General Practice
Registrars Australia Ltd.

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GPRA **ANNUAL REPORT** 2024/25

GENERAL
PRACTICE
REGISTRARS
AUSTRALIA

Contents

General Practice Registrars Australia (GPRA) is the national independent voice and peak body for future general practitioners (GPs).

We represent around 20,000 members, who are GP trainees, prevocational doctors, new Fellows, and medical students interested in general practice and rural generalism. As the peak national representative body for the next generation of GPs in Australia, we advocate for our members in the general practice sector and to policy makers on issues that matter to future GP and Rural Generalists (RGs).

GPRA acknowledges Aboriginal and Torres Strait Islander peoples as the first Australians. We respectfully recognise all Elders past, present and emerging across Australia, and on the land on which we work.

GPRA gratefully acknowledges the financial and other support received from the Commonwealth Government and the Department of Health, Disability and Ageing.

Australian Government
Department of Health and Aged Care

GPRA

About us

Established in 1974 and operating as an autonomous organisation since 2001, GPRA is the independent voice of future GPs.

We believe that by strengthening the future of general practice, we will see improved health for all Australians.

Our approximately 20,000 members are the future GP workforce and they reflect every stage of the journey to becoming a GP. We represent:

- Medical students
- Prevocational doctors
- GPs in training (all GP Specialist pathways)
- New Fellows.

General practice is the backbone of our health care system and we provide Australia's next generation of general practitioners with support, advice and resources.

As the only independent organisation solely advocating for the future GP workforce, we represent our members in direct conversations with federal and state governments and via

a range of medical, health, community and business sector advisory groups and committees. In all these forums, our aim is for elected officials, policy leads, GP Training Colleges and funders to make decisions which are informed by our members' voices, experiences and needs.

We raise the profile of general practice by telling the story of the many opportunities it opens up for meaningful careers and life-changing experiences.

We support our members in various ways including providing education support and advice, peer forums and workshops, resources, advocacy and information about general practice, and setting the National Terms and Conditions for the Employment of Registrars (NTCER).

Medical Student ▸ **Prevocational Doctor** ▸ **GP Trainee (Registrar)** ▸ **New Fellow** ▸ **Established GP Practice Owner**

Strategic Plan 2023-2026

Vison: Improved health for all Australians by strengthening the future of general practice.

Purpose: The independent voice of future GPs.

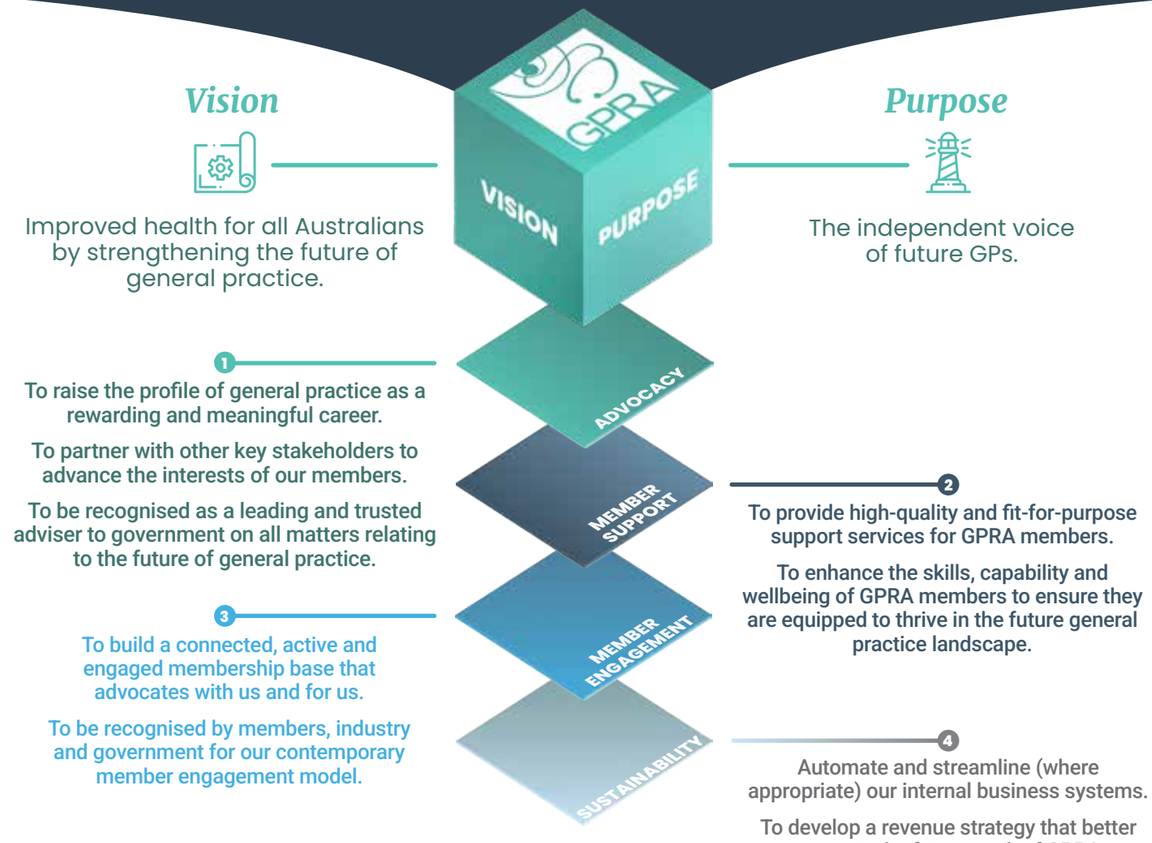
To achieve our vision, our key objectives are to:

- Negotiate the National Terms and Conditions for the Employment of Registrars
- Advocate to governments and decision-makers on educational, training, employment and policy issues in general practice
- Provide advice on attraction and retention matters for general practice, as well as employment negotiations and training matters
- Raise awareness of general practice as a specialty and strengthening its appeal through communications, peer support and networks and professional leadership
- Deliver events for networking, further education, wellbeing and professional development
- Assist with exam preparation and education support.

These are achieved through the four key pillars of our strategic framework, which are represented throughout this Annual Report:

- Advocacy
- Member support
- Member engagement
- Sustainability.

20,000 members | 4 key pillars



Our leadership

Dr Chris Dickie
GPRA PRESIDENT

Dr Chris Dickie is a GP working in New South Wales who was appointed GPRA President in January 2025. Having graduated from the University of St Andrews and the University of Glasgow in Scotland, he completed his intern and resident equivalents around the Glasgow area before moving to Canberra in 2018.

After a few years working in Emergency and in a non-clinical Medical Administration role, Chris started GP training in 2022 and gained his Fellowship through RACGP in 2025.

Mr Mark Grey
CHAIR

Mr Mark Grey has 25 years of experience as a chief executive officer and company director. As Chair of our Board, Mark has extensive experience in leadership, policy, marketing communications and advocacy across the health sector, tourism and travel, and the digital economy sector in Australia and internationally. He was formerly the CEO of the Queensland Eye Hospital and Chair of VPSC, Melbourne's private Eye & Ear Hospital.

Mark is currently a Director of RACT, The Public Trustee, St Giles Disability Services and serves on the Audit & Risk Committee of the board of RSL Queensland.

GPRA acknowledges and thanks Ms Nicki Herriot, who served as GPRA Chair until August 2025, for her significant contribution and leadership during the reporting year.

Ms Jo-anne Chapman
CHIEF EXECUTIVE OFFICER

Throughout her diverse career, Jo-anne has held CEO and senior executive roles across different sectors (public, private, not-for-profit), as well as across many different portfolios including health, local government, social policy and advocacy. Jo-anne is a leader who can work with different stakeholders to lead reform as well as transform an organisation's performance for the benefit of its members and clients.

Jo-anne holds formal tertiary qualifications in Education, Enterprise and Business and has refined her sound commercial, governance and financial management acumen over many years managing national, state and local initiatives and client services. She is passionate about working with the 'future' and commenced in her role at GPRA in January 2022.

Professor Michael Kidd
NETWORK PATRON

Professor Michael Kidd AO is the Patron of GPRA and GPSN. He is a past president of the Royal Australian College of General Practitioners (RACGP), and a past president of the World Organization of Family Doctors (WONCA).

He was appointed as the Director of the new World Health Organization Collaborating Centre on Family Medicine and Primary Care. Michael was then Principal Medical Advisor and Deputy Chief Medical Officer with the Department of Health, Australia. He is now Professor of Global Primary Care and Future Health Systems at Oxford University and Director of the Centre for Future Health Systems at the University of NSW. As of 1 June 2025, Professor Kidd is Australia's Chief Medical Officer.

Other Board Directors

Ms Nicki Herriot
CHAIR (SERVED UNTIL 4 AUGUST 2025)

Mr Xander Alpherts
DIRECTOR

Dr Louis Charalambous
DIRECTOR

Dr Siobhan Hensey
DIRECTOR

Dr Karyn Matterson
DIRECTOR

Dr Kim Omond
DIRECTOR

Dr Juliet Smith
DIRECTOR

On 4 August 2025, Ms Herriot stepped down and was succeeded by Mr Mark Grey as Chair.

Our networks

GPRA supports, and is supported by, a series of networks to further the specific needs of our members and our long-term goals for the betterment of healthcare for all Australians.

General Practice Students Network (GPSN)

General Practice Student Network National Executive

An elected body of GPSN students from across Australia. Together with the local Club Chairs and National Working Group Chairs, the National Executive forms the National Council.

Local university GPSN clubs

The 22 GPSN clubs across Australia organise events and skills development that meet the demands of their student membership and ensure active engagement in primary healthcare throughout medical school.

General Practice Registrars Australia (GPRA)

GPRA Advisory Council

The national GPRA Advisory Council comprises GP trainees, both past and present, who advise the GPRA Board on important matters concerning GP training and trainees. There are also national representatives from various general practice stakeholders who sit on the council.

All Registrar Liaison Officers are automatically members of GPRA's Advisory Council.

