

2021 ANNUAL REPORT

Year ending 30 June 2021



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RACMA acknowledges the Wurundjeri people, the Traditional Owners of the lands upon which the College office is located. The College also acknowledges and pays our respects to the Traditional Owners of the lands upon which all Australasian Medical Leaders and Managers perform their duties.

About RACMA

RACMA is unique as a provider of medical management and leadership qualifications as it is the only specialist medical educator whose programs are recognised for the granting of Specialist Registration.

Put simply, RACMA offers "Medical Leadership Education by Doctors for Doctors" who want to influence the health outcomes of many.

The Fellowship Training Program offered by RACMA is accredited by the Medical Board of Australia and the New Zealand Medical Council. Fellows of our College are recognised as medical specialists.

RACMA offers medical leadership education programs suitable for all stages of your medical career:

- **The Fellowship Training Program**
Three years full time for medical practitioners
- **Leadership for Clinicians Program**
Upon completion of the program you will be eligible to apply for Associate Fellowship
- **Management for Clinicians**
Develop leadership and management skills, finance fundamentals and knowledge of healthcare systems operations

The College also offers extensive professional development opportunities and the annual conference, which attracts a network of medical leaders from across Australasia and the world.

RACMA is committed to achieving excellence in the Specialty of Medical Administration in Australia, New Zealand, and the Asia-Pacific Region, in order to enhance and maintain high standards of health care across the region.

A RACMA Fellowship leads to a range of senior positions including:

- Chief Medical Officers
- Directors of Medical Services
- Chief Executives of hospitals and universities
- Chief Health Officers of government jurisdiction
- Heads of health authorities
- Heads of divisions of medical services
- Consultants to governments and private sector health services
- Public policy and health program management in information technology and pharmaceuticals

Mission

To educate, train, and promote the skills of specialist medical leaders and managers, enabling our Members and College to influence and lead high quality, safe health services and systems.

Vision

That all health care systems and medical professionals are supported by the highest standard of qualified medical leadership and management to enhance the health outcomes of patients, health care services, and the communities they serve.

RACMA continues to grow its value to Members and be recognised internationally, as the Australasian medical college that provides specialist education, leadership, advice, and expertise in Medical Leadership and Management that promotes the delivery of high quality, safe care for all.

Core Values

- Professionalism** — Demonstrating self-governance, high standards, and ethical behaviour
- Integrity** — Doing the right thing in all situations
- Excellence** — Striving for outstanding achievement despite constraints
- Respect** — Acknowledging and valuing others' thoughts, opinions, and feelings



“
**LEADERSHIP EDUCATION
BY DOCTORS, FOR
DOCTORS, WHO WANT
TO INFLUENCE THE
HEALTH OF MANY.**
”

President's Report



What a turbulent and extraordinary 12 months this reporting period has presented. When we closed the door on 2020, we hoped 2021 would be much more positive and stable than what it has delivered. None of us in our various Medical Leadership roles envisaged COVID-19 to be still having such a significant impact on our healthcare system and the way we operate across each of our jurisdictions.

Despite the immense pressure continually confronting our colleagues and leaders, they have answered every challenge. Both at the coal face and behind the scenes, so many of our Members have been outstanding as they have rapidly implemented new strategies, plans, and policies to adapt their systems, standards, and protocols to combat the crisis.

These efforts have been combined with the ongoing task of ensuring our networks effectively operate and deliver the high quality, safe healthcare that is needed for the whole community. This highlights the importance of our specialty qualified Medical Administrators, trained Medical Leaders and Medical Administration Candidates. I applaud you all for your exemplary work and leadership in maintaining the integrity of the systems we manage.

From the outset of the COVID-19 Pandemic, RACMA's leaders and the team in the College Office have put in a tremendous amount of thoughtful work to ensure a seamless delivery of service to our Members. As the health crisis changed daily, our staff and contributing Members worked tirelessly to modify the delivery of RACMA's education and training to ensure our Candidates were able to continue on their path to Fellowship. I praise their dedication to delivering many practice examination sessions to prepare our Candidates for the first Oral Examinations to be delivered online in the College's history. An awful lot of hard work went into testing the technology and processes to ensure the exams ran smoothly, including learning the lessons of others, thus ensuring minimal disruption and negative impact to our Candidates.

I also commend the Candidates and thank them for their commitment, patience, and adaptation to the new delivery mode of the exams in what was a trying year. I extend my gratitude to our Supervisors, Preceptors, Censors, and Jurisdictional Coordinators of Training for their ongoing input, unwavering diligence, and support of the Candidates and the College.

Amid the chaos of COVID-19, we welcomed 18 new Fellows and 81 new Associate Fellows this financial year.

I was buoyed with the overwhelming success of the College's first ever virtual conference in March 2021. The event attracted the largest number of attendees we have ever seen, with more than 550 attendees. It was marvellous to see so many colleagues and committed medical leaders come together. Some appreciated the opportunity to gather personally with colleagues (COVID safe, of course!), such as in my jurisdiction of Queensland, as did others in New South Wales and Victoria. Oh those times! How things changed.

The conference presented an outstanding calibre of speakers. How privileged were we to receive the personal insights and learnings from Australia's Health Chief at the time, Professor Brendan Murphy, New Zealand's Director General of Health Dr Ashley Bloomfield and every Chief Health Officer across Australia's states and territories?

I would like to congratulate the College's latest Honorary Fellow, Professor Brendan Murphy and our latest award recipients who have displayed outstanding Medical Leadership skills and qualities and commitment to the College:

- Distinguished Fellow — Dr Jeannette Young PSM, Queensland Chief Health Officer
- College Medallion — Dr Helen Parsons CSC and Dr Peter Lowthian
- Supervisor of the Year — Dr Claire Blizard
- Preceptor of the Year — Dr Liz Mullins
- New Fellow Achievement Award — Dr Deepan Krishnasivam
- Bernard Nicholson Award — Dr Jeremy Wellwood

While we were already a tight-knit College, the COVID-19 Pandemic has strengthened our fraternity further through the weekly, online Member Forums. The initiative has provided Members the opportunity to stay connected with peers, while being able to share insights and learnings to support each other. I think it has been imperative for our mental health and wellbeing that we all have a safe, peer environment to express what we are experiencing and share knowledge and support among understanding colleagues. We certainly have become quite the uber "Brady Bunch".

I have marvelled at the generosity of each and every one of you who have shown such compassion, tolerance, and kindness in support for each other. We were also fortunate to hear from some exceptional guest speakers. I thank those Members and external colleagues who took the time to present, including:

- Professor Geoff McColl —Executive Dean of the Faculty of Medicine, University of Queensland
- Laureate Professor Peter Doherty AC —Department of Microbiology and Immunology, University of Melbourne, Peter Doherty Institute for Infection and Immunity
- Professor Catherine Crock AM —Physician, Royal Children's Hospital & Chair/Founder of the Hush Foundation.
- Associate Professor David Brewster —Deputy Director of Intensive Care, Cabrini Health & Head of ICU Research and Clinical Dean, Monash University Clinical School

- Dr Kym Jenkins — Chair, CPMC & Past President, Royal Australian and New Zealand College of Psychiatrists
- Professor Mohamed Khadra AO — Professor of Surgery, University of Sydney & Director of Strategy and Innovation and Chair of Telehealth Technology Centre, Nepean Hospital
- Adjunct Professor John Skeritt FTSE FIPAA (VIC) —Deputy Secretary for Health Products Regulation, Department of Health
- Marcia Hines AM — artist extordinaire
- Professor Helen O'Connell AO — University of Melbourne Department of Surgery & Adjunct Professor, Monash University Department of Epidemiology and Preventive Medicine
- Professor Michael Kidd AM — Australian Deputy Chief Medical Officer
- Dr Sally Cockburn — aka Dr Feelgood
- Dr Magdalena Simonis — President, Australian Federation of Medical Women
- Tony Austin AM — Senior Medical Leader
- Dr Shahina Braganza — Senior Emergency Physician, Queensland Health
- Professor Brett Sutton — Chief Health Officer Victoria
- Dr Tony Sparnon — President, Royal Australasian College of Surgeons
- Dr Dan Wilson — Chair, Australian Medical Association's GPs in Training Advisory Committee
- Dr Hashim (Hash) Abdeen — Chair, Federal AMA Council of Doctors in Training (CDT)

RACMA's presence within healthcare advocacy has not lost momentum either, thanks to the hard work of the Policy and Advocacy Committee, chaired by Dr Helen Parsons CSC. The College established a working group for the [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#) this financial year. Chaired by former RACMA President Dr Jennifer Alexander, the group is working feverishly to prepare a submission which will highlight various aspects of governance and system failures. A number of position statements were also released on key healthcare issues including [Support for Australia and New Zealand COVID-19 Vaccination Programs](#) and [Diversity, Inclusion & Equity](#).

It has also been another very busy year for online site accreditations, with 93 completed this reporting period. It takes a mountain of work to organise and carry out the meetings within the schedules of numerous parties. Again, it is the collegiate support and commitment of our fraternity which makes this come to fruition.

The Board had a changeover of the Director from the Candidate category this reporting period. On behalf of the Board, I would like to thank Dr Samantha Simpson for her contribution, enthusiasm, and commitment to the College throughout her two-year term. We welcomed Dr Allison Turnock to the position, who is Medical Director, GP and Primary Care at the Department of Health in Tasmania.

As the President of one of Australasia's medical specialty colleges, it has been a real privilege and honour to work with such a collegiate and inspirational fellowship of Medical Leaders through what has been an exceptionally challenging year for everyone in the healthcare system.

Despite the extraordinary challenge of COVID-19, which has impacted each of our jurisdictions in varying degrees, I applaud the efforts and work undertaken by our Jurisdictional Committees to continue to operate as they would in a "normal" year to ensure support to our Members continued.

Finally, I would like to take this opportunity to sincerely thank you all for the hard work and steadfast commitment to our College and more broadly, our healthcare system. To my colleagues on the RACMA Board, the Secretariat, Dean, Censor-in-Chief, the Chief Executive, and College Office, our Censors, Supervisors, Preceptors, site accreditors and those Members involved in the various RACMA committees — your ongoing dedication and support means, for a College of our size, we have achieved much more than you would expect.

Professor Alan Sandford AM
President

“I would like to take this opportunity, to sincerely thank you for the hard work and steadfast commitment to our College and more broadly, our healthcare system.

Chief Executive's Report

Looking back over the last 12 months I, like most of you, was not expecting to be writing this report still working from home during another lockdown. The challenges faced by everyone personally and professionally have been unrivalled for us all.

The focus on the reporting period was to continue to refine and deliver our key activities and support to our Members, whilst not being able to operate face-to-face.

The Board of the College made the difficult decision to convert our 2020 conference to a virtual conference in 2021. The conference was an incredible success, with more than 550 attendees and an incredible array of speakers highlighting the important role of Medical Leaders in times of crisis. When you consider how many of the key speakers were Members of the College, it demonstrates the important roles our Members are playing in managing the response to COVID-19. I would like to congratulate the Steering and Program Committees for their commitment and flexibility in responding to the changes of dates and delivery models to deliver a wonderful conference.

The focus of all medical colleges during the COVID-19 crisis has been how to ensure Candidates have been able to progress through their training and not be disadvantaged by the change in circumstances. Pleasingly, and as a result of the co-operation of the whole College – Candidates, Supervisors, Preceptors, Censors and the staff, we have successfully delivered online education and examinations via Zoom, so no Candidate's progression through their training has been delayed due to the impact of the Pandemic. Again, I would like to acknowledge the leadership of Dr Peter Lowthian, our Censor-in-Chief, and the willingness of our Censors, Candidates, and staff to respond to the challenges and deliver successfully on our examinations being held via Zoom.

The increased profile of the College and interest in Medical Leadership has meant that the College has seen record numbers of Candidates commencing their Fellowship Training and commencing the Leadership for Clinicians Program.

