

# **Annual Report 2015–16**

## **General Practice Registrars Australia Ltd**

**General Practice Registrars Australia  
is the voice and peak body for the next  
generation of general practitioners.  
We work to improve the health care  
of all Australians through excellence  
in education and training, and  
promoting general practice as the  
medical specialty of choice.**

General Practice Registrars Australia Ltd  
Annual Report 2015–16

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## President report



Dr Jomini Cheong  
President

The past year has seen several significant events occur, both within General Practice Registrars Australia (GPRA), and the general practice training landscape in Australia.

Constitutional changes accepted by the membership in October 2015 saw the role of GPRA Chair split into two roles: appointed Chair and elected President.

This change allows for an improved capacity to perform separate governance and advocacy functions, and we have worked hard on position descriptions that reflect the roles and responsibilities of the two positions. It takes into account the considerable time burden that a combined role presented for an elected President and allows for an appointed Chair with significant governance experience to remove the administrative burden from the President role. I was pleased to be able to welcome Scott Williams as our inaugural appointed Chair, as I transitioned into the role of inaugural President.

Changes to the regional training provider (RTP) structure have now been implemented across the nation and the first cohort of registrars working under the new system of regional training organisations (RTOs) have had six months to experience the new system. GPRA has been involved throughout this transitional process, working hard to follow our stated constitutional aims for the 'advancement of medical education, with the aim of relieving the suffering and distress of all Australians'.

We have been active members of a number of groups overseeing the transition, most notably our involvement in the GP Training Advisory Committee. Regular meetings with other stakeholders including the two training colleges (The Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine), the Department of Health and the office of the Minister for Health all contributed to the ongoing support of our members.

The work of our Advisory Council continues to bring issues to our attention, and the work of the committees is invaluable in highlighting areas where we can contribute better to the common good and progress toward a healthy Australia. Of particular note is the work of the committees, who are addressing issues ranging from changes to the Australian General Practice Training (AGPT) program, including AGPT policy changes and

their effects, to ongoing negotiations for the new National Terms and Conditions for the Employment of Registrars and maintaining the training experience for general practice registrars, including capacity issues.

Some of the most impressive work undertaken by members this year has been through the General Practice Students Network Working Groups. Despite the withdrawal of government support for prevocational doctors and students going into general practice, the commitment and dedication of these working groups has been outstanding. Under the leadership of Chair, Claire Chandler; Vice Chair, Jayden Murphy and Working Group Officer, Kerry Chen, the student groups have become involved in and created a number of impressive community service and volunteer activities across the country.

In summary, I would like to thank my fellow Board Directors, the Advisory Council, and all the dedicated members for their untiring work and support. I would also like to thank our staff for another year of hard work and dedication.

We will continue our work of progressing toward healthier communities across our nation through robust general practice training and an engaged membership.

Dr Jomini Cheong  
GPRA President



Mr Scott Williams  
Chair

On behalf of the GPRA Board, I am pleased to provide my first Chair report for the latter part of the 2015–16 financial year.

I was fortunate to be appointed to the role of Chair following the decision by the Board in 2015 to split the roles of President and Chair. This decision was in response to the increasing requirements of boards to monitor and manage not only the organisation from a strategic perspective but, importantly, in relation to the governance and compliance regulations required of not-for-profit organisations such as GPRA.

### Governance

GPRA's internal practices and procedures continue to have a focus to ensure compliance with various regulations and/or work undertaken where a potential breach of compliance is identified. I am pleased to report that in the 2015–16 financial year no breaches occurred.

### Strategic direction

In July 2016, the Board undertook a strategic planning workshop, which provided clear direction for GPRA going forward. The key theme that re-emerged is our responsibilities around advocacy. The challenge for any member-based organisation is to ensure that members are being heard. As a Board, we are clear on what services should and can be offered to our members that strategically align with what GPRA is all about. As we begin the process of formulating the strategic plan and, more importantly, the deliverables associated with this, we plan to share information with our members.

### Board membership

There have been several changes with Board membership in 2015–16, with tenures ending for several members and the appointment of two new Directors, one being myself as Chair.

There are two elected Board member positions available for 2016–17, importantly one of these nominations being for the role of President. The process for nominations has already commenced, with ratification taking place at the 2015–16 Annual General Meeting.

The Board continues to support the equality agenda and has maintained a gender ratio of 60:40 of men to women, which is above the current industry standard and average for boards.

### Acknowledgements

As Chair, I would like to thank all the Directors for their outstanding contributions to the Board throughout the year. In particular I would like to acknowledge Dr David Chessor, Dr Deepthi Iyer and Dr Gerry Considine (Vice Chair) who stepped down from their roles on the Board in 2015–16.

I would also like to take this opportunity to formally welcome David Brennan, who filled one of the appointed Director positions in 2016.

I would also like to acknowledge and thank Dr Jomini Cheong for his time as President at GPRA, and for his stewardship during a very turbulent period that followed significant changes to our funding arrangements with the Australian Government Department of Health.

I would also like to thank CEO Sally Kincaid, for her leadership and management of GPRA, and our staff for their ongoing dedication and efforts throughout the year.

In closing, 2016–17 sees GPRA focus on our strategic direction and the challenges facing all not-for-profit organisations and, most importantly, our advocacy and support role in the changing landscape of general practice during an increasingly fiscally restrained environment.

Scott Williams

GPRA Chair

## Chief Executive Officer report



Ms Sally Kincaid  
CEO

It has been another year of extraordinary change for general practice training. Changes in government policy, changes to the structure of training, changes to the new RTOs – and with more changes to come. Fortunately, much of the metathesiophobia has proved to be unwarranted, and the transition to the new world order – whilst not without some pain – has been relatively smooth.

GPRA itself has undergone some very specific changes. Changes that have a direct impact on members.

Your constitution was revised substantially, allowing for better representation of the individual networks that form GPRA. The revision, led by Dr Jas Saini and Mr Mark Smith was a complicated task, and I thank them both for their focus and attention to detail on this project. We are currently in transition towards a model that will have dedicated medical student and prevocational doctor representatives along with three registrar representatives, up to three appointed directors and an appointed Chair. The transition to a skills-based Board is of great assistance to the GPRA Executive as we work towards a more self-sustaining business model.

