing the new challenges for access to and the clinical care provision of our patients in residential aged care facilities.

Other health concerns do not disappear because of COVID-19, and the Specific Interests Antenatal and Postnatal Care, Breast Medicine and Sexual Health Medicine groups combined to provide an essential update for our colleagues across the country on sexual and reproductive health during COVID-19. This on-demand webinar enabled us to confidently and safely provide cervical and breast cancer screening, contraceptive, sexually transmissible infections and pregnancy care through telehealth and video consultations.

Building on previous successful collaboration with the Royal Australian and New Zealand College of Psychiatrists and the Royal Australasian College of Physicians, we modified the tri-college biennial International Medicine in Addiction conference (IMI21) to a completely virtual



Dr Lara Roeske.

event. The RACGP was the lead college this year, and my congratulations go to the Specific Interests Addiction Medicine group and Chair, Dr Hester Wilson, on overcoming the challenges posed to present an exceptional conference.

The Specific Interests Climate and Environmental Medicine group presented a discussion paper to the RACGP Board recommending actions the college can take in response to the climate change health emergency. The RACGP Board supported the paper's aims and committed to develop and implement an environmental and social governance strategy for the college.

RACGP Specific Interests has made a vital step forward to progress the second phase of the Post-Fellowship Recognition Pilot. I'm very pleased that six of our groups successfully applied to undertake this work. These groups are Addiction Medicine, Dermatology, Integrative Medicine, Psychological Medicine, and a combined effort from the Child and Young Person's Health and Disability groups, who are collaborating in the area of developmental disability. I'd like to acknowledge the members of these groups, who are volunteering their time and expertise to complete the pilot. Many of our members have asked for this type of recognition and I look forward to sharing the results in 12 months.

## RACGP Specific Interests

RACGP Specific Interests membership has continued to grow, increasing by 15% in the past 12 months to 8728 members across 31 groups. I am delighted we have over 3500 medical students and GPs in training as members in the faculty. You are part of a team of colleagues who share and support your interests, and will inspire you by the options a career in general practice presents.

I applaud our members' commitment in sharing their expertise and experiences through education, advocacy efforts and representation, and in contributing to the overall collegiality of the RACGP.

I'd like to acknowledge the outstanding work and contribution of our former Manager, Emma Stonham, and RACGP Specific Interests staff, and welcome Gillian Elliott as interim Manager.

### RACGP Specific Interests members



**31**

Specific Interest groups



**8728**

members



**1130**

new members –  
15% membership  
increase in the past  
12 months



**2613**

student members –  
30% of Specific  
Interest members

### RACGP Specific Interests activities



**12**

webinars held



**33**

Specific Interest  
group meetings



**33**

contributions to  
submissions/  
consultation  
responses

# RACGP Aboriginal and Torres Strait Islander Health

## Professor Peter O'Mara

MBBS, FRACGP, FARGP, GradDipRural  
Chair, Aboriginal and Torres Strait Islander Health

This past year has been challenging and has tested our resilience more than ever before. I'd like to thank the members of the council and Education Committee for their continuous support and commitment. Our faculty membership continues to grow, now with over 12,000 members, and we've had several new representatives join the council and Education Committee, bringing fresh perspectives.

The faculty has played an important role in the negotiations of the general practice training transition and the development of the profession-led, community-based training model. We've maintained efforts to boost support for Aboriginal and Torres Strait Islander GPs in training and to deliver high-quality educational activities for members. Our capacity was strengthened by the appointment of Dr Olivia O'Donoghue as our faculty censor. As the RACGP's first Aboriginal censor, Olivia is passionate about increasing the number of Aboriginal and Torres Strait Islander GPs in Australia.

The past year has provided new opportunities to advocate for positive change. The faculty continued its vocal support for implementation of the Uluru Statement from the Heart and, on behalf of the RACGP, joined the national 'Raise the age' campaign. We maintained our commitment to the 'Close the Gap' campaign and released several updated position statements. In June 2021, I travelled to Canberra with RACGP President, Dr Karen Price, and faculty staff to meet with politicians, health organisations and public servants. It's important that we develop and maintain these connections. To this end, I have committed to travel to Canberra at least twice a year.



Professor Peter O'Mara.

**'As part of a CSIRO-led collaboration, the RACGP and NACCHO are working together to ensure that the health checks are available in clinical software systems to support GPs and practice teams in the provision of high-quality, useful health checks.'**

## RACGP RACGP Aboriginal and Torres Strait Islander Health

Under the umbrella of our Memorandum of Understanding, the faculty continues to strengthen our partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO). We updated the recommended activities for the annual health checks across the life course for Aboriginal and Torres Strait Islander people. These new recommendations, presented as templates, have been adopted by the Department of Health and welcomed by a range of stakeholders. As part of a CSIRO-led collaboration, the RACGP and NACCHO are working together to ensure that the health checks are available in clinical software systems to support GPs and practice teams in the provision of high-quality, useful health checks.

This includes the design and piloting of a SMART health check prototype using highly innovative, ground-breaking clinical software design. This work supports the RACGP's priority to champion better health for all Australians.

Despite the challenges of the past year, the faculty has continued to deliver a high-quality program of work across a range of areas. I am looking forward to the next 12 months and the new opportunities it will bring.



**Joanne Kaczmarek**, a Torres Strait Islander woman from Badu Island, received the RACGP Aboriginal and Torres Strait Islander Health 2020 medical student award.



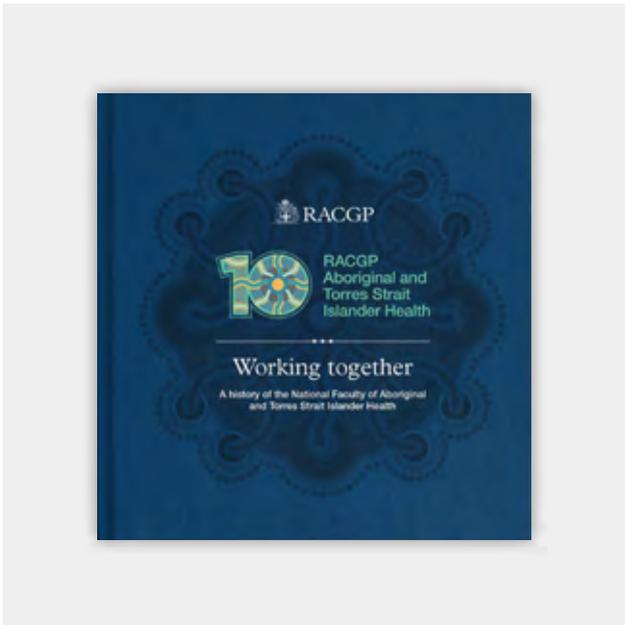
**Meeting with the Shadow Minister for Reconciliation and Constitutional Recognition of Indigenous Australians**, Senator Patrick Dodson, at Parliament House, Canberra, June 2021. **L-R:** RACGP Government Engagement and Stakeholder Advisor, Jay Moran; RACGP President, Dr Karen Price; Senator Patrick Dodson; Aboriginal and Torres Strait Islander Health Faculty Medical Advisor, Dr Tim Senior; and Chair, Aboriginal and Torres Strait Islander Health, Professor Peter O'Mara.



**Meeting with the Minister for Indigenous Australians**, the Hon Ken Wyatt AM, at Parliament House, Canberra, June 2021. **L-R:** Aboriginal and Torres Strait Islander Health Faculty Manager, Leanne Bird; RACGP President, Dr Karen Price; Minister Ken Wyatt; Chair, Aboriginal and Torres Strait Islander Health, Professor Peter O'Mara; and RACGP Government Engagement and Stakeholder Advisor, Jay Moran.

# Aboriginal and Torres Strait Islander Health: Celebrating 10 years

In 2020, RACGP Aboriginal and Torres Strait Islander Health marked its 10-year anniversary. Despite the challenges presented by the global pandemic, the faculty has worked hard to recognise the achievements of its members across the year.



Tenth anniversary book.



Tenth anniversary polo.

In November 2020, the faculty released *Working together: A history of the National Faculty of Aboriginal and Torres Strait Islander Health*, a book that charts the history of Aboriginal and Torres Strait Islander health at the RACGP since the 1990s through to the establishment of the faculty. It includes a range of profiles, stories and photos that capture the evolution of the faculty to what it is today. Copies of the book were provided to our partners, who have supported us throughout the years, and key decision-makers.

In the great tradition of Aboriginal health services, the faculty also designed a 10-year anniversary polo. The one-off polo features the artwork of Marcus Lee, which symbolises the RACGP's commitment to Aboriginal and Torres Strait Islander health. Both the book and the polo are available for sale to members.

We acknowledged the 10-year service of Dr Tim Senior as faculty Medical Advisor. Tim's passion and commitment are evident in much of the work of the faculty, and we're grateful to Tim for his long-term commitment. The year ended on a high note with the announcement of Associate Professor Brad Murphy as the recipient of the Rose-Hunt award, recognising his role in the establishment of the faculty in 2010 and as Chair from 2010 to 2016.

Although 2020 is over, we reflect on and celebrate the first 10 years of the faculty as we continue to work towards the goal of health equity for Aboriginal and Torres Strait Islander people.

# RACGP GPs in Training

## Dr Sean Black-Tiong

MBBS, FRACGP, GAICD

Chair, RACGP GPs in Training

The RACGP National Faculty for GPs in Training Council members and staff have continued to go above and beyond over the past 12 months to support GPs in training. In what has been another challenging year for everyone in both our personal and professional lives, it has been of the utmost importance that we keep working hard on behalf of our members to minimise training disruptions and to continue to strive for excellence.

I had the honour and pleasure of attending the South Australian Fellowship ceremony to give a brief speech and lead the Oath of Fellowship. It was a chance for myself and the New Fellows to reflect on the importance and meaning of Fellowship. Recognition as a Fellow represents more than academic medical knowledge; it is an ongoing belonging among like-minded peers, and all of us committing to lifelong learning and development to uphold the best quality care for our patients. I also spoke about the role every Fellow of the RACGP has as a leader, be that for national health policy, our local communities or just for the single patient in the consulting room with us.

The faculty council has provided representation and advocated on behalf of GPs in training on multiple committees and steering groups this year, including:

- Applied Knowledge Test (AKT)/Key Feature Problem (KFP) exams and the Remote Clinical Exam (RCE)/Clinical Competency Exam (CCE)
- workplace-based assessments
- RACGP National Syllabus
- GP21
- Australian General Practice Training (AGPT) Program eligibility panel
- Council of Censors exam incident subcommittee
- profession-led training.

Our involvement in these committees has provided valued feedback and meaningful change in a number of ways,



Dr Sean Black-Tiong.

including the structure and delivery of the exams. With the ongoing involvement of the GPs in Training Faculty and its members, the future of general practice training will certainly be enriched with quality input from GPs in training.

Through the collaboration of other RACGP faculties and our council members, we have provided webinars for GPs in training in the lead-up to their exams for each cohort. We are building on our strong relationship with the RACGP Education Services team to further bolster the suite of resources available to GPs in training throughout their training.

The GPs in Training Faculty has also been continuing to work closely with external organisations, such as General Practice Registrars Australia (GPRA), the Australian Medical Association and the Department of Health. We continue to support reforms to GPs in training employment and entitlements, and exploring alternative models to the current reliance on the National Terms and Conditions for the Employment of Registrars (NTCER) as a minimum standard.

Our membership continues to grow and remains highly engaged. With over 1900 members in our Facebook group, it has been a pleasure to see it organically grow into a space for GPs in training to discuss ideas and support one another.

While the current pandemic has hindered our ability to meet face to face, I hope to be able to rectify that in the coming year and hear more from our members directly.



## RACGP expert committees at a glance

RACGP expert committees (RECs) provide the Board with information and advice on issues crucial to the RACGP and general practice. From creating resources such as the General Practice Business Toolkit, to outlining a vision for general practice, the RECs have been called upon to advocate for and support our members on the issues that matter to them most.

### Quality Care

Provides the RACGP, GPs and health policy makers with evidence-based advice and recommendations on matters of clinical significance. Advocates for general practice by responding to changes or proposed changes to clinical practice in Australian primary care through submissions and the representatives program, and makes recommendations and proposes changes based on emerging evidence. Promotes quality general practice by developing and maintaining high-quality guidelines and resources to improve delivery of care.

Successfully advocated to the Pharmaceutical Benefits Advisory Committee for changes to the Palliative Care Schedule, and made submissions on a range of issues encountered by general practice, including to the Royal Commission into Aged Care, and on cancer screening programs, women's health and vaporiser nicotine products.

