

2022 ANNUAL REPORT

Year ending 30 June 2022



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RACMA acknowledges the Wurundjeri people, the Traditional Custodians of the lands upon which the College office is located. The College also acknowledges and pays our respects to the Traditional Custodians 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 in Medical Administration.

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 Australian Medical Council 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 a medical career:

- **Fellowship Training Program**
The Fellowship Training Program is designed around the Medical Leadership and Management Curriculum. Candidates develop the knowledge, skills, and attributes required of a RACMA Fellow (FRACMA). Upon completion, Candidates can apply for Specialist Registration in Medical Administration with the Medical Board of Australia or the Medical Council of New Zealand.
- **Leadership for Clinicians**
A program for emerging and experienced clinician leaders covering six study themes over a four- to six-month period. Upon completion, participants are eligible to apply to elect to Associate Fellowship.
- **Management for Clinicians**
A short program for clinicians planning to work in leadership and management roles. The program topics include clinical governance, health system finance foundations, communications for leading teams, and clinician to clinician manager.

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, Aotearoa 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



On reflection of the past 12 months — my first term as RACMA President, it has been a productive and positive time for the College. Coming off two extremely trying years for everyone with the COVID-19 pandemic, the College has had the opportunity to build on our capacity, especially in terms of our people and expertise.

People

As I stepped into the President's role, there were changes to Board roles and we welcomed:

- Professor Erwin Loh — Vice President
- Professor Alan Sandford AM — Chair, Finance & Audit Committee
- Dr Helen McArdle — Director, Fellow Membership Category
- Dr Angela Williams — Director, Associate Fellow Membership Category
- Dr Greg Watters — Chair, Continuing Education Program Committee

I would like to acknowledge and thank outgoing office bearers:

- Professor Alan Sandford AM — President
- Dr Iwona Stolarek — Vice President
- Professor Erwin Loh — Chair, Finance & Audit Committee
- Associate Professor Vinay Rane — Director, Associate Fellow Membership Category
- Dr Liz Mullins — Chair, Continuing Education Program Committee

This year also brought significant changes and additions to key leadership roles including:

- Cris Massis — CEO
- Adjunct Professor Gillian Biscoe AM — Chair, Policy & Advocacy Committee
- Dr Mary Boyd Turner — Lead Fellow, Policy and Advocacy
- Dr Greg Watters — Lead Fellow, Continuing Professional Development

As we welcomed new faces, we also said goodbye to some. College Dean, Dr Lynette Lee, stepped down after five years in the role. RACMA has truly benefited from Dr Lee's continual dedication and expertise in furthering training and assessment of Fellowship Candidates. On behalf of the Board I thank Dr Lee for her tireless work.

I would also like to thank Kiri Rikihana for her commitment to RACMA as an Independent Member Director for two and a half years.

Strategic Plan

During the past 12 months, the Board has been particularly focused on actioning key priorities in RACMA's Strategic Plan. In June the Board and Lead Fellows considered the four priorities of the College's Strategic Plan and developed tangible activities to achieve these priorities. These included:

- Defining our identity and brand — a value proposition and what makes us unique
- A systematic review of benefits of medical leadership in

healthcare

- Making RACMA membership a gateway to broader involvement in the College
- Increasing our value as preferred provider of health systems and management and leadership advice
- Improving the selection process for the Fellowship Training Program
- Ensuring curricula develops Members in a range of settings so they are fit for the future

I am pleased to say the College's Lead Fellows have been working on several key areas aligned with our Strategic Plan, including:

- Scope of practice for Fellows
- Membership structure review
- Ensuring RACMA becomes a 'CPD Home' of choice for other doctors
- RACMA's Policy and Advocacy work plan
- Establishing a RACMA Professional Standards Committee
- Updating our Code of Conduct
- Exploring new ways to expand the Leadership for Clinicians offering across healthcare

First Nations

Parallel to our focus on the strategic plan is our commitment to the health and wellbeing of First Nations Peoples in Australia and Aotearoa New Zealand. I am very proud to say RACMA made two significant steps forward in this space earlier this year with the publication of our First Reconciliation Action Plan and the appointment of the College's inaugural First Nations Adviser.

The College's First Reconciliation Action Plan provides its staff, Members, and stakeholders with a structured and accountable approach as we begin our reconciliation journey. One of the key action items saw the Board undertake an intense day of Cultural Safety and Awareness Training delivered by Dr Karen Nicholls and Dr Glenn Harrison, Australian Indigenous Doctors' Association (AIDA). The training program covered the following six modules which are key to our understanding and appreciation of the need to ensure the provision of culturally safe care:

- Aboriginal and Torres Strait Islander Peoples' connection to Country and kin
- Holistic Aboriginal and Torres Strait Islander health
- Racism
- Developing an anti-racist skillset
- Cultural Safety
- Implementation post-training

A key to making our reconciliation journey a success is building relationships with Aboriginal and Torres Strait Islander Peoples and collaborating with key stakeholders. We are making strong progress in this area with partnerships with AIDA and the Māori Medical Practitioners Association Te Ora. The College established full scholarships for our Leadership for Clinicians Program for AIDA and Te Ora Members in this reporting period. The scholarships have been very well received and we have had four successful applicants to date.

The Board is thrilled with the appointment of Nadene Edmonds as RACMA's First Nations Adviser. Many of you will know her through the Leadership for Clinicians Program and the College's Monthly CPD webinar program, but most importantly you will be well aware of her proud Māori heritage. I am looking forward to what we

can achieve through Nadene's existing relationships among First Nations communities across Australasia, as we collaborate and engage further with key First Nations organisations to develop culturally safe practices, projects and policies.

Education, Training and Accreditation

It was another great team effort to ensure oral examinations online delivery was smooth and uncomplicated. RACMA is committed to Candidates achieving Fellowship and we commend everyone for their dedication throughout another challenging year.

I acknowledge the planning and effort in delivery of the Leadership for Clinicians Program. The Board approved 2022 delivery with blended and fully online cohorts. The newly designed delivery gives adaptability, flexibility and responsiveness, to ensure minimal disruptions to the program and participants.

We have continued to conduct Recognition of Prior Learning and Experience interviews and accreditation site visits virtually and I acknowledge the considerable contributions made by Members in making these a success. Adopting the virtual mode of delivery enables greater efficiency and effectiveness and increased support for Candidates and Supervisors.

Key Partnerships

RACMA became one of the lead partners with the Advancing Women in Healthcare Leadership — a large-scale national research and impact initiative supported by National Health and Medical Research Council (NHMRC) Partnership Project funding. The College has taken the lead on Organisational Change Management research, which is being conducted over four phases. The first phase of the project has been very insightful and successful, comprising a series of in-depth interviews with Members to understand what matters, what works and what can be done to increase representation of women in healthcare leadership via RACMA and more broadly within the sector.

The College signed a Statement of Intent with the Royal Australasian College of Surgeons, for the two colleges to work together to provide high quality training, education and experience in the practice of surgery and leadership and management of the health system.

RACMA also signed a Memorandum of Understanding with the Hush Foundation to build on existing resources and develop strong partnerships to increase awareness about the impact of kinder working environments in healthcare.

Connecting with Members

This year I introduced a monthly newsletter to keep Members informed of Board meeting outcomes, College projects in education and training and Member services, College advocacy and general healthcare industry updates. The aim is to balance the amount of email traffic to Members and create a repository for College

communications where Members can easily find and source information.

The weekly Wednesday Member Forums moved to fortnightly and featured senior Medical and Health System Leaders, both within and outside the membership, increasing our presence across the health system. Attendance has averaged between 90 and 100 Members and guest speakers for this reporting period have included:

- Professor Jeffrey Braithwaite — Founding Director Australian Institute of Health Innovation
- Dr David Ranson — Deputy Director Victorian Institute of Forensic Medicine
- Professor Tim Shaw — Research Leader Digital Health Cooperative Research Centre
- Dr Ashley Bloomfield — Former New Zealand Director-General of Health and Chief Executive Ministry of Health
- Dr Brendan Murphy — Secretary Australian Department of Health
- Dr Debra Graves — CEO Royal College of Pathologists of Australasia
- Dr Anne Duggan — CMO Australian Commission on Safety and Quality in Health Care

Constitution Review

An important area of work in 2022 has been the review of the Constitution. Meetings were held with Jurisdictional and other College committees to obtain feedback on key issues and we have been consulting with Members to ensure the Constitution is contemporary and allows the College to be agile. Consultation papers were developed and distributed to Members and information sessions were held in July and August covering proposed changes regarding:

- Objects and purpose of the constitution;
- Board composition and subcommittees; and
- Jurisdictional Committees

Finally, I would like to acknowledge and thank my Board colleagues and our many Members who volunteer their time to serve on our Jurisdictional and other committees or as Supervisors, Preceptors and Censors, and undertake the important work of the College. It is the diversity of thought which comes from this widespread participation which ensures our future progress and success.

Equally, I express the Board's gratitude to the RACMA National Office for their continued work and dedication. The ratio of staff to Members does not compare to some of our counterparts, yet their tireless efforts to support the Members has led to these outstanding achievements.

Dr Helen Parsons CSC
President

“I would like to acknowledge and thank my Board colleagues and our many Members who volunteer their time to serve... It is the diversity of thought which comes from this widespread participation which ensures our future progress and success.”

Chief Executive's Report



I would like to formally take this opportunity to thank all the Members of RACMA for entrusting me with the responsibility as Chief Executive of the College. It is a genuine privilege to be part of an organisation with a rich history and important role to play in shaping the healthcare system of the future for Australia and Aotearoa New Zealand.

I have been warmly welcomed and encouraged by the positivity and passion from the RACMA 'family'.

We are striving for the one goal — to grow the influence and impact of RACMA. Like many organisations, RACMA is now re-focusing on organisational priorities that will help us achieve our strategic plan and propel the College forward in terms of Member value, growth and sustainability.

Fellowship Training Program (FTP) — Renewal Project

All Members of RACMA know the importance of refreshing our flagship offering and I am pleased that we are now able to recommence this strategically important project.

The Board have invested significantly in resourcing the FTP Renewal Project and under the leadership of the Chair of our Education and Training Committee, I am confident that we can create a product that is contemporary, future focused and meets the needs of our Candidates and employers of Fellows.

Project Nexus — Digital Transformation

Our technology systems and infrastructure were rapidly converted during the past two years and the expectation of our Members and stakeholders have significantly increased in terms of the College's ability to deliver a seamless Member experience.

Project Nexus aims to replace the College Customer Relationship Management (CRM) membership system and also consider a Training Management System (TMS) to provide the tools and resources for Members to engage with RACMA on a more contemporary and agile way.

We have heard from many of you that your RACMA journey is not ideal in terms of a genuine Member's experience and our critical investments in this area is vital to help us become more Member centric in our products and services.

It is anticipated our new system will go live towards the end of 2023.

Enhancing our Policy and Advocacy

During my short tenure, the College has strategically pushed into the Policy and Advocacy arena by appointing Adjunct Professor Gillian Biscoe AM as Board Chair of the Policy & Advocacy Committee (PAC) and Dr Mary Boyd Turner as RACMA's inaugural Lead Fellow, Policy and Advocacy.

Gillian and Mary have worked significantly over the past six months to establish a clear Policy and Advocacy strategy, plan, and structure,

to drive our priorities in 2023 and beyond. Whilst the health landscape is very topical at the moment, our priorities are clear:

1. Medical workforce
2. Indigenous health
3. Diversity and inclusion
4. Rural healthcare
5. Digital health

We are seeing some 'green shoots' in this important area and a high level of Member engagement and I look forward to seeing the next phase of this work.

People

We continue to recruit new team members to grow the College Office and ensure we are properly resourced to not only successfully implement new and ongoing projects for the betterment of RACMA, but achieve the priorities set out in the Strategic Plan. It is also important we continue to improve our support and service to the membership to enable our leaders and committees to carry out their important roles for the success of the College. We have welcomed a number of new faces which has increased our skill set, diversity, depth of knowledge and expertise across each of our divisions — Education, Member Services and Engagement and College Services.

Inaugural First Nations Adviser for RACMA

At the end of this reporting period, I was delighted to announce the introduction of an inaugural First Nations Adviser role to the College.

As we continue our commitment to the health and wellbeing of First Nations people in Australia and Aotearoa New Zealand, it is imperative that we have dedicated resources and capability in this area.