President's report

As I reflect on my first year as President of GPRA, I am honoured to serve an organisation that continues to be the independent national voice of our future general practice and rural generalist workforce. Our members — medical students, prevocational doctors, registrars, and new Fellows — remain at the heart of everything we do. Their perspectives are vital in shaping a sustainable GP/RG pipeline, and in 2024–25, their voices drove some of the most significant reforms in our organisation's history.

Advocacy and reform

This year will be remembered as one of landmark advocacy wins. After years of lobbying, GPRA secured Federal Government commitments to improve registrar base pay and introduce paid parental and study leave entitlements — historic reforms and a true game-changer for the future GP workforce. At the same time, the review of the National Terms and Conditions for the Employment of Registrars (NTCER) resulted in stronger, broader employment guidance. For the first time, the NTCER now covers every GP/RG training pathway, ensuring equity and consistency across the board.

Through national forums such as the SA Future GP Forum, the NT GP Registrars Forum, and the inaugural Parliamentary Friends of General Practice Breakfast, we elevated registrar and student voices directly to policymakers. These platforms helped shift the national debate from discussion to concrete solutions, reinforcing GPRA's standing as a trusted and solutions-focused leader.

Member support and resources

A cornerstone of our work remains providing independent advice and practical support. Our Registrar Advisors once again assisted members navigating contracts, pay, and training requirements. We expanded our education suite with the 4th edition of the GP Companion, the 3rd edition of Clinical Cases (now interactive), and the 3rd edition of the Written Exams eBook. These resources, together with the launch of our IMG Resource Hub and exam preparation webinars, gave members the tools they need to succeed throughout their journey.

We also celebrated excellence through the launch and expansion of the GPRA NT Scholarships, recognising registrars who exemplify leadership, Indigenous health, rural commitment, and paediatric care. Complementary initiatives such as the NT Cultural Education Reimbursement Scheme highlighted our belief that good clinical care must also be culturally safe care.

Member engagement and community

GPRA strengthened its member community through events, workshops, and peer-to-peer programs. The NT GP Registrars Forum quickly established itself as a flagship event, while our redesigned Future GP program continued to inspire prevocational doctors to choose general practice. Attendance at national and international conferences further extended our influence and provided valuable opportunities to showcase our members' perspectives on a global stage.

The General Practice Students Network (GPSN) also remained central to engaging the next generation of doctors, with more than 4,000 student members involved in campus events and skills workshops nationwide.

Sustainability and renewal

To sustain this momentum, GPRA strengthened its governance and partnerships. In December 2024, I was proud to be elected President alongside new Board Directors, bringing fresh perspectives to our leadership team. We also launched the GPRA Alumni Network to maintain connections with New Fellows and ensure they remain part of GPRA's future, not just its history.

Our organisation embraced digital transformation by upgrading our systems to better integrate membership, events, and reporting, while also bolstering cybersecurity. Strategic partnerships with organisations including Heidi Health, Avant, and eMedici have further strengthened our financial and operational sustainability.

Acknowledgements

I would like to thank our Registrar Advisors, the GPSN national executive, RLOs, ambassadors, and the GPRA Board and staff for their tireless dedication. Most importantly, I want to acknowledge our members. Your stories, experiences, and advocacy have shaped every achievement in this report.

I also wish to recognise the leadership of former President Dr Karyn Matterson, who guided GPRA through the first half of 2024–25 with her trademark dedication and integrity. It has been a privilege to build on the strong foundations she laid, ensuring continuity and momentum as I stepped into the role in January 2025.

As I look back on 2024–25, I am proud of the historic progress GPRA has made in securing reforms, delivering resources, and fostering a stronger community for future GPs and RGs. There is still much work ahead, but together, we are building a brighter, more sustainable future for general practice in Australia.

Dr Chris Dickie

GPRA President

MY STORY:

Dr Ganesan Senthan:

From Sri Lanka to Oberon: Dr Ganesan Senthan's journey into rural General Practice

For Dr Ganesan Senthan, the decision to settle in Oberon, New South Wales, and serve its rural community was the culmination of a journey that began in Sri Lanka.

The town of Oberon, known for its chilly winters and breathtaking landscapes in the Central Tablelands, became not only his workplace but also his home, where he lives with his wife and two young sons.

As a rural GP, he has found immense purpose in his work, a profession he regards as more than a career – it is a vocation, one deeply connected to the community.

Since joining Oberon Medical Centre three years ago, Ganesan has thrived in his role as a rural generalist.

In 2024, he achieved his GP fellowship after years of intensive training through the Remote Vocational Training Scheme (RVTS).

His path, shaped by resilience and dedication, highlights the possibilities and rewards of rural general practice, especially for International Medical Graduates (IMGs) like himself.

Born in Sri Lanka, Ganesan grew up in a family where education was highly valued. His father, a High Court Registrar, was his guiding star.

"Education was seen as the key to a better future in our country. For me, the greatest way to show my respect and gratitude to my parents and teachers was to study hard and make a meaningful contribution to society," he recalls.

This sense of duty led him to pursue a medical degree at the University of Jaffna, graduating in 2009.

Inspired by a mix of personal experiences and admiration for medical professionals, Ganesan developed a deep interest in healthcare from a young age.

"As the youngest in my family, I often found myself in hospitals and clinics as a child, and I remember being fascinated by the medical students and doctors in the wards," he shares.

His early encounters with the medical world sparked a passion that would define his future.

After completing a Post Graduate Diploma in Critical Care Medicine at the University of Colombo, Ganesan worked in critical care and emergency medicine in Sri Lanka.

Upon moving to Australia, he continued his work in emergency departments at Campbelltown, Camden, and Fairfield hospitals in southwest Sydney

However, his time in emergency medicine was only part of the story. He realised that his true calling was rural general practice, where he could make a sustained difference in the lives of his patients.

The decision to transition from emergency medicine to general practice in a rural area was not without challenges.

"It was a big leap. Financially, it was difficult at first, especially while moving to a remote region with my family and managing the demands of training," Ganesan reflects.

"There were days when balancing work, study, and family life seemed impossible, especially with two young boys."

He enrolled in the RVTS, a program designed to support doctors training in remote and rural areas, and it became a lifeline.

"RVTS was a family in itself, wholeheartedly supporting me through every challenge, from exam preparation to adapting to rural life," he says.

Despite these challenges, Ganesan felt a deep sense of fulfillment in his role.

"Being a GP in a rural area is one of the most rewarding experiences of my career.

"The trust patients place in you is priceless, and the opportunity to be part of a community, providing care across all ages and conditions, is something not every doctor gets to experience."

Living and practising in Oberon has been a transformative experience for Ganesan, particularly in how he connects with the local community.

Coming from a remote island in Sri Lanka, he believes that his background helped him adapt to rural Australia.

"I grew up in a small, resource-limited place, so I was already used to working in challenging conditions.

"Rural practice feels like a natural fit for me. The community here in Oberon has welcomed my family and me, and I feel like I've become an integral part of it."

The relationship between rural doctors and their communities is one of mutual dependence, and Ganesan takes pride in being part of that connection.

"From my point of view, the famous quote by legendary Greek philosopher Aristotle – 'Man is a social animal' – suits very well to a health professional who prefers to practice in rural and remote regions," he says.

"In a small town, everyone needs everyone. The interactions, the recognition, the unity you experience are irreplaceable.

"And the fact that the whole community comes together to help each other through challenges is something I cherish."

His patients frequently express their gratitude in ways that reaffirm his choice to practise in a rural area.

"I remember a patient telling me, 'I'm here today because you pushed me to go to the hospital that day, Doc.'

"Hearing things like that makes it all worth it," Ganesan says with a smile.

Beyond his clinical work, Ganesan is a keen writer and an accomplished player of the classical Indian percussion instrument, the Mridangam.

This cultural connection allows him to maintain a sense of identity, even in a small rural town far from home.

As Ganesan looks to the future, he is eager to expand his skills and knowledge further, but his passion lies in teaching.

"My dream is to be involved in teaching medicine, especially in rural and remote settings," he says.

"Passing on knowledge is the only way we can inspire the next generation of rural health professionals. It's also a way for me to stay up-to-date with medical advancements."

His goal is to encourage more doctors, particularly IMGs, to consider rural generalism as a career.

"Rural medicine is not for everyone, but for those who have the drive and the heart to serve in under-resourced areas, it's a fulfilling life.

"It's about more than just treating patients – it's about becoming part of a community, facing challenges together, and making a lasting impact."

Since settling in Oberon, Ganesan has not only made a name for himself as a skilled doctor but also as a valued member of the community.

His patients travel long distances just to see him, and his commitment to their care is evident in the strong relationships he has built.

Reflecting on his journey, Ganesan expresses gratitude for the opportunities that rural general practice has afforded him, especially through the support of the RVTS.

"I'm grateful for the RVTS and the people who helped me along the way – my educators, supervisors, and my practice staff. Without their support, I wouldn't be where I am today."

With a successful career, a supportive family, and a vision for the future, Ganesan remains deeply committed to his role as a rural generalist in Oberon.

His journey from Sri Lanka to rural Australia is a powerful testament to the potential for IMG graduates to not only succeed but thrive in rural practice.

"Being a rural GP is about more than medicine," Ganesan says. "It's about building trust, understanding your community, and making a real difference.

"It's a rewarding and unique path, and I'm proud to walk it every day."

Chairperson's report

It is my privilege to present the Chair's Report for the 2024–2025 year, a period marked by historic reforms, renewed leadership, and important achievements for GPRA. As we prepare to celebrate our 25th year in 2025–26, the organisation is well positioned to continue strengthening the pipeline of future GPs and rural generalists.

Progress against GPRA Strategic Plan 2023-2026

Our work this year has been guided by the four pillars of the 2023–2026 Strategic Plan: Advocacy, Member Support, Member Engagement, and Sustainability. These pillars have provided clear direction and ensured our efforts remain focused on delivering stage-specific support for medical students, prevocational doctors, registrars, and new Fellows. Under Advocacy, GPRA secured long-awaited national reforms to registrar pay and leave entitlements, while also extending the NTCER to cover all training pathways.

