



RACGP

Royal Australian College of General Practitioners

Minutes of the 63rd Annual General Meeting



Attendees

Dr Anju Aggarwal	Dr Lisa Fraser	Dr Sze Lee
Dr Yousuf Ahmad	Ms Kate Freeman	Ms Tania Lim
Ms Sylvia Aloizos	Dr Jemma Gillard	Dr Alexander Lobanov
Dr Jennifer Anderson	Mr David Goldberg	Mrs Marianna Loft
Dr Kaye Atkinson	Dr Paul Grinzi	A/Prof Jo-Anne Manski-Nankervis
Mrs Melissa Avard	Dr Michelle Guppy	Dr Karyn Matterson
Ms Catherine Back	Dr Mukesh Haikerwal	Dr Jennifer McConnell
Dr Sama Balasubramanian	Dr Pippin Holmes	Ms Karli Middlewood
Dr Catherine Beasley	Dr MD Shahadot Hossain	Mr Matthew Miles
Dr Primo Bentivegna	Mr Andrew Hulse	Dr Elizabeth Miller
Dr Sean Black-Tiong	Ms Emily Hulse	Dr Mark Miller
Dr Janet Bodycomb	Mr Steven Hulse	Mr Hamish Milne
Mrs Nicole Browne	Dr Nicholas Hummel	Dr Chris Mitchell
Dr John Buckley	Dr Hilda Jessop	Ms Callie Morgan
Dr Martin Byrne	Dr Karin Jodlowski-Tan	Dr Anita Munoz
Dr Laura Chen	A/Prof Frank Jones	A/Prof Brad Murphy
Dr Rachel Chen	Mr Eugene Joubert	Dr Lamia Nakhla
Dr Eleanor Chew	Dr Savita Kaila	Dr Thileepan Naren
Ms Christine Cook	Mr Kon Kakris	Dr Elvira Nario-Anderson
Ms Anne Davis	Dr Steven Kaye	Ms Christine Nixon
Dr Romarna Dichiera	Mr Matthew Kemp	Dr Thanh Nguyen
Ms Tarli Dowling	Dr Jennifer Kendrick	Dr Neha Parvatreddy
Mrs Ruth Feltoe	Prof Michael Kidd	Prof Constance Pond
Ms Clare Finucane	Dr Debra King	Ms Linda Price
Dr Wendy Fisher	A/Prof John Kramer	Dr Karen Price
Dr Serena Foo	Dr Edwin Krays	Dr Annette Rice
Ms Ally Francis	Mr Milad Kruse	Dr Natalia Rode
Dr Oliver Frank	Ms Mingsia Lee	Prof Gary Rogers

Mr John Ronan

Dr Rashmi Sharma

Dr Hazem Toma

Mr Edward Rose

Ms Kat Shiels

Ms Francesca Trimboli

Dr Tim Ross

Dr Bernard Shiu

Dr Rolf Tsui

Dr Phillip Roumanos

Dr Ayman Schenouda

Mr Martin Walsh

Ms Paula Rowntree

Prof Neil Spike

Dr Kathleen Wild

Dr Katrin Rudolph

A/Prof Louise Stone

Mr Nick Williamson

Mr Matthew Rush

Ms Emma Stonham

Dr Lye-Kheng Wong

Dr Atoosa Salimi

Dr Elizabeth Sturgiss

Dr Maggy Wong

Dr Samantha Saling

Dr Jessica Tidemann

Dr Genevieve Yates

Ms Lydia Sandercock

Ms Louise Tolson

Dr Guan Yeo

Apologies

Professor Peter O'Mara, Chair of the Aboriginal and Torres Strait Islander Health Faculty Council

Welcome and Acknowledgement of Country

The Chair, Ms Christine Nixon declared the 2020 RACGP Annual General Meeting open at 7:00pm and welcomed everyone to the proceeding conducted via webcast. The Chair acknowledge the traditional owners and custodians of the land and sea in which we work and live. We recognise their continuing connection to land, sea and culture and we pay our respects to elders past, present and in the future.

The Chair introduced the members of the 62nd Board of the RACGP

- A/Prof Ayman Shenouda, Acting President
- Dr Karen Price, President – elect
- Dr Zakaria Baig, Chair of the South Australia and Northern Territory Faculty Council
- Dr Michael Clements, Chair of the RACGP Rural Faculty Council
- Dr Krystyna de Lange, Chair of the GPs in Training Faculty Council
- A/Prof Charlotte Hespe, Chair of the New South Wales and Australian Capital Territory Faculty Council
- Dr Timothy Jackson, Chair of the Tasmania Faculty Council
- Dr Cameron Loy, Chair of the Victoria Faculty Council
- Dr Lara Roeske, Chair of the RACGP Specific Interests Faculty Council
- Dr Sean Stevens, Chair of the Western Australia Faculty Council
- Mr Martin Walsh, Co-opted Director and Chair of the Finance, Audit and Risk Management Committee
- Dr Bruce Willett, Chair of the Queensland Faculty Council
- Dr Tess van Duuren, Acting Censor-in-Chief

The Chair noted that the AGM is being recorded and will be made available to all members of the RACGP on the website in the coming days.

Apologies have been received for this evening's meeting and they've been noted.

Our agenda for this evening is now on the screen. I don't really intend to go through it, I think you can all see the agenda, it has seven items we'll work our way through them very carefully. An then of course the closing when we finish question time.

The Annual General Meeting has three principles:

- To review the activities and financial accounts for the RACGP for the 2019/2020 financial year and the prospects for the current financial year;
- To vote on two resolutions for the continued good governance of the RACGP; and
- To give you, the Members, the opportunity to ask questions.

The Chair noted that the AGM this evening will be conducted in this new digital format. At the various stages of the meeting where questions are invited, Members will have the opportunity to submit questions through the Q&A module on the broadcast platform available under the video stream.

If the questions are not related to the specific resolution being discussed, members were asked to wait until Item 7, where members will be allowed and encouraged to ask questions where all other or general business questions will be addressed.

There will be considerable time and opportunity provided for member's questions, but in the interests of time and getting through as many questions as possible, some may be consolidated based on major themes to be addressed in one to allow for more questions to be responded to during the AGM.

For transparency all questions submitted this evening and those in advance of the AGM will be made available along with the AGM video recording in the coming days.

RACGP will endeavour to get through all the questions submitted in the AGM, however if time precludes getting through all the questions, any further questions will be taken on notice.