### Funding and Health System Reform

Advocates for increased recognition and reward for the work of GPs and greater investment into general practice to support the delivery of high-quality, sustainable and efficient patient care.

Contributed to discussions to inform the Federal Government's anticipated Primary Health Care 10-Year Plan (the Plan). Many of the proposals in the Plan strongly align with the RACGP's *Vision for general practice and a sustainable healthcare system*, drawing on the [economic benefits of implementing the Vision](#), which was released in late 2020.

### Practice Technology and Management

Oversees and supports a program of work relating to digital health developments, practice management and emergency preparedness and response.

Delivered the [General Practice Business Toolkit](#) to support general practice owners to establish, manage and enhance their practice, and continued to support to our members during COVID-19 and the vaccine rollout.

### Standards for General Practice

Develops and maintains standards and associated resources for general practices, including GP education practices, medical deputising services and other primary medical services, ensuring the standards reflect high-quality practice and are independent of government policies and initiatives.

In response to member feedback, the Standards REC has embarked on consultation with members on the definition of a general practice for the purpose of accreditation, to investigate whether the existing definition best reflects contemporary general practice.

### Research

Provides advice and policy direction on research-related issues in general practice.

Continues to advocate for general practice research at a federal level, works to provide more opportunities for our GPs in training to undertake research and builds a culture of research.

Find out more about the support provided to members during the pandemic by the RACGP RECs on page [29](#).

# RACGP Expert Committee – Quality Care

## Professor Mark Morgan

BM BCh, MA, PhD, MRCGP, FRACGP

Chair, RACGP Expert Committee – Quality Care

Despite the dominance of COVID-19, the RACGP Expert Committee – Quality Care (REC–QC) has continued to provide clinical advice and advocacy across the full spectrum of general practice. In particular, our focus over the past 12 months has been on mental health and preventive health, and we played a key role in the National COVID-19 Clinical Evidence Taskforce.

We strongly advocated for mental health, starting by convening a mental health advisory group to respond to substantial developments in mental health reform.

An integrated and effective health system is critical for better mental healthcare, and GPs are key to creating such a system. The RACGP's response to the Productivity Commission Mental Health Inquiry report highlighted the central role of GPs in mental health care and called for better support. We continue to advocate for increases to the Medicare Benefits Schedule (MBS) payment for mental health items to match those of physical health items, and an MBS item for longer mental health consultation time.

Preventive healthcare is a key component of the work GPs do. The update of our flagship *Guidelines for preventive activities in general practice* (Red Book) continues to progress, and we have made submissions in response to the National Preventive Health Strategy consultation paper and draft National Preventive Health Strategy, highlighting the integral role of general practice and the need for better support and increased investment in primary care.



Professor Mark Morgan.

**‘We were pleased to learn, from the RACGP’s member census this year, that the clinical guidelines produced by the college are one of their most-valued resources. This is testament to the quality of work and expertise of the REC–QC members, the various clinical advisory groups and reviewers, and the RACGP staff who work on the guidelines.’**

## RACGP Expert Committee – Quality Care

Our clinical guidelines, *Abuse and violence: Working with our patients in general practice* (White Book), are due for publication later in 2021, and the Handbook of Non-Drug Interventions (HANDI) working group has completed the development of a suite of patient non-drug treatment guides for each musculoskeletal topic. The resource, 'First do no harm: A guide to choosing wisely in general practice', is underway and will complement HANDI by helping GPs and patients avoid low-value or harmful care.

Advocacy is a key activity for the REC–QC. Representative members have attended more than 90 meetings and inquiries in the past year. We have successfully advocated to the Pharmaceutical Benefits Advisory Committee for changes to the Palliative Care Schedule, and made submissions on a range of issues encountered by general practice, including to the Royal Commission into Aged Care, and on cancer screening programs, women's health and vapouriser nicotine products.

We were pleased to learn, from RACGP's member census this year, that the clinical guidelines produced by the college are one of their most-valued resources. This is testament to the quality of work and expertise of the REC–QC members, the various clinical advisory groups and reviewers, and the RACGP staff who work on the guidelines. Evidence-based clinical guidelines focusing on the Australian primary care setting are incredibly valuable to GPs, other primary care clinicians and their patients. We should be proud that we produce so many, and to a high standard.

# RACGP Expert Committee – Research

**Associate Professor Jo-Anne Manski-Nankervis**  
BSc (Hons), MBBS (Hons), CHIA, PhD, FRACGP  
Chair, RACGP Expert Committee – Research

The RACGP Expert Committee – Research (REC–R) provides the RACGP and general practice sector with advice and policy direction on research-related issues in general practice, supports the strengthening of a culture of research in general practice and works to develop general practice research capacity, including academic career opportunities.

The RACGP Board endorsed the REC–R strategy in December 2020, and our work this year has centred on implementation of this strategy. The aim of the strategy is to create a culture and systems to support development of general practice research in Australia, advancing the discipline and leading to more informed policy and practice and improved health and wellbeing of the community. This supports the *RACGP strategic plan 2020–22*, which aims to increase investment and participation in general practice research, to build on the profession’s ever-evolving evidence base.

The REC–R has continued to advocate for general practice research at a federal level, work to provide more opportunities for our GPs in training to undertake research and build a culture of research. We have also offered advice and input on research issues to a number of RACGP divisions and teams working on a variety of submissions and activities.

Other REC–R activities and achievements for the year include:

- dissemination of the RACGP research strategy
- working with the Council of Censors and Education and Workforce Committee to create a pathway for GPs in training to undertake higher degree research alongside training



Associate Professor Jo-Anne Manski-Nankervis.

- commencement of a research webinar series aimed at building the profile of, and encouraging participation in, general practice research. The first three have been well attended, and further webinars will take place in the remainder of 2021
- working with stakeholders to support the development of practice-based research networks in Australia
- development of a new website for research
- development of a framework for research partnerships with the RACGP
- advocacy for general practice research, including through the RACGP Submission to the Medical Research Future Fund consultation to inform the third Australian Medical Research and Innovation Priorities 2020–22.

Thank you to our committee members for their contribution over the past year – Professor Clare Heal, Professor Siaw-Teng Liaw, Professor Danforn Lim, Professor Danielle Mazza, Professor Dimity Pond, Associate Professor Jan Radford, Dr Geoffrey Spurling, Dr Elizabeth Sturgiss and Clinical Associate Professor Sanjyot Vagholkar – and to the RACGP Research team: Tania Lim, Clare Finucane, Gail Roberts and Helena Koutroupis.

# RACGP Expert Committee – Standards for General Practices

## Dr Louise Acland

BA, BMed, MHM, MPH, FRACGP

Chair, RACGP Expert Committee – Standards for General Practices

The RACGP Expert Committee – Standards for General Practices (REC–SGP) develops and maintains standards and associated resources for general practices, medical deputising services and other primary health settings. The REC–SGP monitors the development and application of relevant standards in Australia to ensure those for our profession reflect high-quality, evidence-based practice and are independent of government policies and initiatives.

During 2020–21, work has been conducted on a number of important projects and updates. These have been designed to assist members and their practices achieve quality improvement and risk reduction outcomes when using the *Standards for general practices* (5th edition) (the Standards) on their accreditation journey.

During the COVID-19 pandemic, access to general practice was enhanced by various changes, with members pivoting to new ways of working in clinical practice. Infection prevention and control measures have become increasingly rigorous, and there has been a high uptake of telehealth consultations. These changes have positively impacted how members run their practices and the quality care provided to their patients. In response to these changes, the Standards and accompanying resources are currently being reviewed and updated.

The Standards are also being updated in regard to the recording of patient sex and gender to ensure they contain contemporary best practice for the provision of inclusive, respectful and culturally appropriate care.



Dr Louise Acland.

**‘The Standards are also being updated in regard to the recording of patient sex and gender to ensure they contain contemporary best practice for the provision of inclusive, respectful and culturally appropriate care.’**

During the past year, the REC–SGP has embarked on consultation with members on the definition of general practice for the purpose of accreditation.

This review was instigated in response to member feedback, to investigate whether the existing definition best reflects contemporary general practice. The REC–SGP has received many considered opinions that articulate members' passion for their profession and the desire for the RACGP to continue to respond to changing needs. The review is currently ongoing, and the REC–SGP looks forward to working with the RACGP Board and college members to deliver a definition that is fit for purpose.

'Standards news', a quarterly newsletter providing a great avenue to share news and achievements, was launched this year. After four editions, subscribership has increased from 140 to 1250.

The advocacy and standard for Medicare-funded point-of-care testing in general practice culminated in the planned introduction of a Medicare item for point-of-care glycosylated haemoglobin (HbA1c) tests from 1 November 2021.

After much development work, the new *Standards for general practice in residential aged care*, updated *Standards for health services in Australian prisons* and *Standards for health services in Australian immigration detention facilities* are taking shape. Each project has incorporated consultation and feedback from members at several stages, and piloting for these standards will commence when it's safe to do so.

I'd like to extend my thanks to all members of the REC–SGP, sub-committees and staff at the Standards Business Unit for their dedication, hard work and many thoughtful contributions to the development of our various standards for general practice.

# RACGP Expert Committee – Funding and Health System Reform

## Dr Michael Wright

MBBS, MSc, PhD

Chair, RACGP Expert Committee – Funding and Health System Reform

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

The focus of 2020–21 has centred on funding and initiatives to support patients and GPs responding to the COVID-19 pandemic, such as the introduction of Medicare-funded telehealth and the national vaccine program, as well as the highly anticipated Primary Health Care 10-Year Plan (the Plan). This has been in addition to our regular reports, such as the annual *General Practice: Health of the Nation report*, and contributing to the annual Federal Budget process through the [RACGP Federal pre-budget submission 2021–22](#) and [Federal Budget overview 2021–22](#).

The REC–FHSR has produced evidence to evaluate the impact of the pandemic and has strongly advocated via our president and member representatives for ongoing telehealth that is accessible to all patients and viable for all practices. We continue to report on the challenges that GPs are facing delivering Australians national vaccines program. There have been many changes to general practice funding, and some successes have included the removal of mandated bulk-billing for telehealth, ongoing extensions of telehealth while an appropriate long-term model is developed, the wind back of the Department of Health’s compliance campaign targeting telehealth item number billings, the doubling of the originally proposed support for continuous vaccine administration and the introduction of a Medicare Benefits Schedule (MBS) item for vaccine counselling.



Dr Michael Wright.

The REC–FHSR has also been contributing to discussions to inform the government’s anticipated Plan. Many of the proposals in the Plan strongly align with RACGP’s *Vision for general practice and a sustainable healthcare system*, drawing on the [economic benefits of implementing the Vision](#), which was released in late 2020.

Another highlight for the REC–FHSR was the release of the [MBS online tool](#), which replaces the previously produced annual MBS fee summary. The new online tool is completely editable and allows members to create a fee summary list relevant to their practice.

Other key areas of focus for the REC–FHSR in 2020–21 included:

- leading the RACGP [response](#) to the Royal Commission on Aged Care Quality and Safety
- advocacy surrounding [changes to electrocardiograms](#)
- hosting of the RACGP’s MBS compliance roundtable – bringing together stakeholders in response to increasing member concerns about the impact of Medicare compliance activities on the provision of care
- leading several key [submissions](#) addressing funding and reform issues.

In this very challenging year, I am particularly grateful for the expertise of the committee members and the dedication of the RACGP staff supporting the REC–FHSR.

# RACGP Expert Committee – Practice Technology and Management

## Dr Rob Hosking

MBBS, DRANZCOG, Grad Cert Health Informatics, FRACGP, FAIDH

Chair, RACGP Expert Committee – Practice Technology and Management

This pandemic era is one that has no doubt challenged many of us both professionally and personally. I remain immensely proud of my general practice colleagues for the manner in which we have stood up, shaken off and gotten to work on a daily basis at a time of great uncertainty and anxiety. While the path out may be long, our general practice community is playing a key role in paving the road to recovery, for which I, the committee and the RACGP as a whole, thank them for.

In latter 2020 and into 2021, the RACGP Expert Committee – Practice Technology and Management (REC-PTM) continued to support members through the development of resources supporting the [pandemic response](#) and the significant uptake of [telehealth](#). In 2020, we were also pleased to launch the [General Practice Business Toolkit](#), the RACGP's key resource in the practice ownership and management space.

We've continued to advocate for general practice through participation on committees, consultations and projects, including on the National Cancer Screening Registry, the COVID-19 Vaccination Training Program, mental health supports for those impacted by the 2019–20 bushfire season, as well as addressing outcomes of the Royal Commissions into Aged Care Quality and Safety and National Natural Disaster Arrangements.