Perhaps the greatest change from an organisational perspective has been restructuring to accommodate the cessation of funding support from the federal government for our student and prevocational doctor networks. Collectively known as the GPFirst program, the networks have become victims of their own success in terms of government funding support. Created by GPRA to increase interest in general practice as a career choice among medical students and prevocational doctors, the GPFirst program has successfully increased the number of applicants into general practice training from a very low and under subscribed base in 2007 to the position where we now have a significant level of oversupply of good, well credentialed applicants for the program. It is essential that this program continues and the supply pipeline and interest in general practice is not allowed to dwindle. GPRA will continue to fund and provide all the support necessary, and we will continue our conversations with government and other sponsors around assistance to sustain these networks.

The extremely short notice of the withdrawal of this support funding necessitated a significant restructure of the business, non-renewal of contracts for a number of staff and a curtailment of a number of

important promotional activities across the General Practice Students Network (GPSN) clubs and training hospitals. However, I am a firm believer in change being a great motivator – and thus it has proved to be. Staff morale is high – network activities continue almost uninterrupted, and the focus on not only maintaining – but growing GPRA's offerings and support to the networks has never been stronger.

That being said, I would like to thank the Minister for Health, the Hon Sussan Ley for her continuing support and funding for the important work we do with the registrar network, and her support for the Indigenous General Practice Registrars Network (IGPRN). IGPRN in particular has proved to be a resounding success with the numbers of our Indigenous registrars growing, and their success in exams through both colleges growing beyond all expectations.

We have a number of other supporters and sponsors without whom the important work we do would not be possible. These sponsors recognise the importance of engaging with you – our members – as you begin your careers in medicine. I would like to extend my thanks to them all, and we look forward to continuing to work with them throughout the next three-year cycle.

It goes without saying that I extend my most sincere thanks to the incredible team at GPRA for their strong support of not just the networks, organisation and its aims, but also of me personally. Their knowledge, wisdom, patience and willingness to take on everything that gets thrown at them is remarkable. Mark Smith (GM Policy and Programs) and Wayne Bruton (GM Marketing and Communications) lead their teams with skill and expertise and the ongoing success of the organisation is due in no small part to them.

I would also like to thank the Board, led by Chair, Scott Williams and President, Dr Jomini Cheong, for their strength and forbearance as we adapt to the changes that the year has thrown up. It's been quite a year!

Benjamin Franklin once famously said: "When you are finished changing, you are finished." That would suggest that GPRA and general practice training has a long and solid future ahead of it.

Sally Kincaid

GPRA CEO

## Board of Directors

The GPRA Board of Directors comprises:

- five Voting Members from whom the Chair and Vice Chair must be elected
- one Associate Member who is either a current medical student or a prevocational medical doctor who has not applied to any specialty training program, or a prevocational medical doctor who has applied to specialty training in general practice
- up to three further co-opted Directors.

The Board has defined and articulated a clear vision and objectives to support its members on their general practice journey – from when they start medical school, through their hospital internships, registrar training and finally, their transition to independent general practitioners.



### **Dr Jomini Cheong – President**

*Chair to 4 January 2016, continuing as President*

Jomini is a general practice registrar and registrar liaison officer with Eastern Victoria GP Training. Jomini is passionate about general practice

and general practice training and has been active in advocating for prevocational training and the welfare of doctors. He has also held industrial relations roles with the Australian Medical Association.

Jomini holds Bachelor degrees commerce and pharmacy and has a keen interest in paediatrics, occupational health and preventive health.



### **Mr Scott Williams – Chair**

Scott is the CEO at North Eastern Community Hospital Inc., a not-for-profit hospital acute and aged care organisation servicing eastern and northern Adelaide. Scott took up this role in 2014 following 20 years

in public health systems both in Australia and the United Kingdom.

Scott has worked in a range of senior executive roles within the SA Health public health system, more recently as the Executive Director of Corporate Services and Executive Director Acute Services at the Women's and Children's Hospital.

Scott has also held several Board positions at both local and national levels, including Ronald McDonald House Charities, South Australian Ambulance Service and HeartKids SA/NT. He is currently a Director on the Australian Breastfeeding Association Board.



### **Mr David Brennan**

David is currently Head of Engagement – Banking, within the Bendigo and Adelaide Bank Group and brings extensive experience in business development and financial services. He is currently Chair of

the New Palm Court Orchestra and a non-executive Director of the Bendigo Community Bank® network, the Australasian College of Sports Physicians and Australian Literary Studies. David sits on the Compass Council at the University of Melbourne's Faculty of Business and Economics and lectures in Allied Health at the Australian Catholic University.

David holds degrees in finance and business law from ESC Rouen, France and the University of Technology, Sydney along with postgraduate studies in strategic management at the John F. Kennedy School of Government at Harvard University. David sits on the GPRA Finance, Audit and Risk Committee.



### **Dr Ashlea Broomfield**

Ashlea has a strong interest in general practice and general practice registrars in Australia. She was the JMO representative in her resident year and became a registrar liaison officer for North Coast General Practice Training in

her GPT2 term. Ashlea sits on the Terms and Conditions Committee for 2016 and was on the GPRA Constitution Review Committee in 2015.

Ashlea was GPRA's Chair of GPRMEN prior to her appointment to the Board.



### **Ms Saranne Cooke**

Saranne is an experienced non-executive director and chair currently serving on a number of boards in the health, education and charity sectors. Prior to this Saranne had a successful senior

management career working in various roles across the energy, health, education, banking and manufacturing industries.

Saranne holds a Master of Commercial Law, a Master of Business and a Bachelor of Commerce. She is a Fellow of CPA Australia, an Associate Fellow of the Australian Marketing Institute and a Graduate of the Australian Institute of Company Directors.