It was noted that there are two resolutions to vote on this evening. Voting on these resolutions will be conducted through the Big Pulse voting platform. Members eligible to vote in the resolutions will have received an email from 'RACGP Returning Officer' using a Big Pulse email address at 7pm Sunday evening (last night). This email was re-sent at 7pm tonight to members who had not yet voted on the resolutions. The email was sent to the email address you have linked to your membership. The email contains a personal voting link that will take you to a webpage with the resolutions you are eligible to vote on.

Voting on both resolutions will remain open until five minutes after the conclusion of Item Four – Resolution Two of the meeting agenda. Results of both resolutions will be announced to the meeting following Item Five of the agenda.

I have to say it's been an honour to be Chair this year. This is a wonderful College and has an enormous impact in our community and I've really enjoyed my time as the chair. We've achieved a lot through extraordinarily difficult times. I just thought a few of those issues were important to point out.

One of them was around supporting members in so many different ways but particularly through the bushfires which we all experienced across the country and also COVID-19 which has an enormous impact on so many of them and particularly on many of you and your medical practices.

The second one is the work done by many and chiefly our colleague, Dr Harry Nespolon. To introduce telehealth and efforts to maintain the means for this consultation after the pandemic. Harry was absolutely committed to this issue and in fact brought it forward in 10 years where it might have been one day boarding. The other work that the RACGP does is often not recognised. The standard setting, the submissions for policy papers, to multiple royal commissions, inquires, community organisations and parliamentary committees representing best practice in medicine across this country.

The third is developing a strategic plan, targeting and hiring a new CEO and company secretary and education leaders to drive reform and equip the RACGP with the skills we need for the future.

Thank you for the opportunity to have been Chair and I'd now like to hand over to our Acting President, Associate Professor Ayman Shenouda to provide Acting President's update.

Acting President provided his update to the members.

"Hello all members and colleagues. I would like to acknowledge the traditional custodians of the land and sea in which we work and live. I recognise their continuing connection to the land, sea and culture and pay my respects to elders past, present and those emerging leaders.

Our last annual general meeting seems like a lifetime ago. Over the last year we have battled two immense health crises: the summer bushfires and the COVID-19 pandemic. We have worked hard to support our members and have much to show for it.

When bushfires struck, we assisted GPs, including new Fellows, who wanted to help affected communities. This brought much needed support to towns most in need. We successfully advocated for more funding for bushfire mental health support.

At the beginning of the pandemic, GPs faced a critical shortage of personal protective equipment. Equipment which was critical for us to safely care for our patients. Once again, we advocated for GPs. We called on the Federal Government to release PPE from the national medical stockpile.

And once again, the Government acted on our calls – this includes two major releases of surgical masks to GPs in March and April.

There are still shortages and we will continue to advocate for GPs, to make sure all clinics have access to the equipment they need.

The pandemic forced us to adapt. It helped us to push through decades of valuable health reform in a matter of weeks. This includes Medicare-subsidised telehealth services, which have been embraced by GPs across Australia.

We also succeeded in call for the removal of the bulk-billing requirement for GPs. As well as amendments to limit ‘pop-up’ telehealth services, which jeopardise continuity of care.

We warned the public about these low-value services, encouraged patients to avoid them, and consult their usual GP instead. Just recently, the Government acted on our calls to extend Medicare subsidies for telehealth to March 2021.

We are now working hard to ensure that general practice is properly consulted on a long-term telehealth plan. We must be front and centre in what comes next.

Looking back at this year, we also helped the nation prepare for the flu season. We advised patients to get their vaccine early. As a result, 8.8 million flu shots were dispensed from March to mid-July. This is around two million more than last year.

We listened to members concerns, and called on the Department to prioritise distribution to general practice, ahead of pharmacy. And we continue to work hard to ensure that general practice is central in delivering the new COVID-19 vaccine.

Respiratory clinics were central to Australia’s successful response to the pandemic. Again, our advocacy succeeded in getting Government funding for GP-led respiratory clinics. Thank you to those GPs and practices involved in the respiratory clinic response.

Reform on digital prescribing is underway. This will improve the accuracy and safety of prescribing. The RACGP’s advocacy has also resulted in more support for healthcare professionals experiencing mental health concerns during the pandemic.

Our Expert Advice Matters campaign was a great success. You might have seen the adverts on TV or social media. We reminded patients to take care of themselves and consult with their GP during the pandemic. We also warned the public about misinformation about the COVID-19 virus on social media.

The RACGP has not been afraid to speak out. And our advocacy has been successful in many areas, beyond the pandemic. This includes action on tobacco control. Our work in this area, including new guidelines on smoking cessation, did not go unnoticed. In fact, the RACGP received an award from the World Health Organisation for our efforts.

This past year we called out the changes to cardiac imaging MBS items. And we succeeded in getting a review of the item number in six months. This review will be based on our members’ feedback. And we will continue to work hard to ensure general practice is properly consulted on any changes.

We should remember the constructive reforms the RACGP has undertaken since we met in Adelaide last year. We have not been defined by the pandemic. Extensive work has continued in a number of areas. A little over three years ago, the Federal Health Minister Greg Hunt announced: “General practice training is back with the RACGP, where it should always have been.” This is a major project. There has been a recent slow-down because the Department is using the transition to address a number of problems.

However, we continue to make steady progress on developing our preferred model for the delivery of training. The RACGP can be trusted to lead the training of the nation's GPs.

The RACGP has also made significant improvements to our Continuing Professional Development Program. We have streamlined the process, and eased the administrative burden on busy GPs.

In addition, we have introduced a new platform with a strong focus on education. We also allocated 25 CPD points to all members who require compliance, to recognise their extra work to deliver care during the pandemic. We know it has not been easy, but we have your back.

We are here to serve our many members. And we are building on the value we provide to members. It is not just about reporting compliance – we are helping our GPs grow and develop new skills every day. The RACGP is always listening to our members. And we are acting to make professional development the best it can be.

We established our GPs in Training faculty to increase the voice of GPs in training and New Fellows within the RACGP. I thank the Faculty's inaugural Chair, Dr Krystyna de Lange for her diligence and leadership during a difficult time for our GPs in training. We responded to the challenges posed by a global pandemic by making some tough, but necessary decisions about education and training.

The COVID-19 pandemic forced us to adapt and pivot. As a necessary adjustment, we developed the Remote Clinical Exam. This ensured candidates can proceed to obtaining Fellowship, without risking their safety due to an in-person assessment. It's also paving the way to our new Clinical Competency Exam – a modern exam, more closely aligned with current assessment methods.

The failure to deliver the KFP and the cancellation of the AKT in October was a huge set back. We must be upfront about that. It placed additional stress on candidates and their families when they expected to be crossing the finishing line for these Fellowship exams. I want to apologise again for the disruption.

