



ANNUAL REPORT

2024

Acknowledgment

ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and Dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.

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and Remote Medicine**

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Published October 2024

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and Remote Medicine 2024

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“ Our collective efforts remain focused on our vision: "Healthy rural, remote and First Nations communities through excellence, social accountability, and innovation". ”

President report

As we enter a new phase of the College's journey, underpinned by the launch of the ACRRM 2024-2028 Strategic Plan, I am filled with optimism about the future of rural, remote, and First Nations healthcare.

Our collective efforts remain focused on our vision: "Healthy rural, remote and First Nations communities through excellence, social accountability, and innovation". This vision is the foundation on which we have built our new Strategic Plan, and it provides a clear direction forward as we continue to strengthen our role as a leading voice in Rural Generalist Medicine.

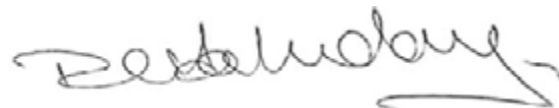
I would like to acknowledge the commitment of the ACRRM Board, Immediate Past President Dr Sarah Chalmers, CEO Dr Marita Cowie, and Council as we have walked this path together. Further, I want to recognise those across our College engine room, from front desk to executive leadership, for all their commitment in driving the success of ACRRM.

Reflecting on the past year, it has been a time of both significant progress and ongoing challenges. One of the most notable developments has been the imminent recognition of Rural Generalist Medicine as a specialised field of general practice. This is a momentous achievement that highlights ACRRM's persistent advocacy and leadership in ensuring that rural and remote healthcare practitioners are recognised for their unique skills and vital role in the Australian health landscape. This recognition not only secures our place as leaders in this space but also opens doors to better training, support, and outcomes for rural communities.

At the heart of this success lies the conviction that we, as rural medical practitioners, have a duty to deliver the best possible care to the communities we serve. We understand the unique health challenges of these communities, and we are committed to addressing them. However, we also know that the journey forward will not be without its challenges. The Strengthening Medicare agenda presents significant hurdles, particularly in ensuring that rural voices and needs are adequately represented. This is why our continued advocacy and strategic engagement with stakeholders, including the Department of Health and Aged Care, remain critical. The implementation of our Strategic Plan in concert with the ACRRM College constitution renewal will play a key role in guiding these efforts and ensuring that the needs of rural, remote and First Nations people are not sidelined.

Our strength, as always, lies in our members. A key focus for us moving forward is to ensure that the College continues to support and recognise Fellows and the broader membership. The evolution of roles within the College, establishing a wider network of support for the President, is an acknowledgment that our members are the core of our sustainability and success. Our recent strategic planning efforts involved significant input from members, with strong engagement from the ACRRM College Council, ensuring the voices of those working in the field are at the centre of our decisions. As we move forward, member engagement will be critical - not just to maintain alignment with our goals, but to ensure that we are responsive to the needs of our rural and remote communities.

We must also be prepared for the challenges of change. Many across the medical, and college sector workforce more broadly, are experiencing change fatigue. We recognise that, and we are committed to ensuring any improvements in process or organisational structures are thoughtfully implemented. Meaningful change, particularly as we further navigate the transition of ACRRM-led training, must be guided by evidence and a clear understanding of its impact on our members. In this time of uncertainty, our courage as a College is defined by our willingness to challenge the status quo, speak out, and embrace the necessary changes to ensure the best possible outcomes for the communities we serve.



Associate Professor Dan Halliday

CEO report

I open this report with exciting news: Rural Generalist (RG) medicine is gaining strength.

ACRRM attracted an increased number of registrars to our Fellowship program this year, exceeding our quota of registrars by 10 per cent for the Australian General Practice Training Program and 90 per cent for the Rural Generalist Training scheme.

This growing confidence in the ACRRM Fellowship program and RG medicine is encouraging, and we were grateful to secure funding from the Department of Health and Aged Care to accept all those selected to train.

Supporting this upward trend, new evidence shows that rural generalism has risen to the sixth highest career choice for Australian final-year medical students, according to the Medical Schools Outcomes Database 2024 National Data Report.

The report also highlights that 7% of students are now considering a career in RG, the highest percentage recorded since tracking began. When combined with interest in traditional general practice, general practice overall remains the most preferred specialty among all medical fields.

In an unexpected development this year, we welcomed James Cook University Australian General Practice Training (AGPT) registrars to train directly with the College. JCU made the decision to realign its training delivery to focus on its students, junior doctors and other medical officers considering careers as RGs and General Practitioners (GPs). As a result, we now train all ACRRM AGPT registrars alongside our Rural Generalist Training Scheme, Independent Pathway, and Specialist Pathway registrars, and support those training through the Remote Vocational Training Scheme on the ACRRM curriculum.

Growth requires a robust support system and this is a primary focus of the College. We are expanding our reach across the nation, with an increased workforce, and new offices in places of high demand, including Rockhampton (Qld), Adelaide (SA), Wodonga (Vic) Perth and Bunbury (WA) and Darwin (NT). These offices serve as hubs for learning and connection for registrars, supervisors, Fellows, and friends of ACRRM, with plans to establish more in the future.

A real highlight for me was the opportunity to meet face-to-face at member engagement events across each state and territory. The feedback and conversations were invaluable. We followed members' leads on activity including the Voice to Parliament, consultation on the Kruk Review recommendations; changes to the Workforce Incentive Program and successfully advocated for an extension to the Rural Procedural Grants Program and the General Practitioner Procedural Training Support Program.

I am continually inspired by the many individuals who have helped build ACRRM to what it is today; advocating for their profession and peers while providing vital healthcare to rural, remote and First Nations communities.

I take this opportunity to thank former President Associate Professor Ruth Stewart for the impact she made as National Rural Health Commissioner, and particularly her leadership of the joint application by ACRRM and RACGP seeking recognition of Rural Generalist Medicine as a new field of specialty within General Practice.

The entire College mourned the loss of Professor Dennis Pashen, a founding Fellow, distinguished former President, outstanding advocate for rural, remote and First Nations communities, and friend to so many.

I would like to thank the College President, Board and Councils for their commitment and leadership over the past year.

I also thank all College members, including registrars, supervisors, medical educators and Fellows; alongside the ACRRM staff who support them through all stages of their career.



Marita Cowie



“ I am continually inspired by the many individuals who have helped build ACRRM to what it is today; advocating for their profession and peers while providing vital healthcare to rural, remote and First Nations communities. ”

About ACRRM

The Australian College of Rural and Remote Medicine (ACRRM) is a leading professional medical college dedicated to improving healthcare in rural, remote and Aboriginal and Torres Strait Islander communities throughout Australia. As the peak organisation for rural and remote medicine, ACRRM plays a vital role in training, supporting and advocating for specialist General Practitioners and Rural Generalists.



ACRRM works to create a future where healthcare in rural and remote areas is exceptional, equitable, and sustainable. We envision a healthcare system that serves the unique needs of rural and remote communities, ensuring that every individual has access to high-quality and comprehensive care, regardless of their geographical location.

Vision

The right doctors, in the right places, with the right skills, providing rural and remote people with excellent healthcare.

Mission

To be a vibrant professional home for members that delivers inspiration, collegiality, value and social accountability.

Purpose

To set professional standards for practice, lifelong education, support and advocacy for specialist General Practitioners and Rural Generalists.

Values

We are Visionary

We are optimists who believe we can make a positive difference for our members and to the lives and health of rural and remote people. We are innovative, imaginative and determined.

We are Courageous

We are prepared to speak out, challenge the status quo and embrace change. We are champions, supporters and guardians.

We are Experts

We are specialists in our field. We work with skill, dedication and care. We take pride in our achievements.

We are Inclusive

We are an open and welcoming group of diverse individuals, unified by a common purpose. We respect, inspire and support each other.

New Strategic Plan launched



The new strategic plan sets out the overarching priorities and strategies for ACRRM from 2024 to 2028. It builds on the College's longstanding leadership of professional recognition, clinical standards, and specialist education for Rural Generalist (RG) Medicine as a basis to develop the flexible and sustainable medical workforce that rural, remote, and First Nations communities in Australia need.

Our Vision

Healthy rural, remote and First Nations communities through excellence, social accountability, and innovation.

Our values

Optimism

We believe we can individually and collectively make a positive difference in the lives and wellbeing of others. We are curious, creative and constantly exploring new ways to achieve our goals. We celebrate success and share our ideas and experiences with others.

Conviction

We have a deep understanding of our obligation and opportunity to deliver the best possible response to the priority health needs and challenges of our rural, remote and First Nations communities. We work with, for, and as members of, the communities we serve.

Courage

We are prepared to speak out, challenge the status quo and embrace change. We are champions, supporters, and guardians. We are comfortable with uncertainty. We humbly seek to understand our limits and to collaborate with others to ensure the best possible outcomes.

Inclusiveness

We are a friendly and welcoming Mob from across Australia and around the world, united by a shared vision. We take strength from our diversity and relationships. We listen, learn and care for each other with dignity and respect. We love to laugh and have fun, and to celebrate the joys in life and work.

Our strategic intent

To define, promote and deliver quality standards of medical practice for rural, remote and First Nations communities through a skilled and dedicated Rural Generalist workforce.

Our strategic priorities

Priority 1: Impact

Improve health outcomes for rural, remote and First Nations communities.

Priority 2: Develop

Deliver education and training for Rural Generalists.

Priority 3: Advocate

Enhance awareness of the College and the benefits of Rural Generalist Medicine in Australia and internationally.

Priority 4: Thrive

Operate a thriving, sustainable and accountable organisation that empowers and supports its people and partners to achieve our vision.





Rural Generalist recognition update

The joint application of ACRRM and the Royal Australian College of General Practice for Rural Generalist (RG) recognition is now in its final stage.

The application was made to the Medical Board of Australia, and it is hoped that final advice will be available by the end of the year. Specialist recognition is a key deliverable in the roll out of the National Rural Generalist Pathway and a crucial step toward building a thriving, resilient RG workforce to serve people in remote, rural and First Nations communities.

The application has successfully progressed through a first stage assessment, which included assessment of two formal applications and outcomes of a national consultation.

The second stage assessment is being conducted by an Australian Medical Council (AMC) Review Panel, led by Professor Chris Baggoley. The joint-application to this stage was submitted in 2022 and the panel conducted their own national consultation at the end of 2023. They are expected to deliver their report summarising their findings by September for endorsement through governance.

In association with the national consultation last year, to build awareness and encourage engagement, ACRRM hosted a series of question and answer workshops together with their fellow Taskforce members. There was also a webinar hosted for Remote Australians Matter for people in remote communities and others targeting rural doctors and health professionals.

In anticipation of a positive outcome, the College, with Taskforce members, has been progressing talks with jurisdictional health department representatives.

It is also overseeing a project led by the Rural Doctors Association of Australia to explore the potential scope for inclusion of RG item numbers in the Medical Benefits Schedule. The report will be handed down at the end of 2024.

Changing of the guard in the National Rural Health Commissioner role

ACRRM extends our respect and appreciation to Associate Professor Ruth Stewart for her remarkable contributions during her tenure as the National Rural Health Commissioner (NHRC) and welcomes incumbent NHRC Professor Jenny May AM to the role.



Associate Professor Stewart completed four years in the role on 1 July 2024. As just the second NRHC, she addressed urgent and emerging health priorities, such as the impact of COVID-19 on communities already struggling after years of drought, bushfires, and flood; progress of the National Rural Generalist Pathway; publishing the Ngayubah Gadan (Coming Together) Consensus Statement; and supporting ACRRM's advocacy as a leader on the Strengthening Medicare Taskforce.

She played a significant role in supporting the joint application for recognition of Rural Generalist Medicine as a new field of specialty within General Practice, and lifted national awareness of the importance of Rural Generalists in the healthcare sector.

Throughout Associate Professor Stewart's efforts, as NRHC and leading ACRRM as president between 2016 and 2018, we have always valued her tireless and fearless advocacy and her intent to focus on the benefits and positive aspects of rural healthcare.

Professor May, who takes the reins as NHRC in September, holds Fellowship with ACRRM and brings more than 25 years' experience working as a RG in rural and remote Australia.

Professor May's extensive background, including serving as Director of the University of Newcastle Department of Rural Health, representing the profession through the Rural Doctors Association of Australia and the National Rural Health Alliance, and publishing research on workforce distribution and retention, demonstrates her experience and competence to inform policy aimed at developing and maintaining a sustainable rural health workforce

ACRRM looks forward to developing a strong working relationship with Professor May to enable us to meet our goals.

Wraparound support for future Fellows

ACRRM is committed to advancing the Rural Generalist profession by upholding world-leading standards of specialist medical education, fostering a strong culture, and offering rewarding careers. This journey begins with the ACRRM Fellowship program, which has seen rapid growth and the integration of more comprehensive support systems, payments and training opportunities.

