



Annual report

2024–25



RACGP
Royal Australian College
of General Practitioners



The Royal Australian College of GPs.
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Cover image: Dr Michelle Kah, Ferntree Gully, Victoria

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

Annual Report

2024–25

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Dr Michael Wright

MBBS, MSc, PhD,
FRACGP, GAICD
President

Message from the President

Over the past year, my first as RACGP President, the College has had some major successes while also facing many of the ongoing challenges of our profession and our health system. I've had the privilege of hearing from many of the College's 50,000-plus members. Across the country, whether in rural settings, remote Aboriginal or Torres Strait Islander communities, or metropolitan practices, your priorities have been clear: strong and consistent advocacy, increased funding and a well-supported workforce are key to providing a strong and sustainable future for general practice.

This remains the focus for me and for your College as we continue to highlight the value of GPs and general practices to our health system, and as we deliver efficient, high quality, comprehensive and long-term care for communities all around Australia.

In the past 12 months, we've seen record numbers of registrars entering general practice and new supports for supervisors and training providers. This is encouraging for the future of our workforce. We know almost nine in 10 Australians visit their GP each year, and it's essential that we address workforce challenges to safeguard the future of general practice for all Australians. It is also excellent to see positive feedback from registrars participating in the RACGP training programs, and a renewed five-year AMC accreditation so the College can continue training GPs all around the country. We welcomed commitments from the Government to fund our proposal to improve and increase GP training numbers, and improve the wages and leave entitlements of GPs in training.

We also saw a Federal Election that placed affordable access to general practice at the forefront of the national conversation, with the biggest commitment to increase Medicare spending in its 40-year history. Our advocacy called for more sustainable funding models that properly reflect the value of GPs in our communities, and the Government has

committed to funding many of the initiatives presented in the RACGP's **Plan for accessible, affordable general practice care for all Australians**.

The Government's funding commitments will increase Medicare payments for many practices. We have been working constructively to ensure that this funding flows through to the GPs, practices and patients who need it most. We know that more needs to be done to improve the financial viability of practices and to support you to deliver the care patients need.

I look forward to continuing discussions with both College members and Health Minister Mark Butler to ensure the varying needs of the profession are heard and addressed over the next three years and beyond.

Some more positives this year included the expansion to GP scope through reform of regulations around ADHD in many states, the rapid rollout of AI-supported technology across the country, and the long overdue establishment of a national College committee supporting the needs of international medical graduates.

Looking ahead, as well as our ongoing commitment to ensuring affordable and accessible healthcare for all Australians, your College and I will continue to advocate for reforms that recognise the increasingly complex work we are providing and support the strengthening and availability of general practice to our Australian community.

I remain inspired by the ambition and enthusiasm of so many of our members, who are not only providing care to communities in every corner of this nation, but who are committed to strengthening and growing our profession and our College. It is an honour to represent our diverse membership in so many events, conferences and consultations all around this country, and I've loved meeting so many of you. The year hasn't been without its challenges, but I'd like to think that we enter the coming year with a clear vision about general practice's place in Australia.

I extend my sincere thanks to our RACGP members, staff, partners, and my fellow Board members for your dedication, insight and resilience. Together, we are building a stronger College and profession.



Dr Siân Goodson

BMedSci, BMBS, MRCP (2002),
DRCOG, FRACGP, GAICD
Chair of the Board

Message from the Chair of the Board

The 2024-25 financial year was a period of significant progress and renewed strategic direction for the RACGP.

This year marked the College's first full year with Georgina van de Water as CEO. On behalf of the Board, I want to acknowledge Georgina's strong and thoughtful leadership. In close collaboration with the Board and wider College community, Georgina has led the development of a 2025–29 Strategic Plan, which sets a clear course for the years ahead. This plan reaffirms the College's commitment to supporting GPs at every stage of their professional journey and strengthening the role of general practice within the health system.

We've seen considerable progress across several key areas in 2024–25. The College secured Australian Medical Council (AMC) reaccreditation for our delivery of specialist medical programs, a process that involves substantial effort from across the organisation. In April 2025, the College gained Health Promotion Charity status. These achievements are markers of quality and capability in medical education, and I congratulate everyone involved.

We also delivered on our Australian General Practice Training (AGPT) grant requirements, with continued excellence in our training programs. The member roundtable on the Fellowship Support Program (FSP) highlighted our commitment to continuous improvement and expansion, ensuring the program meets the needs of participants and communities alike. We were also proud to achieve six-year reaccreditation for our CPD home, demonstrating the high standard of our continuing education offering.

This year saw important changes within the Board, and I want to acknowledge my predecessor Dr Lara Roeske and Past President Dr Nicole Higgins for their contributions and commitment. We welcomed to the Board our new RACGP President, Dr Michael Wright, as well as Dr Jeremy Hudson, Chair of RACGP Specific Interests. Both have brought valuable experience and perspectives, and I look forward to continuing our work together.

In line with our focus on continuous improvement, the College has implemented structural governance changes, including the establishment of a new Academic Committee (replacing the Education and Workforce Committee) and the creation of a dedicated Supervision and Medical Education Committee. We also established an International Medical Graduate (IMG) Committee to represent and advocate for the interests of IMGs, ensuring their voices are heard and perspectives considered in the College's decision-making.

We've committed to a broader governance review, undertaken in partnership with members. This review will ensure we remain GP-led and guided by the right balance of clinical, operational and strategic expertise.

Our membership remains strong, with encouraging retention rates that reflect the value members see in their College. We have continued to operate from a position of financial stability, allowing us to invest confidently in the future of general practice.

Thank you to all our members, partners, and team for your ongoing support and commitment. It's my pleasure and privilege to work with you as we ensure a sustainable future for general practice and shape a healthier future for Australian communities.



Ms Georgina van de Water

Chief Executive Officer

Message from the CEO

I always find it humbling as I write this message each year and reflect on the contribution of our members, who give their time and effort so generously to support our important work and that of the profession. It is difficult to overstate just how crucial these past 12 months have been for the RACGP and general practice.

Significant investment in Medicare and the GP workforce has laid the groundwork for major reform across primary care, with the College well positioned to help shape the changes and maximise the contributions members can make to Australia's healthcare system.

Our **2025–29 Strategy**, informed by member feedback and insights, was launched in January and sets out clear priorities for the coming five years covering member support, workforce and training, innovation and technology, and advocacy and funding.

Enabled by a contemporary and sustainable College, these focus areas serve as ongoing reference points and provide a framework to support critical decision-making aligned to our long-term goals.

Innovation was a key focus in 2024–25, with the College developing several strategic initiatives aimed at ensuring our members feel supported from the moment they start training, right throughout their careers in general practice.

These initiatives – centered on workforce, communication and digital transformation – will allow us to further streamline processes, refine priorities and enhance our offering to members. Our focus on futureproofing and innovation also led to the inaugural **RACGP Hackathon**, which gave members an opportunity to collaborate with tech experts and entrepreneurs on real-world challenges facing general practice.

We know many of these issues, like scope of practice, remuneration and workforce distribution, can only be addressed through strategic and sustained advocacy, and

that members are best placed to inform the work we do in this space. This understanding has resulted in numerous member forums throughout the year, including round tables on urgent care clinics and the Fellowship Support Program, where members provided feedback and drove discussion on these crucial issues.

It also guided work conducted by Rural faculty members as well as the broader College to strengthen our offering for rural training and post-Fellowship support. We likewise launched the **Aboriginal and Torres Strait Islander Cultural and Health Training Framework** to support our GP training teams in promoting culturally safe and appropriate care, while embedding Aboriginal and Torres Strait Islander values and ways of working across all elements of our training programs.

Earlier this year the College released our **statement against racism**, detailing our ongoing commitment to measuring, challenging and addressing racism in general practice and the broader healthcare system. Through our GPs in Training Wellbeing Committee, we signed up to the **Every Doctor, Every Setting National Framework** to promote the mental health and wellbeing of medical practitioners as a national priority. Everyone deserves to work or train in a safe environment, and both of these initiatives will create real impact for the welfare of our members.

The ongoing quality of our training programs helped the RACGP achieve re-accreditation from the Australian Medical Council (AMC) for a further six years, and reaffirmed our status as a College of choice for 90% of registrars enrolling in the Australian General Practice Training Program.

When combined with confirmation that the RACGP now has full Health Promotion Charity status, it is clear that the College is positioned for sustained success that will allow us to continually improve the member experience.

I'd like to take this opportunity to thank our Board, executive team and all of the RACGP team who support our members. I also extend my deep gratitude to our members – your feedback and input shapes the work we do and the issues we champion and helps make this College what it is: your RACGP.



Dr Tess van Duuren

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

Message from the Censor-in-Chief

This year, we continued to build on strong foundations to deliver high quality training programs and pathways to Fellowship. The sections of this report 'An outstanding Fellowship' and 'A flourishing GP workforce' demonstrate the volume of work by our teams and the ongoing success of these programs.

We continue to see increased interest in general practice training, translating to an increase in the number of Fellowships awarded. In 2024–25 we awarded 1687 Fellowships, including 1293 FRACGP, 255 FRACGP–RG, 25 FARGP and 114 International Conjoint Fellowships of the RACGP. Congratulations to all our New Fellows, and my sincere thanks to everyone who worked to support our GPs in training, New Fellows, and the communities they serve.

In October 2024, the Medical Board of Australia launched the Expedited Specialist Pathway. This pathway is for specialist international medical graduates (SIMGs) seeking specialist registration in Australia and includes GPs. In response, the RACGP developed a package of support – including curated CPD – that will allow

SIMGs to meet the Expedited Specialist Pathway requirements for orientation to the Australian healthcare system, while also meeting CPD home requirements. SIMGs who achieve unconditional specialist registration as a GP through this pathway will also have the option of applying for Fellowship of the RACGP.

The Education and Workforce committee approved both the [Assessment Framework](#) and the updated version of the [Progressive capability profile of the general practitioner](#). A major change in the profile is a further refinement to describing the capabilities by roles rather than across the domains of general practice. The Assessment Framework serves to outline how and why assessments are designed, developed and delivered, and to guide future improvements.

The RACGP Education and Workforce Committee has been replaced by the Academic Committee of the Board. The Academic Committee will assist the Board in fulfilling its oversight of education and training activities to ensure the integrity and quality of the RACGP's programs. The Council of Censors continues to deliver on its terms of reference including quality assurance for assessments, ratifying assessment and exam results and making decisions about admission to Fellowship.

About the RACGP

For more than 60 years, we've been the backbone of Australia's primary health system. We set the standards for education and practice, and advocate for better health and wellbeing for all Australians.



The RACGP strengthens general practice by supporting GPs at every stage of their career – from medical students and GPs in training to experienced practitioners.

Through ongoing professional development, the College helps GPs expand their skills and stay up to date throughout their careers. We also develop resources and clinical guidelines that enable GPs to deliver world-class healthcare and manage the unique challenges of running a practice.

Outside of the consulting room, the College helps GPs improve the health and wellbeing of all Australians by hosting events, providing resources, and creating opportunities for connection.

And as the leading advocacy voice for general practice, the RACGP ensures the vital role you play in the community is recognised and valued through government policy that funds and supports high-quality, sustainable patient care across the country.

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

Membership snapshot

Members 2024–25

The RACGP is Australia's largest medical college, representing nearly 53,000 current and future GPs across the country.

'Other members' includes vocationally registered non-Fellows, international medical graduates, non-vocationally registered GPs, resident/interns and retired GPs.



We are proud of the diverse experiences and skills of our members

Top 10 countries where members received their qualifications (outside of Australia)

Country	Total
India	2125
UK	1918
Sri Lanka	1318
Pakistan	1191
Bangladesh	990
Iran	983
Egypt	546
China	516
Malaysia	514
Myanmar	485

Members by career stage

Late career (35+ years)	6268
Mid career (6–35 years)	23,238
New Fellow (0–5 years)	7191
Pre-Fellowship (GPs in training, international medical graduates)	6729
Pre-vocational (students and resident interns)	9431
Unknown	43
Total members	52,900



19,741

RACGP members have a qualification from a non-Australian university



16,877

Members with an interest in Aboriginal and Torres Strait Islander health

Aboriginal and Torres Strait Islander members

Aboriginal	387
Torres Strait Islander	17
Aboriginal and Torres Strait Islander	42
Total	446

Rural faculty members by location

	Total
Metro	14,946
Rural	9850
Other	1900
Total	17,826

*Defined by being in Modified Monash Model (MMM) locations 2–7

Gender

	Total
Female	28,193
Male	24,607
Not specified	100
Total	52,900

RACGP Board



Dr Siân Goodson

BMedSci, MBBS, MRCP (2002),
DRCOG, FRACGP, MAICD
Chair, RACGP Board of Directors
and RACGP South Australia



Dr Michael Wright

MBBS, MSC, PhD,
FRACGP, GAICD
RACGP President



Dr Rebekah Hoffman

MBBS, BSc(OT), MPH, MSurg,
MSPMed, GDAAD, DCH, GAICD,
AFRACMA, PhD, FRACGP
Board Deputy Chair and Chair,
RACGP New South Wales and
Australian Capital Territory



Dr Ramya Raman

FRACGP, MBBS, Dip Child
Health, BSSc (Psych)
RACGP Vice-President and
Chair, RACGP Western Australia



Dr Tess van Duuren

MBChB, BSc(Hons)
(Sport Med), FRACGP, GAICD
Censor-in-Chief and Chair,
Education and Workforce Committee



A/Prof Michael Clements

B.Econ (Hons), MBBS, DAvmed,
MPH, MHM, FRACGP-RG, FARGP,
FRACMA, FACAsM, GAICD
Chair, RACGP Rural



Dr Toby Gardner

BA (Psych), MBBS,
FRACGP, GAICD
Chair, RACGP Tasmania



Dr Sam Heard OAM

MBBS, MRCGP, FRACGP,
DRCOG, FAIDH
Chair, RACGP Northern Territory



Dr Cathryn Hester

BE (Hons), MBBS, MBA,
DCH, FRACGP, GAICD
Chair, RACGP Queensland



Dr Jeremy Hudson

MBChB, FRACGP, Advanced
Certificate Skin Cancer Medicine
& Surgery, Advanced Certificate
Dermoscopy (Distinction) SCCA
Chair, RACGP Specific Interests



Scott King

CA, BEc, MAICD
Co-opted Independent Director
and Chair, Finance Audit and
Risk Management Committee



Dr Rebecca Loveridge

BComm, MD, FRACGP, GAICD
Chair, RACGP GPs in Training



Dr Anita Muñoz

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



Dr Karen Nicholls

B.Med, FRACGP, Dip Child Health
Chair, RACGP Aboriginal Health
and Torres Strait Islander Health



Dr Michael Stanford AM

MBA (MacQ),
MBBS (UNSW), FAICD
Co-opted Independent Director

Board members who served until the 2024 AGM



Dr Lara Roeske

BMedSc, MBBS (Hons), FRACGP,
DipVen, MAICD
Chair, RACGP Board of Directors
and RACGP Specific Interests



Dr Nicole Higgins

MBBS, FRACGP, GAICD,
CertNegotiation (LSE)
President, RACGP

RACGP Executive team



Georgina van de Water
MBA, GAICD
Chief Executive Officer



Paula Holden
FAICD, MBA, FCPHR,
GradCertHRM, B. Man, JP (Qual)
Chief People Officer



Pranay Lodhiya
FCPA, BCom, MBA, GAICD
Chief Financial Officer



Amanda Semertzian
BA UniMelb, GradDipACCGRM,
FGIA, FCG, GAICD
Company Secretary



Shayne Sutton
BPoliSciPA, BCom (Hons),
GAICD
Chief Advocacy Officer



Dr Tess van Duuren
MBChB, BSc (Hons) (Sports Med),
FRACGP, GAICD
Censor-in-Chief and Chair, Education
and Workforce Committee

Past Executive team members



Dr Tim Ross
MBBS, FRACGP, MBA,
CHIA, GAICD
Chief Education and
Training Officer



Lydia Sandercock
Executive MBA, GAICD
Chief Member Experience Officer



Key areas of focus

The RACGP **areas of strategic focus** guide the College in everything we do to support our members, strengthen the profession and ensure general practice in Australia remains sustainable and responsive to community needs.

An outstanding Fellowship

Fellows belong to a strong, united and mutually supportive community. They value the membership benefits that help them navigate the challenges of an evolving healthcare landscape. Members take pride in choosing Fellowship of Australia's largest specialist medical college.

A flourishing GP workforce

RACGP Fellows are among the best trained medical professionals in the world, prepared to address the health needs of Australia, in all locations, in a flexible, forward-thinking and culturally responsive manner.

A future-ready profession

General practice is the driving force behind innovations that shape the future of a

healthy nation. We empower our members with modern tools, valuable resources and ongoing support, enabling them to provide the comprehensive quality care our patients deserve.

General practice at the heart of the health system

The RACGP is recognised as the voice for GPs, advocating for general practice as the foundation of an effective primary healthcare system. A strong GP workforce ensures the efficient management of diverse health needs, fosters preventive care, and improves health outcomes for all of Australia's communities.

Underpinned by a contemporary and sustainable College.

Member Engagement Survey

The annual RACGP Member Engagement Survey seeks to empirically measure and monitor the quality of the relationship between members and the College, and is a key input for the strategic planning cycle.

Taken during October and November 2024, this year's survey provided valuable insight into member expectations of the RACGP, and how members feel these expectations are being met. The insights indicate a significant improvement in how members perceive the value and support provided by the RACGP.

The College's performance was measured against the member value drivers of:

- advocacy
- professional excellence
- connected community
- financial stability
- professional wellbeing.

The insights showed:

- Effective advocacy for the profession remains high in members' expectations of the RACGP.
- Members see fair remuneration and changing regulations as the biggest challenges facing the profession. There was a decrease in member concern over payroll tax issues.

- Scope of practice reform has emerged as a key concern following changes made by the Federal Government. Members expect the RACGP to help counter the encroachment of other health professionals on their scope.
- CPD-related activities remain one of RACGP's strongest areas of performance. Satisfaction with the RACGP CPD Home is very high, reflecting its effectiveness in supporting professional development.
- The RACGP's clinical guidelines and standards, clinical information and resources, training and education are meeting member expectations very well.
- Members place great value on belonging to a connected community. Most feel connected to the RACGP at either a national or state level, with this sense of community strongly correlated to overall satisfaction.
- Members agree that attracting the next generation of GPs to the profession should remain a high priority for the RACGP.



An outstanding Fellowship

In 2024–25, the RACGP continued to deliver a nationally consistent, locally responsive training experience. From welcoming junior doctors to their GP training journey right through to Fellowship, our focus is on high-quality training programs that equip registrars to meet community needs and thrive in a changing health landscape. This year, the RACGP was successfully reaccredited as a training organisation by the AMC until 2031, reinforcing the strength and quality of these programs.

At every stage of the journey, the RACGP is committed to fairness, transparency and excellence. We introduced changes to the application and selection process to improve the experience for applicants and saw growing interest in the Australian General Practice Training (AGPT) Program and Fellowship Support Program (FSP).

The expertise and mentorship of our medical educators, supervisors and training teams supported more than 6500 registrars on the path to Fellowship this year. Cultural safety has also been a focus as we embed the **Aboriginal and**

Torres Strait Islander Health Cultural and Health Training Framework into training delivery.

With more than 3500 accredited training practices and more than 6500 supervisors in diverse settings – including Aboriginal Community Controlled Health Services, rural clinics and underserved areas – we continue to focus on driving workforce growth in areas of need.

The RACGP is proud to lead Australia's largest and most comprehensive general practice training program, shaping the next generation of GPs and strengthening the future of primary care.



Trainee attraction, application and selection

With GP training applicant numbers continuing to rise, the RACGP improved the application and selection experience in 2024–25, refining processes for all training pathways to ensure a more streamlined experience for applicants.

AGPT Program applications grew by 54%, with 1504 registrars commencing training. FSP applications grew by 34% and 440 FSP registrars began training during the year.

This growth is the result of initiatives that are improving the training experience, including the Victorian Government GP training incentives, the RACGP's advocacy for a national GP training incentive, and study leave and parental leave for AGPT participants.

Practice Experience Pathway – Specialist (PEP Specialist) applications fell by just under 12%, which may be attributed to some participants delaying their decision while awaiting details of Ahpra's expedited pathway process. However, applications returned to previous levels following

the announcement. Nearly 1000 PEP Specialists commenced work towards their Australian Vocational Registration this year.

The Situational Judgement Test (SJT) replaced the Candidate Assessment and Applied Knowledge Test (CAAKT) and Multiple Mini Interviews (MMI), which allowed the College to streamline its merit selection process and pass on a saving to AGPT applicants.

Selection continues to play a significant role in ensuring that underserved communities are supported, as general practice registrars may continue working in these communities after achieving Fellowship.



54% growth
2923 AGPT applications



34% growth
755 FSP applications



12% decrease
997 PEP Specialist applications



Programs to achieving Fellowship

Australian General Practice Training Program

The RACGP AGPT Program remained the program of choice for more than 80% of junior doctors pursuing a career in general practice. Junior doctors interested in rural general practice were twice as likely to choose the RACGP, despite having a choice of colleges with which to train.

RACGP registrars reported high satisfaction rates in the [2024 Medical Training Survey \(MTS\)](#) and the [National Registrar Survey \(NRS\)](#), with the NRS reporting AGPT Program members had:

90% overall satisfaction with the **RACGP training program**

91% overall satisfaction with the **training and education experience** provided by their training facility

91% satisfaction with their **placement**

97% satisfaction with guidance received from **cultural mentors**

85% satisfaction with **health and wellbeing support** provided by the RACGP.

Rural Generalist Program

One-hundred-and-eighty registrars commenced Rural Generalist training – an increase of 33% – with positive feedback on the opportunities and flexibility the program provides. Progression of Rural Generalist medicine as a recognised subspecialty within general practice remains ongoing and is being actively led by the Rural faculty.

Fellowship Support Program

FSP participant numbers grew by 73% to 1238, in line with [the record number of doctors approved for immigration](#) by the Australian Government.

Participants were supported with workplace-based assessment and resources such as access to therapeutic guidelines and the Self-Assessment Progress Testing (SAPT), which helps registrars prepare for their examinations.