**Dr Jaspreet Saini**

Jaspreet is a general practice registrar and a former registrar liaison officer with WentWest. Jaspreet is a passionate advocate for the profession of general practice and is a member of the GPRA Terms and Conditions Committee

and the GPRA Wellbeing Committee. Jaspreet has also presented GPRA webinars on how to negotiate terms of employment for registrars and is an educator for the GPSN John Murtagh First Wave Scholarship Program.

Jaspreet is currently undertaking an academic post at the University of Western Sydney conducting research into health disadvantage in underserved urban areas.

**Dr David Townsend**

David is a prevocational doctor working in Maitland, New South Wales having graduated from the University of New England in 2016. He is past chair of the General Practice Students Network and worked with GPRA in 2013 to

develop the highly successful #ScrapTheCap social media campaign, which was awarded the Best Campaign: Digital and New Media at the Australian Government Relations Awards.

**Ms Ingrid Williams**

Ingrid is an owner and CEO of Elm Aged Living and has 30 years experience in the health and aged care sector. Ingrid holds a Bachelor of Educational Studies, a Master in Health Administration and is

a Fellow of the Williamson Community Leadership Program. She is also a graduate of the Australian Institute of Company Directors.

Ingrid also sits on the board of Leading Age Services Australia (Vic) and Road Trauma Support Services Victoria, and is a member of the CEO Institute. In 2010, Ingrid was a finalist in the Telstra Business Woman of the Year awards.

**Dr David Chessor**

*Ceased position 28 August 2015*

David is a general practitioner from the Mid North Coast of New South Wales where he works in a large teaching practice. David is also a conjoint senior lecturer at the

University of New South Wales, and a medical educator with North Coast GP Training. David has completed a Master of Public Health and Tropical Medicine with James Cook University, and the Company Directors Course with the Australian Institute of Company Directors.

**Dr Gerard Considine**

*Ceased position 29 February 2016*

Gerard is a rural general practitioner working in Clare, South Australia and Chair of the GPRA Nominations and Remunerations Committee. Gerard has an interest in general

practice policy and reform and is passionate about online learning, rural health and general practice registrar advocacy.

**Dr Deepthi Iyer**

*Ceased position 31 March 2016*

Deepthi is a Melbourne based general practitioner. She has a strong interest in general practice training issues and is a member of the GPRA Wellbeing Committee

and the GPRA Close the Gap Committee. She is also a registrar member on the RACGP Victoria Faculty Board and the RACGP Women in General Practice Committee.

## Finance, Audit and Risk Management Committee report



Saranne Cooke  
Chair, Finance,  
Audit and Risk  
Management  
Committee

The Finance, Audit and Risk Management Committee continued to support and advise the GPRA Board under delegation in the areas of financial management and risk mitigation.

Following months of speculation, the federal government announced significant funding cuts to some GPRA programs, effective 1 January 2016. These cuts necessitated substantial work in re-forecasting the budget and making the necessary cuts in expenditure. We are pleased to still be able to end the 2015–16 financial year in a surplus position, which is a direct result of these improvements in efficiencies together with a strong push in increasing sponsorships and other income streams.

From 1 July 2015, we transitioned from using MYOB to XERO accounting software. This change has seen improvements in our financial reporting and information, together with streamlining of some financial processes. A significant amount of work was undertaken in order to facilitate this move, which has proved very valuable.

The committee has continued to oversee regular and thorough internal audit processes and regular review of our keys risks under an established risk framework, findings of which are reported to the Board on a regular basis.

In summary, the end of the financial year 2015–16 found GPRA in good financial health with pleasing results and financial indicators.

Saranne Cooke

Chair, Finance, Audit and Risk Management Committee

## Nominations and Remunerations Committee report



Scott Williams  
Interim Chair,  
Nominations and  
Remunerations  
Committee

### Chair July – February

Dr Gerry Considine

### Chair February – June

Dr David Townsend

### Members

Dr Jas Saini

Ms Ingrid Williams

The major body of work for this committee over the year was the substantial revision of the GPRA Constitution, and the attendant work that came about as result of these changes.

Proposed changes were presented to the membership at the AGM and passed unanimously.

While many of the changes were minor, the most significant was moving to a model where we have a split the President and Chair roles and the abolition of the Vice Chair role. The newly created role of Chair was duly advertised, and in January, Scott Williams took up his role as the appointed Chair, while Dr Jomini Cheong became the inaugural – and interim – President, pending elections in mid 2016.

Further innovation to better represent the breadth of membership came with the creation of separate positions for a prevocational doctor Board member and a medical student Board member. Previously these two roles had been rolled into one and filled by Dr David Townsend. The election of officers into these two roles will be staggered year on year so that the roles are not filled simultaneously.

Other work undertaken by the committee have been ongoing Board Director, President and CEO evaluations, the renewal of the CEO contract and a review of the Board remuneration policy.

I would like to thank Drs Gerry Considine and David Townsend very much for their contribution chairing this committee over the year – and Dr Jas Saini and Mr Mark Smith for their tireless work in reshaping the constitution for the future.

Scott Williams

Interim Chair, Nominations and Remunerations Committee



## Support for our registrars

One of the most important functions of GPRA as an organisation is the support for our registrar members. Members include all those enrolled in the AGPT program, regardless of their college, place of work or special interests. Our work over the past 12 months has been especially important as registrars transition from the old regional training provider (RTP) structure to the new – and geographically different – regional training organisation (RTO) structure.

## Advisory Council

Throughout the year, the GPRA Board and Advisory Council have worked closely to respond to policy issues that have arisen. In late 2015, we provided significant input into the range of policies developed by the Department of Health to cover the transition from the previous RTP structure to the current RTO structure, and in early 2016 we provided position papers on three key training issues: the proposed co-funded training model, potential changes to the AGPT selection process, and review of complaints and appeal processes.

## GPRA committee activity

During the transition period from RTPs to RTOs, GPRA Committee activity was relatively quiet. This year activity has been focused around three key areas:

### Assessment and standards

The committee has discussed issues such as the impact of potential changes to the selection process, what a co-funded training model would look like and how it would compare to the existing model, and exam feedback from the two colleges. GPRA has surveyed members to record their exam experiences and have undertaken to pass on any relevant – de-identified feedback to the relevant colleges. In terms of standards, issues discussed are the impact of higher registrar numbers on the training placements available, and increased concern among registrars regarding low patient numbers.

