

2025 Annual General Meeting – Frequently asked questions

**Document as at 11 December 2025*

AGM resolution and related questions

Q: When will the AGM be held?

The 68th Annual General Meeting (AGM) will be held on Thursday 13 November 2025 from 5.00 pm AEDT / 6.00 pm AEST at [GP25](#), Brisbane Convention and Exhibition Centre and via webcast. The AGM is being held as a hybrid meeting, which allows you the flexibility to attend in-person or participate online.

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

Yes, you can. The AGM will be live streamed via Zoom webinar. You can register to attend the AGM live stream via the online registration form, and you will be sent access details upon registration.

Registration for the AGM is available on the [RACGP website](#).

Q: How can I vote at the AGM?

Voting for the 2025 RACGP AGM resolutions opens at 12.00 pm AEDT, Monday 3 November 2025 until the announcement of the resolutions during the AGM on Thursday 13 November 2025.

Eligible voters will receive an email from our Returning Officers at OGL group (generalmeetings@racgp.org.au) via the BigPulse voting platform. The email will contain your unique voting link to submit your vote via the BigPulse online voting platform. Eligible voters should ensure you check your spam or junk mail folders for the voting email and contact the Returning Officers if they haven't received the voting email.

There is detailed voting information on the AGM website, and any additional questions about the process can be directed to the RACGP Returning Officer, Gavin Ryan, at generalmeetings@racgp.org.au or on 0403 336 829.

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

RACGP members eligibility to vote on the AGM resolutions is outlined in the [RACGP Constitution](#).

- Fellows, Members, Registrar Associates and Associate members may vote on Ordinary Resolutions 6.1 and 6.2.
- Fellows, Members and Registrar Associates may vote on Special Resolutions 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7 and 7.8.
- Affiliate members are not eligible to vote.
- Honorary Fellows and Honorary Members have those voting rights and privileges as were available to them in their capacity as a 'member' prior to receiving their award.

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

Can I appoint a Proxy at the AGM?

Yes, you can. The [Proxy Appointment Form](#) can be used to appoint a Fellow, Member or Registrar Associate to act as your Proxy.

The Proxy Appointment Form needs to be submitted to the Returning Officers by 6.00 pm AEST, Tuesday 11 November 2025. Any forms received after this time cannot be accepted.

Q: How much does the RACGP President get paid?

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

Ordinary Resolution 6.2: 'The total amount available to remunerate the RACGP President in performing the constitutional duties of President is \$348,628, including superannuation, effective from the 2025 AGM to the 2026 AGM.'

The role of the President is an elected position and enshrined in the Constitution with an ex-officio membership of the Board.

The President fee is confirmed from AGM to AGM to reflect the election cycle and is approved separately by members.

An increase of 3% is proposed for the President's Fee, from \$338,474 to \$348,628 including superannuation.

The President's role is defined in a position description, and this has been independently benchmarked and classified using the Korn Ferry Hay methodology. The President's Fee is reviewed annually using this methodology and the proposed increase would place the fee slightly above the mid-point, or average.

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

Q: How much do our Board directors get paid?

The RACGP directors currently receive a Director fee of \$50,000, including superannuation which is for the 2025–2026 financial year and was approved by members at the 2024 AGM. Fees are also paid to the Board directors in addition to the Director fee for the following positions:

- Board Chair - \$70,000 including superannuation.
- Vice-President - \$25,760 including superannuation.
- Chair of Finance, Audit and Risk Management Committee - \$25,000 including superannuation.
- Chair of People, Culture, Nominations and Remuneration Committee - \$25,000 including superannuation.

At the 2025 AGM, members will be asked to vote on the Directors' remuneration resolution for the 2026–2027 financial year:

Ordinary Resolution 6.1: 'The total amount available to remunerate directors is \$962,248, including superannuation, for the 2026–2027 financial year (1 July 2026 to 30 June 2027), but excluding the President's remuneration.'

