

Annual report 2013–14



RACGP

Healthy Profession.
Healthy Australia.

Dr Michael Bonning

Dr Michael Bonning considers advocacy to be one of the most important things GPs do for their patients. Dr Bonning is a GP registrar within two distinctly different communities, the Royal Australian Navy and the Tharawal Aboriginal Medical Services, and believes advocacy allows him to take steps to empathise with how issues affect patients and their communities. Dr Bonning believes it is such empathy that allows the delivery of the best healthcare to those who need it. He recognises the similarities between the two communities in striving towards the best health outcomes by prioritising adequate clinical and patient support. In his daily interactions, Dr Bonning understands who his patients are and how the care delivered will affect their lives in the future. Dr Bonning has seen advocacy efforts that aid in reducing the stigma associated with seeking medical help as having the most direct impact on both communities he works in.



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



“ It is with empathy
that the best healthcare
is delivered to
those who
need it. ”

Dr Michael Bonning
BAppSci (Hons),
MBBS (Qld) HMAS
Success and
Tharawal
Aboriginal
Medical
Services

RACGP Chair

Dr Eleanor Chew

It gives me immense pleasure to present the Royal Australian College of General Practitioners (RACGP) Annual report 2013–14.

The RACGP exists to ensure quality general practice forms the foundation of an effective and efficient Australian healthcare system. As the largest representative body for general practice in Australia, the RACGP continuously strives to advocate for a well-resourced and sustainable profession with our vision statement 'Healthy Profession. Healthy Australia.' at the heart of everything we do.

Despite the profession facing considerable changes and periods of uncertainty during the past 12 months, our vision has nonetheless been realised through the dedication and passion exhibited by general practitioners (GPs) in their unwavering commitment to the care of individual patients and engagement with their local communities.

The theme of this year's Annual report is 'advocacy in general practice'. You will read personal stories of GPs who are strong advocates for the profession and the improvement of health outcomes for all Australians. These stories are a reflection of the hard work and dedication that all GPs demonstrate on a daily basis in practices nationwide.

I would like to sincerely thank my fellow Councillors, and our President, Dr Liz Marles, and acknowledge their tireless commitment and enthusiasm towards realising the RACGP's strategic aims and objectives.

In closing, I would like to acknowledge the professionalism and skills of our CEO, Zena Burgess, together with members of our senior leadership team and RACGP staff who work hard to achieve the best possible outcomes for our members and raise the profile of general practice in Australia.

I have great confidence the RACGP will continue to ensure general practice remains the central pillar of one of the most effective and efficient healthcare systems in the world.

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A man with short brown hair and glasses, wearing a brown trench coat over a light blue shirt and a striped tie, stands next to a large tree trunk. He is smiling slightly and looking towards the camera. The background shows a park-like setting with other trees and a path.

**“ General practice
is the most efficient
and effective
healthcare sector
in Australia. The
RACGP’s more than
27,000 members are
the main drivers of
this achievement. ”**

Associate Professor Bastian Seidel
MBBS PhD MACH1 MRCGP FRACGP



Associate Professor Bastian Seidel

Associate Professor Bastian Seidel is proud to represent a forward-thinking, academically focused RACGP in advocating for the development and implementation of evidence-based health policies. Dr Seidel believes patients and communities deserve best practice healthcare that must be informed and supported by best practice health policies on local, state/territory and federal levels. Dr Seidel credits the RACGP for taking its leadership role within the general practice profession seriously and for its continuous engagement with political and community stakeholders in driving innovation and excellence in this area.

About the RACGP

General practice provides person-centred, continuing, comprehensive and coordinated whole-person healthcare to individuals and families in their communities.

The RACGP is Australia's largest professional general practice organisation and represents urban and rural general practitioners (GPs).

The RACGP's mission is to improve the health and wellbeing of every person in Australia by supporting GPs, general practice registrars and medical students through its principal activities of developing clinical resources, business support tools and ongoing educational programs.

The RACGP works alongside its members to shape a well-resourced and sustainable general practice profession now and into the future.

ON AVERAGE,
2.44 GP-PATIENT ENCOUNTERS OCCUR EVERY WEEK IN AUSTRALIA.*
MILLION

GPS SPEND AN AVERAGE OF
37.5 HOURS PER WEEK IN DIRECT PATIENT CARE.*

CHRONIC PROBLEMS ACCOUNTED FOR
41.8% OF ALL HEALTH ISSUES MANAGED IN GENERAL PRACTICE.*

*Britt H, Miller GC, Henderson J, et al. General practice activity in Australia 2012–13. General practice series no. 33. Sydney: Sydney University Press, 2013.

**THE RACGP REPRESENTS
MORE THAN
27,500
MEMBERS** 
WORKING IN OR TOWARDS
**A CAREER IN
GENERAL PRACTICE.**

Members of the 56th RACGP Council

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



Dr Eleanor Chew
Chair, RACGP Council;
Chair, Queensland Faculty



Dr Liz Marles
RACGP President



**Adjunct Associate Professor
Frank R Jones** Chair, Western Australia
Faculty; RACGP Vice-President



Dr Emily Farrell
Registrar Representative



Mr Neil Greenaway
Co-opted member; Chair, Finance,
Audit and Risk Management Committee



Dr Jennie Kendrick
Censor-in-Chief



Dr Kathryn Kirkpatrick
Chair, National Rural Faculty



Dr David Knowles
Chair, Tasmania Faculty



Associate Professor Brad Murphy
Chair, National Faculty of Aboriginal
and Torres Strait Islander Health



Associate Professor Morton Rawlin
Chair, Victoria Faculty; Chair, National
Faculty of Specific Interests



Professor Nigel Stocks
Chair, South Australia and Northern
Territory Faculty



Dr Guan Yeo
Chair, New South Wales and
Australian Capital Territory Faculty

Dr Emma Knott

Dr Emma Knott is a member of the RACGP Membership Advisory Committee (MAC), the South Australian Medical Education and Training (MET) Junior Medical Officer (JMO) Forum, and is a GP ambassador for General Practice Registrars Australia (GPRA).

In her involvement on the MAC, Dr Knott represents prevocational doctors who have not yet entered training programs, as well as junior doctors in the early stages of their training. As a GP ambassador with GPRA, Dr Knott encourages junior doctors to consider general practice as a career.

Recent issues discussed by the MAC include new models of internship and the impact this may have on workforce planning, education in the PGY2+ years, and assessment and welfare of junior doctors. Dr Knott believes there is a lot of enthusiasm to make an impact on how this important stage of junior medical training occurs.

“ I believe it is important to advocate on behalf of junior doctors so that issues affecting these doctors can be raised and addressed at a high level. ”

Dr Emma Knott BMBS BMedSci
Lyell McEwin Hospital



RACGP President

Dr Liz Marles

General practice is at the heart of the Australian healthcare system, reaching more than 83% of the Australian population every year.



Top to bottom: Dr Liz Marles speaking at the RACGP's Academic Session; From left to right: Ken Wyatt MP, The Hon Fiona Nash, The Hon Judi Moylan MP, Dr Liz Marles, The Hon Philip Ruddock MP at the RACGP's Diabetes Handbook launch at Parliament House.

Supporting the vitally important work of Australia's GPs, the RACGP has strived to respond and innovate in a rapidly changing environment. It is with great pride that I reflect on the achievements of the RACGP in this final year of my presidency.

As GPs, we are intrinsically connected to our communities where we work alongside our patients to improve individual health and the health of the wider population. A well-trained and supported workforce is essential to the sustainability of our profession. It was extremely gratifying for the RACGP to be recognised for its high-quality educational programs in gaining accreditation by the Australian Medical Council (AMC) until December 2019.

Advancements in technology and social media have been transformative forces in modern Australia, touching virtually every aspect of our daily lives. Change has opened up new opportunities for GPs and the communities and patients we support.

In November, the RACGP launched its social media platforms and saw an unprecedented level of buy-in and support for this communication platform. Social media is increasingly becoming a vital component to the RACGP's advocacy efforts, and the profession's public profile and voice is becoming stronger than ever.

“ Strong leadership in general practice is now more critical than ever as the role of the GP continues to evolve and the RACGP remains committed to striving for a ‘Healthy Profession. Healthy Australia.’ ”

Record membership numbers have ensured the voice of GPs is strengthened as our advocacy efforts continue with federal, state and territory governments. The RACGP has continued to reach out to its members to help inform the RACGP’s position on key issues affecting the profession. A combination of proactive submissions, responding to government enquiries and participation in meetings with key stakeholders has allowed the RACGP to reinforce the critical role general practice plays in achieving high-quality healthcare for all Australians. I am proud that our profession is one that stands up for the benefit of the larger community.

A key highlight of the past 12 months was the RACGP’s annual conference for general practice, GP13. Drawing inspiration from Darwin, a location filled with culture and history, the conference had a strong focus on Aboriginal and Torres Strait Islander health. With a record attendance of more than 1100 delegates, it is evident the general practice profession is working to Close the Gap and addressing the barriers faced by Aboriginal and Torres Strait Islander peoples in accessing primary healthcare.

The RACGP has worked tirelessly to promote the critical role of general practice in reducing health disparity faced by these populations and is driven to continue this leadership role.

The RACGP cemented its role as the largest rural general practice representative body of any Australian specialist medical college this year, reaching a milestone of more than 10,000 members in its National Rural Faculty. The National Rural Faculty released a major report that details new approaches to addressing current and future training capacity constraints in rural areas based on consultation with more than 2400 rural GPs.

Throughout the course of the year, I have had the pleasure of representing Australia’s general practice profession, alongside the President of the World Organisation of Family Doctors (WONCA), Professor Michael Kidd (RACGP past President) at WONCA conferences and meetings in Malaysia. These opportunities allow the RACGP to learn from the successes and failings of other international primary healthcare systems and ensure ours remains one of the most efficient and effective healthcare systems in the world.

Strong leadership in general practice is now more critical than ever as the role of the GP continues to evolve and the RACGP remains committed to striving for a ‘Healthy Profession. Healthy Australia.’. It has been a privilege and a pleasure representing the RACGP during my term as President, with the support of the 56th Council, in edging closer to achieving a sustainable and well-resourced general practice of the future.

As always, I thank each and every one of you for your contributions to your communities and to the health of all Australians.

RACGP Chief Executive Officer

Zena Burgess

This year's annual report truly captures the essence of general practice; a profession exemplified by diversity, compassion, challenge and a highly skilled workforce.



The RACGP's core role is to work alongside our member community to ensure the interests of every GP in Australia is represented and that public health remains a priority.

From the development of clinical and business resources and provision of local support through faculties to the delivery of high-quality education offerings, the RACGP works hard to ensure the general practice profession is rewarded and recognised for its vital role in Australia's healthcare system. As the largest representative body of the general practice profession, we are very proud of the dedicated commitment demonstrated by our members to ensure the health of all Australians.

In January 2014, the RACGP achieved a momentous milestone that saw the RACGP reaccredited as a specialist medical college by the Australian Medical Council (AMC) until December 2019. The six-year accreditation cycle reflects the high level of professionalism developed by the RACGP as the peak body for general practice in Australia and I extend my thanks to all who made this achievement possible.

I would like to acknowledge the huge body of work undertaken by each of our National Standing Committee (NSC) members, official representatives and RACGP spokespeople who generously offer their expertise, inspiration and time. I would like to extend my sincere appreciation to:



Top to bottom: Zena Burgess; Dr Liz Marles, Zena Burgess and Dr Emily Farrell at the RACGP Library 40th anniversary celebration.

- National Standing Committee – Education (NSC-Ed) and its Chair, Dr Peter Maguire
- National Standing Committee – GP Advocacy and Support (NSC-GPAS) and its Chair, Dr Beres Wenck
- National Standing Committee – Research (NSC-R) and its Chair, Professor Tania Winzenberg
- National Standing Committee – Health Information Systems (NSC-HIS) and its Chair, Dr Nathan Pinskiar
- National Standing Committee – Quality Care (NSC-QC) and its Chair, Dr Evan Ackermann
- National Standing Committee – Standards for General Practices (NSC-SGP) and its Chair, Dr Michael Civil.

It is through the successful collaboration between members and staff that the RACGP is able to produce highly valued, evidence-based resources and ensure the strategic direction of the RACGP continues to reflect the priorities of the profession.

“ It is through the successful collaboration between members and staff that the RACGP is able to produce highly valued, evidence-based resources and ensure the strategic direction of the RACGP continues to reflect the priorities of the profession. ”

I would like to extend my thanks to the 56th Council for its diligence in leading and defining the strategic direction of the RACGP in the last two years and to Dr Liz Marles as President during this period.

Importantly, I would like to acknowledge the professionalism and skills exhibited by the members of our senior leadership team and all RACGP staff who worked hard in the last year to achieve the best possible

outcomes for all GPs to raise the profile of general practice in Australia. A special mention must be made of my direct team who are always willing to go above and beyond what is required to meet the needs of the RACGP and Council:

- Josephine Raw, General Manager, Policy, Practice and Innovation
- Emily Wooden, General Manager, Member Services and Operations
- David Worland, General Manager, Education Services
- Peter Dewhirst, General Manager, RACGP Products
- Alexis Hunt, General Manager, Human Resources
- Helen Gaskin, Executive Assistant
- Rina Hatzispyrou, Former Council Coordinator
- Karrine Sleiman, Council Coordinator.

I trust the next 12 months will be an even more rewarding and exciting year for the RACGP as we continue to build on the strengths of the general practice profession.



Andrew Wilkie MP and Zena Burgess celebrating the launch of the TAS Faculty building opening.

RACGP Finance, Audit and Risk Management Committee Chair

Neil Greenaway

Members of the Finance, Audit and Risk Management Committee for financial year 2013–14 include:

- Mr Neil Greenaway (Chair and co-opted Councillor)
- Dr Liz Marles (President)
- Adjunct Associate Professor Frank R Jones (Vice-President and Chair, Western Australia Faculty)
- Dr David Knowles (Chair, Tasmania Faculty)
- Dr Charlotte Hespe (RACGP Fellow)
- Mr Mark Evans (external representative with IT expertise)
- Mr Tony Monley (external representative with financial control and risk management expertise).

The RACGP's consolidated operating performance continues to be positive, the balance sheet position remains strong and the organisation maintains a strong cash position. During the year, the RACGP sold the former Tasmanian Faculty premises in Hobart and moved into new, modern and leased premises in Hobart.

The RACGP has appointed independent firm Protiviti as its internal auditor. A 3-year internal audit plan was developed

and five reviews were completed in 2013–14. No significant issues were identified. Internal auditors are invited to attend the regular committee meetings and external auditors RSM Bird Cameron regularly meet with the committee during the audit to report on the audit plan, and review progress and any issues identified. The auditors issued an unqualified opinion on the consolidated financial statements.

The RACGP has continued to strengthen and develop its whole-of-organisation risk management approach. The RACGP management is committed to ensuring risk management and its awareness is embedded throughout the organisation, this year updating the risk management policy and reviewing the risk management framework.

I wish to thank each committee member for their support and significant commitment to the committee during the year. I would also like to acknowledge and thank the RACGP's management team, in particular CEO, Zena Burgess; General Manager, Member Services and Operations, Emily Wooden; and Finance Manager, Sherryna Fung and her team.



Education Services

The RACGP's Education Services pillar sets and upholds the standards for our members' lifelong continuous learning activities. The RACGP has continued to focus on improving general practice education outcomes with the launch of an intuitive online Quality Improvement and Continuing Professional Development (QI&CPD) interface, as well as the outcome-based *Vocational training standards*. Education Services has invested in an online interface for the General Practice Experience (Practice Eligible) Pathway and Specialist Pathway Program applications to make the journey towards RACGP Fellowship as straightforward as possible. The team continues to work in partnership with the National Standing Committee – Education, the Board of Censors, the Board of Assessors and various project groups to progress strategy development on behalf of the RACGP and its regional training providers.





“ Primordial healthcare should be the focus of holistic healthcare in order to achieve the best outcomes from primary healthcare. ”

Dr Deep Joseph MBBS FRACGP FACRRM MPH&TM
Australian Defence Force

Dr Deep Joseph

Dr Deep Joseph is an international medical graduate who works as a full-time GP/aviation medical officer for the Australian Defence Force in Melbourne. He also spends a month of each year working in Aboriginal and Torres Strait Islander health at a remote location in Australia.

Dr Joseph strongly believes in a holistic approach to health and wellness, which he believes can be achieved by strengthening communities. He acknowledges the fact GPs play an integral role in this process and that a deep understanding and respect for cultural norms and traditions is a very important aspect of being accepted into patients' lives and communities.

Message from the Censor-in-Chief

Dr Jennie Kendrick

I would like to offer my congratulations to our 1335 new Fellows who were successfully admitted to Fellowship of the RACGP in the last year.

Significant projects this year included planning for an increased number of Fellowship exam candidates, reviewing the current Practice Based Assessment components and alternative assessment modalities, and enhanced mapping of curriculum-to-assessment to ensure RACGP assessments reflect the evolving competencies required of GPs in Australia.