We have further consolidated our role as the independent national voice of future GPs through parliamentary engagement, state-based forums, and ongoing collaboration with sector partners. In Member Support, we expanded our resource suite, launched new scholarships and reimbursement programs, and introduced innovative digital tools to assist members in their education and training journey. In Member Engagement, events such as the GPRA NT GP Registrars Forum and the SA Future GP Forum provided opportunities for registrars and students to connect with policymakers and peers, while the GPSN continued to inspire the next generation of doctors. Under Sustainability, we strengthened partnerships, embraced digital transformation, and launched the Alumni Network to keep New Fellows connected and engaged.

Leadership and advocacy

This year also highlighted GPRA's leadership in national debates on registrar employment, workforce sustainability, and cultural safety. Our stewardship of the NTCER process delivered clearer and fairer employment conditions, while our advocacy directly influenced government reforms on pay and leave. We also advanced our commitment to cultural safety through targeted grants and by supporting registrars to build skills for practice in diverse communities. Alongside these initiatives, our scholarships and peer-to-peer education programs supported the early pipeline of doctors considering general practice and rural generalism.

Financial and organisational sustainability

Like many not-for-profits, GPRA faced increased operational costs. Despite these pressures, the organisation remains financially secure, thanks to prudent management and the dedication of the Board and staff. We carefully balanced efficiency with delivery, ensuring members continued to benefit from high-quality resources, events, and services. Partnerships with sector stakeholders and sponsors further strengthened our capacity to support members and maintain long-term sustainability.

Governance and Board membership

GPRA continues to uphold strong governance principles, ensuring accountability, transparency, and a clear strategic focus. The Board met four times during the year, engaging in comprehensive discussions on financial health, member services, and broader sector issues. The Finance, Audit and Risk Management Committee and the Nominations and Remuneration Committee provided essential oversight, helping to maintain financial stability and exemplary governance.

In December 2024, we confirmed important Board changes. We welcomed new Directors, Dr Kim Omond and Dr Louis Charalambous, both bringing valuable experience and fresh perspectives. We farewelled Director Dr Kate McCabe-Simon and acknowledged the leadership of former President Dr Karyn Matterson, who was invited to remain on the Board for a further year. A key leadership transition also occurred with the election of Dr Chris Dickie as President, succeeding Dr Matterson from January 2025. These changes reflect both renewal and continuity in GPRA's governance.

> I am pleased to report that, once again, there were no regulatory breaches in 2024–25, reflecting our ongoing commitment to the highest standards of financial and operational management.

Acknowledgements

On behalf of the Board, I thank former President Dr Karyn Matterson for her leadership in the first half of the year, and President Dr Chris Dickie for his tireless advocacy since January 2025. I also acknowledge former Chair Ms Nicki Herriot, whose stewardship and commitment over many years have left GPRA stronger and well prepared for the future. I would like to sincerely thank my fellow Board Directors for their dedication, expertise, and collaborative spirit. Their guidance and oversight have been invaluable in steering GPRA through a year of significant change and achievement.

I would like to take this opportunity to acknowledge our members — medical students, prevocational doctors, registrars, and New Fellows — for their ongoing engagement and trust. Your voices continue to shape our work and amplify GPRA's impact.

Finally, I extend my gratitude to the GPRA staff team, led by CEO Jo-anne Chapman, whose professionalism and dedication underpin all our achievements. Together with the Registrar Advisors, the GPSN national executive, and our sector partners, they have ensured members are supported at every stage of their journey.

Looking ahead

As GPRA enters its 25th year, we do so with confidence. We have strengthened our core objectives, advanced critical reforms, and expanded support for members across the training pipeline. With these foundations, GPRA is well positioned to continue as the trusted, independent national voice of the next generation of GPs and RGs.

Mark Grey

Chair, GPRA

MY STORY:

Dr Montana Chugg:

A journey of healing, dedication, and hope.

With Australia recognising National Reconciliation Week 2025 (27 May-3 June), GPRA interviewed Dr Montana Chugg, a proud pakana luna (Tasmanian Aboriginal woman) with a remarkable journey into medicine.

Monty, as she is affectionately known, is currently navigating her path as a Rural Generalist in Cairns, far from where her ancestors once walked on the lands surrounding Kanamaluka (River Tamar) in Tasmania.

Her story not only reflects the depth of her cultural connection but also demonstrates the transformative power of education, family sacrifice, and the unwavering desire to give back to her community. Born and raised in the heart of George Town and Bangor, Monty's story is one of resilience, sacrifice, and the deep-rooted connection between her heritage and the health of her community.

"I grew up in a humble home, but I was wealthy beyond measure, so very loved," Monty recalls.

"My grandparents worked harder than I could ever have imagined, and two generations later, I became one of the first in my family to attend university."

Her journey, though marked with personal challenges, is driven by the legacy of those who came before her.

"I credit every success to them — their love and their sacrifice got me here," she says with profound gratitude.

Monty's deep connection to her roots runs through her veins.

"I am a very proud pakana luna, and I feel incredibly honoured to work and learn on Gimuy-Walubara-Yidinji Country," she explains. Her family's history stretches from her father's side, with her Poppy West, a proud palawa man, sharing stories of growing up with the struggles of being an Aboriginal man with blonde hair and blue eyes, facing discrimination even in his own community.

"My Poppy worked his entire life to create a better future for his daughters and eventually his grandchildren. I am blessed to be one of them," Monty reflects.

Her non-Indigenous grandmother, Nanna Chugg, was an equally influential figure in Monty's life.

"Nanna was one of the most intelligent, compassionate, and resilient people I know," Monty shares.

"Though she spent her childhood caring for her younger siblings, she still embodied an unwavering love for family — a value I carry with me every day."

This blend of family resilience, strength, and love for the land has profoundly shaped Monty's career and her passion for making a tangible difference in the lives of those she serves.

Her path to medicine wasn't a linear one. In fact, Monty never initially imagined becoming a doctor.

"All I knew is that I loved working with people and wanted to try and help others," she admits.

Her earliest memories of healthcare stem from the loss of her Poppy Chugg to an untreated melanoma.

"He never got checked, and I remember thinking that wasn't very fair. If someone had noticed it earlier, maybe things would have turned out differently," she recalls.

This early experience ignited Monty's interest in healthcare, but it wasn't until later that she realised that medicine was the perfect blend of science and human connection.

"In high school, I realised I loved science, and that's when I started thinking that medicine might be a perfect fit for me," she says.

Monty's academic journey was shaped by immense support from her mentors, tutors, and friends.She studied her Bachelor of Medicine/Bachelor of Surgery at the University of Tasmania (UTAS), where she faced the demanding challenge of balancing the rigorous academic requirements with her passion for rural and Indigenous healthcare.

"It was five of the most challenging years of my life," Monty says, reflecting on the hurdles she overcame. "But I was supported by incredible mentors and lecturers who helped me grow into the doctor I am today."

Her connection to rural healthcare was solidified early in her studies. As part of the John Flynn Placement Program, Monty returned to Kinimathatakinta (George Town) during her second year of medical school, reconnecting with the land and her roots.

"It was a chance to give back to the community that raised me," she explains. "I could see the challenges they faced, and I knew that I wanted to be part of the solution."

Monty's internship year at Launceston General Hospital in 2022 marked a significant turning point in her medical journey.

"It was a busy and challenging year, but I knew I was exactly where I was meant to be," she says.

After completing her internship, Monty moved to Cairns in 2023 to immerse herself in rural generalist medicine.

"I fell in love with this land and the people here," she says with warmth. "It's such a diverse and vibrant community, and the people have taught me so much."

In 2025, Monty began her ACRRM (Australian College of Rural and Remote Medicine) training, focusing on the specific skills needed to serve her community effectively as a Rural Generalist.

"Rural generalists are some of the hardest-working, most resourceful doctors I know," Monty says, acknowledging the breadth of knowledge required to serve in under-resourced areas.

"General practice is about being resourceful, adapting quickly, and connecting with people on a deeply personal level."

One of the aspects of general practice that Monty finds most rewarding is the opportunity to care for patients through all stages of life.

"I love the variety," she says. "It's incredibly rewarding to care for patients on their worst days, but it's even more special to see them recover, to watch them get better, and to support them through their healing process."

Monty's journey has not been without challenges, though. "The breadth of knowledge required for general practice is vast," she admits.

"It's overwhelming at times, and I feel like I've only scratched the surface. But I've been fortunate to have amazing mentors who make learning fun and possible."

Looking ahead to the next 5-10 years, Monty has a clear vision of where she wants to be.

"I see myself as a Rural Generalist in a remote town in Far North Queensland," she says.

"I want to work in all parts of healthcare — primary care, emergency departments, and even providing rural generalist anaesthesia to facilitate visiting specialists.

"I want to be a part of the community, not just as a doctor, but as a member of that community."

Monty's work as a doctor extends beyond the clinic, as she plans to teach future generations of medical students and junior doctors.

"I can't wait to see what opportunities arise," she says. "There's always an alternative path in life, and I'm excited to see where my journey takes me."

One of the most memorable moments in Monty's career came during a particularly emotional shift in Cairns, when she was called to assist in an emergency case. "I remember holding a very unwell patient's hand as she bled internally," she says quietly.

"I stayed with her as she passed away, and though I initially felt like I had failed her, I later realised that what she needed most was simply to be seen and cared for in that moment."

For Monty, these moments of simple compassion are what make the most profound impact.

"Sometimes, being a doctor isn't about having all the answers," she says. "It's about being present for people when they need you most."

National Reconciliation Week holds profound significance for Monty, as it is a time to reflect on the ongoing struggles faced by Aboriginal and Torres Strait Islander peoples, particularly within the healthcare system.

"Australia still has a long way to go when it comes to racism in healthcare," she acknowledges.

"But the growing number of Aboriginal and Torres Strait Islander doctors is a sign of change, and reconciliation is slowly happening."