PEP Specialist

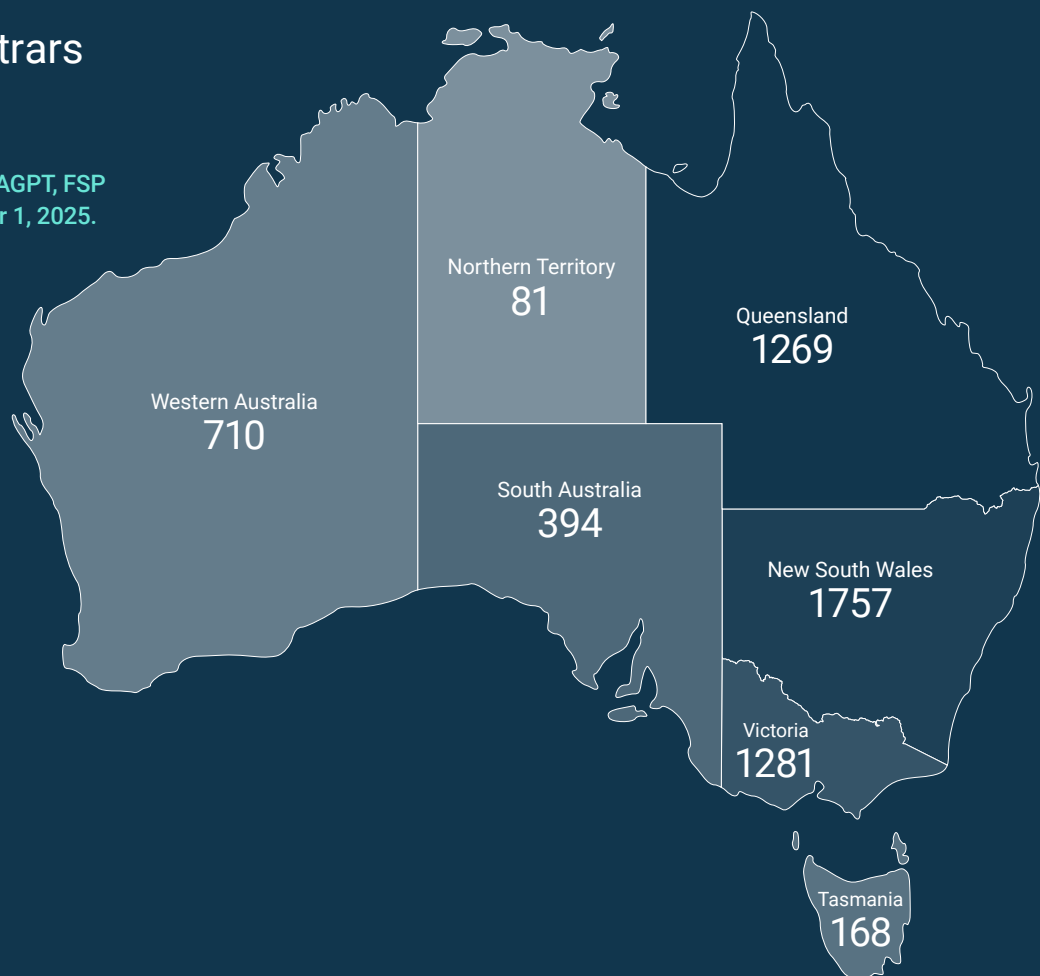
PEP Specialist supports international medical graduates (IMGs) with specialist qualifications in general practice to become Fellows of the RACGP. Nearly 1000 PEP Specialist doctors from a variety of countries commenced their entry assessments this year, while 105 were awarded Fellowship after successfully completing all bridging program requirements and assessments.

PEP Standard

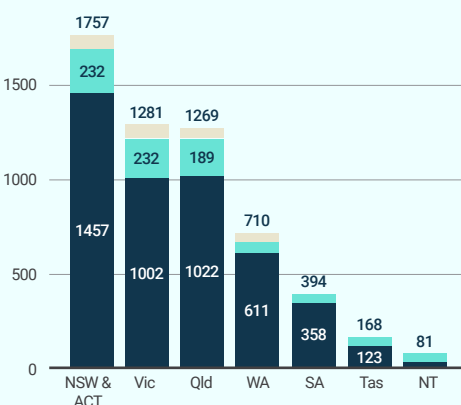
Although government funding for PEP Standard ceased in 2022, 550 Fellowships were achieved under PEP Standard this year with 892 participants still in the post-education period of this pathway.

RACGP registrars in training

Total registrars across AGPT, FSP and PEP SP in semester 1, 2025.

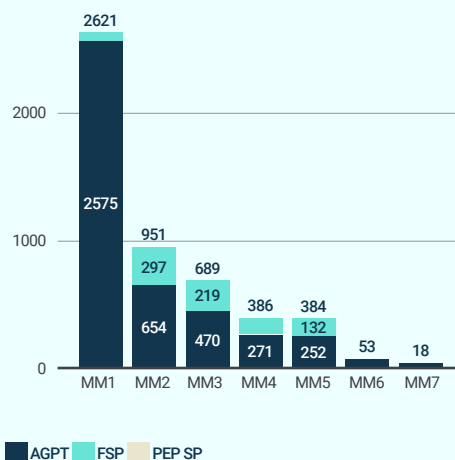


AGPT, FSP and PEP SP by state



* The total number of overall registrars includes PEP Specialists.
Workforce insights June 2025 | Workforce planning team

AGPT and FSP by MMM



AGPT FSP PEP SP

Assessment to attain Fellowship

All AGPT Program applicants sit entrance assessments to help establish suitability within a merit selection framework. Throughout 2024–25, 2547 AGPT applicants sat the GP training entry assessment relevant to their cohort – a 91% increase on the previous year. This reflects a growing interest in general practice as a career, and is an endorsement of the College's continued improvements to the training program.

Assessments undertaken by IMGs also grew, reflecting strong engagement with the College's offering for international doctors seeking to practice in Australia. Nearly 500 Pre-employment Structured Clinical Interview (PESCI) assessments were completed throughout the year, an 84% increase from 2023–24, while General Practice Experience assessments for PEP Standard and FSP participants grew by 134%.

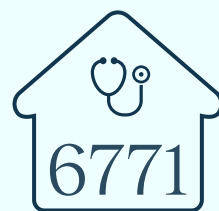
The PEP Specialist comparability assessment gauges the degree to which an applicant's vocational registration from another country compares to Australian general practice. These assessments fell by 12% throughout the year, attributable to the Ahpra expedited pathway announcement.

The Applied Knowledge Test (AKT), Key Feature Problem (KFP) and Clinical Competency Exam (CCE) were offered twice during the year. More than 1500 candidates sat the CCE in 2024–25, with 1594 sitting the AKT and 1945 sitting the KFP.

Medical educators and supervisors

The RACGP model of training emphasises an individualised program, supported by training teams and peer group learning. Our supervisors, practice managers, medical educators and GP training staff provide critical knowledge and support for general practice registrars at all stages of their training journey.

We established a Supervision and Medical Education Board Committee this year to oversee supervisor and



Total accredited **supervisors**



Total **medical educators** employed by the College

medical educator support and professional development, and to ensure that supervisor and medical educator interests are strongly represented.

The RACGP **Aboriginal and Torres Strait Islander Cultural and Health Training Framework** was launched in November 2024. The framework is now being implemented nationally and regionally to embed Aboriginal and Torres Islander values, ways of thinking and approaches to learning into RACGP education and training.

Support and mentoring for GPs achieving Fellowship

The RACGP continues to demonstrate its commitment to supporting and mentoring the next generation of GPs to success through:

- recruitment of registrar, supervisor, and practice manager liaison officers (RLOs, SLOs, and PMLOs) for each region
- delivery of out-of-practice registrar education programs
- delivery of wellbeing workshops
- providing local and regional case management
- completion of 1198 Early Assessment for Safety and Learning (EASL) assessments
- completion of 5503 external clinical teaching visit (ECTV) reports
- completion of 56,072 Self-Assessment Progress Tests by 3307 registrars
- processing more than 9300 Medicare provider numbers in a timely manner to ensure registrars would begin their terms with an active provider number in place
- provision of AKT, KFP and CCE webinars and workshops to provide an overview of the examination format and assessment criteria to registrars in advance of sitting the exams
- establishment of the GPs in Training Faculty Wellbeing Committee to review and improve measures available to support registrars throughout training
- making the *Therapeutic Guidelines and Australian Medicines Handbook* available to all AGPT Program registrars
- provision for remote supervision arrangements and supports for registrars, practices, and supervisors to deliver a holistically supported experience in areas of need where a supervisor is unable to be present on site
- providing placement incentives of up to \$45,000 to remove financial barriers for registrars to relocate and train in historically hard-to-fill locations
- processing more than 33,000 training related payments totalling \$71.67 million to practices, supervisors, and registrars, via Services Australia
- partnering with the Northern Territory PHN to promote incentive payments for registrars transferring to the NT.



Program enhancements

The GP Training and Education teams responded to feedback through the review, development and updating of policies, guidelines, and handbooks. These improvements led to:

- more registrars being placed in regional areas of need across all states and territories
- greater support for practice managers through workshops and additional resources
- updates to the [single employer model \(SEM\) position statement](#) to reflect the implementation of the College's recommendations on incentives and entitlements
- updates to the [Flexible Funds policy](#) to better support registrars to take hard-to-fill rural and remote placements
- implementation of a registrar wellbeing program to ensure our registrars are well supported throughout their journey to Fellowship.

Registrar placements

Following their first year of hospital training, full-time general practice registrars complete three six-month general practice placements,

known as GPT1, GPT2, and GPT3. The Monash Modified Model defines practice locations, with metropolitan areas classified MM1, regional centres MM2, large-to-small towns MM3–5, and remote or very remote communities MM6–7.

The success of the placement process is apparent in on-the-ground impacts, most notably in the historically hard-to-fill locations. This year, more than 5000 registrars undertook a placement, with 2445 of these working in a non-metropolitan area.

Practice and supervisor accreditation

The RACGP opened accreditation more widely across regions to support enrolment growth in both the AGPT and FSP programs. The College accreditation teams work diligently to accredit and monitor new and established practices: a key requirement of the College's AMC accreditation obligations, and of expectations set by the National Health Practitioner Ombudsman (NHPO).

The RACGP contributed to the NHPO consultations on accreditations and complaints, specifically articulating the clear differences between the acute hospital sector and general practices engaged in GP training delivery.

Accredited training sites and supervisors at 30 June 2025

	AGPT & FSP	Growth	FSP only	Growth
Training sites	3237	10%	339	0%
Supervisors	6421	13%	350	68%

A flourishing GP workforce

The RACGP is committed to building a sustainable and skilled general practice workforce that meets the needs of communities across Australia, now and into the future.

In 2024–25, we strengthened the profession by supporting GPs at every stage of their career, from beginning GP training to maintaining and deepening skills over time. Our education programs, workforce initiatives and policy work formed a strong foundation for this mission, as we continued developing resources and guidelines to support members' education and clinical work.

We helped grow and distribute the GP workforce where it's needed most through our placement program, grants and workforce incentive programs. The RACGP's work is informed by in-depth research and

evaluation to consistently provide the highest quality programs, assessment experiences and services for members. Investment in research-focused initiatives such as the Academic Post Program continued to strengthen the College's academic capacity and champion registrar-led research.

The RACGP proactively connects members. In 2024–25, we delivered a diverse calendar of events including our flagship conferences, GP24 and the Practice Owners Conference. Local workshops, webinars and educational events were also valuable opportunities for members to come together and learn, collaborate and advocate for the profession.





AMC accreditation

The RACGP is accredited against standards set by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) to deliver specialist medical education and training leading to Fellowship of the RACGP and as a continuing professional development (CPD) home for registered GPs.

The RACGP Fellowship training programs are accredited under the National Health Law until 2031, after receiving six-year accreditation in 2024–25.

The AMC assessment team conducted training site and stakeholder visits between June and August 2024, and completed their onsite reaccreditation assessment in August 2024. The AMC's final accreditation decision was delivered in January 2025.



Standards, guidelines and resources

The RACGP supports members through a range of clinical guidelines and practice management resources, and by setting the standards for general practice.

Standards for general practices

In 2024–25, work commenced on the sixth edition of the *Standards for general practices*. This update will ensure the Standards continue to meet the requirements and challenges of modern healthcare, new developments in technology and digital health, and the changing expectations and needs of society. An initial consultation and piloting period occurred in September 2024, with a second round planned for late 2025. Publication will be in early 2026.

The College has collaborated with the Australian Commission on Safety and Quality in Healthcare on potential reforms to the [National General Practice Accreditation Scheme](#). If implemented, these reforms will reinforce the role of accreditation in continuous quality improvement, and reduce the administrative burden created by one-point-in-time accreditation visits.

Digital and practice management resources

In 2024–25 we advocated for information sharing across the health sector, producing resources and tools to support these efforts.

The College is a key partner in the [CSIRO's Sparked project](#), which is developing standards to improve digital health information sharing. Our advocacy has resulted in small improvements to the Online PBS Authorities system, but we continue to push for full integration with general practice clinical information systems.

Updates to the [RACGP Privacy Policy template](#) is helping practices meet their compliance requirements with the Australian Privacy Principles. Our [artificial intelligence scribes resource](#) provides advice to help GPs balance efficiency with the need for accuracy and patient safety.

Clinical guidelines

In 2024–25 we updated guidelines including [Supporting smoking cessation: a guide for health professionals](#), and [Management of type 2 diabetes: A handbook for general practice](#), which includes recent developments in pharmacotherapy and evidence supporting lifestyle choices. New entries were added to the RACGP's First do no harm guide, including on [antibiotic use for childhood acute otitis media](#). The [RACGP Healthy Habits](#) app and digital preventive health program has been seeing steady increase in use by GPs and patients, though the future of the program is uncertain as Commonwealth funding has been withdrawn.

Supporting international medical graduates

The RACGP Board established an IMG subcommittee to ensure that the interests of this important group of members are well understood and represented, not only in Board deliberations, but as an advisory committee to the College in testing operational and future program design ideas and initiatives.



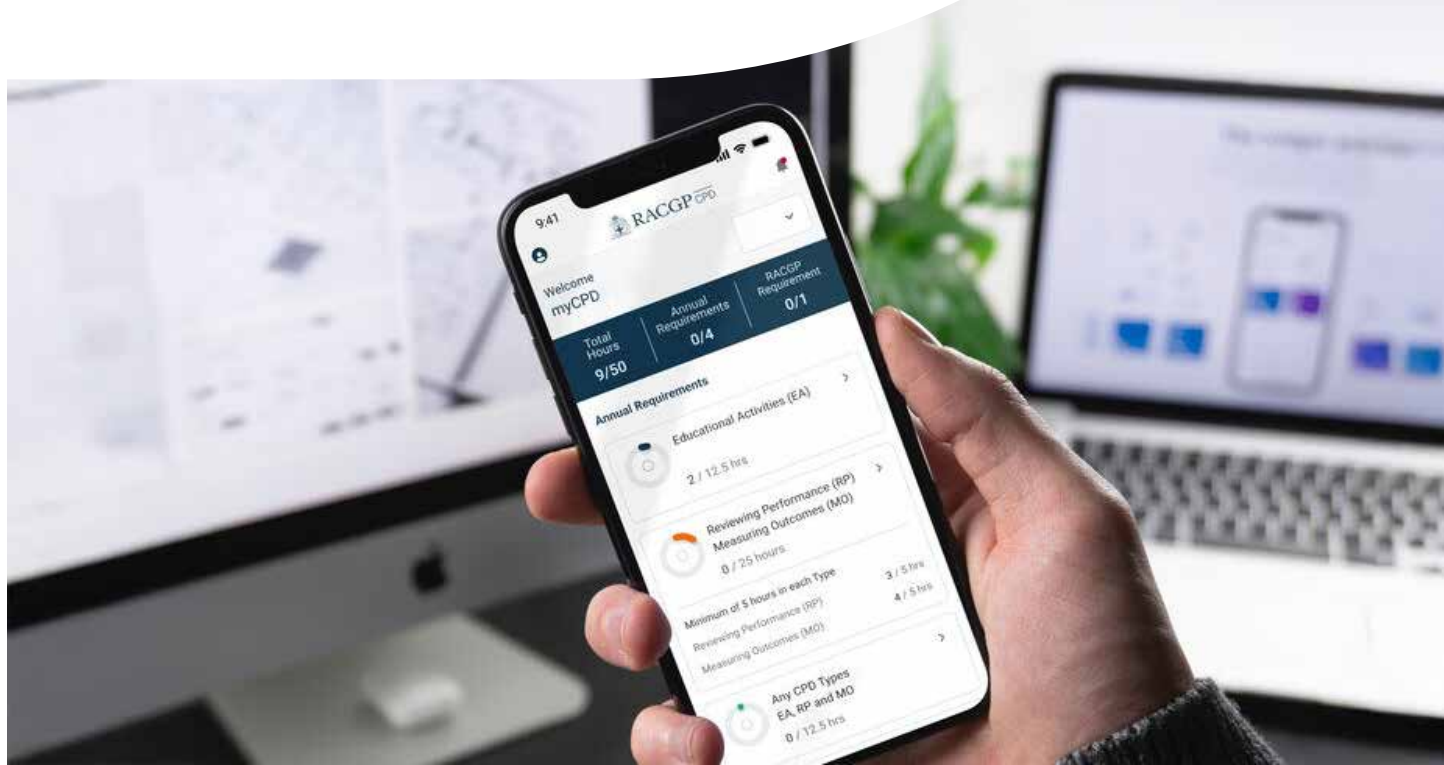
Continuing professional development (CPD)

The RACGP cemented its status as GPs' preferred CPD home with 99.9% of members continuing to choose the College's CPD offering.

This is a result of our commitment to excellence and continuous improvement, as well as efforts to anticipate what members want from their CPD home, and to ensure tracking activities is easy. With more members undertaking short, sharp education sessions, often at the point of care, we continue to focus on providing the best user experience for our members now and into the future.

In 2024–25:

- 4400 activities were offered to members covering the entire curriculum
- members completed over 220,000 hours each of *AJGP* and *check* activities – indicating that the membership considers these resources gold standard
- the myCPD app recorded an average of 700 active unique users per day
- the RACGP produced 10% of CPD activity available to members; however, RACGP-produced activities accounted for 21% of all formal CPD activity completions.



Development and delivery of ongoing education programs, such as Future Leaders program

The Future Leaders Program is a unique opportunity for RACGP Fellows who aspire to leadership roles to take part in leadership development training. The program empowers GPs to assume key leadership positions that will shape the future of general practice. The program has more than 180 alumni, many of whom have made and continue to make significant contributions to the profession and the RACGP membership, guiding the College's direction as committee members, chairs, faculty chairs, Board members and Presidents, including our current and immediate Past President.

‘Because it teaches all sorts of leadership skills, it really makes you reflect and think about your style of leadership, how you interact with others, and how you can get the best out of teams and other people you work with. 9

Dr Siân Goodson,

Chair, RACGP Board of Directors and
RACGP South Australia; Future Leaders
program alumni

‘The biggest benefit I got from the program was the community; building that network was invaluable. 9

Dr Aadhil Aziz,

2024 Future Leaders program participant





Evaluation and research

Evaluation

In 2024–25, the Evaluation team provided strategic monitoring and evaluation (M&E) support across all key Education and Training programs and portfolios. This included the implementation of national and regional evaluation activities for the AGPT Program, as well as tailored support for FSP and PEP Specialist participants. The team led evaluations of assessments and exams, including selection processes such as the CAAKT and MMIs, and contributed to ongoing evaluation reporting in collaboration with the Education Workforce Committee.

These activities played a critical role in supporting the RACGP's successful achievement of AMC accreditation for a period of six years, through the co-development and implementation of required evaluation activities aligned with Standard 6: Monitoring, and Evaluation and continuous improvements, and other relevant standards including CPD and PESCI.

The team also supported the creation of the [Aboriginal and Torres Strait Islander Cultural and Health Training Framework](#), as well as key strategic initiatives including the Expedited Pathway and the FRACGP consultation in collaboration with the Censor-in-Chief.

Research

RACGP-led projects

The RACGP Research team completed two research projects throughout the year:

- **AI use in GP training.** This project surveyed 727 registrars, 406 supervisors and 64 medical educators, and completed 15 in-depth interviews with registrars about their perceptions and use of AI in GP training.
- **External Survey Synthesis Project:** This project created a systematic process for synthesising findings and recommendations from key external GP education and training surveys, identifying areas for improvement and ensuring the learnings are made available to inform decision makers.

Academic Post Program

The Academic Post Program supports up to 20 AGPT registrars to spend a year of their training completing academic research (0.5 FTE). Registrars in the program typically work in general practice alongside their academic post work, while being supported and often embedded with a university academic and mentor.

In 2024–25, 21 registrars completed their academic post and 19 new registrars commenced the program. All places were filled, helping build research capability within the sector.

The program also saw publication of registrar-led research in several peer reviewed journals, as well as production of the first AJGP Academic Post abstract supplement.

The Academic Post Program continues to deliver ongoing value to the profession, with:

93% 2024 **Academic Post registrars** continuing in a GP academic position in 2025

65% 2023 Academic Post registrars still actively **engaged in GP academia**, with two currently enrolled in a PhD

30% 2024 Academic Post registrars either enrolling, or strongly considering **enrolling in a PhD**, in 2025.

Education Research Grant Program

The Department of Health, Disability and Ageing funds the RACGP to auspice the Education Research Grant Program (ERG). The program aims to increase research capability and skills within the GP training sector.

In 2024–25:

5 organisations completed and **reported on their research** findings

4 organisations **continued with their ERG** projects

8 **new ERG** projects commenced

7 papers were published in **scientific journals**

23 **expressions of interest** (EOIs) were received for the 2025 grant round

12 of these EOIs were from **registrar researchers**

5 previous **Academic Post registrars** were involved in ERG projects.

Participating organisations, medical educators, administrators and registrars were supported with activities designed to aid learning and progress in their education research. These activities drew on the expertise of Associate Professor Louise Stone, Dr Belinda Garth, Associate Professor Jill Benson, Dr Gerard Ingham and Associate Professor Lambert Schuwirth, who presented at ERG workshops.