January 2014 saw the implementation of the revised RACGP *Vocational training standards* which will allow for greater flexibility in training delivery within the quality and safety framework.

As my term as Censor-in-Chief comes to an end, I would like to convey a special thank you to the dedicated members of the Board of Censors, Board of Assessment and RACGP education and assessment staff.

“ I would like to offer my congratulations to our 1335 new Fellows who were successfully admitted to Fellowship of the RACGP in the last year. ”



Top to bottom: Dr Jennie Kendrick with colleagues at RACGP and HKCFP 27th conjoint Fellowship conferment ceremony 2014; Dr Jennie Kendrick with colleagues preparing for RACGP–AFPM conjoint exams in Malaysia.

Education Services – Key projects

Curriculum for Australian General Practice

The *Curriculum for Australian General Practice* guides and informs the delivery of education to GPs at all stages of their career. Every three years the *Curriculum for Australian General Practice* is reviewed and renewed. This year's renewal process aims to embed the principles of a competency-based framework into the curriculum, in line with international best practice in medical education. A team of medical writers has been contracted to review and update the curriculum.

Vocational training standards

After a number of years of development the RACGP *Vocational training standards* have been implemented. In 2014, regional training providers (RTPs) will transition to the new outcomes-based standards and make changes to their processes in preparation for full implementation in 2015. Outcome-based standards focus on the endpoint rather than on the processes needed to reach that point, allowing RTPs greater flexibility to encompass processes and systems that meet their contextual and educational requirements. RTPs led the way, advocating for new standards that met their needs while ensuring the quality of education was not compromised.



Top to bottom: RACGP staff registering exam candidates; The exam room.

Practice exam

Throughout 2013–14, the RACGP has developed new online Applied Knowledge Test (AKT) and Key Feature Problems (KFP) practice exams. The online, timed practice exams provide a valuable experience that mirrors that of the real exam in look and feel. All cases and questions in the practice exam are written and reviewed by GPs under the same process used for the real exams. Upon completion of their practice exam, candidates are provided with written feedback to support further study.

Decision bank

The decision bank project involves the creation of a centralised, searchable decision bank for various bodies across education in relation to the RACGP Quality Improvement requirement for the 2014–16 Quality Improvement and Continuing Professional Development (QI&CPD) program. Examples include the Board of Censors and its subcommittees, individual censors, the Vocational Training and Education Committee (VTEC) and the National Standing Committee – Education. The decision bank will be used as a reference by decision makers when considering situations not covered by the current policy framework and will be a valuable resource to assist consistent decision-making across all states and territories.

Quality Improvement and Continuing Professional Development

The RACGP QI&CPD Program assists GPs to provide the best quality patient care. The RACGP recognises the importance of ongoing education in improving the quality of everyday clinical practice. In 2013–14, 301 training providers delivered 6467 activities to GPs across Australia.

2014–16 QI&CPD triennium commencement and new features

The 2014–16 QI&CPD triennium requirements are:



The 2014–16 QI&CPD Program features a number of enhancements including:

- personalised support – RACGP staff are available to assist in meeting learning requirements
- high-quality education providers – access to an extensive range of well-established, accredited organisations and accredited activities
- enhanced patient care – the introduction of a quality improvement requirement for GPs to strengthen the effectiveness of the RACGP QI&CPD Program in accordance with international best practice
- improved online system – an intuitive online platform makes it easier to find, record and monitor ongoing QI&CPD activities and access individual point summaries.

Changes to RACGP Fellowship pathways

Due to changes introduced by the Medical Board of Australia, the RACGP has implemented a streamlined online self-categorisation tool and application form process for Fellowship applicants in the Specialist Pathway Program and the General Practice Experience (Practice Eligible) Pathway. The online process will assist applicants by streamlining the requirements and the processes for their assessments. The platform will provide clear assessment requirement information and alert candidates of any missing documentation. The online platform will also reduce timelines for these assessments.



NSW & ACT Fellowship and awards ceremony 2013.

Exam delivery and training

Examiner capacity forms part of an overall strategy to manage the increasing number of exam candidates. Key stakeholders within exam delivery have commenced work implementing an action plan to address issues surrounding supply and delivery of RACGP examinations for 2014 and beyond. Strategic working groups are developing plans to acquire examiners with the required knowledge, skills and experience to provide ongoing training and feedback to examiners. This plan will ensure the RACGP maintains the highest standard of exam delivery and is able to support examiners ensuring stable exam delivery.

Objective Structured Clinical examination (OSCE)

The OSCE is designed to assess Fellowship candidates' applied knowledge, clinical reasoning, clinical skills, communication skills and professional attitudes in the context of consultations, patient examinations and peer discussions. The exam consists of a sequence of clinical encounters designed to reflect a typical session in general practice. In 2013–14, 1382 candidates

undertook the OSCE in venues across Australia and candidate numbers increased in each exam cycle. This increase in candidate numbers has resulted in the establishment of a Building Examiner Capacity Working Group and a working group to implement a third annual OSCE exam. The RACGP is working hard to meet candidate demand with increased assessment opportunities and a larger examiner pool.

Education Services – Summary of activity

A large part of the RACGP's vision for a 'Healthy Profession. Healthy Australia.' is achieved by developing and maintaining standards for general practice training and education across the lifelong general practice journey. This includes undergraduate education, early postgraduate years, registrar training, RACGP Fellowship and assessment pathways, and continuing professional development. In 2013–14, more than 1250 candidates sat one or more segments of the Fellowship examination, more than 191,000 GPs attended QI&CPD activities from more than 500 Accredited Activity Providers and more than 14,000 learners enrolled in an online learning activity.



Left to right: Dr Amin, Dr Jennie Kendrick, and Dr Wanguhu preparing for the conjoint college exam in Malaysia and exam question writing workshop; CPR training at GP13.



Member Services and Operations

The Member Services and Operations pillar is responsible for the operational, technological and financial resources that support RACGP member engagement. It is committed to continuously finding new ways for members to effectively interact with the RACGP. A number of positive initiatives have been implemented this year, including extending telephone support from 8 am to 8 pm AEST and introducing an automated, 24-hour telephone payment system that allows GPs to renew their membership at any time.



“Early in my career I resolved to consciously put myself out there and lead Australia’s GPs toward a coherent way forward to achieve positive health outcomes for the patient, family and Australian community.”

Dr Michael Aufgang MBBS DipRACOG FRACGP
Meadows Medical Centre Vic

Dr Michael Aufgang

Dr Michael Aufgang considers advocacy to be a term that embodies the daily practice of being a GP. Whether resuscitating an unconscious person or visiting a cognitively impaired patient, Dr Aufgang believes a GP always has the patient’s best interest in mind. If a disability or condition is congenital, acquired, or both, Dr Aufgang feels advocacy is inherent in every day of a GP’s working life. While conscious for some and unconscious for others, Dr Aufgang believes advocacy is characteristic of every GP.

Dr Aufgang has battled for those who cannot do it for themselves, people unable to manage their lives or who are somehow affiliated with an issue of addiction. He made a commitment to lead Australia’s GPs in achieving positive health outcomes for patients, families and the Australian community.

Membership overview

RACGP members form part of the largest general practice network in Australia. The RACGP now represents more than 27,500 members working in or towards a career in general practice.

The RACGP enables its members to ‘Learn. Explore. Connect.’, ensuring the general practice profession remains at the forefront of quality primary healthcare delivery for all Australians.

In 2013–14, there was significant growth in membership and new members represented all stages of the GP journey. While there was steady growth in all membership categories, the largest increase occurred in the prevocational categories. This substantial increase in young RACGP members is an encouraging sign for the future of the general practice profession.

Members drive the strategic direction of the RACGP and their contribution is vital to advocacy efforts that will help shape the future of the Australian primary healthcare sector. RACGP members are general practice community leaders and their contribution, whether it is responding to a *Fridayfacts* feedback poll or serving as a member of the National Standing Committee, is crucial to ensuring positive reform.

A robust membership network is the foundation of our strength as the general practice profession’s peak representative body. The RACGP remains committed to improving membership benefits and services to support its members throughout all stages of their career.



Middle to bottom: RACGP Members at the National Faculty of Aboriginal and Torres Strait Islander dinner; RACGP President, Dr Liz Marles, staffing the RACGP booth at GP13.

New South Wales and Australian Capital Territory Faculty

Dr Guan Yeo

On behalf of the NSW & ACT Faculty, I express my deepest thanks to our members for their continued support and contribution over the last year.

Without this support, the faculty would not be able to advocate on behalf of or deliver local education, examinations, products and services to our members.

Faculty membership continued to experience steady growth throughout 2013–14. The most noteworthy growth was recorded in our international medical graduate (IMG) and student membership categories. There has also been a dramatic increase in our direct interactions with members, which is vital to ensuring we can act as the voice of general practice in NSW and the ACT.

Over the past year, the faculty effectively collaborated with government sectors and a wide range of other medical professional organisations to strengthen its position as the peak representative body for our local GPs. We have also worked closely with our members, NSW and ACT Medicare Locals and GP Networks to develop and deliver face-to-face education in regional areas.

Throughout 2013–14, the faculty worked hard to increase education accessibility through a series of webinars, reaching more than 1500 GPs around Australia. We remain committed to developing and improving this style of

education delivery to support members who find it difficult to attend the faculty in North Sydney.

Through our Faculty Board, we continue to strive for a more detailed insight into the needs of your local communities with regional representatives assisting us to provide a stronger voice and presence for our members. We look forward to what lies ahead.



Mr Alexander Greenwich MP, Dr Chris Bourne, Mr Bruce Notley-Smith MP, The Hon Jillian Skinner MP, Dr Guan Yeo, and Mr Nicolas Parkhill at the Pop Up rapid HIV testing site.

Victoria Faculty

Associate Professor Morton Rawlin

The Victoria Faculty understands the importance of engaging with key stakeholders and partner organisations.

We met with a number of these throughout 2013–14 to advocate for the importance of GP-led primary care.

The faculty worked closely alongside its members in 2013–14 to provide a quality educational program, developing and delivering 16 educational events. Highlights included facilitating the General Practice in Addiction conference and the continued success of the Psychodynamic Principles for General Practitioners series.

The faculty's New Fellows Committee continued its successful MentorLink program throughout 2013–14 to promote informal peer support for new Fellows in the general practice workforce. This program benefits participants' practice and assists in fostering GPs'

professional peer networks outside daily practice, a vital move to further strengthen the unity of the general practice profession.

The forthcoming year is an exciting one for the faculty. As always, we remain committed to advocating on behalf of our members in accordance with their needs and welcome all feedback and suggestions in this regard. We will ensure we continue to conduct quality exams and meet the educational needs of our members with programs that further their professional development.

The faculty will continue to engage with its local members to ensure they are adequately supported and represented as we strengthen the profile of general practice in Victoria.



Left to right: VIC Fellowship and awards ceremony; General Practice in Addiction conference 2014 organising committee.

Queensland Faculty

Dr Eleanor Chew

I am immensely proud of the profile of the Queensland Faculty, and its consistent member engagement across a broad range of activities throughout 2013–14.

Local advocacy remains at the very core of the faculty's mandate, and our continued presence on key general practice committees and networks ensures our members' views are represented at the state, territory and federal level.

In 2013–14, there was continued growth in the number of candidates undertaking the RACGP Fellowship exam and the faculty rose to the challenge of planning to meet capacity demands. We have recruited and trained more than 90 new examiners under the guidance of our two Assessment Panel Chairs (APCs), Dr Barbara Jones and Associate Professor Suzanne Mckenzie (North Queensland).

Last year also saw the establishment of the Faculty Fellowship Support Panel to assist our APCs and censor, and this group is now actively contributing to the quality standard of exam delivery in Queensland. I would like to thank our State Censor, Dr Debra Nichols, for her leadership on this exciting initiative.

The faculty's flagship event, the Clinical Update Weekend, was a highlight. We celebrated our profession with record delegate numbers and a stimulating conference themed 'City Doctor, Country Doctor'. Many thanks must go to our Education Committee, which is led by Dr Nick Hummel. As always, I sincerely look forward to the continued work of the faculty and its members over the next 12 months.



Top to bottom: Professor John Murtagh presenting at The Australian Medical Students' Association (AMSA) Queensland conference; QLD Corlis Fellow Dr James Griffin at GPSN Bond and Bushfire clinical event 2013; Professor Max Kamien, Dr Eleanor Chew and Mr Steve Clark at the QLD Faculty Board meet and greet.

Dr Elizabeth (Libby) Hindmarsh

Dr Elizabeth (Libby) Hindmarsh believes healthcare needs to be structured to provide access and equity for everyone in Australia. She sees this as a basic human right.

Dr Hindmarsh is a leading advocate for patients, in particular women who have experienced abuse and violence, and has been involved with the RACGP in teaching and writing about these issues for the past 20 years. She is a co-editor with Professor Kelsey Hegarty of the *Abuse and violence: working with our patients in general practice*. She regularly comments on these issues in medical and mainstream media and works alongside other RACGP committees to ensure these vulnerable populations are represented across all activities. Dr Hindmarsh has also campaigned to government ministers and local members of parliament around issues affecting patients and GPs.

Dr Hindmarsh has been working in Aboriginal and Torres Strait Islander health since 2006 and hopes to have contributed to improving the delivery of care to these populations and Close the Gap initiatives.

Dr Hindmarsh has a strong interest in advance care planning. She works with the Advance Care Directives Association (ACDA) and has jointly written two books for consumers on this critical healthcare issue. Dr Hindmarsh and the ACDA have advocated to politicians and the NSW Ministry of Health on this issue, as an ageing population becomes an increasingly prevalent challenge facing the Australian healthcare system. She has provided education for professionals and consumers, empowering them in the delivery and importance of end-of-life decisions.

A portrait of Dr. Elizabeth (Libby) Hindmarsh, an elderly woman with short blonde hair and glasses. She is wearing a white top, a patterned scarf, and a red shawl. She is standing in front of a white wall with a framed abstract painting. A red banner is overlaid on the left side of the image, containing a quote and her name.

**“ Australian
healthcare needs
to deliver access
and equity for
all. ”**

Dr Elizabeth (Libby) Hindmarsh
MBBS(Syd) FRACGP
114 Family Practice

Western Australia Faculty

Adjunct Associate Professor Frank R Jones

The Western Australia Faculty Board comprises 22 members, four of whom are from regional or remote areas of the state, ensuring our community is adequately represented.

As the largest state in Australia, our advocacy efforts around the needs of regional and remote GPs are crucial. Over the past year, the faculty's advocacy efforts have comprised a multitude of written feedback regarding state-based policies.

A highlight of the Faculty Board meetings has been the constructive, open debate around contemporary general practice issues. Critical appraisal empowers the chair with firm recommendations for local and national Council deliberations. Notwithstanding core activities around

represented general practice as a member of the Western Australia Medical Workforce Planning Group.

We also played a key leadership role in the development of a Western Australia GP Alliance and General Practice Primary Care Research Collaboration.

It was indeed a busy year for the faculty and I look forward with anticipation to what lies ahead.

“As the largest state in Australia, our advocacy efforts around the needs of regional and remote GPs are crucial.”

standards, quality, research and assessment, advocacy continues its strong foray into regular Faculty Board reflection and is now the norm. The Faculty Board firmly advocates for general practice to have a presence at key stakeholder meetings at the state, territory and national levels.

Throughout 2013–14, the faculty provided consistent quality support services and education to its members. We successfully increased board representation on the Western Australia Health Department networks, ensuring a strong voice for general practice at a state level and



Top to bottom: A/Prof Frank R Jones with Notre Dame University medical student Hamidah-Bushrah Olaosebikan, winner of the RACGP student prize for excellence in general practice; WA delegates at the WA Faculty medical symposium.

Tasmania Faculty

Dr David Knowles

The Tasmania Faculty focused on positioning GPs at the centre of state primary healthcare policy development this year.

The faculty joined forces with the Australian Medical Association's (AMA) Tasmania branch to influence planned changes, considered not in the best interest of Tasmanian GPs, to the Tasmanian Medicare Local (TML) constitution.

Through enhanced engagement with stakeholders, the Tasmanian General Practice Forum was formed in February 2014. The faculty meets regularly with the AMA, Australian College of Rural and Remote Medicine (ACRRM), Tasmania Medicare Local (TML) and the Rural Doctors Association of Tasmania (RDAT), allowing a clear communication link between Tasmanian general practice and stakeholders in government, non-government organisations and the wider community.

The faculty has maintained strong relationships with the Pharmaceutical Society of Australia and the University of Tasmania, offering a consumer engagement and health intervention activity as part of Agfest 2014. This important event creates a unique opportunity for GPs, medical students, registrars and patrons to talk about health, the profession and why everyone should visit a GP in a non-consultative setting.

The faculty boasts excellent relations with the Medical Board of Australia's Tasmania Board through positive involvement with international medical graduates (IMGs) wishing to practice in Tasmania. These candidates become part of the exam preparation process and early involvement leads many to become Fellowship candidates, a great result for the RACGP and the faculty.