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

For the Financial Year 1 July 2026 to 30 June 2027, the RACGP Board recommends a 3%, or \$66,488, increase to the total pool of funds available for director fees per annum. This recommendation takes into consideration the positive financial and operational performance, with a consolidated operating surplus result of \$8.3m for financial year 2025 and aligns with the budget provisions for executive salary increases. The fees proposed include the statutory superannuation payment of 12%, which applied from 1 July 2025.



Subject to member approval, the Board intends to increase payments for the following roles:

- Director Fee from \$50,000 to \$51,500.
- Board Chair Fee from \$70,000 to \$72,100.
- Vice-President Fee from \$25,760 to \$26,533.
- Board Committee Chair Fee from \$25,000 to \$25,750.

An independent review of director remuneration by Mercer Consulting (Australia) Pty Ltd was completed in 2024 and applied to the fees approved for the financial year 2026. The RACGP's director fees were benchmarked to the midpoint of director fees For purpose/not-for-profit organisations of comparable size and scale. As the new fee would apply from 1 July 2026, the 3% increase proposed would ensure the fees continue to align as closely as possible with the mid-point and appropriately acknowledge the commitment and expertise required of the RACGP's directors. The next independent, external review of director fees is scheduled in 2026.

Provision is made for a director to chair the recently formed Academic Committee. The Academic Committee was set up in 2025 to assist the Board in fulfilling its oversight of education and training activities to ensure the integrity and quality of the RACGP's programs. This Committee is currently chaired by an independent coopted Academic Committee member however; the Board has included provision for this Committee to be chaired by a Director in future.

Q: What roles make up the RACGP Board?

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

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

Constitution change questions

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

The RACGP is growing fast. We now have more than 50,000 members, 1600 employees and a turnover of \$237 million.

To keep leading general practice and supporting members, we need a Board structure that's stable, skilled and fit for the future. The [Future Governance Committee](#) has reviewed how the College runs and is recommending some



important updates to the [Constitution](#). These changes will make the RACGP Board more effective, reduce instability, and ensure the best people are in the right roles to guide the organisation long-term.

What could change and why it matters

1. Director terms will increase from two to three years (resolutions 7.1 and 7.3)

- longer terms give Board members time to properly understand the College, build relationships and make a difference.
- fewer elections mean more stability and better long-term planning.
- Directors will be able to serve up to six years (excluding serving as President), with checks to make sure skills still match what the Board needs.

2. The Censor-in-Chief will no longer be a Board Director (resolution 7.6)

- this removes conflicts of interest between the Censor-in-Chief being both an employee and a company director.
- the role remains important and respected, but separating it strengthens both governance and academic integrity.

3. Directors cannot be RACGP employees (resolution 7.4)

- this removes confusion in the *Constitution* and ensures every director can focus on making decisions in the College's best interests, not their own employment.

4. Minimum governance experience will be required for directors (resolution 7.2)

- directors will need basic governance training, which the College will facilitate, within six months of taking on the Board director role
- this helps build a Board with the right mix of skills to make strong decisions and lead the College effectively.

5. The President-elect to become a director from the date their president terms starts (resolution 7.5)

- this gives the new President time to learn, prepare and transition smoothly into their role.

6. The Chair can call a Board meeting (resolution 7.7)

- this simplifies the process for the Chair to call a Board meeting.

Please read the Notice of AGM and explanatory notes on the [AGM website](#) for further detail regarding the proposed changes being our forth for a member vote at the upcoming AGM.

General questions around the proposed constitution changes and impacted roles

Q: What s the role of the Censor-in-Chief?

The Censor-in-Chief is a RACGP Fellow and a senior medical educator of the college who provides leadership and governance in education and training.

The Censor-in-Chief leads a team of censors and chairs the Council of Censors who together:



- Maintain the standards, fairness, and integrity of the RACGP Fellowship programs.
- Assess if a cohort or individual has met the standards to enter training, to progress through training or to be awarded Fellowship.
- Have a significant role in RACGP exams and assessments providing QA and ratifying results.

The Censor-in-Chief leads the Professional Standards Committee which conducts education appeals and membership reviews and is also a member of the Academic Committee.

The Censor-in-Chief role is included in the RACGP Constitution.

Hear more about the role from our current Censor-in-Chief, Dr Tess van Duuren in [this video](#).