The increasing number of registrar researchers and positive feedback on ERG initiatives show the program's success in building collaborative research capacity and robust connections between seasoned and emerging research professionals.



Conferences and events

In 2024–25, the RACGP delivered three major events: GP24, the Practice Owners Conference, and Hackathon 2025, as well as more than 80 workshops and local events hosted by our regional faculties.

GP24

Held in Perth, GP24 showcased the RACGP as a leader for the profession, attracting more than 1100 delegates from Australia and 10 other countries. Over three days, attendees took part in a comprehensive program featuring key topics in general practice, including education and training, technology and innovation, standards, accreditation, research, rural and Aboriginal and Torres Strait Islander health, policy and advocacy.

Support from 21 sponsors and 99 exhibitors highlighted the value of our national conference to both members and industry partners.

The conference survey results showed:



83%

of attendees established
new or **strengthened**
existing connections



81%

agreed or strongly agreed
the **content met their**
expectations



87%

agreed or strongly
agreed the **presentations**
delivered were at the
appropriate level



87%

agreed or strongly agreed
the conference was
aligned with the theme
'**Reimagining healthcare**'.





GP24 | Snapshot

5 
keynote
presentations

1 
ministerial
address

70 
concurrent
sessions

2 
social
events

5 
pre-conference
workshops

6 
CPR
sessions

5 
breakfast
symposia

1 
national awards
ceremony

1 
Annual General
Meeting

Practice Owners Conference

In May 2025, the RACGP hosted the seventh annual Practice Owners Conference in Melbourne. Under the theme of 'Shaping general practice for the future', the conference focused on the business of general practice, with topics covering AI and technology, multi-disciplinary team models, environmental standards, clinical governance, blended funding models, Medicare compliance and more. More than 730 delegates attended, along with 29 sponsors and 42 exhibitors.



The conference survey results showed:

☆☆☆☆☆
4.5 out of 5
overall level of **satisfaction**



89%
of attendees established
new or **strengthened**
existing connections



94%
agreed or strongly agreed
the **presentations**
delivered were at the
appropriate level



96%
agreed or strongly
agreed the **content was**
highly relevant



94%
agreed or strongly agreed
the conference was
aligned with the theme
**'The business of
general practice'**.



2025 Practice Owners Conference | Snapshot

3
keynote
presentations

1
ministerial
address

45
concurrent
sessions

2
social
events

4
'Meet the expert'
presentations

4
breakfast
symposia

6
technology spotlight
presentations

3
pre-conference
masterclasses

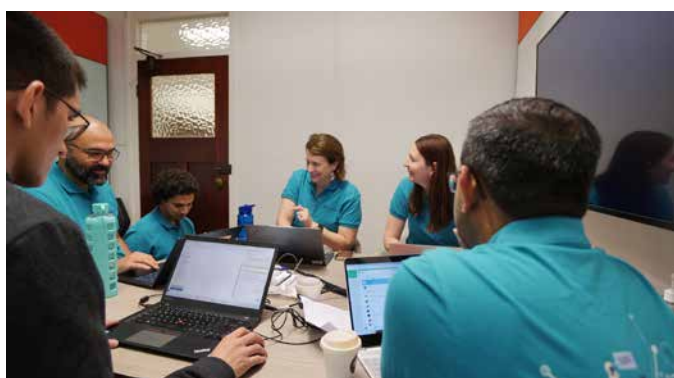




Hackathon

In collaboration with the RACGP Digital Health and Innovation Specific Interests Group, the three-day Hackathon brought members together to foster innovative thinking and generate solutions to real-world challenges faced by GPs. The event provided attendees with a unique opportunity to build skills, collaborate and engage with innovation in ways not typically accessible in their day-to-day practice.

Member engagement was high and attendee satisfaction reached 100%. Post-event feedback confirmed the Hackathon was a well-received and inspiring experience for members and partners. It successfully connected frontline general practice with innovation in a meaningful and impactful way.



A future-ready profession

Sustainable, high-quality general practice requires strong foundations – evidence-based standards, trusted guidance and access to the latest research. The RACGP plays a critical role in supporting our members today and preparing the profession for tomorrow.

This year, we delivered clinical and educational resources to help members navigate change and deliver safe, effective patient care. Our guidelines, position statements and practice tools reflect best practice and are developed with input from members and RACGP Expert Committees. The John Murtagh Library remains one of the most comprehensive general practice libraries in the country, and a refreshed user experience helps members access the information they need, when they need it.

Through the relaunched Australian General Practice Research Foundation, the College continued to advocate for greater investment in primary care research,

supporting the next generation of GP researchers through funding, mentoring and training opportunities.

RACGP publications – including the *Australian Journal of General Practice (AJGP)* and *check* – provided members with accessible, evidence-informed content spanning clinical, professional and policy topics. These resources play an essential role in informing practice, sharing member insights and promoting lifelong learning.

The College remains focused on ensuring general practice remains a thriving, knowledge-rich profession equipped to meet the evolving needs of patients and communities.





343,600

online resources accessed
(subscription databases,
ebooks)



90,290

web tools, guides, videos,
lists, non-subscription
databases used



2308

staff-delivered services
(articles, books, literature
searches, information)

Library support

In 2024–25, the John Murtagh Library strengthened its role supporting RACGP members, providing access to clinical and professional information through a hybrid service model. This included expanded digital collections, streamlined web access, and targeted resource updates aligned with members' point-of-care and professional growth needs.

In early 2025, the library's webpage was updated to improve navigation and provide quicker access to high-use content. Changes include a simplified layout, enhanced resource discoverability, and a new 'Discover your RACGP library' section with links to user guides, library forms and information about library services. A rotating carousel of publications was added to highlight and link directly to featured resources.

To strengthen clinical support, the library upgraded its digital offering in August 2024 transitioning the *Murtagh* Collection subscription to a new, more comprehensive resource, [AccessWorldMed](#). This new resource retains the core Murtagh ebooks and case materials while also providing procedural videos, further Australasian medical texts and cases, flashcards and Q&As. *AccessWorldMed* is designed to support GPs in their clinical work, as well as supporting the general practice training community.



Research

High-quality research in general practice is critical for effective education, policy, and healthcare delivery. This year, the Research team:

- developed the [RACGP research strategy 2025-29](#) to guide the RACGP in progressing general practice research
- facilitated connections across general practice and the general practice research community through our newsletter, [GP research project noticeboard](#) and events such as the annual general practice research breakfast, as well as through links with university research departments and practice-based research networks
- advocated for general practice research in the [RACGP Advocacy Plan](#), with a focus on funding for general practice and primary care led research projects and infrastructure
- supported GPs to build research skills and integrate research into everyday general practice
- partnered on 38 research grant submissions, including for the [National Multidisciplinary Primary Care Research, Policy and Advocacy Consortium](#), led by Professor Michael Kidd AO. The RACGP is a partner in the five-year project, which received \$5.2 million in funding through the Medical Research Future Fund (MRFF)
- championed the integration of research into practice through advocacy, policy and education. In 2024–25 this included funding the development of clinical resources to assist GPs in deprescribing antidepressants
- continued the [TROPHI pilot project](#) with generous funding and support from the Windermere Foundation, and in partnership with the University of Melbourne and Monash University. The network has attracted over \$7 million in funding so far.

Australian General Practice Research Foundation

In 2024–25, the RACGP Foundation officially relaunched as the [Australian General Practice Research Foundation](#). The launch event at RACGP's North Sydney office brought together RACGP leaders, the newly formed Foundation Committee, leading GP researchers and the Foundation's valued partners and supporters, marking the beginning of an exciting new era in general practice research.

With a stronger focus on innovation, translation and impact, the Foundation is strategically positioned to champion GP-led research and deliver measurable benefits for GPs and their communities.

Professor Michael Kidd AO, Australia's Chief Medical Officer, was named the Foundation's patron. A highly respected leader in primary care, Professor Kidd brings deep expertise and a strong commitment to research that informs policy, strengthens clinical practice and improves patient outcomes.

This relaunch marks the RACGP's commitment to research that strengthens the profession, and drives change where it matters most.

Foundation research funding recipients

We congratulate the 2024–25 recipients of Foundation grants, awards and scholarships.

Healthcare Systems and Sustainability Grant (supported by nib foundation)

Associate Professor Ralph Audehm, Ms Nicole French, Dr Rajna Ogrin, Mr Ivan Chan. Project: *T2D - take 2: diabetes.*

Health Services Research in General Practice Grant (supported by HCF Research Foundation)

Professor Tania Winzenberg, Dr Claire Morley, Professor Jan Radford, Dr Kelly Shaw, Associate Professor Viet Tran, Dr Maria Unwin, Ms Deirdre McGowan. Project: *Priority-setting for the co-design of services for people with high healthcare service utilisation.*

Therapeutic Guidelines Research Grant (supported by Therapeutic Guidelines Limited)

Dr Sonia Srinivasan, Dr Vera Camões-Costa, Dr Alissia Kost, Dr Kathleen McNamee, Professor Deborah Bateson, Professor Danielle Mazza. Project: *Implementation of medical abortion into general practice: using guidelines to improve evidence-based care.*

Diabetes in General Practice Research Grant (supported by Diabetes Australia)

Dr Rochelle Sleaby, Professor Lena Sanci, Professor Elif Ekinci, Dr Alex Lee, Dr Kartik Kishore. Project: *Preparing primary care for precision diabetes.*

GP Wellbeing Grant

Associate Professor Louise Stone, Associate Professor Karen Price, Dr Erin Walsh, Associate Professor Megan Cahill. Project: *"I love my job, but it's time to go". A narrative study of wellbeing triggers for early retirement in female GPs.*



A future-ready profession

ANEDGP Innovation Grant

Dr Derek Yull, Professor Ian Whittle, Mr Jordan Lesicar, Mr Joshua Tinnion, Dr Tim Lathlean, Dr YH Yau. Project: *The incidence and consequences of interventional image-guided lumbar spinal therapeutic procedures for back pain in Australian primary care: a cross-sectional study in rural and suburban centres.*

Family Medical Care Education and Research (FMCER) Grant

Dr Darran Foo, Professor Jeffrey Braithwaite, Dr Louise Ellis, Professor Simon Willcock, Associate Professor Amandeep Hansra. Project: *Establishing safety and quality standards for direct-to-consumer digital clinics in Australia (EQUAL-DTC).*

Western Melbourne Research Grant

Dr Kate Walker, Dr Nicole Allard, Professor Kelsey Hegarty. Project: *Implementation of a nurse-led chronic disease clinic within a GP clinic in an urban community health centre.*

BOQ Specialist Research Grant

Dr Chelsea Smith, Professor Anthony Leicht, Professor Tarun Sen Gupta, Professor Andrew Mallett. Project: *Utility of arterial reflection measures as a risk and monitoring tool for cardiovascular disease in Australians (Arterial reflection measures for cardiovascular disease).*

Family Medical Care Education and Research (FMCER) Grant

Associate Professor Jennifer Neil, Professor Kelsey Hegarty, Professor Clare Delany, Dr Elizabeth McLindon, Dr Eleanor Bulford. Project: *What are the experiences of GPs who are family violence survivors when managing family violence survivor patients?*

RACGP Western Australia Research Grant

Dr Joanne Wong, Dr Jacqueline Frayne, Dr Sarah Smith. Project: *Assessing the utility of a co-designed patient-centred communication guide for miscarriage: a mixed-methods approach.*

Walpole Grieve Award

Dr Winnie Chen. Project: *Conference travel – bridging the gap between general practice and health economics.*

Dr Wee-Sian Woon. Project: *Enhancing adult ADHD GP education for optimal patient care.*

Charles Bridges Webb Memorial Award

Dr Shaddy Hanna, Dr Liliana Laranjo, Associate Professor Melissa Kang, Professor Clara Chow. Project: *CAC-GP: Understanding the use of coronary artery calcium scoring by Australian GPs.*

Peter Mudge Medal

Dr Emilie Pitter. Project: *The Garden Family Medical Clinic: GPs and patients study.*

Rhee Family Award for Research in Aged Care

Dr Jordan Crawford. Project: *How do Australian GPs experience end-of-life care delivery in residential aged care?*

Alan Chancellor Award

Dr Neysan Sedaghat Najafzadeh-Tabrizi. Project: *Australian GPs' experience and perception of artificial intelligence in general practice.*



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Royal Australian College
of General Practitioners

Healthy
Profession.
Healthy
Australia.

racgp.org.au

A future-ready profession

Best Poster Prize

Dr Joanne Wong. Project: *Developing a co-designed miscarriage communication guide for health care professionals (HCPs).*

PhD Scholarships

Dr Gillian Singleton, University of Wollongong.

Dr Rochelle Sleaby, University of Melbourne.

How your support makes a difference

As the philanthropic arm of the RACGP, the Australian General Practice Research Foundation is funded through the generosity of members, philanthropic and corporate partners and the broader community. Every dollar donated goes directly to supporting innovative research that impacts the heart of Australian healthcare. We gratefully acknowledge and thank the many individuals and organisations who supported the important work of the Foundation in 2024–25.

Our supporters and partners

nib foundation

Medibank Better Health Foundation

Therapeutic Guidelines Limited

HCF Research Foundation

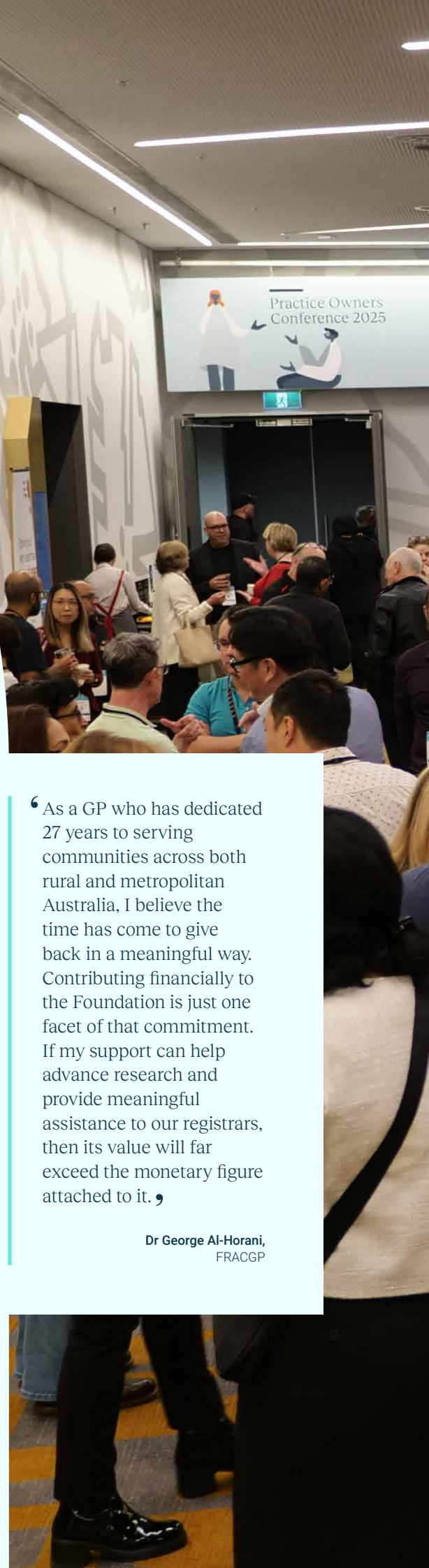
Diabetes Australia

RACGP Western Australia

Bank of Queensland

‘As a GP who has dedicated 27 years to serving communities across both rural and metropolitan Australia, I believe the time has come to give back in a meaningful way. Contributing financially to the Foundation is just one facet of that commitment. If my support can help advance research and provide meaningful assistance to our registrars, then its value will far exceed the monetary figure attached to it. 9

Dr George Al-Horani,
FRACGP



Publications

Australian Journal of General Practice

In 2025, Professor David Wilkinson formally accepted the role of Editor-in-Chief of the *Australian Journal of General Practice (AJGP)* after 11 months acting as interim. Professor Wilkinson is committed to increasing the number of papers authored or co-authored by GPs, as well as increasing engagement between *AJGP* and other parts of the College, both of which will enhance value for members. The journal has already seen positive progress in GP authorship, with GP authors increasing from 9% in 2022 to 15% in 2024, and reaching 36% in the first quarter of 2025.

The 2025–28 *AJGP* strategic plan was developed in consultation with the Editorial Advisory Committee and approved by the Board in November 2024. Subsequently, the *AJGP* digital transition plan was presented to the Board in May 2025. The endorsement of these plans requires the establishment of a Journal Advisory Committee alongside the development of an editorial panel, ensuring future governance for the journal.

The *AJGP* digital transition plan aims to modernise the publication and provide members with accessible, flexible content. To recognise the evolving healthcare landscape, and to support our goals of sustainability and providing optimal professional development for GPs, *AJGP* launched a new digital magazine in August 2025 – even as print circulation remains strong at nearly 35,000.

AJGP remains the nation's premier peer-reviewed journal for GPs, reaching the entire RACGP membership and contributing to GPs' continuing professional development.

‘*AJGP* is a very important publication and has the potential to be very helpful to members, a potent force in developing the profession, and a powerful channel for debate and discussion.’

Professor David Wilkinson,
AJGP Editor-in-Chief

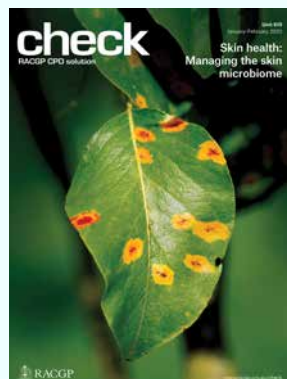
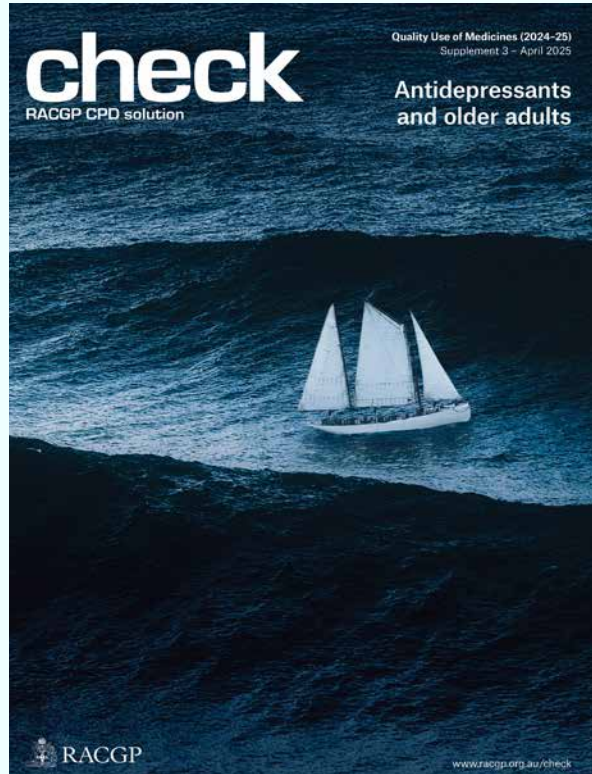


check

RACGP's quarterly publication *check* provides high-quality professional development content to help members achieve their CPD goals. *check* has a focus on common and important clinical conditions presented in a case-based format. Cases are typically written by or with practising GPs and are peer-reviewed by GPs and other content experts. Readers, authors and reviewers all receive CPD hours.

Following last year's successful collaboration with RACGP Specific Interests Groups (SIGs), *check* has expanded its partnerships and will work with Medcast on the publication of four additional issues in alliance with the Quality Use of Medicines (QUM).

Issues covering eczema, gout, antidepressants in older adults and oral anticoagulants are available now.



General practice at the heart of the health system

The RACGP is the voice of general practice. In 2024–25, the College led national and state-based advocacy to ensure GPs remain central to Australia's health system – backed by sustainable funding, a robust workforce pipeline, and fewer barriers to providing patient-centred care.

We worked closely with government, stakeholders and the media to represent the needs of our members and the communities they serve. Our pre-Budget submission, meetings with decision-makers and formal consultations – including the third annual GPs @ Parliament event – helped shape reforms to support our members and the profession.

Our communications kept members informed, connected and up to date with the latest developments, while showcasing the vital work of GPs across Australia through *newsGP*, media coverage, newsletters, campaigns and our growing social media community.

We also proudly recognised members' outstanding contributions to general practice in the 2024 RACGP Awards. These awards, alongside a growing number of national honours among our member base, showcase the impact GPs have every day in delivering care and strengthening Australia's health system.



Policy and advocacy for funding and health system reform

Guided by member feedback, the RACGP continued its proactive policy and advocacy work around funding and health system reform in 2024–25.

More than 3000 RACGP members had their say in the 2024 [Health of the Nation](#) survey. The report, published in October 2024 and launched at Parliament House, reiterated GP concerns and highlighted the value of general practice, with a focus on innovation.

In early 2025, the College released its [Pre-Budget submission 2025–26](#), which was based on member insights and developed in consultation with RACGP Expert Committees and national faculties. The submission advocated for:

- a 40% increase to longer consultations (level C and D)
- a 20% increase to GP mental health items
- expanding funding for women's health in general practice
- increasing funding for multidisciplinary care teams in general practice, including via the Workforce Incentive Payment – Practice Stream.

The RACGP welcomed the second and final tranches of 60-day prescribing, an initiative we

supported jointly with patient, consumer and other health groups. The Scope of Practice Review also provided an opportunity to highlight where policy and regulation have been limiting the scope of practice for GPs and general practice teams.

Regulation and compliance issues remain central to RACGP advocacy. In 2024–25 we provided feedback on educational resources to support compliant MBS billing, such as the Department of Health, Disability and Ageing's (DoHDA) [Understanding Medicare: Provider handbook](#). Our advocacy also aims to reduce the regulatory burden in general practice, and in 2024 Ahpra accepted [17 recommendations](#) made by the National Health Practitioner Ombudsman to address how it handles vexatious notifications. Legislation was passed to overhaul the assignment of benefit process for bulk-billed services and discussions with DoHDA about how this will impact GPs are continuing.