### Registrar wellbeing

The committee has continued its work looking at ways of identifying the wellbeing issues facing registrars, developing resources to assist registrars with dealing with fatigue, burnout and stress, and issues facing women in training such as parental leave, breastfeeding, difficulty returning to work following giving birth, and also what else can be done to ensure registrars have their own GP.

### Terms and conditions

The review of the current National Terms and Conditions for the Employment of Registrars (NTCER) is underway

and planning areas for potential amendment in NTCER 2017–18 are in train.

## Registrar enquiries

GPRA continues to provide support and advice to registrars and practices with issues arising from employment and training. Some of these relate to interpretation or clarification of elements of the NTCER, others relate to advice on how to address the need for transfers between training regions, training pathways, and AGPT leave requirements. Occasionally we need to assist registrars to pursue review of decisions made by the various key stakeholders in AGPT, such as RTOs or the Department of Health, that affect individual registrars.

One issue that generated a significant numbers of enquiries was the link between payment for periods of leave and the calculation of percentage of billings/receipts. GPRA sought independent legal advice and has shared this with members to clarify current practices.

## Education and training

GPRA's much admired and professional publications team continues to produce a range of high quality materials for promotion and educational purposes.

This year, GPRA introduced an online clinical resource. Working closely with *Medicine Today*, we developed a weekly e-clinical activity that is distributed to all members via email every Wednesday. It has been a most successful collaboration between our two organisations and enables GPRA members access to a bank of clinical material, peer reviewed medical articles and quizzes via *Medicine Today's* extensive archives.

GPRA has also kept up its regular publications schedule of *GP Journey*, *GP Registrar* and *GPFirst*, all being produced for distribution through the networks at appropriate times.

Sales of our acclaimed *General Practice Exam Book* and *General Practice Clinical Cases* continue to be strong and the development and release of the app greatly increases the reach and use of these resources.

GPRA has continued its highly acclaimed webinar series – with strong attendance and very positive feedback, particularly around exam preparation. These webinars work especially well in conjunction with GPRA's clinical cases and exam preparation handbooks.

Registrar involvement in our annual conference – the Future of General Practice 2016 was magnificent. This is an event that provides broad opportunities for presenting, mentoring, networking and learning. The passion and dedication of those involved was truly remarkable and a great incentive for the students and prevocational doctors in the general practice pipeline.



As Indigenous registrars often overcome challenges not faced by the broader cohort, the Indigenous General Practice Registrars Network focuses specifically on the needs of these registrars as they prepare for their exams, and provides a safe and culturally secure environment for them to share their experiences, support and encourage each other. The network continued to make great strides this year, with more graduations, new recruits, exams and workshops, as well as welcoming a former member as the new network Chair.

## New registrars and graduations

The biggest news for our network this year was the large increase in Indigenous general practice registrars starting the program. At the start of 2016, 20 new Indigenous registrars joined the program from around the country. This is a three-fold increase in previous year's intakes, and almost doubles the network membership as the biggest cohort since the start of IGPRN. These larger numbers follow on from a positive increase in Indigenous medical students in the past few years, and we hope to see this trend continue into the future. Currently there are 42 IGPRN registrars in training.

As we welcome our newest members, we also celebrate many Fellowship and exam successes in the past 12 months. Ten registrars have graduated to Fellowship, or have passed all assessments for graduation in the past 12 months and they should all be congratulated on the hard work and perseverance they have shown to achieve this. It is a testament to the strength of the network, and the models with which we operate that these outstanding results have been achieved.

## Workshops

The success of the network is due in no small part to the highly successful three-day IGPRN workshops held throughout the year. Two were held in 2015–16, focusing on medical education and exam preparations, along with peer support, mentoring, social and cultural activities. In September 2015, our Adelaide workshop hosted 11 registrars for a three-day program following the AIDA conference. In April 2016, 20 registrars attended the workshop in Darwin, including a number of our new registrars. In addition, many of our recent Fellows also came along, and gave willingly of their time to assist. It was one of the most successful workshops to date. Medical education focused on reproductive and sexual health, and for the first time a long-form case in the mock OSCE allowed participants to work on all aspects of their exam approach and timing.

## Introducing the new IGPRN Chair

At the 2016 April meeting, the network thanked Dr Keith Gleeson for his hard work and dedication as outgoing IGPRN Chair, and introduced Dr Simone Raye as the new network Chair. Dr Raye is a former IGPRN member and as the incoming Chair helped organise many great sessions in the workshop program. Simone lives and works in Darwin, but travels often in her role as IGPRN Chair, and as a medical educator at NTGPE. She is passionate about supporting the Indigenous Fellows of the future, and is looking forward to working as IGPRN Chair to achieve that goal.

## Funding and support

IGPRN was able to confirm a three-year funding arrangement with the Department of Health, which took effect from 1 January 2016. We would like to thank the Department for their ongoing support and appreciation for the outstanding results we achieve. This also secures the future of the network, and allows stability for long term planning and strategy.

In addition to funding support from the Department of Health, continuing support from other sources has allowed IGPRN to continue providing a quality program. IGPRN has liaised with the new RTOs during this time of transition, and many have shown commitment to Indigenous health by supporting their registrars to attend IGPRN events. NTGPE in particular, provided support as well as the time and expertise of their staff for IGPRN workshops in 2015–16. We thank all those who have shown such strong support for our work.

## Partnerships

This year, IGPRN and the Australian Indigenous Doctors Association celebrated the signing of a joint Statement of Intent, a formal documentation of our working relationship and our intentions for further collaboration. The signing of the MOU was held at the Darwin AIDA Membership dinner. AIDA President, Dr Kali Hayward, and the AIDA CEO were joined by Dr Keith Gleeson and Ms Sally Kincaid (GPRA CEO) in presenting the document to members of AIDA and IGPRN in attendance.

## In summary

One of the most successful years yet in the short history of the IGPRN – and we look forward to building on these successes and expanding the good work of the network further in the coming years.