Dr Rob Hosking.

**‘We continue to work closely with the Australian Digital Health Agency, advocating on behalf of GPs on a number of eHealth initiatives’**

## RACGP Expert Committee – Practice Technology and Management

We continue to work closely with the Australian Digital Health Agency, advocating on behalf of GPs on a number of eHealth initiatives, including electronic prescribing, the child eHealth record and My Health Record.

In 2020–21, we were proud to release position statements on [Electronic clinical decision support in general practice](#), the [Safe and effective electronic transfer of information to and from general practice](#) and [Artificial intelligence in primary care](#).

The committee, after consultation with members, submitted responses to numerous privacy legislation reviews, including the Australian Government Attorney-General's Department Privacy Act review, the Victorian Department of Health and Human Affairs Health information sharing legislative reform consultation and the Department of Health review of the My Health Records legislation. We advocated for improved digital literacy and uptake of digital technologies across the medical continuum in the Australian Medical Council/ Australian Digital Health Agency's [Digital Health in Medicine Capability Framework](#) consultation. We also signed up to the [Every Doctor, Every Setting: A National Framework for action on the mental health of doctors and medical students](#), with ongoing work on this being implemented by our colleagues in the RACGP Membership division.

In 2020, the Board approved the establishment of the RACGP Data Governance Advisory Committee (DGAC), a sub-committee of the REC–PTM, made up of representatives from each of the RACGP Expert Committees, together with RACGP staff. One purpose of the DGAC is to provide advice on the needs and interests of the profession on matters relating to the collection and use of general practice data. The committee is currently consulting on principles for the collection and use of general practice data by third parties.

We continue to enjoy engaging with members and sharing knowledge and ideas during our regular 'Practice essentials' webinar series, and keeping practice owners and managers up-to-date through our [monthly e-newsletter](#).

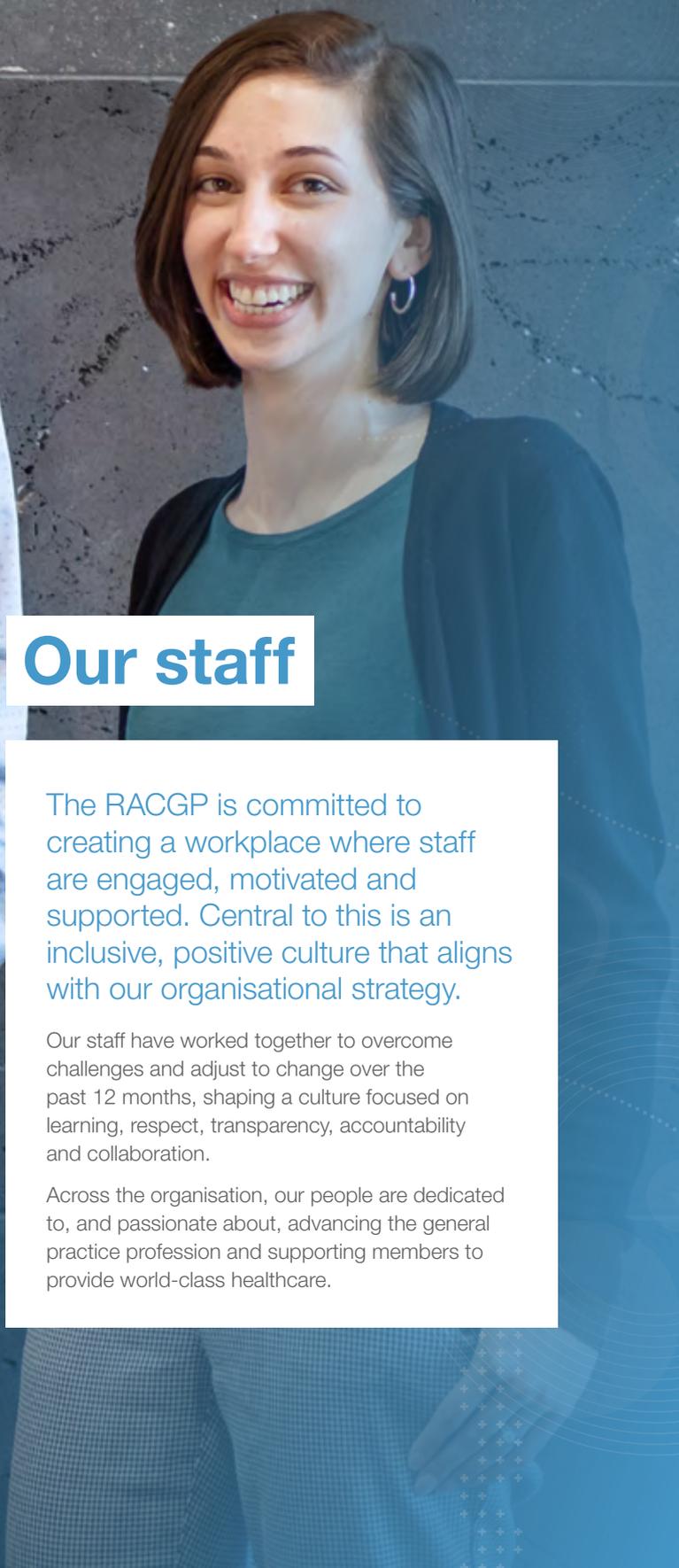


## Our staff

The RACGP is committed to creating a workplace where staff are engaged, motivated and supported. Central to this is an inclusive, positive culture that aligns with our organisational strategy.

Our staff have worked together to overcome challenges and adjust to change over the past 12 months, shaping a culture focused on learning, respect, transparency, accountability and collaboration.

Across the organisation, our people are dedicated to, and passionate about, advancing the general practice profession and supporting members to provide world-class healthcare.



# Building a strong and positive culture

The RACGP continues to grow and evolve to ensure our operations and workforce meet the changing needs of our members and communities.

We've started to transform the way we work, to adapt systems and processes, and strengthen our feedback mechanisms in order to navigate a period of challenge and significant change.

## Keeping staff connected

COVID-19 continued to impact the way we worked. Across the organisation, our 432 staff members showed resilience and spirit as we transitioned from working from home to a hybrid working model (when safe to do so and in line with public health advice).

Teams embraced the challenges and opportunities provided by working remotely, utilising Zoom, Skype and Workplace to connect with colleagues and collaborate on projects.

The wellbeing of our staff was a primary focus throughout the year. The implementation of two paid wellbeing days and an extended Easter break period allowed staff to recharge and take additional leave if they needed. We also encouraged staff to access our employee assistance program for confidential support.

## Looking to the future

The launch of our strategic plan was the first step towards a clearer direction for the RACGP, providing an opportunity to reflect on, and have conversations about, organisational culture. Led by the Board and the Executive Leadership Team, initiatives are underway to build a culture imbued with respect, transparency, accountability and collaboration with all of our people and stakeholders.

As part of this work, we've committed to developing our people by providing avenues for career growth, development and leadership opportunities. We're proud to say that, in the past year, we've provided more secondment and internal developmental opportunities at the RACGP than in any other year.

Building individual and team strength ensures we're able to provide high-quality service delivery that advances the general practice profession and supports members to provide world-class healthcare.

## Building a strong and positive culture

### Workforce profile

RACGP divisions – June 2021	
Division	Count
Office of the CEO & Company Secretary	4
Education Services	92
Fellowship Pathways	63
Finance	21
Government Relations, Policy & Practice	44
Legal, Risk & Compliance	5
Membership & Transformation	111
Operations	54
Strategic Marketing & Communications	38
<b>Total</b>	<b>432</b>

### Learning and development

- Virtual onboarding was revised to ensure all new team members could participate in RACGP's Passport induction, regardless of their location.
- Cultural competency training was our priority staff education session, with 93% of staff attending workshops presented by the Koorie Heritage Trust.
- Mandatory compliance training is at 97.3% for all employees.

Headcount across Australia	
Division	Count
New South Wales and Australian Capital Territory	27
Queensland	36
South Australia and Northern Territory	23
Tasmania	7
Victoria	323
Western Australia	16
<b>Total</b>	<b>432</b>

### Gender representation

State	Male	Female
Australian Capital Territory	0	2
New South Wales	4	21
Northern Territory	0	2
Queensland	8	24
South Australia	4	16
Tasmania	2	5
Victoria	102	223
Western Australia	3	12
<b>Total</b>	<b>123</b>	<b>305</b>

Executive Leadership Team	
Female	5
Male	7

## Our divisions

### Education Services

Education Services contributes to the RACGP's objective of establishing and maintaining high standards of knowledge, experience, competency and skills in general practice. The division supports members across the profession of general practice, from those commencing pathways to Fellowship to Fellows of the RACGP completing educational programs throughout their careers. We focus on academic leadership and standards in assessment and related program and project delivery, and work to lead the nation in general practice education.

### Fellowship Pathways

The Fellowship Pathway division's focus enables the RACGP to deliver the Practice Experience Program (PEP); the development of profession-led, community-based training; and the subsequent transition of the Australian General Practice Training (AGPT) Program from the Regional Training Organisations (RTOs) to the RACGP. Many functions within the Fellowship Pathways division already support these activities, including selection into the AGPT Program and PEP; evaluation of the PEP; accreditation of RTOs; management of academic posts; and education research grants. Fellowship Pathways works collaboratively across the RACGP and closely with the Education Services division to ensure seamless integration of RACGP support for GPs in training.

### Finance

The Finance division oversees the financial and portfolio health of the company. The Financial Control and Financial Planning and Analysis (FP&A) teams manage the financial governance, statutory reporting, treasury, budgets and planning, and provide commercial finance support. The Portfolio Management Office (PMO) ensures that the RACGP governs project investment appropriately by adopting the portfolio management framework. The framework ensures that the approved portfolio of projects supports and aligns with RACGP's strategic objectives, and leverages strong methodology and governance, where initiatives are transparently prioritised and assessed for funding.

### Government Relations, Policy & Practice

The Government Relations, Policy & Practice (GRPP) division comprises two national faculties (Aboriginal and Torres Strait Islander Health and Specific Interests) and four RACGP expert committees (RECs): Practice Technology and Management, Quality Care, Standards for General Practices, and Funding and Health System Reform.

GRPP supports the delivery of high-quality patient care, through the development of clinical guidelines, education, standards and resources. The division also supports the RACGP's advocacy efforts on behalf of members on a range of issues and reforms affecting general practice. This advocacy positions GPs as expert generalists who are fundamental to a high-quality health system, increasing community awareness and understanding of the profession and the crucial role GPs play not just in healthcare but the broader community.

### Legal, Risk & Compliance

The Legal, Risk & Compliance division provides advice in relation to legal and regulatory matters, policy and legal compliance, procurement, and strategic and operational risk management. We currently have stewardship of the RACGP Innovate Reconciliation Action Plan 2020–22.

### Membership & Transformation

The Membership & Transformation division focuses on assisting our members and providing events, information, programs, support and continuing professional development (CPD). With faculties across Australia, the division is responsible for the curation of our members' journey with the RACGP and for strategies relating to member engagement and membership policy through all career stages to enhance our members' experience and their interaction with the RACGP.

## Our divisions

### Operations

The Operations division's focus is on internal support of RACGP divisions to ensure the efficient and effective running of operational activities. It includes responsibility for property; information technology, data and analytics; and human resources.

As of 30 June 2021, Human Resources is branching out into a new division called People, Culture & Learning under the leadership of an internationally experienced people leader, Sue Black.

### Strategic Marketing & Communications

The Strategic Marketing & Communications division applies a member-first lens to the development and implementation of brand strategy, communication and marketing campaigns and initiatives. The division also applies creative multimedia and design solutions to promote RACGP member services, events, products and resources. A passionate group of marketers, media wranglers, communicators, journalists and writers, designers and editors, the division also oversees the RACGP's social media channels, member communication, *newsGP*, the *Australian Journal of General Practice (AJGP)* and *check*, in addition to managing the procurement and major contracts for the RACGP related to creative services, media buying and market research.



RACGP staff.

# Innovate Reconciliation Action Plan 2020–22

The RACGP launched its Innovate Reconciliation Action Plan (RAP) 2020–22 in November 2020. This is our second RAP and is the next step in our reconciliation journey. Through this framework, the RACGP is committed to reconciliation and to improving the knowledge, skills and abilities of RACGP staff to create a culturally safe and inclusive workplace for Aboriginal and Torres Strait Islander staff. The RACGP also supports the delivery of culturally responsive services for Aboriginal and Torres Strait Islander peoples. The RAP was launched in the same year we marked the 10th anniversary of RACGP Aboriginal and Torres Strait Islander Health.