After the difficult decision to cancel all Leadership for Clinicians programs scheduled for 2020, the program was relaunched as an online program in 2021, and has been fully subscribed for the year. I would like to acknowledge Dr Peter Lowthian, who, as the Lead Fellow for the Leadership for Clinicians Program, led the work on reworking this program. The success of this program depends on the skills of our Fellows who teach and support this program, and I would like to acknowledge their contribution and thank them for their continued commitment. They are great exemplars for the participants of the Leadership for Clinicians Program.

We continue to look for ways to improve our support for our Members. We have supported the jurisdictions' practice exams so they could be held over Zoom; and the President has provided support through the weekly Member Forums, together with Dr Lowthian and the Dean, Dr Lynette Lee, a fantastic repository of material in response to the demands of the Pandemic has been created for Members. We continue to look at ways to improve our interactions with Members with more online services and improved information through the Member portal and Canvas.

One of the biggest pieces of work launched by the College this financial year was the 2021-2024 Strategic Plan. Much time, effort, collaboration, and consultation with key stakeholders was dedicated to deliver a comprehensive document.

The 2021-2024 Strategic Plan marks a new era for the College and will help guide RACMA toward achieving its necessary outcomes to accommodate the ever-changing health setting and systems across Australasia. I thank all those involved in the development of this critical document for the success of the College. To view the 2021-2024 Strategic Plan click [here](#).

The College continues to increase its profile through its policy and advocacy work and has made significant submissions to the [Royal Commission into Aged Care Quality and Safety](#) and has developed position statements in response to key issues in health. These can be found on the [College website](#).

Financially, the College has continued to strengthen its position whilst not increasing training fees for our Candidates. We have established a Corpus which will allow the College to further invest in areas such as research and Member support in the future.

This year has produced a unique set of challenges, including not working face-to-face for the whole year. In spite of this, the team has developed, welcomed new members, and continues to focus on support for our Members. As a team we share all of the successes of the past year and have supported each other to respond to the challenges of working and living during the COVID-19 Pandemic.



Finally, I must acknowledge the stewardship and support of the RACMA Board during this time. They govern with grace, with the focus firmly on the Membership and advancing the College. Many of the current Board finish their terms this year, including Professor Sandford AM, Dr Stolarek, and Associate Professor Vinay Rane. The College team wish them well in the future.

Finally, on behalf of the College team, I would like to thank the Members for their contribution, support, and leadership of the health system during what really has been an unparalleled time. The College and the Australasian community are richer from your efforts.

Melanie Saba
Chief Executive

STRATEGIC GOALS

Over the past decade, the complexity of the health services environment within which RACMA operates has been consistently increasing. In addition, the College has been affected by broader health system challenges. The 2021-2024 Strategic Plan provides clear directions for RACMA, based on a compelling vision for the College and critical success factors required for sustainability.

- **To be the Recognized & Respected Voice of Health Leadership, Management, and Governance**
Our goal is to be the recognized expert professional body for medical leadership, management, innovation, and health governance.
We will do this by being the representative voice for our Members and by contributing to and influencing policy and decision-making in healthcare in Australia and New Zealand.
- **To be the Pre-eminent Provider of Medical Leadership & Management Education and Training**
Our goal is to strengthen our role as the leading provider of education for medical practitioners stepping into health leadership and management roles.
- **To Deliver High-Quality Member Services & Support**
Members are the lifeblood of RACMA. We strive to deliver high-quality services to our Members that are responsive to their needs and that support their roles as medical leaders and managers.
- **To Advance and Expand Our Influence as a College**
Our aim is to provide opportunities for the promotion of RACMA through education and support for those in leadership and management roles within health systems, through appropriate training, partnerships, and membership.

For the first time in the College’s history, the Annual Conference was held online due to the ongoing impact of the COVID-19 Pandemic restricting a face-to-face event.

The interactive, two-day conference was successfully delivered online to more than 550 attendees who were able to access the online platform from any location. RACMA 2021 ‘Quality Healthcare through Medical Leadership in a Crisis’ delivered a number of thought-provoking panel sessions and a speaker line-up of Australasia’s most eminent health leaders, including:

- The Secretary of the Australian Department of Health and former Chief Medical Officer for the Australian Government, Dr Brendan Murphy, who explained the critical role Medical Leaders played in guiding government decision makers through the Pandemic.
- All of Australia’s Chief Health Officers came together on one panel reflecting on leadership during COVID-19 and shared their experiences, insights, and lessons. The panel, which attracted more than 300 of registered attendees, was comprised of Dr Kerry Chant PSM (NSW), Dr Hugh Heggie (NT), Dr Jeannette Young PSM (QLD), Professor Nicola Spurrier (SA), Professor Tony Lawler (TAS) Professor Brett Sutton (VIC), and Dr Andy Robertson CSC PSM (WA).
- Qantas Medical Director, Dr Ian Hosegood (FRACMA), led a panel headlined by Director-General of Health and Chief Executive New Zealand Ministry of Health, Dr Ashley Bloomfield; and Commissioner Shane Fitzsimmons, head of the new disaster management and recovery agency, Resilience New South Wales, who guided the state-wide response to the 2019/20 bushfires in NSW. The panel session, which attracted about 300 conference attendees, examined partnerships and collaborations in the context of leadership in a crisis.
- Professor Ruth Stewart — National Rural Health Commissioner for Australia, who discussed ways Medical Leaders and Managers could improve the health of remote, rural and regional Australians.
- Dr Jillann Farmer — Deputy Director-General of Clinical Excellence Queensland and former Medical Director to the UN, who was part of a panel discussing the value of Medical Leadership.

The coveted Margaret Tobin Challenge remained a key part of the Conference program with five high-quality presentations from Candidates, and was this year complimented by a panel discussion on mental health. The session focused on issues for Medical Leaders within the field of mental healthcare around:

- The delivery of and access to quality mental health care
- Improvements in care and outcomes for people with mental illness
- The stigma associated with mental illness and the flow on effect it has on those who work in the sector and on policy-making

The Conference also included three concurrent abstract streams, with presentations covering the sub-themes of service planning and delivery, technology, and workforce agility.

RACMA Annual Conference

Some of Australasia’s Key Medical Leaders shared their insights, experiences, and opinions on leadership in a crisis during the 2021 Conference. Here is a snapshot of each of their thoughts.



Dr Brendan Murphy
Secretary of the Australian Government
Department of Health

On the role of Medical Leaders in controlling COVID-19...

"There is nothing like a public health crisis to demonstrate the value of having people with a strong clinical background in leadership roles in the health system."



Dr Jeannette Young PSM
Chief Health Officer & one of the Deputy
Directors General in the Department of Health
Queensland

On lessons learned through COVID-19...

"... Have a plan but be flexible and evolve as you get more information. It is important to have a forward plan so you can try and work with people to let them know where things might be going."



Dr Andy Robertson CSC PSM
Assistant Director General & Chief Health
Officer within the Public and Aboriginal Health
Division
Western Australia

On lessons learned through COVID-19...

"... I think the advice we have provided has been adopted, which I have not seen in my career. There is also a scrutiny we would have never seen before and I think that will be quite useful going forward."



Professor Brett Sutton
Chief Health Officer
Victoria

On lessons learned through COVID-19 ...

"... Public Health was elevated ... in a way that was effectively unprecedented in Australia ... The Chief Health Officers looked to the evidence and continued to challenge each other and to be open to new analysis, new reflections and new insights in ways that meant we could get to a point of decision-making across so many different issues."



Professor Tony Lawler
Chief Medical Officer & Deputy Secretary —
Clinical Quality, Regulation and Accreditation
Tasmania

On lessons learned through COVID-19...

"...What really resonated with me was that fine line that has to be walked between consistency and flexibility ... I think the way in which Chief Health Officers across the country have maintained that balance, walking in lockstep with political leaders, is through transparency."



Dr Kerry Chant PSM
Chief Health Officer & Deputy Secretary
Population and Public Health
New South Wales

On lessons learned through COVID-19 ...

"...The COVID-19 Pandemic has highlighted the need to continually learn and embrace new evidence ... The Pandemic has also demonstrated the importance of structure, local knowledge and grounding to communities in managing a successful health response."



Professor Nicola Spurrier
Chief Public Health Officer
South Australia

On lessons learned through COVID-19 ...

"... If you are going to see the whole population as your patient, then you can't do that on your own. The only way you can work in public health medicine is by partnerships and getting as many people as possible on board."



Dr Hugh Heggie
Chief Health Officer & Executive Director of
Public Health and Clinical Excellence
Northern Territory

On lessons learned through COVID-19 ...

"...For me it is about trust. It is critical to trust yourself and your own decision-making, trust in your team and trust in the organisation in order to build community trust."



Dr Ashley Bloomfield
Director-General of Health & Chief Executive
New Zealand Ministry of Health

On leadership and forming relationships in a crisis...

"... It is about clear, open and honest communication. Authenticity and dejargonising everything into plain English was key."

Congratulations to our New Fellows & Associate Fellows of 2020

The College Conferred 18 New Fellows and 81 New Associate Fellows

FELLOWS

Allison Johns	Kean Kuan	Natalie Klees	Suhanthini Baskaranathan
Amber Winter	Kellie Wren	Nigel Fellows	Susanty Tay
Astor de Silva	Ken Cheng	Piraveen Pirakalathanan	Thomas Connell
John Robson	Kent McDonald	Stephanie Hadikusumo	
Jonathan Wallace	Mary O'Reilly	Sudeep Saraf	

ASSOCIATE FELLOWS

Abdul Qadir Imran	Deky Souvannavong	Kathleen Melville	Rebecca Jack
Allison Newman	Diana Lawrence	Keith Towsey	Robert Gluer
Amanda Stevanovic	Doug Randell	Keith Yong Giek Tiong	Robin Burr
Amrita Venkataramani	Edward Wims	Lara Wieland	Robin Paterson
Andrea Baas	George Mabeza	Margaret Truesdale	Sandeep Bhagat
Andrew Woods	Girish Talaulikar	Maria Paul	Sanjay Porwal
Angela Williams	Glen Farrow	Marianne Vonau	Sean Wei Leow
Anneke Van der Walt	Gopala Rangan	Merlina Sulistio	Sharmila Lawrence
Anthony Wong	Guy Lampe	Michelle Bryson	Sharon McAuley
Aparna Arjunan	Habib Bhurawala	Nadim Taoum	Sharon Paull
Arun Sasi	Hasthika Ellepola	Nanda Kumar Sakaleshpura Chandrashekar	Sharon Wong
Behzad Eftekhari	Heide Griesemann	Orla Morrissey	Sonia Chanchlani
Beth La Brooy	Heidi Newton	Patrick O'Neill	Timothy Geraghty
Charles George	Hitesh Joshi	Paul Bergamin	Timothy Platt
Charles Phillis	Ian Irving	Peter Subramaniam	Titus Mohan
Craig Quarmbay	Isaac Hohaia	Peter Thompson	Vasudha Iyengar
Daniel Pronk	Jamal Ghannam	Phillip Read	Vince Murdolo
David Gaskell	James Tadros	Pradeep Mishra	Vincent Rossis
David Holden	Jamie Young	Rajesh Malik	Vivek Eranki
David Simon	Joanna Lawrence	Ramu Adusumalli	
Deborah Amott	Karin Kit Chee Jodlowski-Tan		

2020 RACMA Award Recipients

- Honorary Fellowship**
Dr Brendan Murphy
Awarded for sustained commitment and excellence in health administration and management at the highest level, and driving improvements in healthcare for all Australians. Also, for exemplary leadership to all Australian health professionals and the Australian community, particularly in Australia's response to the COVID-19 Pandemic.
- Supervisor of the Year**
Dr Claire Blizzard
For her support and encouragement to her Candidates, going above and beyond what was anticipated. Also, for creating a powerful learning and training environment.
- Preceptor of the Year**
Dr Liz Mullins
For providing significant and ongoing support, feedback, and advice to Candidates. Outside the Preceptor program, Dr Mullins is always willing to provide tutorials for both Victorian and New South Wales jurisdictions, and also offered stand-alone tutorials for small groups.
- New Fellow Achievement Award**
Dr Deepan Krishnasivam
For ongoing and exceptional commitment to supporting Candidates and College training in Western Australia.
- Margaret Tobin Challenge recipient**
Dr Brian Yow, RACMA Registrar & Health Informatics Fellow
Chosen for his presentation titled "Agile Clinical Leadership in COVID-19 Digital Health Response", which concentrated on how a small, agile team built an automated, real-time COVID monitoring and decision support system with locality mapping and big data.
- Bernard Nicholson Prize recipient**
Dr Jeremy Wellwood
The most outstanding Candidate in the 2020 oral examinations.
- Distinguished Fellow Award**
Dr Jeannette Young PSM
Awarded for years of ongoing commitment to public service and achievement in the wider healthcare system. Also, for her role in the COVID-19 response and in keeping Queenslanders safe.
- College Medallion**
Dr Helen Parsons CSC
Awarded for outstanding service to the College Board and Membership. Dr Parsons has been a highly active Member of RACMA, dedicating her time and expertise to numerous committees, working groups, and in mentoring roles. She joined the RACMA Board as a Director in 2016.
- College Medallion**
Dr Peter Lowthian
Awarded for outstanding commitment to Candidate learning in Medical Leadership. Since becoming a Fellow in 2011, Dr Lowthian has been a Supervisor, Preceptor, member of the Board of Censors, and Executive Coach for RACMA Candidates throughout Victoria.