As many of you know, Nadene Edmonds has been RACMA's 'unofficial' adviser on these matters in recent times, however, with our additional focus on Policy and Advocacy, reconciliation, and the development of a Māori plan, the time was right for Nadene to transition into this role fully.

Initially, the First Nations Adviser will be a 12-month secondment reporting into our Manager, Communications Felicity Gallagher.

Finally, I must acknowledge the stewardship and support of the RACMA Board, led by College President, Dr Helen Parsons CSC.

- Under Helen's leadership, the Board is determined to:
- Strengthen RACMA's reputation as the leading medical leadership and management education and training provider for medical practitioners
 - Strive for increased innovation in the delivery of our education, training and Member services
 - Increase participant numbers in our training programs
 - Drive more engagement and support for our Members and
 - Be the respected and expert voice in decision-making and policy formulation at all levels of healthcare leadership and delivery

I look forward to the next 12 months and the exciting times ahead for RACMA.

Cris Massis
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 Recognised & Respected Voice of Health Leadership, Management, and Governance**
Our goal is to be the recognised 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 Aotearoa 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.

RACMA Board of Directors



Dr Helen Parsons CSC
President



Prof Erwin Loh
Vice President



Prof Alan Sandford AM
Chair, Finance & Audit Committee



Prof Pooshan Navathe
Chair, Education & Training Committee



A/Prof Luis Prado
Fellow



Dr Mellissa Naidoo
Fellow



Dr Helen McArdle
Fellow
Term commenced 23/10/2021



Dr Angela Williams
Associate Fellow
Term commenced 23/10/2021



Dr Allison Turnock
Candidate



Adj Prof Gillian Biscoe AM
External Board Member



Dr Iwona Stolarek
Fellow
Term ended 23/10/2021



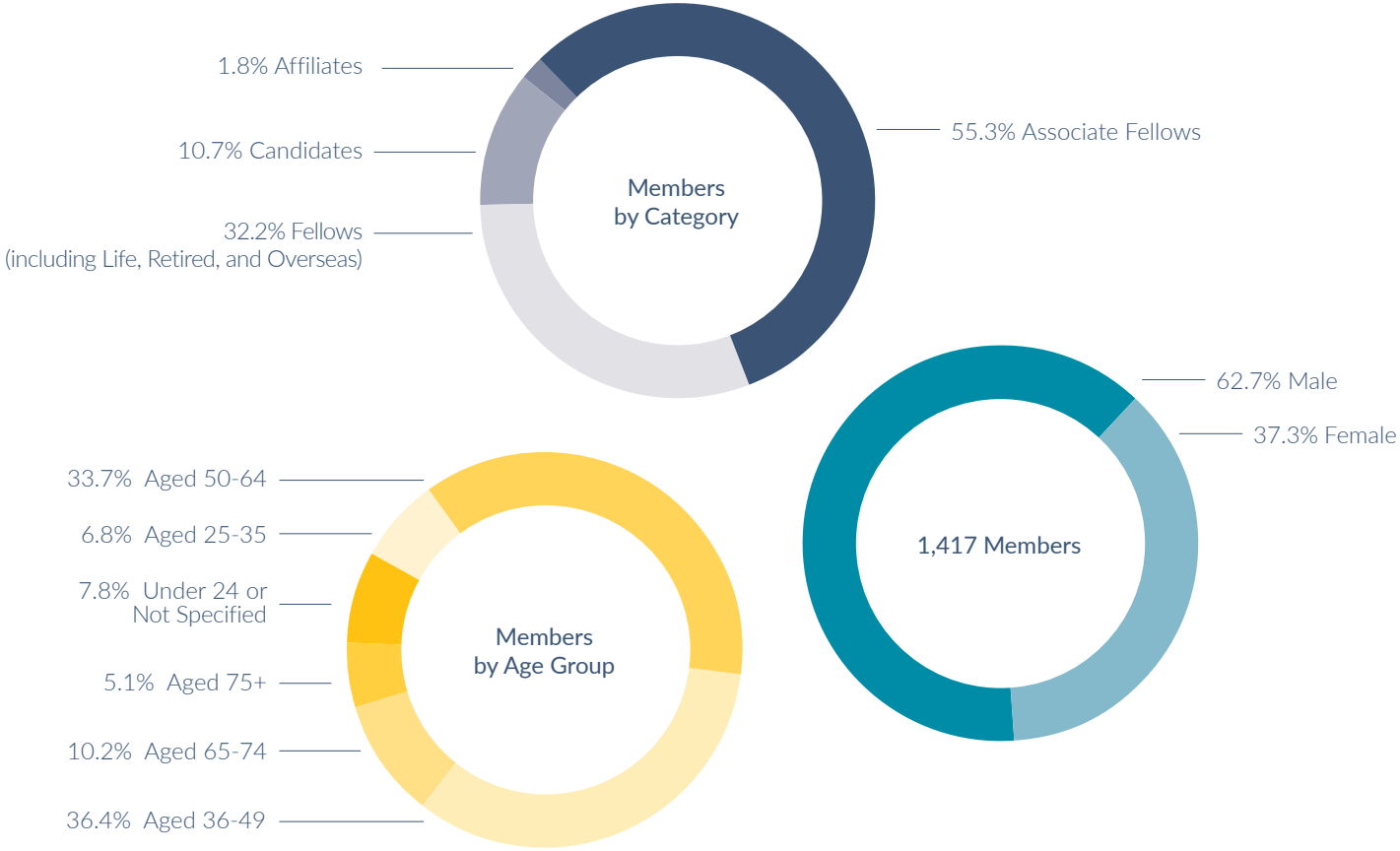
A/Prof Vinay Rane
Associate Fellow
Term ended 23/10/2021



Ms Kiri Rikihana
External Board Member
Term ended 10/02/2022

Membership by the Numbers

- Membership has grown from 1,165 Members in 2020/21 to 1,417 in 2021/22. This includes Members in Hong Kong and overseas.
- Age Group with the largest recorded number of Members = 36-49
- Number of Honorary Fellows = 25



Member Honours

RACMA would like to congratulate our Members who received Australia Day and Queen's Birthday Honours this reporting period. It is a great achievement to be recognised by the wider community for their services to medicine, health care, Medical Administration, leadership and management.

Australia Day Honours

- **Conspicuous Service Cross (CSC) Royal Australian Navy** – Captain Katherine Ella Tindall RAN (FRACMA)
For outstanding achievement in Australian Defence Force strategic health policy and leadership of the Defence coronavirus (COVID-19) pandemic response.
- **Member (AM) in the General Division** – Dr Alice Ruth Killen (FRACMA)
For significant service to medical administration, and to healthcare delivery.

Queen's Birthday Honours

- **Companion (AC) In the General Division** – Her Excellency the Honourable Dr Jeannette Rosita Young PSM (FRACMA)
For eminent service to public health administration, to medicine and medical research, to the tertiary education sector, and as the 27th Governor appointed in Queensland.
- **Companion (AC) In the General Division** – Dr Brendan Francis Murphy (Honorary Fellow)
For eminent service to Medical Administration and community health, particularly as Chief Medical Officer, and to nephrology, to research and innovation, and to professional organisations.
- **Member (AM) in the General Division** – Dr Ewen McPhee (AFRACMA)
For significant service to general medicine, to health administration, and to tertiary education.
- **Member (AM) in the General Division** – Dr Robyn Gaye Langham (AFRACMA)
For significant service to renal health research, and to tertiary medical education.
- **Medal (OAM) in the General Division** – Dr Michelle Janice Mulligan (AFRACMA)
For service to medicine, particularly to anaesthesia.

RACMA Committees

POLICY & ADVOCACY COMMITTEE

Adjunct Professor Gillian Biscoe AM	External Board Member, Chair
Dr Alison Dwyer	Fellow, Victoria Representative
Dr Wayne Howard	Fellow, Aotearoa New Zealand Jurisdictional Committee Chair
Professor Erwin Loh	Fellow, Vice President
Dr Poh-Kooi Loh	Fellow, Western Australia Jurisdictional Committee Chair
Dr Scott Ma	Fellow, Diversity and Inclusion Policy & Advocacy Subcommittee Co-Chair
Dr Donald Mackie	Fellow, Co-opted
Dr Joe McGirr	Fellow, Rural Policy & Advocacy Subcommittee Chair
Associate Professor Luis Prado	Fellow, Board Director, Indigenous Health Policy & Advocacy Subcommittee Chair
Dr Peter Renshaw	Fellow, Honorary Secretary
Professor Pamela Robinson	Fellow, Queensland/Northern Territory Jurisdictional Committee Chair
Dr Antony Sara	Fellow, New South Wales Jurisdictional Committee Chair
Associate Professor Peter Thomas	Fellow, Co-opted
Dr Raj Ubeja	Candidate, Candidate Advisory Committee Representative
Dr Mary Ann Ferreux	Fellow, Diversity and Inclusion Policy & Advocacy Subcommittee Co-Chair
Dr Kate Worsley	Fellow, Victoria Jurisdictional Committee Chair
Dr Mary Boyd Turner	Lead Fellow, Policy and Advocacy

DIVERSITY AND INCLUSION POLICY & ADVOCACY SUBCOMMITTEE

Dr Mary Ann Ferreux	Fellow, Co-Chair
Dr Scott Ma	Associate Fellow, Co-Chair
Associate Professor Rosemary Aldrich	Fellow
Dr Asha Chitrarasu	Associate Fellow
Dr Emma Crampin	Associate Fellow
Dr Anjali Dhulai	Fellow
Dr Andrew Frazer	Candidate
Dr Javaid Shaikh	Associate Fellow
Dr Nisha Khot	Associate Fellow
Dr Lynette Knowles	Fellow
Dr Stephen Li	Fellow
Dr Helen McArdle	Fellow, Board Director
Dr Lloyd McCann	Affiliate
Dr Dylan Mordaunt	Candidate
Dr Anil Nair	Fellow
Dr Mary Boyd Turner	Lead Fellow, Policy and Advocacy

MEDICAL WORKFORCE POLICY & ADVOCACY SUBCOMMITTEE

Dr Alison Dwyer	Fellow, Chair, Policy & Advocacy Committee Victoria Representative
Dr Antony Sara	Fellow
Dr Campbell Miller	Fellow
Dr Donald Mackie	Fellow, Policy & Advocacy Committee Co-opted
Dr Eugene Wong	Candidate
Associate Professor James Houston	Fellow
Dr John Elcock	Fellow
Associate Professor Jon Hodge	Fellow
Dr Peter Renshaw	Fellow, Policy & Advocacy Committee Co-opted
Associate Professor Peter Thomas	Fellow, Policy & Advocacy Committee Co-opted
Dr Vicki Tse	Fellow
Dr Andrew Simpson	Fellow
Dr Mary Boyd Turner	Lead Fellow, Policy and Advocacy

RURAL POLICY & ADVOCACY SUBCOMMITTEE

Dr Joe McGirr	Fellow, Chair
Associate Professor Rosemary Aldrich	Fellow
Dr Kelvin Billinghamurst	Fellow, Co-opted
Dr Hwee-Sin Chong	Fellow
Dr Michael Clements	Fellow
Dr Jean Collie	Fellow
Dr Patrick Giddings	Fellow
Dr Sue Page	Affiliate – RACGP & ACCRM Representative
Dr Robert Pegram	Fellow
Dr Suzanne Phillips	Fellow
Dr Allison Turnock	Candidate, Board Director
Dr Sara Watson	Fellow
Dr Shawn Sturland	Fellow, Aotearoa New Zealand Representative
Dr Mary Boyd Turner	Lead Fellow, Policy and Advocacy

INDIGENOUS HEALTH POLICY & ADVOCACY SUBCOMMITTEE

Associate Professor Luis Prado	Fellow, Board Director, Chair
Dr Sotoodeh Abhary	Fellow
Dr Helen Elizabeth Harris	Fellow
Dr Mirna Merle	Candidate
Dr Peter Jansen	Fellow, Māori Member
Dr Paul Lane	Candidate
Professor Christoper Gerard Milross	Fellow
Professor Bradley Murphy	Non-Member, Aboriginal and Torres Strait Islander Representative
Dr John Shepard	Candidate
Dr Katy Templeman	Candidate
Dr Eugene Chee Keen Wong	Associate Fellow
Dr Mary Boyd Turner	Lead Fellow, Policy and Advocacy