The RACGP has worked extremely hard to reschedule the exams and provide full refunds. Our priority is to ensure that candidates can progress toward Fellowship. We are doing everything in our power to deliver safe and reliable exams. My thoughts are with all of those who will sit the reruns on the 4th and 5th of December. This includes the RACGP teams who have worked around the clock to make this possible.

This past financial year, we also streamlined processes for the Practice Experience Program. This includes enrolment, eligibility, practice-suitability and the online PEP Entry Assessment.

Once the pandemic took hold, our training programs also had to undergo substantial changes. The Alcohol and Other Drugs GP Education Program moved to digital delivery – and the feedback from GPs has been very positive. We have also developed online modules for the More Doctors for Rural Australia Program and PEP specialist programs.

Turning to rural and remote health, we have made positive strides forward. We worked closely with the National Rural Health Commissioner on the development of the National Rural Generalist Pathway. As a result, we've developed the RACGP Rural Generalist Fellowship.

We also worked with the Health Department to change the Australian General Practice Training Rural Generalist policy – giving registrars more flexibility to choose the right training pathway. The result was striking – a 40% increase in junior doctors choosing the Rural Generalism pathway for our 2021 training. With more reforms like that, the sky is the limit.

As a GP from Wagga Wagga, I know how rewarding the life of a rural GP can be. And I am determined to help more future doctors pursue this path and realise their ambitions.

This year we also developed our Reconciliation Action Plan. This was an important piece of work, and it has been greeted with incredible enthusiasm. It is part of our larger vision and work to achieve equity in health outcomes for Aboriginal and Torres Strait Islander peoples. We have great spokespeople on the RACGP Board, like Professor Peter O'Mara, and excellent Aboriginal and Torres Strait Islander GPs across the country. And this makes me positive that we will continue to make progress.

So, the year since our last Annual General Meeting has not been easy. But we have still achieved a great deal, and GPs across the nation have performed admirably. Nowhere is this highlighted more than in the work of our 2020 RACGP Award winners. The winners distinguished themselves in a variety of ways. By supervising junior doctors, helping their communities after bushfires, and devising new strategies to improve the health of their patients. They hail from communities across Australia, both small towns and major cities. But they all have one thing in common. They all go that extra mile for their patients. Their names are now on screen, thank you for your incredible work and congratulations once again.

A fundamental part of the Board's work is to set the strategy for the RACGP. By setting the strategy, the Board signals its intent to members. The strategy also serves as a roadmap for our new CEO, Dr Matthew Miles, and management.

Our Strategic Plan for 2020 to 2022 launched last week. I hope you've had an opportunity to review it. We know general practice is the heart of Australia's health system. Just as general practice keeps Australia healthy, the RACGP's strategic priorities support the health of the profession. This Strategic Plan details our priorities to achieve our mission. And that is championing better health outcomes for all Australians: every patient, family and community.

After a long period of development, the strategic plan was approved by the Board in September. It is available for all to see on our website, and the Board will measure its impact. This strategic plan will also help the RACGP to fight for our members – and improve general practice for patients across Australia, regardless of their postcode.

Thank you for taking the time to listen to me today. I would like to thank the Board, Chaired by Christine Nixon, for their support during my time as Acting President. This has been a very busy time for the College. I would also like to acknowledge our fellow outgoing Board members, Dr Cameron Loy and Dr Krystyna de Lange. Your contributions have been valued, and on behalf of the Board, I thank you for your service.

As I mentioned, we have a new CEO, Dr Matthew Miles, who I look forward to working closely with for years to come. I also want to acknowledge Nick Williamson for his time as Acting CEO this year.

Finally, I would like to acknowledge and thank the RACGP management team, who have worked hard to deliver to members in extraordinary circumstances. And the broader RACGP staff, particularly my Executive Assistant, Julie Caporetto.

It has been a privilege to serve as your Acting President. In my previous role as head of RACGP Rural I fought for rural and remote general practice. I continued to do so as Acting President – and of this I am proud. Because everyone in Australia deserves access to high quality general practice, regardless of their postcode. Once again welcome to this year's AGM and thank you."

Standing Orders

The Notice of AGM was distributed to all members in accordance with the requirements and it will be taken the Notice of Meeting as read.

A copy of the notice is available online via the URL that appears on the screen.

The standing orders are as follows:

- Members wishing to ask a question are required to use the 'Q and A' function to submit their question in writing.
- To enable the maximum participation, each member may submit one question until all members who wish to ask questions have done so, unless given leave by the meeting.
- Responses to the questions may be provided verbally or in writing during the meeting.
- No other business will be discussed during Resolution one and two.

Business of the 63rd AGM

Item 1: To accept the minutes of the 62nd Annual General Meeting

A copy of the 2019 AGM minutes was provided to members with the notice of meeting. Members were invited to submit any corrections through the Q&A module available under the video screen. No corrections were submitted to note. The Minutes of the 62nd Annual General Meeting were accepted.

Item 2: To receive and consider the annual financial report and the reports of the Board and the auditors of The Royal Australian College of General Practitioners Ltd for the year ended 30 June 2020

The RACGP's Annual Finance report and the reports of the Board and the auditors of the RACGP for the year ended 30 June 2020 were provided to all members at the beginning of November. They contain a substantial amount of information on the activities undertaken by the RACGP during the last financial year. Mr Martin Walsh, Chair of the Finance, Audit and Risk management Committee and co-opted Board member was invited to speak about the RACGP financial accounts and the reports of the Board and auditors.

Mr Martin Walsh, RACGP Director and Chair of the Finance, Audit and Risk Management Committee, spoke to the RACGP financial accounts and the reports of the Board and the auditors.

“Mr Walsh acknowledged the traditional custodians of the land and in which I work and live, the Wurundjeri people. I recognise their continuing connection to the land, sea and culture, and pay my respects to elders past, present and future.

Our financial position – it will come as no surprise to anyone that the last financial year was a challenging one for the College. The COVID pandemic significantly affected our projected revenues. It led to exam postponements as well as the cancellation of events and a reduction in sponsorship and advertising. However, I am pleased to report that we have weathered the storm remarkably well considering everything that has occurred.

There are several reasons for that. First, our financial position pre-pandemic was strong. We can never be certain when external factors will emerge to affect our operations and revenue sources. Which is why we made it a strategic priority to build financial strength. Our existing strong financial position supported us through the unanticipated economic impact of the pandemic.

Second, when the pandemic struck, the RACGP acted decisively. We significantly reduced discretionary spending and delayed non-critical projects, such as holding off on building refurbishments. The College also embraced digital opportunities to facilitate exams, events and general operations.