Queen's Birthday Honours

These honours awarded to the following Members this year highlight how critical quality Medical Administration and the service our Members provide are to the wider community and armed forces.

- RACMA Members to receive Queen's Birthday Honours include:
- Dr Amanda Dines (FRACMA)** — awarded the Medal in the General Division (OAM) For service to medicine.
 - Dr Chloe Ryan (Candidate)** — awarded the Conspicuous Service Cross (CSC) For outstanding achievement as a Navy Medical Officer during the national response to the Coronavirus Pandemic emergency.
 - Clinical Professor Alan Michael Wolff (FRACMA)**, who passed away in August — awarded the Medal in the General Division (OAM) For service to medicine.

Education Report

Fellowship Training Program (FTP)

2020/2021 Numbers

Candidates Commencing Fellowship Training Program	61
Candidates who Elected to Fellowship	18
Leadership for Clinicians Participants*	193

*participating in the program, not completion in the reporting period

Executive, Candidate Advisory Committee Chair, Education division staff, and IT staff were involved in developing plans for delivering the Oral Examinations virtually. The College invested months of testing the platform and process diligently, which ensured all Candidates completed their examinations on their scheduled day, without any disruptions.

- In December 2020, 44 Candidates undertook the MMP Oral Examination online
- In February 2021, 30 Candidates undertook the Trial Oral Examination online

Leadership for Clinicians

The Leadership for Clinicians Program (LFC) was reviewed in 2020, and a revised program was launched at the beginning of 2021. Due to the impact of the COVID-19 Pandemic, the RACMA Board approved delivery of the LFC program to be fully online for 2021. The program was transitioned from a face-to-face delivery to eight Zoom sessions, with associated pre-work for each session and program assessment tasks. The program was delivered to four cohorts from March to June 2021.

Online Learning Environment

To support delivery of the FTP and the LFC, work was undertaken to review and refresh the RACMA online learning platform, Canvas. For the FTP, the improvements have taken into consideration feedback from Candidates, including the Candidate Advisory Committee. Active learning principles and principles of good web design and accessibility have been applied when structuring and creating content.

FTP Renewal Project

Phase 1 consultation was undertaken in October 2020, and feedback was sought from Members regarding the following concepts:

- RACMA Medical Leadership and Management Curriculum – ‘The Attributes of a RACMA Fellow’ is proposed to be the foundation of the renewed curriculum
- FTP Candidate key support roles – proposed revisions to the responsibilities of Training Supervisors, Preceptors and Line Managers
- The FTP – the length of the training program

The feedback will be used to inform:

- Refinements to the foundation on which the renewed FTP will be built
- Next steps of development of program components
- Subsequent stages of consultation

Due to the impact of the COVID-19 Pandemic, FTP workshop content has continued to be delivered online.

Additionally, for the first time in the College’s history, the Medical Management Practice (MMP) Oral Examinations were delivered online in December, instead of face-to-face in August. The Censor-in-Chief, Chief

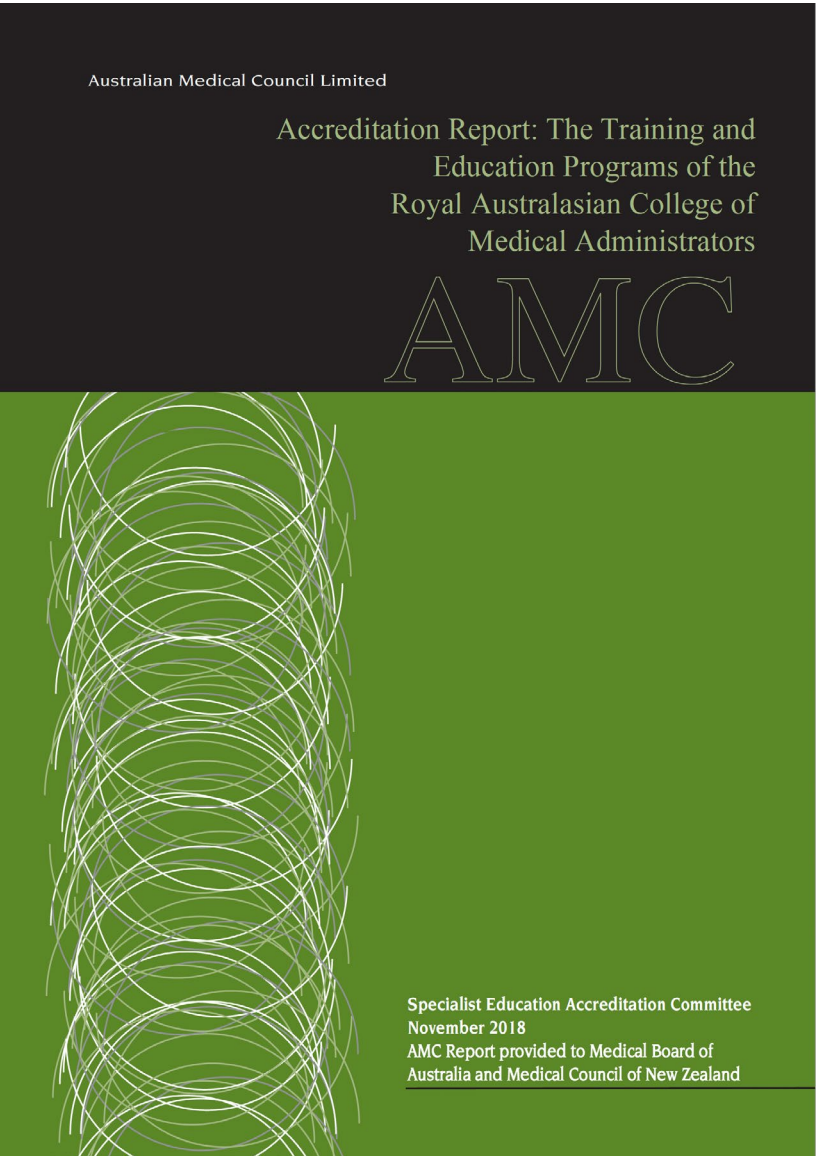
Australian Medical Council (AMC) Accreditation Update

In this reporting period, the College satisfied and closed one of the 20 conditions stipulated by the AMC.

To view the AMC report click [here](#).

After submitting the 2020 Progress Report, the Australian Medical Council noted RACMA was continuing to substantially meet the overall standards and successfully satisfied six conditions, as well as satisfying and closing one condition.

The AMC thanked the College for submitting its 2020 progress report and acknowledges the time and resources dedicated by the College to this while also responding to the challenges associated with the COVID-19 Pandemic.



Member Services and Engagement Report

The Member Services and Engagement division continued to strengthen and develop its ongoing support and services for Members this financial year, across the following areas:

Accreditation

A total of 93 sites were accredited in this reporting period, with more than 100 voluntary hours provided by Fellows who sat on site visit Accreditation Panels. The College welcomed four new Accreditation Panel members, adding an extra breadth of experience and support for the Candidates in training.

The accreditation team was pleased to accredit two Aboriginal Health Services — one in Townsville and one in Tennant Creek.

The Jurisdictional Coordinators of Training (JCTs) in all jurisdictions have been incredibly supportive and available for the ever-increasing number of training posts that are required to be accredited. All RACMA Members involved in Accreditation Panels are commended for their dedication and generosity of their time in supporting the College.

Fellowship Training Program (FTP) Applications

There was a 38.64% increase in applications received in 2020, with 61 of those approved applicants commencing candidacy during the 2021 academic year. Of the successful applicants, 49.18% were female, 67.21% were substantive positions, and 32.79% were Medical Administration Registrar posts.

Fellowship Training Program Applications	Number
Total FTP Applications Received in 2021	72
Withdrawn	11
Commenced Candidacy in 2021	61

Continuing Professional Development (CPD) Compliance

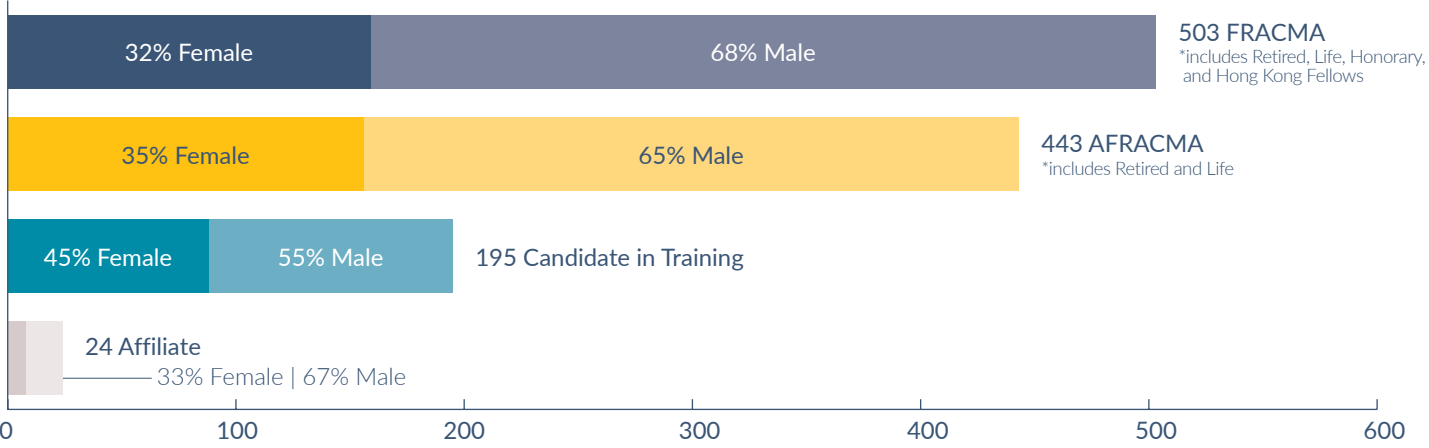
The Medical Board of Australia and Medical Council of New Zealand implemented an exemption from CPD for 2020 due to the impacts of COVID-19. The College Board further supported this by applying an exemption from CPD for all Fellows and Associate Fellows. As a result, there was an expected reduction in compliance numbers.

The process applied for 2020 included the following:

- No action was taken against non-compliant Members
- Members who entered some CPD activities but did not meet the normal minimum requirements were sent a Certificate of Participation
- Members who achieved the normal minimum requirements were audited and are able to access their Certificate of Compliance

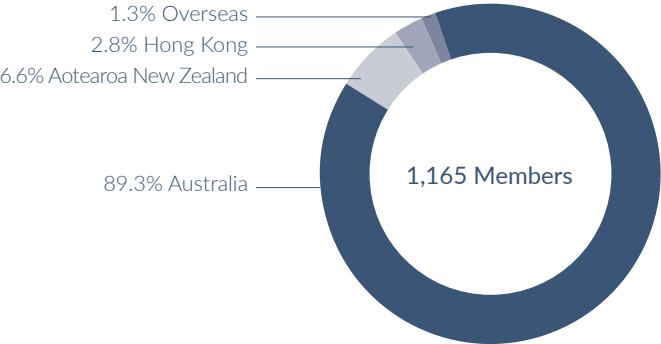
Members Participating in and Meeting the Requirements of the College CPD Programs				
	Australia	Aotearoa New Zealand	Other	Total
FELLOWS				
Number Participating in CPD Program	302	29	30	361
Number Meeting CPD Program Requirements	144	8	26	178
Percentage Compliant	48%	28%	87%	49%
ASSOCIATE FELLOWS				
Number Participating in CPD Program	402	30	1	433
Number Meeting CPD Program Requirements	139	9	0	148
Percentage Compliant	35%	30%	0%	34%

Membership by Category



Invoicing

The move to online invoicing for membership subscription fees continues to progress. Members are able to easily access invoices through their MyRACMA portal and make payment online. This reporting period, 83% of fees were paid on time.



