



ACRRM
Annual Report
2023



**The Australian College of Rural
and Remote Medicine**

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Acknowledgment

The Australian College of Rural and Remote Medicine (ACRRM) acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to land, waters, and community. We pay our respects to them and their cultures; and to Elders both past, present and emerging.

Contents



A new era in ACRRM training and education · page 10



RMA22 · page 20



Climate and Health · page 24

2	President's report
4	CEO's report
6	About ACRRM
7	Meet our members
8	ACRRM in action
10	A new era in ACRRM training and education Joint Colleges Training Services Taking meaningful action to advance reconciliation Taking education to the registrars
16	Continuous improvement in a changing environment
18	Strengthening connections ACRRM Membership continues to surge RMA22 2022 Awards
22	Driving change together
26	Committee engagement
28	2023 Fellow roll
30	Statutory reports Director's report Information on directors Meetings of directors

President's report



“While there have been so many significant developments this year, it is also the beginning of a new era for ACRRM.”

Eight months into the role of President and it's already been a fascinating and rewarding journey. I thank past President Dr Sarah Chalmers for facilitating a smooth handover and sharing invaluable insights. I am also indebted to CEO Marita Cowie, and the outgoing and new board and council members who provide exceptional counsel.

Assuming the presidency at our annual general meeting, held in Canberra at RMA22, was a proud moment. The unfortunate cancellation of face-to-face conferences in 2020 and 2021 due to COVID-19, resulted in RMA22 being the biggest gathering of rural and remote doctors to date; more than 1000 came to connect, learn, and share knowledge. Delivering my first address in person provided the inspiration to continue the unwavering work of presidents before me and look to the future of rural generalism and the healthcare needs of rural, remote and Aboriginal and Torres Strait Islander communities.

We are working in a transformative period. With ACRRM now delivering training to almost all registrars on our Fellowship program, despite their funding pathway, our utmost priority continues to be providing excellent support and focused and engaging training opportunities. We have more supervisors, medical educators and training posts delivering the ACRRM Fellowship curriculum. We recognise that change can impact individuals differently, and we have diligently established new pastoral care programs and processes. In addition to the employee assistance program, assessment preparation programs, and regional training support teams, we have recruited the College's first Wellness Coordinator to provide pastoral guidance.

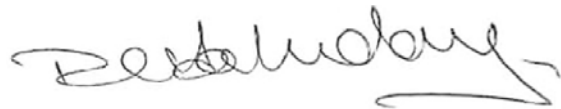
The College remains committed to promoting the value and importance of rural generalism as a specialised field of general practice. I am pleased to note that we are progressing through the second stage assessment process of having rural generalism recognised as a speciality within general practice. I look forward to reporting further progress in the near future.

The ACRRM vision is to have the right doctors in the right places with the right skills, providing rural, remote, and Aboriginal and Torres Strait Islander communities with excellent healthcare. To work towards this, we have strengthened our stakeholder relationships by establishing a new community reference group. Led by former board member Annabelle Brayley, and made up of representatives from regions throughout Australia, this group has become a valued source of information and feedback for board and council. I would like to thank Annabelle for her tireless work promoting rural generalism, advocating for communities, and supporting the College in our work. I also welcome new board community representative Brynnie Goodwill.

We also continue to lead advocacy on growing the Rural Generalist workforce as a rural healthcare solution, restoring the value proposition of rural general practice and driving intergovernmental solutions which deliver accessible services. Alongside this, we listen to members concerns on climate and health, telehealth services, the role of pharmacists and pharmacy, mental health, maternity services and much more.

While there have been so many significant developments this year, it is also the beginning of a new era for ACRRM. Consequently, the Board and Council are working on a new strategic direction that will not only build upon a rich legacy but also shape the future trajectory of the College. I anticipate sharing this strategic plan with members shortly.

In closing, I thank members for their continued support of the College. I also recognise the work of the board, council, and ACRRM team, for their commitment towards achieving our vision and strategic goals.



DR DAN HALLIDAY

CEO's report



“A true highlight for this year is the growth in our registrar numbers. We have more than 1200 registrars on our training pathways, an increase from 863 last year. This is a fabulous outcome and signals real confidence and optimism for the future of rural generalist medicine.”

The year saw us round out 25 years as Australia's first and only College dedicated to rural and remote medicine. We celebrated with members and stakeholders around the country, culminating in the nation's capital for an evening of storytelling with every President in the College's history represented. It was a proud moment and it reinforced that the passion, commitment, and courage of the rural and remote doctors who established ACRRM continue to inspire us to strive towards our vision: to have the right doctors in the right places with the right skills, delivering excellent healthcare in rural, remote, and Aboriginal and Torres Strait Islander communities.

The transition of ACRRM's Australian General Practice Training Program (AGPT) training pathway took some unforeseen turns before being successfully completed on 1 February 2023. The early onboarding of GP Synergy registrars, supervisors and training posts was made possible on 8 August through our agile capabilities, and the establishment of regional support teams. This success provided confidence for the early transition of General Practice Training Tasmania registrars in September, meaning we were already directly training more than half our AGPT registrars well before the February 2023 deadline.

We were also pleased to formalise a partnership agreement with James Cook University to continue to support Fellowship training in Queensland.

ACRRM's experience delivering Fellowship training and education through the Independent Pathway and Rural Generalist Training Scheme provided us with a great advantage for College-led Training. But we needed to expand and develop a regional footprint to deliver our training and support. The recruitment of regional teams of medical educators, supervisors, supervisor liaison officers, registrar liaison officers, practice support officers, training officers, training network coordinators and directors of training, has seen us expand to a regionalised network of 183 staff. We have increased the number of accredited training posts available to provide the supervision and experience requirements of Fellowship training. We have also developed new systems for payments, placements, and data management we moved to a new financial reporting system.

Throughout this complex transition and organisational transformation, the College was committed to working collaboratively with stakeholders, including the Department of Health and Aged Care, the National Rural Health Commissioner, the RACGP, General Practice Registrars Australia, General Practice Supervisors Australia, the National Aboriginal Community Controlled Health Organisation, Rural Generalist Coordinating Units, and numerous other organisations playing integral roles in training and workforce requirements.

We are proud to have formed a new joint venture company with the RACGP, the Joint Colleges Training Service (JCTS), to develop and deliver cultural education and cultural mentorship, and provide registrar housing in some remote Northern Territory communities. While the JCTS is foremost focused on the continuity of Aboriginal and Torres Strait Islander health training initiatives, there will be many potential opportunities to work together to support the general practice profession.

A true highlight for this year is the growth in our registrar numbers. We have more than 1200 registrars on our training pathways, an increase from 863 last year. This is a fabulous outcome and signals real confidence and optimism for the future of rural generalist medicine. It is particularly positive for the rural and remote communities who are desperately calling for doctors who have the skills to provide them with the healthcare they need and deserve.

The College was also active throughout this financial year, embedding the CPD Home framework, and opening opportunities for more people to experience our suite of professional development courses and resources. At the end of the financial year, we launched CPD Home Essential, an offering that gives rural and remote healthcare workers who don't have a CPD home, access to a self-reporting tool and resources that help them meet their professional requirements.

I take this opportunity to thank two ACRRM presidents, Dr Sarah Chalmers and Dr Dan Halliday, and the Board and Councils who have guided us through this year. Dr Sarah Chalmers took on her presidency during what was an unprecedented time, with COVID-19 putting pressures on RGs, the health system and communities, and workforce pressures. I thank her for her commitment to ACRRM members and the College, and for her steadfast approach to advocacy and governance. Dr Dan Halliday has hit the ground running and I know he will continue to drive the College forward by setting and working towards meeting strategic goals. I also thank outgoing Board members Dr Michael Beckoff, Dr Michelle Hannan, Dr Anthony Hobbs and Annabelle Brayley for their valued and important contribution, while welcoming new directors Dr David Rimmer and Brynnie Goodwill.

Finally, I thank the registrars, supervisors, medical educators, stakeholders, training support teams and entire ACRRM staff who have been on the journey to ACRRM-led Training. I look forward to continuing to work together for the benefit of a strong profession and healthy rural and remote communities.



MARITA COWIE

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.