FINANCE & AUDIT COMMITTEE	
Professor Alan Sandford AM	Fellow, Chair
Dr Helen Parsons CSC	President
Associate Professor David Hillis	Fellow
Dr Robyn Lawrence	Fellow
Dr Umesh Gupta	Candidate
Adjunct Professor Gillian Biscoe AM	External Board Member
Ms Vase Jovanoska	External Committee Member
Mr Cris Massis	RACMA Chief Executive
Mr Phil Staley	RACMA Accountant

EDUCATION & TRAINING COMMITTEE	
Professor Pooshan Navathe	Chair, Board Director
Dr Peter Lowthian	Fellow, Censor In Chief
Dr Greg Watters	Fellow, Continuing Education Program Committee Chair
Professor Andrew Johnson	Fellow, Curriculum Review Chair
Dr Stephen Ayre	Felow Accreditation Review Chair
Dr Darrell Duncan	Fellow. Research Training Domain Chair
Professor Gavin Frost	Fellow, Australia
Dr Donna O'Sullivan	Fellow, Training Progress Committee Chair
Dr Margaret Wilsher	Fellow, Aotearoa New Zealand
Dr Glenda McLean	Community Representative
Dr Rajdeep Ubeja	Candidate, Candidate Advisory Committee Chair
Dr Lynette Lee	Fellow, Dean of Education (ended 31/01/2022)

CONTINUING EDUCATION PROGRAM COMMITTEE	
Dr Greg Watters	Fellow, Chair
Dr Kate Tindall	Australian Capital Territory CPD Coordinator
Dr Helen Tinsley	Hong Kong CPD Coordinator
Associate Professor Peter Thomas	New South Wales CPD Coordinator
Dr Dilky Rasiah	Aotearoa New Zealand CPD Coordinator
Dr Thuy Pham	Queensland/Northern Territory CPD Coordinator
Dr Krish Sundararajan	South Australia CPD Coordinator
Dr Ian Graham	Tasmania and Victoria CPD Coordinator
Dr Allan Pelkowitz	Western Australia CPD Coordinator

CANDIDATE ADVISORY COMMITTEE	
Dr Rajdeep Ubeja	Chair
Dr Anand Desai	Aotearoa New Zealand Representative
Dr Isabelle Kapterian	New South Wales Representative (Acting Chair)
Dr Alisha Thomson	Queensland/Northern Territory Representative
Dr Shehzad Kunwar	Tasmania Representative
Dr Hemant Diesh	Victoria Representative – Metro
Dr Melissa Maluda	Western Australia Representative

ACCREDITATION COMMITTEE	
Dr Stephen Ayre	Fellow, Chair
Dr Leonard Brennan	Australian Capital Territory Jurisdictional Coordinator of Training
Dr Antony Sara	New South Wales Jurisdictional Coordinator of Training
Dr Pankaj Banga	New South Wales Jurisdictional Coordinator of Training
Dr Grant Rogers	New South Wales Jurisdictional Coordinator of Training
Dr Debbie Holdsworth	Aotearoa New Zealand Jurisdictional Coordinator of Training
Dr Mary Seddon	Aotearoa New Zealand Jurisdictional Coordinator of Training
Dr Leah Barrett-Beck	Queensland/Northern Territory Jurisdictional Coordinator of Training
Dr Felicity Jensen	Queensland/Northern Territory Jurisdictional Coordinator of Training
Dr Elaine Pretorius	South Australia Jurisdictional Coordinator of Training
Dr Helen McArdle	Tasmania Jurisdictional Coordinator of Training
Dr Anand Ponniraivan	Victoria Jurisdictional Coordinator of Training
Dr Deepan Krishnasivam	Western Australia Jurisdictional Coordinator of Training
Dr Allison Parr	Western Australia Jurisdictional Coordinator of Training

TRAINING PROGRESS COMMITTEE	
Dr Donna O'Sullivan	Chair
Dr Stephen Ayre	Accreditation Review Committee Chair
Dr Pankaj Banga	New South Wales Co-Jurisdictional Coordinator of Training
Dr Leah Barrett-Beck	Queensland/Northern Territory Jurisdictional Coordinator of Training
Dr Leonard Brennan	Australian Capital Territory Jurisdictional Coordinator of Training
Dr Debbie Holdsworth	Aotearoa New Zealand Co-Jurisdictional Coordinator of Training
Dr Allison Johns	Western Australia Co-Jurisdictional Coordinator of Training
Dr Deepan Krishnasivam	Western Australia Co-Jurisdictional Coordinator of Training
Dr Helen McArdle	Tasmania Jurisdictional Coordinator of Training
Dr Anand Ponniraivan	Victoria Jurisdictional Coordinator of Training
Dr Elaine Pretorius	South Australia Jurisdictional Coordinator of Training
Dr Grant Rogers	New South Wales Co-Jurisdictional Coordinator of Training
Dr Tony Sara	New South Wales Co-Jurisdictional Coordinator of Training
Dr Mary Seddon	Aotearoa New Zealand Co-Jurisdictional Coordinator of Training

Education and Training Report

2021/2022 Statistics

Candidates Commencing Fellowship Training Program	39
Candidates who Became Eligible to Elect to Fellowship	23
Leadership for Clinicians Participants who Undertook the Program	270
Management for Clinicians Participants who Undertook the Program	10

FTP Renewal Project

The College conducted a Member consultation of the Phase 2 concepts in February 2022. A Phase 2 Consultation Paper was made available to Members. The paper provided the background and rationale for the Fellowship Training Program Renewal Project and described the Phase 2 concepts.

The consultation included the following:

- A Members Question-and-Answer session, hosted by the Chair, Education and Training Committee.
- A survey of RACMA Members seeking feedback on the phase 2 concepts
- Two focus groups (Candidate and Fellow)

Feedback on the Phase 2 concepts include support for:

- Two clearly defined Stages/Phases of training (Foundation and Advanced)
- Defined requirements and tasks for each Stage/Phase of training

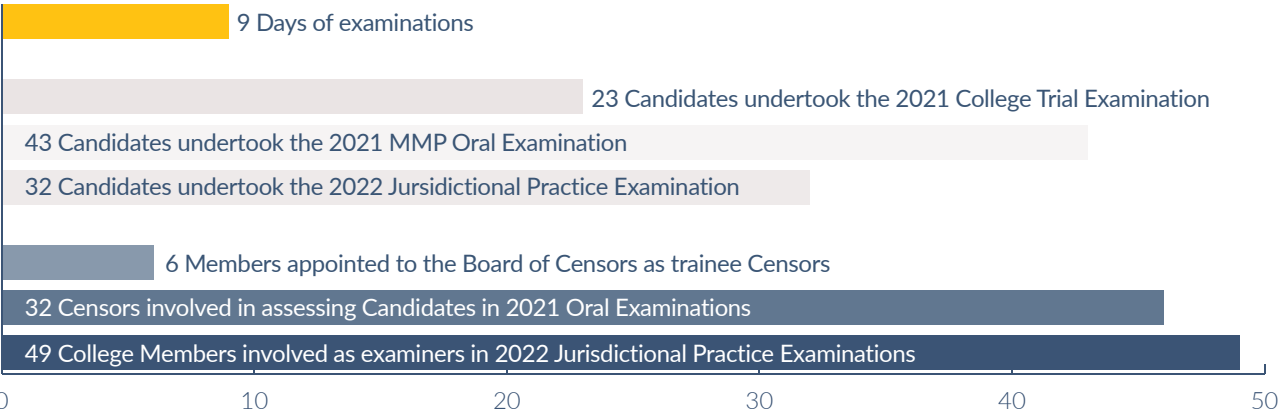
Training and Assessment

This year has seen key training and assessment activities continue to be delivered online due to the impact of the COVID-19 pandemic. This includes education activities, oral presentation of research progress and examinations. Candidates in first, second- and third-year undertook education activities delivered as pre-recorded presentations followed by live discussion webinars facilitated by Fellows of the College. For Candidates in their first year of training there were two additional live online activities and the 10-part Research Training Domain webinar series. Candidates in their second and third year of training also undertook additional online self-paced modules.

The 2021 Medical Management Practice (MMP), College Trial Examination and 2022 Jurisdictional Practice Examinations continued to be delivered online using the Zoom videoconferencing technology. Online examinations were coordinated by the RACMA Fellowship Training Program Team with support from the IT Team and the broader RACMA Team.

The Fellowship Training Program team liaised with Jurisdictional Coordinators of Training and others responsible for the practice examinations to ensure Candidates from smaller jurisdictions also had the opportunity to participate.

Examination Statistics



Oral Exam Support Resource

With Specialist Training Program Support Project Funding from the Australian Commonwealth Department of Health the College has commenced development of an Oral Exam Support Resource. This will be an online resource available to all Candidates.

AMC Accreditation Update

This year's Progress Report to the Specialist Education Accreditation Committee highlights work that has been undertaken to strengthen the areas of Fellowship Training Program monitoring, reporting and feedback from and to Candidates. This work addresses several Australian Medical Council (AMC) accreditation conditions which were the outcome of the 2018 reaccreditation of the Fellowship Training Program.

During this reporting period the College has satisfied 4 of the accreditation conditions. The RACMA Fellowship Training Program continues to Substantially Meet the overall AMC accreditation standards.



Education Resources

With Specialist Training Program Support Project Funding from the Australian Commonwealth Department of Health the College has developed and launched a number of new education resources during the reporting period.

The new resources are:

- Advocacy Module
- Supervision Module
- Indigenous Health Program (Renewed)

Advocacy Module

The module contains content, media and reflective activities. These have been developed to provide Candidates with opportunities to reflect on their workplace experiences and apply learnings to their roles in medical administration.

Topics include:

- Concepts of social power, oppression and difference
- Colonisation and de-colonisation
- Healthcare for, of and by people with Indigenous backgrounds
- Inclusivity to meet the needs of all people interacting with the health system
- Challenging bullying, harassment and discrimination in the experiences of healthcare workers
- Human-centred care and partnering with consumers to achieve it

Supervision Module

The Supervision module was developed to provide information about the role of the Supervisor as learning partner, guide, coach and assessor. The module contains content, video examples of Candidate and Supervisor scenarios, and reflective activities. It provides Candidates and Supervisors with opportunities to reflect on their

workplace experiences. It also encourages the application of learnings to their roles as Candidate or Supervisor and Medical Administrator.

Indigenous Health Program

The Indigenous Health Program must be completed by all Candidates as part of their Fellowship Training. Two subject matter experts, one of whom is Aboriginal, were engaged to review existing content and develop new content.

As part of the review Candidates were surveyed regarding the current program. Feedback from Candidates was then considered and addressed in the design and content of the renewed Program.

The revised program is more cohesive and comprehensive. It includes:

- Content about metropolitan practice in addition to rural and remote practice
- Scenarios which create opportunities for Candidates to reflect on their own learning and interact with the ideas presented through practical application to their individual contexts
- An emphasis on the personal experiences and stories of Aboriginal and Torres Strait Islander peoples

The RACMA Indigenous Health Working Group were consulted in the review process and were also invited to provide feedback on the revised Program prior to its launch.

The funding to renew the module was provided by the Australian Commonwealth Department of Health. As such, the review and renewal of Māori content for the Aotearoa New Zealand context could not be undertaken as part of this project. The previous Māori content remains. Content will be reviewed and renewed for the Aotearoa New Zealand context in the next reporting period.

Leadership for Clinicians

The Leadership for Clinicians Program (LFC) resumed some face-to-face deliveries in June 2022. Four cohorts were run in delivery period 1 2022, two as online deliveries and two as blended deliveries. The face-to-face days in the blended programs, scheduled for early 2022 were changed to be delivered online due to the impact of the COVID-19 pandemic. In June participants in the blended programs were able to complete the final two days of the program as face-to-face deliveries.

The College offered two scholarships for both Aboriginal and Torres Strait Islander and Māori participants in the RACMA Leadership for Clinicians Program. The RACMA scholarships cover 100% of the program fees. RACMA has engaged with AIDA and Te ORA regarding the scholarships and worked collaboratively to promote the scholarships and select the scholarship recipients.

RACMA delivered a Leadership for Clinicians program for the Australian Medical Association (AMA) during the reporting period with participants finishing in November 2021. The program was tailored to be specifically relevant for AMA Members to build leadership capability, and to support Members to succeed in both clinical and AMA leadership roles. The six key study themes of the LFC program were explored through a lens of policy and advocacy relevant to the AMA.