Specialist International Medical Graduates (SIMGs)

The College has implemented the new MBA–Ahpra standard to provide SIMG applicants with a Summary of Preliminary Review (SPR) of their application before the interim assessment decision is made. This includes the SIMG Assessment Panel assembling on two separate occasions, the first to undertake an initial review of the application and a second to consider additional information received and/or clarification provided. Both panel reviews consist of three RACMA Fellows. This reporting period, new guidelines and templates were developed and policies and procedures were reviewed. Two SIMG applications were received this financial year, and a document-based assessment was undertaken by the panel. There are two SIMGs in the Fellowship Training Program.

Recognition of Prior Learning and Experience (RPLE) Applications

Guidelines for applicants and Censors were developed and existing assessment tools reviewed to assess the specific competencies needed for Medical Management Practice (MMP). Despite the restrictions imposed on face-to-face interviews by the COVID-19 Pandemic, six MMP applicants were successfully interviewed for RPLE via Zoom.

In this reporting period:

- 14 applications received
- 6 applicants granted RPLE following a document-based review and interview
- 5 applicants not granted RPLE following a document-based review, interview not required
- 3 applicants withdrew

Specialist Training Program (STP)

RACMA receives STP funding from the Australian Department of Health for the following:

- 17 STP positions (11 rural, 6 private)
- 9 Integrated Rural Training Pipeline (IRTP) positions
- 3 Tasmanian Project training positions
- 0.75 Tasmanian Project Supervisor positions

Despite the challenges posed by disruption due to COVID-19 and associated trainee movement, as well as the lateness of the 2020 Fellowship examination, virtually all positions were filled for 2021.

RACMA was successful in securing additional funding this reporting period to undertake a marketing project to increase visibility of the STP and to reduce the number of unfilled positions. Project activities have focused on the development of an STP communication toolkit and a redesign of the STP section on the RACMA website. An STP brochure and Supervisors’ Guide was completed, and the Guide for Candidates in STP posts is in development.

The STP Governance Review Group was established in late 2020. Members include the Director of Member Services and Engagement, Accreditations Committee Chair, and a number of JCTs.

The STP stream also provides support for several educational support projects which develop resources to support Candidates in STP funded positions. Projects during this financial year included:

- Online Learning Modules in Advocacy, Supervision, and Leadership
- Rural Health and Private Health Learning Sets
- Renewing RACMA’s Indigenous Health Program Module
- Supporting 10 Tasmanians to undertake the Leadership for Clinicians Program

Policy and Advocacy Report

RACMA continued to develop its profile and presence within the healthcare advocacy space working to achieve greater visibility, influence, and recognition of the College.

The Policy and Advocacy Committee has formed three advocacy sub committees within its structure umbrella:

- The Indigenous Health Working Group (IHWG)**
As per the Terms of Reference, the IHWG is a standing committee that provides strategic advice to RACMA on all aspects of Indigenous health, safety, competence, and reconciliation. The IHWG guides the ongoing review and development of RACMA's commitment within the Indigenous health portfolio to ensure that the College continues to meet its aim to improve the cultural safety and health of Aboriginal and Torres Strait Islander people in Australia and Māori in New Zealand, in partnership with those communities.
- The Rural Advocacy Policy Group (RPAG)**
As per the Terms of reference, the RPAG advises the College on all matters relating to Rural and Remote Health in Medical Administration. The RPAG identifies areas and defines policy in relation to Rural and Remote Medical Administration to advise and provide a forum for the discussion of advocacy issues that affect Rural and Remote Medical Administration for RACMA Members.
- The Diversity and Inclusiveness Working Group (DIWG)**
As per the Terms of Reference, the DIWG fosters a vision of embracing diversity and inclusiveness across all areas of the College to promote safe environments that increase the diversity of College membership and its community. The DIWG performs this function by recognising input and analysis from a variety of representatives including differing communities, cultures, geographies, demographics, and backgrounds.

Key Advocacy Consultation

The key piece of work undertaken by the Policy and Advocacy Committee Royal Commission reference group during the reporting period was the development of a RACMA submission for the [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#) (yet to be submitted).

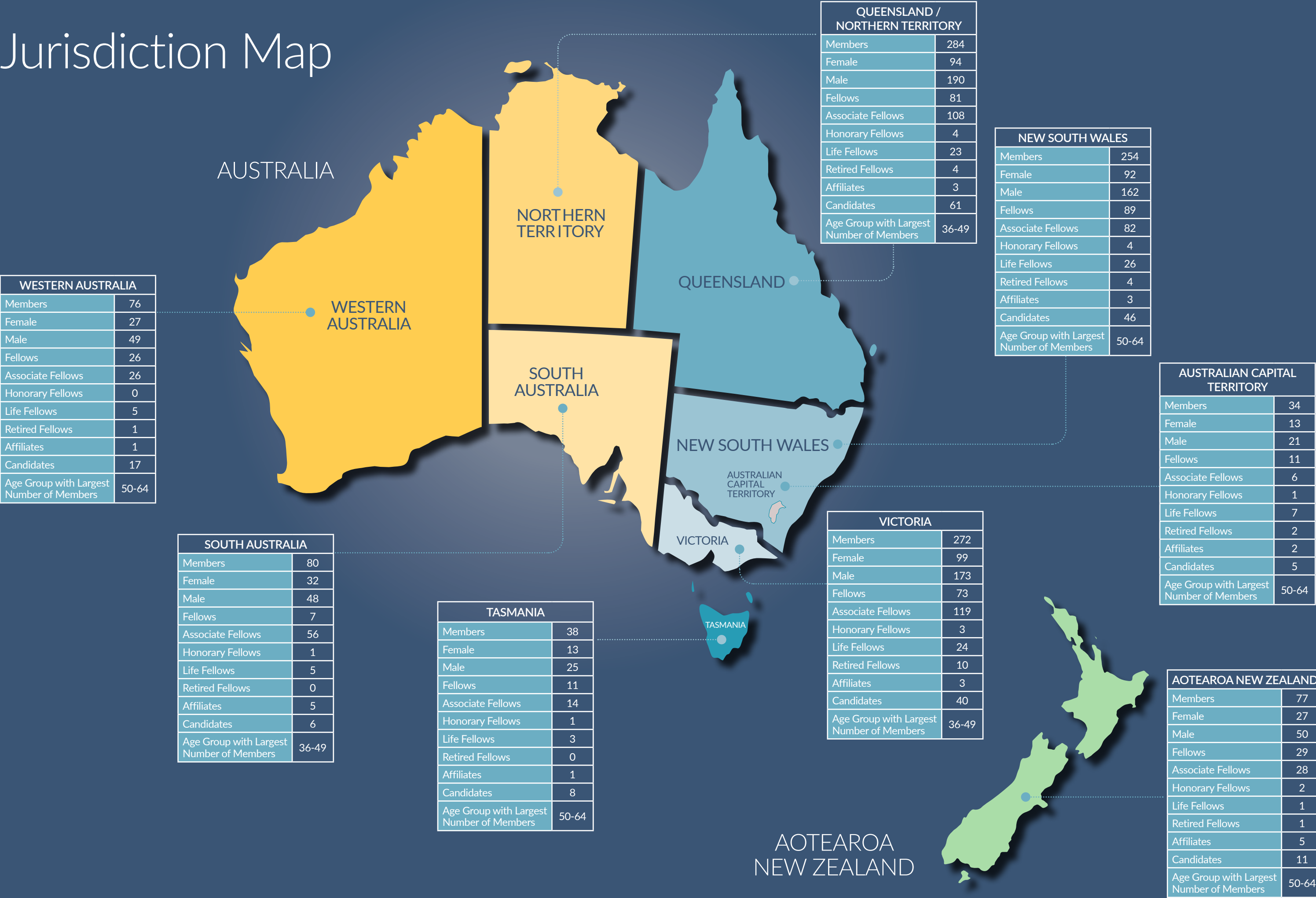
The comprehensive submission paper, which has in principle approval from the Board, specifically addresses the Disability Royal Commission, which was established in April 2019 in response to community concern about widespread reports of violence against and the neglect, abuse, and exploitation of, people with disability.

RACMA's response will assist the Disability Royal Commission to investigate how to prevent and better protect people with disability from experiencing violence, abuse, neglect, and exploitation by achieving best practice in reporting, investigating, and responding to violence, abuse, neglect, and exploitation of people with disability. The College's aim for this key piece of work is to promote a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect, and exploitation.

In this reporting period, the College developed submissions as follows:

CONSULTATION TITLE/NAME	STAKEHOLDER
Queensland Law Reform Commission, A legal framework for voluntary assisted dying, Consultation Paper, WP No 79 (2020)	Queensland Law Reform Commission (QLRC)
NSW Legislative Council Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales	Portfolio Committee No.2 – Health Legislative Council, Parliament House
Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability	The Disability Royal Commission
Health Workforce 2040 – Tasmania's Workforce Strategy	Health Workforce Planning Unit Clinical Quality, Regulation and Accreditation (CQRA), Department of Health – Tasmania
Cultural Fusion Survey	Cultural Fusion Pty Ltd, on behalf of the Australian Government, Department of Health
District of Workforce Shortage (DWS) for Specialists Methodology Online Survey	The Distribution Advisory Group Committee
Draft Registration standard: Health checks for late career doctors	Medical Board of Australia (Ahpra)
The Draft Credentialing and Defining Scope of Clinical Practice: A guide for managers and clinician's consultation	Australian Commission on Safety and Quality in Health Care
Secretary Approval: Pharmacist Immuniser SARS-CoV-2 (COVID-19) VACCINE (COVID-19 Secretary Approval)	Vaccination Program, COVID-19 Response Department of Health – Victoria
Royal Commission into Victoria's Mental Health System Recommendations	Mental Health Royal Commission (Victoria)
The Royal Australian and New Zealand College of Radiologists (RANZCR) Action Plan for Māori, Aboriginal and Torres Strait Islander Health 2022-2025	The Royal Australian and New Zealand College of Radiologists (RANZCR)
Queensland Law Reform Commission (QLRC) Report No 79. Assisted Dying – Second Consultation Letter	Mental Health Royal Commission
Authorising additional surge workforce to participate in Victoria's COVID-19 vaccination program – Consultation Paper	COVID Vaccination Team, Covid-19 Vaccination Program, Victorian Department of Health

Jurisdiction Map



ACT Jurisdictional Committee Report

Member Numbers	34
FRACMA	11
AFRACMA	6
Honorary Fellows	1
Life Fellows	7
Retired Fellows	2
Affiliates	2
Candidates	5

The ACT membership is unique as it is a small jurisdiction, and most Members work outside the ACT public hospital system.

Following a hiatus due to the COVID-19 Pandemic, monthly face-to-face meetings recommenced in September 2020 for the remainder of this reporting period.

The training positions of all new Candidates have been accredited for the 2021 training year. The ACT Jurisdictional Coordinator of Training continues to receive excellent support from the College office in ensuring training positions are accredited despite the non-conventional nature of many positions.

The jurisdiction's Members also continued to be actively involved in the COVID-19 Pandemic response and vaccination rollout.

MEMBER ACHIEVEMENTS

RACMA Candidate Dr Chloe Ryan was awarded the Conspicuous Service Cross in the Queen's Birthday Honours List for outstanding achievement as a Navy Medical Officer during the national response to the Coronavirus Pandemic emergency.