Meet our members

Membership



6785
Members



983
Registrars

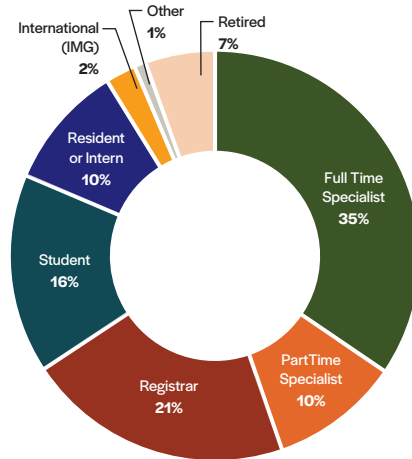


38
Aboriginal and Torres Strait
Islander identifying registrars

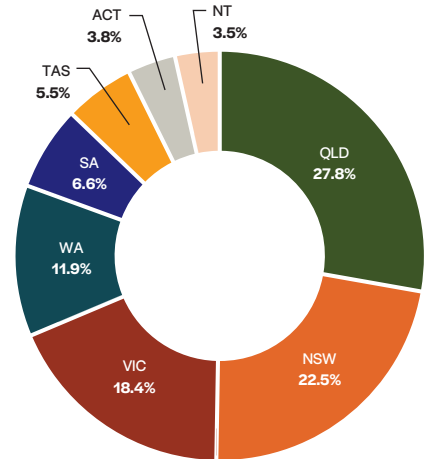


42.3%
Female

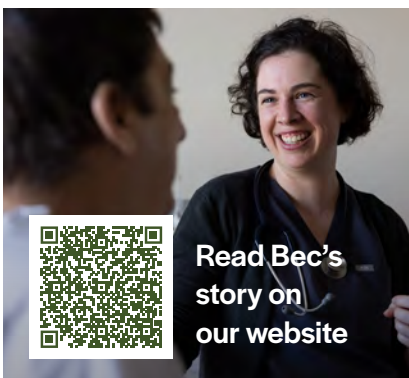
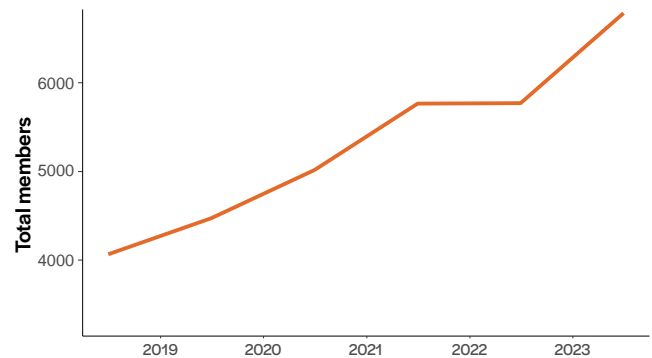
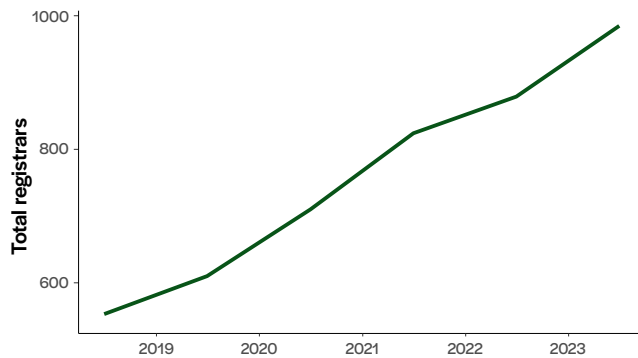
Career Stage



State



Numbers of ACRRM Registrars and Members Over Time



Read Bec's
story on
our website

Meet Dr Rebecca (Bec) Devitt.

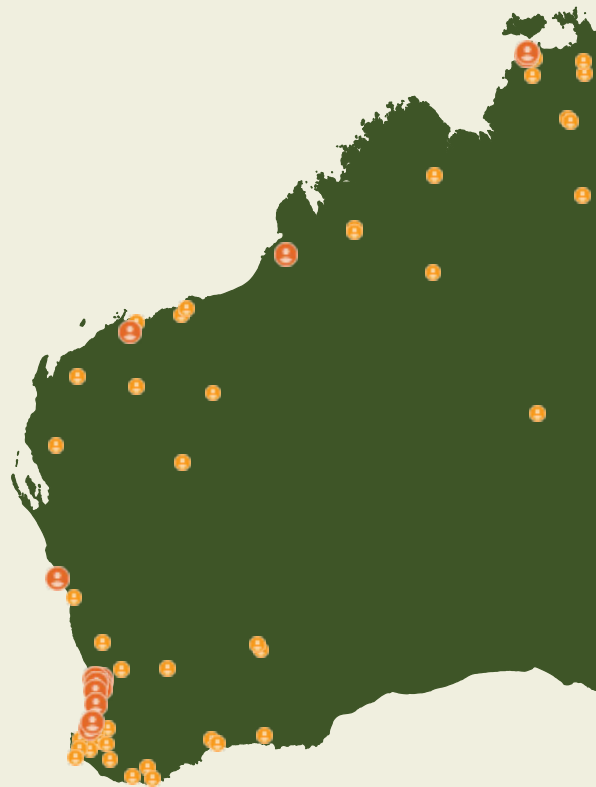
Rural Generalist and Staff Specialist practising in Mudgee, NSW

"In rural emergency medicine, you just don't know what's going to come through the door. Sometimes you have to step up and work on something very emergent and other times you need to be a bit of a problem solver and find out what's going on and how you can best help that patient."



ACRRM in action

2023 In Review




2023 marked a significant milestone for the College in the transition to ACRRM-led training. Here are some highlights from the year that was.





EVENTS

	200+ Sponsored, hosted and attended		1000+ RMA22 Registrations
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MEMBERSHIP

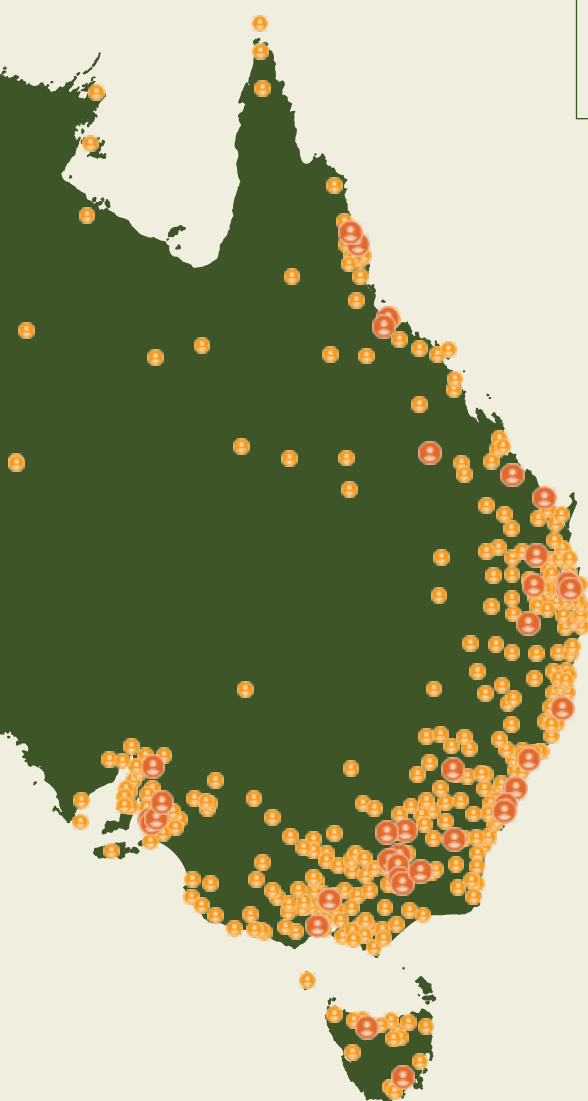
	6785 +16% Members		983 Registrars		2128 Fellows
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Expanded Registrar Support Team

-  ACRRM Staff
-  ACRRM Supervisors

ONLINE RESOURCES

	1100+ RG Clinical App Downloads		4813 Registered Doctors		1600+ Telederm Cases
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TRAINING



1212

+20%

Training Posts



983

+12%

Registrars



+71

Fellows

POLICY



30

Government Submissions

CPD



3142

+9.7%

Registrations on CPD Program

COURSES



71

+91%

F2F Courses



1420

+124%

F2F Course
Participants



100+

online courses



12,000

Online Course
Participants

A new era in ACRRM training and education

“Our strategy to embed College-led training included decentralising the delivery of training, education, and support programs, while refining and developing bespoke operational systems and processes through a nationally consistent lens.”

Since forming more than 25 years ago, ACRRM has worked towards the goal of directly training all registrars on the Fellowship program, regardless of their funding. As we close the 2022-2023 financial year, we can reflect on a year which saw us move substantially towards this goal, while continuing to focus on building workforce capability to deliver fit-for-purpose, high-quality healthcare in rural, remote, and Aboriginal and Torres Strait Islander communities.



Transition to ACRRM-led training

We thank the Regional Training Organisations for their collaborative approach in handing over registrars on the Australian General Practice Training (AGPT) pathway to the College. The first successful transition occurred in August and September 2022, when AGPT registrars in New South Wales, Australian Capital Territory and Tasmania moved to train directly with ACRRM. This saw more than half of the total AGPT registrars move across to the College before the official handover. When remaining states, other than North Queensland (James Cook University) transitioned in February 2023, the College entered a new era where AGPT, Rural Generalist Training Scheme and Independent Pathway registrars were training together. James Cook University continues to partner with ACRRM to support the recruitment, training, and education of Queensland registrars. RVTS registrars remain directly trained by RVTS.

Embedding a new model

ACRRM's newly structured training and education delivery model, consisting of online on-demand and live options, plus regionalised face-to-face workshops, has been rolled out across all regions with positive feedback received from participants and workshop leaders. These programs and workshops cover key learning areas of the ACRRM Rural Generalist Curriculum, providing foundation knowledge and skills required for exams and Fellowship. The face-to-face workshops are overseen by the Director of Training with the support of newly appointed teams of Regional Directors of Training, Medical Educators, Training Network Coordinators, Registrar Liaison Officers, and Training Officers. These new appointments include the addition of several FACRRM to the team, to provide guidance, feedback, input and strength to our Fellowship program.