The development and implementation of the RAP relies on creating a culturally inclusive work environment with strong relationships based on mutual respect. The RACGP Board is responsible for endorsing the RAP, and the RACGP's RAP Champion is responsible for updating Board members on the RAP progress.

A working group has been established to develop the content of the RAP, and now facilitates its implementation. It comprises representation across all RACGP divisions and meets monthly. Our reconciliation initiatives are informed and guided by our RAP Aboriginal and Torres Strait Islander Advisory Committee, of which all members of the group identify as Aboriginal or Torres Strait Islander people, or both. Their insight and contributions have been invaluable in the development of the RAP and in its implementation to date.

## Continuing our learning journey

Our RAP supports us to contribute to the national reconciliation movement within our organisation and communities. The four RAP framework pillars – relationships, respect, opportunities and governance – emphasise the importance of collaborating with Aboriginal and Torres Strait Islander peoples and help RACGP staff to respectfully engage in reconciliation initiatives.

We place importance on activities that further our understanding of how colonisation has affected, and continues to affect, the culture, traditions and lives of Aboriginal and Torres Strait Islander peoples. Staff are supported to participate in events and activities that mark and acknowledge dates of cultural significance and celebrate the richness of Aboriginal and Torres Strait Islander cultures, values and histories. This includes cultural awareness training, as well as activities for NAIDOC Week, Close the Gap Day and National Reconciliation Week. We've been privileged to hear presentations from Aboriginal and Torres Strait Islander peoples, whose stories encourage us to learn more about the impact of colonisation, intergenerational trauma, the Stolen Generations and the pivotal importance of connection to Country, culture and tradition for Aboriginal and Torres Strait Islander health and wellbeing.

Internal communication channels have also been established to facilitate ongoing discussions, with our RAP Workplace group providing opportunity for staff to share resources, their learning and reflections and to ask questions to contribute to our greater understanding. The RAP website outlines the RACGP's detailed commitments and provides advice to members on how they can implement a RAP in their own workplace.

Through the RAP, we can all take action and play a part in reconciliation.

### Staff pledges

As part of the development of the RAP, our staff were encouraged to make their own personal commitments to reconciliation. Some of these commitments are:

- I commit to reading a range of fiction and non-fiction books by Aboriginal and Torres Strait Islander authors to understand their history, culture and experience from the perspective of a diverse range of Indigenous voices.
- I commit to proactively improve my knowledge of Aboriginal and Torres Strait Islander culture and history. To increase my use/purchases of Aboriginal- and Torres Strait Islander-owned services, business and products.
- I commit to always fight for the inherent right Aboriginal and Torres Strait Islander people have to speak out on issues that directly impact them, and to push back against those within institutions who try to silence those voices.
- I will continue to evaluate my own unconscious biases and help others see theirs. Focusing on a strength-based approach to understanding and learning from each other.

More information on the importance of the work of our RAP can be found on our [website](#).



## Ways to reach the RACGP

### Connect with us

Follow us on Instagram [@the\\_racgp](#)

Like us on Facebook [@TheRACGP](#)

Follow us on Twitter [@RACGP](#)

Watch us on YouTube [@RACGP](#)

Link in with us [@The Royal Australian College of General Practitioners \(RACGP\)](#)

### General enquiries

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#### RACGP Victoria

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East Melbourne, Vic 3002

Tel 03 8699 0488

Fax 03 8699 0560

[vic.faculty@racgp.org.au](mailto:vic.faculty@racgp.org.au)  
[www.racgp.org.au/vic](http://www.racgp.org.au/vic)

#### RACGP WA

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West Leederville, WA 6007

PO Box 1065

West Leederville, WA 6901

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Fax 08 9489 9544

[wa.faculty@racgp.org.au](mailto:wa.faculty@racgp.org.au)  
[www.racgp.org.au/wa](http://www.racgp.org.au/wa)

### Our national faculties

#### Aboriginal and Torres Strait Islander Health

100 Wellington Parade  
East Melbourne, Vic 3002

Tel 1800 000 251

[aboriginalhealth@racgp.org.au](mailto:aboriginalhealth@racgp.org.au)  
[www.racgp.org.au/the-racgp/faculties/atsi](http://www.racgp.org.au/the-racgp/faculties/atsi)

#### RACGP Rural

Level 7, 410 Queen Street  
Brisbane, Qld 4000

Tel 1800 636 764

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

## Ways to reach the RACGP

### RACGP Specific Interests

100 Wellington Parade  
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Tel 1800 090 588

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

### RACGP GPs in Training

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

Join the faculty groups on  
Facebook: [www.facebook.com/  
pg/TheRACGP/groups](https://www.facebook.com/pg/TheRACGP/groups)

## Other:

### Media

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

Tel 03 8699 0992  
[media@racgp.org.au](mailto:media@racgp.org.au)

### Whistleblower disclosures

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

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

### Search and advertise for general practice jobs

Visit recruitGP for general practice vacancies across Australia

[www1.racgp.org.au/recruitgp](http://www1.racgp.org.au/recruitgp)

### Lodge a complaint

Provide us with feedback

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

### Advertise with us

Reach thousands of Australian GPs through a range of channels

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



# RACGP

## Statutory report

# Directors' report

Your directors present this report to the members of the consolidated entity ('the group'), consisting of The Royal Australian College of General Practitioners Ltd ('the company' or 'RACGP') and its controlled entities at the end of, or during, the financial year ended 30 June 2021.

## Principal objectives and activities

The RACGP is Australia's largest professional general practice organisation and represents urban, rural, regional and remote general practitioners (GPs). The RACGP is a not-for-profit entity and is endorsed as a deductible gift recipient (DGR-1) under subdivision 30B of the *Income Tax Assessment Act 1997* for donations made for education or research in medical knowledge or science.

## Objectives

The RACGP's objectives are to:

- (a) improve the health and wellbeing of individuals and communities by supporting the pursuit of clinical excellence and high-quality patient care, clinical practice, education and research for general practice
- (b) establish and maintain high standards of knowledge, learning, experience, competence, learning, skills and conduct in general practice
- (c) set the standards for, and provide training and continuing professional development programs in relation to, general practice and related areas to improve the knowledge and skill in those fields or to extend knowledge and raise standards of learning and patient care
- (d) set the standards for, and provide undergraduate and postgraduate educational programs in, general practice and related subjects at or in any general practice, community-based medical practice, medical college, university, medical school, hospital, laboratory or other educational institution
- (e) provide grants or in-kind support in scholarly subjects related to general practice
- (f) support and publish research by any persons (whether members of the RACGP or not) into general practice and related subjects
- (g) award diplomas, certificates and other honours in recognition of competency, proficiency or attainment in general practice, or for outstanding work, or in appreciation of special services

- (h) encourage suitably trained persons to enter the specialty of general practice
- (i) promote social intercourse, good fellowship and peer support among members of the RACGP and people engaged in general practice, and promote good relations between such members and people and the community
- (j) advocate on any issue that affects the ability of RACGP members to meet their responsibility to patients and the community.

## Performance measures

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

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

## Results of operations

- For the 2020–21 financial year, the result from operating activities was \$5,901,482, with a total surplus after tax of \$6,982,262. The RACGP continued to navigate challenges presented from the COVID-19 pandemic. Major disruptions, including the Applied Knowledge Test (AKT) and Key Feature Problem (KFP) exam interruption in October 2020 and subsequent resit, fast transition to an online format for GP20 and office closures nationwide, were managed carefully through operational oversight and austerity approaches to discretionary spend.
- Net assets increased by 25% to \$61,455,477, compared with \$49,108,889 as at 30 June 2020.
- Current assets increased to \$102,488,017 from \$76,508,657 primarily due to income in advance from grant funding and strong cashflow management.
- An increase of \$5,364,326 in asset revaluation reserve as a result of strong demand for the East Melbourne location and bespoke commercial space.
- The RACGP secured an increased overdraft for a total of \$7,500,000 in the year as a precautionary measure to improve liquidity. Due to strong financial management, this has not been utilised in 2020–21.

## Significant changes in the state of affairs

ACN 147560638 Pty Ltd, formerly known as RACGP Oxygen Pty Ltd (In Liquidation), is in the process of being liquidated.

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

## Performance in relation to environmental regulation

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

## Likely developments and future results

The RACGP anticipates that it will maintain in 2021–22 its positive financial position by making investments into the transition to a COVID-19-compliant environment and improving operational efficiencies. We continue to strengthen the long-term sustainability of the RACGP by building reserves in line with the RACGP Reserve Fund Policy to manage risks to the organisation.

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.

## COVID-19 pandemic, the RACGP's response and events subsequent to the end of the financial year

The RACGP's operations continued to be affected by the COVID-19 recovery, and we continued to manage these impacts through the following measures:

- transforming our offices to provide a COVID-safe workplace and continuing to allow staff to work under a flexible working policy
- transitioning clinical exam delivery to online and the AKT/KFP exams to a COVID-safe in-person model
- migrating major events to digital or hybrid format

- maintaining liquidity throughout the crisis to manage unforeseen events. In September 2020, the RACGP increased its overdraft facility with the Commonwealth Bank of Australia to \$7,500,000. This facility continues to be secured as part of the first registered mortgage, as detailed in Note 9.

The impact of the COVID-19 pandemic is ongoing, and while it has been financially positive up to 30 June 2021, it is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, uptake in vaccination rates, quarantine, travel restrictions and any further economic stimulus that may be provided.

The Chief Executive Officer, Dr Matthew Miles, resigned from the RACGP, with effect on 2 August 2021. A search commenced immediately for a new Chief Executive Officer and is currently in progress. Ms Christine Nixon AO, Board Chair, has been appointed to the role of Executive Chair until a new Chief Executive Officer commences.

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

## Directors

The names and details of the company's directors in office, during the period 1 July 2020 to the date of this report, are as follows:

### Ms Christine Nixon

AO, APM

BA, MPA, Hon LLD, Hon LittD, DipLRelLaw, FIPAA, FANZSOG, FAIPM, FAIM

Chair RACGP Board; Executive Chair  
(from 2 August 2021)  
*Appointed on 30 September 2016*

Ms Christine Nixon is a prominent, experienced public speaker and advocate for women, disadvantaged youth, and multi-faith and multicultural communities. She was Deputy Chancellor and council member at Monash University from 2009 to 2020, Chair of Monash College from 2011 to 2020 and Chair of Good Shepherd Microfinance from 2011 to 2019.

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

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

Ms Nixon has received numerous accolades for her services and achievements, including Officer of the Order of Australia (AO) in 2021, Save the Children Foundation's White Flame Award in 2009 and the Australia Police Medal in 1997. She also has four honorary doctorates from multiple Australian universities and a Masters of Public Administration from Harvard University in the USA.

### Dr Karen L Price

MBBS, FRACGP

RACGP President  
*Appointed on 30 November 2020*

Dr Karen Price began her GP work in a large procedural practice, working weekends on call and supporting the local district police surgeon. She has also been a successful practice owner, growing a languishing practice into a thriving community practice in under a decade while raising three school-aged children (who are now fully grown). She is currently still seeing patients while working in a large, wonderfully collaborative, multidisciplinary practice in Melbourne.

Dr Price was awarded the 2016 RACGP Family Medical Care Education and Research (FMCER) grant to undertake her part-time PhD with the Monash Department of General Practice. She is exploring the construct of peer connection in general practice. Dr Price's research builds on her lifetime expertise as a GP.

She is the co-developer and facilitator of GPs Down Under, an 8000+ member community of Australian and New Zealand GPs. She has chaired committees and developed mentor programs for both the Australian Medical Association (AMA) and the RACGP.

Dr Price has presented plenary lectures and conducted workshops on women's medical leadership, both nationally and internationally. She is a published author on learning networks, as well as on women's medical leadership, and received a 2011 Monash University award for medical student teaching. She has a strong social media presence, with a focus on resilience and informal learning.

Dr Price continues to develop evidence-based medicine, leadership, advocacy and peer support, in both research and her ongoing clinical general practice.

Most recently, her advocacy, research and lifetime experience have coalesced into running for RACGP President after her service as Deputy Chair of RACGP Victoria and former Chair of the Women in General Practice committee of the RACGP. Dr Price was elected RACGP President in the 2020 RACGP national election.

Dr Price is committed to promoting the excellence of generalism and the absolute necessity of properly resourcing community care for a sustainable health system.