“The Tasmania Faculty focused on positioning GPs at the centre of state primary healthcare policy development this year.”



Top to bottom: GP participants at the Women in General Practice series 2014; TAS Fellowship and awards ceremony 2013.

South Australia and Northern Territory Faculty

Professor Nigel Stocks

During the past year, the SA & NT Faculty worked closely alongside its members to provide a range of professional development activities, develop resources and guidelines, and support GPs and their practices.

The faculty continues to ensure general practice is represented on external committees, at key external stakeholder events and when government seeks advice.

Over the past year, SA & NT Faculty Board members have worked with the Kidney Action Network, Shine SA, the Centre of Research Excellence, the SA Health S8 Alprazolam Steering Group, the SA Health Perinatal Subcommittee, the South Australian Medicines Advisory Committee and the SA Government's Older Drivers Licence Policy Working Group.

Our team members and SA & NT Faculty Board members attended key external stakeholder events to advocate

for general practice through their presence at industry meetings, as well as engagement in booths and trade displays at over 25 events.

Quality Improvement and Continuing Professional Development remains a priority and the faculty hosted 21 educational events, attended by 400 GPs, in 2013–14. Some of the unique events conducted include Understanding Self-Managed Super Funds and a Plan-Do-Study-Act (PDSA) Category 1 Activity on incontinence in general practice.

It was overall a very successful year for the faculty and I thank all of our members for their input and engagement.



Left to right: Dr Jill Benson with medical students at AMSS women's function; Professor Nigel Stocks, Dr Mark Miller and Craig Martin at 2013 SA & NT Member Christmas party.

National Faculty of Aboriginal and Torres Strait Islander Health

Associate Professor Brad Murphy

The National Faculty of Aboriginal and Torres Strait Islander Health is committed to advocating for culturally and clinically appropriate healthcare for Aboriginal and Torres Strait Islander peoples.

This is achieved through various initiatives, most notably by representing the RACGP on the Close the Gap Steering Committee.

The faculty proudly hosted the highly successful GP13 conference in Darwin last year. Conference highlights included the 'Standing Strong Together' forum, faculty dinner and welcoming four new Aboriginal Fellows at the academic ceremony. The 'Have a Yarn' conference booth provided an excellent opportunity to discuss working in Aboriginal and Torres Strait Islander health.

The faculty is providing valuable support to the RACGP's Reconciliation Action Plan (RAP) project team. This project aims to promote awareness of the RAP journey across the entire organisation. Key successes to date include hosting programs of events to commemorate National Reconciliation Week in May and National Aborigines and Islanders Day Observance Committee (NAIDOC) week in July 2014.

The faculty has worked hard to promote knowledge of Aboriginal and Torres Strait Islander health by hosting

two exam question writing workshops in Adelaide and Brisbane. It has also assisted Aboriginal and Torres Strait Islander general practice registrars on their pathway to RACGP Fellowship by hosting the Indigenous Fellowship Excellence Program.

It has been an incredibly busy and successful year for the faculty and I am immensely proud of all we have collectively achieved.



A/Professor Brad Murphy and members at 2013 Fellowship and awards ceremony.



Dr George Forgan-Smith

As a general practitioner who is open about his homosexuality, Dr George Forgan-Smith noticed a significant disparity between the health of gay men and their heterosexual counterparts. He understands that men who have sex with men have significantly different health risks that extend well beyond HIV, including depression, anxiety, suicide and head and neck cancers.

Dr Forgan-Smith noted that unfortunately, gay men's health is rarely taught in medical school or during advanced training. Having seen many men experience discrimination and lack of understanding of particular needs, Dr Forgan-Smith felt it was vital to empower gay male patients to take control of their health and healthcare experience.

Dr Forgan-Smith advocates via social media, video, radio, blogging and television and also created The Healthy Bear, a gay 'bear' male medical educator for homosexual men with a particular focus on those reaching middle age, a demographic he feels is frequently ignored, even by homosexual health agencies.

Through his advocacy efforts, Dr Forgan-Smith has created an educational experience that extends well beyond Australian borders with followers, readers and listeners in every corner of the globe.



“ All it takes is one idea and the ripple effect can change the lives of many. ”

Dr George Forgan-Smith MBBS BSc FRACGP
The Healthy Bear

National Rural Faculty

Dr Kathryn Kirkpatrick

The RACGP National Rural Faculty has worked hard throughout 2013–14 to ensure a strong rural voice for its members by contributing to 15 key submissions on a range of state, territory and federal policy issues.

The faculty led a significant policy and research project for the Department of Health to formulate policy advice to inform future rural training and workforce reform implementation. The study *New approaches to integrated*

rural training for medical practitioners resulted in unprecedented participation from our rural membership with more than 2400 members contributing through consultation and research.



Top to bottom: Dr Kathy Kirkpatrick with NRF 2013 award winners; left: *New approaches to integrated rural training project final report*; right: *Rural connections student mentoring program mentee guide*.

The faculty reached record membership numbers in February, exceeding 10,000 members, which is a key indicator of the success of our advocacy efforts and cements our role as the largest rural general practice representative body of any Australian specialist medical college. Another key milestone was the tenth anniversary of the Rural Procedural Grants Program which continues to make a vital contribution to maintaining a skilled procedural and emergency medicine workforce.

A particular strength of the faculty is finding new and innovative ways to reach current and future members through strategies that reduce the distance burden. This year we have introduced a series of educational webinars and a student mentoring program, and expanded our research capability through membership polling. Expanding our educational capacity has been a focus with review of two advanced skills curricula, Aboriginal and Torres Strait Islander Health and GP Surgery. The Fellowship in Advanced Rural General Practice was awarded to 27 members this year.

The shifting policy landscape presents opportunities and challenges for the future of rural and remote general practice. Ensuring a multi-skilled GP workforce that is responsive to patients' needs will remain our policy focus.

National Faculty of Specific Interests

Associate Professor Morton Rawlin

The National Faculty of Specific Interests (NFSI) has represented RACGP members and their patients in many areas throughout 2013–14.



Left to right: Dr Cameron Loy, Dr Vicki Kotsirilos, Dr Marie Pirotta and Dr Michael Aufgang at the GP13 NFSI networking lunch; Dr Gary Deed, Chair of the NFSI Diabetes network.

The NFSI has greatly assisted the RACGP in its advocacy efforts by providing detailed understanding of niche topics. Highlights include refugee health, addiction medicine, psychological medicine and abuse and violence.

The Refugee Health Specific Interest Group (RHSIG) has kept the RACGP up to date with a number of challenges for GPs and their patients, particularly in the area of refugee mental health. The RHSIG joined with the Psychological Medicine Working Group to provide information to the RACGP on this topical and challenging issue.

The Addiction Medicine Network has been busy developing new resources for members on Schedule 8 drugs and benzodiazepines, while continuing to offer regular insight into topical issues in the sphere

of addiction. The network has also consulted with the Royal College of Physicians (RACP) and Royal Australian and New Zealand College of Psychiatrists (RANZCP), advocating for GPs to re-engage with the RACGP as their most valuable primary care resource.

The Abuse and Violence Network updated the RACGP's *Abuse and violence: Working with our patients in general practice* (White book), a valuable resource for GPs dealing with all forms of abuse and violence. This guideline is a crucial resource that can be used by the entire practice team, placing the RACGP at the forefront of educational material in this sensitive area of practice.

I look forward to another successful and as always, interesting year ahead with the RACGP's NFSI.

The RACGP Foundation – Inspiring a healthier tomorrow

Professor Peter Mudge

Once again it has been a busy year for the RACGP Foundation as it continues to work with a diverse range of funding partners to ensure members are best positioned to deliver quality care to patients.



Conquer Kokoda for a Cause.

“ Fundraising events assist the RACGP to support research in general practice, attract and disseminate funding for key projects, and offer research grants, awards and scholarships, all of which underpin the RACGP’s commitment to continuous improvement. ”

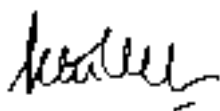
Undoubtedly, the highlight of 2013–14 was the Foundation’s inaugural fundraising adventure Conquer Kokoda for a Cause. A small group of 11 people travelled to Papua New Guinea to conquer the challenging Kokoda trail in September 2013.

Fundraising events such as this and the annual Foundation Walk held at GP13 assist the RACGP to support research in general practice, attract and disseminate funding for key projects, and offer research grants, awards and scholarships, all of which underpin the RACGP’s commitment to continuous improvement.

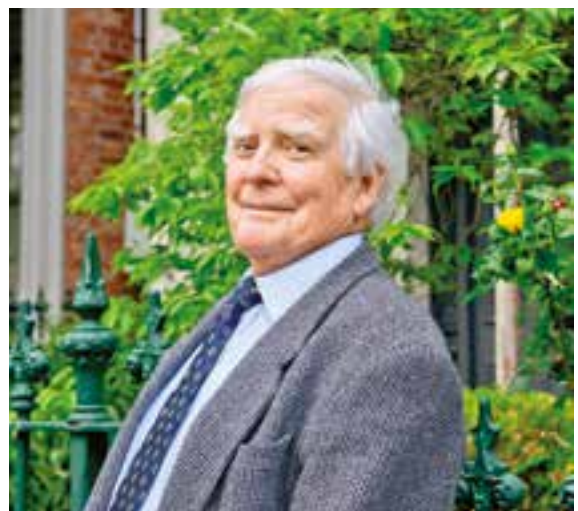
Preparations for the next fundraising adventure, GPs Lead the Way – El Camino Trek Spain, in May 2015 are well underway. We look forward to another exciting fundraising adventure to help elevate the profile of general practice research and raise much-needed funds to assist the important work of the RACGP Foundation.

The RACGP Foundation thanks all members, funding partners and community supporters for your generosity and on-going commitment to what is a vitally important cause.

Kind regards,



Professor Peter Mudge
Patron, RACGP Foundation



Top to bottom: GP13 Foundation walk; Professor Peter Mudge.

RACGP Research

Research is essential to improving the quality of care for Australian patients and ensuring GPs provide evidence-based care that is clinical and cost effective. The RACGP is committed to supporting high-quality research as a core element of general practice through the work of the RACGP National Standing Committee – Research, and the National Research and Evaluation Ethics Committee. Some key achievements in 2013–14 include the development of the *Vocational training standards* and the *gleaming* Critical Thinking active learning module (ALM).

RACGP John Murtagh Library

The John Murtagh Library celebrated 40 years of providing information and resource services to RACGP members. The Library continues to adapt to technological advances and user expectations, supporting clinical work, educational activities and research endeavours. It offers high-quality, staff-delivered loans and information services complemented by a substantial range of web-based resources.

Some 2013–14 highlights include the expansion of the Library's ebook collection on the Ebook Library (EBL) and AccessMedicine platforms, the development of a resource portal for refugee and migrant health, and the compilation of an annotated resource list as part of the National Faculty of Aboriginal and Torres Strait Islander Health's Close the Gap campaign initiatives.



Top to bottom: From dial-up access in the '70s to a PC-based system in the '80s to databases and catalogues in the '90s to today's array of online resources; the RACGP Library has continued to evolve throughout its four decades; Professor Wes Fabb at the RACGP John Murtagh Library 40th anniversary celebration.



RACGP Products

The RACGP Products pillar is responsible for member-facing and public engagement areas of the RACGP and is committed to delivering innovative products and services to our members. The Products pillar comprises the state-based and national faculties, Events, Publications, *gplearning* (online learning), Communications and Media, and Marketing teams. The Products team works hard to capture and best represent the needs of RACGP members and to raise the profile of the general practice profession.



“ Quality general practice is a direct result of strong support and investment in GP training. ”

Dr Edward Vergara BSc
(Hons) BMedSci MBBS
(Hons) FRACGP Westcare
Medical Centre

Dr Edward Vergara

Dr Edward Vergara is passionate about general practice, which he believes to be the heart and soul of medical care in the Australian community. By providing high-quality general practice services, which stem from a sound medical education and training, Dr Vergara makes a difference to his patients and his community.

In his early days of training, Dr Vergara acted as a Registrar Liaison Officer and was committed to advocating on behalf of his peers and colleagues about educational and policy issues to enhance the GP training experience. Dr Vergara believes excellence in education and training will allow us to ensure general practice is the medical specialty of choice.

GP13 – The RACGP’s most successful conference to date

Held at the Darwin Convention Centre, 17–19 October 2013, GP13 was hosted by the National Faculty of Aboriginal and Torres Strait Islander Health and convened by Associate Professor Brad Murphy under the theme ‘Individual. Family. Community.’



Top to bottom: NRF and registrars cocktail reception at Crocosaurus Cove; left: GP13 Gala dinner at Skycity Darwin; right: Adam Brand and band perform at the Taste of Darwin extravaganza.





Left: Delegates gather at Darwin Convention Centre for GP13. **Right:** From top to bottom: Welcome to Country ceremony; Government House afternoon tea; The cast of GP the Musical.



Top left corner: RACGP Council at 2013 Convocation. **Left middle:** Tim Senior presenting ways to use social media to enhance healthcare. **Top right corner:** Dr Eric Fisher speaks at the RACGP Convocation. **Bottom:** RACGP Council at the Academic Session for New Fellows.

“ More than 1100 delegates attended the conference, which featured extensive educational, clinical and social programs. ”

Dr Jeff McMullen and Dr Theresa Maresca delivered highlight keynote presentations. More than 1100 delegates attended the conference, which featured extensive educational, clinical and social programs. As the 2011–13 Quality Improvement and Continuing Professional Development (QI&CPD) triennium drew to a close, GP13 presented a perfect opportunity for GPs to earn their QI&CPD points with eight active learning modules (ALMs) on offer in addition to a range of plenaries, workshops, sessions, CPR workshops and short paper presentations.

As always, the gala dinner, a ‘Taste of Darwin Extravaganza’, was a highlight of the social program. Other highlights included performances by Luke Kennedy from season two of ‘The Voice Australia’ and award-winning Australian musician Adam Brand.

Planning for GP14, which will be held at the Adelaide Convention Centre, 9–11 October 2014, began in late 2013. The theme for GP14, is ‘Lead. Inspire.’ and will focus on the central role of general practice and GPs in the primary healthcare sector. Dr Andrews Bazemore from the United States, Professor David Weller from the United Kingdom and Dr Jill Benson from Adelaide will form the keynote speaker line up. For those interested in research and education there will be a range of ALMs, plenaries, short paper presentations, sessions and the opportunity to view high-quality posters. GP14 will offer an opportunity for the professional community to convene, foster collegiality and advocate for the advancement of the profession and the health and wellbeing of our patients.



Left to right: CPR workshop activities; Dr Jeff McMullen speaks at the opening plenary.



Dr Caroline Johnson

Dr Caroline Johnson believes helping people experiencing mental health issues is one of the most rewarding aspects of her practice. As a medical educator, Dr Johnson became interested in upskilling GPs in mental healthcare, but soon realised the limitations of relying on training alone to improve patient outcomes. She identified that, in order to improve the mental healthcare system, GPs were also required to advocate for innovative system reform that would bring about real change. Dr Johnson participates in several national committees, sharing the grass roots perspective of primary mental healthcare. She is a supporter of achieving a healthcare system with better pathways in and out of care, collaboration between care providers, more equitable access and fewer stigmas for people experiencing mental illness. Working with a broad range of people with similar passions has enhanced Dr Johnson's enthusiasm for general practice and allowed her to contribute beyond the four walls of the consulting room.



“ Our healthcare system needs better pathways in and out of care, better collaboration between care providers, more equitable access and fewer stigmas for people experiencing mental illness. ”

**Dr Caroline Johnson MBBS FRACGP
Surrey Hills Medical Centre, Victorian
Metropolitan Alliance, University
of Melbourne**

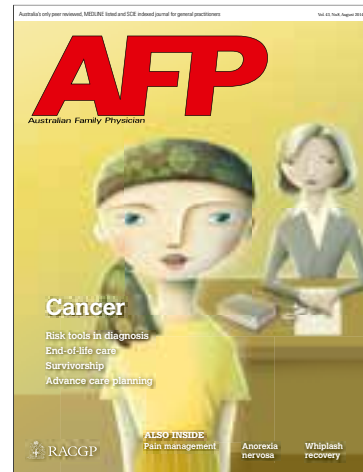
Publications

The RACGP's Publications department is a full-service publishing unit, producing the RACGP's core publications and offering editorial, design and production services to all internal departments.

It is responsible for setting the RACGP's editorial style guidelines and providing strategic publishing advice to support the development of member resources.

The department publishes the RACGP's flagship journal, *Australian Family Physician (AFP)*, which is mailed monthly to more than 40,000 GPs and physicians. This independent, peer-reviewed journal is supported by over 250 peer reviewers and is the highest circulating medical journal in Australia.