Equally exciting has been the exponential growth in supervisors and training posts required to support registrars throughout their Fellowship journey. The College has established teams of Supervisor and Practice Liaison Officers and expanded the accreditation and placement units to ensure training posts meet the Fellowship program requirements and are supported in the valuable work they undertake.



Joint Colleges Training Services

A collaboration to enhance Aboriginal and Torres Strait Islander health

Joint Colleges Training Services Pty Ltd (JCTS) is an important joint venture between the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP). With a shared vision and purpose, JCTS is committed to delivering comprehensive GP training activities for both colleges' esteemed Fellowship training programs.

Fostering a culturally respectful and safe training environment:

JCTS is committed to ensuring the continuity of Aboriginal and Torres Strait Islander health training initiatives and support. Through cultural education, mentorship, and tailored initiatives to support registrars throughout their Fellowship journey, JCTS strives to foster a culturally sensitive training environment.

Enhancing Registrar Support:

Recognising the importance of supporting registrars throughout their training journey, JCTS aims to encompass the full scope of supports needed to grow and support a workforce in First Nations Peoples communities such as having access to cultural educators and mentors and provision of localised cultural education. One such initiative is the provision of registrar housing in remote Northern Territory communities, to alleviate logistical burdens, and provide safe and comfortable housing in remote communities. This enables registrars to concentrate on their professional growth and delivering quality healthcare where it is most needed.

Collaborative Partnerships:

By leveraging the expertise and resources of ACRRM, RACGP, and industry stakeholders, JCTS will actively seek to identify potential areas of cooperation that will enhance GP training and benefit the wider community.

Organisational Structure:

To ensure effective governance and representation, the JCTS board comprises seven directors. Three directors are appointed from each college, ensuring a balanced and inclusive decision-making process. Moreover, the appointment of an independent Aboriginal and/or Torres Strait Islander general manager will play a pivotal role in providing guidance and insights. While recruitment is underway to appoint a General Manager, Anthony Paulson is filling the role in the interim to oversee JCTS's day-to-day operations and ensure seamless functioning and strategic alignment.



Taking meaningful action to advance reconciliation

ACRRM is intent in continuing our reconciliation journey. To strengthen our appreciation and understanding of Aboriginal and Torres Strait Islander culture and traditions, we are working through our second Innovate Reconciliation Action Plan.

We recognise the contribution of our founding Aboriginal and Torres Strait Islander members who were a voice for their colleagues, profession, and communities, and we walk with current and emerging Aboriginal and Torres Strait Islander members to continue Australia's reconciliation journey.

We are aware there is much to do, and we continuously seek ways to use our influence and actions to create a better, healthier Australia, particularly in rural, remote, and Aboriginal and Torres Strait Islander communities.

This year, we established the Joint College Training Service with the Royal Australian College of General Practitioners (RACGP), to deliver shared Aboriginal and Torres Strait Islander health strategic plans, cultural education, and cultural mentorship, as well as the provision of registrar housing in some remote Northern Territory communities. We have identified many areas for potential collaboration.

The College is continuing to work to establish strong relationships with all stakeholders including the Australian Indigenous Doctors' Association, Aboriginal Medical Services and National Aboriginal Community Controlled Health Organisation. And we continue to encourage Aboriginal and Torres Strait Islander doctors to choose a career in rural generalism with ACRRM.

We are currently working with members and stakeholders to draft our third Innovate Reconciliation Action Plan, with the launch expected to be October 2023.



View our Reconciliation Action Plan

Taking education to the registrars

In 2023, transition to ACRRM-led training provided an opportunity to review and restructure training delivery to support the regionalisation of the ACRRM Fellowship program.

Recognising there is benefit to face-to-face education, regional workshops are held twice yearly. They include topics aligned to the College's Rural Generalist Curriculum, as well as the chance to share stories and experiences, and build connections with peers and ACRRM support teams. The training program also includes webinars, online case-based discussions, study groups and assessment preparation activities.

To advise and oversee the new education format, the College recruited a Director of Education alongside a National Clinical Educator for the Fellowship program and grew the pool of virtual learning assistants and medical educators.

DRGA implementation

Launched in early 2023, the Rural Generalist Anaesthesia Training Program is a joint initiative of ACRRM, the Australian and New Zealand College of Anaesthetists (ANZCA) and the Royal Australian College of General Practitioners (RACGP). It delivers education, training, and assessment of rural General Practitioners and Rural Generalists (RGs) who provide anaesthesia services in rural and remote locations.

The 12-month training program, leading to a diploma, is a fit-for-purpose, Australian Medical Council accreditable qualification focussed on delivering a quality, standardised level of care for rural and remote Australians.

Strengthening Assessment

The College's capacity to deliver assessments within our registrar's home location has been strengthened by the selection and successful proof of concept trials for our new assessment management system supplied by Risr. This platform will be fully implemented across all assessments over the next 12 months keeping ACRRM as a leader in remote assessment.

In 2022, just over 800 assessments were conducted and with increasing numbers of registrars commencing training toward Fellowship these numbers will expand in future years. The College has undertaken recruitment for new examiners and is in the process of redesigning our examiner onboarding, initial training and ongoing development in assessment skills.

In 2023, several new lead examiners have commenced their terms and the College thanks the outgoing leads for their commitment and exceptional work. A National Medical Educator in Assessment commenced this year with a focus on how best to assist regional teams in preparing and supporting registrars with assessment.

The behaviourally anchored marking scheme that was introduced in CGT StAMPS in 2021 will be fully implemented across AST StAMPS in 2023.

A quality assurance process in assessment also commenced in 2023. This process is well supported by the expertise of the data management team, allowing the College to have a deeper understanding of factors impacting registrar's assessment.

Between July and December 2022, the College delivered the following activities for the Independent Pathway Education Program

92 registrars **Independent Pathway Workshop 2022B**

73 registrars **ACRRM Independent Pathway Education Program 2022B**

Between January and June 2023, the College delivered the following activities for the Fellowship Program

190 registrars **ACRRM Fellowship Education Program 2023A**
(Group 1 & 2)

202 registrars **ACRRM Fellowship Education Program Virtual Workshop 2023A**
(March & May)

199 registrars **ACRRM Fellowship Education Program Face to Face Workshop 2023A**
(Adelaide, Churchill, Bendigo, Launceston, Cairns, Sydney)



Meet Dr Emily Moody, National Clinical Educator— ACRRM Fellowship Education Program

Dr Moody is well known to many at the College having been a medical educator since 2017 and instrumental in the design, development, and execution of the ACRRM Fellowship Education Program.



Read her story

Continuous improvement in a changing environment

New Courses:

- ACRRM Clinical Training Facilitator Course
- Age related macular degeneration and diabetic eye disease
- Grief and bereavement
- Orientation to Fellowship Training—Supervisors

Updated Courses:

- Rural Emergency Obstetrics Training (REOT)
- Rural Anaesthetics Crisis Management (RACM)
- Pre-hospital Emergency Care (PHEC)
- Advanced Life Support (ALS)
- Rural Emergency Skills Training (REST)
- Orientation to Fellowship Training—Registrars
- Treating Tinnitus: A module for General Practitioners
- Telehealth Clinical Skills Program
- Smoking Cessation

Refining and expanding ACRRM CPD Home

The new ACRRM CPD framework is designed to meet the needs of Rural Generalists, rural General Practitioners, and most other health practitioners. The framework was introduced in 2020, and has been further refined this year to foster a ‘smarter not harder’ approach, recognising activities participants are already doing.

The ACRRM CPD Home, created by Rural Generalists, offers a wealth of bespoke learning opportunities across a range of face-to-face and online modalities. All are overseen and approved by Rural Generalists. CPD Home is free to all members, and includes access to resources, tools, and a CPD support team to assist with required reporting.

The changes to CPD Home have been well received by ACRRM members in Connect@ACRRM commenting:

- “We have already had good support from ACRRM.”
- “ACRRM have made it easier than ever to achieve the necessary CPD by merely recording what most of us are already doing.”
- “ACRRM, by creating and giving us this online forum, have done us a great service to fulfil CPD requirements whilst in remote areas.”

CPD Home Essentials

Recognising there are many professionals who don’t have their own CPD Home, the College has introduced CPD Home Essential, which offers access to courses and resources, opportunities to self-manage reporting, and Ahpra reporting completed by the College on users’ behalf.

It is one of the most affordable CPD Homes in the market, and early interest indicates there is a real demand from professionals looking to upskill, particularly on topics which support high quality healthcare for rural, remote and Aboriginal and Torres Strait Islander communities.