### **Dr Bruce Willett**

MBBS, FRACGP

Vice President and Chair RACGP Queensland  
*Appointed on 27 October 2017*

Dr Bruce Willett is a GP and practice owner in Victoria Point, Redland City, south of Brisbane. While being a good GP is at the forefront of what he does, innovation, improvement and education in general practice are also important to him. He has enjoyed working at his current practice, just a few kilometres from where he grew up, for the past 25 years.

Dr Willett has been on the Board of General Practice Supervisors Australia (GPSA) since 2010 and was Chair in 2015–16. He was also Chair of the GP Supervisor Liaison Officer Network in 2010–15. He has served on the boards of his local Division of General Practice and the Queensland Health Diabetes Network.

He is also the Supervisor Liaison Officer and Medical Educator for General Practice Training Queensland, and has been an RACGP examiner since 1994.

### **Dr Tess van Duuren**

MBChB, BSc (Hons) (Sports Med), FRACGP

Censor-in-Chief and Chair, Education and Workforce Committee  
*Appointed 30 November 2020*

Dr Tess van Duuren was appointed Censor-in-Chief in November 2020. No stranger to the demands of such a role, Dr van Duuren was RACGP NSW&ACT Censor immediately before her appointment.

Dr van Duuren has a special interest in medical education and assessment. Since her Fellowship, she has served the RACGP and Regional Training Organisations (RTOs) in a number of different roles, including Assessment Panel Chair, Censor, Senior Medical Educator Assessment Progression and Bi-College GP Reviewer for the RACGP, and Director of Training, and subsequently, Director of Supervisor Education in two different RTOs.

Working in a large group practice in regional New South Wales, Dr van Duuren is an experienced supervisor, providing teaching and training to general practice doctors and medical students. She has previously been a GP in South Africa and New Zealand, and navigated her way through the RACGP Fellowship examinations as an international medical graduate.

### **Dr Zakaria Baig**

MBBS, FRACGP, FACRRM

Chair RACGP SA&NT  
*Appointed on 27 October 2017*

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

Dr Baig graduated from medical school in Pakistan and has since received additional training in the UK, Ireland and Australia. He worked in emergency medicine for many years before transitioning to rural medicine, practising on the Yorke Peninsula in South Australia for more than a decade. He currently practises as a GP in the northern suburbs of Adelaide.

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

### **Dr Sean Black-Tiong**

MBBS, FRACGP, GAICD

Chair RACGP GPs in Training  
*Appointed on 30 November 2020*

Dr Sean Black-Tiong is the Chair of RACGP GPs in Training, and was previously the inaugural Deputy Chair when the faculty was established.

Dr Black-Tiong was born and raised in South Australia, where he completed his medical degree and general practice training, and spent a year working in a rural country town. He obtained his RACGP Fellowship in 2020 and works as a GP in Adelaide. In addition to medical education input at the RACGP, he is actively engaged in medical student teaching at both the University of Adelaide and Flinders University.

### **Dr Michael Clements**

BEcon (Hons), MBBS, DAvmed, MPH, MHM, FRACGP, FARGP, FRACMA, FACAsM, GAICD

Chair RACGP Rural  
Appointed August 2020

Dr Michael Clements is a Townsville-based GP and practice owner with a background in health leadership and clinical and corporate governance.

Dr Clements accrued a wide variety of skills and special interests during his time with the Royal Australian Air Force, and then with Queensland Health as Director of Medical Services at Ingham Hospital, before opening his private practices in Townsville, while concurrently working for the QLD Rural Generalist Training Pathway as an advisor.

Having worked in rural, remote and overseas clinical environments during and after his Fellowship training, Dr Clements gets his 'rural fix' by flying himself and other clinicians to remote towns in the Gulf of Carpentaria delivering general practice clinics. His clinical interests include veterans' health, mental health, chronic disease and palliative care.

### **Associate Professor Charlotte Hespe**

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

Chair RACGP NSW&ACT  
Appointed on 27 October 2017

Chair, People, Culture, Nominations and Remuneration Committee  
Appointed on 25 October 2019

Associate Professor Charlotte Hespe is a GP and owner of an inner-city Sydney practice where she has worked for the past 21 years. She is a general practice supervisor, and her practice functions as a teaching practice for medical students and GPs in training. She also works as Associate Professor, Head of General Practice and General Practice Research for the University of Notre Dame Australia, School of Medicine, Sydney.

Associate Professor Hespe has been involved with the RACGP since her FRACGP, and has served as Examiner, Co-assessment Panel Chair, New South Wales, for four years; National Objective Structured Clinical Examination (OSCE) facilitator for two years; and was an RACGP Expert Committee – Quality Care member in 2016–17. She became Chair RACGP NSW&ACT on 27 October 2017 when she was appointed RACGP Vice President by the Board. From 12 October 2018 to 25 October 2019, she was Chair of the RACGP Board, and is currently Chair of the Nominations and Remuneration Committee, being appointed on 25 October 2019.

Associate Professor Hespe is a Fellow of the Australian Institute of Company Directors (FAICD) and has extensive board experience, with 20 years' prior experience as chair or director on several boards with a primary healthcare focus, including EIS Health Ltd (Central and Eastern Sydney Primary Health Network) and GP Synergy Limited.

### **Dr Tim Jackson**

MBBS, BMedSci, DRACOG, ACCSCMS, GAICD

Chair RACGP Tasmania  
Appointed on 13 January 2020

Dr Tim Jackson is a graduate of the University of Tasmania, with 30 years' experience as a GP, practice owner and supervisor. He is passionate about the sustainability of general practice, and was co-founder of three general practices and a skin cancer clinic on Hobart's Eastern Shore. He completed the RACGP Family Medicine Program in 1992 after placements in Launceston and Gosford, before returning to Hobart.

Dr Jackson was appointed to the Board of General Practice Training Tasmania (GPTT) from 2008 to 2015 and became Chair from 2010 to 2013. He was Registrar Liaison Officer for GPTT from 2015 to 2017. He continues to provide supervision for GPs in training, medical students and nursing students.

Dr Jackson is a graduate of the Australian Institute of Company Directors, and has a range of board experience, with current directorship on The Hutchins School Board in Hobart and the Skin Cancer Tasmania not-for-profit Board.

### **Dr Anita Muñoz**

MBBS (Hons), FRACGP, Grad Cert Clin Teach, MPH, GAICD

Chair RACGP Victoria  
Appointed on 30 November 2020

Dr Anita Muñoz is a GP in private practice in Melbourne's CBD, and has a dedication to evidence-based medicine, lifelong learning and promoting the role of general practice in the health of patients, communities and in public health.

Dr Muñoz worked as a clinical editor and clinical advisor for six years with North Western Melbourne Primary Health Network, where she developed a passion for health system improvement, innovation, sustainability and equity. She sees general practice as the key to a rational health system that produces better outcomes for patients and practitioners.

Dr Muñoz has held advisory positions with Better Care Victoria and Safer Care Victoria, and has been a medical educator for more than 10 years. She is particularly preoccupied with the wellbeing and experience of GPs in training, and in the development of a high-quality general practice workforce for the future.

### **Professor Peter O'Mara**

FRACGP, FARGP, MBBS, GradDipRural

Chair RACGP Aboriginal and Torres Strait Islander Health  
*Appointed on 30 September 2016*

Professor Peter O'Mara is a Wiradjuri man from New South Wales and has worked with the Tobwabba Aboriginal Medical Service since 2002. He finds satisfaction in the knowledge that, in his own small way, his work contributes toward closing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Professor O'Mara began pursuing his other passion of supporting the development of doctors in 2008, when he took on the position of Associate Professor, Indigenous Medical Education and Head of Discipline, Indigenous Health, at the University of Newcastle. He is now a professor at the university and Director of the Thurru Indigenous Health Unit within the School of Medicine and Public Health, Faculty of Medicine and Public Health.

Professor O'Mara has served on many national and government committees. He was President of the Australian Indigenous Doctors Association from 2009 to 2012. He has received several awards, including the 2010 Deadly Award for Outstanding Achievement in Indigenous Health (individual) and the 2013 Leaders of Indigenous Medical Education (LIME) Award for Outstanding Leadership in Indigenous Health. He was inducted into the WACE International Hall of Fame in 2012.

### **Dr Lara Roeske**

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

Chair RACGP Specific Interests  
*Appointed on 14 November 2018*

Dr Lara Roeske is a GP and practice owner, and has held many senior positions at the RACGP, including Co-Deputy Chair of RACGP Specific Interests, RACGP Victoria Council member, inaugural Chair of the RACGP Specific Interests – Sexual Health Medicine Network, and former Chair of the Women in General Practice RACGP Victoria committee.

With a professional background spanning more than 15 years, Dr Roeske has worked in advisory roles to key stakeholders, on steering committees and guideline working parties, and has represented the RACGP across a range of domains relevant to sexual and reproductive health, cervical cancer prevention and translation of evidence into practice at state and national levels.

### **Dr Sean Stevens**

MBBS, DRACOG, FRACGP, MBA, GAICD

Chair RACGP WA  
*Appointed on 11 October 2018*

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

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

In addition to being a practice owner for 18 years, Dr Stevens has supervised 33 general practice doctors and was awarded the 2005 General Practice Education and Training (GPET) Australian Supervisor of the Year. He is a founding member and the inaugural Chair of the RACGP Specific Interests – Business of General Practice network. He was also the inaugural Vice Chair of the Australian GP Alliance and has been on the RACGP WA Council for 10 years, four of those as Deputy Chair.

### **Mr Martin Walsh**

FCA, GAICD

Chair of Finance, Audit and Risk Management Committee; Chair, ACN 147560638 Pty Ltd (formerly known as RACGP Oxygen Pty Ltd) (In Liquidation)  
*Appointed on 21 September 2015*

Mr Martin Walsh was an international partner and advisor in assurance and advisory services at EY and Deloitte from 1989 to 2014. He is currently Chair of the Trustee Board for the IOOF Group APRA Regulated Entities. He has been a Director of Hastings Funds Management Ltd, StatePlus Ltd and Surf Life Saving Australia Ltd, and was Chair of the Surf Life Saving Australia National Foundation. He has also participated in senior executive development courses at Mt Eliza Business School, Kellogg Business School and Harvard University.

Mr Walsh has experience in strategy, finance, investments, risk, compliance and governance. He is a Fellow of the Institute of Chartered Accountants and a graduate member of the Australian Institute of Company Directors.

He has overseen the orderly wind-down of RACGP Oxygen Pty Ltd as part of RACGP's strategic decision to exist this business.

### Dr Harry Nespolon

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

RACGP President

*Appointed on 11 October 2018, died on 26 July 2020*

With more than 30 years' experience in general medical practice, Dr Harry Nespolon was the principal of three general practices in Sydney.

Dr Nespolon was an experienced Chair and company director, and was President of the RACGP until his death. He was a director of the Northern Sydney Local Health District and a Fellow of the Australian Institute of Company Directors.

As Chair of GP Synergy Limited, Dr Nespolon successfully led the company to become the largest general practice training provider in Australia. He was the Chair of Sydney North Health Network (a Primary Health Network) and of a Division of General Practice and Medicare Local, and was Director of Therapeutic Guidelines Limited.

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

Dr Nespolon died on 26 July 2020. The college mourned his passing and acknowledged his enormous contribution to the college and to medicine.

### Dr Krystyna de Lange

BPharm, MBBS, DRANZCOG, DCH, FRACGP, GAICD

Chair RACGP GPs in Training

*Appointed on 11 October 2018 (until 30 November 2020)*

Dr Krystyna de Lange works at an Aboriginal Medical Service in Brisbane and holds a GP with Special Interest position at a tertiary Brisbane hospital. She is the inaugural Chair of RACGP GPs in Training.

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

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

### Dr Cameron Loy

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

Chair RACGP Victoria

*Appointed on 30 September 2016 (until 30 November 2020)*

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

Dr Loy has held a number of prominent professional roles. He was Chair of the General Practice Registrars Association in 2002, Director of the Remote Vocational Training Scheme in 2006–10 and Chair in 2011, and Director of Greater Green Triangle General Practice Education and Training in 2001–03. He has also held a number of roles within the RACGP, including Deputy Chair of RACGP Rural in 2003–14 and Chair of RACGP Victoria in 2016–20. Dr Loy is an RACGP examiner and quality assurance examiner. He was Chair of the RACGP Assessment Panel for six years and was a member of the RACGP Expert Committee – Standards for General Practice.