Payroll tax advocacy is ongoing at both national and state levels, and we continue to call for harmonisation across all states and territories. A series of *newsGP* articles supported these efforts in the lead up to the 2025 Practice Owners Conference, highlighting business viability resources including a [mixed billing guide](#), CPD activity (billing strategy), guidance on grants, and alternative funding.





Six key priorities in the pre-Budget submission were partially or fully funded in the 2025 Federal Election campaign, including:



\$265.4 million

to expand GP training places, with an **extra 200 training places per year** from 2026, increasing to an extra 400 places per year from 2028



\$248.7 million

in incentives for junior doctors to become specialist GPs, and to **provide parental leave and study leave for general practice registrars**, putting them on the same level as their hospital-based colleagues.

General practice at the heart of the health system



Government relations

Impactful relationships with elected representatives at all levels are critical to securing the policy settings and funding support required for a thriving general practice sector.

The RACGP's growing influence with the Australian Parliament culminated during the Federal Election when we secured bipartisan support for most of our key policy asks, including all of our workforce funding requests to build the future GP workforce.

Our wins included:

- an additional 1500 AGPT training places over the next five years

- securing funding for a GP attraction initiative that includes a commencement incentive, parental and study leave
- linking Commonwealth supported place (CSP) funding for medical degree places to general practice graduate outcomes
- extending the triple bulk-billing incentive to all people under 35
- increasing rebates for the introduction/insertion of intrauterine devices
- expanding MBS health assessment items to include women's health issues.

Both parties also made historic commitments to increase Medicare funding. The College is working with the Australian Government to ensure this funding supports the financial sustainability of general practice and makes care more affordable and accessible for Australians.

GPs @ Parliament

Our **Federal Election platform** was launched as part of our third annual GPs @ Parliament, the College's flagship Federal Government engagement event. 21 GPs gathered in Canberra from 10–13 February to brief more than 85 MPs and senators about our plan. Highlights included multiple meetings with Health Minister Mark Butler, Assistant Health Minister Ged Kearney, Opposition Leader Peter Dutton and Shadow Health Minister Senator Anne Ruston; a welcome reception hosted by the Speaker of the House of Representatives, the Hon. Milton Dick MP; a roundtable on women's health; an appearance before the Standing Committee on Health, Aged Care and Sport; and a briefing for the Federal crossbench.

GP Advocate Network

The RACGP GP Advocate Network was launched in 2024 to increase the scale and impact of College advocacy and encourage members to play a greater role in shaping the future of the profession. We now have more than 140 trained advocates building long-term relationships with MPs and senators in their local communities. Our goal is to recruit and train advocates for every federal, state and territory electorate to amplify our message to every MP in the country. Advocates have already played a key role in the 2025 Federal Election campaign and in a number of state pre-Budget submissions.

In the past 12 months, we:



launched our **Federal Election campaign platform**, securing most of our key funding asks.



launched the **RACGP GP Advocate Network**



interacted with around **150 members** of Federal Parliament.

Communications and media

Member communications

Clear, timely communication helps RACGP members stay informed, navigate change and get the most value from their membership. In 2024–25, we focused on making our messages clearer, more relevant and consistent across the board.

Changes to GP training communications, including new onboarding messages and clearer updates, led to a 10% increase in registrar satisfaction. We're now applying the same approach to other areas of the College, supported by the 2025–29 RACGP Member Communications Strategy to ensure communications are personalised and timely for members.

This year, the Communications team supported hundreds of member updates, campaigns and announcements, guided by feedback from member surveys and the RACGP Journey Mapping project. We also worked closely with Policy and Media teams to support sensitive communications, helping members stay informed during periods of change.



Registrar satisfaction with GP training communications increased by **10.4% to 64.7%**



eDM process streamlined to **improve clarity** and relevance for members



Hundreds of member communications reviewed and supported **across all channels**



Social media

Social media is a key communication channel for the RACGP. With more than 144,000 followers across our platforms, it's an effective way to keep members informed and educated about key issues affecting them, advocacy, government announcements, new courses, webinars and events.

The College's social media platforms allow us to build community with members. They provide an open forum for members to discuss issues, connect with one another and provide feedback to the College, and are an integral part of promoting general practice to the next generation of GPs. These channels are also used to advocate directly to politicians and government to increase investment in primary care, and to make changes that improve the lives of our members and their patients.

Statistics

 **3,666,332** Impressions

 **144,459** Followers

 **2825** Posts

 **36,976** Reactions

 **3285** Comments and replies

Statistics

 **882** articles

 **4** million views

 **61,457** poll votes

 **1159** member comments

newsGP

In 2024–25, *newsGP* published 882 unique articles. Covering a range of different topics, each of these articles aimed to engage and inform GPs, practice owners, healthcare professionals and the public.

newsGP is an online platform which allows RACGP members, healthcare decision makers and leaders to advocate for the changes needed to create healthier communities.

This year, the *newsGP* website generated more than four million views and garnered 1159 member comments on published articles.

The *newsGP* weekly poll also attracted 61,457 votes. Through these polls, members are empowered to provide their opinion on a wide range of topics, which helps inform the RACGP's advocacy work as well as determining which topics are of interest to readers for future stories.

Media

We continue to grow the RACGP's visibility and voice in the media. In 2024–25, the RACGP and its spokespeople featured in 10,010 unique online, print, radio, and TV stories, 3.04% growth on 2023–24. We reached a cumulative potential audience of 673.5 million, a 1.42% increase.

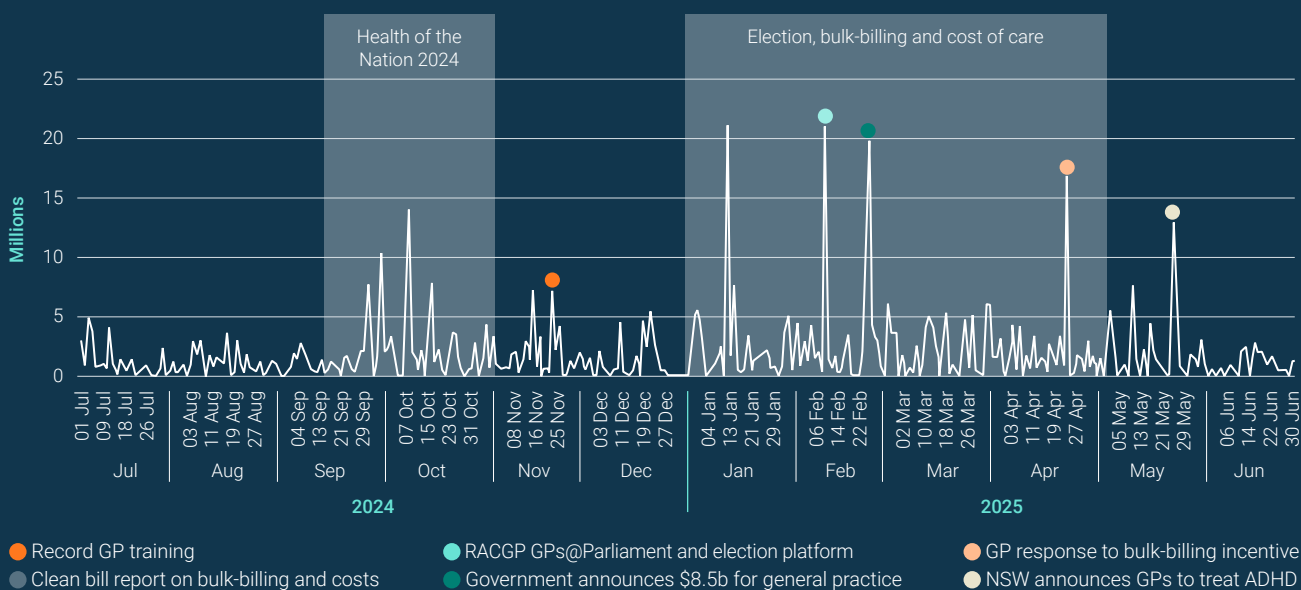
Our count of unique stories was around 74.3% of the Australian Medical Association's total over 2024–25, up from 70% in 2023–24 and 23% in 2020–21.

We had strong results from our 2024 Health of the Nation report campaign, particularly on GPs' increased optimism about the future of the profession as an [opportunity to grow the GP workforce](#), and the potential to [address growing patient costs](#) through better funding

for long consults. The news of a record number of doctors [enrolling in the AGPT Program](#) also gained significant coverage.

While RACGP media advocacy generally focused on strategic topics – funding, workforce, scope – a significant part of the College's approach was more specific and tactical. Prominent media [advocacy against fees for Healthlink](#), a previously free service GPs are required to use by state governments, [led to a backdown](#) in early 2025 that saved practices millions of dollars each year.

RACGP media audience reach 2024–25





General practice at the heart of the health system

Access to bulk-billing and the affordability of general practice care was again a dominant theme in 2025. One of our top three days of media coverage followed a Cleanbill report which showed that while more than 77% of consults are bulk billed, **just one in five practices are bulk-billing all patients**.

The **launch of our election platform at Federal Parliament** was the RACGP top day of coverage for the year. We **called for a substantial increase** in general practice funding, particularly for long consults. Both parties' announcement of universal bulk-billing incentives was a major media event, and here and throughout the election we **welcomed the scale of the investment** but continued emphasising the need for appropriate funding for long consults, including in major media stories covering GPs' **reception to the proposal**.

Another key advocacy item in the election and at state levels was **allowing GPs to work to their full scope** in ADHD. Following advocacy wins in **the ACT** and **WA** elections, the NSW Government's announcement that **GPs would be able to diagnose and prescribe** for ADHD was a major media event, which we leveraged for further success in **SA** and **Tasmania**.



70% increase

The RACGP achieved 74.3% of the AMA's media coverage



3.04% increase

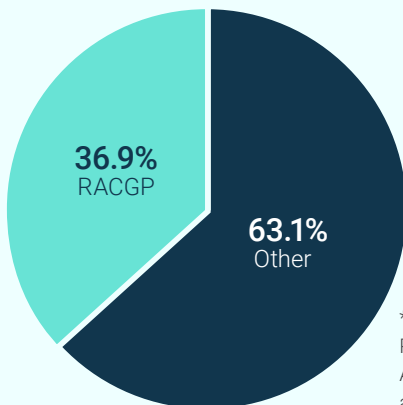
Covered in 10,010 unique stories



1.42% increase

Cumulative potential audience of 673.5 million

Media share of voice by unique stories 2024–25



*Other includes the AMA, Pharmacy Guild, and Australian College of Rural and Remote Medicine

Awards, honours, and thanking our volunteers

In 2024, the RACGP presented three new awards which had previously been delivered by GP Synergy. These awards – the Professor Charlotte Hespe Research Award, the Dr Jeremy Bunker Award for Outstanding Achievement in General Practice Training and the Aunty Val Dahlstrom Award for Aboriginal Health Excellence – serve to broaden the RACGP's recognition of GP training and its participants through our annual awards program.

2024 RACGP National Award winners

The Rose-Hunt Award

Dr Bruce Willett

General Practitioner of the Year

Dr Patrick Kinsella

General Practice of the Year

Growlife Medical

General Practice Supervisor of the Year

Dr Meike Flore

General Practitioner in Training of the Year

Dr Anne-Maree Nielsen

Corlis Medical Educator Award

Dr Penny Need

Future Leaders President's Medal

Dr Catherine Pendrey

Honorary Fellowship

His Honour Professor the Honourable Hugh Heggie AO PSM

Life Fellowship

Dr Angelina Salamone

Professor Charlotte Hespe Research Award

Dr Rochelle Sleaby

Dr Jeremy Bunker Award for Outstanding Achievement in General Practice Training

Ms Lily Thomas

Aunty Val Dahlstrom Award for Aboriginal Health Excellence

Dr Odette Phillips

2024 RACGP Aboriginal and Torres Strait Islander Health Award winners

Standing Strong Award

Dr Valerie Quah

Growing Strong Award

Dr Rebecca Alvarez

Medical Student Bursary

Ms Talisha Mason

2024 RACGP Rural Award winners

Brian Williams Award

Dr Tim Mooney AM

Rural Registrar of the Year

Dr Jian Ong

Rural Medical Student Award

Mr Harrison Hamblin

Rural Community Research Project of the Year

Dr Ben Bambery





National Honours 2024

Australia Day Honours 2024

Officer of the Order of Australia (AO) in the General Division

Professor Hugh Heggie, NT

Member of the Order of Australia (AM) in the General Division

Professor Charlotte Hespe, NSW
Dr Judith Edwards, WA

Medal of the Order of Australia (OAM) in the General Division

Dr Starlette Beaumont
(Isaacs), NSW
Dr Ian Cameron, Qld
Dr Suzanne Harrison, Vic
Dr Virginia Longley, WA
Dr Christine Longman, Vic
Dr Christine McConnell, Qld
Dr Jeffrey Robinson, Vic
Dr Arne Rubinstein, NSW
Dr Adrian Sheen, NSW
Dr David Squirrell, SA
Dr Matthew Young, Qld

King's Birthday Honours 2024

Member of the Order of Australia (AM) in the General Division

Dr Janice Bell, WA
Dr Beres Woodhead, Qld

Medal of the Order of Australia (OAM) in the General Division

Dr Penny Browne, NSW
Dr Chi Wing Lai, ACT
Dr Stephen Alan
Langford, WA
Dr Anh Nguyen, WA

National Honours 2025

Australia Day Honours 2025

Member of the Order of Australia (AM)

Dr Kim Hames, WA

Medal of the Order of Australia (OAM) in the General Division

Dr Karen Douglas-Make, NSW
Dr Margaret Garde, Vic
Dr Joseph Casamento, NSW

King's Birthday Honours 2025

Member of the Order of Australia (AM) in the General Division

Dr Peter Rischbieth, SA
Dr Catherine Hutton, Vic
Professor Lisa Amir, Vic
Dr David Law, Tas

Medal of the Order of Australia (OAM) in the General Division

Dr David Iser, Vic
Dr Gregory Levenston, NSW
Dr Margaret Niemann, Vic
Dr Alan Secombe, Qld
Associate Professor
David Rimmer, Qld
The late Dr Allan Shell, NSW
Conjoint Associate Professor
Mark Bloch, NSW
Dr Carolyn Lawlor-Smith, SA
Dr Colin Crighton, NSW
The late Dr John Dyson-Berry, Vic
Dr Rosalie Cooper, Vic

Public Service Medal (PSM)

Dr Lawrence Palmer, SA

Conspicuous Service Medal (CSM)

Major Julie Doherty, Qld

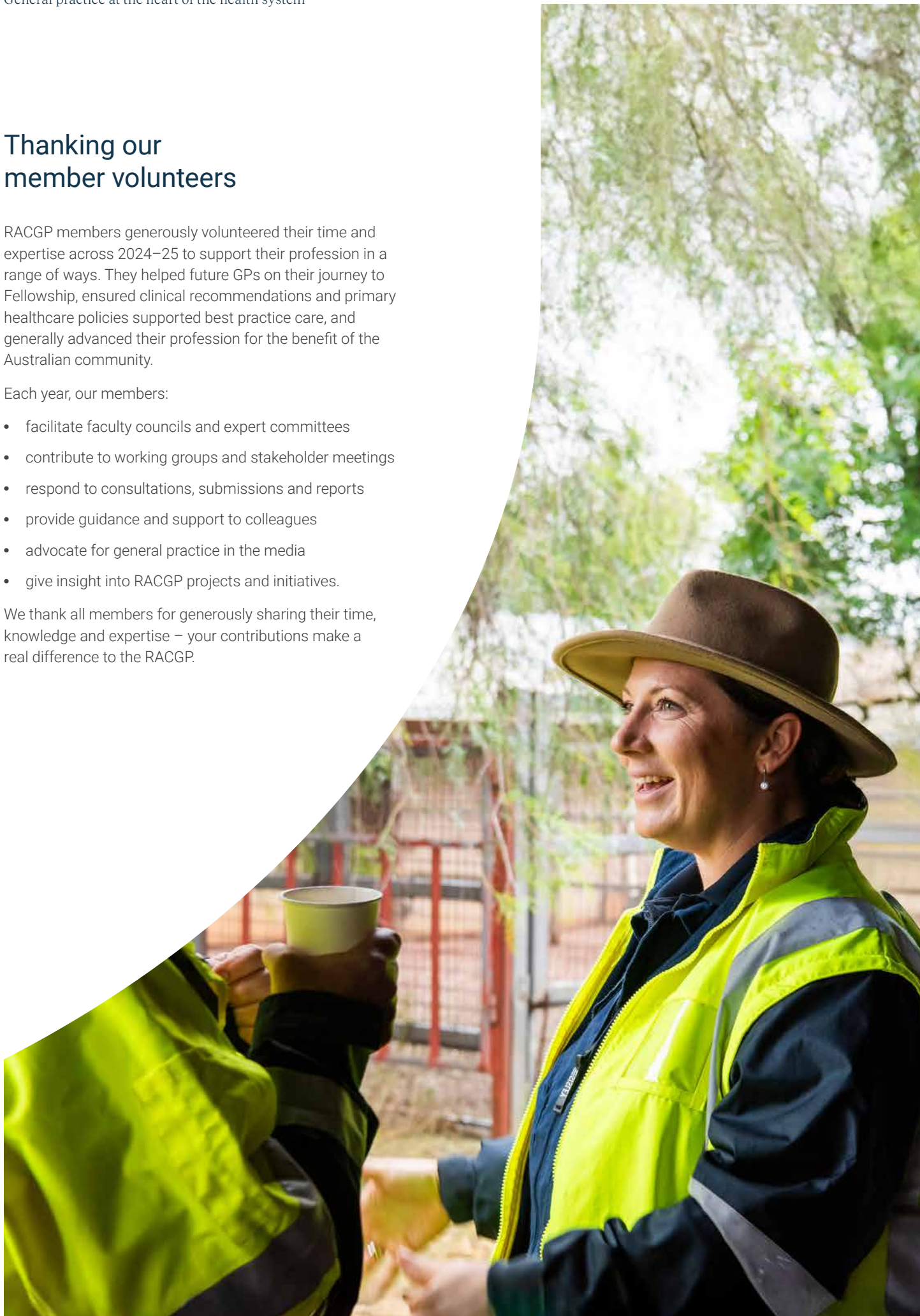
Thanking our member volunteers

RACGP members generously volunteered their time and expertise across 2024–25 to support their profession in a range of ways. They helped future GPs on their journey to Fellowship, ensured clinical recommendations and primary healthcare policies supported best practice care, and generally advanced their profession for the benefit of the Australian community.

Each year, our members:

- facilitate faculty councils and expert committees
- contribute to working groups and stakeholder meetings
- respond to consultations, submissions and reports
- provide guidance and support to colleagues
- advocate for general practice in the media
- give insight into RACGP projects and initiatives.

We thank all members for generously sharing their time, knowledge and expertise – your contributions make a real difference to the RACGP.





National faculties

Aboriginal and Torres Strait Islander Health

Partnerships and alliances

RACGP Aboriginal and Torres Strait Islander Health continues to build and maintain partnerships with peak bodies such as the National Aboriginal Community Controlled Health Organisation (NACCHO), the Australian Indigenous Doctors' Association (AIDA), the Indigenous General Practice Trainee Network (IGPTN), the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) and the Lowitja Institute, reinforcing our commitment to collaboration and cultural responsiveness.

In February 2025, the RACGP signed its third Memorandum of Understanding (MoU) with NACCHO. This MoU is underpinned by the principles of respect, equity, shared decision making and self-determination for Aboriginal and Torres Strait Islander people and organisations. It promotes ongoing work and shared advocacy for effective, culturally safe and clinically appropriate healthcare for Aboriginal and Torres Strait Islander people and communities across the country.

National Guide

The fourth edition of the NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people (National Guide)* was launched in November 2024.

The National Guide provides clear, up-to-date guidance for GPs and primary healthcare teams to ensure that Aboriginal and Torres Strait Islander people can access culturally safe and appropriate healthcare wherever they seek care.

Our education webinar series supports members to understand the latest evidence in the National Guide and put the recommendations into practice.

Yagila Wadamba Program

The Yagila Wadamba Program helps general practice registrars to perform at their best in the Applied Knowledge Test (AKT) and Key Feature Problem (KFP) exams, supporting them through their training journey. The College runs this program adjacent to Indigenous General Practice Trainee Network (IGPTN) workshops, with Faculty Censor Dr Josie Guyer a key source of support for trainees and registrars.

2024–25 priorities and actions

The faculty met with the Race Discrimination Commissioner from the Australian Human Rights Commission, discussed the **National Anti-Racism Framework** and the RACGP's work to support general practice that is free from racism.

To support health professionals to foster anti-racist practice as well as patients who may be experiencing the health impacts of racism, the RACGP collaborated with NACCHO on a chapter on racism in the fourth edition of the National Guide.

In March 2025, the RACGP outlined its commitment to eliminating racism in Australia's healthcare system. Our **position statement** affirms the RACGP's zero-tolerance approach to any form of racism and commitment to measure, challenge and address racism in general practice, GP training and the broader healthcare system.

We also supported Raise the Age's position statement from March 2025 to increase the minimum age of criminal responsibility to 14 years and look after our most vulnerable children – an important healthcare issue.



Conferences

In May, we supported the launch of *Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in Primary Health Care – A guide for general practice* at the RACGP Practice Owners Conference. President Dr Michael Wright invited Karl Briscoe and David Follent from NAATSIHWP to launch this guide for general practice, designed to support practices to recruit, support and retain Aboriginal and Torres Strait Islander health workers and practitioners as integral members of their multidisciplinary healthcare teams.

The faculty participated in the AIDA gathering on Kaurna Country (Adelaide, South Australia) for the Pacific Region Indigenous Doctors Congress, PRIDoC 2024, as well as the NACCHO and Lowitja Institute conferences.