The Publications department also publishes *Good Practice*, which celebrates the diversity of general practice by offering insights and best practice tips demonstrating how ordinary GPs can do extraordinary things. The *check* program is a case-based, accredited learning activity that is available monthly through *gplearning*. It is one of our most popular Quality Improvement and Continuing Professional Development (QI&CPD) activities and it is mailed quarterly to member subscribers.



Communications and Media

The past year saw the Communications and Media team advocate strongly on behalf of the RACGP's members and their patients.

The public profile of the general practice profession was significantly heightened with the launch of the RACGP's social media platforms which resulted in unprecedented support from the medical community and the public. The team ran highly successful awareness campaigns using these new channels.

The most recent campaign, #CoPayNoWay, advocated against the implementation of a mandatory co-payment for general practice services. This campaign reached an audience of more than 187,000 in social media, and gained nationwide media coverage, receiving nearly 40 mentions in traditional media such as 'ABC News' and the *Australian Financial Review*.

The Communications and Media team proactively seek opportunities to ensure the RACGP's voice is heard publically on all issues affecting the general practice profession and the health and wellbeing of all Australians.

The RACGP remains committed to increasing the profile of GPs in Australia and promoting the vital role of the profession as the central pillar of an effective healthcare system.



THE RACGP MEDIASCAPE SPANS PRINT, TV, RADIO, ONLINE AND SOCIAL MEDIA



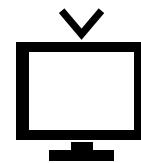
The RACGP was mentioned

4687

times



print



TV



radio

The RACGP joined **Facebook** and **Twitter** in November 2013 to advocate, engage and amplify our message

NOW

Facebook

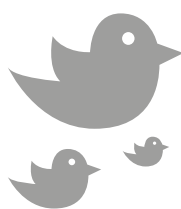
likes
over



2K

Twitter

over



5.3K

followers

#CoPayNoWay

In response to the federal budget announcement on the proposed **\$7 co-payment** for GP services, the RACGP launched its **#CoPayNoWay** social media campaign



On average our **#CoPayNoWay** post continues to reach **88K** accounts per week (that's equivalent to reaching all of **Bendigo**)

In the first 24 hours **#CoPayNoWay** was seen by over

80,000 PEOPLE

THIS EQUALS **187,756** IMPRESSIONS AND COUNTING

#CoPayNoWay was mentioned

40X in traditional media including **ABC National News, Financial Review, and News Corp and Fairfax Press**

gplearning

gplearning develops and delivers online education directed and reviewed by GPs to ensure currency, application and value to the profession.

Educational modules are available to RACGP members across all stages of the general practice journey. New activities in 2013–14 included pregnancy advice and support, advance care planning for general practice, type 2 diabetes management and an award-winning activity about patient referral for MRI.

gplearning also produces regular 'Case of the Month' online discussions that cover a diverse range of topics including shin pain, domestic violence, disaster preparedness, nutrition and acupuncture. Recent platform updates to *gplearning* now enables users to upload their completed workbooks for the type 2 diabetes management in general practice clinical audit quality improvement activity. This allows GPs a fast and efficient way to meet their Quality Improvement requirement for the 2014–16 Quality Improvement and Continuing Professional Development (QI&CPD) triennium.

gplearning recorded a total of just under 99,000 QI&CPD activity completions at the end of the 2011–13 QI&CPD triennium. Within the first half of 2014, there were more than 17,000 QI&CPD activity completions on *gplearning* for the 2014–16 QI&CPD triennium.

“ Within the first half of 2014, there were more than 17,000 QI&CPD activity completions on *gplearning* for the 2014–16 QI&CPD triennium. ”



Top to bottom: *gplearning* case of the month; *gplearning* interactive online learning activity; *gplearning* pain education module.



Policy, Practice and Innovation

The Policy, Practice and Innovation (PPI) pillar supports and advocates for general practice at all levels of government and with key external organisations. This is achieved through submissions, responses, meetings and lobbying, all of which are informed by an extensive network of almost 200 GPs who formally represent the RACGP and their GP peers at external meetings. PPI develops tools and resources to support the clinical and business components of working in general practice including clinical guidelines and standards to support systems and guide delivery of care, resources to enhance practice management, education packages and guides to navigate the e-health changes occurring in Australia. It also supports quality and safety in general practice with the Health Information Systems, General Practice Advocacy and Support, Quality Care and Standards for General Practices National Standing Committees (NSCs). The NSCs provide advice on the development and implementation of tools and resources in line with RACGP's strategic plan.

A photograph of a stone walkway with arches and columns, with fallen leaves on the ground. The scene is brightly lit, suggesting a sunny day. The architecture is classical, with large stone columns and pointed arches. The floor is made of large, light-colored stone tiles, and several fallen leaves are scattered across it. The background shows a bright, open area, possibly a courtyard or a view of a landscape.

Dr Deepthi Iyer

Dr Deepthi Iyer believes it is the job of a general practitioner to prevent and treat illness and maintain good health. To this end, she maintains that good quality evidence is needed to inform daily clinical practice. Dr Iyer is committed to advocating for research in primary care. She is presently undertaking a research higher degree in young people's health as she believes that addressing health and lifestyle at an early stage of life has flow-on effects into adulthood and will ultimately lead to a healthier ageing population many years down the line.



“ I advocate for research in primary care because evidence-based patient care leads to best patient outcomes. ”

Dr Deepthi Iyer BHB MBChB FRACGP

Policy, Practice and Innovation key projects



Top to bottom: Dr Liz Marles presenting at Parliament House; left: Scrap the Cap; right: RACGP feedback polls run in *Fridayfacts*.

Advocacy

In 2013–14, the RACGP continued to advocate on behalf of GPs on a range of issues affecting the profession and the primary healthcare sector. The team has been actively involved in a number of advocacy initiatives and strengthened its membership engagement by implementing a rolling survey in *Fridayfacts*. There has been an average of more than 7000 votes cast each month and the results have supported the RACGP's advocacy work, informing its position on topical areas and ensuring members' priorities remain at the centre of the RACGP's work.

The RACGP has responded proactively to member needs by lobbying state, territory and federal governments. It has been involved in formal consultations on a number of key areas that affected the profession in 2013–14, including:

- the reduction of general practice funding through the proposed implementation of mandatory co-payments for general practice services, reduced Medicare rebates, cessation of a number of Practice Incentive Payments, and other federal budget outcomes
- promoting general practice prescribing rights for isotretinoin (Roaccutane)
- advocating against non-medical practitioner prescribing and practice
- ceasing the proposed tax on self-education expenses via its 'Scrap the Cap' digital campaign
- promoting a sustainable and well-resourced general

practice workforce by addressing issues such as rural workforce maldistribution and retention, support for international medical graduates (IMGs) and general practice training initiatives

- advocating against changes to same day billing for Chronic Disease Management (CDM) Medicare Benefits Schedule (MBS) items and general consultations
- ensuring GP needs are adequately represented in the changes to privacy legislation to ensure a workable system for all GPs.

Practice Support

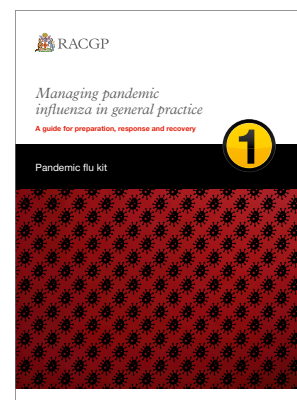
The RACGP continues to provide timely and helpful advice to GPs about the daily business requirements of general practice. To further assist practices run an effective quality practice, the RACGP developed a range of practical resources in 2013–14, including:

- *Emergency Response Planning Tool* (ERPT)
- *Pandemic flu kit* (2nd edition)
- *Best practice guide for collaborative care between general practitioners and residential aged care facilities*
- *Medicare Benefits Schedule fee summary* (2013)
- Clinical governance module for the *General practice management toolkit*
- *General practice management toolkit*
- *Handbook for the management of health information in private medical practice.*

ERPT

EMERGENCY RESPONSE

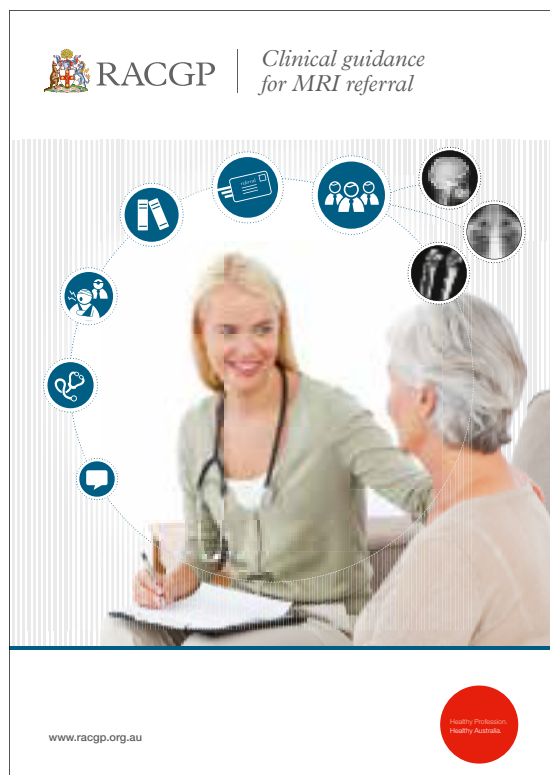
PLANNING TOOL



Standards

In 2013–14, the RACGP continued to support the application of standards for general practice, ensuring the safety and quality of general practice in Australia remains paramount.

Over the past year, the Standards team undertook a review and update of the RACGP's *Infection prevention and control standards* to ensure health professionals and practice staff continue to implement appropriate procedures involving infection prevention and control. Based on member feedback, the RACGP also developed a toolkit to help general practices collect patient feedback, a requirement of the RACGP's *Standards for general practices* (4th edition). The RACGP also initiated a collaborative project with the Australian Commission on Safety and Quality in Health Care to explore potential improvements to the process of accreditation of health services.



Clinical guidance for MRI referral.

Quality Care

HANDI: Handbook of Non Drug Interventions

HANDI: *The Handbook of Non Drug Interventions* is an innovative new resource that provides GPs with evidence-based, non-drug treatments enabling clinicians to offer patients a broader choice of health interventions. Launched at GP13, HANDI continues to evolve as new interventions are regularly added. Some popular HANDI topics include the Mediterranean Diet for cardiovascular health, exercise for knee osteoarthritis and brief behavioral interventions for infant sleep problems and maternal mood.

Clinical guidance for MRI

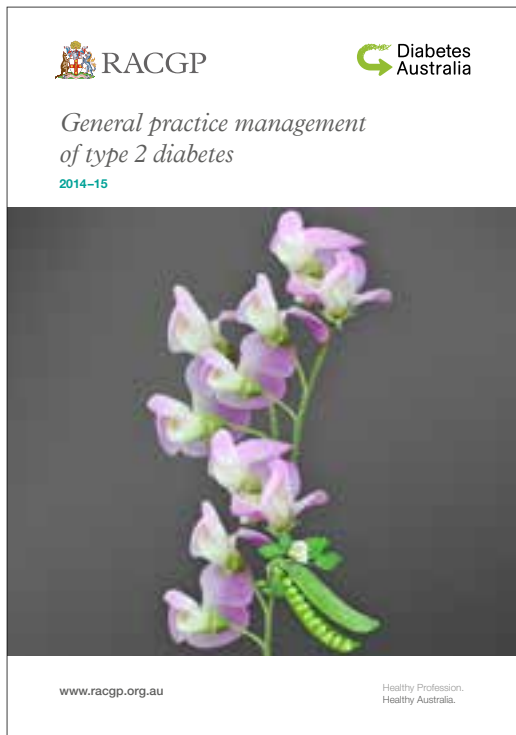
The RACGP has been a strong advocate for expanding imaging referral rights for GPs based on evidence and clinical relevance. In November 2013, the Department of Health released six new MBS items for MRI referral from GPs. To support these new items, the RACGP developed the *Clinical guidance for MRI referral* in consultation with a number of GPs, radiologists and other specialists. The guidance aims to support evidence-based referral and improve patient outcomes; it is complemented by an online education learning module delivered on *gplearning*.

General practice management of type 2 diabetes 2014–15

An updated version of *General practice management of type 2 diabetes 2014–15* (the diabetes handbook) was launched in June 2014 to address the increasing prevalence of type 2 diabetes in Australia. The diabetes handbook offers GPs a vital resource, providing current evidence-based information and recommendations on how to prevent and manage type 2 diabetes within the general practice setting. The diabetes handbook is based on a patient-centered approach that is respectful and responsive to individual patient preferences and supportive of self-management. It includes new chapters on multi-morbidity, clinical governance and end-of-life care.

Drugs of dependency

Prescription-related drugs of addiction present a rapidly growing health problem in Australia. State coroners and other bodies are increasingly expressing concern regarding practitioner (including general practitioner) prescribing in



Top to bottom: The diabetes handbook; RACGP's Mental Health team at GP13.

this area. Safe prescribing practice is a key strategy for reducing dependence, associated harms and misuse of prescription drugs such as benzodiazepines. The RACGP has developed a good practice guide to prescribing drugs of addiction, which comprises two documents: *Reducing abuse, misuse and dependence – A clinical governance framework* and *Benzodiazepine guidelines*. These resources are currently undergoing review and will be published in late 2014.

RACGP representatives

The RACGP provides GP representatives for multiple government and external stakeholder groups in areas including health policy, guideline development and health service strategy. By providing representation, the RACGP meets its aim to deliver input at every level of the healthcare system for the benefit of the profession and the health of all Australians. In 2013–14, the RACGP received more than 100 invitations requesting representation for various groups, panels and committees. As a leader among professional medical stakeholder groups, the RACGP also continues to represent its members on a range of professional body committees, including United General Practice Australia, the Committee of Presidents of Medical Colleges and the World Organization of Family Doctors.

Mental Health

General Practice Mental Health Standards Collaboration

The Mental Health team continued to support GPs providing critical primary mental healthcare throughout 2013–14. The RACGP is dedicated to the provision of mental health training and manages the General Practice Mental Health Standards Collaboration (GPMHSC). In 2013–14, GPMHSC introduced a new Mental Health Skills Training (MHST) modular pathway to assist GPs access quality mental health training in accordance with their specific learning needs and interests.

GP Psych Support

The GP Psych Support service provided GPs with access to quality psychiatric patient advice until its contract with the Federal Government ended on 31 October 2013. Despite the

RACGP's best efforts, the Mental Health team was unable to secure sufficient funding to support a viable future GP Psych Support program.

Submission into the National Review of Mental Health Services and Programmes

The Mental Health team provided advice to the Federal Government on the efficiency and effectiveness of the mental health system by issuing a submission to the National Mental Health Commission's national Review of Mental Health Services and Programmes. In its submission, the RACGP highlighted the vital role GPs play in the detection, diagnosis and treatment of mental health issues, and identified a number of systematic barriers that prevent GPs from providing optimal mental healthcare. These include adequate support for ongoing skill development, geographical location and the complex nature of mental health.

Review of the Tables for the Assessment of Work-related Impairment for the Centrelink Disability Support Pension

Following a review by the Federal Government, GPs were no longer able to recommend Centrelink Disability Support Pension (DSP) eligibility for patients in relation to mental health function without evidence from a psychiatrist or clinical psychologist.

Throughout the review period, the RACGP strongly advocated against this move and has since called for the

reversal of this decision by the Department of Social Services, through national mental health forums, and its submission to the National Mental Health Commission's review of existing mental health services and programs. The RACGP will continue to advocate for GPs to again be able to undertake this important assessment.

Systems and Innovation

The RACGP has continued to support e-health initiatives with the aim of delivering better patient outcomes, improving practice and communication efficiency, supporting patient management and acquiring and organising information to support safe, quality patient care.


Through government submissions and lobbying, the RACGP has provided advice to government and other stakeholders on which elements of the e-health environment are reasonable, workable and useful for GPs. A comprehensive submission to the independent review of the Personally Controlled Electronic Health Record (PCEHR) in November 2013 and ongoing participation on the Clinical Usability Program (CUP) for the PCEHR will ensure general practice continues to be represented on this issue.

The RACGP's highly successful PCEHR peer-to-peer advocates program concluded in November 2013 following the delivery of the program to more than 3000 practices and 4900 GPs in face-to-face and webinar formats. Participant feedback showed 96% of participants would recommend the program to colleagues and peers.

To strengthen the dialogue between the vendor and clinical communities, project OPTIMUS (Open Primary care Technology that is Interoperable Meaningful Useable and Safe) commenced in February 2014. This project will outline common achievable goals and foster consensus on system requirements of general practice clinical software with a focus on functionality requirements to ensure current and future healthcare needs continue to be met.



Left to right: *Computer and information security standards* (2nd edition); *Computer and information security templates*.