Courses on the right track

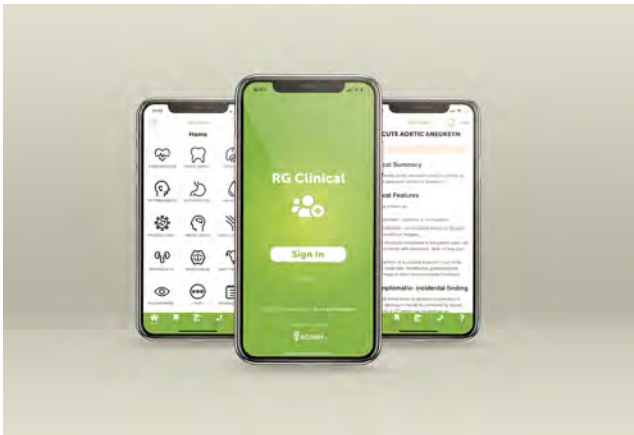
Backing up CPD Home is an extensive offering of face-to-face and online courses, open to members and non-members of the College. Developed by Rural Generalists for Rural Generalists, our catalogue includes mandatory professional development for meeting accreditation standards, as well as an array of in-demand topics. The College continually reviews and updates existing courses to ensure they meet professional standards, and develops new content requested by members.

There were more than over 12,000 enrolments in the 100-plus online courses this financial year, while more than 1400 doctors participated in face-to-face courses across Australia, including regionally.

The added benefit of the program is that all courses and resources are suitable for those who practise in urban areas.

RG Clinical App

Launched in October 2022, ACRRM's RG Clinical app is a digital clinical reference tool designed to allow members to conveniently access ACRRM's clinical guidelines in rural and remote practice. The guidelines cover a wide array of medical scenarios and are collated, authored, peer reviewed, and managed by Rural Generalists for Rural Generalists, ensuring that the information is relevant, up to date, and easy to use. To date, the app has been downloaded more than 1000 times.



Cementing digital health gains

As we emerge from the haze of Covid-19, the College has been active in cementing the digital health gains inspired by the pandemic. Central to this has been our work in telehealth—remote consultations. With telehealth now entrenched in the Medicare landscape, ACRRM has been able to build on its longstanding advocacy in this area.

Utilising external funding, we continued to develop and offer, for free, education modules in telehealth remote consultations. Based on the standards the College had already developed, we designed a clinical skills program to assist General Practitioners and Rural Generalists who needed more training for 'telehealth as part of normal business'. Training in telehealth is part of the College commitment to ensuring our members have the right skills to deliver excellent healthcare.

ACRRM continues to maintain representation at government and policy levels in digital health. We have had input into the:

- revised national digital health strategic plan,
- commonwealth digital health blueprint,
- modernisation of diagnostic imaging,
- advances in electronic prescribing
- vaccination location and booking services and
- continued improvements to My Health Record.

We have a place at the Council for Connected Care—a high level group aimed at seeking input into how the government will design future digital health initiatives. All this has been informed by the College's draft standards for a digitally connected community—which outlines how digital health can and should be implemented at the community level.

The College's teledermatology services continues to support members with timely access to specialists to help them diagnosis and treat their patients locally. This year 448 additional doctors joined Tele-Derm where they can access over 1600 education cases and multiple education events throughout the year.

We thank our members of the digital health committee for their time and commitment in what continues to be a busy sector of reform, improvements and sometimes unintended consequences.

F2F Courses

Over the financial year, ACRRM ran courses in all major cities and some rural areas including Bendigo, Bairnsdale, Sale, Maryborough, Dubbo and Philip Island.

22-23 stats	Courses	Facilitators	Participants
REST	27	162	540
ALS	17	68	340
REOT	10	60	200
RACM	8	40	160
PHEC	9	36	180

Strengthening connections

Membership of ACRRM has taken a great leap this year, with more registrars on the training program, doctors taking advantage of the College's high quality CPD Home program, introduction of a free student membership offering, and opportunities to access government grants.

The emphasis on growing the 'pipeline' and brand awareness for ACRRM and rural generalism as a career option prompted the College to offer free student membership. This change, introduced on 1 May 2023, saw a massive 26 per cent increase in student memberships in just two months.

Building connections

ACRRM is committed to providing opportunities across the country for members to connect, be heard and engage with each other and College staff.

Following the success of the 2022 25th Anniversary events held in each state and territory, 2023 saw the re-introduction of face-to-face Member Forums post-COVID. With the commencement of ACRRM-led Training, the timing was right to begin a consistent approach to hosting Member Forums where the ACRRM President, Councilor, CEO and other key staff engage with members to discuss strategic goals, gather feedback to help shape policy decisions and listen to members about local issues and initiatives impacting their communities and the rural workforce. The College looks forward to continuing this face-to-face engagement with timing, location and audience to be reviewed and considered alongside existing regional events to ensure these are meaningful and relative events to the greater membership.

The College continues to support and have an important presence at more than 200 career expos, hospital education sessions, Aboriginal and Torres Strait Islander focused events and, state-based and national rural health conferences talking all things 'RG', CPD, grants, advocacy and the many fantastic ACRRM member benefits.

Logo refresh and updated colours

In late 2022, ACRRM commissioned a refresh of the College logo to improve it for digital use. While maintaining the heritage of the beloved ACRRM snake and windmill, the logo has been refined and improved, making it more fit for purpose in digital and design use. Further, the ACRRM colour pallet has been refined to provide further diversity of use.



Attracting the right doctors to rural generalism

The ACRRM Fellowship recruitment strategy is developed with a three-pronged objective:

- Raise awareness of rural generalism as a specialised field of general practice by promoting the benefits of rural generalism as a career path and, thereby, attract more medical students and junior doctors to pursue this specialty
- Increase the total number of ACRRM Fellowship applications to expand the pool of skilled and qualified Rural Generalists
- Boost the pipeline of junior doctors.

As ACRRM assumed the role of College-led training in 2023, the campaign also focused on promoting ACRRM's presence and support mechanisms in training regions across the country, with regional promotion embedded into each stage of the strategy.

The marketing strategy is designed to build on the robust foundation of stakeholder communications ACRRM applies to its daily operations and elevate these activities with specific Fellowship recruitment initiatives.

The primary objective of the engagement is to increase the total number of ACRRM Fellowship applicants, specifically the quality of Fellowship applicants measured by the number of successful

Fellowship applicants, as well as to boost the pipeline of junior doctors. This has and continues to be accomplished through:

- Local engagement with stakeholders through ACRRM's training networks
- Support of regional engagement through ACRRM's national team
- Strong partnership and content marketing activities
- Digital marketing activities.

The selection process was one of the first activities to move to the College as part of the transition to College-led training some three years ago.

Connect@ACRRM

While face-to-face events are back on track following the COVID-19 pandemic, we have also seen an increase in engagement across the popular Connect@ACRRM online member platform.

Connect@ACRRM is exclusive to members and offers opportunities to participate in clinical discussions in a safe, professional environment. It's a source for the College to become aware of industry hot topics, which build engagement and lead to advocacy opportunities. Members can also earn CPD hours in the case-based discussions category of the CPD framework.

From left to right:

AMA National Conference in Sydney, 25 years in Brisbane, Tasmanian Rural Health Conference





RMA22

The Rural Medicine Australia Conference (RMA22), co-hosted by ACRRM and the Rural Doctors' Association of Australia (RDAA), emerged as a resounding success, reinforcing its significance as a transformative event for more than 1000 rural healthcare professionals and stakeholders.

Held 12-15 October 2022 on Ngunnawal Country (Canberra), the conference served as a pivotal platform post-COVID to explore, innovate, and collaborate on pressing challenges and opportunities in rural medicine.



With a theme of BOLD BOUNDLESS BEYOND Together, the success of the conference can be attributed to its unwavering commitment to promoting excellence in rural healthcare while also providing an opportunity for delegates to network and make meaningful connections with colleagues from around the country. The carefully curated program encompassed a wide spectrum of topics, aligning to the conference theme and reflecting the diverse needs of rural communities. Compered by Dr Norman Swan and with a combination of engaging keynote speakers, thought-provoking panel discussions, and hands-on workshops delving into critical areas such as primary care innovations, First Nations health, community-based interventions, and strategies for attracting and retaining healthcare professionals in rural areas, the event lived up to its reputation of the most anticipated rural medicine conference of the year. The RMA22 program included old favorites The Great Debate (Subspecialty Medicine—way of the Future?) and The Presidents' Breakfast (Change is Here), as well as new inclusions such as Yoga and the 'silent disco' style Lunch and Learn sessions.

The conference's emphasis on knowledge-sharing and networking was instrumental in fostering connections among attendees. It facilitated the exchange of best practices and insights, allowing healthcare professionals from diverse backgrounds to learn from each other's experiences. With a broad range of social functions to suit all career stages, the Welcome Reception and Conference Awards Dinner, held in the Great Hall at Parliament House, were particularly special events celebrating collegiality and the achievements of aspiring, mid-career and senior rural health professionals. The collaborative spirit of the event paved the way for valuable partnerships; promoting collaborative approaches to healthcare which will make a meaningful difference to the lives of rural Australians.

The collective efforts of ACRRM, RDAA, presenters, delegates, partners and stakeholders have undoubtedly accelerated progress in rural healthcare, enabling a stronger, more resilient medical landscape for rural communities across the nation.

We look forward to welcoming members, partners and friends to RMA23, being held in nipaluna (Hobart).