The citation reads: 'Commander Ryan contributed directly to successful national outcomes in response to the COVID-19 Pandemic emergency through the application of exceptional Medical Leadership and professional excellence. Under constant pressure, her contributions had a profound impact on Australia's response to the Coronavirus Pandemic emergency'.

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Christina Wilkinson
Honorary Secretary	Dr Kate Tindall
Treasurer	Vacant
Coordinator of Training	Dr Leonard Brennan
CPD Coordinator	Dr Kate Tindall
Associate Fellow Representative	Vacant
Candidate Representative	Dr Antony McNamara (to 31 December 2020, now vacant)

NSW Jurisdictional Committee Report

Member Numbers	254
FRACMA	89
AFRACMA	82
Honorary Fellows	4
Life Fellows	26
Retired Fellows	4
Affiliates	3
Candidates	46

The New South Wales Committee worked very hard to ensure Candidates and Members were well supported throughout this financial year.

The Committee hosted practice exams for Candidates with the support of the College office and also delivered a program of weekly tutorials organised by Dr Elizabeth West-Deards and College Dean, Dr Lynnette Lee. These tutorials were well attended and appreciated by Candidates.

The bi-monthly Scientific Program continued through this operating period, organised by Dr Nick O'Connor. Speakers included:

- Professor Mary Chiarella AM, who presented "Designing a health workforce for tomorrow's health work"
- Professor Diana Lynne Madden, Adjunct Associate Professor Lyn Fragar AO, and Dr Kate Charlesworth who presented "Achieving Environmentally Sustainable Health and Healthcare: it's possible, and it's urgent"
- Dr Peter Kennedy, who presented "Safety and Quality in Health IT"
- Professor Mary-Louise McLaws, who presented "What we know and what we don't know: An overview of WHO R&D"
- Dr Elizabeth West-Deards took over the reins from Dr O'Connor as the Scientific Program Coordinator

New South Wales Members were able to come together in a face-to-face hub with COVID-19 precautions for the National Conference. This made the 2021 Conference "hybrid" (virtual and face-to-face) and allowed collegial interactions at breaks and a dinner.

The jurisdiction's Candidate Members were involved in developing a handbook, endorsed by HETI and the MASTC, that provides a guide and orientation manual for trainees joining the NSW Medical Administration Training Program. The handbook will cover the breadth of training and support, including education, pastoral care, guidance, and governance.

MEMBER ACHIEVEMENTS

Dr Helen Parsons CSC, Board Director and College Policy and Advocacy Committee Chair, was awarded the College Medallion for outstanding service to the College Board and membership. Dr Parsons has been a highly active Member of RACMA, dedicating her time and expertise to numerous committees, working groups, and in mentoring roles. She joined the RACMA Board as a Director in 2016.

Dr Raj Ubeja was appointed the Chair of the Candidate Advisory Committee.

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Antony Sara
Honorary Secretary	Dr Nick O'Connor
Treasurer	Vacant
Coordinator of Training	Dr Antony Sara Dr Pankaj Banga Dr Grant Rogers
CPD Coordinator	Dr Greg Watters
Associate Fellow Representative	Vacant
Candidate Representative	Dr Raj Ubeja Dr Isabelle Kapterian
Member (co-opted)	Dr Claire Blizard
Member (ex-officio)	Dr Helen Parsons Dr Lynnette Lee
Other Members	Dr Roger Boyd Dr Daryl-Anne Elias Dr Helen Freeborn Dr Robyn Godding Dr Natalie Klees

Aotearoa NZ Jurisdictional Committee Report

Member Numbers	77
FRACMA	29
AFRACMA	28
Honorary Fellows	2
Life Fellows	1
Retired Fellows	1
Affiliates	5
Candidates	11

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Virginia Hope
Honorary Secretary	Vacant
Treasurer	Dr Peter Gootjes
Coordinator of Training	Dr Debbie Holdsworth Dr Mary Seddon
CPD Coordinator	Dr Dilkya Rasiah
CMC Representative	Dr Iwona Stolarek
Workforce	Dr Andrew Simpson
Associate Fellow Representative	Dr Cameron Cole Dr Veronica Corrigan
Candidate Representative	Dr Brian Yow

MEMBER ACHIEVEMENTS

We again recognise the enduring and significant leadership contributions of many of our Fellows to the response to COVID-19. This includes Honorary Fellow, Dr Ashley Bloomfield, Director-General of the Ministry of Health, who has become one of the faces of the response in New Zealand, and many other Fellows in different roles throughout the country. While the response affects the whole of New Zealand, we particularly acknowledge the role played by our colleagues in Auckland who have faced outbreaks and lockdown more frequently than those of us in the rest of New Zealand.

RACMA Registrar & Health Informatics Fellow Dr Brian Yow was the recipient of the 2021 Margaret Tobin Challenge, with his presentation titled "Agile Clinical Leadership in COVID-19 Digital Health Response." The New Zealand Candidate's presentation concentrated on how a small, agile team built an automated, real-time COVID monitoring and decision support system with locality mapping and big data. Dr Yow and the team he works with converted the digital emergency response system developed for the White Island disaster into a COVID-19 monitoring tool.

As with all jurisdictions, COVID-19 has influenced and limited our focus and activity in New Zealand. However, we are happy to report that, with the support of the College office, New Zealanders were able to participate in one of the two online Leadership for Clinicians training cohorts offered during the second half of this reporting period.

Meetings and peer gatherings have been limited by lockdowns and the diverted attention of busy participants. However, breakfast meetings have been re-introduced in Wellington by Dr Andrew Simpson once a month. With restricted activity, the College weekly Member forums continue to be a welcome and useful option for Fellows and Associates in New Zealand.

A major event in the health landscape in New Zealand was the release of the decisions on the recommendations of the [Health and Disability System Review](#) which envisages a departure from the District Health Board structure that has been in place for the past 20 years, and the development of a united health system for New Zealand. Significantly, announcements also heralded an independent Māori Health Authority and a Public Health Agency which will be sited inside the Ministry of Health. The Jurisdictional Chair attended a brief post-announcement question-and-answer session at Parliament for medical colleges which was also attended by Board member Kiri Rikihana (in her role with the Australian and New Zealand College of Anaesthetists). The imminent changes provide an opportunity to consider the role of training in Medical Leadership and this has been raised both in the closed question-and-answer session at Parliament and in a subsequent letter to the Minister of Health which was referred to the Transition Unit.

The College in New Zealand currently has nine trainees, two of whom are in substantive training posts.

Vice-President Iwona Stolarek, who was previously a member of the Board of Trustees of the Council of Medical Colleges (CMC), has become a member of the Executive Committee and represents RACMA on the Council, along with Chief Executive, Melanie Saba. This has increased the engagement between the Jurisdictional Committee, the College, and the CMC, including the drafting of a Briefing for the Incoming Minister, strategic and business planning initiatives, and a number of policy statements.

Alongside the CMC, the NZ Jurisdictional Committee will change its name to the Aotearoa NZ Jurisdictional Committee for 2021-2022.

QLD/NT Jurisdictional Committee Report

Member Numbers	284
FRACMA	81
AFRACMA	108
Honorary Fellows	4
Life Fellows	23
Retired Fellows	4
Affiliates	3
Candidates	61

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Mark Waters
Honorary Secretary	Dr Amber Winter
Treasurer	Dr Hwee Sin Chong
Coordinator of Training Deputy Coordinator of Training	Dr Leah Barrett-Beck Dr Felicity Jensen
CPD Coordinator Deputy CPD Coordinator	Dr Felicity Jensen Dr Thuy Pham
Associate Fellow Representative	Dr Eugene Wong
Candidate Representative	Dr Shemanandhini (Shema) Haima (QLD) Dr Pradeep Mishra (NT)
Member (ex-officio)	Professor Alan Sandford AM
Other Members	Dr David Evans Dr Jon Hodge Dr Gail Robinson Dr Monica Trujillo

The Queensland/Northern Territory Jurisdictional Committee has worked hard to continue to provide support and professional development opportunities to its Members this reporting period. Monthly CPD meetings continued as normal. These meetings occur before the Queensland Health Executive Directors of Medical Services Forum. A range of topics have been addressed over this reporting period, with presentations delivered by Fellows and external medical experts. Due to COVID-19 restrictions, some of the sessions have been delivered in a virtual format only. However, attendance has been excellent.

This reporting period also saw the new addition of a Northern Territory Candidate representative, Dr Pradeep Mishra, to the Jurisdictional Committee.

The Sir Raphael Cilento Oration was delivered by Dr Jillann Farmer (FRACMA), Deputy Director-General Clinical Excellence Queensland, Department of Health and former Medical Director to the United Nations. The thought-provoking and inspiring presentation focused on her career, featuring many personal insights and experiences which covered off key issues including inequality.

MEMBER ACHIEVEMENTS

Dr Jeannette Young PSM was awarded the RACMA Distinguished Fellow Award 2020-21 for years of ongoing commitment to public service and achievement in the wider healthcare system. Also, for her role in the COVID-19 response and in keeping Queenslanders safe.

Dr Jeremy Wellwood was awarded the Bernard Nicholson Prize as the outstanding Candidate in the 2020 oral examinations.

Dr Amanda Dines (FRACMA) was awarded the Medal in the General Division (OAM) in the Queen's Birthday Honours List for service to medicine.

SA Jurisdictional Committee Report

Members	80
FRACMA	7
AFRACMA	56
Honorary Fellows	1
Life Fellows	5
Retired Fellows	0
Affiliates	5
Candidates	6

Due to COVID-19 and collective professional responsibilities for agile responses within our work environments, support for Candidates sitting exams was limited. However, there was some local support via engaged Fellows and through the proactive engagement of Candidates with interstate study groups and Fellows.

The Committee was left with a number of office bearer vacancies due to Members leaving for interstate opportunities. However, a new Jurisdictional Coordinator of Training was appointed – Dr Elaine Pretorius, who has refreshed the South Australia training program.

The successful collaboration and integration of Associate Fellows through networking mediums in this reporting period continued. A lead AFRACMA was appointed to the Committee to assist with local CPD programs.

This financial year saw the successful commencement of two, new metro training positions in Southern Adelaide Health Network as well as Northern Adelaide Health Network. An additional training position was established in Mount Gambier, rural South Australia. However, challenges pertaining to limited accredited training positions as well as professional opportunities remain in South Australia.

Despite not having FRACMAs in metro health services in EDMS or like roles in the jurisdiction, there is one Fellow within the Tertiary Education Sector which affords future opportunities for FRACMAs in like roles.

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Jayanthi Jayakaran
Honorary Secretary	Vacant
Treasurer	Vacant
Coordinator of Training	Dr Elaine Pretorius
CPD Coordinator	Dr Nes Lian-Lloyd
Associate Fellow Representative	Dr Milind Sanap Dr Shriram Nath
Candidate Representative	Vacant

TAS Jurisdictional Committee Report

Member Numbers	38
FRACMA	11
AFRACMA	14
Honorary Fellows	1
Life Fellows	3
Retired Fellows	0
Affiliates	1
Candidates	8

The jurisdiction's RACMA teaching program continues to be coordinated by RACMA Members, Drs Shan Rodrigo and Allison Turnock.

The Tasmania Committee met on a regular basis to support a number of local Candidates preparing for the Medical Management Practice Oral examinations for Fellowship.

The Committee also made the decision that Tasmania would host the 2022 RACMA Conference, and started working on establishing core organising committees in this reporting period.

All senior medical management positions in the public sector (Chief Medical Officer, Deputy Chief Medical Officer, Executive Directors of Medical Services, and Executive Director of the Medical Profession – DoH) continue to be held by either FRACMAs or AFRACMAs.

MEMBER ACHIEVEMENTS

Dr Tony Lawler participated in the Chief Health Officer panel at the National Conference in March 2021.

Dr Allison Turnock was elected the Candidate Director on the RACMA Board in October 2020.