With a growing number of registrars joining the ACRRM Fellowship program through the Australian General Practice Training (AGPT) and Rural Generalist Training Scheme (RGTS), as well as the Independent Pathway (IP) Remote Vocational Training Scheme (RVTS), and Specialist Pathway, we are confident the future of Rural Generalist medicine is strong.

The new College strategic plan is focused on increasing the number, diversity and retention of registrars and Fellows.

ACRRM is embracing a holistic approach to ensure registrars receive a wraparound experience, tailored to meet their unique needs in rural, remote and First Nations environments. We are strengthening the personal approach by spending more time in the field with registrars, understanding their training environment, and offering support directly where they are located.

We are achieving this through embedding regional hubs for the delivery of face-to-face education. Content is tailored to local contexts, while also ensuring registrars across all pathways receive the same core program and face-to-face support.

The College now has wider state coverage with new offices opening in Adelaide, Perth, Wodonga, Rockhampton, Bendigo, Townsville and Darwin. Workshops were trialled in regional areas including Coffs Harbour, Tamworth, Bendigo and Alice Springs, providing essential training close to where our registrars live and work.

Acknowledging those supporting the program

The program's strength is largely due to the invaluable contribution of supervisors and medical educators. As well as developing a more robust support suite with improved resources, we have increased their numbers in areas of need. The number of doctors taking on the role of medical educator has increased five-fold in less than two years.

Supervisor Liaison Officers are now embedded across the regions, advocating for the individual and

collective needs of supervisors in the training network. They inform policy, systems and process development to enhance the training post environment.

The College has implemented new processes for reviewing and updating education content.

It takes a collective tribe of specialist roles to support the delivery of the ACRRM Fellowship program. We highlight the work of a select few in this report:

- Dr Matt Ruhl has played a significant role in leading the redesign of course materials; implementing feedback loops from registrars and educators and ensuring alignment with ACRRM's curriculum and strategic goals.
- National Director of Education Dr Trevor Burchill, National Director of Training Dr Greg Gladman, National Director of Assessment Dr James Fraser provided direction and leadership on clinical training, governance, and Fellowship program development.
- Dr Eugene Wong, National Clinical Educator, who is developing a new curriculum framework and works closely with the Director of Assessment, Censor-in-chief, and Director of Training to ensure comprehensive feedback.
- Dr Coralie Endean, National Medical Educator for Supervisors, focuses on developing new supervisor courses to enhance the training experience and suite of resources, managing the bi-college relationship and provides leadership for supervisor liaison officers across all states.
- Dr Tom Doolan has retired as Chair of the Education and Training Committee. The College thanks him for his years of commitment and service. Tom was the Chair when the committee first formed.



Dr Tom Doolan

The College recognises and acknowledges Dr Tom Doolan's exceptional commitment as the longstanding Chair of the ACRRM Education and Training Committee.

This is his final year in the role, highlighting his dedicated service since the committee's inception.

Dr Doolan has been a steadfast supporter of rural generalism, since well before the establishment of ACRRM. He was a relentless advocate for the formation of

the College, is a founding Fellow, and was honoured with Life Fellowship in 2009. His significant contributions to the College curriculum are admirable.

As a true Rural Generalist, and alongside his work on the Education and Training Committee, Dr Doolan has provided outstanding medical care in the Kilcoy community for over 44 years. He has mentored medical students and supervised countless registrars through their Fellowship training.

Training posts

In our commitment to spending time with registrars in the places they live and work, we conducted nearly 200 site visits across the nation in this reporting period.

The College dedicated significant effort to updating the accreditation processes and collaborated with the RACGP on a bi-College accreditation process. This involved revising the terms of reference and establishing regular bi-College meetings to share accreditation applications and supporting documentation.

The College also embedded the role of supervisor liaison officers to advocate for the individual and collective needs of the growing number of ACRRM supervisors.

Funding support

This is the first full financial year the College has been responsible for securing and distributing funding for registrars, supervisors, and training posts.

Throughout this period, we have identified opportunities, risks, and gaps in the funding programs to ensure those undertaking and supporting the ACRRM Fellowship program are consistently funded.

College advocacy secured Rural Generalist Training Scheme (RGTS) funding for Aboriginal Medical Services (AMS) ensuring registrars receive competitive hourly rates, and reducing the disparity between the AGPT and RGTS programs. This salary support not only enhances recruitment opportunities but also improves retention rates among our registrars.

Elevating the assessment experience

The past year has marked significant growth and development in ACRRM's assessment programs, underscoring the upward trend to expand reach and impact in rural, remote and First Nations healthcare.

Close to 1000 ACRRM registrars and International Medical Graduates (IMGs) underwent assessments across all modalities in 2023-2024, an increase of approximately 150 participants compared to the previous year.

ACRRM remains the only College delivering assessments 100 per cent online, enabling registrars to remain in their communities, reducing time away from providing high quality healthcare where they are needed.

2023-2024 Assessments:

- Advanced Specialist Training Projects
- Advanced Skills Training StAMPS in Adult Internal Medicine, Mental Health, Paediatrics & Surgery
- Case Based Discussions
- Core Generalist Training StAMPS
- Emergency Medicine StAMPS
- Multiple Choice Questions
- Mock StAMPS

- Multi Source Feedback
- IMG Specialist Pathway assessment
- Pre-Employment Structured Clinical Interview

Innovations and Improvements

The introduction of the Risr/Assess platform for all assessments has been a pivotal advancement. The rollout began with Mock StAMPS in September 2023, followed by AST StAMPS in October 2023, February MCQ 2024, Mock StAMPS in March 2024, and CGT StAMPS in June 2024. This platform has streamlined the assessment process, ensuring a seamless experience for candidates nationwide, particularly for the largest MCQ cohort in February 2024, which included 123 participants.

This year saw the recruitment and onboarding of over 40 new examiners, assessors, and writers, bolstering our assessment capabilities. We were also excited to pilot an examiner training program in 2024, aimed at enhancing the consistency and quality of our assessments.

We continue to expand our assessment support programs for registrars, ensuring they have the best chance of success. Our expedited pathway, Rural Experienced Entry to Fellowship (REEF), has streamlined the Fellowship process for doctors who hold specialist registration in general practice in Australia, reducing the timeframe to 6 months.

Additional highlights

- ACRRM's commitment to innovation in assessments was showcased at the Ottawa Conference in Melbourne in February 2024, highlighting our leading role in medical education.
 - Registrar feedback indicates a preference for online exams, allowing them to remain within their communities. This preference aligns with ACRRM's goal of supporting rural and remote healthcare professionals where they are most needed.
 - The implementation of the Behaviourally Anchored Rating Scales (BARS) marking system for all StAMPS assessments has been completed, further enhancing the robustness of our assessments. Additionally, we published the first AST StAMPS public report in June 2024 in collaboration with the Registrar Committee.
-



Dr Peter Keppel appointed as National Lead Medical Educator for Assessments

Dr Peter Keppel has been appointed as the National Lead Medical Educator for Assessments.

Dr Keppel's extensive experience in medical education and assessments makes him an asset to the College. He has been involved in training ACRRM registrars since the College's inception and played an integral role in the development of the flagship Rural Emergency Skills Training (REST) course.

In his role, he oversees examiner training and provides strategic leadership to ensure the quality and consistency of ACRRM assessments preparation activities.

Meet our member

Dr Phyllis Ho

Growing up in Adelaide, Dr Phyllis Ho's path to rural generalism wasn't exactly straightforward. Initially drawn to veterinary science, she pivoted to human medicine when faced with limited options at university. Little did she know that this decision would eventually lead her to the unique medical landscape of the Northern Territory (NT).

Dr Ho's remarkable journey from Adelaide to the remote communities of the NT is highlighted by unexpected twists and turns that ultimately shaped her career.

Dr Ho's first encounter with the NT came during her fourth year of medical school with an opportunity to do a General Practitioner (GP) placement. She was offered a choice between a city placement in Adelaide, or a rural placement in Katherine, 320 kilometres southeast of Darwin. Despite initial reservations about working in a town she had never heard of, she embraced the opportunity to go to Katherine, diving headfirst into the challenges of rural medicine during the wet season. She says it rained so much during those eight weeks that the Katherine River started to rise and flood over the roads.

In Katherine, Dr Ho got to work with many rural GPs and Rural Generalists (RGs) working in both clinics and hospitals. One RG had advanced skills in surgery and was able to take out appendixes, something that she didn't realise was possible as a GP. Her time in Katherine left a lasting impression, planting the seed for her future in the NT.



“ It's important for community to have a wide range of General Practitioners that they can go and see. Its great for patient care. ”

Dr Ho now lives in Gove/ Nhulunbuy, a remote mining town in the NT. Here, she is in her second year of RG training and splits her time between hospital duties and working in a GP clinic. She is gaining beneficial experience in both Aboriginal health and rural generalism and despite the challenges, finds fulfillment in the close-knit community, the diverse patient population, and the opportunity for continuous learning.



Read more [here](#)

Tele-Derm celebrates 20 years

2024 heralds 20 years that ACRRM has been delivering dermatology advice and support through our free Tele-Derm service for Rural Generalists working in communities in need throughout Australia.



Dr Joshua Dally

Dr Joshua Dally, is a Registrar based in Jamestown, three hours north of Adelaide.

The nearest dermatology service is an hour away in Port Pirie, but there's a time delay for patients to be seen. Similarly, when Joshua worked in rural Queensland, the nearest dermatologist was many hours away with referrals taking more than one month.



Since being launched in 2004 by Tele-Derm founder Dr Jim Muir and then Prime Minister Tony Abbott, the service has grown to a subscription of 5000 Rural Generalists participating and accessing more than 10,000 cases.

Through Tele-Derm, doctors can access a wealth of education resources, including real-life cases, journals, procedural technique videos, webinars and professional development. The service also offers free expert dermatological advice which supports local patient

care. Members simply upload images with their patient's history and their dermatology questions and receive a response within 48 hours which details possible treatments.

The College recognises the passion and commitment of honorary member, Dr Muir. His wealth of knowledge through working as a specialist dermatologist in private practice and also as the Director of Dermatology at the Mater Hospital, South Brisbane, has been pivotal across the service's 20 years.

He is actively involved in medical education and regularly lectures on dermatology to other specialists, general practitioners, medical students, pharmacists and the general public, and has a special interest in skin cancer and skin disease in the elderly.

We also recognise Dr Dan Kennedy, Dr Rachael Foster and Dr John Bingley who work alongside Dr Muir providing specialist advice, knowledge and moderation.

“ You upload images, upload your questions, put the patient's history, and you can get a response in a couple of days or less. Why would you not want to have access to a dermatologist, which we all have a struggle with regardless of where you live? Even if you live in the city, you still have wait times. ”

Tele-Derm, with its practical advice and wealth of educational resources, including real-life case studies, journal reports, webinars and monthly educational quizzes has proven to be a useful and timely resource.



Read more [here](#)

The digital health landscape is moving rapidly

- Dr Christopher Pearce

The ACRRM Digital Health Committee works to stay ahead of rapid advancements in digital health, establishing itself as a key stakeholder in government. The recent federal budget was favorable for digital health, allocating funds to continue its progress.

Principal activity has been engaging with the [CSIRO Sparked FHIR program](#). Providing the necessary standards for interoperable data, at last we may see significant progress in our ability to exchange information. Also in development is the ability to send electronic requests for diagnostic imaging and pathology. When combined with prescribing, we have the beginnings of a digital ecosystem.

On a more proactive level, the College has developed a position paper on Artificial Intelligence and its impact on rural and remote health care. AI is a rapidly developing technology that has the ability to transform how we deliver care, and the College felt it was important to get ahead of the game. We also continue to invest in new guidelines and education for doctors providing high quality telehealth services.

All of this means the committee, and the ACRRM staff, are very busy, and I thank them for their commitment.

Climate and Health Strategy

ACRRM recognises the significant body of evidence indicating that climate change is creating a global health emergency, with rural, remote and First Nations communities in Australia and worldwide being affected.