As for the future, Monty has a powerful message for other First Nations people considering a career in medicine.

"Our Old People fought so that we could attend university, that we could receive healthcare and provide for our communities," she says with pride.

"If you're willing to try, you'll find an army of Blak doctors standing beside you every step of the way. You are essential. Your work is essential. And if you give it a go, you can make a big difference for mob."

Monty's journey as a First Nations doctor is not just a testament to her hard work and dedication but also an inspiration for future generations. As Monty looks toward the future, she remains committed to her community, her culture, and her patients — continually inspired by the strength and resilience of her mob.

"Reconciliation Week is a time to celebrate the Old People whose blood and sacrifice mark the soil beneath us," Monty says with conviction.

"I'm proud to stand on that soil, and I'll continue to do so as a doctor, for my mob and for my country."

CEO's report

As we close the 2024–25 financial year, I am proud to reflect on what has been a landmark year for GPRA — a year of historic reforms and stronger advocacy informed by our members and partners.

GPRA has remained steadfast in its mission: to be the trusted and independent national voice for the future GP/RG workforce. This year, we delivered tangible wins that will shape the GP/RG pipeline for decades, ensuring patients across Australian communities can access quality primary healthcare.

(l-r) GPRA CEO Jo-anne Chapman, GPRA President Dr Chris Dickie, ACT Health Minister Rachel Stephen-Smith, and key Ministerial health advisors in Canberra.

Advocacy – a game-changing year

One of the most significant milestones was the Federal Government's announcement in February 2025 of new investment in training, which ended the structural barriers that prevent early career doctors from considering GP/RG training.

These were reforms and investments that GPRA – including GPRA Presidents and our members – have long championed over the past 24 years.

From 2026, GP/RG registrars commencing in training under the Australian General Practice Training Program (AGPT) will have improved base pay and access to parental and study leave entitlements. These reforms directly address barriers that GPRA has argued discouraged doctors from choosing general practice or rural generalism as a specialty.

These reforms represent one of the most significant advocacy achievements in GPRA's history. Finally our members' voices calling for base rate parity, study and parental leave access were heard.

Alongside this, the review of the National Terms and Conditions for the Employment of Registrars (NTCER) delivered stronger, broader employment conditions and guidance for both registrars and practices. Significantly, the updated NTCER saw GPRA negotiate the end of a minimum 12-week payment cycle, with registrars from Semester 1 in 2025 now employed under a new monthly minimum.

Further, for the first time, the NTCER includes guidance for the employment of registrars across all pathways — AGPT, FSP, independent pathway, RGTS, RVTS, ADF GP programs, and Single Employer Model RG pilots. This now ensures consistency and fairness for every registrar, but equally consistent and clear guidance to practices and service providers.

Our advocacy efforts reached from Parliament House in Canberra to grassroots forums in McLaren Vale and Darwin, amplifying future GP/RGs voices on issues such as pay inequity, leave, early exposure to general practice/rural generalism, and sustainable funding for primary healthcare. Joint statements with the RACGP, GPSA and AMA reinforced our united voice in pushing for urgent change.

Member support – resources that matter

Providing independent, trusted advice and resources for registrars remained at the core of GPRA's work. Our Registrar Advisors once again guided members through employment and training challenges, particularly around training policies, pay, leave, and contracts.

We expanded our education and exam preparation resource suite with major launches, including the 4th edition of the GP Companion, the updated 3rd edition of the Written Exams eBook, and the 3rd edition of Clinical Cases, including for the first time, in a new interactive digital format. The launch of a dedicated IMG Resource Hub also ensured international medical graduates and overseas trained doctors could access pathways, contract guidance, and exam preparation tailored to their needs.

The GPRA NT Scholarship Program, launched in 2024 and expanded in 2025, recognised excellence in paediatrics, Indigenous health, rural practice, and registrar leadership. These scholarships — worth up to $20,000 each — demonstrate our commitment to addressing workforce gaps and Closing the Gap in First Nations health.

Member engagement – connecting and inspiring

GPRA CEO Jo-anne Chapman with medical students at RMA24.

September 2024 saw the launch of the GPRA NT Annual Registrars Forum, a flagship event that brought together cultural immersion, leadership development, and the inaugural GPRA NT Scholarships Awards Dinner. The event was described as "inspiring" and highlighted the strong future of healthcare in the Territory, as well as GPRA's commitment to supporting the future GP/RG workforce pipeline to close the gap in health outcomes in jurisdictions like the NT.

GPRA also maintained visibility nationally and internationally, from RMA24 in Darwin and GP24 in Perth to the WONCA Asia Pacific Conference in Singapore. Through these events, we reinforced our role as a key connector, ensuring GPRA as Australia's future GP/RG peak is represented on the national and international stage.

The launch of GPRA's Alumni Network at GP24 was another milestone, ensuring support for new Fellows beyond their training years, but also providing our former GPRA members a way to reconnect. GPRA alumni now have opportunities to mentor, stay engaged, and continue shaping GPRA's growth and influence.

Sustainability and partnerships

This year also saw GPRA strengthen internal systems and partnerships. We expanded our digital infrastructure and cybersecurity with upgrades to CRM and grants platforms, improving efficiency and the member experience. Partnerships with the Commonwealth Bank, Heidi Health, Avant, eMedici, and others ensured we could deliver innovative support to our members — from AI-powered clinical scribes to exam prep tools.

Our collaboration with GPSA also deepened through a formal MOU, enabling us to jointly advocate for national reforms and provide a united voice representing more than 30,000 members.

Acknowledgments

This year's success simply would not have been possible without the ongoing support of our members, sponsors and partners. GPRA is your peak, and our members' offers of time and effort – to ensure they give back to their peers – is truly one of the most cherished parts of my role.

Thanks to their generosity, we have been able to provide a wide range of meaningful activities and resources for our members. We are excited to continue these partnerships into the coming year.

Our achievements in 2024-2025 have only been possible thanks to the dedication of our GPRA team, who consistently go above and beyond for our members. Their commitment to our vision, and to supporting the future GP workforce, is the heartbeat of this organisation.

I thank our Board, led by current President Dr Chris Dickie and Chair Mark Grey, whose leadership and vision continue to drive GPRA forward and provide invaluable support and guidance to me. I would also in particular like to thank Nicki Herriot, who recently stepped down as Chair after a highly-successful period leading our Board again in 2024-2025.

Finally, to our members — your voices are the foundation of everything we do. Thank you for trusting GPRA to represent you, to support you, and to champion the future of general practice.

As I always say – I work with the future, and the future GP/RG workforce is fabulous!

GPRA CEO Jo-anne Chapman, RACGP President Dr Michael Wright, and GPSA CEO Carla Taylor at WONCA Asia Pacific Conference 2024 in Singapore.

Jo-anne Chapman
GPRA Chief Executive Officer

2024/25 at a glance

22 Media Statements released

417 Formal Registrar enquiries

31 total eNewsletters sent to (average of) 4,856 subscribers, with open rate of 63% (per EDM).

93,720 users to the GPRA website, who viewed a total of

219,090 pages

5:4 GPRA board gender ratio.

Approximate total members

20,260

including 4,323 medical students

14 Webinars, covering 7 topics included exam preparation, cyber security and NTCER.

5 face-to-face events throughout Australia.

GPRA YouTube: 4 new videos, 5,500 views (all content), 286.3 watch time (hours), 1,509 total subscribers (155 new)

40 GPSN EVENTS

1 national event. 35 local events. 4 State based events.

MY STORY:

Dr Shauna Hill

Inaugural recipient of the GPRA NT Rural and Remote Scholarship.

Dr Shauna Hill, a worthy inaugural recipient of the GPRA NT Rural and Remote Scholarship, exemplifies a deep dedication to improving healthcare in remote Aboriginal communities.

Her journey from a research officer to a trailblazing general practitioner in Alice Springs is marked by resilience, dedication, and a profound sense of purpose.

Currently practising at the Central Aboriginal Australian Congress in Alice Springs, Shauna made a significant move from Western Australia to the Northern Territory this year to commence her GP training.

“I am a Yamatji/Nyoongar woman from a large family that extends across WA and into the NT, as I’ve discovered since moving to Alice Springs.

“Perth is where I grew up, have mostly lived, and where I studied medicine, as well as my first degree in Politics and History.”

Shauna says winning the GPRA NT Rural and Remote Scholarship is a significant milestone for her.

“It means I am supported in my focus on, and commitment to a career in remote healthcare,” she says.

“It validates the importance of community and providing culturally appropriate healthcare, and it reveals a sense of community and support within the GP profession.”

The scholarship, which provides $20,000 over two years, is designed for prospective NT-based GP registrars who demonstrate a strong commitment to further specialised training in remote locations within the Northern Territory.

“This scholarship will enable me to further develop the skills necessary for a GP to deliver and improve the delivery of healthcare in remote settings,” she added.

Shauna was drawn to general practice for several reasons, including continuity of care, preventative health, and the diversity of patient presentations.

However, what she values most is the opportunity to work for an Aboriginal Medical Service, with the research and literature identifying Aboriginal doctors as an important factor in improving the health of Aboriginal people.

“The choice I value the most and find most rewarding is the ability to work with Aboriginal patients and towards improving the health disparities we as Aboriginal people are faced with,” she states.

Shauna believes that a good GP must possess excellent communication skills, the ability to listen, and a collaborative approach to patient care.

“To care, to respect, and to advocate for patients is crucial,” she emphasises.

Her vision for herself in the next five to 10 years is to continue working in areas of high need, aiming to improve health literacy and support patient agency.

Reflecting on her journey, Shauna shares that multiple moments have confirmed her decision to become a doctor.

“Most of these moments have highlighted the understanding and trust that exists between an Aboriginal patient and an Aboriginal doctor,” she says.

“A connection based on awareness that helps to identify and understand patient needs, build rapport, and improve communication to achieve better outcomes.”

Shauna’s story is not just one of personal achievement, but also provides inspiration for more Aboriginal people to consider becoming doctors.