Q: How is the Censor-in-Chief currently appointed?

A candidate must be a Fellow with the experience, knowledge and skills necessary for the role, elected by the Council of Censors, and once elected becomes an executive director of the board (an employee and company director).

Q: Will the Censor-in-Chief role be restricted to RACGP Fellows or open to all candidates?

To be appointed to the Censor-in-Chief role candidates must be a suitably qualified Fellow

Q: How is academic governance supported in the College?

The Board is supported by an Academic Committee which provides advice to the Board to help set academic standards.

The Council of Censors provides oversight of the College's GP medical education and is led by the Censor-in-Chief.

The Professional Standards Committee hears potential breaches of the Constitution, Membership Code of Conduct and Fellowship policy.

Q: How might RACGP employees have a conflict of interest being on the Board?

Some possible examples of potential conflicts for employees on the Board include:

- Employment conditions or operational responsibilities.
- Any matter related to the programs they manage.
- Matters concerning the CEO or senior executives.
- EBA negotiations and remuneration strategies.

Q: What will happen to support new elected Board Directors to have the minimum governance requirements?

We recommend more opportunities for governance training for RACGP members. The Committee is exploring setting a 'Leadership Academy' that offers programs to members interested in corporate governance roles. These may include:

- More opportunities for governance training.
- Structured development pathways for leadership and governance in the College.
- More support for Faculty Council governance.

A proposal and business case will be developed after the 2025 RACGP AGM.



Q: What will happen if Board Directors are elected with minimum governance requirements?

The College will organise required training to be completed within a specified period and may also facilitate mentoring by more experienced Board members to accelerate their learning.

If a director is elected with little or no formal governance training, they would be supported to complete a company directors course within the first 6 months of their appointment.

Q: Are any of these changes different for co-opted Board Directors?

No, the changes we are proposing are the same for all directors. Both co-opted and GP Board Directors have equally important skills and will have the same rules and requirements.

Q: How does the Board assess whether it collectively has the skills it needs?

The Board undertakes a Skills Matrix assessment to identify the skills it has and any areas it may need to improve.

The Board may address skills gaps by providing additional training to current Directors and by recruiting new Co-opted Board Directors.

Q: How is the performance of Board Directors assessed and managed?

Each year every Board Director completes an Individual Director Self Evaluation which is used for one-on-one discussions with the Chairperson which includes performance feedback. Every third year an independent Board evaluation is conducted which includes director performance. The Chair develops and reviews individual director plans informed by the Skills Matrix and Individual Director Self Evaluation. The next independent Board review is scheduled in 2026.

Q: How long is the President's term in office?

Presidents are directly elected by members for a two-year term and cannot be re-elected for a consecutive term (but may stand for President again at a later date).

Q: What is the benefit of a Board observer period for the President-elect?

The President role is very demanding and once elected they must make substantial changes to their professional and personal lives.

A three-month observer period after election would allow them to make these changes and undertake their on-boarding before becoming a Board Director.

Q: Will Board diversity improve?

An objective of the 'Leadership Academy' is to create more pathways for under-represented GP demographics, to participate in governance in the College and more widely.

The Board has set up a number of committees to provide advice, including an International Medical Graduates Committee and Supervision and Medical Educators Committee.



Q: Will the proposed changes affect member fees?

None of the proposed changes to the Constitution being voted on at the AGM will have any material cost and will not impact member fees.

Finance related questions

Q: Where are RACGP membership fees being invested?

Membership fees are invested across key areas that matter the most for RACGP members, including:

- 19% - RACGP conferences and events.
- 17% - national and state faculties.
- 16% - Advocacy, Policy and Research.
- 13% - RACGP publications and media.
- 12% - Your CPD home.
- 10% - Membership and committee support.
- 9% - workforce initiatives.
- 4% - RACGP products and subscriptions.

Q: Why are we targeting annual surpluses of 5% of Operating income? Why are we trying to build Reserve funds for this amount?

The College is targeting annual surpluses of 5% of Operating income, which is expected to be between \$5–7 million annually.