Dr Greg Coates

2022 Honorary Fellowship Recipient

Dr Greg Coates has over 20 years' of service as a Rural Generalist (RG), creating and fostering the Rural GP Anaesthesia (GPA) community, establishing a detailed database of the national GPA workforce, and initiating weekly virtual educational sessions for GPA trainees.

Dr Coates received an Australian College of Rural and Remote Medicine (ACRRM) 2022 Honorary Fellowship Award for providing a significant contribution to ACRRM and the field of rural generalism.



[Read his story](#)

2022 Awards

We extend congratulations to all the recipients of ACRRM awards.

Honorary Fellowship

DR GREG COATES

NSW

DR JOHN URIE

VIC

Registrar of the Year

DR SALMA HANIF

NSW

DR REGINA WATERHOUSE

QLD

Peter Graham "Cohuna Award"

DR GERARD QUIGLEY

SA

Distinguished Service Award

DR DAVID HARWOOD

NSW

DR GREG IVANOFF

VIC

DR MARCO BRICENO

NT

DR NATALIE BURCH

TAS

Driving change together

“College President, CEO and member representatives have actively represented the College on over 100 Federal and state and territory committees, and at ministerial and departmental meetings, conferences, committees and policy forums across the country.”

*The Hon Mark Butler MP
with Dr Dan Halliday at
Parliament House*



Representing the views of members is a key focus of the College, and members perspectives are important for informing policies, position statements, government submissions and reports which can influence the essential services ACRRM members provide to rural, remote and Aboriginal and Torres Strait Islander communities.

The College's advocacy on behalf of members and communities has been based on two key focus areas:

1. Improving access to primary care for people living in rural and remote and Aboriginal and Torres Strait Islander communities with the aim of improving overall health outcomes and avoiding the higher treatment costs involved when conditions escalate to requiring secondary or tertiary care.
2. Acknowledging the integral role that rural and remote general plays in improving health outcomes through acknowledging that it needs additional support to remain viable and addressing the current gross underfunding through a range of short and longer-term mechanisms and incentives.

The ACRRM Policy team comprises senior policy writers who meet continuously with College Council and other key governance bodies to ensure our policy positions reflect College priorities. The team values all members input on major issues that arise. Member input allows us to write more powerful submissions which are more reflective of the realities of rural practice on the frontline.

In addition to advocacy around the Federal Election, Federal Budget and involvement in the Strengthening Medicare Taskforce, key policy and advocacy activities for the year included providing written feedback to over 30 government consultations, including:

- National Health Reform Agreement Addendum Mid-term review
- Amendments to the Health Practitioner National Law—surgeon titling
- Expansion of the Rural Procedural Grants program
- Nurse Practitioner Strategic Plan
- ACT and VIC Health Workforce strategies, and NSW Regional Health Plan
- Aboriginal and Torres Strait Islander and Australian Cancer Plans
- Kruk Review of regulatory settings for overseas trained doctors
- Developing and publishing policy positions on Rural Urgent Care Frameworks, Harmful Substance Use, End of Life Care and Climate and Health

College President, CEO and member representatives have actively represented the College on over 100 Federal and state and territory committees, and at ministerial and departmental meetings, conferences, committees and policy forums across the country.

Federal Election and Budget

The Federal election and budget presented an opportunity for the Federal Government to demonstrate its commitment to building strong and sustainable rural communities and healthcare services. In our submissions and advocacy, ACRRM contended that bespoke funding for rural and remote general practice and increased investment in the National Rural Generalist Pathway will secure equity of access to primary care services and address the continuing poorer health outcomes our most rural and remote Australians. These priority areas for investment have the potential to significantly increase access to high-quality healthcare services in rural and remote areas, and consequently improve health outcomes for people who reside there.

Strengthening Medicare Taskforce and Report

The Minister for Health and Aged Care established the Strengthening Medicare Taskforce in July 2022 to provide recommendations on the highest priority improvements to primary care. ACRRM was involved in Taskforce deliberations through the representation of our Presidents. The College was one of the few rural and remote organisations invited to be members and provided experience and expertise to strongly advocate for Rural Generalists (RGs), as well as writing four background papers to guide recommendations.

The taskforce Report is, on the face of it, encouraging for rural practice, acknowledging that rural and remote communities need rural and remote solutions; people in these areas should not have to accept a lesser standard than urban counterparts; and identifying that there should be minimum acceptable standards and better data through which to evaluate and benchmark health service delivery outcomes.

The College was disappointed to note the absence of a commitment to rural generalism, with recommendations centring around urban allied health business models rather than community need. ACRRM will continue to advocate for further recognition of the role of RGs in the coordination of multidisciplinary, team-based care. It is important that these practitioners are included as an integral part of all team-based care to maintain high quality, continuity of care, and that the primary care sector will continue to be consulted and supported to implement the significant reforms that are required to ensure that our Medicare system is fit-for-purposed into the future.

Community Reference Group

The newly established ACRRM Rural and Remote Community and Consumer Reference Group provides a mechanism by which the College can gain feedback and advice from 'grass roots' rural and remote Australians. The group also explores models and strategies by which rural and remote communities can be more proactive as healthcare advocates and work with the College to promote the best possible healthcare outcomes for rural and remote people, including Aboriginal and Torres Strait Islander communities.

Community Reference Group members are diverse in location, age, background and interests. Their unique community perspectives are invaluable in keeping the College informed of community priorities and needs. The group provides a conduit for strengthening community partnerships, and a vehicle for community input and advocacy in College operations.

Meetings are held quarterly by videoconference, with ongoing informal email discussion where members raise issues of interest as well as responding to requests for feedback from the College.

The group reports directly to the College Council.

Its scope and responsibilities include:

- providing advice to the College Board, Council, and relevant Committees to ensure activities and programs continue to reflect community priorities and needs
- informing the College about important concerns for communities that could be supported through College activities
- facilitating the College's engagement and consultation with a broad pool of rural and remote consumers, through consumer representation opportunities such as workshops and focus groups
- raising community awareness of the College, its activities, and rural generalist medicine more broadly.

ACRRM acknowledges its reciprocal responsibilities in terms of making a positive contribution to rural and remote communities as well as receiving community advice and input.

“There are some communities that are ‘lucky’ when it comes to healthcare and others that don’t fare so well. Like many issues, if a community bands together and understands its current healthcare, the community’s needs, the resources they have and where they want to get to, they can put some great options to make sure their health is looked after. A well-communicated and reasonable ask from a community to government is rarely dismissed, this is often forgotten while we blame others for our own situation.”

“A proposal that clearly explains how a community will acknowledge and respect the health professional, look after their families with childcare, education, jobs for partners etc. and make sure they aren’t overworked will go a long way towards encouraging great people into a community.”

Community Reference Group Member, Wentworth, VIC

Climate and Health

The risks posed by a changing climate to health threaten and exacerbate many of the health inequities already experienced by those in regional and rural Australia, and immediate and sustained action is required to minimise these impacts. As a trainer of the next generation of rural doctors, ACRRM recognises the need to develop and build systems to anticipate, recognise and respond to changes in climate-based health demands, adapt to climate threats, and minimise waste. Organisations will require to adapt to manage the impact of climatic events, and anticipate, prepare for and respond to climatic changes to build resilience.

ACRRM's Climate and Health Position Statement continues to call on governments at all levels to apply a “rural-proofing lens” to climate policy to ensure the health of populations living in rural and remote Australia is protected. The College Climate and Health Discussion Group provides a forum for members to initiate discussions, share information and resources, and provide input into consultations.

The College is committed to developing policy and progressing toward reducing its own organisational carbon footprint, educating and supporting its members on practical ways that they can make a positive contribution, and developing a workforce with the capacity to understand and interpret risks to sustainable healthcare.

ACRRM's advocacy on climate and health on behalf of members recognises that the health system needs to adapt to meet the needs of Australians in the face of a changing climate and includes:

- A response to the Australian Commission on Safety and Quality in Healthcare's Sustainable Healthcare Module -the College noted that climate risk literacy will need to be substantially improved across organisations through education, training and support to ensure the workforce is upskilled to meet the challenges associated with delivering sustainable health services in the future.
- Joining with other medical Colleges in the Healthy Futures Campaign which represents more than 100,000 doctors and calls for a climate-ready and climate-friendly health system.

In addition, College Council has been working with the policy team to develop a range of information and resources for members on Climate and Health, and keeping members updated on progress via a series of regular updates.

ACRRM will:

- continue to join global efforts to raise awareness of the impacts of climate change on human health and to advocate for positive action
- support the development of National Health and Climate Strategy to facilitate planning for future climate health impacts, and rural research into the health effects of climate changes
- promote the role of the Rural Generalist in responding to the burden of non-communicable disease resulting from climate change such as mental illness, to provide high quality care, and keep people healthy and out of hospital
- review its curriculum and training programs to reflect the related emerging priorities for Rural Generalist practice
- promote environmental sustainability within its own operations and the health sector more broadly, and support members in their efforts to do the same within their own practices and work environments.



**Find out more about
College advocacy**



Committee engagement

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

Assessment Committee

The purpose of the Assessment Committee is to oversee the operation and guide the development of all the College's activities related to assessment, including those related to prevocational training; training toward ACRRM Fellowship; Post-Fellowship education and for International Medical Graduates (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.