**RACGP
awards and
GP honours**



“ I would like to praise the countless GPs and practice nurses I have met who spend time and energy caring for their patients with dementia to ensure they are safe and cared for medically. I believe they need more support. ”

**Professor Constance Dimity Pond MBBS FRACGP PhD
University of Newcastle and Berowra Family Medical Practice**

Professor Dimity Pond

Professor Dimity Pond advocates on behalf of people with dementia and their families, and for busy GPs and primary care nurses who do vital work in caring for these vulnerable patients.

Dementia is an increasingly important issue as Australia faces an ageing population, with more than 75,000 new cases of dementia are diagnosed each year. However, it is set to become even more significant in the future with almost one million people with dementia expected to be part of our population by 2050. The disease causes enormous trauma and suffering, with patients often experiencing accompanying depression and anxiety. It also causes considerable stress to those who care for people living with the illness. Professor Pond believes while GPs often realise a patient is experiencing some mild cognitive impairment, they sometimes overlook the impact it has on the patient and their family. Professor Pond applauds the GPs and practice nurses who care for patients with dementia, ensuring they are safe and cared for. Prof Pond is a strong supported of adequate support for GPs working in this area.



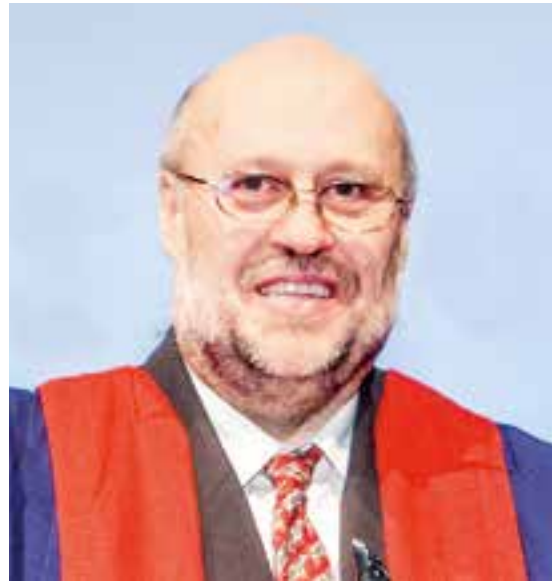
Associate Professor Morton Rawlin, Rose-Hunt Award 2013.

Rose-Hunt Award

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

"Associate Professor Morton Rawlin has worked tirelessly and selflessly for the improvement and extension of Australian general practice for many years. He has advocated soundly on behalf of the RACGP and the general practice profession. He continually drives forward his specialty areas to instigate positive change for patients and GPs alike, demonstrating great understanding of the RACGP's objectives and the profession's needs."

Dr Liz Marles
RACGP President 2012–14



Dr Mark Miller, RACGP General Practitioner of the Year 2013.

GP of the Year

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

"It is possible to spend one's time in general practice one patient and one consult at a time, but I have been fortunate to have the flexibility to undertake a broader role in supporting the specialty of general practice."

Dr Mark Miller
RACGP General Practitioner of the Year 2013



Dr Rebekah Adams, RACGP General Practice Registrar 2013.

GP Registrar of the Year

"It has been a long and winding road from medical school to rural general practice, the career I dreamed about when I returned to university. I have been fortunate to have inspiring and supportive mentors and colleagues along the way and hope to pay this support and mentorship forward in my teaching roles."

Dr Rebekah Adams
RACGP General Practice Registrar 2013



Dr Tim Mooney, General Practice Supervisor of the Year 2013.

GP Supervisor of the Year

"I consider registrars as the future of general practice and I enjoy teaching them and learning from them through their training."

Dr Tim Mooney
RACGP GP Supervisor of the Year 2013



“ If we are successful at focusing on strategies to Close the Gap in health equity for **FIRST** Australians, we will be driving the health outcomes for **ALL** Australians. ”

Associate Professor Brad Murphy MBBS FRACGP
Ashfield Country Practice

Associate Professor Brad Murphy

As an Aboriginal man and a GP, Associate Professor Brad Murphy is a proud campaigner for his people.

A/Professor Murphy has achieved this role through activities that advocate on behalf of his Aboriginal and Torres Strait Islander patients. His efforts include those who frequent his practice and those in the community. A/Professor Murphy is a staunch supporter of better local resources and strategies to health outcomes for Aboriginal and Torres Strait Islander patients. He also advocates on a national and international level through various committees, in particular as the founding Chair of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health and the Jimmy Little Foundation. His role as discipline lead for Aboriginal and Torres Strait Islander Health at Bond University's Faculty of Health Science and Medicine presents A/Professor Murphy with the opportunity to mentor and teach future GPs Aboriginal and Torres Strait Islander healthcare. Students from various medical disciplines often visit A/Professor Murphy's practice and speak with him in a safe and engaging manner.

A/Professor Murphy has been instrumental in promoting the development of the RACGP's Reconciliation Action Plan, which will help ensure issues affecting Aboriginal and Torres Strait Islander peoples remain a priority and all staff members become advocates on the subject.



Dr David Chessor, Rural General Practice Registrar of the Year Award.

Rural GP Registrar of the Year

The National Rural Faculty – Rural General Practice Registrar of the Year Award recognises a commitment to rural general practice and education.

“Living and working in a rural community is infinitely rewarding, and provides me with the perfect mix of clinical work, medical education and advocacy. I look forward to many more years in rural general practice.”

Dr David Chessor
RACGP Rural GP Registrar of the Year 2013

General Practice of the Year awards

National General Practice of the Year
Mead Medical Group, WA

Victoria General Practice of the Year
Central Medical Group, VIC

New South Wales General Practice of the Year
Bridgeview Medical Practice, NSW

Tasmania General Practice of the Year
Sheffield Medical Centre, TAS

Monty Kent-Hughes Memorial Medal

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

Monty Kent-Hughes Memorial Medal
2013.1 – Dr Anna Carter
2013.2 – Dr Cameron McPherson

National Rural Faculty awards

The National Rural Faculty’s Medical Undergraduate Student Bursary is an essay prize awarded to a medical student who is a member of a rural health students club at an Australian university.

Medical Undergraduate Student Bursary
Stephanie Hopkins, NSW

National Faculty of Aboriginal and Torres Strait Islander Health – Standing Strong Together Award

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

National Faculty of Aboriginal and Torres Strait Islander Health – Standing Strong Together Award

Northern Territory General Practice Education (NTGPE)
Cultural and Medical Educators

2013 Honour board

Honorary Fellowship

Associate Professor Peter Fenner and Dr Vicki Kotsirilos

Australia Day Honours 2014

Officer (AO) in the General Division

Bennett, Professor Christine Constance; AO, Greenwich, NSW

For distinguished service to medicine and healthcare leadership, as a clinician, researcher and educator, particularly in the fields of social policy and child and family health.

Member (AM) in the General Division

Cox, Dr Carol; AM, Toowoomba, QLD

For significant service to medicine as a GP in rural and remote areas, and to education and professional medical organisations.

Hemley, Dr Harry; AM, Northcote, VIC

For significant service to medicine through delivering healthcare to the homeless, and as a GP.

Fleming, Dr Graham Francis; AM, RACGP Fellow, Tumby Bay, SA

For significant service to medicine in rural South Australia and as an advocate in the field of mental health and suicide prevention.

Madill, The Honourable Dr Francis Leslie; AM, RACGP Fellow and Life Member, Mowbray Heights, TAS

For significant service to the Parliament of Tasmania, to medicine as a GP and to the community.

Moodie, Professor Rob; AM, Hawthorn, VIC

For significant service to medicine through HIV/AIDS research and leadership roles in population health and disease prevention programs.

Morton, Dr Brian Keith; AM, RACGP Fellow, Northbridge, NSW

For significant service to medicine as a GP and to a range of professional medical organisations.

Roberts, Dr William Daniel (Bill); AM, RACGP Fellow and Life Member, Applecross, WA

For significant service to the community through roles in health administration and as a GP.

Winterton, Dr Peter Martin; AM, RACGP Fellow, Mount Hawthorn, WA

For significant service to youth through a range of child protection roles, and to medicine.

Member (AM) in the Military Division

Brennan, Colonel Leonard Basil; AM, RACGP Associate Member, ACT

For exceptional service to the Australian Defence Force in the field of health support as Director of Health, Headquarters Joint Operations Command; Director Army Health; and Senior Medical Officer, Combined Team Uruzgan.

Medal (OAM) in the General Division

Beek, Dr Jurriaan Jan; OAM, Casino, NSW
For service to medicine and the community.

**Brown, Dr James Boyer; OAM,
RACGP Fellow, Trafalgar, VIC**
For service to medical education and the community.

**Cato, Dr Graham William; OAM,
RACGP Associate Member, Balnarring, VIC**
For service to community health and surf lifesaving.

**Pollitt, Dr James Byrne; OAM,
RACGP Life Member, Wahroonga, NSW**
For service to medicine as a GP, and to the community.

**Tracey-Patte, Dr Christine Ellen; OAM,
RACGP Fellow, Runaway Bay, QLD**
For service to women's affairs.

Walkey, Dr Richard Howell, deceased; OAM, Toodyay, WA
For service to medicine as a GP, and to the community.

Queen's Birthday Honours 2014

Dame (AD) in the General Division

Bashir, Her Excellency Professor the Honourable Marie; AD, Honorary RACGP Fellowship, NSW
For extraordinary and pre-eminent achievement and merit in service to the administration, public life and people of New South Wales; to medicine, particularly as an advocate for improved mental health outcomes for the young, marginalised and disadvantaged; to international relations through the promotion of collaborative health programs; and as a leader in tertiary education.

Officer (AO) in the General Division

Wronski, Professor Ian; AO, Townsville, QLD
For distinguished service to tertiary education, particularly through leadership and research roles in Aboriginal and

Torres Strait Islander, rural and remote health, and to medicine in the field of tropical health.

Member (AM) in the General Division

Campbell, Dr David Griffiths; AM, Lakes Entrance, VIC
For significant service to rural and remote medicine and education as a supporter of Aboriginal and Torres Strait Islander health professionals, and to general practice.

**Hodge, Dr Zelle Carmel; AM, RACGP Fellow
and Life Member, Brisbane, QLD**
For significant service to medicine, particularly through a range of roles in professional organisations, and to women.

Medal (OAM) in the General Division

Byrne, Dr Robert Phillip (Bob); OAM, Wagga Wagga, NSW
For service to medicine as a GP, and to the community.

**Henderson, Dr Cameron; OAM,
RACGP Full-time Associate Member, Manilla, NSW**
For service to medicine as a GP in the Manilla region.

**Khalfan, Dr Yusufali Sheriff; OAM,
RACGP Full-time Associate Member, Harden, NSW**
For service to medicine as a GP, and to the community of Harden-Murrumburrah.

**McDonald, Dr James Kevin; OAM,
RACGP Fellow and Life Member, Sandringham, VIC**
For service to medicine as a GP.

McMaster, Dr Yvonne Helen; OAM, Wahroonga, NSW
For service to community health.

Latif, Professor Ahmed Suleman; OAM, Calamvale, QLD
For service to medicine in rural and remote communities, and to Aboriginal and Torres Strait Islander health.

**Pattison, Dr Andrew David; OAM, RACGP Fellow
and Life Member, Balwyn North, VIC**
For service to medicine as a GP.

Pelmore, Dr Michael Hugh; OAM, Mullumbimby, NSW
For service to medicine as a GP, and to the community of Mullumbimby.

Subbiah, Dr Natarajan; OAM, Port Macquarie, NSW
For service to rural and remote medicine as a GP.

Zaccari, Dr Felice; OAM, Kuraby, QLD
For service to the community and mental health support organisations.

2013 RACGP research grants, scholarships and award winners

Family Medical Care, Education and Research (FMCER) Grant

Dr Penny Abbott

The health needs, pre-release planning and experiences of women on release from custody and their engagement with general practice in the community.

Dr Michael Tam

Patient acceptability and attitudes to receiving alcohol-use enquiries from GPs.

RACGP/MAIC Research Grant

Professor Danielle Mazza

The GRIP Study: General Practitioners' Prevention and Management of Road Traffic Crash Injuries.

Rex Walpole Travelling Fellowship

Dr Gillian Gould

To attend Oceania Tobacco Conference in Auckland, NZ.

RACGP/Diabetes Australia Research Grant

Dr Jannifer Orman

Diabetes-related distress: Development of an online CBT

psycho-educational module for use in general practice and a proof-of-concept study.

HCF Research Foundation/RACGP Research Grant

Professor Geoff Mitchell

Developing end of life care skills for general practice: What patients from primary care.

Professor John Dixon

A qualitative assessment of shared medical appointments (group consultations) as a novel alternative model for type 2 diabetes management in primary care.

RACGP/Therapeutic Guidelines Ltd (TGL) Research Grant

Professor Mieke van Driel

The ChAP study: Changing the antibiotic prescribing of general practice registrars through better adherence to antibiotic guidelines.

Associate Professor David Peiris

HealthTracker: A cloud-based clinical decision support system for translating multiple chronic disease guidelines into practice.

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

Dr Geoff Spurling

The health research priorities of the Inala Aboriginal and Torres Strait Islander community for computerised health-check-based research at the Inala Indigenous Health Service.

Dr Gillian Gould

Risk behaviour and risk acceptance of smoking in Aboriginal and Torres Strait Islanders of child bearing age: Phase 2 Community Sample.

The RACGP PWH Grieve Memorial Award

Dr Sarah McEwan

Course Fees – Master of Clinical Education, Flinders University.

Dr Sarah Handley

Course Fees – Postgraduate Certificate in Medical Education, Dundee University.

Peter Mudge Medal

Dr Jo-Anne Manski-Nankervis

Models of care and relational coordination between health professionals involved in insulin initiation for people with type 2 diabetes: An exploratory survey.

The RACGP Integrative Medicine and Lifestyle Research Grant

Professor Moyez Jiwa

Musaceae Musa as a treatment for cutaneous warts (MuTrecut): A phase II clinical trial.

The RACGP/Independent Practitioner Network (IPN) Research Grant

Dr Elizabeth Sturgiss

Treating adult obesity in general practice: Developing a weight management strategy for general practitioners.

Alan Chancellor Award

Dr Michael Tam

Why don't we detect at-risk drinkers? A qualitative study of GP beliefs and attitudes.

Charles Bridges-Webb Memorial Award

Dr Deepthi Iyer

Young people's help-seeking behaviours for difficult dating relationships, the role of technology and the GP.

Best General Practice Research Article in the AFP Journal Award

Professor Jennifer Doust

Prioritising CVD prevention therapy: Absolute risk versus individual risk factors. Australian Family Physician 2012; 41(10):805–809.

Iris and Edward Gawthorn Award

Dr Abigail Franklin

To the registrar in general practice who achieved the highest score on the cardiovascular and respiratory components of the Fellowship exam over the 2013.



**Corporate
Governance
Statement and
Statutory report**

Corporate Governance Statement

The Royal Australian College of General Practitioners (RACGP) is a public company limited by guarantee and subject to the *Australian Charities and Not-for-profits Commission Act 2012* (“ACNC Act”).

The RACGP is a not-for-profit entity with income tax exempt status. It is also a deductible gift recipient (DGR) for donations made specifically for education or research in medical knowledge or science. The RACGP was founded in 1958, its stated aim was to improve the health and wellbeing of all Australians by supporting general practitioners, as well as the ‘medical education of the undergraduate, recent graduate, and those already in practice’. The primary mission of the RACGP remains the improvement of the health and wellbeing of all Australians by supporting general practitioners.

Governance at the RACGP

The RACGP is a member based organisation and is committed to implementing the highest standards of corporate governance. This Corporate Governance Statement is presented in terms of the *Corporate Governance Principles and Recommendations with 2010 Amendments* by the Australian Stock Exchange Corporate Governance Council. While the RACGP is not required to report against these principles, application to them demonstrates the RACGP commitment to preserving stakeholder confidence.

A copy of the RACGP Constitution and other governance information is available on the RACGP website www.racgp.org.au

Principle 1: Lay solid foundations for management and oversight

Board of Directors – Role and responsibilities

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

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

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

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

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

- reporting to members on the Board (Council's) stewardship of the Company and monitoring the achievement of the RACGP's strategic plans.

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

Management

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

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

Principle 2: Structure the board to add value

Board (Council) Composition

The Board (Council) of the RACGP comprises twelve Directors including one co-opted Director.

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

Directors are appointed in accordance with the RACGP Constitution, generally for a term of two years except

for co-opted Directors who are appointed by the Board (Council) for one year.

Chair

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

President

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

Company Secretary

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

Director induction and education

The RACGP has an induction program for new Directors, which is reviewed periodically by the Board (Council). Directors are provided with detailed briefings by management on corporate strategy and current issues affecting the RACGP.

In order to achieve continuing improvement in Board performance, all Directors are encouraged to undergo continual professional development. Specifically, Directors are provided with the resources and training to address skills gaps where they are identified. All Directors have completed the Australian Institute of Company Directors Course.

Conflicts of interest

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

Independent professional advice and access to Company information

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

Each Director has the right of access to all relevant RACGP information and to the RACGP's management.