The main objective of this is to build Reserve Funds and the College is limited to building its reserves through the generation of operating surpluses.

As stated in the [RACGP Reserve Policy](#), the College is looking to build its Reserve Funds to a range between \$19.0m to \$41.0m over several years. The bottom range of this target is determined as three months of operating expenses (less depreciation, non-cash-in-kind and grants), and the top range of about six months.

The Reserve Fund is intended to provide financial flexibility to respond to:

- Emergencies.
- Reducing impact during times of financial stress.
- A sudden increase in expenses – once off matters.
- Unanticipated loss in funding, or uninsured losses.

The College also wants to build its Reserves to be able to invest in one off, non-recurring costs, such as large strategic or technology projects, along with investment in research and advocacy to support our members.

Questions submitted by members

Q: When is the RACGP going to move to modern governance and have a skills-based, diverse board, simplifying the current unintelligible state-orientated and cumbersome bloated board?

During 2025 the Board has reviewed different potential board models, including a smaller more skills-based board than the current model. The experience of other medical colleges that have made this change has also provided lessons about the risks as well as benefits of a skills-based board.

Bringing in a skills-based board would be a significant change for the College, and there is a mixed view amongst our members on making such a change. The Board's view is the best approach is iterative governance changes, to allow for consultation with members and consideration of the risks and issues. Therefore, smaller changes that will improve College governance are currently being proposed at this year's AGM. The Board is committed to continuing to review the governance needs of the College including the best board model, which may potentially include a smaller more skills-based board in due course.

Q: Resolutions regarding Director eligibility and qualifications are a welcome opportunity to consider our "Conflicts of Interests" policies. At present Members are not aware of the variety of roles each Director holds, which should be included in any meaningful effort to modernise College governance.

Details of RACGP Directors and their roles in the College are provided in our annual reports:

<https://www.racgp.org.au/the-racgp/about-us/annual-reports>.

RACGP Directors are subject to internal [conflict of interest, declaration of interests and related party transactions disclosure and management processes](#) to safeguard corporate governance and the integrity and the reputation of the College, which reflect best practice and requirements under the *Australian Charities and Not-for-profits Commission Act 2012* and the *Corporations Act 2001*.

Disclosures by RACGP Directors under these processes and actions to manage any conflicts of interest, are documented but not disclosed to members or the public to protect the privacy of RACGP directors.

Q: What is the block to the funding better the long consults from government. Additionally why is the funding for our great but lowly paid nurse workforce not increasing to the 1:1 ratio that is needed for the proactive care the Australian community requires. GPs can't do it alone in our practices and the WIP payment being capped for practices. Larger practice with lots of older people are disadvantaged severely. [Question taken on notice during the AGM from a member]

[Response provided by Dr Michael Wright, RACGP President]

Thank you for the question you raised at the 2025 RACGP Annual General Meeting.

You have highlighted two important issues that are central to our advocacy activities.

As you will be aware, our advocacy around the 40% increase to longer consultations aims to ensure people who need more time with their GP can still access affordable care. As seen with the recent 1 November bulk billing incentive changes, the focus of government has been more on increasing bulk billing rates rather than increasing access to longer consults. In order to shift this focus we are continuing conversations and advocacy on this issue and will be pushing for more investment in longer consultations in the next Federal budget.

Regarding funding for the nurse workforce, we have called for government to double the planned investment in the Workforce Incentive Payment – Practice Stream to \$712 million over four years. We have made it clear that

increased funding through the Workforce Incentive will enable general practices to employ, coordinate and provide oversight to a team of qualified health professionals, including nurses, nurse practitioners, pharmacists and allied health professionals

Both of the above items were included in our most recent pre-budget submission and will continue to be key areas of focus throughout my term as President.

Thank you again for your question – feedback and comments from GPs such as yourself are critical to ensuring the College represents the experiences of our members.

RACGP Advocacy related questions

Q: Will the RACGP get involved in the revamp of the NDIS support system to overcome the inadequacies provided in service.