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 remain in alignment with the College mission and strategic directions.

Quality and Safety Council

To the practice standards and scope associated with the highest value, safe, quality care involving Rural Generalist doctors. The Council will draw upon available evidence and the collective expertise within the College to provide expert guidance on these to the Board in accordance with the Board's nominated priorities.

Nominations Committee

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

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.

Board of Examiners

The purpose of the Board of Examiners is to provide certification of individual candidate assessment results for ACRRM Fellowship and Post-Fellowship assessments.

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.

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.

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.

Selection Committee

The Selection Committee aims to lead the planning of the College selection process and to contribute 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 health care.

Awards Committee

To ensure that:

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

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.

Digital Health Committee

Is To oversee the development and promulgation of ACRRM policy, positions, standards, models, submissions and education in order to facilitate beneficial use of Digital Health in Rural Generalist practice. The Committee will ensure that the emerging policy, positions, standards and education is consistent with the College mission and its strategic directions.

Professional Development Committee

To provide guidance and oversight of the College's Continuing Professional Development (CPD) program and associated professional development activities. This will be provided in accordance with the ACRRM mission and strategic directions, and with a view to ensuring that Rural Generalists can access and benefit from continuing educational activities that enhance their clinical, management and professional skills throughout their careers while meeting regulatory requirements.

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 mission and 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.

Their advice will extend to workplaces operations including:

- delivery of educational and professional development programs
- upholding members' and Fellows' professional standards
- advocating for appropriate working environments for its members

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

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 Aboriginal and Torres Strait Islander 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.

Aboriginal and Torres Strait Islander Members Group

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. To 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, providing a clear framework for development of training posts. Accommodating varied contexts of regions and considerable diversity of training settings is fundamental. The ACRRM training posts accreditation process ensures standards of training posts are assessed, monitored, and approved.

2023 Fellow roll

A huge congratulations to our 71 new fellows in the 2022 / 2023 financial year.

Dr Ryan Avery	Dr Rhiannon Faulkner	Dr Louise Manning
Dr Christopher Bird	Dr Marizabel Gonzalez Castillo	Dr David Marcelline
Dr Alyce Black	Dr Anna Habeck-Fardy	Dr Bridgit Mathews
Dr Suriya Bonanno	Dr Stefanie Hammond	Dr Maria Mitrokli
Dr Antoun Boulos	Dr Rhys Harding	Dr Mohammed Mohammed
Dr Brett Burrett	Dr Vanessa Hewitt	Dr Lucy Morris
Dr Preston Cardelli	Dr Jessica Hockey	Dr Sambanthar Muralitharan
Dr John Cherry	Dr Jacqueline Holloway	Dr Bennett Naprasnik
Dr Yi Xin Chin	Dr Megan Hosken	Dr Lam Nguyen
Dr Kimberley Clemence	Dr Richard James	Dr Joseph O'Hare
Dr Ashley Collins	Dr Stephen Johnston	Dr Mark O'Reilly
Dr Tamlyn Crozier	Dr Nicholas Jones	Dr Siew Pei Goh
Dr Rebecca Devitt	Dr Muhammad Kashif	Dr Daniel Pellegrini
Dr Charlotte Dobson	Dr Ramin Kousary	Dr Natalie Pink
Dr Rosemary Doherty	Dr Odunayo Kupoluyi	Dr Melissa Price-Purnell
Dr Lauren Downie	Dr Jane Lovell	Dr Shani Rajasekera
Dr Caitlin Driscoll	Dr Neil Mackay	Dr Syed Shah
Dr Salome Duff	Dr Gracia Malaxetxebarria	Dr Akhil Shukla



Dr Gemma Smythe

Dr Imogen Stafford

Dr Katrina Starmer

Dr Mark Strebel

Dr Edward Teo

Dr Thirunavukkarasu
Thirukkumaran

Dr Chantel van Werkum

Dr Lee Vocale

Dr Scott Walker

Dr Lindy Washington

Dr Lisa Waters

Dr Donna Weckert

Dr Cherilyn White

Dr Daniel Wilson

Dr Erwin Wong

Dr Georgina Woolveridge

Dr Jessica Yabsley



Statutory reports

For the year ended
30 June 2023

Director's report

The Directors submit the following report for the year ended 30 June 2023 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 Michael Beckoff** (*term completed 13 October 2022*)
- **Dr Anthony Carpenter** (*commenced 31 July 2023*)
- **Dr Sarah Chalmers** (*term completed 13 October 2022*)
- **Dr Danielle Dries**
- **Ms Brynnie Goodwill**
- **Dr Daniel Halliday**
- **Dr David Rimmer** (*commenced 13 October 2022*)
- **Dr Dan Wilson**
- **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 RACGP to progress formal application to the Medical Board of Australia. It also continued to successfully expand interest and enrolments in the national Rural Generalist Training.

The transition of the AGPT program to ACRRM required significant change and development to the College's business systems, structures and business model. The College successfully managed:

- transfer and consolidate comprehensive data and training records, relationships and accountabilities for training from nine regional training organisations to ACRRM
- establishment of Training Networks in each jurisdiction to allow ACRRM to take a regional approach to its program design and training delivery from February 2023
- new business systems to enable 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)
- significant new 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
- establishment of a new 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.

In order 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 and remote medicine in Australia
- Proactively support students, Registrars, Fellows and members with quality education, training and resources
- Deliver quality education and training programs for College Registrars to ensure they are adequately skilled to serve rural and remote communities
- Engage with and bring value to the full range of medical and rural health professions.

The company's short term objectives is to focus on growth within existing target markets for the next 12 months. maintain strong member retention following the successful transition to College Led Training.

In order 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 College Registrars to meet requirements of College Curriculum and attain recognition as Fellows of the College

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 2023 amounted to a surplus of \$2,383,180 (2022: deficit of \$1,444,771). 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 member is a member or within one year after they cease to be a member, for payment of the debts and liabilities of the Company contracted before they ceased to be a member, and of the costs, charges and expenses of winding up and for the adjustment of the rights of contributories among themselves, such amount as may be required, not exceeding \$10.

Information on directors

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



Ms Amanda Anderson
(commenced 31 July 2023)

FAICD, B.A. (Social Sciences)

Ms Amanda Anderson is a seasoned leader in the not-for-profit, healthcare, insurance and financial services sectors with 23 years' experience, including being CEO and Managing Director of MIGA. She possesses significant insight into and understanding of the challenges and pressures faced by rural and remote doctors and the communities they look after.



Dr Michael Beckoff
(completed his term 13th October 2022)

MBBS, FACRRM, FAICD, Assoc. Dipl. Agric (Dist)

Dr Beckoff is a practicing rural generalist based in South Australia with over 45 years' experience, both as an equity partner and now as a rural and remote locum. He is a company director involved in various health corporate roles at a state and national level.



Dr Anthony Carpenter
(commenced 31 July 2023)

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. Anthony 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). Anthony'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 Sarah Chalmers
(completed her term 13th October 2022)

BSc(Hon), PGDipEd, MBBS, FRACGP, FACRRM

Dr Sarah Chalmers is the Immediate Past President of ACRRM. She works as a Rural Generalist at Palm Island Queensland, and as a senior lecturer in General Practice and Rural Medicine at JCU Townsville. Prior to this, Sarah spent 15 years as Rural Generalist and educator in North East Arnhem Land in the Northern Territory. Her clinical interests include remote practice, Aboriginal and Torres Strait Islander health, occupational health and sports medicine.



Dr Danielle Dries

BPhysio, MChD

Dr Danielle Dries is a Kurna Aboriginal woman from South Australia who has a passion for rural and remote health and improving Indigenous health outcomes. She has an extensive track record for promoting interdisciplinary care and the use of allied health services in rural and remote Australia. Danielle is currently an ACRRM registrar in New South Wales and is completing her AST in Obstetrics and Gynaecology.



Ms 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 the bush and the lack of accessible health care and services, and is inspired to support Rural Generalists to effectively serve their communities.



Associate Professor Daniel Halliday

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

Dr 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. Dan 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. Dan holds an Associate Professor appointment with Griffith University and has had a long association with the Griffith University rural program.



Dr Daniel Wilson

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

Dr Daniel Wilson is Rural Generalist with advanced skills in obstetrics working in Maryborough, Victoria. 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.



**Dr David Rimmer
(commenced 13 October 2022)**

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 0.5 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. David maintains a 0.3 appointment as a Rural Generalist with advanced training in Emergency Medicine. He previously worked for 17 years as a private GP in Toowoomba as well as 14 years in private emergency department roles and five years with the Royal Flying Doctor Service.



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. He also provides locum support in rural Queensland, and works as a CMO in a tertiary hospital emergency department. 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.



Company secretary and CEO

Dr Marita Cowie AM

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

Marita Cowie is the foundation Chief Executive Officer and Company Secretary of the College. She has more than 30 years' experience in medical education and training, and executive management and advocacy within Australia and internationally. Marita 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 in Northern Queensland. She was appointed a Member of the Order of Australia for significant service to community health in rural and remote areas.