Board (Council) meetings

The Board (Council) met eight times during the current financial year. Agendas for Board (Council) meetings are prepared in conjunction with the Chair, the President and the CEO. Board (Council) reports are circulated in advance of Board (Council) meetings. Management are regularly involved in Board (Council) discussions.

Meetings are conducted in accordance with Council Standing Orders.

Board (Council) performance

The Board (Council) has review processes in place to assess its effectiveness. These include a discussion and

review after each meeting, and the completion of an annual questionnaire by each Director as part of its continuous improvement program.

Board (Council) Committees

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

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

Details of Committee membership and attendance are included in the Directors' Report.

Principle 3: Promote ethical and responsible decision-making

Ethical standards

The RACGP has documented key governance policies and procedures. These include the RACGP's Vision, Core Strategic Objectives, College principles with workplace values and behaviours. Council approved policies also cover Code of Conduct, Equity and Diversity, Whistleblower and Occupational Health and Safety.

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

All Directors and staff must avoid conflicts as well as the appearance of conflicts between personal interests and the interests of the Company.

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

Principle 4: Safeguard integrity in financial Reporting

Finance, Audit & Risk Management Committee of Council

The role of the Finance, Audit & Risk Management Committee is to assist the Board (Council) in relation to financial performance and the reporting of financial information, risk management, audit and compliance. The Finance Audit & Risk Management Committee comprises four Directors, two co-opted external members, a RACGP College Fellow and the CEO attends meetings by invitation. The Chair of the Committee is a co-opted independent Director and is not the Board (Council) Chair.

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

External audit

In accordance with the ACNC Act, RSM Bird Cameron audits the records and Financial Statements of the RACGP. The Finance, Audit and Risk Management Committee regularly review the independence of the external audit function.

Internal audit

Protiviti provides the internal audit function for the RACGP. The Finance, Audit and Risk Management Committee regularly review the independence of the internal audit function.

Internal Control Framework

The Board (Council) is responsible for the overall internal control framework and for reviewing its effectiveness but recognises that no cost-effective internal control system will preclude all errors and irregularities. The key features of the control environment for the RACGP include the Board (Council) Standing Orders, Terms of Reference for each Committee, a clear organisational structure with documented delegation of authority from the Board (Council) to office holders and management with defined procedures for the approval of major transactions and capital expenditure.

Principle 5: Make timely and balanced disclosure

Member communication

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

Principle 6: Respect the rights of members

The rights and obligations of our Members are detailed in our constitution, which can be found at www.racgp.org.au

Member information

The RACGP is committed to the complete protection of our member information through the RACGP Privacy and Personal Information Policy and RACGP Information and Records Management Policy.

Member engagement

RACGP Faculties promote engagement with Members through regular communication, hosting events and encouraging Member participation across all facets of the College. The Annual General Meetings (AGM) of Members is held each year during the RACGP Annual Conference. The previous AGM was held on 17 October 2013 in Darwin as part of GP13. Formal reports were presented to members and members were encouraged to ask questions of directors or raise issues on current or future strategy or direction. Outcomes from previous annual general meetings are available on the RACGP website.

Principle 7: Recognise and manage risk

Business risk management

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

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

Principle 8: Remunerate fairly and responsibly

Director and Executive remuneration

The President's Allowance is approved by eligible members at the Annual General Meeting. Directors receive payments for professional and technical services provided to the RACGP. Increases are approved by the Board (Council) on an annual basis which are usually set in accordance with the CPI index. Details of key management personnel compensation are included in the notes to the Financial Statements.

2013–14 Workplace Gender Equality Public Report

In accordance with the requirements of the Workplace Gender Equality Act 2012 (Act), on 30 May 2014, RACGP lodged its annual public report with the Workplace Gender Equality Agency (Agency).

A copy of the report can be accessed on the RACGP website, www.racgp.org.au/yourracgp/news/news/report-to-the-workplace-gender-equality-agency/

The RACGP continues to achieve success in strengthening the organisation and supporting excellence by capitalising on the diversity and equity of its workforce and implementing strategies to enhance diversity and equity.

Directors Report

The Board of Directors submits herewith the annual financial report on the consolidated entity (“the group”) consisting of The Royal Australian College of General Practitioners (“the company” or “RACGP”) and its controlled entities at the end of, or during, the financial year ended 30 June 2014.

Principal activities, objectives and measures of performance

The RACGP is Australia’s largest professional general practice organisation and represents urban and rural general practitioners (GPs).

The RACGP’s short-term objectives are to support GPs, registrars and medical students through its principal activities of education, training and research. It also offers support by assessing doctors’ skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practices, and developing standards general practices use as part of the accreditation processes.

The RACGP’s long-term objective is to improve the health of all people in Australia, through promoting:

- quality general practice – appropriately resourced, sustainable and vibrant, at the heart of an effective and efficient Australian healthcare system
- equitable access to quality general practice throughout Australia
- being a forward thinking college, leading and advocating continuous improvement through clinical, education and e-health advances
- a welcoming, collegiate environment that delivers exceptional value to all members.

To achieve these objectives, the RACGP has adopted the following strategies:

- RACGP members and staff work in partnership with each other and with a range of sector stakeholders, evidenced by the ongoing support for the RACGP’s programs and initiatives. The RACGP ensures that its members, staff and sector stakeholders understand and participate in its programs and initiatives through ongoing consultation to ensure the success of its projects.
- RACGP members and staff are committed to providing the best possible health outcomes for all people in Australia, evidenced by the success of new and existing programs in support of the RACGP’s objectives. Committed members and staff promote a culture of continuous improvement within the RACGP.
- RACGP members and staff strive to meet consistent standards of best practice and provide clear expectations of professional accountabilities and responsibilities to all stakeholders, evidenced by the performance of members and staff being assessed based on these accountabilities.

Performance measures

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

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

Results of operations

During the financial year ended 30 June 2014, the group recorded a total surplus from operating activities of \$131,837, compared to \$425,721 in 2013. Over the year, the net assets of the group increased from \$16,267,145 to \$16,380,604. As a result of asset revaluation during the year, an increment of \$316,260 was taken to the asset revaluation reserve and a decrement of \$259,380 was taken to the Consolidated Statement of Comprehensive Income.

Review of operations

The major focus of the operation in 2013–14 continued to be the organisation and support of general practice research, provision of assessment by examination and awarding of the Fellowship of The Royal Australian College of General Practitioners, advocacy on behalf of GPs, development of general practice standards, provision of QI&CPD services, and the production of quality publications relating to general practice.

Significant changes in the state of affairs

There were no significant changes in the state of affairs of the group during the financial year that are not otherwise disclosed in this Report or the Financial Statements.

Performance in relation to environmental regulation

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

Likely developments and future results

The group anticipates that it will maintain its positive financial position in 2014–15. The group is continually updating, reviewing and improving its management and governance practices to ensure the objectives of the group and its Directors are met.

Dividends

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

Events subsequent to the end of the financial year

Subsequent to year end, the company intends to de-register Oxygen Services Pty Ltd during the financial year 2015 (refer to note 7). No other circumstances have arisen since the end of the year that have significantly affected or may significantly affect the operations, the results of those operations or the state of affairs of the group in future financial years.

Directors

The names and details of the company's directors in office during the financial year and until the date of this report are as follows. Directors were in office for this entire period unless otherwise stated. The company's board of directors is also known as its Council.

Dr Eleanor Chew

MBBS, FRACGP, MMed (GP), GAICD
Chair of Council, Chair Queensland Faculty

Eleanor is a GP in Brisbane. A graduate of the University of Queensland, she has worked in a variety of general practice settings in Darwin, Perth, Canberra and Brisbane over the past 26 years. She has been the Chair of the Queensland Faculty since 2010 and has been involved in RACGP assessment processes for 18 years. She also previously held the position of Queensland Censor for four years and has served on the Board of Censors, Board of Assessment and NSC-Education Sub-Committees. Eleanor has had a long involvement in medical education as a clinical tutor and examiner of medical students at the Australian National University and the University of Queensland. Her special interests include quality and standards in medical education, the development of the next generation of GPs and ensuring general practice remains the focal point in primary healthcare.

Dr Liz Marles

BMed(Hons), BSc(Hons), FRACGP, DipEd, FAICD President

Liz is President of the RACGP. Prior to her role as President, she was the Vice President and Chair of the RACGP New South Wales and Australian Capital Territory Faculty and has been a member of the RACGP Council since 2008. Liz is a GP supervisor and the Deputy Chair of the Hornsby–Brooklyn General Practice unit in New South Wales which specialises in general practice training, particularly registrar remediation and prevocational education. Liz is a presenter in the Aboriginal health training component of GP Synergy's registrar teaching program. Liz recently stood down from her GP and general practice supervisor roles at Redfern Aboriginal Medical Service, where she worked for more than 15 years. With a strong interest in education, Liz was a foundation Director on the General Practice Education and Training (GPET) board from 2000–04 and again from 2009–12. She is a Fellow of the Australian Institute of Company Directors and was previously on the academic staff of the University of Sydney's Department of General Practice. Clinically, Liz has special interests in Aboriginal and Torres Strait Islander health, diabetes and mental health. She is firmly committed to achieving high-quality training for the next generation of GPs and ensuring the RACGP supports general practice to fulfil its potential in meeting the health needs of all Australians.

Adjunct Associate Professor Frank R Jones

**MBBCh, DRCOG, DCH, FRACGP, MAICD
Vice President, Chair Western Australia Faculty**

Frank is a GP in Mandurah, Vice President of the RACGP and Chair of the Western Australia Faculty. He has been a member of the Western Australia Faculty board since 2004, serving as Deputy Chair in 2006–2010 and Chair since 2010. Frank has been in full-time general practice for almost 30 years and was a procedural GP obstetrician for 25 years. Frank is senior partner at the Murray Medical Centre in Mandurah, a large multidisciplinary practice that encourages GPs to extend their patient care skills within the practice, the local community and the regional hospital. Frank has been a general practice supervisor for more than 15 years and is closely involved with the

formal teaching program for registrars. He has previously served as a general practice supervisor liaison officer for West Australian General Practice Education and Training (WAGPET). He was chair of the Medical Advisory Committee (MAC) for Murray District Hospital for several years and assumed the MAC chair at Peel Health Campus during the transition to the new health facility. He was appointed Adjunct Associate Professor of General Practice at the University of Notre Dame Medical School, Fremantle in 2008. He is also a clinical lecturer at University of Western Australia Medical School and has an appointment as a visiting medical officer at Peel Health Campus. Frank is a member on the RACGP Finance Audit and Risk Management Committee (FARM).

Dr Emily Farrell

**BAppHSci(IPHC), BMBS, FRACGP, GAICD
General practice registrar representative**

Emily is a recent fellow of the RACGP who works in Brisbane having completed her training with North Coast GP Training. Emily was the 2009 GPET Registrar Research and Development Officer (RRADO). She completed an academic post at Bond University in 2010 and joined the board of General Practice Registrar Association (GPRA) in late 2010 for a two year term. She also held the position of interim Chair of GPRA at the end of 2011. Through 2010, Emily was the Policy Director of GPRA. She is also a member of the Executive of the World Organization of Family Doctors (WONCA) Working Party on Women and Family Medicine (WWPWF) and is on the Australian Medical Association (AMA) Queensland Council of General Practice.

Neil Greenaway

**FCA, FCPA, FGIA, FCIS, FAICD, Co-opted member – Chair Finance,
Audit and Risk Management Committee, Deputy Chair of RACGP
Oxygen**

Neil is a Fellow of the Institute of Chartered Accountants in Australia, the Certified Practising Accountants of Australia, the Governance Institute of Australia, the Chartered Institute of Secretaries and the Australian Institute of Company Directors. He was the Independent External Representative on the RACGP Finance, Audit and Risk Management (FARM) Committee from

2002 before joining Council and being appointed Chairman of the FARM Committee in 2008. Neil was awarded honorary membership of the RACGP in 2006. He currently holds independent governance roles in local government and the cemetery and crematoria industry. Neil has held executive governance and finance positions at Medibank Private and St Vincent's Health. He is currently a consultant.

Dr Jennie Kendrick

MBBS, FRACGP, MPH, GAICD
Censor-in-Chief

Jennie is Censor-in-Chief, a GP and general practice supervisor in Hornsby, New South Wales. She has held prior board of directors positions with a Medicare Local, Divisions of General Practice and a Regional Training Provider. She has over 20 years of experience in general practice education, training and assessment, including 10 years in full time medical education and 5 years' experience as Assistant State Director of the RACGP Training Program in NSW. She has also been a Director of Clinical Training for hospital based junior medical officers and involved in teaching medical students for the University of Sydney. She has been an examiner for the RACGP, the Australian Medical Council and a visiting examiner for the Academy of Family Physicians Malaysia and Hong Kong College of Family Physicians. Jennie became Censor-in-Chief in 2010 after seven years as a member of the Board of Censors and Board of Assessment and RACGP Censor NSW. Areas of particular interest include standards for general practice education and training and the assessment of clinical competence.

Dr Kathryn Kirkpatrick

MBBS, FRACGP, GDipHSt(GenPract), GAICD
Chair National Rural Faculty

Kathryn has been a GP in Dalby, Queensland, for 14 years and is Chair of the National Rural Faculty (NRF). Kathryn has been involved in all levels of medical education and currently works part-time as rural advisor/medical educator for the Central and Southern Queensland Training Consortium trading as General Practice Training Queensland. She a director of General Practice Education and Training, the NRF representative of the National Rural Health Alliance, and a member of the Queensland Faculty board.

Dr David Knowles

MBBS, FRACGP, DCH, MAICD
Chair Tasmania Faculty

David is a GP supervisor in Lauderdale, Tasmania. He completed his undergraduate training in Tasmania but began his general practice career in Perth. During this period he worked as a medical educator for General Practice Education Australia and became involved in providing supervisors and international medical graduates (IMGs) support for Western Australia General Practice Education and Training (WAGPET). He also served a two-year term as Examination Panel Chair (EPC) for the RACGP Western Australia Faculty. David relocated to Tasmania in 2005, taking the role as EPC. He accepted the role of Deputy Chair of the Tasmania Faculty Board in 2008 and became Chair in 2009. David has been an RACGP nominee on the Board of General Practice Education and Training (GPET) and has been a member on the RACGP Finance Audit and Risk Management Committee (FARM) since 2011. David was also Chair of the RACGP Council in 2012–13. He remains passionate about medical education, the GP's central role in primary care and, crucially, work–life balance for GPs and their families.

Associate Professor Brad Murphy

JP(Qual), MBBS, FRACGP, AssocDipAppSc(Amb), CertST&D, MAIES, AImm, MAICD, MACTM, MACAP, MAITD, Chair National Faculty of Aboriginal and Torres Strait Islander Health

Brad is a GP in rural Queensland and an Aboriginal man from the Kamilaroi people (of northwest New South Wales). He joined the Royal Australian Navy at the age of 15, opting for a career as a medic. He later joined the New South Wales Ambulance Service, working as an intensive care paramedic from Sydney to central Australia, ultimately supervising and instructing in clinical paramedicine in New South Wales, the ACT and Queensland. He also worked as an intensive care paramedic for the Royal Flying Doctor Service at Uluru. Brad is a founding trustee of the Jimmy Little Foundation and has served as a long-term member of the management committee and executive of the Rural Doctors Association of Queensland. He is also a former Director of the Australian Indigenous Doctors' Association. Building on his work as inaugural Chair of the RACGP National Standing Committee – Aboriginal Health from 2007,

Brad became the founding Chair of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health in February 2010, a position he still holds today. He has also been a member of the RACGP Queensland Faculty Board since 2010. Brad represents the RACGP on various groups, including the national Close the Gap Steering Committee and the Australian Medical Association (AMA) National Taskforce on Indigenous Health. Brad was part of the inaugural board of the Wide Bay Hospital and Health Service in 2012 under the Queensland Health state-wide restructure. Brad is the inaugural Associate Professor and Discipline Lead of Aboriginal and Torres Strait Islander Health at Queensland's Bond University and a member of the Leaders in Indigenous Medical Education (LIME) Reference Group.

Associate Professor Morton Rawlin

BMed, MMedSc, FRACGP, FACRRM, MAICD, DipPractDerm, DipMedHyp, DipFP, DipBusAdmin, Chair Victoria Faculty, Chair National Faculty of Specific Interests

Morton is a GP in Melbourne. He is Chair of the RACGP Victoria Faculty and National Faculty of Specific Interests. Morton has extensive experience at all levels of general practice medical education, including as a general practice supervisor and medical educator. His past professional appointments include Medical Director of Dianella Community Health, RACGP National Manager of Fellowship Programs and RACGP Director of Education. He is currently Adjunct Associate Professor in General Practice at the University of Sydney. Morton has a long standing interest in competency assessment and training. His research and teaching interests are in standards and teaching in general practice, dermatology and mental health. Morton is an RACGP nominee on the Board of General Practice Education and Training (GPET).