Dr Hill was officially presented with her scholarship at the inaugural GPRA NT Annual GP Registrars Forum event in Darwin in September 2024.

MY STORY:

Dr Ashton Kelly:

Remote general practice, rural roots, and community connection

Dr Ashton Kelly stands at the heart of rural healthcare in Far North Queensland, a testament to the rewarding yet challenging path of a rural generalist.

His journey from the suburbs of Maitland in New South Wales to the remote corners of Tasmania, and now to Wuchopperen Health Service in Cairns, speaks to a deep commitment to community-focused medicine, underscored by a desire to make a meaningful difference in the lives of his patients.

Ashton's story offers an inspiring example for medical students and pre-vocational doctors considering rural generalism, and highlights the vital role of the Remote Vocational Training Scheme (RVTS) in his career development.

Born and raised on Wonnarua Country in Maitland, Ashton reflects fondly on his early years.

His family's working-class roots, his Welsh, Irish, and Danish heritage, and the close-knit community that shaped his values played a central role in his life.

He is quick to credit his upbringing as a strong motivator behind his eventual career choice.

"I always had a sense of wanting to give back, to be of service to those less fortunate," Ashton recalls.

"Medicine seemed like the path where I could make a real impact, but it was my friend and mentor Professor Kypros Kypri – a very successful and impactful epidemiologist – who truly guided me towards this vocation.

"He was the one who believed in my capacity to become a doctor and strongly influenced me in this direction.

"Intellectually and morally, he was probably my most important mentor. He tragically died very young last year."

Ashton's academic journey took him from a Bachelor of Biomedical Sciences at the University of Newcastle to his medical degree at the University of Otago, New Zealand.

Along the way, he earned a Master of Public Health from the University of Sydney, combining his love for medicine with a strong interest in public health.

As Ashton's career unfolded, choosing general practice wasn't an easy or immediate decision.

"I spent a lot of time questioning whether general practice was the right path for me," he admits.

"For a long time, I thought Public Health would be my career. In this capacity I worked at the World Health Organisation and International Red Cross on international issues.

"However, I missed connecting with people directly and felt very distanced from health issues in those roles."

It wasn't just about clinical practice for Ashton. He sought to find his place in a profession where he could build meaningful relationships with patients and the community around him.

"General practice allows for that depth of connection," he says. "There's an intimacy in this field that other specialties often miss.

"You're embedded in the community, becoming a central figure in the lives of your patients, which carries immense responsibility but also profound privilege."

Ashton spent two formative years practising in the small coastal town of Bicheno in remote Tasmania.

It was a steep learning curve, but one that solidified his passion for rural and remote health.

"In remote practice, you quickly learn to depend on your peers," Ashton says.

"There's a sense of isolation, but also a strong camaraderie. You form real connections with your colleagues and patients, something I hadn't experienced in city-based roles."

The most rewarding part of remote general practice, he explains, is the authenticity of the doctor-patient relationship.

"A good GP creates a space where anyone, regardless of their background or mistakes, can have a heartfelt conversation. It's life-changing for the patient, and often for the doctor too."

One experience, during a night shift in Hobart Private Emergency Department, particularly sticks with him.

"An elderly lady was brought in from home by ambulance, and I quickly appreciated she was dying. Unfortunately, despite our best efforts, we could not contact family members," he says.

"I recall sitting by her side and stretching my arms out over the bedrails to reach her hands.

"She held onto my hands as I explained to her that she was dying and would likely soon lose consciousness.

"I apologised to her that I could not contact any family members, and I remember the tears starting to cloud my vision. She simply held my hand and drifted off to sleep.

"General practice allows for that depth of connection. There's an intimacy in this field that other specialties often miss. You're embedded in the community, becoming a central figure in the lives of your patients, which carries immense responsibility but also profound privilege."

"I sat there for a while with her hand still warm in mine and I reflected on my immense privilege in that role.

"It's those moments of sincere shared humanity between people that clinical medicine affords, and I try to be open to this every day."

For Ashton, the challenges and rewards of rural practice are intrinsically linked.

"Working in rural areas forces you to confront clinical uncertainty," he explains.

"You don't always have access to the resources available in metropolitan hospitals.

"It teaches you to be comfortable with ambiguity, to make the best decisions with the tools at hand, and to communicate that uncertainty to patients in a way that reassures them."

He highlights that rural practice demands honesty and humility.

"You need to know your limitations and when to ask for help. It's a humbling experience, but one that allows you to grow both professionally and personally."

Ashton's commitment to remote healthcare is clear in his current role at Wuchopperen Health Service, an Aboriginal Community Controlled Health Organisation (ACCHO) in central Cairns.

"I'm deeply committed to supporting our First Nations communities," he shares.

"In the long run, I'd like to take on a leadership role in Aboriginal Community Controlled Health, to advocate politically for types of social and infrastructure changes that are needed to improve the wellbeing of our First Nations peoples."

Ashton credits much of his professional growth to the RVTS.

"I can sincerely say that without RVTS, I'm not sure I would have completed my training," he states.

"RVTS offers something unique – a tailored approach that truly understands the challenges of working in remote areas.

"Their one-on-one support was invaluable as I navigated the demands of training alongside my family's needs."

The RVTS's training workshops also provided Ashton with opportunities to connect with like-minded professionals.

"It's such a relaxed, engaging environment, where you can really yarn with your peers and mentors.

"I've formed some incredible relationships through RVTS that have been crucial to my success."

Looking to the future, Ashton envisions himself continuing to serve rural communities, particularly in Indigenous healthcare.

"I'm passionate about being a part of meaningful change for First Nations peoples.

"If I could earn the trust and approval of the community, I would be honoured to take on a senior leadership role in this field."

As for his message to those considering a career in rural generalism, Ashton is unequivocal: "If you want to make a real difference, not just in medicine but in people's lives, rural general practice is the path for you.

"It will challenge you, yes, but it will also shape you into a doctor who understands the value of community, connection, and humanity."

For Dr Ashton Kelly, rural generalism isn't just a career – **it's a calling.**

2024-2025 highlights

GPRA continued to provide resources, information, advocacy, and support for our members in 2024-2025, including:

- advice on employment negotiations and training issues
- managing events, including networking, educational, wellbeing and professional development
- assisting with exam preparation and support
- providing special member-only services and discounts with partner organisations
- promoting a career in general practice to future doctors
- advocating to Government, Members of Parliament and other policy-makers on a range of issues with the objective of growing the future GP pipeline to improve healthcare across Australia.

We also provided financial, events and communications support for the General Practice Students Network (GPSN) and Indigenous General Practice Trainee Network (IGPTN) assisting in its transition to independent status during the year.

Here are some of our highlights in 2024-25 under our four Strategic Plan 2023-2026 key pillars:

- Advocacy
- Member support
- Member engagement
- Sustainability.

Advocacy

'We will be a leading and trusted voice of future GPs, with independent perspectives and expertise to share about relevant educational, employment and policy issues'

Overview

As the national independent voice of future GPs/RGs, GPRA is recognised as a leading and trusted independent adviser to the government on all matters concerning the future of general practice and rural generalism.

This year was a historic one for advocacy. GPRA secured major reforms to registrar pay and leave entitlements, expanded the NTCER to cover all training pathways, and influenced national debate through high-level forums and collaborations with partners such as RACGP, AMA, GPSA, and GPSN. From Parliament House in Canberra to McLaren Vale in South Australia and Darwin in the NT, GPRA ensured the voice of the future was heard where it mattered most.

Federal GP Training Reform - A historic win

In February 2025, the Albanese Government announced significant new investment in the Australian General Practice training program. This included improved base pay for GP/RG registrars, access to parental and study leave entitlements, and commitments to strengthen supervision.

For GPRA and its members, this was the culmination of years of advocacy. We had consistently argued that pay inequity and lack of leave were disincentives for doctors considering general practice/rural generalism. The reforms addressed these barriers head-on.

Dr Chris Dickie, GPRA President, welcomed the announcement as "historic — a real game-changer for the future GP workforce."

He emphasised that fair pay and leave were essential to attract doctors into general practice and ensure patients have access to care. This reform win stands as one of GPRA's most significant achievements in two decades.

Historic GP registrar salary and leave reforms secured.

NTCER expanded to provide guidance across all GP/RG training pathways

Review of the NTCER – stronger, broader employment conditions

Another milestone was the completion of the 2024 review of the National Terms and Conditions for the Employment of Registrars (NTCER), conducted jointly with GPSA.

For the first time, the updated 2025–26 NTCER applies not only to AGPT registrars but also to those training through the FSP, Independent Pathway, RGTS, RVTS, ADF GP programs, and Single Employer Model pilots.

The NTCER now provides nationally consistent guidance across the entire training pipeline, ensuring equity for registrars regardless of pathway. Key updates included MBS-linked base rate increases from 1 July 2025, fatigue and leave provisions, and clearer dispute resolution processes.

Dr Dickie underscored the significance: "It is important that all GP registrars, regardless of what training pathway they are training under, have access to national and consistent guidance for their employment conditions."

The breadth of this reform means GPRA's advocacy now touches every registrar in Australia, reinforcing our role as the trusted national authority on employment of GP/RG conditions.

February 1st 2025

Inaugural Future GP Forum held in McLaren Vale SA

SA Future GP Forum – regional voices shaping policy

On 1 February 2025, GPRA partnered with Federal MP Rebekha Sharkie to host the inaugural SA Future GP Forum in McLaren Vale.

This event gave registrars, students, and early-career/prevocational doctors direct access to political and sector leaders, including South Australian Health Minister Chris Picton, GPRA President Dr Chris Dickie, GPSN Chair Kei Hsieh, and prevocational doctor Dr Rohan Nitchingham, with SA GPRA Board Member Dr Kim Omond as MC.

The panel discussed barriers such as pay inequity, training leave, and limited early exposure to general practice/community based services at medical school. Solutions proposed included a National Employment Support Fund, expanded early placements for medical students, and more flexible local training funds for rural practices.