It has not always been easy, nor straightforward, but our rapid adoption of technological solutions has been critical in maintaining a strong financial standing. The RACGP applied for the Job Keeper subsidy and we were successful. This income support saw us through to 30 June this year with a small and unexpected surplus.

Finally, our members stood by us. The financial pressures facing general practice have been immense during the pandemic, but the vast bulk of our members renewed their memberships.

I believe that comes down to one explanation - trust. Our members trust us to stay the course and keep fighting for them during this difficult period for general practice.

To help our members during this time the Board approved a freeze on membership fees. We also extended the 5% discount usually provided as an early bird offer to all members and established hardship flexibility measures.

As a result of all of this, and despite the challenges we faced, our financial position is strong. Our investment portfolio has largely rebounded. Liquidity and careful cash management continue to be a high priority. If I can turn to the next slide.

In terms of operating highlights, when we look to our operating highlights it's no surprise to see that revenue was flat. This was driven by substantial losses in exams, sponsorship and advertising.

It is true that holding the Fellowship exams remotely did cut down on some costs including travel and accommodation. However, the majority of our fixed costs of exam development and delivery remained. This included curriculum development, question development and review, censors, employee salaries as well as marking and coordination.

Conducting the exams and assessments remotely has also involved new costs such as technology support for exam staff and candidates, it's a new way of working. We have realised some savings due to cost reductions in the area of travel and GP sessional payments but overall we remain strong.

As stated earlier, the Job Keeper wage subsidy has been vital. A realised loss of -\$1.8 million as you can see on the screen, allowed us to have a surplus after tax of \$1.9 million as a result of Job Keeper.

Turning now to our cash position. Effective cash management and stabilisation strategies mean that the RACGP is in a solid cash position. As indicated earlier, liquidity and careful cash management remain a priority. As you can see from the screen, we have wide variations in our cash depending on when the membership subscriptions are due. We have put in place additional measures to increase access to liquidity by securing a larger overdraft facility to weather the storm that may be ahead.

Turning now to our funds, Our Reserve Fund was established in 2018 to cover three months' operating expenses. It is standard practice for prudent organisations to have such a fund in place. A healthy reserve fund is a sound indicator of a well-governed and financially resilient organisation.

Our auditors, RSM completed a benchmarking exercise across Australia for non-profits which suggests holding a three to six month reserve is in line with other organisations with a similar approach. We put this reserve in place so that we could respond to unexpected events and that's what we've had.

I can advise the board has approved last year's financial surplus to be directed towards this reserve fund to continue with our long-term financial stability. Some may ask why the surplus was directed to this fund when the College's position was facing a once in a century pandemic. The answer is that whilst measures to the response have been subsidised by Job Keeper etc., we do not know what will come next.

It's clear that the pandemic's long-term impacts are as yet still unknown. The reserve fund is there for this very reason – to weather further uncertainty. Our future fund, which was set up to diversify long-term assets from an existing property portfolio also remain strong. This combined with our foundation fund for generating income from grant making combined to give us an overall very strong funding position.

I'd also like to take this opportunity to thank our many volunteers. These are hardworking members and I'm sure you all know them, who go that extra mile to offer up their time and expertise. In all, we tallied a contribution of roughly 8,000 volunteer hours from dedicated GPs across the country. Whether that be contributing to councils, working groups, speaking to the media on issues, working really hard during the bush fires or being able to respond to activities as and when required, all we can say to these people is, thank you. Your efforts are greatly appreciated.

In conclusion, we cannot be sure what path this pandemic will take. What we can be sure of is that we are financially strong for the future. Because of our strong pre-pandemic financial standing, our swift, innovative responses to disruptions and the loyalty of our members, there is strong reasons for the members to be confident in the future of the College."

Members were invited to submit any questions they have relating to the financial report through the Q&A module available under the video broadcast on their screen.

"The recent introduction of telling members about what they are paying the CEO have been welcome. Member have been concerned about the payment to the CEO reported in this year's Financial Report. Can you please tell us how much we are paying our current CEO?"

The range for the CEO is in the order of \$400,000. That is the current remuneration of the CEO and that will be disclosed in next year's remuneration report.

“There have been concerns about the potential financial impacts of CPD being offered by private companies etc. moving forward. Can you tell us how the College is modelling this and how this is likely to impact our reserves?”

As you can tell from the strategy that was released earlier this week, the College is very focused on their CPD strategy and making sure that the offering to our members will be attractive to retain them for the benefit of the College. So there is a specific strategy in place to do that and the College is also very mindful of the pricing of those services so at this stage we have a plan. It'll be executed during the next 12 months and we are confident that the members will take up that opportunity and that we will not need to utilise our reserve funds.

“If we have had 8,000 volunteer hours and the RACGP usually pays \$85 per hour, can the College afford the \$680,000 required to pay those volunteers given our financial position?”

There are no current proposal or order to pay all the volunteers as most of those individuals give their time to the College because of their belief in the College, its values and what it's trying to do.

“If the current CEO is remunerated approximately \$400,000, why is the 2019-20 key personnel CEO payment \$1.8 million?”

The components of last year's remuneration report is a mix of several things. Firstly it includes CEO salary of the prior year and you can tell that from the 2018 rem report. It includes the salary for the interim CEO and it also includes the exit payments for the previous CEO including annual leave, long services leave and a number of other benefits that were included in her departure package.

“Are you able to elaborate please on the special projects and consultancy fees in the annual report that total approximately \$4.9 million”

These special projects and consultancy fees would relate to product development and other technology consulting that we would have used during the period and that would have been aligned with the College strategy.

As there is no requirement to vote on the adoption of the RACGP financial accounts and the reports of the Board and auditors, we will continue on with the formal business of the AGM. The next two items requires a vote to be carried. As noted, voting is being conducted electronically via the Big Pulse system. Glenn Donahue of OGL Group has been appointed to act as Returning Officer. He will oversee the conduct of the vote.

A total number of four proxy votes were received and cast by members. We'll now move onto item three which is presented on screen.

Item 3: Governance Matters

Resolution 1

The first resolution relates to feedback received from the membership during the 2020 Executive and Faculty elections and is for the RACGP to be more inclusive of membership and the interests of members. This amendment makes it easier for members to participate in Faculties that are relevant to them other than their regional Faculty.

I now invite members to submit any questions they have relating to the proposed constitution change through the Q&A module available under the video broadcast on your screen.

No questions were received. Voting remained open for 5 minutes.

Resolution one required 75 percent to pass, there were a total of 824 votes with 722 for and 47 against and 55 abstained. The resolution passed with 87.6 percent vote.