LIST OF OFFICE BEARERS FOR 2020/21	
Interim Chair	Associate Professor Kathleen Atkinson
Honorary Secretary	Dr Peter Renshaw
Coordinator of Training	Dr Helen McArdle
Candidate Board Director	Dr Allison Turnock
Candidate Representative	Professor Tony Lawler

VIC Jurisdictional Committee Report

Member Numbers	272
FRACMA	73
AFRACMA	119
Honorary Fellows	3
Life Fellows	24
Retired Fellows	10
Affiliates	3
Candidates	40

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Professor Erwin Loh
Honorary Secretary	Dr Caroline Clarke
Treasurer	Vacant
Coordinator of Training	Dr Anand Ponniraivan
CPD Coordinator	Dr Ian Graham
Associate Fellow Representative	Dr Angela Williams
Candidate Representatives	Dr Junyi Shi (metro) Dr Sarin Cooper-Maidlow (regional/rural)
Other Members	Dr Sidney Chandrasiri Dr Paul Eleftheriou Dr Jason Goh Dr Luis Prado Dr Katherine Worseley

Despite this reporting period being heavily affected by the ongoing impacts of COVID-19 across the state, the Victorian Jurisdictional Committee managed to host a successful, face-to-face networking dinner between lockdowns and restrictions.

The dinner, held at Hotel Chadstone in March 2021, gave Members the opportunity to reflect on and celebrate achievements for the 2020 year, including the new FRACMAs and AFRACMAs admitted to the College.

However, the 2020 Victorian Annual Scientific Meeting was held virtually via Zoom in early November 2020 due to the COVID-19 Pandemic. The keynote presenter was Professor Clare Delaney, Clinical Ethicist Children's Bioethics Centre at the Royal Children's Hospital and Professor in Health Professions Education at University of Melbourne. Professor Delaney discussed the role of Clinical Ethics teams in difficult decision making in her talk entitled 'Responding to urgent ethical challenges: the Friday afternoon phone call'.

The Victorian State Margaret Tobin Challenge also took place during the online ASM. There were several, high-quality presentations delivered from Drs Sophie Adams, Ajai Verma, Junyi Shi, and Laura Mogie. The winner was Dr Adams, who gave an excellent presentation on 'Redefining Healthcare – Telehealth Use during COVID-19 in a primary care mental health setting'.

- On the advocacy front, the Victorian Committee, lead by Dr Sidney Chandrasiri, developed submissions for the College to the:
- State government approval for Pharmacist Immunisers for COVID-19 under the Drugs, Poisons and Controlled Substances Regulations 2017, regulation 163
 - Royal Commission into Victoria's Mental Health System

The Committee also continued to provide regular support for the jurisdiction's Candidates through the Candidate tutorial program and trial exams.

MEMBER ACHIEVEMENTS

Dr Peter Lowthian, the College Censor-in-Chief, was awarded the College Medallion for outstanding commitment to Candidate learning in Medical Leadership. Since becoming a Fellow in 2011, Dr Lowthian has been a Supervisor, Preceptor, member of the Board of Censors, and Executive Coach for RACMA Candidates throughout Victoria.

Clinical Professor Alan Michael Wolff (FRACMA), who passed away in August, was awarded the Medal in the General Division (OAM) in the Queen's Birthday Honours List for service to medicine.

WA Jurisdictional Committee Report

Member Numbers	76
FRACMA	26
AFRACMA	26
Honorary Fellows	0
Life Fellows	5
Retired Fellows	1
Affiliates	1
Candidates	17

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Sayanta Jana
Deputy Chair, Private Hospital Representative	Dr Daniel Heredia (also acting Chair for part of the reporting period)
Treasurer	Dr Terry Bayliss
Coordinator of Training	Dr Ajitha Nair Dr Deepan Krishnasivam
CPD Coordinator	Dr Allan Pelkowitz
Associate Fellow Representative	Dr Andrew Thompson
Candidate Representative	Dr Melissa Maluda
Senior Advisor	Dr Andy Robertson CSC PSM
Fellowship Representative	Dr PK Loh

Candidates remained a key focus for the West Australian Committee during this reporting period. Dr Ajitha Nair and Dr Deepan Krishnasivam worked hard to regularly promote RACMA training, while the Committee coordinated case-based discussions for Candidates, which was facilitated by local FRACMAs.

The Committee also discussed the option of utilising interstate Preceptors to boost the number of local Preceptors available for Candidates.

The West Australian Jurisdictional Committee joined with the Queensland Jurisdictional Committee to offer another opportunity for Members through sign-in to the Queensland Jurisdiction's Journal Club.

On the broader Medical Leadership front in Western Australia, the Committee participated in the Voluntary Assisted Dying (VAD) rollout in the hospital system in both private and public settings. As well as this more robust COVID-19 strategies were developed in this reporting period.

The West Australian Jurisdictional Committee participated in MEDCON21, a collaboration of the AMA and all the medical specialty colleges in Western Australia. The Committee hosted a booth and Dr Sayanta Jana chaired the Leadership in Medicine session. Also in attendance at the session was FRACMA Dr Bennie NG (CEO AMA WA) who contributed by recounting his leadership experiences.

The Committee was also part of the 'Mini MEDCON' on climate change and VAD with the AMA and other colleges.

MEMBER ACHIEVEMENTS

The College New Fellow Achievement Award was presented to Dr Deepan Krishnasivam at the March Conference. Dr Krishnasivam was chosen for his ongoing and exceptional commitment to supporting Candidates and College training in Western Australia.

Dr Sayanta Jana became the National Medical Director of Silver Chain, a large national community and medical home services organisation.

Dr Daniel Heredia became the Executive Manager Health at HBF, Western Australia's largest private health insurance company.

Finance and Audit Report

Report from the Chair of the Finance and Audit Committee



On behalf of the Finance and Audit Committee of the College, I am pleased to report to the membership on the financial performance of the College for the 2020-21 financial year.

The College has recorded a surplus of \$755,319 which has been a result of a combination of many factors, including:

- Government support for which the College was eligible
- A reduction in costs as continued restrictions reduced costs such as travel and face-to-face meetings
- Increased enrolments in the Leadership for Clinicians Program in 2021.

The College, like many other organisations, was grateful for the financial supports provided by both the federal and state governments which allowed the College to continue to employ all of its skilled staff during the Pandemic.

The College has established its Corpus as discussed at the Annual General Meeting last year, and it is expected the earnings from the Corpus will allow the College to invest in areas such as research and support to Members. The Corpus will shortly be at \$3 million and this positive result may allow the College to further grow the Corpus.

The RACMA Board continued its commitment to supporting our Candidates through not increasing training fees again in 2021. We also reduced the cost of the Oral Examination to reflect the reduction in costs that resulted in conducting the exams via Zoom. Membership subscriptions were only increased by 1% to reflect CPI.

Following their appointment at the AGM, we have been working with our new auditors, Saward Dawson, to prepare this year's accounts. We acknowledge the work of Morton Watson and Young for their work with the College over many years.

I would like to acknowledge the work of my colleagues on the Finance and Audit Committee and recognise the contribution of Dr Max Alexander who retired from the Committee during the reporting period. An expression of interest process resulted in the appointment of Dr David Hillis FRACMA, while Ms Vase Jovanoska was appointed to the Finance and Audit Committee as an independent member with accounting experience. Ms Jovanoska is the Chief Executive of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). We welcome both David and Vase to the Committee and look forward to their expert contribution.

Finally, I would like to acknowledge the work of the RACMA secretariat who continue to support the work of the Finance and Audit Committee.

Professor Erwin Loh
Chair, Finance and Audit Committee

FINANCIAL STATEMENTS

For the Year Ended 30 June 2021

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The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Directors' Report

30 June 2021

Your directors present their report on the College for the financial year ended 30 June 2021.

General information

Information on directors

The names of each person who has been a director during the year and to the date of this report are:

- Prof Alan Sandford
- Dr Iwona Stolarek
- Prof Gillian Biscoe
- Prof Erwin Loh
- Dr Mellissa Naidoo
- A/Prof Pooshan Navathé
- Dr Helen Parsons
- A/Prof Luis Prado
- A/Prof Vinay Rane
- Ms Kiri Rikihana
- Dr Samantha Simpson - Term ended 12/10/2020
- Dr Allison Turnock - Term commenced 12/10/2020

Directors who have completed their terms, been elected or appointed during the financial year have been identified.

Operating results and review of operations for the year

The profit of the College after providing for income tax amounted to \$ 755,319 (2020: \$ 50,088).

This profit was a result of the delivery of the online Leadership for Clinicians program with higher than expected participants which resulted in the College operating a small operating surplus, supplemented with Governement COVID19 support packages.

Dividends paid or recommended

In accordance with its Constitution, the College is prohibited from declaring any form of dividend in favour of its members.

Significant Changes in State of Affairs

The principal activities of the College during the financial year were Medical Administration Education

No significant change in the nature of these activities occurred during the year.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Directors' Report

30 June 2021

Events after the reporting date

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

Likely developments in the operations of the College and the expected results of those operations in future financial years have not been included in the report as the inclusion of such information is likely to result in unreasonable prejudice to the College.

Environmental issues

The College's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

Meetings of directors

During the financial year, 4 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Prof Alan Sandford	4	4
Dr Iwona Stolarek	4	4
Prof Gillian Biscoe	4	4
Prof Erwin Loh	4	4
Dr Mellissa Naidoo	4	3
A/Prof Pooshan Navathé	4	4
Dr Helen Parsons	4	4
A/Prof Luis Prado	4	4
A/Prof Vinay Rane	4	3
Ms Kiri Rikihana	4	3
Dr Samantha Simpson	1	1
Dr Allison Turnock	3	3

Indemnification and insurance of officers and auditors

No indemnities have been given or insurance paid, during or since the end of the financial year, for any person who is or has been an auditor of the College. During the financial year the College has paid premiums to insure the directors against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of a director of the College, other than conduct involving wilful breach of duty in relation to the College.

No person has applied for leave of Court to bring proceedings on behalf of the College or intervene in any proceedings to which the College is a party for the purpose of taking responsibility on behalf of the College for all or any part of those proceedings. The College was not party to any such proceedings during the year.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Directors' Report

30 June 2021

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2021 has been received and can be found on page 30 of the financial report.

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

Director: 
Prof Alan Sandford

Director: 
Prof Erwin Loh

Dated this 8th day of September 2021

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2021

		2021	2020
	Note	\$	\$
Income	5	8,525,403	7,035,461
Employee benefits expense		(2,850,391)	(2,147,747)
Depreciation		(110,599)	(98,434)
Governance expenses		(8,908)	(69,675)
Faculty support		(24,903)	(53,312)
Training and education		(301,409)	(495,354)
Annual conference		(108,349)	(346,623)
Marketing and promotions		(31,806)	(14,045)
Office supplies		(30,476)	(33,076)
Professional services		(213,032)	(167,435)
Occupancy expenses		(45,312)	(47,675)
IT expense		(88,189)	(103,372)
STP Project expense		(3,725,747)	(3,230,372)
Doubtful debts expense		(21,254)	-
Loss on Sale of Non-current asset		-	(2,691)
Other operating expenses		(209,709)	(175,562)
Surplus for the year		755,319	50,088
Other comprehensive income			
Other comprehensive income for the year		-	-
Total comprehensive income for the year		755,319	50,088

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Statement of Financial Position

As At 30 June 2021

	Note	2021 \$	2020 \$	Restated 2019 \$
ASSETS				
CURRENT ASSETS				
Cash and cash equivalents	7	9,573,039	11,826,648	6,239,915
Trade and other receivables	8	735,967	603,915	1,028,044
Other financial assets	9	4,067,879	302,847	3,623,996
Non-current assets held for sale		-	-	641,246
TOTAL CURRENT ASSETS		14,376,885	12,733,410	11,533,201
NON-CURRENT ASSETS				
Property, plant and equipment	10	1,618,391	1,630,880	1,786,842
Intangible assets	11	164,876	177,077	-
TOTAL NON-CURRENT ASSETS		1,783,267	1,807,957	1,786,842
TOTAL ASSETS		16,160,152	14,541,367	13,320,043
LIABILITIES				
CURRENT LIABILITIES				
Trade and other payables	12	310,934	489,431	285,850
Employee benefits	13	235,780	136,425	80,157
Other financial liabilities	14	7,946,525	7,065,443	6,154,056
TOTAL CURRENT LIABILITIES		8,493,239	7,691,299	6,520,063
NON-CURRENT LIABILITIES				
Employee benefits	13	61,526	-	-
TOTAL NON-CURRENT LIABILITIES		61,526	-	-
TOTAL LIABILITIES		8,554,765	7,691,299	6,520,063
NET ASSETS		7,605,387	6,850,068	6,799,980
EQUITY				
Reserves		345,476	367,420	370,215
Retained surplus		7,259,911	6,482,648	6,429,765
TOTAL EQUITY		7,605,387	6,850,068	6,799,980