The Going Places Network (GPN) has continued to go from strength-to-strength and remains the primary network and go-to source for information and support for prevocational doctors looking to pursue general practice as their career specialty of choice.

### Representation

Despite the sudden and unexplained withdrawal of federal government support for this important channel at the end of 2015, GPN maintains its representation in almost 70% of teaching hospitals, with close to 50 active GPN Ambassadors across the nation.

GPN places a strong emphasis on promoting general practice itself, rather than any particular Fellowship pathway, and our 3500 members are interested in the full range of general practice opportunities and subspecialties available, from inner urban practice to practice in the most remote regions of the country.

### Events

The AGPT program information sessions were conducted around the nation in conjunction with the RTOs in April, ahead of applications into the training program. A number of other events were run throughout the year, including a dinner series where inspirational GPs came to speak to the assembled members about their experiences in general practice, and a range of advanced skills sessions on topics of interest such as paediatrics and joint injections.

### The future of training

At the time of going to print, the Department of Health had not released the numbers of eligible applicants who applied for the next round of general practice training. GPRA is concerned that these numbers may have decreased from last year, and that this may be setting a trend in a landscape of increasing uncertainty in general practice, and the lack of government support for GPN to continue its promotional activities on behalf of the government. It is not simply a question of filling training posts – but more of ensuring that the best and brightest apply into general practice with full knowledge of what the specialty and its training entail, in order to best serve the Australian population.

GPRA will continue to work to the best of its abilities to ensure that this happens.





Claire Chandler  
GPSN National Chair

Financially this year has been challenging but, through hard work from the executive and local club chairs and patience, flexibility and support by GPRA office staff, our network continues to flourish and develop.

### GPSN meetings

Our first of two National Council face-to-face meetings was held in April, with every GPSN club represented at the one-day meeting in Brisbane, with many of council members staying on to attend the annual conference. The priorities of this meeting were to plan for the year, to ensure that all clubs are aware of reporting requirements and expectations, and to discuss and approve any policies.

We have so far this year had three teleconferences with the National Council to keep them up-to-date with changes and address common issues. These have been well received by the clubs, particularly in supporting them through changes to club funding. The National Executive has had nine teleconferences throughout the year and kept in constant contact via email and social media.

### Change of focus

In light of funding changes, the National Executive and National Council have been looking into the structure and focuses of the network as well as our resource allocation. We have encouraged the clubs to focus on running fewer but higher quality events, without the restrictions that came with the government contract. We have encouraged clubs to run either rural, community or Indigenous themed events and for each to have a strong element of professional development for attendees. We have steered away from purely social events as these are run by other student clubs at universities. I have also worked hard to support the working group projects and am happy to see some great projects coming from them. I envisage that the working groups will be the primary focus of GPSN in the future. I am particularly proud of the cultural immersion weekend, which has been my dream since the start of my involvement with the working groups and am very proud to see that the pilot was such a great success.

### Social media

Thanks to our publications officer Renata Pajtak, GPSN has been active on social media with two campaigns running this year: Faces of the Working Groups and #ILOVEGPSN. Faces of the

Working Groups ran at the beginning of the year to introduce the team leaders and highlight their passion for their group (i.e. rural health, community health, Indigenous health and primary health care research). #ILOVEGPSN has been showing the National Executive and club chairs in the lead up to the national elections and local AGMs. These campaigns are very popular with about 6000 reached per post. We also had our chairs host our Twitter page and post general practice related material of interest.

### Representation

I have represented GPSN this year at the NRHSN 21st birthday in Canberra. This was an excellent opportunity to work with the NRHSN team to encourage more interclub events at a local level and bigger joint initiatives. I also had the opportunity to meet with Minister Sussan Ley's staff and tell them of the great work we are doing. My Vice Chair, Jayden Murphy, attended the Australian Medical Student Association meeting in Townsville where he promoted the work of GPSN. I have also sat on the Rural Board of the RACGP and will attend GP16 in Perth through this role.

It's been a difficult year in some respects, but the GPSN team is ploughing ahead to make sure our network continues to promote general practice with a particular focus on rural, Indigenous and community health, primary health care research and professional skill development.

Claire Chandler

GPSN National Chair



RIGHT: Wollongong Nowra Relay for Life: Medical students providing basic health checks for race participants

BELOW: University of Western Sydney Australia's Biggest Morning Tea: GPs teaching medical students about types of malignant skin cancers and how to perform a breast examination and digital rectal exam in context of GPs role in early detection and screening for cancers



LEFT: ANU Close the Gap Day BBQ. Members participating in traditional story telling

RIGHT: Newcastle Rural GP Careers and Skill Night: GP anaesthetist teaching advanced airway management skills to a GPSN member







Kerry Chen  
GPSN National  
Working Groups  
Officer

In 2016, the General Practice Students Network Working Groups developed national initiatives in the priority areas of Close the Gap (addressing Indigenous health inequities), Community, Rural and Research. Each working group is led by a chair and secretary – who are passionate about their priority area – and is comprised of dedicated members from around Australia.

### Close the Gap Working Group

The Close the Gap Working Group has been working on a number of fantastic national initiatives, with their major focus being a pilot of the cultural immersion weekend (CIW). The CIW, run in conjunction with Northern Territory General Practice Education, was held from 29 June to 2 July, and provided five medical students from the working group and GPSN local club chairs with the opportunity to experience the Aboriginal culture of the Tiwi Island peoples. The camp included activities such as mud crabbing, basket weaving and yarning around the campfire, as well as discussions about Aboriginal health and visits to a local renal unit. Feedback from the group has been incredibly positive, with all members reporting that the camp has given them a greater sense of cultural awareness and sensitivity, which will no doubt be useful in future encounters with their Indigenous patients. The Close the Gap Working Group has continued discussions with the five members to facilitate improvement of the CIW, with aims establish the larger and definitive CIW program across Australia in 2017.