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

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

### Associate Professor Ayman Shenouda

MBBCH, FRACGP, FARGP, DipDerm, GAICD

Vice President and Chair RACGP Rural

*Appointed on 10 October 2014 (until 30 November 2020)*

Associate Professor Ayman Shenouda became Acting President on 27 July 2020 following the death of Dr Harry Nespolon. He acted in this role until 30 November 2020.

Associate Professor Shenouda was appointed Chair of RACGP Rural in October 2014, after serving as Deputy Chair for six years. He is also a member of RACGP NSW&ACT and was on the RACGP National Standard Committee – Education for several years. He is current Chair of Wagga Wagga GP After Hours Services. His former roles include Chair of the Remote Vocational Training Scheme, Director of Medical Education Coast City Country General Practice Training Riverina/Murrumbidgee, and Director on the Board of the Riverina Division of General Practice and Primary Health.

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

Associate Professor Shenouda was named the 2009 RACGP General Practitioner of the Year. His Glenrock Country Practice was named the 2007 NSW&ACT General Practice of the Year and awarded three Australian General Practice Accreditation Limited awards in 2009 and 2010.

## Company Secretary

### Mr David Goldberg (current)

LLB (Hons), BA, GAICD

Company Secretary  
*Appointed on 29 September 2020*

Mr David Goldberg was appointed as RACGP's Company Secretary on 29 September 2020. He leads the RACGP's secretariat function and is responsible for delivering an integrated and consistent approach to corporate governance.

Mr Goldberg holds a Bachelor of Laws (Hons) and Bachelor of Arts, and is a graduate of the Australian Institute of Company Directors.

Mr Goldberg has worked extensively as a general counsel, company secretary and senior executive in the public sector, not-for-profit sector and health sector. He is a current Board member of Palliative Care South East Ltd and a number of health start-ups, and was a former Board member of a Victorian public hospital.

### Ms Ruth Feltoe (former)

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

Company Secretary  
*Appointed on 27 February 2019 (until 29 September 2020)*

Ms Ruth Feltoe was appointed as the RACGP's General Counsel on 18 October 2018 and Company Secretary on 27 February 2019. She led the RACGP's legal, secretariat and governance functions.

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

Ms Feltoe ceased acting in the Company Secretary role on 29 September 2020.

## RACGP member payments and remuneration

The Nomination and Remuneration Committee was formed in August 2018. Its terms of reference have been expanded to include fundamental areas of People and Culture, and the Committee name is now the People, Culture, Nominations and Remuneration Committee. Chaired by Associate Professor Charlotte Hespe, and including Ms Christine Nixon, Dr Tess van Duuren, Dr Sean Stevens and Dr Sean Black-Tiong, the committee has met four times in 2020–21.

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

Directors' fees are determined in accordance with the RACGP Constitution and by member resolution. Directors' fees were within the maximum aggregate cap of \$950,000, approved by the members at the RACGP's 2019 Annual General Meeting. Related party transactions are declared in accordance with regulatory reporting requirements and accounting standards.

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

Table 1. Board remuneration

Remuneration by director	Total remuneration paid and payable for financial year 2020–21 (\$)*	Total remuneration paid and payable for financial year 2019–20 (\$)*
RACGP President**	133,277	132,081
Board	812,970	770,250
<b>Total</b>	<b>946,247</b>	<b>902,331</b>

\*Total remuneration for Board includes salary and superannuation.  
\*\*RACGP President remuneration includes President Elect.

Table 2. Other payments to directors

Remuneration by director	Total remuneration for financial year 2020–21 (\$)*	Total remuneration for financial year 2019–20 (\$)*
Dr Harry Nespolon	–	1,747
Dr Anita Muñoz	482	–
Dr Cameron Loy	–	690
Dr Zakaria Baig	–	1,035
Dr Krystyna de Lange	–	1,489
<b>Total</b>	<b>482</b>	<b>4,961</b>

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

Table 3. Key management personnel remuneration (excluding directors)

Remuneration by role	Total remuneration paid and payable for financial year 2020–21 (\$)*	Total remuneration paid and payable for financial year 2019–20 (\$)*
Chief Executive Officer (2021: n = 2, 2020: n = 2)	404,955	1,383,578
Other key management personnel (2021: n = 14, 2020: n = 13)	2,511,316	2,468,612
<b>Total</b>	<b>2,916,272</b>	<b>3,852,190</b>

\*Total remuneration for Chief Executive Officer and general managers includes salary, termination and superannuation payments.

Table 4. RACGP member remuneration

Category of member remuneration	Total remuneration paid for financial year 2020–21 (\$)*	Total remuneration paid for financial year 2019–20 (\$)*
Member professional services payments (2021: n = 980, 2020: n = 1,705) Note 1	4,712,760	2,917,569
Members employed as staff (2021: n = 108, 2020: n = 71) Note 2	3,586,012	2,421,289
RACGP Expert Committee Chair and member payments (2021: n = 71, 2020: n = 90)	146,995	345,782
<b>Total</b>	<b>8,445,767</b>	<b>5,684,640</b>

\*Total remuneration includes salary and superannuation.

## Notes:

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

## Board meetings

The number of Board meetings (including Board committee meetings) and meetings attended by each director in 2020–21 were as follows:

	Board		Finance, Audit and Risk Management		People, Culture, Nomination and Remuneration	
	Number attended	Number held	Number attended	Number held	Number attended	Number held
Dr Karen Price	15	15	3	3	3	3
Dr Zakaria Baig	18	19	5	7	–	–
Dr Tess van Duuren	19	19	–	–	6	6
Dr Krystyna de Lange	9	10	4	4	–	–
Associate Professor Charlotte Hespe	19	19	–	–	6	6
Dr Tim Jackson	19	19	2	3	–	–
Dr Cameron Loy	10	10	–	–	–	–
Dr Harry Nespolon	1	1	–	–	–	–
Ms Christine Nixon	19	19	–	–	6	6
Professor Peter O'Mara	17	19	–	–	1	3
Dr Lara Roeske	19	19	–	–	–	–
Associate Professor Ayman Shenouda	10	10	–	–	1	3
Dr Sean Stevens	19	19	4	4	3	3
Mr Martin Walsh	19	19	7	7	–	–
Dr Bruce Willett	19	19	–	–	–	–
Dr Michael Clements	16	17	–	–	–	–
Dr Anita Muñoz	9	9	3	3	–	–
Dr Sean Black-Tiong	9	9	–	–	3	3

	Awards		COVID-19 Advisory		Education & Workforce	
	Number attended	Number held	Number attended	Number held	Number attended	Number held
Dr Tess van Duuren	2	2	–	–	1	1
Associate Professor Charlotte Hespe	–	–	36	39	–	–
Dr Cameron Loy	–	–	16	16	–	–
Dr Harry Nespolon	–	1	–	–	–	–
Ms Christine Nixon	2	2	–	–	–	–
Professor Peter O'Mara	–	–	–	–	1	1
Dr Lara Roeske	–	–	34	39	1	1
Associate Professor Ayman Shenouda	1	1	–	–	–	–
Dr Sean Stevens	–	–	34	39	–	–
Dr Sean Black-Tiong	1	1	–	–	–	–
Dr Anita Muñoz	–	–	18	19	–	–

#### Federal Election\*

	Number attended	Number held
Dr Karen Price	3	5
Associate Professor Ayman Shenouda	2	3
Associate Professor Charlotte Hespe	2	3
Dr Bruce Willett	4	4

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

\*The Federal Election Committee was convened to assist the Board in providing oversight of the RACGP's engagement in policy and advocacy work toward the next federal election. The work of this committee has continued past 30 June 2021.

#### Auditor independence

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

#### Corporate information

The RACGP registered office and principal place of business is:

100 Wellington Parade  
East Melbourne, Victoria 3002

#### Corporate structure

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

Signed in accordance with a resolution of the directors.



Christine Nixon, Chair of Board

16 September 2021  
Melbourne

# Declaration of auditor independence



## RSM Australia Partners

Level 21, 55 Collins Street Melbourne VIC 3000  
PO Box 248 Collins Street West VIC 8007

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### AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of the Royal Australian College of General Practitioners Ltd for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

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

A handwritten signature in black ink that reads 'K J Dundon'.

**RSM AUSTRALIA PARTNERS**

A handwritten signature in black ink that reads 'K J Dundon'.

**K J DUNDON**  
Partner

Dated: 16 September 2021  
Melbourne, Victoria

### THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

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RSM Australia Partners ABN 36 965 185 036

Liability limited by a scheme approved under Professional Standards Legislation



# Independent auditor's report



## RSM Australia Partners

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## INDEPENDENT AUDITOR'S REPORT

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

### Opinion

We have audited the financial report of The Royal Australian College of General Practitioners Ltd ("RACGP"), which comprises the consolidated statement of financial position as at 30 June 2021, the consolidated statement of profit or loss and other comprehensive income, the consolidated statement of changes in equity and the consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration of the Group comprising the company and the entities it controlled at the year's end.

In our opinion, the financial report of the RACGP has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Group's financial position as at 30 June 2021 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards– Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### Basis for Opinion

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

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

## THE POWER OF BEING UNDERSTOOD AUDIT | TAX | CONSULTING

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### **Other Information**

Those charged with governance are responsible for the other information. The other information comprises the information included in the RACGP's annual report for the year ended 30 June 2021 but does not include the financial report and the auditor's report thereon.

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

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

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

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

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

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

### **Auditor's Responsibilities for the Audit of the Financial Report**

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

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

## Independent auditor's report (continued)



### **RACGP Member Payments and Remuneration**

We have audited the RACGP Member Payments and Remuneration details included in tables 1 to 4 of the Directors' Report for the year ended 30 June 2021.

In our opinion, the RACGP Member Payments and Remuneration details included in tables 1 to 4 of the Directors' Report for the year ended 30 June 2021 give a true and fair view of the RACGP payments and remuneration which are disclosed.

A handwritten signature in blue ink that reads 'Rsm'.

**RSM AUSTRALIA PARTNERS**

A handwritten signature in blue ink that reads 'K J Dundon'.

**K J DUNDON**  
Partner

Dated: 16 September 2021  
Melbourne, Victoria

## Directors' declaration

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

The directors declare that in the directors' opinion:

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

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

On behalf of the directors



Christine Nixon, Chair of Board  
16 September 2021  
Melbourne

# Consolidated statement of profit or loss and other comprehensive income

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2021	Notes	2021 (\$)	2020 (\$)
Revenue	2	81,990,886	78,922,767
Other income	2	8,228,150	3,718,500
<b>Total revenue and income</b>		<b>90,219,036</b>	<b>82,641,267</b>
<b>Expenses</b>			
Employee benefits and on-costs		48,824,240	43,901,541
GP sessional and sitting payments		4,868,200	3,495,219
Consultancy and professional services		5,427,872	6,076,268
Conferences, meetings, travel and accommodation		2,000,089	6,584,237
Telecommunications and office expenses		1,849,400	2,088,327
Postage and freight		623,619	624,246
Publications, advertising and media		1,978,584	3,028,915
Printing and stationary		558,197	242,139
Subscriptions and periodicals		882,991	538,892
IT-related costs		2,815,317	3,098,040
Grants and donations		303,523	422,360
External grant project administration		9,964,133	7,152,877
Finance costs		654,653	585,112
Depreciation and amortisation	3	3,081,981	2,565,980
Other expenses		484,755	298,357
<b>Total expenses</b>		<b>84,317,554</b>	<b>80,702,510</b>
<b>Surplus from operating activities</b>		<b>5,901,482</b>	<b>1,938,757</b>
Net investment income/(expenses)	7	857,918	(219,291)
Share of net surplus of associates accounted for using the equity method	8	222,862	159,677
<b>Total surplus after tax</b>		<b>6,982,262</b>	<b>1,879,143</b>
<b>Other comprehensive income</b>			
<i>Items that will not be reclassified to profit or loss:</i>			
Revaluation increment to land and buildings	14	5,364,326	996,072
<b>Other comprehensive income for the year, net of tax</b>		<b>12,346,588</b>	<b>2,875,215</b>
<b>Total comprehensive income for the year</b>		<b>12,346,588</b>	<b>2,875,215</b>