The RACGP shares member concerns about the current operation of the NDIS. We are keen to ensure that GPs are formally and appropriately acknowledged as medical specialists who coordinate the total healthcare of patients with disability who are also supported by the NDIS. Our other key advocacy priorities include:

- ensuring NDIS staff are appropriately qualified and trained in internal processes/operational guidelines
- integrating NDIS forms with the clinical information systems (CISs) that general practices use
- providing care coordination funding to support patients applying for the NDIS, ideally via MyMedicare.

The RACGP has written to Minister Butler and Minister McAllister about the [new NDIS assessment process](#) due to be rolled out from next year, as we are concerned it will sideline GPs by limiting their clinical input. There must be an opportunity for GP involvement in any revised process. Specialist GPs provide continuity of care and have extensive knowledge of their patients' medical history and social context.

The RACGP is meeting with Minister McAllister and staff from the Department of Health, Disability and Ageing (DoHDA) and the National Disability Insurance Agency (NDIA) to advance our advocacy agenda in this space. We will keep members updated on the outcomes of these discussions.

Another major reform to the NDIS is the introduction of the [Thriving Kids](#) initiative. Dr Tim Jones (Chair, Child and Young Person's Health Specific Interest Group) represents the RACGP on the Thriving Kids Advisory Group. Both Dr Jones and Dr Michael Wright appeared at a Parliamentary inquiry in October to provide the views of GPs directly to decision makers.

Q: Can you please consider setting up a sperate advocacy arm that is not associated with your training arm? That way you can effectively advocate. I do all my advocacy with politicians (only when needed) and DOH directly so that I can say what is needed.

The College Advocacy Team is a unique business unit that is charged with the responsibility of advocating for the needs of all members and their patients.

The College's current organisational structure includes our separate Education and Training Business Unit (responsibility for training and education, including CPD activity).

Q: What will you do to fight discrimination in general practice?

We would acknowledge at the outset that this is a very broad question and that we recognise that members and patients can face discrimination based on race, gender, age, disability and sexual orientation amongst other things in general practice and the broader health system. The RACGP condemns any form of discrimination in general practice and recognises that we are on our own journey in supporting general practice that is free from discrimination. Some of the activities that the RACGP is already doing and will continue to do to fight discrimination in general practice include (but are not limited to):

- [Racism position statement](#) – zero tolerance approach to racism in general practice and broader health system:
 - We asked our members about racism in our Health of the Nation report.
 - Advocating for funding for tools to measure, monitor and prevent racism in general practice.
- RACGP Standards for general practice – recording sex and gender. Refer to our [fact sheet: Collecting and recording information about patient sex, gender, variations of sex characteristics and sexual orientation](#).
- Advocating for parental leave pay for GP registrars.

The RACGP also has a Migrant, Refugee and Asylum Seeker Health Specific Interest Group (SIG) which aims to educate GPs on how to care for these populations as well as to advocate for better healthcare and support. They provide education and better understanding help to reduce discrimination. This SIG, along with the Abuse and Violence in Families and Psychological Medicine SIGs, participated in a joint webinar with Migrant and Refugee Settlement Services (MARSH) last year about how to best support patients from war zones who come to Australia.

Q: What are the strategy and advocacy planned to protect this GP profession from being further undervalued by government and other professionals?

The College will continue to support our President and other endorsed member representatives to proactively engage with the Federal Government as it progresses its Strengthening Medicare Reform agenda. In doing so, we will be guided by member feedback on areas of reform and in line with our commitment to member driven advocacy and improving patient access to quality healthcare by a GP.

In addition to consultations on specific policy issues, the College accesses and reviews member sentiment and priorities through our annual Health of the Nation and Member Surveys. These surveys provide comprehensive insight into members views in key areas and are used to inform and strengthen our advocacy for the profession. Members are strongly encouraged to participate in these surveys every year and encourage their colleagues to do the same.

RACGP Research related questions

Q: Our college now has a clear research strategy. This strategy does not seem aligned with the approach to our annual conference with non-GP speakers, indeed non-medical speakers, and with very few senior and junior GP researchers having available slots for presentation. How could we better align the research aspirations of the college, and that of general practice profession, so that our annual conference highlights the diversity, strengths and leadership of our profession?