Management for Clinicians

RACMA delivered a customised Management for Clinicians (MFC) program for doctors of a private organisation. The program was delivered online and included the Adaptive Leadership session from the LFC program and five MFC sessions. The program was customised to meet the needs of the organisation, focused on building leadership and management capacity.

Member Services and Engagement Report

This reporting period saw a number of exciting changes and realignment within the Division.

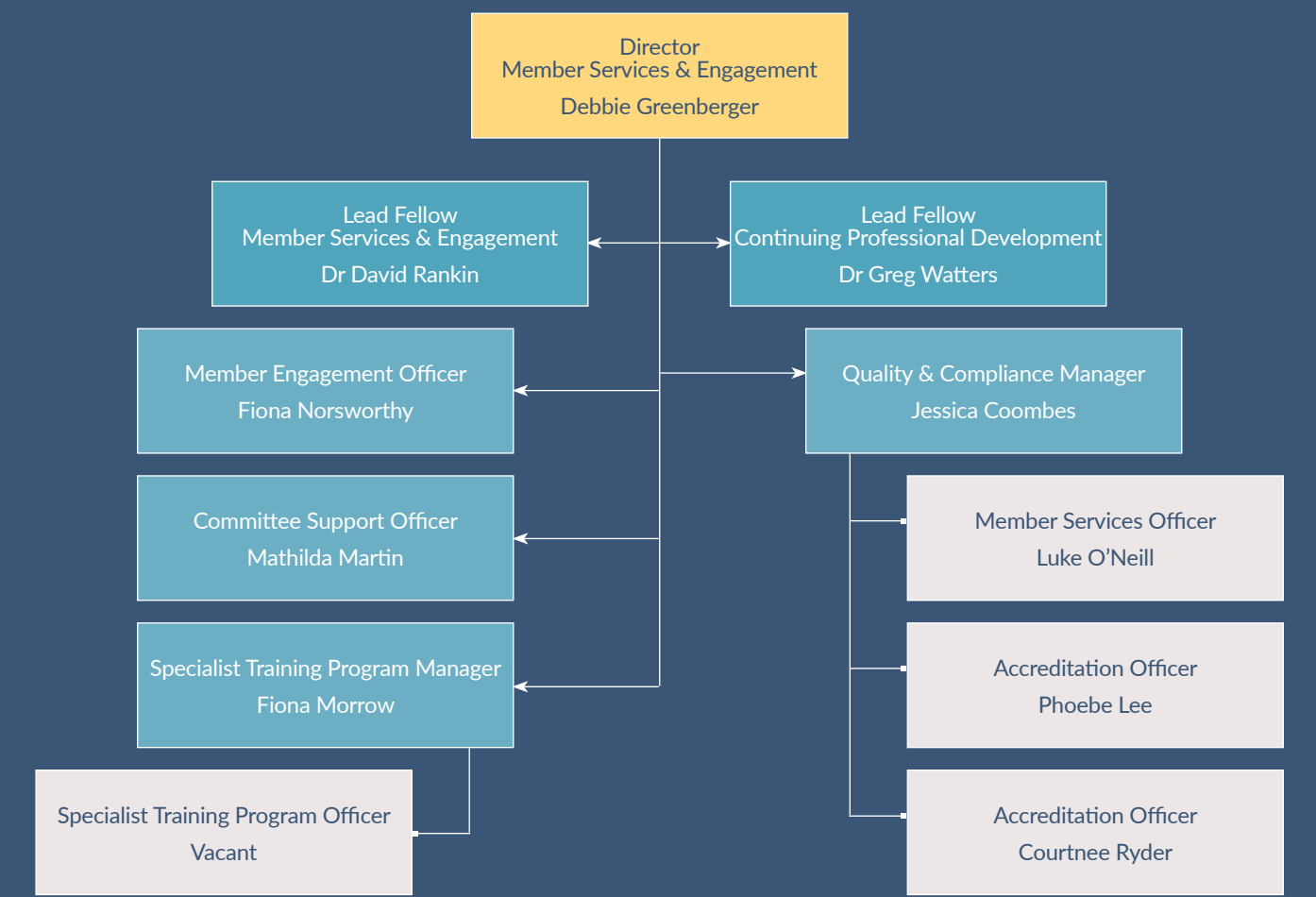
Dr Greg Watters was appointed as the Lead Fellow for Continuing Professional Development (CPD) to oversee the CPD Realignment Project. Additionally new team members were recruited to both the member services and accreditation teams who have added a great deal of value to both areas in provision of exceptional customer service skills with very pleasing feedback being received from our Members.

Dr Watters is working with the Member Services and Engagement team to drive compliance with new CPD requirements mandated by the Medical Board of Australia (MBA) and Medical Council of New Zealand. He is also assisting in ensuring RACMA becomes a 'CPD Home' of choice for other doctors who do not currently have a speciality and will be required to nominate a CPD Home as part of the changes to CPD mandated by the MBA. Lead Fellow for Member Services and Engagement, Dr David Rankin, continued providing his expertise across the following areas:

- Development of Fellow Scope of Practice
- A review of membership categories
- Redesign of the RACMA Workforce Survey
- Reviewed both the Fellowship Training Program and Recognition of Prior Learning and Experience applications and processes

These changes will further enhance the support provided to new and existing Members as well as additional support for our volunteer Members who contribute in many important roles including our endlessly dedicated Jurisdictional Coordinators of Training.

The Member Services and Engagement divisional structure, as mentioned above has undergone a lot of movement during 2022. The College will be updating its website and will provide Members with a whole of organisation structure including job roles so that Members can easily identify who they need to contact depending on their query. The following structure provides an overview of the Member Services and Engagement structure.



Accreditation

A total of 94 site visits were completed in this reporting period, with more than 100 voluntary hours provided by 27 Fellows who sat on site visit Accreditation Panels.

Continuing Professional Development (CPD) Compliance

Members Participating in and Meeting the Requirements of the College CPD Programs in Australia & Aotearoa New Zealand		
	Fellows	Associate Fellows
Number Participating in CPD Program	375	414
Number Meeting CPD Program Requirements	348	378
Percentage Compliant	93%	91%

Much of this reporting period has seen the College focusing on the introduction of new CPD registration standards in Australia and Aotearoa New Zealand. Colleges have until January 2023 to update their CPD frameworks to align with the new Medical Board of Australia standards, while the Medical Council of New Zealand changes were implemented on 1 July 2022.

For Fellows registered in Aotearoa New Zealand the new requirements are:

- Reviewing and reflecting on practice
- Measuring and improving outcomes
- Educational activities

In addition to the three categories above, these activities must be underpinned by:

- Annual conversation
- Professional Development Plan
- Cultural safety and a focus on health equity

In Australia the main change is the mandatory requirement of 25 hours active CPD in reviewing performance (previously Peer Review) and measuring outcomes (previously Audit), where doctors decide the best mix for these activities to suit their practice, with five hours minimum of each type.

Consultation with Members, through a series of workshops, has now been completed and the response was outstanding with more than 300 Members across Australia and Aotearoa New Zealand taking part. Fellows and Associate Fellows gave comprehensive feedback on their concerns with the changes and how they would like the College to develop the CPD program. The College has been working hard this reporting period to find a way for our Fellows to meet the requirements, through the development of:

- Templates
- Education materials on how to perform audits
- Education material on what should be in an annual conversation
- Workshops
- Webinars

Updates to MyRACMA began this reporting period in readiness to accommodate the changes for Members and a new CPD handbook will be published in time.

Several questions related to the project were common to each of the workshops and these have been addressed through the [FAQ page](#) on the College website. Information gained from the workshops has been used to develop the [Interim CPD handbook](#) which is also available to access on the website.

The College's CPD re-alignment and refresh will continue through the next reporting period.

Mandatory completion of CPD returned in 2021 following the Medical Board of Australia and the Medical Council of New Zealand approved exemption for 2020 due to the difficulties posed by COVID-19.

Peer Support Pilot

Under the guidance of RACMA's Medical Workforce Planning Working Group, a six month pilot Peer Support Group (PSG) commenced in 2021. The aim was to explore the College's role in facilitating new Fellows or geographically or professionally isolated Fellows to connect in the concept of community practice and peer support.

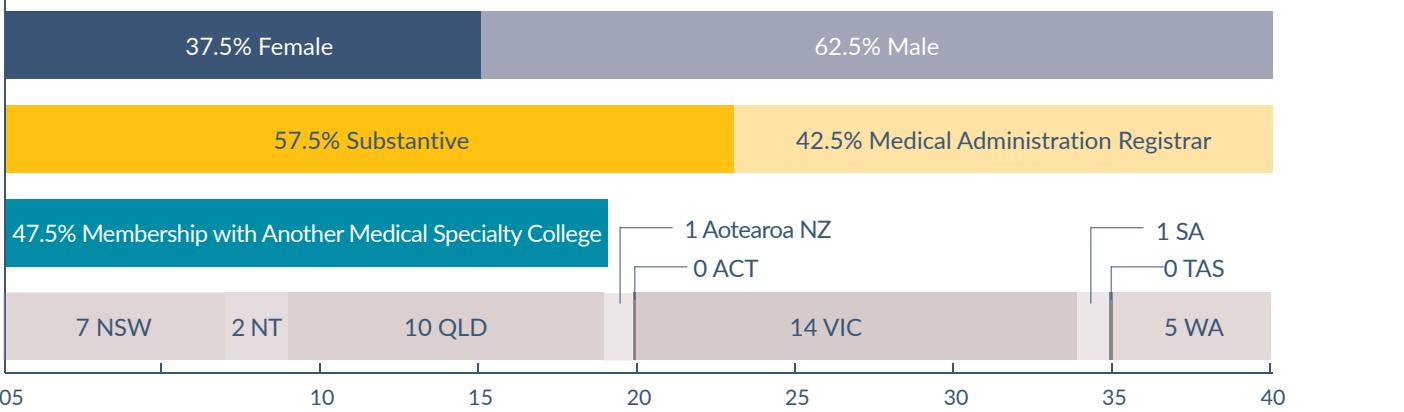
RACMA Members are often the sole individual Medical Administrator in an organisation. The roles require significant, complex clinical and corporate judgements which are often sensitive and confidential. Many Members report feeling professional isolation due to the nature of the decisions they have to make and may be compounded geographically by rural and regional location.

- The PSG comprised three, geographically linked, facilitated groups who met for six sessions over six months. The groups, which were facilitated by Members with more than five years' experience post Fellowship, were:
- New South Wales and New Zealand — facilitated by Dr Grant Rogers, Director of Medical Services, Tweed Byron and Murwillumbah Hospitals at Northern NSW Local Health District
 - Queensland and Northern Territory — facilitated by Professor Andrew Johnson, Medical Director Clinical Leadership and Collaboration Townsville Hospital and Health Service
 - Victoria and Tasmania — facilitated by Dr Lee Hamley, Alfred Health Chief Medical Officer

- The objective of the meetings was to provide a forum in which its participants can discuss topics with their peers where they are not able to do so via other means due to their professional isolation. They included but were not limited to:
- Problem solving and brainstorming.
 - Confidential collegiate discussions.
 - Peer support, collaboration, and consultation
 - Reflective practice

Fellowship Training Program (FTP) Applications

- In 2022 the College experienced a 34.42% decrease in applications from 2021, which were approved for FTP Candidacy. Of the 51 applications received in 2022:
- 4 Withdrawn
 - 7 Not Eligible
 - 40 Commenced Candidacy in 2021



Recognition of Prior Learning and Experience (RPLE) Applications

In 2022, 10 applications for RPLE for the Medical Management Practice (MMP) domain were received. Two Candidates withdrew their application prior to receiving an outcome.

Please see table below for a summary of applications by jurisdiction and RPLE outcome.

	Total Received	Nil RPLE Granted	12 Months Granted	18 Months Granted
Aotearoa New Zealand	1	-	1	-
New South Wales	1	-	1	-
Northern Territory	0	-	-	-
Queensland	2	1	1	-
South Australia	1	-	1	-
Victoria	3	-	2	1
Western Australia	0	-	-	-
Total	8	1	6	1

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 RACMA currently has one SIMG in the Fellowship Training Program.