*The accompanying notes form part of these financial statements.*

# Consolidated statement of financial position

The Royal Australian College of General Practitioners Ltd

As at 30 June 2021	Notes	2021 (\$)	2020 (\$)
<b>Current assets</b>			
Cash and cash equivalents	4	93,020,432	66,919,162
Trade and other receivables	5	2,787,196	3,770,621
Financial assets	6	6,650	–
Other financial assets	7	6,673,739	5,818,874
<b>Total current assets</b>		<b>102,488,017</b>	<b>76,508,657</b>
<b>Non-current assets</b>			
Investments	8	831,861	708,999
Property, plant and equipment	9	53,355,382	48,863,462
Intangible assets	10	1,043,612	2,739,609
Financial assets	6	700,000	700,000
Trade and other receivables	5	–	21,493
Right of use asset	16	1,320,219	1,641,902
<b>Total non-current assets</b>		<b>57,251,074</b>	<b>54,675,465</b>
<b>Total assets</b>		<b>159,739,091</b>	<b>131,184,122</b>
<b>Current liabilities</b>			
Trade and other payables	11	12,685,659	5,827,629
Contract liabilities	12	77,213,004	68,733,920
Provisions	13	5,885,141	4,856,778
Lease liability	16	465,237	438,149
<b>Total current liabilities</b>		<b>96,249,041</b>	<b>79,856,476</b>
<b>Non-current liabilities</b>			
Provisions	13	996,040	849,551
Lease liability	16	1,038,533	1,369,206
<b>Total non-current liabilities</b>		<b>2,034,573</b>	<b>2,218,757</b>
<b>Total liabilities</b>		<b>98,283,614</b>	<b>82,075,233</b>
<b>Net assets</b>		<b>61,455,477</b>	<b>49,108,889</b>
<b>Equity</b>			
Reserves	14	41,207,944	32,843,618
Accumulated surplus	14	20,247,533	16,265,271
<b>Total equity</b>		<b>61,455,477</b>	<b>49,108,889</b>

*The accompanying notes form part of these financial statements.*

# Consolidated statement of changes in equity

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2021	Notes	Accumulated surplus (\$)	Asset revaluation reserve (\$)	Reserve fund (\$)	Total (\$)
<b>Balance at 1 July 2019</b>		<b>15,838,318</b>	<b>23,468,403</b>	<b>6,500,000</b>	<b>45,806,721</b>
Adjustment for change in accounting policy	14	426,953	–	–	426,953
Total surplus for the year		1,879,143	–	–	1,879,143
Transfer		(1,879,143)	–	1,879,143	–
Total other comprehensive income for the year – Revaluation increment to land and buildings		–	996,072	–	996,072
<b>Balance at 30 June 2020</b>	<b>14</b>	<b>16,265,271</b>	<b>24,464,475</b>	<b>8,379,143</b>	<b>49,108,889</b>
Total surplus for the year		6,982,262	–	–	6,982,262
Transfer		(3,000,000)	–	3,000,000	–
Total other comprehensive income for the year – Revaluation increment to land and buildings		–	5,364,326	–	5,364,326
<b>Balance at 30 June 2021</b>	<b>14</b>	<b>20,247,533</b>	<b>29,828,801</b>	<b>11,379,143</b>	<b>61,455,477</b>

*The accompanying notes form part of these financial statements.*

# Consolidated statement of cash flows

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2021	Notes	2021 (\$)	2020 (\$)
<b>Cash flows from operating activities</b>			
Receipts from membership activities, publications, government and other grants and JobKeeper (inclusive of GST)		117,031,237	93,114,564
Payments to suppliers and employees (inclusive of GST)		(89,971,114)	(82,108,763)
Income tax received		–	20,553
<b>Net cash inflow from operating activities</b>		<b>27,060,123</b>	<b>11,026,353</b>
<b>Cash flows from investing activities</b>			
Purchase of property and office equipment		(266,371)	(313,114)
Purchase of intangibles assets		–	(1,631,993)
Interest received		17,316	322,603
Dividends received		100,000	100,000
(Purchase)/sale of financial assets		(6,650)	623,252
<b>Net cash outflow from investing activities</b>		<b>(155,705)</b>	<b>(899,251)</b>
<b>Cash flows from financing activities</b>			
Repayment of lease liabilities including interest		(803,148)	(796,072)
<b>Net cash outflow from financing activities</b>		<b>(803,148)</b>	<b>(796,072)</b>
Net increase in cash held		26,101,270	9,331,030
Cash at beginning of financial year		66,919,162	57,588,132
<b>Cash and cash equivalents at end of financial year</b>	<b>4</b>	<b>93,020,432</b>	<b>66,919,162</b>
<i>The accompanying notes form part of these financial statements.</i>			

# Notes to the financial statements

The Royal Australian College of General Practitioners Ltd  
For the year ended 30 June 2021

## Note 1. Statement of significant accounting policies

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

The financial statements were authorised for issue by the directors on 16 September 2021. The directors have the power to amend and reissue the financial statements.

### Statement of compliance

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

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

### New or amended standards adopted by the group

Any new or amended accounting standards or interpretations that are not yet mandatory have not been adopted.

The following accounting standards and interpretations are most relevant to the consolidated entity:

*Conceptual Framework for Financial Reporting*  
(*Conceptual Framework*)

The consolidated entity has adopted the revised Conceptual Framework from 1 July 2020. The Conceptual Framework

contains new definition and recognition criteria, as well as new guidance on measurement that affects several accounting standards, but it has not had a material impact on the consolidated entity's financial statements.

### 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 Royal Australian College of General Practitioners Ltd as at 30 June 2021 and the results of its subsidiary for the year then ended.

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

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

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

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

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

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

## 1.2 Investments in associates

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

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

When the group's share of losses in an associate equals or exceeds its interest in the associate, including any other unsecured long-term receivables, the group does not recognise further losses unless it

has incurred obligations or made payments on behalf of the associate.

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

## 1.3 Property and office equipment

Land and buildings are shown at fair value determined by the group and based on annual reviews effective 30 June of each year, which apply standard property valuation techniques, including reference to an independent valuer. 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 this case, the increase is credited to the 'Consolidated statement of profit or loss and other comprehensive income' to the extent of the decrease previously charged. A decrease in the carrying amount arising on revaluation of land and buildings is charged as an expense in the 'Consolidated statement of profit or loss and other comprehensive income' to the extent that it exceeds the balance, if any, held in the asset revaluation reserve relating to a previous revaluation of land and buildings.

#### 1.4 Intangible assets

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

#### 1.5 Impairment of assets

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

#### 1.6 Depreciation and amortisation

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

Buildings	2.5%
Office equipment and training equipment	15%
Office furniture	7.5%
Computer equipment	33.3%
Computer software	33.3%
Right of use assets	50% to 12.5%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount (Note 1.3). 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'. The right-of-use assets' useful lives are reviewed and assessed based on the current rental contracts in place, which currently range from two to eight years (Note 1.8).

#### 1.7 Lease liabilities

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

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

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

Lease payments are allocated between principal and finance cost. The finance cost is charged to profit or loss over the lease period to produce a constant periodic rate of interest on the remaining balance of the liability for each period.

Right-of-use assets are measured at cost comprising the following:

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

### 1.8 Right-of-use assets

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

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

### 1.9 Trade receivables

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

### 1.10 Trade payables

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

### 1.11 Contract liabilities

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

Development (CPD) Program fees, grants, examinations and other revenue items.

### 1.12 Employee benefits

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

#### a) Short-term obligations

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

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

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

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

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

### 1.13 Cash and cash equivalents

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

## 1.14 Revenue recognition

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

### a) Membership subscriptions

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

### b) CPD Program and other fees

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

### c) Revenue from courses and examinations

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

### d) Specific-purpose grants

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

### e) Interest income

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

### f) Dividends

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

## 1.15 Income tax

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

The subsidiary of The Royal Australian College of General Practitioners Ltd, ACN 147560638 Pty Ltd (formerly known as 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.

## 1.16 Goods and services tax

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

## 1.17 Critical accounting estimates and judgements

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

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

Judgement has been exercised in considering the impacts that the COVID-19 pandemic has had, or may have, on the company on known information. This consideration extends to land and buildings measured at fair value. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions that may affect the company unfavourably as at the reporting date or subsequently as a result of the pandemic.

b) **Provision for employee benefits**

Management uses judgement to determine when employees are likely to take annual leave and long service leave. Employee benefits that are expected to be settled within one year are measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year are measured at the present value of the estimated future cash outflows to be made for those benefits. Accordingly, assessments are made on employee wage increases and the probability the employee may not satisfy the vesting requirements. Likewise, these cash flows are discounted using market yields on corporate bonds with terms to maturity that match the expected timing of the cash outflow.

c) **Incremental borrowing rate**

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

d) **Lease term**

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

**1.18 Expenditure**

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

**1.19 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 2020.

**1.20 Parent entity financial information**

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

a) **Investments in subsidiaries and associates**

Investments in subsidiaries are accounted for at cost, while investments in associates are equity accounted in the financial statements of The Royal Australian College of General Practitioners Ltd.

#### b) Income tax

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

#### 1.21 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.

#### 1.22 Fair value measurement

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

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

#### 1.23 Investments and other financial assets

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

#### a) Financial assets at fair value through profit or loss

Other financial assets are designated fair value through profit or loss on initial recognition, where they are managed on a fair value basis or to

eliminate or significantly reduce an accounting mismatch. Fair value movements are recognised in profit or loss for the financial year.

#### b) Impairment of financial assets

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

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

#### 1.24 Comparatives

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

## Note 2. Revenue from ordinary activities

	2021 (\$)	2020 (\$)
<b>Revenue from operating activities</b>		
Membership subscriptions and CPD Program fees	35,445,957	35,510,527
Education, course registration and other fees	22,250,508	23,509,808
Research and other grants and donations	19,356,478	14,677,770
Publications and subscriptions	80,850	112,166
Sponsorship, advertising and conference income	3,584,040	3,565,224
Other operating income	417,513	190,692
<b>Other revenue from ordinary activities</b>		
Interest	17,316	322,603
Rent	838,224	1,033,977
<b>Total revenue</b>	<b>81,990,886</b>	<b>78,922,767</b>
<b>Other income – JobKeeper wage subsidy</b>	<b>8,228,150</b>	<b>3,718,500</b>
<b>Revenue from contracts with customers by timing of revenue recognition under AASB 15</b>		
Revenue recognised over time	58,276,730	52,384,614
Revenue recognised at a point in time	22,858,616	25,181,573
<b>Total revenue from operating activities</b>	<b>81,135,346</b>	<b>77,566,187</b>

## Note 3. Expenses

	2021 (\$)	2020 (\$)
<b>Surplus from operating activities includes the following specific expenses</b>		
<b>Depreciation and amortisation</b>		
Buildings and building improvements	729,078	697,500
Computer equipment	191,382	291,221
Intangibles assets	1,695,997	1,121,729
Other plant and equipment	9276	10,558
Right-of-use assets	456,248	444,971
	<b>3,081,981</b>	<b>2,565,980</b>
Rental expense relating to operating leases*	63,303	67,532
Finance costs – interest on lease liabilities	56,683	69,245
*As a result of AASB 16 leases; relates to low-value leases only.		

## Note 4. Cash and cash equivalents

	2021 (\$)	2020 (\$)
Cash at bank and on hand	4,203,090	14,055,426
	<b>4,203,090</b>	<b>14,055,426</b>
Deposits on call and term deposits	88,817,342	52,863,736
	<b>93,020,432</b>	<b>66,919,162</b>

Grant funds held for disbursement: \$39,684,201 (2020: \$26,575,173).

Reserve funds held: \$11,379,143 (2020: \$8,379,143). Refer to Note 14 regarding the requirements to use these funds.

Special purpose funds held for disbursement: \$2,105,300 (2020: \$1,651,666).

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

## Note 5. Trade and other receivables

	2021 (\$)	2020 (\$)
<b>Current assets</b>		
Trade receivables*	1,223,016	1,077,669
Prepayments	1,385,168	1,014,971
Other receivables	179,012	1,664,055
Income tax receivable	–	13,926
	<b>2,787,196</b>	<b>3,770,621</b>
<b>Non-current assets</b>		
Other receivables – lease incentives	–	21,493

\*Trade receivables are amounts due from customers for goods sold or services performed in the ordinary course of business. If collection of the amounts is expected in one year or less, they are classified as current assets. If not, they are presented as non-current assets. Trade receivables are generally due for settlement within 30 days and therefore are all classified as current. The carrying amounts of amounts receivable approximate net fair values, as determined by reference to the expected future net cash flows and due to their short-term nature.

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

## Note 6. Financial assets

	2021 (\$)	2020 (\$)
<b>Current assets</b>		
Term deposits	6,650	–
<b>Non-current assets</b>		
Term deposits*	700,000	700,000

\*During the financial year 2015–16, the RACGP received a bequest of \$700,000 from the Lynn Harvey Joseph estate. The Trust deed stipulates that the RACGP is to hold the \$700,000 for 50 years for defined purposes. Upon expiry of 50 years, the funds will become available to be applied as the RACGP determines appropriate.