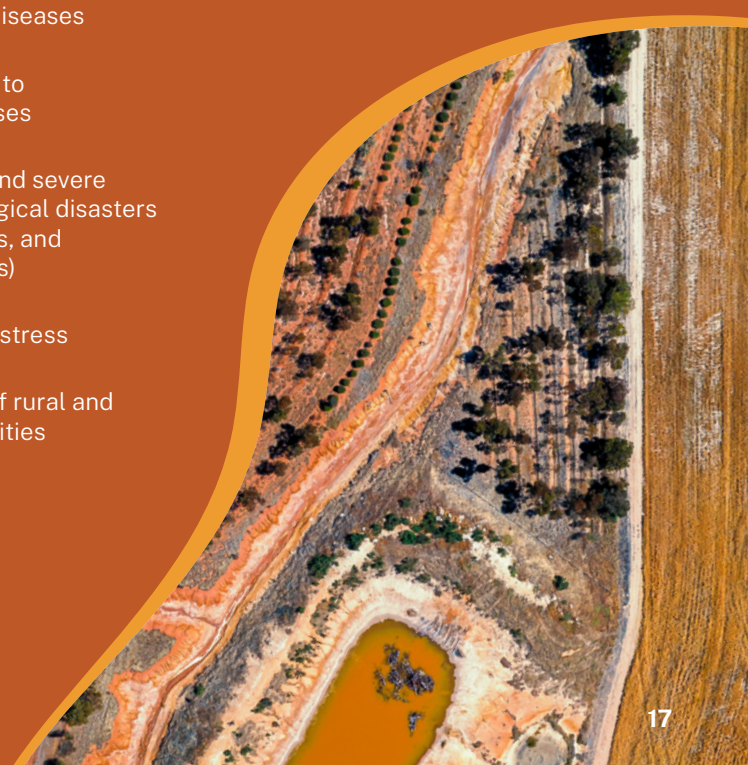
This global health emergency demands an urgent and sustained response to mitigate and adapt to the impacts of climate change. ACRRM urges all levels of government to invest actively in climate action across all sectors so that Australia can take substantial steps to control climate change, save lives, and protect health.

Research shows that the health impacts of climate change vary significantly across Australia, with rural and remote areas facing unique challenges. These health impacts include:

- Increasing heat stress
- Exacerbation of non-communicable diseases
- Rising exposure to infectious diseases
- More frequent and severe hydrometeorological disasters (droughts, floods, and tropical cyclones)
- Psychological distress
- Vulnerabilities of rural and remote communities

As a leading trainer of the next generation of Rural Generalists, ACRRM is dedicated to taking action to reduce its organisational carbon footprint and advancing climate policy. Additionally, the College is committed to educating and supporting its members on practical ways to contribute positively to climate action and to lead and support their communities in these efforts.

The College is currently developing a Climate and Health Policy, which is expected to be endorsed in 2024.



Rural Medicine Australia 2023



RMA underscored its commitment to diversity and wellbeing by providing a parents' room, prayer room, chill-out areas, an Aboriginal and Torres Strait Islander meeting place, and yoga sessions; and continued its responsibility to sustainability by encouraging delegates to use the conference app and advising exhibitors to consider eco-friendly collateral and merchandise options.

The Rural Medicine Australia (RMA) 2023 conference was held in nipaluna (Hobart)'s stunning harbourside district from 18 to 21 October 2023.

The conference received **161** abstract submissions, with **110** accepted into the program and the remainder given the opportunity to submit posters. The display was the most impressive in the conference's history, and for the first time, delegates voted for their favourite poster via the conference app in the new People's Choice category.



Jointly hosted by ACRRM and RDAA, the event attracted **986** delegates who came to a diverse range of keynote speakers talking about topics including Artificial Intelligence in healthcare (Dr Alan D Thompson), Climate and Health (Dr Anika Molesworth), Me Too in healthcare (Rabia Saddique), and Geographical Narcissism (Associate Professor Malin Fors).

Conference partners included the Tasmanian Government, Department of Health and Aged Care, Dementia Support Australia, General Practice Supervisors Australia, James Cook University, Tasmanian Rural Generalist Pathway, Zeep Medical, Bioclect, Health Education Training Institute, Rural Vocational Training Services, Westfund Health Insurance, and the Rural Doctors Foundation, played a crucial role in the conference's success.

Hobart provided the opportunity to significantly expand the social program, introducing partner and family activities, along with networking events held at iconic venues around nipaluna (Hobart). These events showcased local produce and the region's breathtaking scenery, enhancing the overall conference experience.



The event hosted a record 63 exhibition booths and saw the most generous donations for the Sponsored Future RG program, which supports student and intern members. Student members also volunteered at the conference, gaining exposure to rural generalism.

The conference was declared a resounding success, reflecting our ongoing dedication to advancing rural medicine and fostering a vibrant, inclusive community.

One of the highlights of RMA23 was the commissioned artwork by Tasmanian Aboriginal artist Caleb Nicholas Mansell. His piece, representing the connection to Country and the waterways surrounding lutruwita (Tasmania), added a profound cultural element to the conference.



Celebrating 2023 award winners

Every year, we celebrate the skills, professionalism and dedication to their communities of amazing Rural Generalists working in rural, remote and First Nations communities across Australia.

This year's winners are:



Distinguished Service Award

[Rex Pais Prabhu](#) →

[Dr Marc Heyning](#) →

[Dr Niroshini Wickramasingh](#) →



ACRRM and RDAA Peter Graham Cohuna Award

[Dr Mark Zagorski](#) →



President's Prize

[Ms Lara Emmett and George Kavalam](#) →



Registrar of the Year

[Dr Jarrad Lenergan](#) →

ACRRM also congratulates past and present Fellows and friends who were recognised for their services to rural and remote medicine and the profession in the Australia Day Honours list this year. Those recognised include:

- **Dr Sue Harrison**, OAM for service to medicine
- **Dr Jeffrey Robinson**, OAM for service to medicine
- **Dr Christine McConnell** OAM for service to the RFDS and medicine generally



Ms Lara Emmett and George Kavalam



Dr Mark Zagorski



Dr Jarrad Lenergan

2024 Fellow roll

A huge congratulations to our new Fellows in the 2023 / 2024 financial year.



Dr Pulasthi Chamara
Adikari Appuhamilage

Dr Aderemi Alagbe

Dr Lushanth Aloysious

Dr Stuart Anderson

Dr Oliver Angliss

Dr Kiran Ankem

Dr Kate Baggott

Dr Joanne Baque

Dr Simon Batterham

Dr Noelani Bennett

Dr Louise Bettiol

Dr Marc Blackstone

Dr Charles Bligh

Dr Sarah Bocian

Dr Tracey Bodetti

Dr Ineka Booth

Dr Anthony Boucher

Dr Jarrod Bowditch

Dr Barbara Bradshaw

Dr Susannah Broughton

Dr Duncan Brown

Dr Peter Brown

Dr Toby Brunckhorst

Dr Barbara Butler

Dr Peter Byrnes

Dr Rebecca Calder

Dr Deborah Carrington

Dr Santiago Celis Monsalve

Dr Felicity Chapman

Dr Kean Chen

Dr Rhodri Clancy

Dr Rosa Coleridge

Dr Danielle Collins

Dr Ashleigh Collyer

Dr Adrian Conner

Dr Kendra Coufal

Dr Virginia Cross

Dr Daniel Crow

Dr Skye Curlis

Dr Jenny Davidson

Dr Kaylee Davie

Dr Kyle Davies

Dr Lynne Davies

Dr Jack De Guingand

Dr Michael Demtschyna

Dr Benjamin Dodds

Dr Jonathan Dow

Dr Kate Durack

Dr Mecha Eche

Dr Hamish Eske

Dr Nimai Etheridge

Dr Beth Exell

Dr Hazim Faragallah

Dr Michael Fonda

Dr Keith Forrest

Dr Michael Frawley

Dr Kate Gibson

Dr Peter Gilchrist

Dr Angela Glen

Dr Charlene Goodman

Dr Angela Gray

Dr Samuel Green

Dr Steven Grigoleit

Dr Gihan Gunawardena

Dr Sheldon Hall

Dr Christine Hampshire

Dr Jayden Harper

Dr Aidan Hendry

Dr Timothy Hewitt

Dr Cameron Hoare

Dr Zoe Horder

Dr Andy Hsieh

Dr Jennifer Huang

Dr Bronwyn Hudson

Dr Annabelle Hughes

Dr Adelaja Micheal Ifesanwo

Dr Rebecca Irwin

Dr Jennifer James

Dr Sonia Jones

Dr Tinashe Kanyowa

Dr Anchita Karmakar

Dr Matthew Kelly

Dr David Lam

Dr David Lawlor

Dr Shin Ying Lee

Dr Jarrad Lenegan

Dr Robyn Lloyd

Dr Paul Lunney

Dr Sophie Mackenzie Main

Dr Sammu Maheepala

Dr Jeffrey Mahoney

Dr Manadath Mansoor

Dr Pallas Mareyo

Dr James Marshall
 Dr Deane Martin
 Dr Fraser McBean
 Dr Catherine McInnes
 Dr Lauren McKay
 Dr Emily McLeod
 Dr Darren Meehan
 Dr Georgina Mills
 Dr Earnest Mukwehvo
 Dr Kelvin Muller
 Dr Huy Nguyen
 Assoc. Professor Shannon Nott
 Dr Shawn O'Donnell
 Dr Kelechukwu Onumaegbu
 Dr Maria O'Shea
 Dr Shannen Oversby
 Dr Patrick Owens
 Dr Shankar Paramaswaran



Dr Brendon Parmar
 Dr Kylie Parry
 Dr Janeanne Perren
 Dr Gillian Perriment
 Dr Julian Picot
 Dr Sophie Plowman
 Dr Genevieve Postlewait
 Dr Supun Punchihewa
 Dr Rosemary Radford
 Dr Daniel Rawicki
 Dr Glen Rawlinson
 Dr Melissa Reed
 Dr Grace Reynolds
 Dr Ian Rice
 Dr Volker Rockliff Boehm
 Dr Oliver Rouhiainen
 Dr Russell Sankey
 Dr Hema Shankar
 Dr Thomas Shannon
 Dr Sunny Sharma
 Dr David Simon
 Dr Anneliese Slack
 Professor Shannon Springer
 Dr Emma Stanley

Dr Aamer Sultan
 Dr Nathaniel Taiwo
 Dr Lawrence Tay
 Dr Siobhan Thakur
 Dr Seamus Traynor
 Dr Sabiena van Es
 Dr Hanh Ward
 Dr Jayantha Weerasekera

Dr Geeth Weerasooriya
 Dr Millicent Wells
 Dr Ineke Wever
 Dr Sooriya Wijewardena
 Dr Charlie Williams
 Dr Katie Williamson
 Dr Vennassa Wong
 Dr Caroline Yates



Innovate Reconciliation Action Plan

Reconciliation and ensuring all First Nations communities have access to the specialised high-quality healthcare they need, has been at the core of ACRRM and our members since foundation.

Officially, we started our reconciliation journey through our Reflect Reconciliation Action Plan (RAP) in October 2018. We embedded reconciliation across our College, formalising actions and commitments, through the subsequent Innovate RAPs in 2019 and 2021.

This year, we moved to our third RAP in the Innovate series, building on the relationships we have forged with Aboriginal and Torres Strait Islander peoples across the College, broader organisations, and representational bodies.

Through our current and previous RAPs, progress has been made towards increasing recognition of First Nations peoples and cultures in College policies and activities and within the staff and membership.

National Reconciliation Week and NAIDOC Week provide opportunities in time for us to stop and reflect. The College also encouraged members to vote yes in support of the Aboriginal and Torres Strait Islander Voice to Parliament. The College aligned its position with the College's vision to work toward better health and wellbeing outcomes for Aboriginal and Torres Strait Islander Peoples, a vision reflected in the College's Reconciliation Action Plan and endorsement of the Uluru Statement from the Heart.

Immediately following the vote, at RMA23 in Nipaluna (Hobart), members of the College's Aboriginal and Torres Strait Islander members group spoke passionately on the results at a packed auditorium. The panel discussion highlighted that the College's work to make a difference in the healthcare of First Nations communities across Australia is by no means complete and there are more learnings to be gained.

Through the Joint Colleges Training Services (JCTS), ACRRM and the Royal Australian College of General Practitioners (RACGP) are delivering shared GP training activities for the Colleges' respective Fellowship training programs.



Read our [Innovate RAP](#)





ACRRM Regions

Regionalisation of the ACRRM Fellowship program has been embraced by those participating; from the registrars, supervisors, medical educators and training posts, through to the dedicated teams supporting high quality education and training.



Regional education workshops:

Delivered twice a year in regional settings, these three-day workshops focus on registrar education and professional development for supervisors.



Monthly tutorials:

These online education sessions feature interactive presentations by medical educators, FACRRMs, and guest presenters.



Regional Focused Assessment Support Program:

This intensive six-week program provides targeted assessment support for registrars needing early intervention or additional assistance. Small groups work through different StAMPS cases, culminate in a final group reflection and feedback session.

New South Wales and Australian Capital Territory

We are proud to acknowledge the contributions of several individuals and organisations that have been instrumental in helping us achieve our vision of providing high quality healthcare in rural, remote and First Nations communities throughout New South Wales and the Australian Capital Territory.