Meetings of directors

During the 2022-2023 financial year, nine meetings of Directors were held with attendance as follows:

Directors Meetings		
Directors	Eligible to attend	Attended
Dr Michael Beckoff	4	4
Dr Sarah Chalmers	4	4
Dr Danielle Dries	9	9
Ms Brynnie Goodwill	9	9
Dr Dan Halliday	9	9
Dr Daniel Wilson	9	9
Dr Robert Worswick	9	8
Dr David Rimmer	6	6

Attendance of ex officio board members at meetings of directors

Directors Meetings		
Ex officio members	Eligible to attend	Attended
Assoc. Prof. David Campbell Censor in Chief	8	8
Ms Marita Cowie Chief Executive Officer	9	9
Dr Ewen McPhee Immediate Past President (to Oct 22)	4	4
Dr Sarah Chalmers Immediate Past President (from Oct 22)	4	3

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

Council Meetings		
Council members	Eligible to attend	Attended
Dr Michael Beckoff	3	3
Associate Professor David Campbell	5	4
Dr Brendan Carrigan	6	6
Dr Sarah Chalmers	5	4
Ms Marita Cowie	6	6
Dr Daniel Halliday	6	6
Dr Emily Harrison	6	4
Dr Zoe Wright	3	2
Dr Alice Fitzgerald	6	3
Dr Stephen Holmes	4	3
Dr Rod Martin	5	4
Dr Eve Merfield	3	3
Dr Tendai Miller	5	5
Dr Ewen McPhee	3	1
Dr Regina Waterhouse	6	4
Ms Susanne Tegen	6	5
Dr Danielle Dries	6	6
Dr Robert Worswick	6	6
Dr Daniel Wilson	6	5
Dr Greer Weaver	4	4
Ms Brynnie Goodwill	6	6
Dr David Rimmer	4	3
Dr Claire Arundell	4	3
Dr Colin Smith	4	2
Dr Swaroop Valluri	3	2
Dr Jasmine Banner	4	4
Dr Jasmine Davis	2	2

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

	Finance audit and risk management committee meetings	
Finance audit and risk management committee members	Eligible to attend	Attended
Dr Michael Beckoff	2	2
Ms Marita Cowie (ex-officio member)	6	5
Ms Jocelyn Manique	6	5
Dr Rod Martin	6	5
Ms Susanne Tegen	3	3
Dr Robert Worswick	6	6
Dr Daniel Wilson	4	3
Dr Emily Harrison	2	2

Auditor's independence declaration

The lead auditor's independence declaration under section 307C of the Corporations Act 2001 for the year ended 30 June 2023 has been received by the directors.

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



DIRECTOR DR DANIEL WILSON

Dated at Maryborough, Victoria,
this day 25th of September, 2023

**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 2023 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
27 September 2023

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2023

	Notes	2023 \$	2022 \$
Rendering of services	2	9,614,928	9,748,820
Grant income	2	41,761,755	20,367,899
Sponsorship	2	626,370	98,895
Interest	2	154,756	28,256
Investment income— dividends and franking credits	2	131,726	218,514
Investment income— changes in market value (realised)	2	38,436	26,764
Investment income— changes in market value (unrealised)	2	294,910	(1,093,078)
College services & admin expenses	3	(8,477,944)	(10,506,356)
Grant expenses	3	(41,761,757)	(20,334,486)
Current Year Surplus/ Deficit Before Income Tax		2,383,180	(1,444,771)
Income Tax Expense	1	-	-
Net Current Year Surplus		2,383,180	(1,444,771)
Other comprehensive income		-	-
Total comprehensive income for the year		2,383,180	(1,444,771)

* 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 2023

	Notes	2023 \$	2022 \$
CURRENT ASSETS			
Cash and Cash Equivalents	5	39,944,957	30,608,603
Investments	6	6,936,813	6,108,869
Trade and Other Receivables	7	2,073,220	2,614,429
Other Assets	8	1,106,539	783,140
TOTAL CURRENT ASSETS		50,061,529	40,115,041
NON CURRENT ASSETS			
Intangible Assets	9	106,600	46,383
Right-of-use Assets	10	4,890,215	5,488,109
Plant and Equipment	11	613,729	685,573
TOTAL NON CURRENT ASSETS		5,610,544	6,220,065
TOTAL ASSETS		55,672,073	46,335,106
CURRENT LIABILITIES			
Trade and Other Payables	12	40,262,712	33,045,224
Provisions	13	609,018	477,477
Lease Liabilities	14	554,296	460,972
TOTAL CURRENT LIABILITIES		41,426,026	33,983,673
NON CURRENT LIABILITIES			
Provisions	13	103,162	83,970
Lease Liabilities	14	4,745,179	5,252,937
TOTAL NON CURRENT LIABILITIES		4,848,341	5,336,907
NET ASSETS		9,397,706	7,014,526
EQUITY			
Retained Earnings	15	9,397,706	7,014,526
TOTAL EQUITY		9,397,706	7,014,526

* 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 2023

	Notes	2023 \$	2022 \$
Cash Flows from Operating Activities			
Receipts from Members & Other Consultancies		9,755,298	10,954,644
Grants Received		53,987,346	29,472,281
Interest Received		154,756	28,256
Payments to Suppliers and Employees		(53,357,773)	(33,911,739)
Interest Paid		(230,719)	(245,126)
Net Cash (used in)/ provided by Operating Activities	22(i)	10,308,908	6,298,316
Cash Flows from Financing Activities			
Lease Repayment		(487,690)	(364,748)
Net Cash (used in)/ provided by Financing Activities		(487,690)	(364,748)
Cash Flows from Investing Activities			
Payments for Property, Plant, Equipment and Capital WIP		(201,961)	(178,512)
Payments for Investments		(1,114,560)	(1,593,654)
Proceeds from Investments		619,962	609,465
Dividends and Distributions Received		211,692	203,830
Net Cash (used in) Investing Activities		(484,867)	(958,871)
Net Increase (Decrease) in Cash held		9,336,351	4,974,697
Cash at the beginning of the Financial Year		30,608,606	25,633,909
Cash at the end of the Financial Year	22(ii)	39,944,957	30,608,606

* 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 2023

	Retained Earnings \$	Total \$
Balance at 30 June 2021	8,459,297	8,459,297
Comprehensive Income		
Net Surplus/(Deficit)	(1,444,771)	(1,444,771)
Other Comprehensive Income	-	-
Total Comprehensive Income	7,014,526	7,014,526
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

* 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 2023

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 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

	2023 \$	2022 \$
Operating Revenue		
Rendering of Services	9,614,928	9,748,820
Grant Income	41,761,755	20,367,899
Sponsorship	626,370	98,895
Non Operating Revenue		
Interest	154,756	28,256
Investment income—dividends and franking credits	131,726	218,514
Investment income—changes in market value (realised)	38,436	26,764
Investment income—changes in market value (unrealised)	294,910	(1,093,078)
	<u>52,622,881</u>	<u>30,489,149</u>

3. EXPENSES FROM ORDINARY ACTIVITIES

	2023 \$	2022 \$
<i>Classification of Expenses by Function:</i>		
College Services & Admin Expenses	8,477,944	11,599,434
Drug & Alcohol Addiction Grant Expenses	2,461,082	1,402,874
RGTS Establishment Grant Expenses	-	997,169
RGTS Operations Grant Expenses	7,783,309	3,105,314
GP Procedural Grant Expenses	9,616,099	9,410,372
GP Anaesthetics Grant Expenses	431,266	337,121
Telehealth Grant Expenses (RHOF)	406,444	383,557
GP Training Grant Expenses	312,700	511,214
Yellow Fever Grant Expenses	17,419	28,182
Non-VR Fellowship Support Grant Expenses	401,605	840,670
AGPT Transition Grant Expenses	2,316,136	3,018,408
Digital Health Grant Expenses	177,726	109,380
Healthdirect—Vaccine Clinic Finder Grant Expenses	-	48,828
Rural Generalist Recognition Grant Expenses	58,729	141,397
College Led Training Establishment Grant Expenses	7,847,707	-
College Led Training Grant Expenses	6,759,938	-
Transition from GP Synergy Grant Expenses	3,171,597	-
	<u>50,239,701</u>	<u>31,933,920</u>
Other Expenses		
Non Program Related Employee Benefits Expense	4,119,542	4,604,491
Program Related Employee Benefits Expense	10,799,655	5,868,176
Amortisation and Depreciation Expense	883,368	980,279

4. SURPLUS/ (DEFICIT) FROM ORDINARY ACTIVITIES

	2023 \$	2022 \$
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Surplus/(Deficit) from Ordinary Activities includes:

Net (Gain)/Loss from sale of Plant and Equipment	-	3,696
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Superannuation contributions	1,374,785	412,695
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5. CASH AND CASH EQUIVALENTS

	2023 \$	2022 \$
--	------------	------------

Cash on Hand	200	200
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Cash at Bank	37,504,104	27,486,911
--------------	------------	------------

Cash on Deposit	2,440,653	3,121,492
-----------------	-----------	-----------

	39,944,957	30,608,603
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6. INVESTMENTS

	2023 \$	2022 \$
--	------------	------------

Listed Securities	1,600,285	1,555,010
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Managed Investments	5,336,528	4,553,859
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	6,936,813	6,108,869
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7. TRADE AND OTHER RECEIVABLES