## Note 7. Other financial assets

	2021 (\$)	2020 (\$)
Cash and cash management accounts	1,124,300	1,056,167
Fixed-interest securities	1,688,377	1,639,103
Equity investments	3,861,062	3,123,604
	<b>6,673,739</b>	<b>5,818,874</b>

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

<b>Net investment income</b>		
Net investment income is presented as net of investment management fees in the 'Consolidated statement of profit or loss and other comprehensive income'.		
Interest	–	4,972
Trust distributions	83,632	53,840
Dividend income	33,734	83,921
Investment management fees	(30,524)	(35,353)
Foreign tax expense	(705)	(2,779)
Net realised gain/(loss) on investment	76,606	(67,687)
Net unrealised gain/(loss) on investment	695,175	(256,205)
	<b>857,918</b>	<b>(219,291)</b>

Note 8. Investments accounted for using the equity method

	2021 (\$)	2020 (\$)
<b>Share in associates</b>	<b>831,861</b>	<b>708,999</b>
<b>Share in associates</b>		
i. The group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust). The Unit Trust's principal activity is the production and sale of the Australian medicines handbook. The Unit Trust has a 30 June reporting period. The group's share of the results of its associate's assets and liabilities are as follows:		
Group's share of:		
Assets	1,465,864	1,411,514
Liabilities	634,004	702,515
Revenue	1,827,138	1,764,292
Profit after tax	222,862	159,677
ii. The movement in equity-accounted associates investments is as follows:		
Balance at the beginning of the financial year	708,999	649,322
Share of associate's surplus from ordinary activities after income tax	222,862	159,677
Less dividends received	(100,000)	(100,000)
<b>Balance at the end of the financial year</b>	<b>831,861</b>	<b>708,999</b>
iii. There are no contingent liabilities/assets of the associate		

## Note 9. Non-current assets – Property and office equipment

	2021 (\$)	2020 (\$)
<b>Freehold land and buildings</b>		
Land and building – valuation	53,100,000	48,425,000
Less accumulated depreciation	–	–
	<b>53,100,000</b>	<b>48,425,000</b>
Assets under construction at cost	127,663	126,528
	<b>127,663</b>	<b>126,528</b>
Computer equipment at cost	4,131,128	4,114,685
Less accumulated depreciation	(4,030,834)	(3,839,452)
	<b>100,294</b>	<b>275,233</b>
Other plant and equipment at cost	121,986	121,986
Less accumulated depreciation	(94,561)	(85,285)
	<b>27,425</b>	<b>36,701</b>
<b>Total written-down value</b>	<b>53,355,382</b>	<b>48,863,462</b>
<b>Reconciliations</b>		
<b>Freehold land and buildings</b>		
Opening balance	48,425,000	48,050,000
Additions	39,752	76,428
Revaluation increment*	5,364,326	996,072
Depreciation expense	(729,078)	(697,500)
<b>Closing balance</b>	<b>53,100,000</b>	<b>48,425,000</b>
<b>Assets under construction</b>		
Opening balances	126,528	–
Additions	210,176	126,528
Written-off	(209,041)	–
<b>Closing balance</b>	<b>127,663</b>	<b>126,528</b>
<b>Computer equipment</b>		
Opening balance	275,233	501,548
Additions	16,443	109,890
Disposals	–	(44,984)
Depreciation expense	(191,382)	(291,221)
<b>Closing balance</b>	<b>100,294</b>	<b>275,233</b>
<b>Other plant and equipment</b>		
Opening balance	36,701	47,259
Depreciation expense	(9,276)	(10,558)
<b>Closing balance</b>	<b>27,425</b>	<b>36,701</b>
<b>Total closing balances</b>	<b>53,355,382</b>	<b>48,863,462</b>

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

\*Freehold land and buildings were revalued to the amounts shown above as at 30 June 2021. The valuations recorded a net increase of \$5,364,326 through the asset revaluation reserve in relation to the increase in property values as at 30 June 2021.

Independent valuations of the group's land and buildings were performed by the independent valuers Savills Pty Ltd (valuer) in their respective states to determine the market value of the properties for 30 June 2021. As at the date of valuation, we consider that there is a significant market uncertainty. The value assessed herein may change significantly and unexpectedly over a relatively short period of time (including as a result of factors that the valuer could not reasonably have been aware of as at the date of valuation).

*The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington Parade, East Melbourne. This mortgage secures a total credit facility of \$8,138,176 (2020: \$2,549,700) as at 30 June 2021. This is made up of an overdraft of \$7,500,000 (2020: \$2,000,000), which is undrawn throughout the year, and other credit limits in relation to the RACGP's merchant facilities and corporate cards of \$638,176 (2020: \$549,700).*

## Note 10. Intangible assets

	2021 (\$)	2020 (\$)
Opening balance	2,739,609	2,229,346
Additions	–	1,631,992
Amortisation expense	(1,695,997)	(1,121,729)
<b>Closing balance</b>	<b>1,043,612</b>	<b>2,739,609</b>

## Note 11. Trade and other payables

	2021 (\$)	2020 (\$)
Trade creditors	2,485,366	912,236
Other creditors and accruals*	10,200,293	4,915,393
<b>Total</b>	<b>12,685,659</b>	<b>5,827,629</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.*

\*Other creditors and accruals have increased significantly during the year as a result of grant pass through funding receipts exceeding payments, which the college is acting as an agent in accordance with AASB 15 Revenue from Contracts with Customers.

## Note 12. Contract liabilities

	2021 (\$)	2020 (\$)
<b>Income in advance</b>		
Membership subscriptions and CPD Program fees	29,424,964	28,747,593
Grants	36,675,864	28,886,979
Examinations	8,430,309	9,157,779
Other	2,681,867	1,941,569
<b>Total</b>	<b>77,213,004</b>	<b>68,733,920</b>

## Note 13. Provisions

	2021 (\$)	2020 (\$)
Employee benefits – annual leave (current)	3,949,890	3,177,045
Employee benefits – long service leave (current)	1,710,251	1,454,733
Employee benefits – long service leave (non-current)	996,040	849,551
Other provisions (current)	225,000	225,000
<b>Total</b>	<b>6,881,181</b>	<b>5,706,329</b>

*Other provisions relate to expected costs for property remedial works in the next 12 months. The costs have been estimated to be in the vicinity of \$225,000, but actual costs may differ to this.*

## Note 14. Reserves and accumulated surplus

	2021 (\$)	2020 (\$)
<b>Asset revaluation reserve*</b>		
Balance at beginning of year	24,464,475	23,468,403
Revaluation of land and buildings	5,364,326	996,072
<b>Balance at end of year</b>	<b>29,828,801</b>	<b>24,464,475</b>
<b>Accumulated surplus</b>		
<b>Movements in accumulated surplus</b>		
Balance at beginning of year	16,265,271	15,838,318
Changes in accounting policy**	–	426,953
Current year surplus	6,982,262	1,879,143
Transfer to reserve fund	(3,000,000)	(1,879,143)
<b>Balance at end of year</b>	<b>20,247,533</b>	<b>16,265,271</b>
<b>Reserve fund</b>		
<b>Movements in reserve fund***</b>		
Balance at beginning of year	8,379,143	6,500,000
Transfer from accumulated surplus	3,000,000	1,879,143
<b>Balance at end of year</b>	<b>11,379,143</b>	<b>8,379,143</b>

\*The asset revaluation reserve is used to record increments and decrements in the value of those land and buildings measured at fair value.

\*\*Relates to AASB 15 transition adjustments for an increase to accumulated surplus of \$547,204 at 1 July 2019; for AASB 16, a decrease to the accumulated surplus of \$120,251 at the same date.

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

## Note 15. Key management personnel compensation

	2021 (\$)	2020 (\$)
Key management personnel include those persons having authority and responsibility for planning, directing and controlling the activities of the group, directly or indirectly, including any director (whether executive or otherwise).		
<b>Key management personnel</b>	<b>3,862,744</b>	<b>4,393,242</b>

*The above compensation includes salary, termination and superannuation payments, plus other benefits, gifts and long service leave entitlements during the year.*

## Note 16. Leases

	2021 (\$)	2020 (\$)
<b>Right-of-use assets</b>		
Buildings as at 1 July 2019	2,723,404	2,274,006
Additions	–	314,833
Less accumulated depreciation	(1,403,185)	(946,937)
<b>Total</b>	<b>1,320,219</b>	<b>1,641,902</b>
<b>Lease liabilities</b>		
Current	465,237	438,149
Non-current	1,038,533	1,369,206
<b>Total</b>	<b>1,503,770</b>	<b>1,807,355</b>

*The total cash outflow for leases in 2021 was \$494,832. Depreciation of \$456,248 was recognised in 2020–21.*

## Note 17. Commitments and contingencies

The RACGP has given bank guarantees of \$84,513 as at 30 June 2021 (2020: \$114,513).

No capital commitments as at 30 June 2021.

## Note 18. Related party transactions

### a) Equity interests in related parties

#### i. Equity interests in associates

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

#### ii. Equity interests in subsidiaries

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

### b) Key management personnel compensation

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

### c) Key management personnel loans

There are no loans to or from key management personnel.

### d) Transactions with key management personnel

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

## Note 19. Financial instruments

### a) Liquidity risk

Liquidity risk refers to the risk that the group will encounter difficulty in meeting obligations concerning its financial liabilities. The group 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 and grant arrangements. The group does not expect to settle the amounts invoiced in advance by cash payment; rather, these liabilities will be satisfied with the provision of the services. Liquidity risk is therefore insignificant as the group’s cash reserves significantly exceed the remaining financial liabilities that it expects to settle by cash payment.

### b) Financing arrangements

The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington Parade, East Melbourne. This mortgage secures a total credit facility of \$8,138,176 (2020: \$2,549,700) as at 30 June 2021. This is made up of an overdraft of \$7,500,000 (2020: \$2,000,000), which is undrawn throughout the year, and other credit limits in relation to the RACGP’s merchant facilities and corporate cards of \$638,176 (2020: \$549,700).

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

Facilities:	2021 (\$)	2020 (\$)
Overdraft	7,500,000	2,000,000
<b>Total undrawn facilities</b>	<b>7,500,000</b>	<b>2,000,000</b>

## Note 20. Events after the reporting period

The impact of the COVID-19 pandemic is ongoing, and while it has been financially positive for the group up to 30 June 2021, it is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine, travel restrictions and any economic stimulus that may be provided.

The Chief Executive Officer, Dr Matthew Miles, resigned from the RACGP with effect on 2 August 2021. A search commenced immediately for a new Chief Executive Officer and is currently in progress. Ms Christine Nixon AO, Board Chair, has been appointed to the role of Executive Chair until a new Chief Executive Officer commences.

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

## Note 21. Parent entity information

The accounting policies of the parent entity, which have been applied in determining the financial information shown below, are the same as those applied in the financial statements. Refer to Note 1 for a summary of the significant accounting policies relating to the group.

	2021 (\$)	2020 (\$)
<b>Financial position</b>		
<b>Assets</b>		
Current assets	102,488,017	76,467,323
Non-current assets	57,261,074	54,685,465
<b>Total assets</b>	<b>159,749,091</b>	<b>131,152,788</b>
<b>Liabilities</b>		
Current liabilities	96,259,074	79,983,995
Non-current liabilities	2,034,574	2,218,757
<b>Total liabilities</b>	<b>98,293,648</b>	<b>82,202,752</b>
<b>Net assets</b>	<b>61,455,443</b>	<b>48,950,036</b>
<b>Equity</b>		
Reserves	41,207,944	32,843,618
Accumulated surplus	20,247,499	16,106,418
<b>Total equity</b>	<b>61,455,443</b>	<b>48,950,036</b>
<b>Financial performance</b>		
Total surplus	7,141,079	1,908,702
Other comprehensive income for the year	5,364,326	996,072
<b>Total comprehensive income for the year</b>	<b>12,505,405</b>	<b>2,904,774</b>

## Note 22. Subsidiaries

The financial statements incorporate the assets, liabilities and results of ACN 147560638 Pty Ltd, formerly known as RACGP Oxygen Pty Ltd (In Liquidation), in accordance with the accounting policy described in Note 1.1. Note that ACN 147560638 Pty Ltd, formerly known as RACGP Oxygen Pty Ltd (In Liquidation), is in the process of being liquidated.

Name of entity	Country of incorporation	Class of shares	Equity holding	
			2021	2020
ACN 147560638 (formerly known as RACGP Oxygen Pty Ltd)	Australia	Ordinary	100%	100%