Firstly, we extend our heartfelt thanks to Charles Sturt University Orange and the Tamworth Department of Rural Health for hosting our regional education sessions in 2023. These institutions played a crucial role in providing the necessary facilities and support for our training programs, ensuring that our registrars received the best possible education and hands-on experiences.

Regional education initiatives were further bolstered by the support of the Clarence Valley Regional Training Hub and Grafton Base Hospital. Their collaboration in hosting our education events significantly enhanced the learning experience for registrars and supervisors, enabling the College to deliver comprehensive and practical training sessions.

We also acknowledge the dedication and hard work of all team members across New South Wales and the Australian Capital Territory, led by Regional Director of Training Dr David Leaf. Special thanks to our newly appointed Training Program Advisors, medical educators, supervisors, the Partnership Development Lead based in Wagga Wagga, and the Education and Training Administration Support Officers based in Wollongong.

Through engagement with local stakeholders and providing face-to-face training post and hospital visits, we have strengthened our regional presence and support.

Through engagement with local stakeholders and providing face-to-face training post and hospital visits, we have strengthened our regional presence and support.

We have recorded significant growth in the training program across the region and have filled our quota for intakes during this reporting period. To provide them with the support they need, we have boosted the number of medical educators by nearly 50 per cent.

We are particularly proud of the positive impact ACRRM registrars are having in high-need areas, such as Lightning Ridge, Hillston, and Jindera where they are providing critical healthcare services under approved remote supervision plans.



Northern Territory

The Northern Territory has seen a significant 36 per cent increase in the number of registrars training across communities, rising from 75 to 102 in the reporting period. This substantial growth reflects the response to having local support teams on the ground.



Registrars

75 ↑ 102
2023 2024

36%
increase

To sustain this growth, we have strengthened the supervisor support program, and the number of medical educators, ensuring registrars receive the necessary mentorship and guidance.

Newly accredited training posts and Advanced Specialist Training positions have been established, playing a crucial role in providing training opportunities and addressing healthcare needs in underserved communities.

To back this expansion, the College has bolstered the Northern Territory support team, and established a regional office in Darwin. This dedicated space is a hub of activity, with operations, training and networking all creating a sense of belonging.

The NT team has developed a calendar of regional hospital registrar teaching sessions. All ACRRM registrars can attend these sessions in person, or via Teams if their schedule permits. This initiative provides flexible and accessible educational opportunities.

Newly accredited training posts and Advanced Specialist Training positions have been established, playing a crucial role in providing training opportunities and addressing healthcare needs in underserved communities.

Another highlight was the ACRRM Amazing Race networking event, held during registrar orientation. This relationship building exercise was a great success and following positive feedback, a second event is being scheduled later in the year.

A highpoint for the clinical and operational teams has been the opportunity to explore the incredible communities throughout the territory, from Groote Eylandt and Gove, fostering stronger connections and a greater understanding of local healthcare needs.

Queensland

Queensland became the last state to transition to ACRRM-led training this year, enabling the College to finally realise its ambition of directly training all registrars on the AGPT and RGTS Fellowship pathways.

The transition to ACRRM-led training occurred when James Cook University chose to realign its operations from delivering General Practice registrar training to focusing on supporting students, junior doctors, and other medical officers in pursuing GP careers.

Although this realignment was not expected to happen so early in the partnership, the College was well-positioned and experienced to work directly with registrars, supervisors, and training posts across the state.

The College welcomed 80 new registrars in Queensland, marking a significant increase in the state's training cohort. This growth highlights the robust appeal of the ACRRM Fellowship program and positive impact it is having on workforce demand.



**80 new
Registrars**

Newly accredited training posts and Advanced Specialist Training positions have been instrumental in addressing healthcare shortages and improving service delivery in underserved areas.

The increased presence of ACRRM Rural Generalists has had a notable impact in regions like Weipa. The opening of the Weipa Integrated Health Service in May will attract Rural Generalists and enables women to have their babies closer to home. For First Nations women, it means they can be near their families to birth on Country or close to Country.

Our team has expanded significantly, growing to 10 training program advisors, a administration officer, an education support officer, and a team leader. Currently, we have 25 medical educators, a substantial increase that underscores our commitment to providing comprehensive support and education.

Several new educational initiatives were introduced, including virtual education sessions for all term registrars, with a special focus on senior registrars. Additionally, we conducted workshops for supervisors and practice managers, aiming to enhance their skills and improve the training environment for our registrars.

The establishment of a regional office in Rockhampton signifies our commitment to supporting the growing number of registrars, supervisors, and members in the region and is a step to fulfilling our mission to support rural healthcare.



South Australia

The year was highlighted by three major accomplishments in South Australia: the unprecedented intake of registrars, the rollout of regional education programs, and the development and implementation of the SA Regional Training Platform.

The year was highlighted by three major accomplishments in South Australia: the unprecedented intake of registrars, the rollout of regional education programs, and the development and implementation of the SA Regional Training Platform.



We welcomed 26 new registrars, marking our largest intake to date in the state. Additionally, we supported the accreditation of approximately five new training posts, further expanding our supervisory capacity.

A significant achievement was filling a post in Robe, a region that historically struggled to attract a senior registrar despite the quality supervision and clinical experience as well as the stunning beaches and tight-knit community. This placement, in collaboration with a local rural generalists, has notably enhanced healthcare delivery in the area.

Our regional education initiatives gained momentum with the introduction of procedural workshops and small group discussions. These programs have been instrumental in providing targeted educational and networking opportunities for registrars.

The SA team is committed to continuous improvement and ACRRM has a strong voice and presence in the dynamic rural medical workforce landscape of South Australia.



Meet our member



SA Regional Director of Training Dr Lisa White

Dr White is a dedicated Rural Generalist Anaesthetist with a passion for her serving her local community. Her vision and dedication have been pivotal in delivering high-quality, contemporary medical education and support to registrars at all levels across the state.

The transition to College-Led Training and the Rural Generalist recognition application marked an exciting chapter for Lisa. Recognising a shared vision and values with ACRRM in providing high-quality care to rural, remote and First Nations communities, she saw an opportunity to renew her interest in Medical Education in vocational training.

Her extensive skills and experience in rural medicine saw her eligible ACRRM Fellowship through the Rural Experienced Entry to Fellowship (REEF) program. The REEF process was a straightforward journey for Lisa and her message to fellow Rural Generalists is one of encouragement.

Lisa exemplifies the spirit of excellence in rural medicine, embodying the values of our organisation. We celebrate her achievements and dedication to advancing healthcare in rural communities.



Read more [here](#)



Tasmania

Reflecting on the year in Tasmania, the leading highlights include the successful multidisciplinary education days, and the continued expansion and strengthening of our relationships with key organisations. Notably, Ambulance Tasmania and Moreton Group Medical Services have opened new opportunities for ACRRM registrars and improved healthcare delivery in rural and remote areas.

This year, we welcomed 16 new registrars, reflecting a robust growth in our training program. Our effort to increase the number of supervisors has also borne fruit.

The Tasmanian support team has doubled to 14 over the past year, with the onboarding of five new medical educators and two new administrative staff. We also appointed Dr Sally Street as the Regional Director of Training. This growth enhances our capability to support registrars and supervisors effectively.

We also launched several new educational initiatives. The inaugural ACRRM multidisciplinary education day in September 2023 and the subsequent event in June 2024 featured panel discussions on field expansion and future collaboration opportunities, fostering new relationships and earning Continuing Professional Development points. We are also planning the inaugural Medical Educators Professional Development Day in July 2024. Additionally, we are developing a multiprofessional education program to provide regular networking and educational sessions for all doctors in training, aiming to integrate and expand the professional networks of Rural Generalists and registrars.



We extend our gratitude to Moreton Group Medical for their innovative after-hours primary care service, which has now expanded to include in-hours services, providing important experience for our registrars. Our partnership with Tas Ambulance has enhanced our training programs in retrieval and critical care. At the time of this report, we are preparing for a panel presentation at the Mercury Media Group's 2024 Bush Summit providing a platform to discuss rural health issues directly with federal and state decision-makers.

Victoria

The Victorian team has experienced significant growth and positive change in 2023-2024, with remarkable increases in the numbers of registrars, supervisors, and medical educators, all contributing to the advancement of rural, remote and First Nations people's healthcare in the state.

The substantial rise in the number of registrars, growing from 137 in 2023 to 200 in 2024, is mirrored by an increase in supervisors, from 259 to 294, and in medical educators, from 9 to 15. The operational team has grown with the recruitment of additional training officers and support staff and the College has opened new offices in Wodonga and Bendigo.

Gippsland stands out as a beacon of progress. Nearly a quarter of Victorian registrars are now based in this region, with East Gippsland emerging as a pivotal training hub. Notably, Bairnsdale has introduced Gippsland's first fully accredited Aboriginal Health post, in association with Bairnsdale Regional Health Service, highlighting our commitment to inclusive healthcare.

This year, we introduced a Procedural Skills Workshop in Bendigo, a new initiative that received excellent feedback. Fifty registrars were trained in over 20 procedural skills by 12 Victorian Rural Generalists, enhancing their practical knowledge and competence. Additionally, Victorian government GP training grants of \$40,000 have further supported our educational endeavours.

The College has had successful stakeholder relations with the Victorian Rural Generalist Program and Melbourne, Monash, and La Trobe universities, who hosted workshops through their rural clinical schools.



Registrars

137 ↑ 200
2023 2024



Supervisors

259 ↑ 294
2023 2024



Medical educators

9 ↑ 15
2023 2024

The College acknowledges Dr Angela Stratton for her exceptional work as the state's inaugural Regional Director of Training and welcomes Dr Chris Pring who was recently appointed to the role.

Additionally, congratulations to founding FACRRM Dr Sue Harrison, who was honoured with RDAV life membership for her dedicated service to rural and remote healthcare.

Fifty registrars were trained in over 20 procedural skills by 12 Victorian Rural Generalists



Western Australia

The establishment of a new office in East Perth and the implementation of innovative programs underscore ACRRM's commitment to supporting its members and advancing rural healthcare in Western Australia.

This year saw a significant increase in the number of registrars in Western Australia, reaching 37 in total. Of greatest significance was the increase in the Kimberley, Kalgoorlie and the Midwest, all regions which were calling out for the right doctors, in the right places, with the right skills.



There was also an increase in the number of supervisors due to newly accredited training sites, and a 30 per cent expansion of the medical educator team, enhancing the educational support and opportunities for registrars.

The introduction of regional site visits fostered stronger connections between registrars, supervisors, and practice managers and provided valuable opportunities for networking and integrating ACRRM into the local medical community.

To support the increase in activity, the Western Australia team underwent significant growth this year. The team expanded from a training network coordinator and two training officers to a more robust structure of three program training advisors, an education support officer and an administration officer.

The introduction of regional site visits fostered stronger connections between registrars, supervisors, and practice managers and provided valuable opportunities for networking and integrating ACRRM into the local medical community.

We extend our gratitude to all partners in Western Australia who have supported ACRRM in embedding into the local landscape. Special recognition goes to the Rural Clinical School of WA, Rural Health West, Rural Generalist Coordination Unit, Regional Health Services, RG Practices, Post Graduate Medical Council of WA, tertiary hospitals, WA Primary Health Alliance, Joint Colleges Training Scheme, Aboriginal Health Council of WA, the three WA universities, General Practice Student Network, General Practice Registrars Australia, and the Australian Medical Association.



Kalgoorlie is a boom town for rural generalism

An influx of ACRRM registrars in the remote Western Australian mining town of Kalgoorlie is having a positive impact on the delivery and outcomes of local healthcare.

Within 12 months of ACRRM-led training, seven ACRRM registrars have opted to undertake their Fellowship training in the region.

WA Regional Director of Training Dr Chris Buck says the attraction to training in Kalgoorlie is largely due to the number of [Advanced Specialist Training \(AST\)](#) options available.

"The region offers the opportunity to undertake a procedural or non-procedural career in secondary and primary care, where it's most needed," Chis says.

"There has been an increased focus on the end-to-end RG training model in the Goldfields region, and we have had outstanding success attracting registrars.

"We are able to showcase the differences of rural generalism, compared to general practice, and demonstrate the broad scope of practice and diverse career progression.

"On top of that, it is evident that the Rural Generalist (RG) model produces a viable workforce that can serve the bespoke needs of rural, remote and First Nations communities.

"Registrars can choose from a broad range of ASTs including adult internal medicine, pediatrics, obstetrics and gynaecology, population health, and remote health through the Royal Flying Doctor Service."

"Anaesthetics was recently added with the Kalgoorlie hospital anaesthetics department being accredited under the new 2023

Rural Generalist Anaesthetics program, a joint initiative of ACRRM, the Australia New Zealand College of Anaesthetists, and the Royal Australian College of General Practitioners."

"There are also a number of FACRRM providing supervisory support to registrars, either in situ or remotely.