	2023 \$	2022 \$
--	------------	------------

Trade Receivable	2,054,598	2,515,840
------------------	-----------	-----------

Other Receivables	18,622	98,589
-------------------	--------	--------

	2,073,220	2,614,429
--	-----------	-----------

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

Directors (other than loans to directors)	4,387	1,536
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8. OTHER ASSETS

	2023 \$	2022 \$
Prepayments	1,083,497	778,493
Accrued Income	23,042	4,647
	1,106,539	783,140

9. INTANGIBLE ASSETS

	2023 \$	2022 \$
--	------------	------------

CRM & LMS Development (at cost)	1,791,482	1,684,882
---------------------------------	-----------	-----------

Accumulated Amortisation	(1,684,882)	(1,638,499)
--------------------------	-------------	-------------

	106,600	46,383
--	---------	--------

Movement in Intangible Assets

Opening Balance	46,383	109,426
-----------------	--------	---------

Transferred from Capital Work-In-Progress	-	-
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Additions	106,600	-
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Disposals at Written Down Value	-	-
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Amortisation	(46,383)	(63,043)
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Closing Balance	106,600	46,383
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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 2022	164,539	5,880,938	6,045,477
Acquisitions	-	54,056	54,056
Disposals	-	-	-
Balance at 30 June 2023	164,539	5,934,994	6,099,533
Amortisation			
Balance at 1 July 2022	18,282	539,086	557,368
Amortisation expense	54,847	597,103	651,950
Disposals	-	-	-
Balance at 30 June 2023	73,129	1,136,189	1,209,318
Carrying amounts			
Balance at 30 June 2023	91,410	4,798,805	4,890,215

Amounts recognised in the statement of profit or loss

	2023 \$	2022 \$
Amortisation expense related to right-of-use-assets	651,950	746,796
Interest expense on lease liabilities	230,719	238,544
Short term leases expense	-	-
Low value asset lease expense	-	-
	882,669	985,340

11. PROPERTY PLANT AND EQUIPMENT

	2023 \$	2022 \$
Office Equipment (at cost)	962,402	903,479
Accumulated Depreciation	(604,470)	(507,000)
	357,932	396,479
<i>Movement in Plant and Equipment</i>		
Opening Balance	396,479	353,131
Additions	106,381	184,134
Disposals at Written Down Value	-	(3,696)
Depreciation Expense	(144,928)	(137,090)
Closing Balance	357,932	396,479
Leasehold Improvements (at cost)	330,223	330,223
Accumulated Depreciation	(74,426)	(41,129)
	255,797	289,094
<i>Movement in Leasehold Improvements</i>		
Opening Balance	289,094	322,444
Additions	-	-
Depreciation Expense	(33,297)	(33,350)
Closing Balance	255,797	289,094
Total Property Plant and Equipment	613,729	685,573

12. TRADE AND OTHER PAYABLES

(i) Current

	2023 \$	2022 \$
Trade and Sundry Creditors	2,736,108	1,876,721
Unearned Income	35,334,139	29,723,687
Non-VR Subsidy Received in Advance	-	108,494
Accruals	1,116,765	178,546
Employee Benefits (annual leave, salaries and PAYG)	982,552	749,845
GST Payable	93,148	407,931
	<u>40,262,712</u>	<u>33,045,224</u>
Included in unearned income, are amounts from directors for memberships paid in advance:	4,863	4,527

13. PROVISIONS

Current

Long Service Leave	609,018	477,477
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Non Current

Long Service Leave	66,362	66,370
Provision for "Make Good"	36,800	17,600
	<u>103,162</u>	<u>83,970</u>

Analysis of Total Provisions

Current	609,018	477,477
Non-current	103,162	83,970
Total Provisions	<u>712,180</u>	<u>561,447</u>

The movement in the provision during the 2023 financial year is as follows:

	Provision for "Make Good" \$	Long Service Leave \$
Opening balance at 1 July 2022	17,600	543,847
Additional provisions raised during the year	19,200	131,533
Amounts used	-	-
Balance as at 30 June 2023	<u>36,800</u>	<u>675,380</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

Lease liabilities are presented in the statement of financial position as follows:

	2023 \$	2022 \$
Current	554,296	460,972
Non-current	4,745,179	5,252,937
	<u>5,299,475</u>	<u>5,713,909</u>

The lease liabilities are secured by the related underlying assets.

The undiscounted maturity analysis of lease liabilities at 30 June 2023 is as follows:

	Within 1 year \$	1-5 years \$	Over 5 years &	Total &
30 June 2023				
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	554,296	2,341,072	2,404,107	5,299,475
30 June 2022				
Lease payments	689,528	2,907,475	3,385,617	6,982,620
Finance charges	228,556	714,679	325,476	1,268,711
Net present values	460,972	2,192,796	3,060,141	5,713,909

15. RETAINED EARNINGS

	2023 \$	2022 \$
Retained Earnings at the beginning of year	7,014,526	8,459,297
Net Surplus/(Deficit)	2,383,180	(1,444,771)
Retained Earnings at the end of year	9,397,706	7,014,526

16. AUDITOR'S REMUNERATION

	2023 \$	2022 \$
Audit and review of Financial Statements	24,500	21,070
Other Project Audit Services	17,850	10,000
	42,350	31,070

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 174 employees (2022: 131) 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:

	2023 \$	2022 \$
Key management personnel compensation		
- short-term benefits	1,544,581	1,341,960
- post-employment benefits	159,533	129,721
- other long-term benefits	34,140	29,659
Total	1,738,254	1,501,340

Of the above short-term benefits \$6,814 (2022: \$35,523) relates to payments to directors for transactions made at arm's length. Directors' fees of \$130,573 (2022: \$90,200) 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 2023 financial year (2022: 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

<i>Activities</i>	2023 \$	2022 \$
Surplus/(Deficit) from ordinary activities after income tax	2,383,180	(1,444,771)
Depreciation	165,834	164,818
Amortisation	717,534	815,460
Loss/(Gain) on Disposal of Assets	-	3,696
Market value movement in Investments	(234,944)	1,093,078
(Increase)/Decrease in Receivables	193,410	(225,682)
(Increase)/Decrease in Prepayments	(305,005)	(101,116)
Increase/(Decrease) in Employee Entitlements	150,734	(139,565)
Increase/(Decrease) in Creditors & Borrowings	7,238,165	6,162,397
Net Cash Provided by Operating Activities	10,308,909	6,298,316

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	2023 \$	2022 \$
Cash on Hand	200	200
Cash at Bank	37,504,104	27,486,911
Cash on Deposit	2,440,653	3,121,492
	39,944,957	30,608,603

ii) Undrawn Credit Card Facilities	2023 \$	2022 \$
Facility Limits at reporting date	282,000	182,000
Less: drawn at balance date	(69,366)	(84,233)
Undrawn facilities at reporting date	212,634	97,767

iv) Changes in Liabilities arising from Financing Activities

	1 July 2022	Cash flows	Acquisition	Fair value changes	Reclassification	30 June 2023
	\$	\$	\$	\$	\$	\$
Lease Liabilities	5,713,309	(467,890)	54,056	-	-	5,299,475
Total	5,713,309	(467,890)	54,056	-	-	5,299,475

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 2023.

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 finance 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 2023 the weighted average effective interest rate in relation to cash and cash equivalents was 4.14% (2022 2.04%) 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 \$56,466 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 2023.

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:

<i>Financial Assets</i>	2023 \$	2022 \$
Cash and cash equivalents	39,944,957	30,608,603
Accounts receivable and other debtors	2,073,220	2,614,429
Investments	6,936,813	6,108,869
Total Financial Assets	48,954,990	39,331,901

<i>Financial Liabilities</i>	2023 \$	2022 \$
Financial liabilities at amortised cost	-	-
Accounts payable and other payables	2,736,108	1,876,721
Total Financial Liabilities	2,736,108	1,876,721

(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.

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 June 2023				
Notes	Level 1 \$	Level 2 \$	Level 3 \$	Total \$

Recurring fair value measurements

Financial assets

Financial assets at fair value through profit or loss

– Listed securities and managed investments

6	6,936,813			6,936,813
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Total financial assets recognised at fair value on a recurring basis

	6,936,813			6,936,813
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30 June 2022				
Notes	Level 1 \$	Level 2 \$	Level 3 \$	Total \$

Recurring fair value measurements

Financial assets

Financial assets at fair value through profit or loss

– Listed securities and managed investments

6	6,108,869			6,108,869
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Total financial assets recognised at fair value on a recurring basis

	6,108,869			6,108,869
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26. CONTINGENT LIABILITIES

The College has no contingent liabilities at 30 June 2023 (2022: nil).

- 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 Directors.

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 28 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 2023 and of its performance for the year ended on that date.



DIRECTOR DR DANIEL WILSON

Dated at Maryborough, Victoria,
this day 25th of September, 2023

**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 2023 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 2023 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 2013*.

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 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)**

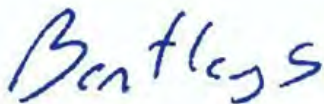
Auditor's Responsibilities for the Audit of the Financial Report (Continued)

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
27 September 2023



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