The accompanying notes form part of these financial statements.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Statement of Changes in Equity

For the Year Ended 30 June 2021

2021

	Retained Surplus \$	State Funds \$	Bernard Nicholson Prize Fund \$	Sir Raphael Cilento Oration Fund \$	NSW Administration Course & Education Fund \$	Total \$
Balance at 1 July 2020	6,482,648	296,297	32,988	12,086	26,049	6,850,068
Surplus for the year	755,319	-	-	-	-	755,319
Transfer to reserve	21,944	(21,944)	-	-	-	-
Balance at 30 June 2021	7,259,911	274,353	32,988	12,086	26,049	7,605,387

2020

	Retained Surplus \$	State Funds \$	Bernard Nicholson Prize Fund \$	Sir Raphael Cilento Oration Fund \$	NSW Administration Course & Education Fund \$	Total \$
Balance at 1 July 2019	7,138,900	-	32,988	12,086	26,049	7,210,023
Retrospective restatement	(709,135)	299,092	-	-	-	(410,043)
Balance at 1 July 2019 restated	6,429,765	299,092	32,988	12,086	26,049	6,799,980
Surplus for the year	50,088	-	-	-	-	50,088
Transfers to reserves	2,795	(2,795)	-	-	-	-
Balance at 30 June 2020	6,482,648	296,297	32,988	12,086	26,049	6,850,068

The accompanying notes form part of these financial statements.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Statement of Cash Flows

For the Year Ended 30 June 2021

	Note	2021 \$	2020 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from members		3,848,186	4,249,902
Government grants, conferences, sponsorship and other receipts		5,878,123	3,657,426
Interest received		8,517	53,497
Payments to suppliers and employees		(8,167,478)	(6,624,402)
Net cash provided by/(used in) operating activities	16	1,567,348	1,336,423
CASH FLOWS FROM INVESTING ACTIVITIES:			
Proceeds from sale of plant and equipment		-	1,046,532
Proceeds from sale of investment		-	3,320,302
Purchase of property, plant and equipment		(89,496)	(116,524)
Purchase of investments		(3,731,461)	-
Net cash provided by/(used in) investing activities		(3,820,957)	4,250,310
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net cash provided by/(used in) financing activities		-	-
Net increase/(decrease) in cash and cash equivalents held		(2,253,609)	5,586,733
Cash and cash equivalents at beginning of year		11,826,648	6,239,915
Cash and cash equivalents at end of financial year	7	9,573,039	11,826,648

The accompanying notes form part of these financial statements.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

The financial statements cover The Royal Australasian College of Medical Administrators as an individual entity. The Royal Australasian College of Medical Administrators is a company limited by guarantee, incorporated and domiciled in Australia.

The functional and presentation currency of The Royal Australasian College of Medical Administrators is Australian dollars.

The financial statements were authorised for issue on the same date as the signing of the Directors' Declaration by the Board of Directors.

Comparative Amounts

Comparatives are consistent with prior years, unless otherwise stated.

Retrospective Restatement

Adjustments to comparative figures have been detailed in Note 4.

1 Basis of Preparation

These general purpose financial statements have been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The Entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for cash flow information, have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

2 Summary of Significant Accounting Policies

(a) Income Tax

No provision for income tax has been raised as the College is exempt from income tax under Div. 50 of the *Income Tax Assessment Act 1997*.

The College is a charitable entity registered with the Australian Charities and Not-for-profits Commission.

(b) Goods and services tax (GST)

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

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

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows included in receipts from customers or payments to suppliers.

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2021

2 Summary of Significant Accounting Policies

(c) Revenue and other income

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the College expects to receive in exchange for those goods or services.

Revenue is recognised by applying a five-step model as follows:

- 1. Identify the contract with the customer.
- 2. Identify the performance obligations.
- 3. Determine the transaction price.
- 4. Allocation of the transaction price to the performance obligations.
- 5. Recognise revenue as and when control of the performance obligations is transferred.

Generally the timing of the payment for sale of goods or rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however, where there is a difference, it will result in the recognition of a receivable, contract assets or contract liability. None of the revenue streams of the company have any significant financing terms as there is less than 12 months between receipts of funds and satisfaction of performance obligations.

The revenue recognition policies for the principal revenue streams of the College are:

Operating Grants, Donations and Bequests

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

When both these conditions are satisfied, the College:

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

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

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

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

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2021

2 Summary of Significant Accounting Policies

(c) Revenue and other income

Rendering of services

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be measured reliably. If this is the case then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably measured then revenue is recognised to the extent of expenses recognised that are recoverable

Dividend revenue

Dividends are recognised when the right to receive payment is established.

Interest revenue

Interest revenue is recognised using the effective interest rate method.

Advancement fees

Advancement to Associate Fellowship and Advancement to Fellowship fees are recognised on a straight line basis over the average number of years of active membership. This has been determined as 6 and 25 years respectively.

The comparative figures have been restated to reflect this accounting policy.

Training enrolment fees

Training enrolment fees are recognised on a straight line basis over the average number of years of a Candidate. This has been determined as 4 years.

The comparative figures have been restated to reflect this accounting policy.

Other fees

Other fees are recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the College expects to receive in exchange for those goods or services.

STP Income

STP Income is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the College expects to receive in exchange for those goods or services.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

2 Summary of Significant Accounting Policies

(c) Revenue and other income

Other income

Other revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the College expects to receive in exchange for those goods or services.

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

(d) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(e) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Land and buildings

Freehold land and buildings are measured on the cost basis less depreciation and impairment losses. Costs include expenditure that is directly attributable to the asset.

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. Cost includes expenditure that is directly attributable to the asset.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the College, commencing when the asset is ready for use. The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Buildings	2.5%
Plant and Equipment	10 - 50%
Gowns	10%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

When an asset is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to profit and loss.

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2021

2 Summary of Significant Accounting Policies

(f) Intangible assets

Website and Software

Website and software is recorded at cost. It has a finite life and is carried at cost less accumulated amortisation and any impairment losses. Website and software has an estimated useful life of eight years. It is assessed annually for impairment.

(g) Financial instruments

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

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the College classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL

Financial assets are not reclassified subsequent to their initial recognition unless the College changes its business model for managing financial assets.

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The College's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

2 Summary of Significant Accounting Policies

(g) Financial instruments

Financial assets

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income, foreign exchange gains or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost as described above are measured at FVTPL.

Net gains or losses, including any interest or dividend income are recognised in profit or loss.

The College's financial assets measured at FVTPL comprise of managed funds and equity investments in the statement of financial position.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost

When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the College considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the College's historical experience and informed credit assessment and including forward looking information.

The College uses the presumption that an asset which is more than 60 days past due has seen a significant increase in credit risk.

The College uses the presumption that a financial asset is in default when the other party is unlikely to pay its credit obligations to the College in full.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The College has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

2 Summary of Significant Accounting Policies

(g) Financial instruments

Financial liabilities

The College measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the College comprise trade payables, bank and other loans and lease liabilities.

(h) Impairment of non-financial assets

At the end of each reporting period the College determines whether there is an evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

(i) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The College's trade and most other receivables fall into this category of financial instruments.

In some circumstances, the College renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the College does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

(j) Trade and other payables

Accounts payable and other payables represent the liabilities at the end of the reporting period for goods and services received by the College during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

Accounts payable are recognised at their transaction price. Accounts payable are obligations on the basis of normal credit terms.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

2 Summary of Significant Accounting Policies

(k) **Employee benefits**

Short-term employee provisions

Provision is made for the College's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries, sick leave and annual leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Long-term employee provisions

Provision is made for employees' long service leave and annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss as part of employee provisions expense

The College's obligations for long-term employee benefits are presented as non-current employee provisions in its statement of financial position, except where the Entity does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current employee provisions.

3 Critical Accounting Estimates and Judgments

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - Fair value of financial instruments

The College has certain financial assets and liabilities which are measured at fair value. Where fair value has not able to be determined based on quoted price, a valuation model has been used. The inputs to these models are observable, where possible, however these techniques involve significant estimates and therefore fair value of the instruments could be affected by changes in these assumptions and inputs.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

3 Critical Accounting Estimates and Judgments

Key estimates - Receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Key estimates - Depreciation

The useful lives of property, plant and equipment and intangible assets have been estimated based on Directors' assessment, the nature of the asset and prior history.

Key judgements - Performance obligations under AASB15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/ value, quantity and the period of transfer related to the goods or services promised.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

4 Retrospective Restatement

1. Revenue Recognition

The College adopted AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-profit Entities in the previous year. On this adoption, application fees were recognised upon receipt. On subsequent review, it has been determined that this treatment did not meet the requirements of AASB 15. As such, the prior period was updated to recognise application fees over life of a member in the current financial year.

2. State Funds

Previous State Funds were held as an asset and liability. On subsequent review, it has been determined that this did not meet the definition of a liability and as such, the prior period was updated to recognise State Funds within equity as a reserve.

This change in accounting policy has been adopted retrospectively, and comparative amounts have been adjusted accordingly. As a result, the surplus for the year ended 30 June 2020 has decreased from \$96,988 (as previously reported) to \$50,088 (in the restated comparatives). Net assets has decreased from \$7,530,653 (as previously reported) to \$6,850,068 (in the restated comparatives).

The aggregate effect of the change in accounting policy on the annual financial statements for the year ended 30 June 2021 is as follows:

	Previously stated \$	30 June 2020 Adjustments \$	Restated \$	Previously stated \$	1 July 2019 Adjustments \$	Restated \$
Statement of Profit or Loss and Other Comprehensive Income						
Training and application fees	1,477,990	(46,900)	1,431,090	-	-	-
Surplus for the year	96,988	(46,900)	50,088	-	-	-
Statement of Financial Position						
State Funds	296,297	(296,297)	-	299,092	(299,092)	-
Unearned fees	-	(456,943)	(456,943)	-	(410,043)	(410,043)
Funds held for State Committees	296,297	(296,297)	-	299,092	(299,092)	-
Retained surplus	7,235,888	(753,240)	6,482,648	7,138,900	(709,135)	6,429,765
State Funds Reserve	-	296,297	296,297	-	299,092	299,092

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

5 Revenue and Other Income

	2021 \$	2020 \$
Revenue		
- Membership subscriptions	1,333,994	1,251,737
- Training and application fees	2,105,867	1,431,090
- Annual conference	156,100	403,216
- Externally delivered programs	-	60,862
- Advertising and sponsorship	29,927	20,700
	3,625,888	3,167,605
- STP Project income	4,227,930	3,233,510
	564,350	108,000
Investment income		
- Gains/(losses) on investments	33,571	(847)
- Interest - investment	8,517	53,497
- Dividend income	1,271	4,404
	9,788	57,901
Other Income		
- Profit on Sale of Non-current assets	3,524	411,001
- Miscellaneous income	60,352	58,291
	63,876	469,292
Total Revenue and Income	8,525,403	7,035,461
6 Auditors' Remuneration		
Remuneration of the auditor:		
- Auditing or reviewing the financial statements	18,200	15,350
7 Cash and Cash Equivalents		
Cash at bank	9,573,039	11,826,648
	9,573,039	11,826,648

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

8 Trade and Other Receivables

	2021	2020
	\$	\$
CURRENT		
Trade receivables	763,333	526,065
Other debtors	38,888	122,850
Provision for impairment	(66,254)	(45,000)
	<u>735,967</u>	<u>603,915</u>

The College does not have any material credit risk exposure to any single receivable or group of receivables. The main source of credit risk to the College is considered to relate to the class of assets described as "trade and other receivables".