"I am incredibly proud of where we have come in Kalgoorlie, and the increased opportunities for training that are coming up throughout the state."



Committee engagement

ACRRM relies on a number of committees to provide strategic oversight across College activities. They include:

Aboriginal and Torres Strait Islander Members Group

The purpose and function of the Aboriginal and Torres Strait Islander Members Group is to:

- facilitate a community for Aboriginal and Torres Strait Islander College members, supporting the group's growth and empowering members through to fellowship and beyond.
- represent Aboriginal and Torres Strait Islander members' views and provide a voice to the College, thus embedding Aboriginal and Torres Strait Islander perspectives and values to ensure members' strong standing in the College, and the best possible outcomes for Aboriginal and Torres Strait Islander health.

Accreditation Sub-committee

Accreditation standards for training posts and supervisors are set nationally to ensure high quality training, and provide a clear framework for training posts. Each accreditation must also accommodate the different requirements across regions and the diversity of training settings. The Accreditation sub-committee is in place to ensure the ACRRM training posts accreditation process and standards of training posts are assessed, monitored, and approved.

Assessment Committee

The purpose of the Assessment Committee is to oversee the operation and guide the development of all College's activities related to assessment, including those related to training toward ACRRM Fellowship and International Medical Graduate (IMG) specialist recognition. It aims to ensure that assessment is aligned to attaining the competencies defined in the College curricula, as well as with the College mission and its strategic directions.

Awards Committee

The awards committees is in place to ensure:

- The Awards selection process reflects the College mission and strategic direction.
- The Awards selection process is conducted in an appropriate, transparent, and equitable manner.

This year, the College implemented new awards to acknowledge and celebrate the broad range of exceptional contributions members are undertaking across the Australian rural health landscape.

Board of Examiners

The Board of Examiners certifies individual candidate assessment results for ACRRM Fellowship and post-Fellowship assessments.

This year, the Board endorsed new Committee Terms of Reference and expanded its membership.

Community Reference Group

To represent community interests and provide geographically diverse community perspectives for acknowledgment and consideration by the College, thus ensuring the best possible healthcare outcomes for all rural and remote

Australians including First Nations communities. This will be achieved by:

- advising and supporting the College on the delivery of its programs and activities
- providing a conduit to strengthen the College's community partnerships and providing a vehicle for community input and advocacy in College operations.

Digital Health Committee

The Digital Health Committee oversees the development and communication of ACRRM policy, positions, standards, models, submissions and education, in order to facilitate beneficial use of digital health in Rural Generalist practice. The Committee ensures that the emerging policy, positions, standards and education are consistent with the College's strategic directions.

Education Council

The purpose of the Education Council is to provide oversight of education and training standards on behalf of the College Board in areas related to curriculum, training, assessment, and certification. The Council aims to ensure these align with the College's strategic directions.

Education and Training Committee

The purpose of the Education and Training Committee is to oversee the operation and guide the development of the College's activities related to all its training endeavours including prevocational training; training toward ACRRM Fellowship; and Post-Fellowship education. The Committee will seek to ensure that these progress in accordance with the aims defined in the College Curricula as well as with the College mission and its strategic directions.

Finance Audit and Risk Committee

The purpose of the Finance, Audit and Risk Management (FARM) Committee is to provide guidance and assistance to the College Board to ensure its exercise of due care, diligence, and skill, in relation to managing its financial, audit and risk management affairs.

Future Generalists Committee

The purpose of the Future Generalists' Committee is to represent the broad interests of medical student and intern/resident members of the College; to ensure that these are reflected in internal decision making and activities; and, to advance these and the mission and values of the College in external forums relevant to medical education, rural health, and careers in rural medicine.

International Medical Graduates Committee

The International Medical Graduate (IMG) Assessment Committee oversees the operation and guides the development of all the College's activities related to specialist assessment of IMGs. It aims to ensure that all IMG assessments are aligned with the College mission and strategic directions and particularly the College's commitment to promoting safe, quality medical care. It also seeks to ensure that assessment processes related to ACRRM Fellowship training are in alignment with the College curricula and standards.

Note: The Board at May meeting endorsed the disbandment of IMG Assessment Committee, and ensured IMGs were represented on the Assessment Committee.

Nominations Committee

The Nominations Committee is a joint committee of the ACRRM Board and Council. Its purpose is to support and advise the Board in fulfilling its responsibilities in ensuring the Board and Council are comprised of individuals who are best able to discharge the responsibilities of the company.

Throughout the year, the Nominations Committee has considered a number of key appointments and continued its work in the refinement of the Board Skills Matrix recommending on the composition of the Board to ensure it has an appropriate balance of expertise, skills, attributes, and ability among its members.

Professional Development Committee

The Professional Development Committee is tasked with guiding and overseeing the College's Continuing Professional Development (CPD) program and associated activities. The committee ensures Rural Generalists can access and benefit from CPD activities that enhance their clinical, management and professional skills throughout their careers while meeting regulatory requirements.

Quality and Safety Council

The Quality and Safety Council ensures the College has practice standards and scope associated with the highest value, safe, quality care involving Rural Generalist doctors. The Council draws upon available evidence and the collective expertise within the College to provide expert guidance to the Board in accordance with the Board's priorities.

Registrar Committee

The purpose of the Registrar Committee is to represent and support the broad interests of all the registrar members of the College in its internal decision-making and activities as well as in their external undertakings related to training, education, assessment, standards and registrar wellbeing.

Research Committee

To provide advice and support to the College to develop a research agenda and body of research that is relevant to the College's strategic directions.

Respectful Workplaces Committee

The purpose of the Respectful Workplaces Committee is to provide advice on College operations and activities as part of its continuous quality improvements toward promoting and upholding respectful workplaces.

The Committee will seek to ensure that its guidance is in accordance with the College vision and strategic directions.

Selection Committee

The Selection Committee leads the planning of the College selection process and contributes to its implementation and evaluation. The College is committed to select and support the right doctors, in the right places, with the right skills, providing rural and remote people with excellent healthcare.

Statutory reports

For the year ended 30 June 2024

The Directors submit the following report for the year ended 30 June 2024 under Sections 298 and 300B of the Corporations Act 2001 and in accordance with a resolution of the Board of Directors.

Directors

The names of the Directors of Australian College of Rural and Remote Medicine Limited (ACRRM) in office at any time during the year and to the date of this report are:

- **Ms Amanda Anderson**
(commenced 31 July 2023)
- **Dr Anthony Carpenter**
(commenced 31 July 2023, resigned 23 August 2024)
- **Dr Danielle Dries**
- **Dr Alice Fitzgerald**
(commenced 1 July 2024)
- **Ms Brynnie Goodwill**
- **A/Prof Daniel Halliday**
- **Mrs Margot Richardson**
(commenced 30th October 2023)
- **Dr David Rimmer**
- **Dr Dan Wilson**
(resigned 23 January 2024)
- **Dr Robert Worswick**

Principal activities, objectives & strategies

The principal strategies of ACRRM during the year were to engage in activities that support improved health outcomes for rural and remote communities across Australia. This included leading recognition of the specialised field of Rural Generalist Medicine, transitioning the Australian General Practice Training Program (AGPT) to a college-led model of delivery, and continuing to develop and deliver high quality specialist medical education and training, research, policy, and advocacy.

The College continued to lead the application for Rural Generalist Medicine to be recognised as a specialised field of General Practice, working alongside the Royal Australian College of General Practitioners (RACGP) to progress formal application to the Medical Board of Australia. It also continued to successfully expand interest and enrolments in the College's Fellowship Training Program.

The transition of the AGPT program to ACRRM during 2023 required significant change and development to the College's business systems, structures, and business model. The College continues to consolidate and improve transitioned activities through:

- further consolidation of comprehensive data and training records, relationships, and accountabilities for training from nine regional training organisations to ACRRM
- continued development of training networks in each jurisdiction to allow ACRRM to take a regional approach to its program design and training delivery from February 2023
- enhancement of business systems enabling ACRRM to provide secure data exchange, financial transactions, and reporting with key commonwealth agencies (e.g. Department of Health and Aged Care and Services Australia)
- policy and program design to support college-led training models and effective collaboration with RACGP in areas such as training placements and accreditation
- workforce planning review and design, including input to General Practice Workforce Prioritisation and Planning Organisations and First Nations GP Training governance mechanisms
- engagement with Colleges Training Services, a joint venture company with the RACGP to provide effective education and mentoring for Aboriginal and Torres Strait Islander health, and strategic approaches to policy, capacity and supports (e.g. remote housing in NT).

ACRRM received accreditation by the Australian Medical Council as a CPD Home.

The company's financial accounts have been prepared in accordance with Australian Accounting Standards.

To meet the long-term objectives of the College, the company will strive to:

- be recognised as the leading voice for best practice in rural, remote and First Nations healthcare in Australia
- proactively support students, registrars, Fellows and members with quality education, training, and resources
- deliver quality education and training programs for ACRRM registrars to ensure they are adequately skilled to serve rural, remote and First Nations communities
- engage with and bring value to the full range of medical and rural, remote and First Nations health professions.

The company's short-term objectives are to focus on growth within existing target markets and maintain strong member retention.

To meet the short-term objectives of the College, the company will continue to:

- encourage a targeted approach to member recruitment
- place emphasis on generating income sources that are independent of government
- broaden the range of College programs and activities
- emphasise member and staff satisfaction as a key priority
- deliver quality education and training to ACRRM registrars to meet requirements of ACRRM Rural Generalist Curriculum and attain recognition as Fellows of ACRRM.

Key performance measures

Management and the Board monitor ACRRM's overall performance, from its implementation of the vision statement and strategic plan through to the performance against operating plans and financial budgets. Regular monitoring of revenue and expenditure targets, service delivery and risk management are key areas of focus through both qualitative and quantitative measures.

Review and results of operations

The surplus from ordinary activities for the year ended 30 June 2024 amounted to a surplus of \$819,776 (2023: surplus of \$2,383,180). This gain is after making non-cashflow adjustments to operational profit to be compliant with Australian Accounting Standards. In deriving the statutory profit and loss, adjustments are required to recognise operational leases and unrealised loss/gain for investments.

Winding up provisions

Every member undertakes to contribute to the assets of the Company. If it is wound up while the person is a member or within one year after they cease to be a member, the member is liable for the payment of the company's debts and liabilities incurred before they ceased to be a member. They are also responsible or the costs, charges, and expenses of winding up, and for the adjustment of the rights of contributories among themselves, up to a maximum of \$10.

Information on directors

The following persons were Directors of the Australian College of Rural and Remote Medicine during this financial year and to date of this report.



Ms Amanda Anderson

(commenced 31 July 2023)

FAICD, B.A. (Social Sciences)

Ms Anderson is an experienced non-executive director and CEO with expertise in the medical and healthcare sectors, not for profit and membership organisations, general insurance/reinsurance, and the financial services regulatory environment in Australia. She brings considerable knowledge of and experience in corporate governance, strategic planning, corporate risk management, organisational culture, business development, financial management and stakeholder relationships. She was the CEO and Managing Director of MIGA (a medical indemnity insurer and membership company for doctors) for 23 years. She possesses significant insight into and understanding of the challenges and pressures faced by rural and remote doctors and their local communities. Ms Anderson is Chair of ACRRM's Governance Committee.



Dr Anthony Carpenter

(commenced 31 July 2023, resigned 23 August 2024)

FACRRM, FAFPHM, FCHSM, FISQUA, GAICD

Dr Anthony Carpenter is a Rural Generalist with experience in hospitals and communities in every Australian state and territory, the Pacific, northern and sub-Saharan Africa, and the Middle East. Dr Carpenter is also a Public Health Physician with Australian and international experience. He is a member of the Australian Defence Force Reserve and a volunteer for the Australian Medical Assistance Team (AUSMAT). Dr Carpenter's pre-medicine background is in corporate finance and data analytics. He has extensive governance experience in the public and not-for-profit sectors.



Dr Danielle Dries

BPhysio, MChD, DRANZCOG(Adv), MAICD

Dr Danielle Dries is a Kurna Aboriginal woman from South Australia who has a passion for rural and remote health, workforce development, and improving Aboriginal and Torres Strait Islander health outcomes. Danielle is currently an ACRRM registrar with an AST in Obstetrics and Gynaecology. She has an extensive track record for promoting interdisciplinary care and the use of allied health services in rural and remote Australia.



Dr Alice Fitzgerald

(commenced 1 July 2024)

MBBS, FACRRM, FRACGP, DRANZCOG(Adv), MPHTM

Dr Alice Fitzgerald currently works as a Rural Generalist specialising in obstetrics in Kununurra, Western Australia. She is a GP supervisor and has worked as a medical educator and examiner for ACRRM. She is a strong advocate for fairness in the treatment of rural trainees. Dr Fitzgerald's work across private general practice, the Rural Clinical School and WA country health service sees her engage with a broad range of stakeholders to better understand community needs.