Item 4: Director's Remuneration

Resolution 2

Directors are paid an annual allowance for the time involved in carrying out their duties. In accordance with the RACGP's Constitution, clause 104(b), members through this Ordinary resolution are asked to approve a maximum aggregate amount as pooled remuneration for all RACGP Directors. The President's allowance of \$132,081 will be paid from this aggregate amount. No increase is sought on last year's maximum aggregate amount as the current pooled remuneration for all RACGP Directors, including the President, as directors is \$902,331. There is no increase sought on last year's maximum aggregate amount and the same amount of \$950,000 is proposed this year.

Are there any questions about this resolution? If so, please enter them in the Q&A module now. We have no questions regarding this resolution. The voting will close in five minutes, so during this time we'll move onto item five.

The second resolution required only 50 percent to pass. There were 937 votes with 599 for and 251 against and 86 abstained. The resolution passed with a 63.9 percent vote.

Item 5: Memorial minute

The Acting President and the RACGP respectfully acknowledges the RACGP members who have passed away since the last annual general meeting. Today is a time to reflect on the many years of dedicated service these members have given to the health of the Australian public and their involvement with the RACGP.

Dr Ayman Shenouda invited all present to provide the RACGP with any other members whose passing we should acknowledge.

In memorial video slides were displayed for viewer per state

In memory of Dr Harry Nespolon and a video montage of Dr Harry Nespolon was presented to the attendees.

Item 6: To declare the names of persons elected as Directors of the 63rd RACGP Board

The Acting President, Dr Ayman Shenouda, thanked the outgoing board members Dr Cameron Loy, Victorian Faculty Council Chair and Dr Krystyna de Lange, GPs in Training Faculty Council Chair for their tireless service, leadership and dedication to the RACGP.

- The Acting President introduced the Directors of the 63rd RACGP Board.
- **Ms Christine Nixon**, Chair of the Board
- **Dr Karen Price**, RACGP President
- **Dr Zakaria Baig**, Chair of SA & NT Faculty Council
- **Dr Sean Black-Tiong**, Chair of GPs in Training Faculty Council
- **Dr Michael Clements**, Chair of Rural Faculty Council
- **A/Prof Charlotte Hespe**, Chair of NSW & ACT Faculty Council
- **Dr Timothy Jackson**, Chair of TAS Faculty Council
- **Dr Anita Munoz**, Chair of VIC Faculty Council
- **Prof Peter O'Mara**, Chair of Aboriginal & Torres Strait Islander Health Faculty Council
- **Dr Lara Roeske**, Chair of Specific Interests Faculty Council
- **Dr Sean Stevens**, Chair of WA Faculty Council

- **Mr Martin Walsh**, Chair of Finance, Audit and Risk Management Committee
- **Dr Bruce Willett**, Chair of QLD Faculty Council
- **Dr Tess van Duuren**, Censor-in-Chief

In line with the RACGP's Constitution, the Board will meet following the AGM to appoint:

- Chair of the Board position
- Vice President position
- Chair of the Finance, Audit and Risk Management Committee
- Chair of the People, Culture, Remuneration and Nominations Committee

Dr Karen Price, the new RACGP President acknowledged the traditional custodians of the lands from which we are all meeting this evening and pay my respects to the elders past, present and emerging.

"I am delivering this address from the lands of the Wurjunderi peoples of the Kulin nations here in Melbourne.

Thank you to my team who helped me through the election process. Thank you to my family who are watching online. Thank you to the Victorian Faculty headed under Dr Cameron Loy who provided great encouragement in developing leaders in our profession. Thank you to Professor Ayman Shenouda who capable took over, I'm going to cry if I look at him so I won't look at him, who capable took over in the very sad and untimely death and loss of Dr Harry Nespolon. Ayman, you've been outstanding, your dignity and your courage through this time has been exemplary and you epitomise what is the wonderful nature of collegiality in general practice. Thank you so much, your support during the election time was outstanding and I really appreciated your kindness, care and concern for all of general practice, thank you.

So here we are. I am the 63rd President of the RACGP or maybe the 64th because I think we should count Ayman, but I'm only the fifth women to hold this noble and challenging office.

Women have been ready for the leadership but the question is always is leadership ready for women? I hope to see more diversity as we free up our world whilst acknowledging any change is uncomfortable. This talk is about struggle and it's about disruption. The ancient Greeks who I'm going to reference tonight in a freeze at the Parthenon depicted struggle where animals, humans and gods wrestled in this beautiful freeze in a procession that overlooked the ancient city. The struggle was called life by the antiquities scholars at the Acropolis museum.

In preparing for this talk I've pondered many articles on the history of the ancient craft of medicine but in the interest of time will narrow the focus to a brief history of general practice in Australia. I refer you to an article by eminent GP Professors and Academic Professor Mark Harris and Professor Nick Zwar in in MJA in 2014, but some key dates of our profession include in 1958 – the establishment of the Australian College of General Practitioners. In 1968 – the RACGP introduced the first general practice exams, this was only recognised by the government as an endpoint for training in 1987 and that meant that for 19 years, the RACGP was a trailblazer. In 1898 – Vocational registration was introduced. Between 1996 and 2002, we had the recognition of general practice as a speciality, well overdue. In 1997 ACCRM was established, in 1998 we had practice accreditation and between 1998 and 2020 we had the rapid corporatisation of general practice and so on.

The history is one of change and disruption, obstacle and of life. There were early women pioneers in Australian Medicine and that includes Constance Stone who Melbourne Uni wouldn't allow to enter. I'm so proud to know that my daughter is watching tonight being a Melbourne University medicine graduate. Her sister Clara was allowed to study medicine and 11 female doctors that era founded Queen Victoria and much of that was transferred now to Monash Medical Centre.

I note too that E/Prof John Murtagh whose honourary room we stand above in this building tonight was also considered a pivotal change agent from his era and we have had many chuckles over this. Another, Professor Max Kamien, an iconoclastic figure and now an Emeritus Professor of General Practice reviewed academic general practice in medical schools and concluded that one of the major reasons for the lack of progress in general practice research was a

widespread conviction that general practice was an applied science rather than an academic discipline. The struggle goes on.

According to Aristotle, practical wisdom or phronesis is the highest intellectual virtue, when he described knowledge as consisting of *techne*, *episteme* and *phronesis*. The wonderful Tim Senior, a New South Wales general practitioner and I shared some reflections about *phronesis* and Roger Naber, also an imminent British general practitioner on social media only last week.

I note that social media is progress. Dialogue was a significant part of the scientific enlightenment, the coffee houses of the late 1700s were called penny universities. We must remember though, with the dialogues come struggle and comes the stress of communication and the stress of subsequent adaption of position. It can be challenging to change your position on ideas and I know during my PhD that I've had to do that many, many times, but it's always improving of your argument.