From the outset, we want to acknowledge our alignment and support of your statement regarding the research strategy and the RACGP 2025-2029 Strategy. It is a priority of the RACGP to cultivate and lead a culture of



research in general practice. A future ready profession will only be achieved through the expert guidance, knowledge and vision of GP researchers and the embedding of active research and innovation in all of our work. Due to an unprecedented number of abstract submissions received for GP25, and the fixed availability of rooms at this venue, over 100 abstracts were declined – one third of those submitted. This included several research submissions. Pleasingly, we were able to secure a room two weeks out from the conference to be able to open up the opportunity for more research posters and sessions to occur. We now have a research hub on this level, hosting a richer and more diverse program on GP research. We want to do more at GP26 in the area of research and find other opportunities beyond the conference. We look forward to working with our researchers on this.

Q: Can you please advise how the RACGP GP Training Research Unit is funded including the annual budget and its source as it is not mentioned in the annual report? Similarly, the annual report lists TROPHI as holding \$7 million in research funds. Can you please outline the source of the funds and whether they are held by our College or elsewhere?

The RACGP GP Training Research Unit is primarily funded by the Australian General Practice Training (AGPT) Program Commonwealth Grant Agreement between the Commonwealth, represented by Department of Health, Disability and Ageing and the RACGP.

There was a further 10% allocation in FY25 from the Equity transfers from GP Synergy to support the Registrar Clinical Encounters in Training (ReCEnT) project, which is a flagship general practice education and training project. This was previously funded by the Department of Health; the project began as a pilot in 2009 by the former regional training provider General Practice Training – Valley to Coast. The ReCEnT project is the first of its kind to document Australian GP registrars' educational and clinical experiences over time by measuring:

- what registrars do, the types of patients and conditions they see and their clinical and education actions during the consultation.
- how registrars' practice changes during their training.

In relation to TROPHI, the RACGP has been allocated \$1.3 million from February 2021 as per a funding agreement with the Windermere Foundation, noting that \$300,000 is allocated to the University of Melbourne and Monash University. For the FY25, RACGP has received \$821,000 and has unspent funds of \$174,000, which is held in the Balance Sheet under grants in advance. Unspent funds have recently been approved by the Windermere Foundation to progress sustainability measures for the TROPHI program. The network has attracted \$7million in funding so far (refer to page 33, [RACGP Annual Report 2024–2025](#)).

Q: The College is now a large producer of general practice research. The current University environment is challenging and there are long term problems with the under-funding of GP research. How will our College manage being a producer of research and a winner of grant funding in competition with GP members? Are the research employees of the RACGP in direct competition with GP members who are researchers?

The College also manages the Education Research Grants (ERG) scheme as a part of the AGPT Program. The award and administration of ERG grants is managed as a competitive process through best practice guidelines and procedures, including grants application review and decisions by an Academic Assessment Panel comprising GP researchers and other required expertise. ERG awards are made annually in alignment with DOHDA approved priority topics.



Current ERG eligibility rules ensure access and participation from GP members, with defined application requirements for eligible research teams (from: <https://www.racgp.org.au/education/research-grants-and-programs/research-grants-and-programs/education-research-grant-program/education-research-grant-opportunity#panel107996>):

The proposal must be submitted by an eligible research team, that includes at minimum the following members/expertise:

- *Medical Educator with expertise in GP training*
- *Expertise in education research*
- *Expertise in academic general practice*
- *Novice or early career researchers (e.g., PhD candidates and current or recent Academic Registrars)*

Research teams must have active, collaborative relationships with regional GP training teams, which will facilitate the regional delivery and translation of research projects.

Research teams must also have active, collaborative relationships with a university department of general practice or equivalent (including a rural clinical school).

Also strongly encouraged:

- *Inclusion of GP registrars, recent Fellows, medical students, GP supervisors and/or training practices.*

Prior to 2023 the proportion of GP Principal Investigators awarded ERGs varied across 2017-18 (60%, 3/5), 2018-19 (75%, 6/8), 2020 (100%, 7/7), and 2021 (87.5%, 7/8). It declined in 2022 (57%) and 2023 (25%) which coincided with the transition of the AGPT program back to the RACGP and closure of RTOs which led to a short-term reduction in GP-led ERG application ready teams.