Brynnie Goodwill

BA (cum laude), JD, GAICD

Ms Brynnie Goodwill is an experienced non-executive director and has worked for more than 25 years as a CEO, senior executive and management consultant to not-for-profit and other organisations. Ms Goodwill is acutely aware of the significant issues faced by people living in rural, remote and First Nations communities and the lack of accessible healthcare and services, and is inspired to support Rural Generalists to effectively serve their communities.



Associate Professor Daniel Halliday

President

B.BioMed.Sc MBBS, FACRRM, DRANZCOG (Adv), GAICD, GCAHM

A/Prof Dan Halliday is the current President of ACRRM. He also works as a Rural Generalist with obstetrics and is Medical Superintendent of Stanthorpe Hospital on the Darling Downs in South-East Queensland. A/Prof Halliday was the inaugural ACRRM College Council Chair and has held previous roles in rural medicine including Chair of Rural Doctors Foundation, President of Rural Doctors Association of Queensland and has also served until recently on the Queensland Branch of Australian Salaried Medical Officers Federation. A/Prof Halliday holds an Associate Professor appointment with Griffith University and has had a long association with the Griffith University rural program.



Mrs Margot Richardson

(commenced 30 October 2023)

FCPA, GAICD, FGIA, B.Ec/Arts (Asian Studies), Grad Dip Fin Man

Mrs Richardson is a highly qualified and extremely motivated professional. She is an experienced CPA Public Accountant and Chief Financial Officer and has expanded her attention to include governance, directorships and organisational leadership. In 2020, she was awarded Australian Not for Profit Accountant for the Year in the Australian Accounting Awards. She has significant experience working in rural and remote areas. She brings to the board experience of membership organisations through involvement in CPA Australia and on the board of Dietitians Australia. She is currently a member of the Aged Care Quality and Safety Advisory Council, member on Ports North and Kokatha Aboriginal Corporation RNTBC. She has experience sitting on finance and audit committees.



Dr Robert Worswick CSM

BSc (Hons), MBBS, FACRRM, FRACGP, FARGP, DRANZCOG, Dip EM (Adv), GAICD

Dr Robert (Bob) Worswick is a former Australian Army medical officer. He now works as a (civilian) medical officer providing clinical care and clinical leadership in Australian Defence Force health facilities; and he provides locum support in a rural Queensland hospital. He also serves as a medical officer in the Army Reserve, supporting Army's Regional Force Surveillance Group. Dr Worswick has a genuine desire to improve rural generalist training. Prior to becoming a Board Director he was a member of the College Assessment Committee and the Registrar Committee.



Associate Professor Marita Cowie AM

Company Secretary and CEO

BA (Psych), BBus (Com), HonDMD, MAICD, FGIA

Marita Cowie is the foundation Chief Executive Officer and Company Secretary of the College. She is an executive director on the board of the ACRRM-RACGP joint venture company, Joint Colleges Training Services. She has more than 30 years' experience in medical education and training, executive management, policy and advocacy within Australia and internationally. Ms Cowie holds an appointment as Associate Professor at JCU and was awarded an Honorary Doctorate of Medicine in 2018 for exceptional public contribution to the field of medicine. She was appointed a Member of the Order of Australia for significant service to community health in rural and remote areas in 2020.

Marita ceased to be Company Secretary 29 August 2024.

Ms Rachel Portelli

(appointed Company Secretary 29 August 2024)

BHIM, MHSM, Grad Dip (Corporate Governance), FGIA, GAICD

Rachel is a corporate governance, compliance, and relationship management expert with over 10 years' experience working with and advising not for profit boards, executive management, and operating committees in the governance of their organisations. During this time, Rachel has worked as a governance professional for Australian and international organisations within a wide range of industries including health, financial services, clean energy, and technological sciences, and engineering. Rachel has extensive experience as the company secretary of a number of organisations and a deep understanding of the varying governance and legal requirements of each organisation dependent upon their size, complexity and specific sector requires.



Dr David Rimmer

MBBS, FACRRM, FRACGP, MAICD

Dr David Rimmer has 45 years of clinical experience spanning general practice, emergency medicine and medical administration, combined with a lifetime interest in teaching and workforce development. His current role as the Director of Clinical Training for Central West HHS has oversight of medical student, junior doctor, GP registrar and early career Fellow training. Dr Rimmer is credentialed as a Rural Generalist with advanced training in Emergency Medicine. He was the inaugural Executive Director of Medical Services for Central West Health. He previously worked for 17 years as a private GP in Toowoomba as well as 5 years with the Royal Flying Doctor Service and 14 years in private emergency department roles.



Dr Daniel Wilson

(Resigned 23 January 2024)

BBiomedSc(Hons), GradCertClinSim, GradDipClinEd, MD, MHLM, CertGov&RiskMgt, DRANZCOG(Adv), AFCHSM, AFRACMA, FACRRM, AICGG, MAICD

Dr Daniel Wilson is a Rural Generalist with advanced skills in obstetrics working in Maryborough, Victoria and Queanbeyan, New South Wales. Dr Wilson is an experienced non-executive director in the non-profit and public sectors with interests in strategy and risk. Dr Wilson is the President of the Rural Doctors Association of Victoria (RDAV) and has contributed to national rural medical workforce through the Commonwealth GP Advisory Committees and as Deputy Co-Chair of the Australian Medical Association Council of Doctors in Training. Dr Wilson's clinical interests include core rural generalist practice with special interests in women's health, sexual health, and trans* health, education, and medical leadership.

Meetings of directors

During the 2023-2024 financial year, 10 meetings of Directors were held with attendance as follows:

Directors Meetings		
Directors	Eligible to attend	Attended
Dr Danielle Dries	10	10
Ms Brynnie Goodwill	10	9
A/Prof Dan Halliday	10	10
Dr Daniel Wilson	4	3
Dr Robert Worswick	10	10
Dr David Rimmer	10	10
Ms Amanda Anderson	10	10
Dr Anthony Carpenter	10	9
Mrs Margot Richardson	7	7

Attendance of ex officio board members at meetings of directors

Directors Meetings		
Ex officio members	Eligible to attend	Attended
A/Prof David Campbell, <i>Censor in Chief</i>	10	9
Ms Marita Cowie, <i>Chief Executive Officer</i>	10	10
Dr Sarah Chalmers, <i>Immediate Past President</i>	10	9

There is one formally constituted committee of the Board being the College Council. During the financial year 7 meetings of the Council were held with attendance as follows:

Council Meetings		
Council members	Eligible to attend	Attended
A/Prof David Campbell	7	7
Dr Brendan Carrigan	7	6
Dr Sarah Chalmers	7	7
Ms Marita Cowie	7	7
A/Prof Dr Daniel Halliday	7	6
Dr Emily Harrison	7	6
Dr Alice Fitzgerald	7	5
Dr Stephen Holmes	7	6
Dr Rod Martin	7	7
Dr Tendai Miller	1	1
Dr Regina Waterhouse	4	3
Ms Susanne Tegen	4	4
Dr Danielle Dries	7	5
Dr Robert Worswick	7	6
Dr Daniel Wilson	3	3
Dr Greer Weaver	1	1
Ms Brynnie Goodwill	7	7
Dr David Rimmer	7	6
Dr Claire Arundell	7	7
Dr Colin Smith	5	3
Dr Swaroop Valluri	4	4
Dr Jasmine Banner	7	7
Dr Jasmine Davis	6	4
Ms Mandy Anderson	4	3
Dr Anthony Carpenter	4	2
Mrs Margot Richardson	3	3
Dr Rebecca Irwin	3	1
Dr Patricia Murphy	3	1
Mr Stan Stavros	3	3

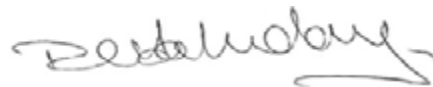
The Finance, Audit and Risk Management Committee during the financial year held 9 meetings with attendance as follows:

	Finance audit and risk management committee meetings	
Finance audit and risk management committee members	Eligible to attend	Attended
Dr Rod Martin	9	8
Dr Robert Worswick	8	8
Dr Daniel Wilson	5	4
Dr Emily Harrison	9	9
Dr Anthony Carpenter	9	6
Ms Margot Richardson	5	5
Ms Marita Cowie (ex-officio member)	9	7
Mr Darryl Perkins (ex-officio member)	9	9

Auditor's independence declaration

The lead auditor's independence declaration under section 307C of the Corporations Act 2001 for the year ended 30 June 2024 has been received by the directors.

Signed in accordance with a resolution of the Board of Directors.



Director: A/Prof Daniel Halliday

Dated at Stanthorpe, Queensland,
this Tuesday the 10th day of September 2024

**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFIT
COMMISSION ACT 2012**

**TO THE DIRECTORS OF
AUSTRALIAN COLLEGE OF RURAL AND REMOTE MEDICINE LIMITED**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-Profit Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.



Bentleys Brisbane (Audit) Pty Ltd
Chartered Accountants



Stewart Douglas
Director
Brisbane
10 September 2024

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2024

	Notes	2024 \$	2023 \$
Rendering of Services	2	8,743,085	9,614,928
Grant Income	2	49,527,964	41,761,755
Sponsorship	2	516,973	626,370
Interest	2	366,303	154,756
Investment income – dividends and franking credits	2	216,588	131,726
Investment income – changes in market value (realised)	2	38,025	38,436
Investment income – changes in market value (unrealised)	2	569,232	294,910
College Services & Admin Expenses	3	(9,630,431)	(8,477,944)
Grant Expenses	3	(49,527,963)	(41,761,757)
Current Year Surplus/Deficit Before Income Tax		819,776	2,383,180
Income Tax Expense	1	-	-
Net Current Year Surplus		819,776	2,383,180
Other Comprehensive Income		-	-
Total Comprehensive Income for the Year		819,776	2,383,180

* The above Statement of Profit and Loss and Other Comprehensive Income should be read in conjunction with the attached notes.

STATEMENT OF FINANCIAL POSITION

As at 30 June 2024

	Notes	2024 \$	2023 \$
CURRENT ASSETS			
Cash and Cash Equivalents	5	58,419,952	39,944,957
Investments	6	9,528,104	6,936,813
Trade and Other Receivables	7	2,095,701	2,073,220
Other Assets	8	2,016,377	1,106,539
TOTAL CURRENT ASSETS		72,060,134	50,061,529
NON CURRENT ASSETS			
Intangible Assets	9	92,219	106,600
Right-of-use Assets	10	4,289,334	4,890,215
Plant and Equipment	11	489,097	613,729
TOTAL NON CURRENT ASSETS		4,870,650	5,610,544
TOTAL ASSETS		76,930,784	55,672,073
CURRENT LIABILITIES			
Trade and Other Payables	12	60,887,249	40,262,712
Provisions	13	787,371	609,018
Lease Liabilities	14	664,793	554,296
TOTAL CURRENT LIABILITIES		62,339,413	41,426,026
NON CURRENT LIABILITIES			
Provisions	13	121,636	103,162
Lease Liabilities	14	4,252,253	4,745,179
TOTAL NON CURRENT LIABILITIES		4,373,889	4,848,341
TOTAL LIABILITIES		66,713,302	46,274,367
NET ASSETS		10,217,482	9,397,706
EQUITY			
Retained Earnings	15	10,217,482	9,397,706
TOTAL EQUITY		10,217,482	9,397,706

* The above Statement of Financial Position should be read in conjunction with the attached notes.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2024

	Notes	2024 \$	2023 \$
Cash Flows from Operating Activities			
Receipts from Members & Other Consultancies		15,741,679	9,755,298
Grants Received		76,810,620	53,987,346
Interest Received		366,303	154,756
Payments to Suppliers and Employees		(71,132,861)	(53,357,773)
Interest Paid		(223,975)	(230,719)
Net Cash (used in)/provided by Operating Activities	22(i)	21,561,766	10,308,908
Cash Flows from Financing Activities			
Lease Repayment		(652,323)	(487,690)
Net Cash (used in)/provided by Financing Activities		(652,323)	(487,690)
Cash Flows from Investing Activities			
Payments for Property, Plant, Equipment and Capital WIP		(603,353)	(201,961)
Payments for Investments		(2,652,929)	(1,114,560)
Proceeds from Investments		653,962	619,962
Dividends and Distributions Received		167,872	211,692
Net Cash (used in) Investing Activities		(2,434,448)	(484,867)
Net Increase (Decrease) in Cash Held		18,474,995	9,336,351
Cash at the Beginning of the Financial Year		39,944,957	30,608,606
Cash at the End of the Financial Year	22(ii)	58,419,952	39,944,957

* The above Statement of Cash flows should be read in conjunction with the attached notes.