In 2019, I was fortunate to visit the Greek Peloponnese and the ancient site Epidaurus, an ancient site of healing in the tradition of Asclepius. The exhibition consisted of ancient surgical instruments, herbal medicines, but also of improved nutrition of rest, of intellectual and cultural recovery, with the arts prominent as a feature of healing. It was a sort of ancient rehabilitation hospital, which in today's terms would likely only available to the very well-off. But the point is, is that holistic generalist care is part of an ancient recognition of generalism, rather than a poorer categorisation of healthcare by disease categories. Holistic patient-centered care, that's what we do. Generalism is reflected also in the modern definition of health by the WHO in 1948, and you're probably sick of me quoting this as I do it all the time, 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'

Susan Sontag was a great modern intellectual who argued against the stigma of HIV disease in the 1980's. She railed against the separation of wellness from disease. We know as GPs it's a false separation, the reduction of humanity to disease boxes is not health care. Social prescribing is important but should not be a substitute for good health policy and good health planning. But now let's leave history behind and get to the present state.

So now we have yet another crucible struggle where Mother Nature have exerted her forces and our industrialised model of legislative barriers to generalist healthcare were more recently exposed. General Practice is woefully and appallingly underfunded to do the job we were trained by the community to do. The neglect of Medicare is a nonsense and remains a number one health concern of the Health of the Nation report for GPs.

Bushfires, climate health and pandemics were Mother Nature's calling cards for the years 2020. Associate Professor Penny Burns, Dr Mukesh Haikerwal and Professor Michael Kidd, who's watching, discuss the role of the generalists in healthcare and disaster management in the opening plenary of GP20. Integrating our health system must be a priority in general practice, does not need more evidence. It needs political will, to recognise the power of the generalist. Denmark did it and managed to close down many, not all, expensive tertiary hospitals by re-investing in primary care. This was courageous policy.

Mother Nature hasn't finished with us yet as we will now begin to see a reckoning with delayed diagnosis, with mental health and chronic disease priorities, perhaps long COVID syndrome and a major vaccination program with a brand new vaccine. This combined with a potential economic fallout, a major technological adaption to telehealth and exposing of our federal – state funding dysfunction, exists as a major barrier to enabling Australia's healthcare system must be the key focus of GPs in 2021.

So this change is a constant and the struggle is real as GPs rightfully defend the health of the nation. Our patients remain our purpose and our focus will always be as RACGP and as a community of GPs to deliver for the high standards of education, of training and of accreditation for GPs to facilitate one of the best healthcare systems in the world.

My focus for this presidency will be on the value the RACGP can bring to you as a valued and esteemed colleague delivering healthcare in a tough and a struggling world. I see you and I will continue to listen to you all, although it's hard, remote, rural, regional and urban GPs. It is an era of activism for all the right reasons and we must engage with it. I can

give you hope, I have committed to working collaboratively with the AMA, with ACRRM, GPSA, GPRA and all who swim with us for the good of general practice.

My candidacy statement was all about a focus on the membership of this great profession. I focus on our ability to do the job we were trained to do for our patients to enable that crucible of longitudinal care, not task driven, not cross-sectional outcomes but long-term outcomes that only a generalist achieves.

I don't have to remind you of the work of Starfield or of the primary care paradox by Stan or by the WHO is reiterating the academic, intellectual, political and ethical imperative for governments to do the brave, courageous and needful. There must be innovative, contextually based funding models that allow us to independently practice. Not to leave contractors behind and not to burden practice owners to reduce bureaucracy and the risks of techno-crazy outcomes which are templated barriers to high-performing clinicians.

Quality improvement, continuous learning and professional-led standards will deliver a vital and wonderful career path for our doctors in training. Our Strategic Plan for 2020 – 2022 released this month includes a vision to deliver exceptional membership experiences, member advocacy, an educational framework for vocational learning and to strengthen the RACGP as your organisation, thanks for that Bruce. To do this, we need to acknowledge the past, we need to critically appraise the present and we need to deliver a meaningful future. We do this as a whole professional standing together. Our ancient tradition of holistic patient-centered care so under threat by commercial forces.

I'll be forming a presidential task force to deliver my candidate's priorities and I know in two years this will be a struggle, but I will lay the groundwork in partnership for many. This job is not about one single person, it's about all of you out there and all of you beyond this actual webinar. The messi-morass of many contexts and many different styles of general practice focused with the excellence and sacredness of a patient-centered therapeutic alliance will remain my focus. This is our purpose, it has always been our purpose, it has always been our struggle as we wrestle against the politics, the powers and the forces of material society, the forces of Mother Nature and the imperfect humanity that we are. But we are healers and our patients need us. As it has always been and now we're going to take our turn in the glorious moments of rebuilding our communities, our college, ourselves as fully alive and authentic individuals participating in the struggles of a noble profession.

Leadership is never done alone and I dedicate myself to you for this time. Come along with me, stand alongside with me as I lead and push forward for the necessary changes we all know that we need. If 2020 has taught us anything, is it life and our loves including our family, including our friends, including our profession and including our college are precious. Thank you."

The Chair thanked the President for her address and invited Ayman and Karen to come back to the screen for the official handing over of the Presidential chains.

Item 7: Other Business.

The Chair thanked Ayman for his wonderful contributions especially in stepping up into the role as the acting President and supporting Harry as well during the time when he was ill.

Other Business is conducted by way of questions from members. As noted at the commencement of the meeting all efforts will be made to answer all the questions and have made the commitment to address all questions in the time allocated tonight and otherwise take questions on notice and circulate them to the members. Members were invited to submit their questions through the Q&A module available under the video broadcast.

"Would the board consider an independent nominations and remuneration committee drawn from expressions of interest with selection criteria for skills based members drawn from the membership, possibly chaired by an independent member endorsed by the board who has no conflict of interest and one nominated board member rather than being made up entirely of board members?"

The remuneration and membership committee was only established within the RACGP about two years ago. On advice our current chair, I'm happy if Charlotte would like to pick this up in a minute, but let me suggest that obviously we listen to members and take their suggestions on board but at stage it's made up of a range of people from within the organisation and the chair is part of that as well. But also the President has expressed her interest in wanting to be part of that committee in the future. At this stage, I think the committee is quite young and learning and looking to expand its responsibilities into culture as well as remuneration. Underpinning our remuneration standards of course, our external advice which we sought from external professional agencies involved in this area, so I assume you're not asking us do we just make up the amounts. They are properly assessed and compared with other organisations but I'm happy for Charlotte who has been the chair of that committee for the last 12 months if she'd like to make any other comments.