Dr Dickie stressed that the solutions offered were not abstract policy ideas but practical measures that could be enacted quickly to address the GP/RG workforce crisis. The Forum demonstrated GPRA's ability to mobilise grassroots and political voices together to shape policy and influence investment in the future health workforce pipeline.

Parliamentary Friends of General Practice Breakfast

In September 2024, GPRA co-hosted the Parliamentary Friends of General Practice Breakfast with Dr Sophie Scamps MP at Parliament House. This was the first event of its kind and brought registrars, students, MPs, and Senators together to discuss solutions for attracting and retaining future GPs/RGs so all Australians can access quality healthcare.

GPRA presented three priorities at his Breakfast: investment in a study and parental leave support fund, a base rate/wage supplement for registrars, and sustainable funding for GP Clubs.

The event consolidated GPRA as a credible and solutions-focused voice at the heart of the policy debate.

Joint statement with RACGP and AMA

In April 2025, GPRA, RACGP, and AMA issued a joint statement — supported by GPSA, IGPTN, and GPSN — calling for pay parity and improved leave for registrars.

This unified voice carried significant weight, showing the sector's collective determination to fix registrar employment conditions.

The statement highlighted that registrars face wage gaps of up to $40,000 compared to hospital trainees, and often lack access to basic leave entitlements. It also warned that without urgent action, GP/RG shortages would worsen.

Weeks later, the Federal Government announced reforms directly aligned with these demands — demonstrating the power of coordinated advocacy.

'All We Want for Christmas' campaign

In December 2024, GPRA ran a festive advocacy campaign calling for a **national GP Registrar Employment Fund** and support for **peer-to-peer registrar activities.**

Members were encouraged to contact MPs, share GPRA's budget submission, and raise awareness on social media.

The campaign generated momentum at a critical time of year and ensured registrar issues stayed visible leading into the 2025 Federal Budget. It also reinforced GPRA's role in activating its grassroots membership to advocate alongside the organisation.

Rural and national engagement

GPRA maintained visibility at key national events, including RMA24 in Darwin, where we co-hosted the Let's Croc and Roll networking event with ACRRM and RDAA, attended by over 120 students and prevocational doctors.

We also held grassroots workshops in Katherine and attended the WONCA Asia Pacific Conference in Singapore, as well as other key conferences, reinforcing GPRA's influence nationally and internationally.

Member Support

'We will play an essential role in the lives of future GPs throughout their education and training journey, providing them with independent and trusted support, advice and resources.'

Overview

Providing support and expert advice for members on employment and training issues was again a crucial function for GPRA in 2024-25.

GPRA this year continued to employ Registrar Advisors to ensure all registrars in GP training had access to an independent advisor and GP peer to turn to during their training.

GPRA responded to 417 enquiries in this period. The majority of these were from GPRA members, but we also fielded questions from practices and other service providers such as State Government departments, hospitals, and Primary Health Networks (PHNs). The most frequent questions concerned training policies, pay rates, leave, contracts and employment agreements.

GPRA's Registrar Advisors Dr Phillip Orme, Dr Kristina Sailah and Dr Meenal Dhabhai provided their expertise in answering the majority of these enquiries. Given they are also full-time New Fellows, we sincerely thank them for their invaluable advice and support as Registrar Advisors.

GPRA also received enquiries about educational release, GP training questions, and new NTCER clarification.

This year GPRA significantly expanded its suite of resources and supports. From scholarships and reimbursement schemes to major resource launches and digital innovation, GPRA delivered practical help for members at every stage of their education journey.

NNT Scholarships Program – recognising excellence

In 2024, GPRA launched the first-ever GPRA NT Scholarships, celebrated at the inaugural NT Forum in Darwin in September 2024.

The 2024 recipients - Dr Shauna Hill, Dr Ella Heggen, Dr Anna Walmsley, Dr Sophie Yeates, Dr Leah Ginnivan and Dr Asim Razi - exemplified the talent and commitment of registrars working in some of Australia's most challenging environments

The program expanded in 2025 to four categories worth up to $20,000 each, recognising excellence in paediatrics, Indigenous health, rural practice, and registrar leadership.

Cultural Education Reimbursement Scheme – good clinical care is culturally safe care

To complement the scholarships, GPRA introduced reimbursements of up to $500 for NT registrars undertaking cultural training and language courses.

This initiative reflects GPRA's belief that cultural competence is as vital as clinical knowledge when working with First Nations patients.

GP Companion – 4th Edition Launch

In April 2025, GPRA launched the 4th edition of the GP Companion at UNSW, officiated by GPRA Patron Professor Michael Kidd AO, alongside President Dr Chris Dickie.

Compact and practical, the GP Companion is tailored for medical students, prevocational doctors and registrars through to New Fellows … and even old Fellows!

New editions of education and exam preparation resources launched: GP Companion, Written Exams and Clinical Cases

The new edition includes updated guidelines, sections on First Nations health, telehealth, and mental health, and is available in print and, for the first time, in an eBook format.

Professor Kidd described it as "a powerful clinical resource at the fingertips of Australia's next generation of GPs."

Clinical Cases – digital innovation and review team

GPRA partnered with eMedici to deliver the 3rd edition of Clinical Cases as an interactive web and app platform, as well as producing an eBook version.

With 40 case discussions and 63 simulated consultations, the resource allows registrars to practise exams

flexibly and receive instant feedback. Earlier in the year, GPRA established a Clinical Cases Review Team, chaired by GPRA Medical Education and Training Advisor Dr Daniel Mogg, to refine the book series, with GPRA members. This peer-led approach ensures Clinical Cases remains current and exam-relevant.

It is also an example of our members giving back to future members – amazing examples of peer to peer support.

Written Exams eBook – 3rd Edition

In 2025, GPRA released the 3rd edition of its Written Exams eBook through Wiley.

The updated resource features a dedicated ACRRM chapter, revised RACGP KFP format, and content focused on real-world general practice.

NEW

Launched with GPRA Registrar Advisor Dr Kristina Sailah, the eBook is widely described as the "exam bible" for registrars and complements the GP Companion and Clinical Cases to form GPRA's complete education resource suite.

International Medical Graduate (IMG) Resource Hub

Recognising the vital role of IMGs and OTDs (Overseas Trained Doctors) in the workforce, and to respond to requests from our members, GPRA launched a dedicated IMG Resource Hub in 2025.

The Hub provides guidance on pathways, contracts, cultural competence, and exam prep, giving IMGs trusted support not tied to a College or employer.

Education and training support

GPRA provided exam preparation resources and hosted workshops, study groups and webinars to support trainees as they prepared for exams.

In 2024-25 we provided:

- **5 face-to-face events attended by approx 250 people**
- **14 webinars: Exam preparation, ECHO, Health Care complaints,**

Medicare, Cyber Security, NTCER, Masterclass Series

- 84 study partners.

Established a dedicated online Resource Hub created for overseas-trained doctors

Avant Mutual workshop

In July 2024, GPRA and Avant delivered a national workshop where registrars and supervisors explored salary models, indemnity issues, and the Single Employer Model. The insights directly informed GPRA's advocacy work.

Exam Preparation series and webinars

GPRA continued to deliver its trusted exam prep webinars, including Exam Preparation Series, Hitting the Ground Running for new Fellows, and a planned IMG education series.

Registrars consistently praised the sessions for their affordability, practicality, and peer-led approach.

Heidi Health AI partnership

In February 2025, GPRA partnered with Heidi Health to offer registrar members free access to Heidi Pro AI, while Alumni members received discounted access.

Heidi is an AI-powered scribe that automates clinical documentation, freeing up time for patient care. CEO Dr Benjamin Henshall described the partnership as a way to make registrars' working lives more sustainable. Dr Chris Dickie highlighted it as evidence of GPRA preparing members for the future of digital health.

Member Engagement

'We will foster a thriving community of members who feel supported and excited about their future in general practice'

NT Annual Registrars Forum – a flagship event

In September 2024, GPRA hosted the first-ever GPRA NT GP Registrars Forum in Darwin.

The Forum featured cultural immersion sessions, registrar leadership workshops, and the inaugural Scholarships Awards Dinner with keynote Dr Wendy Page.

Scholarship recipients were honoured, while Dr Karyn Matterson (GPRA Board Member and 2024 President) described the weekend as "inspiring" and evidence of the strong future of healthcare in the Territory.

The Forum has already become a flagship event for GPRA, with plans to expand further in 2025.

Future GP/RG – Prevocational peer to peer education

GPRA redesigned its peer-led Future GP Program for prevocational doctors, delivering flexible on-site or online sessions that demystify GP and rural generalist pathways, NTCER employment conditions, and the transition from hospital to community general practice.

The program covers new GP training reforms and expanded primary care rotations, providing impartial, practical guidance that builds confidence and increases interest in general practice careers.

GPRA ran these tailored sessions such as the Adelaide Women's and Children's Hospital workshop, giving prevocational doctors clear, independent advice on contracts and pathways.

Independent training workshops

In March 2025, GPRA hosted a Medicare and Patient Care Systems workshop with Dr Sunny Krishna.

The online session guided registrars through billing codes, NDIS and DVA systems, and compliance — filling a critical knowledge gap in registrar training.

Also in March, GPRA partnered with Business For Doctors (BFD) Education to deliver the 'Ten Top Tips for New GP/RG Registrars' webinar, providing practical advice on preparing for placements, managing time, and building supervisor relationships. In their feedback, registrars praised the webinar for easing their transition into GP/RG training.

National and international conferences

GPRA maintained strong visibility at RMA24 in Darwin, co-hosting the Let's Croc and Roll networking event, and at GP24 in Perth.

GPRA represented at RMA24, Prevocational Education, GP24 and WONCA SE Asia Conferences

At WONCA Asia Pacific in Singapore, GPRA CEO Jo-anne Chapman joined sector leaders RACGP President-Elect Dr Michael Wright and GPSA CEO Carla Taylor to strengthen international collaborations.