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2024

	Retained Earnings \$	Total \$
Balance at 30 June 2022	7,014,526	7,014,526
Comprehensive Income		
Net Surplus/(Deficit)	2,383,180	2,383,180
Other Comprehensive Income	-	-
Total Comprehensive Income	9,397,706	9,397,706
Balance at 30 June 2023	9,397,706	9,397,706
Comprehensive Income		
Net Surplus/(Deficit)	819,776	819,776
Other Comprehensive Income	-	-
Total Comprehensive Income	10,217,482	10,217,482
Balance at 30 June 2024	10,217,482	10,217,482

* The above Statement of Changes in Equity should be read in conjunction with the attached notes

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2024

1. SUMMARY OF ACCOUNTING POLICIES

These financial statements constitute a general purpose financial report which has been drawn up in accordance with Australian Accounting Standards (including other authoritative pronouncements of the Australian Accounting Standards Board and Australian Accounting Interpretations), the *Corporations Act 2001* and the *Australian and Not-for-Profits Commission Act 2012*. The College is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

A statement of compliance with International Financial Reporting Standards cannot be made due to the College applying the not-for-profit sector specific requirements contained in Australian Accounting Standards.

Basis of Preparation

The financial statements, except for the cash flow information, are prepared on the accrual basis of accounting using the historical cost assumption and except where stated do not take into account changing money values nor current valuations of non current assets and their impact on operating results.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

Critical Accounting Estimates and Judgments

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the College. Significant estimates and judgment employed by the company concern the useful life and depreciation rates for plant and equipment and the useful life and amortisation rates for intangibles which are reviewed annually by the company (detailed in Note 1) and the basis of estimating the provision for make-good, detailed in Note 13.

Revenue Recognition

Grants

When the College receives grant revenue, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the College:

- Identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreement
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the College:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (e.g. AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer)
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the College recognises income in profit or loss when or as it satisfies its obligations under the contract.

Subscription Income

Subscription revenue is recognised only when the College's right to receive payment of the subscriptions is established.

Interest

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Dividend Income

The College recognises dividends in profit or loss only when the College's right to receive payment of the dividend is established.

All revenue is stated net of the amount of goods and services tax.

Income Tax

The College is exempt from income tax under provisions of the Income Tax Assessment Act.

Property, Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

Depreciation

The depreciable amount of all fixed assets, including capitalised lease assets, is depreciated on a straight-line basis over the asset's useful life to the College commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation rate
Plant & Equipment	10% - 33%
Right of Use Assets	Over the life of the lease
Leasehold Improvements	10%

Intangible Assets

The cost of implementing a Customer Relationship Management System and the Learning Management System have been capitalised under the conditions set out in Australian Accounting Interpretations. The cost is to be amortised over a period of five years and any further expenses incurred for maintenance will be expensed in profit and loss.

Employee Benefits

The following liabilities arising in respect of employee entitlements are measured at the amount expected to be paid when the liability is settled:

- wages and salaries, annual leave, and sick leave regardless of whether they are expected to be settled within twelve months of balance date.
- other employee entitlements which are expected to be settled within twelve months of balance date.

Long service leave liabilities are determined after taking into consideration years of service, current level of wages and salaries and past experience regarding staff departures.

Leases

The College as lessee

At inception of a contract, the College assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the College where the College is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the College uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the College anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the College becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the College commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Classification and subsequent measurement

Financial Liabilities:

Financial liabilities are subsequently measured at:

- Amortised cost; or
- Fair value through profit or loss.

A financial liability is measured at fair value through profit and loss if the financial liability is:

- A contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies;
- Held for trading; or
- Initially designated at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period. The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability is held for trading if:

- It is incurred for the purpose of repurchasing or repaying in the near term;
- Part of a portfolio where there is an actual pattern of short-term profit taking; or
- A derivative financial instrument (except for a derivative that is in a financial guarantee contract or a derivative that is in an effective hedging relationship).

The College currently does not recognise any financial liabilities at fair value through profit or loss, with all financial liabilities being recognised at amortised cost.

Financial Assets:

Financial assets are subsequently measured at:

- Amortised cost;
- Fair value through other comprehensive income; or
- Fair value through profit or loss.

Measurement is on the basis of two primary criteria:

- The contractual cash flow characteristics of the financial asset; and
- The business model for managing financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- The financial asset is managed solely to collect contractual cashflows; and
- The contractual terms within the financial asset give rise to cashflows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- The contractual terms within the financial asset give rise to cashflows that are solely payments of principal and interest on the principal amount outstanding on specified dates;
- The business model for managing the financial assets comprises both contractual cashflows and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The College currently recognises investments in market securities at fair value through profit or loss with all other financial assets being recognised at amortised cost.

Derecognition

Derecognition refers to the removal of a previously recognised financial assets or financial liabilities from the statement of financial position.

Derecognition of Financial Liabilities:

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of Financial Assets:

A financial asset is derecognised when the holder's contractual rights to its cash flows expire, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All of the following criteria need to be satisfied for Derecognition of financial asset:

- The right to receive cash flows from the asset has been expired or been transferred;
- All risk and rewards of ownership of the asset have been substantially transferred; and
- The College no longer controls the asset.

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

Impairment

The College recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets (e.g. amount due from customers under construction contracts);
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

Impairment of Assets

At the end of each reporting period, the College reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is recognised in profit or loss.

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets will be deemed to be impaired if, and only if, there is objective evidence of impairment as a result of the occurrence of one or more events (a "loss event"), which has an impact on the estimated future cash flows of the financial asset(s).

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments, and bank overdrafts.

Goods and Services Tax (GST)

Revenues, expenses, and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

Provisions

Provisions are recognised when the College has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

Fair Value of Assets and Liabilities

The College measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the College would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable, and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability) or, in the absence of such a market, the most advantageous market available to the College at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the College's own equity instruments (excluding those related to share-based payment arrangements) may be valued, where there is no observable market price in relation to the transfer of such financial instruments, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

Comparative Figures

Where necessary, comparative information has been adjusted to be consistent with current year disclosures.

2. REVENUES FROM ORDINARY ACTIVITIES

	2024 \$	2023 \$
Operating Revenue		
Rendering of Services	8,743,085	9,614,928
Grant Income	49,527,964	41,761,755
Sponsorship	516,973	626,370
Non Operating Revenue		
Interest	366,303	154,756
Investment income – dividends and franking credits	216,588	131,726
Investment income – changes in market value (realised)	38,025	38,436
Investment income – changes in market value (unrealised)	569,232	294,910
	59,978,170	52,622,881

3. EXPENSES FROM ORDINARY ACTIVITIES

Classification of Expenses by Function:

	2024 \$	2023 \$
College Services & Admin Expenses	9,630,431	8,477,944
Drug & Alcohol Addiction Grant Expenses	893,625	2,461,082
Victorian Government GP Grant Expenses	770,000	-
RGTS Operations Grant Expenses	12,911,511	7,783,309
GP Procedural Grant Expenses	10,437,462	9,616,099
GP Anaesthetics Grant Expenses	209,356	431,266
Telehealth Grant Expenses (RHOF)	410,437	406,444
GP Training Grant Expenses	-	312,700
Yellow Fever Grant Expenses	25,833	17,419
Non-VR Fellowship Support Grant Expenses	700,910	401,605
AGPT Transition Grant Expenses	-	2,316,136
Digital Health Grant Expenses	159,218	177,726
AST for Rural Generalists Grant Expenses	17,390	-
Rural Generalist Recognition Grant Expenses	138,906	58,729
College Led Training Establishment Grant Expenses	-	7,847,707
College Led Training Grant Expenses	22,853,315	6,759,938
Transition from GP Synergy Grant Expenses	-	3,171,597
	59,158,394	50,239,701

Other Expenses

Non Program Related Employee Benefits Expense	5,870,070	4,119,542
Program Related Employee Benefits Expense	12,796,588	10,799,655

4. SURPLUS/ (DEFICIT) FROM ORDINARY ACTIVITIES

Activities

Surplus/(Deficit) from Ordinary Activities includes:

	2024 \$	2023 \$
Net (Gain)/Loss from sale of Plant and Equipment	11	-
Superannuation contributions	1,809,309	1,374,785

5. CASH AND CASH EQUIVALENTS

	2024 \$	2023 \$
Cash on Hand	200	200
Cash at Bank	9,177,804	37,504,104
Cash on Deposit	49,241,948	2,440,653
	58,419,952	39,944,957

6. INVESTMENTS

	2024 \$	2023 \$
Listed Securities	2,341,911	1,600,285
Managed Investments	7,186,193	5,336,528
	9,528,104	6,936,813

7. TRADE AND OTHER RECEIVABLES

	2024 \$	2023 \$
Trade Receivable	2,028,363	2,054,598
Other Receivables	67,338	18,622
	2,095,701	2,073,220

Included in trade receivable above, are aggregate amounts receivable from the following related parties:

Directors (other than loans to directors)	1,659	4,387
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8. OTHER ASSETS

	2024 \$	2023 \$
Prepayments	1,590,169	1,083,497
Accrued Income	426,208	23,042
	2,016,377	1,106,539

9. INTANGIBLE ASSETS

	2024 \$	2023 \$
CRM & LMS Development (at cost)	1,791,482	1,791,482
Accumulated Amortisation	(1,699,263)	(1,684,882)
	92,219	106,600
<i>Movement in Intangible Assets</i>		
Opening Balance	106,600	46,383
Transferred from Capital Work-In-Progress	-	-
Additions	-	106,600
Disposals at Written Down Value	-	-
Amortisation	(14,381)	(46,383)
Closing Balance	92,219	106,600

10. RIGHT OF USE ASSETS

The College's lease portfolio includes buildings and motor vehicles. These leases have lease terms of ranging between 3 and 10 years.

The option to extend or terminate are contained in the property leases of the College. These clauses provide the College opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the College. The extension options termination options which are probable to be exercised have been included in the calculation of the Right of Use Asset.

Amounts recognised in the statement of the financial position:

	Leased Motor Vehicles \$	Leased Buildings \$	Total \$
Cost			
Balance at 1 July 2023	164,539	5,934,994	6,099,533
Acquisitions	-	230,116	230,116
Disposals	-	-	-
Balance at 30 June 2024	164,539	6,165,110	6,329,649

Amortisation

Balance at 1 July 2023	73,129	1,136,189	1,209,318
Amortisation expense	54,846	815,931	870,777
Disposals	-	-	-
Balance at 30 June 2024	127,975	1,952,120	2,080,095

Carrying amounts

Balance at 30 June 2024	36,564	4,212,990	4,249,554
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Amounts recognised in the statement of profit or loss

	2024 \$	2023 \$
Amortisation expense related to right-of-use-assets:	870,777	651,950
Interest expense on lease liabilities	223,975	230,719
Short term leases expense	-	-
Low value asset lease expense	-	-
	1,094,752	882,669

11. PROPERTY PLANT AND EQUIPMENT

	2024 \$	2023 \$
Office Equipment (at cost)	962,402	962,402
Accumulated Depreciation	(668,069)	(604,470)
	<u>294,333</u>	<u>357,932</u>
<i>Movement in Plant and Equipment</i>		
Opening Balance	357,932	396,479
Additions	46,444	106,381
Disposals at Written Down Value	(1,196)	-
Depreciation Expense	(108,847)	(144,928)
Closing Balance	<u>294,333</u>	<u>357,932</u>
Leasehold Improvements (at cost)	330,223	330,223
Accumulated Depreciation	(135,459)	(74,426)
	<u>194,764</u>	<u>255,797</u>
<i>Movement in Leasehold Improvements</i>		
Opening Balance	255,797	289,094
Additions	-	-
Depreciation Expense	(61,033)	(33,297)
Closing Balance	<u>194,764</u>	<u>255,797</u>
Total Property Plant and Equipment	<u>489,097</u>	<u>613,729</u>

12. TRADE AND OTHER PAYABLES

	2024 \$	2023 \$
(i) Current		
Trade and Sundry Creditors	2,084,463	2,736,108
Unearned Income	55,659,705	35,334,139
Accruals	1,077,750	1,116,765
Employee Benefits (annual leave, salaries and PAYG)	1,160,886	982,552
GST Payable	904,445	93,148
	<u>60,887,249</u>	<u>40,262,712</u>
Included in unearned income, are amounts from directors for memberships paid in advance:	<u>4,523</u>	<u>4,863</u>

13. PROVISIONS

	2024 \$	2023 \$
Current		
Long Service Leave	<u>787,371</u>	<u>609,018</u>
Non Current		
Long Service Leave	45,057	66,362
Provision for "Make Good"	76,579	36,800
	<u>121,636</u>	<u>103,162</u>
	<u>2024</u>	<u>2023</u>
	<u>\$</u>	<u>\$</u>
Analysis of Total Provisions		
Current	787,371	609,018
Non-current	121,636	103,162
Total Provisions	<u>909,007</u>	<u>712,180</u>

The movement in the provision during the 2024 financial year is as follows:

	Provision for "Make Good" \$	Long Service Leave \$
Opening balance at 1 July 2023	36,800	675,380
Additional provisions raised during the year	39,779	181,018
Amounts used	-	(23,970)
Balance as at 30 June 2024	<u>76,579</u>	<u>832,428</u>

Provision for "Make Good"

A provision has been recognised for the requirement to restore the leased premises to their original condition at the conclusion of the lease term. The provision has been estimated using actual past experience and current costs to meet lease obligations. Management review the provision annually.