“How will we ensure that the current CEO will take leave during the year rather than accumulating a leave liability?”

That matter will be up to the Chair of the Board as you heard there will be an election after this meeting, at the first board meeting. But the normal process for ensuring that CEOs take leave is that they report regularly to the Chair of the Board and the Board itself. I'm sure the Board will be very closely focussed on ensuring that the current CEO takes his leave and will do so in the appropriate style and I'm sure given my experiences with his so far, he's very happy to take leave when it's appropriate. Thank you for that question.

“Good evening RACGP Board. What is the Board strategy to re-engage members going forward in attempt to build trust and instil confidence in the membership” and I'll couple that with, “Will the board offer ongoing member engagement forums on a regular basis as a commitment to the members to listen to our concerns.”

Communication with members and engaging with the members is an important and key task for the College and a range of strategies will be developed and improved on. The new president confirmed her commitment to personally plan to oversee this. There are number of operational issues to consider however this will form part of the Presidential task force in trying to bring the RACGP out into the community.

It was noted a provost meeting on 8th December has been scheduled and some of this ideas will be discussed at that meeting as well as discuss how we can bring membership engagement right out into every part of the community of Australian general practice, not just in metropolitan Melbourne, not just in the major capital cities of Australia, but into everywhere. As everyone gets used to working remotely and through video conferencing, it is clear there is a possibility of being able to achieve much more.

There are faculty chairs from all the faculties here and they are very much a part of engaging with members continuously too and the president's future plans will also add to their plan to deliver to members which is one of the number one key goals that we have for the strategic plan.

“During the early stages of COVID19, the acting CEO asked staff employees to nominate for Job Keeper, to ensure the revenue of the RACGP. The reasoning was that since RACGP had to postpone our exams, it resulted in income loss. RACGP members have previously been informed that College exam fees are cost neutral, covering the cost of running the exam and as a source of general revenue. As such the exam postponement should have deferred both incomes and costs in equal measure. Why did the acting CEO frame the Job Keeper application process in terms of exam revenue loss?”

It is important to note that the Acting CEO and the College didn't just apply for Job Keeper in isolation. Advice was taken from our auditors to ensure that we met all the criteria that the Government laid down for Job Keeper, ensuring that we qualified and that it was paid in the appropriate manner.

The second point is that the cost of running these exams involves costs that go beyond any one period, so that even though the exam fees don't come in that period, the actual costs of being ready for that exam and all the preparation etc. they go over a long period that also included in this particular year, the College moving to a digital format for exams. So costs that were incurred this year that will actually provide benefit over the longer term.

“What is the remuneration for Director of the Board that have not been included in the Annual Report Table 2 p127?”

Table two on p 127 talks to the out-of-pocket expenses. So directors that didn't receive anything in that table, may not have received any out of pocket expenses in that period. But their remuneration is included in the table above in the collective number for all the board so those board members who were in office during the period did receive their remuneration for that period and it is included in the part at the top of table two, so it's table one.

“How will the board ensure that medical educators are retained, valued and recompensed fairly once RACGP takes over training?”

The College is working through the whole RACGP led process at the moment, in negotiations with the government and working our way through what that handover process might look like. It's a rather difficult question to appropriately respond to because the actual operating model that we will have in 2022 going forward hasn't been decided or confirmed, but the College can provide reassurance that going forward and if we are employing medical educators, obviously retaining people, talent and making sure that everyone's valued and appropriately remunerated is exactly where we want to be.

“As someone who is deeply involved in GP medical education what is the board /college doing to ensure that general practice remains attractive to our doctors in training?” And before you finish answering that, there is another question for you as well which is, “What happened to the President's hat?”

The President provided comment to this very complex question. She offers her encouragement for those that are in training to to finish and to have great mentors. She reflected on her experience of going through the RACGP when training was a part of the College and it was a wonderful collegiate environment. Unfortunately, with the loss of training, the College was seen particularly by the younger doctors as perhaps a bit more transactional than we would like, however that will change when training and education comes back to the college. The retention of our wonderful medical educators, our medical supervisors and the intellectual capacity will be key to success.

We can't ignore the fact that general practice overall has been underfunded and clearly that's a big concern of just about every GP and restoring the respect and status that we deserve within the health system overall. There's a whole range of strategies that will be involved in promoting general practice as a career and I think that there's probably a raft of things that need to be done including the collegiately, the remuneration and the advocacy that the College is going to develop in its next strategic plan.

The president noted this is an issue we constantly have to re-examine, but the College is very much committed to making a great experience for our young doctors in training and wished the best of luck to those that will be sitting their fellowship exams next week.

The Presidential Hat was not available for today's meeting.

“To the President, from Mukesh Haikerwal, I have seen many Medical organisations lose touch with their roots when they take up a “corporates structure”, refer to me as a “customer or client” not a member / professional colleague to be supported but also learn from. Can you comment on your thoughts about restoring the professional support – not a number!”

One of my little pet topics too, I think we need to get back closer to our members and our member focus and as Ms Nixon commented, that's going to be a big part of our strategic plan, making the members first and foremost in everything we do. Members are the RACGP and RACGP are the members. Without members there is no RACGP, so we need to make sure that we have that experience first and foremost from every decision we make on the board and right through the organisation. I think there's a great appetite for change and moving into a direction where we can have better interactions together by having some town hall correspondence with myself and others.

I'm showing you how the RACGP works as an organisation which is to some extent a corporate structure and a different hierarchical structure to something that GPs in small business might be used to but it's a necessary protection, some of

that governance to make sure that power is not invested in any one person, the power is distributed over the organisation so that the members interests are looked after and it doesn't become a personal playfield of any one person. I think that's a really critical thing that we focus on governance and we educate GPs out there in the faculties about what their governance means and how they can participate with it, because those things will keep our College safe going forward into the future.

“Was there a tender process for the 2020.2 KFP/AKT exam? Who drew up the specifications for the tender process? Are these specs available for the Membership to see?”

So with regards to a tender process for the delivery of the online proctored or remote online proctored KFP and AKT exam, there was not a tender process and that was because of a number of factors. The provider was particularly specific to the RACGP's needs and there was a long term relationship there and there was also time pressures that did not enable a tender process. So we don't have any terms of reference or outline that we can share with members in that regard.

“Would the board consider changing the makeup of the board to increase GP representation who also have skills in governance finance, strategy etc. and have the members vote on the independent members? Also why would the Chair of the RACGP not be a GP?”