2024 Aboriginal and Torres Strait Islander Health Award winners

Standing Strong Award

Dr Valerie Quah

Growing Strong Award

Dr Rebecca Alvarez

Medical Student Bursary

Ms Talisha Mason

Aunty Val Dahlstrom Award for Aboriginal Health Excellence

Dr Odette Phillips

GPs in Training

RACGP GPs in Training advocates for key changes that support GPs in training. This year we pushed for incentive payments for GPT1s, paid parental leave, study leave, and funding for places in the Practice Experience Pathway (PEP) and Fellowship Support Program (FSP). As a result, both Victoria and Queensland introduced incentives, and from 2026 trainee incentives and leave entitlements will be offered nationally. Our advocacy also contributed to the introduction of the College's new parental leave policy to ease financial strain on our members. To further address financial pressures, we introduced a delayed payment option for the Clinical Competency Exam, separating payments from enrolment for those awaiting eligibility outcomes.

Through regular meetings with the GP Training team, the faculty played a key role in improving the AGPT Program. We provided feedback to the Australian Medical Council (AMC), assisting the training program to receive re-accreditation. In 2025 we met regularly with the FSP training team to identify areas for improvement for this cohort. We also participated in the NTCER negotiations with General Practice Registrars Australia and General Practice Supervision Australia, helping to shape changes to training conditions.

Importantly, the faculty increased representation of GPs in training and elevated their voices across the College. GPs in training are now part of education appeals panels and practice accreditation committees, giving them a voice in important decisions that affect their training. All registrar liaison officers (RLOs) are now part of the GPs in Training faculty, amplifying trainee feedback to drive improvements in training. This has enabled the standardisation of the RLO role across all regions and training pathways, and reduced FTE vacancies.

We hosted webinars on professionalism, documentation, as well as exam preparation, which attracted more than 1000 registrations. These sessions provided valuable insights to help members in their training and professional growth.

We continued to grow our faculty to more than 6200 members, with a highly engaged social media community of more than 3600 members. The GPs in Training Council held its first in-person strategic planning day in December 2024 which resulted in a number of training program and member experience quality improvement initiatives. Our 2025 priorities included improving program orientation and exam result feedback timeframes, as well as reducing Fellowship processing time.





Rural

Rural celebrated its 33rd year with 1694 new members joining in 2024–25. RACGP Rural represents four out of five rural GPs – the most of any organisation in Australia.



This year, we continued to strongly advocate for rural members and communities. We've led and provided feedback on formal submissions and consultations, including recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities in NSW, where we participated in public hearings. We've also facilitated rural member involvement in working groups, committees, advisory groups and panels across the College and externally to ensure strong representation.

Following sustained advocacy from the RACGP and the Rural Council, we've strengthened support for FSP participants, benefiting many rural general practice registrars. We're now able to share AGPT-funded educational resources within the FSP, which will significantly improve the FSP experience.

The expansion of RACGP Rural to include Rural Training has enabled us to collaborate more closely with the Rural Programs team on activities such as rural road trips, member engagement events and conferences. This has strengthened our presence in rural communities, led to better engagement with members and a stronger understanding of local challenges, and has helped shape initiatives that address the unique needs of rural GPs.

With the Australian College of Rural and Remote Medicine (ACRRM) we submitted the final stage assessment of the Joint Application for Rural Generalist Recognition to the AMC. The AMC found a case had been established for recognition of Rural Generalist (RG) medicine as a new field of specialty practice, and the Medical Board of Australia

agreed to recommend that the Australian Health Workforce Ministerial Council approve RG medicine as a new field of specialty practice within general practice. As we await an outcome, we have begun work on a project with ACRRM and the Rural Doctors Association of Australia to identify MBS numbers which can capture the additional services that RGs provide.

We've continued to see growing interest in the RG Fellowship (FRACGP-RG), with 1437 out of 3938 active AGPT registrars on the rural pathway, and 449 AGPT registrars currently enrolled in FRACGP-RG. There are currently 811 Fellowed GPs enrolled in FRACGP-RG and 682 Fellows have achieved FRACGP-RG since its launch in 2022.

RACGP Rural delivered high-quality education around Australia, including nine point-of-care ultrasound workshops to members in Darwin, Port Augusta, Cairns, Busselton, Newcastle and more. We offered monthly rural health webinars, online emergency medicine workshops and online Focussed Psychological Strategies Skills Training.

National Rural Health Commissioner Professor Jenny May joined us as guest speaker for our

Annual Member Forum in October 2024 where members came together, heard about the work of the faculty and shared their concerns and ideas.

RACGP Rural's Doctors for Women in Rural Medicine Committee (DWRM) collaborated with the Rural Doctors Association Australia on a joint research paper, advocacy and events. The DWRM also held four online member meet-ups on topics including AI, mentorship and the experiences of female international medical graduates.



Specific Interests

RACGP Specific Interests grew by 12% in 2024–25, reaching 15,454 members across 37 Specific Interests Groups (SIGs).

Our educational events continue to provide members with tailored education in their areas of interest. In the past year, the faculty has run 32 educational webinars, including masterclasses; webinar partnerships with Emerging Minds, Dementia Training Australia, ASHM Health and the National Centre for Action on Child Sexual Abuse; evidence-based journal clubs; and additional SIG meetings, many featuring guest speakers. We also provided an education session for SIG Chairs on developing learning activities that meet CPD requirements for their members.

SIG Chairs are active in advocacy, particularly in their area of specific interest. Chairs represent the RACGP in government roundtables and working groups, attend GPs@Parliament events, contribute to submissions to government, work on updated position statements and advocate for general practice in their local communities. The SIG Chairs are also subject matter experts for the advocacy, *newsGP* and media teams, with many of our SIG members appearing regularly in the media.

Another focus in 2024–25 has been the expansion of Recognition of Extended Skills for Fellows of the RACGP (RES–FRACGP). This allows us to recognise members who have become highly skilled in their area of specific interest since Fellowship (minimum of five years post-Fellowship). Sixty-five members currently hold RES–FRACGP, with 22 applications in progress.

This year, we doubled the number of SIGs offering RES–FRACGP. This now includes:

- Allergy
- Addiction Medicine
- Custodial Health
- Developmental Disability
- Obesity Management
- Integrative Medicine
- Psychological Medicine
- Dermatology

With three more SIGs in development:

- Military Medicine and Veterans' Health
- Migrant, Refugee and Asylum Seeker Health
- Diabetes

Regional faculties

New South Wales and Australian Capital Territory

This year has been one of significant activity in advocacy and member engagement across NSW and the ACT.

Faculty Chair Dr Rebekah Hoffman visited the ACT, Lismore, Dubbo, Narromine, Armidale, Walcha and Tamworth to engage directly with members and gain insight into the successes and challenges GPs encounter in these communities. We plan to continue these regional trips to ensure that local voices are heard and that issues are addressed with both state and federal MPs.

RACGP NSW&ACT welcomed 463 New Fellows and 123 Life Members in 2024–25. The highlight of our calendar is celebrating both these important groups, together with all our members.

Advocacy at a State Government level was highlighted at our GPs@Parliament event in September 2024. More than 25 MPs attended for a health check with an RACGP member, providing opportunities for us to advocate for high-priority issues. Across 2024–25, we submitted responses to national inquiries on birth trauma, vaping and cannabis regulation and rural health, often with in-person representation at inquiry hearings.

The NSW&ACT Council has collaborated with NSW Health across multiple committees to ensure GP voices are embedded in healthcare decision-making.

The faculty continues advocating for our rural workforce by supporting showcase events that profile rural areas and the benefits of rural life and work for GPs. We've collaborated with the Rural Doctors Network (RDN) and regional partners to align on workforce and rural priorities. One new initiative is a united NSW collaboration with RDN,

the Australian Medical Association, and RACGP Rural to advocate collectively for key rural priorities.

Planning for the NSW Single Digital Patient Record now includes the voice of general practice to ensure that transitions of care include primary care, and that patient care information will be available.

Advocacy on pharmacy prescribing has continued. We raised concerns with NSW Health and are pushing for clear safety guidelines and restrictions to ensure patient safety is at the forefront of decision-making. Our advocacy in the space of ADHD diagnosis and prescribing has also resulted in the NSW Government's [May 2025 announcement](#) enabling GPs to diagnose and initiate prescribing of psychostimulants for the treatment of ADHD, initially in children and later in adults, upon completion of appropriate additional training.

The NSW&ACT faculty has continued to support members in 2024–25 through a wide range of educational events, with more than 2200 members attending 23 webinars throughout the year.

We engaged with the ACT Health Directorate, the ACT Health Minister and other MPs to advocate for expansion of GP prescribing to include psychostimulants for the treatment of ADHD and isotretinoin for cystic acne. A nationally consistent approach to payroll tax has also been a focus, together with greater access to meningococcal B vaccine for children aged two and under and young people aged 15–19. Evaluation of the ACT's nurse-led walk-in centres has been an ongoing request to ensure this approach is providing a cost-effective and safe alternative to GP-led urgent care.

Northern Territory

The Northern Territory Fellowship ceremony welcomed nine new GP Fellows, two Rural Generalist Fellows and one FARGP in September 2024, with the NT Health Minister and NT Health Chief Executive Officer attending as dignitaries.

Awards were presented to NT GP of the Year, Dr Hang Murphy, and to our highest scorers in Fellowship exams: Dr Foong Loong (AKT), Dr Asim Razi (KFP) and Dr Ben Bambery (CCE) who also won the inaugural NT Outstanding New Fellow award. RACGP Life Members Dr Jeanine Richardson, Dr Fiona McDonald, Dr Ray Ingamells and Dr Karen Stringer were recognised.

In May 2025, RACGP NT hosted a member meetup in Alice Springs, which coincided with the registrar workshop and included a cultural experience dinner coordinated in partnership with Joint Colleges Training Services (JCTS).

Our International Women's Day event showcased the stories of four inspiring Territory women. We've presented four webinars on topics including ADHD, annual vaccination and communicable diseases updates from NT Health Centre for Disease Control, and weight management, presented by endocrinologist Dr Anna Wood. We also supported

a Rural faculty point-of-care ultrasound workshop in Darwin, and held a session explaining the overlap of CPD and supervisor professional development for our GP supervisors. Highlights were the RACGP's sponsorship of the NT Primary Health Network Compass conference in August 2024 and the Aboriginal Medical Services Alliance NT (AMSANT) 30th anniversary celebration.

The NT Council develops advocacy priorities which inform the RACGP's national [Advocacy Plan](#). Workforce remains the top priority for the Council. An election platform was developed ahead of the August 2024 NT election, supported by data from the RACGP NT Workforce Snapshot Survey. We've engaged with stakeholders including AMSANT, NT Primary Health Network, NT Health, CDU Menzies Medical Program and Flinders NT Medical Program.

We negotiated an additional \$150,000 on top of the initial \$100,000 grant from the NT Primary Health Network to increase registrar numbers in the Territory. The NT Placement Support Grant was promoted throughout the placement process, with recipients awarded grants to relocate from Darwin to an MM6–7 region, to relocate to the NT from interstate, and for composite pathway registrars to undertake their compulsory six-month NT placement during 2024 or 2025.

RACGP NT is part of the Doctors for the NT collaboration.

This year, key advocacy and media activities addressed included:

- incentives to increase numbers of general practice registrars training in the NT
- NT pharmacy UTI treatment and the broader enhanced scope of practice Country Liberal Party election commitment
- sustainability of private general practices in MM6–7 regions of the Territory
- barriers to general practice training capacity in the NT, including placement pressures and supervision capacity.



Queensland

RACGP Queensland maintained a strong advocacy presence in 2024–25. We met with State Government ministers, made more than 30 formal submissions, and responded to consultations on a range of matters relevant to general practice.

In September 2024 the faculty held its third annual GPs@Parliament event. A record 34 MPs attended, providing an opportunity for our GPs to talk MPs through the College's 2024 state election platform.

The Queensland Treasurer introduced legislation to provide a payroll tax exemption for wages paid by medical practices to GPs. This was a significant win for Queensland general practice and followed many years of behind-the-scenes advocacy by the RACGP.

In May 2025, the Queensland Minister for Health **announced** the \$24 million General Practice Trainee Incentive – a one-off payment of \$40,000 for eligible doctors starting their GP training in Queensland in 2025. The program is in response to advocacy commenced in December 2023 by the faculty and recognises the challenges general practice registrars can face upon entering the workforce.

During 2024–25 the Queensland faculty welcomed 320 New Fellows, with 89 attending the Brisbane Fellowship ceremony in September 2024. In April 2025 a historic 56 New Fellows attended the first ever regional Fellowship ceremony in Toowoomba. The faculty has committed to offering an annual ceremony in a regional centre so that these milestone celebrations are closer to where many members live and work.

The 64th Clinical Update conference was held on the Gold Coast in February. The Clinical Update is a unique, member-led Queensland faculty event which this year sold out within six weeks of registrations opening. The **conference included** 33 sessions delivered over two days. Highlights included the opening plenary delivered by RACGP President Dr Michael Wright, a presentation on the 10th edition of the RACGP Red Book from three members of the editorial committee, and an impromptu member town hall session with the RACGP President on Federal Election announcements made during the conference.



South Australia

Member connection has been at the forefront of activity in South Australia with a growing number of opportunities for members to come together. RACGP SA has embraced parkrun at metropolitan locations and Port Augusta in regional SA, where members have enjoyed the opportunity to meet colleagues. The RACGP President, SA Premier and Minister for Health and Wellbeing joined members at the final parkrun of 2024 to run the course and enjoy breakfast after the event. A 'paint and sip' social evening also revealed many talented artists amongst our members. In April we said farewell to College House, with much reminiscing about early training, exam preparation and family Christmas celebrations.

An inspiring panel of female presenters at International Women's Day generated much discussion, and our meetup in Port Augusta provided an opportunity for our rural members to meet the SA Chair. The second Women in General Practice Retreat proved a success with clinical and business presentations followed by a laughter workshop to get the endorphins flowing. The SA Council hosted quarterly forums where members joined Council online to discuss the latest issues. CPD education was delivered



through regular SA Health updates, grand rounds on adult ADHD, payroll tax webinars and CPR courses.

Following the State Government's announcement of a GP bulk-billing percentage discount on payroll tax, efforts have continued to keep the impact of this tax on general practice at the forefront of discussions with policy makers. Advocacy also included access to colposcopy, pharmacy extended scope of practice, registrar incentive payments, international medical graduate incentives to

General practice at the heart of the health system



work and settle in SA, hospital discharge summaries and communication with GPs, Return to Work SA GP fee schedule and improvements in processes at ScriptCheck SA. A pre-Budget submission and several Parliamentary Select Committee submissions were also presented to Government on behalf of members.

The inaugural SA GPs@Parliament, held in **October 2024**, was a huge success with many MPs taking advantage of a check-up and discussion with GPs. The Minister for Health and Wellbeing also hosted GPs at Parliament House for the first SA celebration of Family Doctor Day in May 2025, where he acknowledged the central role general practice plays in the health of our community.

The SA faculty has welcomed 110 New Fellows since July 2024. The Fellowship ceremony at the Adelaide Town Hall in October saw 80 New Fellows recognised for their achievements as well as nine FARGP and RG recipients. We also recognised 17 new Life Members and 11 faculty and exam award winners. Faculty Chair, Dr Siân Goodson, was also awarded the McCleave/Thompson award in 2024 for services to the SA faculty.





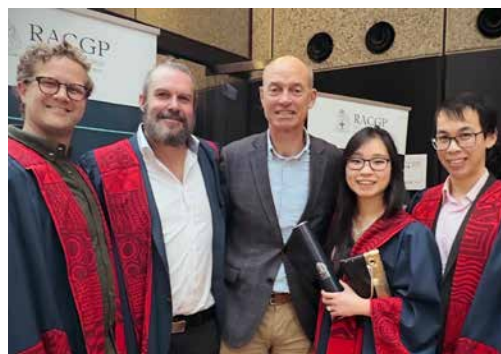
Tasmania

In June 2024, the Tasmanian team relocated to our new office and training facility in Patrick Street, Hobart. The new premises provide a purpose-designed space for the delivery of training and CPD, as well as advocacy and member engagement events.

The faculty has used these new facilities to deliver quality educational and networking events across the year, including our peer group learning supper series, CPR workshops and member events such as our annual International Women's Day function. Additionally, our biannual Women in General Practice weekend saw more than 50 female GPs undertake a weekend of networking and education on the theme of menopause.

The highlight of the year was our annual Fellowship and Awards Ceremony, held in September 2024. We welcomed 36 New Fellows and three Rural Generalists who, along with RACGP state award recipients, celebrated their achievements with friends, family and dignitaries.

Advocacy efforts in 2024–25 have seen the faculty meet with state and federal MPs, Department of Health and Primary Health Tasmania representatives and other key stakeholders. Successful outcomes included a State and



Federal Government commitment to fund an intensive parenting hub with residential beds in Hobart, as well as investment in the Tresillian Early Parenting Service in Launceston.

Our inaugural GP Health Checks @ Parliament event saw more than 30 MPs, including the Tasmanian Premier, attend to have their blood pressure and diabetes risk assessed. The event provided an opportunity for faculty to meet with parliamentarians and advocate on high priority issues.

The faculty's pre-Budget submission 2025–26 requested funding to expand vaccine access for priority populations, for parenting supports and GP Specific Interests roles, and for making the Single Employer Model (SEM) pilot permanent.

The SEM pilot launched in July 2023 and has been widely successful, providing junior doctors the opportunity to train as specialist GPs while continuing to be employed by the Tasmanian Health Service. Participants receive the same salary and leave entitlements as their hospital-based peers. The program is vital to attracting more junior doctors to general practice and ensuring regional and rural Tasmania have enough GPs to meet future needs.

We also contributed to several submissions including the Tasmanian 20-Year Preventive Health Strategy, the inquiry into the assessment and treatment of ADHD and support services, and the Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania, and attended the Committee's public hearing.





Victoria

In June, RACGP Victoria ran our first ever regional Fellowship ceremony in Geelong, welcoming more than 50 New Fellows to the faculty. It came after our annual Fellowship ceremony in Melbourne **celebrated 215 New Fellows** in September.

Our busy calendar of member events saw GPs coming together to connect, learn and be inspired throughout the year, including for a meet and greet with the Board, the **2024 General Practice in Addiction (GPADD) Conference**, International Women's Day, and a webinar series with the Department of Health and Dr Sally Cockburn.

We continued to deliver government-funded education programs to members across the state. This includes Medication Assisted Treatment for Opioid Dependence training, promoting child wellbeing and safety in the context of the Child Information Sharing Scheme (CISS), and family violence training, which saw a powerful half-day workshop in Melbourne with domestic violence campaigner Rosie Batty as keynote speaker.

Advocacy remains a top priority for the faculty, and it was a busy year with over 250 meetings to lobby politicians

and build relationships with key health stakeholders. We contributed to consultations on a range of issues, including voluntary assisted dying legislation, inquiries into women's pain and Ambulance Victoria, and new protocols for the Transport Accident Commission. We also developed a position statement to reduce the administrative burden of medical certificates.

We took our advocacy to the Parliament of Victoria with our inaugural GPs @ Parliament – Health Checks event in June. This saw 12 GPs, including Chair Dr Anita Muñoz and Co-Deputy Chairs Dr Palmyra De Banks and Dr Emmanuel Anthony, meet with ministers and members of parliament. The delegation showed MPs the value of general practice and advocated for reforms to allow Victorian GPs to deliver more services and prescribe more medications for health issues, including attention deficit hyperactivity disorder (ADHD) and severe acne.

After successfully securing state government-funded grants up to \$40,000 for GPs in training, we administered a total of 167 grants to registrars in 2024–25. The **incentive program has been a big success**, with the number of GPs training in Melbourne surging by 42% in 2025, and more rural GPs training across Victoria than any other state.

Western Australia

Advocacy and proactive engagement with politicians remain a priority for RACGP WA, particularly surrounding the state elections. We raised key priorities by holding GP roundtables with Greens Senator Jordon Steele-John and opposition leader Libby Mettam, in addition to ongoing engagement with several WA senators and local MPs. WA Chair Dr Ramya Raman continued regular meetings with the WA Health Minister and Chief Medical Officer. With the announcement of the new health ministry, we have begun establishing relationships with multiple new ministers with health-related portfolios.

After more than two years of advocacy from the WA faculty and GPs in the ADHD WA working group, the WA Department of Health announced GPs will be able to diagnose ADHD and prescribe stimulant medications after completing a comprehensive training program, which will enhance care accessibility in Western Australia. This is a significant achievement and we continue to work closely with the Department to progress this.

The introduction of the Firearms Authority Health Assessment caused significant concern, with WA Council members representing the RACGP on the Firearms Act Health Assessment Working Group to advocate on behalf of GPs regarding their role in this assessment.

We welcomed the rollout of the RSV vaccination and free influenza vaccine for another year.

A 12-month Balint group was established to support GP wellbeing. Funded through WA Primary Health Alliance's suicide prevention program, the group will provide GPs with a valuable forum for reflective practice.

While continuing our regular educational and collegial activities for metropolitan GPs, we increased rural engagement through visits to Busselton, Karratha, Port Hedland and Geraldton. By leveraging existing GP training activities in the regions, we successfully hosted member events and connected with local GPs, practice teams, and key stakeholders including the Rural Clinical School. The annual WA Early Career GP Conference was also held rurally for the first time, drawing 60 early-career GPs to the two-day event in the South-West. Our office relocation marked a significant milestone, providing much improved

facilities to support our expanding activities and growing team. Since August, we have held at our new premises 31 member engagement activities, 10 GP training workshops and 76 small group learning activities as part of the GP training program.

We proudly hosted GP24 in Perth, welcoming approximately 1000 delegates over three days, including more than 420 GPs from Western Australia. The event culminated in the WA Fellowship Ceremony, where 118 New Fellows and 23 Rural Generalists and FARGPs were formally recognised.



A contemporary and sustainable college

In 2024–25, the RACGP strengthened the systems, processes and culture initiatives that enable its teams to succeed. Investments in digital technology, workplaces and environmental sustainability were all guided by the College's commitment to delivering better experiences and value for members.

A new digital transformation strategy will deliver improved systems and user-friendly tools to support members and staff, while the Property team has opened five new offices across Victoria, Western Australia, New South Wales and South Australia to better connect with members on the ground.

The College continued to strengthen governance and compliance, making sure we

stay accountable and resilient in a changing environment. We focused on sustainable financial decisions across operations and projects to deliver long-term value for members.