Professor Nigel Stocks

**BSc, MBBS, DipPH, MD, FRACGP, FAFPHM, GAICD
Chair South Australia and Northern Territory Faculty**

Nigel is a GP in Aldgate in the Adelaide Hills. He is the Chair of the South Australia and Northern Territory Faculty, Head of the Discipline of General Practice at the University of Adelaide and Director of the Australian Sentinel Practices

Research Network (ASPREN). He is a Director on the Board of Australian Medicines Handbook and is a member of the editorial Board for *Australian Family Physician*. He served on the RACGP National Standing Committee – Research from 2002–08 and his current research interests include cardiovascular, respiratory and mental health. He supervises several PhD students and academic general practice registrars. Nigel trained in Adelaide and worked as a GP in the United Kingdom for several years.

Dr Guan Yeo

FRACGP, MBBS, GAICD, AIAMA, Chair of New South Wales and Australian Capital Territory Faculty

Guan joined the RACGP 55th Council as Chair of the New South Wales and Australian Capital Territory Faculty. He brings extensive experience in governance, advocacy, and education and training to the role. He is a GP in outer-metropolitan Sydney and a Clinical Training Consultant in clinical communication, standards, clinical assessment, quality use of medicines and professional regulation. Guan is currently the RACGP National Assessment Advisor for the Objective Structured Clinical Exam (OSCE). Previously, as Assessment Panel Chair in New South Wales, he introduced initiatives to assist international medical graduates (IMGs) prepare for the Fellowship of the Royal College of General Practitioners (FRACGP) exam. Guan is a Board Member of the Northern Sydney Medicare Local, Deputy Chair of the General Practice Network Northside and sits on the NSW Ministry of Health GP Council.

Company Secretary

Zena Burgess

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

Zena is CEO and Company Secretary of the RACGP. She is the Company Representative on the Board of Australian Medicines Handbook Pty Ltd.

Council meetings

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

	Council Meetings		Finance, Audit & Risk Management	
	Max Possible	Attended	Max Possible	Attended
B Murphy	8	6		
D Knowles	8	6	8	7
E Chew	8	8		
E Farrell	8	8		
E Marles	8	8	8	5
F Jones	8	8	8	6
G Yeo	8	7		
J Kendrick	8	8		
K Kirkpatrick	8	8		
M Rawlin	8	8		
N Greenaway	8	8	8	8
N Stocks	8	8		

Not a member of this committee of council during the year.

Auditor independence

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

Corporate information

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

Corporate structure

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

Signed in accordance with a resolution of the Directors.



Dr Liz Marles, President
15 August 2014 – Melbourne

Auditor's independence declaration



RSM Bird Cameron Partners
Level 21, 55 Collins Street Melbourne VIC 3000
PO Box 248 Collins Street West VIC 8007
T +61 3 9286 8000 F +61 3 9286 8199
www.rsmi.com.au

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of the Royal Australian College of General Practitioners for the year ended 30 June 2014, 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.

RSM BIRD CAMERON PARTNERS

P A RANSOM
Partner

15 August 2014
Melbourne



Independent auditor's report



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

We have audited the accompanying financial report of the Royal Australian College of General Practitioners, which comprises the consolidated statement of financial position as at 30 June 2014, and the consolidated statement of comprehensive income, consolidated statement of changes in equity and consolidated statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration of the consolidated entity comprising the company and the entities it controlled at the year's end or from time to time during the financial year.

Directors' Responsibility for the Financial Report

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

Auditor's Responsibility

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

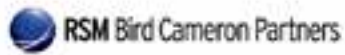
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.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

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

Independence

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





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

- a) giving a true and fair view of the consolidated entity's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards – Reduced Disclosure Requirement and the *Australian Charities and Not-for-profits Commission Regulation 2013*;

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

RSM BIRD CAMERON PARTNERS

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

P A RANSOM
Partner

15 August 2014
Melbourne

Directors' declaration

The directors declare that:

- a. the financial statements and notes are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, and
 - i. give a true and fair view of the financial position as at 30 June 2014 and of the performance for the year ended on that date of the consolidated group; and
 - ii. comply with Australian Accounting Standards.
- b. in the directors' opinion there are reasonable grounds to believe the consolidated group will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors.

On behalf of the Directors



Dr Liz Marles, President
15 August 2014 – Melbourne

Consolidated statement of comprehensive income

The Royal Australian College of General Practitioners

For the year ended 30 June 2014	Notes	2014 \$	2013 \$
Revenue	2	45,116,517	44,251,390
Total revenue		45,116,517	44,251,390
Expenses			
Employee benefits and on-costs		21,918,684	19,763,035
GP sessional and sitting payments		4,493,201	3,982,273
Cost of publications		1,319,581	1,325,755
Consultancy		949,647	1,151,573
Professional services		2,271,614	2,406,620
Travel & accommodation		1,803,155	1,800,968
Conference and meeting costs		3,024,394	3,334,007
Office accommodation		1,207,787	1,484,149
IT related costs		1,257,648	1,501,365
Telecommunications		676,836	648,151
Advertising & media		365,750	408,718
Printing & stationery		511,034	633,290
Grants & donations		378,918	285,039
Finance costs		929,712	1,177,678
Depreciation		1,547,295	1,708,445
External Grant project administration		648,972	806,143
Other expenses		1,680,452	1,408,460
Total expenses	3	44,984,680	43,825,669
Surplus from Operating Activities		131,837	425,721
Share of net (deficit)/surplus of associates and joint venture accounted for using the equity method	7	(10,279)	(41,206)
Surplus/(Deficit) before Non-operating activities		121,558	384,515
Non-Operating Activities			
Revaluation (decrement)/increment to land and buildings		(259,380)	(88,969)
Refurbishment and fit-out expenses	3	-	(1,749,118)
Profit/(Loss) on sale of assets held for sale		(30,000)	844,179
Total (Deficit)/Surplus before tax		(167,822)	(609,393)
Income tax expense	1.16	34,979	18,954
Total (Deficit)/Surplus after tax	12	(202,801)	(628,347)
Other comprehensive income			
Items that will not be reclassified to profit or loss			
Revaluation decrement to land and buildings	12	316,260	(46,590)
Income tax relating to these items		-	-
Other comprehensive income for the year, net of tax		113,459	(674,937)
Total comprehensive income for the year		113,459	(674,937)

The accompanying notes form part of these financial statements.

Consolidated statement of financial position

The Royal Australian College of General Practitioners

As at 30 June 2014	Notes	2014 \$	2013 \$
Current assets			
Cash and cash equivalents	4	16,096,534	12,768,266
Trade and other receivables	5	1,227,441	1,298,629
Asset Held for Sale	6	-	880,000
Inventories		-	48,045
Total Current Assets		17,323,975	14,994,940
Non current assets			
Investments accounted for using the equity method	7	286,471	296,750
Property & Office equipment	8	35,640,387	35,017,145
Deferred Tax Assets		-	108
Trade and other receivables	5	99,289	140,374
Total Non Current Assets		36,026,147	35,454,377
Total assets		53,350,122	50,449,317
Current liabilities			
Trade and other payables	9	28,880,933	25,868,438
Borrowings	10	-	500,000
Current tax liabilities		36,110	7,749
Provisions	11	948,657	824,241
Total Current Liabilities		29,865,700	27,200,428
Non current liabilities			
Borrowings	10	6,500,000	6,500,000
Provisions	11	603,818	481,744
Total Non Current Liabilities		7,103,818	6,981,744
Total liabilities		36,969,518	34,182,172
Net assets		16,380,604	16,267,145
Equity			
Other reserves	12	5,290,291	5,491,477
Accumulated surplus	12	11,090,313	10,775,668
Total equity		16,380,604	16,267,145

The accompanying notes form part of these financial statements.

Consolidated statement of changes in equity

The Royal Australian College of General Practitioners

For the year ended 30 June 2014	Notes	Accumulated Surplus \$	Asset Revaluation Reserve \$	Total \$
Balance at 1 July 2012		8,038,889	8,903,193	16,942,082
Total Deficit for the year		(628,347)	-	(628,347)
Total other comprehensive income for the year		-	(46,590)	(46,590)
Transfer to accumulated surplus		3,365,126	(3,365,126)	-
Balance at 30 June 2013	12	10,775,668	5,491,477	16,267,145
Total Deficit for the year		(202,801)	-	(202,801)
Total other comprehensive income for the year		-	316,260	316,260
Transfer to accumulated surplus		517,446	(517,446)	-
Balance at 30 June 2014	12	11,090,313	5,290,291	16,380,604

The accompanying notes form part of these financial statements.

Consolidated statement of cash flows

The Royal Australian College of General Practitioners

For the year ended 30 June 2014	Notes	2014 \$	2013 \$
Cash flows from operating activities			
Receipts from membership activities, publications, government and other grants (inclusive of GST)		49,717,711	50,733,878
Payments to suppliers and employees (inclusive of GST)		(44,771,061)	(45,681,030)
Income tax paid		(6,510)	(6,208)
Net cash inflow from operating activities		4,940,140	5,046,640
Cash flows from investing activities			
Proceeds from sales of property & office equipment		850,000	9,000,566
Purchase of property & office equipment		(2,159,282)	(22,407,257)
Interest received		197,410	217,405
Net cash outflow from investing activities		(1,111,872)	(13,189,286)
Cash flows from financing activities			
Proceeds from borrowings		-	20,500,000
Repayment of borrowings		(500,000)	(13,500,000)
Net cash inflow/(outflow) from financing activities		(500,000)	7,000,000
Net increase/(decrease) in cash held		3,328,268	(1,142,646)
Cash at beginning of financial year		12,768,266	13,910,912
Cash at end of financial year	4	16,096,534	12,768,266

The accompanying notes form part of these financial statements.

Notes to the financial statements

The Royal Australian College of General Practitioners

For the year ended 30 June 2014

Note 1. Statement of significant accounting policies

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

The financial statements were authorised for issue by the directors on 15 August 2014. The directors have the power to amend and reissue the financial statements.

Statement of Compliance

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the ACNC Act. The group is a for-profit entity for the purpose of preparing the financial statements. The financial statements of the group comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

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

Basis of Preparation

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

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

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

1.1 Basis of consolidation

The financial statements incorporates the assets and liabilities and results of the subsidiary of The Royal Australian College of General Practitioners as at 30 June 2014 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.

Notes to the financial statements

The Royal Australian College of General Practitioners

For the year ended 30 June 2014

Income and expenses of the subsidiary is included in the Consolidated Statement of Comprehensive Income from the effective date of acquisition and up to the effective date of disposal, as appropriate.

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

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

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

When the group loses control of a subsidiary, the profit or loss on disposal is calculated as the difference between (i) the aggregate of the fair value of the consolidation received and the fair value of any retained interest and (ii) the previous carrying amount of the assets, and liabilities of the subsidiary. When assets of the subsidiary are carried at revalued 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 (i.e. reclassified to the Consolidated Statement of 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 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 7).

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 Joint venture entities

Under AASB 11 *Joint Arrangements* investments in joint arrangements are classified as either joint operations or joint ventures. The classification depends on the contractual rights and obligations of each investor, rather than the legal structure of the joint arrangement. As set out in note 7, RACGP has an interest in a joint venture.

The interest in a joint venture is accounted for using the equity method after initially being recognised at cost.

Under the equity method, the share of the profits or losses of the joint venture is recognised in the Consolidated Statement of Comprehensive Income, and the share of post-acquisition movements in reserves is recognised in other comprehensive income (refer to note 7).

Profits or losses on transactions establishing the joint venture and transactions with the joint venture are eliminated to the extent of the group's ownership interest until such time as they are realised by the joint venture on consumption or sale. However, a loss on the transaction is recognised immediately if the loss provides evidence of a reduction in the net realisable value of current assets, or an impairment loss.

1.4 Property & Office Equipment

Land and buildings are shown at fair value determined by the group and based on annual reviews effective 30 June of each year, which apply standard property valuation techniques including reference to an independent valuer. Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset. All other property & 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 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 the same asset previously recognised as an expense in the Consolidated Statement of Comprehensive Income, in which case the increase is credited to the Consolidated Statement of 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 Comprehensive Income to the extent that it exceeds the balance, if any, held in the asset revaluation reserve relating to a previous revaluation of that asset.

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 Inventories

Inventories are valued at the lower of cost or net realisable value. Inventories consist of health record items purchased for resale.

1.7 Depreciation

Depreciation (except for land which is not a depreciable item) is calculated on a straight line basis so as to write off the net cost or revalued amount of each item of property, plant and equipment over its expected useful

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life or in the case of leasehold improvements, the shorter lease term. Depreciation rates used are: -

• Buildings	2.5%
• Leasehold Improvements	5.0%
• Office Equipment and Training Equipment	15.0%
• Office Furniture	7.5%
• Computer Equipment	33.3%

The assets' residual values and useful lives are reviewed and adjusted if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount (note 1.5). Gains and losses on disposals are determined by comparing proceeds with carrying amount. These are included in the Consolidated Statement of Comprehensive Income.

1.8 Leases

Operating lease payments net of incentives received from the lessor are expensed in the Consolidated Statement of Comprehensive Income on a straight line basis over the period of the lease.

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

1.9 Trade Receivables

Trade receivables are recognised initially at fair value less a provision for uncollectible debts. Trade receivables are generally due for settlement on average within 30 days. They are presented as current assets unless collection is not expected for more than 12 months after the reporting date. Debts which are known to be uncollectible are written

off. A provision for doubtful receivables is established when there is objective evidence that the group may not be able to collect all amounts due according to the original terms of receivables. The amount of the impairment loss is recognised in the Consolidated Statement of Comprehensive Income within other expenses.

1.10 Assets Held for Sale

Assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use and a sale is considered highly probable. They are measured at the lower of their carrying amount and fair value less costs to sell. An impairment loss is recognised for any initial or subsequent write-down of the asset to fair value less costs to sell. A gain or loss not previously recognised by the date of the sale of the asset is recognised at the date of de-recognition. Assets held for sale are not depreciated while they are classified as held for sale. Assets held for sale are presented separately from the other assets in the Consolidated Statement of Financial Position.

1.11 Trade Payables

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

1.12 Borrowings

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

on the establishment of loan facilities are recognised as transaction costs of the loan.

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

All borrowing costs are expenses within the Consolidated Statement of Comprehensive Income.

1.13 Employee Benefits

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

i. Short term obligations

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

ii. Other long-term employee benefit obligations

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

Consideration is given to expected future wage and salary levels, experience of employee departures and

periods of service. Expected future payments are discounted using market yields at the reporting date on notional government 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 twelve months after the reporting date, regardless of when the actual settlement is expected to occur.

1.14 Cash and Cash Equivalents

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

1.15 Revenue Recognition

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

i. Membership Subscriptions

Subscriptions are recorded as revenue in the year to which the subscription relates. Subscriptions

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received in advance are shown in the Consolidated Statement of Financial Position as current liabilities.

ii. Quality Improvement and Other Fees

Fees are recorded as revenue in the year to which the fees relate. Fees received in advance are shown in the Consolidated Statement of Financial Position as current liabilities.

iii. Revenue from Courses, Examinations

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

iv. Publication Subscriptions

Subscriptions are recorded as revenue in the year to which the subscription relates. Amounts received at balance date in respect of future publications are shown in the Consolidated Statement of Financial Position as current liabilities.

v. Specific Purpose Grants

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

vi. Interest income

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

vii. Dividends

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

1.16 Income Tax

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

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

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

Deferred income tax is provided in full, using the liability method, on temporary differences arising between the tax bases of assets and liabilities and their carrying amounts in the consolidated financial statements. Deferred income tax is determined using tax rates (and laws) that have been enacted or substantially enacted by the end of the reporting period and are expected to apply when the related deferred income tax asset is realised or the deferred income tax liability is settled. Deferred tax assets are recognised for deductible temporary differences and

unused tax losses only if it is probable that future taxable amounts will be available to utilise those temporary differences and losses. Deferred tax liabilities and assets are not recognised for temporary differences between the carrying amount and tax bases of investments in foreign operations where RACGP Oxygen Pty Ltd is able to control the timing of the reversal of the temporary differences and it is probable that the differences will not reverse in the foreseeable future. Deferred tax assets and liabilities are offset when there is a legally enforceable right to offset current tax assets and liabilities and when the deferred tax balances relate to the same taxation authority. Current tax assets and tax liabilities are offset where RACGP Oxygen Pty Ltd has a legally enforceable right to offset and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously.

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

1.17 Goods and Services Tax

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

1.18 Critical accounting estimates and judgements

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

- i. Estimation of fair values of land and buildings – refer to note 8.
- ii. Provision for employee benefits

Management uses judgment 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 government bonds with terms to maturity that match the expected timing of the cash outflow.

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 2013.

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1.20 New and amended standards adopted by the group

The group has applied the following standards and amendments for first time for their annual reporting period commencing 1 July 2013, the impact of which being described below:

- Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053 *Application of Tiers of Australian Accounting Standards* and AASB 2012-2 *Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*. As a consequence, the group has also adopted AASB 2011-2 *Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements*.