Two SIMG applications have been received in 2022. One application was assessed as not comparable. The other application proceeded to interview, and the applicant has been advised that they are partially comparable to an Australasian trained specialist Medical Administrator.

Specialist Training Program (STP)

- RACMA receives STP funding from the Australian Department of Health for the following:
- 17 STP positions (11 rural and 6 private)
 - 9 IRTP (Integrated Rural Training Pipeline) positions
 - 3 Tasmanian Project training positions
 - 0.75 Tasmanian Project supervisor positions

RACMA's previous STP Funding Agreement with the Commonwealth concluded on 31 January 2022. A new Agreement to provide funding for 2022 – 2025 is now in place. Secondary Funding Agreements have been distributed to funded health settings and are being executed

Support Projects

- The STP also provides funding for Educational Support projects to develop resources to support Candidates in STP funded positions. The following projects concluded at the end of 2021 and now provide valuable educational resources to RACMA Candidates and Supervisors:
- Online Learning Modules in Advocacy, Supervision, and Leadership
 - Rural Health and Private Health Learning Sets
 - Renewing RACMA's Indigenous Health Program Module, and
 - Supporting 10 Tasmanians to undertake the Leadership for Clinicians (LFC) program.

A new educational support project was approved by the Department of Health for 2022 and has now commenced. The Oral Examination Support Resource will develop an online resource targeted at the unique support requirements of Candidates in STP posts, in their preparation for the Medical Management Practice Oral Examination. The Department is also considering additional 2022-2025 project proposals to utilise unspent funds under the previous Agreement.

Building on work already undertaken, the RACMA Marketing Project has been extended until the end of 2022. New activities include the development of an induction webinar for rural Candidates, identification and targeting of health settings that have not previously engaged with STP, designing a customised presentation to promote rural and remote training pathways, and exploring an optional rotational framework for Candidates in STP-IRTP positions.

FATES Initiative

The Commonwealth Flexible Approach to Training in Expanded Settings (FATES) initiative commenced in 2022. The initiative provides funding throughout 2022-2025 for College consortia projects that will provide flexibility to support and promote growth in specialist medical training, and deliver better distribution and supply of specialists matched to community health needs.

RACMA has partnered with RACS to form a consortium for the 'Rural Accreditation — addressing barriers to rural practice' FATES project. This project will run over two years and aims to design and implement an accreditation model for RACS that can be tailored for context and specialty, and that meaningfully supports rural hospitals to increase rural training pathways and achieve training system capacity. Utilising our experience in adopting an agile approach to accreditation in non-traditional settings, RACMA will provide subject matter expertise regarding how to best approach medical leadership and the design of suitable solutions.

RACMA is also involved in the Specialist Trainee Support Program (STSP) FATES Project, which involves all Colleges and is being led by the Australian Indigenous Doctors' Association (AIDA) with RANZCR as the consortium funds administrator. The project aims to increase the number of Aboriginal and Torres Strait Islander non-GP Specialists by augmenting the recruitment and retention Indigenous doctors who wish to commence or are currently undertaking non-GP specialist medical training.

Mid-Agreement Review

In line with the National Medical Workforce Strategy, the Department of Health is undertaking a Mid-Agreement Review of overall program to reform the STP parameters in the short-medium term. There will be a key focus on redistribution of existing STP posts to specialties deemed in under-supply. For specialties deemed in oversupply, a reduction of FTE from 2024 is a likely outcome. The Mid-Agreement Review will involve all Colleges and Jurisdictions. At this stage, it is not expected that RACMA will see a reduction of funded positions.

Reserve List Application Process

The Department of Health is now running an annual process to allow interested health settings to be assessed for STP funding suitability, and if successful be added to the STP Reserve List. The most recent process resulted in nine new potential training positions being added to RACMA's STP Reserve List across five jurisdictions. The next Reserve List Application Process will open in March 2023.

The STP Governance Review Group continues to provide oversight and advice regarding Reserve List management and funding allocation to new positions in the event of vacancies.

Policy and Advocacy Report

RACMA has continued to develop its profile, presence and position on key healthcare decisions at the highest level, working to align with the College’s goals within the Strategic Plan of:

- To Advance and Expand the Influence of RACMA
- To be the Recognised and Respected Voice of Health Leadership, Management, and Governance

This year the College appointed the inaugural Lead Fellow for the Policy and Advocacy portfolio to strengthen and grow the Policy and Advocacy work undertaken by the College through a planned, proactive and systematic approach.

Dr Mary Boyd Turner, who was appointed in March, is a Medical Leader and Manager with broad-based experience in health services and government underpinned by clinical training as paediatrician. Her most recent long-term appointment was at Westmead (Deputy Director of Medical Services) and Auburn (Director of Medical Services) in Western Sydney Local Health District. Dr Boyd Turner is now based in Adelaide.

A Policy and Advocacy work plan has been established to ensure existing work and priorities are aligned with RACMA’s Strategic Plan from 2022-2024. The aim of the plan is to value and support Medical Leaders to improve health care and advocate for a better health system for patients and the community. Priority domains for action within the plan include:

- Advocating for trained Medical Leaders in all medical leadership and management positions by documenting and promulgating the value of medical leadership and training in medical leadership
- Support for RACMA Members
- Medical leadership workforce planning
- Welfare: Bullying, Harassment and Discrimination
- Diversity and Inclusion Policy / Plan
- Reconciliation Action Plan
- Māori Plan
- Advancing Women in Health Leadership

The College made a detailed submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. A dedicated Working Group, chaired by former RACMA President Dr Jennifer Alexander, prepared the submission which involved much work and effort. RACMA’s response focused on assisting 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.

Other submissions developed for various consultations and included the Australian Health Practitioner Regulation Agency and the Australian Commission on Safety and Quality in Health Care Consultation Paper on Consumer Health Complaints and the Medical Board of Australia Draft Revised Guidelines on Telehealth consultations with patients.

The Terms of Reference for the Policy and Advocacy Committee and its subcommittees have been revised and approved by the RACMA Board. The subcommittees were previously called working groups were more appropriately renamed as:

- The Medical Workforce Planning Working Group became the RACMA Medical Workforce Policy & Advocacy Subcommittee (MWPASC)
- The Diversity and inclusion Working Group became the Diversity and Inclusion Policy & Advocacy Subcommittee
- The Indigenous Health Working Group became the Indigenous Health Policy & Advocacy Subcommittee
- the Rural Policy Advisory Group became the Rural Policy & Advocacy Subcommittee

Federal Election

RACMA’s 2022 Pre-election Statement highlighted the following five key areas of focus for the next Australian Government:

1. Improving Medical Workforce Planning
2. Improving Workplace Culture
3. Building and Developing Medical Leadership in Remote, Rural and Regional Australia
4. Addressing Climate Change and its flow on affects to healthcare for the community
5. Mandating Fellows and Associate Fellows in all healthcare settings

Inaugural First Nations Adviser for RACMA

The College announced the introduction of a First Nations Adviser role to be filled by proud Māori woman Nadene Edmonds. As we continue our commitment to the health and wellbeing of First Nations people in Australia and Aotearoa New Zealand, it is imperative that we have dedicated resources and capability in this area. Nadene will develop existing relationships and establish new collaborations with key First Nations organisations to develop culturally safe practices, projects and policies.



First Reconciliation Action Plan

RACMA developed its [Step One Reconciliation Action Plan \(RAP\)](#) to provide its staff, Members, and stakeholders with a structured and accountable approach to advance reconciliation. This first RAP sets out a number of steps aimed at building relationships with Aboriginal and Torres Strait Islander Peoples which will create a solid foundation for RACMA’s reconciliation pathway. This initial phase will also enable the College to define a clear vision to produce future RAPs and initiatives that are meaningful, mutually beneficial and sustainable.

The artwork by Ngarrindjeri Artist Jordan Lovegrove shows The Royal Australasian College of Medical Administrators (RACMA) on their reconciliation journey, providing education, training, knowledge and advice in medical management. RACMA are represented by the large tree (which symbolises life/health/medicine), its branches and root system also depict the foundation, support and strength of RACMA. The large pathway going through the artwork shows RACMA on their reconciliation journey, with the smaller meeting places representing different people and communities they have worked together with on the way. The four different coloured sections represent RACMA’s four 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

Jurisdiction Map

WESTERN AUSTRALIA	
Members	93
Female	34
Male	59
Fellows	28
Associate Fellows	43
Honorary Fellows	0
Life Fellows	3
Retired Fellows	1
Affiliates	3
Candidates	15
Age Group with Largest Number of Members	36-49

SOUTH AUSTRALIA	
Members	112
Female	51
Male	61
Fellows	7
Associate Fellows	91
Honorary Fellows	1
Life Fellows	5
Retired Fellows	0
Affiliates	3
Candidates	6
Age Group with Largest Number of Members	36-49

TASMANIA	
Members	46
Female	21
Male	25
Fellows	13
Associate Fellows	27
Honorary Fellows	3
Life Fellows	1
Retired Fellows	0
Affiliates	0
Candidates	5
Age Group with Largest Number of Members	50-64

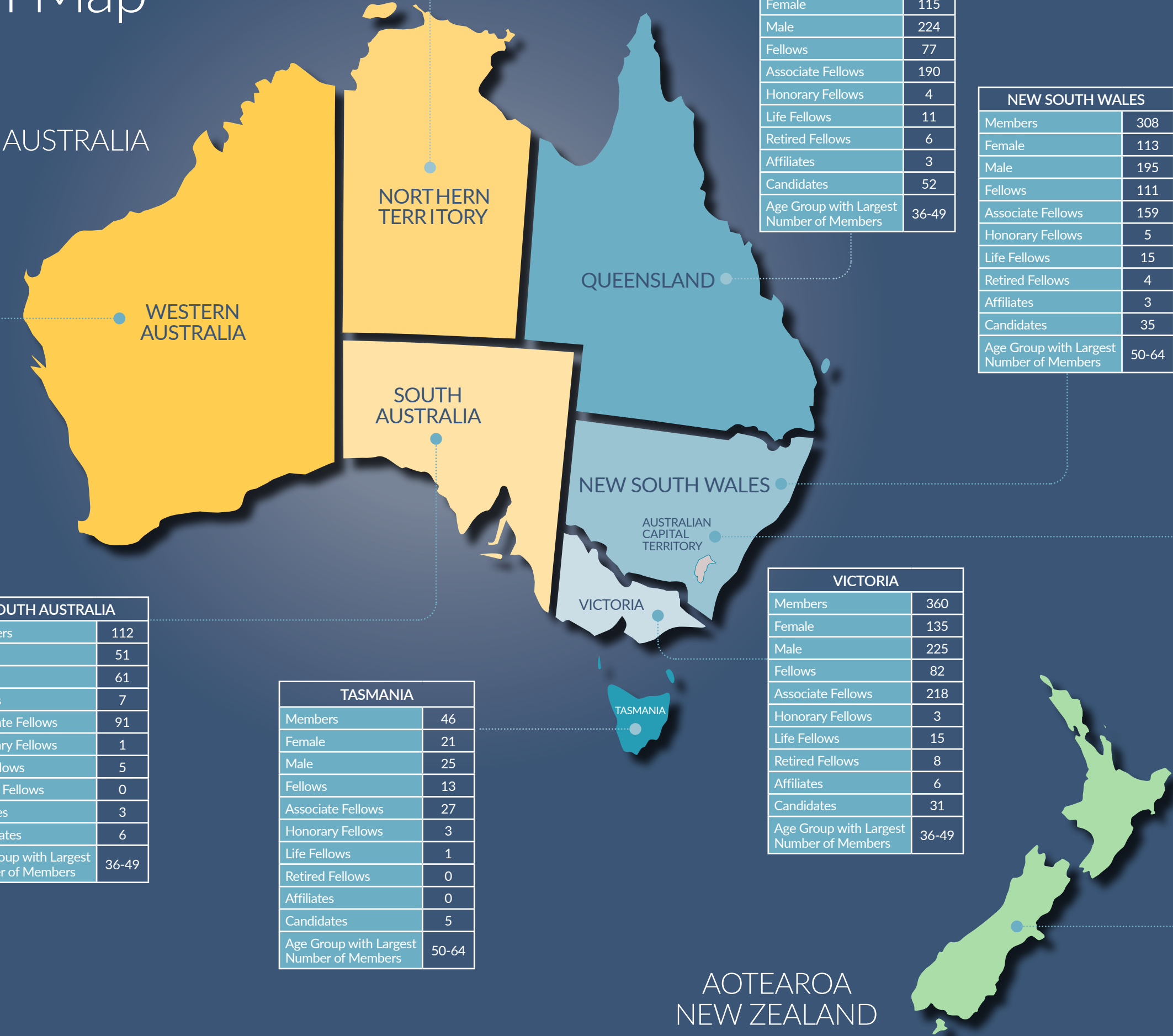
QUEENSLAND / NORTHERN TERRITORY	
Members	339
Female	115
Male	224
Fellows	77
Associate Fellows	190
Honorary Fellows	4
Life Fellows	11
Retired Fellows	6
Affiliates	3
Candidates	52
Age Group with Largest Number of Members	36-49