### Community Working Group

The Community Working Group continues to facilitate the volunteering of medical students in their local communities. The group has maintained its existing partnerships, such as with the Australian Men's Shed Association, and has continued the work of previous committees in rolling out the High School Stress Seminar, and developing a Find My GP database with the help of local clubs. Their main focus for 2016 is a Homeless Health Initiative, which we envision will be run in partnership with Orange Sky Laundry. This initiative aims to improve the health of the homeless members of our community by providing health education and access to health care to address significant health issues such as mental health. The program is currently being developed by the group as a medical student volunteering program and clinical mentorship with general practice registrars and GPs, to be piloted in 2017,



Cultural immersion weekend, Tiwi Islands

and which will provide opportunities to improve health outcomes in this marginalised and often overlooked section of the community.

### Rural Working Group

The Rural Working Group has made great strides in advocating for rural health and tackling rural workforce distribution issues. At the local level, the group has surveyed local club chairs at every Australian medical school about the running of their rural event nights and is currently creating a rural events handbook to aid local clubs in advocating for rural health in their universities. At a national level, the group has begun working on a rural doctor mentorship program, which is aimed at addressing rural workforce distribution difficulties by developing mentorships between students and rural GPs to fill the knowledge gaps and myths surrounding rural general practice.

### Research Working Group

Newly formed in 2016, is the Research Working Group, which was set up to highlight the importance of primary care research and to support medical students in their research endeavours. The group's major undertaking this year is the Research Student-Supervisor Network, which aims to facilitate greater connections between students and clinicians/academics in primary care research. This has been met with overwhelming support from the local GPSN clubs and is in the early planning stages.

Kerry Chen

GPSN National Working Groups Officer



# Corporate governance statement and statutory reports

## Corporate governance statement

Following on from the tightening and consolidation of corporate governance processes last year, GPRA has focused on monitoring and fine-tuning these processes.

Dr Ashlea Broomfield was elected to the Board as a Registrar Director on the departure of Dr David Chessor. Two further registrar departures occurred during the year – Dr Gerard Considine and Dr Deepthi Iyer.

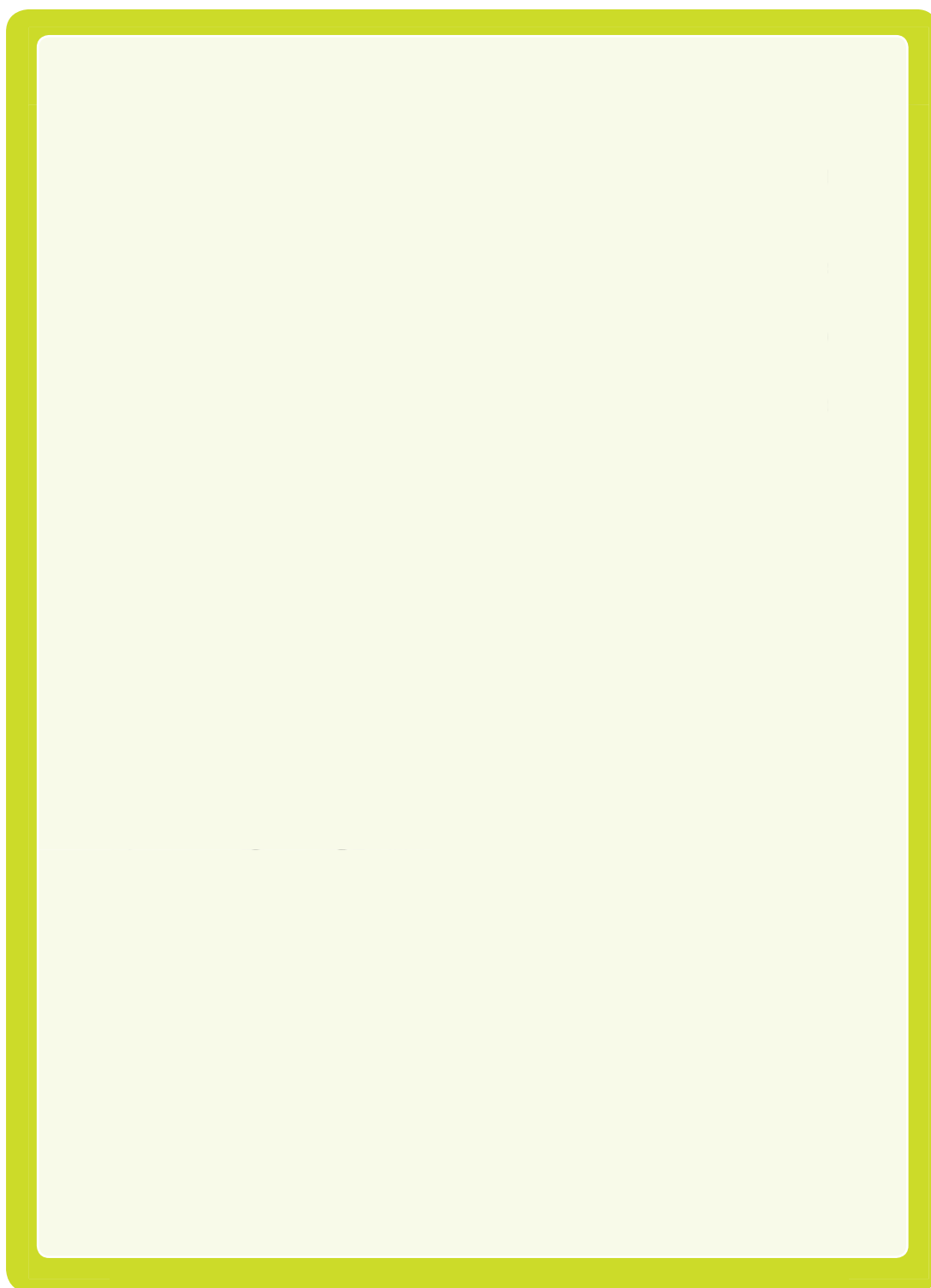
In line with constitutional changes, Mr Scott Williams was appointed as independent Chair in January and Dr Jomini Cheong was appointed inaugural GPRA President.

A further appointment as Independent Director was made in January, with the appointment of Mr David Brennan.