In March, the RACGP achieved full health promotion charitable status, reinforcing our purpose-driven approach and providing more avenues for us to support employees, members and the general practice profession.





People, cultural change and support

The RACGP workforce continues to grow, with the final transfer of medical education services from James Cook University bringing new educators and operational employees into the College, particularly across northern and western Queensland.

The People and Culture team supported the recruitment and onboarding of medical educators and other employees nationally, particularly in response to the expansion of our training pathways, including the [Practice Experience Program \(PEP\)](#) and the [Fellowship Support Program \(FSP\)](#). This growth ensures the consistent delivery of high-quality general practice training and education to RACGP members across Australia.

To support the attraction and retention of talent and ensure a strong foundation for member service delivery, we introduced:

- the first 'pay for performance' cycle under the RACGP Enterprise Agreement 2022
- the inaugural Employee Mentoring Program
- the launch of a workplace Diversity, Equity and Inclusion (DE&I) Plan
- the [Aboriginal and Torres Strait Islander Cultural Capability Framework](#)
- the [Aboriginal and Torres Strait Islander Employment Strategy and Plan](#).



Representation of Aboriginal and Torres Strait Islander employees increased by 40%



The Women's Leadership Program was launched to progress gender equality



Record attendance at the GP Medical Education conference showed great uptake of professional development opportunities for medical educators

As part of the [RACGP Diversity, equity and inclusion plan](#) the College launched a Women's Leadership Program, developed an inclusive recruitment guide, and continued to mark key days of significance with employees, members and guest speakers.

This focus on fostering an inclusive culture is having impact. In the 2024 Culture and Engagement Survey, 75% of responding employees reported positive perceptions of the RACGP's DE&I culture. Awareness of the [Innovate Reconciliation Action Plan](#) also grew, with 70% of responding employees indicating understanding of its purpose and commitments.

The [Cultural Capability Framework](#) and [Aboriginal and Torres Strait Islander Employment Strategy](#) supported leadership-level cultural awareness training and led to the appointment of an Aboriginal and Torres Strait Islander workforce advisor and two interns. Representation of employees who identify as Aboriginal and Torres Strait Islander increased by approximately 40%, from 1.38% to 1.92% of the total workforce.

Medical educators were also supported to pursue professional development opportunities, resulting in record attendance at the 2025 General Practice Medical Education conference. Engagement in these activities directly contributes to improved training outcomes for members.



Environmental sustainability

The RACGP is committed to supporting our members and their communities in environmental sustainability. Climate change is a health issue, not just an environmental one, and GPs are seeing firsthand its growing impact on patient health. The [RACGP Advocacy Plan](#) includes a focus on safeguarding human health from the risks of climate change. The issue informed key asks and messaging ahead of the 2025 Federal Election, as well as letters and submissions to government.

The Climate and Environmental Medicine Specific Interests Group continues to represent member interests, including through its involvement in the multi-college climate change working group for the Department of Health's National Climate and Health Strategy. All RACGP offices also took part in Earth Hour.

Practical resources

Environmental sustainability is a focus of RACGP conferences, events, webinars and online learning and resources. Notably, the [Australian Journal of General Practice \(AJGP\)](#) February feature on disaster management and climate change attracted 400,000 views.

This year the College launched a suite of CPD-accredited environmental sustainability resources, providing up to 13 hours of educational content. We also supported a national survey exploring GP attitudes, knowledge and actions relating to climate change and health. The survey found that 81% of respondents were concerned about the health impacts of climate change. These insights will help guide the development of future sustainability resources to better support members.



81%

of GPs surveyed were concerned about **the health impacts of climate change**

Our footprint

The RACGP remains committed to reducing its carbon footprint, with a focus on minimising electricity use and waste. Eight offices have switched to green energy and the East Melbourne office piloted a 'Take the stairs' challenge, leading to a 20% reduction in lift activity and related electricity usage in March. A review of the College's publications was undertaken to identify items suitable for digital delivery, with health record templates earmarked for transition to decrease emissions caused by waste, print and transport. Our national conferences continue to lower their environmental footprint through paperless programs, locally sourced catering, recycling stations and other sustainable practices. Uber Green has been introduced as a corporate travel option for RACGP employees, with approximately 25% of all trips now using low-emission vehicles.

Risk management and compliance

The RACGP is committed to building a risk-aware culture, supported by a tailored, practical and integrated approach to identifying and managing uncertainty. Our enterprise risk management (ERM) approach is essential for our ongoing resilience, sustainability, and for creating value and growth that benefits the GP profession and Australian communities.

Our ERM framework and policy sets out principles that govern our approach to managing risk, providing guidance on the proactive identification of risks (both threats and opportunities) to support our mission of ensuring a strong GP profession that keeps Australia healthy.

Enterprise risk management and appetite

Our risk management framework is overseen by the Board and the Finance, Audit and Risk Management Committee (FARM), and managed by our CEO, Executive team and senior management. The risk framework is based on the 'three-lines' risk model, with an emphasis on collaboration and support to ensure risks are promptly identified, evaluated, communicated and managed appropriately. The model functions as an effective governance mechanism and continuous improvement loop as per figure 1.



Figure 1: Collaborative three-lines risk model

Incident and compliance management

The College's incident management system continues to mature, with quantitative and qualitative data now used to recognise trends and emerging risks, which inform ongoing improvement projects. The Executive team and

senior management encourage a culture of reporting and transparency. The RACGP uses an online risk and compliance platform to report, action and monitor safety incidents or hazards, business operations compliance, conflicts of interest, continuous improvement and privacy incidents. Audit recommendations are tracked via this platform and reported at each FARM meeting.

Risk activity snapshot

Quarterly/ ongoing activities	Six-monthly activity	Annual activity	Business continuity and resilience activity	Growth
FARM/ Board	<ul style="list-style-type: none"> • Key risk overviews • Audit recommendation tracking • Project status updates • Work health and safety reporting 	<ul style="list-style-type: none"> • Strategic risk review • Key risk reviews • Privacy and whistleblower reporting 	<ul style="list-style-type: none"> • Strategic planning and performance • Risk appetite statement • Strategic Internal Audit Plan • Insurance review 	<ul style="list-style-type: none"> • Crisis management exercise
Executive	<ul style="list-style-type: none"> • Operational incident reporting review • Key risk overviews • Audit tracking • Project status 	<ul style="list-style-type: none"> • Strategic risk review • Work health and safety reporting • Privacy and whistleblower reporting 	<ul style="list-style-type: none"> • Review risk appetite • Operational and goal planning • Culture survey reporting 	<ul style="list-style-type: none"> • Crisis management planning review • Business continuity plan review
Business units	<ul style="list-style-type: none"> • AGPT compliance • Business/safety incident review • Business unit risk assessment and review • Conflict of interest management • Stakeholder feedback 	<ul style="list-style-type: none"> • Goal assessment/tracking against culture survey goals • Executive/governance risk reporting • Key incident summary reporting 	<ul style="list-style-type: none"> • Annual culture assessment • Goal creation and review 	<ul style="list-style-type: none"> • Crisis management planning review • Business Continuity Plan maintained • Business impact assessments maintained



Projects and initiatives

The RACGP's Strategic Portfolio Office delivers major projects aligned to the College's strategic objectives.

The office's Portfolio Management Framework plays a key role in ensuring responsible financial monitoring, investment, and governance for projects and services that enhance the member and employee experience.

In 2024–25, a new customer relationship management (CRM) system was introduced to support a case management approach to member interactions. The College also improved its financial reporting and analysis tools, delivered the Registrar Wellbeing Program, completed an update of the John Murtagh Library webpages, and progressed consumer brand projects, ensuring member products and services continue to evolve.

We also developed a future state digital strategy for 2025–28. This strategy will embed contemporary technology to support the delivery of key strategic programs. It allows for innovation, embracing emerging digital technologies and offering personalised lifelong learning to members.

The College ramped up the mobilisation of its digital transformation program, which prioritises delivery of seamless, intuitive and personalised digital experiences,

tailored to every stage of the membership journey. The current phase aims to modernise and streamline our technology platforms, enhancing member and employee interactions.

The Information Technology team continued to provide critical services to the College in 2024–25. Investment in cyber security projects added further protection for members and employees. The College also joined the Australian Signals Directorate cyber security program, providing access to additional cyber threat intelligence, alerts, and advisories.

Data governance remained a focus, with the delivery of a Data Governance Framework to improve data quality and maturity within our data domains. The College's cloud data warehouse continues to grow, providing valuable insights for our Executive and Business teams, and driving data-led decision making.

The RACGP has embraced artificial intelligence, recognising a need for continued education and development of an AI Governance Framework. The Information Technology team provided AI training programs for employees and will continue to focus on AI education. The College is currently piloting an AI Vault and a CPD Virtual Assistant, which will provide members with 24-hour access to a virtual call centre for CPD enquiries. Both are scheduled for release in late 2025.

Property

In 2024–25, the Property team opened five new office and training facilities to accommodate the RACGP’s growing membership and increased general practice training requirements. Three of the new locations are located outside capital cities, allowing more rural members and registrars to take part in training, networking and other College-related activities without long travel times. All of the sites feature a contemporary fit out, including multiple spaces for collaboration and training, dedicated quiet spaces, as well as kitchen and break-out areas suitable for a variety of member uses .

Other work conducted by the property team, such as transitioning all electricity contracts to 100% green energy supply and undertaking a major review of the East Melbourne office’s heating system plant, ensure member funds are being used efficiently and support key focus areas contained in the RACGP 2025–29 Strategy of delivering members an outstanding Fellowship, flourishing GP workforce and future-ready profession, all supported by a contemporary and sustainable College.

Taken collectively, these efforts will create stronger links between GPs, registrars, and educators, while also helping to build a more connected and supported training community across the country.



New sites completed and opened in 2024–25

- | | |
|---|---|
| Victoria <ul style="list-style-type: none">• Bendigo• Geelong | New South Wales <ul style="list-style-type: none">• Wollongong |
| Western Australia <ul style="list-style-type: none">• West Leederville | South Australia <ul style="list-style-type: none">• Unley |

Financial position

The RACGP continues to operate to its Financial Sustainability Plan of generating a 5% operating surplus outside of any one-off items.

- Starting the year with a budgeted consolidated surplus of \$4.0 million, the RACGP has delivered a surplus of \$8.3 million for the 2024–25 financial year.
- This year's surplus improvements are largely due to one-off expenditure savings and timing of projects supported by a strong foundation, a cohesive framework being established for mobilisation next year, and prudent cost control measures.
- Excluding these one-off items, the underlying surplus is \$4.8 million.
- The College has delivered another solid financial performance, maintaining strong financial management and budgetary controls in line with the strategic plan. We remain committed to regular reviews to ensure we drive efficiencies and reinvest in our core objectives.

Consolidation of the financial sustainability of RACGP

The Financial Sustainability Plan implemented in 2023–24 focuses on rebuilding appropriate levels of reserves to reinvest in the College's core objectives around advocacy, education, research and systems, and to ensure the long-term operating model is financially sustainable. Strong results in 2023–24 and 2024–25 have allowed for growth in the College's reserves, which provides for investment opportunities into key initiatives and ensures the College can withstand any unforeseen volatility.

In 2024–25, the College introduced a five-year financial roadmap to 2028–29 to support financial sustainability and guide continual investment in line with the College's strategy. This roadmap serves as a reference point for future budgetary consideration.

The budgetary framework has also been strengthened to focus on continual expenditure management and efficiencies, helping us deliver on the College's strategy in 2025–26 and beyond. The 2025–26 budget has allowed for investments into activities such as contemporary technology to support delivery of key strategic programs and personalised lifelong learning for our members, as well as strengthening program delivery in the [Fellowship Support Program](#).

Financial summary

Revenue

The RACGP's revenue in 2024–25 increased by 4.2% against 2023–24, noting that an increase of 8.3% was achieved when compared to last year's underlying revenue. Numerous one-off gains contributed to the strong performance in the prior year amounting to \$8.6 million, including **AGPT Program** grant revenue for property fit-outs, legal settlement and the WONCA conference. The College's improvement on revenue year-on-year indicates continuation of strong financial performance for operating activities and increased activity through the **AGPT Program**, whereby revenue is recognised based on the expense matching principle.

RACGP revenue is made up of two key components:

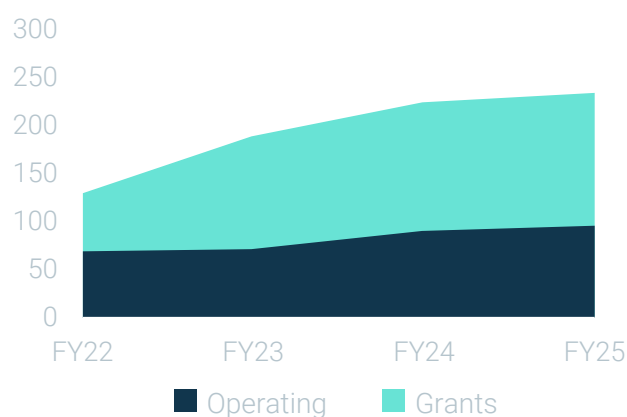
- Operating revenue, predominantly characterised by membership income, Fellowship exams, **Fellowship Support Program (FSP)**, as well as cash investment strategies to optimise return on investments. Key drivers for 2024–25 performance include a successful membership campaign (with membership growth driven by an increase in new registrars), participant volume growth in FSP and higher interest income through cash investments.
- Grant revenue is primarily received from the Department of Health, Disability and Ageing (DoHDA) for the delivery of the **AGPT Program**. This revenue of \$134.8 million is a significant element of the College grant revenue for 2024–25. The College also received grants from other government departments and industry to support research and foundation activities. Grant revenue is recognised as the College outlays grant expenditure.

Expenses

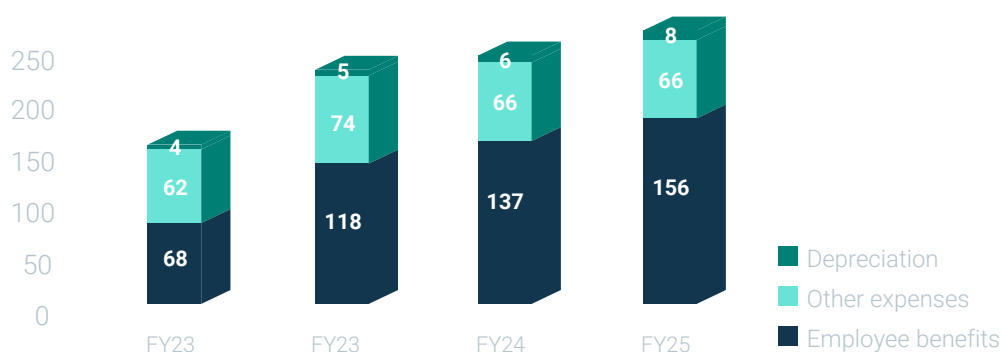
The College expenditure comprises employee costs (68%) and other expenditure (29%), with the balance (3%) attributed to depreciation costs.

Expenditure in 2024–25 increased by 10.1% compared to 2023–24, predominantly due to salaries and wages, with other costs relatively consistent with prior year. The \$19.3 million increase in salaries accounted for 91.3% of the movement against prior year, with 8.7% resulting from an increase in depreciation from the expanded property portfolio to service the **AGPT Program**.

Revenue (operating and grants \$m) – FY22 to FY25



Total expenditure \$m – FY22 to FY25



- Operating salaries increase of \$12.7 million was mainly due to uplifts in staffing directly aligned with the revenue growth in FSP; Enterprise Agreement salary indexation and RACGP Training Services payroll tax obligations incurred for Western Australia (2022–23 to 2024–25); as well as long service leave provision adjustments.
- AGPT grant-funded activity increased, requiring additional staffing to support increased registrar intake numbers and the revised medical education model to service regional and local training teams.

This equity largely consists of RACGP-owned properties and large cash holdings from the AGPT grant funding. The increase in reserves reflects the transfer of the 2023–24 financial result from Accumulated Surplus to Reserves, including increases to Future Fund and Foundation Fund in line with the investment strategy.

The RACGP's cash balances have increased by 16.8% this financial year to \$186.3 million (2024: \$159.6 million) which relates to income in advance from AGPT grant holdings, membership, FSP and examination fees held at 30 June 2025, which will be released to our Profit and Loss Statement when incurred, as per accounting standards.

Surplus for the year

The result for 2024–25 is a consolidated surplus of \$8.3 million, a decrease of \$11.4 million compared to a surplus of \$19.7 million in the prior year.

When removing the one-off gains in 2023–24 and delayed expenditure relating to strategic projects, the 2024–25 underlying operating surplus was comparable across both financial years – \$4.8 million in 2024–25 versus \$5.3 million in 2023–24 – indicating continued success of the College through its main operational activity.

RACGP ensures a prudent investment of cash holdings in low-risk instruments with minimal investments in equity. The cash holdings are invested in accordance with the RACGP Cash Investment Strategy and investment returns are optimised, this being evident with a positive return during 2024–25.

The financial position of the College remains strong, with improvement in liquidity ratios against prior years. In particular, the current ratio which measures the ability to pay short-term obligations (2025: 1.20 versus 2024: 1.15) and the liquid ratio which determines how effective liquid assets can cover current liabilities (2025: 1.12 versus 2024: 1.07). This indicates that the College is able to repay its current debt obligations as they fall due.

Statement of Financial Position

The total equity (net worth) of the RACGP increased from \$80.0 million to \$88.1 million, primarily due to the surplus in the 2024–25 financial year.



RACGP

Statutory report

2024–25

Directors' report

The Board of the Royal Australian College of General Practitioners Ltd (RACGP, or 'the College') presents its report and financial statements for the financial year ended 30 June 2025. The report includes the financial results of the RACGP (ABN 34 000 223 807) and RACGP's subsidiary entity, RACGP Training Services Ltd (ABN 62 099 141 689).

Principal activities and objectives

For more than 60 years, the RACGP has been the voice of GPs in our growing cities and throughout rural and remote Australia.

With more than 22 million Australians visiting a GP each year, our members are the most accessed healthcare professionals in the country and the backbone of our health system.

Through our leading education and clinical practice standards, our world class training programs and strong advocacy, the RACGP strives to ensure every Australian has access to affordable, high-quality general practice care when they need it.

The RACGP is a membership-based not-for-profit entity and is endorsed as a deductible gift recipient (DGR-1) under subdivision 30B of the *Income Assessment Act 1997* for donations made for education or research in medical knowledge or science.

The RACGP's purpose is to ensure a strong general practice profession that keeps Australia healthy. The RACGP's goal is that Australia's health outcomes improve. To achieve this charitable purpose of advancing health, the RACGP's objectives are to:

- improve the health and wellbeing of individuals and communities by supporting the pursuit of clinical excellence and high-quality patient care, clinical practice, education, and research for general practice
- establish and maintain high standards of knowledge, experience, competence, learning, skills and conduct in general practice
- set the standards for and provide vocational training and continuing professional development programs in relation to general practice and related areas to improve the knowledge and skill in those fields or to extend knowledge and raise standards of learning and patient care
- set the standards for, and provide undergraduate and post-graduate educational programs in, general practice

and related subjects at or in any general practice, community-based medical practice, medical college, other professional college, university, medical school, hospital, laboratory, or other educational institution

- provide grants or in-kind support in scholarly subjects related to general practice
- support and publish research by any persons (whether members of the College or not) into general practice and related subjects
- award diplomas, certificates and other honours in recognition of competency, proficiency or attainment in general practice, or for outstanding work, or in appreciation of special services
- encourage suitably trained persons to enter the speciality of general practice
- promote social intercourse, good fellowship and peer support among members of the College and among persons engaged in general practice, and to promote good relations between such members and persons of the community
- advocate on any issue which affects the ability of members of the College to meet their responsibilities to patients and the community.

The RACGP's wholly owned subsidiary, RACGP Training Services Ltd, is formed to promote the prevention and control of diseases in human beings by improving healthcare delivered by primary healthcare providers.

Performance management

The RACGP monitors and reports on performance to the RACGP Board through governance reporting mechanisms within the following:

- Board of Directors' meetings
- Finance, Audit and Risk Management (FARM) Committee meetings
- People, Culture, Nomination and Remuneration Committee meetings
- Academic Committee meetings (previously the Education and Workforce Committee)
- GP Training Reporting Committee meetings
- Executive Leadership meetings
- other Board sub-committee meetings

Financial results

- The operational surplus from consolidated activities for the 2024–25 financial year is \$8.3 million (2024: surplus of \$19.7 million). After adjusting for one-off items and the timing of projects, the underlying operational surplus is \$4.8 million (2024: surplus of \$5.3 million), in line with the College's Financial Sustainability Plan.
- The consolidated revenue from activities is \$237.2 million, a 4.4% increase from \$227.3 million in 2024. The Australian General Practice Training (AGPT) Program revenue recognition increase of \$5 million was driven by increased intake numbers, as well as the establishment of the revised Medical Education Model servicing regional and local training teams. The College experienced 4.4% membership growth, with an increase in membership revenue of \$2.9 million, and Fellowship Support Program revenue of \$5.1 million.
- Net assets increased by 10% to \$88 million, compared with \$80 million at 30 June 2024, primarily due to the operational surplus and the increase in operational and grant cash holdings.
- The financial results for the 2024–25 year include the delivery of the AGPT Program which is funded by the Department of Health, Disability and Ageing (DoHDA). The College recognises grant revenue at the same time costs associated to the grant are charged, resulting in grant revenue equalling grant expenditure in the financial year.
- The underlying improvement in the financial performance of the College reflects the ongoing successful implementation of the Financial Sustainability Plan, as well as stronger disciplines in financial management through a strengthened budgetary framework.

Significant changes in the state of affairs

The RACGP was granted Health Promotion Charity (HPC) status on 1 July 2024 by the Australian Tax Office (ATO). The College now identifies as an institution with the principal activity of promoting the prevention or control of diseases in human beings. The College was granted an exemption from fringe benefits tax (FBT) and has successfully maintained its deductible gift recipient (DGR) status.

Likely developments and outlook

RACGP's subsidiary entity, RACGP Training Services Ltd, is expected to wind up in the coming financial year following the College's attainment of HPC status. The staff have been transferred to the RACGP as at 1 July 2025 and the process is expected to be finalised by December 2025.