NEW SOUTH WALES	
Members	308
Female	113
Male	195
Fellows	111
Associate Fellows	159
Honorary Fellows	5
Life Fellows	15
Retired Fellows	4
Affiliates	3
Candidates	35
Age Group with Largest Number of Members	50-64

AUSTRALIAN CAPITAL TERRITORY	
Members	30
Female	12
Male	18
Fellows	17
Associate Fellows	10
Honorary Fellows	1
Life Fellows	8
Retired Fellows	0
Affiliates	2
Candidates	1
Age Group with Largest Number of Members	50-64

VICTORIA	
Members	360
Female	135
Male	225
Fellows	82
Associate Fellows	218
Honorary Fellows	3
Life Fellows	15
Retired Fellows	8
Affiliates	6
Candidates	31
Age Group with Largest Number of Members	36-49

AOTEAROA NEW ZEALAND	
Members	90
Female	30
Male	60
Fellows	32
Associate Fellows	44
Honorary Fellows	2
Life Fellows	1
Retired Fellows	1
Affiliates	5
Candidates	7
Age Group with Largest Number of Members	50-64



ACT Jurisdictional Committee Report

Member Numbers	30
Fellows	17
Associate Fellows	10
Honorary Fellows	1
Life Fellows	8
Retired Fellows	0
Affiliates	2
Candidates	1

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Christina Wilkinson
Honorary Secretary	Dr Kate Tindall
Coordinator of Training	Dr Leonard Brennan
CPD Coordinator	Dr Kate Tindall

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

The COVID-19 pandemic continued to interrupt monthly face-to-face meetings with a number of meetings being held virtually this reporting period.

The training positions of all new Candidates have been accredited for the 2022 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 this reporting period.

MEMBER ACHIEVEMENTS

RACMA Fellow Dr Katherine Tindall was awarded the Conspicuous Service Cross (CSC) in the Australia Day Honours List for outstanding achievement in Australian Defence Force strategic health policy and leadership of the Defence coronavirus (COVID-19) pandemic response.

The citation reads: 'Captain Tindall demonstrated conspicuous professional commitment in the development of strategic health policy and leadership of the Defence health response to the COVID-19 pandemic. Her unwavering devotion to duty, outstanding leadership and professional excellence have inspired health professionals and led to more agile, evidence-based approaches to military health care. This has significantly contributed to the responsiveness and quality of health services to Defence members and commanders.'

Honorary Fellow Dr Brendan Murphy received Companion (AC) in the General Division in the Queen's Birthday Honours List for eminent service to medical administration and community health, particularly as Chief Medical Officer, and to nephrology, to research and innovation, and to professional organisations.

Aotearoa NZ Jurisdictional Committee Report

Member Numbers	90
Fellows	32
Associate Fellows	44
Honorary Fellows	2
Life Fellows	1
Retired Fellows	1
Affiliates	5
Candidates	7

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Virginia Hope
Treasurer	Dr Peter Gootjes
Coordinator of Training	Dr Debbie Holdsworth Dr Mary Seddon
CPD Coordinator	Dr Dilky Rasiah
Fellow Member	Dr Andy Simpson Dr Grant Howard Dr Anil Nair Dr John Robson Dr Peter Satterthwaite Dr Iwona Stolarek
Associate Fellow Representative	Dr Cameron Cole
Candidate Representative	Dr Anand Desai (from April 2022)

This reporting period saw Aotearoa New Zealand's membership continuing to respond to COVID-19 and ensuing pressures on the health sector, while also preparing for the implementation of the jurisdictions new health reforms changing the way health services are structured and delivered. The new structure was enacted on 1 July 2022 including Te Aka Whai Ora/Māori Health Authority and Te Whatu Ora/Health New Zealand, which superseded the existing 20 District Health Boards.

Aotearoa New Zealand Members also worked with the College Office to prepare for the Medical Council of New Zealand's new recertification requirements for vocationally-registered doctors, which also came into affect on 1 July 2022. The response and participation from Aotearoa New Zealand Fellows and Associates was remarkable.

Members provided feedback on the resources needed from the College. For Fellows and Associate Fellows registered in Aotearoa New Zealand the new requirements are:

- Reviewing and reflecting on practice
- Measuring and improving outcomes
- Educational activities

In addition to the three categories above, these activities must be underpinned by:

- Annual conversation
- Professional Development Plan
- Cultural safety and a focus on health equity

The Aotearoa New Zealand Committee acknowledges and thanks Chair Dr Virginia Hope, for her work in the role from early 2020 to February 2022, and also Co-Jurisdictional Coordinator of Training Dr Mary Seddon, who stepped down from the role February 2022, and Fellow Member Dr Grant Howard who moved to Australia for their contributions to the committee and jurisdiction. The Committee also welcomed Dr Anand Desai as the Candidate representative in April this year.

Dr Iwona Stolarek, stepped down from the RACMA Board this reporting period after three years as the Vice President. Dr Stolarek continues to represent RACMA at the Council of Medical Colleges (CMC) and joined the CMC executive in 2021.

Dr Peter Gootjes took the lead for preparations for the RACMA 2023 conference which will be in Auckland 11-14 October 2023.

MEMBER ACHIEVEMENTS

Congratulations to Dr Manoj Patel who passed the Medical Management Practice Oral Examination this reporting period.

NSW Jurisdictional Committee Report

Member Numbers	308
Fellows	111
Associate Fellows	159
Honorary Fellows	5
Life Fellows	15
Retired Fellows	4
Affiliates	3
Candidates	35

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Antony Sara
Honorary Secretary	Dr Daryl-Anne Elias
Coordinator of Training	Dr Antony Sara Dr Pankaj Banga Dr Grant Rogers
CPD Coordinator	Associate Professor Peter Thomas
Coordinator Scientific Program	Dr Elizabeth West-Deards Dr Sid Vohra
Candidate Representative	Dr Raj Ubeja Dr Isabelle Kapterian
Member (co-opted)	Dr Natalie Klees Dr Kash De Silva
Member (ex-officio)	Dr Helen Parsons CSC Dr Lynette Lee Dr Greg Watters
Other Members	Dr Roger Boyd Dr Claire Blizard Dr Helen Freeborn Dr Robyn Godding Dr Natalie Klees

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 Dean, Dr Lynnette Lee and Dr Kash De Silva. These tutorials were well attended and appreciated by Candidates from across Australia and Aotearoa New Zealand.

The bi-monthly Scientific Program continued through this operating period, organised by Dr Elizabeth Deards-West and Dr Sid Vohra. Speakers included:

- Sue-Anne Redmond, who presented “Patient Safety First – Health system clinical governance and learning from serious incidents”
- Dr Vijay Roach, who presented “Leadership and loneliness: Balancing imposter syndrome with the need to get things done”
- Dr Robyn Godding, Dr Wendy Vincent, Dr Deborah Stephens, who joined for a panel discussion on “Breast Screen Australia: Past, Present and Future. Your questions answered”
- Dr Paul Nicolarakis, who presented “Dragged Kicking and Screaming – How data will drive high quality, high value healthcare”

New South Wales Members were able to come together this reporting period for a face-to-face Annual General Meeting and a dinner. Certificates of Appreciation were presented to past Members Dr Peter Finlayson, Dr Tony Austin, Dr Arthur Wooster, Dr Vasco de Carvalho and Dr Wendy Cox.

Dr Milind Rawal was chosen to be New South Wales representative in the National Margaret Tobin Challenge at the RACMA Conference. His presentation detailed “The imPACT (Improving Patient Access Coordination and Transfer) program at NSW Health Central Coast Local Health District”.

MEMBER ACHIEVEMENTS

College Dean Dr Lynette Lee stepped down after five years in the role. RACMA has benefited from Dr Lee’s continual dedication and expertise in furthering training and assessment of Candidates, including leading the development of the Assessment Framework for the Fellowship Training Program .

Dr Michelle Mulligan AFRACMA received Medal (OAM) in the General Division in the Queen’s Birthday Honours List for service to medicine, particularly to anaesthesia.

QLD/NT Jurisdictional Committee Report

Member Numbers	339
Fellows	77
Associate Fellows	190
Honorary Fellows	4
Life Fellows	11
Retired Fellows	6
Affiliates	3
Candidates	52

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Associate Professor Gail Robinson
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	Dr Thuy Pham
Associate Fellow Representative	Dr Eugene Wong
Candidate Representative	Dr Alisha Thomson
Member (ex-officio)	Professor Alan Sandford AM
Other Members	Dr David Evans Dr Jon Hodge Dr Mark Waters Dr Monica Trujillo

This reporting period saw Associate Professor Gail Robinson voted into the role of Chair after Dr Mark Waters stepped down as Chair early in the period. The Committee thanks Dr Waters for his work as Chair for more than two years. Dr Thuy Pham also moved into the CPD Coordinator role.

The Committee delivered the jurisdiction’s inaugural Candidate Workshop in November 2021. Targeting first and second year Candidates, it aimed to provide a solid introduction to the training program, with the opportunity to gain knowledge and insights from some of the Colleges most experienced leaders, along with support to navigate the Fellowship Training Program. An event dinner was also organised as part of the workshop, which offered a much-needed opportunity for Members to network, connect and socialise given the difficulty for any face-to-face gatherings in the preceding 12 months.

The jurisdiction successfully coordinated the annual state practice exam on 28 May 2022. The Committee acknowledges the efforts particularly of Dr Leah Barrett-Beck, Dr Jon Hodge and Dr Felicity Jensen, as well as Candidate representatives Dr Shema Haima and Dr Pradeep Mishra in arranging this valuable learning opportunity for Queensland and Northern Territory Candidates.

Dr Carl De Wet was chosen to be the jurisdiction’s representative in the 2022 National Margaret Tobin Challenge at the RACMA Conference in Hobart. His presentation was titled “Willing, ready, and nearly able – Leading the Implementation of Incisionless Brain Surgery”.

MEMBER ACHIEVEMENTS

We acknowledge Her Excellency, the Honourable Dr Jeannette Young AC PSM (former Queensland Chief Health Officer and Fellow) on becoming Governor of Queensland. Her Excellency also received Companion (AC) in the General Division in the Queen’s Birthday Honours List in the Queen’s Birthday Honours List for eminent service to public health administration, to medicine and medical research, to the tertiary education sector, and as the 27th Governor appointed in Queensland.

Dr Ewen McPhee AFRACMA received Member (AM) in the General Division in the Queen’s Birthday Honours List for significant service to general medicine, to health administration, and to tertiary education.

The Committee congratulates all Candidates who successfully passed the Medical Management Practice Oral Examination.

SA Jurisdictional Committee Report

Members	112
Fellows	7
Associate Fellows	91
Honorary Fellows	1
Life Fellows	5
Retired Fellows	0
Affiliates	3
Candidates	6

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Jayanthi Jayakaran
Coordinator of Training	Dr Elaine Pretorius
CPD Coordinator	Dr Krish Sundarajan Dr Thara Ramkumar
Associate Fellow Representative	Dr Milind Sanap Dr Shriram Nath

There have been multiple changes during 2022.

Dr Jayanthi Jayakaran stepped down as the Jurisdictional Committee Chairperson and Dr Mary Boyd Turner has taken up this role.

Dr Susan Merrett stepped down as Jurisdictional Coordinator of Training with Dr Elaine Pretorius taking up this role. There is an active weekly program for the RACMA Candidates being run by Dr Pretorius.

Dr Nes Lian- Lloyd stepped down as the Continuing Professional Development (CPD) coordinator. Drs Krish Sundararajan and Thara Ramkumar stepped in as the new CPD Fellow/Associate Fellow coordinators. The webinars on the new CPD standards required by the Medical Board of Australia from 2023 were well attended by SA Members.