Regular meetings of the Board, the Nominations and Remunerations Committee and the Finance, Audit and Risk Management Committee ensure that the Board is fully informed and best able to give direction to management.

The number of Directors meetings and numbers attended by each Director are shown in the table below.

	Board meetings		FARM		Nominations and Remunerations	
Number of meetings held	10		6		5	
	Attended	Eligible	Attended	Eligible	Attended	Eligible
David Brennan	3	3	2	2		
Ashlea Broomfield	8	8	6	6		
Jomini Cheong	10	10	7	8	2	2
David Chessor (outgoing member until 28/8/2015)	2	2	2	2		
Gerard Considine (outgoing member until 29/2/2016)	7	8			2	2
Saranne Cooke	10	10	8	8		
Deepthi Iyer (outgoing member until 31/3/2016)	9	9	6	6		
Jaspreet Saini	9	10			1	2
David Townsend	7	10			1	2
Ingrid Williams	9	10			2	2
Scott Williams	4	4	2	2		





## Directors' declaration

In the opinion of the Directors of General Practice Registrars Australia Ltd (GPRA),

- a) The financial statements and the notes thereto are in accordance with the *Corporations Act 2001* and comply with accounting standards,
- b) The financial statements, and the notes thereto give a true and fair view of the Company's financial position as at 30 June 2016 and of the performance of the Company for the year ended 30 June 2016, and
- c) In the opinion of the Directors, at the date of this declaration, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This statement has been made in accordance with a resolution of the Directors.



Dr Jomini Cheong  
GPRA President  
August 2016  
Melbourne, Victoria

## Statement of financial position

	2016	2015
	\$	\$
<b>CURRENT ASSETS</b>		
Cash assets	846,967.00	715,027.95
Receivables	20,224.00	7,669.10
Tax paid on purchases	–	–
Amex corporate card	–	–
Amex chair card	–	–
<b>TOTAL CURRENT ASSETS</b>	<b>867,191.00</b>	<b>722,697.05</b>
<b>NON-CURRENT ASSETS</b>	<b>–</b>	<b>950,000.00</b>
Property, plant and equipment	1,100,000.00	950,000.00
Furniture and fittings	78,194.00	–
Accumulated depreciation	(26,733.00)	–
<b>TOTAL ASSETS</b>	<b>2,018,652.00</b>	<b>1,672,697.05</b>
<b>CURRENT LIABILITIES</b>		
Trade creditors	35,700.00	–
Corporate – Armand Botha	4,096.00	–
Credit card – Sarah Kincaid	416.00	–
Employee PAYG payable	9,526.00	2,537.02
Provision for annual leave	49,000.00	51,000.00
Provision for long service leave	00.00	30,000.00
GST collected from sales	20,429.00	98,013.49
Superannuation payable	16,742.00	–
<b>TOTAL CURRENT LIABILITIES</b>	<b>135,909.00</b>	<b>281,605.62</b>
<b>NON-CURRENT LIABILITIES</b>	<b>630,000.00</b>	
<b>TOTAL NON-LIABILITIES</b>	<b>630,000.00</b>	<b>–</b>
<b>TOTAL LIABILITIES</b>	<b>765,909.00</b>	<b>911,605.62</b>
<b>NET ASSETS</b>	<b>1,252,743.00</b>	<b>761,091.43</b>
<b>EQUITY</b>		
Retained earnings	761,091.43	528,057.74
Asset revaluation reserve	150,000.00	–
Prior year adjustments	192,716.57	–
Current earnings	148,935.00	138,499.34
<b>TOTAL EQUITY</b>	<b>1,252,743.00</b>	<b>761,091.43</b>

## Statement of financial performance

	2016	2015
	\$	\$
INCOME		
Revenue from ordinary activities	2,470,981.00	2,932,912.14
Interest	263.00	6,639.28
Other income	3414.00	2,200.00
<b>TOTAL INCOME</b>	<b>2,474,658.00</b>	<b>2,941,751.42</b>
EXPENSES		
Depreciation	15,638.00	–
Bank fees	6128.00	–
Staff expenses	18,399.00	–
Mortgage interest paid	31,225.00	–
Travel and accommodation	241,028.00	–
Auditing and consulting	84,617.00	–
Board costs	10,740.00	51,347.07
Other expenses from ordinary activities	6,595.00	57,475.00
Remuneration expenses	1,067,054.00	1,439,533.50
Body corporate rates and land tax	11,225.00	–
GPSN expenses	105,244.00	–
GP First general expenses	259.00	464,399.86
IGPRN expenses	3,364.00	114,828.41
Admin expenses	160,938.00	–
Payroll tax	30,946.00	–
Events/meetings/conferences	253,209.00	–
IT and communications	53,218.00	–
Publications	66,904.00	–
Superannuation	98,719.00	–
Subscriptions	48,688.00	–
Legal expenses	11,585.00	–
<b>TOTAL EXPENSES</b>	<b>2,325,723.00</b>	<b>2,803,252.08</b>
<b>PROFIT BEFORE INCOME TAX EXPENSES</b>	<b>148,935.00</b>	<b>138,499.34</b>
Income tax expenses	–	–
<b>PROFIT AFTER INCOME TAX EXPENSES</b>	<b>148,935.00</b>	<b>138,499.34</b>

For the year ended 30 June 2016

### Overview

GPRA is a not-for-profit organisation with all funds directed towards the achievement of our objects as laid out in the Company's constitution.

### Significant changes in state of affairs

There were no significant changes in the state of affairs of the Company that occurred during the financial year that are not otherwise disclosed in this report or in the financial statements.

### Performance in relation to environmental regulation

There was no environmental legislation applicable to the operations of the Company that has not been complied with.

### Likely developments and future results

The Company anticipates that it will maintain a positive financial position in 2016–17. GPRA has two key funding contracts that deliver 70% of revenue. These contracts have both been extended beyond 30 January 2019.

GPRA is continually updating, reviewing and improving its management and governance practices to ensure that the objects of the Company are met. GPRA is always trying to secure funding for new projects and there are a number of opportunities for growth in the next financial year, many of which are already in place or under development. Management is working proactively to expand and increase its sponsorship engagement with current and potential new sponsors to strengthen the organisation's financial base. As always, the Board and management will be carefully considering these opportunities and looking at ways to further expand and grow.