These events provided valuable opportunities for GPRA to engage with registrars, medical professionals, and industry leaders, promoting the organisation's initiatives and advocating for improved training and support for GP/RG registrars. GPRA's active involvement in these conferences highlighted its commitment to shaping the future of general practice and supporting Australia's next generation of GPs/RGs.

GPRA events and presentations

Throughout 2024-2025, GPRA actively engaged with future GPs/RGs by designing, developing, and delivering a variety of presentations on key topics relevant to their journey in general practice.

These sessions provided valuable insights and support to medical students, GP/RG trainees, and prevocational doctors.

Some of the highlights included:

- 2024-2025 College Orientations – Semesters 1 and 2: Engaging future GPs/RGs through key orientation sessions across the country
- Flinders University NT Education Day – targeted session to support the education of future GPs in the Northern Territory
- GPSN Orientation Days – nationwide orientation events organised by the General Practice Student Network (GPSN), with sessions designed to introduce medical students to general practice/rural generalism.

These presentations provided essential knowledge and engagement opportunities, ensuring GPRA's ongoing connection with the future medical workforce across Australia. GPRA continued to engage heavily with its members through various channels throughout the year:

GPRA Advisory Council – an independent body made up of GP/RG trainees who advise the GPRA President and Board on important matters concerning GP training and trainees – met four times during the year. There

are also national representatives from various general practice stakeholders who sit on the council, while all Registrar Liaison Officers are automatically members of the Advisory Council and continue to be a key source of advice about future system reforms and improvements. The Advisory Council maintained ongoing discussions in between meetings on issues and concerns.

GPRA continued to engage with its Members through the distribution of 31 e-newsletters, which are again key communication and engagement tools:

- GPRA newsletter: 4,856 subscribers, 63% open rate
- Future General Practitioner newsletter: 6995 subscribers, 41.1% open rate
- General Practice Students Network newsletter: 4,229 subscribers, 56.5% open rate.

Sustainability

'We will be an efficient and sustainable organisation'

Leadership renewal

In December 2024, GPRA appointed Dr Chris Dickie as President, with new Board Directors Dr Kim Omond and Dr Louis Charalambous joining. Former GPRA President Dr Karyn Matterson was invited to remain on the Board for another year.

They were elected to their new positions at GPRA's annual general meeting in December 2024.

GPRA thanked all the candidates who nominated for election and acknowledged the exceptionally high calibre of each candidate.

This renewal brought fresh registrar and New Fellow perspectives to governance.

Launch of GPRA Alumni Network

In November 2024 at GP24 in Perth, GPRA launched its Alumni Network for new Fellows, ensuring support across all GP/RG pathways but also affording many an opportunity to reconnect with past peers.

The Alumni Network keeps new Fellows engaged through mentorship, discounted resources, and continued advocacy and peer involvement.

The network aims to foster stronger ties between GPRA's former and current members, ensuring that alumni can continue to contribute to the organisation's growth and influence.

Engaging with this cohort offers an opportunity for alumni to give back to the profession, allowing them to remain a part of GPRA's future, not just its history.

GPRA Alumni Network launched to connect new Fellows

The benefits of the initiative to GPRA include maintaining regular communication with alumni through newsletters, events, and masterclass webinars, while alumni themselves can serve as brand ambassadors and advocates within their respective regions.

Digital transformation

Upgraded CRM and grants platforms to enhance member experience and engagement

GPRA expanded its use of Good Grants to streamline scholarships and upgraded its CRM to integrate membership, events, and reporting — improving efficiency and member experience, as well as our cybersecurity.

Strategic partnerships

GPRA strengthened partnerships with the Commonwealth Bank, Heidi Health, eMedici, Avant, GPSA, and others, ensuring long-term sustainability while delivering tangible member benefits.

General Practice Students Network (GPSN)

The General Practice Students Network (GPSN) continues to inspire the next generation of GPs through 22 clubs and 4,000+ members nationwide.

At each university the local GPSN Club organises events and information sessions to promote general practice/ rural generalism as a specialty of choice and inform medical students about the GP/RG training pathways.

This network of enthusiastic volunteers and members is coordinated by a group of medical students who make up the GPSN national executive.

In 2024–25, GPSN delivered O-Week events across medical schools, and ran hands-on workshops in suturing, plastering, ultrasound, to fundoscopy.

The GP First Steps program led by the NSW GPSN clubs attracted over 70 students, highlighting strong engagement in peer-to-peer GP education. Meanwhile, the Vic/Tas Joint State Event showcased impressive cross-campus collaboration, focusing on developing practical skills commonly used in general practicev settings.

Beyond events, GPSN continued to play an active role in general practice advocacy. The National Medical Student GP Survey, led by the GPSN National Working Group, gathered responses from nearly 200 enrolled medical students across Australia. The survey explored students' perceptions of general practice, and the extent and quality of GP teaching within

MY STORY:

Mikayla Budda-Deen:

A proud pathway to medicine and reconciliation.

To recognise National Reconciliation Week 2025, GPSN shared the inspiring journey of Mikayla Budda-Deen, a proud Gomeroi woman and medical student who embodies the spirit of resilience and the hope of a brighter, more inclusive future for First Nations peoples in healthcare.

From humble beginnings, Mikayla's journey towards becoming a doctor is deeply rooted in her heritage, her commitment to community, and her unwavering belief in the power of education to drive change.

Mikayla hails from the Gomeroi people, with her family, the Budda-Deens, having lived on Gomeroi lands for generations.

She grew up in Inverell, a rural town in northern New South Wales, where her father was the first in their family to attend university.

Mikayla's connection to her culture and her family's support laid the foundation for her academic ambitions, which would eventually lead her to medicine.

"My father was the first in his family to go to university, and his determination inspired me," Mikayla says.

"But it wasn't just him – my whole family believed in the power of education and the opportunities it could open up. I wanted to make sure I used those opportunities to help my community."

Mikayla's path to medicine was shaped by her interest in Aboriginal studies during her high school years.

As part of her Year 12 Aboriginal Studies major project on Type 2 Diabetes in local First Nations youth, Mikayla interviewed health professionals from the Armajun Aboriginal Health Service and Inverell Community Health Service. What she learned left a lasting impression.

"I was devastated when I found out how many young kids in my area were living with Type 2 Diabetes, a condition I thought was usually found in older adults," Mikayla recalls.

"That's when I decided I wanted to become part of the solution to 'Closing the Gap.' The best way to improve health outcomes was to become a doctor."

Mikayla's passion for addressing health disparities in her community grew stronger, and she realised that by becoming a doctor, she could directly contribute to improving the lives of First Nations people.

Despite her determination, Mikayla faced several challenges on her journey.

She was accepted into Charles Sturt University's First Nations pathway, which required her to leave her family and move to Orange, where she initially felt out of place.

"There were only about four students in my year who had started medicine after just leaving school, so I suddenly felt like I was behind," Mikayla shares.

"But I was lucky to have a lot of support from my First Nations student connect tutor, Tom, and the friends I made in Orange. That support was crucial for me in those early years."

Mikayla's journey continued with another move to Coffs Harbour for her clinical placement in the Mid North Coast area, where she felt more confident and ready to take on the next steps of her education.

She is now in her fourth year of medical school and looks forward to finishing her degree next year.

For Mikayla, National Reconciliation Week is a time of reflection and action.

It's a week that holds personal meaning, as it connects to significant milestones in Australia's history, including the anniversary of the 1967 referendum and the Mabo decision.

"National Reconciliation Week is extremely important to me because Closing the Gap and reducing inequity in First Nations communities is something all Australians need to understand for us to make lasting change," Mikayla says.

"It's also a time to celebrate First Nations culture and the achievements of our people."

As a passionate advocate for First Nations rights and cultural recognition, Mikayla actively participates in Reconciliation Week and NAIDOC Week events, connecting with her communities and promoting positive change.

Mikayla is determined to inspire other First Nations students to pursue careers in healthcare. Her message is clear: If you're thinking about becoming a doctor, go for it!

"As a First Nations person, you have a unique set of skills and experience that sets you apart from your peers," Mikayla says.

"You'll be a great asset to your community and an inspiration to others. Don't be afraid to ask for help when you need it, and take on opportunities while remembering to reduce your colonial burden."

Through her work with the National Rural Health Student Network (NRHSN) as Vice Chair of First Nations, Mikayla is actively involved in initiatives aimed at inspiring and supporting First Nations students who want to pursue careers in health.

One of her key initiatives is the First Nations Future Rural Health Professional Program, which partners with Orange Aboriginal Medical Service and TAFE Orange to provide role models and guidance for First Nations school students interested in healthcare careers.

Mikayla is particularly drawn to general practice because of her desire to work in an Aboriginal Community Controlled Health Organisation (ACCHO), such as Armajun in the New England area of NSW, where she hopes to contribute to her local community's health and wellbeing.

"I want to work in an ACCHO to make sure that we have a safe and welcoming place for everyone to feel supported on their health journey," Mikayla says.

"I love living in rural NSW, and I hope to give back to my community by addressing health inequalities and improving access to healthcare."

Mikayla believes that general practitioners need to be non-judgmental, patient, culturally safe, and respectful – traits that are crucial in providing holistic, patient-centred care.

As she works towards her goal of becoming a Rural Generalist, Mikayla envisions herself as a well-rounded doctor who is an asset to both First Nations people and the broader community.

In 10 years, Mikayla sees herself working on Country in an ACCHO, specialising in Rural Generalism.

Her vision is to continue being a trusted healthcare provider and advocate for First Nations communities, ensuring that all people have access to high-quality, culturally safe care.

"I hope to be a doctor who's seen as a leader in my community – someone who can help close the gap and bring about real change," Mikayla says.

"Being a doctor is incredibly important across the lifespan, and I feel privileged to partner with patients on their journey to better health."

Mikayla's journey serves as a powerful reminder of the importance of supporting First Nations students in their pursuit of a career in healthcare.

Through her dedication, advocacy, and passion for her community, Mikayla is not only paving the way for herself but also inspiring countless others to follow in her footsteps.