The South Australian Committee and jurisdiction received continued support from the region's Associate Fellow Members, with Committee Associate Fellow representative Dr Shriram Natham organising a number of well-attended CPD sessions in the reporting period.

The Committee held its AGM in November 2021, which featured a presentation from RACMA President Dr Helen Parsons CSC covering the College strategic plan and Constitutional Review, and changes to CPD requirements.

The AGM also covered:

- The Associate Fellow and Fellow qualification and potential career pathways which would be critical for maintaining an active pipeline of trainees into the future
- The small number of accredited training posts available
- The higher proportion of Associate Fellows in the South Australian membership
- Interest from Associate Fellow Members in attendance to seek pathways towards full Fellowship
- Committee succession planning, noting small critical numbers of active Fellows

TAS Jurisdictional Committee Report

Member Numbers	46
Fellows	13
Associate Fellows	27
Honorary Fellows	3
Life Fellows	1
Retired Fellows	0
Affiliates	0
Candidates	5

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	Dr Shezad Kunwar

The Jurisdiction's RACMA teaching program was coordinated by Dr Helen McArdle and Dr Allison Turnock, who provided support and guidance to Candidates.

This reporting period saw the Committee's attention focused on organising the 2022 Conference in Hobart. The theme decided on was "Equity ad Access — Healthcare for All", with subthemes Healthcare for diverse populations, Socially Conscious Medical Leadership and The Evolving Role of the Medical Leader. It is the first face-to-face Conference since 2019 and with ongoing impacts of COVID-19 it was decided to run the conference as a hybrid event to enable as many Members and key stakeholders the opportunity to attend. Keynote speakers secured include:

- Daniel Nour, 2022 Young Australian of the Year who founded the medical service dedicated to the homeless — Street Side Medics
- Dr Dinesh Palipana and Dr Hannah Jackson, [Doctors with Disabilities Australia](#) (DWDA) founders who will open the Conference
- Professor Kimberley Norris, Psychological Scientist and Clinical Psychologist
- [Mitch McPherson](#), Tasmanian 2017 Young Australian of the Year and founder of Speak Up! Stay Chatty

Dr Nicola Beamish was chosen to be Tasmania's representative in the Margaret Tobin National Challenge in Hobart at the RACMA Conference. Her presentation discussed "Pop Up Clinics for Migrants within a Mass Vaccination Program April-October 2021".

MEMBER ACHIEVEMENTS

The Committee congratulates Professor Tony Lawler, Dr Ruth Kearon and Dr Allison Turnock, who obtained their Fellowship in this reporting period, and also welcomed a number of new Associate Fellows to the jurisdiction's membership.

Congratulations also to Dr Shehzad Kunwar who successfully completed the Medical Management Practice Oral Examination.

VIC Jurisdictional Committee Report

Member Numbers	360
Fellows	82
Associate Fellows	218
Honorary Fellows	3
Life Fellows	15
Retired Fellows	8
Affiliates	6
Candidates	31

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr Katherine Worsley
Coordinator of Training	Dr Anand Ponniraivan
CPD Coordinator	Dr Ian Graham
Fellow Representative	Dr Sidney Chandrasiri Dr Jason Goh
Associate Fellow Representative	Dr Angela Williams
Candidate Representative	Dr Hemant Diesh
Private Health Representative	Associate Professor Luis Prado

At the start of this reporting period, many of our members were still managing the ongoing impacts of COVID-19 across the state, including the State declared Code Brown in January 2022. As well as managing the health frontline, we were also managing the impact of the lockdown on ourselves, our friends colleagues and families.

The RACMA Victorian Jurisdictional Committee moved to create online and in person events to ensure that networking opportunities still occurred during this period.

The 2021 Victorian Annual Scientific Meeting was held virtually via Zoom in August 2021, which attracted 63 Victorian Members. Keynote Speakers included:

- Tony Walker ASM, CEO Ambulance Victoria, who spoke on "Leadership in Change"
- Dr Kym Jenkins FRANZCP, Medical Director Victorian Doctors Health Program, and Chair, Healthcare Worker Wellbeing Centre Advisory Group, Safer Care Victoria, who spoke on "Doctor's Health: Which Way Now?"

Participants were also given the opportunity to break out into smaller groups to network and discuss the presentations and Candidate Dr Serrin Cooper Maidlow delivered a presentation on "COVID-19 – Looking Forward". Dr Cooper Maidlow, Registrar in Medical Leadership, Management and Administration at Ballarat Health Services, was tasked with developing a

COVID-19 organisational recovery plan at the end of 2020.

RACMA Victoria Members gathered at Hotel Chadstone in December 2021 for a Christmas/end of year event, which gave Members the opportunity to reflect on and celebrate achievements for the year.

In April 2022 the Victorian Jurisdictional Committee hosted an online and in person Networking Event and the jurisdiction's annual Margaret Tobin Challenge at The Epworth Richmond. The event featured a panel discussion on 'Reflections on a Pandemic – the best and the worst', which provided a variety of perspectives in relation to learnings by Medical Leaders in relation to the Pandemic. Panel Members were:

- Adjunct Clinical Associate Professor Alison Dwyer – Executive Director – Research / Chief Medical Officer at Eastern Health
- Associate Professor Dr Bruce Waxman – Chief Medical Officer at Bass Coast Health
- Associate Professor Anjali Dhulia – Chief Medical Officer and Executive Director, Medical Services at Monash Health
- Doctor Kate Worsley – Medical Director at St Vincent's Private Hospital

In addition the Victorian State Margaret Tobin Challenge also took place and Dr Oliver Daly was chosen to represent Victoria at the National Challenge in Hobart at the RACMA Conference. His presentation was titled "RACMA: The future for training medical informatics leaders?"

The Victorian Jurisdictional Committee Chair, Professor Erwin Loh, stepped down after eight years in the role. He led the Committee with kindness and his leadership of the Committee has been highly valued. His contribution to the Victorian Jurisdictional Committee has resulted in outstanding service to the Victorian Fellows of RACMA. On behalf of all Victorian Members, we would like to thank Professor Loh for his leadership and contribution during this time.

Dr Kate Worsley commenced as the new Victorian Committee Chair. Dr Worsley is the current Medical Director for St Vincent's Private Hospitals Melbourne, and the Associate Group Medical Director for St Vincent's Health Australia. She has experience across the public, private and not for profit sector in Australia and Internationally. Dr Worsley has been responsible for the oversight of clinical governance, medical workforce, medical engagement and supporting diversity across a variety of complex organisations, including in the Australian and International healthcare sectors.

MEMBER ACHIEVEMENTS

Dr Robyn Langham AFRACMA received Member (AM) in the General Division in the Queen's Birthday Honours List for her significant service to renal health research, and to tertiary medical education.

WA Jurisdictional Committee Report

Member Numbers	93
Fellows	28
Associate Fellows	43
Honorary Fellows	0
Life Fellows	3
Retired Fellows	1
Affiliates	3
Candidates	15

LIST OF OFFICE BEARERS FOR 2020/21	
Chair	Dr PK Loh
Deputy Chair	Dr Daniel Heredia
Treasurer	Dr Terry Bayliss
Coordinator of Training	Dr Deepan Krishnasivam Dr Alison Johns
CPD Coordinator	Dr Allan Pelkowitz Dr Ranjit Paul (took over later part of the year)
Associate Fellow Representative	Dr Andrew Thompson Dr Jenny Grew
Candidate Representative	Dr Melissa Maluda

Dr Alison Johns and Dr Deepan Krishnasivam regularly promoted RACMA training, and coordinated case-based discussions for Candidates, which was facilitated by local Fellows. Practice oral examinations were held for Candidates with the assistance of Fellows from other jurisdictions.

A strong field of Candidates presented to the West Australia RACMA Members for the jurisdiction's Margaret Tobin Challenge competition. Dr Jerry Abraham Alex was nominated to represent West Australia in the National Challenge at the RACMA Conference in Hobart. The Jurisdictional Coordinators of Training helped to develop Dr Abraham's presentation explored "the use of aspirin to prevent pre-eclampsia in a rural Aboriginal community".

The Committee hosted a presentation on the Ukrainian Health System for Members this reporting period. The presenter was Dr Oleksandra Voloshyn, an Australian physician who graduated from Ukrainian medical school, who was able to raise funding for a charitable cause towards Ukraine.

Associate Fellow Committee Representatives Dr Jenny Grew and Dr Andrew Thompson sent a survey to Associate Fellow Members in the jurisdiction seeking feedback regarding ways in which the Committee can offer support for learning and development, networking and wellbeing in our Associate Fellow cohort.

The Committee organised an education session before the 2021 Christmas dinner, which was very well attended. Dr John Bourke, a physician and law graduate delivered the session. At the time he was working with a unit built on a tranche of beds released by the Minister of Health in early 2021. Dr Bourke has considerable insights into the rapid start-up of beds in a tertiary hospital. Moreover, he has first-hand experience in sub-acute care in general adult medicine in metropolitan Perth and meticulously analysed the service experience using his legal background.

The West Australian Committee was also informed it would be hosting the 2025 RACMA Conference in Perth.

Finance and Audit Report

Report from the Chair of the Finance and Audit Committee



On behalf of the Finance & Audit Committee of the College I am pleased to report to the membership on the financial performance of the College for the 2021-22 financial year.

The overall financial result for the College this year was a loss of \$84,502. We had budgeted for a loss of \$103,900.

This result includes net losses on investment corpus of \$215,775 due to market conditions, so the operating result was a surplus of \$131,273.

The College has now invested \$3M into the corpus created in May 2021. As a result of market conditions its value at the end of the financial year was \$2.8M

Income for the year has increased on last year by \$411,116 largely due to the return of face-to-face Training and Workshops.

Expenses have also increased, up \$1,251,000 on last year. This also due to the return of face to face with Training and Education expenses up \$665,000 and to Employee Expenses that have increased by \$499,000 as the College strives to improve value to the membership.

The RACMA Board thanks Saward Dawson for their work and recommendations to the College as our auditors and look forward to continuing to work with them for this financial year

I would like to recognise the work of Dr Robyn Lawrence who resigned from the Committee during the reporting year

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

Professor Alan Sandford AM
Chair, Finance & 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 2022

Your directors present their report on the College for the financial year ended 30 June 2022.

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:

- Dr Helen Parsons
- Prof Erwin Loh
- A/Prof Alan Sandford
- A/Prof Pooshan Navathé
- Dr Helen McArdle - Term commenced 23/10/2021
- Dr Mellissa Naidoo
- A/Prof Luis Prado
- Dr Angela Williams - Term commenced 23/10/2021
- Dr Allison Turnock
- Prof Gillian Biscoe
- A/Prof Vinay Rane - Term ended 23/10/2021
- Ms Kiri Rikihana - Term ended 9/02/2022
- Dr Iwona Stolarek - Term ended 23/10/2021

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 loss of the College for the year, after providing for income tax amounted to \$ (84,502) (2021: \$ 755,319).

This loss was a result of the unrealised losses on investments totalling \$215,775 due to the global economic conditions this year.

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 2022

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.

Dividends paid or recommended

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

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
Dr Helen Parsons	4	4
Prof Erwin Loh	4	4
A/Prof Alan Sandford	4	4
A/Prof Pooshan Navathé	4	3
Dr Helen McArdle	4	4
Dr Mellissa Naidoo	4	3
A/Prof Luis Prado	4	2
Dr Angela Williams	4	4
Dr Allison Turnock	4	4
Prof Gillian Biscoe	4	4
A/Prof Vinay Rane	1	1
Ms Kiri Rikihana	2	2
Dr Iwona Stolarek	1	1

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Directors' Report

30 June 2022

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.


Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2022 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: 

Dr Helen Parsons CSC
RACMA President

Director: 

Prof Erwin Loh
RACMA Vice President

Dated this6..... day ofSeptember..... 2022

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 2022

	Note	2022 \$	2021 \$
Income	4	8,936,519	8,525,403
Employee benefits expense		(3,348,932)	(2,850,391)
Depreciation and amortisation		(182,512)	(110,599)
Governance expenses		(54,955)	(8,908)
Faculty support		(33,907)	(24,903)
Training and education		(966,456)	(301,409)
Annual conference		-	(108,349)
Marketing and promotions		(54,734)	(31,806)
Office supplies		(58,244)	(30,476)
Professional services		(282,226)	(213,032)
Occupancy expenses		(45,968)	(45,312)
IT expense		(152,724)	(88,189)
STP Project expense		(3,583,596)	(3,725,747)
Doubtful debts expense		(15,952)	(35,250)
Other operating expenses		(240,815)	(195,713)
Surplus/(deficit) for the year		(84,502)	755,319
Other comprehensive income			
Other comprehensive income for the year		-	-
Total comprehensive income for the year		(84,502)	755,319

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Statement of Financial Position

As At 30 June 2022

	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	7	10,451,142	9,629,008
Trade and other receivables	8	844,180	735,967
Other financial assets	9	4,212,694	4,011,910
TOTAL CURRENT ASSETS		15,508,016	14,376,885
NON-CURRENT ASSETS			
Property, plant and equipment	10	1,530,526	1,618,391
Intangible assets	11	61,761	164,876
TOTAL NON-CURRENT ASSETS		1,592,287	1,783,267
TOTAL ASSETS		17,100,303	16,160,152
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	581,214	310,934
Employee benefits	13	173,715	235,780
Other financial liabilities	14	8,757,581	7,946,525
TOTAL CURRENT LIABILITIES		9,512,510	8,493,239
NON-CURRENT LIABILITIES			
Employee benefits	13	66,908	61,526
TOTAL NON-CURRENT LIABILITIES		66,908	61,526
TOTAL LIABILITIES		9,579,418	8,554,765
NET ASSETS		7,520,885	7,605,387
EQUITY			
Reserves		323,110	345,476
Retained earnings		7,197,775	7,259,911
TOTAL EQUITY		7,520,885	7,605,387

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 2022

2022

	Retained Surplus \$	State Funds \$	Bernard Nicholson Prize Fund \$	Sir Raphael Cilento Oration Fund \$	NSW Administration Course & Education Fund \$	Total \$
Balance at 1 July 2021	7,259,911	274,353	32,988	12,086	26,049	7,605,387
(Deficit) for the year	(84,502)	-	-	-	-	(84,502)
Transfers	22,366	(22,366)	-	-	-	-
Balance at 30 June 2022	7,197,775	251,987	32,988	12,086	26,049	7,520,885

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
Transfers	21,944	(21,944)	-	-	-	-
Balance at 30 June 2021	7,259,911	274,353	32,988	12,086	26,049	7,605,387

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 2022

	Note	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from members		5,299,833	3,848,186
Government grants, conferences, sponsorship and other receipts		5,299,491	5,878,123
Interest received		5,567	8,517
Payments to suppliers and employees		(9,308,026)	(8,167,478)
Net cash provided by/(used in) operating activities	16	1,296,865	1,567,348
CASH FLOWS FROM INVESTING ACTIVITIES:			
Proceeds from sale of investment		564,395	-
Purchase of property, plant and equipment		(2,428)	(89,496)
Purchase of investments		(1,047,594)	(3,675,492)
Proceeds from sale of non-current assets		10,896	-
Net cash provided by/(used in) investing activities		(474,731)	(3,764,988)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net cash provided by/(used in) financing activities		-	-
Net increase/(decrease) in cash and cash equivalents held		822,134	(2,197,640)
Cash and cash equivalents at beginning of year		9,629,008	11,826,648
Cash and cash equivalents at end of financial year	7	10,451,142	9,629,008

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 2022

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.

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

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

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

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

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 in profit or loss only 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.

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.

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.

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.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements
For the Year Ended 30 June 2022

2 Summary of Significant Accounting Policies
(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 or loss.

(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 five years. It is assessed annually for impairment.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements
For the Year Ended 30 June 2022

2 Summary of Significant Accounting Policies

(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.

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.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements
For the Year Ended 30 June 2022

2 Summary of Significant Accounting Policies

(g) Financial instruments

Financial assets

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.

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 Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements
For the Year Ended 30 June 2022

2 Summary of Significant Accounting Policies

(g) Financial instruments

Financial liabilities

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

The financial liabilities of the College comprise of trade payables.

(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.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

2 Summary of Significant Accounting Policies

(j) Trade and other payables

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

(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 College 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.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

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 historical knowledge and the best information currently 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.

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 2022

4 Revenue and Other Income

	2022	2021
	\$	\$
Revenue from contracts with customers		
- Membership subscriptions	1,342,885	1,333,994
- Training and application fees	3,382,047	2,105,867
- Annual conference	-	156,100
- Externally delivered programs	66,648	-
- Advertising and sponsorship	41,509	29,927
- Commonwealth government - Department of Health - STP Project income	4,294,259	4,227,930
	<u>9,127,348</u>	<u>7,853,818</u>
Investment income		
- Interest - investment	5,567	8,517
- Dividend income	67,911	1,271
- Net fair value gain/ (loss) on financial assets through profit or loss (a)	(282,415)	33,571
	<u>(208,937)</u>	<u>43,359</u>
Other Income		
- Profit on Sale of Non-current assets	-	3,524
- Miscellaneous income	18,108	60,352
- Government subsidies	-	564,350
	<u>18,108</u>	<u>628,226</u>
Total Revenue and Income	<u><u>8,936,519</u></u>	<u><u>8,525,403</u></u>

(a) This balance represents the investment portfolio fair value movement and is not part of the College's normal operations. An unrealised loss has been achieved in the current year due to unfavourable market conditions.

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

5 Results for the year

(a) Expenses

The result for the year includes the following specific expenses:

	2022	2021
	\$	\$
Net loss on disposal of property, plant and equipment	10,896	-
Defined contribution superannuation	270,205	221,940

6 Auditors' Remuneration

Remuneration of the auditor:

- Auditing the financial statements	14,000	13,600
- Other services	1,400	4,600
Total	<u><u>15,400</u></u>	<u><u>18,200</u></u>

7 Cash and Cash Equivalents

Cash at bank	10,451,142	9,629,008
	<u><u>10,451,142</u></u>	<u><u>9,629,008</u></u>

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

8 Trade and Other Receivables

	2022	2021
	\$	\$
CURRENT		
Trade receivables	789,047	763,333
Provision for impairment	(57,131)	(66,254)
	731,916	697,079
Other debtors	112,264	38,888
	844,180	735,967

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 2022				
Trade and term receivables	76,062	694,670	18,315	789,047

	< 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

Movement in provision for doubtful debts is as follows:

Balance at beginning of the year	66,254	45,000
Bad debts for the year	15,952	35,250
Amounts written off	(25,075)	(13,996)
Balance at end of the year	57,131	66,254

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

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

9 Other Financial Assets

Financial assets at fair value through profit or loss

	2022	2021
	\$	\$
CURRENT		
Shares	39,765	41,407
Managed funds	2,168,176	1,970,503
Term Deposits	(a) 2,004,753	2,000,000
	4,212,694	4,011,910

(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	460,000	460,000

Buildings

At cost	1,088,903	1,088,903
Accumulated depreciation	(81,669)	(54,446)

Total buildings

Total land and buildings	1,467,234	1,494,457
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Plant and Equipment

Office equipment		
At cost	219,416	253,690
Accumulated depreciation	(160,592)	(135,465)
Total office equipment	58,824	118,225

Gowns

At cost	12,415	12,415
Accumulated depreciation	(7,947)	(6,706)
Total gowns	4,468	5,709

Total property, plant and equipment

	1,530,526	1,618,391
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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 2022

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 2022					
Balance at the beginning of year	460,000	1,034,457	118,225	5,709	1,618,391
Additions	-	-	2,428	-	2,428
Disposals	-	-	(10,896)	-	(10,896)
Depreciation expense	-	(27,223)	(50,933)	(1,241)	(79,397)
Balance at the end of the year	460,000	1,007,234	58,824	4,468	1,530,526
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

11 Intangible Assets

Website and Software

	2022 \$	2021 \$
Cost	252,590	252,590
Accumulated amortisation and impairment	(190,829)	(87,714)
Total Website and Software	61,761	164,876

Total Intangible assets	61,761	164,876
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The useful lives of intangible assets have been reassessed in the current year to better reflect the economic value of the assets to the College. This has resulted in an increased amortisation charge for the year.

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2022

11 Intangible Assets

Movements in carrying amounts of intangible assets

	Website and Software \$
Year ended 30 June 2022	
Balance at the beginning of the year	164,876
Amortisation	(103,115)
Closing value at the end of the year	61,761
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

12 Trade and Other Payables

	2022 \$	2021 \$
CURRENT		
Trade payables	225,575	127,997
GST payable	85,203	34,519
Other payables	270,436	148,418
Total trade and other payables	581,214	310,934

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

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

13 Employee Benefits

	2022	2021
	\$	\$
CURRENT		
Annual leave	163,406	220,704
Long service leave	10,309	15,076
	<u>173,715</u>	<u>235,780</u>
NON-CURRENT		
Long service leave	66,908	61,526
	<u>66,908</u>	<u>61,526</u>

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 College 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	1,699,326	1,328,598
Unearned Workshop Income	1,222,191	1,435,755
Unearned STP grant income	5,197,382	4,756,229
Unearned Fees	638,682	425,943
	<u>8,757,581</u>	<u>7,946,525</u>

The Royal Australasian College of Medical Administrators

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Notes to the Financial Statements

For the Year Ended 30 June 2022

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:

	2022	2021
	\$	\$
Financial assets		
Cash at bank	10,451,142	9,629,008
Trade and other receivables	844,180	735,967
Other financial assets	4,212,694	4,011,910
Total financial assets	<u>15,508,016</u>	<u>14,376,885</u>
Financial liabilities		
Trade and other payables	581,214	310,934
Total financial liabilities	<u>581,214</u>	<u>310,934</u>

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 2022

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 8.

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 2022

16 Cash Flow Information

	2022	2021
	\$	\$
Surplus/(deficit) for the year	(84,502)	755,319
Non-cash flows in profit:		
- amortisation of goodwill	103,115	31,372
- depreciation and amortisation	79,397	79,227
- net (gain)/loss on disposal of property, plant and equipment	-	3,587
- provision for doubtful debts	(9,123)	21,254
- fair value movements on investments	282,415	(33,571)
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(99,090)	(153,306)
- increase/(decrease) in trade and other payables	270,280	(178,497)
- increase/(decrease) in employee benefits	(56,683)	160,881
- increase/(decrease) in trade and other payables & other liabilities	811,056	881,082
Cash flows from operations	1,296,865	1,567,348

17 Reserves

State Funds		
NSW State funds	89,594	90,134
Queensland State funds	45,232	54,154
Victoria State funds	67,452	81,338
Western Australia State funds	21,017	20,031
Northern Territory State funds	1,009	1,009
New Zealand State funds	24,470	24,474
South Australia State funds	3,213	3,212
	251,987	274,352

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

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

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:

	2022	2021
	\$	\$
Short-term employee benefits	699,182	631,944
Long-term benefits	10,028	91,754
Total	709,210	723,698

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

19 Contingencies

In the opinion of the Directors, the College did not have any contingencies at 30 June 2022 (30 June 2021: 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.

Transactions with related parties

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

The following transactions occurred with related parties:

Revenue from directors

Total value of membership fees from directors	25,982	23,317
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Expenditure to director/director related entities

A/Prof Alan Sanford (Vice President) for Leadership for Clinicians Presentations	20,818	8,182
Dr Melissa Naidoo (Director) for Leadership for Clinicians Presentations	22,000	-
Dr Iwona Stolarek (Director) for Leadership for Clinicians Presentations	1,500	-

The Royal Australasian College of Medical Administrators

ABN: 39 004 688 215

Notes to the Financial Statements

For the Year Ended 30 June 2022

21 Events Occurring After the Reporting Date

COVID-19 Impact

There are 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.

22 Members' Guarantee

The College is incorporated under the Corporations Act 2001 and is an entity limited by guarantee. If the College 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 2022 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 2022 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

Dr Helen Parsons CSC
RACMA President

Dated: 6 September 2022

Director

Prof Erwin Loh
RACMA Vice President



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 2022, 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

Matthew Crouch

Partner

Dated: 7 September 2022

Blackburn VIC

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contact@sawarddawson.com.au
sawarddawson.com.au



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Member of Russell Bedford International



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 2022, 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 2022 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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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

Matthew Crouch

Partner

Dated: 7 September 2022

Blackburn VIC



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