The current AGPT grant provides funding for the College to deliver GP training until 31 December 2025. In 2025–26, RACGP anticipates that the funding will continue past this date as discussions continue with DoHDA in relation to the grant contract.

In 2024–25, the College further strengthened its budgetary framework to align with the RACGP Strategy 2025–2029. The College put in place a five-year financial roadmap to support its commitment to the Financial Sustainability Plan. This roadmap seeks to build on reserves and resources for reinvestment into the College strategic objectives, and to avoid future challenges. It is built on the principle of achieving an underlying operating surplus of 5% per annum on operational funds (excluding grant funds).

Dividends

The RACGP is limited by guarantee, and its Constitution precludes the payment of dividends. Operating surpluses are utilised to meet the College's 2025–2029 Strategic Plan.

Directors

Director	Title	Appointed/retired
Dr Lara Roeske BMedSc, MBBS (Hons), FRACGP, DipVen, MAICD	Chair, RACGP Board Chair, RACGP Specific Interests	Appointed 24 November 2022 Retired 21 November 2024 Appointed 14 November 2018 Retired 21 November 2024
Dr Siân Goodson BMedSci, BMBS, MRCGP, DRCOG, FRACGP, GAICD	Chair, RACGP Board Chair, RACGP South Australia	Appointed 21 November 2024 Appointed 24 November 2022
Dr Nicole Higgins MBBS, FRACGP, CAICD, Cert Negotiation (LSW)	RACGP President	President term commenced 24 November 2022 Director appointment commenced 12 September 2022 Retired 21 November 2024
Dr Michael Wright MBBS, MSC, PhD, FRACGP, GAICD	RACGP President	President term commenced 21 November 2024 Director appointment commenced 22 August 2024
Dr Rebekah Hoffman MBBS, BSci(OT), MPH, MSurg, MSpMed, GDAAD, DCH, GAICD, AFRACMA, PhD, FRACGP	Chair, RACGP New South Wales and Australian Capital Territory Deputy Board Chair	Appointed 23 November 2023 Appointed 12 June 2025
Associate Professor Michael Clements BEcon (Hons), MBBS, DAvmed, MPH, MHM, FRACGP-RG, FARGP, FRACMA, FACAsM, GAICD	Chair, RACGP Rural Vice-President	Appointed 14 August 2020 Appointed Vice-President 23 November 2023 to 21 November 2024
Dr Ramya Raman FRACGP, MBBS, Dip Child Health, BSSC (Psych), GAICD	Vice President Chair, RACGP Western Australia	Appointed 21 November 2024 Appointed 17 November 2021
Dr Tess van Duuren MBChB, BSc (Hons) (Sports Med), FRACGP, GAICD	Censor-in-Chief Chair, Education and Workforce Committee	Appointed 31 October 2019
Dr Toby Gardner BA (Psych), MBBS, FRACGP, GAICD	Chair, RACGP Tasmania	Appointed 23 November 2023
Dr Sean Black-Tiong MBBS, FRACGP, GAICD	Chair, RACGP GPs in Training	Appointed 30 November 2020 Retired 23 November 2023
Dr Sam Heard OAM MBBS, MRCGP, FRACGP, DRCOG, FAIDH	Chair, RACGP Northern Territory	Appointed 24 November 2022
Dr Cathryn Hester BE (Hons), MBBS, MBA, DCH, FRACGP, GAICD	Chair, RACGP Queensland	Appointed 23 November 2023
Dr Jeremy Hudson MBChB, FRACGP, Advanced Certificate Skin Cancer Medicine & Surgery, Advanced Certificate Dermoscopy (Distinction) SCCA	Chair, RACGP Specific Interests	Appointed 21 November 2024
Mr Scott King CA, BEc, MAICD	Co-opted Independent Director Chair, Finance, Audit and Risk Management Committee	Appointed 24 November 2022
Dr Rebecca Loveridge BComm, MD, FRACGP, GAICD	Chair, RACGP GPs in Training	Appointed 23 November 2023
Dr Anita Muñoz MBBS (Hons), FRACGP, Grad Cert Clin Teach, MHP, GAICD	Chair, RACGP Victoria	Appointed 30 November 2020
Dr Karen Nicholls B.Med, FRACGP, Dip Child Health, MACID	Chair, RACGP Aboriginal and Torres Strait Islander Health	Appointed 22 November 2022
Dr Michael Stanford AM MBA (MacQ), MBBS (UNSW), FAICD	Co-opted Independent Director Chair, People, Culture, Nominations and Remuneration Committee	Appointed 24 November 2022

For company director biographies, visit: www.racgp.org.au/the-racgp/board/board-members

Company Secretary	Title	Appointed/retired
Ms Amanda Semertzian BA UniMelb, GradDipACGRM FGIA FCG GAICD	Company Secretary (current)	Appointed 20 July 2022

RACGP member payments and remuneration

The People, Culture, Nominations and Remuneration Committee was formed in August 2018. This committee is Chaired by Dr Michael Stanford AM and included Dr Lara Roeske (until November 2024), Dr Nicole Higgins (until November 2024), Dr Siân Goodson, Dr Michael Wright (from November 2024), Ms Heidi Beck (from October 2024), Dr Anita Muñoz, Dr Ramya Raman and Dr Cathryn Hester (from December 2024). The committee met six times in 2024–25.

The levels of disclosure and transparency in reporting of remuneration of Directors, management and members are in line with the regulatory requirements prescribed by the Australian Charities and Not-for-profits Commission (ACNC).

Directors' fees are determined in accordance with the RACGP Constitution and by member resolution. Directors'

fees were within the maximum cap of \$865,000, approved at the 66th Annual General Meeting held on 23 November 2023 for the 2024–25 financial year.

The President's fee is determined in accordance with the RACGP Constitution and by member resolution and is in addition to the Director fee payment. This fee is confirmed from AGM to AGM to reflect the election cycle and therefore two member resolutions apply for this reporting period. The maximum aggregate amount available to remunerate the President from the 2023 to 2024 AGM was \$324,158 and the maximum amount available to remunerate the President from the 2024 to 2025 AGM was \$338,474. Payments were within the maximum caps during the reporting period.

Related party transactions are declared in accordance with regulatory reporting requirements and accounting standards. The RACGP Board has reviewed the information and recommends this remuneration reporting to the general meeting of members.

Table 1. RACGP Board remuneration

Remuneration by director	Total remuneration paid and payable for financial year 2024–25 (\$)*	Total remuneration paid and payable for financial year 2023–24 (\$)*
RACGP President*	332,464	283,025
RACGP Board	852,730	827,304
Total RACGP	1,185,194	1,110,329

*Dr Nicole Higgins ceased appointment as President on 21 November 2024. Dr Michael Wright commenced appointment as President on 24 November 2024.

Table 2. Other payments to RACGP Directors

RACGP Directors receive other additional payments for services provided to the RACGP in the roles Faculty Chair or Censor-in-Chief.

Remuneration by director	Total remuneration for financial year 2023–24 (\$)*	Total remuneration for financial year 2022–23 (\$)*
Dr Lara Roeske	10,635	25,500
Dr Nicole Higgins*	-	5,600
Dr Siân Goodson	23,858	24,700
Dr Tess van Duuren	293,540	292,905
Dr Ramya Raman	25,400	23,611
Associate Professor Michael Clements	24,777	22,800
Dr Toby Gardner	36,466	12,808
Dr Sam Heard OAM	23,858	22,950
Dr Cathryn Hester	23,858	13,448
Dr Jeremy Hudson*	14,423	-
Dr Rebekah Hoffman	23,858	13,303
Dr Rebecca Loveridge	23,858	12,808
Dr Anita Muñoz	25,170	26,523
Dr Karen Nicholls	23,858	27,200
Professor Charlotte Hespe*	-	9,649
Dr Bruce Willett*	-	9,467
Dr Timothy Jackson*	-	9,461
Dr Sean Black-Tiong*	-	9,461
Total	573,559	562,194

*Dr Nicole Higgins ceased appointment on 21 November 2024.

Professor Charlotte Hespe, Dr Bruce Willett, Dr Timothy Jackson and Dr Sean Black-Tiong all ceased appointment on 23 November 2023.

Dr Jeremy Hudson commenced appointment on 21 November 2024.

Table 3. RACGP key management personnel remuneration (excluding directors)

Total remuneration for Chief Executive Officer (CEO) and other key management personnel includes salary, bonus, termination, payroll benefits, superannuation payments and accruals.

Remuneration by role	Total remuneration paid and payable for financial year 2024–25 (\$)*	Total remuneration paid and payable for financial year 2023–24 (\$)*
Chief Executive Officer*	640,546	1,296,011
Other key management personnel ((2025: n = 9, 2024: n = 9))	2,064,258	1,980,581
Total	2,704,804	3,276,592

*The 2023–24 remuneration includes Georgina van de Water who commenced appointment as CEO on 28 March 2024, A/Professor David Hillis (interim), who acted as Interim CEO from 27 November 2023 to 29 March 2024 and Paul Wappett who was appointed CEO from 11 October 2021 to 29 November 2023.

Table 4. RACGP member remuneration

Category of member remuneration	Total remuneration paid for financial year 2024–25(\$)*	Total remuneration paid for financial year 2023–24(\$)*
Member general practitioner professional services payments (2025: n = 1,800, 2024: n = 1,590)*	7,206,191	6,752,224
Members employed as staff (2025: n = 873, 2024: n = 751)	45,026,056	39,846,713
RACGP Expert Committee Chairs and member payments (2025: n = 57, 2024: n = 73)	174,204	162,959
Total	52,406,451	46,761,896

*Member general practitioner professional service payments include the provision of assessment services, workshop facilitation and committee chair payments.

Table 5. Staff profile mix

The breakdown of the RACGP staff profile mix as at 30 June 2025 is as follows:

Staff profile category	2024–25		
	RAGCP	RACGP Training Services	Total
Full-time employees	435	270	705
Part-time employees	136	658	794
Casual employees	54	58	112
Full-time equivalent staff	565	553	1118
Headcount	625	986	1611

Table 6. Volunteer numbers

Total number of people who volunteered for RACGP are listed below.

Volunteer numbers	2024–25*	2023–24
Volunteers	2005	507

*Increase in volunteer numbers in 2024–25 results from the increased work completed by the RACGP Specific Interests faculty..

Board meetings

The number of Board meetings (including Board committee meetings) and number of meetings attended by each director in 2024–2025 were as follows:

	Board		People, culture, nominations and remuneration		Finance, audit and risk management	
	Number attended	Eligible to attend	Number attended	Eligible to attend	Number attended	Eligible to attend
Dr Lara Roeske	4	4**	3	3	2	3**
Dr Siân Goodson	12	12	6	6	2	3
Dr Nicole Higgins	4	4	2	3	3	3**
Dr Michael Wright	10	10	4	5	3	4*
Dr Ramya Raman	11	12	6	6	–	–
Dr Tess van Duuren	12	12	–	–	–	–
Associate Professor Michael Clements	12	12	–	–	2	6
Dr Toby Gardner	12	12	–	–	–	–
Dr Sam Heard OAM	9	12	–	–	–	–
Dr Cathryn Hester	10	12	2	3	–	–

	Awards		Education and workforce			
	Number attended	Eligible to attend	Number attended	Eligible to attend		
Dr Lara Roeske	1	2	–	3**		
Dr Nicole Higgins	1	2	1	3**		
Dr Siân Goodson	1	2	3	3		
Dr Michael Wright	1	2	4	4*		
Dr Tess van Duuren	2	2	6	6		
A/Prof Michael Clements	–	–	3	3		
Dr Rebecca Loveridge	–	–	4	6		
Dr Karen Nicholls	–	–	6	6		
Dr Toby Gardner	–	–	6	6		
Dr Sam Heard	–	–	1	6		
Dr Jeremy Hudson	7	8*	–	–	–	–
Dr Rebekah Hoffman	11	12	–	–	6	6
Mr Scott King	8	12	–	–	6	6
Dr Rebecca Loveridge	10	12	–	–	–	–
Dr Anita Muñoz	12	12	4	6	–	–
Dr Karen Nicholls	12	12	–	–	–	–
Dr Michael Stanford AM	8	12	5	6	–	–

*Reduced period for new elected Directors, from December 2024 onwards.

**Reduced period for outgoing Directors, prior to December 2024.

Auditor independence

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

Corporate information

The RACGP registered office and principal place of business is:

100 Wellington Parade
East Melbourne Victoria 3002

Corporate structure

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

Signed in accordance with a resolution
of the directors.



Dr Siân Goodson, Chair of the Board

9 October 2025
Melbourne

Declaration of auditor independence



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AUDITOR'S INDEPENDENCE DECLARATION TO THE DIRECTORS OF ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS LTD

In relation to our audit of the financial report of Royal Australian College of General Practitioners Ltd for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, there have been:

- (a) no contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*, and
- (b) no contraventions of any applicable code of professional conduct.

This declaration is made in respect of Royal Australian College of General Practitioners and the entities it controlled during the period.

A handwritten signature in black ink that reads 'PKF'.

PKF

Melbourne, 9 October 2025

A handwritten signature in black ink that reads 'Kenneth Weldin'.

Kenneth Weldin

Partner

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Independent auditor's report



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

Report on the Audit of the Financial Report

Auditor's Opinion

We have audited the accompanying financial report of Royal Australian College of General Practitioners Ltd ('the Company') and its controlled entities (collectively 'the Group'), which comprises the consolidated statement of financial position as at 30 June 2025, the consolidated statement of profit or loss and other comprehensive income, the consolidated statement of changes in equity, and the consolidated statement of cash flows for the year then ended, notes to the financial statements, including material accounting policy information, and the Directors' Declaration of the Company and of the Group comprising the Company and the entities it controlled at the year's end or from time to time during the financial year.

In our opinion, the financial report is prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Group's financial position as at 30 June 2025 and of its financial performance for the year then ended on that date; and
- (b) complying with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report.

We are independent of the Group in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants (including Independence Standards)* ('the Code') that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of the Directors of the Financial Report

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

In preparing the financial report, the Directors are responsible for assessing the ability of the Group to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Group or to cease operations, or has no realistic alternative but to do so.

PKF Melbourne Audit & Assurance Pty Ltd is a member of PKF Global, the network of member firms of PKF International Limited, each of which is a separately owned legal entity and does not accept any responsibility or liability for the actions or inactions of any individual member or correspondent firm(s). Liability limited by a scheme approved under Professional Standards Legislation.

Independent auditor's report (continued)



Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the Directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, actions taken to eliminate threats or safeguards applied.

A stylized, handwritten signature of the PKF firm, consisting of the letters 'PKF' in a cursive, flowing script.

PKF
Melbourne, 9 October 2025

A handwritten signature of Kenneth Weldin, appearing to read 'K Weldin' in a cursive script.

Kenneth Weldin
Partner

Directors' declaration

Per section 60.15 of the Australian Charities and Not-for-profits Commission Regulations 2022

The directors declare that in the directors' opinion:

- (a) there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable, and
- (b) the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2022.

On behalf of the directors



Dr Siân Goodson

Chair of the Board

9 October 2025

Melbourne

Consolidated statement of profit or loss and other comprehensive income

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2025	Notes	2025 (\$'000)	Restated 2024* (\$'000)
Revenue	2	236,773	227,297
Total revenue and income		236,773	227,297
Expenses			
Employee benefits and on-costs	3	156,305	137,015
GP sessional and sitting payments		8,430	7,275
Consultancy and professional services		13,802	11,237
Conferences, meetings, travel and accommodation		10,784	15,139
Telecommunications and office expenses		3,413	2,732
Postage and freight		961	864
Publications, advertising and media		2,648	2,368
Printing and stationery		1,283	1,391
Subscriptions and periodicals		865	823
IT-related costs		10,341	10,011
Grants and donations		643	361
Grants to organisations for program delivery		6,206	8,039
GP training payments		4,644	3,981
Other expenses		189	195
Finance costs		1,245	1,245
Depreciation and amortisation	3	7,932	5,895
Total expenses		229,691	208,571
Surplus from operating activities		7,082	18,726
Net investment income/(expenses)	7	549	664
Share of net surplus of associates accounted for using the equity method	9	624	347
Total surplus		8,255	19,737
Other comprehensive income			
Items that will not be reclassified to profit or loss:			
Revaluation change to land and buildings		-	(4,379)
Other comprehensive income for the year		8,255	15,358
Total comprehensive income for the year		8,255	15,358

* See Note 1.2 for details regarding the restatement of the allocation of income and expenditure

Consolidated statement of financial position

The Royal Australian College of General Practitioners Ltd

As at 30 June 2025	Notes	2025 (\$'000)	2024 (\$'000)
Current assets			
Cash and cash equivalents	4	186,326	159,583
Trade and other receivables	5	6,657	8,050
Financial assets	6	1,200	–
Other financial assets	7	7,740	7,190
Assets held for sale	8	4,983	4,983
Total current assets		206,906	179,806
Non-current assets			
Investments	9	1,975	1,685
Property, plant and equipment	10	52,074	52,544
Intangible assets	11	547	1,503
Financial assets	6	524	1,736
Right-of-use-assets	17	6,270	8,961
Total non-current assets		61,390	66,429
Total assets		268,296	246,235
Current liabilities			
Trade and other payables	12	40,035	35,371
Contract liabilities	13	113,197	103,928
Provisions	14	15,971	14,050
Lease liability	17	2,612	3,526
Total current liabilities		171,815	156,875
Non-current liabilities			
Provisions	14	3,765	3,122
Lease liability	17	4,570	6,201
Total non-current liabilities		8,335	9,323
Total liabilities		180,150	166,198
Net assets		88,146	80,037
Equity			
Reserves	15	65,116	53,737
Accumulated surplus	15	23,030	26,300
Total equity		88,146	80,037

The accompanying notes form part of these Financial Statements.

Consolidated statement of changes in equity

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2025	Notes	Accumulated surplus (\$'000)	Asset revaluation reserve (\$'000)	Reserve Fund (\$'000)	Research Foundation Fund (\$'000)	Futures Fund (\$'000)	Total (\$'000)
Balance at 30 June 2023		15,975	35,796	6,379	2,286	4,243	64,679
Total surplus for the year	15	19,737	–	–	–	–	19,737
Transfer of Reserve Fund		(5,000)	–	5,000	–	–	–
Recognition of Additional Reserve Funds		(4,412)	–	4,412	–	–	–
Total other comprehensive income for the year – revaluation decrease to land and buildings		–	(4,379)	–	–	–	(4,379)
Balance at 30 June 2024		26,300	31,417	15,791	2,286	4,243	80,037
Total surplus for the year		8,255	–	–	–	–	8,255
Transfer of Reserve Fund*		–	–	(146)	–	–	(146)
Recognition of Additional Reserve Funds**		(11,525)	–	4,853	1,819	4,853	–
Balance at 30 June 2025		23,030	31,417	20,498	4,105	9,096	88,146

The accompanying notes form part of these Financial Statements.

*\$0.1 million RACGPTS deficit funded by the GP Research Reserve

**Transfer of FY24 accumulated surplus to the Reserve (40%), Future (40%) and Foundation Fund (15%) in line with the RACGP Reserves Policy and Financial Sustainability Plan.

Consolidated statement of cash flows

The Royal Australian College of General Practitioners Ltd

For the year ended 30 June 2025	Notes	2025 (\$'000)	2024 (\$'000)
Cash flows from operating activities			
Receipts from membership activities, publications, government and other grants (inclusive of GST)		278,074	285,554
Payments to suppliers and employees (inclusive of GST)		(251,027)	(247,353)
Net cash inflow/(outflow) from operating activities		27,047	38,201
Cash flows from investing activities			
Net cash movement on property, plant and equipment		(2,327)	(2,535)
Net cash movement on intangibles assets		–	–
Interest received		5,842	1,397
Net cash movement in financial investments		–	–
Dividends received		100	75
Net cash inflow/(outflow) from investing activities		3,615	(1,063)
Cash flows from financing activities			
Repayment of lease liabilities including interest		(3,919)	(3,780)
Net cash inflow/(outflow) from financing activities		(3,919)	(3,780)
Net increase in cash held		26,743	33,357
Cash at beginning of financial year		159,583	126,226
Cash and cash equivalents at end of financial year	4	186,326	159,583

The accompanying notes form part of these Financial Statements.

Notes to the financial statements

The Royal Australian College of General Practitioners Ltd
For the year ended 30 June 2025

Note 1. Statement of material accounting policies

The consolidated Financial Statements ('Financial Statements') and notes represent those of the Royal Australian College of General Practitioners Ltd (RACGP) and controlled entities ('the Group'). The RACGP is a not-for-profit company limited by guarantee and is incorporated and domiciled in Australia.

The Financial Statements were authorised for issue by the Directors on 9 October 2025. The directors have the power to amend and reissue the Financial Statements, if required.

Statement of compliance

These general-purpose Financial Statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission Act 2012. The Group is a not-for-profit entity for the purpose of preparing the Financial Statements. The Financial Statements of the Group comply with Australian Accounting Standards – Simplified Disclosures as issued by the Australian Accounting Standards Board (AASB).

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

New or amended standards adopted by the Group

The Group has not adopted any new or amended accounting standards or interpretations that are not yet mandatory.

Basis of preparation

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

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

The following material accounting policies have been adopted in the preparation and presentation of the Financial Statements:

1.1 Amounts reported

Amounts in this report have been rounded off to the nearest thousand dollars and represented as \$K.

1.2 Restated 2024

Due to improvements to the Chart of Accounts, revenue and expenditure in 2024 has been reclassified in the Statement of Comprehensive Income to enhance comparability. There are no changes to the underlying financial result for the previously stated financial statements for 2024.

1.3 Investment in associates

The Group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust) and is accounted for as an associate through the equity method. The Unit Trust's principal activity is the production and sale of the Australian Medicines Handbook. The Unit Trust has a 30 June reporting period.

1.4 Investments in joint entity

The Group accounts for its interest in the Joint Colleges Training Services Pty Ltd ('JCTS') through the equity method taking 50% share of the joint entity's profit or loss.

1.5 Property, plant and equipment

Land and buildings are shown at fair value as determined by the Group with the support of:

- an annual fair value assessment to identify any material changes which can include market analysis from our property team and/or a short-form valuation conducted by a third party; and

- triennial independent reviews conducted by a third party.