The RACGP successfully managed this period of reduced capacity during 2022 and 2023 through adjusted ERG eligibility rules and processes that were needed to preserve the ERG scheme during and post the AGPT transition.

ERG awards data confirm that these eligibility rules are effective, as all awarded ERG project teams include GP members and the percentage of GP Principal Investigators awarded ERGs has increased since 2023 – from 25% in 2023 (1 out of 4 grants), 56% in 2024 (5 out of 9 grants), 62.5% in 2025 (5 out of 8 grants), and 67% in 2026 (4 out of 6 grants).

The ERG program exists to strengthen general practice training and education across Australia. With the RACGP now responsible for delivering this training, its medical educators and researchers play a central role in identifying priorities and undertaking work that improves the system. University and sector partners are expected to be active collaborators on funded projects, bringing academic depth and broader perspectives. The program's processes are structured to remain transparent, competitive, and independent from the governance of the training program, ensuring that all applications are assessed fairly and that the resulting research benefits the entire training community.

Q: What is the annual operating budget of the RACGP GP Training Research Unit?

The budget is \$2.787 m (\$2.537 from AGPT Grant and \$250k from the Equity transfers from GP Synergy).

Q: What was the source of the \$7 million grant funds under TROPHI?

The funding source is Windermere, which is spread across all partners; the RACGP receives \$1.3m.

Q: What is the annual operating budget of AJGP?

- Revenue \$1.6m
- Expenditure \$2.23m
- Net Loss \$630k (Estimated)

Q: What is the annual operating budget of *newsGP*?

- Revenue \$1.19m
- Expenditure \$630k
- Net Surplus \$560k (Estimated)

Q: Since 2022 there have been 19 plenary talks at our RACGP national conference. Of the 19 speakers, only two have been from an Asian background (one man and one woman). This reflects poorly on our College's attention to diversity and showcasing speakers who reflect the diversity of our profession. What is the process for choosing plenary speakers for our annual conference?

The members of the GP Annual Conference Advisory Group work to ensure the program aligns to the RACGP Strategy and plan the theme, program topics and speakers for the plenary sessions. The group has a diverse membership and puts at the heart of its decision-making invaluable insights of its members, and consideration for member needs and expectations around a conference theme.

The GP Annual Conference Advisory Group (the group) is made up of:

- the Chair of the State Faculty [Conference Lead].
- a representative from Regional Faculty Council / Sub-Committee.
- a conference subject matter expert from a relevant Specific Interest Group.
- a representative from the RACGP Expert Committee – Research.
- representatives from the RACGP Conference and Events Team, responsible for the delivery of the conference.
- two (2) representatives from outside the College with subject matter expertise in Leadership or other related subject matter relevant to conference program.

The GP Annual Conference Advisory Group ensures the continuous evolution and success of the conference through collaborative decision-making and the invaluable insights of its members, and consideration for member needs and expectations.

Most tasks are a shared collaboration within the advisory group. We have provided an indication of some of the key actions and responsibilities that will be required, including:

- ensure the program aligns with the RACGP Strategy and delivers on member satisfaction and value
- be a team player, working in partnership with other group members and RACGP staff responsible for delivering the conference
- take personal responsibility for tasks assigned and respect deadlines
- plan the program topics of the in person and digital program including:
 - topic and speaker identification for the plenary session(s).
 - topic identification for in person and digital sessions.
 - consult with representatives from the national faculties where required [Rural, Aboriginal & Torres Strait Islander Health, Specific Interests and GPs in Training].



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- approve the reviewing criteria and review panel for clinical and research submissions.
- allocate approved submissions into the program, with assistance from the RACGP Conference team.
- champion attendance at the conference throughout the general practice and broader medical communities.
- attend the conference. Each group member will receive a full complimentary registration to attend.
- chair conference sessions (where available).
- promote the Call for Abstracts/Clinical Submissions through their professional networks and encourage contacts to submit.
- provide content for marketing where required.

-End-