"Becoming a doctor is not just about helping people – it's about making a difference. If I can do it, so can you. We need more First Nations doctors to change the system and make healthcare better for our people."

Corporate governance statement

Regular meetings of the Board, the Nominations and Remuneration Committee and the Finance, Audit and Risk Management (FARM) Committee ensure that the Board is fully informed and best able to give direction to management. The number of Directors meetings and the numbers attended by each Director are shown in the table below.

	Board meetings **6 MEETINGS HELD**		FARM **5 MEETINGS HELD**		Nominations & Remuneration **2 MEETINGS HELD**	
	Attended	Eligible	Attended	Eligible	Attended	Eligible
Xander Alpherts (appointed 3/8/2019)	6	6	5	5	-	-
Nicki Herriot (appointed 10/5/2021)	6	6	5	5	2	2
Karyn Matterson (appointed 20/11/2021)	5	6	2	3	1	1
Kate McCabe-Simon (appointed 20/11/2021, ceased 1/12/2024)	4	4	-	-	1	1
Siobhan Hensey (appointed 20/11/2022)	5	6	5	5	-	-
Mark Grey (appointed 1/1/2023)	5	6	-	-	2	2
Christopher Dickie (appointed 26/11/2023)	6	6	5	5	1	1
Juliet Smith (appointed 26/11/2023)	2	6	-	-	2	2
Kim Omond (appointed 1/12/2024)	2	2	1	2	-	-
Louis Charalambous (appointed 1/12/2024)	2	2	-	-	1	1

General Practice Registrars Australia Ltd.

ANNUAL CONCISE FINANCIAL REPORT

30 June 2025

GENERAL PRACTICE REGISTRARS AUSTRALIA

Statement of Profit and Loss and Other Comprehensive Income
For the year ended 30 June 2025

	2025 $	2024 $
Revenue from continuing operations	1,370,110	2,035,464
Revenue - Investment	115,711	95,832
Other Income	51,874	92,092
Total Revenue from Continuing Operations and Other Income	**1,537,695**	**2,223,388**
Raw materials and consumables used	1,030	7,299
Employee benefits expense	841,183	1,018,666
Depreciation and amortisation expense	15,995	13,913
General administration	65,697	43,395
IGPRN program expenses	-	299,934
Occupancy expenses	39,074	36,860
GPSN program expenses	207,766	123,482
Board expenses	47,370	46,662
Events and conferences	81,655	80,894
IT expenses	53,326	61,660
Consultancies	156,255	140,424
Insurance	16,054	17,990
Finance costs	52,712	54,018
Total Expenditure	1,578,117	1,945,197
Net profit/loss for the year	**(40,422)**	**278,191**
Other comprehensive income		
Revaluation of property, plant and equipment	-	145,614
Total comprehensive Profit/(Loss) for the year	**(40,422)**	**423,805**

Statement of Financial Position
As at 30 June 2025

	2025 $	2024 $
Current assets		
Cash and cash equivalents	3,260,678	3,670,185
Trade and other receivables	119,895	32,373
Inventories	-	1,030
Total current assets	**3,380,573**	**3,703,588**
Non-current assets		
Property, plant, equipment and website	1,189,000	1,200,695
Intangible Assets	7,531	11,831
Total non-current assets	**1,196,531**	**1,212,526**
Total assets	**4,577,104**	**4,916,114**
Current liabilities		
Trade and other payables	46,273	141,890
Employee benefits	88,598	74,620
Other financial liabilities	435,847	506,695
Borrowings	630,000	-
Total current liabilities	**1,200,718**	**723,205**
Non-current liabilities		
Borrowings	-	630,000
Employee benefits	22,097	30,710
Other financial liabilities	1,884,640	1,889,720
Total non-current liabilities	**1,906,737**	**2,550,430**
Total liabilities	**3,107,455**	**3,273,635**
Net assets	**1,469,649**	**1,642,479**
Equity		
Asset revaluation reserve	276,525	276,525
Retained earnings	1,193,124	1,365,954
Total equity	**1,469,649**	**1,642,479**

Statement of Changes in Equity
For the year ended 30 June 2025

2025

	Retained Earnings $	Assets Revaluation Surplus $	Total equity $
Balance at 1 July 2024	**1,365,955**	**276,525**	**1,642,480**
Net profit/(loss) for the year	(40,422)	-	(40,422)
Net Equity change due IGPTN separation	(132,409)	-	(132,409)
Other Comprehensive Income	-	-	-
Balance at 30 June 2025	**1,193,124**	**276,525**	**1,469,649**

2024

	Retained Earnings $	Assets Revaluation Surplus $	Total equity $
Balance at 1 July 2023	**1,087,764**	**130,911**	**1,218,675**
Net profit/(loss) for the year	278,191	-	278,191
Other Comprehensive Income	-	145,614	145,614
Balance at 30 June 2024	**1,365,955**	**276,525**	**1,642,479**

Statement of Cash Flows
For the year ended 30 June 2025

	2025 $	2024 $
Cash flows from operating activities		
Receipts from customers	1,407,827	3,498,468
Payments to suppliers and employees	(1,747,924)	(2,147,500)
Interest received	115,711	95,832
Finance costs	(52,712)	(50,626)
Net cash provided by/(used in) operating activities	(277,098)	1,396,174
Cash flows from investing activities		
Purchase for property, plant and equipment	-	-
Net cash provided by/(used in) investing activities	-	-
Cash flow from financing activities		
Separation of IGPRN business unit	(132,409)	-
Net cash outflow from financing activities	(132,409)	-
Cash flow from financing activities		
Net increase/(decrease) in cash and cash equivalents held	(409,507)	1,396,174
Cash and cash equivalents at beginning of year	3,670,185	2,274,011
Cash and cash equivalents at end of financial year	3,260,678	3,670,185

Operating and Financial Review

This financial performance snapshot is an extract from the full financial report for the year ended 30 June 2025.

Financial Performance

The organisation recorded a net deficit of $40,422 for the 2024–25 financial year. While total income remained strong at $1.54 million, higher operating expenditure resulted in an overall negative outcome. The result reflects ongoing investment in staff capacity, governance initiatives, and program delivery across key national activities.

Statement of Comprehensive Income

This year GPRA's Total Trading Income of $1,537,695 primarily from substantial funding through Department of Health Program Funding of $706,200 and significant income from Interest Income – Term Deposit of $115,711 and Other Income $216,195.

After deducting the Total Cost of Sales, which amounted to $1,030 the Gross Profit stood at $1,536,664. However, Operating Expenses significantly exceeded this Gross Profit, totalling $1,577,087.

These expenses were diverse, with particularly high figures for "Wages - Employee Salaries $413,916, NTCER Legal Research Expenses $52,190, and Medical Educator Fees $49,981. The substantial operating costs, relative to the income generated, resulted in the reported net loss for the period.

Statement of Financial Position

GPRA's overall net asset position is strong, with a solid improvement in the working capital, primarily due to the transfer of surplus funds received from liquidated entities, which has increased the company's reserves. Revenue from new programs and advertising also showed a steady increase.

The company holds substantial current assets, primarily driven by cash and cash equivalents, indicating strong liquidity. GPRA's equity, comprising retained earnings of $1,193,124 and an asset revaluation reserve of $276,525, demonstrates a robust ownership stake and a solid foundation, even with the recent year's net loss impacting retained earnings.

Statement of Cash Flows

The Statement of Cash Flows for GPRA for the year ended 30 June 2025 reveals a net decrease in cash and cash equivalents of $409,507. This is primarily driven by cash outflows from operating activities, which resulted in a net outflow of $277,098, despite significant receipts from customers of $1,407,827.

There were no significant cash flows from investing activities. A substantial cash outflow of $132,409 occurred from financing activities due to the separation of the IGPRN business unit. The company began the year with a healthy cash balance of $3,670,185, but the net outflows throughout the year led to a closing cash balance of $3,260,678.

General Practice Registrars Australia Ltd.
Directors' Declaration

30 June 2025

In the directors' opinion:

(a) These financial statements satisfy the requirements of the *Australian Charities and Not-for-Profit Act 2012*, including:

- complying with Accounting Standards – Simplified Disclosures, the *Australian Charities and Not-for-Profit Act 2012* and other mandatory professional reporting requirements, and
- giving a true and fair view of the entity's financial position as at 30 June 2025 and of its performance, as represented by the results of its operations, changes in equity and its cash flows, for the financial year ended on that date.

(b) There are reasonable grounds to believe that the company will be able to pay its debts as to when they become due and payable.

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

Mark Grey
CHAIR
30 October 2025

LDAssurance
CHARTERED ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF GENERAL PRACTICE REGISTRARS AUSTRALIA LTD

REPORT ON THE CONCISE FINANCIAL REPORT

Auditor's opinion

The Concise Financial Report which comprise the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows are derived from the audited financial report of General Practice Registrars Australia Ltd (the Audited Financial Report) for the year ended 30 June 2025.

In our opinion, the accompanying Concise Financial Report are consistent, in all material respects, with the audited financial report, in accordance with Australian Accounting Standards AASB 1039 *Concise Financial Reports*.

Concise Financial Report

The Concise Financial Report do not contain all the disclosures required by Australian Accounting Standards for the financial report. Reading the Concise Financial Report, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The concise financial report and the Audited Financial Report do not reflect the effects of events that occurred subsequent to the date of our report on the Audited Financial Report.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified auditor's opinion on the Audited Financial Report in our report dated 26 August 2025.

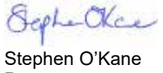
Board members' responsibility for the financial report

The members of the board are responsible for the preparation of the Concise Financial Report in accordance with the Australian Accounting Standards AASB 1039 *Concise Financial Reports*.

Auditor's responsibility

Our responsibility is to express an opinion on whether the Concise Financial Report is consistent, in all material respects, with the Audited Financial Report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

LDAssurance
Chartered Accountants



Stephen O'Kane
Partner

Dated: 5 November 2025

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GPRA **ANNUAL REPORT** 2024/25

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