Provision for Non-current Employee Benefits

A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits have been included in Note 1 to these financial statements.

14. LEASES

	2024 \$	2023 \$
Lease liabilities are presented in the statement of financial position as follows:		
Current	664,793	554,296
Non-current	4,252,253	4,745,179
	<u>4,917,046</u>	<u>5,299,475</u>

The lease liabilities are secured by the related underlying assets. The undiscounted maturity analysis of lease liabilities at 30 June 2024 is as follows:

	Within 1 year \$	1-5 years \$	Over 5 years \$	Total \$
30-Jun-24				
Lease payments	861,668	3,098,969	1,796,268	5,756,905
Finance charges	196,875	536,078	106,906	839,859
Net present values	<u>664,793</u>	<u>2,562,891</u>	<u>1,689,362</u>	<u>4,917,046</u>
30-Jun-23				
Lease payments	766,275	2,968,040	2,607,177	6,341,492
Finance charges	211,979	626,968	203,070	1,042,017
Net present values	<u>554,296</u>	<u>2,341,072</u>	<u>2,404,107</u>	<u>5,299,475</u>

15. RETAINED EARNINGS

	2024 \$	2023 \$
Retained Earnings at the beginning of year	9,397,706	7,014,526
Net Surplus/(Deficit)	819,766	2,383,180
Retained Earnings at the end of year	<u>10,217,472</u>	<u>9,397,706</u>

16. AUDITOR'S REMUNERATION

	2024 \$	2023 \$
Audit and review of Financial Statements	26,700	24,500
Other Project Audit Services	11,000	17,850
	<u>37,700</u>	<u>42,350</u>

17. MEMBERS' GUARANTEE

The company is limited by guarantee. If the company is wound up, the Articles of College state that each member is required to contribute a maximum of \$10 each towards meeting any obligations of the company.

18. CORPORATE INFORMATION

Australian College of Rural and Remote Medicine Limited is an Australian company incorporated and domiciled in Australia. Its principal activities are the provision of medical education and training services. The principal place of business and registered office of the Australian College of Rural and Remote Medicine Limited is Level 1, 324 Queen Street, Brisbane, Queensland. There are 191 employees (2023: 174) at the end of the reporting period.

19. SEGMENT INFORMATION

The company's sole business segment is the provision of medical, education and training services to rural and remote areas in Australia.

20. ECONOMIC DEPENDENCY

The project operations of the Australian College of Rural and Remote Medicine are dependent upon ongoing funding, which, to date, has been predominantly through agreements with the Department of Health and Aged Care.

21. RELATED PARTY TRANSACTIONS

Key management personnel comprise of the directors and senior executive management team who have authority and responsibility for planning, directing and controlling the activities of the company.

The aggregate compensation of key management personnel is as follows:

	2024 \$	2023 \$
Key management personnel compensation		
- short-term benefits	1,664,593	1,544,581
- post-employment benefits	193,297	159,533
- other long-term benefits	63,543	34,140
Total	<u>1,921,433</u>	<u>1,738,254</u>

Of the above short-term benefits \$6,560 (2023: \$6,814) relates to payments to directors for transactions made at arm's length. Directors' fees of \$223,982 (2023: \$130,573) are also included in short-term benefits.

Other than those disclosed above and in note 6 and note 10, there are no other related party transactions that occurred during the 30 June 2024 financial year (2023: nil).

22. NOTES TO THE STATEMENT OF CASHFLOWS

i) Reconciliation of Surplus/ (Deficit) from Ordinary Activities after Income Tax to Net Cash Provided by Operating Activities

ACTIVITIES	2024 \$	2023 \$
Surplus/(Deficit) from ordinary activities after income tax	164,094	2,383,180
Depreciation	160,112	165,834
Amortisation	885,158	717,534
Loss/(Gain) on Disposal of Assets	11	-
Market value movement in Investments	86,450	(234,944)
(Increase)/Decrease in Receivables	(616,613)	193,410
(Increase)/Decrease in Prepayments	(506,672)	(305,005)
Increase/(Decrease) in Employee Entitlements	196,827	150,734
Increase/(Decrease) in Creditors & Borrowings	20,623,167	7,238,166
Net Cash Provided by Operating Activities	<u>20,992,534</u>	<u>10,308,909</u>

For the purposes of the Statement of Cashflows, cash includes cash on hand and in banks and investments in money markets, net of bank overdrafts.

ii) Reconciliation of Cash	2024 \$	2023 \$
Cash on Hand	200	200
Cash at Bank	9,177,804	37,504,104
Cash on Deposit	49,241,948	2,440,653
	<u>58,419,952</u>	<u>39,944,957</u>

iii) Undrawn Credit Card Facilities	2024 \$	2023 \$
Facility Limits at reporting date	317,500	282,000
Less: drawn at balance date	(181,645)	(69,366)
Undrawn facilities at reporting date	<u>135,855</u>	<u>212,634</u>

iv) Changes in Liabilities arising from Financing Activities

	1-Jul-23 \$	Cash flows \$	Acquisition \$	Fair value changes \$	Reclassification \$	30-Jun-24 \$
Lease Liabilities	5,299,475	(612,545)	230,116	-	-	4,917,046
Total	5,299,475	(612,545)	230,116	-	-	4,917,046

23. EVENTS AFTER THE BALANCE SHEET DATE

There have been no material events that have occurred since the end of the financial year.

24. FINANCIAL INSTRUMENTS

Financial Risk Management Policies

The Company's financial instruments consist mainly of deposits with the banks, investments, accounts receivable and accounts payable.

The Company does not have any derivative instruments at 30 June 2024.

i. Treasury Risk Management

The FARM committee meet on a regular basis to analyse financial risk exposure and to evaluate treasury management strategies in the context of the most recent economic conditions and forecasts.

The committee's overall risk management strategy seeks to assist the Company in meeting its financial targets whilst minimising potential adverse effects on financial performance.

The FARM committee operates under policies approved by the board of directors. Risk management policies are approved and reviewed by the Board on a regular basis. These include credit risk policies and future cash flow requirements.

ii. Financial Risk Exposures and Management

The main risks the Company is exposed to through its financial instruments are cash flow, interest rate risk, liquidity risk and credit risk.

Interest rate risk

No assets or liabilities of the company bear interest except for cash and cash equivalents. The interest rate (market) risk regarding these assets is monitored by the directors to ensure the best possible financial returns.

At 30 June 2024 the weighted average effective interest rate in relation to cash and cash equivalents was 4.99% (2023 4.14%) with the interest rate being entirely represented by floating rates. In terms of interest rate sensitivity analysis, a 2% increase/decrease in interest rates would cause the net profit before tax and equity of the company to increase/decrease by \$121,334 annually assuming all other variables remain constant.

Foreign currency risk

The company is not exposed to fluctuations in foreign currencies.

Liquidity risk

The company manages liquidity risk by monitoring forecast cash flows and ensuring that spending remains within approved project budgets for which funds are received in advance.

Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements.

The College has provided a bank guarantee of \$502,775 held as security for the lease at 324 Queen Street Brisbane. There are no other amounts of collateral held as security at 30 June 2024.

Credit risk arising from deposits with financial institutions is managed by the deposit of funds with authorised deposit taking institutions in Australia. The company is not exposed to any significant credit risk as its receivables are principally from commonwealth government grant funding or from members in respect of subscription and other assessment course services.

iii. Carrying Amount of Financial Instruments by Category

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	2024 \$	2023 \$
Financial Assets		
Cash and cash equivalents	58,419,952	39,944,957
Accounts receivable and other debtors	2,095,701	2,073,220
Investments	8,872,422	6,936,813
Total Financial Assets	<u>69,388,075</u>	<u>48,954,990</u>
Financial Liabilities		
Financial liabilities at amortised cost	-	-
Accounts payable and other payables	2,087,463	2,736,108
Total Financial Liabilities	<u>2,087,463</u>	<u>2,736,108</u>

iv. Financial liability and financial asset maturity analysis:

- Trade receivables represent the principal amounts outstanding at balance date, are non-interest bearing and are usually settled within 30 days.
- All other receivables are due to be received within one year.
- Trade payables represent the principal amounts outstanding at balance date, are non-interest bearing and are usually settled within 30 days.
- All other payables are due for payment within one year.

v. Net Fair Value of Financial Instruments is equal to or approximately equal to their carrying amount.

25. FAIR VALUE MEASUREMENTS

The College measures and recognises the following assets at fair value on a recurring basis after initial recognition

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- freehold land and buildings.

The College does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

a. Fair Value Hierarchy

AASB 13: Fair Value Measurement requires the disclosure of fair value information by level of the fair value hierarchy, which categorises fair value measurements into one of three possible levels based on the lowest level that an input that is significant to the measurement can be categorised into as follows:

- **Level 1:** Measurements based on quoted prices (unadjusted) in active markets for identical assets or liabilities that the College can access at the measurement date.
- **Level 2:** Measurements based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.
- **Level 3:** Measurements based on unobservable inputs for the asset or liability.

The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data. If all significant inputs required to measure fair value are observable, the asset or liability is included in Level 2. If one or more significant inputs are not based on observable market data, the asset or liability is included in Level 3.

Valuation Techniques

The College selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected by the College are consistent with one or more of the following valuation approaches:

- *Market approach* uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities.
- *Income approach* converts estimated future cash flows or income and expenses into a single discounted present value.
- *Cost approach* reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, the College gives priority to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

The following tables provide the fair values of the College's assets and liabilities measured and recognised on a recurring basis after initial recognition and their categorisation within the fair value hierarchy:

30-Jun-24					
Notes	Level 1 \$	Level 2 \$	Level 3 \$	Total \$	
Recurring fair value measurements					
<i>Financial assets</i>					
Financial assets at fair value through profit or loss					
- Listed securities and managed investments	6	9,528,104	-	-	9,528,104
Total financial assets recognised at fair value on a recurring basis		9,528,104	-	-	9,528,104

30-Jun-23					
Notes	Level 1 \$	Level 2 \$	Level 3 \$	Total \$	
Recurring fair value measurements					
<i>Financial assets</i>					
Financial assets at fair value through profit or loss					
- Listed securities and managed investments	6	6,936,813	-	-	6,936,813
Total financial assets recognised at fair value on a recurring basis		6,936,813	-	-	6,936,813

26. CONTINGENT LIABILITIES

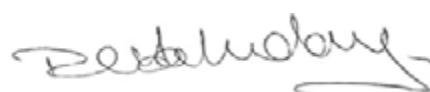
The College has no contingent liabilities at 30 June 2024 (2023: nil).

Director's Declaration:

In accordance with a resolution of the Directors of the Australian College of Rural and Remote Medicine Limited, the Directors declare that:

- The financial statements and notes as set out on pages 7 to 31 are in accordance with the Corporations Act 2001 and the Australian Charities and Not-for-Profit Commission Act 2012 and:
 - comply with Australian Accounting Standards; and
 - give a true and fair view of the company's financial position as at 30 June 2024 and of its performance for the year ended on that date.
- In the Directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Board of Directors.



Director: A/Prof Daniel Halliday

Dated at Stanthorpe, Queensland,
this Tuesday the 10th day of September 2024

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF AUSTRALIAN COLLEGE OF
RURAL AND REMOTE MEDICINE LIMITED**

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of the Australian College of Rural and Remote Medicine Limited (the "Company"), which comprises the Balance Sheet as at 30 June 2024 and the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the director's declaration.

In our opinion the financial report of the Company is in accordance with Division 60 of the *Australian Charities and Not-for-Profit Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2024 and of its performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-Profits Commission Regulations 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 Company in accordance with the ethical requirements of the Australian Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Australian Charities and Non-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 Company 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 Company or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the company's financial reporting process.

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.

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF AUSTRALIAN COLLEGE OF
RURAL AND REMOTE MEDICINE LIMITED
(CONTINUED)**

Auditor's Responsibilities for the Audit of the Financial Report (Continued)

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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 Company'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 Company'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 Company 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 those charged with governance 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.



Bentleys Brisbane (Audit) Pty Ltd
Chartered Accountants



Stewart Douglas
Director
Brisbane
11 September 2024