The following table details the College's trade and other receivables exposure to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled, within the terms and conditions agreed between the College and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there is objective evidence indicating that the debt may not be fully repaid to the College. The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

	< 30 days overdue	< 90 days overdue	> 90 days overdue	Total
30 June 2021				
Trade and term receivables	205,893	507,984	49,456	763,333

	< 30 days overdue	< 90 days overdue	> 90 days overdue	Total
30 June 2020				
Trade and term receivables	26,709	358,366	140,990	526,065

Movement in provision for doubtful debts is as follows:

	2021	2020
	\$	\$
Balance at beginning of the year	45,000	45,000
Bad debts for the year	35,250	37,394
Amounts written off	(13,996)	(37,394)
Balance at end of the year	<u>66,254</u>	<u>45,000</u>

There has been no change in the estimation techniques or significant assumptions made during the current reporting period.

The College writes off a trade receivable when there is information indicating that the debtor is in default and there is no realistic prospect of recovery.

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2021

9 Other Financial Assets

Financial assets at fair value through profit or loss

	2021	2020
	\$	\$
CURRENT		
Shares	41,407	32,247
Managed funds	2,026,472	-
Term Deposits	(a) 2,000,000	270,600
	<u>4,067,879</u>	<u>302,847</u>

(a) Term deposits

Term deposits are held for terms of 6 - 12 months and at various interest rates.

10 Property, plant and equipment

LAND AND BUILDINGS

Freehold land		
At cost	460,000	460,000
Total land	<u>460,000</u>	<u>460,000</u>

Buildings

At cost	1,088,903	1,088,903
Accumulated depreciation	(54,446)	(27,223)

Total buildings

Total land and buildings	<u>1,494,457</u>	<u>1,521,680</u>
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Plant and Equipment

Office equipment		
At cost	253,690	191,021
Accumulated depreciation	(135,465)	(88,771)
Total office equipment	<u>118,225</u>	<u>102,250</u>

Gowns

At cost	12,415	12,415
Accumulated depreciation	(6,706)	(5,465)
Total gowns	<u>5,709</u>	<u>6,950</u>

Total property, plant and equipment

	<u>1,618,391</u>	<u>1,630,880</u>
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The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2021

10 Property, plant and equipment

Movements in carrying amounts of property, plant and equipment

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land \$	Buildings \$	Plant and Equipment \$	Gowns \$	Total \$
Year ended 30 June 2021					
Balance at the beginning of year	460,000	1,061,680	102,250	6,950	1,630,880
Additions	-	-	70,325	-	70,325
Disposals	-	-	(3,587)	-	(3,587)
Depreciation expense	-	(27,223)	(50,763)	(1,241)	(79,227)
Balance at the end of the year	460,000	1,034,457	118,225	5,709	1,618,391
Year ended 30 June 2020					
Balance at the beginning of year	460,000	1,730,149	55,766	4,921	2,250,836
Additions	-	-	86,582	3,164	89,746
Disposals	-	(635,531)	(2,691)	-	(638,222)
Depreciation expense	-	(32,938)	(37,407)	(1,135)	(71,480)
Balance at the end of the year	460,000	1,061,680	102,250	6,950	1,630,880

11 Intangible Assets

Website and Software

	2021 \$	2020 \$
Cost	252,590	233,419
Accumulated amortisation and impairment	(87,714)	(56,342)
Total Website and Software	164,876	177,077
Total Intangible assets	164,876	177,077

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2021

11 Intangible Assets

Movements in carrying amounts of intangible assets

	Website and Software \$
Year ended 30 June 2021	
Balance at the beginning of the year	177,077
Additions	19,171
Amortisation	(31,372)
Closing value at the end of the year	164,876
Year ended 30 June 2020	
Balance at the beginning of the year	177,253
Additions	26,778
Amortisation	(26,954)
Closing value at 30 June 2020	177,077

12 Trade and Other Payables

	2021 \$	2020 \$
CURRENT		
Trade payables	127,997	236,642
GST payable	34,519	155,849
Other payables	148,418	96,940
Total trade and other payables	310,934	489,431

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2021

13 Employee Benefits

	2021	2020
	\$	\$
CURRENT		
Annual leave	220,704	124,299
Long service leave	15,076	12,126
	235,780	136,425
NON-CURRENT		
Long service leave	61,526	-
	61,526	-

Employee provisions represent amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Entity does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Entity does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

14 Other Financial Liabilities

CURRENT		
Unearned Subscription Income	1,328,598	1,321,525
Unearned Workshop Income	1,435,755	432,158
Unearned STP grant income	4,756,229	4,854,817
Unearned Fees	425,943	456,943
	7,946,525	7,065,443

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2021

15 Financial Risk Management

The Entity's financial instruments consist mainly of deposits with banks, local money market instruments, short-term and long-term investments and accounts receivable and payables.

The totals for each category of financial instruments, measured in accordance with AASB 9: Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

	2021	2020
	\$	\$
Financial assets		
Cash at bank	9,573,039	11,826,648
Trade and other receivables	735,967	603,915
Other financial assets	4,067,879	302,847
Total financial assets	14,376,885	12,733,410
Financial liabilities		
Trade and other payables	310,934	489,431
Total financial liabilities	310,934	489,431

Objectives, policies and processes

The Board of Directors have overall responsibility for the establishment of the College's financial risk management framework. This includes the development of policies covering specific areas such as foreign exchange risk, interest rate risk, liquidity risk, credit risk and price risk.

Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the College's activities.

The day-to-day risk management is carried out by the College's Finance and Audit Committee under policies and objectives which have been approved by the Board of Directors. The Chief Executive Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and foreign exchange rate risk and assessment of market forecasts for interest rate and foreign exchange movements.

The Board of Directors receives monthly reports which provide details of the effectiveness of the processes and policies in place.

Mitigation strategies for specific risks faced are described below:

Liquidity risk

Liquidity risk arises from the College's management of working capital and the finance charges and principal repayments on its debt instruments. It is the risk that the College will encounter difficulty in meeting its financial obligations as they fall due. The College manages this risk by monitoring forecast cash flows.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

15 Financial Risk Management

Liquidity risk

At the reporting date, these reports indicate that the College expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances.

Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to the College.

Credit risk is further mitigated as a significant amount of revenue is received from Government grants in accordance with funding agreements which ensure regular funding for the period of the grant.

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying amount and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

Accounts receivable and other debtors that are neither past due nor impaired are considered to be of high credit quality. Aggregates of such amounts are detailed in Note 10.

The College has no significant concentrations of credit risk exposure to any single counterparty or entity of counterparties.

Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or fair value of fixed rate financial instruments.

The financial instruments that expose the College to interest rate risk are limited to listed are limited to listed shares, fixed interest securities, and cash on hand.

The College also manages interest rate risk by ensuring that, whenever possible, payables are paid within any pre-agreed credit terms.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

16 Cash Flow Information

	2021	2020
	\$	\$
Surplus for the year	755,319	50,088
Non-cash flows in profit:		
- depreciation and amortisation	110,599	98,434
- net (gain)/loss on disposal of property, plant and equipment	3,587	(408,311)
- provision for doubtful debts	21,254	-
- fair value movements on investments	(33,571)	847
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(153,306)	424,129
- increase/(decrease) in trade and other payables	(178,497)	203,577
- increase/(decrease) in employee benefits	160,881	56,270
- increase/(decrease) in trade and other payables & other liabilities	881,082	911,389
Cash flows from operations	1,567,348	1,336,423

17 Reserves

State Funds		
NSW State funds	90,135	92,864
Queensland State funds	54,154	55,625
Victoria State funds	81,338	99,575
Western Australia State funds	20,031	19,961
Northern Territory State funds	1,009	1,009
New Zealand State funds	24,474	24,062
South Australia State funds	3,212	3,201
	274,353	296,297

The State Funds reserves are the residual balances of funds held to be used for the purposes of the respective states.

18 Key Management Personnel Remuneration

The totals of remuneration paid to the key management personnel of The Royal Australasian College of Medical Administrators during the year are as follows:

Short-term employee benefits	631,944	621,520
Long-term benefits	91,754	61,876
Total	723,698	683,396

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

19 Contingencies

In the opinion of the Directors, the College did not have any contingencies at 30 June 2021 (30 June 2020: None).

20 Related Parties

The College's main related parties are as follows:

Key management personnel - refer to Note 18.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members. No transactions have occurred with related parties.

21 Events Occurring After the Reporting Date

COVID-19 Impact

COVID-19 resulted in cancellation of all face-to-face events scheduled from Mid-March 2020 to 31 December 2020. This included all Fellowship Training Workshops and Leadership for Clinicians Programs.

During the first half of 2021 COVID-19 continued impact face-to face events, however, development of the Online Leadership for Clinicians program and Online exams has resulted in the College operating with a small surplus after removing the benefit of Government COVID-19 subsidies.

	\$
Surplus	755,319
Less Government COVID-19 Subsidies	(589,350)
Operating Surplus without Subsidies	165,969

The COVID-19 pandemic is continuing to impact Australian and global markets in 2021. Although the company is unable to determine the financial impact of this crisis on the entity at the time of signing, the Board does not expect a material decline in income during the year ending 30 June 2022 compared to the previous two financial years. The Directors believe that the College has sufficient reserves to sustain the organisation. On this basis, the Board are currently satisfied that the short term implications will not materially or adversely affect the College's ability to continue to operate as a going concern.

There are no other matters or circumstances that have arisen since the end of the financial year which significantly affected or may significantly affect the operation of the College, the results of those operations or the state of affairs of the entity in future financial years.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2021

22 Members' Guarantee

The College is incorporated under the Corporations Act 2001 and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$20 each towards meeting any outstandings and obligations of the entity.

23 Statutory Information

The registered office and principal place of business of the College is:
The Royal Australasian College of Medical Administrators
Suite 1
20 Cato Street
Hawthorn East Vic 3123

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

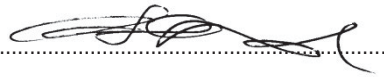
Directors' Declaration

In accordance with a resolution of the Directors of The Royal Australasian College of Medical Administrators, the directors of the College declare that, in the directors' opinion:

1. the financial statements and notes for the year ended 30 June 2021 satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - a. comply with Accounting Standard applicable to the College; and
 - b. give a true and fair view of the financial position and performance of the College as at 30 June 2021 and of its performance at the year ended on that date.
2. there are reasonable grounds to believe that the College will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Director



Director



Dated: 08 September 2021



The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Auditor's Independence Declaration to the Directors of The Royal Australasian College of Medical Administrators

In accordance with Subdivision 60-C of the *Australian Charities and Not-for-profits Commission Act 2012*, I am pleased to provide the following declaration of independence to the directors of The Royal Australasian College of Medical Administrators. As the audit partner for the audit of the financial report of The Royal Australasian College of Medical Administrators for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.


Saward Dawson


Jeffrey Tulk

Partner

Dated: 20 September 2021

Blackburn VIC

20 Albert St, PO Box 256, Blackburn VIC 3130
T +61 3 9894 2500 F +61 3 9894 1622
contact@sawarddawson.com.au
sawarddawson.com.au



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The Royal Australasian College of Medical Administrators

Independent Audit Report to the members of The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of The Royal Australasian College of Medical Administrators (the College), which comprises the statement of financial position as at 30 June 2021, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- (i) giving a true and fair view of the College's financial position as at 30 June 2021 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the College in accordance with the auditor independence requirements of the *ACNC Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of Directors for the Financial Report

The directors of the College are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *ACNC Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

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The Royal Australasian College of Medical Administrators

Independent Audit Report to the members of The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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The Royal Australasian College of Medical Administrators

Independent Audit Report to the members of The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

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

Saward Dawson
Saward Dawson

Jeffrey Tulk
Jeffrey Tulk

Partner

Dated: 20 September 2021

Blackburn VIC



1/20 Cato Street
Hawthorn East Victoria 3123
Australia
T +61 3 9824 4699
info@racma.edu.au
racma.edu.au
abn 39 004 688 215