The first part of that first question is about the governance of the College and I'm not sure whether people are aware that we've done a governance review before and that went all around the country, consulted with the GPs all around the country to come up with a model for the future. This model didn't pass by the members and we feared that this part of the model that members weren't happy with and then other parts that members were happy with. So we decided as a board to do incremental changes in the constitution to try and achieve better governance within the board.

As for the question about the chair of the board, so the chair election is a function of the board. So obviously last year when Christine Nixon was elected as the Chair, it was decided by the board that Christine would be the first person to take the board for the past year and that is a decision by the board to decide on. So obviously the board saw that Christine had the knowledge and expertise to carry on with the job and she was most trusted by the whole board to do that.

I think it's also reasonable to say that governance of the organisation is always being looked at and over the next 18 months or so we will in fact be looking at a governance review, talking to members, asking them about the kind of structures they think are best to manage this organisation. I should also say though that all of the board members that I've worked with during my time as an independent director have been skilled in the way that they've carried out their duties and responsibilities. The faculty chairs have always done the very best they possibly can, many of them already have qualifications in governance, in different arrangements or experience in governance. I certainly view the experience of the members who have been on the board that I've been on is very highly skilled and thank you for that question. We'll look for the next one now.

“I think the DiT question relates to attracting junior doctors who are pre-vocational (still in hospital) and what the College can do to attract them to our speciality as they are choosing other options over general practice for a myriad of reasons.”

We do have to make general practice overall a revitalised career and I believe that some of that relates to the funding models, to seeing that you've got a career path through general practice and to do that we have to give people experiences within general practice. Having watched my daughter go through Melbourne Medical School, I know they don't get very much exposure to general practice that is very meaningful to them.

So, I think that in reading things like the PGPPP which we've talked about at government levels and has generated some interest needs to be relooked at because even if people end up back in hospitals at least they've got an experience of what general practice is and they've stopped running it down within the universities and so forth which we still hear about. Unfortunately some of that is embedded attitudinal stuff and I think that some of that relates to the way funding is

of course but it also relates to the fact that many of the peak doctors in hospitals perhaps have never experienced general practice.

I think we need to blow our own trumpet to be honest and I'm happy to do that along with 35,000 other of you to continue to talk about the outcomes that we achieve in primary care. Primary care is something that achieves wonderful outcomes, we know there's a primary care paradox which is referenced in academic literature and we really need to start talking about it, we don't need more evidence. Like I said, we need to start talking about what we do and proving to others that we are an invaluable member of the medical profession. I think that restoring pride in our profession is really important, I've talked about perhaps looking at whether we need to ring fence our speciality, something we can take to the members of being family physicians knowing that we've got a fellowship.

I referenced during my election, eight different types of general practitioner that was on Dr Sam Hurd's blog, a previous Presidential Candidate and from another election time, where the vocational registered GP was mixed in amongst other types. I think we've got to start talking about what we do, how we do it and the standards to which we achieve. I think these are vital to interest our young doctors in having an intellectually stimulating career.

I think the national faculties of specific interests are a great interest to many doctors and a lot of you perhaps don't even know that they exist but I think there's 34 of them within our College of wonderful extended skills that we can do and I think there's opportunities in there to really develop a vital educational experience that goes across the lifetime of being a GP. You may start off in one area of interest and end up in other areas of interest, the flexibility, the ability to run your own business, these sorts of things are wonderful opportunities for young doctors and I think we need to start talking about them and start promoting what we do and why it's so enjoyable.

We also need to look after ourselves because burnout is a significant issue for young doctors in particular the interest in some of the entitlements for transferring from doctors in hospital to doctors in general practice in training, I think this is a critical issue, I believe I talked about in my speech there about the lack of courage in political policy. I want to say that I keep talking about the national taxpayer-funded child care because that is something that is holding Australia back in Industrial reform. You can be sure that I'm going to be whispering that into every politician's ear or maybe not whispering, maybe I'll be talking about it really loudly. These are the reforms we need to go forward and to look at how we continue to make sure that doctors don't take a fall in income when they start general practice training.

I'm told by Dr Danny Burn that back in the 2000's this didn't happen, that doctors coming out of the hospital system going to general practice didn't suffer a loss of income and that's because Medicare was much better funded. So these are a complicated set of things that we need to manage and I think I'll take all of your opinions of course but there's a range of methods that we need to do. These are long-term issues and I think we can turn the boat around but I think it's going to take time. I've written in Croakey, you can look up an article in Denmark, how they revitalised primary care by reinvesting in that speciality. So there's a lot of ways of doing it but we've got to get political courage and political will and we need to exert political pressure.

“The RACGP aspiration must be for the College to have a presence in each and every consult: in addition the College needs to have a presence in every General Practice! Any commentary welcome.”

One of the new President's platforms was to make the RACGP brand a visible brand to patients so they understood that RACGP stood for a quality brand of general practice. Quality is really hard to understand for patients and I think that we can, with revitalising CPD program, with our acknowledged expertise in standards and of training that we can start talking about RACGP GPs as being something that patients can trust and I think if we start promoting the RACGP brand within every consultation and using it in a way as a proxy of value and of quality that that starts to really drive home that there are standards there. There are fellowships, there are specialities in general practice and patients start to understand what actually, give them some health literacy about how the health system works.

“Apropos the new President's plans for ‘town hall’ meetings, should there be a trial of reserving time in meetings of Faculty Councils for members who have concerns, ideas, proposals to speak to those for a short time e.g. five minutes, after having sent their concerns, ideas or proposals in advance?”

The question was clarified to being about members going to faculty meetings. If a member wishes to attend faculty meetings, they must consult the faculty regulations and talk to the faculty chairs who run those meetings. It was noted that more openness was wanted and needed and the to show what happens in a faculty meeting and that would be up to each state faculty chair.

“What was the pre-existing relationship between the RACGP and the company involved with proctoring the 2020.2 exams?”

It was a normal commercial, professional, contractual relationship.

“Has an auditor been appointed to investigate and determine the KFP/AKT 2020.2 exams? If not, why not? If appointed, when are we expecting the initial report and can the board provide an unequivocal promise that the full report will be available for scrutiny by the membership?”

The Board has requested the management to conduct a thorough internal investigation which will underpin thinking through the terms of reference for the external review. That investigation was able to look at all of the documents and consultation with a number of people to understand the context and what had happened in the failure of the examination system. It was noted that an external review will be established with terms of reference contributed to by the GPs in Training faculty. It was noted that this review will look at the broader issues around the examinations and around education and not just look at the exam failure. It will consider what is possible in the future, what is the technology of the future, how might we be able to adapt and use those.

The Chair, Christine Nixon thanked everyone for their attendance and declared the official close the 2020 RACGP Annual General Meeting at 8:48pm