Any movements of valuation go through the Asset Revaluation Reserve and Other Comprehensive Income.

Plant and equipment is carried at cost less accumulated depreciation.

1.6 Intangible assets

Costs incurred in developing the software, educational curriculum and training material are recognised as an intangible asset when it is probable that the development costs incurred will generate future economic benefits and can be measured reliably. The expenditure recognised comprises all directly attributable costs, largely consisting of labour and direct costs of material.

1.7 Depreciation and amortisation

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

Buildings	2.5%
Computer equipment	33.3 to 40%
Leasehold improvements	Contractual lease term
Other plant and equipment	7.5 to 15%
Intangibles	33.3%
Right of use assets	5 to 12.5%

The right-of-use assets' useful lives are reviewed and assessed based on the current rental contracts in place, which currently range from two to five years (Note 1.8).

1.8 Lease liabilities

The Group leases various offices. Rental contracts are typically made for fixed periods of up to five years, but may have extension options, as described below. Lease terms are negotiated on an individual basis and contain a range of terms and conditions.

1.9 Right-of-use assets

Right-of-use assets are depreciated on a straight-line basis. The useful life of the Group's leases ranges from two to five years.

The consolidated entity has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less.

1.10 Trade receivables

The group will raise a credit loss for debts greater than 90 days if there is a considered risk. Once the risk has been determined to be unrecoverable it will be written off as bad debt.

Other receivables generally arise from transactions outside the usual operating activities of the Group.

1.11 Trade Payables

Other creditors and accruals include grant pass through funding on hand, which the Group is acting as an agent in accordance with AASB 15 *Revenue from Contracts with Customers*.

1.12 Contract liabilities

Contract liabilities relate to income received in advance for membership subscriptions and continuing professional development (CPD) program fees, grants, examinations and other revenue items.

1.13 Revenue recognition

Revenue is recognised on the following bases:

a) Membership subscriptions

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

b) CPD Program and other fees

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

c) Revenue from courses and examinations

All revenue relating to specific courses/ examinations is recognised upon completion of the course/examination, at a point in time.

d) Fellowship Support and Specialist Pathway fees

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

e) Sponsorship, advertising and conference income

All revenue relating to sponsorship, advertising and conference income is recognised upon completion of the event, at a point in time.

f) Specific-purpose grants

Grants are recognised as revenue based on when costs are incurred which is when the Group delivers the performance obligations stated within the funding agreements. Grant monies received, but not yet expended – that is, when services have not yet been performed, or performance obligations have not been fulfilled – are shown in the 'Consolidated statement of financial position' as contract liabilities.

g) Interest income

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

h) Dividends

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

1.14 Income tax

The Group is endorsed as an income tax exempt charitable entity under subdivision 50-B of the Income Tax Assessment Act 1997.

1.15 Critical accounting estimates and judgements

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

a) Estimation of fair values of land and buildings – refer to Note 10

Judgement has been exercised in considering the impacts that the current market has had, or may have, on the Group of known information. This consideration extends to land and buildings measured at fair value. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the Financial Statements or any significant uncertainties with respect to events or conditions that may affect the Group unfavourably as at the reporting date.

b) Provision for employee benefits

Management uses judgement to determine when employees are likely to take annual leave and long service leave. Employee benefits that are expected to be settled within one year are measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year are measured at the present value of the estimated future cash outflows to be made for those benefits. Accordingly, assessments are made on employee wage increases and the probability the employee may not satisfy the vesting requirements. Likewise, these cash flows are discounted using market yields on corporate bonds with terms to maturity that match the expected timing of the cash outflow.

c) Incremental borrowing rate

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the Group estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

d) Lease term

The lease term is a significant component in measuring both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create

an economic incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date. Factors considered may include the importance of the asset to the Group's operations, comparison of terms and conditions to prevailing market rates, incurrence of significant penalties, existence of significant leasehold improvements, and the costs and disruption to replace the asset. The Group reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.

1.16 Parent entity financial information

The financial information for the parent entity, the RACGP, is disclosed in Note 23 and has been prepared on the same basis as the Financial Statements, except for the policy set out below.

a) Investments in subsidiaries and associates

Investments in associates and joint ventures are equity accounted in the Financial Statements of the RACGP.

1.17 Investments and other financial assets

Investments and other financial assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on the purpose of the acquisition, and subsequent reclassification to other categories is restricted.

1.17.1 Financial assets at amortised cost

This comprises of cash, term deposits and trade receivables.

1.17.2 Financial assets at fair value through profit or loss

Other financial assets are designated fair value through profit or loss and comprise of other financial assets held with Escala.

1.17.3 Impairment of financial assets

The amount of the impairment for financial assets carried at cost is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the current market rate of return for similar financial assets.

Note 2. Revenue from ordinary activities

The amount of the impairment for financial assets carried at cost is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the current market rate of return for similar financial assets.

	2025 (\$'000)	Restated 2024 (\$'000)
Revenue from operating activities		
Membership subscriptions	42,637	39,756
CPD program fees	2,231	2,393
Examination fees	16,830	17,789
Fellowship Support and Specialist Pathway fees	16,361	11,256
Education – other fees	2,397	1,835
Australian General Practice Training Grant	134,761	129,891
Research and other grants	4,608	3,597
Donations	176	438
Publications and subscriptions	1,110	1,088
Sponsorship, advertising and conference income	7,713	10,156
Other operating income	1,120	4,056
	229,944	222,255
Other revenue from ordinary activities		
Interest*	6,015	3,966
Rent	814	1,076
Total revenue	236,773	227,297
*The College ensures a prudent investment of cash holdings in low-risk instruments such as term deposits, with minimal investments in equity. These are invested in accordance with the RACGP Cash Investment Strategy.		
Revenue from contracts with customers by timing of revenue recognition under AASB 15		
Revenue recognised over time	203,071	180,077
Revenue recognised at a point in time	26,873	42,178
Total revenue from operating activities	229,944	222,255

Note 3. Expenses

Due to improvements to the Chart of Accounts, revenue and expenditure in 2024 has been reclassified in the Statement of Comprehensive Income to enhance comparability. There are no changes to the underlying financial result for the previously stated financial statements for 2024.

Surplus from operating activities includes the following specific expenses		
	2025 (\$'000)	2024 (\$'000)
Employee benefits and on-costs		
Salary and wages*	108,453	97,815
Superannuation	23,275	19,775
Annual leave	15,751	13,279
Long service leave	2,529	1,549
Payroll tax	953	106
Workcover	1,401	650
Other employee benefits and on-costs	3,943	3,841
	156,305	137,015
Depreciation and amortisation		
Property, plant and equipment	3,358	1,494
Intangible assets	956	956
Right-of-use assets	3,618	3,445
	7,932	5,895
Rental expense relating to low value leases	22	2
Finance costs – interest on lease liabilities	442	442

*The 2025 increase in salary and wages relates to enhanced support and additional numbers in the Fellowship Support Program, the revised Medical Education Model servicing the regional and local training teams and increases as per the Enterprise Agreement (EA).

Note 4. Cash and cash equivalents	2025 (\$'000)	2024 (\$'000)
Cash at bank and on hand	89,304	69,907
Deposits on call and term deposits	97,022	89,676
	186,326*	126,226

*In 2025, the total of \$186.3 million is made up of:

- Operating funds \$68.3 million (2024: \$66.9 million)
- Grant funds \$86 million (2024: \$80.1 million)
- Special purpose funds \$5.9 million (2024: \$1.2 million)
- Reserve funds \$26.1 million (2024: \$11.4 million)

At 30 June 2025, cash balances include receipts for the upcoming financial year membership renewals and examinations, which are collected in advance of the services being provided and are recognised in line with revenue standards (see Note 1.13).

Note 5. Trade and other receivables

	2025 (\$'000)	2024 (\$'000)
Current assets		
Trade receivables*	951	2,083
Prepayments	5,056	2,083
Other receivables	650	279
Other receivables – related entities**	–	1,108
	6,657	8,050

*Includes a provision for doubtful debts of \$0.07 million (2024: \$0.1 million).

**Refers to inter-company transactions between RACGP and JCTS.

Note 6. Financial assets

	2025 (\$'000)	2024 (\$'000)
Current assets		
Term deposits	1,200	–
Non-current assets		
Term deposits	524	1,736
	1,724	1,736

Note 7. Other financial assets

	2025 (\$'000)	2024 (\$'000)
Cash and cash management accounts	853	462
Fixed-interest securities	2,235	2,163
Equity investments	4,652	4,565
	7,740	7,190

Other financial assets are investment funds separately managed by Escala Partners Ltd on behalf of the RACGP and in line with investment policies, which are held at fair value through profit or loss.

Net investment income

Net investment income is presented as net of investment management fees in the 'Consolidated statement of profit or loss and other comprehensive income'.

	2025 (\$'000)	2024 (\$'000)
Interest	16	18
Trust distributions	364	151
Dividend income	–	–
Investment management fees	(35)	(31)
Foreign tax expense	–	–
Net realised gain/(loss) on investment	110	55
Net unrealised gain/(loss) on investment	94	471
	549	664

Note 8. Assets held for sale

	2025 (\$'000)	2024 (\$'000)
Buildings*	4,983	4,983
	4,983	4,983

*12-14 Mount Street, North Sydney is classified as an asset held for sale on the consolidated statement of financial position as management are taking proactive steps to market it for sale.

Note 9. Investments accounted for using the equity method

	2025 (\$'000)	2024 (\$'000)
Share in associates	1,975	1,685
	1,975	1,685

Share in associates

- i. The Group holds 33.33% of the units in the Australian Medicines Handbook Unit Trust (the Unit Trust). The Unit Trust's principal activity is the production and sale of the *Australian Medicines Handbook*. The Unit Trust has a 30 June reporting period. The Group's share of the results of its associate's assets and liabilities are as follows:

Group's share of:		
Assets	2,488	2,236
Liabilities	513	551
Revenue	2,675	2,421
Surplus after tax	624	347

ii. The movement in equity-accounted associates investments is as follows:

Balance at the beginning of the financial year	1,686	1,237
Share of associate's surplus from ordinary activities after income tax	624	347
Less dividends received	(100)	(75)
Add accruals/adjustments for investment income	(235)	177
	1,975	1,686

Share in Joint Venture

- i. The Group has 50% joint control in the entity Joint Colleges Training Services Pty Ltd. The remaining 50% is controlled by the Australian College of Rural and Remote Medicine (ACRRM). The principal object of the joint venture is improving healthcare provided to Aboriginal and Torres Strait Islander peoples. The Joint Venture has a 30 June reporting period and receives its revenue as grant through the RACGP and ACRRM. As it is fully grant funded, the Joint Venture reflects a zero surplus or deficit for the financial period and therefore no share of surplus or deficit is reported.

Note 10. Non-current assets – property, plant and equipment

	2025 (\$'000)	2024 (\$'000)
Freehold land and buildings		
Land and building – valuation	47,367	47,367
Less accumulated depreciation	(1,688)	(280)
	45,679	47,087
Assets under construction at cost	1,398	1,349
	1,398	1,349
Computer equipment at cost	4,589	4,589
Less accumulated depreciation	(4,579)	(4,518)
	10	71
Leasehold improvements at cost	7,472	4,633
Less accumulated depreciation	(2,485)	(596)
	4,987	4,037
Total written-down value	52,074	52,544
Reconciliations		
Freehold land and buildings		
Opening balance	47,087	57,460
Revaluation reduction	–	(4,379)
Reclassified of non-current asset held for sale	–	(4,983)
Depreciation expense	(1,408)	(1,011)
Closing balance	45,679	47,087
Assets under construction		
Opening balances	1,349	–
Additions	49	1,349
Closing balance	1,398	1,349
Computer equipment		
Opening balance	71	195
Depreciation expense	(61)	(124)
Closing balance	10	71
Leasehold improvements		
Opening balance	4,037	850
Transfers out	–	(815)
Additions	2,839	4,490
Depreciation expense	(1,889)	(488)
Closing balance	4,987	4,037
Total closing balance	52,074	52,544

The valuation basis of land and buildings is fair value, being the amounts for which the assets could be exchanged between market participants in an orderly manner, based on current prices in an active market for similar properties in the same locations and conditions.

The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington Parade, East Melbourne.

This mortgage secures a total credit facility of \$10.1 million (2024: \$10.1 million) as of 30 June 2025. This is made up of an overdraft of \$7.5 million (2024: \$7.5 million), RACGP's corporate cards \$0.5 million (2024: \$0.5 million), bank guarantee facilities \$1.7 million (2024: \$1.7 million) and other credit limits in relation to the RACGP's merchant facilities \$0.4 million (2024: \$0.4 million).

The College's property valuation policy states that freehold land and building will be revaluated on a three-year basis, with the last valuation conducted in FY23. In FY25, the College completed out-of-cycle valuations for impairment for two properties and no revaluations were required. There is no reported movement in the carrying amount of the College's three owned properties based on formal or internal valuations carried out.

Note 11. Intangible assets

	2025 (\$'000)	2024 (\$'000)
Intangible at cost	7,997	7,997
Less accumulated amortisation	(7,450)	(6,494)
Closing balance	547	1,503
Reconciliation		
Opening balance	1,503	2,434
Additions	–	25
Amortisation expense	(956)	(956)
Closing balance	547	1,503

Note 12. Trade and other payables

	2025 (\$'000)	2024 (\$'000)
Trade creditors	2,418	1,055
Other creditors and accruals	12,911	14,031
Pass-through grant funding	24,546	20,285
Related party – related entities*	160	–
Total	40,035	35,371

*Refers to inter-company transactions between RACGP and JCTS.

Note 13. Contract liabilities

	2025 (\$'000)	2024 (\$'000)
Income in advance		
Membership subscriptions and CPD Program fees	40,111	37,387
Grants	58,028	55,807
Examinations	6,068	4,619
Other	8,990	6,115
Total	113,197	103,928

Note 14. Provisions

	2025 (\$'000)	2024 (\$'000)
Employee benefits – annual leave	11,613	10,278
Employee benefits – long service leave	4,358	3,572
Other provisions	–	200
Total current provisions	15,971	14,050
Provision for make good (non-current)*	–	605
Employee benefits – long service leave	3,765	2,517
Total non-current provisions	3,765	3,122
Total	19,736	17,172

*In 2025, make good for leased properties is accounted for in accordance with AASB 16 Leases, where it is captured in the right-of-use asset (see Note 17).

Note 15. Reserves and accumulated surplus

The asset revaluation reserve is used to record increments and decrements in the value of those land and buildings measured at fair value. The 2024 revaluation decrement relates to the revaluation of two RACGP owned properties located at 100 Wellington Parade, East Melbourne, VIC 3002 and 34 Harrogate Street, West Leederville, WA 6901. In FY25, the College completed the annual valuation for impairment out-of-cycle, noting that revaluation is only required every three years in line with the RACGP's accounting policy (see Note 10), and no valuation adjustments were made or required.

The Reserve Fund is intended to provide financial flexibility to respond to emergencies, reducing impact during times of financial stress by establishing an internal source of funds for situations, such as a sudden increase in expenses,

once-off, unanticipated loss in funding, or uninsured losses. It ensures sufficient working capital for a safety net when cash flows are unreliable or at risk without having to rely on lines of credit or external sources during shortfalls. It is the intention of the RACGP for the Reserve Fund to be used and replenished within a reasonably short period of time.

In 2018, the RACGP Board approved the setup of the Future Fund Reserve to build on long-term capacity and the Foundation Fund Reserve to preserve returns from charitable donations.

During the year ended FY25, there was a transfer of FY24 accumulated surplus to the Reserve (40%), Future (40%) and Foundation Fund (15%) in line with the RACGP Reserves Policy and Financial Sustainability Plan.

Note 16. Key management personnel compensation

Key management personnel include those persons having authority and responsibility for planning, directing and controlling the activities of the Group, directly or indirectly, including any director (whether executive or otherwise).

	2025 (\$'000)	2024 (\$'000)
Key management personnel	4,464	4,949
	4,464	4,949

Key management personnel include Directors and RACGP Executive Management. The above compensation includes salary, termination, superannuation payments and other benefits during the year.

Note 17. Leases

	2025 (\$'000)	2024 (\$'000)
Right-of-use assets		
Buildings as at 1 July	8,961	8,567
Additions*	2,758	7,805
Disposal	(1,831)	–
Less depreciation	(3,618)	(7,411)
Total	6,270	8,961
Lease liabilities		
Current	2,612	3,526
Non-current	4,570	6,201
Total	7,182	9,727
Undiscounted Future Lease Payments		
Undiscounted future lease payments are due as follows:		
Within one year	2,864	2,766
One to five years	4,178	3,712
More than five years	–	–
	7,042	6,478

*There are additional three leases in 2025: Sydney, Maroochydore and Unley (2024: additional five leases).

Note 18. Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by PKF Melbourne Audit & Assurance Pty Ltd and RSM Australia Pty Ltd and, the auditors of the RACGP.

	2025 (\$'000)	2024 (\$'000)
<i>Independent external audit provider – PKF Melbourne Audit & Assurance Pty Ltd</i>		
Audit Services		
Audit of the consolidated Financial Statements	197	191
Audit of grant financial acquittals	11	15
Total	208	206
<i>Independent internal audit provider – RSM Australia Pty Ltd</i>		
Internal audit	210	133
Total	210	133
<i>Other services</i>		
Tax review – PKF Melbourne Pty Ltd	12	52
Other services – PKF Melbourne Pty Ltd	3	3
Total	15	55

Note 19. Commitments and contingencies

The College, together with the ATO, is currently undertaking a review of payroll tax obligations in each state for both entities within the financial statements. With the exception of Western Australia (WA) where a provision has been factored

into the accounts within 'Other creditors and accruals', no other determination can be made on the likelihood or estimation of payroll tax liability to be remitted to the other State Revenue Offices.

Note 20. Related party transactions

a) Equity interests in related parties

i. Equity interests in associates

Details of interest in associates are disclosed in Note 9 to the Financial Statements.

ii. Equity interests in subsidiaries

Details of interest in subsidiaries are disclosed in Note 23 to the Financial Statements.

iii. Equity interests in Joint Venture

Details of interest in Joint Venture are disclosed in Note 9 to the Financial Statements.

b) Transactions with Joint Venture

Refer to note 5 and 12 for Joint Venture (JCTS) payable and receivable.

c) Key management personnel compensation

Disclosures relating to key management personnel compensation are set out in Note 16.

d) Key management personnel loans

There are no loans to or from key management personnel.

e) Transactions with key management personnel

The key management personnel have transactions with the Group in addition to salaries and fees that occur within a normal supplier–customer relationship on terms and conditions no more favourable than those with which it is reasonable to expect the Group would have adopted if dealing with the key management personnel at arm's length in similar circumstances. These transactions include the collection of membership dues and subscriptions and the provision of Group services. Related party transactions for key management personnel are transactions that relate to Board members and RACGP Executive Management.

Disclosures relating to key management personnel compensation are set out in Note 16.

Note 21. Financial instruments

a) Liquidity risk

Liquidity risk refers to the risk that the Group will encounter difficulty in meeting obligations concerning its financial liabilities. The Group also has financial liabilities to its trade and other creditors and amounts invoiced in advance for services to be rendered, such as the Group's membership subscriptions and grant arrangements. The Group does not expect to settle the amounts invoiced in advance by cash payment; rather, these liabilities will be satisfied with the provision of the services. Liquidity risk is therefore insignificant as the Group's cash reserves significantly exceed the remaining financial liabilities that it expects to settle by cash payment.

b) Financing arrangements

The Commonwealth Bank of Australia holds a first registered mortgage over the land and buildings at 100 Wellington

Parade, East Melbourne. This mortgage secures a total credit facility of \$10.1 million (2024: \$10.1 million) as of 30 June 2025. This is made up of an overdraft of \$7.5 million (2024: \$7.5 million), RACGP's corporate cards \$0.5 million (2024: \$0.5 million), bank guarantee facilities \$1.7 million (2024: \$1.7 million) and other credit limits in relation to the RACGP's merchant facilities \$0.4 million (2024: \$0.4 million).

The Group had arranged the following undrawn borrowing facilities at the end of the reporting period.

	2025 (\$'000)	2024 (\$'000)
Facilities:		
Overdraft	7,500	7,500
Total undrawn facilities	7,500	7,500

Note 22. Events after the reporting period

With the RACGP obtaining HPC charity status on 1 July 2024, the College is evaluating the requirements for the RACGP Training Services subsidiary entity moving forward. Management will undertake a strategic review and assess the options for the future of the subsidiary entity.

The current AGPT grant with the RACGP is scheduled to expire by 30 June 2026. Management have deemed it reasonably likely the funding will be extended or renewed

based on the application status and ongoing discussions with the DoHDA.

No other matters or circumstances have arisen since the end of the financial year that have significantly affected or may affect the operations of the RACGP, the results of the operations or the state of affairs of the RACGP in the future financial years.

Note 23. Parent entity information

The accounting policies of the parent entity (RACGP), which have been applied in determining the financial information shown below, are the same as those applied in the Financial Statements. Refer to Note 1 for a summary of the material accounting policies relating to the Group.

	2025 (\$'000)	2024 (\$'000)
Financial position		
Assets		
Current assets	206,895	173,715
Non-current assets	61,390	71,412
Total assets	268,285	245,127
Liabilities		
Current liabilities	175,849	159,958
Non-current liabilities	8,336	9,323
Total liabilities	184,185	169,281
Net assets	84,100	75,846
Equity		
Reserves	60,850	49,325
Accumulated surplus	23,250	26,521
Total equity	84,100	75,846
Financial performance		
Total (deficit) / surplus	8,255	19,770
Other comprehensive income for the year	–	(4,379)
Total comprehensive income for the year	8,255	15,391

Note 24. Controlled entity

Name of entity	Country of incorporation	Class of shares	Equity holding	
			2025	2024
RACGP Training Services Ltd	Australia	Sole member	100%	100%

Note 25. Statutory information

The Royal Australian College of General Practitioners Ltd registered office and principal place of business is:
100 Wellington Parade East Melbourne VIC 3002