### Dividends

The Company is a not-for-profit organisation limited by guarantee and its constitution precludes the payment of dividends.

### Events subsequent to balance date

No circumstances have arisen since the end of the year which have significantly affected or may significantly affect the operations, the results of those operations or the state of affairs of the Company in future financial years.

### Principal activities

The principal activities of GPRA throughout the year were aimed at supporting its members and promoting high standards of care in general practice for the benefit of the community. This was done through promoting general practice across all continuum in line with the Company's constitution. A copy of the constitution is available from our website at [gpri.org.au](http://gpri.org.au)

### Indemnification of Directors and officers

During the financial year, the Company paid a premium in respect of a contract insuring the Directors of the Company, the Company Secretary and all executive officers of the Company and any related body corporate against a liability incurred as such a director, secretary or executive officer to the extent permitted by the Corporations Act 2001. The contract of insurance prohibits the disclosure of the nature of the liability and the amount of the premium.

### Proceedings on behalf of the Company

No person has applied to the Court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the Company, or to intervene in any proceedings to which the Company is a party, for the purpose of taking responsibility on behalf of the Company for all or part of those proceedings. No proceedings have been brought or intervened in on behalf of the Company with leave of the Court under Section 237 of the Corporations Act 2001.

### Summary of significant accounting policies

General Practice Registrars Australia Ltd (GPRA) is a public company limited by guarantee and incorporated under the Corporations Act 2001. No shares have been issued. The limit of liability of each individual member is limited to \$10. The Company is a not-for-profit charitable organisation. The objects for which the Company is established are:

1. Promoting the prevention or the control of diseases in human beings;
2. Improving the healthcare of all Australians through excellence in education such as conducting workshops to promote professional development;
3. Promoting the profession of general practice in Australia;
4. Recognising and supporting the needs of general practice registrars in Australia; and
5. To do all such other things as are incidental or conducive to the attainment of the above objects.



## Income tax

GPRA is endorsed as a Health Promotion Charity and accesses the following tax concessions:

Tax concession	From
GST concession	01 July 2005
FBT exemption	01 July 2005
Income tax exemption	23 February 2004

## Australian Charities and Not-for-profits Commission

GPRA is registered as a charity with the Australian Charities and Not-for-profits Commission.

## Statement of compliance

The finance report is a general-purpose financial report that has been prepared in accordance with the Corporations Act 2001 and Australian Accounting Standards. Australian Accounting Standards require a statement of compliance with International Financial Reporting Standards (IFRSs) to be made where the financial report complies with these standards. Some Australian equivalents to IFRSs and other Australian Accounting Standards contain requirements specific to not-for-profit entities that are inconsistent with IFRS requirements. GPRA is not-for-profit and has applied these requirements, so while this financial report complies with Australian Accounting Standards, including Australian Equivalents to International Financial Reporting Standards, it cannot make this statement.

## Basis of preparation

The financial report has been prepared on a cash basis. GPRA has not had any significant fixed assets to impact on the accounting reports.

## Significant accounting judgements, estimates and assumptions

The Directors evaluate estimates and judgements included in the financial report based on the best available historic and current information. Estimates and accounting assumptions assume a reasonable understanding of future events based on current trends and economic data. There have been no significant judgements, estimates or assumptions applied in the preparation of these financial statements except where otherwise stated.

## Changes in accounting policies

The accounting policies adopted in the preparation of this report are consistent with the previous year.

## Goods and Services Tax

Revenues from ordinary activities, expenses from ordinary activities and assets are recognised net of the amount of Goods and Services Tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or part of the item of the expenses from ordinary activities.

## Basis of preparation of the financial statements

The statements have been prepared using the accruals basis for accounting.

### 1.1 Current assets

#### 1.1.1 Cash on hand

Cash and cash equivalents comprise cash at bank and in hand, stated at nominal value. Individual debit cards for student clubs represent unspent cash available to individual clubs and have been included under current assets.

#### 1.1.2 Accounts receivable and withholding credits

Account receivables are recognised and carried at original invoice. No allowance has been made for doubtful debts since at the time of preparation of this report there was no reason to doubt successful recovery of these funds. Net amount of GST recoverable is included under withholding credits.

### 1.2 Impairment of assets

Other than the office premises, assets are mainly cash or cash equivalents and are not liable for impairment.

### 1.3 Depreciation

Depreciation is calculated on a straight-line basis so as to write off the net cost of each item of property, plant and equipment over its expected useful life. Computer equipment and furniture has already been depreciated and is no longer recognised as an asset.

### 1.4 Fixed assets

GPRA purchased a property in June 2014. Fixed assets typically comprise of office equipment, computers and furniture. Depreciation is provided on a straight-line basis. Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to

the remaining value of the asset. These items have already been depreciated to zero and hence do not appear on the statement.

### **1.5 Non-current assets**

GPRA does not recognise any good will or any other forms of intangibles in the organisation's accounting policies. The office premises is recognised as a non-current asset.

### **1.6 Current and non-current liabilities**

Current liabilities represent trade creditors, leave liabilities, superannuation payments and GST collected. GPRA does not have any borrowings or any other non-current liabilities as at 30 June 2016 other than the mortgage over the property.

### **1.7 Income and profit**

The income includes revenue generated from operating activities, including sponsorship and advertising and specific project funding received from DoH. Cash flows from operating activities capture all types of income including special project funding.

### **1.8 Director remuneration**

Director remuneration is set by the membership and the consolidated stipends paid to Board Directors remain within the limits as identified in GPRA's remuneration policy that has been approved by members. It should be noted that the Chair role has additional duties related to policy and stakeholder engagement in addition to the governance and compliance duty as a Director. These are included in the Board remuneration policy as approved by membership and the related costs are attributed to the relevant program cost centres.

### **1.9 Expenses**

Expenses have been recorded separately based on contractual requirements and funding received for various programs.

### **2.0 Leases**

Operating lease payments are expensed in the income statement as incurred.