No amendments to disclosures have resulted in this adoption as these standard and amendments were early adopted in the prior reporting period.

- AASB 10 *Consolidated Financial Statements*, AASB 11 *Joint Arrangements*, AASB 12 *Disclosure of Interests in Other Entities*, AASB 128 *Investments in Associates and Joint Ventures*, AASB 127 *Separate Financial Statements* and AASB 2011-7 *Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards*

AASB 10 *Consolidated Financial Statements* was issued in August 2011 and replaces the guidance on control and consolidation in AASB 127 *Consolidated and Separate Financial Statements* and in Interpretation 112 *Consolidation – Special Purpose Entities*.

The group has reviewed its investments in other entities to assess whether the conclusion to consolidate is different under AASB 10 than under AASB 127. No differences were found and therefore no adjustments to any of the carrying amounts in the financial statements are required as a result of the adoption of AASB 10.

Under AASB 11 *Joint Arrangements*, investments in joint arrangements are classified as either joint operations or joint ventures depending on the contractual rights and obligations of each investor. RACGP Oxygen Pty Ltd, a wholly controlled entity of RACGP, has a 50% interest in Oxygen Services Pty Ltd. RACGP Oxygen Services Pty Ltd was previously accounted for as a jointly controlled entity using the equity method as described in policy 1.3. The two partners own the rights to the net assets of the arrangement and therefore, it has been assessed that the investment in RACGP Oxygen Services Pty Ltd meets the classification criteria of a joint venture under AASB 11. As a result, the group's accounting for its interest in the joint venture was not affected by the adoption of the new standard, since the group had already applied the equity method in accounting for these interests.

- AASB 13 *Fair Value Measurement* and AASB 2011-8 *Amendments to Australian Accounting Standards arising from AASB 13*

This Australian Accounting Standard aims to improve consistency and reduce complexity by providing a precise definition of fair value and a single source of fair value measurement and disclosure requirements for use across Australian Accounting Standards. The standard does not extend the use of fair value

accounting but provides guidance on how it should be applied where its use is already required or permitted by other Australian Accounting Standards. The impact of this standard was immaterial to the financial report.

- AASB 119 *Employee Benefits (September 2011)* and AASB 2011-10 *Amendments to Australian Accounting Standards arising from AASB 119 (September 2011)*

The adoption of the revised AASB 119 *Employee Benefits* resulted in a change in the accounting for the group's annual leave obligations. As the entity does not expect all annual leave to be taken within 12 months of the respective service being provided, annual leave obligations are now classified as long-term employee benefits in their entirety. This did change the measurement of these obligations, as the entire obligation is now measured on a discounted basis and no longer split into a short-term and a long-term portion. However, the impact of this change was immaterial since the majority of the leave is still expected to be taken within a short period after the end of the reporting period.

1.21 Parent entity financial information

The financial information for the parent entity, The Royal Australian College of General Practitioners, disclosed in note 19, has been prepared on the same basis as the financial statements with the exception of the policy set out below:-

i. Investments in subsidiaries, associates and joint venture entities

Investments in subsidiaries, associates and joint venture entities are accounted for at cost in the

financial statements of The Royal Australian College of General Practitioners.

ii. Income tax

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

1.22 Capital management

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

1.23 Fair Value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principle 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, maximizing the use of relevant observable inputs and minimizing the use of unobservable inputs.

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Note 2. Revenue from Ordinary Activities	2014 \$	2013 \$
Revenue from operating activities		
Membership, QI & CPD Fees	20,543,130	17,878,161
Education, Course Registration & Other Fees	14,997,717	13,385,860
Research & Other Grants and Donations	4,877,687	8,141,187
Publications & Subscriptions	536,347	620,446
Sponsorship & Advertising	1,754,805	1,562,796
Other Operating Income	1,603,772	2,061,314
Other revenue from ordinary activities		
Interest	207,782	224,021
Rent	595,277	377,605
	45,116,517	44,251,390

Note 3. Expenses	2014 \$	2013 \$
Profit before income tax includes the following specific expenses:		
Depreciation		
Buildings	463,259	482,236
Leasehold improvements	-	2,169
Computer equipment and software	1,026,595	1,171,773
Other plant and equipment	57,442	52,268
	1,547,295	1,708,446
Rental expense relating to operating leases	226,736	211,280
Expenses from non-operating activities		
Refurbishment and fit-out expenses	-	1,749,118

In the prior year, refurbishment and fit-out costs were incurred on the property held at Wellington Parade, East Melbourne. The Board of Directors deemed that these costs would not have enhanced the value of the property, and if capitalised, would have overstated the fair value of the property. Therefore, these costs were expensed during the 2013 financial year.

Note 4. Cash and Cash Equivalents	2014 \$	2013 \$
Cash at bank	2,607,742	2,075,511
Cash at bank - Grant funds held for disbursement	-	-
	2,607,742	2,075,511
Deposits on call	11,871,023	8,036,074
Deposits on call – Grant funds held for disbursement	1,617,769	2,656,681
	13,488,792	10,692,755
	16,096,534	12,768,266

Note 5. Trade and Other Receivables	2014 \$	2013 \$
Current assets		
Trade receivables	802,578	810,014
Less Provision for doubtful debts	-	-
	802,578	810,014
Prepayments	271,609	319,312
Accrued income	112,169	93,981
Other receivables - lease incentive	41,085	75,322
	1,227,441	1,298,629
Non-current assets		
Other receivables - lease incentive	99,289	140,374
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 noncurrent assets. Trade receivables are generally due for settlement within 30 days and therefore are all classified as current. Other receivables generally arise from transactions outside the usual operating activities of the group.		

Note 6. Asset Held for Sale	2014 \$	2013 \$
Freehold land & Buildings	-	880,000
In financial year 2013, the directors of the company formally agreed to sell 206 New Town Road, New Town Tasmania which was sold during the current financial year.		

Note 7. Investments accounted for using the equity method	2014 \$	2013 \$
Share in associates (note 7(a))	283,479	293,459
Interest in joint venture (note 7(b))	2,992	3,291
	286,471	296,750
a. Share in associates		
i. The group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust). The Unit Trust's principal activity is the production and sale of the Australian Medicines Handbook. The Unit Trust has a 30 June reporting period. The group's share of the results of its associates assets and liabilities are as follows:		
Group's share of:		
Assets	503,237	527,908
Liabilities	211,220	234,449
Revenue	1,108,051	1,125,811
(Loss)/Profit after tax	(9,980)	(41,747)
ii. The movement in equity accounted investments is as follows:		
Balance at the beginning of the financial year	293,459	335,206
Share of associate's deficit from ordinary activities after income tax	(9,980)	(41,747)
Share of dividend received	-	-
Balance at the end of the financial year	283,479	293,459
iii. There are no contingent liabilities / assets of the associate.		
b. Interest in joint venture		
i. RACGP Oxygen Pty Ltd, a wholly controlled entity of the company, has a 50% interest in Oxygen Services Pty Ltd, which is resident in Australia. Oxygen Services Pty Ltd principal activity is the production and sale of e-health related products. The interest in Oxygen Services Pty Ltd is accounted for in the financial report of the group using the equity method of accounting. There are no contingent liabilities incurred jointly with other investors (2013:\$nil).		

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Note 8. Non-current assets - Property & Office Equipment	2014 \$	2013 \$
Freehold Land and Buildings		
Land and Building - Valuation	32,750,000	33,025,000
Less accumulated amortisation	-	-
	32,750,000	33,025,000
Computer Equipment & Software at cost	7,429,363	5,478,768
Less accumulated depreciation	(4,869,655)	(3,891,662)
	2,559,708	1,587,106
Other Plant and Equipment at cost	1,417,187	1,470,971
Less accumulated depreciation	(1,086,508)	(1,065,932)
	330,679	405,039
Total Written Down Value	35,640,387	35,017,145
Reconciliations		
Freehold Land and Buildings		
Opening balance	33,025,000	11,170,001
Additions	131,379	21,803,460
Transfer from option fee paid	-	1,549,334
Revaluation increment/(decrement) (i)	56,880	(135,559)
Asset classified as held for sale (Note 6)	-	(880,000)
Depreciation expense	(463,259)	(482,236)
Closing balance	32,750,000	33,025,000
Option fee paid on freehold land and buildings		
Opening balance	-	1,549,334
Additions	-	-
Reclassification to freehold land and buildings	-	(1,549,334)
Closing balance	-	-
Leasehold Improvements		
Opening balance	-	23,040
Disposal	-	(20,871)
Depreciation expense	-	(2,169)
Closing balance	-	-
Computer Equipment & Software		
Opening balance	1,587,106	2,335,515

Note 8. Non-current assets - Property & Office Equipment	2014 \$	2013 \$
Additions	2,020,520	423,364
Disposal	(21,323)	-
Depreciation expense	(1,026,595)	(1,171,773)
Closing balance	2,559,708	1,587,106
Other Plant and Equipment		
Opening balance	405,039	320,553
Additions	7,385	136,754
Disposal	(24,303)	-
Depreciation expense	(57,442)	(52,268)
Closing balance	330,679	405,039
Total closing balance	35,640,387	30,017,145

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

(i) Freehold land and buildings were revalued to the amounts shown above as at 30 June 2014. The valuations recorded a net increase in the value of group properties. Under Australian accounting standards, \$316,260 has been recorded against the Asset Revaluation Reserve in relation to this increase in property values. The difference of \$259,380 relates to decrease in property values that have previously been charged to the Consolidated Statement of Comprehensive Income as a non-operating expense.

Independent valuations of the group's land and buildings were performed by the independent valuers Savills Pty Ltd in their respective states, to determine the market value of the properties for 30 June 2014.

Note 9. Trade and Other Payables	2014 \$	2013 \$
Trade Creditors	1,192,346	994,696
Other Creditors and Accruals	2,498,496	2,474,676
Employee benefits	1,577,020	1,416,976
Owing to related entities	1,000	1,000
Amounts Invoiced in Advance		
Membership subscriptions and QI & CPD fees	16,837,643	14,216,581
Grants	876,971	1,984,289
Exams	4,947,608	4,042,310
Other	949,849	737,910
Total	28,880,933	25,868,438

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.

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Note 10. Borrowings	2014 \$	2013 \$
Current liabilities		
Secured borrowings	-	500,000
Non-current liabilities		
Secured borrowings	6,500,000	6,500,000
The purpose of these facilities was to assist with the purchase of 98-108 Wellington Parade, East Melbourne. The Commonwealth Bank of Australia holds a first registered mortgage over this property.		

Note 11. Provisions	2014 \$	2013 \$
Employee benefits – long service leave (Current)	948,657	824,241
Employee benefits – long service leave (Non current)	603,818	481,744

Note 12. Reserves and accumulated surplus	2014 \$	2013 \$
Asset Revaluation Reserve		
i. Nature and purpose of reserve		
The Asset Revaluation Reserve is used to record increments and decrements in the value of those non current assets measured at fair value.		
ii. Movements in reserve		
Balance at beginning of year	5,491,477	8,903,193
Revaluation of Land and Buildings	316,260	(46,590)
Transfer to accumulated surplus(*)	(517,446)	(3,365,126)
Balance at end of year	5,290,291	5,491,477
Movements in Accumulated Surplus		
Balance at beginning of year	10,775,668	8,038,889
Current year surplus	(202,801)	(628,347)
Transfer from Asset Revaluation Reserve(*)	517,446	3,365,126
Balance at end of year	11,090,313	10,775,668
(*) During the year, 206 New Town Road, New Town Tasmania was sold. Within the Asset Revaluation Reserve was \$517,446 relating to this property. In accordance with Accounting Standards, this amount was transferred to Accumulated Surplus.		

Note 13. Key Management Personnel Compensation	2014 \$	2013 \$
Key management personnel include those persons having authority and responsibility for planning, directing and controlling the activities of the group, directly or indirectly, including any director/councillor (whether executive or otherwise).		
Total compensation paid to key management personnel during the financial year was:		
Key management personnel	1,195,390	1,141,947

Note 14. Commitments	2014 \$	2013 \$
Operating Leases		
The group leases various office equipment, under cancellable operating leases expiring with one year. The leases have varying terms and renewal rights. On renewal, the terms of the leases are renegotiable.		
Minimum lease payments:		
• within one year	15,137	121,098
• later than one year but not later than five years	-	15,137
Total Operating Leases	15,137	136,235
Property and office equipment		
Within twelve months		
• Computer Equipment & Software	500,000	60,000
Total Property and office equipment	500,000	60,000

Note 15. Contingencies

The Directors are not aware of any material contingent assets or liabilities as at 30 June 2014.

Note 16. Related Party Transactions

a. Equity interests in related parties

i. Equity interests in associates

Details of interest in associates are disclosed in note 7 to the financial statements.

ii. Equity interests in subsidiaries

Details of interest in subsidiaries are disclosed in note 7 to the financial statements.

b. Key management personnel compensation

Disclosures relating to key management personnel compensation are set out in note 13.

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 favorable than those with which it is reasonable to expect the group would have adopted if dealing with the key management personnel at arms length in similar circumstances. These transactions include the collection of membership dues and subscriptions and the provision of group services.

Notes to the financial statements

The Royal Australian College of General Practitioners

For the year ended 30 June 2014

Note 17. Financial Instruments	2014 \$	2013 \$
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. The group does not expect to settle the amounts invoiced in advance by cash payment, rather these liabilities will be satisfied with the provision of the services. Liquidity risk is therefore insignificant as the group's cash reserves significantly exceed the remaining financial liabilities that it expects to settle by cash payment.		
Financing arrangements		
The group had arranged the following undrawn borrowing facilities at the end of the reporting period.		
Variable rate		
Facilities:		
Bill facility - C	6,300,000	6,300,000
Bill facility - D	6,500,000	7,000,000
	12,800,000	13,300,000
Drawn facilities:		
Bill facility – D	(6,500,000)	(7,000,000)
Total undrawn facilities	6,300,000	6,300,000
The purpose of facility D was to assist with the purchase of 98-108 Wellington Parade, East Melbourne. The Commonwealth Bank of Australia holds a first registered mortgage over this property. Facility C was for working capital purposes. Facilities C and D were renewed and approved by The Commonwealth Bank of Australia before 30 June 2014.		

Note 18. Events after the reporting period
Subsequent to year end, the company intends to de-register Oxygen Services Pty Ltd during the financial year 2015 (refer to note 7). No other circumstances have arisen since the end of the year which have significantly affected or may significantly affect the operations, the results of those operations or the state of affairs of the group in future financial years.

Note 19. Parent entity information			2014 \$	2013 \$
The accounting policies of the parent entity, which have been applied in determining the financial information shown below, are the same as those applied in the financial statements. Refer to note 1 for a summary of the significant accounting policies relating to the group.				
Financial position				
Assets				
Current assets			17,323,975	14,949,126
Non-current assets			36,033,155	35,460,978
Total assets			53,357,130	50,410,104
Liabilities				
Current liabilities			30,006,892	27,183,548
Non Current liabilities			7,103,818	6,981,744
Total liabilities			37,110,710	34,165,292
Net assets			16,246,420	16,244,812
Equity				
Reserves			5,290,291	5,491,477
Accumulated surplus			10,956,129	10,753,335
Total equity			16,246,420	16,244,812
Financial performance				
Total (deficit)/surplus			(314,652)	(651,264)
Other comprehensive income for the year			316,260	(46,590)
Total comprehensive income for the year			1,608	(697,854)
Contingent liabilities of the parent entity				
The Directors are not aware of any material contingent liabilities as at 30 June 2014.				
Commitments for the acquisition of property, plant and equipment by the parent entity				
Property and office equipment				
Within twelve months - Computer Equipment & Software			500,000	60,000
Total Property and office equipment			500,000	60,000

Note 20. Subsidiaries

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

Name of entity	Country of incorporation	Class of shares	Equity holding	
			2014	2013
RACGP Oxygen Pty Ltd	Australia	Ordinary	100%	100%

Dr Chee Koh

Dr Chee Koh believes that community rotations form an integral part of a medical student's training towards becoming a doctor, and the uniqueness of general practice as a speciality to provide learning opportunities is not easily replicable in a hospital setting.

Dr Koh believes insight into the complex relationships between diverse social and cultural contexts of health and disease, via the experience of community immersion, is often underappreciated.

So too is the commitment and goodwill of health professionals and GPs who provide mentorship to students. Dr Koh recognises that constant support to GPs is integral to the ongoing success of community rotations. This is especially so as GPs work in an environment in constant flux, secondary to the vicissitudes of political decision-making.

“ I work to maintain existing and build-on new relationships with GPs in western Sydney: providing advice, offering development support, communicating regularly and tirelessly advocating on their behalf. ”

Dr Chee S Koh MBBS DipMedSc FRACGP GCertEdStudies
Department of General Practice, Sydney Medical School,
University of Sydney





RACGP

Healthy Profession.
Healthy Australia.